

NWSSP Audit Committee

Tue 29 June 2021, 14:00 - 16:00

Microsoft Teams

Agenda

14:00 - 14:05
5 min

1. Standard Business

1.1. Welcome & Opening Remarks (verbal)

Martin Veale

1.2. Apologies (verbal)


Martin Veale

1.3. Declarations of Interest

Martin Veale

1.4. Minutes of Meeting Held on 20 April 2021

Martin Veale

 1.4 NWSSP Approved Part A Audit Ctte Minutes April 21.pdf (10 pages)

1.5. Matters Arising

Martin Veale

 1.5 Matters Arising.pdf (1 pages)

14:05 - 14:15
10 min

2. NWSSP Update

Neil Frow

 2.1 MD Update.pdf (5 pages)

14:15 - 14:30
15 min

3. External Audit

Steve Wyndham

3.1. Audit Wales Position Statement

Steve Wyndham

 3.1 NWSSP - Audit Wales update paper - June 2021.pdf (8 pages)

3.2. Stock Take Assurance 2020-21

Graham Davies

 3.2 AC Stock Report.pdf (3 pages)

3.2.1. Letter to Auditor General

For Information

14:30 - 15:00
30 min

4. Internal Audit






4.1. Internal Audit Position Statement

James Quance

 4.1 NWSSP Internal Audit Progress Report June 2021.pdf (10 pages)


4.2. Internal Audit Reports

James Quance

-  4.2.1 2020_21 NWSSP-PCS Final Report for Client.pdf (18 pages)
-  4.2.2 NWSSP-2021-10 P2P Final Internal Audit Report.pdf (32 pages)
-  4.2.3 NWSSP-2021-14 Welsh Risk Pool Services FINAL Report.pdf (16 pages)
-  4.2.4 NWSSP-2021-22 Brexit Preparations Final Report.pdf (11 pages)
-  4.2.5 NWSSP-2122-01 - Single Lead Employer.pdf (24 pages)

4.3. Head of Internal Audit Opinion

James Quance

 4.3 NWSSP HOIA Annual Report and Opinion 2021 Final.pdf (26 pages)

15:00 - 15:10
10 min

5. Counter Fraud

5.1. Counter Fraud Position Statement

Nigel Price




 5.1 Counter Fraud Position Statement 29 June 2021.pdf (5 pages)

15:10 - 15:30
20 min

6. Governance, Assurance & Risk

6.1. COVID Expenditure Report

Andrew Butler

-  6.1 COVID-19 Expenditure and Governance Arrangements - Final Report 2020-21.pdf (7 pages)
-  6.1.1 Appendix 1 - FGG Authorisation Checklist - June 2021.pdf (5 pages)
-  6.1.2 Appendix 2 - Covid19 All Wales Purchase Log - Final 2020-21.pdf (15 pages)



6.2. Governance Matters

Andrew Butler

 6.2 Governance Matters_.pdf (13 pages)



6.3. Final Annual Governance Statement

Peter Stephenson

-  6.3 Cover FINAL Annual Governance Statement 2020-21.pdf (3 pages)
-  6.3.1 FINAL Annual Governance Statement 2020-21.pdf (40 pages)



6.4. Corporate Risk Register

Peter Stephenson

-  6.4 Corporate Risk Register.pdf (2 pages)
-  6.4.1 Corporate Risk Register 20210615.pdf (5 pages)

6.5. Risk Protocol

Peter Stephenson

-  6.5 AC Jun 21 Risk Management Protocol.pdf (1 pages)
-  6.5.1 NWSSP Risk Protocol 2021.pdf (17 pages)



6.6. Risk Appetite Statement

Peter Stephenson

-  6.6 AC Jun 21 Risk Appetite Statement.pdf (1 pages)
-  6.6.1 NWSSP Risk Appetite Statement June 2021.pdf (5 pages)

6.7. Tracking of Audit Recommendations

Peter Stephenson


-  6.7 Tracking of Audit Recommendations.pdf (2 pages)
-  6.7.1 Appendix A Audit Recommendations Tracker.pdf (6 pages)

15:30 - 15:40
10 min

7. For Information Only

7.1. Gifts & Hospitality Annual Report 2020-21

Andrew Butler

-  7.1 2020-21 Annual Report on Gifts, Hospitality & Sponsorship.pdf (2 pages)

7.2. Declarations of Interest Annual Report

Andrew Butler

-  7.2 Annual Report for Conflict of Interests Declarations 2020-21.pdf (4 pages)

7.3. Audit Committee Forward Plan 2021-22

Carly Wilce

-  7.3 Audit Committee Forward Plan.pdf (4 pages)

15:40 - 15:45
5 min

8. Any Other Business (Prior Approval Only)



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

MINUTES OF MEETING HELD TUESDAY 20 APRIL 2021

14:00 – 16:00

Meeting held virtually via Microsoft Teams

Part A - Public

ATTENDANCE	DESIGNATION	
INDEPENDENT MEMBERS:		
Martin Veale (Chair)	Chair & Independent Member	
Gareth Jones (GJ)	Independent Member	
Janet Pickles (JP)	Independent member	
ATTENDANCE	DESIGNATION	ORGANISATION
ATTENDEES:		
Neil Frow (NF)	Managing Director	NWSSP
Margaret Foster (MF)	NWSSP Chair	NWSSP
Andy Butler (AB)	Director of Finance & Corporate Services	NWSSP
Peter Stephenson (PS)	Head of Finance & Business Improvement	NWSSP
Carly Wilce (CW)	Interim Corporate Services Manager	NWSSP
Simon Cookson (SC)	Director of Audit & Assurance	NWSSP
James Quance (JQ)	Head of Internal Audit	NWSSP
Sophie Corbett (SC)	Deputy Head of Internal Audit	NWSSP
Gareth Price (GP)	Personal Assistant	NWSSP
Nigel Price (NP)	Local Counter Fraud Specialist	Cardiff and Vale UHB
Lauren Fear (LF)	Director of Corporate Governance	Velindre
Mark Osland (MO)	Director of Finance	Velindre
Steve Wyndham (SW)	Audit Representative	Audit Wales
Ben Robertson item 2.1 only (BR)	Audit Representative	Audit Wales
Claire Salisbury and Jonathan Irvine for Item 2.1 only (JI) & (CS)	Procurement Services	NWSSP

Item		Action
1. STANDARD BUSINESS		
1.1	Welcome and Opening Remarks	

Item		Action
	The Chair welcomed Committee members to its April 2021 Audit Committee meeting and in particular Ben Robertson, Audit Wales, who was attending to present the Audit Wales PPE report.	
1.2	Apologies Apologies were received from: <ul style="list-style-type: none"> • Steve Ham, Chief Executive, Velindre University NHS Trust; and • Craig Greenstock, Local Counter Fraud Specialist. 	
1.3	Declarations of Interest No declarations were received.	
1.4	Minutes of Meeting held on 26 January 2021 The minutes of the meeting held on the 26 January 2021 were AGREED as a true and accurate record of the meeting. Gareth Jones (GJ) noted an outstanding action in the minutes relating to Velindre/NWSSP Audit Wales fees, members suggested that the topic should be raised again at the Velindre NHS Trust Board meeting for clarity.	
1.5	Matters Arising from Meeting on 26 January 2021 It was noted that all matters arising were complete.	
2. EXTERNAL AUDIT		
2.1	Audit Wales Review of PPE Procurement- Covid-19 Ben Robertson (BR) of Audit Wales presented a summary of the findings of the recently published report into the procurement and supply of PPE during the Covid-19 Pandemic. The overall conclusion of the report was positive, it highlighted the key challenges faced by NWSSP and its partners with ensuring that sufficient and appropriate PPE was provided to not just the NHS, but also the Social Care sector and Primary Care contractors without running out of stock. In undertaking the review, Audit Wales considered survey results from the British Medical Association & Royal College of Nursing which suggested that staff confidence over the supply of PPE grew shortly after the start of the pandemic, after some initial concerns over the types of PPE provided. The overall conclusion of the report was that PPE had been successfully and consistently distributed to Health and Care bodies across Wales without running out of stock at a national level, with good arrangements in place to manage associated risks. Good controls were in place with all areas of procurement being managed appropriately, with evidence of due diligence being undertaken in particular with new suppliers requesting large	

Item		Action
	<p>advance payments. Over £300 million has been spent on PPE to date, but prices in Wales were generally lower than in England. The audit noted that Contract Award notices were not published within the required timescales of 30 days due to the priority being the sourcing of PPE.</p> <p>NWSSP are now working in partnership with Welsh Government to prepare a formal response to the recommendations made in the report. BR explained that the Public Accounts Committee would determine whether a further review would be necessary. AB stated that the report is very positive and provides assurance that value for money had been achieved. An action plan would be developed in due course within the recommended deadlines to ensure that all recommendations are actioned. AB gave thanks to Audit Wales and the wider team, as the review was a very challenging one.</p> <p>JI thanked his Procurement colleagues for their efforts and Audit Wales for producing such a positive report, which he considered to be a fair representation with areas for improvements noted. CS informed the Committee that a PPE Framework is currently out to tender in order to secure a framework for PPE contracts for assurance, resilience, continuity and to ensure relevant stock can be sourced appropriately in the event of reoccurrence of the Pandemic. It also gives the team an opportunity to test the market.</p> <p>GJ endorsed the positive conclusions in the report but queried whether all of the contract award notices would now be published within the required 30-day period going forward. JI agreed to progress this action to ensure that the recommendation to publish contract award notices is complete. JI explained that during the Pandemic, publishing the notices was not feasible, as the team's priority was to ensure that essential PPE was sourced and distributed to all Health Authorities across Wales. It was suggested that new Public Legislation may be implemented to remove the requirement to publish contract notices within 30 days in the event of a further crisis.</p> <p>An action plan would be developed and then brought back to a future Audit Committee for review.</p> <p>The Audit Committee NOTED the Audit Wales Report into the procurement and supply of PPE during the Pandemic and the positive messages contained therein.</p>	
2.3	Audit Wales Position Statement	

Item		Action
	<p>SW presented the Audit Wales Position Statement and updated the Committee as to current and planned audit work, with associated audit assurance arrangements for 2021. The majority of work has been completed although some additional work will continue throughout April. It is anticipated that a summary report of work for consideration by NWSSP would be included in June's management letter, of which there are no significant issues or concerns to raise as to the operations of NWSSP.</p> <p>SW further advised the committee of a recent internal promotion at Audit Wales. With effect from 1 April 2021 Claire James took over as the Engagement Director for the 2021-21 Velindre and NWSSP audit. Claire has extensive NHS experience and the Chair looks forward to welcoming Claire to the Committee.</p>	
3. Counter Fraud		
3.1	<p>Counter Fraud Position Statement</p> <p>NP presented the latest Position Statement, summarising the recent Counter Fraud and corruption work carried out, which highlighted that:</p> <ul style="list-style-type: none"> the COVID-19 restrictions have considerably reduced the amount of training sessions being delivered to staff, but during this reporting period three sessions have been delivered to 25 delegates via Microsoft Teams; There were five cases currently under investigation. <p>NP referred to a recent case where the Counter Fraud team worked in partnership with South Wales Police to arrest an owner of a local business following a social media post where it was noted that PPE being used at the premises was NWSSP-branded.</p> <p>Progress against the NWSSP annual Counter Fraud Work Programme of 75 days fell short due to staff absence and redeployment during the pandemic and as at 31 March 2021 only 58 days of counter fraud work had been undertaken.</p> <p>AB mentioned current concerns within NWSSP regarding targeted and sophisticated frauds and particularly in the area of bank mandate changes. As NWSSP continues to increase its operational services and workforce, it requires significant additional support from Counter Fraud. It is accepted that the shortfall in days for 2020/21 was due to COVID, but AB is concerned that the 75</p>	

Item		Action
	<p>planned days is still well short of what is required for an organisation such as NWSSP. The workplan for 2021/22 had been due to come to this Committee but had been deferred by AB as he had not had the opportunity to discuss the resource needed. AB and PS were due to meet with NP later in the week and would be seeking to significantly increase the size of the Counter Fraud Plan, which may require additional staff to be recruited. The work plan would then be brought to the June Audit Committee for formal approval.</p>	
	<p>Raising the Game Action Plan</p> <p>PS presented the Raising the Game Action Plan to the Committee members. The action plan had been developed following an external review undertaken by Audit Wales last summer. Although the report was very positive in terms of the counter fraud service in the NHS, it did identify some areas for development including greater use of data analytics, and improvements to training, policies, and collaboration. The action plan has been endorsed by the Counter Fraud Steering Group and has also been approved at the Directors of Finance Group. The CFSG will actively monitor progress against the plan.</p> <p>The Chair queried whether Audit Wales would complete any follow-up work on this review. AB confirmed that NWSSP would work in partnership with Audit Wales on the implementation of recommendations. The Chair suggested that a further report be prepared to confirm progress against the plan, and it was agreed that this would be brought to October's Audit Committee for review.</p>	PS
4. Internal Audit		
4.1	<p>Internal Audit Position Statement</p> <p>JQ presented the Internal Audit Position Statement to the Committee. The purpose of the report is to highlight progress made against the 2020-21 Internal Audit Work Plan, together with an overview of other activities undertaken since the previous meeting. JQ confirmed that the planned work is substantially complete, which enables the team to progress the draft Internal Annual Audit Opinion Statement. The final paper would be taken to June's Audit Committee, where reasonable assurance is expected. Provisions for IT field work would be taken forward to the 2021-22 internal audit work plan.</p>	

Item		Action
4.2	<p>Internal Audit Reports considered by the committee</p> <p>Covid-19 Premises Safety</p> <p>JQ presented the Covid-19 Premises Safety Report to the Committee. The report contained four medium and two low priority recommendations and achieved reasonable assurance. Several areas of good practice were identified, and all required actions were either in progress or complete.</p> <p>PCS Payment System Data Migration Report Part 1 and PCS Payment System Project Management Report Part 2</p> <p>JQ explained that the above reports were for information as they were advisory reviews where the auditors were embedded in the projects in a “critical friend” capacity. All recommendations raised by audit have been completed.</p> <p>Student Award Services Report</p> <p>JQ presented the Student Award Services report to the committee and explained that the report was close to achieving a limited assurance, after identifying some significant weaknesses in its existing controls, but after further consideration achieved reasonable assurance. The report contained two high and four medium recommendations. Management confirmed that all actions would be addressed urgently, and Internal Audit would follow up all actions during the current financial year.</p> <p>Payroll Services</p> <p>SC presented the Payroll Audit Report and provided an overall summary of findings to the Committee. The scope of the audit was extended to include Pre-employment Checks, and the review achieved a reasonable assurance rating, with one high, six medium and one low risk recommendation being made.</p> <p>The Chair referred to some of the management responses in the internal audit reports, where they did not imply clear acceptance of the findings. He would prefer to see a response that started with “Agreed” or “Not Agreed”.</p>	
4.3	<p>NWSSP Operational Plan 2021-22 Draft with Charter</p> <p>JQ presented the Internal Audit Operational Plan 2021-22 and Internal Audit Charter. The latter document has been prepared</p>	

Item		Action
	<p>separately for NWSSP for the first time. The Plan has been endorsed by SLT. As always, the plan is likely to change during the year to respond to changes in the risk profile, but any changes will be notified to the Committee.</p> <p>The Audit Committee APPROVED the Internal Audit Operational Plan 2021-22 and Charter.</p>	
5. GOVERNANCE, ASSURANCE AND RISK		
5.2	<p>Governance Matters</p> <p>AB presented the Governance Matters Paper, which provided the Committee with the contracting activity from 8th January to 7th April 2021 and highlighted that there had been no departure from the Standing Orders. In relation to contracting activity, there had been 19 contracts let for NWSSP, and 64 let for NHS Wales, of which 18 were at briefing stage, 35 at ratification and 11 were extensions.</p> <p>No declarations were made as to gifts, hospitality or sponsorship since the last meeting and there had been no limited or no assurance audit reports.</p> <p>AB confirmed that where contracting activity related to the procurement of goods for COVID-19, this had been recorded centrally and each order had been subject to robust governance and due diligence processes.</p> <p>AB referred to the overall financial position for NWSSP, highlighting achievement of a surplus of £21k which allowed NWSSP to re-distribute £2m back to Health Boards. Welsh Risk Pool were on target in line with the initial forecasting budget across Wales. The NWSSP Finance team managed to close down all ledgers within four working days, in order to transfer the accounts to Velindre for review and incorporation prior to submission.</p> <p>The Chair referred to the current significant value of agency costs. MF stated that NWSSP have been implementing an all-Wales Collaborative Bank arrangement which is currently being piloted across Cwm Taf and Swansea Bay UHB which should help to provide a reduction in agency costs.</p> <p>AB advised the Committee that the temporary increases in expenditure limits as a result of the pandemic had been further</p>	

Item		Action
	<p>extended until 30 June 2021, and this was approved by the Velindre NHS Trust Board at their March meeting.</p> <p>The Committee congratulated AB and his finance team on achieving such a positive and timely performance in such a challenging year.</p> <p>The Committee NOTED the report.</p>	
5.3	<p>Covid-19 Related Expenditure (verbal)</p> <p>AB provided a brief verbal update to the Committee on COVID-related expenditure but stated that a comprehensive written report would be included on the agenda of the June 2021 Audit Committee meeting.</p>	
5.4	<p>Annual Governance Statement</p> <p>PS presented the NWSSP Draft Annual Governance Statement to the Committee, advising that there are still a number of sections that require completion. The statement tells the story of the last year and the response to the pandemic and generally paints a positive picture. The statement includes two instances of identified weaknesses in control which were the delay in publishing PPE contract awards and the significant overpayment to a former Doctor, albeit that the funds were recovered. The meeting of the June Committee would provide the opportunity for review and approval of the final statement.</p> <p>The Chair suggested that reference to the Audit Wales PPE report is added to the document to show the considerable amount of work that has been undertaken by NWSSP throughout the pandemic.</p> <p>Comments to be provided to Peter Stephenson by 4 May.</p>	PS
5.5	<p>Corporate Risk Register</p> <p>PS introduced the Corporate Risk Register and advised that there is just one remaining red risk which relates to the upgrade to the NHAIS system which is now scheduled to go-live in July.</p> <p>Two other risks which were previously rated as red have now either been downgraded or archived. The BREXIT risk has been downgraded as there seems to be no significant impact on the supply chain following the implementation of the deal signed just before Christmas. The replacement of the Ophthalmics Payments system</p>	

Item		Action
	<p>has been completed and this project, which was largely delivered in-house, has been very successful.</p> <p>A new risk has been added concerning the transfer of Laundry Services to NWSSP with effect from 1 April. Three of the five laundries transferred on that date with the remaining two likely to transfer later in the year.</p>	
5.6	<p>Tracking of Audit Recommendations</p> <p>PS presented the Audit Recommendations paper to the committee, advising that NWSSP had not received any Internal Audit Reports with limited or no assurance rating. Of 206 recommendations, 201 are fully implemented, two were not yet due and one was outside of NWSSP responsibility. There are two Payroll recommendations which are now classed as overdue despite an extension approved at January's Audit Committee, but unfortunately neither have yet been completed. This is due to the pandemic and a technical issue with O365 compatibility, that was not foreseen when the management actions were first agreed. Both actions are now expected to complete by 31 July.</p>	
5.7	<p>Review of Audit Committee Terms of Reference</p> <p>In accordance with the Shared Services Partnership Standing Orders, the Audit Committee are required to review and approve its Audit Committee Terms of Reference on an annual basis. PS confirmed that no significant changes have been made to the document since it was last reviewed by the Committee.</p> <p>The Audit Committee APPROVED the Audit Committee Terms of Reference.</p>	
5.8	<p>NWSSP Annual Plan 2020-2021</p> <p>AB presented NWSSP's Annual Plan to the Committee following revised guidance received by Welsh Government which requires NHS organisations to focus on a one-year plan during the pandemic rather than the original Integrated Medium-Term Plan covering three years. The 'plan on a page' has been reviewed and endorsed by the Shared Services Partnership Committee. The document sets out key deliverables against NWSSP's five strategic objectives.</p> <p>The plan received positive feedback from Committee members, and AB will pass this on to Alison Ramsey and the team who produced the Plan.</p>	

Item		Action
6. ANY OTHER BUSINESS		
6.1	Any Other Business No further business was noted.	
<p style="text-align: center;">DATE OF NEXT MEETING: Tuesday, 29 June 2021 from 14:00-16:00 Held remotely via Microsoft Teams and/or NWSSP Boardroom HQ, Charnwood Court, Nantgarw (as appropriate)</p>		

Actions arising from the meeting held on 20 April 2021			
Item	Responsibility	Description	Status
6.1	PS	Raising the Game Action Plan <ul style="list-style-type: none"> To review the progress made against- Raising the Game Action Plan. 	Not Yet Due - An update would be prepared and presented to the Audit Committee in October 2021.

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
AGENDA ITEM	
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.

1. Introduction

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

Ministerial Visit to IP5

On 10th May, NWSSP hosted Vaughan Gething, (former) Minister for Health and Social Services, to our facilities at Imperial Park in Newport. NWSSP staff were able to show how supplies were being collated to send to India to help assist with their COVID crisis. He was also able to assess the role that NWSSP has played through the use of IP5 in the UK COVID response effort through supplying PPE to the NHS, Primary Care Contractors and Social Services in Wales (and to other parts of the UK); hosting the Temporary Medicines Unit; and in supporting the vaccine programme.

Financial Position

The final position for 2020/21 was that all financial targets had been met and NWSSP achieved a small and planned surplus of £21K (after a £2m distribution to Health Boards and Trusts. 2020/21 has been a very challenging year for NWSSP not least for the Finance Department who have dealt with accounting for significant increases in expenditure and very high levels of COVID related stock but were nevertheless able to close the

position within four working days. The Month 2 figures for 2021/22 are reporting a break-even position.

The total expenditure for Welsh Risk Pool for 2020/21 was £123.8m and the Risk Share agreement was invoked at the IMTP value of £13.8m. Total provisions were £1.1billion , but there could also be an ongoing challenge with the unknown potential for claims arising from COVID. It is impossible to quantify at this stage how much these may amount to, but we are working with Health Boards as appropriate to progress these issues.

Engagement with the Foundational Economy

One of the key priorities in this year is to build opportunities for strengthening our engagement with the foundational economy in supply chain and procurement. Our Procurement Strategy embraces the Wales First principles nurturing local supply chains and provides opportunities via competitive tendering to promote economic regeneration, by ensuring equal opportunities via local, regional, and national strategies on all contracts for goods and services. By adopting these principles this improves the Welsh economic operators' abilities to access and realise opportunities, which in turn also provides significant environmental benefits by sourcing locally. We are continuing to engage with stakeholders and the market to enable foundational economy outcomes from our procurement processes. As an example, we have already begun the process of redesigning our Food category strategy with the aim of increasing the level of NHS spend within the foundational economy by the use of far more local suppliers.

HCS – Electrification of Fleet

Our Health Courier Services Team recently took delivery of six fully electric vans that are the first in a number that have been ordered and which will be a key component in the implementation of our Decarbonisation Strategy.

Bank Mandate Fraud

During March 2021, a spate of actual and attempted frauds relating to change of bank account details were noted. These were sophisticated frauds which involved genuine supplier e-mail accounts being hacked which were then used to request changes to bank account details. Controls have been further strengthened with bank mandate forms now being sent by post, and this appears to have thwarted most attempts to defraud NWSSP through these means. However, one further attempt was made in May 2021, where again supplier details were hacked to fraudulently request changes to bank account details for a supplier where monthly invoice values were £175k. The enhanced checks in place within NWSSP identified some anomalies with this request and we were able to verify that the supplier

had not changed banks and report the matter to the Police via Counter Fraud with no loss of funds.

Annual Plan

Positive feedback has been received following the submission of the Annual Plan to Welsh Government and we are currently awaiting official confirmation of its acceptance.

Quality and Safety Committee

Arrangements have now been finalised with Velindre regarding the establishment of the Quality and Safety Committee which enables us to discharge the Partnership Committee's resolution on this matter from last September.

Laundry Services

Three of the current five NHS laundries in Wales transferred over to NWSSP on 1 April 2021 as planned. Work is now on-going to improve the facilities and arrangements for each of these laundries, and to implement the operational SLAs that have previously been agreed at the Partnership Committee. Further work is being undertaken with Cwm Taf Morgannwg UHB and Hywel Dda UHB to enable the two remaining laundries to be transferred later in the year.

TRAMS

We have recently appointed Colin Powell as Director of Pharmacy Technical Services to help manage the Transforming Access to Medicine Service. The appointment enables the next phase of the business case to be developed. A revised Programme Board will also be established to drive forward both the OBC and FBC. We will be writing to key individuals and Peer Groups over the coming weeks to identify potential members. The role of the SRO is likely to be held jointly with Andrew Evans, Chief Pharmacist, Welsh Government. Further updates will be provided over the next few months.

Medical Examiner Service

The recently agreed *A Single Process for Mortality Review in General Practice Wales* includes the Medical Examiner Service scrutiny of the cause of, and circumstances surrounding, death as the trigger for a "stage 2" mortality review by a GP Practice where appropriate. It also includes an explicit feedback loop to the Medical Examiner Service, effectively allowing the system to monitor the outcomes and impact of improvement efforts over time.

The Medical Examiner Service is also a trigger for mortality reviews in secondary care, with its scrutiny effectively replacing existing Stage 1 mortality review processes, however there is no similar single mortality review process agreed for secondary care and hence no universal and formalised feedback loop from health boards to the Medical Examiner Service. This means that, in acute care settings, it is difficult to clarify a) whether a Mortality Review was in fact carried out as a result of the Medical Examiner Service referral, or b) the outcome of any Mortality Reviews undertaken.

An exemplar *Learning from Mortality Review Framework* is currently being developed for acute care providers by the All Wales Mortality Review Group, however there is no clear commitment from health boards at this stage to use this process universally when agreed. Consequently, a paper is being taken to the all Wales Medical Director Group to seek guidance and clarification on the desire to see this as a universal process and, if so, the steps needed to operationalise.

Employment Services

There are a number of initiatives on-going within the Employment Services Directorate:

- **Responsiveness Programme** – as part of the journey out of the pandemic, the Employment Services team are looking at how we can be more agile in our use of resources and at the same time enhance the well-being of our staff.
- **Pre-Employment Checks** – the dispensation which allowed pre-employment checks to be undertaken remotely during the pandemic has been lifted by the Home Office meaning that these checks will now need to be undertaken face-to-face with effect from the 1st of September. Arrangements have been implemented to ensure that these checks can be undertaken in both a safe and efficient manner.
- **Transfer to 043 VPD** – Work has recently been undertaken to transfer all NWSSP employees from ESR database 120VPD (Velindre) to 043VPD. This change improves NWSSP's ability to independently report on staff-related information (e.g. Statutory and Mandatory Training, Sickness Absence etc.) without significant manual input. This also provides a benefit to Velindre as it will be easier for them to report on the performance of their own staff.

Finally I would like to take this opportunity to put on record my personal thanks to all NWSSP staff for their continued efforts in supporting NHS Wales and the wider public sector in responding to the challenges and threats posed by the pandemic over the last 15 months.

2. RECOMMENDATION

The Audit Committee are asked to:

- **NOTE** the update from the Managing Director.

Audit Committee Update - NHS Wales Shared Services Partnership

Date issued: Junel 2021

This document has been prepared for the internal use of **NHS Wales Shared Services Partnership (NWSSP)** as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2020. No liability is accepted by the Auditor General or staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party, in respect of this report.

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, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

Contents

Audit Committee update:

About this document	4
Audit progress update	4
Good Practice events and products	4
NHS-related national studies and related products	4

Audit Committee Update

About this document

- 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 planned programme of NHS related studies and publications together with the work of our Good Practice Exchange (GPX).

Audit progress update

- 2 Details of our planned work and associated audit assurance arrangements for 2021 were communicated to the NWSSP Audit Committee in January.
- 3 This work is now complete and we will report our findings, together with any matters arising that need to be considered by NWSSP, to Audit Committee within our Management Letter in October 2021. This report will also include any issues relating to NWSSP identified by other Welsh health body external auditors.
- 4 There are no significant matters to bring to your attention at this stage.

Good Practice events and products

- 5 In addition to the audit work set out above, 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.
- 6 Past materials are available via the [GPX webpages](#), along with details of future events.
- 7 In response to the Covid-19 pandemic, we have established a **Covid-19 Learning Project** to support public sector efforts by sharing learning through the pandemic. This is not an audit project; it is intended to help prompt some thinking, and hopefully support the exchange of practice. We have produced a number of outputs as part of the project which are relevant to the NHS, the details of which are available [here](#).

NHS-related national studies and related products

- 8 The Audit Committee may also be interested in the Auditor General's wider programme of work and outputs and for latest news and updates you can [**subscribe to our newsletter**](#).
- 9 Much of this work has a focus on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public

expenditure. **Exhibit 1** provides information on the NHS-related or relevant national studies published in the last twelve months. It also includes all-Wales summaries of work undertaken locally in the NHS.

Exhibit 1 – NHS-related or relevant studies and all-Wales summary reports

Title	Publication Date
<u>NHS Wales Finances Data Tool - up to March 2021</u>	June 2021
<u>Rollout of the COVID-19 vaccination programme in Wales</u>	June 2021
<u>Welsh Health Specialised Services Committee Governance Arrangements</u>	May 2021
<u>Procuring and Supplying PPE for the COVID-19 Pandemic</u>	April 2021
<u>Test, Trace, Protect in Wales: An Overview of Progress to Date</u>	March 2021
Public bodies' digital resilience – cyber security (Due to the sensitivity of content, this report is not available publicly, but is available to health bodies)	January 2021
<u>NHS structured assessment – Doing it Differently, Doing it Right?</u>	January 2021
<u>Procurement and supply of PPE during the COVID-19 pandemic</u>	December 2020
<u>NHS Wales Finances Data Tool - up to Sept 2020</u>	November 2020
<u>Welsh Community Care Information System</u>	October 2020

Title	Publication Date
<u>The National Fraud Initiative in Wales 2018-20</u>	October 2020
<u>10 Opportunities for Resetting and Restarting the NHS Planned Care System</u>	September 2020
<u>Cracking the Code: Management of Clinical Coding Across Wales</u>	September 2020
<u>'Raising Our Game' - Tackling Fraud in Wales</u>	July 2020
<u>Rough Sleeping in Wales – Everyone's Problem; No One's Responsibility</u>	July 2020
<u>NHS Wales Finances Data Tool - up to March 2020</u>	July 2020

- 10 **Exhibit 2** provides information on NHS-related or relevant national studies work in progress with indicative publication dates.

Exhibit 2 – NHS-related or relevant studies and all-Wales summary work currently in progress

Title	Indicative publication date
NHS structured assessment – managing NHS staff well-being	2021
Orthopaedic services	2021
Unscheduled care – a whole system view	2021



Audit Wales

24 Cathedral Road

Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

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

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	24 June 2021
AGENDA ITEM	
PREPARED BY	Jane Tyler, Senior Finance and Business Partner
PRESENTED BY	Graham Davies, Assistant Director of Procurement
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Inventory Stock Management Arrangements

PURPOSE
To update the Audit Committee on Stock Management Arrangements.

Introduction

In order to support the all Wales response to Covid 19, NWSSP have procured and supplied PPE stocks for NHS, Primary Care and Social Care organisations in Wales and have put in place a stock pile of PPE items as agreed with Welsh Government to provide pandemic resilience and support the vaccination programme. This has resulted in significant additional stock holding within NWSSP Inventory and a necessary expansion into external storage facilities.

The below details the stockholdings for all NWSSP storage facilities at 31st March 2021.

Storage Facility	£'m
NHS Store Bridgend	2.687
NHS Store Denbigh	1.699
WG / NHS Store St Athan	7.495
NHS Store Newport	21.882
NHS Store Newport Brexit Stocks	4.358
External Storage South West	22.531
External Storage South East	2.442
External Storage North	5.884
Vested Stock at year end	20.155
Total Stockholding	89.135

As a result of Covid-19 restrictions Audit Wales were unable to attend a physical stocktake of the Trusts inventory balance and were therefore unable to obtain sufficient appropriate audit evidence through a physical stocktake as mandated and, consequently, issued a qualified 'limitation of scope' opinion on the 2020-21 financial statements. All stock adjustments, inventory notes and vested stocks were fully audited by Audit Wales at year end with no issues identified.

This report details the NWSSP stock taking and governance arrangements which are in place to ensure the safeguarding of stock and accurate recording of stock balances.

Perpetual Stock Taking Arrangements NHS Stores

NWSSP Stores operate a Warehouse Management System (WMS) with perpetual stock taking enabled through daily cycle counting. This is an integral component of the WMS in operation in all NWSSP Stores and enables the periodic counting of individual items throughout the course of the year to ensure the accuracy of inventory quantities and values. On a daily basis the system automatically (randomly) selects a number of items to be cycle counted and all items are selected during the financial year. Once a cycle count is selected the system will not allow for any movements against that item until it is completed. Any identified discrepancies are managed through the Stores Losses Protocol which requires investigation and Manager approval for losses over £1k and further approval for losses over £5k in line with delegated limits. Similar arrangements were introduced for the Brexit stock once the stocks started to be utilised.

Historically Audit Wales have raised no significant issues with this process or through sample testing of stock values at year end. All previous audit outcomes have confirmed robust stock taking arrangements, outcomes have been positive, and any recommendations made or suggestions for improvement have been implemented. Internal audit have also undertaken detailed reviews of stores in previous years with no significant issues arising.

Stock Taking Arrangements Non-NHS Stores

The arrangements in place for stocktaking in the Non-NHS storage facilities were put in place during the year and vary between sites depending on what facilities the supplier offers. These arrangements were agreed with the senior team including Finance and are reported monthly through the Systems Team to Senior Management and Finance.

- External Storage South West: This supplier does not operate an automated Warehouse Management System. Therefore, monthly physical stock takes were introduced from December 2020 and are

undertaken by NWSSP staff and reconciled to the NWSSP Inventory system. Any discrepancies identified are managed and approved in line with the Stores Losses Protocol for NWSSP NHS Stores.

- External Storage South East and North: These suppliers operate their own internal Inventory Management Systems from which they provide a stock holding report on monthly basis. This report is reconciled to the NWSSP Inventory system. In addition, monthly visits are carried out by NWSSP staff to undertake random sample stock checks. Again, any discrepancies identified are managed and approved in line with the Stores Losses Protocol for NWSSP NHS Stores.

Further Governance Arrangements in Place

1. Pre-existing Governance Groups that meet bi-monthly:

- Operational Inventory Management Group - Chaired by Senior Finance Business Partner and including all key Stores Systems and Operational staff.
- Strategic Inventory Management Group - Attended by Director of Finance and Director of Procurement.

These forums provide for process scrutiny and review and for discussion and resolution of issues.

2. Established Financial Control Processes

- Movement on Stock balances is reconciled monthly
- Inventory system issues are reconciled to invoices raised
- Stores financial management reports are produced and scrutinised by the Finance Business Partner and Stores Budget Holder.
- Recorded losses are reported through NWSSP Audit Committee

3. Additional PPE stock scrutiny established in year

- Weekly production of PPE Stock balances report
- Weekly meetings to confirm balances and weekly movement against issues and purchases, including Director of Finance and Director of Procurement sign off.

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Mr Adrian Crompton
Auditor General for Wales
Audit Wales Head Office
24 Cathedral Road
Cardiff
CF11 9LG

8 June 2021

Dear Adrian

Procuring and Supplying PPE for the Covid-19 Pandemic

The Welsh Government (WG) and NHS Wales Shared Service Partnership (NWSSP) welcome the findings of the Audit Wales report on *Procuring and Supplying PPE for the Covid-19 Pandemic* and offer the following joint response to the recommendations. A table summarising the action plan and delivery progress is included at Annex A.

Recommendation 1 – *As part of a wider lessons learnt approach, the Welsh Government should work with other UK countries where possible to update plans for a pandemic stockpile to ensure that it is sufficiently flexible to meet the demands of a pandemic from different types of viruses.*

WG accept Recommendation 1 and agree the importance of continuing to work with other UK countries to update our plans for an appropriate and flexible pandemic stockpile. WG has recently attended the first meeting of the UK Review of Emergency Preparedness Advisory Board, chaired by Department for Health and Social Care. The remit of the group includes a PPE workstream which will provide advice on the types of PPE required for each case setting for infectious disease risk and will support procurement planning and Covid-19 PPE management. The workstream is dependent on epidemiological advice on likely pathogens and scenarios but is intended to be initiated early in 2021/22. WG will draw on the advice of this group along with the expertise within WG and NHS Wales Shared Services Partnership (NWSSP) to update pandemic preparedness plans, including on PPE. Whilst dependent on UK wide activity we expect to have updated our plans by December 2021.

In the interim, WG have advised NWSSP to continue to hold a stockpile of key PPE items and maintain a minimum stockpile holding of 24 weeks until 1st July 2021 and a 16 week minimum thereafter. The reduction from 24 weeks to 16 weeks reflects the reducing need to hold contingency for the end of the EU transition period (previously 8 weeks contingency). The 16 weeks stockpile includes contingency for BAU PPE requirements (4 weeks), Covid-19 requirements (8 weeks) and pandemic preparedness stock (4 weeks).

Recommendation 2 - *In updating its own plans for responding to a future pandemic, the Welsh Government should collaborate with other public bodies to articulate a set of pan-public sector governance arrangements for planning, procuring and supplying PPE so that these do not need to be developed from scratch.*

WG accept Recommendation 2 and will work with other public bodies to develop a clear framework for PPE governance arrangements based on the best practice and lessons learned during the Covid-19 pandemic.

As reflected in the AGW's report, working collaboratively with stakeholders has been at the heart of the WG and NWSSP's response on PPE procurement and supply. Best practice and lessons learnt on PPE have been collated throughout the pandemic and these included a recognition that, in some cases, governance and finance frameworks were designed as the pandemic progressed resulting in some duplication of effort. To address this WG will:

- 1) Review all the governance arrangements on PPE.
- 2) Ensure the decision-making and controls framework for PPE are agreed in advance as part of contingency planning.
- 3) The ToR will ensure there is clarity on accountability between governance groups and teams.
- 4) These arrangements will be kept under review, for example to ensure alignment with the broader Four Nations and Emergency Preparedness approach.

WG anticipate completing this work by 30th September 2021.

Recommendation 3 - *Shared Services should work with NHS and social care bodies to maintain an up-to date stock management information system that provides timely data on local and national stocks of PPE that can be quickly drawn upon in a future pandemic to support projections of demand and availability as well as providing a robust source of information for briefing stakeholders.*

NWSSP accept recommendation 3. Lesson learnt activity has already identified that two-way data and information sharing between policy, planners and frontline teams has been critical in ensuring procurement is aligned with demand and that there is confidence in the system. NWSSP will:

- 1) Continue to invest in and embed the Stockwatch system and roll-out to Social Care where possible.
- 2) Maintain the accuracy and timeliness of stock information within the NHS Oracle Finance & Procurement System.
- 3) Maintain the PPE supply and demand model so that this can be used again in future if need arises.
- 4) Enhance integrity of the NHS Oracle stock information through proposed rollout of Scan4Safety in health organisations.

NWSSP consider elements 1 to 3 above to represent on-going activity and element 4 is subject to the approval of the Scan4Safety business case.

Recommendation 4 - *In updating the strategic approach to PPE, Shared Services and the Welsh Government should work together to develop a clear direction in terms of:*

- *A return to competitive procurement and an end to emergency exemptions.*
- *Fuller consideration of the wider criteria usually applied to procurement, such as sustainable development and policies on modern slavery.*
- *The intentions and aspirations in relation to the domestic PPE market, including the balance between the potential benefits of resilience through local production capacity against the potentially increased costs compared to international manufacturers.*
- *The size and nature of the pandemic stockpile it intends to hold, considering the benefits and costs of holding and maintaining stock and the timing of purchases given the ongoing disruptions to the PPE market.*

NWSSP and WG accept Recommendation 4 and have started work to develop a longer-term, strategic approach to PPE procurement and supply. NWSSP will:

- 1) Develop a plan that provides a strategic approach to the procurement of PPE.
- 2) Go out to tender for a compliant framework contract for the future competitive procurement of PPE.
- 3) Ensure that the new framework covers supply chain resilience, foundation economy, modern slavery, the Wellbeing of Future Generations Act and Decarbonisation.
- 4) Build on the work already undertaken by CERET to review the respective merits of local production against international purchases.
- 5) Ensure that the longer-term plan for PPE analysis the optimum stock holdings and timings of purchases.

NWSSP anticipate completing these actions by 30th September 2021.

Recommendation 5 - *To increase confidence in stocks and supplies at the national level, Shared Services should work with the Welsh Government to publish details of the amount of stock it holds of each item alongside the regular publication of data on the numbers of items issued.*

WG accept that ensuring confidence in PPE stocks and supplies is a critical part of ensuring confidence in the Government's pandemic response and **accept Recommendation 5**.

WG currently publish a fortnightly statistical release on PPE items issued based on management information provide to the Welsh Government by NWSSP.

WG will work with NWSSP to consider what further management information can be provided on National stock levels to provide greater transparency. The information provided will show how WG and NWSSP are performing against the commitment to hold a minimum stockpile on PPE and will need to take into consideration the fluid nature of PPE supply and demand. It is also important to note that the information will be based on the National stock levels of PPE held by NWSSP and will not take into consideration the often large volumes of PPE items held locally by Health Boards and Local Government.

WG anticipate completing these actions by 30th September 2021

Recommendation 6 - Shared Services should: check that it has published contract award notices for all contracts where it is required to do so; review those that it has published to ensure they are accurate; and ensure that it publishes contract award notices within the required timeframe for future contracts.

NWSSP accept Recommendation 6 and have already completed reviewing existing contract awards and have taken corrective action where necessary to ensure contracts have been published as appropriate.

In addition NWSSP are reviewing and refreshing their internal operating procedures to ensure compliance with the requirements to publish notices for future contracts. NWSSP anticipate completing this work by 31st May 2021.

Recommendation 7 - The Welsh Government should review whether the Sell2Wales site needs updating to allow bodies to publish retrospective contract award notices more efficiently without relying on suppliers to sign-up.

WG accept Recommendation 7 to review whether the Sell2Wales site needs updating to allow bodies to publish retrospective contract award notices more efficiently without relying on suppliers to sign-up. WG anticipate completing the review by 30th June 2021.

Recommendation 8 Given public interest in the awarding of PPE contracts and to promote confidence in the procurement system, the Welsh Government and Shared Services should publish details of the contracts awarded under emergency exemptions in a single place that is easy to access

NWSSP and WG accept Recommendation 8 to publish a one-off list of the contracts awarded under emergency exceptions, the information will be held on NWSSP's website and will be completed by 30th June 2021. Future purchases will be managed through the new framework agreement.

I hope this information is helpful. Should further information be needed please contact Lisa Wise, lisa.wise@gov.wales.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Andrew Goodall', with a stylized flourish at the end.

Dr Andrew Goodall CBE

Annex A - Summary of Actions and Progress

Recommendation	Who?	Agreed Action	Date for Completion	Progress
R1 As part of a wider lessons learnt approach, the Welsh Government should work with other UK countries where possible to update plans for a pandemic stockpile to ensure that it is sufficiently flexible to meet the demands of a pandemic from different types of viruses.	WG	<p>The Welsh Government accept Recommendation 1 and agree the importance of continuing to work with other UK countries to update plans for an appropriate and flexible pandemic stockpile.</p> <ol style="list-style-type: none"> 1. WG will ensure appropriate representation on the DHSC led UK Review of Emergency Preparedness Advisory Board and PPE workstream. Please note the PPE workstream is dependent on epidemiological advice on likely pathogens and scenarios but DHSC have advised it is intended to be initiated early in 2021/22 to consider overlaps with Covid-19 and pandemic influenza PPE. 2. WG will draw on the advice of these groups along with the expertise within WG and NHS Wales Shared Services Partnership (NWSSP) to update pandemic preparedness plans, including on PPE. 	<p>We anticipate completing work against this action by 31st December 2021 although this is dependent on UK Government progress.</p>	<ol style="list-style-type: none"> 1. WG representatives recently attended the first meeting of the UK Review of Emergency Preparedness Advisory Board (chaired by DHSC). The PPE workstream has yet to be established. 2. WG have advised NWSSP to continue to hold a stockpile of key PPE items and maintain a minimum stockpile holding of 24 weeks until 1st July 2021 and a 16 week minimum thereafter. The reduction from 24 weeks to 16 weeks reflects the reducing need to hold contingency for the end of the EU transition period (8 weeks contingency). The 16 weeks stockpile includes contingency for BAU PPE requirements (4 weeks), Covid-19 requirements (8 weeks) and pandemic preparedness stock (4 weeks).
R2 In updating its own plans for responding to a future pandemic, the Welsh	WG	<p>The Welsh Government accept Recommendation 2 and will work with other public bodies to develop</p>	<p>We anticipate completing this work by</p>	<ol style="list-style-type: none"> 1. Best practice and lessons learnt on PPE have been collated and shared with the

Recommendation	Who?	Agreed Action	Date for Completion	Progress
Government should collaborate with other public bodies to articulate a set of pan-public sector governance arrangements for planning, procuring and supplying PPE so that these do not need to be developed from scratch.		<p>a clear framework for PPE governance arrangements based on the best practice and lessons learned during the Covid-19 pandemic. WG will:</p> <ol style="list-style-type: none"> 5) Review all the governance arrangements on PPE. 6) Ensure the decision-making and controls framework for PPE are agreed in advance as part of contingency planning. 7) Ensure the ToR provide a clear RACI between governance groups and teams. 8) These arrangements will be kept under review, for example to ensure alignment with the broader 4N approach. 	[30th September 2021].	<p>PPE Procurement and Supply Group – these include a recognition that governance and finance frameworks were designed as the pandemic progressed resulting in some duplication of effort across groups.</p> <ol style="list-style-type: none"> 2. WG have collated ToR for all PPE-related governance groups that were stood up during the Covid-19 pandemic.
R3 Shared Services should work with NHS and social care bodies to maintain an up-to date stock management information system that provides timely data on local and national stocks of PPE that can be quickly drawn upon in a future pandemic to support projections of demand and availability as well as providing a robust source of information for briefing stakeholders.	NWSSP/ WG	<p>NWSSP and WG accept this recommendation and lesson learnt activity has already identified that two-way data and information sharing between policy, planners and frontline team has been critical in ensuring procurement meets demand and that there is confidence in the system.</p> <ol style="list-style-type: none"> 1. Continue to invest in and embed the Stockwatch system and roll-out to Social Care where possible. 	On-going.	<ol style="list-style-type: none"> 1. NWSSP have purchased and embedded the Stockwatch system across Covid stores in the NHS and Social Care. 2. As we return to BAU NWSSP stock information is captured within Oracle Inventory plus the additional rollout of Scan 4 Safety will capture stockholdings within the health organisations. 3. As above. 4. The Deloitte demand model will be maintained for future

Recommendation	Who?	Agreed Action	Date for Completion	Progress
		2. Ensure accuracy and timeliness of stock information within Oracle. 3. Enhance integrity of Oracle stock information through rollout of Scan4Safety. 4. Maintain Deloitte demand model so that this can be used again in future if need arises.		use if required.
R4 In updating the strategic approach to PPE, Shared Services and the Welsh Government should work together to develop a clear direction in terms of: <ul style="list-style-type: none"> • a return to competitive procurement and an end to emergency exemptions. • fuller consideration of the wider criteria usually applied to procurement, such as sustainable development and policies on modern slavery. • the intentions and aspirations in relation to the domestic PPE market, including the balance between the potential benefits of resilience through local production capacity against the potentially increased costs compared to international manufacturers. • the size and nature of the 	NWSSP	1. Develop a plan that provides a strategic approach to the procurement of PPE. 2. Go out to tender for a compliant framework contract for the future competitive procurement of PPE. 3. Ensure that the new framework covers supply chain resilience, foundation economy, modern slavery, the Wellbeing of Future Generations Act and decarbonisation. 4. Build on the work already undertaken by CERET and prospective ESNR PPE pilots to review the respective merits of local production against more economic international purchases. 5. Ensure that the longer-term plan for PPE analyses the optimum stock holdings and timings of purchases.	1. 31/08/2021 2. 01/07/2021 3. 01/07/2021 4. 30/09/2021 5. 31/08/2021	1. An interim plan is in place but a longer-term strategy is being developed with a planned implementation date of 1 September 2021. 2. Fully compliant framework contract for future competitive procurement currently out to tender and will be in place by 1 st July 2021 3. The new framework contract fully considers the points raised including supply chain resilience, foundation economy, modern slavery, wellbeing of future generations act and decarbonisation. 4. Work is on-going to further develop the work already undertaken by CERET and any ESNR PPE Pilot. 5. The plan will include this analysis with WG providing

Recommendation	Who?	Agreed Action	Date for Completion	Progress
pandemic stockpile it intends to hold, considering the benefits and costs of holding and maintaining stock and the timing of purchases given the ongoing disruptions to the PPE market.				policy steer and NWSSP providing expertise on improving resilience.
R5 To increase confidence in stocks and supplies at the national level, Shared Services should work with the Welsh Government to publish details of the amount of stock it holds of each item alongside the regular publication of data on the numbers of items issued.	WG/ NWSSP	<p>WG accept that ensuring confidence in PPE stocks and supplies is a critical part of ensuring confidence in the Government's pandemic response and accept Recommendation 5.</p> <p>WG currently publish a fortnightly statistical release on PPE items issued based on management information provide to the Welsh Government by NWSSP. In addition:</p> <ol style="list-style-type: none"> 1. WG will consider what further management information can be provided on National stock levels to provide even greater transparency. 2. The information provided will show how WG and NWSSP are performing against the commitment to hold a minimum stockpile on PPE and will need to take into consideration the fluid nature of PPE supply and 	30/09/2021	<ol style="list-style-type: none"> 1. Initial view is to provide a RAG rating rather than detailed stock levels based on issues during the 16 highest weeks in the pandemic. NWSSP will provide this data weekly to WG subject to agreement with WG around parameters. 2. An initial draft of the data table is being shared with the PPE Procurement and Supply Group for comment 19 May 2021.

Recommendation	Who?	Agreed Action	Date for Completion	Progress
		<p>demand.</p> <p>It is also important to note that the information will be based on the National stock levels of PPE held by NWSSP and will not take into consideration the often large volumes of PPE items held locally by Health Boards and Local Government.</p> <p>3. WG will liaise with NWSSP on provision of data on weekly basis.</p>		
R6 Shared Services should: check that it has published contract award notices for all contracts where it is required to do so; review those that it has published to ensure they are accurate; and ensure that it publishes contract award notices within the required timeframe for future contracts.	NWSSP	<p>1. Review existing contract awards and take corrective action where necessary in terms of publication.</p> <p>2. Review and refresh internal operating procedures to ensure compliance with the requirements to publish notices for future contracts.</p>	<p>1.Complete</p> <p>2.31/05/2021</p>	<p>1. NWSSP have undertaken checks and corrective action has been taken for contracts awarded.</p> <p>2. Review of internal operating procedures is underway to ensure that any future contract awards are compliant with publishing requirements.</p>
R7 The Welsh Government should review whether the Sell2Wales site needs updating to allow bodies to publish retrospective contract award notices more efficiently without relying on suppliers to sign-up.	WG	WG accept the recommendation to review the Sell2Wales site to publish retrospective contract award notices without relying on suppliers to sign-up.	30/06/2021	<p>1. Initial conversations have been held with the WG Sell2Wales team who have set out that there are a number of reasons why it isn't possible or desirable to implement the recommendation:</p>

Recommendation	Who?	Agreed Action	Date for Completion	Progress
				<ul style="list-style-type: none"> • There are numerous fields which need adding in order to complete the contract award notice in line with FTS schema requirements (individual name, business name, address, contact details etc) and by allowing a buyer to add these manually introduces data quality issues and it's also an onerous task for the buyer. • Risk regarding GDPR consent, as the manual approach would not record PN consent on Sell2Wales for audit purposes and provides an issue in relation to future challenge. • Diminished Sell2Wales reporting, S2W would be unable to properly report on Suppliers being awarded contracts as this is driven by the full supplier registration profile. • It sets a precedence and could impact on the number of suppliers

Recommendation	Who?	Agreed Action	Date for Completion	Progress
				<p>registered which is a key selling point to encouraging buying org's to utilise Sell2Wales.</p> <p>3. The Sell2Wales team have suggested that an alternative approach could involve the buyer (NWSSP) inviting the supplier to register through the Sell2Wales site. Once the supplier has registered the buyer can make the award at a later date. This functionality already exists in Sell2Wales but requires administrative effort from both the buyer and supplier.</p> <p>4. Sell2Wales has also suggested that the Sell2Wales site could publish the listing created by NWSSP under recommendation 8.</p>
R8 Given public interest in the awarding of PPE contracts and to promote confidence in the procurement system, the Welsh Government and Shared Services should publish details of the contracts awarded under emergency exemptions in a single place that is easy to access.	NWSSP	Ensure that all current and future PPE contract awards are appropriately publicised.	30/06/2021	<p>1. For already awarded PPE contracts a full listing will be provided on NWSSP's website.</p> <p>2. Future purchases will be managed through the new framework agreement.</p>

NHS Wales Shared Services Partnership

Audit Committee

29 June 2021

Internal Audit Progress Report

CONTENTS	Page
1. INTRODUCTION	2
2. COMPLETION OF THE 2020/21 INTERNAL AUDIT PLAN	2
3. 2021/22 INTERNAL AUDIT PLAN	2
4. OTHER INTERNAL AUDIT ACTIVITY	2
5. ENGAGEMENT	3
6. RECOMMENDATION	3

1. INTRODUCTION

The purpose of this report is to provide an overview of activity since the previous meeting in April 2021.

2. COMPLETION OF THE 2020/21 INTERNAL AUDIT PLAN

The Annual Head of Internal Audit Opinion is included on the agenda for this meeting of the Committee. It includes four reports which have been finalised since the previous meeting in April:

- Brexit Preparations;
- Welsh Risk Pool Services;
- Procure to Pay (P2P); and
- Primary Care Services – Contractor Payments.

One further review (Employment Services Directorate) is included in the Annual Head of Internal Audit Opinion at the draft report stage with a final report to be presented at the next meeting of the Committee. The assurance opinion is Reasonable Assurance.

3. 2021/22 INTERNAL AUDIT PLAN

The 2021/22 Internal Audit Plan was approved by the Audit Committee in April 2021 and the work programme is included in Appendix A for information.

The advisory review of Single Lead Employer has been completed and the final report is included on the agenda for this meeting of the Committee. Planning has also commenced for the following reviews:

- Payroll Services;
- Procure to Pay (P2P);
- Student Awards Service Follow-Up; and
- Laundry Service.

4. OTHER INTERNAL AUDIT ACTIVITY

We have provided advice to:

- Payroll Services on the development of a new payroll checking process;

- Primary Care Services on the management of the NHS Resolution service level agreement; and
- Central Team eBusiness Services (CTeS) on potential changes to BACS Bureau checking processes.

5. ENGAGEMENT

The following meetings have been held/attended during the reporting period:

- Finance Academy P2P Group;
- Adapt and Future Change Group;
- project board meetings;
- audit scoping and debrief meetings; and
- liaison meetings with senior management.

6. RECOMMENDATION

The Audit Committee is invited to note the above.




2021/22 Internal Audit Plan


Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
NATIONAL AUDITS FOR BOTH NWSSP AND INDIVIDUAL HEALTH BOARDS / TRUSTS								
General Medical Services (GMS)								
General Dental Services (GDS)								
General Ophthalmic Services (GOS)								
Pharmacy Payments								
Payroll		Planning						
Procure to Pay (P2P)		Planning						
Front Line Procurement								
Medical Examiner Service								

Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
Laundry Service		Planning						
AUDITS FOR NWSSP								
Corporate Governance								
Legal & Risk Services Directorate								
Student Awards Service Follow Up		Planning						
Stores								
Salary Sacrifice								
Counter Fraud Arrangements								
Wales Infected Blood Support Scheme (WIBSS)								
IT Review								

Assignment	Draft to Mgt Response (Days)	Status	Rating	Summary of Recommendations				Notes
				High	Medium	Low	N/A	
Capital & Estates								
ADVISORY REVIEWS AND RISK AREAS TO BE MONITORED								
Single Lead Employer	2	Final	n/a	n/a	n/a	n/a	14	June 2021 Audit Committee
Agile Working								
PROJECT MANAGEMENT GROUPS								
WfIS Programme Board: H2R	Ongoing		To sit on Project Board to provide advice on internal controls					
IT Steering Group	Ongoing		To sit on Project Board to provide advice on internal controls					
Information Governance Steering Group	Ongoing		To sit on Project Board to provide advice on internal controls					
Finance Academy P2P Group	Ongoing		To sit on Project Board to provide advice on internal controls					
AUDIT MANAGEMENT & REPORTING								
Audit Management & Reporting	Ongoing							

For Reference: The assurance ratings are defined as follows:

Assurance rating	Assessment rationale	Guide to Rating
	The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.	Few matters arising and are compliance or advisory in nature. No issues about design of policies or procedures or controls. Any identified compliance (O) issues are restricted to a single control objective or risk area rather than more widespread. No high priority audit findings. Few Low or Medium priority findings. Even when taken together any issues have low impact on residual risk exposure even if remaining unresolved.
	The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.	Some matters require management attention in either control design or operational compliance. Any control design (D) limitations are isolated to a single control objective or risk area rather than more widespread. However compliance issues (O) may present in more than one area. Typically High priority findings are rare; but/or some Low or Medium priority findings. Even when taken together these will have low to moderate impact on residual risk exposure until resolved.
	The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.	More significant audit matters require management attention either in materiality or number. Control design limitations (D) may impact more than one control objective or risk area. Compliance issues (O) may be more widespread indicating non-compliance irrespective of control design. Typically some high priority audit findings have been identified and these are not isolated; and/or several Medium or Low audit findings. Either individually or when taken together these are significant audit matters with moderate impact on residual risk exposure until resolved.

Assurance rating	Assessment rationale	Guide to Rating
	<p>The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.</p>	<p>Significant audit matters require management attention both in terms of materiality and number.</p> <p>Control design limitations (D) impact the majority of control objectives or risk areas. Alternatively compliance issues (O) are widespread indicating wholesale non-compliance irrespective of control design.</p> <p>Several high priority audit findings have been identified in a number of areas; and/or several Medium audit findings.</p> <p>Either individually or when taken together these are significant audit matters with moderate impact on residual risk exposure until resolved.</p>

For Reference: The priority of the findings and recommendations are as follows:

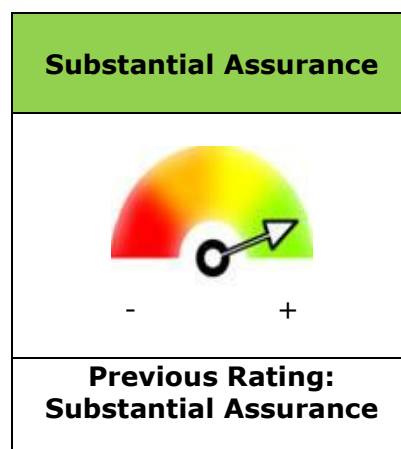
<p>High</p> <p>Poor key control design OR widespread non-compliance with key control</p> <p>PLUS</p> <p>Significant risk to achievement of a system objective OR evidence present of material loss, error or mis-statement</p> <p>Timescale for action- Immediate</p>	<p>Medium</p> <p>Minor weakness in control design OR limited non-compliance with control</p> <p>PLUS</p> <p>Some risk to achievement of a system objective</p> <p>Timescale for action- Within one month</p>	<p>Low</p> <p>Potential to enhance design of adequate systems further</p> <p>OR</p> <p>Isolated instances of non-compliance with control with negligible consequences</p> <p>Timescale for action- Within three months</p>
--	---	---



Primary Care Services Contractor Payments (All Wales)

Internal Audit Report 2020/21

NHS Wales Shared Services Partnership Audit and Assurance Services



CONTENTS	Page
1. EXECUTIVE SUMMARY	3
1.1 Introduction and Background	3
1.2 Scope and Objectives	3
1.3 Associated Risks	4
2. CONCLUSION	5
2.1 Overall Assurance Opinion	5
2.2 Assurance Summary	6
2.3 Summary of Recommendations	6
3. SUMMARY OF AUDIT FINDINGS	7

Appendix A	Management Action Plan
Appendix B	Glossary of Terms
Appendix C	Audit Assurance Ratings & Recommendation Priorities
Appendix D	Responsibility Statement

Review reference:	NWSSP 20/21 - 02
Report status:	Final
Fieldwork commencement:	11 th December 2020
Draft report issued:	20 th May 2021
Management response received:	25 th May 2021
Final report issued:	26 th May 2021
Auditors:	James Quance, Head of Internal Audit Stephen Chaney, Deputy Head of Internal Audit Chris Scott, Internal Audit Manager Laura Howells, Principal Auditor
Executive sign off:	Andrew Evans, Director of Primary Care Services
Distribution:	Neil Frow, Managing Director Andy Butler, Director of Finance & Corporate Services Nicola Phillips, Deputy Director of Primary Care Services Ceri Evans, Head of Transaction Services Julie Turner, All Wales Payment Manager
Committee:	Velindre NHS Trust Audit Committee for NWSSP

ACKNOWLEDGEMENTS

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

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of Primary Care Contractor Payments processed by NHS Wales Shared Services Partnership (NWSSP) Primary Care Services was completed in line with the 2020/21 Internal Audit Plan.

Primary Care Services (PCS) is responsible for the reimbursement of primary care contractors in Wales for medical, dental, ophthalmic and pharmacy / prescribing services.

The audit sought to provide assurance to the Velindre NHS Trust Audit Committee for NWSSP and Health Boards in Wales that the arrangements in place for the processing of timely and accurate payments to primary care contractors are robust.

1.2 Scope and Objectives

The overall objective of this audit was to evaluate and determine the adequacy of controls in place to administer timely and accurate payments to primary care contractors.

The following objectives were reviewed to ensure:

All Services

- adequate policies and procedures are in place and up to date;
- the All Wales Medical, Dental, Pharmaceutical and Ophthalmic Performers lists are monitored and accurately processed;
- payment control sheets are fully completed and appropriately authorised;

General Medical Services

- global sum and Minimum Practice Income Guarantee (MPIG) payments are accurately calculated and processed based on patient list size and the Statement of Financial Entitlement;
- payments in respect of Quality and Outcomes Framework (QOF), enhanced services claims and rent/water/rates are accurately processed and agree to supporting documentation where required;

General Dental Services

- annual contractual activity as agreed with the health boards is promptly and accurately input into the Compass system;
- contract changes / variations are authorised by health boards prior to processing;
- additional payments (i.e. travel & subsistence, non-domestic rates) are accurately processed and supported by claim forms;
- the timely notification to health boards of payments awaiting authorisation on Compass;

General Ophthalmic Services

- ophthalmic payments are processed in accordance with the correct Welsh Government rates;
- payments are accurately processed and supported by vouchers;
- ophthalmic vouchers are submitted for processing in a timely manner;
- vouchers are fully completed by both the practitioner and patient;

Pharmacy & Prescribing Services

- scripts submitted by Welsh dispensing contractors are recorded, sorted and scanned;
- scripts are processed and checked to ensure accuracy;
- quality audits are undertaken to identify errors;
- payment schedules (FP47) are authorised appropriately and submitted in a timely manner;
- payments made to pharmacists are accurate and supported by appropriate backing documentation;
- stakeholders receive accurate and timely monthly reports;

Covid-19 Arrangements

- over/ under payments resulting from estimates or historical averaging are addressed; and
- oversight review controls have been implemented to deter fraudulent claims from the primary care contractors during the suspension of PPV audits.

1.3 Associated Risks

The risks considered in the review were as follows:

- procedural guidance to support the processing of contractor payments has not been documented;


- payments are incorrectly processed resulting in under/overpayment of contractors;
- payments are made without appropriate authorisation or supporting documentation; and
- information provided to stakeholders is inaccurate.

2 CONCLUSION

2.1 Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with establishment controls within the Primary Care Services Contractor Payments is **Substantial Assurance**.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary

The summary of assurance given against the individual review areas is described in the table below:

Assurance Summary					
1	General medical services				✓
2	General dental services				✓
3	General ophthalmic services				✓
4	Pharmacy & prescribing services				✓
5	Covid-19 oversight arrangements			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems / Controls

The findings from the review have highlighted one issue that is classified as a weakness in the system control/design for Primary Care Services Contractor Payments.

2.3 Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	-	-	1	1

3. SUMMARY OF AUDIT FINDINGS

The key conclusion by the individual objectives are reported in the section below:

General Medical Services

- Policies and procedures were available to all staff via SharePoint.
- We did not identify any issues from our sample testing of inclusions on the Medical Performers List.
- Practices submit patient list numbers centrally each quarter which are reconciled to records held by PCS, where they differ above a de-minimis level. However, we noted that in 3 of the 12 cases sampled (one Swansea Bay University Health Board, one Cardiff and Vale University Health Board and one Aneurin Bevan University Health Board) there was no capitation discrepancy reconciliation conducted and thus no correcting entries made to respective records. We noted too that in the sample period some practices did not make a return of their practice lists. Practice list size submissions for the third quarter of 2020/21 ranged from a low of 50% (Aneurin Bevan University Health Board) to 72% (Hywel Dda University Health Board). However, the responsibility for these returns resides with the individual health boards and we confirmed that PCS has actively pursued the outstanding returns. Even if individual records are not submitted, subsequent returns enable an up-to-date reconciliation to be completed once received, with retrospective payment adjustments made. We have raised a recommendation with Appendix A.
- We conducted testing of the derivation of Global Sum payments to practices, referencing the testing carried out on the capitation figures on which these are based. We reviewed the verification work conducted by PCS processing teams to verify sums prior to their payment and found no exceptions in the sample items tested.
- A sample of enhanced services payments were selected for testing. We found that all claims had been correctly recorded on the payments spreadsheet, calculated at the correct rate and accurately inputted onto Open Exeter.
- The Seniority Scheme ceased to admit new entrants prior to the commencement of 2020-21. Consequently, there were no new cases to be examined in this audit. However, we reviewed the monitoring process conducted by PCS for payments to existing scheme members and through a sample test confirmed its operation and the accuracy of payments being made.

- A sample of payments made to practices in respect of the Aspirations and Achievements Framework (the revised Quality Assurance and Improvement Framework (QAIF), which replaced the previous Quality Outcomes Framework (QOF) in 2020-21) were found to have been correctly calculated and applied in line with the figures received by PCS from the relevant Health Board.
- A sample of rent/ water/ rates payments were found to be supported by appropriate documentation and there was evidence of suitable checks being carried out by PCS staff prior to payment.
- Following a review of a random sample of BACS control sheets, we found that all had been appropriately endorsed and authorised prior to the expected processing dates.

General Dental Services

- Adequate policies and procedures were established and available to all staff.
- Throughout all our testing we selected samples which included all Health Boards. We did not identify any issues from our sample testing of inclusions in respect of the Dental Performers List.
- A sample of payment amendment schedules was selected at random for testing across the Health Boards for the financial year. All contract changes tested had been received and authorised by the Health Board and all variations input had been checked and matched the information in Compass.
- We found that payments had been processed in a timely manner following notification of changes to a dentist's contract. Upon notification of the impending change from the Health Board, the Contracts Team signs and dates each change on the contract schedule. These had been processed and passed for payment in an efficient manner.
- We did not identify any issues from our testing of a sample of travel and subsistence forms. Forms are appropriately reviewed and are only accepted when the necessary signatures and receipts are provided.
- Re-imbursement of non-domestic rates paid to a sample of providers were also tested and the associated information was found to be accurate and complete.
- As part of the testing of annual contracts and changes, a sample of dental contracts was examined to ensure that authorisations had been received from the Health Board for payment. The testing revealed no

instances of payments being made without the appropriate Health Board authorisations being received.

General Ophthalmic Services

- All relevant policies and procedures were established and available to all staff.
- We did not identify any issues from our sample testing of inclusions in respect of the Ophthalmic Performers List.
- A sample of the various GOS claim forms used by practitioners to claim funding for carrying out eye tests was tested to ensure forms had been fully and accurately completed by the patient and signed off where applicable by the practitioner. There were no issues identified.
- A sample of GOS 1¹, 3, 4, 5 and 6 forms submitted by opticians, selected at random from across all seven health boards, were tested to ensure that claim forms were being completed correctly by both the patient and practitioner and that payment is being made against a correctly completed form. Testing did not identify any issues in respect of the completion of these forms.
- From our selected sample of BACS control sheets, all had been appropriately checked and authorised prior to the expected processing dates.

Pharmacy

- Policies and procedures were established and available to all staff via SharePoint.
- Testing a sample of pharmacies on the Pharmaceutical Performers Lists (these included changes to ownership and new contracts) did not identify any issues.
- For the processing of prescriptions, we randomly selected five pharmacy accounts for each health board and tested two prescriptions per account. Pricing validation against drug file and tariff reference material was carried out and revealed no errors.
- Quality audits were undertaken in accordance with procedures. Detailed reworking of a sample of audit reviews across the year noted minor discrepancies on related audit batches, which had subsequently been

¹ A GOS 2 form constitutes a patient's prescription. It is not an application for payment in the same manner as GOS 1, 3, 4, 5 and 6 forms.

corrected. However, we noted in the monthly testing process conducted by PCS that the number of items sampled ranged between 21,526 and 69,692 with an average of 43,976, well below the target volume of 70,000 items. However, this is due to the pandemic.

- All BACS control sheets tested were found to be complete; authorised in line with NWSSP and health board signatory lists and reconciled with supporting documentation.
- Monthly payments (FP47A(C) forms) to pharmacists were accurate and a review of a sample of FP47A(C) payment schedules confirmed that all reconciled to the corresponding PD1 reports. We confirmed that PD1 reports are published on time and within the target dates set by Welsh Government.

Covid-19 oversight arrangements

- Adjustments were made to contractor activity through the temporary suspension of services, as directed by the Welsh Government during the pandemic in 2020. During this period, payments were made to practices using an estimated / historic average payment model. To ensure the correct payment was made against the actual activity during the period July to September 2020, a reconciliation against actual activity was completed during March 2021 and payment adjustments undertaken retrospectively, where required. Any further over / under payments arising during October 2020 to March 2021 are to be determined and addressed during June 2021. We saw evidence of this process in operation with extensive spreadsheets, but did not test the posting of the payments within Exeter.
- We were advised that in response to the increased threat of fraud arising from the suspension of post payment verification (PPV) audits, during March to September 2020, PCS plan to conduct a review of each practice's claiming activity over the last two years. The objective is to confirm if claim levels significantly increased during 2020. This will be in addition to a full reconciliation of GMS and GOS payments during the period, as requested by the Welsh Government. This will provide information to each health board over claiming anomalies during the period.

Finding 1 Practice Returns (Design)	Risk
<p>Practices submit patient list numbers each quarter which are reconciled to records held by PCS, where they differ above a de-minimus level of 1.5%. However, we noted that in three of the 12 cases sampled (one Swansea Bay University Health Board, one Cardiff and Vale University Health Board and one Aneurin Bevan University Health Board) there was no capitation discrepancy reconciliation conducted and thus no correcting entries made to respective records.</p> <p>Furthermore, we found in the sample period examined some practices did not make a return of their practice lists. Practice list size submissions for the third quarter of 2020/21 ranged from a low of 50% (Aneurin Bevan University Health Board) to 72% (Hywel Dda University Health Board).</p> <p>The responsibility for submitting these reports resides with each health board. Furthermore, we saw evidence of pursuance of the outstanding documentation by PCS.</p>	<p>There is a risk practice lists remain inaccurate for a sustained period.</p>
Recommendation 1	Priority level
<p>Primary Care Services should consider agreeing formal deadlines for each health board, with an escalation process in place where returns are not received.</p>	<p>Low</p>

Management Response 1	Responsible Officer/ Deadline
A full review of this process will be conducted by the Quality assurance team. SOPs will be updated to support any enhanced/updated arrangements. This revised/updated workstream will form part of the QA model, currently being developed to support Registration process.	Nicola Phillips, Deputy Director of PCS. 30 th Sept 2021

Glossary of Terms

BACS – Formerly known as Bankers’ Automated Clearing Services, BACS is an electronic system used to make payments directly from one bank account to another.

Compass – The Dental Contract Management System.

FP47A(C) – The summary payment forms for pharmaceutical services.

GDS – General Dental Services.

GMS – General Medical Services.

GOS – General Ophthalmic Services.

GOS 1 – This form relates to NHS funded sight tests.

GOS 3 – This form relates to NHS funded glasses and lenses.

GOS 4 – This form relates to NHS funded repairs and replacements.

GOS 5 – This form relates to privately funded sight tests.

GOS 6 – This form relates to NHS domiciliary visits to patients.

Open Exeter – Provides access to GP financial information.

PCS – Primary Care Services.

PD1 Reports – Provides statistical data relating to prescriptions dispensed in Wales aggregated by dispensing contractor type for each Local Health Board.

PSU002 – The Active Chemist Prescription Batch Report.

PSU003 – The Active Dispensing Doctor Prescription Batch Report.

QOF – Quality Outcomes Framework.

QAIF - Quality Assurance Improvement Framework

Sharepoint – The Health Board’s document management system.

SLA – Service Level Agreement.

SOP – Standard Operating Procedure.

Audit Assurance Ratings



Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

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

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



Office details:

MAMHILAD Office
Audit and Assurance
Cwmbran House (First Floor)
Mamhilad Park Estate
Pontypool, Gwent
NP4 0XS

Contact details

James Quance (Head of Internal Audit) – 01495 332048
Steve Chaney (Deputy Head of Internal Audit) – 01495 300844
Chris Scott (Internal Audit Manager) – 01495 300842
Laura Howells (Principal Auditor) – 01495 300847

Finance & Corporate Services Procurement Services

Procure to Pay (P2P)

Internal Audit Report 2020/21

NHS Wales Shared Services Partnership Audit and Assurance Services

Reasonable Assurance



Previous review rating:

Reasonable Assurance

CONTENTS	Page
1. EXECUTIVE SUMMARY	3
1.1 Introduction and Background	3
1.2 Scope and Objectives	4
1.3 Associated Risks	5
2. CONCLUSION	6
2.1 Overall Assurance Opinion	6
2.2 Assurance Summary Table	6
2.3 Design of System / Controls	7
2.4 Operation of System / Controls	7
2.5 Summary of Recommendations	7
3. SUMMARY OF AUDIT FINDINGS	9

Appendix A	Management Action Plan
Appendix B	Audit Assurance Ratings & Recommendation Priorities
Appendix C	Responsibility Statement

Review Reference:	NWSSP-2021-10
Report Status:	FINAL
Fieldwork completion:	19 May 2021
Debrief meeting:	27 May 2021 (Procurement Services) 24 May 2021 (Finance & Corporate Services)
Draft report issued:	20 May 2021 (v1) 28 May 2021 (v2)
Management response agreed:	21 June 2021
Final report issued:	21 June 2021
Executive sign off:	Andrew Butler, Director of Finance & Corporate Services Jonathan Irvine, Director of Procurement Services
Distribution:	Neil Frow, Managing Director Claire Salisbury, Assistant Director of Procurement Services Andy Smallwood, Assistant Director of Procurement Services Russell Ward, Head of Accounts Payable

Auditors:

James Quance, Head of Internal Audit
Sophie Corbett, Deputy Head of Internal Audit
Ossama Lotfy, Principal Auditor
Rhian Williams, Principal Auditor
Jennifer Usher, Principal Auditor
Sharon Edwards, Principal Auditor
Cara Vernon, Internal Auditor

Committee:

Velindre NHS Trust Audit Committee for
NWSSP

ACKNOWLEDGEMENTS

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

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of the Procure to Pay (P2P) process operated by the NHS Wales Shared Services Partnership (NWSSP) Finance & Corporate Services and Procurement Services has been completed in line with the 2020/21 Internal Audit Plan.

NWSSP provides a complete Procure to Pay (P2P) service to NHS Wales through category sourcing, frontline local procurement, supply chain, accounts payable and e-Enablement functions.

Sourcing teams focus on an all-Wales proactive procurement strategy to maximise value for money, whilst frontline procurement teams concentrate on the bespoke needs of their respective customer organisations. Procurement savings of £34m¹ were achieved for NHS Wales organisations in 2019/20.

Accounts Payable processed 1.8 million invoices during 2020/21, with just over half matched to an approved purchase order and the remainder processed manually based on authorisation provided by the customer organisation.

In line with the Public Sector Payment Policy (PSPP), NHS Wales has an obligation to pay its suppliers within 30 days of receipt of invoice. Compliance is reported to Welsh Government in the monthly monitoring returns and Accounts Payable report against key performance indicators to customer organisations on a monthly basis. As at 31 March 2021 the target 95% PSPP compliance had been achieved for all 11 NHS Wales customer organisations. 20,357 invoices (£42m) had been on hold for more than 30 days with just under half of these marked as in dispute with the supplier.

COVID-19

In March 2020 the Cabinet Office released Procurement Policy Notes (PPN) 02/20 setting out information and guidance for public bodies on payment of suppliers to ensure service continuity during and after the current COVID-19 outbreak.

¹ Source: [NWSSP Annual Review 2019-20](#)

It was agreed at the NHS Wales Directors of Finance Forum on 20th March 2020 that NHS Wales would support business during COVID-19 with the aim of paying suppliers quicker to improve their cash flow.

Just over 42,000 invoices with a value of £8.8m were paid under these new arrangements during 2020/21.

1.2 Scope and Objectives

The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place for the management of the procure to pay process.

The objectives reviewed were to ensure that:

- procedural guidance is available to support staff through the P2P process;
- goods and services are procured via competitive tender/quotation exercise and in accordance with Standing Orders and Standing Financial Instructions;
- single tender actions are appropriately scrutinised and approved;
- there is adequate control over the creation and amendment of supplier master-file data;
- invoices are supported by a purchase order (PO) in line with the No PO No Pay Policy;
- non-PO invoices and manual payments are authorised for payment and accurately processed;
- systems ensure that invoice values paid are in accordance with agreed prices;
- invoices on hold are monitored and cleared on a regular basis to ensure compliance with PSPP;
- mechanisms are in place to ensure that duplicate payments are avoided or detected;
- appropriate checking mechanisms are in place to ensure adequate review and scrutiny over payments made to suppliers under the COVID-19 revised payment arrangements; and
- recommendations arising from the previous internal audit (report NWSSP-1920-03) have been implemented.

1.3 Associated Risks

The potential risks considered at the outset of the review were as follows:


- purchases and payments are made without due authority;
- payments are made for goods/services not received;
- payments are made to the wrong supplier or for the wrong amount;
- duplicate payments are not prevented or detected;
- late payments resulting in breach of Public Sector Payment Policy;
- delay or errors in the month end close down process;
- failure to achieve value for money;
- fraud; and
- previous internal audit recommendations have not been implemented.

2 CONCLUSION

2.1 Overall Assurance Opinion





We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Procure to Pay is **Reasonable Assurance**.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary Table

Assurance Summary					
1	Procedural Guidance			✓	
2	Procurement & STAs			✓	
3	Creation & Amendment of Supplier Masterfile Data				✓
4	Invoices are Supported by Purchase Orders			✓	

Assurance Summary					
5	Authorisation of Non-purchase Order Invoices			✓	
6	Payments in Accordance with Agreed Prices				✓
7	Invoices on Hold			✓	
8	Duplicate Payments				✓
9	COVID-19 Revised Payment Arrangements				✓
9	Previous Recommendations			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

2.3 Design of System / Controls

The findings from the review have highlighted one issue that is classified as weakness in the system/control design for Procure to Pay. This is identified in Appendix A as (D).

2.4 Operation of System / Controls

The findings from the review have highlighted six issues that are classified as weaknesses in the operation of the designed system/control for Procure to Pay. These are identified in Appendix A as (O).

2.5 Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Procurement Services	1	2	0	3

Accounts Payable	0	4	0	4
Total number of recommendations	1	6	0	7

3. SUMMARY OF AUDIT FINDINGS

Good Practice

The following examples of good practice were identified:

- There is a suite of working instructions and process maps for procurement, data entry and payment processes to support ISO 9001 accreditation (Quality Management System).
- Requests for additions/amendments to the supplier masterfile are promptly processed.
- FiscalTec forensic software is used to identify potential duplicate payments on a daily basis prior to the processing of payment runs.
- Monthly KPI reports are produced for customer organisations identifying performance data in respect of invoice turnaround, prevention and identification of duplicate invoices, call handling, invoices on hold and Oxygen Finance priority payment programme.

The key findings are reported by objective in the section below, with full details of findings in Appendix A:

Section 1 – Procurement Services

Procedural guidance to support staff through the P2P process

There is a suite of working instructions and process maps for procurement, data entry and payment processes to support ISO 9001 accreditation (Quality Management System). Compliance is monitored through an annual ISO compliance audit programme led by the Procurement Services Project Manager. The 2020/21 plan was suspended due to pressures on the service during the COVID-19 response. A revised plan was discussed at Procurement Services Senior Management Team in March 2021 and resource has been agreed to train existing staff to support delivery of the plan, which is expected to commence in June 2021.

Goods and services are procured via competitive tender/quotation exercise and in accordance with Standing Orders and Standing Financial Instructions

Record of procurement exercises

A record of contracts is maintained in the Electronic Contract Management (ECM) module of the Bravo procurement system. However, it is clear from the volume of frontline procurement activity recorded that this is not a

complete record of contracts awarded via Procurement Services. Although procurement registers are maintained by all frontline teams recording all activity, the format and level of detail is inconsistent. There is opportunity to enhance and standardise the mechanism for recording procurement activity across the whole of Procurement Services.

We reviewed a sample of 70 contracts/procurement exercises to establish whether:

- a formal procurement exercise had been completed in line with the tender threshold requirements set out within the Public Contract Regulations 2015;
- declarations of interest have been completed by individuals involved in the procurement exercise;
- contract awards have been subject to NWSSP internal governance arrangements (where applicable) and/or approved by the contracting organisations in line with Standing Orders / Standing Financial Instructions;
- contracts have been notified to and/or approved by Welsh Government in line with the agreed process (where applicable); and
- contract award / VEAT notices have been published on Sell 2 Wales (where applicable).

No evidence was received in respect of one single tender action processed by the Cwm Taf frontline team.

See Finding 3 in Appendix A

Customer organisation approval

No evidence of approval was received in respect of two procurements, both processed by the Cwm Taf frontline team. All remaining procurements had been approved by the customer organisation, however:

- one single tender action processed by the Aneurin Bevan frontline team had been retrospectively approved by the Board Secretary and Chief Executive after the evidence was requested by Internal Audit;
- in two cases the approver could not be identified due to illegible signatures, so we were unable to confirm compliance with the scheme of delegation; and
- in seventeen cases the contract value exceeded the approvers delegated limit. In some instances these related to contracts requiring

Health Board/Trust Board approval, evidence of which was not provided.

See Finding 1 in Appendix A

Internal governance arrangements

The internal governance process applies to multi-organisation / all-Wales contracts awarded by Central Sourcing which require approval from the Director of Procurement Services, Managing Director and Chair of NWSSP.

The five central sourcing contracts reviewed had all been approved in line with this process. However, two were approved by the Managing Director and Chair after contract award. One was due to an administrative delay in obtaining Welsh Government approval (required before internal sign off) and one related to an urgent COVID procurement, subsequently reported to the Financial Governance Group.

OJEU / VEAT notices

Contracts above OJEU thresholds require publication on the Sell 2 Wales website.

A Voluntary Ex-Ante Transparency (VEAT)/contract award notice was not published for six contracts reviewed, and two notices had been published after the Internal Audit request for evidence. All had been processed by the frontline procurement teams.

See Finding 2 in Appendix A

Welsh Government approval

Contracts of £1m+ require notification to/consent from Welsh Government. Evidence of Welsh Government approval was not provided for two contracts, one of which related to an urgent COVID procurement. One further contract was retrospectively 'noted' by the Minister due to an administrative delay in submitting the application to Welsh Government.

See Finding 1 in Appendix A

Single tender actions are appropriately scrutinised and approved

Our sample of 70 procurement exercises included 37 single tender actions. As noted earlier, no evidence was received in respect of one single tender action processed by the Cwm Taf frontline team. Five did not have evidence

of Procurement scrutiny / approval, all had been processed by frontline teams.

Approval of single tender actions is included in the *Customer Organisation Approval* and *Internal Governance Arrangements* sections above.

See Finding 3 in Appendix A

Section 2 – Accounts Payable

Creation and amendment of supplier master-file data

Access to the supplier masterfile is restricted to the Supplier Maintenance Team and reviewed on a quarterly basis. Additions and amendments to the supplier masterfile are independently checked within the Supplier Maintenance Team to ensure accuracy of processing. This involves verifying the information on the Oracle supplier record, to the supporting evidence submitted by Accounts Payable.

We reviewed a sample of 176 additions / amendments to the supplier bank details processed during the period March – December 2020. Eight did not have evidence of independent review. However, these were verified to source documents and confirmed to have been accurately processed. One amendment to bank details was not supported by a bank account amendment form confirming the current bank details to support the authenticity of the request.

See Finding 4 in Appendix A

In response to the heightened fraud risk due to an increase in the number of attempted bank mandate frauds, controls around the processing of supplier bank changes have been enhanced in the latter part of 2020/21 (after the sample testing period). This includes improved verification checks with the supplier and senior management approval prior to processing. A bank account verification service is also being explored.

Invoices are supported by a purchase order in line with the No PO No Pay Policy

In line with the all-Wales No PO No Pay Policy (the 'Policy') implemented in 2018, invoices without a purchase order that are not on the agreed all-Wales exceptions list should be placed on a 'No PO No Pay' hold in Oracle and payment withheld until the supplier provides a valid purchase order number.

An all-Wales exceptions list has been agreed by customer organisations via the Finance Academy P2P Group, for instances where a purchase order is not necessary or appropriate.

Accounts Payable has processed over 1.8m invoices during the period April 2020 – March 2021. According to management KPIs 57% had a PO in place (10% had a retrospective PO raised after receipt of the invoice), whilst the remaining 43% did not have a PO in place². As exceptions are not categorised as such in Oracle, it is not possible to estimate the expected ratio of purchase order and non-purchase order invoices to assess compliance with the Policy.

Sample testing of 225 non-purchase order invoices was undertaken to establish whether any not falling under the categories on the exceptions list had been placed on a 'No PO No Pay' hold and dealt with in line with the Policy. Sixteen invoices/payments were considered to require a purchase order but had not been placed on hold. Therefore, they had been paid based on manual authorisation and the supplier and requisitioner not dealt with in accordance with the Policy.

The 2019/20 audit reported that Welsh Health Specialist Services Committee (WHSSC) invoices are all non-PO and processed manually via dataload. This arrangement is not reflected in the No PO No Pay Policy, which applies to the whole of NHS Wales.

See Finding 5 in Appendix A

Non-purchase order invoices are authorised for payment

Sample testing of 225 non-purchase order invoices was undertaken to confirm that:

- there is an official invoice or request for payment in support of each transaction;
- the invoice/payment has been recorded against the correct supplier and for the correct amount; and
- the invoice has been authorised for payment by the customer organisation, in line with the organisations authorised signatory list (where available).

Twelve invoices had not been appropriately approved on the basis that the approver did not have sufficient delegated authority or was not located on the organisation's authorised signatory list/scheme of delegation.

² This figure includes invoices/payments that do not require a PO in line with the all-Wales exceptions list

See Finding 6 in Appendix A

Independent checking arrangements

Manual Invoice Batches

All manual entry invoices are subject to independent accuracy checks, which are now documented to confirm completion with effect from April 2021.

High Value Payments

Following a payment error in October 2020, additional checks of payments over £100,000 were implemented as part of the payment run process. Ten of the 225 invoices reviewed met the criteria for this additional check and we confirmed all were recorded as complete.

Invoice values paid are in accordance with agreed prices

Invoice Matching Arrangements

Matching arrangements are set in Oracle at the time the supplier is added to the masterfile. The default setting is 3-way match which means that a purchase order invoice will only be released for payment by Oracle if the invoice matches the purchase order and has been receipted on the system.

Invoices that require a purchase order that do not match the number entered onto Oracle and / or have not been receipted are automatically placed on hold. We were advised that a small number of suppliers are set up as 2-way match at the request of the customer organisation. This means that receipting on Oracle is not necessary so the invoice will be paid as long as it matches the PO.

Invoice Matching Tolerances

Tolerances are set within Oracle for the following system holds and are standardised for all NHS Wales organisations:

- Quantity Ordered 0%
- Quantity Received 0%
- Price 10%
- Max Ship £5

The only exceptions to this are Hywel Dda University Health Board for which the *Max Ship* tolerance is set at £0, and Public Health Wales for which the *Quantity Ordered* tolerance for services is set at 5% - as requested by the customer organisations.

If the value entered is outside of the tolerance the system automatically places the invoice on hold to prevent payment until the discrepancy is resolved.

COVID Prompt Payment Arrangement

In March 2020 the Cabinet Office released Procurement Policy Notes (PPN) 02/20 setting out information and guidance for public bodies on payment of suppliers to ensure service continuity during and after the current COVID-19 outbreak.

It was agreed at the NHS Wales Directors of Finance Forum on 20th March 2020 that NHS Wales would support business during COVID-19 with the aim of paying suppliers quicker to improve their cash flow. The report presented to the Forum noted that this will be achieved by:

- changing payment terms for some suppliers to 'immediate';
- allowing rapid payment of purchase order invoices up to a value of £500 (excl VAT) and marked as 'on hold' and/or in dispute within Oracle;
- introducing a two-way matching process allowing purchase order invoices up to a value of £500 (excl VAT) to be paid without requirement for confirmation of receipt of the order, providing the invoice matches purchase order; and
- provision for advanced payments.

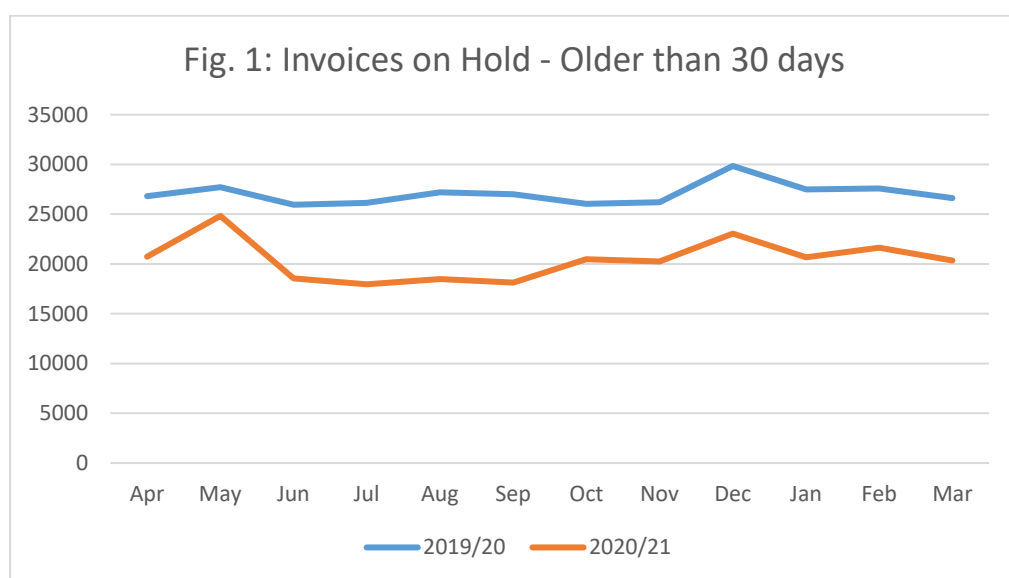
To allow the rapid payment of purchase order invoices up to £500 and marked as 'on hold' or in dispute, Oracle system holds are manually released by Accounts Payable on a weekly basis. With effect from September 2020, this arrangement changed to receipting holds only – effectively implementing a 2-way match rule for all PO invoices up to £500, and now excludes invoices marked as in dispute or relating to call-off orders. Retrospective checks are undertaken by customer organisations with Procurement support, to ensure that orders not received are escalated to the supplier for credit/refund.

We understand that the Directors of Finance have agreed for the current arrangements to be extended until the end of September 2021.

Invoices on hold are monitored and cleared to ensure compliance with PSPP

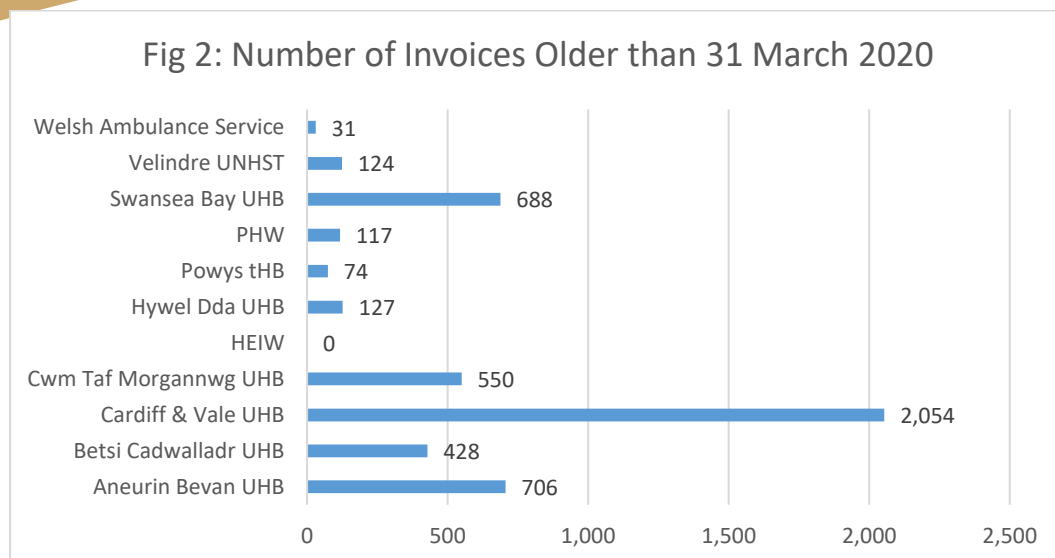
As at 31 March 2021 there were 20,357 invoices on hold for more than 30 days, 44% were in dispute with the supplier and 63% had been on hold for more than 90 days.

Figure 1 illustrates that the volume of invoices on hold for more than 30 days in 2020/21 has reduced by 24% compared to the previous year. The COVID prompt payment arrangement is likely to have contributed to this.



We were advised that supplier statement reconciliations are undertaken via Robotic Process Automation (RPA) for the top 200 suppliers to identify and cancel (with customer organisation agreement) invoices on hold that do not appear on the supplier statement. During 2020/21 4641 statements and 213,189 invoices were reconciled. The intention is to extend this to the top 500 suppliers by the end of this year and top 1000 suppliers the following year, which should further reduce the volume of aged invoices on hold.

Figure 2 illustrates the number of invoices on hold older than 31 March 2020 by customer organisation:



The previous audit reported the following observations in respect of the process for managing invoices on hold:

- The investigation of invoice holds is complex as it requires the involvement of NWSSP Central Sourcing, NWSSP Local Procurement Teams, NWSSP Accounts Payable and the purchasing organisation.
- Central Sourcing operate by category (e.g. medical & clinical, non-medical), Local Procurement Teams operate by organisation and Accounts Payable operate by organisation and supplier. This means that the invoice on hold reports must be split on a different basis for Central Sourcing, Local Procurement and Accounts Payable.
- It is likely that several different people will be liaising with the same supplier to resolve invoice holds.
- Responsibilities for investigating invoice holds are not formally defined, which could signify a lack of ownership and accountability for ensuring that holds are pursued until cleared.
- The root cause of invoice holds is not identified or recorded so it is not possible to ascertain whether there are any systemic issues that require further investigation and correction.
- Positive PSPP performance suggests that new invoices on hold are being prioritised for investigation so that they can be cleared and paid within 30 days to achieve PSPP compliance, over invoices on hold for more than 30 days as they have already failed PSPP.

We understand the process for managing invoices on hold is unchanged, although a centralised team of link officers continues to focus on addressing invoices on hold dated up to 31 May 2019. The team is supplier focused

(rather than category or organisation, as with the current invoice on hold process) so suppliers are contacted once for all NHS organisations.

See Finding 7 in Appendix A

Duplicate payments are avoided or detected

The Oracle system will not allow an invoice to be entered twice against the same supplier site for the same organisation. FiscalTec forensic software is used to identify duplicate invoices prior to payment. Potential duplicates are placed on hold in Oracle to prevent payment until investigation is complete, and those confirmed to be a duplicate are cancelled.

Duplicate payment registers are maintained for all customer organisations and duplicate payments (prevented and paid) are reported to customer organisations by the Head of Accounts Payable via the monthly KPI reports.

As at 31 March 2021, seven duplicates with a total value of £23,955 had been paid compared to 1307 duplicate payments with a value of £11.3m prevented via the FiscalTec software.

Implementation of previous recommendations

Progress in implementing recommendations arising from the previous internal audit (report NWSSP-1920-03) has been assessed under the objectives above and recommendations raised where appropriate.

Section 1: Procurement Services Findings

Finding 1: Contract Approvals (O)	Risk
<p>A sample of 70 procurements was selected for review.</p> <p>In two cases we were not provided with evidence of Health Board approval for contract award, both processed by the Cwm Taf frontline team. In seventeen cases the contract value exceeded the approvers delegated limit. In some instances, these related to contracts requiring Health Board/Trust Board approval, evidence of which was not provided.</p> <p>We were not provided with evidence of Welsh Government approval for two contracts, one of which related to an urgent COVID procurement. One further contract was retrospectively 'noted' by the Minister due to an administrative delay in submitting the application to Welsh Government.</p>	<p>Failure to comply or inability to demonstrate compliance with Standing Orders / Standing Financial Instructions and Welsh Government notification / consent processes.</p>
Recommendation 1	Priority level
<p>Procurement Services must ensure that contracts are appropriately approved by the customer organisation prior to award and notified to / consent obtained from the Welsh Government where appropriate.</p>	<p>High</p>
Management Response 1	Responsible Officer/ Deadline
<p>Accepted - It is recognised that some retrospective approvals were requested during the pandemic. This however, is not normal practice and the environment in which colleagues were operating at the time gave rise to exceptional means of market engagement to secure critical goods. The future requirement for approval in advance of purchase is noted and highlighted to all staff. However, the ability of customer organisations to approve in such circumstances prior to purchase will be outside of the remit of our organisation.</p>	<p>Heads of Procurement. (CTM/HDA/PHW)</p> <p>Immediate</p>

Finding 2: Contract Award / VEAT Notices (O)	Risk
<p>A Voluntary Ex-Ante Transparency (VEAT) / contract award notice was not published via the Sell 2 Wales site for six contracts reviewed, and two notices had been published after the Internal Audit request for evidence. All had been processed by the frontline procurement teams.</p>	<p>Non-compliance with procurement regulations.</p> <p>Challenge from suppliers, potentially resulting in reputational damage and financial loss.</p>
Recommendation 2	Priority level
<p>Contract award / VEAT notices should be published in accordance with the Public Contracts Regulations.</p>	<p>Medium</p>
Management Response 2	Responsible Officer/ Deadline
<p>Accepted - All VEAT notices are published in a timely manner however, for PHW's E&O Laboratories contract, only during the Audit was it realised that the notice had not been posted, which was a regrettable oversight.</p> <p>The Procurement Business Partner joined the Velindre Frontline Team in April 2020, when all NWSSP staff were required to work from home, which resulted in minimal process training. This, in turn, meant that when the VEAT notice should have been placed, it was unfortunately overlooked. This issue has since been addressed to ensure that future notices are actioned.</p>	<p>Head of Procurement (Velindre/Hywel Dda)</p> <p>Immediate</p>

Finding 3: Single Tender Actions (O)	Risk
<p>Our sample of 70 procurement exercises included 37 single tender actions.</p> <p>No evidence was received in respect of one single tender action processed by the Cwm Taf frontline team. A further five did not have evidence of Procurement scrutiny / approval, all had been processed by frontline teams.</p>	<p>Non-compliance with procurement regulations.</p> <p>Challenge from suppliers, potentially resulting in reputational damage and financial loss.</p>
Recommendation 3	Priority level
<p>Evidence must be retained in support of procurement activity to demonstrate compliance with policies, procedures and regulations.</p> <p>Single tender actions should be subject to appropriate scrutiny by the Head of Procurement or appropriate deputy and evidenced as such on the single tender action form.</p>	<p>Medium</p>
Management Response 3	Responsible Officer/ Deadline
<p>Accepted - CTM Gold Command approved this purchase, it was unfortunate that the CTM HOP missed this approval on this occasion. Future approvals will be undertaken in line with our standard operating procedures. The action required by the CTM Head of Procurement has been noted and all such future requirements will be complied with in line with the stated standard operating procedures.</p>	<p>Head of Procurement (CTM)</p> <p>Immediate</p>

Section 2: Accounts Payable Findings

Finding 4: Supplier Bank Account Amendments (O)	Risk
<p>We reviewed a sample of 176 additions / amendments to the supplier bank details. Eight did not have evidence of independent review. However, these were verified to source documents and confirmed to have been accurately processed. One amendment to bank details was not supported by a Bank Account Amendment Form confirming the current bank details to support the authenticity of the request.</p>	<p>Increased risk of supplier bank mandate fraud.</p>
Recommendation 4	Priority level
<p>The Supplier Maintenance Team must ensure that:</p> <ul style="list-style-type: none"> all amendments to supplier bank accounts are supported by a fully completed Bank Account Amendment Form confirming the current bank details. All amendments to the supplier masterfile are subject to independent review to confirm accuracy of processing. 	<p>Medium</p>
Management Response 4	Responsible Officer/ Deadline
<p>Agreed - Since February 2021, NHS Wales has been subjected to a number of Bank Mandate Frauds, a couple of which were successful. As a consequence of this, the entire Bank Account Amendment Process has been reviewed and new arrangements put in place. In addition, specialist software has been procured from Experian to assist the Supplier Maintenance Team bank account validation and verification.</p>	<p>Head of Accounts Payable May 2021</p>

Finding 5: No PO No Pay Policy (O)	Risk
<p>Sample testing of 225 non-purchase order invoices was undertaken to establish whether any not falling under the categories on the exceptions list had been placed on a 'No PO No Pay' hold and dealt with in line with the Policy. Sixteen invoices/payments were considered to require a purchase order but had not been placed on hold. Therefore, they had been paid based on manual authorisation and the supplier and requisitioner not dealt with in accordance with the Policy.</p> <p>The previous audit reported that Welsh Health Specialist Services Committee (WHSSC) invoices are all non-PO and processed manually via dataload. This arrangement is not reflected in the No PO No Pay Policy, which applies to the whole of NHS Wales.</p>	<p>Non-compliance with the No PO No Pay Policy.</p>
Recommendation 5	Priority level
<p>Management should ensure that non-purchase order invoices that are not covered by the agreed exceptions list are placed on a hold to ensure that the supplier is contacted to provide a purchase order number.</p> <p>The existing arrangement for all WHSSC invoices to be processed as non-PO invoices should be reviewed and if deemed appropriate should be reflected in the all-Wales No PO No Pay Policy.</p>	<p>Medium</p>
Management Response 5	Responsible Officer/ Deadline
<p>Agreed. However, the current exceptions list needs tidying up and rationalising by the All Wales Finance Academy Forum to ensure that AP staff can easily identify if the items supplied on the invoice are, (a) on the exception list with the invoice then being placed on an Awaiting</p>	<p>Head of Accounts Payable End of June 2021</p>

Authorisation Hold, or (b) not on the exception list, the invoice then being placed on a No PO No Pay hold and processed in accordance with the No PO No Pay Policy

With regards WHSSC invoices, this will be referred to the All Wales P2P Finance Academy Forum by the Head of Accounts Payable for a decision to be made and the Policy updated accordingly

Finding 6: Authorisation of Non-PO Invoices (O)	Risk
<p>Sample testing of 225 non-purchase order invoices was undertaken to confirm that:</p> <ul style="list-style-type: none"> • there is an official invoice or request for payment in support of each transaction; • the invoice/payment has been recorded against the correct supplier and for the correct amount; and • the invoice has been authorised for payment by the customer organisation, in line with the organisations authorised signatory list (where available). <p>Twelve invoices had not been appropriately approved on the basis that the approver did not have sufficient delegated authority or was not located on the organisation's authorised signatory list/scheme of delegation.</p>	<p>Payments are made without due authority.</p> <p>There is an increased risk of fraudulent activities.</p>
Recommendation 6	Priority level
<p>Invoices or requests for payment that have not been approved in accordance with the organisations authorised signatory list must be placed on hold and returned to the organisation for appropriate authorisation.</p>	<p>Medium</p>
Management Response 6	Responsible Officer/ Deadline
<p>Agreed. AP staff will be reminded that for non-PO invoices, they must ensure that the invoice is approved in line with either (a) authorised signatory list, (b) scheme of delegations, or (c) PO hierarchy in Oracle</p> <p>Organisations should also be encouraged to raise Purchase Orders to minimise the number of non-PO invoices having to be approved after the goods and services have been provided. By</p>	<p>Head of Accounts Payable</p> <p>End of June 2021</p>

raising a requisition, Oracle automatically routes the requisition to the correct budget holder to approve	The Head of AP will raise this at the next All Wales P2P Finance Academy Forum
--	--

Finding 7: Invoices on Hold (D)	Risk
<p>The 2019/20 audit identified a number of weaknesses with the current process for managing invoices on hold. We understand that this process is unchanged, although a centralised team of Accounts Payable/customer organisation 'link' officers continues to focus on addressing invoices on hold dated up to 31 May 2019. The team is supplier focused (rather than category or organisation, as with the current invoice on hold process) so suppliers are contacted once for all NHS organisations.</p> <p>Whilst we recognise that action has been taken to try and reduce the volume of invoices on hold, the issues identified previously with the extant process remain. Consequently, recommendations raised previously are reiterated where appropriate.</p>	<p>Non-payment of invoices resulting in suppliers placing NHS organisations on stop, consequently impacting on service continuity.</p> <p>Non-compliance with PSPP.</p>
Recommendation 7	Priority level
<p>Invoice holds are currently analysed by customer and hold type for the purpose of the KPIs. This analysis should be extended to include suppliers to enable the identification of themes and trends.</p> <p>Key problem areas should then be investigated to establish the root cause of the invoice holds, and corrective action taken where necessary to prevent recurrence. This will require a collaborative approach between Central Sourcing, Local Procurement Teams, Accounts Payable and customer organisations, as well as involvement of the supplier where appropriate, depending on the hold type.</p>	<p>Medium</p>

Management Response 7	Responsible Officer/ Deadline
<p>Agreed - Accounts Payable work closely with Local Procurement Teams, Central Sourcing and customer organisations in resolving all invoices on hold. Accounts Payable do not have the authority to release an invoice on hold unless agreement is given to them within specified parameters eg Covid releases. For all Wales contracts, Central Sourcing do typically review Price holds by supplier and not customer organisation. For the majority of other holds these are all investigated from a customer organisation perspective eg Quantity Received hold, Awaiting Authorisation Hold, No PO No Pay hold etc</p> <p>In 2020, AP undertook a review of aged invoices ie older than 31st March 2019 and a high number of the invoices on hold were cancelled off Oracle as they were not appearing on the suppliers statement. The exercise is being repeated again in September 2021 for invoices older than 31st March 2020.</p> <p>There is a All Wales P2P meeting scheduled for early July involving Accounts Payable and Procurement so further discussion can take place there to see what more can be done</p>	<p>Immediate</p> <p>Head of Accounts Payable and Director of Procurement Services</p> <p>September 2021 to March 2022 Head of Accounts Payable</p> <p>Accounts Payable and Procurement to agree a joint action plan – July 2021</p> <p>Director of Procurement Services and Director of Finance and Corporate Services</p>

Audit Assurance Ratings



Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

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

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



Contact details:

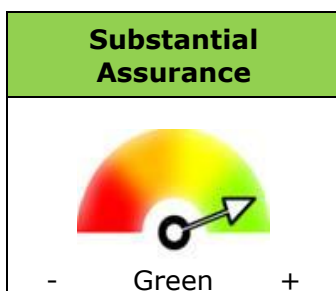
James Quance (Head of Internal Audit) – James.Quance@wales.nhs.uk

Sophie Corbett (Deputy Head of Internal Audit) – Sophie.Corbett@wales.nhs.uk

Welsh Risk Pool Services

Internal Audit Report 2020/21

NHS Wales Shared Services Partnership Audit and Assurance Services



CONTENTS

Page

1. EXECUTIVE SUMMARY

4

1.1 Introduction and Background

4

1.2 Scope and Objectives

4

1.3 Associated Risks

5

2. CONCLUSION

6

2.1 Overall Assurance Opinion

6

2.2 Assurance Summary Table

6

2.3 Design of System / Controls

7

2.4 Operation of System / Controls

7

2.5 Summary of Recommendations

7

3. SUMMARY OF AUDIT FINDINGS

8

Appendix A Management Action Plan

Appendix B Audit Assurance Ratings & Recommendation Priorities

Appendix C Responsibility Statement

Review Reference:

NWSSP-2021-08

Report Status:

Final

Fieldwork completion:

5 May 2021

Draft report issued:

17 May 2021

Debrief meeting:

17 May 2021

Management response received:

27 May 2021

Final report issued:

27 May 2021

Executive sign off:

Mark Harris, Managing Solicitor/Director,
Legal & Risk Services

Distribution:

Neil Frow, Managing Director
Andrew Butler, Director of Finance &
Corporate Services
Jonathan Webb, Head of Safety & Learning,
Legal & Risk Services

Auditors:

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

Henry Wellesley, Audit Manager

Committee:

Velindre NHS Trust Audit Committee for
NWSSP



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENTS

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

Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the NHS Wales Shared Services Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. EXECUTIVE SUMMARY

1.1 Introduction and Background

A review of Welsh Risk Pool Services was completed in line with the agreed 2020/21 Internal Audit Plan. The review sought to provide assurance that there are appropriate governance arrangements in place for Welsh Risk Pool Services, and processes are operating as intended.

Welsh Risk Pool Services ('the Service') is part of the Legal & Risk Services Directorate within NWSSP. The service administers the risk pooling arrangements for losses over £25,000 (£50,000 for equipment) arising against NHS Wales organisations relating to clinical negligence claims, public liability claims and other losses such as buildings.

Management and governance of the Service is provided by the *Welsh Risk Pool Committee*, which establishes the scope of the risk pooling arrangements and the scrutiny of claims received to ensure that proportionate learning has taken place to reduce the risk of recurrence and also ensuring that risk sharing agreements are in place in the event of a shortfall in funding.

1.2 Scope and Objectives

The overall objective of the audit was to review the key governance arrangements and operational processes within Welsh Risk Pool Services.

The audit assessed the adequacy and effectiveness of the internal controls in operation. Any weaknesses were brought to the attention of management and advice issued on how particular problems may be resolved and control improved to minimise future occurrence.

The main areas that the review sought to provide assurance on were:

- the adequacy and effectiveness of controls in operation for the management of claims submitted;
- that opportunities for controlling clinical negligence costs were maximised including the redress process;
- there were detailed procedures in place for assessment of claims, with the appropriate evidence in place to support decisions;

- that Risk Management and Clinical Assessments were effective in reducing future claims; and
- performance indicators are in place and are regularly reviewed and reported.

Limitation to Scope

With effect from 1 April 2019, the Welsh Government has commissioned NWSSP Legal & Risk Services to operate the scheme for General Medical Practice Indemnity (GMPI). The scheme is discretionary and provides clinical negligence indemnity for providers of GP services in Wales for compensation arising from the care, diagnosis and treatment of a patient following incidents occurring on or after 1 April 2019. The Service reimburses costs over the agreed excess levels and provides support to trusts and health boards in the development of robust risk management systems.

Following discussion with the Head of Safety & Learning, we agreed to exclude GMPI from the scope of this review on the basis that the service is still in its infancy and yet to see the first claim through to completion.

1.3 Associated Risks

The risks considered in the review were:

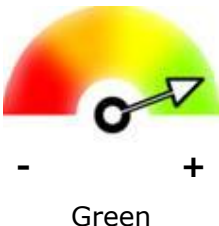
- the levels and costs of claims continue to increase;
- lessons are not learnt;
- quality and safety of patient care is not improved;
- claims are processed without sufficient scrutiny to support paying the claim; and
- claims are not assessed in a timely manner resulting in potential future negligence claims not being prevented.

2 CONCLUSION

2.1 Overall Assurance Opinion





We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Welsh Risk Pool Services is **Substantial** Assurance.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

2.2 Assurance Summary Table

Assurance Summary					
1	Management & reimbursement of claims				✓
2	Forecasting and control of clinical negligence payments				✓
3	Procedures for assessment of claims & supporting evidence			✓	

Assurance Summary					
4	Risk management and trend identification				✓
5	Performance Reporting to WRP Committee and Welsh Government				✓

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

2.3 Design of System / Controls

The findings from the review have highlighted one issue that is classified as a weakness in the system/control design for Welsh Risk Pool Services. This is identified in Appendix A as (D).

2.4 Operation of System / Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the operation of the designed system/control for the Welsh Risk Pool Services.

2.5 Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	0	1	0	1

3 SUMMARY OF AUDIT FINDINGS

As the NHS responds to the COVID-19 pandemic, changes in working practices and relaxation in controls (within NWSSP and/or customer organisations) increases the risk of potential issues not being addressed in a timely manner. Maintaining robust working practices is key to mitigating this risk.

Health bodies are required to submit a Learning from Events Report within 60 days of admission of liability, to ensure that any weaknesses in systems and processes are promptly addressed to reduce the risk of patient harm and further claims. Recognising the unprecedented pressures faced by clinical staff over the last year, the 60-day deadline was relaxed during the pandemic response period.

We understand that the settlement and payment of some claims expected in 2020/21 has been delayed due to COVID-19. The Departmental Expenditure Limit (DEL) for 2020/21 was fully utilised due to Welsh Government agreement for the accrual of claims where the probability of settlement was assessed as 'certain'. Nevertheless, there may be a residual impact on 2021/22 expenditure.

We have identified one **key finding**:

- The Welsh Government requires the current expenditure and a forecast of the year end position to be updated monthly. In addition, the Welsh Risk Pool Committee is provided with an update on claims reimbursed in year and forecast expenditure by the end of the year at each Committee meeting.

The reconciliation of the Welsh Risk Pool Services (WRPS) ledger and the forecasting of the year end position is complex and requires the interrogation of a large amount of data and an understanding of the drivers behind the expenditure. This is undertaken by the Welsh Risk Pool Principal Finance Manager, who has accumulated expertise in this area. Although there are detailed procedures for undertaking the reconciliation and forecasting process, these have not been updated since 2015 and do not fully reflect the current process. Given the nature and complexity of this task it would be prudent to establish contingency arrangements to ensure service continuity in the absence of the Principal Finance Manager.

See Finding 1 in Appendix A

We identified the following examples of **good practice**:

- Well-structured electronic folders providing organised yearly /monthly repositories in respect of claim management & financial aspects of WRPS.
- An efficient, effective and accurate electronic Claims Re-imbursement Log has been established which logs and receipts claims received by the WRPS, including instances when documentation has been returned due to being incomplete/inaccurate.
- We found the WRPS spreadsheet system to be comprehensive (although cumbersome), recording information and providing an audit trail for each of the claims we reviewed. Records include details of claim reviews, decisions taken, recommendations of the Learning Advice Panel (LAP), decisions of the WRPS Committee and date the claim has been submitted for payment.
- Provision of management information from the WRPS spreadsheet system to facilitate reconciliation and review processes, further enhancing the robustness of the audit trail.
- Ongoing arrangements are in place for the identification of trends and provision of risk management information.
- A structured approach and methodology in terms of calculating the DEL and the Annually Managed Expenditure (AME) as requested by Welsh Government. The role, responsibilities and approach of the Welsh Risk Pool Services Committee has been clearly defined.
- Monthly figures reported to the Welsh Government were accurate.

Procedures, Systems and Management of Claims

The WRPS operates a paperless office. The WRPS spreadsheet database retains information, communications and decisions in respect of claims. Following changes in procedures and processes, in October 2020 the database system for managing the reimbursement of claims became unstable and no longer fit for purpose. The Service is now reliant on a system of spreadsheets and whilst we did not identify any significant concerns with this interim arrangement, it is more resource intense and involves manual input of data which carries an inherent risk of error. Management recognise the weaknesses with the current arrangements and are in the process of implementing a replacement database to suit the needs of the Service.

There is a Welsh Risk Pool Procedure for reimbursing member organisations. Sample testing of 25 claims covering the period January 2020 - January 2021 found:

- claims had been accurately logged and receipted within the Electronic Claims Re-imbursement log;
- learning From Events Reports had been accurately completed and authorised in accordance with the authorised signatory list for the relevant Health Board;
- Appendix U1 Claim Forms (for requesting reimbursement of negligence claims from the WRP) had been accurately completed and authorised by the Health Boards/Trusts and reconciled to the supporting cost schedule;
- claims had been accurately inputted to the claims spreadsheet and had been updated with the WRPS Committee decision and payment date where applicable;
- 'Committee Approved' payments have been submitted to NWSSP Director for authorisation and payment;
- in a couple of instances, claims payments had been deferred following WRPS Committee and remained ongoing as the WRPS is awaiting further information from the Health Board, demonstrating appropriate scrutiny; and
- payments are checked and reconciled to the Velindre Oracle ledger.

Forecasting of expected payments

We found the system for performing the forecast to be robust, the process and methodology for estimating the DEL and AME has been enhanced by the WRP Principal Finance Manager since the previous audit. We found that:

- there is good co-operation between Legal & Risk and the Principal Finance Manager to support effective forecasting;
- there is a robust approach and assumptions for calculating the DEL & AME; and
- there is a robust approach to scenario modelling and the underlying assumptions.

Identification of trends

Procedures are in place which enable the identification of trends, to ensure lessons are learnt and fed back to the Health Bodies. We found that:

- where trends are identified case reviews are performed across Wales; and
- outcomes of the reviews are shared with Health Boards and Trusts to ensure that learning is shared.

Reporting to the Welsh Risk Pool Services Committee and Welsh Government

The Finance Reports provided to the WRP Committee and to the Welsh Government confirm the financial position and performance of the Welsh Risk Pool Service. We found that:

- there are robust processes in place for reporting to the Welsh Government and the WRPS Committee and that the reported figures were supported by detailed assumptions and working papers;
- significant risks to the out-turn forecast are highlighted; and
- the information reported is supported by a comprehensive analysis of the situation, which considered the judgments of Legal Services on the likelihood of settlements.

Finding 1: Business Continuity (D)	Risk
<p>The Welsh Government requires the current expenditure and a forecast of the year end position to be updated monthly. In addition, the Welsh Risk Pool Committee is provided with an update on claims reimbursed in year and forecasted expenditure by the end of the year at each Committee meeting.</p> <p>The reconciliation of the WRPS ledger and the forecasting of the year end position is complex and requires the interrogation of a large amount of data and an understanding of the drivers behind the expenditure. This is undertaken by the Welsh Risk Pool Principal Finance Manager, who has accumulated expertise in this area.</p> <p>Although there are detailed procedures for undertaking the reconciliation and forecasting process, these have not been updated since 2015 and do not fully reflect the current process. Given the nature and complexity of this task it would be prudent to establish contingency arrangements to ensure service continuity in the absence of the Principal Finance Manager.</p>	<p>The Welsh Risk Pool Service is unable to provide a forecast update to the Welsh Risk Pool Committee or the Welsh Government.</p>
Recommendation 1	Priority level
<p>Procedures should be updated to reflect the current process and sources of information.</p> <p>Contingency arrangements need to be established to ensure business continuity in the absence of the Principal Finance Manager.</p>	<p>Medium</p>

Management Response 1	Responsible Officer/ Deadline
<p>Accepted.</p> <p>The WRP Leadership Team and NWSSP Corporate Finance Team had already recognised the need for contingency arrangements in the event of the unplanned absence of the Principal Finance Manager.</p> <p>The intention of the NWSSP central finance team is to recruit a financial accountant into a current vacancy and who will be required to hold a working knowledge of the WRP financial accounts and processes in addition to their core duties. The intention is to have this member of staff in post by Q3 2021-22.</p> <p>In addition, the current the personal development of the Finance Support Officer is shaped to be able to deputise when required. This development process will be completed by the end of the current financial year and this extended timeframe is required because of the bespoke stages of financial process throughout the financial year. The development exercise for the support officer will include a review of the underpinning written procedures that outline the requirements – ensuring that they are fresh and up to date.</p>	<p>Mark Harris, Director of Legal & Risk Services</p> <p>28 February 2022</p>

Audit Assurance Ratings



Substantial Assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.



Reasonable Assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.



Limited Assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.



No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

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

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



Contact details:

James Quance (Head of Internal Audit) – James.Quance@wales.nhs.uk

Sophie Corbett (Deputy Head of Internal Audit) – Sophie.Corbett@wales.nhs.uk

Henry Wellesley (Audit Manager) – Henry.Wellesley@wales.nhs.uk

Brexit Preparations

Advisory Review

2020/21

NHS Wales Shared Service Partnership

Audit and Assurance Services

CONTENTS	Page
1. INTRODUCTION & BACKGROUND	2
2. EXECUTIVE SUMMARY	3
2.1 Scope and Objectives	3
2.2 Associated Risks	4
2.3 Main Observations	4
2.4 Considerations for Future Projects	5
3. DETAILED FINDINGS	5
3.1 Brexit Plan	5
3.2 Risk Management	8
3.3 Scenario Testing	8
3.4 Supplier Preparedness	8
3.5 Resource	8
3.6 Monitoring & Reporting	9
3.7 Conclusion	9

Review reference:	NWSSP-2021-22
Report status:	FINAL
Fieldwork commencement:	January 2021
Fieldwork completion:	May 2021
Draft report issued:	9 & 21 June 2021
Final report issued:	21 June 2021
Auditors:	James Quance, Head of Internal Audit Sophie Corbett, Deputy Head of Internal Audit
Executive sign off:	Andy Butler, Director of Finance and Corporate Services Mark Roscrow, Programme Director
Distribution:	Neil Frow, Managing Director Peter Stephenson, Head of Finance and Business Development
Committee:	Velindre NHS Trust Audit Committee for NWSSP

ACKNOWLEDGEMENTS

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

Please note:

This advisory review report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit Committee. Advisory review reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of NHS Wales Shared Service Partnership and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. INTRODUCTION AND BACKGROUND

The United Kingdom (UK) left the European Union (EU) on 31 January 2020 following a referendum held in June 2016. A transition period was in place until 31st December 2020 which allowed the negotiation and agreement of the new Trade and Cooperation Agreement on 24th December 2020 between the UK and EU. New border and customs procedures applied from this date.

A large percentage of medical supplies to the UK come from or have a touchpoint in the EU. The cross-government 'reasonable worst-case scenario' indicated a risk of significant disruption in EU supplies for six months following the end of the transition period, with a particular risk during the first three months. The Department of Health & Social Care (DHSC) developed a national contingency plan consisting of the following components:

- Centralised stock build (CSB)
- Dedicated shipment channel (DSC)
- National supply disruption response (NSDR)
- Supplier preparedness / engagement

DHSC sought confirmation from Devolved Administrations on the level of commitment to their contingency plan. In line with the NHS England approach, a detailed options analysis was undertaken for the NHS Wales and the social care sector in Wales. This analysis provided a detailed understanding of the anticipated NHS Wales stock demand for Medical Devices & Clinical Consumables (MDCC), non-stock, support contracts and Social Care. Three options were then considered:

Option 1	Business as Usual
Option 2	Wales contingency measures complemented by DHSC contingency measures where appropriate
Option 3	Standalone Wales contingency measures and adoption of separate contingency strategy

Option 2 was preferred and further analysed to consider two variants:

Option 2a	Secure additional storage facilities through the English NHS Supply Chain contractor
Option 2b	Secure additional warehouse capacity in Wales for a centralised stock build

Option 2b was preferred on the basis that it had a better strategic fit with the longer-term strategy for NHS Wales to expand and modernise existing NHS Wales stores. It was agreed that Wales would:

- commit to making full use of the DSC, NSDR and Supplier Preparedness/Engagement services offered by the DHSC through the UK Government contingency plan, including the establishment of a Welsh tier of the NSDR; and
- establish a Welsh centralised stock build. Proceed with the purchase of Imperial Park (IP5), with funding provided to NHS Wales to facilitate this.

The Welsh Government subsequently instructed NWSSP to obtain a warehouse to establish a Welsh centralised stock build. Mark Roscrow, NWSSP Director of Procurement Services at the time was appointed as Programme Director to lead on Brexit activity, and nominated by Welsh Government to lead the Devolved Administration for Wales. Mark continued in role of Programme Director following his retirement as Director of Procurement Services.

2. EXECUTIVE SUMMARY

2.1 Scope & Objectives

This advisory review has considered the action taken by NWSSP to support NHS Wales in preparing for the UK exit from the EU.

Specifically, we have considered the following objectives:

- plans for ensuring Brexit preparedness are in place and regularly monitored, updated, and reported on;
- risks associated with Brexit, including supply chain continuity, have been identified, formally documented in a risk register and are managed in accordance with the organisations Risk Management Strategy;
- the organisation has undertaken scenario planning to support the mitigation of Brexit risks;
- assurance is sought from key suppliers on their Brexit preparedness, with contingency arrangements in place where necessary to ensure continuity of services/supplies;
- Brexit activities are sufficiently resourced; and
- assurance on Brexit preparations is reported to the Shared Services Partnership Committee.

2.2 Associated Risks

The potential risks considered in this review are as follows:

- disruption to supplies/services impacting on the ability of health boards and trusts to deliver safe and timely services to patients.
- failure to identify, manage and address risks associated with Brexit resulting in risks materialising; and
- value for money is not obtained.

2.3 Main Observations

NWSSP took appropriate and timely action to secure continuity of supplies and services to NHS Wales with the establishment of a Brexit Mobilisation Team focusing on:

Purchase and mobilisation of the IP5 warehouse to house a centralised stock build for NHS Wales

Building on the supplier preparedness assessment undertaken by the Department of Health to inform prioritisation of items for the NHS Wales stock build

Creation of a devolved supply disruption response as part of the NSDR

These were completed and operational in readiness for the original transition deadline of March 2019.

During the review we observed examples of:

- regular monitoring and updating of Brexit-related risks;
- local and national scenario testing to ensure arrangements are robust;
- periodic reflection reviews and identification of lessons for learning; and
- regular progress monitoring at the Brexit Mobilisation Team meetings, with assurance reporting to the Shared Services Partnership Committee

2.4 Considerations for Future Multi-Agency Projects

We have not assigned priority ratings to considerations, but we consider the following to be priorities:

- develop a formal strategy setting out the objective, approach, work streams and governance arrangements. This should include clarity over the wider project structure and identify relevant links and interdependencies with other internal and external workstreams; and
- identify sufficient resource at an appropriate level to support the delivery of key workstreams and ensure robust contingency arrangements.

3. DETAILED FINDINGS

3.1 Brexit Plan

NWSSPs approach to Brexit preparations was primarily driven by the actions and requirements of the Department for Health and Social Care and Welsh Government and was therefore not documented in a formal plan. As a result, it was not explicitly clear how the action taken by NWSSP fed into the national Brexit project; that the workstreams collectively formed NWSSPs plan for Brexit; and the relevant links and interdependencies between internal and external workstreams.

However, the course of action taken was focused, appropriate and in line with national strategy:

- Mobilisation of IP5
- Supplier Preparedness Assessment
- Stock build
- Establishment of a devolved administration NSDR process

Mobilisation of IP5

The centralised stock build and NSDR workstreams were dependent on the availability of a suitable warehouse for storage and distribution. The mobilisation of IP5 was conducted as a project led by the Head of Project Management Office (PMO) and managed via a formal project plan with regular updates to the Shared Services Partnership Committee via the Managing Director's report and PMO update.

Internal Audit reviewed the IP5 store in 2019/20 (report NWSSP-1920-09 refers) and reported substantial assurance over the design of controls in place to maintain accrued stock lines in preparation for Brexit, and the accuracy of stock inventory held.

Supplier Preparedness Assessment

The DHSC identified the top 200 MDCC suppliers to the NHS in England and Wales and asked them to complete a questionnaire to assess their Brexit preparedness. Responses were analysed and RAG rated to inform the prioritisation of suppliers and items for the stock build.

NWSSP replicated this exercise to capture the top 200 suppliers for NHS Wales not already included in the DHSC exercise. The DHSC questionnaire was adapted and sent to 87 suppliers, with responses analysed and RAG rated in line with the DHSC approach. The exercise was then extended to other categories, covering a further 100 suppliers.

Criteria for RAG rating included consideration of whether the supplier:

- was holding three months finished stock in preparation for Brexit;
- had moved freight away from the short straits; and/or
- had emergency freight arrangements and government secured freight membership.

We were advised that none of the NHS Wales suppliers were rated red.

The DHSC analysis identified 5000 item lines for stockpiling. The item list was compared to existing stores holdings which identified over 3000 lines already accounted for within NHS Wales stores. The remaining 1700 lines were whittled down to 172 priority lines for local stockpiling following the removal of lines for green rated suppliers, then items used less than six times in the previous year. Clinical input was sought on direct alternatives where appropriate, and we were advised that a suitable alternative was identified for all items.

Procurement teams were asked to escalate any concerns regarding suppliers or product availability to the Procurement Services Senior Management Team via a monthly resilience briefing paper.

Stock Build

In January 2019 the Supply Chain team was tasked with establishing a stock build of 8-weeks' worth of contingency stock comprising existing stock items and critical non-stock items identified by the Supplier Preparedness exercise.

Brexit stock was to be housed in IP5 but managed separately to the Cwmbran Stores inventory also held there. To facilitate this, a new, separate stock inventory system was created for Brexit stock. Average

monthly stock usage over the previous 12-month period was identified and the stock holding levels set to the equivalent of two months' usage. These were reviewed by the Head of Supply Chain prior to input in the Oracle Warehouse Management System (WMS) and creation of supplier orders. We were advised that automatic ordering was disabled for Brexit stock.

The Brexit stock system was set up so that orders can only be requisitioned by and issued to the Regional Stores in Bridgend, Denbigh and the former Cwmbran store relocated to IP5. This ensured that Brexit stock was protected and not issued directly to customers. An internal requisition process was established for requisitioning and issuing Brexit stock, requiring approval from a senior manager.

In order to minimise the risk of wastage, a manual process was established for stock rotation which involved manual monitoring of expiry dates, the issue of Brexit stock to Regional Stores (for onward distribution to customers) and new orders to replenish Brexit stock.

We were advised that some Brexit stock was used to support the COVID-19 response although this was promptly replenished.

National Supply Disruption Response (NSDR)

In accordance with DHSS requirements for a devolved administration response process, a Supply Disruption Support Centre was established to investigate and resolve or escalate supply issues for medical devices and clinical consumables. This process involved input from clinical leads and clinical procurement nurses for guidance on alternative suppliers and products. The NWSSP Medical Director was the conduit between the SDSC,

Welsh Government Chief Medical Officer and Health Board / Trust Medical Directors. We were advised that the Medical Directors Group agreed the SDSC process flow in December 2020.

A dedicated SharePoint page and suite of procedural guidance documents was developed to support the operation of the SDSC. Periodic testing was undertaken on a local and national level to ensure the process was robust.

The SDSC was operational by April 2019 but temporarily stood down for periods when Brexit was delayed. Although a deal was agreed, the SDSC was reinstated in December 2020 in line with NSDR guidance in case of any issues. None had been reported at the time of review.

3.2 Risk Management

Brexit was first recognised on the corporate risk register in September 2018 as a red risk:

'threats to the supply of medical consumables, and potential employment issues, in the event of a no deal Brexit'

The risk has been monitored by the Senior Leadership Team with subsequent iterations of the risk register demonstrating updates to the risk description and risk score in line with national developments. The risk was downgraded to amber in January 2021 and will remain on the risk register as an amber risk until sufficient time has passed for the Senior Leadership Team to be satisfied that there won't be any significant disruption to the supply chain.

A full assessment of operational risks affecting NWSSP in the event of a 'no deal' Brexit was maintained and monitored via the Velindre Brexit Group. The risk assessment covers 11 domains aligned to NWSSP service areas including Procurement Services, Workforce, and Legal & Risk Services.

3.3 Scenario Testing

NWSSP participated in local and national scenario testing of the NSDR process at regular intervals following the establishment of the SDSC, with evidence of lessons learned and corrective actions:

March 2019	NHS Wales testing
April 2019	National simulation testing
January 2020	National simulation testing
November 2020	NHS Wales testing
November 2020	National simulation testing

3.4 Supplier Preparedness

NWSSP replicated the DHSC supplier preparedness assessment for 300 NHS Wales suppliers not captured as part of the DHSC exercise. See section 3.1 on page 5 for further details.

3.5 Resource

There was no dedicated budget allocation for Brexit preparations, although the purchase and mobilisation of IP5 was largely funded by Welsh Government.

The Brexit Mobilisation Team (BMT) was established in 2018/19 and chaired by Mark Roscrow as Programme Director and Accountable Officer. The group was responsible for implementing the key workstreams identified in section 3.1 and membership included appropriate representation from Sourcing, Supply Chain, Health Courier Services, the Project Management Office, and IT.

The workstreams were led by existing officers predominantly within Procurement Services due to the significant potential risk to the NHS Wales supply chain, and the wealth of supplier and product knowledge they possess.

The NSDR / SDSC workstream was led by suitable but relatively junior officer, with no contingency arrangements in place in the event of unplanned absence. The SDSC team itself consisted of existing Procurement Services staff and was inconsistent due to COVID-19 and role changes. Both points have been identified as lessons for learning within the project closure report.

3.6 Monitoring and Reporting

Brexit Mobilisation Team

The BMT met on a regular basis in line with the pace of national development. Meeting notes demonstrate regular monitoring and reporting of progress and key issues, particularly in respect of IP5, stock build and establishment of the NSDR.

Shared Services Partnership Committee (SSPC)

The SSPC has been provided with regular updates on Brexit preparations via the Managing Directors update, risk register/assessment reports, PMO progress reports and specific updates from the Programme Director as the transition deadline approached.

3.7 Conclusion

Overall, NWSSP took appropriate and timely action to secure continuity of supplies and services to NHS Wales. Although there was no overarching plan in place setting out how the organisation would prepare for Brexit, the course of action taken was focused, appropriate and in line with national strategy. Benefits realised, lessons learned, and ongoing actions have been identified as part of the formal project closure process. This has been reported to the Senior Leadership Team in May 2021 and will be shared with Welsh Government in due course.



Contact details:

James Quance, Head of Internal Audit – james.quance@wales.nhs.uk

Sophie Corbett, Deputy Head of Internal Audit – sophie.corbett@wales.nhs.uk

Single Lead Employer Advisory Review Report

NHS Wales Shared Services Partnership

NWSSP Audit and Assurance

Contents

- 1. Introduction..... 4
 - Background..... 4
 - Advisory review 4
- 2. Executive Summary..... 6
 - Achievements..... 6
 - Benefits realisation 6
 - Challenge remaining..... 7
 - Good practice 7
 - Learning to strengthen programme governance arrangements 8
- 3. Detailed Review Findings..... 10
 - Overview 10
 - Workstream activity and progress 11
 - Benefits realisation 13
 - Programme governance..... 14
 - Future performance monitoring 19
- Appendix One: Terms of Reference 20
- Appendix Two: What we did 21
- Appendix Three: Recommendations and benefits..... 22
 - Key learning to be addressed in Phases 2 and 3 22
 - Housekeeping matters to be addressed during Phases 2 and 3..... 23
 - Key learning for future NWSSP programmes / projects 23

Review reference:	NWSSP-2122-01
Report status:	Final
Fieldwork commencement:	2 nd June 2021
Fieldwork completion:	22 nd June 2021
Draft report issued:	23 rd June 2021
Debrief meeting:	17 th June 2021
Final report issued:	25 th June 2021
Auditors:	James Quance, Head of Internal Audit Emma Rees, Audit Manager
Executive sign-off:	Malcolm Lewis, Medical Director
Distribution:	Neil Frow, Managing Director Gareth Hardacre, Director of People & OD Sarah Evans, Deputy Director of People & OD Alison Lewis, Interim SLE Project Manager SLE Programme Board
Committee:	Velindre NHS Trust Audit Committee for NWSSP

Acknowledgement

Thank you to management and staff for the time given to us and for their cooperation while we carried out this review.



We conform to all Public Sector Internal Audit Standards.

Validated through an external quality assessment undertaken by the Institute of Internal Auditors.

Disclaimer notice

We have prepared this report in line with the Service Strategy and Terms of Reference approved by the Audit Committee. It is for internal use only.

We address our reports to the Independent Members or officers, including those designated as Accountable Officer, for the use of NHS Wales Shared Services Partnership only. Our staff members have no responsibility to any director, officer or third party in their individual capacity.

1. Introduction

Background

- 1.1 The SLE model for GP Specialty Trainees (GPSTs) was first piloted within NHS Wales Shared Services Partnership (NWSSP) for the new intake to the February 2015 rotation. This was quickly recognised as a success with many benefits for the GPSTs included in the pilot. The model was rolled out to the remainder of GPSTs in August 2015.
- 1.2 Following this success, medical trainees in other specialties have also sought to experience the benefits of working as part of a SLE model.
- 1.3 In 2018 NWSSP was approached by HEIW with a request for the Pre-Registration Pharmacists and Dental Foundation Trainees to join the Single Lead Employer (SLE) model from August and September 2020 respectively. The formal request to proceed was received from HEIW in October 2019.
- 1.4 Subsequently, in 2019, NWSSP was also identified as the preferred provider of an SLE model for all core and specialty medical trainees from August 2020. The formal request to proceed was received from HEIW in early 2020.
- 1.5 The expansion of the SLE model is being implemented in three distinct phases:
 - Phase 1 August 2020 to December 2020;
 - Phase 2 January 2021 to September 2021; and
 - Phase 3 September 2021 to May 2022.
- 1.6 The move to an SLE arrangement had several anticipated benefits (set out in detail in section 3), including improved employee experience for the trainees and savings and efficiencies within Health Boards and NWSSP.

Advisory review

- 1.7 We were engaged by the SLE Programme Board (the Programme Board) to undertake this advisory review as part of its programme assurance mechanisms. Our work was completed during June 2021.
- 1.8 The overarching objective of the review was to undertake a review of Phase 1 to identify improvements and to assist in ensuring that the Programme overall meets its objectives.
- 1.9 Our review focused on aspects of the SLE programme led by NWSSP, namely the Programme Board and the Medical / Foundation Trainee project with its four supporting workstreams.
- 1.10 The review involved interviewing twelve key programme stakeholders, including project workstream leads and stakeholders from other organisations. We also undertook a high-level review of key programme documentation, including the Project Initiation Document (PID), the Project Plan and Programme Board minutes. Further detail of the scope of the review and the work undertaken are included in [Appendices One](#) and [Two](#).
- 1.11 This is an [advisory review](#) therefore we have **not provided an assurance rating**. We have identified learning and provided recommendations to strengthen and improve programme management arrangements. Our recommendations are set out in [Appendix Three](#).

1.12 Our recommendations should be considered for learning across all NWSSP programmes and projects, not just for the SLE programme.

2. Executive Summary

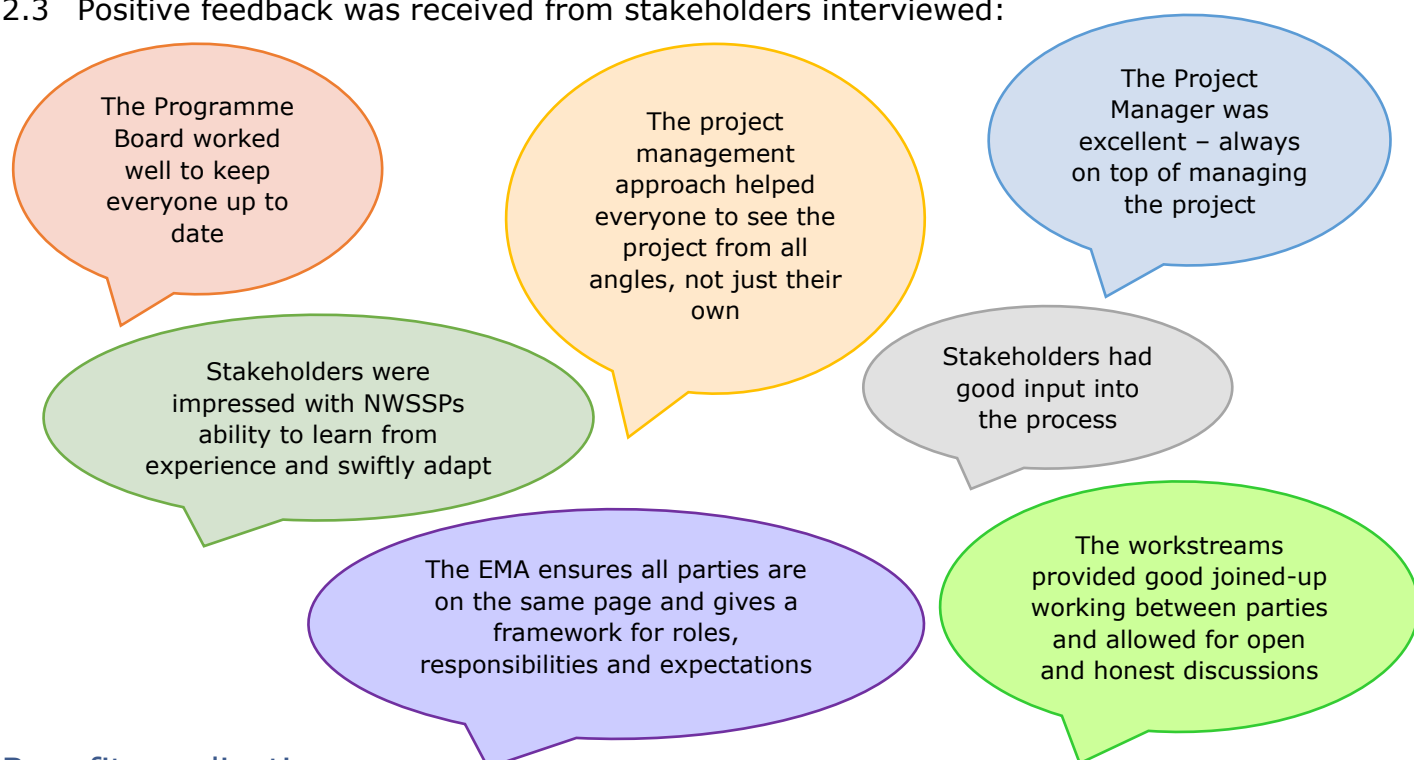
Achievements

2.1 We understand that, whilst obstacles were faced long the way, the Phase 1 Medical / Foundation Trainee project achieved its objectives. In particular:

- 836 GP Trainees, Pre-registration Pharmacists, Foundation Doctors, Foundation Dentists and Speciality Paediatric Trainees were onboarded to the SLE model;
- Interim F1 medical trainees were deployed into the Health Boards by May 2020 to support the Covid-19 pandemic response – this was achieved within a matter of weeks of the decision by HEIW and Welsh Government;
- Employment Management Agreements (EMAs) to govern the tripartite relationships between NWSSP, HEIW and Health Boards were developed and agreed;
- finance and funding arrangements were developed and agreed; and
- an Occupational Health Standard Operating Procedure (SOP) for the SLE model has been developed and is awaiting approval at the Occupational Health forum.

2.2 The bulk of this activity was undertaken during the Covid-19 pandemic, which posed additional challenges, particularly around remote working.

2.3 Positive feedback was received from stakeholders interviewed:



Benefits realisation

2.4 Our initial review of benefits realisation highlighted that it is too early to assess some of the benefits, some are challenging to measure and others require more defined measurements to be developed.

- 2.5 Some benefits, such as efficiencies around employment checks and cost savings in administration at rotation will be experienced for the first time this summer, when trainees rotate for the first time since being onboarded to the SLE model. Others, such as consistent and timely access to Occupational Health services, will take longer to be realised.
- 2.6 Benefits where stronger, more defined measurements need to be developed include:
- benefits relating to cost savings and efficiencies;
 - management of sickness absence; and
 - consistent and comparable payroll data and reporting.
- 2.7 We understand a formal review of benefits will be included in the Phase 3 Project Plan. See [recommendation 4 in Appendix 3](#).

Challenge remaining

- 2.8 The key challenge remaining from Phase 1 relates to NWSSP resource to support the SLE model.
- 2.9 This is the first SLE model of its kind (i.e., wider than GP Specialty Trainees). Resource requirements were considered during the Business Case stage. However, due to the work previously having been undertaken within the Health Boards, it was difficult to fully ascertain the complexity and volume of the workload.
- 2.10 NWSSP has addressed some of the resource concerns through recruiting additional staff and use of bank staff to manage known peaks and troughs in the workload when trainees.
- 2.11 Management recognises this as an ongoing challenge and the matter is included within the programme risk log. Actions being taken to address the risk include:
- workforce staff now have soft phones to allow trainee queries by phone as well as ActionPoint; and
 - undertaking a demand and capacity review for payroll and workforce staff, now management has a better understanding of the process and workload involved.

Good practice

- 2.12 We identified several areas of good practice:
- use of a project management approach with dedicated Project Manager support for the Medical / Foundation Trainees;
 - development of a Project Initiation Document setting out the project scope, objectives, benefits, timescales and roles and responsibilities;
 - a clear governance structure with defined roles and responsibilities;
 - Programme Board membership covering a wider number of stakeholder groups (although we note some key stakeholder groups were missing – see paragraph 3.16 and [recommendation 2 in Appendix 3](#));
 - regular progress reports were presented to the Programme Board and the Programme Board frequently reviewed the programme risks and issues log;

- regular SLE progress updates have been provided to the Shared Services Partnership Committee (SSPC);
- the NWSSP Medical / Foundation Trainee Project Team (the Project Team) brought together operational leads for the key services impacted by the project;
- clear terms of reference were set out for the finance workstream, detailing the workstream objectives, membership and meeting frequency; and
- we could see that organic, informal learning and innovation was happening throughout Phase 1.

Learning to strengthen programme governance arrangements

2.13 Whilst the Medical / Foundation Trainee project and workstream objectives were met, we have the identified learning to strengthen programme governance arrangements which may have ensured a smoother process with swifter resolution of issues arising.

2.14 We have not assigned priority ratings to our recommendations. However, we consider the following areas to be key to implementing strong programme governance:

Area	Learning
Key learning to be addressed in Phases 2 and 3 of the SLE Programme	
Programme management approach	Ensuring a joined-up, coordinated approach between projects within the SLE programme (i.e., not working in silos) to benefit fully from potential efficiencies and synergies. Considering the appointment of a Project Manager for the Dental Foundation Trainee project.
Communication and engagement	Developing an effective communication and engagement strategy covering all stakeholders. To include a review of the effectiveness of the trainee communication strategy.
Programme risks	Logging and managing all programme risks and issues through the programme risk and issues log.
Review, evaluation and learning	Undertaking a formal review and evaluation of the objectives and benefits identified in Phase 1. To include consideration of the ongoing viability of the programme projects, ensuring investment in the programme continues to represent value for money.
Programme assurance	Identifying and documenting programme assurance mechanisms in the PID. Obtaining assurance over the Dental Foundation and Pre-Registration Pharmacy Trainee projects.
Key learning for future NWSSP programmes / projects	
Planning and PMO involvement	Involving the Project Management Office at the Business Case stage for all major programmes and projects.

Area	Learning
	Allowing sufficient time for adequate planning and design of processes / procedures prior to implementation.
Workstream governance	Defining clear, robust workstream governance mechanisms from the outset. Ensuring Programme / Project Board approval of workstream governance mechanisms.

2.15 Details of our findings are included in paragraph 3.16. Our full recommendations and the related benefits. can be seen in [Appendix Three](#).

3. Detailed Review Findings

Overview

- 3.1 The SLE model for GP Specialty Trainees (GPSTs) was first piloted within NHS Wales Shared Services Partnership (NWSSP) for the new intake to the February 2015 rotation. This was quickly recognised as a success with many benefits for the GPSTs included in the pilot. The model was rolled out to the remainder of GPSTs in August 2015.
- 3.2 Following this success, medical trainees in other specialties have also sought to experience the benefits of working as part of a SLE model. In 2018, NWSSP was approached by HEIW with a request for the Pre-Registration Pharmacists and Dental Foundation Trainees to join the SLE model from August and September 2020 respectively. The formal request to proceed was received from HEIW in October 2019.
- 3.3 In 2019, HEIW undertook an options appraisal considering the potential for all core and specialty medical trainees in NHS Wales to be part of a SLE arrangement and identified a range of options for this to be undertaken. In late 2019, NWSSP was identified as the preferred provider of this service and work has commenced for the phased intake of medical trainees from August 2020. The formal request to proceed was received from HEIW in early 2020.
- 3.4 The expansion of the SLE model to include Pre-Registration Pharmacists, Foundation, Core and Specialty Medical and Dental Trainees commenced in August 2020 and is being implemented in three distinct phases:
- Phase 1 August 2020 to December 2020
 - Phase 2 January 2021 to September 2021
 - Phase 3 September 2021 to May 2022
- 3.5 The move to an SLE arrangement had several anticipated benefits, including:
- employment with a single employer for the duration of the three-year training scheme;
 - one set of employment checks to be used in health boards and to be included on the Medical Performers list;
 - locality based Occupational Health Services;
 - one contract of employment;
 - consistent use of policies and procedures;
 - consistent HR case management throughout the duration of the training programme;
 - access to expert HR advice; and
 - efficiencies within payroll services.
- 3.6 In November 2019, the SSPC suggested a programme management approach for the expansion of the SLE. A Programme Board was formed, including stakeholders from NWSSP, HEIW and Health Boards. It met for the first time in April 2020.
- 3.7 The Phase 1 programme governance structure is detailed in figure 1 below. The Dental Foundation and Pre-registration Pharmacy projects were led by HEIW, with the Medical /

Foundation Trainee projects being led by NWSSP. All three projects reported into the Programme Board.

- 3.8 Within NWSSP, the Medical /Foundation Trainee Project Team consisted of key operational leads from the services impacted by the SLE programme (namely workforce, payroll and finance). Four workstreams feed into the Project Team and up to the Programme Board with the objective of developing the processes, procedures and contractual arrangements to support the SLE model.

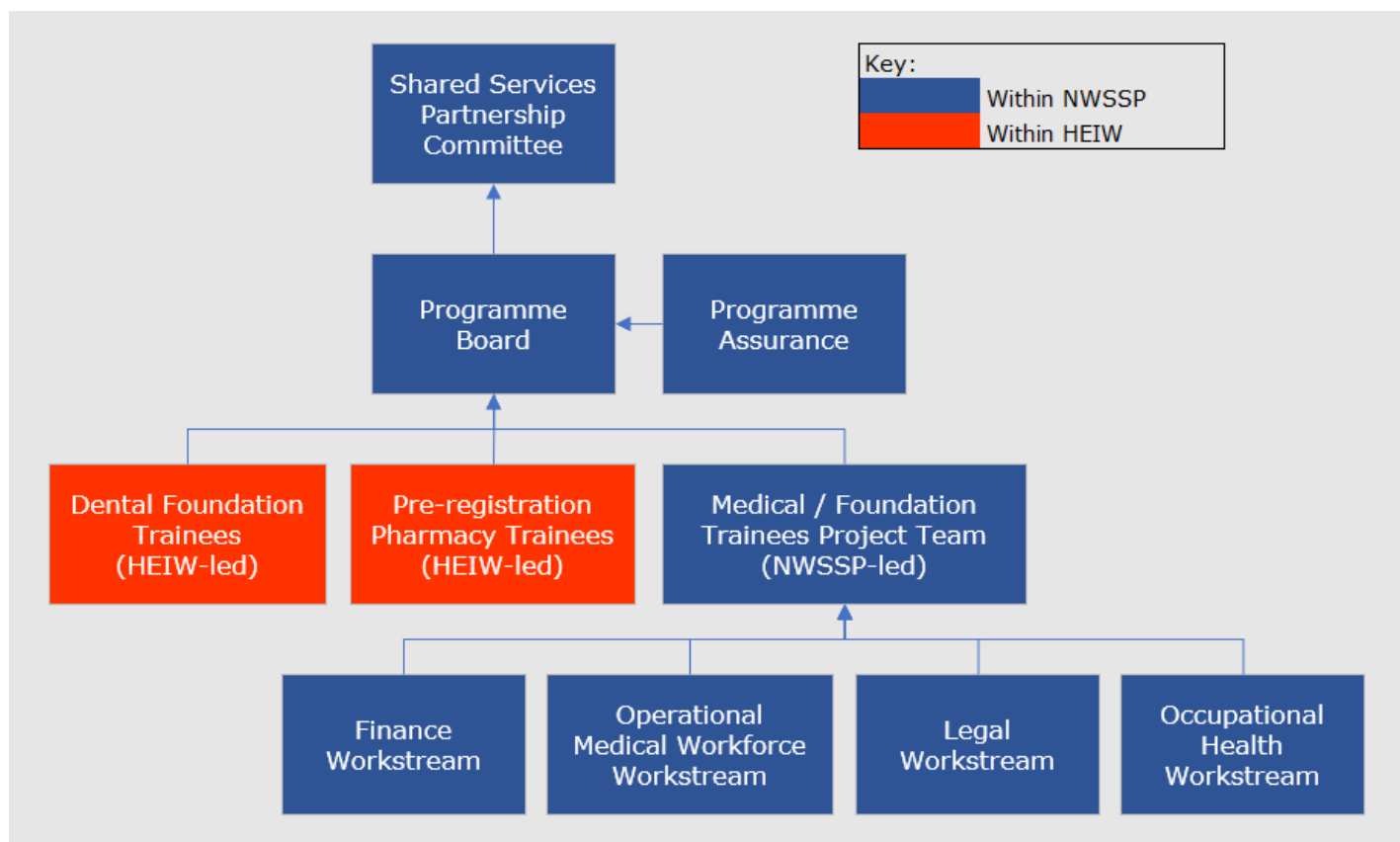


Figure 1: Phase 1 Programme Governance Structure

Workstream activity and progress

- 3.7 Based upon our discussions with key stakeholders and workstream leads, the overarching objectives of Phase 1 and the supporting workstreams have been achieved.

- 3.8 We set out below the activity and progress of the four workstreams.

- 3.9 Finance workstream:

- Objective: develop and agree funding and financial flow arrangements for the SLE model
- Key achievements:
 - automated model developed to recharge SLE costs to the Health Boards – this represents an improvement on the manual recharge model used for the GPSTs; and

- moved to a Service Level Agreement (SLA) payment model with NWSSP receiving payment up front for trainee salary costs – represents an improvement on the GPST cashflows, where Health Boards were invoiced after salaries were paid.
- Ongoing work:
 - the workstream group continues to meet to troubleshoot and further develop the processes in place; and
 - ongoing development of other finance processes, for example, around the salary sacrifice schemes.

3.10 Governance (aka Legal) workstream:

- a. Objective: to develop SLAs defining the relationship between HEIW, Health Boards and NWSSP regarding employee management (these became known as the EMAs).
- b. Key achievements: EMAs were developed and were signed off by SSPC (and, therefore, HEIW and Health Boards) in September 2020.
- c. Ongoing work: this workstream was stood down when the EMAs had been signed off, although NWSSP Legal and Risk Services continue to provide legal advice and services to the programme when needed.

3.11 Occupational Health workstream:

- a. Objective: to develop a standardised approach for Occupational Health services to the SLE model.
- b. Key achievements: a draft Occupational Health SLE SOP (including key performance indicators) has been developed and was awaiting sign off at the Occupational Health forum at the time of our review – this represents a significant achievement given the varying practices of Occupational Health departments throughout Wales and the pressures experienced by Occupational Health teams during the second wave of the Covid-19 pandemic.
- c. Ongoing work: the workstream group will continue to meet to troubleshoot issues and further develop the SOP.

3.12 Operational workstream:

- a. Objectives:
 - to define the roles and responsibilities of HEIW, the Health Boards and NWSSP regarding employee management;
 - to work alongside the governance workstream in developing the EMAs;
 - to develop operational procedures required for the SLE model; and
 - to develop the engagement strategy for trainees.
- b. Key achievements:
 - the EMAs have been developed and incorporate the employee management roles and responsibilities. The EMAs were reviewed recently with HEIW and the Health Boards – minimal changes were made, and stakeholders interviewed felt the document is helpful in governing the tripartite relationship;

- SLE operational procedures have been developed; and
 - an engagement strategy for trainees was developed (although communication with trainees has been highlighted as an issue – see table in paragraph 3.14 below).
- c. Ongoing work: the workstream group continues to meet to problem solve and further develop the processes and procedures in place.

Benefits realisation

3.13 We undertook an initial review of benefits realisation:

Benefits	Realisation at June 2021
Employment checks Efficiencies and avoidand of duplication across Wales	Should be experienced during first rotation (summer 2021). Requires a stronger measurement approach to be developed.
Single point of contact Improved trainee experience Consistent application of employment policies and procedures	Not yet working effectively due to resource issues regarding ActionPoint queries. NWSSP is taking action to address this.
Sickness and absence Easier and more timely identification of trainees in difficulty	Realisation not clear yet. Benefit may be difficult to measure due to previous lack of clarity in this area.
Occupational Health Consistent and timely access to Occupational Health Services	Occupational Health Standard Operating Procedure only recently developed. Too early to see the benefit.
Employment issues Dedicated expert HR support to manage employee relations issues	Too early to see the benefit, few trainees had required expert HR advice for complex employment issues at the time of our review.
Payroll data Consistent and comparable payroll data to support analysis and review of salary and travel information	Requires a stronger measurement approach to be developed.
Cost savings Reduction in administration at rotation because trainees are not changing employer	Should be experienced during first rotation (summer 2021). Requires a stronger measurement approach to be developed.
Health Board Workforce Release some pressures currently on the Health Board Medical Workforce teams	Feedback from Health Board Medical Workforce stakeholders is that pressures have not yet reduced.
Trainees Trainee feedback will enable strenthening of the SLE model going forward.	Feedback from Medical / Foundation Trainees in November 2019 and March 2020 shows improvement in trainee experience and highlights areas for improvement.

- 3.14 As can be seen, it is too early to assess some of the benefits, some are challenging to measure and others require more defined measurements to be developed.
- 3.15 We understand a review of benefits will be included in the Phase 3 Project Plan. See [recommendation 2](#) in [Appendix 3](#).

Programme governance

- 3.16 We reviewed the SLE programme governance arrangements against programme / project management good practice. Recommendation references refer to [Appendix 3](#).

Good practice observed	Areas for learning
Use of programme/project management approach	
A project management approach was used for the Medical Trainees (NWSSP Project Manager) and the Pre-Registration Pharmacy Trainees ¹ (HEIW Project Manager) projects.	<p>The Dental Foundation Trainees project did not have a Project Manager. Discussions with dental stakeholders identified progress has been slow on this element of the project, causing rifts in relationships with dental practices. This may not have been the case if project management support had been in place.</p> <p>Due to the need to implement the SLE model swiftly, the three projects were run largely in silos at differing times and pace. Therefore, the programme potentially missed out on efficiencies and synergies that could have been seen had the projects been run in a more joined-up manner.</p> <p>See recommendation 1.</p>
Planning	
<p>A PID was completed for the Medical Trainees project. The PID included key project information, such as:</p> <ul style="list-style-type: none">• project scope and objectives;• deliverables;• expected benefits;• timescales; and• roles and responsibilities.	<p>NWSSP did not involve the Project Management Office at the Business Case Stage. As a result:</p> <ul style="list-style-type: none">• differing project management approaches have been applied to the three projects within the programme (see above); and• onboarding of trainees commenced (May 2020) prior to the contractual agreements being finalised (September 2020) and supporting processes being developed. We acknowledge that this is due, in part, to the decision to swiftly onboard the Interim F1 medical trainees to support the Health Boards with their response to the Covid-19 pandemic. <p>We understand the approaches are becoming more joined-up, but further work is required to ensure cohesion between the projects.</p> <p>See recommendations 1 and 13.</p>
Programme governance structure	

¹ The Dental Foundation and Pre-registration Pharmacy Trainees projects were not considered in this review due to them being led by HEIW.

Good practice observed	Areas for learning
The programme had a clear governance structure (see figure 1) with defined roles and responsibilities.	The programme governance structure was revised to remove unnecessary meetings. However, the Phase 1 PID was not updated to reflect the revised structure (we note that the Phase 2 PID reflects the new structure). See recommendation 9 .
Reporting to the Shared Services Partnership Committee	
Regular update reports were taken to the SSPC, covering: <ul style="list-style-type: none"> • key tasks and milestones; • programme workstreams; and • significant programme risks. 	None noted.
Programme Board	
<p>Programme Board membership is documented in the PID, including member roles and responsibilities.</p> <p>PB membership includes stakeholders from:</p> <ul style="list-style-type: none"> • NWSSP; • Health Boards; • HEIW; and • the British Medical Association. <p>PB meeting frequency has been adjusted to meet the demands of the programme. Initially, meetings were held monthly but have now been reduced to quarterly.</p> <p>Agendas and meeting notes were prepared.</p>	<p>Some stakeholder groups were not represented on the PB, including:</p> <ul style="list-style-type: none"> • trainees; • private sector pharmacies; and • dental practices. <p>We could not locate the meeting minutes for the April 2021 meeting in the project SharePoint folders.</p> <p>Whilst follow-up of actions from previous meetings was a standing agenda item, this was undertaken by review of the previous meeting notes rather than through an action log. It is difficult to trace actions through to completion.</p> <p>See recommendations 2, 10 and 11.</p>
Resource	
Resource requirements for the Project Team are documented in the PID.	None noted.
Project Plan	
<p>The Project Manager maintained an overarching Project Plan for the Medical Trainees project.</p> <p>The Project Plan details actions with responsible parties and deadlines.</p> <p>At the time of our review, all the actions in the Phase 1 Project Plan had been completed.</p>	<p>It was not always clear which individual or workstream was responsible for actions due to them being assigned to organisations (e.g., "HEIW" or "Health Boards") or departments (e.g., "HEIW (medical)").</p> <p>See recommendation 12.</p>

² The SLE Business Case was not part of the scope of our review because it predates the project management approach.

Good practice observed	Areas for learning
Project Team	
<p>The Project Team consisted of operational leads from within NWSSP.</p> <p>Weekly meetings were held to discuss ongoing logistics, troubleshoot issues and update the Project Plan.</p> <p>Whilst no formal minutes were taken, the Project Plan was used to log actions.</p> <p>The Project Team also used a mapping document which highlighted the key dates for each SLE intake, identifying activities to enable the onboarding of trainees, with responsible individuals and deadlines. This was monitored at the weekly meetings.</p>	None noted.
Risk & issues log	
<p>A risk and issues log was maintained by the Project Manager and reviewed at the Programme Board meetings.</p> <p>The risk log included inherent risk scores and mitigating actions.</p> <p>The issues log included issue severity and action being taken.</p>	<p>Through our stakeholder discussions, we were informed of some risks and issues that are not on the log:</p> <ul style="list-style-type: none"> • resource for ActionPoint queries; and • communications with trainees. <p>See recommendation 3.</p> <p>Whilst inherent risk scores were included, residual risk scores were not. We understand that the PMO has a new risk template which includes residual risk scores and that the Project Manager will transfer the SLE risks into this new template. No recommendation raised.</p>
Communications	
<p>Communications internal to the Medical Trainee project are set out in the PID.</p> <p>The communication strategy for trainees was developed by the Operational workstream.</p>	<p>Communication with all stakeholders was originally identified as a separate workstream in the November 2019 SLE report to SSPC. This also included development of a dedicated website and an FAQs document for trainees. When the PID was developed, engagement with trainees was included within the Operational workstream. However, communication with other stakeholders was not included anywhere. Whilst the trainee FAQs document was produced and has recently been updated, work has not started on the website.</p> <p>Communication in all directions was raised as a concern in all our stakeholder interviews. Concerns included:</p> <ul style="list-style-type: none"> • effectiveness of the communication mechanisms with trainees; • lack of mechanism for communications between parties in between Programme Board meetings (more so now that meeting frequency has decreased); and

Good practice observed	Areas for learning
	<ul style="list-style-type: none">effectiveness of the internal communication of messages within organisations (e.g., filtering of messages to the individuals who need to act). <p>The communication strategy document had not been completed at the time of our review. We understand it has now been updated for the trainee communication strategy, but other elements remain outstanding.</p> <p>Reporting to SSPC is not covered in the PID.</p> <p>The Programme Board and Project Team recognise the need to develop a Communication Plan and SLE website as a priority, whilst acknowledging that dedicating resource to achieve this will be challenging.</p> <p>See recommendation 2.</p>
Workstream governance	
<p>Overarching workstream objectives were documented in the PID, along with high-level membership of the workstream groups.</p> <p>The finance workstream had clear terms of reference, setting out its objectives, membership and meeting frequency.</p>	<p>The Programme Board did not consider or approve the workstream governance arrangements.</p> <p>The Project Manager felt that the workstream leads did not always take full ownership of their workstream governance arrangements. This particularly impacted workstream action tracking, as it is not practical for the Project Manager to attend all workstream meetings.</p> <p>Terms of reference were not in place for the Operational, Legal and Occupational Health workstreams, although early meetings of the Operational and Occupational Health workstreams did set out workstream objectives. We understand this is due to the pace at which the workstreams had to be set up due to onboarding the Interim F1 medical trainees to support the Covid-19 response.</p> <p>The workstreams did not develop formal action plans, so it was not clear how the objectives were to be operationalised or to track timely completion of actions. For some stakeholders interviewed, this caused a lack of clarity in what the workstream was trying to achieve.</p> <p>Whilst follow-up of actions from previous meetings was a standing agenda item at workstream meetings, this was undertaken by review of the previous meeting notes rather than through an action log. It is difficult to track timely completion of actions.</p> <p>Key workstream governance documents (e.g., agendas, minutes, etc) were not always stored on the project SharePoint folders. This led to:</p> <ul style="list-style-type: none">a delay in us receiving some workstream information;

Good practice observed	Areas for learning
	<ul style="list-style-type: none"> the Project Team being unable to provide us with several agendas / minutes for the Occupational Health workstream. <p>The legal workstream was not run as a workstream, therefore lacked formal stakeholder engagement. We understand that resistance to the EMAs may have been reduced had a workstream approach been taken.</p> <p>See recommendations 10, 11 and 14.</p>
Change management	
<p>There is a change management process in place to capture changes to the PID. The requirement to follow this is outlined in the PID.</p> <p>The change management process was used to update the PID for the impact of Covid-19 on programme timescales.</p>	<p>The change management process was not used to update the PID for the revised governance structures noted earlier.</p> <p>See recommendation 9.</p>
Review and evaluation	
<p>The PID requires that a review and evaluation of achievements and continuing viability of the programme be undertaken.</p> <p>Trainee feedback was obtained in November 2019 and March 2020 for medical trainees.</p>	<p>A review and evaluation of achievements, benefits realisation and continuing viability of the programme has yet to be undertaken and there was no formal plan in place to do so. We understand that, due to our feedback to the Project Team, a review and evaluation exercise of Phase 1 will be incorporated into the Phase 3 PID, including benefits realisation.</p> <p>Trainee feedback has not been sought for Pre-registration Pharmacy or Dental Foundation trainees.</p> <p>See recommendations 4-6.</p>
Programme assurance	
<p>The Director of Audit and Assurance has attended Programme Board meetings to provide ongoing advice to the programme.</p> <p>The Programme Board requested this advisory review as part of its assurance mechanisms.</p>	<p>The PID recognises the importance of assurance but does not set out the mechanisms to gain such assurance.</p> <p>Our advisory review focuses on activities led from within NWSSP (the Programme Board and Medical / Foundation Trainee project). Other aspects of the programme have yet to be subject to formal assurance mechanisms.</p> <p>See recommendations 7-8.</p>
Learning and innovation	
<p>We could see evidence of organic, informal learning and innovation throughout Phase 1, including:</p> <ul style="list-style-type: none"> Expanding the use of robotics to increase efficiencies in transaction processing; Using existing payroll data rather than manually inputting data from forms completed by trainees; and 	<p>Informal learning has not been included in a lessons-learned log.</p> <p>Due to the pace of the programme, there has not been the chance to formally stop, take stock and identify learning and innovations, either at an overall project level or over the processes within the various NWSSP teams involved in the SLE work.</p>

Good practice observed	Areas for learning
<ul style="list-style-type: none">the recent review of the Employee Management Agreement with Health Boards and HEIW. <p>We understand that NWSSP intends to review its GPST processes to incorporate learning from implementing the SLE model.</p>	See recommendations 4-6 .

Future performance monitoring

3.17 NWSSP is aware of the need to develop ongoing performance monitoring mechanisms over the SLE once the programme has been completed.

3.18 We understand that:

- some key performance indicators are already in place and that management intends to review these to adapt and expand them for business as usual processes; and
- regular performance management meetings will be held SLE stakeholders, like the performance management mechanisms for other NWSSP services.

Appendix One: Terms of Reference

Scope and Objectives

The objectives of this advisory review were to:

- assess whether Phase 1 is achieving the benefits set out at the commencement of the Programme; and
- identify any lessons learnt to be incorporated into the forward work programme.

Limitation of scope

Our work was limited to aspects of the SLE programme led by NWSSP, i.e., the Programme Board and Medical / Foundation Trainee Project. The review excluded:

- the SLE Business Case – this predates the programme management approach;
- Training Practice Agreements – these are agreements between HEIW and the training providers (e.g., Health Boards, dental practices, etc) and were not part of the scope of the Medical / Foundation Trainee project; and
- the Dental Foundation and Pre-registration Pharmacy Trainee projects – these were led by HEIW.

Associated Risks

The risks considered in the review were:

- Phase 1 is not achieving the benefits set out at the commencement of the Programme; and
- the Single Lead Employer Programme is not successful.

Appendix Two: What we did

Our approach was to:

- review the progress and activity of each of the following workstreams against their objectives:
 - Finance;
 - Governance;
 - Occupational Health; and
 - Operational.
- discuss strengths and weaknesses of arrangements for the workstreams both internally to them and between them with key personnel; and
- compare SLE programme governance against known good practice.

To achieve this, we undertook the following review activity:

Interviews with: <ul style="list-style-type: none">• Programme Senior Responsible Officer – NWSSP Medical Director;• NWSSP workstream leads:<ul style="list-style-type: none">◦ Finance – Head of Financial Management;◦ Governance – Deputy Director of Legal & Risk;◦ Occupational Health – Deputy Director of People & OD; and◦ Operational – Deputy Director of People & OD;• NWSSP Project Team members:<ul style="list-style-type: none">◦ SLE Project Manager;◦ Head of Payroll; and◦ SLE Workforce Manager;• Programme stakeholders<ul style="list-style-type: none">◦ HEIW Medical representative – Director for Secondary Care;◦ HEIW Dental representatives – Associate Dean for Dental Foundation Trainees and Dental Foundation Trainee Manager;◦ Health Board workforce representative – CVUHB Medical Workforce Manager; and◦ British Medical Association representatives – WJDC Executive Officer and WJDC Vice Chair (also a Specialty Doctor Trainee).	High-level review of: <ul style="list-style-type: none">• SSPC SLE update reports throughout 2020 and 2021 to date;• SLE Project Initiation Document;• SLE Project Plan;• SLE risk & issues log;• SLE benefits and their realisation;• SLE change management documentation;• a sample of papers and meeting minutes / notes for the:<ul style="list-style-type: none">◦ SLE Programme Board; and◦ SLE workstreams.
	Comparison against programme / project governance good practice.

Appendix Three: Recommendations and benefits

Our recommendations and the related benefits are set out below. We consider all the recommendations to be relevant learning for current and future programmes / projects across NWSSP, not just the SLE programme.

Key learning to be addressed in Phases 2 and 3

Area	Recommendation	Benefit
Programme management approach	1. The Programme Board should: <ol style="list-style-type: none"> consider appointing a Project Manager (either within NWSSP or HEIW) for the Dental Foundation Trainees project, taking into account cost vs benefit and PMO resource availability across both organisations; and ensure a joined-up, coordinated approach between projects within the SLE programme (i.e., projects not working in silos). 	Timely completion of actions and resolution of issues. Efficiencies and synergies through working towards the same goal(s).
Communication and engagement	2. The Programme Board should: <ol style="list-style-type: none"> ensure an effective communications and engagement strategy covering all stakeholders is developed and documented; and ensure that all key stakeholder groups are engaged throughout the programme, either through representation on the Programme Board or through stakeholder consultation; and review the effectiveness of the communication strategy for trainees, updating where appropriate, 	Effective engagement and communication with all stakeholders. Improved stakeholder experience.
Programme risks	3. The Programme Board and Project Team should ensure the Project Manager is informed of all programme risks and that these risks are documented in the risks and issues log.	Effective management of programme risks and issues.
Review, evaluation and learning	4. The Programme Board should ensure it undertakes a review and evaluation of Phase 1 (and similarly for subsequent phases). The process should consider: <ol style="list-style-type: none"> achievement of objectives for the programme, projects and workstreams; a review of benefits to ensure they remain relevant and are measurable; benefits realisation; the continuing viability of the programme / projects; formal learning from the processes implemented in Phase 1. 	Ensures all aims and objectives of Phase 1 have been achieved. Ensures programme investment continues to represent value for money. Identification of improvements, efficiencies and innovation.

Area	Recommendation	Benefit
	<p>5. The Programme Board should seek feedback from all trainees in the SLE, not just Medical / Foundation trainees.</p> <p>6. The Project Team should set aside time for formal learning from Phase 1 to be undertaken.</p>	
Programme Assurance	<p>7. The PID for future phases should set out the programme assurance mechanisms that will be used. This should cover the full programme.</p> <p>8. The Programme Board should obtain assurance is over the Dental Foundation and Pre-registration Pharmacy Trainees projects.</p>	<p>Clarity over assurance mechanisms to be used.</p> <p>Assurance gained over the whole programme, not just parts.</p>

Housekeeping matters to be addressed during Phases 2 and 3

Area	Recommendation	Benefit
Change management	9. The Programme Board and Project Team should ensure the change management process is used for all changes to the PID (at any phase) and that the PID is updated to reflect these changes.	Appropriate management and approval of changes to the programme.
Governance documents	10. All key programme / project documentation should be retained in the programme SharePoint folders, including meeting agendas and minutes for the Programme Board and workstream meetings.	Key governance documents can be easily located.
Action logs	11. The Programme Board and workstreams should consider using action logs to ensure actions identified in meetings can be clearly and demonstrably tracked through to completion.	Supports timely completion of actions.
Project Plan	12. The Project Manager should ensure the Project Plan clearly identifies the individual(s) or workstream(s) responsible for actions.	Clarity in responsibilities. Greater accountability.

Key learning for future NWSSP programmes / projects

Area	Recommendation	Benefit
Planning and PMO involvement	<p>13. NWSSP should:</p> <ul style="list-style-type: none"> i. involve the Project Management Office at the Business Case stage for all major programmes and projects; ii. allow sufficient time for adequate planning and design of processes / procedures prior to implementation. 	<p>Effective programme / projects management from the outset.</p> <p>Achievement of programme / project objectives in an appropriate manner and on a timely basis.</p>

Area	Recommendation	Benefit
Workstream governance	<p>14. Recognising the level of governance required over a workstream will vary from project to project and between workstreams, Programme / Project Boards should:</p> <ul style="list-style-type: none">i. ensure that appropriate workstream governance arrangements are clearly defined and documented at the outset of every programme / project;ii. workstream governance arrangements are approved by the Programme / Project Board. <p>Considerations should include the need for clarity over:</p> <ul style="list-style-type: none">• objectives and actions, including action tracking;• membership;• roles and responsibilities, including ownership of the workstream;• meeting frequency, attendance and, where relevant, quoracy; and• level of meeting documentation required, e.g., agendas, notes, minutes, action logs.	<p>Workstream governance arrangements that provide Programme / Project Boards with assurance that workstream objectives will be achieved in an appropriate and timely manner.</p>

NHS Wales Shared Services Partnership

HEAD OF INTERNAL AUDIT OPINION & ANNUAL REPORT 2020/21

June 2021

NHS Wales Shared Services Partnership

Audit and Assurance Services

Assurance Rating



Reasonable Assurance

CONTENTS

Ref	Section	Page
1.	EXECUTIVE SUMMARY	3
1.1	Purpose of this Report	3
1.2	Head of Internal Audit Opinion	3
1.3	Delivery of the Audit Plan	3
1.4	Summary of Audit Assignments	4
2.	HEAD OF INTERNAL AUDIT OPINION	6
2.1	Roles and Responsibilities	6
2.2	Purpose of the Head of Internal Audit Opinion	7
2.3	Assurance Rating System for HIA Opinion	7
2.4	Head of Internal Audit Opinion	7
2.5	Statement of Conformance	12
2.6	Completion of the Annual Governance Statement	12
2.7	Other Work Relevant to NWSSP	13
3.	DELIVERY OF THE INTERNAL AUDIT PLAN	14
3.1	Performance against the Audit Plan	14
3.2	Service Performance Indicators	14
4.	RISK BASED AUDIT ASSIGNMENTS	15
4.1	Overall summary of results	15
4.2	Substantial Assurance	15
4.3	Reasonable Assurance	16
4.4	Limited Assurance	17
4.5	No Assurance	17
4.6	Assurance Not Applicable	18
5	ACKNOWLEDGEMENT	19

Appendix A	Conformance with Internal Audit Standards
Appendix B	Performance Indicators
Appendix C	Audit Assurance Ratings
Appendix D	Responsibility Statement

Report status:	FINAL
Final report issued:	22 June 2021
Author:	Head of Internal Audit
Executive Clearance:	Neil Frow, Managing Director
Audit Committee:	29 June 2021

1. EXECUTIVE SUMMARY

1.1 Purpose of this Report


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

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

In part due to the continued impact of COVID-19, our audit programme has been subject to change during the year. In this report we have set out how the programme has changed and the impact of those changes on the Head of Internal Audit opinion.

1.2 Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Managing Director as Accountable Officer and the SSPC which underpin the assessment of the effectiveness of the system of internal control. The approved internal audit plan is biased towards risk and therefore NWSSP will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2020/21 is that:

Reasonable assurance		The Shared Services Partnership Committee can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
----------------------	---	--

1.3 Delivery of the Audit Plan

The internal audit plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. Regular audit progress reports have been submitted to the Audit Committee during the year.

The COVID-19 pandemic impacted upon certain reviews as the decision was made with management to either curtail, postpone or cancel reviews in a limited number of areas of significant operational pressure. The Head of Internal Audit has taken this into account and is satisfied that sufficient internal audit work has been undertaken throughout the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2020/21 year was initially presented to the Audit Committee in April 2020. This Annual Report and Opinion is primarily based on the delivery of that annual plan, including the subsequent updates made to the plan that are reported to the Audit Committee at each meeting.

There are, as in previous years, audits undertaken at NWIS (now Digital Health and Care Wales) that support the overall opinion for NHS Wales health bodies (see Section 3).

Our External Quality Assessment (EQA), conducted by the Chartered Institute of Internal Auditors, and our Quality Assurance and Improvement Programme (QAIP) have both confirmed that our internal audit work 'generally conforms' to the requirements of the Public Sector Internal Audit Standards for 2020/21. For this year, our QAIP has considered specifically the impact that COVID-19 has had on our audit approach and programmes. We are able to state that our service 'conforms to the IIA's professional standards and to PSIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from the internal audit plan undertaken in the year and recognising audit provides a continuous flow of assurance includes the results of legacy audit work reported subsequent to the prior year opinion, if applicable.

The audit coverage in the plan agreed with management has been targeted towards providing assurance to NHS Wales on the adequacy and effectiveness of internal controls operated by Shared Services in processing transactions on behalf of partner organisations. In addition to this external assurance flow the audit plan has also examined aspects of corporate governance, risk management and control within NWSSP as an entity hosted by Velindre NHS Trust.

More specifically we give reasonable assurance or greater to the majority of the internal financial controls operating within NWSSP and these findings have been taken into account by partner organisations and Audit Wales in the external audit of the financial statements.

Management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where appropriate.

In addition, and in part reflecting the impact of COVID-19, we also undertook a number of advisory and non-opinion reviews to support our overall opinion, most notably in respect of financial governance during the pandemic. We also undertook ad hoc investigations into instances of suspected fraud and additional testing of manual payments to provide assurance that an error identified by management was not symptomatic of a wider control weakness.

Figure 1 Summary of Audit Results

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> • Primary Care Services Contractor Payments (all Wales report) • Credit Card Expenditure • Welsh Risk Pool Services 	<ul style="list-style-type: none"> • Employment Services – Payroll Services (all Wales report) • Procure to Pay (P2P) (all Wales report) • Employment Services Directorate Review • Student Awards Services • Covid-19 Premises Safety
Limited Assurance	Advisory & Non-Opinion
N/A	<ul style="list-style-type: none"> • Financial Governance Arrangements During the Covid-19 Pandemic • Covid-19 Divisional Preparedness and Resilience • Declarations of Interest • Primary Care Payment System Data Migration • GOS Payment System Project Management • Brexit Preparations
No Assurance	
N/A	

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

2. HEAD OF INTERNAL AUDIT OPINION

2.1 Roles and Responsibilities

The Managing Director of Shared Services is accountable to the SSPC for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

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

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

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

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

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

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

2.2 Purpose of the Head of Internal Audit Opinion

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

This opinion will in turn assist the SSPC in the completion of its Annual Governance Statement, and may also be taken into account by regulators including Audit Wales in the context of both their external audit and performance reviews.

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

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The established assurance rating framework for expressing the overall audit opinion continues to be based upon equal rating of eight domains when judging the overall opinion. Given the specialist nature of NWSSP the overall opinion is expressed in overall terms rather than at individual domain level.

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

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

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the SSPC and also provides a rational basis for drawing an overall audit opinion.


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

2.4 Head of Internal Audit Opinion

2.4.1 Scope of opinion

The scope of my opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the

Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below.

	The Shared Services Partnership Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
---	--

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any Limited Assurance reports issued during the year and the significance of the recommendations made (of which there were none in 2020/21).

2.4.2 Basis for Forming the Opinion

In reaching the overall opinion, the Head of Internal Audit has applied professional judgement.

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

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements (see section 2.4.3).
- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the SSPC has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including: cumulative information and knowledge over time; observation of Audit Committee and other key committee meetings; meetings with Directors and senior managers; the results of ad hoc work and support provided; liaison with other assurance providers and regulators; and research. Cumulative audit knowledge of the organisation

that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across NWSSP.

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

From the reports issued during the year, three were allocated Substantial Assurance and five were allocated Reasonable Assurance. No reports were allocated limited or no assurance. In addition, six Advisory & Non opinion reports were also issued.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited or no assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the findings in each of the reviews undertaken during the year is shown below, whilst noting the overall opinion for NWSSP is based on an overall aggregated position.

NATIONAL AUDITS:

The results of national audits receive greater weighting when considering the overall annual opinion due to the extent of the audit work undertaken, the scope of the reviews and their significance with regard to the control environment operated by NWSSP.

- All four areas of the Primary Care Services Contractor Payments all Wales audit – General Medical Services, General Pharmaceutical Services (including Prescribing), General Dental Services and General Ophthalmic Services were given substantial audit assurance ratings.
- The all Wales audit of the Accounts Payable function was given a reasonable audit assurance rating.
- The all Wales audit of Payroll Services was also given a reasonable assurance rating.
- The review of Welsh Risk Pool services was given a substantial assurance rating.
- We also undertook an advisory review of Financial Governance Arrangements During the Covid-19 Pandemic which concluded positively.

NWSSP SPECIFIC AUDITS

- The review of Credit Card Expenditure received a substantial assurance rating, highlighting strong financial controls over expenditure.
- The review of Student Awards Services received a reasonable assurance rating. However, we raised a number of recommendations to improve governance and oversight arrangements which management have accepted and are in the process of implementing. We will follow-up these recommendations in 2021/22.
- We undertook two further reviews relating to the Covid-19 Pandemic in addition to the Financial Governance Arrangements During the Covid-19 Pandemic review noted in the National Audits section above. Covid-19 Premises Safety received a reasonable assurance rating. The advisory review of Covid-19 Divisional Preparedness and Resilience concluded that arrangements were generally effective and identified and agreed five actions with management to strengthen resilience and business continuity arrangements.
- Four further advisory reviews were undertaken in order to provide challenge and support to management with new developments. Two reports were produced in respect of the implementation of new primary care payment systems which reflected the support and feedback that we provided throughout the year on the projects. We also reviewed the developing arrangements for recording Declarations of Interest and we reviewed the arrangements in NWSSP for preparing for Brexit. There were no significant concerns highlighted in any of these reviews.
- The Employment Services Directorate Review was at draft stage at the time of this annual report with a reasonable assurance rating.

2.4.3 Approach to Follow Up of Recommendations

As part of our audit work we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited or No Assurance (of which there are none for NWSSP). In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance.

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

This year, due to the impact of COVID-19, we are aware that it has been more difficult than usual for NHS organisations to implement recommendations to the timescales they had originally agreed. In addition, we also recognise that for new recommendations it may be more difficult to be precise on when exactly actions can be implemented by. However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by

Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

Going forward, given that it is very likely that the number of outstanding recommendations will have grown during the course of the pandemic, Audit Committees will need to reflect on how best they will seek to address this position.

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

The Head of Internal Audit has also considered the ad hoc additional work undertaken during the year referred to in Section 3.1.

2.4.4 Limitations to the Audit Opinion

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

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

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems. In addition, the impact of COVID-19 on this year's (and to an extent last year's) programme makes any comparison even more difficult.

2.4.5 Period covered by the Opinion

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

Any audit work reported to draft stage has been included in the overall assessment, all other work in progress will be rolled-forward and reported within the overall opinion for next year.

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

2.5 Statement of Conformance

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

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. The work of internal audit is also subject to an annual assessment by Audit Wales. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Internal Auditors (IIA) in February and March 2018. The IIA concluded that NWSSP's Audit & Assurance Services conforms with all 64 fundamental principles and 'it is therefore appropriate for NWSSP Audit & Assurance Services to say in reports and other literature that it conforms to the IIA's professional standards and to PSIAS.'

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at Trust in conformance with the Public Sector Internal Audit Standards for 2020/21.

Our conformance statement for 2020/21 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2020/21 which will be reported formally in the Summer of 2021; and
- the results of the work completed by Audit Wales.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2020/21 QAIP report. There are no significant matters arising that need to be reported in this document.

2.6 Completion of the Annual Governance Statement

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

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Standards;

- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales.

2.7 Other Work Relevant to NWSSP

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation’s audit programme, will cover activities relating to other Health bodies.

NHS Wales Informatics Service (NWIS)

As part of the internal audit programme at NHS Wales Informatics Service (NWIS), a hosted body of Velindre NHS University Trust, a number of audits were undertaken which are relevant to NWSSP. These audits derived the following opinion ratings:

Audit	Opinion Rating	Comments
IT Cyber Security	Substantial	-
GDPR Follow-Up	Substantial	-
Operational Resilience	Reasonable	-
Supplier Management Follow-Up	Reasonable	-

Please note that other audits of NWIS activities are undertaken as part of the overall NWIS internal audit programme. All reports are received by the Velindre University NHS Trust Audit Committee. No formal Head of Internal Audit Opinion is currently given for the work at NWIS.

For 2020/21, NWIS will become a Special Health Authority under the name of Digital Health and Care Wales and will have a separate Audit Committee, Internal Audit plan and annual Head of Internal Audit Opinion.

3. DELIVERY OF THE INTERNAL AUDIT PLAN

3.1 Performance against the Internal Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Where relevant, audits which remain to be reported and reflected within this Annual Report will be reported alongside audits from the 2021/22 operational audit plan.

The audit plan approved by the Audit Committee in June 2020 contained 13 planned audits. During the year changes have been made to the plan with two audits deferred and three added. We therefore planned to deliver 14 audits.

The assignment status summary is reported at section 4.

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

We also undertook investigations at the request of management into the following:

- a manual payment error resulting in an overpayment of £900k which was subsequently recovered;
- an instance of control weakness in the salary sacrifice scheme; and
- a number of attempted bank mandate frauds.

In response to the manual payment error we also undertook significant additional testing of manual payments in order to provide assurance to management and to NHS organisations that the individual error was not indicative of a breakdown in internal control. We tested manual payments with a value of over £800m and found no further errors. This work was relied upon by Audit Wales in their audit of NHS bodies' financial statements.

The frequency and sophistication of attempted frauds increased during the year and we independently investigated a number of instances and provided advice and recommendations to management to develop the controls in place to mitigate the developing threat as far as possible.

3.2 Service Performance Indicators

In order to be able to demonstrate the quality of the service delivered by Internal Audit, a range of service performance indicators supported by monitoring systems have been developed. The key performance indicators are summarised in **Appendix B**.

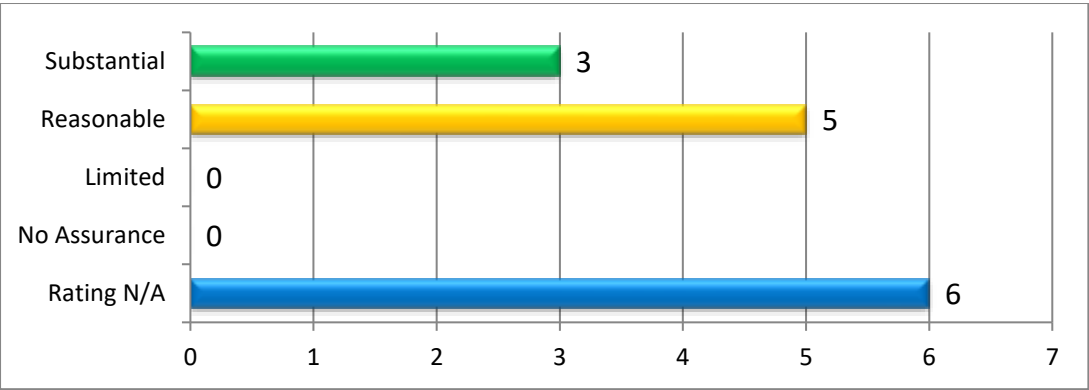
4. RISK BASED AUDIT ASSIGNMENTS

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

4.1 Overall summary of results

In total **14** audit and advisory reviews were reported during the year, of which one was at draft report stage at the time of this Annual Report. Figure 1 below presents the assurance ratings and the number of audits derived for each.

Figure 2 Summary of audit ratings



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

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

4.2 Substantial Assurance



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

Review Title	Objective
Primary Care Services Contractor Payments	The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place for the management of primary care payments.
Credit Card Expenditure	This review sought to provide assurance that purchasing card (also known as a 'credit card') purchases are compliant with corporate policies and procedures.
Welsh Risk Pool Services	The overall objective of this audit was to review the key governance arrangements and operational processes within Welsh Risk Pool Services.

4.3 Reasonable Assurance



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

Review Title	Objective
Employment Services – Payroll Services (all Wales report)	The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place for the management of Payroll.
Procure to Pay (P2P) (all Wales report)	The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place for the management of the procure to pay process.
Student Awards Services	This audit assessed the adequacy and effectiveness of the internal controls in operation with Student Awards Services.

Review Title	Objective
Employment Services Directorate Review (Draft)	The overall objective of this audit was to test compliance with corporate policies and procedures within the Employment Services Directorate.
Covid-19 Premises Safety	This review was undertaken to determine the adequacy of, and operational compliance with, the systems and procedures of NWSSP, to accord with Welsh Government law and guidance.

4.4 Limited Assurance



There are no audited areas in which SSPC can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

4.5 No Assurance



There are no audited areas in which the SSPC has **no assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively, or where action remains to be taken to address the whole control framework with high impact on residual risk exposure until resolved.

4.6 Assurance Not Applicable

The following reviews were undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach or the advisory nature of the review.

Review Title	Objective
Financial Governance Arrangements During the Covid-19 Pandemic	This review focussed on the financial governance arrangements put in place at the commencement of the initial peak of the pandemic during March and April 2020.
Covid-19 Divisional Preparedness and Resilience	This review assessed NWSSP's future preparedness to operate throughout the Covid-19 pandemic.
Declarations of Interest	The overall objective of this review was to ensure that safeguards in place over staff declarations of interest were effective in mitigating the related risks and that management had assurance that the safeguards had been implemented and were operating effectively.
Primary Care Payment System Data Migration	This review examined processes introduced during early 2020 to migrate contractor payments to the existing NWSSP Oracle Accounts Payable (AP) function.
GOS Payment System Project Management	This review examined the project management process to implement a bespoke payments system, K2 web forms (K2), for contractual payments to GOS contractors.
Brexit Preparations	This advisory review has considered the action taken by NWSSP to support NHS Wales in preparing for the UK exit from the EU.

Additionally, the assurance review of IM&T Control and Risk Management was deferred at the request of management due to limited operational capacity. This does not impact upon the Head of Internal Audit Opinion.

5. ACKNOWLEDGEMENT

In closing, I would like to acknowledge the time and co-operation given by directors and staff of NWSSP to support delivery of the Internal Audit assignments undertaken within the 2020/21 plan.

James Quance

Head of Internal Audit

Audit and Assurance Services

NHS Wales Shared Services Partnership

June 2021

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Managing Director and Audit Committee Chair.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	The Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. Audit Wales complete an annual assessment. An EQA was undertaken in 2018.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP Integrated Medium Term Plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The annual plan is approved by Audit Committee.

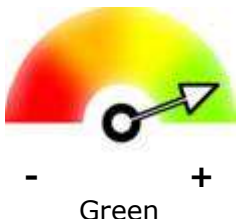

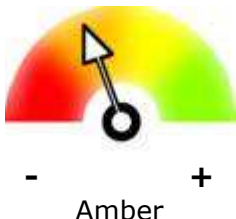
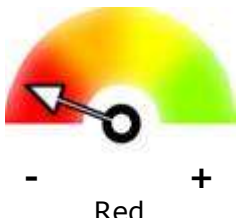
	Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with Audit Wales and LCFS.
2100 Nature of work	The risk based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
23000 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	<p>Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee.</p> <p>An annual report and opinion is reported to the Accountable Officer and Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p>
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition audit reports are followed-up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management it would be discussed and will be escalated to SSPC level for resolution.

PERFORMANCE INDICATORS

Indicator Reported to NWSSP Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2020/21	G	April 2020	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2020/21	G	100%	100%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100%	80%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$
Report turnaround: time taken for management response to draft report [15 working days]	G	90%	80%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	$v > 20\%$	$10\% < v < 20\%$	$v < 10\%$

Key: v = percentage variance from target performance

Audit Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
No assurance		The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and Internal Auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



Office details: Audit and Assurance Services
 1st Floor
 Cwmbran House
 Mamhilad Park Estate
 Pontypool
 NP4 0XS

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

NHS WALES SHARED SERVICES PARTNERSHIP

Audit Committee – 29th June 2021

**Counter Fraud Progress Report for the period
1st April 2021 to 29th June 2021**

**NIGEL PRICE
COUNTER FRAUD
CARDIFF & VALE UNIVERSITY HEALTH BOARD**

NHS WALES SHARED SERVICES PARTNERSHIP

AUDIT COMMITTEE 29th June 2021 PRIVATE SESSION

COUNTER FRAUD PROGRESS REPORT

1. Introduction
 2. Current Case Update
 3. Progress and General Issues
- Appendix 1 Summary Plan Analysis
- Appendix 2 Assignment Schedule

Mission Statement

To provide the NWSSP with a high-quality NHS Counter Fraud Service, which ensures that any report of fraud is investigated in accordance with the Directions for Countering Fraud in the NHS and all such investigations are carried out in a professional, transparent and cost-effective manner.

1. INTRODUCTION

1.1 In compliance with the Directions on Countering Fraud in the NHS, this report details the current Counter Fraud and Corruption work carried out, by the Local Counter Fraud Specialists, for the period 1st April 2021 to the 30th June 2021.

The Progress Report's style has been adopted, in consultation with the Velindre NHS Trust and NWSSP's Finance Directors, with the objective of informing, and updating, the Audit Committee members of any significant changes in cases during the period and any current operational issues.

Progress of the NWSSP Annual CF Work-Plan of 75days, is reported in **Appendix 1**. During this period 15 days of Counter Fraud work has been undertaken.

Any significant changes in the progress and work undertaken are outlined in point 2 below.

2. CURRENT CASE UPDATE

During this quarter four investigations have been closed and one is open. A summary of the investigations is in **Appendix 2**

3. PROGRESS AND GENERAL ISSUES

3.1 Fraud Awareness Presentations

COVID-19 restrictions have considerably reduced the amount of sessions the department can deliver but during this reporting period 12 sessions have been delivered to 214 delegates through Microsoft Teams. The feedback from the delegates shows that 63% "Strongly agreed" and 36% "Agreed" that their knowledge of counter fraud has improved.

3.2 National Fraud Initiative 2020/21

Velindre University NHS Trust recently received the proposals of the Auditor General for Wales that were issued for consultation in relation to the planned National Fraud Initiative (NFI) 2020-21 work programme and the draft data specifications for this work.

The matches were released on the 31st January which included those for Velindre NHS Trust. There are 18 priority matches and 552 low-risk matches for NWSSP and Velindre. All the priority matches will be checked and approximately 10% of the low-risk matches. If there is any concern about any match that will be investigated further. A verbal update will be given at the meeting.

APPENDIX 1

COUNTER FRAUD SUMMARY PLAN ANALYSIS 2020/21

AREA OF WORK	NWSSP	Days to Date
General Requirements		
Production of Reports to Audit Committee	3	2
Attendance at Audit Committees	3	0.5
Planning/Preparation of Annual Report and Work Programme	5	3
Annual Activity		
Creating an Anti Fraud Culture	0	0
Presentations, Briefings, Newsletters etc.	14	1.5
Other work to ensure that opportunities to deter fraud are utilised	0	1
Prevention		
The reduction of opportunities for Fraud and Corruption to occur	0	0
Detection		
Pro-Active Exercises (e.g. Procurement)	17	0
National Fraud Initiative 2020/21	2	3
Investigation, Sanctions and Redress		
The investigation of any alleged instances of fraud	25	5
Ensure that Sanctions are applied to cases as appropriate	4	0
Seek redress, where fraud has been proven to have taken place	2	0
TOTAL NWSSP	75	15

**APPENDIX 2
COUNTER FRAUD ASSIGNMENT SCHEDULE 2020/21**

Case Ref	Subject	Status	Open/Closed
WARO/20/00039	False Claim for Costs	Alleged that subject lives with partner and has failed to declare her actual personal income.	Closed 1st June 2021 Several inquiries with other agencies and local authorities did not produce evidence to support the allegation
WARO/20/00086	False COVID-19 Absence	The allegation is that the subject gave false or misleading information about her annual leave.	Open Pending internal discipline process
WARO/20/00122	False representation	Information was passed to the NHS Fraud Reporting Line that a student nurse studying at Swansea University had not declared she was living with her fiancé. By doing so she may have received funding to which she was not eligible.	Closed 26th April 2021 Several inquiries with other agencies and local authorities did not produce evidence to support the allegation
WARO/21/00033	Overpayment of Salary	The allegation is that the subject received payments to which he was not entitled	Closed 21st June 2021 £17,488.31 repaid in full
WARO/21/00042	False Representation	Anonymous allegation that a student nurse claimed she was single but a partner was living at the address	Closed 1st June 2021 Several inquiries with other agencies and local authorities did not produce evidence to support the allegation

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
AGENDA ITEM	
PRESENTED BY	Andy Butler, Director of Finance and Corporate Services, NWSSP
PREPARED BY	Linsay Payne - Interim Deputy Director of Finance
TITLE OF REPORT	COVID-19 Expenditure and Governance Arrangements – final report 2020/21

PURPOSE

The purpose of this paper is to provide the Audit Committee with the final summary of the expenditure incurred during COVID-19 and governance arrangements put in place.

This includes expenditure incurred on behalf of the Welsh Government relating to All Wales purchases and separately the additional expenditure incurred by NWSSP in 2020/21.

1. INTRODUCTION

The Covid-19 pandemic has provided unprecedented challenges to health and social care provision and required significant and sometimes difficult decisions to be made at pace. NWSSP has needed to move swiftly and put in place revised operating procedures to provide required responses on a timely basis.

As identified in all the 2020/21 reports to the Audit Committee, NWSSP has responded in a timely manner to support Welsh Government priorities. Primarily this has required utilising our procurement expertise to secure the supply of vital equipment and to establish a supply chain for Personal Protective Equipment (PPE) for NHS and Social Care services in Wales. Welsh Government have agreed funding for these All Wales procurement orders that are being placed through NWSSP.

Supplies have been successfully secured across markets with global competition for products. We have seen market prices increase day by day as governments across the world try to secure similar items. NWSSP has established, and continues to implement, additional arrangements to support swift decision making while maintaining good governance and control.

We have incurred unprecedented levels of expenditure since mid March 2020 and have been required to enter into new contracts with both existing and new suppliers to meet the growing levels of demand from NHS and Social Care bodies in Wales. We have also received requests from suppliers for significant payments in advance at an unprecedented level.

As the predicted second wave of the Covid virus pandemic gathered pace, the implementation of the NWSSP Winter Plan for PPE, which identified the need for a 24 week stockholding of PPE, proved critical to ensure sufficient supplies were available. To ensure this could be achieved in order to meet the demand requirements of NHS Wales across primary, secondary and social care, a number of additional large orders of PPE were placed to ensure the supply to PPE was available to meet the forecast demand levels.

As we enter the summer months and a potential predicted third wave, NWSSP has sufficient stocks of all PPE lines to ensure demand can continue to be met. We require UHBs to work with us to outline their activity plans which will impact the requirements for PPE. We recognise the likely shift in the demand for PPE requirements for intensive care patients and those PPE demand levels required to return to usual activity levels and potential increased activity levels to recover waiting list times.

Due to the re-establishment of previous supply chains for PPE, it has been agreed that the PPE stock holding will be reduced and a PPE Strategy will be developed from September 2021

2. GOVERNANCE AND ASSURANCE ARRANGEMENTS

Delegated limits for COVID expenditure

The Velindre NHS Trust Board agreed on 18 March 2020 to change its own and the NWSSP Scheme of Delegation to help facilitate the increased value and volume of expenditure being incurred on behalf of the Welsh Government at this time. The revised limits delegated authority for the NWSSP Chair and either of the NWSSP Managing Director or the NWSSP Director of Finance & Corporate Services was increased from £100,000 to £2 million.

It soon became apparent that this limit was too low and it was increased to £5m on 31 March 2020, to enable timely approval of time critical orders. This limit has been subsequently reviewed on a regular basis over the past year. It was at the Velindre Board meeting in June 2021 that this would be extended to 30th September 2021.

Welsh Government approval continues to be required for any contracts in excess of £1m and for advanced payments exceeding 25%.

Additional assurance arrangements introduced for COVID expenditure

Covid-19 has placed exceptional demands on services and NHS finance functions. Suppliers have requested advance payment for orders and the associated risks of making these payments (non-delivery of goods or services or supplier insolvency and consequential financial loss) have been assessed against the risks if payments are not made (interruptions to critical supply chains). Staff and patient safety considerations have continued to be paramount during this period.

As previously detailed, the NWSSP Finance Governance Group, chaired by Simon Cookson, Director of Audit and Assurance was established to consider these significant advance payment requests. The group membership includes NWSSP representation from the Director of Legal Services, Director of Finance & Corporate Services, Head of Counter Fraud Wales and senior members of the Finance team in addition to the Director of Finance and the Vice Chair of Velindre University NHS Trust.

The group met frequently throughout April and early May 2020 and continue to meet if required. The group last met in early April 2021 to approve additional expenditure on a previously approved contract due to the increase in the price of raw materials.

To date 49 contracts have been reviewed, 45 by the Finance Governance Group and 4 by the NWSSP Managing Director and Director of Finance in late March/very early April 2020 prior to the Finance Governance Group being established. 46 of these contracts requested an advance payment to be made. The table below summarises the outcome of the review of these contracts requesting advance payments:

FGG approved contract and advance payment made	39
NWSSP Managing Director and Director of Finance approved contract and advance payment made	4
FGG did not approve contract or contract not proceeded with	6
TOTAL CONTRACTS	49

NWSSP continues to maintain a checklist of all these advance payments for both stock and non-stock orders. Deliveries are tracked and recorded to ensure all the contracts where advance payments have been made are honoured and completed. Five of the orders where advance payments were made were subsequently cancelled and the advance payments have either been returned or funds held in Escrow have been transferred to a different contract to avoid any exchange rate losses. At the end of June 2021, surplus funds of \$7.493m are securely held within the Escrow account. These are being held for future anticipated orders rather than request the return of funds, which due to exchange rate fluctuations since the funds were deposited, aims to avoid an estimated exchange rate loss of £0.7m

The checklist as at 22nd June 2021 is provided in **Appendix 1** for information.

3. COVID-19 EXPENDITURE – All Wales

To enable ongoing context to be added to the arrangements we have implemented, a summary of the 2020/21 Covid-19 expenditure we incurred on behalf of the Welsh Government is detailed below. This includes the value of PPE issues to Primary and Social Care totalling £59.390m:

	Capital	Revenue	TOTAL
	£m	£m	£m
2019/20	0.465	0.206	0.671
2020/21	10.538	191.590	202.128
TOTAL	11.003	191.796	202.799

The 2020/21 revenue figure is lower than that provided in previous reports due to the year-end adjustment to write on the value of stocks not issued to the inventory balance at 31st March 2021.

Within the reported 2020/21 expenditure figures we have also provided support via supplies of PPE to NHS colleagues in England, Scotland and Northern Ireland. The net Wales expenditure figure is shown in the table below:

	Capital	Revenue	TOTAL
	£m	£m	£m
TOTAL	10.538	191.590	202.128
Provision to other Nations		-37.45	-37.45
WALES TOTAL	10.538	154.140	164.678

The split of this Wales only revenue expenditure between Equipment, PPE, Testing and Services is:

Equipment	PPE	Testing	Services	TOTAL
£m	£m	£m	£m	£m
20.318	132.189	1.222	0.411	154.140

257 purchase orders have been placed with 110 different suppliers and 32 of these have order values exceeding £1m that have required Welsh Government approval. The specific details of all orders are detailed in **Appendix 2**.

The full year 2020/21 final additional Covid revenue expenditure, including both All Wales expenditure on PPE, Equipment and Testing, support to Track, Trace & Protect, the mass vaccination programme, PPE distribution and additional NWSSP operational revenue expenditure totals **£164.737m**. This is in addition to the **£10.538m** capital expenditure incurred. The revenue expenditure summary is detailed in the table below:

	£m
Non stock PPE	67.496
Covid Equipment (non capital) & Services	20.735
Social Care & Primary Care PPE issues	59.390
Pandemic stock transfer	3.865
Mass Vaccination	2.001
TTP	1.222
Consultant Connect	0.454
NWSSP Operational Costs	7.628
NHS Bonus	1.928
Cyber Security	0.018
TOTAL	164.737

4. COVID-19 EXPENDITURE – NWSSP

NWSSP incurred operational costs totalling £7.628m to support the NHS Wales Covid efforts. This included provision of support to PPE warehousing and distribution, TTP distribution, field hospital commissioning and decommissioning, recruitment of additional staff across NHS Wales and payroll resource to enrol and pay the staff, establishment of the Temporary Medicines Unit and resource for the increased annual leave accrual.

This final expenditure can be categorised as follows:

Additional COVID Expenditure	
	£m
Staff costs - bank and overtime	2.498
Staff costs - agency	0.843
Interim F1s	0.514
Transportation costs	1.464
Additional cleaning/equipment/security/accommodation	0.705
Distribution of shielding letters	0.082
External lab testing/project management	0.095
Temporary Medicines Unit	0.612
Oracle Licences/Bomgar Licences	0.083
Pulse oximeters - primary care	0.247
Annual leave accrual	0.327
Other non pay costs	0.158
TOTAL	7.628

5. RECOMMENDATIONS

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

FINANCE GOVERNANCE GROUP AUTHORISATION CHECKLIST
UPDATED JUNE 2021

Governance reference	A	B	C	D	1		2	3	4	5	6	7	8	9	10
Supplier	Henleys Medical Supplies	Guardian	Guardian	Allsops CTF	365 Healthcare		GB UK Healthcare	Excalibur	Pharmapac	Continuum	Gen Med	Bunzl	Guardian	Lovair	Deloitte
Items ordered	1,000 Thermometers	20,004 boxes Surgical anti-fog type IIR mask	400,000 non-sterile reinforced gowns	7,500 body bags	4.28m Type IIR masks	0.112m visors	250,000 Type IIR masks	4m FFP2 face masks	40m Type IIR Masks	45m Type IIR masks	3m Fluid repellent gowns	30m Type IIR masks & 1.4m FFP3 masks	2.37m Fluid resistant thumb loop gowns	10,000 bottles hand sanitiser	Consultancy services to support PPE 15th April - 15th May 2020
Cost per item including VAT	£210.00	£180 and £144 per box	£5.16	£3.59	Type IIR £0.456	Visors £0.81	£0.76	£6.48	£0.32	£0.47	£2.50	£0.60	£3.50	100ml £2.30 1L £7.56	N/A
Total Contract Value (including VAT)	£210,000.00	£3,360,672.00	£2,064,000.00	£26,910.00	£2,042,984.00		£190,005.00	£25,920,000.00	£12,800,000.00	£21,150,000.00	£7,500,000.00	£18,000,000.00	£8,304,795.00	£49,320.00	£183,201 (VAT reclaimable)
Advance payment %	50%	30%	30%	50%	50%		25%	0%	50%	100%	25%	50%	30%	25%	0%
Value of advance payment (including VAT)	£105,000.00	£1,008,000.00	£619,200.00	£13,455.00	£1,021,099.00		£47,501.25	£0.00	£6,400,000.00	£21,150,000.00	£1,875,000.00	£9,000,000.00	£2,491,439.00	£12,330.00	£0.00
Procurement Lead	Eleanor Aston	Gareth Stallard	Gareth Stallard	Joanne Liddle	Gareth Stallard		Gareth Stallard	Jonathan Irvine	Claire Salisbury	Claire Salisbury	Claire Salisbury	Claire Salisbury	Gareth Stallard	Terri Branagan	N/A
Governance paperwork received from procurement	D&B 26.03.20	D&B 29.03.20	D&B 29.03.20	D&B 02.04.2020	06.04.2020		06.04.2020	07.04.2020	09.04.2020	09.04.2020	09.04.2020	14.04.2020	14.04.2020	10.04.2020	14.04.2020
Finance & Governance Committee approval	NOT SET UP - NF/AB APPROVED	NOT SET UP - NF/AB APPROVED	NOT SET UP - NF/AB APPROVED	NOT SET UP - NF/AB APPROVED	07.04.2020		07.04.2020	07.04.2020	09.04.2020	09.04.2020	09.04.2020	14.04.2020	14.04.2020	14.04.2020	14.04.2020
WG Approval if required	N/R	02.04.2020	N/R	N/R	28.04.2020		N/R	07.04.2020	09.04.2020	09.04.2020	09.04.2020	14.04.2020	15.04.2020	N/R	N/A
Velindre Trust Board Approval if required	N/R	31.03.2020	N/R	N/R	N/R		N/R	08.04.2020	09.04.2020	09.04.2020	09.04.2020	14.04.2020	15.04.20202	N/R	N/R
PO raised	712115169	712115017 712115166 712115167	712115473	712115538 712115539 712115540	712087345-605/618/619	712114993	712049093-486	712115932	712116047	712116048	712116045	712116194	712090985-91 to 111	712115948-1-2-3	712116453
OJEU contract notice publication date or contract reference	EXISTING FRAMEWORK 2017/5 094 183450	OJEU NOTICE PUBLISHED 02/07/20	OJEU NOTICE PUBLISHED 02/07/20	BELOW OJEU THRESHOLD	OJEU NOTICE PUBLISHED 02/07/2020	ORDER VALUE BELOW OJEU THRESHOLD	OJEU NOTICE PUBLISHED 02/07/20	ORDER CANCELLED	OJEU NOTICE 102510 PUBLISHED 24/06/2020	OJEU NOTICE 102511 PUBLISHED 24/06/2020	OJEU NOTICE PUBLISHED 01/07/2020	OJEU NOTICE 102508 PUBLISHED 24/06/2020	ORDER CANCELLED	BELOW OJEU THRESHOLD	NOT REQUIRED - CALL OFF FROM EXISTING CONTRACT
Invoice received to match approved value	S-101676	30/03/2020	PF.GSU.202001	23997 23998 23999	55233768 55234189 55234190	55233724	0000004884 0000004887 0000004888		LH20013	GBP835b	INV-0494	NHS -140420	Various see attached invoice schedule	1048804 1048805 1048806	8001202041 8001212285
Request to make payment sent to AP	N/A	N/A	03.04.2020	03.04.2020	09.04.2020 15.04.2020	15.04.2020	09.04.2020		16.04.2020	14.04.2020	14.04.2020	15.04.2020	15.04.2020	15.04.2020	NO ADVANCE PAYMENT MADE
AP payment request sent to Velindre	30.03.2020	30.03.2020	03.04.2020	03.04.2020	09.04.2020 15.04.2020	15.04.2020	09.04.2020		17.04.2020	14.04.2020	14.04.2020	15.04.2020	16.04.2020	15.04.2020	
Velindre confirm payment made	30.03.2020	31.03.2020	03.04.2020	03.04.2020	09.04.2020 16.04.2020	16.04.2020	09.04.2020		17.04.2020	14.04.2020	14.04.2020	15.04.2020	17.04.2020	16.04.2020	
Payment confirmed to supplier/procurement	30.03.2020	31.03.2020	03.04.2020	03.04.2020	09.04.2020 16.04.2020	16.04.2020	09.04.2020		17.04.2020	14.04.2020	14.04.2020	15.04.2020	17.04.2020	16.04.2020	
Remittance confirmed by supplier	30.03.2020	31.03.2020	03.04.2020	17.04.2020 20.04.2020	14.04.2020 17.04.2020	17.04.2020	14.04.2020					15.04.2020	17.04.2020	16.04.2020	
Date goods received	Received w/c 1st June	504 boxes delivered in May	400,000 received June/July	20.04.2020 24.04.2020 05.05.2020	June/July/ August	June/July/ August	Apr-20	ORDER CANCELLED	Final Delivery July	Deliveries April, May & June	Final delivery end of October	Deliveries May & June	ORDER CANCELLED - REFUND OF ADVANCE PAYMENT MADE	20.04.2020	April - May 2020
Estimated planned delivery dates	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE		FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE		FULL DELIVERY MADE	FULL DELIVERY MADE
Date invoice for balance paid	11.06.2020	Sep-20	Jul-20	17.04.2020 20.04.2020	Sept/Oct 20	Aug/Sept 20	w/c 1st June		Final invoice paid August 20	N/A	Final invoice paid Nov 20	Final invoice paid June 20		21.04.2020	N/A

Governance reference	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Supplier	365 Healthcare	Feelassured Ltd	GBUK Ltd	Bunzl	GI Medical UK Ltd	Bunzl	Rociale	Liscombe	Bunzl	Alexandra	Bunzl	Bunzl	Clandeboyce Agencies	Denka	Air Partner
Items ordered	500,000 FFP3 masks	4 Medimix syringe filling machines	1m Type IIR masks	500,000 Type IIR masks	500,000 Type IIR masks	600,000 Type IIR masks	4.125m Surgical splashshields	710,000 FFP3 masks	1,300,000 Type IIR masks	3,000,000 surgical gowns	990 boxes Nitrile gloves	6000 cases (1000 aprons per case) = 6m aprons	200,000 gowns	1 million Type IIR masks	Flights China to CWL & Cambodia to CWL
Cost per item including VAT	£8.64	£27,000.00	£0.76	£0.73	£1.20	£0.73	£1.56	£5.70	£0.73	£4.20	£180.00	£0.38	£4.20 (from Cambodia)	1.32	£655,000.00
Total Contract Value (including VAT)	£4,320,000.00	£108,000.00	£760,020.00	£365,000.00	£600,000.00	£438,000.00	£6,435,000.00	£4,047,000.00	£949,000.00	£12,600,000.00	£178,200.00	£2,304,000.00	£1,008,000.00	£1,320,000.00	£655,000.00
Advance payment %	50%	0%	25%	50%	100%	100%	30%	25%	100%	25%	50%	50%	50%	33%	100%
Value of advance payment (including VAT)	£2,160,000.00	£0.00	£190,005.00	£182,500.00	£600,000.00	£438,000.00	£1,930,500.00	£1,011,750.00	£949,000.00	£3,150,000.00	£89,100.00	£1,152,000.00	£420,000.00	£435,600.00	£655,000.00
Procurement Lead	Matthew Lewis	Helen James	Gareth Stallard	Claire Salisbury	Claire Salisbury	Claire Salisbury	Michael Powis	Matthew Lewis	Claire Salisbury	Romano Provini	Charlotte Bolan	Julie Fulton	Romano Provini	Gareth Stallard	Jonathan Irvine
Governance paperwork received from procurement	16.04.2020	08.04.2020	15.04.2020	16.04.2020	16.04.2020	17.04.2020	16.04.2020	17.04.2020	21.04.2020	21.04.2020	17.04.2020	21.04.2020	23.04.2020	22.04.2020	27.04.2020
Finance & Governance Committee approval	16.04.2020	16.04.2020	16.04.2020	16.04.2020	16.04.2020	17.04.2020	17.04.2020	17.04.2020	21.04.2020	22.04.2020	22.04.2020	22.04.2020	23.04.2020		28.04.2020
WG Approval if required	16.04.2020	N/A	N/R	28.04.2020	28.04.2020	17.04.2020	17.04.2020	22.04.2020	21.04.2020	22.04.2020	N/R	22.04.2020	23.04.2020		24.04.2020
Velindre Trust Board Approval if required	N/R	N/A	N/R	N/R	N/R	N/R	20.04.2020	N/R	N/R	23.04.2020	N/R	N/R	N/R		N/R
PO raised	712116337 712116338 712116340	712115832	712049093-500 501/502	712116314	712116277	712116320	712000235-2274 to 2291	712116352-4 to 12	712116439		712116316	71200000077-1000 & 1001 & 1003	712116649		712116684
OJEU contract notice publication date or contract reference	ORDER CANCELLED	BELOW OJEU THRESHOLD	OJEU NOTICE SENT FOR PUBLICATION 01/07/2020	OJEU NOTICE 104171 PUBLISHED 22/09/2020		OJEU NOTICE 104171 PUBLISHED 22/09/2020	OJEU NOTICE PUBLISHED 02/07/2020	OJEU NOTICE SENT FOR PUBLICATION 01/07/2020	OJEU NOTICE 104256 PUBLISHED 23/09/2020		OJEU NOTICE PUBLISHED 02/07/2020	OJEU NOTICE PUBLISHED 03/08/2020	OJEU NOTICE SENT FOR PUBLICATION 21/08/2020		NATIONAL UK ARRANGEMENT VIA MILITARY
Invoice received to match approved value	55235445 55235444 55235443	2004116	4957 4958 4959	NHS-160420		NHS-170420	Various see attached invoice schedule	Proforma 20-4-20	NHS-210420		NHS-AA170420	NHS-200420 NHS-B200420 NHS-C200420	170929		0568 0569
Request to make payment sent to AP	22.04.2020		15.04.2020	20.04.2020		20.04.2020	21.04.2020	22.04.2020	27.04.2020		22.04.2020	22.04.2020	24.04.2020		24.04.2020
AP payment request sent to Velindre	22.04.2020		15.04.2020	20.04.2020		20.04.2020	21.04.2020	22.04.2020	27.04.2020		22.04.2020	22.04.2020	24.04.2020		24.04.2020
Velindre confirm payment made	23.04.2020		16.04.2020	20.04.2020		20.04.2020	21.04.2020	22.04.2020	27.04.2020		22.04.2020	22.04.2020	24.04.2020		24.04.2020
Payment confirmed to supplier/procurement	23.04.2020		16.04.2020	20.04.2020		20.04.2020	21.04.2020	22.04.2020	27.04.2020		22.04.2020	22.04.2020	24.04.2020		24.04.2020
Remittance confirmed by supplier	23.04.2020		17.04.2020	20.04.2020		20.04.2020	21.04.2020	22.04.2020	27.04.2020		22.04.2020	22.04.2020	24.04.2020		24.04.2020
Date goods received	ORDER CANCELLED - REFUND OF ADVANCE PAYMENT MADE	15th & 17th April	0.826m received to date	17.04.2020		21.04.2020	1,000 of 16,500 delivered	160,000 received June/July	24.04.2020		May	Final balance of 6m delivered 10th July	28.04.2020	DECIDED NOT TO PROCEED DUE TO VOLUMES ALREADY SECURED	28.04.2020
Estimated planned delivery dates		FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	ORDER CANCELLED	FULL DELIVERY MADE	ORDER QUANTITY REDUCED , FINAL DELIVERY MADE, CREDITS RECEIVED FOR ADVANCE PAYMENT ON QUANTITY NOT DELIVERED	FULL DELIVERY MADE	FULL DELIVERY MADE		FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE		FULL DELIVERY MADE
Date invoice for balance paid		N/A	Final invoice paid July 20	20.04.2020		N/A	Final invoices/credits to be paid January 2021	N/A	N/A		14.05.20 20.05.20	Final invoice paid July 2020	30.04.2020		N/A

Governance reference	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Supplier	The Safety Supply Co Ltd	Core Hygiene	BTB International	Bunzl	Nelsons Lab	ABC Invest	Simon Safety Ltd	Logotek	BTBW	Pharmapak	BTBW	BTBW	Owens Distribution	BTBW
Items ordered	10,000 Wraparound safety glasses	2.4m aprons	65 million Type IIR masks - 4 nations provision	36m Nitrile Gloves	External testing	2,500,000 FFP3 masks (reduced to 2 million)	42,640,400 aprons	144 million nitrile gloves	1,800,000 FFP3 masks	144 million nitrile gloves	2,000,000 FFP3 masks	65million Type IIR facemasks (over 6 months)	Storage and distribution capacity - 1st July to 31st January 2021	100 million nitrile gloves (over 10 months)
Cost per item including VAT	£3.54	£0.10	£0.36	£0.75		£4.86	£0.09	£0.20	£5.220		£0.135	£3.500	N/A	£0.095
Total Contract Value (including VAT)	£35,406.78	£273,600.00	£23,400,000.00	£27,000,000.00	\$17,979	£9,720,000.00	£3,917,323.00	£23,006,400.00	£9,396,000 (\$11,602,800)	£1,744,816 (\$2,257,200)	£19,440,000.00	£7,000,000 (\$8,800,000)	£13,000,000.00	£9,500,000.00
Advance payment %	50%	50%	10% plus instalment 1	50%	100%	100% on transfer of ownership	3000 cases	20%	100% into Escrow - 30% released in advance	100% into Escrow	50%	100% into Escrow - 30% released in advance	10% into Escrow on PO (£1.3m), 90% in 6 equal instalments (£1.95m)	10% into Escrow on PO (£0.95m), 90% in 10 equal instalments (£0.855m)
Value of advance payment (including VAT)	£17,700.00	£136,800.00	\$4,451,400.00	£13,500,000.00	\$17,979	£9,720,000.00	£194,766.00	£4,601,280.00	£9,396,000 (\$11,602,800)	£1,744,816 (\$2,257,200)	£9,720,000.00	£7,000,000 (\$8,800,000)	£1,300,000.00	£950,000.00
Procurement Lead	Luke Godwin	Julie Fulton	Claire Salisbury	Charlotte Bolan	N/A	Romano Provini	Romano Provini	Charlotte Bolan	Claire Salisbury	Claire Salisbury	Claire Salisbury	Claire Salisbury	Paul Thomas	Claire Salisbury
Governance paperwork received from procurement	27.04.2020	27.04.2020	29.04.2020	06.05.2020	N/A	14.05.2020	15.05.2020	18.05.2020	22.05.2020	05.10.2020	22.05.2020	08.06.2020	30.06.20	30.06.20
Finance & Governance Committee approval	28.04.2020	30.04.2020	01.05.2020	06.05.20	15.05.20	18.05.2020	18.05.2020		22.05.2020	05.10.2020	22.05.2020	08.06.2020	30.06.20	30.06.20
WG Approval if required	N/R	N/R	01.05.2020	07.05.20	N/R	19.05.2020	N/R		28.05.2020	06.10.2020	26.05.2020	09.06.2020	01.07.20	01.07.20
Velindre Trust Board Approval if required	N/R	N/R	05.05.2020	07.05.20	N/R	18.05.2020	N/R		28.05.2020	07.10.2020	26.05.2020	10.06.2020	01.07.20	01.07.20
PO raised	712116713	712117147-1 TO 36	712117303	PO712000077-1007 TO 1039	712116799	712117743	712116693-2 to 50		712118056	712118056 AMENDED	712117952	712118537	712119557	712120395 712121729
OJEU contract notice publication date or contract reference		Existing NPS FRAMEWORK NPS-CFM-0099-19	OJEU NOTICE 102373 PUBLISHED 22/09/2020	OJEU NOTICE SENT FOR PUBLICATION 02/07/2020	BELOW OJEU THRESHOLD	ORDER CANCELLED	EXISTING NPS FRAMEWORK NPS-CFM-0099-19		OJEU NOTICE 104163 PUBLISHED 22/09/2020	OJEU NOTICE 104165 PUBLISHED 22/09/2020	ORDER WITHDRAWN	19/11/2020	OJEU NOTICE PUBLISHED 22/09/20	24/11/2020
Invoice received to match approved value		PROFORMA	PAYMENT SCHEDULE	NHS-240420-1007 TO 1039	O-404126-S9W1W6	Escrow payment request	190108, 190109, 190110		Escrow payment request (BTBW FFP3)	Escrow payment request (BTBW FFP3a)	LH20023	Escrow payment request (BTBW FFP3 No 2)	BTBW Type IIR Deposit	Various ongoing invoices being raised
Request to make payment sent to AP		07.05.2020	07.05.2020	07.05.2020	15.05.2020	28.05.20	02.06.20		29.05.2020	08.10.2020	27.05.2020	10.06.2020	15.07.2020	16.07.2020
AP payment request sent to Velindre		07.05.2020	07.05.2020	07.05.2020	15.05.2020	28.05.20	02.06.20		29.05.2020	08.10.2020	27.05.2020	10.06.2020	15.07.2020	16.07.2020
Velindre confirm payment made		07.05.2020	07.05.2020	07.05.2020	18.05.2020	29.05.20	02.06.20		29.05.2020	08.10.2020	27.05.2020	10.06.2020	15.07.2020	16.07.2020
Payment confirmed to supplier/procurement		07.05.2020	07.05.2020	07.05.2020	18.05.2020	29.05.20	02.06.20		29.05.2020	08.10.2020	27.05.2020	10.06.2020	15.07.2020	16.07.2020
Remittance confirmed by supplier		13.05.2020	07.05.2020	07.05.2020	20.05.2020	29.05.20	03.06.20		29.05.2020	08.10.2020	27.05.2020	10.06.2020	15.07.2020	16.07.2020
Date goods received	ORDER NOT PROCEEDED DUE TO CERTIFICATION ISSUES	Weekly deliveries received since 11th May	1st delivery made 29th May	Multiple deliveries from 30th May	20.05.2020	ORDER CANCELLED £9.720m advance returned 16.06.20	1st delivery scheduled 15th June		100,000 masks delivered December 2020, remaining 1.7m order cancelled April 2021 - \$5,597,091 Escrow funds transferred to FGG reference 45, balance of funds to be held in Escrow for future orders to avoid exchange rate loss	57.3m delivered to end of Dec 20	ORDER CANCELLED - funds transferred to PO 712119558 to save an exchange rate loss of £335k	w/c 14th September	Ongoing to 31st January 2021	17.5m gloves delivered to end of Dec 20
Estimated planned delivery dates		FULL DELIVERY MADE	FULL DELIVERY MADE	FULL DELIVERY MADE	FULL ACCESS TO REPORTS GIVEN		FULL DELIVERY MADE				Final instalment of deliveries expected June 2021		FULL DELIVERY MADE	73.8m delivered, balance of 26.2m gloves anticipated June/July 2021
Date invoice for balance paid		N/A	Reconciliation of Escrow account received	Final payment made October 20	N/A		Throughout delivery - all invoices paid				On delivery	All funds deposited into Escrow	N/A	Balance of funds transferred from PO 712118537

Governance reference	40	41	42	43		44	45
Supplier	Gunnebo UK Ltd	BTBW	BTBW	Pharmapac		BTBW	BTBW
Items ordered	Controlled drug store at Picketston	76m Type IIR masks	182m Nitrile Gloves	2m FFP3 masks		Flights for 64m gloves and additional cost of gloves	Additional cost of raw materials for outstanding delivery of 208.2m gloves
Cost per item including VAT	N/A	£0.050		£5.500	£6.600		
Total Contract Value (including VAT)	£115,108.80	£3,800,000.00	£14,560,000.00	£5,500,000.00	£6,600,000.00	\$3,120,119	\$5,597,091
Advance payment %	40%	10% deposit plus instalment 1	100% into Escrow	100% into Escrow	100% into Escrow	100% into Escrow	100% into Escrow
Value of advance payment (including VAT)	£46,043.52			£5,500,000.00	£5,500,000.00	\$3,120,119	\$5,597,091
Procurement Lead	Mark Roscrow	Claire Salisbury	Claire Salisbury	Claire Salisbury	Claire Salisbury	Claire Salisbury	Claire Salisbury
Governance paperwork received from procurement	28.09.20	30.09.20	30.09.20	15.10.2020	11.11.2020	14.03.21	08.04.21
Finance & Governance Committee approval	01.10.20	01.10.20	01.10.2020	15.10.2020	11.11.2020	15.03.21	14.04.21
WG Approval if required	05.10.20	05.10.2020	05.10.2020	16.10.	11.11.2020	15.03.21	
Velindre Trust Board Approval if required	N/R	07.10.2020	07.10.2020	19.10.2020		N/R	N/R
PO raised	712122718	712124013	712124575	712124160		712132580	
OJEU contract notice publication date or contract reference	BELOW OJEU THRESHOLD	19/11/2020	24/11/2021	17/11/2020		24/11/2020	24/11/2020
Invoice received to match approved value	CMC-094 Paid 20.10.20	Escrow payment request (BTBW 76m Type IIR masks)	Escrow payment request (BTBW 182m gloves)	Escrow payment	Escrow payment	Escrow payment schedule - LESS \$1,679,550 surplus from FFP3 contract cancellation - actual payment into Escrow \$1,440,569	Escrow payment schedule - funds transferred from cancelled order Ref 34
Request to make payment sent to AP	N/A - BACS	20.10.2020	17.11.2020	20.10.2020	12.11.2020	30.03.21	
AP payment request sent to Velindre	N/A - BACS	20.10.2020	17.11.2020	20.10.2020	12.11.2020	30.03.21	
Velindre confirm payment made	N/A - BACS	20.10.2020	17.11.2020	20.10.2020	12.11.2020	30.03.21	
Payment confirmed to supplier/procurement	N/A - BACS	20.10.2020	17.11.2020	20.10.2020	12.11.2020	30.03.21	
Remittance confirmed by supplier	N/A - BACS	20.10.2020	17.11.2020	21.10.2020	12.11.2020	30.03.21	
Date goods received	Works being finalised	16.5m delivered to end of Dec 20		225,000 delivered to end of December		All goods within NWSSP ownership by 31/3/21	
Estimated planned delivery dates	Works completed	FULL DELIVERY MADE	Full delivery expected June/July 2021	Full delivery expected by end of July 2021		FULL DELIVERY MADE	June/July 2021
Date invoice for balance paid	On completion and satisfactory sign off of works	All funds deposited into Escrow	All funds deposited into Escrow	All funds deposited into Escrow		Balance of remaining funds transferred from cancelled PO 712118537, with shortfall of payment due made in March 2021	N/A

STOCK ORDERS IN EXCESS OF £1M REQUIRING WG APPROVAL - NO ADVANCE PAYMENTS MADE

Governance reference										
Supplier	BCB International	British Rototherm	Genmed Enterprises UK	Halco Europe	Imperial Polythene	LJA Miers	Lyreco	Plaspac UK Ltd	The Royal Mint	3M Health Care Ltd
Items ordered	Hand sanitiser 96,000 x 500ml bottles, 48,000 x 50ml bottles	3,650,000 visors	750,000 Type II masks, 9,400,000 Type IIR masks	672,000 face shield/visors	49,250,000 aprons	756,000 full face shields/visors	640,000 full face visors	93 million aprons	500,000 visors	299,280 FFP2 respirators
Total Contract Value	1,551,000.00	15,500,000.00	7,113,000.00	1,464,960.00	3,037,975.00	1,118,880.00	4,633,600.00	5,115,000.00	2,600,000.00	518,349.00
Contract duration	01.04.20 - 31.07.20	15.04.20 - 06.12.20	01.05.20-30.06.20	18.05.20-06.07.20	30.04.20-30.09.20	18.05.20 - 06.07.20	26.05.20 - 26.05.20	25.04.20-30.09.20	18.05.20 - 06.07.20	17.04.20-01.06.20
Procurement Lead	Terri Brannigan	Romano Provini	Gareth Stallard	Romano Provini	Julie Fulton	Romano Provini	Romano Provini	Julie Fulton	Romano Provini	Michael Powis
WG over £1m retrospective approval form completed	11.06.20	15.06.20	12.06.20	15.06.20	16.06.20	15.06.20	15.06.20	16.06.20	15.06.20	05.08.20
Finance & Governance Committee reviewed	01.10.20	01.10.20	01.10.20	01.10.20	01.10.20	01.10.20	01.10.20	01.10.20	01.10.20	01.10.20
QIEU contract notice publication date or contract reference	Direct award under Regulation 32(2)(c) of the Public Contract Regulations 2015 ('Direct Award due to reasons of extreme urgency')									

COVID-19 PURCHASE ORDERS

									NEIL/ CHAIR APPROVAL
REQ_NO	SUPPLIER	ITEM	QUANTITY ORDERED	PRICE EX VAT	TOTAL EX VAT	TOTAL INCL VAT	CAPITAL	REVENUE	PO TOTAL
800121705	O&M HALYARD UK LTD	PURPLE NITRILE-XTRA GLOVE SMALL CODE 50601M (CASE OF 10X50) PA4805	108	£30.00	£3,240.00	£3,888.00		£3,888.00	16,152.00
		PURPLE NITRILE-XTRA GLOVE MEDIUM CODE 50602M (CASE OF 10X50) PA4805	108	£30.00	£3,240.00	£3,888.00		£3,888.00	
		PURPLE NITRILE-XTRA GLOVE LARGE CODE 50603M (CASE OF 10X50) PA4805	108	£30.00	£3,240.00	£3,888.00		£3,888.00	
		PURPLE NITRILE-XTRA GLOVE EXTRA LARGE CODE 50604M (CASE OF 10X50) PA4805	108	£30.00	£3,240.00	£3,888.00		£3,888.00	
		PURPLE NITRILE-XTRA GLOVE EXTRA LARGE CODE 50604M (CASE OF 10X50) PA4805	1	£500.00	£500.00	£600.00		£600.00	
	ALEXANDRA PLC	NU209 1=1BOX NU209 OVERSLEEVES BLUE, SIZE R (EACH) (NU209BL-R)	500	1.79	895.00	1,074.00		1,074.00	1,074.00
	ALEXANDRA PLC	NU209 1=1BOX NU209 OVERSLEEVES BLUE, SIZE R (EACH) (NU209BL-R)	500	1.79	895.00	1,074.00		1,074.00	1,074.00
	ALEXANDRA PLC	NU209 1=1BOX NU209 OVERSLEEVES BLUE, SIZE R (EACH) (NU209BL-R)	500	1.79	895.00	1,074.00		1,074.00	1,074.00
	ALEXANDRA PLC	NU209 1=1BOX NU209 OVERSLEEVES BLUE, SIZE R (EACH) (NU209BL-R)	500	1.79	895.00	1,074.00		1,074.00	1,074.00
800124448	PHILIPS ELECTRONICS UK LTD	TRILOGY EVO	70	3,978.00	278,460.00	334,152.00	334,152.00		334,152.00
800124489	BREAS MEDICAL LTD	VIVO 55 WITH DISPOSABLE CIRCUIT	200	4,000.00	800,000.00	960,000.00	960,000.00		1,768,816.80
		PATIENT CIRCUIT DUAL LIMB WITH ACTIVE EXHALATION VALVE (DI	1,000	12.10	12,100.00	14,520.00		14,520.00	
		CO2 AIRWAY ADAPTOR VIVO 50 & 60	200	413.00	82,600.00	99,120.00	99,120.00		
		VIVO 55/65 CO2 SENSOR	200	1,870.00	374,000.00	448,800.00	448,800.00		
		NIPPY4 SpO2 MODULE CABLE	200	484.00	96,800.00	116,160.00	116,160.00		
		VIVO 55/65 NIPPY 4 FINGER CLIP ADULT	200	196.00	39,200.00	47,040.00	47,040.00		
		VIVO 55/65 MULTISITE SENSOR	200	196.00	39,200.00	47,040.00	47,040.00		
		OXYGEN ADAPTOR LOW PRESSURE VIVO 50 & 60	200	15.40	3,080.00	3,696.00	3,696.00		
		VIVO 55/65 FIO2 SENSOR	200	106.00	21,200.00	25,440.00	25,440.00		
		T-PIECE FOR OXYGEN SENSOR VIVO 50 & 60	200	6.00	1,200.00	1,440.00	1,440.00		
		DATA MONITORING SOFTWARE VIVO 50 & 60	1	469.00	469.00	562.80		562.80	
		MEMORY CARD VIVO 30, 40, 50 & 60	200	18.70	3,740.00	4,488.00	4,488.00		
		MEMORY CARD READER/WRITER VIVO 30,40,50 & 60	5	85.00	425.00	510.00		510.00	
800124628	ROCIALL (GUARDIAN)	WASHROOM GOWN - LARGE	80	51.09	4,087.20	4,904.64		4,904.64	9,999.36
		WASHROOM GOWN - XL	80	53.07	4,245.60	5,094.72		5,094.72	
800124663	ROCIALL (GUARDIAN)	THUMB LOOP GOWNS - XL	100	25.25	2,525.00	3,030.00		3,030.00	55,230.00
		THUMB LOOP GOWNS - LARGE	1,500	29.00	43,500.00	52,200.00		52,200.00	
800124743	BECTON DICKINSON (CME) UK LTD	CME T34 Syringe Pump Set	1,000	900.00	900,000.00	1,080,000.00		1,080,000.00	1,224,252.00
		Kit Lockbox T34 30ml c/w 2 Key	1,000	79.00	79,000.00	94,800.00		94,800.00	
		Washable T34 Carry Pouch	1,000	-	-	-	-	-	
		Syringe Set Clear length 100cm	500	26.39	13,195.00	15,834.00		15,834.00	
		SAFTINTIMA 24G DEHP FREE	400	70.00	28,000.00	33,600.00		33,600.00	
		Carriage	1	15.00	15.00	18.00		18.00	
800124752	PHILIPS ELECTRONICS UK LTD	PHILIPS MAINSTREAM etCO2 SENSOR	70	1,295.00	90,650.00	108,780.00	108,780.00		114,601.20
		PHILIPS CO2 SINGLE-PATIENT USE ADULT AIRWAY ADAPTER	70	69.30	4,851.00	5,821.20		5,821.20	
800124786	PHILIPS HEALTHCARE	DISP 22MM ADULT NON-HTD PASSIVE, 10 PK	70	105.54	7,387.80	8,865.36		8,865.36	17,048.64
		CABLE, USB TO CO2 MONITOR	70	97.42	6,819.40	8,183.28	8,183.28		
800124863	GUARDIAN	Guardian Medium Reinforced SMS Gown - Product Code 11.34.01	25	54.07	1,351.75	1,622.10		1,622.10	78,554.84
		Guardian Large Reinforced SMS Gown - Product Code 11.34.02	450	54.97	24,736.50	29,683.80		29,683.80	
		Guardian X/Large Reinforced SMS Gown - Product Code 11.34.03	33	57.18	1,886.94	2,264.33		2,264.33	
		Guardian XX/Large Reinforced SMS Gown - Product Code 11.34.04	16	60.32	965.12	1,158.14		1,158.14	
		Guardian X/Large Long Reinforced SMS Gown - Product Code 11.34.05	47	64.00	3,008.00	3,609.60		3,609.60	
		Guardian XX/Large Long Reinforced SMS Gown - Product Code 11.34.06	9	64.03	576.27	691.52		691.52	
		Guardian Large breathable Impervious Gown - Product Code 11.60.01	13	75.93	987.09	1,184.51		1,184.51	
		Guardian XX/ Large breathable Impervious Gown - Product Code 11.60.02	45	85.43	3,844.35	4,613.22		4,613.22	
		Guardian Large Long breathable Impervious Gown - Product Code 11.60.03	1	84.43	84.43	101.32		101.32	

		Guardian Medium reinforced SMS Gown - Product Code 61.34.01	20	56.47	1,129.40	1,355.28		1,355.28	
		Guardian Large reinforced SMS Gown - Product Code 61.34.02	104	57.68	5,998.72	7,198.46		7,198.46	
		Guardian X/ Large reinforced SMS Gown - Product Code 61.34.03	161	60.75	9,780.75	11,736.90		11,736.90	
		Large Washroom Gown - 51.60.01	150	51.09	7,663.50	9,196.20		9,196.20	
		X Large Washroom Gown - 51.60.02	65	53.07	3,449.55	4,139.46		4,139.46	
800125041	365 HEALTHCARE	Oversleeves Case 2000 - Product Code 2944	25	34.21	855.25	1,026.30		1,026.30	1,026.30
800125050	365 HEALTHCARE	VISOR, FACE, ANTI-FOG, FULL LENGTH - Product Code UN43150	2,800	26.94	75,432.00	75,432.00		75,432.00	75,432.00
800125084	AMBU (UK) LTD	AIRWAY SUPRAGLOTTIC PHARYNGEAL STANDARD CURVE (INFLATING CL)	1,300	12.10	15,730.00	18,876.00		18,876.00	201,598.80
		AIRWAY SUPRAGLOTTIC PHARYNGEAL STANDARD CURVE (INFLATING CL)	75	12.10	907.50	1,089.00		1,089.00	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL STANDARD CURVE (INFLATING CL)	60	12.10	726.00	871.20		871.20	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL STANDARD CURVE (INFLATING CL)	70	12.10	847.00	1,016.40		1,016.40	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL REINFORCED (INFLATING CL)	70	39.50	2,765.00	3,318.00		3,318.00	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL PREFORMED (INFLATING CL)	55	37.50	2,062.50	2,475.00		2,475.00	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL STANDARD CURVE (INFLATING CL)	55	37.50	2,062.50	2,475.00		2,475.00	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL REINFORCED (INFLATING CL)	45	39.50	1,777.50	2,133.00		2,133.00	
		AIRWAY SUPRAGLOTTIC PHARYNGEAL REINFORCED (INFLATING CL)	38	39.50	1,501.00	1,801.20		1,801.20	
		ASCOPE4 BRONCHO SLIM 3.8/1.2 (FOR USE WITH AMBU AVIEW)	66	895.00	59,070.00	70,884.00		70,884.00	
		ASCOPE4 BRONCHO REGULAR 5.0/2.2 (FOR USE WITH AMBU AVIEW)	60	895.00	53,700.00	64,440.00		64,440.00	
		ASCOPE4 BRONCHO LARGE 5.8/2.8 (FOR USE WITH AMBU AVIEW)	30	895.00	26,850.00	32,220.00		32,220.00	
800125101	GUARDIAN	MASK, FACE, SURGICAL, PLEATED, TIE ON, ANTI-FOG, TYPE IIR - Product Code 3508	1,667	150.00	250,050.00	250,050.00		250,050.00	250,050.00
800125108	RESPIRATORY PROTECTIVE ASSESSMENT	TSI PORTACOUNT 8040 RESPIRATOR FIT TESTER - CODE 8040-GB-G	1	5,880.00	5,880.00	7,056.00	7,056.00		11,874.00
		FIT TEST PROB TOOL KIT FOR DISPOSABLE MASKS - CODE 8025-N95	1	145.00	145.00	174.00	174.00		
		TSI PARTICLE GENERATOR - CODE 88026	1	575.00	575.00	690.00	690.00		
		ONSITE TRAINING - CODE T/PORT/05	1	850.00	850.00	1,020.00	1,020.00		
		5 YEAR CALIBRATION REPAIR - EXTENDED WARRANTY - CODE B2B5	1	2,445.00	2,445.00	2,934.00	2,934.00		
800125143	PROACT MEDICAL LTD	ACCU-PRO PRESSURE INFUSOR WITH STOPCOCK 3-WAY 500ML DISPOSABLE PRESSURE INDICATOR BULB INFLATOR TRANSLUCENT	100	49.50	4,950.00	5,940.00		5,940.00	9,554.22
		ACCU-PRO PRESSURE INFUSOR WITH STOPCOCK 3-WAY 1000ML DISPOSABLE PRESSURE INDICATOR BULB INFLATOR TRANSLUCENT	45	54.45	2,450.25	2,940.30		2,940.30	
		ACCU-PRO PRESSURE INFUSOR WITH STOPCOCK 3-WAY 3000ML DISPOSABLE PRESSURE INDICATOR BULB INFLATOR TRANSLUCENT	5	113.40	561.60	673.92		673.92	
800125164	FLEXICARE MEDICAL LTD	FILTER, ELECTROSTATIC (HMEF), ADULT, WITH LUER LOCK SAMPLING PORT, STERILE	100	25.00	2,500.00	3,000.00		3,000.00	3,000.00
800125174	STRYKER UK LTD	SV2 – COVID – 19 BUILD quote NWSSP586	-	1,195.00	-	-		-	0.00
800125178	MINDRAY UK LTD	QUOTE 221173787 - 100 MONITORS PLUS ACCESSORIES FOR ABUHB	100	5,802.00	580,200.00	648,750.00	648,750.00		648,750.00
800125181	MINDRAY UK LTD	QUOTE 221173832- PURCHASE OF 60 VITAL SIGNS MONITORS PLUS ACCESSORIES FOR BCUIHB	60	1,160.90	69,654.00	83,584.80		83,584.80	83,584.80
800125185	MINDRAY UK LTD	QUOTE 221173836 FOR THE PURCHASE OF 20 ECG MACHINES = ACCESSORIES FOR HDUHB	20	2,610.50	52,210.00	62,652.00		62,652.00	62,652.00
800125188	MINDRAY UK LTD	QUOTE 221173998--PURCHASE OF 176 OF MONITORS = ACCESSORIES FOR CVUHB	176	5,553.13	977,350.00	1,172,819.86	1,172,819.86		1,172,819.86
800125190	MINDRAY UK LTD	QUOTE 221173789 - 40 VITAL SIGNS MONITORS PLUS ACCESSORIES FOR ABUHB	40	1,170.07	46,802.80	56,163.36		56,163.36	56,163.36
800125191	MINDRAY UK LTD	QUOTE 221173876 - FOR THE PURCHASE OF 18 RECOVERY MONITORS FOR BCUIHB	18	5,860.25	105,484.50	126,581.40	126,581.40		126,581.40
800125192	MINDRAY UK LTD	QUOTE 221173930- FOR THE PURCHASE OF 50 VITAL SIGNS MONITORS PLUS ACCESSORIES FOR HDUHB	50	1,160.90	58,045.00	69,654.00		69,654.00	69,654.00
800125193	MINDRAY UK LTD	QUOTE 221173833- FOR THE PURCHASE OF 5 ECG MACHINES PLUS ACCESSORIES FOR BCUIHB	5	2,610.50	13,210.00	15,663.00		15,663.00	15,663.00
800125195	MINDRAY UK LTD	QUOTE 221173835 - FOR THE PURCHASE OF 80 MONITORS PLUS ACCESSORIES FOR HDUHB	80	6,190.88	495,270.00	592,974.00	592,974.00		592,974.00
800125196	MINDRAY UK LTD	QUOTE 221173834. FOR THE PURCHASE OF 20 MONITORS PLUS ACCESSORIES FOR PTHB	20	4,838.13	96,762.50	116,115.00	112,740.00	3,375.00	116,115.00
800125198	MINDRAY UK LTD	QUOTE 221173875 FOR THE PURCHASE OF 80 MONITORS PLUS ACCESSORIES FOR BCUIHB	80	6,774.25	541,940.00	650,328.00	650,328.00		650,328.00
800125205	FOREIGN PAYMENTS	SleepAngel Express PneumaPure Filtered Reuseable Pillow Class 1 Medical Device	1,500	26.00	39,000.00	46,800.00		46,800.00	46,800.00

800125218	HOSPITAL METALCRAFT LTD	Stainless steel dressing trolley 2 removable shelves 450mm square - quote 001-00-2222905	10	182.74	1,827.40	£2,192.83		2,192.83	2,192.83
800125242	SIEMENS HEALTHCARE DIAGNOSTICS LTD	QUOTE. CPQ-148332 - FOR THE PURCHASE OF 13 ANALYSERS , CONSUMABLES REAGENTS AND ACCESORIES FOR ABMUHB	-	20,201.52	-	£0.00	£0.00		0.00
800125247	3M UNITED KINGDOM PLC	3M HP-gown reinforced XXL - Product Code 7698 3M HP-gown standard XL - Product Code 7693K	12 42	61.62 43.68	739.44 1,834.56	887.33 2,201.47		887.33 2,201.47	3,088.80
800125262	BECTON DICKINSON (UK) LTD	Q036474 - Alaris GH Plus Guardrails Syringe Pump Q036474 - Alaris GH Plus Guardrails Syringe Pump Q036474 - NEXUS ALARIS PLUS GP PUMP Q036474 - OPTION CORD POWER R/A GB MOULDED Q036474- ALARIS PK PLUS SYRINGE PUMP	- - 20 70 20	1,094.00 1,494.00 1,494.00 1.00 2,150.00	- - 29,880.00 70.00 43,000.00	- - 35,856.00 84.00 51,600.00		- - 35,856.00 84.00 51,600.00	87,540.00
800125276	FOREIGN PAYMENTS	SleepAngel Express PneumaPure Filtered Reuseable Pillow Class 1 Medical Device	3,000	24.30	72,900.00	87,480.00		87,480.00	87,480.00
800125293	WERFEN LTD	REF : GEM-9995 GEM Premier 4000	6	14,000.00	84,000.00	100,800.00	100,800.00		100,800.00
800125304	BARBER OF SHEFFIELD	Body Pouch Bags Roll - Product Code 00221B	10	69.95	699.50	839.40		839.40	839.40
800125309	GUARDIAN	Standing order for MASK, FACE, SURGICAL, PLEATED, TIE ON, ANTI-FOG, TYPE IIR, 1667 boxes to be delivered weekly (April-May) - Product Code 3503	11,669	150.00	1,750,000.00	1,750,000.00		1,750,000.00	1,750,000.00
800125311	GUARDIAN	Standing order for MASK, FACE, SURGICAL, PLEATED, TIE ON, ANTI-FOG, TYPE IIR, 1667 Boxes Delivered Weekly (June) Product Code 3503	6,668	120.00	800,160.00	800,160.00		800,160.00	800,160.00
800125324	HENLEYS MEDICAL SUPPLIES LTD	Thermometer Non Contact – TriTemp	1,000	175.00	175,000.00	210,000.00		210,000.00	210,000.00
800125328	SIEMENS HEALTHCARE DIAGNOSTICS LTD	QUOTE 148332 - RP500e BLOOD GAS ANALYSER ROW QUOTE 148332 - UPS APC BACKUP CS 650VA 230V (EU) QUOTE 148332 - MCART LAC 400 Test QUOTE 148332 - AQC CTL QUOTE 148332 - Luer Capillary QUOTE 148332 - HI FLOW AIR FILTER QUOTE 148332 - Wash/Waste Cart 4pk QUOTE 148332 - Paper Printer Thermal	- - - - - - - -	8,000.00 200.00 279.43 95.00 23.50 10.00 95.00 2.00	- - - - - - - -	- - - - - - - -		- - - - - - - -	0.00
800125337	MEDSTROM LTD	500 Corus General Ward Bed with Mattress @ Â£1,100 each	-	1,100.00	-	-		-	0.00
800125341	FRESENIUS KABI LTD	Reference: JP/DJ/AK/9650R- Agilia SP MC WiFi REFJP/DJ/AK/9650R- Agilia VP MC WiFi	361 200	400.00 550.00	144,400.00 110,000.00	173,280.00 132,000.00		173,280.00 132,000.00	305,280.00
800125353	THERAPY EQUIPMENT LTD	URGENT COVID-19 NFO O2 DIAMOND F/METER & PROBE (10 OFF) URGENT COVID-19 NFO AIR DIAMOND F/METER & PROBE (10 OFF) URGENT COVID-19 PLUS CARRIAGE AND HANDLING	200 140 1	31.10 31.10 25.00	6,220.00 4,354.00 25.00	7,464.00 5,224.80 30.00		7,464.00 5,224.80 30.00	12,718.80
800125359	TIMESCO HEALTHCARE LTD	FINGER PULSE OXIMETER READER WITH LED DISPLAY POCKET HANDHELD	3,000	17.50	52,500.00	63,000.00		63,000.00	63,000.00
800125361	THE ROYAL MINT	Full Face Visors - Product Code TRMVISOR01	100,000	6.00	600,000.00	720,000.00		720,000.00	720,000.00
800125371	B BRAUN MEDICAL LTD	URGENT COVID-19 PERFUSER SPACE URGENT COVID 19 INFUSOMAT SPACE URGENT COVID-19. POLE CLAMP SP URGENT COVID-19. POWER SUPPLY SP UK III	440 640 1,330 1,330	1,000.00 1,000.00 - -	440,000.00 640,000.00 - -	528,000.00 768,000.00 - -		528,000.00 768,000.00 - -	1,296,000.00
800125372	PHILIPS ELECTRONICS UK LTD	Quote ref 20158925 - DreamStation CPAP Pro, GB	170	156.00	26,520.00	31,824.00		31,824.00	31,824.00
800125373	FUJIFILM UK LTD	Quote Reference: 2018093624 Dell Precision 7540 CTO Base Laptop Quote Reference: 2018093624 Dell Performance Dock WD19DC, 240W Quote Reference: 2018093624 Philips SpeechMike III Pro Quote Reference: 2018093624 Wireless Mouse and Keyboard KM714 Quote Reference: 2018093624 Laptop/Docking Station Stand Quote Reference: 2018093624 EIZO 6MP COLOR DIAGN. DISPLAY RX650	9 9 9 9 9 9	2,343.78 266.97 222.60 20.11 61.01 4,863.01	21,094.02 2,402.73 2,003.40 180.99 549.09 43,767.09	25,312.82 2,883.28 2,404.08 217.19 658.91 52,520.51	25,312.82 2,883.28 2,404.08 217.19 658.91 52,520.51		83,996.78
800125374	FUJIFILM UK LTD	Quote Reference: 2020035134 EIZO 6MP COLOR DIAGN. DISPLAY RX650 Quote Reference: 2020035134 Dell Precision 7540 CTO Base Laptop Quote Reference: 2020035134 Dell Performance Dock WD19DC, 240W Quote Reference: 2020035134 Philips SpeechMike III Pro	5 5 5 5	4,863.01 2,343.78 266.97 222.60	24,315.05 11,718.90 1,334.85 1,113.00	29,178.06 14,062.68 1,601.82 1,335.60	29,178.06 14,062.68 1,601.82 1,335.60		46,664.88

		Quote Reference: 2020035134 Wireless Mouse and Keyboard KM714	5	20.11	100.55	120.66	120.66		
		Quote Reference: 2020035134 Laptop/Docking Station Stand	5	61.01	305.05	366.06	366.06		
800125401	ARJO UK LTD	Mattress – N4 Mattress assey reliant is2	-	1,265.50	-	-	-	-	0.00
800125402	ARJO UK LTD	Critical Care Bed – Enterprise 9000x	-	4,157.12	-	-	-	-	0.00
800125403	ARJO UK LTD	Critical Care Bed – Enterprise 9000x – 400 units	-	4,157.12	-	-	-	-	0.00
800125404	ARJO UK LTD	Critical Care Bed – Enterprise 9000x	-	4,157.12	-	-	-	-	0.00
800125405	DRIVE DEVILBLISS HEALTHCARE LTD	Caretek G420 Hospital Ward Bed	-	2,025.00	-	-	-	-	0.00
800125406	DRIVE DEVILBLISS HEALTHCARE LTD	Permaflex Plus Foam Mattress	500	148.95	74,475.00	89,370.00		89,370.00	89,370.00
800125411	SIEMENS HEALTHCARE DIAGNOSTICS LTD	CPQ-145029 - Paper Printer Thermal	21	2.00	42.00	50.40		50.40	72,724.84
		CPQ-145029 - HI FLOW AIR FILTER	7	10.00	70.00	84.00		84.00	
		CPQ-145029 - Wash/Waste Cart 4pk	21	95.00	1,995.00	2,394.00		2,394.00	
		CPQ-145029. - RP500e BLOOD GAS ANALYSER ROW	7	7,000.00	49,000.00	58,800.00	58,800.00		
		CPQ-145029. - UPS APC BACKUP CS 650VA 230V (EU)	7	200.00	1,400.00	1,680.00		1,680.00	
		CPQ-145029. - AQC CTL	21	95.00	1,995.00	2,394.00		2,394.00	
		CPQ-145029. - Luer Capillary	4	23.50	94.00	112.80		112.80	
		CPQ-145029. - MCART LAC 400 Test	21	279.43	5,868.03	7,041.64		7,041.64	
800125419	RESMED (UK) LTD	Quote ref 200282 AirSense 10 AutoSet (+CT90)	170	300.00	51,000.00	61,200.00		61,200.00	61,200.00
800125421	AGILE MEDICAL LTD	COMPACT RESUS TROLLEYS	102	1,448.00	147,971.12	177,573.60		177,573.60	177,573.60
800125424	TECHNICAL SERVICE CONSULTANTS LTD	Swab, in a tube, cotton tip, wooden stem, blue cap - Product Code TS/6-A250	2,000	28.23	56,460.00	67,752.00		67,752.00	67,752.00
800125443	BARBER OF SHEFFIELD	Body Pouch Bags Roll - Product Code 00221B	10	69.95	699.50	839.40		839.40	839.40
800125455	HAMILTON MEDICAL UK LTD	Transport ventilators, Mobile ICU ventilators Hamilton - T1, including starter kit and selected options as per quote M20103.	45	15,915.59	716,201.55	859,441.86	859,441.86		859,441.86
800125456	BLUE BOX MEDICAL LTD	PRESSURE INFUSOR WITH STOPCOCK 3-WAY 1000ML DISPOSABLE	160	80.00	12,800.00	15,360.00		15,360.00	15,360.00
800125457	HAMILTON MEDICAL UK LTD	Intensive care ventilator. Hamilton C1. Hamilton C1 including starter kit and selected options.	-	11,859.09	-	-	-		0.00
800125470	PAPER HOUSE PLUS LTD	90 x 5 Star Flipchart Easel Grey Trim @ £44.95 ea. Ref: 296964	90	44.95	4,045.50	4,854.60		4,854.60	4,854.60
800125477	ARJO UK LTD	quote Q-15603 - PUMP GA NIMBUS UK	-	1,880.50	-	-	-	-	0.00
800125478	ARJO UK LTD	Q-15603- PUMP GA NIMBUS UK	-	1,880.50	-	-	-	-	0.00
800125483	CARDIAC SERVICES (UK)	LSU with Serres Canister LAE78003003	72	695.00	50,060.00	60,072.00		60,072.00	60,072.00
800125488	FUJIFILM UK LTD	Quote Reference: 2020035255 - EIZO 6MP COLOR DIAGN. DISPLAY RX650	10	4,863.01	48,630.10	58,356.12	58,356.12		99,510.72
		Quote Reference: 2020035255 - Dell Precision 7540 CTO Base Laptop	10	2,343.78	23,437.80	28,125.36	28,125.36		
		Quote Reference: 2020035255 - Dell Performance Dock WD19DC, 240W	10	266.97	2,669.70	3,203.64	3,203.64		
		Quote Reference: 2020035255 - Philips SpeechMike III Pro	10	222.60	2,226.00	2,671.20	2,671.20		
		Quote Reference: 2020035255 - Wireless Mouse and Keyboard KM714	10	20.11	201.10	241.32	241.32		
		Quote Reference: 2020035255 - Laptop/Docking Station Stand	10	61.01	610.10	732.12	732.12		
		Quote Reference: 2020035255 - Eizo - MX215	10	503.33	5,033.30	6,039.96	6,039.96		
		Quote Reference: 2020035255 - USB- VGA Adapter	10	11.75	117.50	141.00	141.00		
800125499	BCB INTERNATIONAL LTD	Hand Sanitiser Gel 50ml - Product Code CL901	10,000	1.40	14,000.00	16,800.00		16,800.00	104,400.00
		Hand Sanitiser Gel 250MI - Product Code CL900	10,000	2.60	26,000.00	31,200.00		31,200.00	
		Hand Sanitiser Gel 500MI - Product Code CL903	10,000	4.70	47,000.00	56,400.00		56,400.00	
800125510	BCB INTERNATIONAL LTD	Face shield - Product Code CL223	3,000	4.00	12,000.00	14,400.00		14,400.00	14,400.00
800125525	ARJO UK LTD	URGENT COVID-19. Product number 15. HOIST -Sara Stedy	50	665.00	33,250.00	39,900.00		39,900.00	133,010.04
		URGENT COVID-19. Maxi move DPS & Scale (sling hoist)	21	3,537.70	74,291.70	89,150.04		89,150.04	
		URGENT COVID-19. Carriage charge for above items	1	3,300.00	3,300.00	3,960.00		3,960.00	
800125527	MEDSPACE SOLUTIONS	URGENT COVID-19 ORDER 4 Hook Stainless Steel Drip stands with weighted bases.	2,000	173.32	346,640.00	415,968.00		415,968.00	415,968.00
800125543	MEDSTROM LTD	URGENT COVID-19 ORDER. 200 ITU BEDS. CRITICAL CARE BED.	200	1,850.00	370,000.00	444,000.00		444,000.00	444,000.00
800125549	VERATHON MEDICAL (UNITED KINGDOM) LTD	URGENT COVID-19. GS Core VB Lg Prem WS (includes 10" monitor & smart cable)	58	9,665.00	560,570.00	672,684.00	672,684.00		672,684.00
800125553	CARDIAC SERVICES (UK)	LSU with Serres Canister	134	695.00	93,130.00	111,756.00		111,756.00	111,756.00
800125577	J MARSTON ENGINEERS LTD	COVID-19 URGENT ORDER. PATHOLOGY TROLLEYS. MHCTF. CONC. TROLLEY FIXED TRAY/ ROLLER TOP, SEMI OBESE.	2	1,150.00	2,540.00	3,048.00		3,048.00	3,048.00
		R Series * PLUS Defibrillator AS PER QUOTATION 30772 V:1	6	6,624.00	39,744.00	47,692.80	47,692.80		
		POWER CORD, 240V/50HZ, UNITED KINGDOM AS PER QUOTATION 30772 V:1	-	-	-	-	-		

800125581	ZOLL MEDICAL UK LTD	Surepower Lithium Re-chargeable Battery AS PER QUOTATION 30772 V:1	-	-	-	-	-	-	70,368.02
		2 YEAR EXTENDED WARRANTY AS PER QUOTATION 30772 V:1	-	-	-	-	-	-	
		Cable Assembly MFC-CPRD R SERIES MULTI-LANG AS PER QUOTATION 30772 V:1	-	-	-	-	-	-	
		One Step CPR AA GC Electrodes single - 2 year shelf life AS PER QUOTATION 30772 V:1	-	-	-	-	-	-	
		R SERIES DATA COMM II CARD AS PER QUOTATION 30772 V:1	-	-	-	-	-	-	
		ZOLL AED 3TM BLS SEMI AUTOMATIC DEFIBRILLATOR FOR LAY RESCUERS	14	1,154.00	16,156.00	19,387.20		19,387.20	
		AED 3 BATTERY PACK	14	56.43	790.02	948.02		948.02	
		ZOLL DEFIBRILLATOR DASHBOARD BASE MODULE AS PER QUOTATION 30772 V:1	6	325.00	1,950.00	2,340.00	2,340.00		
800125620	VYGON (UK) LTD	SURGEONS GOWN EX/LRGE STER/SMS - Product Code 432917	1,736	1.98	3,437.28	4,124.74		4,124.74	6,803.93
		SURGEONS GOWN XXL X/LNG STER/S - Product Code 432918	119	2.04	242.76	291.31		291.31	
		SURGEONS STERILE GOWN LRG SMS - Product Code 432916	1,005	1.98	1,989.90	2,387.88		2,387.88	
800125641	MEDSTROM LTD	Quote Reference: 4153-649 - Apollo 8 Dynamic mattress	200	1,500.00	300,000.00	360,000.00		360,000.00	360,000.00
800125647	PHILIPS ELECTRONICS UK LTD	URGENT COVID-19 - Power Cord C7 End R.A. Female End UK	-	-	-	-	-	-	0.00
		URGENT COVID-19 - Circuit Support Arm	-	-	-	-	-	-	
		URGENT COVID-19 - Bracket Mounting Arm	-	-	-	-	-	-	
		URGENT COVID-19 - Assy Idle Mask Storage Bracket	-	-	-	-	-	-	
		URGENT COVID-19 - Trilogy 202 Clinical Manual EN-INTL	-	-	-	-	-	-	
		URGENT COVID-19 - Trilogy 202 Ventilator International	-	5,183.33	-	-	-	-	
		URGENT COVID-19 - OBM 02 Fitting - NIST A-8 Assembly	-	19.50	-	-	-	-	
		URGENT COVID-19 - MHA Bs probe - NIST A8 FM, Cond Wht 2.5m	-	53.00	-	-	-	-	
		URGENT COVID-19 - SPRS 2 roll stand H-111cm, w baseplate	-	508.25	-	-	-	-	
		URGENT COVID-19 - Kit Cyl mount, 108mm 4.25in (SPRS-2)	-	233.25	-	-	-	-	
		URGENT COVID-19 - Detachable Battery pack (USA / INTL)	-	79.60	-	-	-	-	
800125655	RESMED (UK) LTD	LUMIS 150 ST-A [w/IVAPS] Quotation ref; 200313	45	1,950.00	87,750.00	105,300.00		105,300.00	105,300.00
800125659	PHILIPS HEALTHCARE	Disp, 22mm, Adult, Non-Htd Passive, 10pk	-	105.54	-	-	-	-	0.00
		Cable, USB to CO2 Monitor	-	97.42	-	-	-	-	
		Trilogy Evo Great Britain (As per Quotation Ref 20158518)	-	3,978.00	-	-	-	-	
800125671	HOWARD WRIGHT EUROPE LTD	URGENT COVID-19 - M9 Paediatric bed (quote 1666). Electric high-low function and 350mm-800mm height range	12	2,026.68	24,320.16	29,184.19		29,184.19	48,540.53
		URGENT COVID-19 - Mattress Prema Compact. 1900 x 860 x 160	12	302.48	3,629.76	4,355.71		4,355.71	
		URGENT COVID-19 - IV pole - 2 swivel hooks complete	12	64.86	778.32	933.98		933.98	
		URGENT COVID-19 - M9 Trauma Stretcher (4 sections) 3ED UK plug	3	3,500.00	10,500.00	12,600.00		12,600.00	
		URGENT COVID-19 - Mattress Prima Stretcher (non-slip) 100 x 700 x 200. 3 sided zip	3	196.91	590.73	708.88		708.88	
		URGENT COVID 19 - IV pole fold down M9 Stretcher	3	97.97	293.91	352.69		352.69	
		URGENT COVID-19 - O2 Cylinder Carrier. "A" size NZ and "C" AUS	3	112.52	337.56	405.07		405.07	
800125674	NHS SUPPLY CHAIN	Body bag PEVA Economy Adult - 104 x 214cm - 120KG Black	75	4.58	343.50	412.20		412.20	412.20
800125677	CANON MEDICAL SYSTEMS LTD	'Alpio I' Premium Ultrasound Scanner. Products as per Quote Ref; UL20200221	1	87,000.00	87,000.00	104,400.00	104,400.00		104,400.00
800125685	ARJO UK LTD	URGENT COVID-19 - LG50/C/EU/2 - Foil Packaging (Betsi Cadwaler stock)	-	2,392.20	-	-		-	0.00
		URGENT COVID-19 - LG50/C/EU/2 - Foil Packaging (Hywel Dda stock)	-	2,392.20	-	-		-	
		URGENT COVID-19 - LG50/C/EU/2 - Foil Packaging (Aneurin Bevin stock)	-	2,392.20	-	-		-	
		URGENT COVID-19 - Lifeguard Trm2 Mattress Assy (Betsi Cadwaler stock)	-	239.00	-	-		-	
		URGENT COVID-19 - Lifeguard TRM2 Mattress Assy (Hywel Dda stock)	-	239.00	-	-		-	
		URGENT COVID-19 - Lifeguard TRM2 Mattress Assy (Aneurin Bevan stock)	-	239.00	-	-		-	
			-	239.00	-	-		-	
800125697	GREATSTAR EUROPE LTD	FFP2 MASK WITH NO FILTER - Product Code T2006141	625	1,424.00	890,000.00	890,000.00		890,000.00	890,000.00
800125708	GUARDIAN	GOWN, RENINFORCED ZONES, SMS, NON-STERILE, LARGE - Product Code D002 Delivery in April	200,000	4.30	860,000.00	860,000.00		860,000.00	1,720,000.00

800125708	CARDIAC	GOWN, RENIFORCED ZONES, SMS, NON-STERILE, LARGE - Product Code D002 Delivery in May	200,000	4.30	860,000.00	860,000.00		860,000.00	2,720,000.00
800125718	CARDIAC SERVICES (UK)	URGENT COVID-19 - LSU with Serres Cannister	50	695.00	34,750.00	41,712.00		41,712.00	41,712.00
800125725	MEDLINE INDUSTRIES LTD	Infrared Non-Touch Thermometer	135	70.00	9,450.00	11,340.00		11,340.00	11,340.00
800125728	KARL STORZ ENDOSCOPY (UK) LTD	ANAE023 OFFER CMAC SYSTEMS S OFFICER ITEM 20 OF QUOTATION; 5100083346	8	3,702.28	29,618.24	35,541.89		35,541.89	93,539.26
		C-MAS S IMAGER-ITEM 30 AS PER QUOTATION 500083346	8	2,651.43	21,211.44	25,453.73		25,453.73	
		8403X C-MAC CONNECTING CABLE ITEM 40 AS PER QUOTATION 5100083346	8	398.05	3,184.40	3,821.28		3,821.28	
		HOLDER FOR C-MAC IMAGER ITEM 50 AS PER QUOTATION 5100083346	8	196.09	1,568.72	1,882.46		1,882.46	
		IV-STAND FOR C-MAC MONITOR. ITEM 60 AS PER QUOTATION 5100083346	8	444.98	3,559.84	4,271.81		4,271.81	
		PROTECTION CAP, C-MAC VID LARYNG.8403xxx ITEM 70 AS PER QUOTATION 5100083346	8	68.72	549.76	659.71		659.71	
		CLAMP, VESA 75 Standard ITEM 80 AS PER QUOTATION 5100083346	8	278.00	2,224.00	2,668.80		2,668.80	
		UK MAINS PLUG AS ITEM 90 AS PER QUOTATION 5100083346	8	16.00	128.00	153.60		153.60	
		C-MAC S VIDEO LARYNGOSCOPE MAC #3 AS ITEM 100 (FREE OF CHARGE)AS PER QUOTATION 5100083346	8	-	-	-		-	
		CMAC S VIDEO LARYNGOSCOPE MAC #4 AS ITEM 110 (FREE OF CHARGE)AS PER QUOTATION 5100083346	8	-	-	-		-	
		C-MAC S VIDEO LARYNGOSCOPE D-BLADE AS ITEM 120 (FREE OF CHARGE, ANAE025 OFFER)AS PER QUOTATION 5100083346	8	-	-	-		-	
		C-MAC MONITOR FOR CMOS ENDOSCOPES ITEM 140 AS PER QUOTATION 5100083346	2	3,702.29	7,404.58	8,885.50		8,885.50	
		C-MAC PEDIATRIC IMAGER SET ITEM 150 AS PER QUOTATION 5100083346	2	2,848.36	5,696.72	6,836.06		6,836.06	
		CMAC CONNECTING CABLE ITEM 160 AS PER QUOTATION 5100083346	2	398.05	796.10	955.32		955.32	
		HOLDER FOR XMAC S IMAGER ITEM 170 AS PER QUOTATION 5100083346	2	196.09	392.18	470.62		470.62	
		IV-STAND FOR C-MAC MONITOR ITEM 180 AS PER QUOTATION 5100083346	2	444.98	889.96	1,067.95		1,067.95	
		PROTECTION CAP, C-MAC VID ITEM 190 AS PER QUOTATION 5100083346	2	68.72	137.44	164.93		164.93	
		CLAMP, VESA 75 STANDARD ITEM 200 AS PER QUOTATION 5100083346	2	278.00	556.00	667.20		667.20	
		UK MAINS PLUG BLACK ITEM 210 AS PER QUOTATION 5100083346	2	16.00	32.00	38.40		38.40	
		C-MAC S VIDEO LARYNGOSCOPE MILLER #0 ITEM 220 AS PER QUOTATION 5100083346	2	-	-	-		-	
800125733	ROCHE DIAGNOSTICS LTD	COAGUCHEK XS PATIENT TESTING METER	50	299.00	14,950.00	17,940.00		17,940.00	17,940.00
800125738	ALLSOPS CTF LTD	SLIT WHITE poly body-bag, 93"x37", thicker133mu, 30 per roll	1,500	2.99	4,485.00	5,382.00		5,382.00	5,382.00
		SLIT WHITE poly body-bag, 93"x37", thicker133mu, 30 per roll	3,000	2.99	8,970.00	10,764.00		10,764.00	10,764.00
		SLIT WHITE poly body-bag, 93"x37", thicker133mu, 30 per roll	3,000	2.99	8,970.00	10,764.00		10,764.00	10,764.00
800125741	ALMA FOAM CONVERTERS LTD	URGENT COVID-19 - OXH300 Oxford Help® set A	11	375.00	4,125.00	4,950.00		4,950.00	4,950.00
800125754	GH ZEAL LTD	URGENT COVID-19 - VisioFocus Thermometers (FWH 221)M8008/3.	150	75.00	11,250.00	13,521.00		13,521.00	13,521.00
800125763	CARDIAC SERVICES (UK)	LSU WITH SERRES CANISTERS As per quotation ref; G-SQ1000885_1	20	695.00	13,900.00	16,680.00		16,680.00	16,680.00
800125764	ARJO UK LTD	STANDARD DELIVERY	1	74.00	74.00	88.80		88.80	8,560.92
		ENCORE SLING XL	1	233.70	233.70	280.44		280.44	
		FLUTES DISPOSABLE SLINGS XXL	1	142.00	142.00	170.40		170.40	
		L 4 Point CLIP Standard Flites - 600lbs-Box of 10	3	142.00	426.00	511.20		511.20	
		LL 4 Point CLIP Standard Flites - 600lbs-Box of 10	1	142.00	142.00	170.40		170.40	
		M 4 Point CLIP Standard Flites - 600lbs-Box of 10	2	142.00	284.00	340.80		340.80	
		S 4 Point CLIP Standard Flites - 600lbs-Box of 10	1	142.00	142.00	170.40		170.40	
		SARA Plus Standing Sling - Large	1	233.70	233.70	280.44		280.44	
		SARA Plus Standing Sling - Small	1	233.70	233.70	280.44		280.44	
		SARA PLUS UK (2 BATTERY'S)	1	4,939.00	4,939.00	5,926.80		5,926.80	
		XL 4 Point CLIP Standard Flites - 600lbs-Box of 10	2	142.00	284.00	340.80		340.80	
800125819	BCB INTERNATIONAL LTD	Face shield - Product Code CL223	7,000	4.00	28,000.00	33,600.00		33,600.00	33,600.00

800125820	OXYLITRE LTD	URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. Single O2 Flowmeter 0-15 Lpm with Colour Coded Moulded Body and BS Probe.	50	39.33	1,983.70	2,380.44		2,380.44	2,380.44
800125842	MEDSTROM LTD	Xpress - Electric	1,095	1,150.00	1,259,250.00	1,511,100.00		1,511,100.00	1,511,100.00
800125843	MEDSTROM LTD	Xpress - Electric	165	1,150.00	189,750.00	227,700.00		227,700.00	2,132,100.00
		Eco Profiling Std Bed with Serene foam	1,300	1,150.00	1,495,000.00	1,794,000.00		1,794,000.00	
		Signature 4 section bed	80	1,150.00	92,000.00	110,400.00		110,400.00	
800125844	MEDSTROM LTD	Proteus - 4 section electric Low bed	-	1,150.00	-	-		-	0.00
		Cor1000/2000 with E4000 foam	-	1,150.00	-	-		-	
800125850	PHILIPS RESPIRONICS UK	GBX400S15 DreamStation CPAP Pro, GB As per quotation 20158925	187	156.00	29,172.00	35,006.40		35,006.40	35,006.40
800125854	HILL-ROM LTD	HR Elite c2 Covid bed	1,048	1,551.00	1,625,448.00	1,950,537.60		1,950,537.60	1,950,537.60
800125864	BCB INTERNATIONAL LTD	Body Bag with Handles - BCB Code CS623	200	29.00	5,800.00	6,960.00		6,960.00	6,960.00
800125880	CARDINAL HEALTH UK 432 LTD	URGENT COVID-19 ORDER URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. 50 PUMPS, 50 BOXES OF SPIKE SETS, 50 BXES OF 3-IN-1'S.	50	350.00	17,500.00	21,000.00		21,000.00	28,972.80
		URGENT COVID-19. JOEY ENPLUS SPIKE SET	50	66.44	3,322.00	3,986.40		3,986.40	
		URGENT COVID-19. JOEY ENFIT ENPLUS 3-IN-1	50	66.44	3,322.00	3,986.40		3,986.40	
800125888	STERIS SOLUTIONS LTD	DISPOSABLE WATERPROOF GOWN WITH THUMB LOOPS, BLUE, ONE SIZE - Product Code M20289	-	45.00	-	-		-	0.00
800125901	MEDSTROM LTD	Quote 4188-649Accora Covid19 bed - manual bed, height adjustable with adjustable backrest comes complete with foam mattress	200	700.00	140,000.00	168,000.00		168,000.00	168,000.00
800125903	MEDSTROM LTD	URGENT COVID-19 ProMatt Plus Mattress	8	791.00	6,328.00	7,593.60		7,593.60	10,074.00
		URGENT COVID-19 - ProMatt Plus Air Pump	3	689.00	2,067.00	2,480.40		2,480.40	
800125904	WILLIAMS MEDICAL SUPPLIES PLC	Finger Pulse Oximeter	200	38.00	7,600.00	9,120.00		9,120.00	18,240.00
		Finger Pulse Oximeter	200	38.00	7,600.00	9,120.00		9,120.00	
800125905	FRONTIER MEDICAL PRODUCTS	URGENT COVID-19 - Repose Mattress/Cushion and Pump	3	92.14	276.42	331.70		331.70	2,042.84
		URGENT COVID-19 - Repose Wedge and Pump	5	51.77	258.85	310.62		310.62	
		URGENT COVID-19 - Repose Mattress Overlay and Pump	10	73.71	737.10	884.52		884.52	
		URGENT COVID-19 - Repose Cushion and Pump	10	43.00	430.00	516.00		516.00	
800125914	MEDSTROM LTD	QUOTE 4190-649 - Accoura Covid19 and Renray beds - manual bed, height adjustable with adjustable backrest comes complete with foam mattress	300	700.00	210,000.00	252,000.00		252,000.00	252,000.00
800125924	A MENARINI DIAGNOSTICS LTD	Description: COVID-19 IgG/IgM Rapid Test Cassette (25 tests kit) UOM: Pack/25 As per quotation reference: 03/04/4959/CB	4,000	273.25	1,093,000.00	1,311,600.00		1,311,600.00	1,311,600.00
800125925	CARDIF & VALE UNIVERSITY HEALTH BOARD	Confirmation order for Face Mask Test Solution 100ml - Product Code 9347	997	5.00	4,985.00	5,982.00		5,982.00	5,982.00
800125926	A MENARINI DIAGNOSTICS LTD	Description: COVID-19 IgG/IgM Rapid Test Cassette (25 tests kit) UOM: Pack/25 As per quotation reference: 03/04/4959/CB	4,000	273.25	1,093,000.00	1,311,600.00		1,311,600.00	1,311,600.00
800125927	A MENARINI DIAGNOSTICS LTD	Description: COVID-19 IgG/IgM Rapid Test Cassette (25 tests kit) UOM: Pack/25 As per quotation reference: 03/04/4959/CB	4,000	273.25	1,093,000.00	1,311,600.00		1,311,600.00	1,311,600.00
800125928	A MENARINI DIAGNOSTICS LTD	Description: COVID-19 IgG/IgM Rapid Test Cassette (25 tests kit) UOM: Pack/25 As per quotation reference: 03/04/4959/CB	4,000	273.25	1,093,000.00	1,311,600.00		1,311,600.00	1,311,600.00
800125935	MEDITELLE LTD	4-panel Vinyl Medical Screens, White Frames. As per quotation: MED030420NHSW.	800	255.00	204,000.00	244,800.00		244,800.00	244,800.00
800125954	FEELASSURED LTD	Medimix Six Standing As per quotation 20117	-	22,500.00	-	-		-	0.00
800125990	BCB INTERNATIONAL LTD	Standing order of 4000 a week for IP5 - Hand Sanitiser Gel 50ml - Product Code CL901	-	1.40	-	-		-	0.00
		Standing order of 4000 a week for IP5 - Hand Sanitiser Gel 500ml - Product Code CL903	-	4.70	-	-		-	
		Standing order of 4000 a week for Bridgend Stores - Hand Sanitiser Gel 50ml - Product Code CL901	-	1.40	-	-		-	
800125992	BCB INTERNATIONAL LTD	Standing order of 4000 a week for Bridgend Stores - Hand Sanitiser Gel 500ml - Product Code CL903	-	4.70	-	-		-	0.00
		URGENT COVID-19 - Voluson S10. URN WH 1534 ULT 20	6	23,177.23	139,063.38	166,876.06	166,876.06		166,876.06
800125997	MEDSTROM LTD	URGENT COVID-19 - Accoura and / or Renray beds. Manual bed, height adjustable with adjustable backrest comes complete with foam mattress	614	700.00	429,800.00	515,760.00		515,760.00	515,760.00
800126035	FRESENIUS LTD MEDICAL CARE	URGENT COVID-19 -Multi FiltratePRO machine	4	12,500.00	50,000.00	60,000.00	60,000.00		60,000.00
800126045	NHS SUPPLY CHAIN	SUPPLIER QUOTE 18427 -DRGEMS Topaz 32D MOBILE DIGITAL RAY WITH 43 X 35 cm DIGITAL WIRELESS DETECTOR. UNIQUE REFERENCE NUMBER MID 1111 XRM 20	1	70,000.00	70,000.00	84,000.00	84,000.00		84,000.00

800126054	BCB INTERNATIONAL LTD	Standing order of 4000 every two weeks for Denbigh Stores - Hand Sanitiser Gel 50ml - Product Code CL901	-	1.40	-	-	-	-	0.00
		Delivery Charge	-	590.00	-	-	-	-	
		Standing order of 4000 every two weeks for Denbigh Stores - Hand Sanitiser Gel 500ml - Product Code CL903	-	4.70	-	-	-	-	
800126068	OXYLITRE LTD	URGENT COVID-19 - F2601 Single Flowmeter	200	39.33	7,866.00	9,461.98		9,461.98	16,318.06
		URGENT COVID-19 - F2611 - Twin Flowmeter "Y" configuration	140	40.81	5,713.40	6,856.08		6,856.08	
800126072	EXCALIBUR HEALTHCARE SERVICES LTD	3M™ Health Care Particulate Respirator and Surgical Mask 1860, N95	-	5.40	-	-		-	0.00
800126080	HOSPITAL METALCRAFT LTD	Quotation No - 001-00-2248413 - TROLLEY - DRESSING - STAINLESS STEEL 2 REMOVABLE SHELVES - 450MM OVERALL DIMENSIONS (W X D X H)- 470 X 470 X 890MM	21	182.74	3,837.54	4,477.03		4,477.03	4,477.03
800126099	AMBU (UK) LTD	Ambu aView (For use with aScope4 Scopes & Vivasight) - Quotation Q-20-001893	12	1,699.00	20,388.00	24,465.60		24,465.60	24,465.60
800126133	VERATHON MEDICAL (UNITED KINGDOM) LTD	URGENT COVID-19 - GS Core SU Prem WS, includes 10" monitor & smart cable	100	9,395.00	939,500.00	1,127,400.00	1,127,400.00		1,255,800.00
		URGENT COVID-19 - Spectrum SU, DVM S3 (BOX of 10)	175	190.00	33,250.00	39,900.00		39,900.00	
		URGENT COVID-19 - Spectrum SU, DVM S4 (BOX of 10)	175	190.00	33,250.00	39,900.00		39,900.00	
		URGENT COVID-19 - Spectrum SU, LoPro S3 (SW) (BOX of 10)	75	270.00	20,250.00	24,300.00		24,300.00	
		URGENT COVID-19 - Spectrum SU, LoPro S4 (SW) (BOX of 10)	75	270.00	20,250.00	24,300.00		24,300.00	
800126140	VWR INTERNATIONAL LTD	SWAB, IN A TUBE, COTTON TIP, WOOD STEM, STANDARD LENGTH	50	7.93	396.50	475.80		475.80	475.80
800126167	WILLIAMS MEDICAL SUPPLIES PLC	URGENT COVID-19 - Pulse Oximeters (Non-Contact Thermometer) JXB-178 model	715	40.00	28,600.00	34,320.00		34,320.00	34,320.00
800126179	CONTINUUM SCOTLAND LTD	MASKS: TYPE IIR FLUIF REPELLANT MASKS	900,000	23.50	21,150,000.00	21,150,000.00		21,150,000.00	21,150,000.00
800126182	PHARMAPAC UK LTD	MASKS TYPR IIR FLUID REPELLENT MASKS	40,000,000	0.32	12,779,552.00	12,779,552.00		12,779,552.00	14,483,220.46
		LOGISTICS	40,000,000	0.08	1,703,668.46	1,703,668.46		1,703,668.46	
800126183	GENMED ENTERPRISES UK LTD	FLUID REPELLENT MAROON GOWNS ALL WALES PROVISION	3,000,000	2.50	6,019,355.00	6,019,355.00		6,019,355.00	6,019,355.00
800126189	CHROMIS UK LTD T/A FREEWAY MEDICAL	QUOTE REF: 18969Q - Mild Steel Dressing Trolley - Blue	100	185.50	18,585.00	22,302.00		22,302.00	22,302.00
800126193	ROCHE DIAGNOSTICS LTD	URGENT COVID-19 ORDER - COAGUCHEK XS PATIENT TESTING METER	500	299.00	149,500.00	179,400.00		179,400.00	179,400.00
800126195	SARSTEDT LTD	URENT COVID-19 - QUOTE 47886/D09 - Minivette POCT 10ul, Neutral	-	801.62	-	-		-	0.00
800126211	BCB INTERNATIONAL LTD	Standing order of 6,000 units every other week (6 Weeks) - Face shield - Product Code CL223	-	4.00	-	-		-	0.00
800126226	STANLEY SECURITY SOLUTIONS LTD	URGENT COVID-19 - Bed Pad 10x30 (14 day) 8ft	10	18.86	188.60	226.32		226.32	2,985.84
		URGENT COVID-19 - Carriage charges for above items	1	20.00	20.00	24.00		24.00	
		URGENT COVID-19 - M200-C Fall Monitor (M200 with closed battery compartment cover)	10	212.38	2,123.80	2,548.56		2,548.56	
		URGENT COVID-19 - Chair Pad 7x15 (14 day) 8ft	10	15.58	155.80	186.96		186.96	
800126238	ARJO UK LTD	NIMBUS 4 MATTRESS ASSY RELIANT IS2 X500 AS PER QUOTATION - Q-16269	500	1,265.50	632,750.00	759,300.00		759,300.00	1,887,600.00
		PUMP GA NIMBUS UK X 500 AS PER QUOTATION - Q-16269	500	1,880.50	940,250.00	1,128,300.00		1,128,300.00	
800126240	ARJO UK LTD	URGENT COVID-19 - Enterprise 9000x (Critical Care Hospital beds)	100	4,157.12	415,712.00	498,854.40		498,854.40	498,854.40
800126246	ARJO UK LTD	URGENT COVID-19 - N4 Mattress Assy Reliant IS2	200	1,265.50	253,100.00	303,720.00		303,720.00	755,040.00
		URGENT COVID-19 - Pump GA Nimbus UK	200	1,880.50	376,100.00	451,320.00		451,320.00	
800126248	ARJO UK LTD	URGENT COVID-19 ORDER Prioma Medical Bed 600	-	1,800.00	-	-		-	0.00
800126252	ARJO UK LTD	URGENT COVID-19 ORDER BEDS	100	1,195.04	119,504.00	143,404.80		143,404.80	143,404.80
800126269	BUNZL CATERING SUPPLIES	TYPE IIR MASKS (ALL WALES PROVISION)	30,000,000	0.60	18,000,000.00	18,000,000.00		18,000,000.00	18,000,000.00
		FFP3 MASKS (ALL WALES PROVISION)	-	5.76	-	-		-	
800126312	DELOITTE LLP	Consultancy services to support procurement of PPE to NHS Wales	1	216,294.50	216,294.50	216,294.50		216,294.50	216,294.50
800126327	FOREIGN PAYMENTS	URGENT COVID-19 - SleepAngel Medium/HighRisk Static Foam Pressure Relieving Mattress featuring Unique PneumaPure Filtration Technology	500	185.00	92,500.00	111,000.00		111,000.00	111,000.00
800126394	GI UK MEDICAL LTD	Type IIR Surgical Mask	-	1.20	-	-		-	0.00
800126398	BUNZL CATERING SUPPLIES	Type IIR Surgical Mask	500,000	0.73	365,000.00	365,000.00		365,000.00	365,000.00
800126401	GE MEDICAL SYSTEMS LTD	Supplier Quotation Number – NHSSC_GM_0604201114 - ULTRA SOUND MACHINES , VENUE GO PLUS ACCESSORIES. UNIQUE REFERENCE WITH NHS SUPPLY CHAIN WH 1567 ULT 20	6	21,000.00	126,000.00	151,200.00	151,200.00		151,200.00

800126415	BUNZL CATERING SUPPLIES	EXAMINATION GLOVES, NITRILE POWDER FREE, SMALL	330	150.00	49,500.00	49,500.00	49,500.00	148,500.00
		EXAMINATION GLOVES, NITRILE POWDER FREE, MEDIUM	450	150.00	67,500.00	67,500.00	67,500.00	
		EXAMINATION GLOVES, NITRILE POWDER FREE, LARGE	200	150.00	30,000.00	30,000.00	30,000.00	
		EXAMINATION GLOVES, NITRILE POWDER FREE, EXTRA LARGE	10	150.00	1,500.00	1,500.00	1,500.00	
800126432	BUNZL CATERING SUPPLIES	Type IIR Surgical Mask	600,000	0.73	438,000.00	438,000.00	438,000.00	438,000.00
800126435	BECTON DICKINSON (UK) LTD	URGENT COVID-19 - Med Captain Syringe Pump (to include swap to BDNexus). QUOTE Q038398	155	1,700.00	263,500.00	316,200.00	316,200.00	316,200.00
800126453	CARDINAL HEALTH UK 432 LTD	URGENT COVID-19 ORDER. 250 Kangaroo Joey Enteral Feeding pumps	250	350.00	87,500.00	105,000.00	105,000.00	144,864.01
		URGENT COVID-19 ORDER. 250 boxes Joey ENPLUS spike sets.	250	66.44	16,610.00	19,932.00	19,932.00	
		URGENT COVID-19 ORDER. 250 boxes Joey Enfit ENPLUS 3 in 1 sets	250	66.44	16,610.00	19,932.01	19,932.01	
800126454	INTERSURGICAL LTD	Clear-Guard™ Midi low volume breathing filter with luer port	3	55	165.00	198.00	198.00	766.08
		1528000 – 22mm Flextube 1.6m	3	58.50	175.50	210.60	210.60	
		Adjustable PEEP Valve	9	33.10	297.90	357.48	357.48	
800126464	MEDSTROM LTD	URGENT COVID-19 - Accoura COVID-19 manual bed with adjustable backrest, castors & comes complete with foam mattress	400	700.00	280,000.00	336,000.00	336,000.00	336,000.00
800126467	BCB INTERNATIONAL LTD	Body bag, White Product Code: BCB/BodyBag/W	2,000	20.00	40,000.00	48,000.00	48,000.00	48,000.00
800126471	ARJO UK LTD	QUOTE FOR CLAIRE EVANS Atlanta A&E Trolley with Din rail and mattress (177 returned less 10% restocking fee)	177	2,680.00	39,396.66	47,275.99	47,275.99	47,275.99
800142543	ARJO UK LTD	OPPORTUNITY REF: MBTS-HDUHB-LG55 TROLLEYS - LIFEGUARD 55 WITH X RAY CASSETTE TRAY ASSEMBLY (799.467), 5TH WHEEL OXYGEN, EQUIPMENT BRACKET, MONITOR SHELF, (801.06), INTEGRAL IV ROD (799.501) AND 1 MOBILE IV ROD (MB-ACC32) SWL 250KG BI-FLE	30	2,680.00	80,400.00	96,480.00	96,480.00	96,480.00
800126499	VERATHON MEDICAL (UNITED KINGDOM) LTD	URGENT COVID-19 - GS Core SU Prem WS, includes 10" monitor & smart cable	50	9,395.00	469,750.00	563,700.00	563,700.00	815,700.00
		URGENT COVID-19 - Spectrum SU, DVM S3 (BOX of 10)	375	190.00	71,250.00	85,500.00	85,500.00	
		URGENT COVID-19 - Spectrum SU, DVM S4 (BOX of 10)	375	190.00	71,250.00	85,500.00	85,500.00	
		URGENT COVID-19 - Spectrum SU, LoPro S3 (SW) (BOX of 10)	125	270.00	33,750.00	40,500.00	40,500.00	
		URGENT COVID-19 - Spectrum SU, LoPro S4 (SW) (BOX of 10)	125	270.00	33,750.00	40,500.00	40,500.00	
800126516	MEDSTROM LTD	URGENT COVID-19 - Manual 2 section bed, 2 height options, adjustable angled manual backrest, with castors plus cut foam mattress	-	700.00	-	-	-	0.00
800126522	ADDED PHARMA BV	Quotation no: Ltd/2004114/ND Smartfiller (New 3rd generation)	-	98500	-	-	-	0.00
		Quotation no: Ltd/2004114/ND Change part	-	4,800.00	-	-	-	
		Quotation no: Ltd/2004119/ND- Shipping costs for your loan Smartfiller - Newport	-	140.00	-	-	-	
800126564	MINDRAY UK LTD	URGENT COVID 19 - Mindray Sp02 Interface Cable, 2.5m, 7 pin, iMEC, iPM, BeneView, BeneHeart	10	26.25	262.50	315.00	315.00	8,739.00
		URGENT COVID-19 - Mindray 512H Pediatric Reusable Sp02 Finger Sensor, all Mindray Sp02	10	56.25	562.50	675.00	675.00	
		URGENT COVID-19 - NIBP Cuff, Bladderless, Reusable, CM1300, Small Infant, 7-13cm, with Connector	10	12.00	120.00	144.00	144.00	
		URGENT COVID-19 - NIBP Cuff, Bladderless, Reusable, CM1301, Infant, 10-19cm, with Connector	10	12.00	120.00	144.00	144.00	
		URGENT COVID-19 - NIBP Cuff, Bladderless, Reusable, CM1302, Child, 18-26cm with Connector	10	12.00	120.00	144.00	144.00	
		URGENT COVID-19 - NIBP Hose, Adu/Paed/Inf, 3m, VS600, VS900, iMEC, iPM, BeneView, BeneHeart	10	24.75	247.50	297.00	297.00	
		URGENT COVID-19 - Rolling Stand, VS600 and VS900 Enhanced	10	195.00	1,950.00	2,340.00	2,340.00	
		URGENT COVID-19 - VS600 Monitor> NIBP only, extended battery	10	390.00	3,900.00	4,680.00	4,680.00	
800126570	BUNZL CATERING SUPPLIES	Type IIR Surgical Mask	1,300,000	0.73	949,000.00	949,000.00	949,000.00	949,000.00
800126591	SIMON SAFETY & LIFTING CENTRE LTD	Reusable Sleeved Apron, Washable at 95 Degrees C, Product Code: 8133A2FK0/S, Size: Small	165	36.62	6,042.30	7,250.76	7,250.76	27,465.00
		Reusable Sleeved Apron, Washable at 95 Degrees C, Product Code: 8133A2FK0/L, Size: Large	370	36.62	13,549.40	16,259.28	16,259.28	
		Reusable Sleeved Apron, Washable at 95 Degrees C, Product Code: 8133A2FK0/2XL, Size: 2XL	90	36.62	3,295.80	3,954.96	3,954.96	
800126592	PLASPAC UK LTD	Body bags, Adult - Product Code: 14190/10	500	25.00	12,500.00	15,000.00	15,000.00	15,000.00

800126624	SIMON SAFETY & LIFTING CENTRE LTD	Polythen Apron White 690mm x 1170mm - Product Code 4HA599	1,008	57.70	58,157.57	60,096.16		60,096.16	60,672.16
		Delivery Cost Per Pallet	12	40.00	480.00	576.00		576.00	
800126664	KARL STORZ ENDOSCOPY (UK) LTD	URGENT COVID-19 C-MAC® Pocket monitor set with LCD Monitor and power supply	1	3,399.00	3,399.00	4,078.80		4,078.80	97,889.96
		URGENT COVID-19 - Battery Rechargeable Li-ion battery for power supply, optimal operating time of 60 min	1	111.00	111.00	133.20		133.20	
		URGENT COVID-19 - Charging Unit for C-MAC®	1	586.00	586.00	703.20		703.20	
		URGENT COVID-19 - C-MAC® Connecting cable, length 50cm	1	741.00	741.00	889.20		889.20	
		URGENT COVID-19 - C-MAC® Imager, with C-MAC® system interface, for manual and machine disinfection up to 65°C	1	3,164.00	3,164.00	3,796.80		3,796.80	
		URGENT COVID-19 - C-MAC® Pediatric Imager set.	1	3,399.00	3,399.00	4,078.80		4,078.80	
		URGENT COVID-19 - Bag for intubation set -C22 - ULM model, water resistant and sturdy material	1	375.00	375.00	450.00		450.00	
		URGENT COVID-19 - C-MAC® Monitor for CMOS Endoscopes Kit	9	3,702.28	33,320.52	39,984.62		39,984.62	
		URGENT COVID-19 - C-MAC® S-Imager	9	2,651.43	23,862.87	28,635.44		28,635.44	
		URGENT COVID-19 - C-MAC® Connecting cable, with C-MAC® system interface	9	398.05	3,582.45	4,298.94		4,298.94	
		URGENT COVID-19 - Holder for C-MAC® S-Imager, plexiglass tube, distal end open for fixation to a standard rail	9	196.09	1,764.81	2,117.79		2,117.79	
		URGENT COVID-19 - IV Stand for C-MAC® monitor	9	444.98	4,004.82	4,805.78		4,805.78	
		URGENT COVID-19 - Protection cap, C-MAC® Vid Laryng, 8403xxx	9	68.72	618.48	742.18		742.18	
		URGENT COVID-19 - UK mains plug, black, length 1.5m	9	16.00	144.00	172.80		172.80	
		URGENT COVID-19 - Clamp, VESA 75 standard for fixation of C-MAC® monitor to round profile diameter 20-43mm and square profile with diameter 16-27mm	9	278.00	2,502.00	3,002.40		3,002.40	
		URGENT COVID-19 - C-MAC® S Video Laryngoscope MAC #3, with MACINTOSH laryngoscope blade, size 3, for single use, pack of 10	9	-	-	-		-	
		URGENT COVID-19 - C-MAC® S Video Laryngoscope MAC #4, with MACINTOSH laryngoscope blade, size 4, single use, pack of 10	9	-	-	-		-	
		URGENT COVID-19 - C-MAC® S Video Laryngoscope D-BLADE, for difficult intubation, single use, pack of 10	9	-	-	-		-	
800126723	FOREIGN PAYMENTS	BACTERIAL FILTRATION EFFICIENCY WITH DIFF. PRESSURE OF TYPE II FACEMASKS - \$750.00	16	564.12	9,025.95	10,831.14		10,831.14	14,814.59
		SYNTHETIC BLOOD PENETRATION OF FACEMASKS - \$430.00	6	344.99	2,069.94	3,983.45		3,983.45	
800126736	ZOLL MEDICAL UK LTD	URGENT COVID-19 - One Step CPR AA GC Electrodes single, 2 year shelf life	14	43	621.90	746.28		746.28	746.28
800126787	CLANDEBOYE AGENCIES LTD	Fluid Repellent Thumb Loop Gowns - Product code ISOGOWNT2	200,000	4.20	840,000.00	1,008,000.00		1,008,000.00	1,008,000.00
800126836	AIR PARTNER PLC	Air Freight from Phnom Penh Cambodia to Cardiff Airport (Invoice 21/0568)	1	335,000.00	335,000.00	335,000.00		335,000.00	655,000.00
		Air freight ex Hangzhou in China to Cardiff Airport (Invoice 21/0569)	1	320,000.00	320,000.00	320,000.00		320,000.00	
	CARDIFF INTERNATIONAL AIRPORT	STAFF DEPLOYED TO SUPPORT URGENT HANDLING ARRANGEMENTS AT CARDIFF AIRPORT OF PERSONAL PROTECTIVE EQUIPMENT (PPE)	1	15,000.00	15,000.00	18,000.00		18,000.00	18,000.00
800126841	CUSTOMISED SHEET METAL	HYDROSTATIC HEAD KIT AS PER NEW DESCRIPTION	2	750.00	1,500.00	1,800.00		1,800.00	1,800.00
800126843	HOSPITAL METALCRAFT LTD	URGENT COVID-19 - Resus Trolley - Tamper Evident door, 500 x 500 x 993mm. 3 shallow drawers, 2 deep drawers. CW GMBH/15 CT/CYD	1	498.96	498.96	598.75		598.75	598.75
800126846	THE SAFETY SUPPLY CO LTD	Wraparound Safety Spectacle Glasses - Clear Hard Coated Lens - Conforms to European Standard EN1661.F - [BI-109]	-	2.95	-	-		-	0.00
		Delivery	-	5.65	-	-		-	
800126863	ANETIC AID LTD	URGENT COVID-19 - QA3™ Emergency Department Patient Trolley with Radiolucent Platform, includes K8 Pressure Care Mattress	53	2,932.50	155,422.50	186,507.00		186,507.00	186,507.00
		9167-060 Astro MAX Safety Spec Blue Frame Clear Lens	73	6.60	481.80	578.16		578.16	
		9195-275 Skyper Safety Spect Black Frame Clear Lens	41	6.34	259.94	311.93		311.93	
		MSA Perspecta Clear Lens antifog spectacle EN 166	15	4.96	74.40	89.28		89.28	

800126880	SIMON SAFETY & LIFTING CENTRE LTD	Pheos clear supravision spec green/black frame	240	5.18	1,243.20	1,491.84		1,491.84	4,742.15
		Pheos small clear supravision spectacle	81	5.18	419.58	503.50		503.50	
		Specsafe proton Clear Safety Spectacle EN166F Clear Lens	51	4.26	217.26	260.71		260.71	
		Uvex carbonvision clear goggle black/grey frame	33	12.39	408.87	490.64		490.64	
		Uvex Skylite, ultradura, clear lens	14	5.30	74.20	89.04		89.04	
		Vulcano2 Clear Spectacle EN166 2C 1.2 F T EN170	107	7.22	772.54	927.05		927.05	
800126899	CONSULTANT CONNECT LTD	Consultancy services to support procurement of PPE to NHS Wales URGENT COVID-19 - Pan-Wales Consultant Connect project, immediate Clinician to Clinician communication for advice and guidance	-	42,000.00	-	-		-	0.00
		URGENT COVID-19. PAN WALES CONSULTANT PROJECT (WAG)	-	108,000.00	-	-		-	
		URGENT COVID-19. PAN-WALES CONSULTANT CONNECT PROJECT.	-	144,000.00	-	-		-	
800126981	FOREIGN PAYMENTS	URGENT COVID-19 - SleepAngel Medium/HighRisk Static Foam PresURGENT COVID-19 - 548 Units SleepAngel Pressure Relieving Mattresses Medium/HighRisk Featuring Unique Pneumapure Hermetically Sealed Filtrationsure Relieving Mattress featuring Unique PneumaPure Filtration Technology	548	185.00	101,971.93	122,366.32		122,366.32	122,366.32
800126985	BLAKE MORGAN LLP	COVID-19 PROJECT SUPPORT	50,000	1.00	60,630.60	60,630.60		60,630.60	60,630.60
800127034	CLEAN AIR SOLUTIONS EUROPE LTD	URGENT COVID-19 - Design, manufacture, deliver, install and commission Syringe Filling Softwall Booth to Grade C ISO 14644-1 standards	-	9,650.00	-	-		-	0.00
800127059	RESMED (UK) LTD	NIV Acucare F1-1 FFM Masks Medium (F1-1) Please deliver to the following address Dr Rhys Thomas, Llettymaelog, New Inn Llandello Carmarthenshire SA197HY	1	150.00	150.00	180.00		180.00	180.00
800127060	CARDIF & VALE UNIVERSITY HEALTH BOARD	Face Mask Test Solution 100ml (Sweet / Saccharin)	800	5.00	4,000.00	4,800.00		4,800.00	4,800.00
	STORES RECHARGES TO D196	JES ISSUES			59,390,196.12	59,390,196.12		59,390,196.12	59,390,196.12
	STORES RECHARGES TO PANDEMIC	FACE VISORS			196,836.00	196,836.00		196,836.00	196,836.00
	STORES RECHARGES TO PANDEMIC	GOGGLES			3,668,501.30	3,668,501.30		3,668,501.30	3,668,501.30
800127156	CUSTOMISED SHEET METAL	REPAIR OS HYDROSTATIC HEAD TESTING APPARATUS	1	200.00	200.00	240.00		240.00	240.00
800127185	ARMSTRONG MEDICAL LTD	CONNECTOR, STRAIGHT, (22F/22F) Please deliver to the following address Gareth Jones Panasonic Manufacturing (UK) Ltd Pentwyn Industrial Estate Cardiff CF23 7XB	1	44.00	44.00	52.80		52.80	52.80
800127291	SETON HEALTHCARE GROUP PLC	306VAA111 STEALTH™ 16G R RATED - 0010	-	1.62	-	-		-	0.00
800127292	SIMON SAFETY & LIFTING CENTRE LTD	Eye Protection: Reusable Safety Glasses, Over glasses - Overlight OVLTLPSI 33G	3,000	3.20	9,600.00	9,600.00		9,600.00	9,600.00
800127374	CONTINUUM SCOTLAND LTD	PROTECTIVE GOGGLES (MEDICAL) UNVENTED AS PER QUOTE REF 0842	50,000	3.94	197,000.00	197,000.00		197,000.00	197,000.00
800127375	ALTECH UK LABELLING TECHNOLOGIES LTD	REF ALWAP 24042020 RHS - Alwrap Desktop Labelling Machine	-	4,140.00	-	-		-	0.00
800127401	BCB INTERNATIONAL LTD	Protective Bag for Portable Ventilator - Product Code CA180	50	90.00	4,500.00	5,400.00		5,400.00	10,800.00
		Protective Bag for Portable Ventilator - Product Code CA180B	50	90.00	4,500.00	5,400.00		5,400.00	
800127411	NHS SUPPLY CHAIN	URGENT COVID-19 - Ultra Sound Machine - Vivid S70. URN - WH 1568 ULT 20	1	44,576.28	44,576.28	53,491.54		53,491.54	53,491.54
800127429	THE BRITISH ROTOTHERM CO LTD	Face Visors x 20,000 for delivery to NHS Wales Picketston before Monday 11th May	20,000	5.00	100,000.00	100,000.00		100,000.00	100,000.00
800127433	BCB INTERNATIONAL LTD	Face Visors x 22,000 for delivery to NHS Wales Picketston on Friday 8th and Monday 11th May	22,000	2.40	52,800.00	52,800.00		52,800.00	52,800.00
800127504	THE LAW DEBENTURE TRUST CORPORATION PLC	10% OF TOTAL CONTRACT VALUE, 90% OF FIRST 5 MILLION SHIPMENT	1	23,314,105.64	23,314,105.64	23,314,105.64		23,314,105.64	23,314,105.64

800127505	NHS SUPPLY CHAIN	SUPPLIER QUOTATION NUMBER – NHSSC_JGM_0605201058 - VISCON EXTENDED DUAL DICOM WITH EXTENDED WARRANTY FOR 36 MONTHS UNIQUE REF WH 1654 ULT 20	1	4,991.45	4,991.45	5,989.74	5,989.74	5,989.74
800127536	FUJIFILM SONOSITE LTD	URGENT COVID-19 - Ultrasound machine - S Series S11. URN WH 1620 ULT 20	1	18,202.50	18,202.50	21,843.00	21,843.00	21,843.00
800127695	VERATHON MEDICAL (UNITED KINGDOM) LTD	URGENT COVID-19 - Ultrasound 00163421 - GLIDERITE SU STYLET (LG) PK/10und machine - S Series S11. URN WH 1620 ULT 20	500	77.00	38,500.00	46,200.00	46,200.00	46,200.00
800127742	BCAS BIO MEDICAL SERVICES LTD	Service of 6X Ventipac Ventilators	6	90	540.00	648.00	648.00	648.00
800127786	RESMED (UK) LTD	NIV Acucare F1-1 FFM Masks Medium (F1-1)	8	150	1,200.00	1,440.00	1,440.00	1,440.00
800127824	PHILIPS HEALTHCARE	URGENT COVID ORDER. Lumify S4-1 Bundle inc. tablet	2	4999	9,998.00	11,997.60	11,997.60	17,996.40
		URGENT COVID ORDER. Lumify C5-2 Bundle inc. tablet	1	4,999.00	4,999.00	5,998.80	5,998.80	
		URGENT COVID ORDER. Lumify C5-2 Bundle inc. tablet	-	5,998.80	-	-	-	
800127824	NHS SUPPLY CHAIN	URGENT COVID-19 ORDER - HANDHELD ULTRASOUND MACHINE (VSCAN) URN WH-1686 ULT-20	1	4,954.20	4,954.20	5,945.04	5,945.04	5,945.04
800127855	GENMED ENTERPRISES UK LTD	Payment of invoice INV-0498 - FN-FM0101030101 Surgical face masks ITEM FNF0101030101 (TypeIIR) Type IIR with elastic straps with integrated nose clip EN 14683	400,000	0.72	288,000.00	288,000.00	288,000.00	288,000.00
800127889	HEALTHCARE 21 UK LTD	URGENT COVID-19 - Difficult Airway XBlade for Mac Laryngoscope	1	150.40	150.40	180.48	180.48	7,106.89
		URGENT COVID-19 - McGrath Mac Blade Size 1 x50	1	225.00	225.00	270.00	270.00	
		URGENT COVID-19 - McGrath Mac Blade Size 2 x50	1	225.00	225.00	270.00	270.00	
		URGENT COVID-19 - McGrath Mac Blade Size 3 x50	1	225.00	225.00	270.00	270.00	
		URGENT COVID-19 - McGrath Mac Blade Size 4 x50	1	225.00	225.00	270.00	270.00	
		URGENT COVID-19 - McGrath Mac Handle x1	4	1,200.00	4,800.00	5,760.00	5,760.00	
		URGENT COVID-19 - VL Mac 250 Minute Battery pack x1	4	18.00	72.00	86.41	86.41	
800127988	BARBER OF SHEFFIELD	BARIATRIC BODY BAG - 3517038	110	13.95	1,594.50	1,913.40	1,913.40	1,913.40
800128037	FOREIGN PAYMENTS (ABC)	3M™ Aura™ Particulate Respirator 9332+	-	4.86	-	-	-	0.00
800128202	ANEURIN BEVAN UNIVERSITY HEALTH BOARD	URGENT COVID-19 order - Caretek G420 Hospital Ward Bed	750	2025	1,518,750.00	1,518,750.00	1,518,750.00	1,518,750.00
800128225	PHARMAPAC UK LTD	Nitrile Gloves 100 Gloves Per Box 5Qty - 480000 MQty - 666000 LQty - 280000 XLQty - 14000	1,440,000	13.50	19,440,000.00	19,440,000.00	19,440,000.00	19,440,000.00
800128375	CLEANROOMSHOP.COM LTD	URGENT COVID-19 order - Install a Clean Room in IP5 (Temporary Medicines Unit)	-	122808	-	-	-	0.00
		URGENT COVID-19 order - Installation and Validation- inclusive of report	-	12051	-	-	-	
		URGENT COVID-19 order - DQ/IQ/OQ Qualification	-	2500	-	-	-	
		URGENT COVID-19 order - Delivery charges	-	1950	-	-	-	
		URGENT COVID-19 order - ECO2 Control System – including 1no. particle counters (Optional – can be retrofitted)	-	28305	-	-	-	
		URGENT COVID-19 order - Flooring Upgrade – Gerflor Mipolam Cosmo Vinyl flooring throughout including levelling screed and coving (Optional)	-	3895	-	-	-	
		URGENT COVID-19 order - Transfer hatch upgrade (each) – stainless steel / glass unit (Optional)	-	1,072.00	-	-	-	
800128377	THE LAW DEBENTURE TRUST CORPORATION PLC	3M Respirator Masks	1,800,000	5.22	11,143,934.30	11,143,934.30	11,143,934.30	11,143,934.30
800128378	HAMILTON MEDICAL UK LTD	OFFER M20152/SC: HAMILTON-C6 INTENSIVE CARE VENTILATOR WITH STANDARD AND DEVICE-SPECIFIC ACCESSORIES FOR INITIAL START (STARTER KIT) INCLUDED AND SELECTED OPTIONS	30	21,991.76	659,752.80	791,677.42	791,677.42	791,677.42
800128796	A & N LEWIS	TEMPORARY MEDICINES UNIT WORKS TO IP5	-	6,644.00	-	-	-	0.00
800128612	JAG UFS INTL LTD	Additional Operational Support and Storage to international Air Charters due to changes in customs procedures (Cambodia & China)	1	28,045.50	28,045.50	28,045.50	28,045.50	28,045.50
800128636	GENMED ENTERPRISES UK LTD	URGENT COVID-19. ADDITIONAL CAPACITY. TYPE IIR FACE MASKS.	-	720.00	-	-	-	0.00
800128731	BCAS BIO MEDICAL SERVICES LTD	Repair work on Ventilators	1	5706	5,706.08	5,706.08	5,706.08	5,706.08
800128944	THE LAW DEBENTURE TRUST CORPORATION PLC	9332+ 3M Respirator Mask	2,000,000	3.46	-	-	-	0.00
800128925	CHUBB FIRE & SECURITY LTD	ESTIMATE 699697- INSTALLATION OF HIGH SECURE AREA INTRUDER	-	1,374.53	-	-	-	0.00

800128913	CHUBB FIRE & SECURITY LTD	INSTALLATION CHARGE FOR CCTV TO INCLUDE 9 * Cable CAT 5 LSZH Patch Lead 3m, 1 * HikVision 32ch 320Mbps 8 SATA, 5 8 HIK Smart Ext Bullet 8MP 2.8-1 AND 4 * Hikvision 8MP EasyIP 4.0 IR FI	-	4,859.50	-	-	-	-	0.00
	FRESENIUS LTD MEDICAL CARE	4% CITRATE SOLUTION SAFELOCK 1.5L, LC 1	80	102.00	8,160.00	9,792.00		9,792.00	44,679.72
		ADAPTER CALCIUM SECUNECT/LL	10	1.31	13.10	15.72		15.72	
		CI-CA DIALYSATE K4 PLUS, 500ML	520	18.00	9,360.00	11,232.00		11,232.00	
		CI-CA DIALYSATE K4, 5000ML	676	17.00	11,492.00	13,790.40		13,790.40	
		FILTRATE BAG SINGLE-USE 10 LT	34	72.00	2,448.00	2,937.60		2,937.60	
		MULTIFILTRATE - KIT CI-CA CVVHD 1000	64	90.00	5,760.00	6,912.00		6,912.00	
800128636	GENMED ENTERPRISES UK LTD	URGENT COVID-19. ADDITIONAL CAPACITY. TYPE IIR FACE MASKS.	350	720.00	252,000.00	252,000.00		252,000.00	252,000.00
800129178	FRESENIUS LTD MEDICAL CARE	URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. Calrecia, Calciumchloride 100 mmol/l, LC.	20	400	8,000.00	9,600.00		9,600.00	9,600.00
800129323	BECTON DICKINSON (UK) LTD	QUOTE Q042180 - NEXUS ALARIS PLUS GP PUMP.	57	1,495.00	85,215.00	102,258.00		102,258.00	102,326.40
		QUOTE Q042180 - OPTION CORD POWER R/A GB MOULDED	57	1.00	57.00	68.40		68.40	
800129364	GE MEDICAL SYSTEMS LTD	URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. CARESCAPE V100.	20	1300	26,000.00	31,200.00		31,200.00	31,200.00
800129662	BAXTER HEALTHCARE LTD	URGENT COVID-19 order - Prismaflex 8.XX Row	15	10,000.00	150,000.00	180,000.00	180,000.00		361,800.00
		URGENT COVID-19 order - Prismacomfort 240 V English	15	1,700.00	25,500.00	30,600.00	30,600.00		
		URGENT COVID-19 order - Prismax V2 Row	9	12,000.00	108,000.00	129,600.00	129,600.00		
		URGENT COVID-19 order - Thermax Blood Warmer Unit	9	2,000.00	18,000.00	21,600.00	21,600.00		
800129813	BECTON DICKINSON (CME) UK LTD	URGENT COVID-19 order - BodyGuard 323 Colourvision/ BodyGuard Pump Kit	20	1,695.00	33,900.00	40,680.00		40,680.00	72,240.00
		URGENT COVID-19 order - BG Ultimate CV500ML 4 keys	20	193.00	3,860.00	4,632.00		4,632.00	
		URGENT COVID-19 order - Alaris GP Plus Guard Rails Pump	15	1,494.00	22,410.00	26,892.00		26,892.00	
		URGENT COVID-19 order - Option Cord Power R/A GB moulded	1	15.00	15.00	18.00		18.00	
		URGENT COVID-19 order - Carriage Charges	1	15.00	15.00	18.00		18.00	
800129836	365 HEALTHCARE	Payment of Air Freight on Examination Gloves order (as per Invoice No. 55238424Y20)	1	104,471.02	104,471.02	125,365.22		125,365.22	248,259.17
		Payment of Air Freight on Examination Gloves order (as per Invoice No. 55234189Y20)	1	102,411.62	102,411.62	122,893.94		122,893.94	
800129900	GUILDHALL CHAMBERS	Payment of Legal Counsel Invoice in respect of Mr Jorren Knibbe (Drive Devilbiss Beds). Invoice no. 186851 refers.	1	2135	2,135.00	2,135.00		2,135.00	2,135.00
800130082	THE LAW DEBENTURE TRUST CORPORATION PLC	Type IIR masks	65,000,000	0.20	12,432,204.66	12,432,204.66		12,432,204.66	12,432,204.66
800130130	THE LAW DEBENTURE TRUST CORPORATION PLC	Nitrile Gloves	100,000,000	0.10	9,095,453.26	9,095,453.26		9,095,453.26	9,095,453.26
		Import VAT on 64.5m delivered 1st Jan 21 - 31st March 21				1,173,313.47		1,173,313.47	1,173,313.47
800131088	INTERSURGICAL LTD	Adjustable PEEP valve 2.5-20cm H2O 22m	6	33.10	198.60	238.32		238.32	2,254.56
		Clear-Guard™ Midi low volume breathing filter with luer port	1	55	55.00	66.00		66.00	
		Straight connector 22F-22F	2	12.60	25.20	30.24		30.24	
		VariFit NIV non vented mask with anti-asphyxiation valve, medium adult	8	200.00	1,600.00	1,920.00		1,920.00	
800131138	INTERSURGICAL LTD	22mm Flextube™, 1.6m lengths	2	58.50	117.00	140.40		140.40	167.76
		T-piece 22M-22M-22F	1	22.80	22.80	27.36		27.36	
800131261	365 HEALTHCARE	Air Freight Charge for Gloves received from 365 Healthcare (Invoice No. 55238681 refers)	1	70,063.12	70,063.12	84,075.74		84,075.74	201,655.27
		Air Freight Charge for Gloves received from 365 Healthcare (Invoice No. 55239649 refers)	1	87,340.50	87,340.50	104,808.60		104,808.60	
		Air Freight Charge for Gloves received from 365 Healthcare (Invoice No. 55239747 refers)	1	10,642.44	10,642.44	12,770.93		12,770.93	
800131776	365 HEALTHCARE	Air Freight Charge for Gloves received from 365 Healthcare (Invoice No. 55239570 refers)	1	70,075.24	70,075.24	84,090.29		84,090.29	84,090.29
800133017	365 HEALTHCARE	AIR FREIGHT CHARGES FOR NITRILE GLOVES	1	48,375.92	48,375.92	58,051.10		58,051.10	58,051.10
		URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. LumiraDx Platform Instrument V5E inc Connect Manager	200	2,000.00	400,000.00	480,000.00		480,000.00	

800134001	LUMIRADX UK LTD	URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. LumiraDx Connect Hub V2.	200	-	-	-	-	-	2,919,003.60
		URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. LumiraDx Barcode Scanner, incl. Bracket.	400	-	-	-	-	-	
		URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. LumiraDx SARS-CoV-2 Ag Test Strip Kit (48 Tests)	4,167	480	2,000,160.00	2,400,192.00		2,400,192.00	
		URGENT COVID-19 ADDITIONAL CAPACITY EQUIPMENT. LumiraDx SARS-CoV-2 Ag Liquid Control Solution (2 Sets/pack).	400	75.00	30,000.00	36,000.00		36,000.00	
		TECCare Wipes	355	6.60	2,343.00	2,811.60		2,811.60	
		URGENT COVID-19 ADDITIONAL CAPACITY 1 carriage charge	-	17.50	-	-		-	
800134134	STERILIN LTD	SWAB, IN A TUBE, NYLON FLOCKED TIP, PLASTIC STEM, RED CAP	4,000	23.88	95,520.00	114,624.00		114,624.00	114,624.00
800134162	MINISTRY OF DEFENCE	URGENT COVID-19 order - shipment of PPE (Provision of Services at Cardiff International Airport, Ref: MACA J3-040)	1	1,722.23	1,722.23	1,722.23		1,722.23	1,722.23
800135104	FISHER & PAYKEL HEALTHCARE LTD	QUOTE SW/SD/SD/WREX1020 F&P 950 SYSTEM HARDWARE. SPECIAL PRICE 10* RESPIRATORY HUMIDIFIER, 10* F&P 950 SENSOR CARTRIDGE AND 10*EXPIRATORY HEATER WIRE ADAPTOR. FRAMEWORK FAG000016086	10	1,456.00	14,560.00	17,472.00		17,472.00	18,042.76
		QUOTE SW/SD/SD/WREX1020 - ADULT VENTILATOR DUAL HEATED CIRCUIT KIT (WITH FILTER) - FRAMEWORK FAG000016086	1	475.00	475.00	570.76		570.76	
800135117	FISHER & PAYKEL HEALTHCARE LTD	QUOTE SW/SD/SD/WREX1020 F&P 950 SYSTEM HARDWARE. SPECIAL PRICE 10* RESPIRATORY HUMIDIFIER, 10* F&P 950 SENSOR CARTRIDGE AND 10*EXPIRATORY HEATER WIRE ADAPTOR. FRAMEWORK FAG000016086	10	1,456.00	14,560.00	17,472.00		17,472.00	18,042.76
		QUOTE SW/SD/SD/WREX1020 - ADULT VENTILATOR DUAL HEATED CIRCUIT KIT (WITH FILTER) - FRAMEWORK FAG000016086	1	475.00	475.00	570.76		570.76	
800135116	FISHER & PAYKEL HEALTHCARE LTD	QUOTE SW/SD/SD/WREX1020 F&P 950 SYSTEM HARDWARE. SPECIAL PRICE 10* RESPIRATORY HUMIDIFIER, 10* F&P 950 SENSOR CARTRIDGE AND 10*EXPIRATORY HEATER WIRE ADAPTOR. FRAMEWORK FAG000016086	10	1,456.00	14,560.00	17,472.00		17,472.00	18,042.76
		QUOTE SW/SD/SD/WREX1020 - ADULT VENTILATOR DUAL HEATED CIRCUIT KIT (WITH FILTER) - FRAMEWORK FAG000016086	1	475.00	475.00	570.76		570.76	
800135423	PHARMAPAC UK LTD	3M DISPOSABLE VALVED RESPIRATOR MASK	4,000	6.00	24,000.00	24,000.00		24,000.00	24,000.00
800135574	PHARMAPAC UK LTD	3m disposable valved Respirator Mask code 9332+	143,680	5.80	833,344.00	1,000,012.80		1,000,012.80	1,000,012.80
800135475	THE LAW DEBENTURE TRUST CORPORATION PLC	Type IIR masks	76,000,000	0.05	3,836,435.98	3,836,435.98		3,836,435.98	3,836,435.98
		Import VAT on deliveries after 31st December 2020 when relief ended				767,287.20		767,287.20	767,287.20
800135722	FRESENIUS LTD MEDICAL CARE	URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. CALRECIA, CALCIUM CHLORIDE 100 MMOL/L, LC.	110	400	44,000.00	52,800.00		52,800.00	52,800.00
800135724	FRESENIUS LTD MEDICAL CARE	URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. 4% CITRATE SOLUTION SAFELOCK 1.5 L, LC 1.	440	102.00	44,880.00	53,856.00		53,856.00	245,738.46
		URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. ADAPTER CALCIUM SECUNECT / LL.	55	1.31	72.05	86.46		86.46	
		URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. CI-CA DIALYSATE K4 PLUS, 5000ML.	2,860	18.00	51,480.00	61,776.00		61,776.00	
		URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. CI-CA DIALYSATE K4, 5000 ML.	3,718	17.00	63,206.00	75,847.20		75,847.20	
		URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. FILTRATE BAG SINGLE-USE 10 LT.	187	72.00	13,464.00	16,156.80		16,156.80	
		URGENT COVID-19 ORDER. ADDITIONAL CAPACITY. MULTIFILTRATE - KIT CI-CA CVVHD 1000.	352	90.00	31,680.00	38,016.00		38,016.00	
800136257	THE LAW DEBENTURE TRUST CORPORATION PLC	Nitrile Gloves	182,000,000	0.08	14,497,960.09	14,497,960.09		14,497,960.09	14,497,960.09
800135791	PHARMAPAC UK LTD	FFP3 8833	1,000,000	5.50	5,500,000.00	5,500,000.00		5,500,000.00	5,500,000.00

		FFP3 8833	1,000,000	5.50	5,500,000.00	6,600,000.00		6,600,000.00	6,600,000.00
	THE ROYAL MINT	REBATE ON VISOR ORDERS			1,187,128.81	1,187,128.81		1,187,128.81	-1,187,128.81
800136714	NINE GRP INTERNATIONAL LLP	FFP3 3M 8833 Mask	2,000	5.98	11,960.00	14,352.00		14,352.00	14,352.00
800144160	FRESENIUS KABI LTD	Calreca, Calciumchloride 100 mmol/l, LC	112	196 3/7	22,000.00	26,400.00		26,400.00	26,400.00
800144157	FRESENIUS KABI LTD	Adapter Calcium SecuNect / LL	-	1.31	-	-		-	0.00
		4% Citrate solution SafeLock 1.5 L, LC 1	-	102.00	-	-		-	
		CI-Ca Dialysate K4, 5000 mL	-	17.00	-	-		-	
		CI-Ca Dialysate K4 Plus, 5000ML	-	18.00	-	-		-	
		multiFiltrate - Kit CI-Ca CVVHD 1000	-	90.00	-	-		-	
		FILTRATE BAG SINGLE-USE 10 LT.	-	72.00	-	-		-	
800142756	DELOITTE LLP	Providing NHS Wales Shared Services Partnership with PPE supply and demand support: October 2020	1	11,067.00	11,067.00	11,067.00		11,067.00	11,067.00
800146161	FRESENIUS LTD MEDICAL CARE	Adapter Calcium SecuNect / LL	28	1.31	36.68	44.02		44.02	122,913.22
		4% Citrate solution SafeLock 1.5 L, LC 1	220	102.00	22,440.00	26,928.00		26,928.00	
		CI-Ca Dialysate K4, 5000 mL	1,859	17.00	31,603.00	37,923.60		37,923.60	
		CI-Ca Dialysate K4 Plus, 5000ML	1,430	18.00	25,740.00	30,888.00		30,888.00	
		multiFiltrate - Kit CI-Ca CVVHD 1000	176	90.00	15,840.00	19,008.00		19,008.00	
		FILTRATE BAG SINGLE-USE 10 LT.	94	72.00	6,768.00	8,121.60		8,121.60	
	DHSC	Recharge of NHS Wales Share of 65million Type IIR masks			1,095,762.97	1,314,915.56		1,314,915.56	1,314,915.56
	THE LAW DEBENTURE TRUST CORPORATION PL	FLIGHTS FOR NITRILE GLOVES	1	2,372,783.07	2,372,783.07	2,372,783.07		2,372,783.07	2,372,783.07
	BAD DEBT PROVISION	BAD DEBT PROVISION			-	586,586.00		586,586.00	586,586.00
	MASS VACC PPE TRANSFERS	INTERNAL TRANSFER WITHIN NWSSP				1,398,841.61		1,398,841.61	1,398,841.61
	NWSSP PPE TRANSFERS	INTERNAL TRANSFER WITHIN NWSSP				33,000.00		33,000.00	33,000.00
	VAT CREDITS	VAT CREDITS				13,938,220.09		13,938,220.09	-13,938,220.09
	STOCK WRITE ONS	STOCK WRITE ON FROM REVENUE TO BALANCE SHEET				44,334,626.01		44,334,626.01	-44,334,626.01

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Andy Butler, Director of Finance and Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Governance Matters
PURPOSE The purpose of this paper is to provide the Audit Committee with a brief update on governance developments within NWSSP.	

1. STANDING ORDERS AND FINANCIAL INSTRUCTIONS (SOs and SFIs)

There have been no departures from the Standing Orders and financial regulations during the period.

Scheme of Delegation

There were three separate amendments to the Scheme of Delegation which were approved by the Trust Board at its meeting on 8 June:

- A further extension of the £5m limit for the Chair and Managing Director for COVID-related expenditure until 30 September 2021;
- An increase in the approval limits for ESR recharges from £750k to £1m; and
- Changes to the approval limits for the Existing Liabilities Scheme which provides more capacity for payments to be approved in the absence of key staff. The revised limits are provided in the table below:

Scheme Designation	Current Damages Limit (£)	Proposed Damages Limit (£)
Welsh Government	1M and over	1M and over
Managing Director and NWSSP Chair	Up to 1M	Up to 1M
Managing Director	Up to 500k	Up to 500k
Director of Finance & Corporate Services or Director of Legal and Risk Services and Welsh Risk Pool	Up to 100k	Up to 500k
Deputy Director of Finance & Corporate Services or Deputy Director of Legal and Risk Services and Welsh	Up to 50k	Up to 100k

Risk Pool		
Head of Function - GMPI Team Leader	Up to 10k	Up to 50k

2. CONTRACTS FOR NWSSP

The table overleaf summarises contracting activity undertaken during the period **08 April 2021 to 21 June 2021**. A summary of activity for the period is set out in **Appendix A**.

Description	No.
File Note	1
Invitation to competitive quote of value between £5,000 and £25,000 (exclusive of VAT)	1
Invitation to competitive tender of value between £25,000 and the prevailing OJEU threshold (exclusive of VAT)	0
Single Tender Actions	0
Single Quotation Actions	1
Direct Call Off against National Framework Agreement	2
Invitation to competitive tender of value exceeding prevailing OJEU threshold (exclusive of VAT)	0
Contract Extensions	0
Total	5

3. NWSSP PROCUREMENT SERVICES ALL WALES CONTRACTING ACTIVITY

During the period **1 April 2021 to 16 June 2021**, activity against **49 contracts** have been completed. This includes **19** contracts at the **briefing** stage and **26** contracts at the **ratification** stage. In addition to this activity, **4 extensions** have been actioned against contracts. A summary of activity for the period is set out in **Appendix B**.

4. GIFTS, HOSPITALITY & SPONSORSHIP

There have been **0** declarations as to 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 Dr Andrew Goodall at Welsh Government to confirm any Audit Reports which have achieved limited or no assurance. We submitted a nil return for the last quarter.

6. RECOMMENDATIONS

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

APPENDIX A - NWSSP Contracting Activity Undertaken (08/04/2021 to 21/06/2021)

No.	Trust	Division	Procurement Ref No	Date	SFI Reference	Agreement Title/Description	Supplier	Anticipated Agreement Value (ex VAT)	Reason/Circumstance and Issue	Compliance Comment	Procurement Action Required
1.	VEL	NWSSP-SMTL	NWSSP-DCO-816	16/04/2021	Direct Call Off	Public and Product Liability & professional Indemnity Insurance for SMTL & HTW	J A Gallagher	£18,439	Direct award through Crown Commercial Services Framework	Compliant	No action required
2.	VEL	NWSSP-Procurement services	NWSSP-DCO-819	20/04/2021	Direct Call Off	5 Year Rental Agreement for Bizhub C360I	Konica Minolta	£6,176	Direct award through Crown Commercial Services Framework	Compliant	No action required
3.	VEL	NWSSP-Contract or services	NWSSP-RFQ-823	30/04/2021	Request for Quote	New Office renovations for medical examiner	Richard H Powell and Partners Ltd	£6,607	Awarded based on M.E.A.T	Compliant, 3 suppliers viewed the opportunity, 3 response received	No action required
4.	VEL	NWSSP-PCS	NWSSP-SQA-825	01/06/2021	Single Quotation Action	Installation of automatic fire detection	TOD fire & security	£9,759	The installation of automatic fire detection sensors are an essential requirement following a fire risk assessment	Endorsed	No action required
5.	VEL	NWSSP - HCS	VEL-NWSSP-ITT-45018	09/06/2021	File Note	The Provision of Clean Room Clothing	Geopollution technologies (UK) Ltd t/a Natural solutions environmental management services	£ 10,548	Urgently required to clean-up kerosene spill in Westpoint Stores	Endorsed	No action required

APPENDIX B - All Wales Contracting Activity In Progress (01/04/21 to 16/06/21)

No.	Contract Title	Doc Type	Total Value	JI approval <£750K	WG approval >£500k	NF approval £750-£1M	Chair Approval £1M+
1.	Enteral feeding Enteral feeding refers to the intake of food via the gastrointestinal (GI) tract. The GI tract is composed of the mouth, esophagus, stomach, and intestines. Enteral feeding may mean nutrition taken through the mouth or through a tube that goes directly to the stomach or small intestine. A person on enteral feeds usually has a condition or injury that prevents eating a regular diet by mouth, but their GI tract is still able to function. Being fed through a tube allows them to receive nutrition and keep their GI tract working. Contract period – 4 years (1/8/21-31/7/25)	briefing	£ 4,355,684	08/04/2021	18/05/2021	n/a	n/a
2.	Culture Media and Associated Consumables Culture media is the main high use consumable used in microbiology across Wales, including both clinical laboratories and food, water, and environment (FWE) testing laboratories. It is designed to provide the optimum growth requirements for microorganisms, in order to grow and identify them. This can be in the form of plated media (pre-prepared in petri dishes), or liquid media provided in bottles. Contract period – 2years +optional 2 (01/7/21-30/6/25)	briefing	£ 3,826,014	19/04/2021	17/05/2021	n/a	n/a
3.	Home Parenteral nutrition Parenteral Nutrition (PN) is the means of delivering bespoke fluids and nutrients via intravenous access to patients with acute or chronic intestinal failure. Medical advances have resulted in patients surviving longer and are able to perform their nutrition therapies at home, either by themselves or with the support of family or a homecare nursing team. This is in line with Prudent Healthcare principles. Although the numbers of patients are low, this is a high cost, life preserving, complex treatment and this procurement specifically relates to patients who receive this therapy at home; Home Parenteral Nutrition (HPN). Contract period – 1/7/18-30/6/21 – extension 1/7/21-30/6/22	extension	£ 19,200,000	08/04/2021	original approval applies 11/5/18	13/04/2021	13/04/2021
4.	Parenteral nutrition This contract consists of all Parenteral Nutrition products purchased through Pharmacy Departments. When adequate feeding through the alimentary tract is not possible, nutrients may be administered by intravenous infusion. This may be in addition to ordinary oral tube feeding – supplementary parenteral nutrition or may be the sole source of nutrition – total parenteral nutrition (TPN). Indications for this method include preparation of undernourished patients for surgery, chemotherapy or radiation therapy, severe or prolonged disorders of the gastro-intestinal tract, trauma or burns, prolonged coma or refusal to eat	ratification	£ 1,215,531	09/04/2021	29/04/2021	30/04/2021	30/04/2021

	and some patients with renal or hepatic failure. Contract period 01/08/2021 – 31/07/2024 (with an option to extend for up to a further 12 months to 31/07/2025)						
5.	Ambient groceries These contracts are comprised of a variety of dry/ambient products from multiple suppliers via direct supply and NHS Wales Stores. The contract scope includes approximately 900 lines covering categories such as Sauces, Pulses, Rice, Pasta, Herbs and Spices, Hot Beverages, Soups, Stocks, Condiments, Pie Fillings, Cooking Oil, Desserts, Dried Fruits and Cereals Contract period 3 Years with the option to extend for a further 12 months	briefing	£ 7,962,312	19/04/2021	29/04/2021	n/a	n/a
6.	CVU - Maint of OR1 stacks and scope Theatres department own a significant amount of Karl Storz assets that are used by various clinical disciplines. There are very limited contingencies for the scopes, stacks, and more specifically, the integrated operating rooms OR1's. It is essential that the appropriate service contract is in place to uphold the Health Board's lists and ensure quality patient care. Contract period - 3 years with no option to extend. 22/04/2021 – 21/04/2024	ratification	£ 1,012,122	09/04/2021	19/04/2021	trust gov applies	trust gov applies
7.	Bread, Milk, Baked Goods and Dairy The contract scope includes regular delivery items of Bread, Baked Goods and Milk, as well as Dairy items. It is proposed that a 22 Lot Open OJEU procedure be utilised, on a varying regional and national basis, using a 60% price and 40% quality split to deliver this requirement. Contract period 3 Years with the option to extend for a further 12 months	briefing	£ 12,884,107	19/04/2021	18/05/2021	n/a	n/a
8.	Consultant Connect Consultant Connect is a telephone helpline that primary care can call for medical advice about patients who previously may have been sent straight to ED or referred for an outpatient appointment. The majority of calls are taken by a consultant, or if not then by a registrar or nurse practitioner Contract period – 1 year	briefing/ext ension	£ 650,000	09/04/2021	14/04/2021	n/a	n/a
9.	Consultant Connect Consultant Connect is a telephone helpline that primary care can call for medical advice about patients who previously may have been sent straight to ED or referred for an outpatient appointment. The majority of calls are taken by a consultant, or if not then by a registrar or nurse practitioner. Contract period – 1 year	ratification	£ 650,000	14/04/2021	14/04/2021	n/a	n/a
10.	Biologics The Biologics Framework Agreement is for the provision of Infliximab, Rituximab, Etanercept, Adalimumab, Bevacizumab and Teriparatide originator and biosimilar medicines direct to hospitals and to patients' homes via homecare providers. This Framework Agreement is a retender of the current biologics Agreement and also incorporates the current Adalimumab Agreement, Contract period _01/07/2021 to 30/06/2023 (2 years) with an	ratification	£ 56,911,236	21/04/2021	29/04/2021	29/04/2021	29/04/2021

	option to extend for a further 24 months to 30/06/2025 (2 years)						
11.	Trastuzumab Trastuzumab is available in both Subcutaneous and IV Infusion formulations. The All Wales Drugs Contracting Committee (AWDCC) has decided to award a multi supplier Framework Agreement in order that patients have access to all presentations of the tendered medicines. This approach will enable patients to continue to receive their currently prescribed medicines while clinicians have the option of prescribing the alternative lower priced medicines for new patients. The contract also provides clinicians with the potential to switch their current patients to the lower priced alternatives as and when clinically appropriate. A multi supplier framework will be advantageous in the event of any difficulties with potential supply disruptions or drug compounding difficulties. The tender process has seen increased competition with new entrants and a new combination of Trastuzumab/Pertuzumab which has been welcomed by the cancer centres in Wales. Contract period 1 st July 2021 to 30 th June 2023 (with an option to extend for up to a further period of up to 24 months to 30 th June 2025)	ratification	£ 24,770,788	21/04/2021	29/04/2021	29/04/2021	29/04/2021
12.	Blood collection systems the contract is for the supply of evacuated and non-evacuated blood collection products including all blood collection tubes, safety needles, and holders. It also includes product training as required throughout the life of the contract. The contract is held by two suppliers split into two Lots, with each Lot awarded on a sole supply basis. Contract period – 2 years + 2 year optional extension 1 st April 2018 to 31 st March 2022	extension	£ 7,800,000	21/04/2021	original approval applies 31/1/18	22/04/2021	22/04/2021
13.	Injections/Infusions To contract for Generic Drugs – Injections/Infusions Items to purchase for use by All Wales hospital pharmacy departments, as requested by the All Wales Drug Contracting Committee. Contract period 01/07/2021 to 30/06/2022 (1 years) with an option to extend for a further 12 months to 30/06/2023 (1 years)	ratification	£ 3,147,556	21/04/2021	18/05/2021	19/05/2021	19/05/2021
14.	CTM - Medical resource service The supplier will provide a managed service for agency medical locums and allied health professionals (AHPs). The service will manage sourcing, compliance, payments and reporting. The supplier will also provide a managed medical bank and the associated software. Contract period 1 st April 2021 – 31 st March 2022	ratification	£ 969,600	21/04/2021	21/05/2021	trust gov applies	trust gov applies
15.	BCU WAST Falls response service WAST) require a suitable contractor to provide a designated Falls Response provision, across Wales to attend patients who have sustained no injuries or minor injuries as a result of a fall. (Level One Falls Assistant) WAST recognises that not all patients who fall require an	ratification	£ 2,888,000	21/04/2021	26/05/2021	trust gov applies	trust gov applies

	Emergency ambulance response and not all patients require further assessment at the Emergency Department. The Implementation of the Falls Response Model across Wales will ensure patients who have fallen, receive a timely response which is appropriate to their clinical condition and where appropriate receive clinical escalation to address their needs. Contract period 3 years with an option to extend a further 12 months						
16.	Gen Drugs - Topicals & Misc This contract will consist of all Generic liquids, creams, emollients, gels and miscellaneous products such eye drops, inhalers, patches etc, which are purchased through Pharmacy Departments. Contract period 1 st July 2021 to 30 th June 2024 (with an option to extend for up to a further period of 12 months to 30 th June 2025)	ratification	£ 9,014,913	21/04/2021	11/06/2021	11/06/2021	11/06/2021
17.	Waste Disposal Bags & Aprons This includes clinical and general refuse waste along with some bags that are used for specific purposes such as mattress disposal. The bags are produced to ensure that the detailed specifications that are required are fully met. Some of the bags require additional testing and certification to be undertaken to ensure that they are fully compliant with regulations relating to the disposal of specific types of hazardous waste. Many of the bags are also printed in both Welsh and English with identification information. Contract period 3 Years (with an option to extend for a further period of up to 1 year)	briefing	£ 4,770,696	22/04/2021	24/05/2021	n/a	n/a
18.	Influenza vaccine The contract is for the Seasonal Influenza Vaccine 2021 for the occupational health departments in the Hospitals on an all Wales basis. Contract period 15/05/2021 – 01/05/2022 (with the possibility to extend up to a further 24 months to 01/05/2024)	ratification	£ 1,836,468	27/04/2021	24/05/2021	24/05/2021	25/05/2021
19.	Clinical waste transport extension The contract covers all services for the collection, transportation and disposal of clinical waste across NHS sites in Wales. Stericycle Ltd (formerly SRCL Ltd), are the sole supplier of this service to all Health Boards/Trusts across NHS Wales. NHS Wales manages the procurement, compliance, and performance of the contract's operation via the All Wales Clinical Waste Consortium (AWC). The Consortium consists of Health Board/Trust representatives, NWSSP Specialist Estates Services, NWSSP Procurement Services, as well as the Stericycle themselves. Stericycle Ltd are the largest contractor within the UK and have an international presence in the market. Contract period 1 st April 2017 – 31 st March 2025	extension	£ 49,892,568	28/04/2021	20/05/2021	25/05/2021	25/05/2021
20.	Insulin Pumps, CGM, Associated Tech and Consumables Diabetes Mellitus, commonly known as diabetes, is a metabolic disease which causes high blood sugar. Type 1 and Gestational Diabetes patients would be supported by this Framework Agreement. Continuous subcutaneous insulin infusion is often called 'insulin	briefing paper	£ 29,699,004	17/05/2021	sent to WG 17/5		

	<p>pump' Therapy. An Insulin Pump is an electronic device which is worn constantly, it administers insulin day and night through a cannula inserted into the skin. Continuous Glucose Monitoring (CGM) can be used for stand-alone glucose monitoring (e.g. gestational diabetes) or in conjunction with an Insulin Pump. Clinicians use Data Access portals to monitor the patient's management of their Diabetes.</p> <p>Contract period – 4 years</p>						
21.	<p>BCU Vehicle Tail Lift Service & Repair The Welsh Ambulance Services NHS Trust is seeking a provider of Vehicle Tail Lift Services to perform Statutory Thorough Examinations, routine service work and effect repairs as required</p> <p>Contract period 3 years with an option to extend by a further 12 months</p>	ratification	£ 1,800,000	28/04/2021	26/05/2021	trust gov applies	trust gov applies
22.	<p>HDDA Vital Signs Monitors Within this replacement programme, the health board will be upgrading to a more advanced device enabling an additional parameter (respiratory rate) to be recorded, which will support long Covid patient management.</p> <p>The Clinical Engineering department has been successful in sourcing replacement vital signs monitors with the additional respiratory rate capability. Also included is 3 years extended warranty, which will reduce revenue expenditure, connectivity licences, service licences for each site, service components for each site and barcode readers with RFID capability. In addition, there is support provided in building / configuring each device and on-site technical and clinical training for all users.</p> <p>Contract period – one off purchase</p>	ratification	£827,706	06/05/2021	27/05/2021	trust gov applies	trust gov applies
23.	<p>Surgically Implanted Breast Prostheses Surgically Implanted Breast Prostheses are used in Breast reconstruction surgery. Predominantly this is conducted within the Oncology pathway however, there is an element of plastic surgery conducted within the NHS to correct congenital defects. In addition, the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital is a Centre of excellence, with patient referrals from Wales and the South West of England as far as Plymouth. Surgeons here carry out breast reconstruction surgery for patients from within the oncology and plastics pathway.</p> <p>Contract period 4 years</p>	briefing	£ 1,223,281	17/05/2021	sent to WG 17/5	n/a	n/a
24.	<p>DHCW - Trace track protect Ongoing Development of the Contact Tracing System – Test Trace Protect system (“TTPs”)</p> <p>Contract period May 2021 and expire April 2022</p>	briefing	£ 1,000,000	07/05/2021	sent to WG 7/5	n/a	n/a
25.	<p>DHCW - Vaccination prog Digital Health and Care Wales (DHCW) requires an Agreement to be executed to continue the use of UK Gov Notify – the government's messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages/texts. It has been</p>	briefing	£ 5,700,000	07/05/2021	sent to WG 7/5	n/a	n/a

	vital in NHS Wales over the past few months in managing the Covid-19 Vaccination programme. This platform is vital in ensuring that urgent messages are issued from Health Boards to patients to ensure critical messages are delivered smoothly and efficiently from each Health Board to its patients. Contract period May 2021 and expire April 2022						
26.	BCU Powys NEPTs To appoint a contractor to: <ul style="list-style-type: none"> Provide a dedicated team/s and booking office/s or hub within the geographical locality. Provide a 24/7, 365 days per year transportation service to patients assessed as eligible for the service Contract period 60 months, with the option to extend beyond this for a further 24 months.	ratification	£ 1,677,501	11/05/2021	15/06/21	trust gov applies	Trust gov applies
27.	Prosthetics The framework will provide a range of Prosthetic items and associated products. These include: Residual Limb Compression Garments, Residual Limb Socks, Lower Limb Structural Components, Next Generation MPK Knees, and Shoulder Joints. Contract period 1 st April 2021 – 31 st March 2023 (Option to extend for a further 2 x 12 months)	ratification	£ 6,687,704	17/05/2021	27/05/2021	28/05/2021	12/06/2021
28.	Motor Insurance Full coverage of NHS Wales' relevant Motor vehicles Contract period 1 st December 2020 - 30 th November 2023 with the following exceptions: Cardiff and Vale UHB: 1 st February 2021 - 31 st January 2024 Betsi Cadwaladr UHB: 1 st January 2021 - 31 st December 2023	ratification	£ 7,297,888	21/05/2021	10/06/2021	10/06/2021	11/06/2021
29.	HPV Testing Cervical Screening Wales offers cervical screening to all women in Wales aged between 25 and 64 years of age. Contract period 3 years with option to extend by 24 months	briefing	£ 7,500,000	19/05/2021	10/06/2021	n/a	n/a
30.	BCU Community equipment maintenance To appoint a supplier to provide testing, maintenance and repair of community equipment across the Health Board. Contract period Initial contract period of 36 months with an optional extension of 12 month.	ratification	£ 1,013,140	21/05/2021	10/06/2021	trust gov applies	trust gov applies
31.	Adult MH & CAMHS National Collaborative Framework for Adult Mental Health /Learning Disability and CAMHS Hospitals Contract period Four (4) years with an option to extend for up to an additional four (4) years	briefing	£ 480,000,000	21/05/2021	10/06/2021	n/a	n/a
32.	Learning Management System Health Education and Improvement Wales (HEIW) have established a need for a single digital system which will deliver a solution for the management of learning across the Organisation. This solution is envisaged for a Learning Management System (LMS) to be enrolled across all levels. Contract period 2 years with optional extension of 1 + 1 increments	briefing	£ 2,000,000	sent to JI 27/5		n/a	n/a
33.	Antiretrovirals There is no cure for infection caused by the human	briefing	£ 10,524,564	26/05/2021	10/06/2021	n/a	n/a

	immunodeficiency virus (HIV), but a number of drugs slow or halt the progression. These drugs are known as anti-retrovirals. Treatment aims to prevent the mortality and morbidity associated with chronic HIV infection whilst minimising drug toxicity. Although this treatment should be started before the immune system is irreversibly damaged, the need for early drug treatment should be balanced against the risk of toxicity. Contract period 01/02/2022 – 31/01/2024 (with option to extend for a further 24 months to 31/01/2026)						
34.	Gen Drugs Tablets & Capsules This contract is for the re-tender of the current Generic Tablets & Capsules and Generic Tablets & Capsules 2 contracts, which are due to end on 31 st January 2022. They will be combined into one larger contract in order to utilise greater economies of scale and streamline the contract management process. After a recent review of the current Proprietary Drugs 1 contract, during the extension process, there was also the decision taken to move some of those lines to this new contract as they now have generic competition available, which will help drive prices down. Contract period 01.02.2022 – 31.01.2024 (with the option to extend for up to a further 24 months to 31.01.2026)	briefing	£ 20,640,903	26/05/2021	sent to WG 26/5	n/a	n/a
35.	Fuel Oils & ULSD The supply of the following fuel oil types to 115 NHS Wales hospital sites across for heating use only, Gas Oil, Therma 35, Kerosene and ULSD. Contract period 3 years with 1 year extension option.	ratification	£ 4,363,348	26/05/2021	08/06/2021	08/06/2021	08/06/2021
36.	Therapy Packages This contract is to provide both initial assessments and therapy packages for CAMHs services across North Wales. Welsh Government targets are that 80% of assessments are undertaken within 28 days of receipt of referral and that 80% of therapy packages are commenced within 28 days of the assessment undertaken. There are currently 501 children and young people waiting for an initial assessment with 339 waiting for commencement of a therapy package. Contract period 3 Years + 24 Months Extension	briefing	£ 1,500,000	15/06/2021	sent to WG 15/6	n/a	n/a
37.	CTM C19 Hensol field hospital retrospective To convert and alter the existing WRU Training Barn at The Vale Spa & Hotel, Hensol into CTM's temporary Field Hospital in response to the Covid-19 pandemic. The temporary field hospital was built for a 255 patient bed capacity. Contract works commenced 4 th April 2020 with handover achieved on 20 th April for the initial contract. Remediation works instructed on 25 th May and these works will complete by 8 th July	ratification	£ 1,500,000	26/05/2021	sent to WG 26/5		
38.	CTM C19 Bridgend field hospital retrospective To convert and alter existing industrial unit to a temporary field hospital Works commenced 11 th April and the first phase, phase A, was completed by end May. There are possible plans to refurbish the 2	ratification	£ 1,650,000	27/05/2021	sent to WG 26/5		

	other areas based on on going capacity modelling which could see a further 4-5 weeks work commencing at a date to be agreed						
39.	BCU Neurodevelopment Assessments To commission a service for the provision of the diagnostic assessment element of Neurodevelopment disorders. The purpose of the tender is to eliminate the long waiting lists currently in place. Contract period February 2020 - March 2021 plus an extension of 12 months until 31st March 2022	ratification	£ 1,600,000	27/05/2021	28/05/2021	trust gov applies	trust gov applies
40.	BCU critical care works Wrexham To carry out the remodelling of existing Critical Care Department within Wrexham Maelor Hospital. Works to include 2no new dedicated isolation suites, electrical and mechanical upgrade. Contract period 04/05/2021 – 17/09/2021	ratification	£ 1,767,556	28/05/2021	15/06/21	trust gov applies	Trust gov applies
41.	HEIW Training Services Delivery of Pre-registration Health Professional Education and Training Services to train the future NHS Wales workforce, ensuring sustainability within the NHS workforce in Wales and to ensure the individual Welsh Health Board's and Trust's Integrated Medium Term Plan workforce requirements are met. Contract period Implementation stage 1 August 2021 to 31 July 2022; Services commence 1 August 2022 to 31 July 2029 plus option to extend in 12-month tranches up to 31 July 2032.	ratification	£1,153,047,634	28/05/2021	sent to WG 28/5		
42.	Haemostatic Products The current agreement includes the provision of products used to promote haemostasis where suturing or other conventional methods would not be effective enough. The current contract includes provisions for the following products: Haemostatic Standard Oxidized Cellulose, Haemostatic High Density Oxidized Cellulose, Haemostatic Fibrillar Oxidized Cellulose, Haemostatic Sponges, Haemostatic Patches, Haemostatic Chitosan Products, Haemostatic Alginate Dressings, Flowable Haemostats, and Fibrin Sealants for NHS Wales. Contract period 3 years with option to Extend for 12 months	extension	£ 5,172,582	28/05/2021	original approval applies 28/5/18	28/05/2021	28/05/2021
43.	HDDA Orthodontic Service North Ceredigion Hywel Dda University Health Board (H DUHB) has sought to commission high quality NHS Orthodontic Services to be delivered in primary care settings for patients across Carmarthenshire, Ceredigion and Pembrokeshire. The service will provide Orthodontic (mandatory) NHS dental services to all patient demographics where appropriate. Contract period 5 Years with the option to extend for a further 2 years	ratification	£ 1,369,922	28/05/2021	15/06/2021	Trust gov applies	Trust gov applies
44.	Airway Management The Airway Management agreement consists of items that are required to undertake an array of medical procedures that prevent airway obstruction or asphyxiation. Most commonly the items are used to ventilate the lungs of critically ill patients or those that have been anaesthetised to carry out a procedure. Over the past 13 years the Airway Management agreement has been a significantly compliant agreement that	briefing	£ 4,821,695	16/6/2021	Sent to WG 16/6	n/a	n/a

	adheres to the 'Once for Wales' approach instilled by Welsh Government. Contract period 4 Years						
45.	CVU Provision of Hospital Capacity for C&V the Health Board had an urgent requirement for additional hospital facilities within or close to their geographical boundaries to ensure the safety of their patients should a need arise for these patients to be transferred back to UHW and/or UHL if required. Contract period Additional capacity to the current contract and extension until the 31st March 2022	ratification	£ 4,380,000	10/06/2021	sent to WG 10/6		
46.	Urology Urinary catheterisation is a procedure to drain and collect urine from the bladder. A thin, flexible tube (known as a catheter) made from PVC, silicone or latex is inserted into the bladder, usually via the urethra. Patients that may need long term Catheterisation will require a suprapubic catheter, which is installed via a small incision in the patient's abdomen, which allows the catheter to link directly with the bladder. Contract period 4 years	briefing	£ 2,659,790	16/06/2021	Sent to WG 16/06	n/a	n/a
47.	AB Building Management Systems The contractor will provide an essential maintenance package to enable continued operation of Building Management Systems. The maintenance requirements of the BMS will ensure that the installed systems provide efficient plant control and monitoring. The maintenance provider will provide technical resource to service and support the installed systems to ensure that best performance from each BMS is maintained. Contract period 2 years with an option to extend for a further 3 years on an annual basis i.e. 2 + 1 + 1 + 1	ratification	£ 671,984	10/06/2021	sent to WG 10/6		
48.	CTM Endoscopy procedures via mobile unit One key area of significant pressure is Endoscopy Services, with a large backlog of patients particularly within the Rhondda Taf Ely and Merthyr Cynon integrated Locality Groups areas. As part of the Elective recovery plan, an Endoscopy work stream and project board has been established to delivery on the plan and review the extended plan opportunities to increase capacity. Contract period One year with the option to extend for a further year (1+1)	briefing	£ 11,525,696	10/06/2021	sent to WG 10/6	n/a	n/a
49.	Design to Smile This contract is for the provision of items required by the Designed to Smile teams in order for them to be able to successfully run the programme throughout Wales. Items on contract include toothbrushes, toothpastes, homecare packs, and toothbrush racks. Contract period 4 years with no options to extend and will commence on 01/07/2021 and will end on 30/06/2025	ratification	£ 1,095,049	11/06/2021	Sent to WG 11/6		

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
AGENDA ITEM	
PREPARED BY	Peter Stephenson, Head of Finance and Business Development
PRESENTED BY	Andy Butler, Director of Finance and Corporate Services
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance and Corporate Services
TITLE OF REPORT	Final Annual Governance Statement 2020-21

PURPOSE

To present the Final Annual Governance Statement (AGS) to the Committee, for assurance purposes.

1. BACKGROUND

The Annual Governance Statement is a mandatory requirement. It provides assurance that NWSSP has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides detail of any significant internal control issues.

The Statement must be signed off by the Managing Director as the accountable officer and approved by the Shared Services Partnership Committee (SSPC). As a hosted organisation, NWSSP's annual governance statement forms part of the Velindre University NHS Trust's annual report and accounts. The external auditor will report on inconsistencies between information in the Statement and their knowledge of the governance arrangements for NWSSP.

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

The Annual Governance Statement came in draft to the Committee in April and has now been finalised. The Statement is in final apart from one section

in terms of performance with regards to NWSSP's performance against Carbon Footprint targets where information is still awaited.

2. TIMELINE FOR APPROVAL

The timeline for approving the statement is as follows:

Version	Approved
1	SLT 25 March 2021 draft for endorsement
2	Velindre Integrated Governance Group 15 April 2021
3	Audit Committee 20 April 2021 for review
4	SSPC 20 May 2021 final for endorsement
5	SLT 27 May 2021 final for endorsement
6	Audit Committee 29 June 2021 for final approval

3. GOVERNANCE & RISK

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

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

Section 4 of the SSPC Standing Orders states that:

"With regard to its role in providing advice to both Velindre Trust Board and the SSPC, the Audit Committee will comment specifically upon:

- The adequacy of the organisation's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities designed to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement*

4. RECOMMENDATION

The Audit Committee are asked to:

- **APPROVE** the Final Annual Governance Statement.

Annual Governance Statement 2020/2021

Version	Approved
1	SLT 25 March 2021 draft for endorsement
2	Velindre Integrated Governance Group 15 April 2021
3	Audit Committee 20 April 2021 for review
4	SSPC 20 May 2021 final for endorsement
5	SLT 27 May 2021 final for endorsement
6	Audit Committee 29 June 2021 for final approval

CONTENTS

	Chapter	Page
1.	Scope of Responsibility	3
2.	Governance Framework	5
	2.1 Shared Services Partnership Committee (SSPC)	5
	2.2 Partnership Committee Performance and Self-Assessment	9
	2.3 Velindre NHS Trust Audit Committee for NWSSP	10
	2.4 Reviewing Effectiveness of Audit Committee	12
	2.5 Sub Groups and Advisory Groups	13
	2.6 The Senior Management Team (SMT)	14
3.	The System of Internal Control	15
	3.1 External Audit	15
	3.2 Internal Audit	16
	3.3 Counter Fraud Specialists	16
	3.4 Integrated Governance	17
	3.5 Quality	17
	3.6 Looking Ahead	18
4.	Capacity to Handle Risk	18
5.	The Risk and Control Framework	20
	5.1 Corporate Risk Register	21
	5.2 Policies and Procedures	22
	5.3 Information Governance	23
	5.4 Counter Fraud	25
	5.5 Internal Audit	25
	5.6 Integrated Medium-Term Plan (IMTP)	25
	5.7 Health and Care Standards	26
6.	Mandatory Disclosures	29
	6.1 Equality, Diversity and Human Rights	29
	6.2 Welsh Language	31
	6.3 Handling Complaints and Concerns	32
	6.4 Freedom of Information Requests	33
	6.5 Data Security	33
	6.6 ISO14001 –Sustainability and Carbon Reduction Delivery Plan	33
	6.7 Business Continuity Planning/Emergency Preparedness	34
	6.8 UK Corporate Governance Code	35
	6.9 NHS Pensions Scheme	35
7.	Managing Director's Overall Review of Effectiveness	36

1. SCOPE OF RESPONSIBILITY

Throughout the 2020/21 financial year, NWSSP and NHS Wales faced unprecedented and increasing pressure in planning and providing services to meet the needs of those affected by COVID-19, whilst also maintaining its core activities and functions. NWSSP staff responded fantastically to the challenge, such that not only were no services stood down, but that a number of new services, including some well outside our traditional finance and transactional base, have been established.

One example of this is the Temporary Medicines Unit (TMU). The NWSSP TMU was inspected by the MHRA regulator in December 2020. After minor adjustments to meet the regulator's recommendations, the service opened on 25 January 2021. Since that date it has supplied Medicines to all the Health Boards with Acute Hospitals in Wales, meeting pressures and allowing other resources to be redeployed locally to best effect. The service acts as a wholesaler, purchasing bulk medicines and consumables, preparing them into ready to administer form under Aseptic conditions, and selling them onto the Health Boards for use, principally in their Critical Care Units. The service also continues to contribute towards the COVID-19 vaccine programme by supervising the packing and distribution of consumables packs to vaccination centres.

A further example has been in meeting the response to Personal Protective Equipment (PPE). The approach undertaken by NWSSP and others was comprehensively reviewed by Audit Wales, and their report was published in April 2021. The press release that accompanied it stated:

"Working collaboratively, NHS Shared Services and other public services overcame early challenges to provide health and care bodies with the required PPE without running out of stock at a national level.

The Welsh Government and NHS Wales Shared Services Partnership (Shared Services) procured and supplied Personal Protective Equipment (PPE) for frontline staff in very challenging circumstances. They put good arrangements in place to manage risks which helped to avoid some of the problems reported in England".

The pandemic has meant NWSSP has had to work very differently both internally and with our staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General Health and Social Services/NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to "COVID -19- Decision Making and Financial Guidance". The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals which under normal operating circumstances would be available. Nevertheless, the

organisation is still required to demonstrate that decision-making has been efficient and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money and demonstrating Value for Money after the COVID-19 crisis has abated and there is a return to more normal operating conditions.

To demonstrate this, NWSSP records how the effects of COVID-19 have impacted on any changes to normal decision-making processes. Where relevant these, and other actions taken have been explained within this Annual Governance Statement.

As Accounting Officer, the Managing Director has responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Wales Shared Services Partnership's (NWSSP), and the host's (Velindre University NHS Trust) policies, aims and objectives. The Managing Director also safeguards the public funds and departmental assets for which he is personally responsible, in accordance with the responsibilities assigned to him. The Managing Director is responsible for ensuring that NWSSP is administered prudently and economically and that resources are applied efficiently and effectively.

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

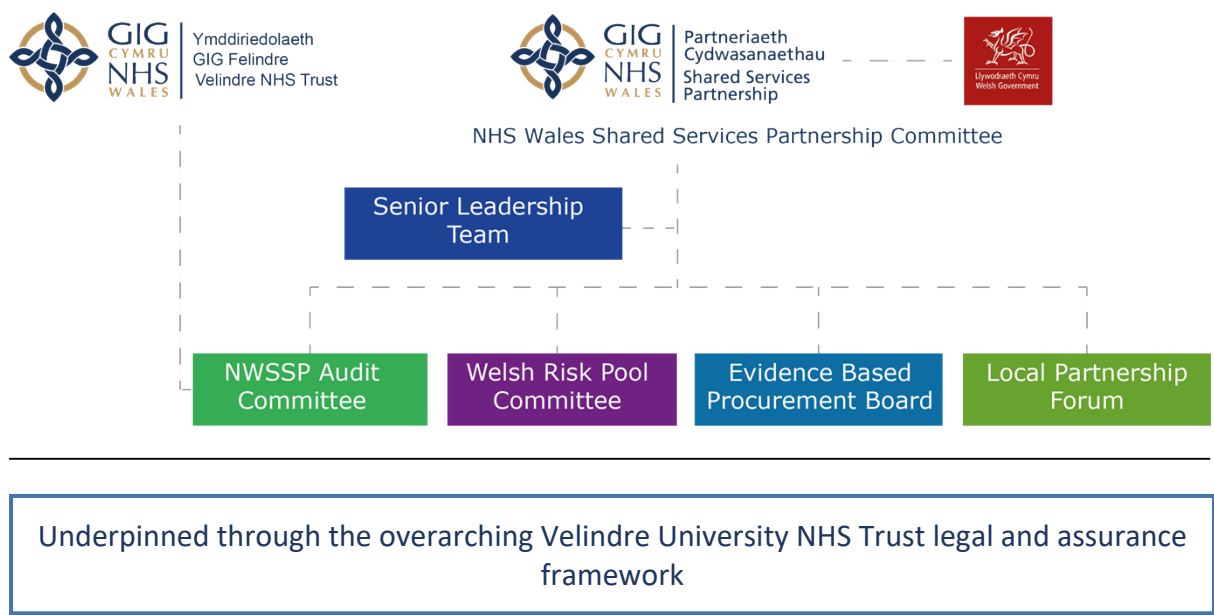
The NWSSP Managing Director is accountable to the Shared Services Partnership Committee (Partnership Committee) in relation to those functions delegated to it. The Managing Director is also accountable to the Chief Executive of Velindre University NHS Trust (the Trust) in respect of the hosting arrangements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

The Chief Executive of the Trust is responsible for the overall performance of the executive functions of the Trust and is the designated Accountable Officer for the Trust. As the host organisation, the Chief Executive (and the Trust Board) has a legitimate interest in the activities of the Shared Services Partnership and has certain statutory responsibilities as the legal entity hosting NWSSP.

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

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

Figure 1 –NWSSP’s Governance Structure



During the year the Partnership Committee approved the establishment of a Quality & Safety Committee. The terms of reference for this Committee were approved by the Partnership Committee at its September 2020 meeting, and the new Committee will commence in 2020/21.

2. GOVERNANCE FRAMEWORK

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

2.1 Shared Services Partnership Committee

The Shared Services Partnership Committee (Partnership Committee) was established in accordance with the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and the functions of managing and providing shared services (professional, technical and administrative services) to the NHS in Wales is included within the Velindre National Health Service Trust (Establishment) (Amendment) Order 2012.

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

On 23 March 2020 the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. The tenure of the current Chair had been due to expire on 30 November 2020. Ordinarily, there is no

mechanism to extend the tenure of the Chair beyond eight years; however, to avoid operational and governance pressures Welsh Government progressed temporary amendments to the legislation to allow for an extended tenure. The term of office of the current Chair was therefore extended by 12 months to 30 November 2021, and this was approved at the May 2020 Partnership Committee.

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

Health Boards, NHS Trusts and Health Education and Improvement Wales (HEIW) have collaborated over the operational arrangements for the provision of shared services and have an agreed Memorandum of Co-operation to ensure that the arrangements operate effectively through collective decision making in accordance with the policy and strategy set out above, determined by the Partnership Committee.

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

NWSSP's governance arrangements are summarised below.

Figure 2: Summary of Governance Arrangements



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

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

These documents, together with the Memorandum of Co-operation form the basis upon which the Partnership Committee's Governance and Accountability Framework is developed. Together with the Trust Values and Standards of Behaviour framework, this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

The Membership of the Committee during the year ended 31 March 2021 is outlined in Figure 3 below. Membership was originally designed to be the Chief Executives of each Health Board and Trust but nominated deputies are allowed to attend and vote, provided they are an Executive Director of their own organisation.

Figure 3: Table of Members of the NHS Wales Shared Services Partnership Committee during 2020/2021

Name	Position	Organisation	Full/Part Year
Margaret Foster (Chair)	<i>Independent Member</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Huw Thomas (Vice Chair)	<i>Director of Finance</i>	<i>Hywel Dda UHB</i>	<i>Full Year</i>
Neil Frow	<i>Managing Director of NWSSP</i>	<i>NHS Wales Shared Services Partnership</i>	<i>Full Year</i>
Kathryn Jones*	<i>Director of Workforce and OD</i>	<i>Swansea Bay UHB</i>	<i>Part Year</i>
Geraint Evans	<i>Director of Workforce and OD</i>	<i>Aneurin Bevan UHB</i>	<i>Full Year</i>
Sue Hill	<i>Director of Finance</i>	<i>Betsi Cadwaladr UHB</i>	<i>Full Year</i>
Catherine Phillips**	<i>Director of Finance</i>	<i>Cardiff and Vale UHB</i>	<i>Part Year</i>
Hywel Daniel	<i>Director of Workforce & OD</i>	<i>Cwm Taf Morgannwg UHB</i>	<i>Full Year</i>
Pete Hopgood	<i>Director of Finance</i>	<i>Powys THB</i>	<i>Part Year</i>
Helen Bushell ***	<i>Director of People</i>	<i>Public Health Wales NHS Trust</i>	<i>Part Year</i>
Steve Ham	<i>Chief Executive</i>	<i>Velindre University NHS Trust</i>	<i>Full Year</i>
Chris Turley	<i>Director of Finance</i>	<i>Welsh Ambulance Services NHS Trust</i>	<i>Full Year</i>
Non-Voting Members			
Eifion Williams	<i>Director of Finance</i>	<i>HEIW</i>	<i>Full Year</i>

*Replaced Hazel Robinson, Director of Workforce & OD wef September 2020

**Replaced Chris Lewis, Interim Director of Finance wef March 2021 who had replaced Bob Chadwick, Director of Finance wef September 2020

*** Replaced Phil Bushby, Director of People. Neither Phil Bushby or Helen Bushell are an Executive Director of PHW so they are unable to vote and don't count towards meeting quorum.

The composition of the Committee also requires the attendance of the following: Deputy Director of Finance, Welsh Government, Director of Finance & Corporate Services, NWSSP, Director of Workforce & Organisational Development, and Board Secretary NWSSP as governance support. Trade Unions are also invited to the meetings.

Figure 4 – Attendance at the Meetings of the NHS Wales Shared Services Partnership Committee during 2020/2021

Organisation	21/05/2020	23/07/2020	17/09/2020	19/11/2020	21/01/2021	18/03/2021
Aneurin Bevan UHB	✓	✓	x	x	✓	✓

Betsi Cadwaladr UHB	✓	✓**	✓*	✓	✓**	X
Cardiff and Vale UHB	✓	X	✓	✓	✓*	✓
Cwm Taf UHB	✓	X	✓	X	✓**	X
HEIW	X	X	✓**	✓**	✓**	✓**
Hywel Dda LHB	✓	✓	✓	✓	✓	✓
Powys Teaching Health Board	✓	✓	✓	✓	✓	✓
Public Health Wales Trust	✓***	X	✓***	X	X	✓***
Swansea Bay UHB	✓	✓	✓**	✓	✓*	✓**
Velindre NHS Trust	✓	X	✓	✓*	X	✓**
Welsh Ambulance Service Trust	✓	✓	✓	X	✓	✓
Welsh Government	✓	✓	✓	✓	X	✓
Trade Union	X	✓	X	✓	✓	✓
Chair	✓	✓	✓	✓	✓	✓
Accountable Officer	✓	✓	✓	✓	✓	✓

✓ Denotes the nominated member was present

✓*Denotes the nominated member was not present and that an alternative Executive Director attended on their behalf

✓** Denotes that the nominated member was not present and that while a deputy did attend, they were not an Executive Member of their Board.

✓*** The nominated member for PHW is not an Executive Member of their Board.

X Denotes Health Body not represented

No meetings of the Partnership Committee were cancelled during 2020/21 due to the pandemic but all meetings were held virtually. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and has not therefore been possible to allow the public to attend meetings of our board and committees during the year. We did not receive any requests from the public to attend the Partnership Committee but to ensure business was

conducted in as open and transparent manner as possible during this time the following actions were taken:

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

The purpose of the Partnership Committee is set out below:

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

The Partnership Committee monitors performance monthly against key performance indicators. For any indicators assessed as being below target, reasons for current performance are identified and included in the report along with any remedial actions to improve performance. These are presented to the Partnership Committee by the relevant Director. Deep Dive sessions are a standing item on the agenda to learn more about the risks and issues of directorates within NWSSP.

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

2.2 Partnership Committee Performance

During 2020/2021, the Partnership Committee approved an annual forward plan of business, including:

- Regular assessment and review of:
 - Finance, Workforce and Performance information;
 - Corporate Risk Register;
 - Welsh Risk Pool;
 - Programme Management office updates.
- Annual review and/or approval of:
 - Integrated Medium-Term Plan;

- Annual Governance Statement;
- Audit Wales Management Letter;
- Annual Review;
- Standing Orders and Standing Financial Instructions;
- Health & Care Standards; and
- Service Level Agreements.
- Deep Dives into:
 - COVID-19 response;
 - PPE Winter Plan;
 - BREXIT;
 - Scrutiny of Welsh Risk Pool Claims;
 - Medical Examiner Service;
 - Welsh Language; and
 - Health Courier Services.

2.3 Velindre Audit Committee for NWSSP

The primary role of the Velindre University NHS Trust Audit Committee for Shared Services (Audit Committee) has been to review and report upon the adequacy and effective operation of NWSSP's overall governance and internal control system. This includes risk management, operational and compliance controls, together with the related assurances that underpin the delivery of NWSSP's objectives. This role is set out clearly in the Audit Committee's terms of reference, which were revised in October 2020 to ensure these key functions were embedded within the standing orders and governance arrangements.

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

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

The Committee attendees during 2020/2021 comprised of three Independent Members of Velindre University NHS Trust supported by representatives of both Internal and External Audit and Senior Officers of NWSSP and Velindre University NHS Trust.

Figure 5 - Composition of the Velindre University NHS Trust Audit Committee for NWSSP during 2020/21

In Attendance	April 2020	June 2020	October 2020	January 2021	Total
Committee Members					
Martin Veale, Chair & Independent Member	✓	✓	✓	✓	4/4
Gareth Jones, Independent Member	✓	✓	✓	✓	4/4

In Attendance	April 2020	June 2020	October 2020	January 2021	Total
Janet Pickles, Independent Member	✓	✓	✓	x	3/4
Audit Wales					
Audit Team Representative	✓	✓	✓	✓	4/4
NWSSP Audit Service					
Director of Audit & Assurance	✓	✓	✓	✓	4/4
Head of Internal Audit	✓	✓	✓	✓	4/4
Counter Fraud Services					
Local Counter Fraud Specialist	x	✓	✓	✓	3/4
NWSSP					
Margaret Foster, Chair NWSSP	✓	✓	✓	✓	4/4
Neil Frow, Managing Director	✓	✓	✓	✓	4/4
Andy Butler, Director of Finance & Corporate Services	✓	✓	✓	✓	4/4
Peter Stephenson, Head of Finance & Business Development	✓	✓	✓	✓	4/4
Roxann Davies, Corporate Services Manager	✓	✓	✓		3/3
Carly Wilce Interim Corporate Services Manager				✓	1/1
NWSSP Secretariat	✓	✓	✓	✓	4/4
Velindre University NHS Trust					
Mark Osland, Director of Finance	✓	✓	✓	✓	4/4
Lauren Fear Director of Corporate Governance	✓	✓	✓	✓	4/4

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

2.4 Reviewing Effectiveness of Audit Committee

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

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

The survey questionnaire comprises self-assessment questions intended to assist the Committee in assessing their effectiveness with a view to identifying potential areas for development going forward. A survey

undertaken during July 2020, had an 86% response rate (13 responses received) and identified the following:

- Very positive responses received from participants in regard to the Chairing of the Committee;
- The atmosphere at meetings is conducive to open and productive debate;
- All members and attendees' behaviour is courteous and professional;
- The majority of participants have found having virtual meetings a positive experience;
- Members agree the Committee meets sufficiently frequently to deal with planned matters and enough time is allowed for questions and discussions;
- All respondents were in agreement that the Committee is provided with sufficient authority and resources in order to perform its role effectively; and
- The vast majority of responses indicated that the reports received by the Audit Committee are timely and have the right format and content, which enables the Committee to enhance its internal control and risk management responsibilities.

2.5 Sub-Groups and Advisory Groups

The Partnership Committee is supported by three advisory groups:

- **Welsh Risk Pool Committee**
 - Reimburse losses over £25,000 incurred by Welsh NHS bodies arising out of negligence;
 - Provide oversight of the GP Indemnity Scheme;
 - Funded through the NHS Wales Healthcare budget;
 - Oversees the work and expenditure of the Welsh Risk Pool; and
 - Helps promote best clinical practice and lessons learnt from clinical incidents.
- **Evidence-Based Procurement Board (this did not meet regularly during the year as the focus was on PPE)**
 - Advisory group to promote wider liaison across NHS Wales;
 - Includes representatives of various disciplines across NHS Wales and relevant research bodies;
 - Helps inform and develop a value and evidence-based procurement process for medical consumables and devices for NHS Wales.
- **Local Partnership Forum (LPF)**
 - Formal mechanism for consultation and engagement between NWSSP and the relevant Trade Unions. The LPF facilitates an open forum in which parties can engage with each other to inform debate and seek to agree local priorities on workforce and health service issues.

2.6 Senior Leadership Team (SLT)

The Managing Director leads the SLT and reports to the Chair of the Partnership Committee on the overall performance of NWSSP. The Managing Director is the designated Accountable Officer for Shared Services and is accountable, through the leadership of the Senior Leadership Team, for:

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

The SLT is responsible for determining NWSSP policy, setting the strategic direction and aims to ensure that there is effective internal control, and ensuring high standards of governance and behaviour. In addition, the SLT is responsible for ensuring that NWSSP is responsive to the needs of Health Boards and Trusts.

The SLT comprises:

Figure 7 – Composition of the SLT at NWSSP during 2020/2021

Name	Designation
Neil Frow	Managing Director
Andy Butler	Director of Finance and Corporate Services
Gareth Hardacre	Director of Workforce, Organisational Development and Employment Services
Jonathan Irvine	Director of Procurement Services
<i>Paul Thomas**</i>	<i>Director of Employment Services</i>
Simon Cookson	Director of Audit and Assurance
Mark Harris*	Director of Legal and Risk Services
Andrew Evans*	Director of Primary Care Services
Neil Davies	Director of Specialist Estates
Professor Malcolm Lewis OBE	Medical Director
Alison Ramsey***	Director of Planning, Performance & Informatics
Alwyn Hockin	Trade Union Representative

- *Mark Harris, Director of Legal & Risk Services, and Andrew Evans, Director of Primary Care Services, both commenced in post on 1 April 2020.*
- *Paul Thomas, Director of Employment Services, formally retired at the end of October 2020. Gareth Hardacre, Director of Workforce and Organisational*

Development took on the additional responsibility for Employment Services at this point.

- *Alison Ramsey was formally appointed as NWSSP's first Director of Planning, Performance, and Informatics in November 2020.*

Since the start of March 2020, the SLT has been supported by a Planning and Response Group to meet the challenges arising from the COVID-19 outbreak. In addition to the core members of the SLT, the Planning and Response Group includes representation from Trade Unions, Communications, the Surgical Materials Testing Laboratory, and a number of Deputy Directors to provide an operational perspective. All decisions taken by the Group are recorded on an Issues and Decisions Log, and the Group meets regularly over TEAMS. The Group was temporarily stood down in June 2020, as the initial impact of COVID-19 declined, but was stood back up in November as the effects of the 2nd wave of the disease became more evident.

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to the achievement of the policies, aims and objectives of NWSSP. Therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks, evaluate the likelihood of those risks being realised and the impact they would have, and to manage them efficiently, effectively and economically. The system of internal control has been in place in NWSSP for the year ending 31 March 2021 and up to the date of approval of the Trust Annual Report and Accounts.

3.1 External Audit

NWSSP's external auditors are Audit Wales. The Audit Committee has worked constructively with Audit Wales and the areas examined in the 2020/21 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report 2019-20;
- Management Letter 2019/20;
- Review of PPE procurement; and
- Assurance Arrangements 2020/21.

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

In addition to internal NWSSP issues, the Audit Committee has been kept appraised by our external auditors of developments across NHS Wales and elsewhere in the public sector. These discussions have been helpful in

extending the Audit Committee's awareness of the wider context of our work.

3.2 Internal Audit

The Audit Committee regularly reviewed and considered the work and findings of the internal audit team. The Director of Audit and Assurance and the relevant Heads of Internal Audit attend meetings to discuss their work and present their findings. The Audit Committee are satisfied with the liaison and coordination between the external and internal auditors.

Quarterly returns providing assurance on any audit areas assessed as having "no assurance" or "limited assurance" were issued to Welsh Government in accordance with the instruction received from Dr Andrew Goodall, Chief Executive NHS Wales/Director General in July 2016. During 2020/21 no internal audit reports were rated as limited or no assurance.

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

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

3.3 Counter Fraud

The work of the Local Counter Fraud Services is undertaken to help reduce and maintain the incidence of fraud (and/or corruption) within NWSSP to an absolute minimum.

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

- Progress Update at each meeting
- Annual Report 2019-20
- Counter Fraud Work Plan 2020-21
- Counter Fraud Self Review Tool Submission 2019-20

As part of its work, Counter Fraud has a regular annual programme of raising fraud awareness for which a number of days are then allocated and included as part of an agreed Work-Plan which is signed off by the Director of Finance and Corporate Services annually.

As part of that planned area of work, regular fraud awareness sessions are arranged and then held with various staff groups at which details on how

and to who fraud can be reported are outlined. During 2020/21, these sessions have been provided virtually.

In addition to this and in an attempt to promote an Anti-Fraud Culture within NWSSP, a quarterly newsletter is produced which is available to all staff on the intranet and all successful prosecutions are publicised in order to obtain the maximum deterrent effect.

3.4 Integrated Governance

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

- The Quality Assurance and Improvement Plan arising from the 2019-20 Internal Audit self-assessment;
- Tracking of Audit Recommendations;
- Corporate Risk Register;
- Directorate Assurance Maps; and
- Governance Matters report on single tender actions, declarations of interest, gifts and hospitality received and declined.

During 2020/21, the Audit Committee reported any areas of concern to the Partnership Committee and played a proactive role in communicating suggested amendments to governance procedures and the Corporate Risk Register.

3.5 Quality

During 2020/21, the Partnership Committee has given attention to assuring the quality of services by including a section on "Quality, Safety and Patient Experience" as one of the core considerations on the committee report template when drafting reports for Partnership Committee meetings. As mentioned earlier in this report, the Partnership Committee approved the establishment of a NWSSP Quality and Safety Committee at its September 2020 meeting, and this is due to meet for the first time in 2021/22.

In addition, quality of service provision is a core feature of the discussions undertaken between NWSSP and the Health Boards and Trusts during quarterly review meetings with the relevant Directors.

Procurement Services maintains certification to a number of international and national standards including ISO 9001 Quality Management, BS ISO 45001 Occupational Health & Safety and Customer Service Excellence. The Regional Stores are also accredited to the food hygiene STS Code of Practice & Technical Standard for the Public Sector. In January 2021 our certifications were extended to include our new IP5 Newport Store with a successful audit against the ISO 9001 Quality Management Standard and BS ISO 45001 Occupational Health & Safety Standard. Also achieving transition from OHSAS 18001 to the international standard ISO 45001.

In January 2021 our independent audit against the Customer Service Excellence standard confirmed ongoing compliance and identified 5 areas of exceptional 'Compliance Plus'. Our Quality Plan includes objectives that will see us utilise these recognised Standards to standardise practice across our logistics and materials management functions, building on the foundations already created and supporting our plans for service development and modernisation.'

3.6 Looking Ahead

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

Looking forward to 2021-22 the Audit Committee will continue to explore the financial, management, governance and quality issues that are an essential component of the success of NWSSP.

Specifically, the Audit Committee will:

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

4. CAPACITY TO HANDLE RISK

As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer-term delivery of services by the organisation, although there is confidence that all appropriate action is being taken, and all services have been sustained thus far.

The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

The identified risks are recorded in a separate COVID-19 Risk Register which has been reported primarily to the Planning and Response Group, but also each and every meeting of the Senior Leadership Team, the Shared Services Partnership Committee, and the Audit Committee. There are currently no red-rated COVID risks.

In addition to the risks arising as a result of the COVID-19 pandemic there are other risks facing the organisation. The organisations risk profile relating to non-COVID-19 risks has included three red-rated risks in the 2020/21 financial year as follows:

- Plans for the replacement of the NHAIS system to allow payments to be made to GPs;
- The need to develop an in-house system for the payment of Opticians; and
- The risks arising from a no-deal BREXIT which has been replaced by the implications, particularly on the supply chain, of the deal agreed between the UK and the EU in December 2020.

As at March 2021, only the first of the above risks is still classified as a red-rated risk and this should disappear from the Corporate Risk Register when the replacement system goes live in the summer of 2021.

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

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

The Trust has an approved strategy for risk management and NWSSP has a risk management protocol in line with its host's strategy providing a clear systematic approach to the management of risk within NWSSP. The Risk Protocol was re-approved by the SLT in January 2020, and the Audit Committee in April 2020.

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

The Corporate Risk Register is reviewed monthly by the SLT who ensure that key risks are aligned to delivery and are considered and scrutinised by the SLT as a whole. The register is divided into two sections as follows:

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

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

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

Assurance maps are updated at least annually for each of the directorates to provide a view on how the key operational, or business-as-usual risks are being mitigated. The Audit Committee review all assurance maps annually.

A Risk Appetite statement has also been documented and approved by the Audit Committee. This covers nine specific aspects of NWSSP activity with a separate appetite score for each. The operationalisation of the risk appetite is through the target scores in the corporate and directorate risk registers. The Risk Appetite was reviewed again by the SLT in January 2020 to ensure that it remains appropriate and was also presented to the Audit Committee in April 2020.

NWSSP's approach to risk management therefore ensures that:

- Leadership is given to the risk management process;
- Staff are trained on how to identify and manage risk;
- Risks are identified, assessed, and prioritised ensuring that appropriate mitigating actions are outlined on the risk register;
- The effectiveness of key controls is regularly assured; and
- There is full compliance with the Orange Book on Management of Risk.

5. THE RISK AND CONTROL FRAMEWORK

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

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

5.1 Corporate Risk Framework

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

- NWSSP is governed by Standing Orders and Standing Financial Instructions which are reviewed on an annual basis;
- The Partnership Committee and Audit Committee both have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements;
- The effectiveness of governance structures is regularly reviewed including through Committee self-effectiveness surveys;
- The front cover pro-forma for reports for Committees includes a summary impact analysis section to be completed prior to submission. This provides a summary of potential implications relating to equality and diversity, legal implications, quality, safety and patient experience, risks and assurance, Wellbeing of Future Generations, Health and Care Standards and workforce;
- The Service Level Agreements in place with the Health Boards and NHS Trusts set out the operational arrangements for NWSSP's services to them and are reviewed on an annual basis;
- NWSSP are proactive in completing the Welsh Government's Health and Care Standards framework and ensure that Theme 2 Safe Care provides a clear picture of NWSSP's approach to health, safety and risk management; and
- The responsibilities of Directors are reviewed at annual Performance and Development Reviews (PADRs).

5.2 Policies and Procedures

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

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

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

During the year, the need to respond urgently to meet the unprecedented demand for Personal Protective Equipment (PPE) and other medical devices and consumables, required significant amendment to the existing Scheme of Delegation that forms part of the Standing Orders for NWSSP. It was initially agreed on 18 March 2020 to increase the delegated authorisation limits for the Chair and Managing Director for COVID 19 expenditure to £2M. This was subsequently increased to £5M from 30 March 2020. However, contracts and orders for COVID expenditure more than £5M still require approval of the Velindre Trust Board, which for expedience may need to be through the existing mechanism of Chair's action. Welsh Government approval is still required on all orders over £1m or advanced payments worth 25% or more of the contract value. The Trust Board agreed to extend these limits to 31 March 2021, and this has since been further extended until 30 June 2021.

Most contracts awarded for PPE during the year were covered by the current Public Contracts Regulations 2015, which provides an option to direct award contracts to companies due to extreme urgency under regulation 32(2)(c). COVID-19 falls under this clause exception, and use was therefore made of this to procure PPE and related equipment.

Audit Wales has recently undertaken a review of the procurement and supply of PPE during the pandemic. The report is generally very positive but includes the finding that "Shared Services did not meet legal requirements under emergency procurement rules to publish details of all contracts within 30 days. The High Court found the UK Government had acted unlawfully by similarly not publishing details of its contracts for PPE." This matter has now been addressed.

5.3 Information Governance

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with the relevant ethical law and legislation, applicable regulations and takes guidance, when required from the Information Commissioner's Office (ICO). This includes established laws including Data Protection Legislation, Common Law Duty of Confidentiality, the Human Rights Act, the Caldicott Report and specific Records Management Principles. The implementation of the General Data Protection Regulations in May 2018 increased the responsibilities to ensure that the data that NWSSP collects, and its subsequent processing, is for compatible purposes, and it remains secure and confidential whilst in its custody.

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

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

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

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

NWSSP has developed an Integrated Impact Assessment process to include broader legislative and regulatory assurance requirements, and the pro-forma includes the need to consider the impact of the protected

characteristics (including race, gender and religion) on the various types of Information Governance protocols.

The Information Governance Manager attends various meetings including the Trust IG and IM&T Committee and the NHS Wales Information Governance Management Advisory Group (IGMAG) hosted by NHS Wales Informatics, attended by all NHS Wales Health Bodies.

An annual report is produced on Information Governance within NWSSP. This was submitted to the SLT in June 2020.

5.4 Counter Fraud

Counter Fraud support is incorporated within the hosting agreement with the Trust. Under this agreement, local Counter Fraud Services are provided to NWSSP by Cardiff and Vale UHB. The impact of the pandemic and the specific redeployment and later sickness absence of the Local Counter Fraud Specialist for NWSSP has resulted in a reduction in service provision during the year such that only 58 of the contracted 75 days were delivered.

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

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

During 2020/21 the Group received and considered a report "Raising our Game" which was produced by Audit Wales and which assessed the counter-fraud arrangements in place across NHS Wales and both local and central government. While the findings of the review were largely positive, there were some recommendations for all sectors, and actions to respond to these recommendations have been incorporated into a combined action plan which also includes the required actions from the Fighting Fraud Strategy.

5.5 Internal Audit

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

Accordingly for NWSSP, an internal audit strategy has been approved by the Audit Committee which provides coverage across NWSSP functions and

processes sufficient to assure the Managing Director of Shared Services and in turn the Partnership Committee and the Trust as host organisation, on the framework of internal control operating within NWSSP.

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

5.6 Integrated Medium-Term Plan (IMTP)

The pandemic has resulted in revised guidance from Welsh Government which has required NHS organisations to focus on an annual plan rather than an Integrated Medium-Term Plan covering three years. NWSSP has complied with this requirement but has also maintained a longer-term approach with a plan for 2021/22 that includes a forward look to 2022/24.

The Plan is approved by the Partnership Committee and performance against the plan is monitored throughout the year. Significant work has been undertaken to revise the performance framework to ensure that it is fully integrated with the key priorities in the plan. The creation of a new post of Director of Planning, Performance and Informatics in November 2020 provides added and strategic impetus to this agenda and also ensures that the planning and performance work streams are effectively co-ordinated. The vast majority of performance targets for 2020/21 were achieved and progress against each of these is reported to the Senior Leadership Team and the Partnership Committee. It is anticipated there will be a regular reporting to Welsh Government requirement on progress against the plan as there was during 2019/20.

The planning process includes substantial engagement with key stakeholders, both internally and across NHS Wales and the wider public sector, in both virtual team events and on a one-to-one basis. The plan has been discussed with Welsh Government colleagues in early March 2021 and they were extremely complimentary on both the content and presentation, and particularly the plan on a page section.

5.7 Health and Care Standards for NHS Wales

The Standards for Health Service in Wales provide a framework for consistent standards of practice and delivery across the NHS in Wales, and for continuous improvement. In accordance with the programme of internal audits, the process is tested and is an integral part of the organisation's assurance framework process.

The Health and Care Standards Framework comprises seven main themes and sub criteria against which NHS bodies need to demonstrate compliance.



The process for undertaking the annual self-assessments is:

- The Corporate Services Manager undertakes an initial evaluation;
- A draft self-assessment is then presented to the SLT for discussion and further consultation is undertaken at Directorate level;
- Feedback from each Directorate is reviewed and incorporated into the self-assessment pro-forma and is then re-presented to SLT for final approval
- Once approved, it is presented to the Partnership Committee, Audit Committee and the Trust Quality and Safety Committee.

Each theme is assessed and given an overall self-assessment rating of between 1 and 5. As a largely non-clinical service provider, not all of the sub-criteria are applicable.

A summary of the self-assessment ratings is outlined below:

Figure 9 – Self- Assessments Rating Against the Health and Care Standards 2020/2021

Theme	Executive Lead	2020/21 Self-Assessment Rating	2019/20 Self-Assessment Rating
Governance, Leadership and Accountability	Senior Management Team	4	4
Staying Healthy	Director of Workforce and Organisational Development	4	4
Safe Care	Director of Finance and Corporate Services	4	4

Theme	Executive Lead	2020/21 Self-Assessment Rating	2019/20 Self-Assessment Rating
	Director of Specialist Estates		
Effective Care	Senior Management Team	4	4
Dignified Care	Not applicable	Not applicable	Not applicable
Timely Care	Not applicable	Not applicable	Not applicable
Individual Care	Senior Management Team	4	4
Staff and Resources	Director of Workforce and Organisational Development	4	4

The overall rating against the mandatory Governance, Leadership and accountability module and the seven themes within the Health and Care Standards reflects NWSSP's overall compliance against the standards and has been rated as a 4 as outlined below:

Figure 10 – NWSSP's Overall Self-Assessment Score Health and Care Standards 2020/2021

Assessment Level	1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve	2 We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action	3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement	4 We have well developed plans and processes can demonstrate sustainable improvement throughout the organisation / business	5 We can demonstrate sustained good practice and innovation that is shared throughout the organisations / business, and which others can learn from
Rating				✓	

6. MANDATORY DISCLOSURES

In addition to the need to report against delivery of the Standards for Health Services in Wales, NWSSP is also required to report that arrangements are in place to manage and respond to the following governance issues:

6.1 Equality, Diversity and Human Rights

NWSSP is committed to eliminating discrimination, valuing diversity and promoting inclusion and equality of opportunity in everything it does. NWSSP's priority is to develop a culture that values each person for the contribution they can make to the services provided for NHS Wales. As a non-statutory hosted organisation within the Trust, NWSSP is required to adhere to the Trust Equality and Diversity Policy, Strategic Equality Plan and Objectives, which set out the Trust's commitment and legislative requirements to promote inclusion.

NWSSP's Corporate Services Manager chaired the NHS Wales Equality Leadership Group (ELG), who work in partnership with colleagues across NHS Wales and the wider public sector, to collaborate on events, facilitate workshops, deliver and undertake training sessions, issue communications and articles relating to equality, diversity and inclusion, together with the promotion of dignity and respect for all. NWSSP is proactive in supporting NHS Wales organisations with completion of their submission for all-Wales services, such as Procurement and Recruitment.

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

With effect from March 31st, 2021, the Socio-Economic Duty places a legal responsibility on NHS bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. A presentation on this topic was given by two lawyers from our Legal & Risk Directorate to the April 2021 Informal Senior Leadership Team.

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

NWSSP has a statutory and mandatory induction programme for its workforce, including the NHS Wales "Treat Me Fairly" e-learning module, which forms part of a national training package and the statistical data

captured for NWSSP completion contributes to the overall figure for NHS Wales. A Core Skills for Managers Training Programme is provided, and the Managing Conflict module includes an awareness session on Dignity at Work.

6.2 Welsh Language

NWSSP is committed to ensuring that the Welsh and English languages are treated equally in the services provided to the public and NHS partner organisations in Wales. This is in accordance with the current Trust Welsh Language Scheme, Welsh Language Act 1993, the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards [No7.] Regulations 2018.

The work of NWSSP in relation to Welsh language delivery and performance is reported to the Welsh Government and the Welsh Language Commissioner within the Annual Performance Report. This work is largely undertaken by the Welsh Language Officer and a team of Translators.

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

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

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

An annual report on performance with Welsh Language services is also produced and was submitted to the SMT in October 2020 and to the SSPC in January 2021.

6.3 Handling Complaints and Concerns

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

During 2020-21, 26 complaints were received, of which:

- 18 complaints responded to within 30 working days (69%); and
- 8 complaints responded to outside of 30 working days (31%).

As detailed above, only 69% of the complaints received were responded to within the 30-working day target. However, this is an increase in performance compared to 40% compliance during 2019-20, based on 30 complaints received. In addition, the performance in the timeliness of response increased significantly in the latter half of the year following a management restructure in the Employment Services Directorate.

Where responses were issued outside of the target, cases were particularly complex in nature and delays arose related to staff absence, specifically within Employment Services. However, in all instances holding letters were issued and/or telephone calls were made to the complainants explaining that NWSSP were still in the process of investigating the matters raised and that they would be provided with a substantive response as soon as the investigation had been concluded.

6.4 Freedom of Information Requests

The Freedom of Information Act (FOIA) 2000 gives the UK public the right of access to a variety of information held by public bodies and provides commitment to greater openness and transparency in the public sector, especially for those who are accountable for decisions made on behalf of patients and service users.

Figure 12 – Freedom of Information Requests 2020-21

There were 113 requests received within NWSSP during 2020/21, some of these were redirected to other bodies for response but those received were mostly handled within the prescribed 20-day time limit for requests. 18 requests were answered slightly over the deadline for compliance, but this was due to the complexity of the information requested within those requests and the far-ranging input required by other parties to agree the information to be supplied.

FOI Breakdown
72 answered within the 20-day target
23 transferred out to another NHS body
18 responded to outside of the deadline

6.5 Data Security and Governance

In 2020/21, there were 34 information governance breaches reported within NWSSP; these included issues with mis-sending of email and records management. The majority of these were down to human error and despite education effectively provided to ensure awareness of confidentiality and effective breach reporting, unfortunately errors can happen.

Staff are encouraged to report all manner of confidentiality breaches regardless of whether they originate within the organisation or not as a concern. In 2020/21, 65 breaches were reported, of those 31 were incidents occurring outside NWSSP's control.

All breaches are recorded in the Datix risk management software, which was upgraded and relaunched as RLDatix in January 2020, and investigated in accordance with the Information Governance and Confidentiality Breach Reporting protocols, which comply with the General Data Protection Regulation (GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes.

From this, the Information Governance Manager writes quarterly reports including relevant recommendations and any areas for improvement to minimise the possibility of further breaches. Members of the Information Governance Steering Group are required to report on any incidents in their areas to include lessons learned and any changes that have been made since an incident was reported.

There were no Information Governance breaches reported in 2020/21 that were assessed as being of a category serious enough to report to the Information Commissioner's Office (ICO) for further investigation.

6.6 ISO14001 – Environmental Management and Carbon Reduction

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

Annual surveillance audits are undertaken to assess continued compliance with the Standard. The last external assessment was undertaken in August 2019 and further audits were delayed by the pandemic. The next audit is scheduled for the summer of 2021. The ISO14001:2015 Standard, places greater emphasis on protection of the environment, continuous improvement through a risk process based approach and commitment to top-down leadership, whilst managing the needs and expectations of interested parties and demonstrating sound environmental performance, through controlling the impact of activities, products or services on the environment. NWSSP is committed to environmental improvement and operates a comprehensive EMS in order to facilitate and achieve the Environmental Policy.

Carbon Footprint

We committed to reducing our carbon footprint by implementing various environmental initiatives and efficiencies at our sites within the scope of our ISO14001:2015 certification. As part of our commitment to reduce our contribution to climate change, a target of 3% reduction in our carbon

emissions (year on year, from a baseline of carbon footprint established in 2016-17), was agreed and this was reflected within our Environmental Sustainability Objectives.

During 2020-21, we achieved our target and obtained a **% reduction overall in CO2 emissions and where we did not meet our gas consumption targets, this was due to baseline reporting for additional sites, which is detailed in the narrative in our Sustainable Development Statement and Annual Review, which explore performance, achievements and highlights in further detail.

During 2020/21 NWSSP will develop its decarbonisation delivery plan in line with the national programme of work, which our Specialist Estates team is leading on.

Area	2016/17	2017/18	2018/19	2019/20	Target	Target Achieved
Electricity CO2e	11% reduction	18% reduction	11.5% reduction	6% reduction	3% reduction	✓
Gas CO2e	13% increase	7% reduction	38% reduction	31.% increase	3% reduction	X
Water M3	51% increase	9% reduction	6% increase	50% reduction	3% reduction	✓
Waste CO2e	62% recycled/recovered	95% recycled/recovered	89% recycled/recovered	94.68% recycled/recovered	70% recycled/recovered	✓
Business Mileage Expenditure	6% reduction	15% reduction	11% increase	14% reduction	15% reduction by 2021	✓
Business Mileage	7% reduction	11% reduction	10% increase	19% reduction	15% reduction by 2021	✓
Overall Carbon Footprint	5.37% Increase	3.78% Reduction	11.32% Reduction	4.39% Reduction		

6.7 Business Continuity Planning/Emergency Preparedness

When the likely impact of COVID-19 became apparent, NWSSP Business Continuity processes were immediately implemented. This included the establishment of a Planning and Response Group, comprising the Senior Leadership Team plus representatives from the Trade Unions, Surgical and Materials Testing Laboratory, Deputy Directors, and Communications. The Group met several times a week at the outset of the pandemic and decisions taken by the Group to strengthen business resilience included:

- Requiring all directorates to update their own business continuity plans and/or BCP action cards;
- Establishing sub-groups to focus on IT and on the safety and accessibility of our buildings;
- Ensuring that as many staff as possible were provided with laptops and VPNs to enable them to work remotely – over 450 of each were issued to staff in the first few weeks of the pandemic;
- Increasing the number of softphones available so that staff were able to make and receive external calls from their laptops;

- Instructing NWIS to migrate all staff to Office365 which again increased the capacity of NWSSP staff to work remotely – over 1500 staff were migrated in a three-week period;
- Ensuring that social distancing measures were put into place including appropriate floor and wall signage, Perspex screens for reception areas, and a review of work settings using expert input from Specialist Estates;
- Increasing approval limits for senior staff to provide more flexibility in procuring critical equipment in very competitive and time-pressured markets;
- Extending the opening hours of all NWSSP sites so that staff could work more flexibly and maintain social distancing;
- Discouraging staff from travelling to face-to-face meetings by moving all meetings on to Skype (and later Teams);
- Establishing the Finance Governance Committee to provide a speedy and comprehensive approval process for urgent procurement requests (and particularly PPE);
- Employing significant numbers of additional staff in Supply Chain and HCS to cope with the increased demand for PPE and the need to provide equipment to Primary Care Contractors and in Social Care settings;
- Overseeing the transfer of agency-contracted staff to bank contracts to maintain flexible capacity but with better value-for-money; and
- Introducing personal health risk assessments for all staff.

Documentation has been introduced and enhanced to ensure that staff are able to work safely and productively, whether working remotely from home or continuing to work in NWSSP and other NHS Wales locations.

In order to further safeguard and sustain staff welfare, a number of measures have been implemented. This has included the training of 23 Mental Health First Aiders across NWSSP who provide a point of contact for employees who are experiencing a mental health issue or emotional distress. In addition, the NWSSP Mental Health Support Group is a virtual online group open to all colleagues with a friendly, no pressure environment and provides a supporting community where other individuals facing similar struggles can come together to find support, resources, and self-help tools. During the year NWSSP signed an employer pledge with Time to Change Wales; the first national campaign to end stigma and discrimination faced by people with mental health problems, which is delivered by two of Wales' leading mental health charities, Hafal and Mind Cymru.

The business continuity arrangements instigated to respond to COVID were reviewed by Internal Audit in the third quarter of 2020/21. This was an advisory review which therefore included no formal audit opinion. The review focused on how directorates had engaged and complied with the corporate approach to business continuity and found that:

"NWSSP was able to adapt and build upon existing corporate and divisional business continuity arrangements to develop its COVID-19 pandemic

response. This produced a number of positive outcomes. Good progress had been made across the board in terms of future preparedness and resilience. Management recognises that some key challenges remain and is taking action to address these."

Notwithstanding COVID-19, NWSSP is proactive in reviewing the capability of the organisation to continue to deliver products or services at acceptable predefined levels following a disruptive incident. NWSSP recognise its contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a Category 1 responders deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

As a hosted organisation under the Trust, NWSSP is required to take note of their Business Continuity Management Policy and ensure that NWSSP has effective strategies in place for:

- People – the loss of personnel due to sickness or pandemic;
- Premises – denial of access to normal places of work;
- Information Management and Technology and communications/ICT equipment issues; and
- Suppliers internal and external to the organisation.

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

NWSSP continues to work towards implementing the Cyber Security Framework in order to address the specific needs of the service. This is an ongoing plan covering the areas of Identify, Protect, Detect, Respond and Recover. NWSSP have already started a number of work streams including Information Workflows and Governance, Awareness and Training, Procurement of Professional Incident Response Capability, Protective Technology through the SIEM Procurement Project and Business Continuity Planning workshops across the whole of the whole of Shared Services. NWSSP have also recently implemented a robust new virtualised infrastructure based on the tenets of the framework in order to provide a safe and secure environment for NWSSP business systems.

6.8 UK Corporate Governance Code

NWSSP operates within the scope of the Trust governance arrangements. The Trust undertook an assessment against the main principles of the UK Corporate Governance Code as they relate to an NHS public sector organisation in Wales. This assessment was informed by the Trust's assessment against the "Governance, Leadership and Accountability" theme of the Health and Care Standards undertaken by the Board. The Trust is clear that it is complying with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business

openly and in line with the Code. The Board recognises that not all reporting elements of the Code are outlined in this Governance Statement but are reported more fully in the Trust's wider Annual Report. NWSSP have also completed the self-assessment on the "Governance, Leadership and Accountability" theme of the Health and Care Standards with a positive maturity rating of 4.

6.9 NHS Pension Scheme

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

7. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

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

As Accountable Officer I have overall responsibility for risk management and report to the NHS Wales Shared Services Partnership Committee regarding the effectiveness of risk management across NWSSP. My advice to the Partnership Committee is informed by reports on internal controls received from all its committees and in particular the Audit Committee.

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


Internal Audit Opinion

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

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

The programme has been impacted by the need to respond to the COVID-19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit opinion for 2020/2021 was that the Partnership Committee can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively:

RATING	INDICATOR	DEFINITION
Reasonable assurance		<p>The Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, no internal audit reports were issued with a rating of limited or no assurance.

Financial Control

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

NWSSP Financial Control Overview

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

- **Governance Procedures** – As a hosted organisation NWSSP operates under the Governance Framework of the Trust. These

procedures include the Standing Orders for the regulation of proceedings and business. The statutory requirements have been translated into day-to-day operating practice, and, together with the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions (SFIs), provide the regulatory framework for the business conduct of the Trust. These arrangements are supported by detailed financial operating procedures covering the whole of the Trust and also local procedures specific to NWSSP. During the current COVID-19 crisis the governance arrangements have been enhanced through the establishment of a Finance Governance Committee. This meets as and when required to consider and approve large scale and urgent requisitions. Membership of the Committee includes senior finance staff from NWSSP, the Velindre Director of Finance and an independent member of the Board, representatives from Counter Fraud, Accounts Payable and Legal and Risk Services. The Committee is chaired by the Director of Audit and Assurance Services, and Procurement colleagues attend the Committee to give background and context to specific requisitions.

- **Budgets and Plan Objectives** – Clarity is provided to operational functions through approved objectives and annual budgets. Performance is measured against these during the year.
- **Service Level Agreements (SLAs)** – NWSSP has SLAs in place with all customer organisations and with certain key suppliers. This ensures clarity of expectations in terms of service delivery, mutual obligations and an understanding of the key performance indicators. Annual review of the SLAs ensures that they remain current and take account of service developments.
- **Reporting** – NWSSP has a broad range of financial and performance reports in place to ensure that the effectiveness of service provision and associated controls can be monitored, and remedial action taken as and when required.

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

CONCLUSION

This Governance Statement indicates that NWSSP has continued to make progress and mature as an organisation during 2020/21 and that it is further developing and embedding good governance and appropriate controls throughout the organisation. NWSSP has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads me to conclude that it has a robust system of control. However, there were three specific instances where controls have not operated as intended. These were:

- An overpayment of £900k to a former employee of a Health Board as part of an agreed settlement. Whilst the overpayment has been recovered in full, we immediately requested Internal Audit to undertake a review of the circumstances behind this error. They found that input accuracy checks were not currently being completed due to remote working and the absence of physical invoice batches for checking. This has been immediately rectified and additional checks implemented for all payments > £100k. The matter was fully reported to the Audit Committee.
- Audit Wales has recently undertaken a review of the procurement and supply of PPE during the pandemic. The report is generally very positive but includes the finding that "Shared Services did not meet legal requirements under emergency procurement rules to publish details of all contracts within 30 days. The High Court found the UK Government had acted unlawfully by similarly not publishing details of its contracts for PPE." This matter has now been addressed.
- During March 2021, a spate of actual and attempted frauds relating to change of bank account details were noted. These were sophisticated frauds which involved genuine supplier e-mail accounts being hacked which were then used to request changes to bank account details. Approximately £100k was paid out in total as a result of four separate frauds although £60k of these monies was instantly recovered. Controls have been further strengthened with bank mandate forms now being sent by post, and this appears to have thwarted any further attempts to defraud NWSSP through these means. Access to software has also been purchased that enables new account details to be matched to the supplier name.

As indicated throughout this statement, the need to plan and respond to the COVID-19 has had a significant impact on the organisation, wider NHS, and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition to the risks. The need to respond and recover from the pandemic will be with the organisation and wider society as we enter 2021/22, and it is unlikely, and indeed undesirable, to go back to fully replicating the pre-pandemic ways of working. To this end, an Adapt and Future Change Group, chaired by the Director of Planning, Performance and Informatics, is tasked with setting out a roadmap to exit the pandemic which incorporates the lessons learned from it. The Adapt and Future Change Group is supported by the Building Managers' Group whose task has been to ensure the safety of all premises where NWSSP staff are employed, both during the pandemic and as we hopefully exit from it. As this work progresses, I will ensure our Governance Framework considers and responds to this need.

Looking forward – for the period 2021/22:

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2021/22.

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date:

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
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 – June 2021

PURPOSE

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

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	June 2021
Red Risk	1
Amber Risk	10
Yellow Risk	3
Green Risk	0
Total	14

2.1 Red-rated Risks

Risk A1 - Demise of the Exeter Software System

The replacement of the GMS systems is still on track and we are now undertaking the checking process for validation of the new system. A period of dual running is due to commence shortly to ensure the accuracy of the new system. Full go-live for all Health Boards will complete over the summer. The planned implementation of the Capita system in NHS England was also due to go-live on 1 April but Capita have asked NHS

Digital for six months of continued contingency cover. There is a separate but related issue with the need to ensure that Local Hosting Hardware is maintained until at least the middle of 2022 when the new Patient Registration system is due to be implemented. The current support runs out at the end of December 2021 and we are currently exploring options to extend this cover.

2.2 Changes to Risk Profile

Two risks have been added since the last meeting of the Audit Committee as follows:

- the delay in the implementation of the Oracle upgrade which resulted from a decision made at the STRAD meeting at the end of May. This has implications for additional costs and delays to developments such as Scan4Safety. It also means that the Oracle system will not be subject to disaster recovery testing for the 2nd year in a row; and
- a number of actual and potential frauds relating to hacking of supplier e-mail accounts to change bank account details. Controls have been strengthened to mitigate against this risk, including that all bank mandate forms are now sent to suppliers via the post rather than through e-mail.

3. RISKS FOR MONITORING

There are now three risks that have reached their target score and which are rated as follows:

Current Risk Rating	June 2021
Red Risk	0
Amber Risk	0
Yellow Risk	3
Green Risk	0
Total	3

4. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the Corporate Risk Register.

Corporate Risk Register

Ref	Risk Summary	Inherent Risk			Existing Controls & Mitigations	Current Risk			Further Action Required	Progress	Trend since last review	Target & Date
		Likelihood	Impact	Total Score		Likelihood	Impact	Total Score				
Risks for Action												
A1	The Northern Ireland model procured to replace the NHAIS system fails to deliver the anticipated benefits within required timescales impacting the ability to pay GPs (Original risk added April 2017)	4	5	20	Legal Counsel advice received. PMO Support Project and Programme Boards in place Heads of Agreement signed	3	5	15	Programme and Project Boards to review progress in lead-up to go-live date for GP payments. Consider options for extension of Local Hosting Arrangements until mid-2022 for PCRM.	Work is on-going with Northern Ireland to implement the new system to allow 3 months parallel running with a go-live date in the summer. Roll-out of the Capita system in England has again been delayed with the existing service being available until at least September 2021. There is a further issue with regards to Local Hosting Hardware where support runs out at the end of December 2021, and this is required until at least the middle of 2022 when PCRM is due to be implemented. Paper taken to June SLG to assess options.	⬆️	30-Sep-21
	Escalated Directorate Risk									Risk Lead: Director of Primary Care Services		
A2	Risks to continuity of supplies and services to NHS Wales resulting from a no-deal Brexit (added Apr 2019) Strategic Objective - Customers	5	5	25	Storage facility in place (IP5) that has been adequately stocked to cope with a no-deal Brexit. BREXIT Mobilisation Team BREXIT Group which includes WG representation.	2	5	10	Review of Critical Care Items being undertaken. Review of NSDR arrangements. Clinical Decision making arrangements to be raised with Medical Directors.	Situation regarding paperwork is much improved and risk may well be able to be removed shortly.	⬆️	30-Sep-21
										Risk Lead: Director of Procurement Services		
A3	Lack of storage space across NWSSP due to increased demands on space linked to COVID and specific requirements for IP5 (added April 2021) Strategic Objective - Service Development	4	4	16	IP5 Board Additional facilities secured at Picketston	2	4	8	PCS reviewing options for medical records storage.	Discussions are on-going with Welsh Government with regards to the Strategic Outline Case for IP5. Welsh Government have also agreed to cover the running costs of the facility for the current financial year as part of the overall COVID and BREXIT contingency arrangements. We are awaiting news on further capital allocations to cover the costs of additional roller-racking for increased stock holding requirements.	⬆️	30-Sep-21
										Risk Lead: Director of Procurement Services		
A4	Suppliers, Staff or the general public committing fraud against NWSSP. (added April 2019) Strategic Objective - Value For Money	5	3	15	Counter Fraud Service Internal Audit WAO PPV National Fraud Initiative Counter Fraud Steering Group Policies & Procedures Fraud Awareness Training Fighting Fraud Strategy & Action Plan	4	3	12	1. Make better use of NFI (PS 31/03/21) 2. Produce Action Plan from Audit Wales "Raising ourGame" report (PS Complete) 3. Strengthen controls to prevent bank mandate fraud (AB/PS Complete)	Risk increased due to COVID-19 and significant increase in expenditure. Further Audit Wales report demonstrates that NHS Wales is in a good place for fraud prevention and detection compared to Central and Local Government but there are still further actions to be undertaken. Struggling to get access to NFI - taken through DoFs. March 21 has seen a number of actual and potential frauds around bank mandates. See separate risk below.	⬆️	30-Sep-21
										Risk Lead: Director of Finance & Corporate Services		
A5	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 (added April 2021) Strategic Objective - Value For Money	5	3	15	Documented process for bank mandate changes Role of Supplier Maintenance Team Authorisation by Senior Finance Staff Internal Audit Reviews Experian Bank Mandate Checker	3	3	9	Undertake review of effectiveness of current controls (AB/PS 31/07/21)	There have been a spate of fraudulent bank mandate amendments during March/April 2021 - some of which were successful. Procedures have been reviewed and enhanced. Experian software procured but coverage not as good as anticipated.	⬇️	31-Jul-21
										Risk Lead: Director of Finance & Corporate Services		
A6	Risk of cyber attack exacerbated if NWSSP, or other NHS Wales organisations, run unsupported versions of software. (added Apr 2019) Strategic Objective - Service Development	5	5	25	Cyber Security Action Plan Stratia Consulting Review IGSG Information Governance training Mandatory cyber security e-learn introduced Dec 19 Internal Audit review - Reasonable Assurance (April 2020) Recent investment in training packages (March 2021)	2	5	10	Follow up progress with Cyber Security Plan (PS On-going) Move all desktop devices to Windows 10 by the Windows 7 end of support (PS 31/07/21) NL to further update the SLT in the light of the recent Audit Wales report (NL Complete) Update information on systems as part of NIS compliance (NL 31/08/21) Undertake phishing training exercises with NWSSP staff (NL 31/07/21)	Nick Lewis presented update to April 2021 Audit Committee and January 2021 SLT. E-learn introduced during 2020. Windows 10 migration delayed by COVID but almost complete as at June 21	⬆️	31-Jul-21
										Risk Lead: Director of Planning, Performance & Informatics		

A7	The failure to engage with appropriate specialists (e.g. H&S/Fire Safety, Information Security/IG) sufficiently early enough when considering major developments may result in actions being taken that do not consider all relevant potential issues.	4	4	16	In-house H&S and Fire Safety Expertise Role of PMO Recent appointment of Programme Director	3	4	12	PMO to ensure that Project Officers consult appropriately at outset of project. (IR-ongoing) Consider adequacy of resourcing within H&S. (AB/PS - 31/07/21)	All organisations contributing towards a Fire & Evacuation Strategy for IP5.	â	31-Jul-21
	Strategic Objective - Service Development	Risk Lead: Director of Workforce and OD										
A8	Delays in the implementation of the Oracle upgrade exposes NWSSP and NHS Wales to a greater risk of system failure as disaster recovery testing will be missed for 2nd year, and prevents further systems development due to there being a change freeze in place. In addition, costs will be increased due to needing to build the environment for a third round of testing (£30k).	4	4	16	Project Risk Register	3	4	12	Actions documented in Project Risk Register	STRAD meeting held on 28 May voted to delay implementation to October 20201 on advice of OptechBoard aand against advice of Version One and CTeS. This will affect future developments such as Scan4Safety due to the Change Freeze being in place. There is also no point in undertaking disaster recovery procedures on a system that will shortly be redundant. Risk further exacerbated by resignation of Head of CTeS.	ä	31-Dec-21
	Strategic Objective - Service Development	Risk Lead: Director of Finance & Corporate Services										
A9	The transfer of the laundries to NWSSP expose a number of risks including concerns over health and safety and formality of customer relationships.	4	4	16	All-Wales Programme Business Case Programme Board Regular updates to SLG on progress with Action Plan Draft SLAs approved by SSPC Appointment of Assistant Director for Laundry Services	3	4	12	Arrange internal audit review of Laundry service (AB/PS - 30/06/21) Prioritised report to be submitted to July SLG.	Transfer has now taken place for 3 of the 5 laundries with the other 2 expected to transfer in the autumn of 2021. Update provided to June SLG.	â	30-Sep-21
	Strategic Objective - Service Development	Risk Lead: Director of Procurement Services										
COVID-19 Risks												
CV1	By requiring our staff to continue working we expose them to a greater risk of being infected with COVID-19 which may cause them significant health problems.	5	5	25	All staff encouraged to work from home where possible. Risk Assessments undertaken for all staff. Social Distancing measures in place in each office. Any staff displaying any symptoms told not to come into office or go home immediately. Testing for front-line staff Weekly Site Leads' meetings to assess position in each office. Provision of hand sanitisers and soap. Enhanced Cleaning services Notices in all buildings reminding of good hygiene practices. Regular SMT walk-arounds of all sites. COVID-19 Adapt and Future Change Group More flexible building opening times	2	4	8	Continue to monitor effectiveness of current measures through Site Leads and the fortnightly Site Leads meeting. Undertake specific surveys within Directorates to assess staff preferences for future working models.	Current measures seem to be effective. Large numbers of staff are working from home and social distancing measures are in place for those staff who need to continue to come into work. Daily reporting of absences shows that the numbers of staff reporting COVID-19 like symptoms continues to be very low. The regular meetings of the Site Leads provide on the ground information in real time and the Site Leads Meeting includes direct representation from SLT so that matters can be escalated appropriately. Risk assessment exercises completed. 2nd Staff Survey reported in Dec and demonstrates that staff satisfaction with current arrangements is being sustained.	â	30-Sep-21
Risk Lead: Senior Management Team												
CV2	NWSSP are unable to procure sufficient orders of PPE, medical consumables and equipment resulting in clical staff being able to treat patients safely and effectively. This risk may be exacerbated due to the potential need to supply Social Care, Primary Contractors, Carers and even retailers and train passengers. The continuing global difficulties with China also increases this risk.	5	5	25	PPE Winter Plan Finance Governance Committee Streamlined arrangements for Trust Board and WG approvals Increased limits approved for Scheme of Delegation. Regular meetings with UK and Welsh Government. Active involvement in UK Mutual Aid Schemes. Deloitte undertook consultancy work on behalf of WG to assist in this area. Internal Audit Review (Sept 2020)	1	5	5	Audit Wales published their findings on 14 April 2021 and report largely positive but action plan developed to respond to their findings.	The PPE plan has been developed in consultation with key stakeholders, and includes the arrangements to distribute PPE to the wider Family Care Practitioners and Social Care sectors. As services across Wales start to open back up, demand for such equipment is increasing in line with our expectations. The Welsh Local Government Association have been a key partner in helping us to take this agenda forward with Local Authorities	â	30-Sep-21
Risk Lead: Director of Procurement Services												
CV3	NWSSP are unable to continue to provide business-critical services due to having insufficient numbers of staff available and able to undertake the work.	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. Weekly IT Update meetings. IT Update also given to weekly COVID-19 Planning & Response Group	1	5	5	Updated BCP document covering response to COVID and possible impact of future waves presented to August SMT, and September SSPC. Further investment in laptops to ensure that PCS staff are able to work remotely. Increase investment in softphones.	The daily report on staff absence shows that absence rates are falling. The investment in hardware and software has allowed large numbers of staff to work remotely with minimal problems thus far. There are good rates of uptake for the vaccination programme.	â	30-Sep-21
Risk Lead: Senior Management Team												

CV4	Staff wellbeing is adversely affected through concerns arising from COVID-19 either directly in terms of their health and that of their families, or financially from loss of income of a family member. This includes the risk of "burn-out" for a number of staff working very long hours over a sustained period of time.	5	5	25	Regular communications to all staff Reminders of how to access Employee Assistance schemes Mental Health First Aiders Formal Peer Group with phone surgery times (includes Trade Union Leads) Staff Surveys Virtual Coffee Mornings with SLT	1	5	5	Implement action plan to respond to findings from staff surveys - monitored and managed through Adapt and Future Change Group.	As previously stated, absence rates are very low. Communications are regularly issued and all Directors and Managers are tasked with regularly checking the health and well-being of their staff. 2nd Staff Survey results suggest that arrangements in place still viewed as largely positive.	â	30-Sep-21
										Risk Lead: Director of Workforce and OD		
CV5	GP Trainees, who are employed by NWSSP, are exposed to a level of risk of risk of catching COVID-19 but are outside the direct control and influence of NWSSP.	5	5	25	Risk Assessments by Education Supervisor - leads to decision on what PPE is to be provided. Tripartite Agreement	2	5	10	Confirming vaccination rates with staff individually as Health Board reports to total numbers vaccinated suggest under-reporting (March 2021)	The tripartite agreement was agreed by the Project Board on 7/9/2020 and sets out the general duties of the host organisation for all trainees employed by NWSSP including the general duty to provide a safe working environment. Vaccination of front-line staff will further mitigate this risk.	â	30-Sep-21
										Risk Lead: Director of Workforce and OD		
Risks for Monitoring												
M1	Disruption to services and threats to staff due to unauthorised access to NWSSP sites. (Added May 2018)	5	4	20	Manned Security at Matrix CCTV Locked Gates installed at Matrix. Security Review Undertaken (reported Dec 18) Increased Security Patrols at Matrix.	1	4	4	Continue to monitor, and reissue comms to all staff to remind them of need to keep buildings and information secure. (PS 31/08/2020 - complete)	Security Review undertaken and reported to SMT in Dec 2018. No major findings and all agreed actions implemented or superceded.	â	
	Strategic Objective - Staff									Risk Lead; Director Specialist Estates Services/Director of Finance and Corporate Services		

Key to Impact and Likelihood Scores						
		Impact				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Likelihood						
5	Almost Certain	5	10	15	20	25
4	Likely	4	8	12	16	20
3	Possible	3	6	9	12	15
2	Unlikely	2	4	6	8	10
1	Rare	1	2	3	4	5
	Critical	Urgent action by senior management to reduce risk				
	Significant	Management action within 6 months				
	Moderate	Monitoring of risks with reduction within 12 months				
	Low	No action required.				

Consequence					
Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Yellow 5	Amber 10	Red 15	Red 20	Red 25
Likely	Yellow 4	Amber 8	Amber 12	Red 16	Red 20
Possible	Green 3	Yellow 6	Amber 9	Amber 12	Red 15
Unlikely	Green 2	Yellow 4	Yellow 6	Amber 8	Amber 10
Rare	Green 1	Green 2	Green 3	Yellow 4	Yellow 5
Red: Critical - Urgent action and attention by senior management to reduce risk					
Amber: Significant - Management consideration of risks and reduction within 6 months					
Yellow: Moderate - Monitoring of risks with a view to being reduced within 12 months					
Green: Low - These risks are considered acceptable					

ä	New Risk
ã	Escalated Risk
ä	Downgraded Risk
â	No Trend Change

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
AGENDA ITEM	
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 Risk Management Protocol

PURPOSE

To request the Audit Committee to re-approve the Risk Management Protocol.

1. INTRODUCTION

The Risk Management Protocol is presented at **Appendix 1** for information. This requires bi-annual approval by the Committee and was last approved at the April 2020 meeting. There are no significant changes to the document since that time. This document was also re-approved by the NWSSP Senior Leadership Group at its June 2021 meeting.

2. RECOMMENDATION

The Audit Committee is asked to:

- **APPROVE** the Risk Management Protocol.



RISK MANAGEMENT PROTOCOL

RISK MANAGEMENT PROTOCOL

June 2021

STATEMENT OF INTENT

NWSSP is committed to ensuring that the management of risk throughout the organisation is consistent and effective.

NWSSP Statement

NWSSP is committed to achieving and maintaining the highest standards of managerial practices that maximise and progress service benefits.

NWSSP recognises that effective risk management is a key component of corporate governance and is critical to achieving the strategic objectives of the organisation.

NWSSP continues to embed the risk management process by ensuring staff recognise the principles that "risk management is everyone's business," and encourage them to report any hazards, risks, incidents and near misses within their working activities or environment.

NWSSP recognises the importance of continuing to promote a culture of honesty and openness when dealing with a breakdown/failure in a system or individual error/mistake. NWSSP is committed to investigating system failures and or individual errors to establish the underlying causes.

NWSSP will seek to ensure that risks and incidents are identified and managed in a positive and constructive manner, so that lessons learned are shared across the organisation.

NWSSP acknowledge that effective risk management allows managers and staff to respond to opportunities and to take appropriate risks on behalf of the organisation with greater confidence of a successful outcome.

Introduction

NWSSP seeks to integrate the risk management process by having a single clear systematic approach. Therefore risk management is not seen as a separate function but is an integral part of the day to day management activities of the organisation including financial, health and safety and environmental functions.

It is the aim of NWSSP to assess and control the risks which threaten or compromise its ability to fulfil its aims and objectives. Risk Management

should be able to provide a suitable framework from within which staff can manage risks potentially facing the organisation in a consistent and meaningful way. This protocol sets out a framework, which identifies the risk management arrangements for the organisation including the need to address the Healthcare Standards identified by NHS Wales Shared Services Partnership Committee (NWSSPC) for Shared Services.

Background

This protocol is intended to complement the Velindre University NHS Trust strategy by establishing a comparable framework around which NWSSP will manage risks potentially facing the organisation. It is the intention that this will provide a framework which enables NWSSP to define its risk management arrangements, taking into account the process of adherence to the standards set down by the Health Inspectorate Wales.

The overall objective of the Healthcare Standards is to support NHS bodies in Wales in developing an effective system of risk management and control. The standards will serve to support the process of continuous self-assessment introduced with controls assurance.

Purpose

The purpose of this protocol is to provide a clear systematic approach to the management of risk within NWSSP. The protocol will define the way in which NWSSP will continue to embed the risk management process across the whole organisation whilst taking note of the various requirements of external agencies and statutory bodies.

Aims

NWSSP has a clear commitment to operate high standards of governance and internal control and will aim to minimise and contain any costs or consequences that may arise in the event of an incident occurring. NWSSP is committed to the following Policy aims and objectives:

- A clear commitment to operate to the highest standards of governance and internal control through the adoption of Risk Management Policy and regular reporting of risk management issues to the NWSSPC;
- Provide evidence that NWSSP is making every effort to meet the objectives set within the protocol and will, in doing so, protect staff, the public and other stakeholders against risks of all kinds;
- To inform the NWSSPC about significant risks within the organisation for which they are responsible;

- Assist staff and the NWSSPC to identify risks, determine unacceptable levels of risk, and decide on where best to direct limited resources to eliminate or reduce those risks;
- Promote risk management awareness at all levels of the organisation;
- Develop, establish and implement an infrastructure and arrangements to ensure that managing risk becomes an integral part of the planning and management processes and general culture of the organisation;
- Ensure that NWSSP adopts best practice and achieves the highest standards of risk management;
- Manage risk in a positive but not punitive way as an opportunity to learn and improve systems in practice;
- Increase public confidence in the quality of service provided with the NHS; and
- Enable NWSSP to effectively meet its key objectives.

Objectives

NWSSP will:

- Ensure a safe environment for the delivery of health care and for staff to work in;
- Improve business performance by informing and improving decision making and planning;
- Continue to promote a single consistent approach to risk management across NWSSP;
- Ensure clear lines of accountability and responsibility for risk management exist;
- Ensure adequate risk reporting structures are in place across the whole organisation that provide assurance to the board;
- Develop and promote the risk management escalation process;
- Ensure effective processes are in place to achieve staff compliance with statutory, mandatory and professional standards;

- Encourage open and honest reporting of hazards, risks and incidents and near misses;
- Ensure that risks and incidents identified are managed in a positive and constructive manner, so lessons learned are shared;
- Promote a culture where innovations are encouraged; and
- Provide a sound basis for integrated risk management and internal control as components of good corporate governance.

Organisational Arrangements and Responsibilities

NWSSP is a large and complex organisation with over 3,000 employees. The Managing Director, NWSSP is ultimately accountable for ensuring that risk is managed adequately, although there are levels of responsibility throughout the structure to ensure effective risk management. However, day-to-day implementation thereof is delegated to the Director of Finance and Corporate Services of NWSSP, who is assisted in this role by the Head of Finance and Business Development.

It is the responsibility of each of the Directors, Assistant Directors, and Heads of Service to ensure that risk is addressed at each of the locations relevant to their Directorates and that an effective feedback mechanism operates through NWSSP such that corporate and significant/critical risks are reported and discussed at NWSSP Senior Leadership Group (SLG) meetings.

All employees individually and collectively have a responsibility for risk management with the identification of risks and the reporting of incidents and near misses being encouraged.

Staff should:

- Report risks, incidents and hazards using the appropriate reporting procedure;
- Be aware of their legal duty to take care of their own health and safety and the safety of others affected by their work activities;
- Attend statutory and mandatory training in line with NWSSP requirements;
- Act in accordance with the training and instruction provided by NWSSP; and

- Comply with the Velindre University NHS Trust Risk Management strategy and NWSSP Protocol supporting health and safety policies and procedures.

Head of Finance and Business Development

The NWSSP Head of Finance and Business Development will provide advice and guidance on risk management related functions across NWSSP. The post holder will also support the development and implementation of a standard overarching risk management framework. This includes the coordination of risk assessments, risk registers, assurance maps and development and maintenance of the risk management system and its modules.

Host Bodies

Hazards and risks may be identified which are not within the ability of NWSSP to control or manage, such as building or facilities management issues which are instead the responsibility of a host organisation. The arrangements of NWSSP will be such that it is a requirement on its officers to bring such matters to the attention of the host body concerned at the earliest possible opportunity. Such action should always be the subject of a written report to the Director of Finance and Corporate Services of NWSSP.

Risk Management Framework

The organisational framework for Risk Management is controlled through the establishment of various Committees. The Committees are responsible for ensuring that risks that fall under their remit are reviewed and where significant risks are identified, these are appropriately escalated. See Annex 1 for the structure.

Risk Identification, Assessment & Management

NWSSP will embed processes to ensure that risk is identified, assessed and managed.

Identification of Risks

NWSSP will identify risks both by proactive and reactive methods. These will be managed proactively on an NWSSP Corporate Risk Register, supported by risk registers in each directorate which will be maintained by all nominated individuals assessing the risks which exist in their service area.

Corporately, all papers presented to the NWSSPC, Audit Committee and SLG meetings must contain a section on identified risks contained in the

paper presented and how they will be managed. The Director of Finance and Corporate services will be responsible for reviewing the risks raised in papers and ensuring they are added where appropriate to the Corporate Risk Register.

Reactively, risks will become apparent from a number of sources including complaints, claims, losses, and internal and external audit. Adverse incidents are also an important information source. It is crucial that all incidents are reported and investigated through the Incident Reporting Procedure (Datix). Any trends identified will be recorded as risks along with the corresponding actions to mitigate them.

Risk Assessment Process

A formal risk assessment is required for all risk assessments that are held on the Datix system. See Annex 2.

The basic steps within the risk assessment process are:

- Identify the hazards;
- Assess who and what might be affected, and how;
- Evaluate the risks and decide whether existing precautions are adequate or should more be done;
- Record the findings;
- Monitor and review the risks and any resulting further actions; and
- Communicate and consult.

Risk Register

The Risk Register contains an overview of the identified risks, the controls already in place to manage the risks, and any actions that have been identified to further mitigate the risks. The format for the Risk Register has been agreed by the NWSSP SLG and the Audit Committee. All risk registers presented to any committee or sub-group will follow this agreed format. It is important that this format is implemented at all levels to ensure consistency is achieved across NWSSP.

Risks are scored within the Register as follows:

- **Inherent (or Gross) Risk Score** – evaluation of the risk without consideration of any current or future controls or actions to mitigate it;
- **Residual (or Current) Risk Score** – evaluation of the risk as at today (i.e. taking into account current controls and mitigations, but **not** any further actions that are yet to be undertaken); and

- **Target Risk Score** – where the risk score should be once planned actions have been completed. (This should be a realistic rather than an aspirational assessment).

All risks identified will be assessed using the following matrices (in accordance with the Velindre University NHS Trust Risk Policy) which take into account the likelihood of the risk occurring and the resulting severity.

Risk Quantification – MATRIX

Simple risk quantification is identified by multiplying the Impact X Likelihood = Risk Rating. This impact matrix below has been developed by the NPSA (National Patient Safety Agency) and is adopted by Velindre University NHS Trust.

	LIKELIHOOD DESCRIPTION
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

	Impact, Consequence score (severity levels) and examples				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Risk Rating Matrix = Impact x likelihood

	LIKELIHOOD				
IMPACT	Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
5 Catastrophic	25	20	15	10	5
4 Major	20	16	12	8	4
3 Moderate	15	12	9	6	3
2 Minor	10	8	6	4	2
1 Insignificant	5	4	3	2	1

Actions and Treatment Timetable

Risk Score	Risk Level	Action and Timescale
1-3	LOW	No action required providing adequate controls in place.
4-6	MODERATE	Action required to reduce/control risk within 12 month period
8-12	SIGNIFICANT	Action required to reduce/control risk within 6 month period
15-25	CRITICAL	Immediate action required by Senior Management

Management of Risk

Roles and Responsibilities

- **Senior Leadership Group (SLG)** - The SLG is accountable for the systems of internal control, based on an ongoing process designed to identify and prioritise the risks of the organisation, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. SLG review and update the Corporate Risk Register at their monthly meetings which contains the corporate, significant and critical risks from across NWSSP including any escalated departmental risks. A SLG lead is assigned to each risk on the register.
- **The Audit Committee** - The Audit Committee provides the NWSSPC with a means of independent assurance that the systems in place for the management of risk are operating efficiently and effectively. The Committee will also provide an objective review of the corporate governance responsibilities, financial systems, financial information and compliance with law, guidance and codes of conduct. The Audit Committee reviews the Corporate Risk Register at each of its meetings.
- **Shared Services Partnership Committee** - The Shared Services Partnership Committee ensures that risk management arrangements are in place and both receives and provides assurance that appropriate and effective control systems are in place to identify and manage risks. The Shared Services Partnership Committee reviews the Corporate Risk Register at its bi-monthly meetings.
- **Sub/Working Groups** - A wide range of sub/working groups are in place across NWSSP to discuss their departmental/site risks and to ensure that any critical and significant risks are escalated to SLG along with risks which may become corporate. The aim of the working groups is to gather information and where appropriate share the lessons learned across the department.
- **NWSSP All Wales Health and Safety Meeting** - NWSSP All Wales Health and Safety meeting is chaired by the Director of

Finance & Corporate Services. Each Service Division will ensure an appropriate representative attends this committee to ensure that their risks and incidents are monitored and discussed and that the lessons learned can be shared across NWSSP. All significant risks regarding Health and Safety are reported to the Velindre University NHS Trust Health and Safety Management Group.

Directorate Risks

Directors, Assistant Directors and Managers should ensure that all risks associated with their directorate are input into the Datix risk management system. Any red-rated risks should be referred to the NWSSP SLG for possible inclusion on the Corporate Risk Register. Directorate Management Teams monitor and review their Departmental risk register on a regular basis. Review of Directorate key risks is also a standing agenda item for the Quarterly Reviews undertaken by the Managing Director and senior colleagues.

Risk Escalation

The SLG, assisted by key senior officers, are responsible for ensuring that risk management policies are implemented within NWSSP and that both risk assessment and incident reporting operates appropriately within the various areas of responsibility and in a climate where staff are encouraged to report incidents without fear of blame.

The process of escalation is used where a risk is unmanageable or uncontrolled or where the risk is significant or critical (12 and above). The purpose of the escalation process is to ensure that all managers at all levels across NWSSP have the option to escalate a risk where they are not able to manage or control it within their area. These risks are discussed at SLG.

Training and Awareness

All NWSSP staff receive basic risk management awareness as part of their statutory training. This training can be facilitated at induction or via ELearning and includes:

- principles of risk management;
- roles and responsibilities for management of risk within NWSSP;
- techniques for identification and evaluation of risk;
- how to report hazards, incidents and near misses;
- awareness that risk is everyone's business; and
- policies that cover risk management and assessment.

Directors and Managers ensure that all staff involved in the risk assessment process have sufficient knowledge, experience and

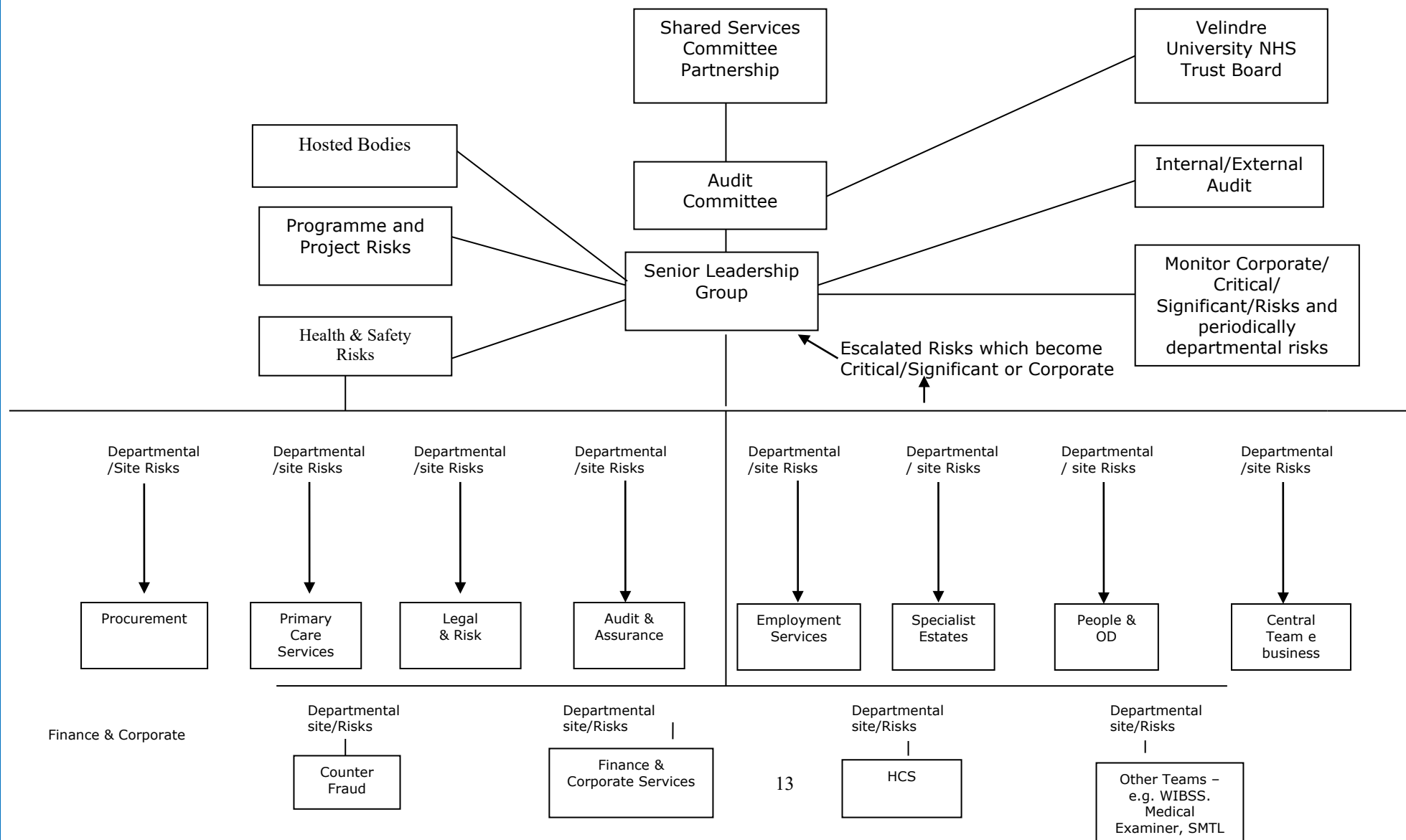
understanding of risk and are provided with sufficient training to ensure competence is demonstrated.

Managers ensure that risk assessment training is included in local training programs.


Review Mechanism

The risk management process is continually evolving and it is therefore intended to review this Protocol on an annual basis in light of changes in guidance, best practice and legislation.

ASSURANCE FRAMEWORK



Annex 2

VELINDRE NHS TRUST 	Service Area:	DATIX - REF NO:
	RISK ASSESSMENT	Department: Location/Site:
Title of Assessment:		Date of Assessment:

Tick the Type of Risk Assessment:

Business & Org	<input type="checkbox"/>	Operational	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Quality	<input type="checkbox"/>	Health & Safety	<input type="checkbox"/>
Strategic	<input type="checkbox"/>	Financial	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Project.	<input type="checkbox"/>	Environmental	<input type="checkbox"/>

Describe the situation or the work activity or process being assessed.
Summarise the specific risks to NWSSP

Please give a full range of Hazards:
Include any Materials, Biological, Chemical, Environment, Ergonomic and Psychological etc.

Hazards identified:	Impact Severity	Likelihood	Risk Rating

Who is affected by the hazards and how many: Whole organisation, division, department, ward etc.
All, Many or One - staff, visitors, contractors or service users etc. may be harmed.

Evaluate Overall Initial – Risk : I x L= Risk Rating	Impact	Likelihood	Rating

List control measures in place: Are they acceptable Y/N

Evaluate Current – Risk with controls: I x L= Risk Rating	Impact	Likelihood	Rating

Further action required - additional control measures - to reduce risk

Actions Agreed by Manager:
Managers Name & Signature :

Evaluate **Target** – Risk with actions completed: I x L= Risk Rating **Impact** **Likelihood** **Rating**

--	--	--	--

Risk Assessment performed by:

Print Name/s	Signature/s	Date

Progress Report on further Actions: include review dates:

--

Appetite Level.	Described as:
None	Avoid. The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal. Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious. Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open. Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek. Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk. Mature. Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Definitions

Annex 4

Risk Management	The co-ordinated activities to direct and control the organisation with regard to risk.
Risk Management Process	A systematic application of risk management policies to the task of identifying, analysing, evaluating, controlling and the monitoring and review of risk across the Trust.
Risk Assessment (Pro-active)	A careful examination of the hazards in the workplace that may cause harm, to people the environment or the business and these include processes and tasks. The formal recording on a documented form.
Risk Assessment (Re-active)	A risk assessment that has been completed following an incident occurring, this may form part of the investigation process or may be a review of the original risk assessment in light of the incident and its severity.
Risk Appetite	The level of risk NWSSP is prepared to accept before action is deemed necessary to reduce it.
Risk Acceptance	The risk is managed to a level defined as reasonably practicable and where to implementation of any further controls will outweigh any benefit.
Residual Risk	The risk remaining following treatment or control.
Risk Register	The risk register is a term for a detailed list of risk assessments, the format for the register itself has been agreed at the SLG.
Risk Inventory	A risk inventory or profile, has no agreed format it may be a shortened version of the risk register or a more detailed profile. A risk inventory is normally less formal than a register and is managed at department level.
Risk Structure	A formal management structure that outlines the basic reporting and communication links and committees and groups that provides assurance to NWSSP SLG that risk is being effectively managed across all Service Divisions.
Risk Matrix	This is a tool developed to quantify risk, by scoring the impact x the likelihood that the risk will probably be realised to establish a Risk Rating. This tool can be used by Managers to prioritise significant risks.
Risk Impact	Potential harm scored via a impact matrix rising from 1-5
Risk Likelihood	Potential for occurrence scored via a likelihood matrix from 1-5
Significant Risk	Risk that are scored 12 and above that require treatment and control within 6 month period.
Critical risk	Risk scored 15 and above requiring immediate Senior management control.



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
AGENDA ITEM	
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 Risk Appetite Statement

PURPOSE

To request the Audit Committee to re-approve the Risk Appetite Statement.

1. INTRODUCTION

The Risk Appetite Statement is presented at **Appendix 1** for information. This requires annual approval by the Committee and was last approved at the April 2020 meeting. There are no changes to the document since that time. This document was also re-approved by the NWSSP Senior Leadership Group at its June 2021 meeting.

2. RECOMMENDATION

The Audit Committee is asked to:

- **APPROVE** the Risk Appetite Statement.

NHS Wales Shared Service Partnership

Risk Appetite Statement.

Introduction.

NWSSP is committed to achieving and maintaining the highest standards of managerial practices that maximise and progress service benefits. NWSSP recognises that effective risk management is a key component of corporate governance and is critical to achieving the strategic objectives of the organisation.

NWSSP's Risk Management Protocol seeks to ensure that there is an effective process in place to manage risk across the organisation. Risk management is part of management decision-making and is the responsibility of all staff. Risks are identified, assessed and managed at a corporate level ('top-down') and operational level ('bottom-up'). Managers have a responsibility to evaluate their risk environment, to put in place appropriate controls and monitor the effectiveness of these controls.

An organisation's risk appetite is defined as the amount and type of risk that the organisation is willing to take in the pursuit of its strategic objectives. The risk appetite can help NWSSP by enabling the organisation to take decisions based on an understanding of the risks involved and communicating expectations for risk-taking to managers.

NWSSP has undertaken a review to identify the most commonly used framework for NHS organisations and confirmed that this is one developed by the Good Governance Institute (Table 1).

The risk appetite has been communicated to staff to embed it throughout the organization and it is also a key reference document in discussions regarding the risks on the NWSSP risk register, ensuring these are in line with NWSSP's risk appetite.

The Risk Appetite Statement is presented to the SSPC for approval on an annual basis, or sooner if circumstances require.

Table 1. Good Governance Institute Framework.

Appetite Level.	Described as:
None	Avoid. The avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal. Preference for ultra-safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
Moderate	Cautious. Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open. Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	<p>Seek. Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk.</p> <p>Mature. Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.</p>

General Statement of Appetite.

NWSSP faces a broad range of risks reflecting its responsibilities. The risks arising from our responsibilities can be significant. These risks are managed through detailed processes that emphasise the importance of integrity, intelligent inquiry, maintaining high quality staff and public accountability.

NWSSP make resources available to control operational risks at acceptable levels and recognises that it is not possible or indeed necessarily desirable to eliminate some of the risks inherent in our activities. Acceptance of some risk is often necessary to foster innovation within the services for which we are responsible.

This statement considers the most significant risks to which NWSSP is exposed and provides an outline of the approach to managing these risks. All strategic and business plans for operational areas must be consistent with this Statement. Given the range of our activities and responsibilities, it is not appropriate to make a single overarching statement of our attitude to risk. Instead, a range of risk appetite statements arising from the different areas of our work are set out below.

1. Quality.

The provision of high quality services is of the utmost importance for NWSSP. This means that NWSSP has **no appetite** for risks that could result in poor quality of service provision.

2. Compliance.

NWSSP has a **low appetite** to any risk that prevents the SSPC demonstrating the highest standards of accountability and transparency.

Non-compliance with legal and statutory requirements undermines public and stakeholder confidence in NWSSP, has the potential for harm and legal consequences and therefore NWSSP has **no appetite** in relation to these risks.

NWSSP has a preference for safe delivery options rather than risk breaching statutory or compliance obligations.

We have **no appetite** for risks that could result in NWSSP being non-compliant with UK law or healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

3. Research & Development.

NWSSP has a **moderate appetite** for risks associated with innovation, research and development in order to take forward our vision to become a world-class organisation.

NWSSP will only take risks when it has the capacity to manage them and is confident that there will be no adverse impact on the safety and quality of the services provided.

4. Innovation.

NWSSP has a **high appetite** for risks associated with innovation and partnership with industry and academia in order to realise the provision of new service delivery options, new technologies, efficiency gains and improvements in practice. However, NWSSP will balance the opportunities with the capacity and capability to deliver such opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.

5. Reputation & Public Confidence.

NWSSP will maintain high standards of conduct, ethics and professionalism at all times and has **no appetite** for risks or circumstances that could cause reputational damage to NWSSP or a loss in public confidence.

6. Performance & Service Sustainability.

NWSSP has a **moderate appetite** to accept risks to our portfolio of services if they are consistent with the achievement of safety, efficiency and quality improvements as long as safety, quality, financial and effective outcomes are maintained.

7. Financial Sustainability

NWSSP is entrusted with public funds and must remain financially viable while safeguarding the public purse. NWSSP has **no appetite** for accepting or pursuing risks that would leave the organisation open to fraud or breaches of Standing Financial Instruction.

8. People & OD

NWSSP is committed to recruit and retain staff that meet the high quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and objectives to maximise the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work.

NWSSP has **no appetite** for risks associated with unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or circumstances which may compromise the safety of any staff members or group.

The impact of COVID-19 has led to a radical re-think of how and where NWSSP staff can work. There is a degree of risk in embracing different and varied ways of working but NWSSP are willing to accept these risks to ensure that staff, where possible, are able to work in an agile and effective way. Therefore, NWSSP has a **high appetite** for finding solutions post the pandemic that work effectively for both the individual and the organisation.

9. Partnerships

NWSSP works in partnership arrangements with other Health Boards, Trusts, Local Authorities, academia, independent organisations and the voluntary sector and therefore has a **moderate appetite** to seek out opportunities and take greater inherent risks for higher rewards in pursuit of partnership development and collaborative working where this is considered advantageous to achieving its aims.

Working collaboratively with national and local partners requires some moderate risk to be accepted as we develop longer-term strategic plans to deliver stronger and more resilient services.

The above can be summarised as follows:

1	Quality	No appetite
2	Compliance	Low appetite (no appetite for legislative or statutory non-compliance)
3	Research & Development	Moderate
4	Innovation	High
5	Reputation & Public Confidence	No
6	Performance & Service Sustainability	Moderate
7	Financial Sustainability	No
8	People & OD - Behaviour	No
	- Ways of Working	High
9	Partnerships	Moderate

Conclusion

This statement has acknowledged that NWSSP faces a broad range of risks reflecting its responsibilities and that some of these can be significant.

It has also asserted that risk management is part of management decision-making and is the responsibility of all staff. It has reaffirmed that Managers have a responsibility to evaluate their risk environment, to put in place appropriate controls and monitor the effectiveness of these controls.

NWSSP's risk appetite levels are communicated to staff through the practical adoption of these risk appetite levels in the way that the Directorate and Corporate Risk Registers function. Directorate Senior Management meetings and the NWSSP Senior Leadership Group are the conduit through which this process is led.

This statement will be reviewed annually, unless circumstances dictate that an earlier review is necessary.



MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
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. Please note that this report does not include figures and assurance ratings for the audit reports listed on the present Audit Committee agenda.	

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 **51** reports covered in this review; **13** reports have achieved **Substantial** assurance; **28** reports have achieved **Reasonable** assurance, **0** reports have been awarded **Limited** assurance or **No Assurance**; and **10** reports were generated with **Assurance Not Applicable**. The reports include **237** recommendations for action.

Table 1 - Summary of Audit Recommendations

As at 22/06/2021					
Recommendations		Implemented	Not Yet Due	Overdue	Not NWSSP Action
Internal Audit	181	171	7	2	1
<i>High</i>	16	16	0	0	0
<i>Medium</i>	98	89	6	2	1
<i>Low</i>	67	66	1	0	0
<i>Not Applicable</i>	0	0	0	0	0
External Audit	25	25	0	0	0
<i>High</i>	0	0	0	0	0
<i>Medium</i>	23	23	0	0	0
<i>Low</i>	2	2	0	0	0
<i>Not Applicable</i>	0	0	0	0	0
Other Audit	31	31	0	0	0
<i>High</i>	4	4	0	0	0
<i>Medium</i>	7	7	0	0	0
<i>Low</i>	20	20	0	0	0
<i>Not Applicable</i>	0	0	0	0	0
TOTALS:	237	227	7	2	1

3. Outstanding Recommendations

There are currently two recommendations that have not been implemented within their target completion date. These were reported in detail to the April Audit Committee and are both due for completion by 31 July.

Full details of the recommendations are set out in Appendix A, for the attention of the Audit Committee.

4. RECOMMENDATIONS

The Audit Committee are asked to:

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

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										
FINANCE AND CORPORATE SERVICES										
Cyber Security 2019-20										
1.	NWSSP-1920-15 CORP/19-20/4 Corporate Services NWSSP Cyber Security 2019-20	NOT YET DUE	The switch cabinet in SES (Companies House) has fallen from the wall and is left open. This leads to a risk of unauthorised access. Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities.	Medium	The cabinet should be locked to prevent individuals from accessing the switches.	Head of Finance and Business Development - Peter Stephenson	The cabinet will be repaired and re-located.	30/09/2020	30/09/2021	Director of Finance & Corporate Services gave authority for this work to proceed. No progress to date mainly due to other pressures but also because of the embargo against bringing external contractors on site at Companies House whilst lockdown restrictions are in place. This issue will be resolved when other priorities allow and contractors are able to access the site. Approved at Audit Committee 20/10/2020.
2.	NWSSP-1920-15 4 CORP/19-20/4 Corporate Services NWSSP Cyber Security 2019-20	NOT NWSSP RESPONSIBILITY	Currently the NWSSP network is not separated from the NWIS network. The network has a flat architecture with limited segregation. This means that the NWSSP is accessible by more staff than necessary and there are limited barriers within the network to prevent an intruder moving around / seeing the whole network and increases the risk of a cyber attack. Risk: Risk of loss of IT services as a result of attack from entities external to the organisation, exploiting common vulnerabilities.	Medium	The NWSSP network should be separated from the NWIS network and improved network segmentation with the NWSSP network should be employed.	Head of Finance and Business Development – Peter Stephenson	The NWSSP network is maintained by NWIS client services and so cannot be completely separated from the NWIS network without a negative impact on security. The following actions have been discussed with Matthew Walters (NWIS Client Services) and Mike Bryan (NWSSP IT) in order to improve the network segregation and improve the security of the NWSSP network. A project to implement these changes will have to be raised with NWSSP PMO: • Installation and configuration of firewalls in Companies House, Alder House and Matrix House • Departmental VLANS to be implemented during new switch installation. • Review of stores wired and wireless networks • Review of redundancy of PSBA connections • Installation and configuration of internal network monitoring and intrusion detection • Review of current remote connection methodologies for both security and business continuity • Implementation of national Nessus vulnerability management system. • Procurement, installation and configuration of Paws and Nipper for network device and asset monitoring • Testing of failover in virtual hyperV environment	31/12/2020		The following has been completed: <ul style="list-style-type: none">• Procurement of switches and firewalls for all NWSSP environments• Early discussion of network architecture to provide segregation of NWSSP network areas• Testing of intrusion detection system for NWSSP in Companies House completed• Stores Wireless networks now under NWIS management and wired networks will pass to NWIS later in 2021• Testing of new 3rd party access to NWSSP networks in progress• PSBA connections reviewed• NESSUS acquired• Implementation of O365 and move to multi-factor authentication has largely addressed concerns over remote connection methodologies The remaining work is not within NWSSP's gift and requires the input of NWIS to complete. Negotiations remain ongoing to facilitate this.

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

EMPLOYMENT SERVICES									
Payroll									
3.	NWSSP-1920-02-3 EMP/19-20/2 Employment Services All Wales Payroll Services 2019-20	OUTSTANDING	Overpayment registers are maintained for each of the 11 organisations. However, there is a lack of a coherent approach between each team. There has been an improvement, particularly with the Payroll teams based at Companies House, where there is a combined approach for the Cardiff based teams. Risk: Overpayments are not recovered, resulting in financial loss to the customer organisation.	Medium	As previously recommended, an all-Wales approach to the management of overpayments should be agreed and adopted across all Payroll teams.	1. Janet Carsley 2. Janet Carsley 3. J Janet Carsley / Enablement Team 4. Janet Carsley	The Overpayments Teams in Companies House has been combined to form the South East Wales Overpayments Team where processes have been reviewed and standardised. Work is continuing on an on-going basis to develop the team including working with organisations in respect of high overpayment areas. The NWSSP Overpayment review has commenced a review of overpayments which is a project that will be included on an all Wales basis. The overpayment process will be discussed on an all Wales basis including the development of a single All-Wales Overpayment Policy.	1. 30/09/2019 - Complete 2. 31/12/2020 - Complete 3. 31/12/2020 4. 31/12/2020	31/03/2021 Overpayment review for Standardised All Wales Overpayment Process commenced in early March 2020, however due to Covid-19 this project was placed on hold. Overpayment Project will resume in May 2021 with focus on All Wales Standard Process for a completion by 31 July 2021 The overpayment project has resumed and is progressing well. Payroll Manager in North Wales is leading on developing an All Wales Overpayment Process with an aim to complete by the above deadline.
4.	NWSSP-1920-02-4 EMP/19-20/2 Employment Services All Wales Payroll Services 2019-20	OUTSTANDING	Within each team there are various processes for generating checking reports. These reports serve as an additional control for ensuring starters, leavers, changes and other actions are processed correctly. However, we found that some teams do not evidence their review of the checking reports, when completed. In particular: - PTHB generate the reports, but do not evidence any of their reviews of the reports; and - for a sample of two months selected for review, the reports utilised for checking had been generated for CTUHB, CVUHB, HEIW, PHW and VNHST, but had not been evidenced as review in some instances. Finally, the Payroll Exception Report compares current period pay to the previous period and there were variations between the way that teams produce and check these reports. Risk: Inappropriate or erroneous payments, resulting in financial loss to the customer organisation.	Medium	1. As recommended last year an all-Wales approach to the payroll checking process should be agreed and adopted across all 11 Payroll Teams. 2. Management should note the risk associated with the macro-filtered reports used by the Cardiff teams for payroll checking and exception reporting. The source documents produced from ESR should be retained, and consideration given to the feasibility and benefit of checking the completeness of the macro-filtered reports against the source documents, to ensure that all transactions that require checking are included. 3. A report of changes to payroll data should be produced and checked by the North Wales, Swansea and Carmarthen payroll teams. 4. Checking reports should be signed to confirm a review of the checking process.	1. Christine Richards, Janet Carsley, Neil Evans, Beverley Cokeley 2. Christine Richards 3. Christine Richards, Janet Carsley, Neil Evans, Beverley Cokeley 4. Christine Richards	1 Shared approach in place at Companies House. On-going discussions on a Wales wide basis for standard process. 2 The source documents are retained and used to verify checking prior to filing. There is an automatic field on the report for the supervisor to confirm report checked. However, this has not always been completed. Supervisors reminded of the importance of this. Whilst the process has already been agreed by Audit prior to rollout, additional work will be undertaken in respect of comments. 3 Process has been shared with North Wales, Swansea and Carmarthen in 2019. As per point 2, on-going discussions as to All Wales agreed process. 4 Payroll checking already as system to support sign off documents, however due to resource issues, this had not been followed completely for CTUHB, CVUHB, HEIW, PHW and VNHST. Supervisors have been reminded of the importance of sign off checking processes.	1. 31/03/2021 2. 31/03/2020 - Complete 3. 31/12/2020 4. 30/04/2020 - Complete	31/03/2021 1 Deputy Payroll Managers reviewed and agreed Checking Process to be utilised including use of macros by all Payroll Teams. Process agreed and currently being tested in all Payroll Teams across Wales. Discovered issued during the process due Excel, on target for resolution date 28th Feb 2021 2 Supervisors have been reminded by all Sections on both issue - Complete 3 Payroll checking reports produced for new checking process and in testing across all sites as per Point 1. The recommendation is still in the testing stage here in North Wales as there have been some technical issues to resolve with macros. On target for resolution date 28th Feb 2021- New target date to achieve the recommendation is by 31 July 2021. 5. Complete Compatibility issues with o365 continues to be a barrier. work to develop a suite of reports is ongoing and progressing well and should be complete by 31 July 2021.

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

5.	NWSP-2021-08 EMP/20-21/2 Employment Services Payroll Services 2020-21	NOT YET DUE	Our testing of starters, leavers and changes identified: • one starter where the contracted hours had been incorrectly entered as 37.5 instead of 30, resulting in an overpayment; • one starter where the TRAC vacancy reference recorded did not match the employee's role on ESR, and there was no NI number recorded within ESR at the starting date. We have been advised that this was a direct hire request from CVUHB. The reason for the TRAC vacancy reference discrepancy was being investigated by Payroll at the time of reporting; and • three overpayments totalling just over £3,500 as a result of processing delays of up to 24 days within the Payroll teams. These had already been identified by Payroll and passed to the relevant overpayment teams for recovery.	Medium	4. The identified overpayment needs to be recovered. Investigate the cause of the discrepancy between the TRAC vacancy reference and related ESR assignment details to ensure that the information within ESR (on which payment to the individual are based) is accurate.	Head of Payroll	We acknowledge the findings of the report, we are reviewing the checking process, as there are multiple variants across Wales and we need a single checking approach, which adds probity and efficiency to the system.	31/07/2021		Work to streamline the multiple checking processes across Wales has commenced and progressing well. Recommendation should complete by the 31 July deadline.
6.	NWSP-2021-08 EMP/20-21/2 Employment Services Payroll Services 2020-21	NOT YET DUE	Input Accuracy Checking Controls Following input into ESR, all forms (electronic or paper-based) should be independently checked and signed (electronically, where appropriate) to confirm accurate processing. Some forms reviewed did not have a field to record such sign off. For those that did, there was no evidence of independent input accuracy checking for 26 starters and 18 leavers reviewed. Completeness Checking Controls. The approach to completing these checks varies across Wales. At the time of audit, the North Wales, Carmarthen and Swansea Teams were not producing and checking reports of changes to payroll data. We were advised that these checks have now been introduced with effect from March 2021. Although the Powys Team generate reports for checking, they are not signed as evidence of review. Furthermore, the new starter's reports were not reviewed during COVID due to the PTHB Workforce & OD department setting up new starters on ESR for prompt eLearning access for COVID recruits, meaning that many entries on the report related to processing undertaken outside of NWSSP Payroll. Checking in the Cardiff Team is undertaken electronically using an extract from the ESR permanent amendments report (which includes starters, leavers and changes). Macros are used to automatically remove items that aren't subject to checking procedures from the report. Whilst this improves efficiency, there is a risk of transactions which require checking being removed from the report, either erroneously or to conceal a fraud. The checking reports for a total sample of 29 months were requested and checked for evidence of review. Although the checking reports were available, the reports for 15 sampled months had not all been evidenced and/or signed off as reviewed, particularly within the Cardiff Team	Medium	5. All enrolment, termination and changes forms should be independently checked for accuracy and evidenced as such on the form. Monthly checking reports for starters, leavers and changes should be produced and reviewed for each organisation to ensure completeness of payroll documentation and identification of erroneous transactions (including potential 'ghost' employees). Management should explore options for automating the checking process in order to reduce the volume of manual checks required and release valuable resource to focus on payroll processing.	Head of Payroll	I acknowledge the findings of the Audit Report, a simplified checking process was put in place to remove the previous numerous checking that the team undertook. However, the new process has had difficulties in the team accessing the data, this is currently being investigated by IT. All checking has been completed, in differing fashions but ultimately providing a robust checking process albeit not in uniformed approach. As previously mentioned, there are multiple variants across Wales and we need one checking approach, which adds probity and efficiency to the system.	31/07/2021		Payroll continue to work with those not utilising the NAF (new appointment form) until a resolution is sought, resulting from compatibility issues with o365. Manual reviews are currently undertaken, Audit are content with this.

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

7.	NWSP-2021-08 EMP/20-21/2 Employment Services Payroll Services 2020-21	NOT YET DUE	The previous internal audit reported a lack of consistent approach for the monitoring and recovery of overpayments across NHS Wales organisations. Management advised that the overpayment process has been reviewed on an all-Wales basis and they are in the process of developing a single all-Wales overpayment procedure. However, no progress has been made in this respect due to the disruption of the COVID-19 pandemic.	Low	As previously agreed, an all-Wales approach to the management of overpayments should be agreed and adopted across all Payroll teams.	Head of Payroll Subject to WODS and DOFS approval, paper to go to WODS and DOFS by the end of June 2021	We acknowledge the findings of the report, there is a new draft of the Overpayments procedure that will be presented to WODS and DOFS for an all Wales approach.	30/06/2021		A draft overpayments procedure paper would be ready by 18 June. This paper will be presented to WOD's for consultation. An update on progress would be given following the meeting.
Student Awards										
8.	NWSSP -2021-15 EMP/20-21/1 Employment Services Student Award Services 2020-21	NOT YET DUE	There are a number of procedures in place for the processes within the service, however there is no document control stated on most of these (those that do have dates included are dated 2014/2015) and a number of these pre-date the BOSS system. Whilst we are advised processes have not changed significantly, these do require updating to reflect current arrangements. Through our testing we have noted that there is engagement with HEIW and universities in respect of payment processing, continued eligibility and liability for repayment of bursary awards. However, the expectations and responsibilities of each party in respect of assessment timescales, information sharing, reporting and decision-making have not been formally defined or documented. We were advised that discussions are ongoing with HEIW to establish these requirements.	Medium	The expectations and responsibilities of the Service, HEIW and universities in respect of student awards processing should be agreed and formally documented. Procedure documents should be reviewed for the key processes within the Service. These should incorporate the required improvements identified within this report and set out the responsibilities of the Service in terms of assessment timescales, information sharing and reporting to HEIW/universities.	Head of Payroll	We acknowledge the report findings, as part of the review of the SOPS we will also include a review of the roles and responsibilities of the Bursary Team, HEIW and Universities. We will process map this session to be shared with the our colleagues in HEIW and Universities so the process is clear and auditable	31/07/2021		All SOPs have been reviewed and training with all SAS staff has commenced, with the intent to complete by 31 August. A process map would be developed and shared with HEIW and universities in due course.

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

9.	NWSSP -2021-15 EMP/20-21/1 Employment Services Student Award Services 2020-21	NOT YET DUE	<p>In order to process applications more efficiently, from June 2020 students who were applying for funding for their second year onward were awarded funding based on the details provided for their first-year application. Internal Audit supported this proposal on the basis that there were no implications with statutory / regulatory requirements, and with a recommendation that separate records were kept of these students and their application processed as a priority once volumes were lower – anticipated to be December 2020. We were advised that this exercise had not yet commenced, which was unbeknown to the Assistant Director of Employment Services.</p> <p>A delay in the full assessment of applications increases the likelihood of an overpayment and reduces the opportunity for recovery before the end of the academic year. Universities are responsible for payment processing, including adjustments and overpayments, so this change in process will potentially impact them. Despite this, we understand that they were not consulted about the change of process for 2020.</p> <p>The Interim Team Manager provided a spreadsheet identifying 744 students overdue a full assessment. There is no means of identifying students subject to this arrangement within the BOSS system, so we were unable to verify that this spreadsheet represents a complete record. We were informed that all 744 assessments were subsequently completed prior to the conclusion of the audit. However, we have raised a recommendation in order to ensure that this process is not overlooked in future.</p>	Medium	<p>The full assessment of applications for students awarded funding based on the previous year's application should be programmed into the annual activity of the team and monitored by senior management in order to ensure that any required adjustments are notified to the respective universities at the earliest opportunity. Any proposed changes to processes should be notified to and/or agreed with HEIW / universities if the changes will impact them.</p>	Head of Payroll	<p>We acknowledge the findings of the report all checks were completed by 23rd February 2021. To ensure that there is no repetition of this process in the future, the full team are currently being trained to be able to assess all bursary payments, thus removing one-person dependency. This will reduce the peak times where it has become necessary to undertake review assessments. In the future this will be part of the normal bursary process.</p>	31/07/2021	<p>All SAS staff are currently being trained as generic assessors to ensure that each member of staff can assess all bursary payment applications. Training should be completed by the end of August. Doing this removes the one-person dependency.</p>
----	---	-------------	---	--------	---	-----------------	--	------------	---

APPENDIX A - PROGRESS OF AUDIT RECOMMENDATIONS

10.	NWSSP -2021-15 EMP/20-21/1 Employment Services Student Award Services 2020-21	NOT YET DUE	<p>There are four key performance indicators (KPI) in place for the Service:</p> <ul style="list-style-type: none"> • % of calls answered / service level • % of NHS Bursary Applications processed within 20 days • % of NHS Bursary Applications scanned within 15 days • % of Original Documentation returned to Applicants within 5 days <p>We were advised that these KPIs have been in place for a number of years and are not linked to any agreed service Deliverables with HEIW / universities. The Assistant Director of Employment Services acknowledged that the existing KPIs require review.</p> <p>The service level KPI is reported to Senior Leadership Team whilst the others are monitored as part of the quarterly performance review for Employment Services. The latest review in January 2021 considered the quarter three performance information for Employment Services. However, only quarter two performance was provided for the Service.</p> <p>There is no evidence to support the measurement of these KPIs and our testing identified two applications not processed within 20 days, which indicates that the 100% reported for this KPI is inaccurate.</p> <p>Although reports are available within the BOSS system to support the measurement of the bursary applications processed, these are not utilised. We were advised that the BOSS system is instead monitored live to identify instances of non-compliance with the bursary assessment timescales, and there is no available information to evidence scanning / document return compliance.</p>	Medium	<p>The KPIs should be reviewed to ensure they are relevant, linked to the Service objectives and can be reliably measured. Examples might include measuring processing accuracy/error rates (based on the results of independent checking) and compliance with independent checking requirements. The reports on the BOSS system should be utilised to monitor the service and performance. Evidence in support of assessed performance should be retained.</p>	Head of Payroll	<p>We acknowledge the findings of the report, we are reviewing the current KPI's in line with the implementation of the recommendation of the findings stated in this report, it is clear that we need to have measurable KPI's, we will develop these in line with the changes recommended. During this review we will liaise with our colleagues in Audit to ensure that we have a robust KPI process.</p>	31/07/2021		<p>The KPI's will be reviewed following the introduction of newly trained assessors within SAS team, as agreed with Internal Audit.</p>
-----	---	-------------	---	--------	---	-----------------	--	------------	--	---

MEETING	NWSSP Audit Committee
DATE	29 June 2021
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Peter Stephenson, Head of Finance & Business Development
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance & Corporate Services

TITLE OF REPORT

Annual Report of Gifts, Hospitality & Sponsorship Declarations

PURPOSE OF REPORT

The purpose of this report is to provide the Audit Committee with a summary of the Gifts, Hospitality and Sponsorship declared within the reporting period, 1 April 2020 to 31 March 2021.

1. BACKGROUND

The Velindre University NHS Trust [Standards of Behaviour Framework Policy](#) ("the Policy") outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest and offers gifts, hospitality and sponsorship, regardless of whether these have been accepted or declined. It is important to note that any private interest(s) does not conflict with NHS duties.

Supplementary to the Policy referenced above, the NWSSP also has its own [Gifts and Hospitality Procedure](#).

2. GIFTS, HOSPITALITY & SPONSORSHIP

All employees of the NWSSP should consider their position very carefully before accepting any personal gifts or offers of hospitality during, or outside of, office hours. They should avoid placing themselves in a position where acceptance of such gifts or hospitality might be perceived to influence their decision in respect of purchasing goods or services, awarding contracts, or making appointments. Anyone found to be in breach of this procedure could face disciplinary action.

If staff receive any offer over the value of £25 (or several small gifts, which value over £100, received from the same or closely related source in a 12-month period), whether accepted or declined, these are required to be recorded in the Gifts and Hospitality Register, held by the Corporate Services Manager. A summary of declarations received is presented to the Audit Committee at each meeting.

During 2020/21, and undoubtedly as a direct result of the pandemic, there have been no declarations for gifts, hospitality, and sponsorship.

3. RECOMMENDATION

The Audit Committee is asked to:

- **NOTE** the report.

MEETING	NWSSP Audit Committee
DATE	29 June 2021
PREPARED BY	Carly Wilce, Corporate Services Manager
PRESENTED BY	Peter Stephenson, Head of Finance & Business Development
RESPONSIBLE HEAD OF SERVICE	Andy Butler, Director of Finance & Corporate Services

TITLE OF REPORT

Conflict of Interests Declarations 2020-21

PURPOSE OF REPORT

The purpose of this report is to provide the Audit Committee with a summary of the completion rates for each service for Conflicts of Interest for the reporting period 1 April 2020 to 31 March 2021. In addition, the Declarations of members of the SLT are also included for information at Appendix A. This report will be published on the NWSSP website as part of the Audit Committee papers.

1. BACKGROUND

The [Velindre University NHS Trust Standards of Behaviour Framework](#) outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest. It is important to note that any private interest(s) does not conflict with NHS duties.

The Nolan Principles on Public Life were established in 1994 and have recently been extended to define public office as applying to all those involved in the delivery of public services. The seven principles are as follows:

1. **Selflessness** - You should take decisions solely in terms of the public interest. You must not act in order to gain financial or other material benefit for family or friends.

NWSSP Audit Committee
29 June 2021

2. **Integrity** - You should not place yourself under any financial or other obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties
3. **Objectivity** - You must make decisions solely on merit when carrying out public business (including the awarding of contracts)
4. **Accountability** - You are accountable for your decisions and actions to the public. Consider issues on their merits, taking account of the views of others and ensure the organisation uses resources prudently and in accordance with the law.
5. **Openness** - You should be as open as possible about all decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest demands.
6. **Honesty** - You have a duty to act honestly. Declare private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership** - Holders of public office should promote and support the foregoing principles by leadership and example.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of Nolan Principles and every public body should develop Codes of Conduct for staff and Independent Members, which reflect these Nolan Principles and its shared values. The guidance in terms of disclosing potential conflicts of interest is to err on the side of caution and disclose more rather than less. What is important is whether a relationship could be perceived as a conflict of interest, whether or not it actually is. Guidance had been revised to require staff to highlight any family relationships in their declarations made, in accordance with our [Managing Personal Relationships at Work Protocol](#).

2. DECLARING CONFLICTS OF INTEREST

As previously agreed at a formal SLT meeting, all staff of Band 7 and above are required to complete a Declaration of Interest form, with additional staff to complete the same at the Director's discretion. The agreed requirement for each Directorate's completion is set out below:

- Finance & Corporate Services – **All**
 - *Accounts Payable division agreed **Band 6 & above***
- Audit & Assurance Services – **Band 7 & above**
- Employment Services – **Band 7 & above**
- Legal & Risk Services – **Band 7 & above**
- Primary Care Services – **Band 7 & above**
- Procurement Services – **Band 6 & above**
- Specialist Estates Services – **Band 7 & above**
- Workforce & Organisational Development – **Band 7 & above**

It should be noted that some directorates have elected to ask all staff within their directorate, regardless of banding, to complete their declarations via ESR. This is positive progress and an example of best practice. It is intended that all directorates will mandate full completion by all staff in the reporting year 2021-22.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of the Standards of Behaviour Framework, that they duly complete a

declaration of any potential conflicts of interest arising. Declarations should be made at least on an annual basis and as frequently as changes may occur. Staff who does not have access to ESR are able to complete a hard copy form, which must be subsequently authorised by their Director of Service before being submitted to the Corporate Services Manager.

The table below records the current position with regards to completion across the organisation, as at 24 May 2021:

Directorate	Headcount to Complete	Percentage Completion	Outstanding Declarations	Notes for Non-Completion
Finance & Corporate Services	95	100%	0	
Audit & Assurance Services	39	100%	0	
Employment Services	26	100%	0	
Legal & Risk Services	92	97%	3	2 Maternity Leave
Planning and Performance	24	100%	0	
Primary Care Services	310	100%	1	1 Long-Term Sick
Procurement Services	127	95%	7	
Specialist Estates Services	55	100%	0	
SMTL	22	95%	1	1 Long-Term Sick
Workforce & Organisational Development	48	90%	5	
Total	838	97%	17	

A summary of the declarations received for 2020-21 for each directorate will be emailed through to the Director, to develop a local Action Plan for the Management of Potential Conflicts. Directors will find a link to the guidance and templates below to use in developing best practice Action Plans.

- <http://nww.sharedservicespartnership.wales.nhs.uk/conflicts-of-interest>

3. RECOMMENDATION

The Audit Committee are asked to:

- **NOTE** the Conflicts of Interest declared to date;

Appendix A – List of Declarations for SLT Members

No.	Name	Job Title	Disclosure
1.	Andy Butler	Director of Finance and Corporate Services	Wife is an Audit Manager in Audit Wales.
			Independent member of the Arts Council for Wales Audit & Risk Committee.
2.	Simon Cookson	Director of Audit & Assurance Services	Independent Member of the Audit Committee at Bristol City Council.
			Director of S Cookson Consulting Ltd – no activity since June 2014.
3.	Neil Davies	Director of SES	I have a son who is a professional sportsman. I am a shareholder in his image rights company.
			I have a son who is a Graduate Trainee with Matthews & Goodman, Commercial Property advisors. He is based in their Liverpool office.
			One of my sons works for NWSSP - Procurement Services as a Category Manager.
4.	Andrew Evans	Director of PCS	No interests to declare.
5.	Margaret Foster	NWSSP Chair	Governor Cardiff and Vale College; and Commissioner Lancet/LSE on Future of the NHS.
6.	Neil Frow	Managing Director of NWSSP	NHS Wales Representative Board Member and Vice Chair on the Welsh Government Hosted National Procurement Service (NPS) (7 years involvement) - NHS Wales NPS Contracts for common and repetitive spend areas; NHS Wales Representative on the Welsh Government Public Sector Procurement Board (6 Years Involvement); NHS Wales Representative Board Member on the Ystadau Cymru Board; Spouse is employed by Cwm Taf Morgannwg University Local Health Board.
7.	Gareth Hardacre	Director of People & OD	Wife is employee of Cardiff & Vale HB.
			Father is an elected member of a Local Authority (Caerphilly CBC).
			Ex Governor at Cardiff Met - no new liability / interest.
8.	Mark Harris	Director of Legal & Risk Services	Wife is a GP partner in a medical centre in the Aneurin Bevan area.
9.	Jonathan Irvine	Director of Procurement Services	No interests to declare.
10.	Professor Malcolm Lewis	Medical Director	Financial interest of 30% Share Ysgol Street Pharmacy Swansea. 18% Share Melys AFS Ltd., Whitland
11.	Alison Ramsey	Director of Planning and Performance	Governor on the Board and Chair of the Audit Committee of the University of South Wales.

MEETING	Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership
DATE	29 June 2021
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 2021-22

PURPOSE

To provide a summary of items expected to be presented at forthcoming Audit Committee meetings, scheduled for 2021-22.

Month	Standing Items	Audit Reports	Governance	Annual Items
Q4 2020/21 26 January 2021 <i>Boardroom</i> <i>NWSSP HQ, Unit 4/5</i> <i>Charnwood Court, Heol</i> <i>Billingsley, Parc Nantgarw,</i> <i>Cardiff, CF15 7QZ</i> <i>or by Teams (as appropriate)</i>	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement	External Audit Audit Wales Office Proposed Audit Work Internal Audit As outlined in the Internal Audit Operational Plan	Governance Matters Tracking of Audit Recommendations Corporate Risk Register	Pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud NWSSP Welsh Language Annual Report 2019-20 (info only)
Q1 2021/22 20 April 2021 <i>Boardroom</i> <i>NWSSP HQ, Unit 4/5</i> <i>Charnwood Court, Heol</i> <i>Billingsley, Parc Nantgarw,</i> <i>Cardiff, CF15 7QZ</i> <i>or by Teams (as appropriate)</i>	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement	Internal Audit As outlined in the Internal Audit Operational Plan Review of Internal Audit Operational Plan	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Audit Committee Terms of Reference	Draft Annual Governance Statement, Annual Plan Internal Audit Charter

Month	Standing Items	Audit Reports	Governance	Annual Items
Q1 2021/22 29 June 2021 <i>Boardroom</i> <i>NWSSP HQ, Unit 4/5</i> <i>Charnwood Court, Heol</i> <i>Billingsley, Parc Nantgarw,</i> <i>Cardiff, CF15 7QZ</i> <i>or by Teams (as appropriate)</i>	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	Governance Matters Tracking of Audit Recommendations Corporate Risk Register Review of Standing Orders for the Shared Services Partnership Committee Review of Risk Management Protocol and Risk Appetite Statement	Final Annual Governance Statement Head of Internal Audit Opinion and Annual Report Gifts & Hospitality Annual Report Declarations of Interest Annual Report
Q3 2021/22 12 October 2021 <i>Boardroom</i> <i>NWSSP HQ, Unit 4/5</i> <i>Charnwood Court, Heol</i> <i>Billingsley, Parc Nantgarw,</i> <i>Cardiff, CF15 7QZ</i> <i>or by Teams (as appropriate)</i>	Minutes & Matters Arising External Audit Position Statement Internal Audit Progress Report Counter Fraud Position Statement NWSSP Update	External Audit Audit Wales Nationally Hosted IT Systems Report Audit Wales Management Letter Internal Audit As outlined in the Internal Audit Operational Plan	Governance Matters to include Annual Review of Stores Write-Off Figures Tracking of Audit Recommendations to include Annual Review of Audit Recommendations Not Yet Implemented Corporate Risk Register Progress update as to recommendations- Raising the Game Action Plan Assurance Mapping Health and Care Standards Self-Assessment and Action Plan	Audit Committee Effectiveness Survey Freedom of Information Annual Report NWSSP Annual Review 2020-21 Audit Committee Annual Report Internal Audit Quality Assurance & Improvement Programme Counter Fraud Self-Review Submission Tool Counter Fraud Annual Report

<p>Q4 2021/22 25 January 2022</p> <p><i>Boardroom NWSSP HQ, Unit 4/5 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ</i></p> <p><i>or by Teams (as appropriate)</i></p>	<p>Minutes & Matters Arising</p> <p>External Audit Position Statement</p> <p>Internal Audit Progress Report</p> <p>Counter Fraud Position Statement</p> <p>NWSSP Update</p>	<p>External Audit Audit Wales Office Proposed Audit Work</p> <p>Internal Audit As outlined in the Internal Audit Operational Plan</p>	<p>Governance Matters</p> <p>Tracking of Audit Recommendations to include Annual Review of Audit Recommendations Not Yet Implemented</p> <p>Corporate Risk Register</p> <p>Review of Standing Orders for the Shared Services Partnership Committee</p> <p>Review of Audit Committee Terms of Reference</p>	<p>Pre-meet between Audit Committee Chair, Independent Members, Internal and External Auditors and Local Counter Fraud</p> <p>NWSSP Welsh Language Annual Report 2020-21</p> <p>Draft Annual Plan Summary</p> <p>Health and Care Standards Self-Assessment and Action Plan</p> <p>Review of Raising Concerns (Whistleblowing) Policy</p>
---	---	---	--	--