

Shared Services Partnership Committee Part A (2)

Thu 17 July 2025, 10:00 - 12:00

By Microsoft Teams



Chaired by Professor Tracy Myhill OBE

Agenda

10:00 - 10:00
0 min

1. Items for Information - NWSSP 2024/25 Annual Reports

Information


1.1. NWSSP Concerns and Complaints Annual Report 2024-25

Information

 NWSSP Concerns & Complaints Annual Report 2024-25 SSPC CP.pdf (8 pages)

1.2. NWSSP Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Annual Report 2024-25

Information

 NWSSP Annual Report on Conflict of Interests Declarations and Gifts, Hospitality & Sponsorship for 2024-25.pdf (7 pages)


1.3. NWSSP Information Governance Annual Report 2024-25

Information

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

1.4. NWSSP Welsh Language Annual Report 2024-25

Information

 NWSSP Welsh Language Annual Report 2024-25.pdf (19 pages)

1.5. NWSSP Local Counter Fraud Services Annual Report 2024-25

Information

 NWSSP Local Counter Fraud Annual Report 2024-25.pdf (12 pages)



The report is not Exempt

Teitl yr Adroddiad/Title of Report

Annual Report Concerns and Complaints 2024-25

ARWEINYDD:

James Quance
Corporate Services, NWSSP

LEAD:

AWDUR:

Carly Wilce
Corporate Services Manager

AUTHOR:

SWYDDOG ADRODD:

REPORTING OFFICER:

Alison Ramsey
Director of Finance & Corporate Services

MANYLION CYSWLLT:

CONTACT DETAILS:

Alison Ramsey
Director of Finance & Corporate Services
Alison.ramsey@wales.nhs.uk

Pwrpas yr Adroddiad:

Purpose of the Report:

The purpose of this report is to provide the Partnership Committee with an update as to concerns received by NWSSP during the financial year 1 April 2024 to 31 March 2025.

Llywodraethu/Governance

Amcanion:

Objectives:

Excellence – to develop an organisation that delivers a process excellence through a focus on continuous service improvement

Tystiolaeth:

Supporting evidence:

-

Ymgynghoriad/Consultation:

The Concerns and Complaints Management Protocol, along with its associated literature, was last reviewed and approved by the Senior Leadership Group in January 2024, in accordance with its triennial review cycle. However, following legislative changes rendering the Medical Examiner Service statutory, the protocol was reviewed again at the Senior Leadership Group meeting in February 2025. During this meeting, an additional flowchart was considered and approved, detailing the required process for addressing complaints and concerns related to the Medical Examiner Service, which involves the NWSSP Medical Director. This revised process was approved with the understanding that it would be reviewed again in 12 months. Furthermore, an Equality Integrated Impact Assessment of the Protocol has been conducted.

A summary of concerns and complaints is reported to each formal meeting of the Senior Leadership Group.

Adduned y Pwyllgor/Committee Resolution (insert √):						
DERBYN/ APPROVE		ARNODI/ ENDORSE		TRAFOD/ DISCUSS		NODI/ NOTE
						✓
Argymhelliad/ Recommendation		The Committee is asked to NOTE the report.				

Crynodeb Dadansoddiad Effaith: Summary Impact Analysis:	
Cydraddoldeb ac amrywiaeth: Equality and diversity:	No direct impact.
Cyfreithiol: Legal:	Regulation 51 of the "National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 ("the Regulations")" provides that each responsible body in NHS Wales must prepare an annual report on complaints. This report provides assurance to the Committee that NWSSP is dealing with and learning from concerns in accordance with the Regulations.
Iechyd Poblogaeth: Population Health:	No impact.
Ansawdd, Diogelwch a Profiad y Claf: Quality, Safety & Patient Experience:	The provisions of the Protocol ensure that NWSSP's services are delivered in a satisfactory manner and support Health Bodies in delivering an excellent service; which will contribute to improving quality, safety and patient experience.
Ariannol: Financial:	Not applicable.
Risg a Aswiriant: Risk and Assurance:	This report provides assurance to the Committee that NWSSP has robust governance processes in place.
Dyletswydd Ansawdd / Duty of Quality:	The provision of high quality, safe and reliable care is dependent on good governance, leadership and accountability, which feature as overarching principles of the quality themes outlined in the Duty of Quality.
Gweithlu: Workforce:	No impact.
Deddf Rhyddid Gwybodaeth/ Freedom of Information	Open. The information is disclosable under the Freedom of Information Act 2000.

1. BACKGROUND

The NWSSP Concerns and Complaints Management Protocol sets out the arrangements by which NHS Wales Shared Services Partnership (NWSSP) manages concerns and complaints in order to meet the requirements of the Code of Practice on Openness in the NHS (1995), the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations (2011), Welsh Government Putting Things Right Guidance on Dealing with Concerns about the NHS (Version 3 November 2013), Public Services Ombudsman for Wales Act (April 2019), Health and Social Care (Quality and Engagement) (Wales) Act 2020 (particularly Part 2 – Duty of Quality and Part 3 – Duty of Candour) and in accordance with the Velindre University NHS Trust Handling Concerns Policy and Concerns Toolkit.

The Protocol raises awareness for members of the public on how NWSSP deals with all kinds of complaints, as published on the NWSSP website:

[Concerns & Complaints Management Protocol](#)

2. GOVERNANCE AND ASSURANCE ARRANGEMENTS

Regulation 51 of the “National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (“the Regulations”)” states that each responsible body in NHS Wales must prepare an Annual Report on complaints. The report must contain, as a minimum:

- Number of concerns received (including, in the case of Welsh NHS bodies, concerns reported under Part 7 of the Regulations related to cross border services);
- Number of concerns deemed well founded; and
- Number of concerns referred to the Public Services Ombudsman for Wales.

This report provides assurance to the SLG and then to the Shared Services Partnership Committee (SSPC) that NWSSP is dealing with and learning lessons from concerns brought to the attention of the organisation, in accordance with the specified Regulations.

3. SUMMARY OF CONCERNS AND EARLY RESOLUTION COMPLAINTS RECEIVED

During the 2024/25 financial year, **35** concerns were received, of which:

- **31** concerns were responded to within 30 working days (88%);
- **1** concern was responded to outside of 30 working days (16%);
- **3** concerns were ongoing at the time of writing (2.86%).

There was one complaint referred to the Public Services Ombudsman for Wales during the year, a summary of which is provided later in this report.

Concerns

During 2024/25, **35** formal concerns were received and recorded by Corporate Services. This compares with **26** concerns received in the same reporting period during the 2023/24 financial year. As detailed above, 88% of the complaints received were responded to within the 30-working day target.

Early Resolution Complaints

Additionally, there were **20** matters that were categorised as early resolution complaints during 2024/25, which were locally resolved within 24 hours, thus negating the requirement for a formal complaint to be made. **18** early resolution complaints were received during 2023/24.

NWSSP's concerns management process is based on the Putting Things Right approach as detailed above in section 2. However, NWSSP delivers professional, technical and administrative services to NHS Wales and does not provide direct healthcare services to patients. Historically, the majority of the concerns received for NHS Wales Shared Services Partnership are from NHS employees regarding issues relating to pay, expenses or pensions and therefore involve assisting them with further understanding of the processes followed which can be difficult to navigate.

However, following the Medical Examiner Services (MES) in Primary Care Services was made statutory in September 2024, NWSSP has observed an increase in complaints received most notably towards the end of the financial year. Many of them relate to delays in obtaining a Medical Certificate Cause of Death (MCCD). It must be noted that some issues are very complex and require collaboration with other stakeholders, making several concerns beyond NWSSP's sole ability to resolve.

The Corporate Team is collaborating with the Medical Team to create a guidance leaflet that will inform individuals about the capabilities and limitations of the NWSSP Medical Examiner Service. 13 of the 21 complaints in respect of Primary Care received during the year are in respect of the Medical Examiner Service.

Figure 1 – Total Complaints Received by Directorate from 1 April 2024 to 31 March 2025

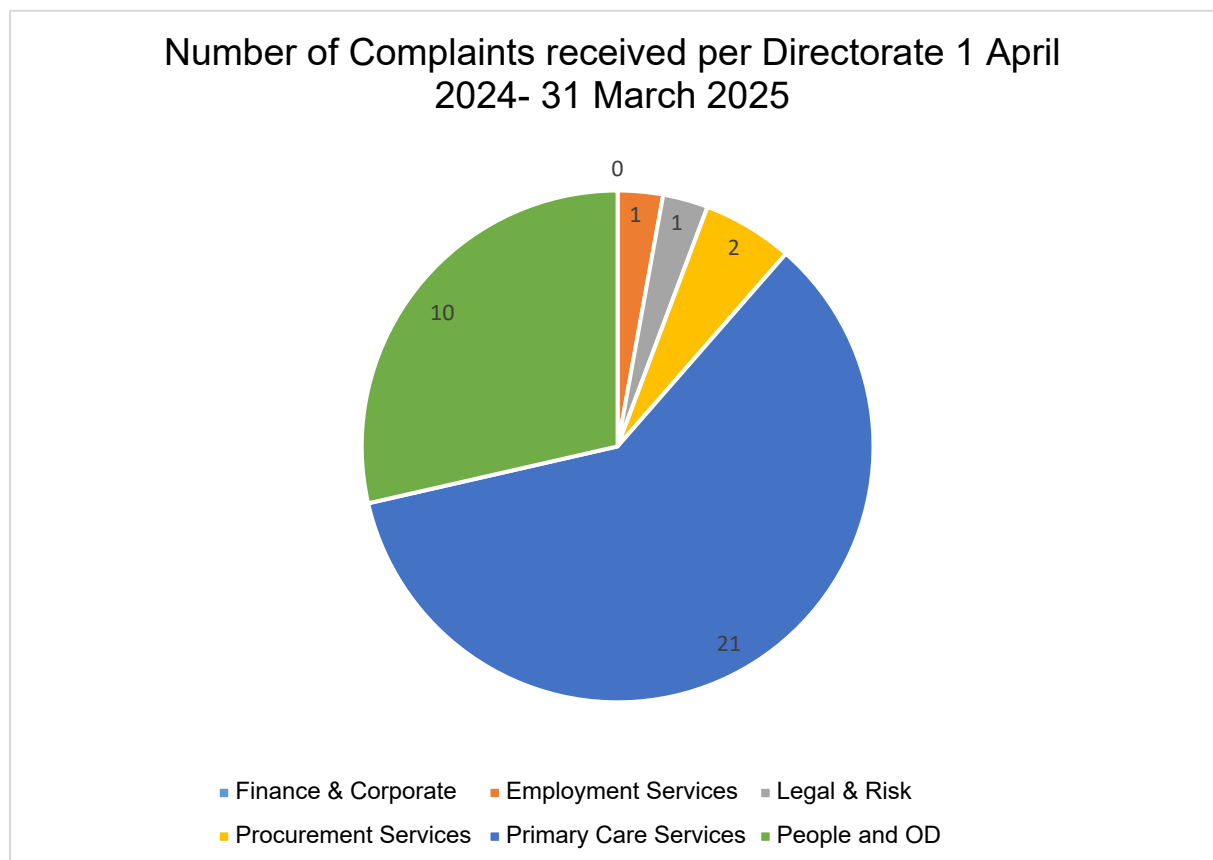
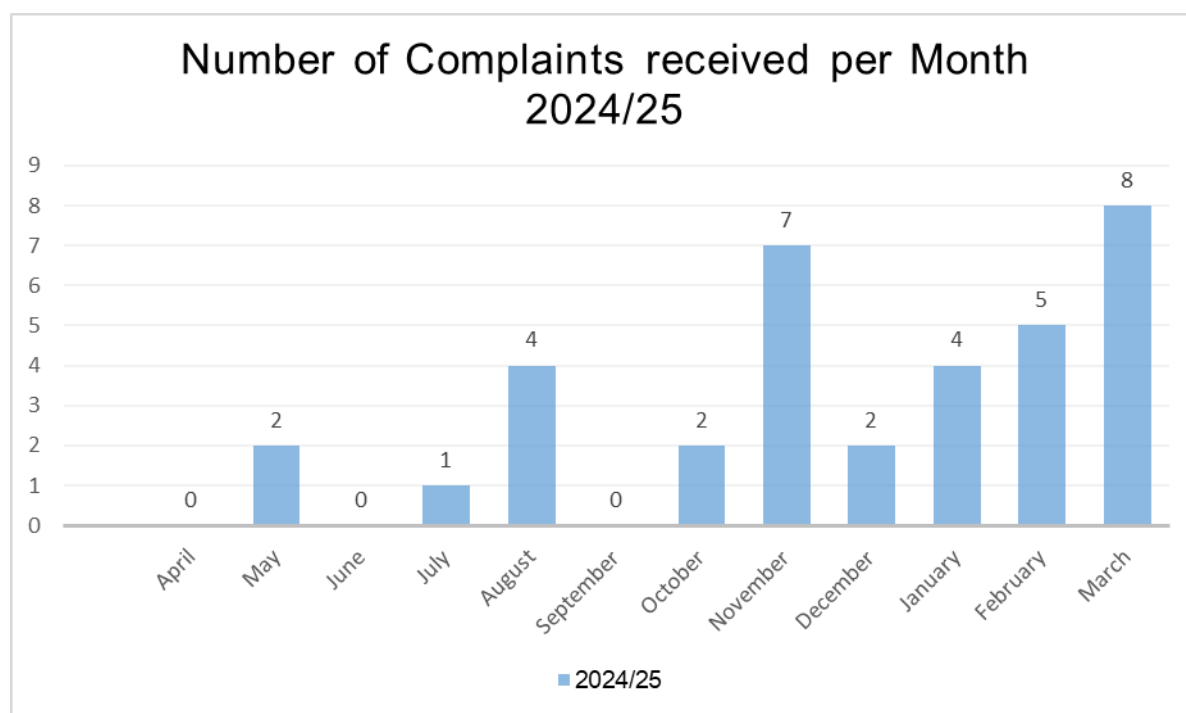


Figure 2 – Total concerns received per month from 1 April 2024 to 31 March 2025



4. TIMELINESS OF RESPONSE

The Protocol stipulates that all concerns will be acknowledged within two working days of receipt of the initial contact and that a full response to the points raised (where applicable), will be issued within 30 working days, excluding weekend and bank holidays.

During the period 1 April 2024 to 31 March 2025, all concerns received were acknowledged within the two working day target and 88% of the concerns received a full response within the 30-working day target.

1 response was issued outside of the target, being responded to between 31 and 48 working days respectively. This case took longer to issue a full response due to its complexity, the need for further information and/or third-party involvement. However, it should be noted that in all instances, holding communications were issued to the complainants detailing 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.

5. NATURE OF COMPLAINTS OUTCOME AND LESSONS LEARNED

A brief summary of the nature of the concerns received is set out below:

Employment Services

- **Maternity Pay:** One concern about non-receipt of maternity pay was not upheld as the employee was ineligible.

People and Organisational Development

- **Concerns:** Ten concerns, mostly about the Single Lead Employer service. Issues included salary overpayments, accessibility in ESR, incorrect banding, and more.
- **Outcomes:** Two upheld, six not upheld, one upheld in part, one remained under investigation at the time of writing.
- **Actions:** Improved ESR training accessibility and email response times.

Procurement Services

- **Concerns:** Two concerns about inappropriate conduct and noise disturbance.
- **Outcomes:** Both upheld.
- **Actions:** Reminders of responsibilities and noise management measures implemented.

Primary Care Services

- **Concerns:** Twenty-one complaints, including delays in death registration, DBS application issues, lost medical records, and prescription payment problems.
- **Outcomes:** Ten upheld, four not upheld, five upheld in part, two remained under investigation at the time of writing.

- **Actions:** Improved medical records handling, communication in Medical Examiner Service, and GP registration processes.

Legal and Risk Services

- **Concern:** One concern about handling a clinical negligence claim.
- **Outcome:** Appropriate action taken to the complainants satisfaction.

In 2024–25, only **four** requests were made to the Managing Director for an independent review of complaint outcomes (appeals process), which is a very low number given the scale of NWSSP operations. Of these, **three** were upheld in line with the original complaint outcome. This reflects the strength of our internal governance and reinforces that the appeals process is working exactly as intended by providing a fair, transparent route for review and correction, where appropriate. Each upheld appeal has contributed to learning and continuous improvement in how we handle concerns.

There has been **one** referral made to the Public Services Ombudsman for Wales (PSOW). The PSOW notified NWSSP of a concern relating to a GP removal request, indicating that the response provided was unclear and insufficient. Upon investigation it was discovered that the matter had not been comminated to the Corporate Services Team and had not been investigated. Once informed of the concern, a review was undertaken, and it was determined that the issue was beyond NWSSP’s remit to investigate. However, a formal written response was issued to the complainant, explaining the reasons. The PSOW was satisfied with the response, and the matter was subsequently closed.

6. RAISING AWARENESS OF THE IMPORTANCE OF EFFECTIVE CONCERNS MANAGEMENT

The Protocol was last reviewed in 2024 and is not due to be reviewed until 2027, however due to the increase of concerns received for the Medical Examiner Service, since it became statutory, control measures for this Service have been established and approved by the Senior Leadership Group (SLG) in 2025 and the Medical Director has recommended that the Protocol is reviewed in 12 months, to ensure that it remains effective and no further changes are required.

The Protocol and its effectiveness are assessed regularly through SLG and SSPC reporting measures, including a report to each monthly SLG meeting and this Annual Report showing trends and lessons learned in effective concerns and complaints management, ensuring it remains fit for purpose.

Taking into account the amended Putting Things Right Guidance and Health and Social Care (Quality and Engagement) (Wales) Act 2020 (to include the Duty of Quality and Duty of Candour) and the introduction of the Duty of Quality has placed greater emphasis on the terminology used around concerns handling. For this reason, we have added the term “concern” to

the definitions section, detailing that for the purposes of the Protocol, a concern is an “incident or expression of dissatisfaction that does not require a formal response”.

NWSSP has considered the learning points arising from the Public Services’ Ombudsman for Wales’ Report ‘Groundhog Day 2: An opportunity for cultural change in complaint handling?’ June 2023, in particular the need for independence being maintained within investigations.

Revision to the flow chart appendices to the Protocol in 2025 illustrate that a concern or complaint received centrally can also follow the early resolution route, as per current working practices.

In order to continue raising awareness of the Protocol and process to ensure effective concerns management in the future, Corporate Services are developing refresher training on effective handling of concerns. In-depth and specific training sessions can be provided upon request (e.g. directorate specific/working group based). Sessions will be targeted at staff responsible for managing complaints and investigations of issues reported to highlight expectations, processes, and compliance deadlines; they also provide a platform for feedback to be received from an operational level.

7. RECOMMENDATION

The SSPC is asked to:

- **NOTE** the Concerns and Complaints Annual Report 2024-25



NWSSP Annual Report on Conflict of Interests Declarations and Gifts, Hospitality & Sponsorship for 2024-25

1. BACKGROUND

The [Velindre University NHS Trust Standards of Behaviour Framework](#) outlines arrangements within the organisation to ensure that staff comply with requirements, including recording and declaring potential conflicts of interest. It is important that any private interest(s) does not conflict with NHS duties.

The Nolan Principles on Public Life were established in 1994 and have been extended to define public office as applying to all those involved in the delivery of public services. The seven principles are as follows:

1. **Selflessness** - You should take decisions solely in terms of the public interest. You must not act in order to gain financial or other material benefit for family or friends;
2. **Integrity** - You should not place yourself under any financial or other obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties;
3. **Objectivity** - You must make decisions solely on merit when carrying out public business (including the awarding of contracts);
4. **Accountability** - You are accountable for your decisions and actions to the public. Consider issues on their merits, taking account of the views of others and ensure the organisation uses resources prudently and in accordance with the law;
5. **Openness** - You should be as open as possible about all decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest demands;
6. **Honesty** - You have a duty to act honestly. Declare private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest
7. **Leadership** - Holders of public office should promote and support the foregoing principles by leadership and example.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of Nolan Principles and every public body should develop Codes of Conduct for staff and Independent Members, which reflect these Nolan Principles and its shared values. The guidance in terms of disclosing potential conflicts of interest is to err on the side of caution and disclose more rather than less. What is important is whether a relationship could be perceived as a conflict of interest, whether or not it actually is. Guidance had been revised to require staff to highlight any family relationships in their

declarations made, in accordance with our [Managing Personal Relationships at Work Protocol](#).

2. DECLARING CONFLICTS OF INTEREST

All employees, regardless of their banding, must declare any Conflicts of Interest or submit a nil return. This is in line with best practice and aims to improve compliance rates, as part of the implementation of lifetime declarations for all staff. Members of the Senior Leadership Group will still be required to complete an annual declaration and the details of which will be made publicly available on our website (Appendix A – List of Declarations for SLG Members). Once a declaration has been submitted, staff will only need to revisit their declaration if their circumstances change. Staff are asked to complete the exercise via ESR, however for those who don't have access to the system, they are able to complete a hard copy form, which must be subsequently authorised by their Director of Service prior to being submitted to Corporate Services for recording. Guidance on how to complete a declaration via ESR is available and, should managers require this, they can contact Corporate Services for assistance.

It is the responsibility of all individuals to ensure that they are familiar with the requirements of the Standards of Behaviour Framework, that they duly complete a declaration of any potential conflicts of interest arising. Where required action plans are required should potential conflicts require mitigating action. It is also important to note that further declarations are required in procurement processes and individuals are excluded if there is deemed to be a conflict of interest.

The table below records the current position with regards to completion across the organisation, as at 01 July 2025:

Directorate	Headcount	Percentage Completion	Outstanding Declarations
Audit & Assurance	55	93%	4
Finance & Corporate Services			
o Corporate Services	27	92%	2
o Finance Services	30	87%	4
o Accounts Payable	149	98%	3
o Counter Fraud	7	100%	0
o Central Team Services	18	83%	3
Legal & Risk Services	196	90%	18
People, Organisational Development and Employment Services			
o Digital Workforce	27	100%	0

○ Medical Workforce Team	21	95%	1
○ People and OD	50	88%	6
○ Employment Services	346	98%	6
Planning, Performance & Informatics	49	94%	3
Primary Care and Medical Examiner Services			
○ Medical Examiners	116	71%	33
○ Primary Care	308	97%	9
Procurement, Supply Chain and Laundry Services			
○ Laundry Services	155	84%	25
○ Procurement	846	84%	135
Specialist Estates Services	56	91%	5
SMTL	25	96%	1
Pharmacy	36	25%	27
Total	2517	88%	285

**Figures above are based on ESR records, with the exception of Laundry Services. Procurement includes staff who work within Stores and drivers, not solely staff involved within procurement exercises.*

Directors are responsible for the development of local Action Plans for the Management of Potential Conflicts. A summary of the declarations received for each directorate has been emailed through to the relevant director to follow up on outstanding declarations.

The low level of compliance within Pharmacy has been discussed with the Service Director and will be monitored closely with the need for urgent action conveyed.

3. GIFTS, HOSPITALITY & SPONSORSHIP

All employees of NWSSP should consider the implications very carefully before accepting any personal gifts or offers of hospitality during, or outside of, office hours. They should avoid placing themselves in a position where acceptance of such gifts or hospitality might be perceived to influence their decision in respect of purchasing goods or services, awarding contracts, or making appointments. Anyone found to be in breach of this procedure could face disciplinary action.

If staff receive any offer over the value of £25 (or several small gifts, which value over £100, received from the same or closely related source in a 12-month period), whether accepted or declined, these are required to be recorded in the Gifts and Hospitality Register, held by the Corporate Services Manager. A summary of declarations received is presented to the Audit Committee at each meeting.

During 2024/25, the following declarations were received and reported at NWSSP Audit Committee meetings, accordingly:

Department	Type of sponsorship	Source of hospitality	Description	Value	Accepted or declined
Corporate Services, NWSSP Chair	Hospitality	The British Medical Association. Registered as a company limited by guarantee in England and Wales under registered number 00008848. Registered office: BMA House, Tavistock Square, London WC1H 9JP	BMA Cymru Wales - join a Senedd reception marking the pivotal role of General Practice in Wales, and the urgent actions needed to support GPs and their patients. Meet GPs from across Wales, hear their experiences, and sign up to support your surgeries.	£25	Declined
Corporate Services, NWSSP Managing Director	Hospitality	The British Medical Association. Registered as a company limited by guarantee in England and Wales under registered number 00008848. Registered office: BMA House, Tavistock Square, London WC1H 9JP	BMA Cymru Wales - join a Senedd reception marking the pivotal role of General Practice in Wales, and the urgent actions needed to support GPs and their patients. Meet GPs from across Wales, hear their experiences, and sign up to support your surgeries.	£25	Declined
Assistant Director of Estates, Specialist Estates Services,	Hospitality	Cardiff & Vale University Health Board Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening, Mercure Holland House Hotel, Newport Road, Cardiff	To mark the National Estates & Facilities day, Cardiff and Vale UHB, the Capital, Estates & Facilities Service Board, held an inaugural (CEF) Departmental Staff Recognition Awards event. The shortlisted nominees were invited to events held on the day and the winners across the 5 Departments within CEF were announced. These individuals/teams will now be invited to attend the Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening.	£0	Accepted and Approved, by the Managing Director
Head of Engineering, Specialist Estates Services	Hospitality	Cardiff & Vale University Health Board Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening, Mercure Holland House Hotel, Newport Road, Cardiff	To mark the National Estates & Facilities day, Cardiff and Vale UHB, the Capital, Estates & Facilities Service Board, held an inaugural (CEF) Departmental Staff Recognition Awards event. The shortlisted nominees were invited to events held on the day and the winners across the 5 Departments within CEF were announced. These individuals/teams will now be invited to attend the Capital Estates & Facilities Annual Staff Recognition Awards and Apprentices Evening.	£0	Accepted and Approved, by the Managing Director

Director of Specialist Estates Services, Specialist Estates Services	Hospitality	IHEEM UK Conference 2024 (Manchester) Institute of Healthcare Engineering and Estate Management (IHEEM is a registered charity)	To join the IHEEM Conference as a guest (and past speaker) and to attend the awards dinner.	£335 free entry by invitation	Accepted and Approved, by the Managing Director
Principal Safety and Learning Advisor, Welsh Risk Pool,	Sponsorship	RLDatix: 1 Church Rd, London TW9 2QE	Funding from RLDatix to NWSSP to facilitate members of the Welsh Risk Pool Safety & Learning Pool to attend the event, which is a national event. The funding is effectively free places (at a full cost of £429 per person). Six places have been provided as NHS Wales is presenting at the event.	£2,574	Accepted and Approved, by the Managing Director
Assistant Engineer, Specialist Estates Services,	Hospitality	Schneider Electric, 80 Victoria Street, London, United Kingdom	Networking evening meal	£30	Accepted and Approved, by the Managing Director
Principal Electrical Engineer, Specialist Estates Services	Hospitality	Schneider Electric, 80 Victoria Street, London, United Kingdom	Networking evening meal	£30	Accepted and Approved, by the Managing Director

Appendix A – List of Declarations for SLG and Chair 2024-2025

Name	Job Title	Disclosure
Neil Frow OBE	Managing Director of NWSSP	<ul style="list-style-type: none"> • Observer Life Science Hub Board - Attend Board Meetings, Non-Paid. • Spouse is employed by Cwm Taf Morgannwg University Health Board.
Alison Ramsey	Director of Finance & Corporate Services	<ul style="list-style-type: none"> • Governor on the University of South Wales Board and Chair of the Audit Committee of the University of South Wales.
Ruth Alcolado	Medical Director	<ul style="list-style-type: none"> • Spouse works for NWSSP Medical Examiner Services.
Simon Cookson	Director of Audit & Assurance Services	<ul style="list-style-type: none"> • Independent Member of the Audit Committee at Bristol City Council. • Owner and Director of S Cookson Consulting Ltd (formed in 2013). Company has been dormant since 2014.
Stuart Douglas	Director of Specialist Estates Services	<ul style="list-style-type: none"> • Dormant Director of Chadwick Holdings Limited (no remuneration received). • Shareholder in Chadwick Enterprises Limited - (no active role in CHL or CEL). • Director of Douglas Management Consultants Limited (not trading). • Family members working within NHS Wales, as follows (no professional interaction with them as part of his work): <ul style="list-style-type: none"> • Son is a Specialist Registrar (Anaesthetics & Critical Care) working for Aneurin Bevan University Health Board at the Grange (on a training rotation). • Daughter is a Staff Nurse (Paediatrics) working at Princess of Wales Hospital. • Daughter in Law has recently started as a Bank Midwife for Cardiff and Vale University Health Board.
Gareth Hardacre	Director of People & Organisational Development and Employment Services	<ul style="list-style-type: none"> • Spouse is Director of Nursing & Midwifery at Cwm Taf Morgannwg University Health Board. • Son is an Admin Employee in Cardiff and Vale University Health Board. • National Committee Member of HPMA (a Charity for NHS HR Professionals).
Mark Harris	Director of Legal & Risk Services	Spouse is a GP partner in a medical centre in the Aneurin Bevan area. There could be future clinical negligence claims dealt with by our GMPI team involving her practice. The team manager is aware of this potential issue and I would have no involvement in such matters.
Dr Gavin Hughes	Director of Surgical Testing Laboratory	<ul style="list-style-type: none"> • American Patent Number 20060140911. <i>Bacteriophage for the treatment of bacterial biofilms</i>. 29th June 2006; <ul style="list-style-type: none"> ○ Professor Richard Sharp, Dr Gavin Hughes, Dr James Taggart Walker (Health Protection Agency, Porton Down, Salisbury, Wiltshire, SP4 0JG)

		<ul style="list-style-type: none"> ○ Professor Anthony Hart (Department of Medical Microbiology and Genitourinary Medicine, Royal Liverpool University Hospital, Liverpool). ● Worldwide International Patent Number PCT/GB2004/000073. <i>Bacteriophage for the treatment of bacterial biofilms</i>. 27th July 2004; <ul style="list-style-type: none"> ○ Professor Richard Sharp, Dr Gavin Hughes, Dr James Taggart Walker (Health Protection Agency, Porton Down, Salisbury, Wiltshire, SP4 0JG) ○ Professor Anthony Hart (Department of Medical Microbiology and Genitourinary Medicine, Royal Liverpool University Hospital, Liverpool). ● Honorary Senior Lecturer with Cardiff University School of Medicine.
Jonathan Irvine	Director of Procurement Services	No interests to declare.
Nicola Phillips	Director of Primary Care Services	Mother is an Independent Board Member for Swansea Bay University Health Board.
Colin Powell	Director of Pharmacy Technical Services	<ul style="list-style-type: none"> ● Son is a Production operative within the Medicines Unit in IP5. ● Spouse is a Pharmacist in Aneurin Bevan University Health Board.
Professor Tracy Myhill OBE	NWSSP Chair	<ul style="list-style-type: none"> ● Non-Executive Director - Ministry of Defence People Committee. ● Associate Alumni Global - executive recruitment NHS. ● Director and owner of Tracy Myhill Associates Ltd. Management Consultancy providing Organisational Development Support and Mentoring to public, private and third sector including the NHS. ● Spouse is Director in Tracy Myhill Associates Ltd. Management Consultancy providing Organisational Development Support and Mentoring to public, private and third sector including the NHS. ● Specialist Advisor to PwC – Contract is on an Ad hoc/ as and when needed. ● Through Tracy Myhill Associates Limited: <ul style="list-style-type: none"> ○ Contracted to provide consultancy support on Development of Health Education to University of South Wales. ○ On HEIW framework for mentoring, coaching and speaking/presentations to aspiring senior leaders consultant with Association of Ambulance Chief Executives providing mentoring, coaching and Organisational Development support to Ambulance services across the UK and Ireland. ○ Provision of Organisational Development and mentoring and coaching support to NHS organisations in Wales, England and Scotland.

NHS WALES SHARED SERVICES PARTNERSHIP

Information Governance Annual Review 2024-2025



Introduction

The Information Governance (IG) Review 2024/25 details what work the Information Governance function has completed and how the NWSSP IG Manager has worked to continue the management of the IG function and provide support and achieve compliance within NHS Wales Shared Services Partnership (NWSSP).

This review (and those that precede it) explains the importance of working in collaboration with departments within NWSSP to add value through IG advisory services and work associated towards achieving compliance ensuring that the organisation handles identifiable information in the correct manner by creating a culture of confidentiality.

This review document details the achievements and progress made in 2024/25 (for the time period between April 2024 and March 2025) within the Information Governance function.

Information Governance within the NWSSP has the following fundamental aims:

- To promote the effective and appropriate use of information (including confidential, patient and personal information, and commercially sensitive data) in the NHS;
- To provide staff with the appropriate tools and support to enable them to manage information in a responsible and professional way; and
- To ensure that all processing of information (both personal, patient, commercially sensitive and corporate) is done fairly, effectively and in accordance with the law.

The NWSSP's ultimate goal is to help the organisation and individuals to be consistent in the way it handles identifiable, commercially sensitive and corporate information, avoid duplication of effort and lead to improvements in:

- Information handling activities including recording of all information assets contained within the organisation;
- Work to achieve compliance in line with current and future legislation;
- Patient and service user confidence in the NHS;
- Assess and provide assurance on projects and changes to the uses of identifiable information through Data Privacy Impact Assessments (DPIAs);
- Continued employee awareness, training and development; and
- Continuing to ensure that there is culture of confidentiality within NWSSP.

The Information Governance Manager also works in collaboration with other NHS Wales' organisations staff within the same field to provide assurance across the NHS Wales estate that National / All Wales processes involving identifiable information are considered and to promote "once for Wales" where possible.



In the financial year 2024/25, use of Microsoft Teams for everyone continues and the use of this by Information Governance was no exception. Training requirements for all staff, was and continues to be delivered using this platform and a high level of compliance for staff was retained as a result.

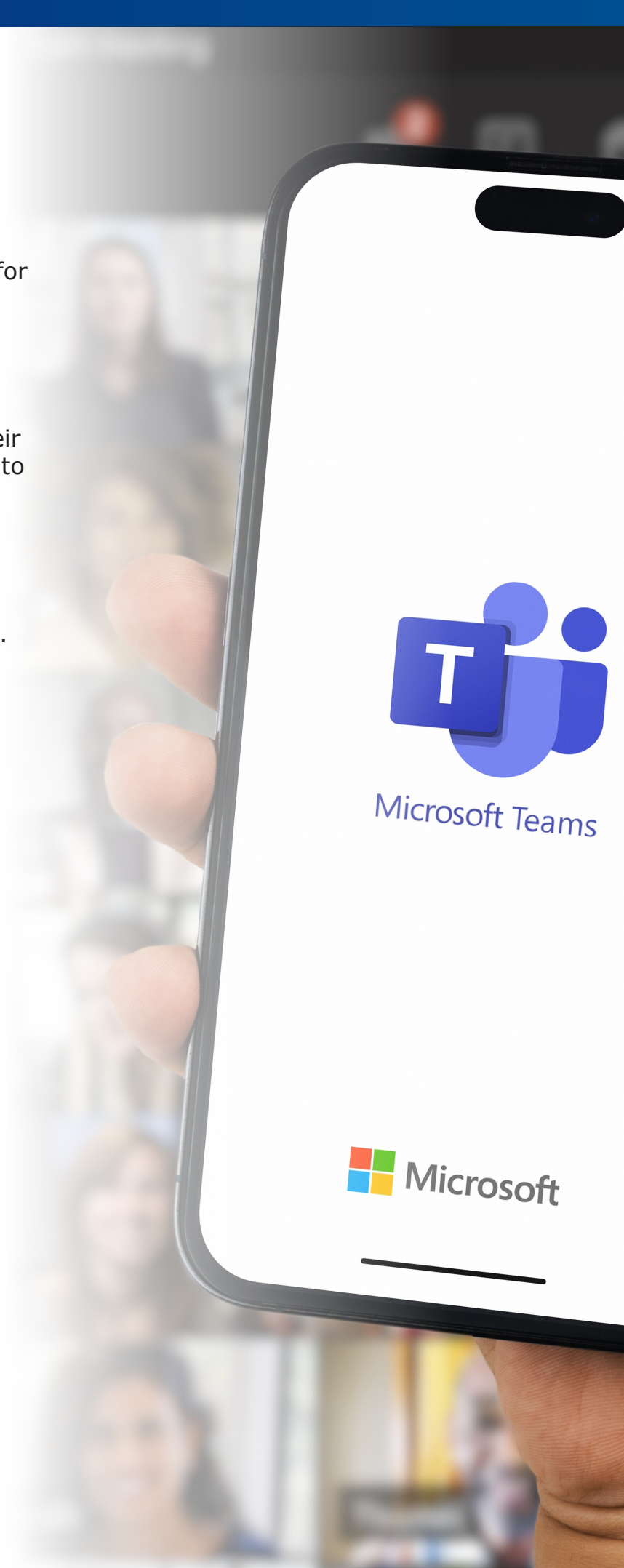
New projects and changes to services that were introduced into NWSSP were supported by Information Governance through their initial assessments and their signing up to specific processes in order to assist with the operations.

Education around data quality, accuracy and attention to detail has been highlighted throughout the organisation and included in staff awareness sessions.

I hope that you find this latest review informative and reassuring.



Tim Knifton
NWSSP Information
Governance Manager
May 2025



NWSSP Information Governance Steering Group (IGSG)

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

Topics discussed included:



Policies and Procedures



Freedom of Information



Privacy Impact Assessments



Information Sharing



Records Management



Training and Awareness



Risk Management



Statistical Activity and Performance



National Work and Meetings

Advice and Guidance

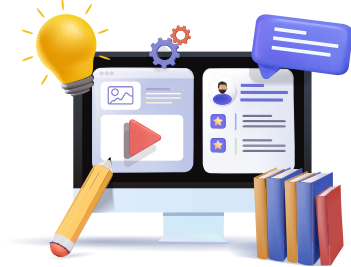
The NWSSP IG Manager uses a dedicated service email linked to the actionpoint system to record requests for advice, work and training accompanied by resulting actions, decision and work completed to resolve calls seeking assistance from Information Governance. Actionpoint has been used since 2016 and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

The total number of calls registered within the system in 2024/25 was **240** (331 in 2023/24)

If staff have any queries then the contact email for IG queries can be raised with the Information Governance Manager (tim.knifton@wales.nhs.uk) or by using service email NWSSPInformationGovernance@wales.nhs.uk

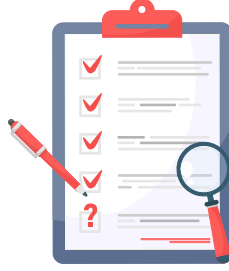
Record of Achievements

In 2024/25:



Information Governance training **16** classes were run. Staff attended IG training **477** (570 in 2023/24).

IG eLearning core skills **89.5%** average compliance across NWSSP.



FOI **95.25%** Compliance within 20 working days.

138 Freedom of Information Requests received.



Training

To ensure compliance with confidentiality and information processing, related legislation is essential for everyone working in the NHS. To ensure that health information and other identifiable data is used effectively and legally, suitable training was provided by the NWSSP Information Governance Manager to assure the organisation that staff are knowledgeable in these areas and that confidentiality is at the forefront of their minds.

Training is provided to all staff to be aware of their own responsibilities in relation to compliance with good practice and organisational policy, and to be extra vigilant in the way they manage information, ensuring that good governance and security is paramount.

The training provided to staff includes good practice guidelines and legislation with Information Governance, Freedom of Information, email, records management and social media.

Due to agile working and how we all work, Information Governance training sessions in 2024/25 continued to be facilitated using Microsoft Teams. The NWSSP Information Governance Manager reports that using this functionality continues to be beneficial and allows all staff requiring refresher sessions or new starters to attend the short session. In 2024/25 (April 2024 to March 2025)

- **113** staff attended for the first time
- **365** staff attended as a refresher



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

“

"The course was very informative, thank you"

“

"It helps to understand the part we all play in keeping our organisation compliant."

“

"I always enjoy training with Tim, he is always very clear and precise on what he is saying, and is able to keep it interesting throughout the course. Thank you again"

“

"Very informative session and very much enjoyed"

“

"As always a great session with good content. Thanks Tim!"

“

"Highlighted aspects of my work that while working from home, it is important to make more secure"

“

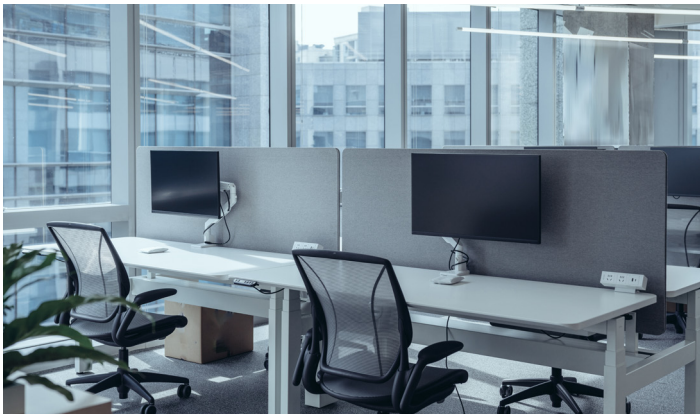
"Great refresher session that covers all aspects on this important topic. Delivered in a relaxed and very engaging way. Great session"

“

"I think it provided usual information not only for work, but in your personal life too. It was easy to understand and really useful"

“

"Excellent session Tim, really well and clearly delivered and I particularly liked the use of real life examples which brought the risks and consequences into focus. An excellent session very well delivered"



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

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

Clear Desk and Remote Working Procedures

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

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



- Where practically possible, any paper and computer media should be stored in suitable locked safes, cabinets or other forms of lockable furniture when not in use, especially outside working hours.
- Where lockable filing cabinets, drawers, cupboards etc. are not available, office doors must be locked if left unattended.
- Hard copy documents containing any personal data, or confidential, restricted or sensitive information should be stored as appropriate e.g. Workforce files. Where appropriate, documents should always be scanned to PDF and stored within the appropriate folders on NWSSP's secure servers. Original paper copies should be securely disposed of in Confidential Waste Bins for destruction.
- Employees are required to ensure that all confidential, restricted or sensitive information in hardcopy or electronic form is secured at the end of the day or when they are expected to be away from their desk for an extended period to attend meetings.
- Any confidential, restricted or sensitive information must be removed from desks and locked in a drawer when a desk is left unoccupied at any time with the exception of tea making, comfort breaks, etc.
- Confidential, restricted or sensitive information, when printed, should be collected from printers immediately. Where possible printers with a 'locked job' facility should be used.

- Reception areas can be particularly vulnerable to visitors. This area should be kept as clear as possible at all times. No personally identifiable information should be kept on desks within reach or sight of visitors.
- Upon disposal, any document containing any personal data or confidential, restricted or sensitive information should be placed in confidential waste bins. Confidential waste must not be left on desks, in filing trays or placed in regular waste bins.
- Keys used for access to confidential, restricted or sensitive information must not be left in or on an unattended desk. Keys for desk drawers, cabinets and other secure areas must be stored in a dedicated key safe or location.



General Data Protection Regulation (GDPR)

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

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

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

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

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

Legality - Consideration of all legal uses of identifiable data.

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

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

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

The UK GDPR sets out seven key principles and these should lie at the heart of everyone's approach to processing identifiable / personal data. Service user can be defined as a patient, contractor, member of staff, supplier, member of the public or anyone who provides information to NWSSP.

1 Lawfulness, Fairness and Transparency

"Data must be processed lawfully, fairly and in a transparent manner"

The intended use of data needs to be disclosed clearly and efficiently in a way that allows the service user to understand exactly how their information is being collected and processed by NWSSP. This creates transparency in data sharing so that no one involved can be upset or unaware on how their data was processed.

3 Integrity and Confidentiality

Data should be processed on a need-to-know basis. Only NWSSP staff who require access to the information should be given access to it. This builds trust with the service user as well as limiting unnecessary loss or inappropriate access.

"Data must be processed using appropriate technical or organisational measures to ensure appropriate security, including protection against unauthorised or unlawful processing and accidental loss, destruction or damage"

Confidentiality means keeping service users' privacy as the forefront of NHS Wales business practices and using data in a way that is discrete and respectful of the service users' information and privacy.

2 Purpose Limitation

"Data must be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes. Further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes can be considered if it is compatible with the initial purposes"

This means that data cannot be stored and reused for other things other than what was initially disclosed by the service user. This goes back to the first principle in that data usage needs to be clearly explained by use of a Privacy Notice. This prevents NWSSP from using data for other undisclosed means at a later date.

4 Accountability

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

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

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

5 Accuracy

The information you are collecting on service users' needs to be correct.

"Data must be accurate and, where necessary, kept up to date. Every reasonable step must be taken to ensure that inaccurate personal data can be erased or rectified without delay"

Whether it is a typo or outright misinformation, it needs to be identified correctly as soon as possible. This ensures that the data that NWSSP is utilising is clearly tied to the subject as well as ensuring professionalism when interacting with the service user in regards to their data. Nothing is worse than sending a letter containing sensitive information to a wrong postal address or sending confidential information to an incorrect email address.

7 Data Minimisation

Data minimisation essentially means the use of data needs to be limited to its essential needs.

"Data must be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed. In short, the NWSSP should identify the minimum amount of personal data needed to fulfil the purpose and nothing more"

Data retention, processing, and sharing needs to be limited and strongly considered before it is collected in any form from the service user.

6 Storage Limitation

This is a crucial part of GDPR compliance.

"Data must be kept in a form which permits identification of service users for no longer than is necessary for the purposes for which the personal data is processed. Personal data may be stored for longer periods if it is processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes. These exceptions must implement appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals"

NWSSP must clearly explain to service users how long we will be storing their data as well as ensuring it is properly destroyed after it has been utilised for its intended purpose. This creates clear expectations for all service users' and an added level of trust knowing that once their information is used it is not just going to be stored away waiting to be leaked or stolen in a breach. It limits exposure as well as loss in the event of a data breach.



DPR compliance serves to better protect customer's privacy and ensure everyone is aware of exactly how their data is being utilised.



Information Governance Workplan

The Information Governance work plan highlights a significant number of areas that cover off or contribute to compliance with IG.

The 2024/25 workplan focused on a programme of Information Governance work for the NWSSP to include but not limited to:

- Management of the Information Asset function;
- Communication of Information Governance topics throughout the organisation;
- Training and awareness;
- Continued compliance with legislation;
- Identifying areas for improvement;
- All new or existing identifiable information use and processes are Privacy Impact Assessed ("Privacy by Design") and involve Information Governance input at the earliest possible juncture;
- Communication with IG colleagues and reporting mechanisms;
- Supporting new services and initiatives;
- Supporting other organisations and forums including involvement in National work;
- Information Governance Risk Register;

- Breach reporting duties; and
- Data Subject Access.

These work plans demonstrate compliance in many areas and those where progress can be measured. Inclusion of a Health Check function has ensured that a report on progress has been included for all areas and a financial year end summary.

Information Governance toolkit 2024/25

The Welsh Information Governance Toolkit is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation.

The NWSSP has completed their assessment for 2024/25 and this was submitted by the deadline of the 31st March 2025.

The assessment helps identify those areas which require improvement and assist in informing organisations' IG Improvement Plans for the coming year. The aim is to demonstrate that organisations can be trusted to maintain the confidentiality and security of both personal and business information.

This will provide reassurance to staff and patients that their information is processed securely and appropriately, and assure other organisations where sharing is made that appropriate IG arrangements are in place.

The IG Toolkit consists of simple to follow assessments, comprising of a range of rudimentary questions requiring tick box answers, one-line statements and the facility to upload or link to documents as evidence.

The Welsh IG Toolkit is completed by General Practices, Health Boards, Trusts and Special Health Authorities and Community Pharmacies.



Information Asset Register

The NWSSP Information Governance Manager has developed and supported the collection of all identifiable information assets within the organisation up to and with the launch of the General Data Protection Regulation in May 2018.

It is a continuous process to ensure that the content of each information asset return made by all applicable departments in NWSSP contains the information that includes details on who is responsible, what it is, what it contains, what is the legal basis for collecting it and how it is stored.

This has been updated on a regular basis to capture areas of the service that are still to be accounted for and to reflect current information held by department.

More information has been collected by other departments not contained within the initial exercises and more detail has been included to demonstrate accountability with the awareness of the organisation's information assets.

This will be expected to continue due to the ever-moving nature of the work and creation of new data especially where new services have been introduced and new processes have been implemented including any streamlining processes of existing functions.

Data Privacy Impact Assessments (DPIA)

Under the General Data Protection Regulation, NWSSP uses a Data Privacy Impact Assessment (DPIA) process. This is also known as "Privacy By Design" and the process involves the assessment and assurance of any proposed projects, new workstreams or changes to existing work that includes the use of identifiable data.

A DPIA is used to detail the proposals and provide recommendations to ensure that all identifiable data is secure and remains compliant. The NWSSP Information Governance Manager has worked on DPIAs in 2024/25 that included areas such as:

- Medicines homecare service
- Data Management
- eRostering
- Anti-violence collaborative reporting
- Transforming Access to Medicines (TRAMS)
- Records Management
- Registration Management
- Low Vision Service

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

NWSSP also has national involvement and works jointly with other NHS Wales organisations on larger projects that impact across NHS Wales especially those involving assessing confidentiality.

What is confidential information?

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

Confidential information can include:

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

What isn't classed as confidential?

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

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

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





Information Sharing

Data Sharing or Information Sharing Agreements are required to ensure that information that is identifiable is given the right level of consideration. When drafting a sharing will include:

- The context of the share;
- The types of data;
- The parties involved; and
- The legislation concerned.

It is important that all parties consider their roles and responsibilities in appropriate and confidential data use.

Any requests for data sharing (either from NWSSP or your requirement for requesting data) can be discussed with the NWSSP Information Governance Manager.

Breach Reporting

In 2024/25, NWSSP experienced **33** breaches which were classed as low risk. However, of those breaches, 32 (97%) of those breaches were identified as human error. Recommendations are provided to all incidents and a review of trends and actions taken are reported on and consideration of how to eliminate future errors.

Incidents reported include:

- Information sent to wrong recipient;
- No due diligence;
- Using the wrong information provided to the organisation; and
- Using the wrong information when sending to others.

As part of the organisation's reporting duties, it is important that all staff identify an incident defined as a data breach and also know how to report it.

The NWSSP has a full confidentiality breach reporting protocol that is available on the NWSSP intranet and sharepoint sites and detail when and how to report a breach.

Although not an exhaustive list, a few examples of typical breaches of confidentiality is defined as any event that has resulted or could result in:

- A staff member who has accessed their own patient records or other held records.
- A staff member who has accessed the GP records, demographic information or details of a family member.
- A staff member who has accessed records of another staff member.
- A staff member who has accessed confidential information and altered it without permission or under a fair and lawful process.
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it.
- A staff member who has either lost a laptop or other NHS equipment or had it stolen from the possession.

- A staff member who has told another person not connected to the business (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has published confidential information on the internet or made such information publicly available.

With any breach, this could cause an adverse impact due to a breach of confidentiality that can be defined for example as:

- A threat to personal safety or privacy.
- Enforcement action or a large monetary penalty from the Information Commissioner's Office.
- Disruption of NHS business.
- Reputational damage or embarrassment to the NHS.

Any concerns or questions relating to a potential or identified breach of confidentiality can be directed to the NWSSP Information Governance Manager for discussion.

Reporting a confidentiality Breach



NHS Wales Shared Services Partnership (NWSSP) has a commitment to ensuring that correct, legal use of confidential information is observed at all times and any suspected breaches and errors in using confidential, identifiable data (defined as personal or sensitive personal data, and commercially sensitive data) is acted upon.

It is vitally important that if you experience a confidentiality breach in your place of work, regardless of where that may be, that you inform the NWSSP Information Governance Manager as soon as possible and also report using the DATIX incident reporting form using the link below.

Useful links

The DATIX incident reporting form can be found on the NWSSP intranet or using this link datixweb.cymru.nhs.uk/live/index.php

Information Governance policies including the Confidentiality Breach Reporting protocol can be found on the Information Governance pages on the NWSSP intranet.

To discuss or report any concerns please contact Tim Knifton, Information Governance Manager - Tim.Knifton@wales.nhs.uk.

It is important to note any suspected or confirmed breaches of confidentiality and to report them as soon as possible so that action can be taken in line with current legislation.

Some examples of typical breaches of Information Governance or confidentiality are as follows:

- Issues around Data accuracy, availability or quality of data.
- A staff member who has emailed confidential information to an incorrect email address.
- A staff member who has emailed the wrong confidential information/or too much identifiable data to another recipient.
- A staff member who has accessed confidential information and altered it without permission.
- Use, access or sharing information without permission (consent).
- A staff member who has accessed confidential information outside their work remit.
- A staff member who has knowingly accessed a record using another staff member's password and login information.
- A staff member who has removed confidential information from their place of work and subsequently lost it or had it stolen (including laptops and other IT equipment).
- A staff member who has told another person not connected to the NWSSP (such as a family member or friend) something confidential seen in the course of their work.
- A staff member who has published confidential information on the internet or made such information publicly available.
- A staff member who has published confidential information to another work colleague who is not authorised to receive it or has no legal requirement or entitlement.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

Individual's Rights

For general data processing under the UK GDPR, individuals have specific rights. The NWSSP has a full set of guidance documents for reference.

The rights of individuals concern the following:

Data Subject Access

A Data Subject Access request is simply a request made by or on behalf of an individual for the information that he or she is entitled to ask for under applicable Data Protection Legislation. Data Protection Legislation requires the NHS Wales Shared Services Partnership (NWSSP) to process personal data in accordance with the rights of living individuals.

Right to be informed

Part of the Data Protection legislation is to inform all service users on the use of their data (accountability). The NWSSP informs those who we use data for:

- Why we are able to process information;
- What purpose we are processing it for;
- Whether service users have to provide it to us;
- How long we store it for;
- Whether there are other recipients of their personal information;
- Whether we complete any automated decision-making or profiling;

The privacy notices we have developed include data subjects' rights to request their data, have inaccuracies corrected or data erased (in certain circumstances).



Right to rectification

Under Article 16 of the UK General Data Protection Regulation (GDPR) individuals have the right to have inaccurate personal data rectified. An individual may also be able to have incomplete personal data completed, although this will depend on the purposes for the processing.

Data portability

The right to data portability gives individuals the right to receive personal data they have provided to a controller in a structured, commonly used and machine readable format. It also gives them the right to request that a controller transmits this data directly to another controller.

Restriction of processing

Article 18 of the UK GDPR gives individuals the right to restrict the processing of their personal data in certain circumstances. This means that an individual can limit the way that an organisation uses their data. This is an alternative to requesting the erasure of their data.

Right to erasure

Under Article 17 of the UK GDPR individuals have the right to have personal data erased. This is also known as the '*right to be forgotten*'. The right is not absolute and only applies in certain circumstances.

Freedom of Information Act (FOIA)

The Freedom of Information Act (2000) supports the principles of openness and transparency and welcomes the rights of access to information relating to policy, procedure and decision making. The FOIA covers public authorities that use public money to make decisions and therefore have to be accountable for those.

NWSSP has created a climate of openness by providing improved access to information about the organisation and facilitates the development of such an environment year after year.

In 2024/25, NWSSP received **138** Freedom of Information requests.

These included requests for information relating to:

- Accounts payable;
- Covid-19;
- Corporate Services;
- Energy Management systems;
- Procurement processes and purchasing; and
- Primary Care prescribing activity.

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

<https://nwssp.nhs.wales/about-us/freedom-of-information-act-2000/publication-scheme/>



Forward look at 2025/26



The Information Governance Manager plans and manages the strategic direction of the IG service and the continual monitoring of new legislation.

Part of any new financial year involves the consideration of the content of the Information Governance workplan and the work involved to continue to promote a culture of confidentiality and compliance with all applicable Data Protection regulations and legislation.

Some of this work includes:

- Development of new initiatives
- Review of the IG training programme
- Maintaining contact with those responsible for projects
- Establishing relationships with divisions and services
- Identifying gaps in policy
- Completion of related assessments
- Compliance with Information Rights including Freedom of Information
- Constructive advice in relation to queries
- Effective breach investigation and recommendations
- Reporting
- Representation at all relevant meetings and forums

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

Tim Knifton
NWSSP Information Governance Manager



02921 500500



tim.knifton@wales.nhs.uk



www.nwssp.wales.nhs.uk



NHS Wales Shared Services Partnership



NHS Wales Shared Services Partnership,
Alder House,
Cwrt Alder,
St Asaph Business Park,
Saint Asaph,
LL17 0JL

Useful Links



NWSSP Information Governance pages



NWSSP Information Governance Steering Group



The Information Commissioner's Office (ICO)



NWSSP Information Governance Annual Reports



Welsh Language Annual Performance Report

2024 - 2025

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Introduction

This Welsh Language Annual Performance Report outlines key achievements during 2024-2025 in our delivery of our services through the medium of Welsh, and performance in line with the Welsh Language Standards (no.7) 2018 and the Welsh Language (Wales) Measure 2011.

During the year we have continued to carefully monitor our compliance with the Welsh language standards, reviewed processes and protocols to facilitate further improvements and have explored innovative solutions to support other NHS organisations with translation services to assist them with compliance and the provision of Welsh language services for patients and the public at large.

The Welsh Language Standards (no.7) 2018 continue to be a part of our service planning as are the priorities of the More Than Just Words Strategy for 2022 – 2027, which launched in September 2022. Both standards and strategies remain at the centre of our future planning and benchmarking. The provision of Welsh language services is also an integral part of our integrated medium-term plan, addressing requirements of services and service users in the short, medium and longer term.

Service Delivery Standards (Standards 1 – 64)

We monitor our compliance with the Welsh language Standards continuously in a cyclical process. We issue a self-assessment tool to each division and service area in one year, with the following year being a year to address issues arising from the self-assessment. Alongside the self-assessment tool, directors, deputy directors, heads of services and managers use the compliance notice and the code of practice to assist them in determining the level of compliance with each set of standards and support their assessment by providing evidence of compliance.

The self-assessment tool also provides a basis for conversations to establish and implement local improvement plans. The assessments inform us about where further support is required to strengthen the service offer as well as giving us the opportunity to share best practice across the organisation.

The overall outcome of the Self-Assessment for the service delivery standards for 2024/25 were as follows:

Set of Standards	Level of compliance 2023/24	Level of compliance 2024/25
Correspondence (1,4,5,6,7)	Medium level of compliance	Medium level of compliance
Telephone services main number/contact centres (8,9,10,11,12,13,14,15,16)	Medium level of compliance	Medium level of compliance
Telephone services direct numbers (16,17,18, 19)	Low to medium level of compliance	Medium level of compliance
Telephone automated systems (20)	High level of compliance	High level of compliance
Meetings (21,22, 22A, 22CH)	High level of compliance	High level of compliance
Public Meetings (26,27,28,29)	Not applicable	Not applicable
Displaying written material at public meetings (30)	Not applicable	Not applicable
Public Event (31,32,33,34)	Medium to high level of compliance	Medium to high level of compliance.
Forms to be completed by individuals (36)	High level of compliance	High level of compliance
Documents available to individuals (37)	High level of compliance	High level of compliance
Documents and Forms (38)	High level of compliance	High level of compliance
Websites (39,40,,41,42,43)	High level of compliance	Medium level of compliance
Apps (used on electronic devices) (44)	High level of compliance	High level of compliance.

Social media (45,46)	Medium to high level of compliance	Medium level of compliance
Signage in publicly accessible areas (47,48,49)	Medium to high level of compliance	Medium to high level of compliance
Reception services (50, 52, 53)	Medium level of compliance	Medium level of compliance
Applications and documents for grants (54,55,56)	High level of compliance	High level of compliance
Invitations to Tender (57,58,59)	Low to medium level of compliance	Low to medium level of compliance
Promote Welsh language services (60-61)	High level of compliance	High level of compliance
Corporate Identity (62)	High level of compliance	High level of compliance
Public Address Systems (64)	Not applicable	Not applicable

Most of the standards remained the same from the previous year. However, there were some slight variations. Here is a breakdown of the variations for 2024/25 by comparison to 2023/24:

- **Telephone services direct numbers (16,17,18, 19)**
 From secret shopper audits of telephone numbers applicable to these standards, there was an increase in staff awareness to answer telephone calls through the medium of Welsh.
- **Websites (39,40,41,42,43)**
 A comprehensive audit of our website and pages was undertaken in February 2025. We saw a slight fall in compliance on some of our webpages. Whilst pages were available through the medium of Welsh, the following issues were identified on a few pages:

 - documents were found on the site that hadn't been assessed to be available in Welsh,
 - videos uploaded onto a few pages were only available in English.
 - Links to other webpages in NHS Wales or other public organisations were only linking to English language pages, although there were Welsh language pages that could be linked to.

The matter has been communicated to the relevant teams to address and rectify these issues as a piece of work to be undertaken during quarters 1 and 2 of 2025/26.

- **Social Media**
 Similar issues were identified on our social media accounts. Mostly where videos were only created in English. The timetable to address this will also be the early part of 2025/26.

We review our protocols that are available to all members of staff employed by NWSSP annually to ensure that our protocols and processes are deliverable across all service delivery areas. All protocols are available on our internal Welsh language support page.

We promote that we welcome correspondence and telephone calls in Welsh on our websites and in emails and corporate letterheads.

Most meetings are now hosted on virtual platforms, such as Microsoft TEAMS and Zoom. We have a protocol as to how meetings can be facilitated in both languages and the Welsh Language Unit supports all divisions and service delivery areas to source interpreters as and when required.

As an organisation, we do not host public meetings where the public are invited to participate or speak, therefore, we consider these standards as not applicable. However, it is important to state that agendas and minutes of the Shared Services Partnership Committee are available in Welsh on our website.

The majority of our events are not public facing. However, when an event is organised, we have a protocol and a checklist in place for event organisers to ensure that they consider and accommodate the Welsh language when planning events.

All NWSSP Forms and Documents intended for use by individuals are available in Welsh, whether they are hard copies or whether they are digital copies. We also recognise that it is important for us to give instruction as to how to use these resources where staff manage the administration and dissemination of documents and forms.

Our social media posts are planned ahead, and translation support is available to support our corporate social media accounts, if required in advance of any social media events and activities. We reply to Welsh language social media posts in Welsh if a reply is required. We have identified that staff responsible for social media accounts need to undertake a risk assessment to manage a number of possible risks including being able to identify whether a comment on a post needs to be responded to in Welsh and being able to do this in a timely manner and to the exact same timescales as responding to comments in English.

We received one request for an Invitation to Tender to be published through the medium of Welsh in 2024/25. We received 5 bids through the medium of Welsh in response to the invitation to tender being published in Welsh. Response documents were published in Welsh as required by Standards 57, 58 and 59.

We do provide training for procurement staff to advise Health Boards and Trusts to assess whether an invitation to tender needs to be published through the medium of Welsh and encourage commissioning staff to work with their Welsh language leads to consult the Welsh language standards and code of practice when creating a specification for third party contractors to deliver services on Health Boards and Trust's behalf.

We have identified the need to create an assessment to determine whether procurement tender documents need to be published in Welsh and English, and to

prompt commissioning staff to consult their Welsh language standards compliance notice. This work has been initiated in late 2024/25 and will be ongoing over the coming years due to the scale of procurement operations. We expect to see improvement in the medium to longer term.

Investigation to Telephone Services – CS1040 November 2023 to January 2025.

The work to remedy the concerns raised in the CS1040 investigation has now concluded. Some work remains to be completed, but we have started to map out a process to assess new and vacant posts and will pilot this with a small cohort of divisions in NWSSP prior to launch later in 2025/26.

Whenever a post responsible for answering calls on our main telephone number is vacant the role will always be advertised as Welsh Essential at level 3+ in speaking, understanding, reading and writing in Welsh, which is an intermediate level. We refer potential candidates to the Learn Welsh site, so that they can check out their skills prior to applying.

We set context so that potential candidate understands what our requirements are. Skills are assessed at interview and assessment exercises.

Policy Making Standards (Standards 69 – 77)

Whenever we need to develop or review a local NWSSP policy decision, the Welsh language is considered in policy decisions.

Following the seminar hosted by the Welsh Language Commissioner in November 2023, and further to a workshop held in April 2025, we embarked on reviewing our previous processes. We now have a more robust Welsh Language Impact Assessment tool to determine if an Organisational Protocol/Policy Change will have a positive, neutral or negative impact on the Welsh language. Authors, divisions and services will be challenged to find solutions to either maintain positive impact or to improve impact for positive change.

Set of Standards	Level of compliance 2023/24	Level of compliance 2024/25
Standards 69 to 77	Low level of compliance	Medium level of compliance

We reviewed and updated our concerns and complaints policy during 2024/25 and there is clear guidance to all members of staff as to how this must be managed if a general concern or complaint is received through the medium of Welsh, and if we receive a complaint about Welsh language services the Head of Welsh Language Services and Compliance will lead on the investigation to find conclusions and make recommendations to be actioned.

Operational Standards (Standards 79 – 114)

As part of the self-assessment process, we also included the operational standards. The outcomes from the self-assessments for Operational Standards are as follows:

Set of Standards	Level of compliance 2023/24	Level of compliance 2024/25
Welsh Language Policy – Using Welsh internally (79)	Medium level of compliance	Medium level of compliance
Contract of Employment (80)	High level of compliance	High level of compliance
Documents relating to employment of employees (81)	High level of compliance	High level of compliance
Policies relating to employment & workplace (82)	High level of compliance	High level of compliance
Complaints made by staff & disciplinary matters (83 – 88)	High level of compliance	High level of compliance
Computer software for spelling and grammar & interfaces (89)	Medium to high level of compliance	Medium to high level of compliance
Intranet pages (90 – 95)	High level of compliance	High level of compliance
Assessing Welsh language skills of employees (96)	Medium to high level of compliance	Medium to high level of compliance
Training for staff in key areas (97 & 98)	Medium to high level of compliance	Medium level of compliance
Opportunities to learn Welsh (99 – 103)	High level of compliance	High level of compliance
Email signatures, wording and Welsh language logo (104)	High level of compliance	High level of compliance
Welsh badges and branding for staff (105)	High level of compliance	High level of compliance
Assessing skills, advertising, recruiting & onboarding (106 – 109)	Medium level of compliance.	Medium level of compliance
Signage & notices (113)	High level of compliance	High level of compliance
Recorded announcements (114)	Not applicable.	

In most cases Welsh language software is made available to staff across the organisation. We will explore making the software available to all members of staff from 2025/26 onwards.

All intranet pages detailed in our compliance notice are available in Welsh. When a new page is produced and published it is done so in Welsh at the same time as the English version of the page. Any reviews and updates are undertaken in both languages at the same time.

NWSSP's compliance for recording Welsh language skills is currently at 96% a 1% increase since 2023/24. We recognise that we need to find a solution to enable trainees on the SLE programme to be able to access ESR from smart laptops and devices to be able to update their skills on ESR. We will be looking into this further during 2025/26.

We have developed several training modules in Welsh. All statutory and mandatory training on ESR is available in Welsh, these also include dealing with the public and health & safety. The quality of courses is scrutinised and tested to ensure that they are fully operational prior to publication or launch. We encourage open dialogue for constructive feedback to make continuous improvement. Our E-Ateb team supports all NHS Wales staff with queries relating to their employment and training on our Electronic Staff Record (ESR) System, and the support on this helpline is available in Welsh.

In 2024/25, 284 members of staff received induction training, and within that training there is specific information about the Welsh language and their obligations as employees to comply with our Welsh language standards. They are also informed and signposted to where they can find support to deliver our services through the medium of Welsh.

We offer several opportunities to introduce our staff to the Welsh language and culture as specified in Standards 99 to 103. To support this piece of work, a business case was made in the IMTP planning process to be able to recruit a Welsh Language Facilitation Officer which has been successful. This means we will be advertising the role during the first half of 2025/26 with a view to have the vacant post filled by September 2025.

During 2025/26 we will review current training for managers across the organisation and will embed Welsh language awareness into relevant managers' training, rather than create separate modules of training as a stand-alone. The reasoning behind this is that the Welsh language should be embedded into everything that we do, and not something we need to do as an add on.

Opportunities to learn Welsh:

We currently have a provider to host Welsh language courses to our staff under the Work Welsh funded scheme. The courses that were hosted in 2024/25 were as follows:

Course Level	Number of staff enrolled onto the Work Welsh courses
Entry Level 1 (two courses)	32
Entry Level 2 (one course)	12

The courses funded by the Work Welsh scheme have to have a minimum number of staff to host each one.

For those members of staff who don't work on those particular days and times, we offer main-stream courses online but pay for those directly with a supplier. These were the number of staff learning Welsh at different levels on mainstream courses:

Course Level – Mainstream Courses	Number of staff enrolled on Mainstream Courses
Entry Level 1	13
Entry Level 2	9
Foundation Level 1	5
Foundation Level 2	7
Advanced Level 2	5
Work Welsh Welcome part 1 online	9
Work Welsh Welcome back part 2 online	5

All courses are hosted during work time. The cost of the courses and coursebooks are covered by NWSSP as the employing organisation. We actively promote opportunities to learn Welsh to all NWSSP employees. We also promote other opportunities apart from the Learn Welsh courses, such as Duolingo and Say Something in Welsh and sign post to online and social media resources.

We are currently exploring ways we can target staff with 0 skills in speaking and understanding Welsh to undertake Courtesy Course to achieve level 1 in speaking and understanding very basic phrases in Welsh along with Work Welsh and mainstream courses for staff for 2025/26.

We will also hold discussions with the Learn Welsh Centre to host sessions for staff who have prior knowledge and experience of using their Welsh language skills to further build their confidence to use their Welsh language skills at work. Funding wasn't available in 2024/25, therefore we will hold discussions with the Learn Welsh Centre for 2025/26.

Record Keeping Standards (115 – 117)

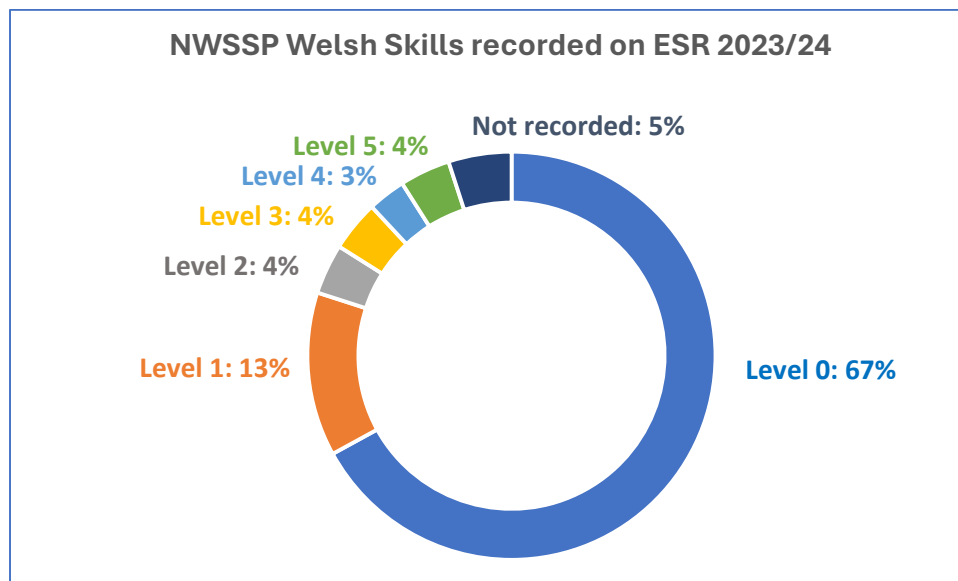
Record Keeping Standards - Complaints and Concerns - Standard 115:

We did not receive a complaint nor a concern about our services in 2024/25.

A letter was received by Velindre University NHS Trust later in 2024/25 towards the end of the financial year advising Velindre University NHS Trust and hosted organisations that there were issues with some websites.

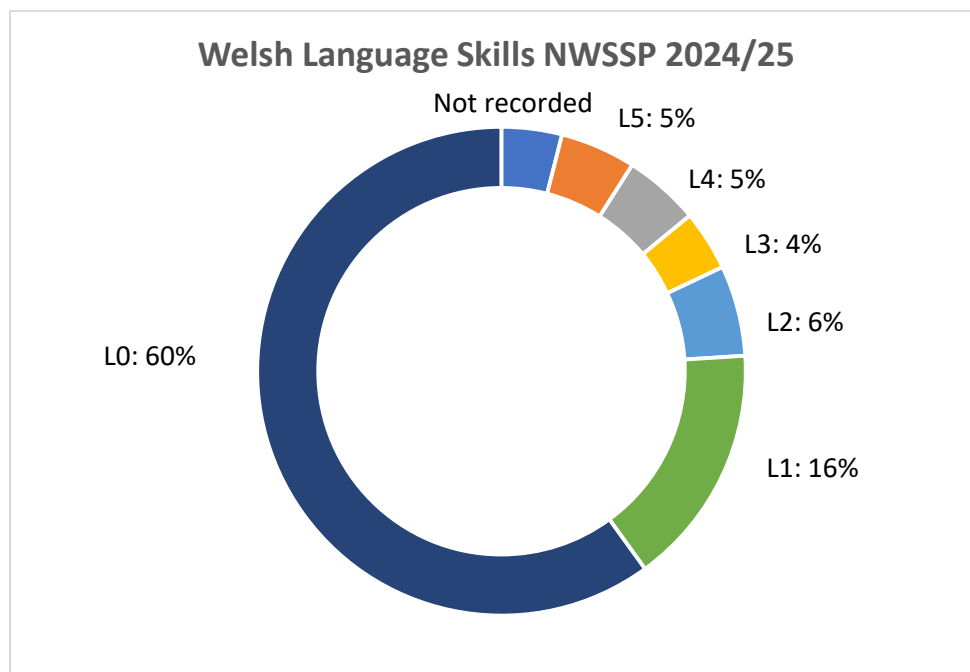
As mentioned on pages 4 and 5 of this report, NHS Wales Shared Services Partnership had already identified some issues with our webpages in February 2025, and the issues will be addressed and rectified during quarters 1 and 2 of the 2025/26 financial year. A further audit will be conducted in quarter 3 of the financial year in 2025/26.

Record Keeping Standards - Recording Welsh Language Skills on ESR - Standard 116:



Our Welsh language skills remained static in 2023/24.

Our position on Welsh language skills has improved in 2024/25.



We recognised that staff at levels 0, 1, 2, 3 and 4 required further support to improve their confidence and we will have additional resource to support this in 2025/26 and will work with the Learn Welsh Centre to tap in to some confidence builder sessions for staff in 2025/26.

Record Keeping Standards - Advertising vacancies – Standard 117:

Total number of vacancies advertised as:	
Welsh language skills are essential	2
Welsh language skills are desirable	435
Welsh language skills need to be learnt when appointed to the post	0
Welsh language skills are not necessary	0
Total Number of vacancies advertised 01/04/2022 - 31/03/2023	437

NHS Wales Shared Service’s Senior Leadership Group, agreed unanimously in 2020/21 that the basic requirement for advertising vacancies at NWSSP would be Welsh Desirable. We are an inclusive organisation that welcomes and values Welsh language skills.

We have a protocol and a system for advertising vacant posts in Welsh.

We have also ensured that every job description has been translated to be able to upload the job description and person specification for all vacancies in Welsh onto the TRAC recruitment system which feeds onto the NHS Jobs portal.

We have established a vacancy control panel to ensure that the Welsh language skills have been adequately considered for specific posts to ensure that we are able to provide Welsh language services as and when posts become vacant.

During 2024/25 we identified that we need to create an assessment tool to support recruitment managers establish whether a vacancy needs to be advertised as Welsh Essential, plus the level of skill required or whether a new or vacant post needs to be advertised as Welsh Desirable, plus the level of skill required. This tool will also require the recruiting manger to consider our customer base as well as existing skills on ESR.

We have started to assess skills required for new and vacant roles during 2024/25 and this work will continue as required by the Welsh language standards and the guidance in the code of practice.

The assessment is being undertaken alongside the Job Description Review work as required and agreed with Welsh Government.

An assessment tool will be developed, tested and piloted in 2025/26 prior to full roll out later in the year or early 2026/27.

We have put the following posts through the assessment tool as a test prior to the pilot being launched:

- Reception staff
- Call handling staff on main telephone and helpline numbers
- Communication roles

We intend to continue to build capacity in critical areas where there is engagement and liaison with customers, services users, patients and the public at large.

We will be launching a Welsh Language Strategy that is specific to NWSSP's requirements in 2025/26 to ensure that we continue to increase our ability and capacity to deliver our services through the medium of Welsh.

Welsh Language Unit Operations for 2024/25

Translation Services and Developments 2024-2025

The 2024-2025 financial year saw significant developments for NWSSP's translation unit as we expanded the offering NWSSP provides to NHS Wales by extending translation service level agreements held with Public Health Wales (PHW), Digital Health Care Wales (DHCW), Velindre University NHS Trust (VUNHST), and WAST, to include the provision of a centralised translation software system.

The bodies now make annual financial contributions towards a single translation software system, which enables the confidential sharing of previously translated content, translation term bases, and AI generated content across the NHS bodies that are now part of our system. This enables all users to make financial efficiencies on a daily basis and speeds up the translation processes for all users by substantially reducing the duplication of content. It also means that NHS Wales has fewer translation software accounts, removing the duplication of procurement resources, simplifying and speeding up the process and reducing financial expenditure.

One of the key benefits of the system is that it enables previously translated content to be instantly accessible to multiple NHS translators. In this regard, NWSSP's translation managers believe that the translation system's current operational output is enabling NWSSP to translate its own content and that of its service level agreements using approximately four fewer full time, experienced translators than would otherwise be possible. This comes with a substantial financial saving to NHS Wales of over £150,000 per annum.

We also undertook a feasibility study to gauge how the phase one pilot for 2024 to 2026 could be extended to Health Boards, giving priority to those Health Boards with no translation memory systems in place and licences due to expire.

NWSSP's translation managers and the Head of Welsh Language Services and Compliance meet regularly with the relevant representatives of the NHS bodies using the translation system and are pleased to report that the experiences relayed to them so far have been very positive.

The feedback from our existing partners have been positive:

“Thanks to the translation service level agreement we have in place with NWSSP, we are able to collaborate with their translators and other NHS translators and share translated content with each other. I’m also able to use the system to enable PHW’s framework translators to translate into it and further increase the range and scope of the translations the memory holds. It has proven itself to be very cost-effective so far, as not only am I able to reuse previously translated content, it is exceptionally quick to use and enables PHW to meet very tight translation deadlines that wouldn’t otherwise have been possible before we had access to this comprehensive translation database.”

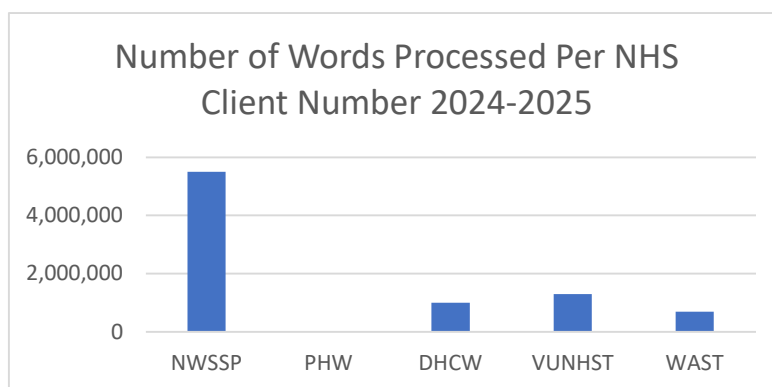
David Symons, Translation Coordinator, PHW

“Regarding feedback on Phrase, I don’t have much to say – but that’s because it’s such a good system. It’s a very easy system to use and I can do everything I want to do. And obviously, it helps us to save a lot of time every day.”)

Seiriol Dafydd, Translator, DHCW

Number of Words Processed on NWSSP-procured Translation Software (Phrase) per NHS Client

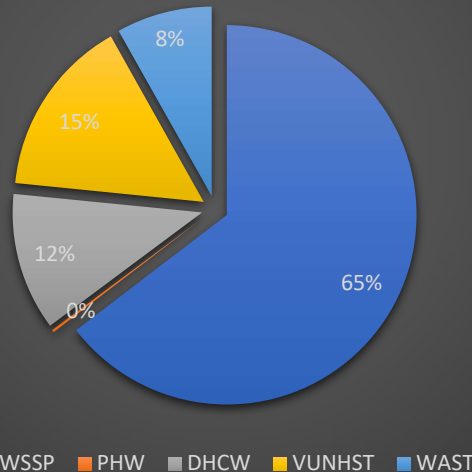
The graph below demonstrates the number of words processed during 2024-2025 for NWSSP, PHW, DHCW, VUNHST, and WAST –



It is important to explain that the total number of words processed by NWSSP includes both the work we translate for NWSSP and the translation work we provide under service level agreements for PHW, DHCW, VUNHST and WAST. PHW appointed an internal Translation Coordinator during the financial year and we expect their independent usage of the system to increase over time, as well as the number of words we translate for them under a service level agreement.

The pie chart below shows the percentage usage of each NHS client of the translation software Phrase. Again, NWSSP’s percentage includes the work that we undertake for the other named clients within the chart.

Translation Software (Phrase) Usage Percentage Per NHS Client 2024-2025



NWSSP Translation Service Efficiency

The service is pleased to report that over 99% of the translation requests we received during the 2024-2025 financial year were returned on or before the return dates requested by the author. Indeed, a significant proportion of the work the service received during the year was returned before the return dates the authors requested, often on the same day.

Where translated documents were returned beyond the requested return dates, this can primarily be attributed to inaccuracies in the text provided to the translation unit, or text that was unclear in its meaning. The translation unit then have to contact the relevant authors and wait for clarification before they can return the work and this can cause delays which are mainly out of the translation unit's control. However, in an attempt to improve efficacy, the translation unit has designed and distributed advice for authors to enable them to follow best practice when using the translation service.

Training Offered by NWSSP's Translation Unit During 2024/2025

In addition to managing NWSSP's core translation staff and bank translators, NWSSP's translation managers have developed tailored, regular one to one translation training sessions for individual members of NWSSP staff, which have seen a number of our staff succeed in the Association of Welsh Translators and Interpreters' (the Association) membership examination. With the aim of spreading best practice across the NHS more widely, they also designed and organised a bespoke translation session with Dr Menna Jones, who is a leading member and translation examiner of the Association. This workshop was offered to all NWSSP translation staff and the translators with whom we hold service level agreements. We are pleased to report that all the translators we

approached eagerly took up the offer and appeared to benefit from taking part in the session.

“I’d love to have another session with Menna. The previous one was very helpful.”

Rhys Dilwyn Jenkins, Translation Manager, DHCW

Organisational Projects and Services 2024/25:

WGOS Project

This project continued to be a significant piece of our work during 2024/25 and a ministerial priority to bring eye-care for patients closer to home. The Welsh language has been front and centre for this project as we ensure that documents for patients are available in Welsh and that our team promotes the Welsh language throughout the profession across Wales.

Complaints and Concerns Protocol

The NWSSP Complaints and Concerns Protocol was reviewed during 2024/25 and is available on our website in Welsh.

Alongside the Protocol itself there is a guidance to all the staff, supervisors, managers, heads of services and directors on how to follow the protocol.

There is guidance on how to manage a concern made through the medium of Welsh and also a guidance of how concerns and complaints about Welsh language services will be dealt with and investigated fully.

Handling Calls in Welsh Training for Staff

We have offered a few tailored training sessions to staff on handling calls through the medium of Welsh during the year.

Specifically tailored to use regular vocabulary related to the service, and practicing patterns, these sessions have proven helpful in handling the initial call in Welsh, although there are Welsh speaking members of staff in teams.

This work is ongoing and available to all teams in our improvement plan.



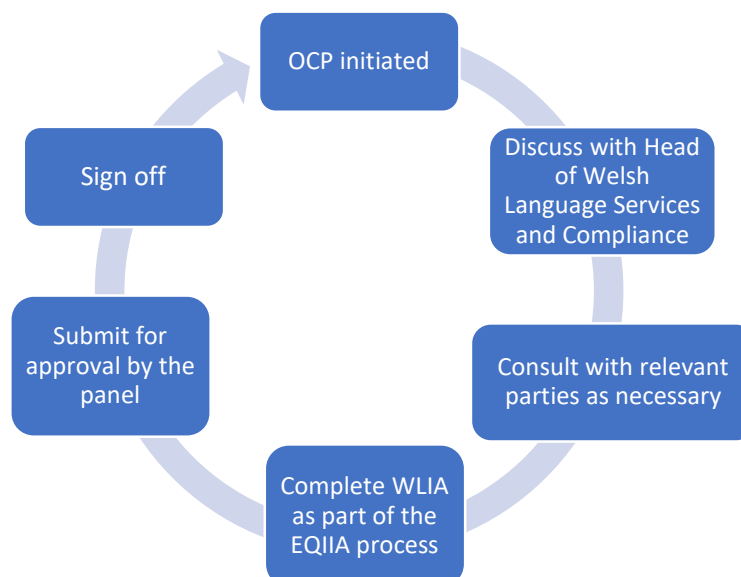
Welsh language impact assessment

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

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

As well as considering the demographic profile of our staff across Wales.

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



Review of Internal Use of the Welsh Language Protocol and NWSSP Welsh Language Skills Strategy

Later during 2024/25 we commenced the review of the Internal Use of the Welsh Language Policy and the NWSSP Welsh Language Skills Strategy.

Both documents will go through a consultation period through relevant processes within the organisation with a view to launch with a robust communication and engagement plan during 2025/26.

Welsh Language Skills Assessments for New and Vacant Roles

Towards the end of the year, we started to look at an assessment tool and process for recruiting managers to evaluate Welsh language skills for new and vacant posts in NWSSP.

The process will need to be able to work alongside current processes, and we will need to establish how we will ensure that job descriptions and adverts will reflect possible new Welsh skills requirements and be updated as required.

The assessment tool was in the planning stage towards the end of 2024/25. This work will continue into 2025/26 with a view to pilot the assessment tool in the first half of the year, followed by a full-roll out following user testing by 2026/27.

Outreach & Engagement

We consider outreach and engagement with schools, colleges, universities, Careers Wales and communities across Wales vitally important. It is a priority for us to raise awareness of the work that NWSSP does to support NHS organisations and to be considered as a reputable employer of choice across Wales. The Head of Welsh Language Services and Compliance leads on the engagement work with Welsh speaking communities, Welsh medium schools, colleges and universities.

During 2024/25 we worked with Caerdydd Dwyieithog / Bilingual Cardiff to tap into 20 Welsh medium schools in the south-east Wales area at a career event in Cardiff Students Union on the 18th of June.

In October 2024, we attended a career fair for students at Bangor University, where we engaged with over 120 students during the day.

Support for NHS Wales Organisations

➤ **Training for Cardiff and Vale UHB Telephone Operators**

During the summer of 2024 we hosted a Welsh Language familiarisation session for staff working as operators on the main-telephone number for Cardiff & Vale Health Board.

The session encompassed an awareness and context of the Welsh language in the Cardiff & Vale area as well as basic Welsh greetings and

phrases for staff on the main telephone number to be able to handle calls through the medium of Welsh.

- **Framework of Translators and Interpreters for Public Health Wales**
During quarter one and quarter two of 2024/25 we supported Public Health Wales with creating a translation and interpretation framework so that the organisation could have access to quality translation services alongside the translation services that are provided by NWSSP through a Service Level Agreement. We supported with:
 - Creating the specification
 - Evaluation
 - Awarding contracts and providing documentation to contractors through the medium of Welsh.

- **Interview and Selection of a new Translation Co-ordinator at PHW**
NWSSP provided support to PHW to be able to recruit a candidate to the newly created role of Translation Co-ordinator at PHW in June 2024.

Conclusion

We remain committed to continuous improvement to ensure that we achieve compliance with the Welsh language standards. This is demonstrated by a growth in Welsh language skills in the organisation during 2024/25 and our overall position with compliance in comparison to 2023/24.

We continue to work to create a thriving Welsh culture in the workplace, making staff aware of the Welsh language and its importance in day to day life for people living in Wales. We continue to offer opportunities to learn and grow confidence in using the Welsh language in the workplace expanding on this work further in 2025/26.

We look forward to further developments during 2025/26 so that we can maintain and improve identified in this year's report.

If you would like to discuss this report or any matters relating to our Welsh language offer, please do contact our Head of Welsh Language Services and Compliance: non.richards@wales.nhs.uk



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

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

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

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

1. Introduction

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

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

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

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

The breakdown of these days is as follows:

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

2. Progress

Staffing

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

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

Activity

Infrastructure/Annual Plan outcomes

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

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

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

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

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

Fraud Awareness

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

Summary of Activity

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

Fraud Awareness Presentations

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

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

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

All Wales E-Learning Fraud Awareness Module

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

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

Newsletters

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

Counter Fraud Videos

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

Counter Fraud App

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

Fraud Prevention and Detection Activity

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

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

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

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

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

Summary 2024/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Other Detection Activity / Local Proactive Exercises and Fraud Risk Assessments

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

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

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

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

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

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

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

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

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

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

Referrals/Enquiries/Investigations

Summary 1st April 2024 – 31st March 2025

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

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

Anonymised case updates are scheduled at each Audit Committee meeting.

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

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

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

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

3. Conclusion

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

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

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