

Annual Governance Statement 2024/25

NHS Wales Shared Services Partnership

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

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ANNUAL GOVERNANCE STATEMENT 2024-2025

1. SCOPE OF RESPONSIBILITY

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

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

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

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

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

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

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

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

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

2. GOVERNANCE FRAMEWORK

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2 Shared Services Partnership Committee (SSPC)

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

The purpose of the SSPC is set out below:

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

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

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

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

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

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

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

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

**Not an Executive Director*

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

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

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

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

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

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

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

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

2.3 SSPC Performance

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

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

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

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

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

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

2.4 SSPC Sub-Committees

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

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

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

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

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

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

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

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

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

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

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

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

2.4.2 Reviewing Effectiveness of Audit Committee

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

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

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

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

2.4.3 The Welsh Risk Pool Committee

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

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

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

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

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

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

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

2.5 SSPC Advisory Groups

The SSPC is supported by two advisory groups:

- **Local Partnership Forum (LPF)**

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

- **Welsh Energy Group (WEG)**

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

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

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

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

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

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

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

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

2.7 All Wales Purchase to Pay (P2P) Governance

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

2.8 Senior Leadership Group

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

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

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

The SLG during 2024-25 comprised:

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

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

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

3. THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

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

3.1 External Audit

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

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

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

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

3.2 Internal Audit

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

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

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

- Decarbonisation
- Procurement Services – Capital Equipping Team

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

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

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

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

3.3 Counter Fraud

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

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

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

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

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

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

3.4 Integrated Governance

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

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

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

3.5 Quality Assurance

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

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

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

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

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



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

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

3.6 Certifications

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

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

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

3.7 Customer Service Excellence

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

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

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

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

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

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

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

3.8 Looking Ahead

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

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

Specifically, the Audit Committee will:

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

4. CAPACITY TO HANDLE RISK

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

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

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

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

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

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

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

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

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

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

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

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

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

NWSSP's approach to risk management therefore ensures that:

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

5. THE CONTROL FRAMEWORK

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

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

5.1 Corporate Risk Framework

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

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

5.2 Policies and Procedures

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

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

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

5.3 Information Governance

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

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

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

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

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

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

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

5.4 Health and Safety

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

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

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

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

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

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

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

5.5 Internal Audit

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

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

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

5.6 Duty of Quality

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

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

6. PLANNING ARRANGEMENTS

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

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

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

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

7. DISCLOSURE STATEMENTS

7.1 Equality, Diversity and Human Rights

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

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

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

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

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

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

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

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

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

7.2 Welsh Language

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

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

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

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

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

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

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

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

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

7.3 Handling Complaints and Concerns

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

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

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

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

7.4 Freedom of Information Requests

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

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

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

7.5 Data Security and Governance

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

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

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

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

7.6 Carbon Footprint

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.7 Decarbonisation Action Plan

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

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

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

7.8 Business Continuity Planning and Emergency Preparedness

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7.9 Cyber Security

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

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

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

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

7.10 UK Corporate Governance Code

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

7.11 NHS Pension Scheme

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

8. MANAGING DIRECTOR'S OVERALL REVIEW OF EFFECTIVENESS

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

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

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


8.1 Internal Audit Opinion

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

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

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

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

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

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

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

8.2 Financial Control

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

8.2.1 NWSSP Financial Control Overview

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

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

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

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

9. CONCLUSION

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

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

Signed by:

Managing Director – NHS Wales Shared Services Partnership

Date: