NHS Wales Shared Services Partnership

Annual Governance Statement 2025-26

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ANNUAL GOVERNANCE STATEMENT 2025-2026

1. SCOPE OF RESPONSIBILITY

This Annual Governance Statement details the arrangements in place during 2025-26 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. NWSSP's safeguarding arrangements provide assurance to Velindre University NHS Trust, as statutory host, that public assets, income, expenditure and liabilities are subject to appropriate control and can be properly reflected within the Trust's financial statements.

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 the Chief Executive of Velindre University NHS Trust, as Accountable Officer for the host organisation, does not intervene in the day-to-day operational delivery of NWSSP functions, for which I am accountable as the NWSSP Managing Director. This is within a defined governance framework, within which I

have a responsibility to ensure that the Chief Executive of the Trust is properly informed where he has a legitimate interest as Accountable Officer of the Trust in the activities of NWSSP and being assured that NWSSP is being managed effectively and in accordance with NHS standards.

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 non-statutory hosted organisation. 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. The Regulations were subsequently amended in 2021 to include Special Health Authorities (SHAs) via the Velindre National Health Service Trust Shared Services Committee (Wales) (Amendment) Regulations 2021.

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 Annexe 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)), amended 2021, and the Trust's Standing Order 3 into day-to-day operating practice. These, 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 Velindre University NHS Trust Standing Financial Instructions (SFIs) provide the regulatory framework for the business conduct of the SSPC.

Health Boards, NHS Trusts and, latterly, 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 Welsh Government Independent Review of NHS Wales Shared Services Accountability & Governance Arrangements

In April 2025, Welsh Government commissioned an independent review of NWSSP accountability and governance arrangements, recognising the increasing scale, complexity and maturity of the organisation since the current framework was established. This followed commitments set out in *A Healthier Wales (2018)* to review hosted and national functions in order to consolidate national activity and provide greater clarity of governance and accountability.

The Independent Review, published in December 2025, concluded that the overall governance framework for NWSSP is fundamentally sound, while making recommendations to strengthen clarity of accountabilities, assurance to NHS Boards, and the effectiveness of key governance arrangements. This included particular emphasis on the operation of the Shared Services Partnership Committee (SSPC) and the relationship between NWSSP and Velindre University NHS Trust, as the statutory host organisation.

Welsh Government accepted, subject to further consideration, the majority of the Review's recommendations and published its Initial Response alongside the Review. The recommendations include a number of core themes, including:

- strengthening the appointment, role clarity and performance oversight of the SSPC Chair, including appropriate involvement of Velindre;
- clarifying Integrated Medium-Term Plan (IMTP) approval and assurance arrangements, including formal endorsement or noting by NHS Boards following SSPC approval;
- strengthening performance reporting and assurance routes from NWSSP, through the SSPC, to constituent NHS Boards;
- ensuring appropriate and consistent governance arrangements where services are provided that are deemed to contain clinical components, with clear links to Board-level assurance;
- clarifying processes for the addition of new services to the shared services portfolio through established planning and approval mechanisms, including the IMTP; and
- updating the operation of the governance - framework and associated governance documentation.

Further information on the Independent Review and Welsh Government's Initial Response is published on the Welsh Government website: https://www.gov.wales/independent-review-nhs-wales-shared-services-partnership

In response to the Review, Welsh Government established a Welsh Government-led Review Implementation Group (The Group) to oversee, coordinate and support delivery of the accepted recommendations. The Implementation Group includes senior representation from Welsh Government, NWSSP and Velindre University NHS Trust, with governance and legal advisers attending as appropriate. The Group does not hold formal decision-making authority; where approvals are required, these continue to be progressed through established governance routes, including Welsh Government, the SSPC and constituent NHS Boards and Velindre University NHS Trust, until any changes are formally agreed and implemented.

The Group first met in February 2026, agreed its terms of reference and translated the Review recommendations into a structured, time-bound programme of work with the intention to complete the implementation of the recommendations over a six month timescale.

Progress is reported regularly to the SSPC, with items requiring SSPC consideration or approval being brought forward through formal committee papers. In line with Welsh Government's Initial Response, arrangements have been put in place to strengthen Board-level assurance of the NWSSP IMTP. The NWSSP IMTP was approved by the SSPC on 19 March 2026 and noted by Velindre University NHS Trust Board on 26 March 2026 following a presentation by Directors from NWSSP.

Throughout the review and implementation process, NWSSP has continued to operate within the requirements of the existing, approved governance framework, maintaining effective accountability and assurance arrangements. The Review and its ongoing implementation provide an opportunity for governance arrangements to be actively strengthened and

future-proofed, with continued oversight through established governance structures into 2026–27.

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, examples of which are shown in the SSPC Performance section below.

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 NWSSP Corporate Risk Register at each meeting.

The composition of the SSPC includes a Chair who is independent of partner organisations, 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 2026 is outlined in Figure 3 below.

Figure 3: Membership of the NHS Wales Shared Services Partnership Committee during 2025-26

Name	Position	Organisation	Full/Part Year
Tracy Myhill OBE	SSPC Chair	NHS Wales Shared Services Partnership	Full Year
Huw Thomas	Director of Finance and Deputy Chief Executive (Vice Chair)	Hywel Dda University Health Board	Full Year
Neil Frow OBE	Managing Director and NWSSP Accountable Officer	NHS Wales Shared Services Partnership	Full 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
Sally May	Executive Director of Finance	Cwm Taf Morgannwg University Health Board	Part Year
Claire Osmundsen-Little	Executive Director of Finance	Digital Health and Care Wales	Part Year
Chris Moreton	Interim Director of Finance	Digital Health and Care Wales	Part 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 Organisational Development	Swansea Bay University Health Board	Part Year
Tina Ricketts	Director of Workforce and Organisational Development	Swansea Bay University Health Board	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, Organisation 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 2025-2026

Organisation	22/05/ 2025	17/07/ 2025	30/09/ 2025	14/11/ 2025	22/01/ 2026	19/03/ 2026
SSPC Chair	✓	✓	✓	✓	✓	✓
NWSSP Managing Director and Accountable Officer	✓	✓	✓	✓	✓	✓
Aneurin Bevan University Health Board	✓	✓	✓	✓	✓	*x*
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	✓	✓**	✓	✓**	✓**	✓
Powys Teaching Health Board	*x*	✓**	✓	✓	✓**	✓
Public Health Wales	*x*	✓	✓	✓	✓	✓
Swansea Bay University Health Board	✓**	✓	*x*	✓	✓**	✓*
Velindre University NHS Trust	*x*	✓*	✓*	✓*	✓	✓
Welsh Ambulance Service Trust	✓	✓	✓	✓**	✓	✓**
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 Director.*

X Denotes Health Body not represented

All meetings of the SSPC during the 2025-26 met the quoracy requirements of the SSPC Standing Orders. Following each meeting the SSPC Chair provides an assurance report to partner organisation boards.

Although NWSSP is hosted by Velindre University NHS Trust rather than established as a separate statutory body, the SSPC is required, under its Standing Orders and in accordance with the Public Bodies (Admissions to Meetings) Act 1960, to meet in public.. Arrangements are made for the public to attend should an appropriate request be received. We did not receive any such requests from the public to attend the SSPC in 2025-26 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, where possible; 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 2025-2026, 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
    - Transformation Management Office updates.
- Annual review and/or approval of:
    - Integrated Medium-Term Plan;
    - Annual Governance Statement;
    - Audit Wales Management Letter;
    - Annual Review;
    - NWSSP Strategy Refresh for 2026-29
    - Standing Orders; and
    - Service Level Agreements.
- Deep Dives (nominated and suggested topics from SSPC members as events dictate) including:
    - Operational Planning for the Central Procurement of Flu Vaccines;
    - Review of NWSSP Accountability and Governance Arrangements; and
    - Integrated Medium-Term Plan.
- Autumn Development Day, held in October 2025, which was delivered under the theme of "*Delivering Value, Innovation and Excellence through Partnership*" and provided a dedicated forum for

Members to reflect on and inform the strategic direction of NWSSP, with the agenda including:

- Review and refresh of the NWSSP Strategy Map;
- Consideration of the Ministerial Advisory Group (MAG) Report and organisational priorities;
- Discussion on how NWSSP can support health organisations in delivering their plans;
- Update on Transforming Access to Medicines Service (TrAMS);
- Presentation on the Future Workforce Solution - Electronic Staff Record (ESR); and
- Collective reflections to inform strategic direction and continuous improvement.

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

- the Welsh Government Review referred to above;
- Assurance Reports from each SSPC meeting to each partner organisation;
- regular liaison with SSPC members by the SSPC Chair, Managing Director and members of the Senior Leadership Group;
- review of agendas and papers by external and internal audit for the purposes of their audits; and
- arrangements for the annual SSPC Chair's appraisal remained in place following the reporting of the last reported to the March 2025 SSPC meeting.

The arrangements for the appraisal of the SSPC Chair were reviewed as part of the Welsh Government-commissioned independent review of NWSSP governance and accountability arrangements and a recommendation was made to update the element relating to providing host assurance to the Velindre Chair on the operation of the SSPC, and this work is being progressed through the Review Implementation Group in order to be applicable to the successor to Tracy Myhill OBE during 2026-27.

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 membership of the Audit Committee comprises Trust Board members. Therefore, the Audit Committee provides assurances to the SSPC and also to the Trust as host.

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 of the Committee provides an Assurance Report to the SSPC.

The Audit Committee also provides assurance to the host organisation regarding the effective discharge of the governance framework provided in its Standing Orders. An assurance report is shared with each meeting of the Velindre University NHS Trust Board and to highlight any areas of concern from the business of the Committee to the host organisation.

The Audit Committee attendees during 2025-26 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 2025-2026

In Attendance	16/04/2025	08/07/2025	07/11/2025	10/02/2026	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	✓	✓	✓	✓	**4/4**
NWSSP					
Tracy Myhill OBE, Chair of SSPC	x	✓	✓	x	**2/4***
Neil Frow OBE, Managing Director	✓	✓	✓	✓	**4/4**
Alison Ramsey, Director of Finance & Corporate Services	✓	✓	✓	✓	**4/4**
Linsay Payne, Deputy Director of Finance & Corporate Services	✓	✓	✓	✓	**4/4**
James Quance, Assistant Director of Corporate Services	✓	✓	✓	✓	**4/4**
Carly Wilce, Corporate Services Manager	✓	✓	✓	✓	**4/4**
Velindre University NHS Trust					
Matthew Bunce, Executive Director of Finance	✓	x	x	✓	**2/4**
David Donegan, Chief Executive, Part year to November 2025	✓	x	-	-	**1/2**
Carl James, Deputy Chief Executive and Interim Chief Executive Officer from November 2025	-	✓	✓	x	**2/4**
Non Gwilym, Interim Director of Corporate Governance	✓	✓	x	x	**2/4**

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

The Terms of Reference of the Committee provide for there to be three members who are Independent Members of the Trust. However, for 2025-26 there were two dedicated Independent Members, both of whom attended every meeting of the Committee ensuring that each meeting was quorate.

During the year, the Trust appointed a dedicated Independent Member for Finance who observed the February 2026 meeting of the Audit Committee and subsequently joined the Committee as a member.

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.

The annual committee effectiveness survey was discussed at the Audit Committee meeting in April 2026, having been deferred pending the outcome of the Welsh Government Review. The Review sought evidence regarding its operation and made no recommendations regarding the effectiveness of the Committee. Consequently, it was agreed to undertake the survey in May 2026 and report back the findings, including any agreed development actions, to the Audit Committee meeting in July 2026.

In addition, Independent Members and Audit Committee Members were invited to participate in the Autumn Committee Development Day held in October 2025, which provided a dedicated forum for members to reflect on and inform the strategic direction of NWSSP. The session included a review and refresh of the NWSSP Strategy Map, consideration of the MAG report and broader organisational priorities, and discussion on how NWSSP can further support health organisations in delivering their plans. Updates were also provided on key transformation programmes, including Transforming Access to Medicines (TrAMS) and the Electronic Staff Record (ESR), alongside collective reflections from members to support continuous improvement in the effectiveness and impact of the Committee.

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 with an update from each meeting by the NWSSP Managing Director as the Accountable Officer for the Welsh Risk Pool.

During 2025–26, the financial position of the Welsh Risk Pool continued to present a significant challenge, reflecting wider system pressures and ongoing volatility within the clinical negligence landscape. These pressures, including rising costs of settling claims, were a key focus for the Shared Services Partnership Committee (SSPC) throughout the year. The Committee received regular reports to support scrutiny of the financial position, emerging risks and mitigating actions. Addressing the financial sustainability of the Welsh Risk Pool remains a priority moving into 2026–27, with continued focus on funding arrangements, claims management, risk reduction and long-term financial planning, overseen through established governance and assurance arrangements.

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:

- Agree the energy purchasing strategy for NHS Wales.
- Monitor the performance of contractual arrangements.
- Receive reports on market conditions from the provider of the existing Supply of Energy contract/s to inform the purchasing strategy.
- Receive reports on forecast costs, good practice and any concerns around supplier performance from the Wales Energy Operational

Group (WEOG).
- Escalate formally concerns relating to supplier performance, that have not been able to be resolved through the WEOG arrangements.
- Establish task and finish groups as required, to undertake specific tasks with clear timelines for reporting.
- Agree NHS Wales nominations to any route of supply governance arrangements currently the External Risk Management Group (ERMG) and Commodity Trading Governance Board (CTGB).
- Receive reports on the discussions of the ERMG and CTGB groups.
- Make recommendations for agreed matters to be approved by the Shared Services Partnership Committee and, otherwise report by exception to the Shared Services Partnership Committee.

The Terms of Reference for both groups were reviewed, updated and approved by the SSPC during 2025-26.

2.6 Velindre University NHS Trust Quality, Safety and Performance Committee

In addition to the above, NWSSP provides targeted assurance to the Velindre University NHS Trust Quality, Safety and Performance Committee (QSP) in relation to services with a clinical or quality governance component.

During 2025–26, the Committee received updates on the implementation of the Duty of Quality, including a bi-annual update and the Duty of Quality Annual Report. The Committee also received reports relating to the Medical Examiner Service (annual and exception reporting) and Surgical Materials Testing Laboratory (annual reporting), providing assurance on governance, safety, quality and regulatory compliance arrangements.

In addition, updates were provided on All-Wales Pharmacy Services, including Transforming Access to Medicines (TrAMs), reflecting the increasing focus on assurance in relation to nationally delivered pharmacy services. NWSSP also presented papers setting out the governance arrangements for clinical support services delivered by NWSSP and the associated host assurance routes. This approach will continue into 2026–27, with a sustained focus on Pharmacy Services, Duty of Quality compliance and strengthening clinical governance arrangements.

2.7 All Wales Purchase to Pay (P2P) Governance

The All Wales P2P Governance Forum was established in 2024 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 continuing to operate through the Shared Services Partnership Committee.

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 2025-26 comprised:

Figure 7 – Composition of the Senior Leadership Group during 2025-26

Name	Designation
Neil Frow OBE	Managing Director
Alison Ramsey	Director of Finance and Corporate Services
Gareth Hardacre	Director of People, Organisation Development and Employment Services
Rebecca Nelson	Director of Planning, Performance and Informatics
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 *(To 31 October 2025)*
Laura-Jayne Keating	Director of Pharmacy Technical Services *(From 1 November 2025)*
James Quance	Assistant Director of Corporate Services
Alwyn Hockin	Trade Union Representative
Claire Daw	Trade Union Representative

During the course of the year, the Terms of Reference of the SLG were reviewed in order to ensure that they are fit for purpose, with the next planned review date being May 2026.

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 2026 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 2025-26 financial year included:

- Position Statements (to every meeting);
- NWSSP Nationally Hosted NHS IT Systems Assurance Report;
- Management Letter 2024-25; and
- Assurance Arrangements 2025-26.

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. No matters were raised in the 2024-25 Management Letter.

In addition to internal NWSSP issues, the Audit Committee has been kept appraised by 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 co-ordination 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 2025-26, there was one internal audit report rated as limited assurance in respect of cyber security governance arrangements, and there were zero internal audit reports with no assurance.

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 agreed management actions in response to audit key findings, 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. As at 31 March 2026, the total number of agreed management actions arising from audit findings identified was 123. Of which, 112 were implemented, 8 were not yet due and 3 were overdue (not fully within the control of NWSSP, as delivery is dependent on third-party organisations), demonstrating that actions are being implemented in a timely manner.

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 February 2026 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.

The LCFS reports to the NWSSP Director of Finance and Corporate Services. Through regular reporting to the Audit Committee, the LCFS provides assurance to the SSPC and to the Trust as host organisation that NWSSP has appropriate arrangements in place for the prevention, detection and investigation of fraud. This assurance supports the Trust in discharging its wider accountability for the integrity of the Trust's financial statements, including the activities hosted through NWSSP, and in reducing the risk that those accounts are materially misstated due to fraud.

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

- Annual Report 2024-25;
- Progress Update at each meeting; and
- Counter Fraud Work Plan 2025-26.

As part of their 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 2025-26, these sessions have been provided both in face-to-face sessions and virtually. In total during 2025-26 there were 6,307 fraud awareness interactions with staff (1,557 in 2024-25). The number of interactions is significantly larger in 2025-26 due to the increased use of newsletters, emails, Sharepoint blogs and other media.

In addition to this, and to continue to promote an Anti-Fraud Culture within NWSSP, a newsletter is produced periodically 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 1,400 staff having completed the module at the end of March 2026.

Assessment of the Counter Fraud Functional Standards provides assurance that NWSSP is compliant overall, noting that the Counter Fraud risk assessment remains assessed as Amber. The risk assessment is in place and feeds into the Counter Fraud workplan for 2025-26, with further work ongoing to enhance its maturity.

3.4 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 Duty applies to clinical and non-clinical NHS Services, and therefore the services and functions of NWSSP are captured by this legislation. An Annual Report outlining compliance with the Duty is produced and reported to Welsh Government through the Annual Quality Report of Velindre University NHS Trust, the hosting body.

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 allocates part of its meetings to NWSSP matters.

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.

NWSSP's 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) and Home Office 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. The 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.

3.5 Certifications

NWSSP 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 2025-26 included continued raising of awareness with the Shared Services Partnership Committee, Senior Leadership Group and divisions, 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. Reporting is further enhanced by the inclusion of the Duty of Quality as part of the quarterly reporting processes within NWSSP. This places consideration of the domains and enablers of quality on an equal basis with finance and performance.

NWSSP has also been developing an overarching Quality Management System (QMS) which outlines the organisational approach and enables each division to manage their own QMS in accordance with external accreditation and inspections. This will be embedded further in 2026-27. The Duty has been further strengthened by being included for consideration as part of the Equality Integrated Impact Assessment, which meets the requirements of the Act to consider the Duty when undertaking any strategic planning.

3.6 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 second annual reassessment took place in October 2025, with NWSSP maintaining certification to the Standard.

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

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 2026, there were six red rated risks on the NWSSP Corporate Risk Register, as set out below:

- the threat of a successful cyber-attack leading to potential loss of systems and/or sensitive data which could have an impact of service delivery;
- the risk that there may be disruption to the supply of pharmaceuticals caused by external factors, resulting in significant restrictions to provision;

- the threat to patient services if the planned developments of the Radiopharmacy and Transforming Access to Medicines Services (TrAMS) hub is not allowed to progress, due to funding or planning limitations;
- the planned development of the TrAMS Pharmacy Service is adversely impacted, due to financial and staffing challenges;
- the challenges in scaling support for the Future Workforce Solution rollout (replacement of ESR), risks from limited user organisation capacity that may hinder implementation success, and uncertainties around contract management and funding that require clarification from Welsh Government colleagues; and
- the reputational risk for NWSSP regarding the forecast accuracy for the Welsh Risk Pool.

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. At the time of writing, NWSSP is awaiting an update to the Trust's overarching risk management strategy and supporting policy framework, which is planned for 2026–27, and will review and update its local protocol, as required, to ensure continued alignment.

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 as well as business continuity and cyber security risks.

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. The NWSSP Corporate Risk Register during 2025-26 had a number of risks escalated from services for monitoring by the SLG.

Directorate-level assurance maps are in place to provide visibility of how key operational and business-as-usual risks are being mitigated. While the assurance maps themselves are periodically presented to the Audit Committee, the Committee receives assurance on the effectiveness of the overall assurance-mapping process and the arrangements in place to identify, manage and monitor risk. Further assurance on this overarching approach is scheduled to be provided during summer 2026.

The SSPC also has a documented Risk Appetite Statement for NWSSP. A detailed review took place during the year within NWSSP following its last comprehensive update following the Shared Services Partnership Committee 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 was subsequently reviewed internally and reported to the Audit Committee in April 2025. The SLG continues to undertake periodic informal deep dive sessions, reviewing its approach to managing risk and the NWSSP Corporate Risk Register. NWSSP will review and, where necessary, revise the Risk Appetite Statement during 2026–27.

During 2025–26, an internal audit of risk management arrangements within NWSSP was undertaken and Reasonable Assurance was awarded. Two recommendations were identified to further strengthen the effectiveness of the framework. These related to:

- enhancing the consistency and clarity of risk articulation and scoring, to ensure risks are described and assessed in a uniform way across directorates and that links between operational and strategic risks are clearly evidenced; and
- clarifying the treatment of 'at target' risks, including whether they should be reclassified from 'risks for action' to 'risks for monitoring'.

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 NWSSP Corporate Risk Register;
- the effectiveness of key controls is regularly assured; and
- there is 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, Audit Committee and Velindre Quality, Safety and Performance Committee have forward work plans for committee business which provide an assurance framework for compliance with legislative and regulatory requirements for NWSSP;
- 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. 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 supplement policies if applicable to the business functions of NWSSP. The Managing Director and other designated officers of NWSSP are included on the SSPC Scheme of Delegation.

5.3 Information Governance

As the statutory host organisation, the Trust is the Data Controller for relevant personal data processing undertaken through NWSSP and remains accountable for compliance with UK GDPR, including the accountability requirements under Article 24.

NWSSP has established arrangements for Information Governance to ensure that information is managed in line with applicable common and statutory legislation; regulations and statutory guidance provided by the Information Commissioner. Applicable common and statutory legislation includes but is not exclusive to; the Human Rights Act 1998, the Data Protection Act 2018, the retained EU GDPR 679/2016 (UK GDPR), the Freedom of Information Act 2000, Environmental Information Regulations, Human Rights Act 1998, Public Records Act 1958 and the Common Law Duty of Confidentiality as well as the Common Law Tort of Confidence.

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 whose role is to provide advice and guidance to ensure that NWSSP has in place effective controls and mechanisms to ensure that the Trust as the Data Controller is able to discharge its function lawfully.

Staff receive bespoke training packages delivered by the Information Governance Manager which include an online core skills training framework eLearning module on Information Governance, classroom-based training (when possible) for identified high risk staff groups to enable compliance with applicable legislation, standards, guidance and Trust Policy, of,

The Information Governance Manager works with the Data Protection Officer in developing and reviewing Trust Information Governance policies and where applicable develops NWSSP protocols to safeguard information. Additionally, he advises on and where necessary investigates 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), chaired by the NWSSP SIRO, 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. Matters for escalation are identified and reported to the SLG and where necessary the Data Protection Officer.

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 Data Protection Impact Assessment (DPIA) (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.

Artificial Intelligence (AI) adoption including the use of Microsoft Copilot, is supported by clear organisational guidance to ensure ethical, secure and compliant use. Controls are in place to prevent inappropriate use of sensitive or commercially sensitive information, with staff accountability reinforced through existing Trust Information Governance policies that enable innovation without weakening confidentiality. Guidance has been provided for staff, as well as access to the full Trust AI policy.

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 Data Use and Access Act (DUAA) 2025 has been reviewed, and small changes were made to NWSSP's current controls to include Data Subject Access and the inclusion of a Data Protection Complaints protocol. The DUAA provides opportunities to simplify and clarify practice while continuing to protect individual rights which are also accompanied with the relevant guidance.The Information Governance Manager works closely with the Trust Data Protection Officer (DPO) as the Head of Information Governance within the Trust and also attends various meetings including the NHS Wales Information Governance Management Advisory Group (IGMAG) , IGMAG is currently chaired by the Trust's Data Protection Officer and is attended by all NHS Wales Health Bodies IG leads.

Where a breach is reportable to the Information Commissioner, the NWSSP Information Governance Manager notifies and works with the Trust Data Protection Officer so that the Trust can assess the incident, determine any regulatory reporting requirements and discharge its responsibilities as Data Controller.

Where a complaint or query is raised by a data subject, including in relation to a Subject Access Request (SAR), the Trust is supported in discharging its Data Controller responsibilities by proportionate and controlled access to relevant NWSSP systems and records. Such access is provided only where necessary to investigate the matter, verify the information held,

respond to the data subject and evidence compliance with data protection obligations.
Information Governance breaches and Subject Access Requests relating to NWSSP are included within the Trust's Information Governance reporting arrangements, providing assurance to the Trust Quality, Safety and Performance Committee on incident management, data subject rights compliance and any associated themes or learning.

5.4 Health and Safety

NWSSP places the highest priority on the health, safety and welfare of its staff, service users, visitors and contractors. Achieving a positive health and safety culture is recognised as a shared responsibility, requiring active engagement and collaboration between management and staff at all levels of NWSSP.

NWSSP's aim is to provide and maintain a safe and healthy environment for all that use our services. A health and safety strategic improvement plan is in place which provides NWSSP with a framework for health and safety governance and assurance. In addition, a set of objectives provides an additional framework to deliver health and safety within NWSSP.

Strategic leadership and accountability for health and safety are provided by the Director of Finance and Corporate Services, supported by the NWSSP Health and Safety Manager and the team. Overseeing continuous improvement through performance monitoring, review of systems and processes, and structured governance arrangements, including regular discussions at the NWSSP All Wales Health and Safety Group. The Health and Safety Manager is a member of the Velindre University NHS Trust Health and Safety Group and liaises closely with Velindre University NHS Trust Health and Safety Manager in order to ensure that the Trust is aware of health and safety risks in NWSSP.

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 84 health and safety incidents reported for 2025-26 (compared with 72 in 2024-25). Long-term trend analysis indicates an overall downward trajectory over time. Continued progress against seven health and safety objectives, with targeted improvement activity aligned to the Health and Safety Strategic Improvement Plan. There were 10 Reporting of Injuries, Diseases and Dangerous Occurrences and Regulations (RIDDOR) reportable incidents (compared with 8 in 2024-25), which primarily related to manual handling. No enforcement action from the Health and Safety Executive or Environmental Health was taken. One new personal injury claim was received during the year (compared with 3 in 2024-25).

Health and safety incident reporting across NWSSP shows a sustained downward trend, with incidents reducing significantly from pre-2021 levels and remaining comparatively low in most service areas. Procurement

Services, while historically the largest contributor, has shown a continued reduction in incidents, indicating improving control maturity and risk management. Higher incident levels are consistently reported within Health Courier Services and Laundry Services, reflecting the inherently higher operational risks associated with transport, logistics and operational environments and this remains an area of focus for the SLG. Other service areas report low or negligible incident levels, broadly aligned to their respective risk exposure.

Overall, this provides reasonable assurance that control arrangements are effective and have strengthened over time, although recent increases in some areas require continued management focus through the Health and Safety Strategic Improvement Plan. During the period, a schedule of health and safety internal audits were undertaken by the Health and Safety Manager and Health and Safety Support Officer using the Health and Safety Management System Framework (HSG65). Of 12 HSG65 assessments completed, 58% received Substantial Assurance and 42% received Reasonable Assurance; no sites were rated Limited or No Assurance.

Key areas requiring continued focus into 2026/27 include: contact with or struck by an object, noting an increase in incidents and reduction target not achieved this year and manual handling, noting a slight increase during 2025–2026 with further training, audits, ergonomic reviews and equipment/systems of work scheduled. An increase in the reporting of violence and aggression is reflective of a positive reporting culture but there will remain continued emphasis on prevention and post-incident support.

5.5 Internal Audit

The NWSSP Hosting Agreement provides that the SSPC will be subject to an effective independent internal audit as a key source of its internal assurance arrangements, in accordance with the Global Internal Auditing Standards and any other requirements determined by the Welsh Government.

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, the Trust as host, 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

2026-29, and as per the measures detailed in the Quality Assurance section above. NWSSP's third Annual Report on Duty of Quality for the 2025-26 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 2025-2028 plan was submitted to Welsh Government in accordance with required timescales, and the submission of the current 2026-2029 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 2025-26 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 bi-annual 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 2026 and there were no significant amendments to the Plan following the approval of the Committee earlier at its January 2026 meeting and the subsequent touchpoint meetings held with Welsh Government and the Finance Delivery Unit prior to submitting the Plan. Presentations on the IMTP were delivered to the Audit Committee and Trust Board during the year.

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 continues to ensure compliance with its legislative duties and aligns its activity with actions set out in its Inclusive Culture Action Plan.

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.

We host a range of staff networks, and we continue to develop our inclusion offering for our workforce. This has included the introduction of Equality, Diversity and Inclusion training across divisions, alongside bespoke training to support education on discrimination, cultural awareness and inclusive behaviours. NWSSP also launched the Safe Inclusivity Campaign, creating opportunities for staff to ask questions in a safe, judgement-free environment, with questions used to further educate colleagues across the organisation.

NWSSP developed an Inclusive Culture Action Plan for 2025–2027, bringing together actions from across the organisation and reflecting Welsh Government requirements. One year into delivery, progress has been made through initiatives including 'Supporting You' roadshows, leadership development with targeted opportunities for under-represented groups, revised appraisal arrangements, the introduction of Compassionate Cultures and Speaking Up Safely training, and the implementation of the Work in Confidence platform. Delivery of the plan continues, with a clear commitment to transparency and ongoing engagement with staff to support positive cultural change.

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 developed a specific plan to address the actions that tie into the NWSSP Inclusive Culture Action Plan.

In 2026, the Welsh Government integrated the Workforce Race Equality Standard (WRES) into a single intersectional Workforce Equality Standard (WES), considering all aspects of identity including representation, recruitment and development. NWSSP will use this data, when available, to inform development of its Strategic Equality Plan and define targeted actions for improvement, where required. NWSSP's LGBTQ+ Wales Action Plan continues to link 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 continues to support delivery of inclusive culture activity across NWSSP, working alongside Diversity and Inclusion Ambassadors and other key networks.

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 Socio-Economic Duty, Environmental Sustainability, Modern Slavery Act 2015 incorporating Ethical Employment in Supply Chains Code of Practice 2017, Welsh Language, Information Governance and Health and Safety. More recently, the Duty of Quality has been embedded within the well-established process.

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. This duty remains a key consideration within NWSSP's strategic planning and decision-making.

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. Equality data continues to play an important role in understanding organisational culture, supported by the development of a new Equality, Diversity and Inclusion Dashboard to inform senior leadership decision-making. NWSSP continues to build trust with employees by being transparent about why equality data is collected and how it is used. The All-Wales Recruitment Service, run by NWSSP, adheres to practices and principles in accordance with the Equality Act and quality-checks adverts and supporting information to ensure no discriminatory elements are present.

NWSSP has a Core Skills Training Framework (CSTF) 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, with the Managing Conflict module incorporating dignity and respect at work. Equality, Diversity and Inclusion training has been further embedded across divisions, complementing national mandatory training requirements.

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*) which NWSSP is enforcing for its staff.

7.2 Welsh Language

NWSSP continues its commitment to ensure 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 Welsh Language Annual Performance Report.

Work is largely driven by the Head of Welsh Language Services and Compliance, who reports to the Director of People and Organisational Development. The Head of Welsh Language Services and Compliance works closely with the Managing Director, Senior Leadership Group and 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.

For audit and compliance purposes, we have established a self-assessment process to monitor our compliance status with the Welsh Language Standards and Code of Practice and to measure our ability to provide Welsh language services that are equal to English language services. This process is bi-annual where the assessment is undertaken in year 1 followed by the development of local improvement plans, followed by the implementation of the improvement plan in year 2. This process assists us to provide assurance and accurate information about our compliance levels. Our overall compliance status as at the end of March 2026 was as follows:

Standards	**Level of compliance**
Service Delivery Standards	Medium to High Level of Compliance
Policy Making Standards	Medium to High Level of Compliance
Operational Standards	Medium to High Level of Compliance
Record Keeping Standards	High Level of Compliance
Supplementary Standards (*whereby the Commissioner will request additional information when required)*	High Level of Compliance

During 2025/26 NWSSP has reviewed the process of how scheduled procurement contracts can be assessed to include Welsh language service and delivery requirements in the specification of the Invitation to Tender Documents as well as an assessment tool to establish whether the Tender Documents need to be published in Welsh.

NWSSP has been developing a new Internal Use of the Welsh Language Policy during 2025/26 to strengthen compliance to the high level category in 2026/27, on the use of the Welsh language internally. This is following seminars and conferences attended with the Welsh Language Commissioner.

The Welsh Language Impact Assessment as part of the Equality Integrated Impact Assessment (EqIIA) was reviewed and improved in 2025/26, and as a consequence the assessments are more meaningful and robust in our considerations of the Welsh language beyond the practice of translating. Consideration of persons, individuals and delivery of services are impacted by the Welsh language in NWSSP's decision-making processes go beyond the requirements of translation alone. NWSSP makes well informed decisions based on facts and key strategies and not on assumptions and opinions.

During 2025/26, 14 Welsh Language Impact Assessments were undertaken.

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 2025-26, 38 concerns were formally raised with NWSSP through the Protocol, of which:

- 35 were Formal Complaints received, whereby 100% of complaints were responded to within 30 working days; and
- 3 were Early Resolution Concerns received, where matters were able to be resolved within 48 hours, to the complainant's satisfaction. This represents a significant reduction compared to the previous year. However, NWSSP Corporate Services remain reliant on Services notifying them of matters resolved through this mechanism. Services have therefore been reminded of the importance of reporting all complaints resolved at an early stage to enable appropriate oversight and accurate reporting.

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, 55 in 2024-25).

A thematic review of concerns and complaints received during the reporting period identified a small number of consistent, overarching themes. Complaints were primarily driven by communication issues, timeliness and delays, and the consistent application of processes, with a proportion of concerns relating to matters outside the remit of NWSSP and therefore

requiring signposting to other organisations. During the year, there was a notable increase in concerns received for the Medical Examiner Service and Primary Care functions, primarily relating to delays in the issuing of Medical Certificates of Cause of Death, cross-border transfer of medical records, and processing of payments or prescriptions. The SLG receives regular reports on concerns and complaints at each meeting, enabling appropriate scrutiny, oversight, and timely management action. This structured approach provides assurance that emerging themes are identified, addressed, and used to inform service improvements and strengthen operational performance.

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 166 requests received within NWSSP during 2025-26, 97% of which were responded to within the 20-day deadline for compliance. This represents an increase, with 138 requests received in 2024/25, 98% of which were responded to within the 20-day deadline.

7.5 Data Security and Governance

In 2025-26 there were 41 (compared to 33 in 2024-25) reported 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 UK General Data Protection Regulation (UK GDPR). The protocols encourage staff to report those breaches that originate outside the organisation for recording purposes and the need to report is re-enforced by training provided by the Information Governance Manager.

The Information Governance Manager provides 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 wider Information Governance performance reporting to the Trust Quality, Safety and Performance Committee.

The Information Governance Manager completes the NHS Wales Information Governance Toolkit annually which is required to be completed by all NHS Wales bodies. A copy of the IG Toolkit when complete is provided for assurance to the Trust's Data Protection Officer.

There were two Information Governance breaches reported to the Information Commissioner during the period of reporting. The ICO took no further action and the cases were closed.

7.6 Business Continuity Planning and Emergency Preparedness

NWSSP has received confirmation from the NHS Performance and Improvement Team via Welsh Government that the organisation does not, by definition, come under the Civil Contingencies Act 2004 (CCA). However, NWSSP have been directed to align with the duties of the Act and the NHS Wales Emergency Planning Core Guidance, to ensure that the organisation identifies and mitigates risks, has plans in place to respond to risks and shares information with relevant partners.

Departments within NWSSP are actively reviewing business impacts and putting plans in place to ensure that the organisation can continue to deliver products or services at acceptable predefined levels following a disruptive incident.

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;
- Suppliers, internal and external to the organisation; and
- 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 embarked on a programme of work to align to the International Standard for Security and Resilience — Business Continuity Management Systems (ISO 22301).

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.

In addition, in 2026-27, NWSSP will deliver a new Incident and Exercise Debriefing Course, to ensure that lessons learned from incidents are appropriately collated and actioned from business continuity incidents and exercises.

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

The most recent Internal Audit Report on Business Continuity achieved Reasonable Assurance and contained a range of helpful key findings. Commencement of actions to address these key findings has resulted in the following developments:

- The appointment of a shared resource across the Planning Performance and Informatics department to enhance the administration and programme management of business continuity and emergency planning between departments.
- Departments have been utilising guidance on departmental Business Impact Assessment and Business Continuity Plan development; whilst also adapting the process to suit specialist departments to ensure risk identification, mitigation and plan development.
- An organisation wide document management system is still under review and is intended to be in place by the end of 2026. In the meantime, functions within Teams are being used to maintain BCM documentation.
- The Emergency Planning Resilience and Response Team have been working with the Audit Division within NWSSP to create an ISO 22301 Compliance Review process. The programme of compliance reviews will start in May 2026 reviewing each department, providing support and guidance to managers to enable full compliance with ISO 22301.

- meantime, functions within Teams are being used to maintain BCM documentation.
- The Emergency Planning Resilience and Response Team have been working with the Audit Division within NWSSP to create an ISO 22301 Compliance Review process. The programme of compliance reviews will start in May 2026 reviewing each department, providing support and guidance to managers to enable full compliance with ISO 22301.

7.7 Cyber Security

Through 2025-26, NWSSP has continued to mature its cyber security and resilience arrangements, moving from framework adoption to formal assurance and continuous improvement. An independent assessment against the Cyber Assessment Framework (CAF) was completed by the NHS Wales Cyber Resilience Unit, providing a structured view of NWSSP's cyber resilience across governance, protection, detection, response and recovery.

The assessment confirmed that NWSSP has established many of the foundational capabilities expected of an organisation delivering critical services, with clear accountability, defined roles, and a risk based approach to cyber security governance. A small number of CAF outcomes were assessed as partially achieved, reflecting known areas for further work to strengthen arrangements. These findings, together with those reported by Internal Audit are understood and have been incorporated into a prioritised improvement roadmap.

Cyber security activity is now embedded within a broader approach to infrastructure and service resilience. NWSSP has participated in the NHS Wales Infrastructure Adoption Model (INFRAM) assessment, which provides a benchmarked view of cyber security maturity alongside infrastructure performance, availability and recoverability. This has reinforced the importance of cyber resilience as an enabler of reliable, safe and sustainable digital services.

Progress against cyber security improvement plans is monitored through defined performance indicators and reported regularly to the Senior Leadership Group, with the reporting having developed during the year and is still maturing. Where full compliance is not yet achievable, proportionate technical and procedural mitigations are in place and subject to routine review.

NWSSP continues to place strong emphasis on organisational readiness and staff awareness. Regular phishing simulations, targeted communications and senior level cyber incident exercises are used to strengthen preparedness and decision making. NWSSP also maintains active engagement with national NHS Wales cyber security forums to ensure alignment with system wide standards and emerging threats.

Taken together, these arrangements provide the assurance that cyber security risks are identified, understood and recommendations to help strengthen controls are acted upon promptly, and that NWSSP is continuing to test, strengthen and obtain assurance on its ability to prevent, detect,

respond to and recover from cyber incidents that could impact the delivery of essential services.

7.8 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.

7.9 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.

8.1 Internal Audit Opinion

Internal Audit provide me, the SSPC and Trust as host 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 2025-26 was that the Shared Services 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		The Shared Services Partnership Committee can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.

In reaching this overarching opinion the Head of Internal Audit has identified that the assurance domains relevant to NWSSP have all been assessed as providing reasonable assurance. During the year, there was one internal audit report issued with a rating of limited assurance in respect of cyber security governance arrangements. There were zero reports with no assurance. All other reports were either substantial or reasonable assurance or were issued as advisory reports.

Cyber security assurance arrangements are reviewed by Internal Audit on a cyclical basis, with each review having a different area of focus. In 2025-26 the scope of the review primarily covered the development of governance arrangements including action planning, reporting and risk assessment processes. Internal Audit reported that further work is required to strengthen these arrangements and ensure consistency across the whole of NWSSP. The findings are welcomed to support improvement and a number of agreed actions have already been implemented and a follow up audit review is planned for 2026-27 to ensure that the actions are fully embedded.

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 all of which are included in the Trust's Model Standing Orders.

- **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 2025-26 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 2025-26.

Signed by: 

Managing Director – NHS Wales Shared Services Partnership

Date: 18 June 2026