

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	07 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Assurance Report on Board Effectiveness Assessment 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

To comply with Standing Orders, the Board should introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. This is one of the mandatory requirements set out within the Governance Statement (GS) that the Health Board prepares for Welsh Government.

This report is to provide the Audit and Risk Assurance Committee (ARAC) with assurance on the process the Health Board has undertaken to review the effectiveness of the Board, recognising that this has been discussed by the Board at the Board Seminar meeting held on 23 April 2026.

**Cefndir / Background**

Section 10.2.1 of Standing Orders states ‘the Board shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated’.

**Asesiad / Assessment**

The Board has developed a maturity matrix based on the [Good Governance Handbook](#) from the Healthcare Quality Improvement Partnership, which is a collaborative document first produced by the Healthcare Quality Improvement Partnership (HQIP) and the Good Governance Institute (GGI) in 2015, but more recently updated in 2021. This matrix describes 10 key areas of good governance for NHS organisations and provided a maturity matrix which has been amended to better align to NHS Wales requirements and expectations.

At the Board Seminar on 23 April 2026, the Board reviewed the evidence to support the assessment of its effectiveness against the criteria in the maturity matrix (Appendix 1) and the action plan to improve maturity across the 10 areas (Appendix 2). This included the following assurances:

- The Health Board has completed a self-assessment against the Corporate Governance in Central Governance Departments: Code of Good Practice 2017. The Health Board used the “Comply” or “Explain” approach in relation to the Code of Good Practice. The Self-Assessment is available at Appendix 3, confirming there are no matters to ‘explain’.
- Board Committee Effectiveness – There is a programme in place to ensure the Committees delegated by the Board review or undertake the following activity on an annual basis:
  - Terms of Reference and Operating Arrangements
  - Committee Self-Assessment of Effectiveness Exercise and 6 month follow up review of agreed actions
  - Committee Cycle of Business/Work Plan
  - Annual Committee Report on Activity to the Board
- External Assurances
  - Joint Escalation and Intervention Arrangements status – At the start of the financial year, the Health Board was in targeted intervention (Level 4) for the following four domains: Finance, Strategy and Planning, Performance & Outcomes\*, Fragile Services; and Quality of Care; and enhanced monitoring status (Level 3) for the following two domains: Leadership, Capability & Culture; and Governance. Two key areas of the Performance and Outcomes domain were de-escalated in March 2025 to Level 3 (enhanced monitoring status): Child and Adolescent Mental Health Services (CAMHS) and Planned Care. In July 2025, Performance and Outcomes relating to Child and Adolescent Mental Health were de-escalated from enhanced monitoring (Level 3) to routine arrangements (Level 1). Also in July 2025, Performance and Outcomes relating to Cancer were de-escalated from targeted intervention (Level 4) to enhanced monitoring (Level 3), and further de-escalated to routine arrangements (Level 1) in February 2026. In December 2025, the Governance and Leadership domain was de-escalated from enhanced monitoring (Level 3) to routine arrangements (Level 1).
  - Audit Wales (AW) Structured Assessment 2025 - The structured assessment in 2025 (available to read here: [Hywel Dda University Health Board – Structured Assessment 2025](#)) focused on our corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. The overall assessment concluded that
    - The Health Board remains strongly committed to public transparency and continues to have good governance arrangements.
    - There are strong arrangements to oversee risk, performance, service quality and safety and audit recommendations. The health board is taking steps to improve data quality and further strengthen governance arrangements for quality and safety. There is an opportunity to clarify committee oversight in the Board Assurance Framework dashboard.
    - The Health Board is refreshing its long-term strategy and maintains good oversight for developing and delivering corporate plans and strategies. While the health board is progressing its Clinical Services Plan, the plan currently only covers nine of its most fragile services.
    - The financial position remains a concern, with a forecast year-end deficit for 2025-26 and the savings plan currently off track. As in previous years, the health board was unable to submit a financially balanced three-year integrated medium-term plan to the Welsh Government. However, the health board has improved on its opening plan deficit of £31.5 million, and at month seven, is forecasting a deficit of £28.3 million. It is also taking steps to improve the deficit position and achieve financial sustainability by 2028-29.

Audit Wales reviewed our progress against recommendations made in previous reports and issued two new recommendations in the structured assessment for 2025. They recommended that the health board clarify the use of the Triple A (Alert, Advise,

Assure) process and update the Board Assurance Framework Dashboard to include committee oversight arrangements. Both of which have now been completed.

- Internal Audit Reports - ARAC have scrutinised internal audit reports throughout the year, seeking assurance on behalf of the Board that management responses are robust and will reduce risk in the areas reviewed. Whilst the Internal Audit Plan for 2025/26 will not conclude until June 2026; to date, below is a summary of reports as per assurance level:

Assurance Rating	Reviews undertaken up to end of April 2026
Substantial Assurance	<ul style="list-style-type: none"> <li>• Medical Devices Regulations</li> <li>• Cyber Security</li> <li>• Escalation Governance</li> </ul>
Reasonable Assurance	<ul style="list-style-type: none"> <li>• Corporate Risk: Ophthalmology</li> <li>• Commissioning – Long Term Agreements</li> <li>• Patient Experience</li> <li>• Managed Practices</li> <li>• Departmental /Shadow IT systems management</li> </ul>
Limited Assurance	<ul style="list-style-type: none"> <li>• Nursing Management (Follow Up)</li> <li>• Sickness Management</li> <li>• Validation of Emergency Department Waiting Time Data</li> <li>• Human Tissue Authority</li> <li>• Vaccination and Immunisation</li> <li>• Level 3/4</li> <li>• Operational governance arrangements</li> </ul>
Unsatisfactory Assurance	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Advisory/Non-opinion	<ul style="list-style-type: none"> <li>• Estates Assurance – Space Utilisation</li> <li>• Control of Contractors</li> <li>• Capital Governance Arrangements</li> </ul>

Following due consideration of the evidence outlined against the Board Maturity Matrix (see Appendix 1) at Board Seminar on 23 April 2026, the Board agreed the following levels:

Key criteria	Maturity level	Maturity level description	Changes
1. Clarity of purpose, roles and behaviours	3	The Board has agreed cultural and ethical values and strategic objectives, combined with a robust mechanism for developing care services and settings against these	No change
2. Oversight and administration principles	4	Using these principles has helped Board members to better understand their roles in governance. Governance activities that provide little value and do not meet the principles have been stopped	No change

3. Leadership and strategic direction	3	An induction and development programme is in place for Board/and aspirant members. Diversity is embedded in the approach.	No change
4. Effective external relationships	3	Effective citizen involvement is in place, and evidenced by improvement initiatives that are put into operation as a result.	No change
5. Effective internal relationships	3	The organisation prioritises staff and internal stakeholder involvement, and formal and informal input and feedback from all staff, new staff, and leavers, is sought and valued.	No change
6. Transparency and public reporting	3	The Board publicly demonstrates conflicts are examined and covered within contracts; Limited use of In-Committee meetings; integrated public reporting is central to organisational finance, quality, and performance management.	No change
7. Systems and structures: quality and safety	4 ↑	Integrated quality reports demonstrate quantifiable improvements in the domains within the within the health and care quality standards. The organisation is to demonstrate the duty of quality in some services.	Improvements in demonstrating compliance with Duty of Quality
8. Delivery of agreed outcomes	2	Performance reports including benchmarking data and key performance indicators are in development.	No change
9. Risk management and compliance	3 ↓	Regular review of the Board Assurance Framework (BAF) supports the management of risks to achieving strategic objectives, and an annual exercise ensures review of the organisation's Emergency and Business Continuity Plan.	Review of BAF was on hold until Strategy Refresh was approved by Board in January 2026. The Refreshed BAF will now be reported to the Board in July 2026.
10. Effectiveness and added value	3	The annual cycle of business is planned and the Board Assurance Framework is used by the Board to identify opportunities for increased effectiveness and added value.	No change

### Overall Assessment

Overall, the assessment indicates that Hywel Dda University Health Board is operating at a level of “firm progress”, with governance systems, leadership behaviours and assurance arrangements largely embedded and increasingly effective. The Board demonstrates growing maturity in oversight, quality governance and risk management, with evidence of tangible results in several domains, supported by positive external assurance from Audit Wales and Internal Audit. However, organisational maturity is not yet consistently translating into improved outcomes, and further development is required to strengthen delivery, embed outcome-focused performance management and realise the full impact of governance at scale. The assessment reflects that Hywel Dda is on a clear improvement trajectory, however is not yet operating at a mature or exemplar level.

In 2026/27, development should focus on strengthening delivery of outcomes, closing the gap between assurance and operational grip, embedding the refreshed strategy across planning and risk, and ensuring governance arrangements consistently drive improvement and impact rather than process compliance.

The improvement work being undertaken by the Health Board in respect of its escalation status will help to strengthen the effectiveness of the Board, as well as embedding the new operational governance arrangements.

### Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to take an assurance from the process that has been undertaken this year to review the Board’s effectiveness, recognising that this has been discussed by the Board at the Board Seminar meeting held on 23 April 2026.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 The Committee shall review the adequacy of the Health Board’s strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation’s activities (both clinical and non-clinical) that supports the achievement of the organisation’s objectives. 3.2 In particular, the Committee will review the adequacy of: 3.2.1 all risk and control related disclosure statements (in particular the Accountability Report and the Performance Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Internal and External sources of assurance listed in report
Rhestr Termiau: Glossary of Terms:	Contained in the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Chair Chief Executive Board

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impacts
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impacts
<b>Gweithlu: Workforce:</b>	No direct impacts
<b>Risg: Risk:</b>	No direct impacts
<b>Cyfreithiol: Legal:</b>	No direct impacts
<b>Enw Da: Reputational:</b>	Board effectiveness is a core component of good corporate governance, and it is essential that the Board addresses any areas of weakness.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	No direct impacts

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>1. Clarity of Purpose, Roles &amp; Behaviours</b>	None	The members of the Board have agreed that a formal statement of organisational purpose, values, and priorities needs to be developed, and have plans for doing so	National targets and local priorities have been agreed with stakeholders. Purpose and vision is affirmed in public and partnership document.	The Board has agreed cultural and ethical values and strategic objectives, combined with a robust mechanism for developing care services and settings against these	Evidence that national targets and local priorities are being met. Regular reviews of strategy in line with strategic objectives	Annual Board debate on in-year achievements against strategic objectives, issues impacting achievements, action planning and re-affirming or adjusting strategic objectives for the coming year.	Success has allowed both the Board and the organisation to redefine/extend its purpose and roles
<b>2. Oversight &amp; Administration Principles</b>	None	The Board is actively reflecting on how they work and how governance is structured, and is testing whether what is in place makes the best use of these underlying principles.	As a result of discussion around these principles, changes have started to be made to the governance of the organisation.	The annual review of governance and developing cycle of Board business planning will be used to test these principles, and where required, change governance arrangements.	Using these principles has helped Board members to better understand their roles in governance. Governance activities that provide little value and do not meet the principles have been stopped.	As the organisation develops, these principles have led to improvements in governance arrangements to efficiently and effectively support new challenges.	Other organisations have referred to the structure and systems of the organisation, to understand the application of these principles and support similar changes.
<b>3. Leadership &amp; Strategic Direction</b>	None	The roles of all Board/ members are clear, agreed and specified.	A Board succession plan is in place for both Executive and Non-Executive Directors/ Lay Members. Board diversity is valued.	A Board succession plan is in place for both Executive and Non-Executive Directors/ Lay Members. Board diversity is valued.	The organisation is recognised by partner organisations as a leader in the local health and wellbeing system.	The Board is leading, rather than following, national and local agendas.	The Board is recognised as a national thought leader.
<b>4. Effective External Relationships</b>	None	Engagement and consultation policies are in place and consistent with the NHS Constitution. Service users, staff, and the public are recognised as a resource to help design and deliver service improvement	A system of accountability to and involvement of the local community is in place to design and deliver service improvement.	Effective citizen involvement is in place, and evidenced by improvement initiatives that are put into operation as a result.	Effective citizen codesign is in place and evidenced through improvements made as a result.	Effective citizen codesign has led to improved outcomes. A review against the NHS Constitution shows our organisation is trusted by patients, service users, and citizens.	Co-production has led to tangible operational and strategic benefits, as well as measurable improved outcomes for the population.
<b>5. Effective Internal Relationships</b>	None	Staff and other internal stakeholder engagement strategies are developed and these include feedback mechanisms.	The Board receives reports about staff and internal stakeholder engagement, including actions taken as a result of findings.	The organisation prioritises staff and internal stakeholder involvement, and formal and informal input and feedback from all staff, new staff, and leavers, is sought and valued.	The Chair, Independent Members, Directors, and Partners are effective ambassadors for the organisation, involving all staff and internal stakeholders and partners in organisational development.	Board and senior leadership recruitment is competitive and reputational audit finds that staff and internal stakeholder involvement is an asset to robust organisational development.	The organisation can demonstrate they are an employer of choice, and staff retention is high.

<b>6. Transparency &amp; Public Reporting</b>	None	Board members absent themselves from discussions due to conflicts of interest; public reporting takes place when required.	The conflicts of interest register is updated by the Board monthly and identified conflicts are reviewed and appropriate actions taken; edited performance reports are publicly shared.	The Board publicly demonstrates conflicts are examined and covered within contracts; integrated public reporting is central to organisational finance, quality, and performance management.	Identified conflicts are publicly addressed; patients, service users, citizens, and staff are involved in developing integrated finance, quality, and performance metrics	Integrated finance, quality and performance reports steer organisational development, with public oversight and input into required improvements.	Demonstrable improvements have been made due to public involvement in integrated reporting.
<b>7. Systems &amp; Structures: Quality &amp; Safety</b>	None	A quality management system strategic framework which focusses on, a system-wide approach to achieving quality of care using the health and care quality standards is in development	A Board approved quality management system strategic framework which focusses on a system-wide approach to achieving quality of care using the health and care quality standards is in use.	Quality management system strategic framework implementation demonstrates improvements the domains within the-within the health and care quality standards.	Integrated quality reports demonstrate quantifiable improvements in the domains within the health and care quality standards. . The organisation is to demonstrate the duty of quality in some services.	Resources are used to make quality improvements, with measurable returns that demonstrate innovation and improvement. This is demonstrable in all of the domains (STEEP) within the health and care quality standards. The organisation is to demonstrate the duty of quality in its services on an annual basis.	Significant resources are invested in continuous innovation, improvement, and integration between value-based health care and quality improvement programmes which evidence efficiency and improvements. There is equal importance in the six domains and six enablers of the health and care quality standards. The organisation is to demonstrate the duty of quality in its services throughout the year through routine reporting.
<b>8. Delivery of Agreed Outcomes</b>	None	The Board has agreed how outcome measures will be used in performance reports, including benchmarking data and key performance indicators	Performance reports including benchmarking data and key performance indicators are in development.	There are no surprises when the organisation is inspected or otherwise challenged, as there is full awareness of performance and action plans are in place for improvements as required	The Board is fully satisfied that its strategic objectives have been met, as a result of performance monitoring and action.	Board members report confidence in using integrated reporting to support constructive challenge where required.	Demonstrable improvements have been made as a result of the delivery of agreed outcomes.
<b>9. Risk Management &amp; Compliance</b>	None	A process is in place to proactively evaluate risk, and a Board Assurance Framework is organised to promote focused discussion on key business issues	A risk appetite statement has been agreed, and built into the Board Assurance Framework, which covers the risks to achieving strategic objectives, including quality, performance, finance, and activity, aligned to targets, standards, and local priorities	Regular review of the Board Assurance Framework supports the management of risks to achieving strategic objectives, and an annual exercise ensures review of the organisation's Emergency and Business Continuity Plan.	The Board Assurance Framework is central to the management of risks to achieving strategic objectives, with a quarterly update and annual action planning to drive business. Emergency and Business Continuity Plans are improved through a range of scenario tests in year	The Board is confident that it is aware of risks faced, including risks associated with compliance, these are managed, and required actions are prioritised and planned.	The organisation has proactively identified and managed all known risks and opportunities, and successfully meets its strategic objectives
<b>10. Effectiveness &amp; Added Value</b>	None	More effective practices are being adopted. A review of governance mechanisms is agreed.	The Board has reviewed governance practices for efficiency savings, and agreed improvements to add value	The annual cycle of business is planned and the Board Assurance Framework is used by the Board to identify opportunities for increased effectiveness and added value.	The annual cycle of business is planned and the Board Assurance Framework and integrated reports are used by the Board to identify opportunities for increased effectiveness and added value.	The annual cycle of business is planned, the Board Assurance Framework and integrated reports are used by the Board to identify opportunities for increased effectiveness and added value, and external governance reviews.	Demonstrable savings and efficiencies have been made as a result of streamlined governance arrangements.

(based on the [Good Governance Handbook](#), Healthcare Quality Improvement Partnership, 2021)

**BOARD MATURITY  
ASSESSMENT AS AT  
MARCH 2026**

# 1. CLARITY OF PURPOSE, ROLES & BEHAVIOURS – Agreed level of maturity – 3

## Evidence

- Refreshed strategic objectives agreed by Board in January 2025, with Refreshed Healthier Mid and West Wales Strategy – Healthier Lives, Well Lived approved by Board in January 2026
- Board considered and made decisions on the future reconfiguration of 9 clinical services set out in the Clinical Services Plan presented to the Board in February 2026
- Annual Plan agreed by Board every March with plans aligned to ministerial priorities and planning objectives – latest approved March 2026
- Board agreed Values and Behaviour Framework – approved by Board in July 2016
- In January 2024, WG increased the escalation status to targeted intervention (level 4) for the entire organisation. Targeted Intervention targets and local priorities agreed with WG and incorporated into Annual Plan. Level 4 for finance, strategy and planning, and performance and outcomes related to urgent and emergency care, fragile services, (including ophthalmology) and Healthcare Associated Infections (HCAIs), Level 3 for performance and outcomes related to planned care and cancer and Level 1 for leadership and governance.
- West Wales Regional Partnership Board priorities agreed
- Public Service Board Well-Being Plans in place for Carmarthenshire, Ceredigion and Pembrokeshire which reflect the findings from the Well-being Assessments, with an over-arching theme of reducing inequalities, inequity and poverty agreed in 2023, and monitored by the Board.
- Joint Regional Committee with SBUHB established in January 2025 to strengthen arrangements for planning and delivering healthcare services on a regional basis where it is appropriate to do so to ensure continued safety, quality and ongoing viability of services, agreed purpose and vision priorities
- [Annual Planning Matrix](#) undertaken and reported to Board – latest July 2025
- Ethics panel in place since 2020
- Internal escalation framework in place to oversee internal delivery of performance across a number of domains and delivery of Health Board priorities – Internal Audit Level 3 / Level 4 Directorates provided *Limited Assurance* (Apr26)
- Board assurance framework measure success against the strategic objectives – this is currently being updated to align to Refreshed AHMWW Strategy
- Internal Audit on Annual Planning provided *Reasonable Assurance* (May 2025)
- Audit Wales Structured Assessment 2025 found that respect of:
  - *Preparing strategies and plans*, ‘the Health Board is refreshing its long-term strategy and maintains good oversight for developing and delivering corporate plans and strategies’

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Clarity of Purpose, Roles &amp; Behaviours</b>	None	The members of the Board have agreed that a formal statement of organisational purpose, values, and priorities needs to be developed, and have plans for doing so.	National targets and local priorities have been agreed with stakeholders. Purpose and vision are affirmed in public and partnership document.	The Board has agreed cultural and ethical values and strategic objectives, combined with a robust mechanism for developing care services and settings against these.	Evidence that national targets and local priorities are being met. Regular reviews of strategy in line with strategic objectives.	Annual Board debate on in-year achievements against strategic objectives, issues impacting achievements, action planning and re-affirming or adjusting strategic objectives for the coming year.	Success has allowed both the Board and the organisation to redefine/extend its purpose and roles.

## 2. OVERSIGHT & ADMINISTRATION PRINCIPLES - Agreed level of maturity – 4

### Evidence

- Standing Orders including Standing Financial Instructions and Scheme of Delegation reviewed and approved annually – last reviewed May 2025, July 2025 and Mar 2026 respectively
- Robust appointments system in place for all Board Members – current Board Members are identified in Annual Report and on the HB website
- Chairs, Vice-Chair, Executive Directors appraisal process in place, undertaken at least annually
- Board Meetings in Public held at least bi-monthly, with all Board and Committee papers made available at least 5 days prior to meetings.
- Limited use of In-Committee meetings, Private Board agenda items are published in advance and report of meetings provided to the Board
- Board Committee structure regularly reviewed – latest review January 2025 [Revised Board Committee Governance](#), with Terms of Reference and workplans reviewed annually
- Board Schedule and Workplan developed and maintained throughout the year and reported to each meeting – these routinely monitor quality, provide assurance, and identify and mitigate emerging risks.
- Committee Annual Reports undertaken annually to report activity undertaken through the year and detailing the results of a review of its performance and effectiveness
- Committee Self-Assessment process undertaken annually, with feedback report to Committees, action plans and 6 monthly review, high level messages are also fed into the Board Development programmes
- Joint Regional Committee TORs agreed in January 2025, with supporting governance structure developed and approved by Board in March 2025
- ARAC hold private meetings with internal and external audit, and Counterfraud
- Remuneration and Terms of Service Committee in place and reports decisions to the Board
- Board Development Programme is in place, with new IM annual PADR process and 360-degree assessment
- New operational governance structure and governance arrangements implemented in 2025/26 – operational governance arrangements to be further strengthened in Q1 2026/27.
- Internal Audit Operational Governance provided *Limited Assurance* (April 2026)
- Internal, External and Clinical Audit Plans are agreed and reported through relevant Board Committees
- Triple A (Alert, Advise, Assure) reporting process has strengthened Board/Committee assurance and escalation (AW Wales Structured Assessment 2025)
- Code of Corporate Governance – The code operates on a “comply or explain” basis, any deviation must be explained as part of the Governance Statement - no matters to ‘explain’
- Escalation domain of Governance and Leadership has been de-escalated from level 3 to level 1 in December 2025
- Internal Audit Reviews of Escalation Governance provided *Substantial Assurance* (Feb25), with Level 3 / Level 4 Directorates provided *Limited Assurance* (Apr26)
- Audit Wales Structured Assessment 2024 found that respect of:
  - *Effectiveness of Board and openness*, ‘The Board and its committees continue to work well, remain transparent and committed to hearing from patients and staff’
  - *Providing board assurance*, ‘there are strong arrangements to oversee risk, performance, service quality and safety, and audit recommendations’

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Oversight &amp; Administration Principles</b>	None	The Board is actively reflecting on how they work and how governance is structured, and is testing whether what is in place makes the best use of these underlying principles.	As a result of discussion around these principles, changes have started to be made to the governance of the organisation.	The annual review of governance and developing cycle of Board business planning will be used to test these principles, and where required, change governance arrangements.	Using these principles has helped Board members to better understand their roles in governance. Governance activities that provide little value and do not meet the principles have been stopped.	As the organisation develops, these principles have led to improvements in governance arrangements to efficiently and effectively support new challenges.	Other organisations have referred to the structure and systems of the organisation, to understand the application of these principles and support similar changes.

### 3. LEADERSHIP & STRATEGIC DIRECTION - Agreed level of maturity – 3

#### Evidence

- The Board has been stable during 2025/26, with forward planning of appointments and reappointments in place, to avoid gaps. There have been no interim positions on the Executive Team in 2025/26
- There are 7 male and 4 female Independent Members on Board as at March 2026, with 6 male and 3 female Executive Directors on the Board.
- Local induction programme in place for new Independent Members, with IM Handbook, and new National Programme of Induction for all Board Members introduced in 2025
- Optional Lunch and Learn sessions in place for Board Members cover topics such as patient safety walkarounds, finance, patient service and complaints, risk and estates/capital projects
- New IM annual PADR process and 360-degree assessment
- Board succession plan in place
- In 2025, the Health Board delivered two Independent Member development sessions, two full Board development days and three Executive Team time-outs, each aligned to performance objectives and tailored personal development plans. Executive coaching has also been provided and continues to be offered, where appropriate
- Patient safety visits undertaken by Board members
- Board adoption of the HEIW Compassionate Leadership pledge in July 2024
- Participation in the WG Aspiring Board Members programme and supporting our Aspiring Member who joined Board in 2025/26
- Considerable change at operational level following the implementation of phase one of its new operational structure in April 2025 – Phase 1 is complete, with Phase 2 yet to be implemented.
- Delivery of an agreed programme of OD support to support the new Clinical Care Groups
- The LEAP programme has continued to be delivered to four cohorts each year and 126 leaders have already completed this with 56 currently progressing through the programme. Five cohorts of the New Consultant Programme have been delivered to 58 senior clinicians
- Equality, Diversity and Inclusion (EDI) Task Force established, led by an Independent Member and Deputy Chief Executive, to drive a set of actions to improve equity across the Health Board; Board Allyship is one of the sub-groups of this work, in addition to Engagement and Co-production and enhancing our use of data
- Escalation domain of Domain 5: Leadership, Capability and Culture has been de-escalation from level 3 to level 1 in December 2025
- Audit Wales Structured Assessment 2025 found that ‘the Board continues to demonstrate a strong commitment to learning and development’ and its ‘approach to evaluating its effectiveness is well established, continuing to draw on internal and external sources of assurance’.

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Leadership &amp; Strategic Direction</b>	None	The roles of all Board/ members are clear, agreed and specified.	A Board succession plan is in place for both Executive and Non-Executive Directors/ Lay Members. Board diversity is valued.	An induction and development programme is in place for Board/ and aspirant members. Diversity is embedded in the approach.	The organisation is recognised by partner organisations as a leader in the local health and wellbeing system.	The Board is leading, rather than following, national and local agendas.	The Board is recognised as a national thought leader.

## 4. EFFECTIVE EXTERNAL RELATIONSHIPS – Agreed level of Maturity – 3

### Evidence

- The Health Board has a longstanding commitment to continuous engagement with our patients, public, staff, and stakeholders. In 2019, and updated in 2022, the Health Board developed its Framework for Continuous Engagement and Consultation in partnership with the then Community Health Council (now Llais). The Framework provides a basis for the Health Board’s engagement work, both from a formal perspective and a wish to move towards ongoing engagement that is part of our day-to-day business as an organisation.
  - This work is underpinned by several key pieces of legislation and guidance, including the National Health Services (Wales) Act 2006 s184, Social Services and Well-being (Wales) Act 2014, Well-being of Future Generations Act (Wales) 2015, Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the Welsh Government Guidance for Engagement and Consultation on Changes to Health Services 2022, Gunning and Bracking principles, Equality Act 2010 – Public Sector Equality Duty s149, including the Socio-Economic Duty, and other legislation and guidance . This approach aims to ensure that a diverse range of voices from across the Hywel Dda community are integral to the planning, development, and decision-making process.
- Reports received by the Board show the Health Board’s commitment to hearing from the public and stakeholders to inform its decisions. The Health Board invites feedback from the public and stakeholders using a variety of methods such as in-person drop-in events, postal and online surveys and via email and telephone. Examples include managed dispersal at St David’s GP Practice in Pembrokeshire, and in-patient beds in Tregaron Community Hospital in Ceredigion. Health Board’s on-going approach to continuous engagement with our communities - discussion paper to Board March 2025
- Engagement and consultation activities in 2025/26 in line with principles of codesign included PPH Minor Injuries Unit, Clinical Services Plan and the Strategy Refresh
- Best Practice Quality Assurance accreditation achieved from The Consultation Institute for the consultation process for the selection of a site for the new hospital and for the consultation process for the selection of an option for the future provisions to urgent and emergency services for children and young people at Withybush and Glangwili Hospital
- Stakeholder Reference Group, advisory group to the Board - quarterly meetings for early strategic engagement, service improvement advice, and social care and wellbeing discussions. Health Board is a member of networks and partnerships including Public Services Boards (PSBs) in Carmarthenshire, Ceredigion, and Pembrokeshire, West Wales Regional Partnership Board. A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee for Health and Care, Dyfed Powys Local Resilience Forum (LRF)
- Siarad Iechyd/Talking Health, the health board’s involvement and engagement scheme, includes members of local community, in place since 2011 [Speak Up](#) framework in place for reporting concerns openly or anonymously, including whistle-blowing, suggestions for improvement.
- Llais attendance and active participation at discussions at Board meetings
- Audit Wales Structured Assessment 2025 found that respect of
  - Board Effectiveness and Openness, ‘the Board and its committees continue to work well, remain transparent and committed to hearing from patients and staff.

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Effective External Relationships</b>	None	Engagement and consultation policies are in place and consistent with the NHS Constitution. Service users, staff, and the public are recognised as a resource to help design and deliver service improvement	A system of accountability to and involvement of the local community is in place to design and deliver service improvement.	Effective citizen involvement is in place, and evidenced by improvement initiatives that are put into operation as a result.	Effective citizen codesign is in place and evidenced through improvements made as a result.	Effective citizen codesign has led to improved outcomes. A review against the NHS Constitution shows our organisation is trusted by patients, service users, and citizens.	Co-production has led to tangible operational and strategic benefits, as well as measurable improved outcomes for the population.

## 5. EFFECTIVE INTERNAL RELATIONSHIPS – Agreed level of Maturity – 3

### Evidence

- Values and Behaviours Framework in place
- Staff stories heard at People, Organisational Development and Culture Committee (PODCC)
- Partnership Forum established which reports into PODCC
- Staff Survey 2024 – results reported with action plan to PODCC May 2025
- Speak Up framework, guardians, guidance, reporting and platform in place on staff intranet to report issues and deep-dive update provided to PODCC in February 2026
- Corporate induction for new starters and local induction explained in [Organisational Induction Policy](#)
- Stay and Exit interview process and digital and paper questionnaire available on staff intranet can be completed on own, with line manager, with member of OD team
- Learning Development policy in place that promotes a learning culture through statutory, mandatory, and CPD
- Hywel Dda whole organisational meeting – Q&A from staff
- Organisational Development information available on staff intranet
- A suite of Management and Leadership Development programmes are available
- Staff engagement is reported in the IPAR
- The Health Board also continues to have active staff networks including BAME network, unpaid carers group, Neurodivergent group, LGBTQ+ and armed forces groups.
- An EDI Task Group has been established led by an Independent Member and Deputy Chief Executive to drive a set of actions to improve equity across the Health Board
- Audit Wales Structured Assessment 2025 found that respect of:
  - *Board Effectiveness and Openness, ‘the Board and its committees continue to work well, remain transparent and committed to hearing from patients and staff.*

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Effective Internal Relationships</b>	None	Staff and other internal stakeholder engagement strategies are developed and these include feedback mechanisms.	The Board receives reports about staff and internal stakeholder engagement, including actions taken as a result of findings.	The organisation prioritises staff and internal stakeholder involvement, and formal and informal input and feedback from all staff, new staff, and leavers, is sought and valued.	The Chair, Non-Executive Directors, Members, and Governors are effective ambassadors for the organisation, involving all staff and internal stakeholders and partners in organisational development. Internal stakeholder engagement is sought at earliest opportunity.	Board and senior leadership recruitment is competitive and reputational audit finds that staff and internal stakeholder involvement is an asset to robust organisational development	The organisation can demonstrate they are an employer of choice, and staff retention is high.

## 6. TRANSPARENCY & PUBLIC REPORTING – Agreed level of Maturity – 3

### Evidence

- Declarations of interest are declared annually by all Board members and are included at the start of all Board and Committee meetings
- A register of interests is published on the health board website. Any conflicts are managed appropriately and members withdraw from discussions
- Register of gifts, sponsorship and hospitality is maintained and published on the health board website
- All Board and Committee papers are published on our website ahead of meetings
- Limited use of Private Board and Committee meetings to ensure openness and transparency with our stakeholders
- The Integrated Performance Assurance Report (IPAR), which summarises progress against a range of national and local performance measures, is presented at every Board meeting
- Improving People and Community Experience Report presented to every Board, summarises feedback from experience to enable the Board to demonstrate that it is actively listening to individuals who access our services, and is undertaking measures to improve the quality of services provided to further enhance that experience
- The Finance Report presented to every Board outlines the Health Board’s financial position to date against the Annual Financial Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.
- The Annual Report and Accounts details how we have performed against Welsh Government targets and actions planned to improve our performance, how we have spent our money and met our obligations under The NHS Finance (Wales) Act 2014, our key accountability requirements and about how we manage and control our resources and risks and comply with governance arrangements
- The Duty of Quality and Candour Report demonstrates how we met the duties set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020
- The Internal Audit Plan is prepared on a risk based planning approach, including areas that the health board had specifically identified as know risks areas and areas of potential concerns.
- Audit Wales Structured Assessment 2025 found that respect of:
  - *Board Effectiveness and Openness, ‘the Board and its committees continue to work well, remain transparent and committed to hearing from patients and staff.*
- List has been collated of frequently asked questions and related topics from the general public. Data sources are being investigated. A focus group will be established with members of the public to consult on the proposed list of items to be made available.
- We are working with CGI to develop an AI bot for our internet site, which will look at the health board’s website and meeting papers to answer queries.

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Transparency &amp; Public Reporting</b>	None	Board members absent themselves from discussions due to conflicts of interest; public reporting takes place when required.	The conflicts of interest register is updated by the Board quarterly and identified conflicts are reviewed and appropriate actions taken; edited performance reports are publicly shared.	The Board publicly demonstrates conflicts are examined and covered within contracts; Limited use of In-Committee meetings; integrated public reporting is central to organisational finance, quality, and performance management.	Identified conflicts are publicly addressed; patients, service users, citizens, and staff are asked which finance, quality, and performance metrics are made routinely available.	Integrated finance, quality and performance reports steer organisational development, with public oversight and input into required improvements.	Demonstrable improvements have been made due to public involvement in integrated reporting.

## 7. SYSTEMS AND STRUCTURES: QUALITY AND SAFETY – Agreed level of Maturity – 4 ↑ (Due improvements in demonstrating compliance with Duty of Quality)

### Evidence

- The Quality Management System Strategic Framework was approved by Board in March 2023. A SharePoint page is in place to provide guidance and updates as further support materials become available
- New templates for the Clinical Care Group’s Integrated Governance Group (focus on quality) have been developed. These templates include terms of reference; agenda; and regular report to Quality, Safety and Experience Sub-Committee
- Routine quality assurance reporting to Quality, Safety and Experience Committee using Health and Care Quality Standards
- Revised quality governance arrangements implemented in 2025/26, *these will be further strengthened in 2026/27*
- Our Safety Dashboard provides information to services and directorates
- WalkRounds™ (Board to Floor / Walkarounds), Clinical Audit, NICE and National Guidance, Healthcare Inspectorate Wales (HIW) improvement action plans, and other assurance reports captured and monitored through AMaT
- Quality impact Assessment process, Fragile Services Framework, Equality Impact Assessment and Health Equity impact Assessment in place to promote quality considerations
- Introduction of ‘carer assurance visits’ where the Quality Assurance Team undertake a review of clinical areas using principles of HIW
- Internal Audit Review of Learning Lessons (Apr25) provided *Reasonable Assurance* and Internal Audit of Patient Experience (Feb26) provided *Reasonable Assurance*
- Audit Wales Structured Assessment 2025 found that respect of:
  - *Board Effectiveness and Openness, ‘the Board and its committees continue to work well, remain transparent and committed to hearing from patients and staff’*
  - *Providing board assurance, ‘there are strong arrangements to oversee risk, performance, service quality and safety, and audit recommendations’, and recognised that the Health Board was ‘strengthening oversight of service quality and safety to improve strategic focus at committee level and strengthen operational oversight’*
- The Duty of Quality and Candour Report demonstrate how we met duties set out in Health and Social Care (Quality and Engagement) (Wales) Act 2020 received at the AGM in Sep25
- Evidence that quality is informing Board decision-making, for example, Clinical Services Plan decisions (Feb26)

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Systems &amp; Structures: Quality &amp; Safety</b>	None	A quality management system strategic framework which focusses on, a system-wide approach to achieving quality of care using the health and care quality standards is in development	A Board approved quality management system strategic framework which focusses on a system-wide approach to achieving quality of care using the health and care quality standards is in use.	Quality management system strategic framework implementation demonstrates improvements the domains within the health and care quality standards.	Integrated quality reports demonstrate quantifiable improvements in the domains within the health and care quality standards. The organisation is to demonstrate the duty of quality in some services.	Resources are used to make quality improvements, with measurable returns that demonstrate innovation and improvement. This is demonstrable in all of the domains (STEEEP) within the health and care quality standards. The organisation is to demonstrate the duty of quality in its services on an annual basis.	Significant resources are invested in continuous innovation, improvement, and integration between value-based health care and quality improvement programmes which evidence efficiency and improvements. There is equal importance in the six domains and six enablers of the health and care quality standards. The organisation is to demonstrate the duty of quality in its services throughout the year through routine reporting.

## 8. DELIVERY OF OUTCOMES – Agreed level of Maturity – 2

### Evidence

- The IPAR includes a range of national\* and local performance measures and is reported monthly to every Board and relevant Board Committees. Key areas for improvement are included in the report.
- The IPAR Power BI dashboard provides benchmarking data and key performance indicators. Context, actions, risks and mitigation, current target and when we will meet target are included for some of the measures.
- A targeted intervention tracker is maintained which provides reports to WG, Board, Committees and Executive Team on progress against key TI criteria. Action plans are in place to address areas of Alert and Advise
- The internal escalation framework includes domains of (1) finance, (2) performance, (3) quality and safety, (4) strategy and planning, fragile services, (5) governance and (6) leadership, and(7) population health, and has helped to drive improvements in a number of areas, such as finance, and resulted in WG de-escalation for governance and leadership to Level 1. This framework was refreshed for 2025/26, *and will be further developed in 2026/27* to strengthen arrangements following the Internal Audit of Level 3&4 Clinical Care Groups which provided Limited Assurance.
- Delivery of strategic objectives (SO) is measured through the Board Assurance Framework presented to Board 3 times a year. 3-4 outcome measures aligned to each of the SOs. SOs are delivered through our planning objectives which are developed and agreed annually as part of the annual planning process. *This will be updated in 2026/27 following the Strategy Refresh.*
- Outcomes dashboard in development, which will include PROMs for specific pathways
- Internal Audit Review of Performance Management Arrangements (Apr25) provided *Substantial Assurance*
- Audit Wales Structured Assessment 2025 found that respect of:
  - *Providing board assurance, ‘there are strong arrangements to oversee risk, performance, service quality and safety, and audit recommendations’ also recognising that ‘the Health Board has enhanced IPAR reporting by providing detailed escalation status updates for Clinical Care Groups and Corporate Directorates. The new format provides performance domain-level overviews, shows areas of greatest concern, and outlines reasons for escalation and de-escalation criteria. This reflects the Health Board’s maturing and transparent approach to performance management’*
- Our Actions dashboard and supporting action trackers have been developed to track progress against agreed improvement actions.

*\*The 2025/26 NHS Wales Performance Framework provides a set of indicators developed by Welsh Government to reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2025-2028. The framework outlines the Ministerial priorities for this financial year, along with key targets*

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Delivery of Agreed Outcomes</b>	None	The Board has agreed how outcome measures will be used in performance reports, including benchmarking data and key performance indicators	Performance reports including benchmarking data and key performance indicators are in development.	There are no surprises when the organisation is inspected or otherwise challenged, as there is full awareness of performance and action plans are in place for improvements as required.	The Board is fully satisfied that its strategic objectives have been met, as a result of performance monitoring and action.	Board members report confidence in using integrated reporting to support constructive challenge where required.	Demonstrable improvements have been made as a result of the delivery of agreed outcomes.

## 9. RISK MANAGEMENT & COMPLIANCE – Agreed level of Maturity – 3 ↓ (Due to refresh of the BAF which started post Strategy Refresh January 2026)

### Evidence

- Board approved Risk Management Strategy in place which sets out the organisation’s objectives for risk management
- Board approved Risk Management Framework is in place and is updated to reflect changes in process and systems – risks are assessed against objectives, operational quality and delivery and compliance
- Board Assurance Framework is in place and is reported to the Board 3 times a year, includes principal risks, planning objections, actions, and outcome measures. This has been recognised by Audit Wales as a good practice model. *This will be updated in 2026/27 following the Strategy Refresh*
- Board annually reviews its Risk Appetite Statement and tolerance approach which is included in the BAF
- Annual risk maturity assessment against The Orange Book Risk Management Standard
- Corporate risk register is in place – reviewed monthly by Executive Team, reported to Board and Committees 3 times a year
- Operational risk registers in place reported to Committees 3 times a year as part of the new Assurance and Risk Reports to provide assurance on risk management
- Assurance and risk reports provided to all committees reporting on the management of principal, corporate and operational risks, as well as compliance with audits, inspectorates and regulators, Ministerial Directions and Welsh Health Circulars (WHCs)
- ARAC receive Risk Assurance Report to provide assurance on the systems and processes in place to manage risk
- ARAC receive External Recommendation Assurance Report to provide assurance on the systems and processes in place to oversee the implementations of audit, inspectorate and regulator recommendations and WHCs
- Fragile Services Framework in place
- The annual planning process has taken a risk-based approach in 2025/26
- Board approved Major Incident Plan in place which is reviewed annually and tested in line with Civil Contingencies Act (2004) requirements
- Disclosures made in Annual Governance Statement in respect of compliance with Civil Contingencies Action and breaches with GDPR
- Emergency Preparedness, Resilience and Response (EPRR) Annual report submitted to WG NHS Performance & Improvement annually
- EPRR risks identified and assessed via review of National Security Risk Assessment and Wales Risk & Preparedness Register.
- EPRR risk mitigation supported by participation in Wales Resilience Partnership work programme.
- Core partner in Dyfed Powys Local Resilience Forum which takes a risk management approach and delivers a subsequent training and exercising programme.
- Business Continuity now included in Health Board Escalation Metrics which drives review and maintenance of business continuity plans at service level.
- Internal Audit Corporate Risk Ophthalmology (Aug25) provided *Reasonable Assurance*
- Audit Wales Structured Assessment 2025 found that respect of:
  - *Providing board assurance, ‘there are strong arrangements to oversee risk, performance, service quality and safety, and audit recommendations’, and reported that ‘the Board continues to have a mature approach to overseeing strategic risks’*

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	<b>Basic Level – Principle Accepted and Commitment to Action</b>	<b>Early Progress – In Development</b>	<b>Firm Progress – In Development</b>	<b>Results being achieved</b>	<b>Maturity – Comprehensive Assurance in place</b>	<b>Exemplar</b>
<b>Risk Management &amp; Compliance</b>	None	A process is in place to proactively evaluate risk, and a Board Assurance Framework is organised to promote focused discussion on key business issues	A risk appetite statement has been agreed, and built into the Board Assurance Framework, which covers the risks to achieving strategic objectives, including quality, performance, finance, and activity, aligned to targets, standards, and local priorities	Regular review of the Board Assurance Framework supports the management of risks to achieving strategic objectives, and an annual exercise ensures review of the organisation’s Emergency and Business Continuity Plan.	The Board Assurance Framework is central to the management of risks to achieving strategic objectives, with a quarterly update and annual action planning to drive business. Emergency and Business Continuity Plans are improved through a range of scenario tests in year	The Board is confident that it is aware of risks faced, including risks associated with compliance, these are managed, and required actions are prioritised and planned.	The organisation has proactively identified and managed all known risks and opportunities, and successfully meets its strategic objectives

## 10. EFFECTIVENESS & ADDED VALUE – Agreed level of Maturity – 3

### Evidence

- Board annual workplan is developed and maintained throughout the year, and contains periodic matters of business, approval of annual accounts
- Annual Report and Accounts submitted annually to WG demonstrate good governance and accountability
- Duty of Quality and Candour Report is produced annually to demonstrate the quality of services within the health board
- Internal and external audit plans agreed annually with review reports presented to ARAC
- AW Structured Assessment 2025 found that *‘the Board continues to demonstrate a strong commitment to learning and development’* and that *‘the Board’s approach to evaluating its effectiveness is well established, continuing to draw on internal and external sources of assurance’*
- Annual Board Effectiveness assessment undertaken against a refreshed maturity matrix providing a clear understanding of its strengths and areas of improvement
- Committee effectiveness process is undertaken annually to identify areas of good practice and improvement
- Revised quality governance arrangements and health and safety governance implemented in 2025/26, *the effectiveness of these arrangements is being undertaken and will be reported and addressed in 2026/27*
- Board Assurance Framework is in place and is reported to the Board 3 times a year
- The IPAR includes a range of national and local performance measures and is reported to every Board and relevant Board Committees
- Board regularly reviews its governance arrangements to ensure it is streamlined and fit for purpose (last reviewed January 2025 and responded to feedback received in previous year’s Committee self-assessment process)
- Revised operational governance arrangements implemented and reviewed in 2025/26, *these will be further strengthened in 2026/27 to address Internal Audit on Operational Governance Arrangements (Apr26) which provided Limited Assurance*
- Internal Audit on Escalation Governance provided *Substantial Assurance (Feb26)*
- Internal Audit on Executive Team working (due May2025)
- Audit Wales Structured Assessment 2025 found that respect of:
  - Board effectiveness and openness, ‘the Board and its committees continue to work well, remain transparent and committed to hearing from patients and staff

Maturity levels	0	1	2	3	4	5	6
Key criteria	None	Basic Level – Principle Accepted and Commitment to Action	Early Progress – In Development	Firm Progress – In Development	Results being achieved	Maturity – Comprehensive Assurance in place	Exemplar
<b>Effectiveness &amp; Added Value</b>	None	More effective practices are being adopted. A review of governance mechanisms is agreed.	The Board has reviewed governance practices for efficiency savings, and agreed improvements to add value	The annual cycle of business is planned and the Board Assurance Framework is used by the Board to identify opportunities for increased effectiveness and added value.	The annual cycle of business is planned and the Board Assurance Framework and integrated reports are used by the Board to identify opportunities for increased effectiveness and added value.	The annual cycle of business is planned, the Board Assurance Framework and integrated reports are used by the Board to identify opportunities for increased effectiveness and added value, and external governance reviews.	Demonstrable savings and efficiencies have been made as a result of streamlined governance arrangements.

## Appendix 2 – Update on agreed actions to improve Board maturity in 2025/26 & Action for 2026/27

Key Criteria	Maturity level	Next Maturity level description	Next steps /actions	By Whom	By when	Status
<b>1. Clarity of Purpose, Roles &amp; Behaviours</b>	<b>3</b>	4 - Evidence that national targets and local priorities are being met. Regular reviews of strategy in line with strategic objectives	Meeting Level 4 will only be evidenced when national targets and local priorities are being met. This is monitored through the IPAR to Board and WG Escalation	Andrew Carruthers	Timescale for delivery will be in line with agreed timescales and trajectories set out Health Board Annual Plans	In progress
			To review of A Healthier Mid and West Wales Strategy to be presented to the Board in January 2026	Lee Davies	31 January 2026	Complete
			Identify 4 key deliverables to be completed through the Regional Joint Committee that will demonstrate improved patient outcomes	Phil Kloer	30 June 2026	New action
<b>2. Oversight &amp; Administration Principles</b>	<b>4</b>	5 - As the organisation develops, these principles have led to improvements in governance arrangements to efficiently and	To respond to the de-escalation criteria for the Governance domain of the WG Escalation Framework to reduce escalation status to level 2	Joanne Wilson	30 September 2026	Complete
			To continue to embed and strengthen operational governance, responding to	Andrew Carruthers	31 March 2026	Complete

		effectively support new challenges.	findings of any internal and external reviews			
<b>3. Leadership &amp; Strategic Direction</b>	<b>3</b>	4 - The organisation is recognised by partner organisations as a leader in the local health and wellbeing system.	To improve diversity on the Board by supporting the Aspiring Board Member Programme through 2025/26	Joanne Wilson	31 March 2026	Complete
			To establish an independent member-led equality, diversity and inclusion taskforce to drive a set of actions to improve equity across the Health Board	Lisa Gostling	31 March 2026	Complete
			To ensure succession plans are in place for all Executive Directors and Independent Members	Neil Wooding and Phil Kloer	<del>31 March 2026</del> 31 March 2027	Bring forward to 2026/27
<b>4. Effective External Relationships</b>	<b>3</b>	4 - Effective citizen codesign is in place and evidenced through improvements made as a result.	To undertake the following engagement and consultation activities in 2025/26 in line with principles of codesign:	Alwena Hughes-Moakes		
			<ul style="list-style-type: none"> <li>PPH Minor Injuries Unit consultation – 2 of the 4 options we are consulting on have been co-designed/developed with community representatives.</li> <li>Clinical Services Plan – 13.5 week public consultation to feed into options and suggest</li> </ul>		31 March 2026	Complete
					31 March 2026	Complete

alternate ideas to deliver 9 services across the Health Board.

- Strategy Refresh/Primary and Community Strategic Plan development – public involved in early stages of strategy review and being asked to engage on “What is important for you to live a healthy life?”, this will then feed into which areas of the strategy will need to be redesigned, alongside more targeted and focussed public engagement across both areas in autumn.
- Ahead of Clinical Services Plan 2 – Transformation Programme Office are looking at developing a framework for change programmes and we are working with them to increase community involvement/ representation in options development, ahead of public consultations. This will ensure representation from are communities are co-designing options with

31 March 2026 Complete

~~31 March 2026~~  
30 September 2026

This action is still in progress. The framework will be based on 1. Lessons learnt from Phases 0-2 of CSP 1 and 2. Recommendations for future complex change programmes. Phases 0 and 1 are complete. Lessons learnt

us, that then later go out to wider public engagement/consultation.

- This is alongside on-going engagement activity, Community Development Outreach Team work and service changes outlined with annual plans.

from Phase 2 (public engagement phase) will be led by Engagement Team.

To undertake the following engagement and consultation activities in 2026/27 in line with principles of codesign:

- Clinical Services Plan, phase 2 – stroke services, eight-week engagement period to understand views on preferred option, impacts and mitigations.
- Roll-out of refreshed Strategy across staff, communities, and partners as part of our continuous engagement.
- An eight-week engagement period on the revised Pharmaceutical Needs Assessment.
- We will be carrying out engagement linked to capital projects and

31 March 2027 New actions

			<p>impacts on locations where services will be delivered.</p> <ul style="list-style-type: none"> <li>• Further consultation and engagement activities will evolve as priorities develop throughout the year and these will be delivered in-line with codesign principles.</li> </ul>			
<b>5. Effective Internal Relationships</b>	<b>3</b>	4 - The Chair, Non-Executive Directors, Members, and Governors are effective ambassadors for the organisation, involving all staff and internal stakeholders and partners in organisational development. Internal stakeholder engagement is sought at earliest opportunity.	To involve and consult with staff and trade unions on the refresh of the Clinical Services Plan.	Lee Davies/ Alwena Hughes-Moakes	31 March 2026	Complete
			To involve staff and trade unions embedding in the refresh of the Health Board's Wellbeing Objectives in line with the Social Partnership Act duty.	Ardiana Gjini	31 March 2026	Complete
			To build on the NHS Staff Survey and culture work by involving staff in each Clinical Care Group and trade unions in the development of actions that respond to the staff survey feedback to promote a positive and supportive workplace culture.	Lisa Gostling	31 March 2026	Complete
<b>6. Transparency &amp; Public Reporting</b>	<b>3</b>	4 - Identified conflicts are publicly addressed;	Identify potential data sources for the list of frequently asked questions / topics from the public.	Huw Thomas	30 June 2026	In progress

		patients, service users, citizens, and staff are asked which finance, quality, and performance metrics are made routinely available.	Establish a focus group with members of the public to review the proposed list of items to be made available to the public.	Huw Thomas	30 September 2026	Not started
			Make agreed items available to the public via the health board's internet site.	Huw Thomas	31 December 2026	Not started
			Work with CGI to develop an AI for our internet site, which will look at the health board's website content and meeting papers to answer queries.	Huw Thomas	30 September 2026	In progress
			Engage with citizens and service users on the 7 programme groups of the 20-four-7 framework to define how success will be measured and develop meaningful metrics	Lee Davies	31 March 2027	Not started
<b>7. Systems &amp; Structures: Quality &amp; Safety</b>	<b>4</b>	5 - Resources are used to make quality improvements, with measurable returns that demonstrate innovation and improvement. This is demonstrable in all of the domains (STEEEP) within	Clinical Care Groups and Service Groups to use the STEEEP framework to support consistent, well-evidenced decision-making and to clearly articulate implications and next steps within their services.	Andrew Carruthers (via the Assistant Directors of Quality and Patient Experience (Nursing and Operational Allied Health	31 March 2027	New action

		the health and care quality standards. The organisation is to demonstrate the duty of quality in its services on an annual basis.		& Health Science)		
<b>8. Delivery of Agreed Outcomes</b>	<b>2</b>	3 - There are no surprises when the organisation is inspected or otherwise challenged, as there is full awareness of performance and action plans are in place for improvements as required.	To ensure that Internal Audit undertake a review of the effectiveness of the new operational governance arrangements to gain assurance on its effectiveness to identify and address issues, and to escalate these promptly and appropriately, in order that outcomes are delivered. This will be undertaken by Internal Audit in Q4, and the Health Board will respond promptly to any findings raised.	Andrew Carruthers	<del>31 March 2026</del> 31 March 2027	Not completed - The report concluded Limited Assurance and will be reported to ARAC in April 2026. Further work will be taken to strengthen and streamline operational governance arrangements in 2026/27.  Not started
			Ensure all improvement actions relating to the seven improvement domains within the escalation framework are captured within the Our Actions dashboard and supporting tracker.	Dependant on new operational governance arrangements	Dependant on new operational governance arrangements	In progress
				Huw Thomas	30 June 2026	

			Review the Board Assurance Framework (BAF) outcome measures to ensure they are aligned with the strategic objectives set out in the health board's 2026/27 annual plan.			
<b>9. Risk Management &amp; Compliance</b>	<b>3</b>	4 - The Board Assurance Framework is central to the management of risks to achieving strategic objectives, with a quarterly update and annual action planning to drive business. Emergency and Business Continuity Plans are improved through a range of scenario tests in year	To improve alignment between the Annual Plan and the agreed actions that have been agreed to be taken forward to manage our risks, and ensure that the 'target risk score' outlines a true reflection of our ability to manage individual risks based on the Health Board's agreed priorities and available resources/capacity	All Executive Directors	31 March 2026	Completed - Approach has been agreed and has been shared with all functions. All risk owners receive training and are advised to base their Target risk score on credible and deliverable actions - Risk Maturity Assessment has identified this as an area that staff need further training on. Planning process for the Annual Plan for 2026/27 has taken a risk based approach however this has highlighted that further work is needed to ensure

						risk registers fully reflect the organisational risk profile. Increased scrutiny at Committees of risks through Assurance and Risk Reports.
						New action
			To ensure that timely and meaningful risk assessments are undertaken to inform business and strategic prioritisation, decision-making and planning.	All Executive Directors	31 March 2027	New action
			Align Health Board EPRR risk approach further with newly formed Wales Resilience Partnership work programme.	Ardiana Gjini	31 March 2027	
<b>10. Effectiveness &amp; Added Value</b>	<b>3</b>	4 - The annual cycle of business is planned and the Board Assurance Framework and integrated reports are used by the Board to identify opportunities for increased	To review the Board Assurance Framework alongside the strategy refresh and to start to use the BAF to inform Board and Committee agendas	Lee Davies and Joanne Wilson	31 March 2026	In progress – this was delayed until Strategy Refresh was approved by Board in January 2026. New timeline agreed by Executive Team and reported to the Board. Work

effectiveness and added value.	Further work required on enacting the value opportunities catalogue to produce efficiencies and productivities	Huw Thomas/ Andrew Carruthers	31/03/2027	has started and is on track and the refreshed BAF will be presented to the Board in July 2026.  New action
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**2025/26 HYWEL DDA UNIVERSITY HEALTH BOARD SELF ASSESSMENT AGAINST THE CORPORATE GOVERNANCE – CODE OF PRACTICE 2017**

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
<b>CGC 1</b>	Each organisation should have an effective board, which provides leadership for the business, helping it to operate in a business-like manner. The board should operate collectively, concentrating on advising on strategic and operational issues affecting the organisation's performance, as well as scrutinising and challenging organisational policies and performance, with a view to the long-term health and success of the organisation. (2.1 and 2.2)	<p>The Board is scheduled to meet every alternate month. During 2025/26, 3 extraordinary Board meetings (one in Private) were held. These were held for the following purposes:</p> <ol style="list-style-type: none"> <li>To consider approve the Annual Report and Accounts and conclude end of year reporting for 2024/25.</li> <li>To consider the financial Plan – Choices and Decisions (Private Board).</li> <li>To consider and approve the decisions within the scope of the Clinical Services Plan and endorse the programme moving into phase 4, to produce a programme implementation plan.</li> </ol> <p>A Board Cycle of Business is in place. This is developed on an annual basis and updated throughout the year.</p> <p>The Board routinely receives information on strategic activity, risk and performance matters as standing agenda items.</p> <p>The Annual Plan is scrutinised by the Board and its Committees.</p> <p>Joint Executive Team and Targeted Intervention meetings are held with Welsh Government colleagues.</p> <p>The Board collaborates with partners and key stakeholders as described in the Annual Plan.</p> <p>The Board has been stable throughout 2025/26. Substantive appointments were made for the posts of Executive Director of Nursing, Quality and Patient Experience and Executive Medical Director, with the interim appointees being successfully appointed in quarter 1. There were 2 new Independent Member (IM) appointments made to replace both IM (Community) positions due to completion of tenures.</p>	<p><b>Title:</b> AW Structured Assessment 2025</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>Board and Committee Minutes – demonstrate scrutiny and support.</p> <p>Board Papers.</p> <p>Board Work Plan 2025/26.</p> <p>Joint Executive Letters.</p> <p>AW Structured Assessment report 2025.</p>
<b>CGC 2</b>	<p>The Board does not decide policy or exercise the powers of the ministers. The organisation's policy is decided by ministers alone on advice from officials. The Board advises on the operational implications and effectiveness of policy proposals. The Board will operate according to recognised precepts of good corporate governance in business:</p> <ul style="list-style-type: none"> <li>Leadership – articulating a clear vision for the organisation and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk</li> </ul>	<p>The Health Board refreshed its 'A Healthier Mid and West Wales' Strategy in January 2026, which reinforced its strategic vision to move care closer to home for our communities and to more sustainable as an organisation. The strategy is underpinned by 4 strategic objectives, and supported by 8 planning goals.</p> <p>The submission of a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) is a statutory obligation. However, for an IMTP to be approvable it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not produced an approvable Plan to date. Given the financial position and the escalation status to the entire organisation, the health board submitted an Annual Plan for the period 2025-26. The Annual Plan set out the key actions and ambitions for the Health Board for 2025-26 was</p>	<p><b>Title:</b> AW Structured Assessment 2025</p> <p><b>Reference Point:</b> Preparing Strategies and plans – Paragraph 58-73</p> <p>Corporate Approach to Managing Finances – Paragraph 74-92</p>	Comply	<p>Strategy Refresh 2026</p> <p>Annual Plan 2025/26</p> <p>Annual Plan 2025/26 reports to Board during 2025/26</p> <p>CEO Reports to Board include updates on Escalation status</p> <p>Escalation Status update reports to ARAC</p> <p>Standing Orders and Standing Financial Instructions.</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<ul style="list-style-type: none"> <li>Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance</li> <li>Accountability – promoting transparency through clear and fair reporting.</li> <li>Sustainability – taking a long-term view about what the organisation is trying to achieve and what it is doing to get there.</li> </ul> <p>(2.3)</p>	<p>intentionally more focused on a smaller set of objectives (termed the planning objectives (POs)) and on delivery over the shorter term. The Annual Plan plan prioritised POs aligned to the Welsh Government Planning Framework, the Ministerial Priorities and key programmes of work. The plan was submitted to the Welsh Government in March 2025, although given the financial position this was unsupportable and unacceptable by Welsh Government (letter of 6 June 2025).</p> <p>In March 2026, the Board approved the Annual Plan for 2026/27, recognising that whilst the financial Plan met the WG Target Control total, it would not deliver against the breakeven duty and will consequently breach the Health Board’s statutory duty and will consequently receive a qualified regularity opinion.</p> <p>The Annual Plan outlines how the Health Board engages and ensures that it considers the principles of citizen engagement, the Wellbeing of Future Generations Act and also the Health Boards Wellbeing Statement.</p> <p>The Health Board has been in Targeted Intervention escalation status since September 2022 for ‘finance’ and ‘planning’ and enhanced monitoring for some quality issues related to performance resulting in long waiting times and poor patient experience. However, due to WG concerns of the Health Board’s lack of sustained progress over a period of time on integrated planning, finance and delivery, in January 2024, WG increased the escalation status to targeted intervention for the entire organisation. Over the last year we have been de-escalated for the following areas:</p> <ul style="list-style-type: none"> <li>July 2025 - de-escalated to level 3 for cancer and to level 1 for CAMHS.</li> <li>December 2025 - de-escalated to level 1 for leadership and governance.</li> <li>February 2026 - The health board was further de-escalated to level 1 for cancer.</li> </ul> <p>Therefore, our current escalation status is:</p> <ul style="list-style-type: none"> <li>Level 4 for finance, strategy and planning</li> <li>Level 4 for performance and outcomes related to urgent and emergency care, fragile services (including ophthalmology), and Healthcare Associated Infections (HCAIs)</li> <li>Level 3 for performance and outcomes related to planned care</li> <li>Level 1 for leadership and governance</li> <li>Level 1 for performance and outcomes related to cancer.</li> </ul> <p>The Health Board adopted its revised Model Standing Orders (SOs) in May 2025, with a further review of Standing Financial Instructions (SFIs) in July 2025 to reflect changes in procurement legislation. The SOs and SFIs are designed to</p>			<p>AW Structured Assessment report 2025</p> <p>Well-being Statement</p> <p>Risk Appetite Statement</p> <p>Board Effectiveness Report and Committee Effectiveness Report</p> <p>Annual Report and Accounts 2025/26</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
		<p>translate the statutory requirements set out in the National Health Service Trusts (Membership and Procedure) Regulations 1990 (S.I.1990/2024) into day to day operating practice, and, together with the adoption of a Schedule of Decisions reserved to the Board of Directors; a Scheme of Decisions to Officers and Others, they provide the regulatory framework for the business conduct of the Health Board. These documents form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of its Values and Behaviour Framework and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.</p> <p>The Board reviewed its Risk Appetite Statement in January 2026.</p> <p>Board effectiveness is assessed annually with the Board assessing itself against a maturity matrix and agreeing future work to strengthen its maturity across 10 areas. Board Committees also undertake an annual effectiveness review which produces a development plan to support continuous learning and improvement.</p> <p>The Board is also supported by a Board Development Programme.</p>			
<b>CGC 4</b>	<p>The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently. The Board advises on five main areas:</p> <ul style="list-style-type: none"> <li>• Strategic Clarity</li> <li>• Commercial Sense</li> <li>• Talented People</li> <li>• Results focus</li> <li>• Management information (2.4 and 3.10)</li> </ul>	<p>The Board meets every alternate month. During 2025/26, 3 extraordinary Board meetings were also held (see CGC 1 for further detail). The Board also holds a Board Seminar meeting in the alternate month with additional Board Development sessions through the year.</p> <p>There is a Board Cycle of Business in place, developed on an annual basis and updated throughout the year.</p> <p>Board agendas are divided into Preliminary Matters, Delivering on our Purpose – Quality, Safety and Performance, Maintaining Good Governance, and Working in Partnership.</p> <p>The Board routinely receives information on strategic activity, annual plan delivery, business cases, improving patient experience, risk and integrated performance, as standing agenda items.</p> <p>In January 2026, the Board refreshed its A Healthier Mid and West Wales strategy, due to the time that had elapsed since it was approved in 2018 and significant changes that have taken place during the intervening period.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>Standing Orders and Standing Financial Instructions.</p> <p>AW Structured Assessment report 2025</p> <p>Board Annual Workplan</p> <p>Board agendas and papers throughout 2025/26</p>
<b>CGC 5</b>	<p>The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money</i> for the proper conduct of business and maintenance of ethical standards.</p>	<p>The Board approves the Accountability Report on an annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control. This is reviewed by Audit Wales, as part of the Annual Report and Accounts, prior to submission of the final documents.</p>	<p>Audit Wales and Internal Audit receive and review the Accountability Report for comment and ensuring</p>	Comply	<p>Annual Accountability Report</p> <p>Board papers</p> <p>AW Structured Assessment 2025</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	(2.7)		compliance with the Manual for Accounts.		
<b>CGC 6</b>	Where Board members have concerns, which cannot be resolved, about the running of the organisation or a proposed action, they should ensure that their concerns are recorded in the minutes. (2.12)	<p>Any concerns raised at Board and Committee meetings will be formally recorded in the minutes.</p> <p>Following each meeting, Committee Chairs meet with Independent Members to reflect on the meeting and whether there is any learning. These reflections and any concerns are considered at the Committee Chairs Meeting with the Health Board Chair, these meetings were reinvigorated for 2025/26.</p> <p>The role of the Director of Corporate Governance (DoCG)/Board Secretary is to be responsible for ensuring these matters are effectively managed, recorded and resolved where possible.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>Role of the DoCG/Board Secretary is detailed in job description</p> <p>AW Structured Assessment report 2025</p> <p>Board and Committee Minutes – available on the Health Board Internet site.</p>
<b>CGC 7</b>	The Board should have a balance of skills and experience appropriate to fulfilling its responsibilities. The membership of the board should be balanced, diverse and manageable in size. (3.1, 3.11, 3.12 and 3.13)	<p>Constitution is set out in the Organisation’s Establishment and Membership Orders and the Health Board abides by this composition. This set out specific roles for Board members.</p> <p>Standing Orders also capture the composition of the Board.</p> <p>Executive Director skill mix is considered prior to recruitment to align with organisational objectives and required Executive Portfolios, and this is considered prior to new appointments. Recruitment process includes internal and external stakeholder panels. The Board (voting members) is made up of 7 females and 13 males.</p> <p>The IM roles are appointed in areas of expertise to ensure appropriate skill mix. Gaps between outgoing and incoming IMs have been minimal, with no implications on attendance or continuity at Board and committee meetings.</p> <p>Board development programme in place.</p> <p>Public Appointments Unit support the process – set criteria within an IM Role. Maximum of 2 tenures of up to 8 years.</p> <p>IM membership on Board Committees is rotated at appropriate times to ensure there is a mix and balance of experience across all meetings. The most recent rotation took place on 1 January 2026.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>Establishment Orders</p> <p>Standing Orders</p> <p>AW Structured Assessment report 2025</p> <p>Board and Committee Terms of Reference</p>
<b>CGC 8</b>	The roles and responsibilities of all board members should be defined clearly in the organisation’s board operating framework. (3.2)	<p>Constitution is set out in the Organisation’s Establishment and Membership Orders and the Health Board abides by this composition.</p> <p>Standing Orders also outline the composition of the Board.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>Establishment Orders</p> <p>Standing Orders</p> <p>AW Structured Assessment report 2025</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
<b>CGC 9</b>	The Finance Director should be professionally qualified. (3.3)	Executive Director of Finance is professionally qualified.	N/A	Comply	Recruitment and appointment documentation for the Executive Director of Finance
<b>CGC 10</b>	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive. (3.5)	<p>Annual Committee Self-Assessment process addresses the effectiveness of how Committees operate and conduct meetings, allowing debate and constructive challenge.</p> <p>Meeting principles adopted that support this constructive challenge.</p> <p>The WG IM training captures effective challenge and scrutiny role on the Board. There is also a new national and local induction programme in place to advise Board Members on to discharge their role.</p> <p>Standing Orders outline the role of the Board Members.</p> <p>Reflective exercise held at the end of each Committee meeting.</p> <p>Board Seminars which are held every other month provide the Board with the opportunity for debate on key issues facing the organisation and enable IMs to influence and advise the Executive Team.</p> <p>The committee chairs meetings which meet to triangulate information from the Committees have been reinvigorated in 2025/26.</p> <p>As part of their roles, IMs also undertake engagement visits and quality visits across services within Hywel Dda, to gain knowledge and assurance on systems and processes, and will key findings are reported back to Committees on the key outcomes and themes.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>AW Structured Assessment report 2025</p> <p>Committee Self-Assessment Approach and Outcome Reports</p> <p>Standing Orders</p>
<b>CGC 11</b>	The board should agree and document in its board operating framework a <i>de minimis</i> threshold and mechanism for board advice on the operation and delivery of policy proposals.	<p>Standing Orders detail how the Board regulates its proceedings and business.</p> <p>There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year.</p> <p>The Terms of Reference Operating Arrangements for the Board Committees articulate their remit and the information that should be received. Committee Workplans are in place and updated throughout the year to support the flow of information through the Board Committees.</p> <p>The Scheme of Delegation outlines the information that should flow through to Board and its Committees as appropriate.</p> <p>The Scheme of Delegation for Officers details 'top level' delegations and responsibilities within the Health Board.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>AW Structured Assessment report 2025</p> <p>Committee Terms of Reference and Operating Arrangements</p> <p>Board and Committee Cycles of Business.</p> <p>Standing Orders and Scheme of delegation</p> <p>Scheme of Delegation for Officers</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
<b>CGC 12</b>	<p>The Board should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including:</p> <ol style="list-style-type: none"> <li>1. formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials</li> <li>2. allowing sufficient time for the board to discharge its collective responsibilities effectively</li> <li>3. induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date</li> <li>4. timely provision of information in a form and of a quality that enables the board to discharge its duties effectively</li> <li>5. a mechanism for learning from past successes and failures within the organisational family and relevant external organisations</li> <li>6. a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members</li> <li>7. a dedicated secretariat with appropriate skills and experience (4.1)</li> </ol>	<p>IMs Terms of Office are monitored by the Chair with support from the DoCG/Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Appointments Unit in WG.</p> <p>Agenda planning is managed by the Chair and supported by DoCG/Board Secretary and CEO to ensure adequate time is spent on the appropriate matters at Board meetings.</p> <p>National induction programme in place for new Board Members. The Health Board has a robust induction programme for IMs. This programme consists of the following areas to ensure that a robust and supportive induction plan is in place for all new Board appointments:</p> <ul style="list-style-type: none"> <li>• Attendance at the Mandatory Welsh Government Induction Training.</li> <li>• Provision of a detailed induction pack/manual which includes information about the role of each Board Committee, their role as a Trustee as well as an IM.</li> <li>• Core Induction Programme – planned within the first month, three months and six months. This includes meeting with Executive Directors, Directors and site visits</li> <li>• A mentoring / shadow arrangement with an existing/experienced IM.</li> <li>• To further support IMs ongoing development, the Chair undertakes regular and robust Personal Appraisal and Development reviews in accordance with WG guidance, supported by 360 Assessments in 2025/26.</li> <li>• The Health Board has a schedule of Board Development Sessions throughout the year to discuss topical issues.</li> </ul> <p>Committee Terms of Reference direct that agenda and papers are circulated to members at least 7 days prior to meeting.</p> <p>The Standard Operating Procedure for the Management of Board and Committees provides guidance in relation to Board and Committee arrangements and management of papers.</p> <p>Report templates are continually reviewed to ensure they support effective reports being received at the Board.</p> <p>Dedicated Committee Services Officers support the Board and Committee business to ensure high quality and consistency of papers.</p> <p>Annual Board effectiveness assessment and annual Committee Self-Assessment of Effectiveness process ensures Board and Committees remains fit-for-purpose and identifies areas of improvement.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>AW Structured Assessment report 2025</p> <p>Terms of Reference and Operating Arrangements</p> <p>Board and Committee Cycles of Business</p> <p>Standing Orders and Scheme of delegation</p> <p>Committee Terms of Reference</p> <p>Standing Operating Procedure for the Management of Board and Committees</p> <p>Board Effectiveness Assessment</p> <p>Committee Self-Assessment Reports</p>
<b>CGC 13</b>	<p>The terms of reference for the nominations committee will include at least the following three central elements:</p>	<p>Remuneration and Terms of Service (RTSC) Committee Terms of Reference. The RTSC key responsibilities are as follows:</p>	N/A	Comply	<p>RTSC Terms of Reference and Operating Arrangements.</p> <p>Board and Committee Cycles of Business</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<ul style="list-style-type: none"> <li>scrutinising systems for identifying and developing leadership and high potential</li> <li>scrutinising plans for orderly succession of appointments to the board and of senior management, in order to maintain an appropriate balance of skills and experience</li> <li>scrutinising incentives and rewards for executive board members and senior officials, and advising on the extent to which these arrangements are effective at improving performance (4.5)</li> </ul>	<p>With regard to its role in acting on behalf of the Board, and in providing advice and assurance to the Board, the Remuneration and Terms of Service Committee will comment specifically upon:</p> <ol style="list-style-type: none"> <li>1. Remuneration and terms of service for the Chief Executive, Executive Directors, other Very Senior Managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by Welsh Government are applied consistently;</li> <li>2. Objectives for Executive Directors and other VSMs and their performance assessment;</li> <li>3. Performance management systems in place for those in the positions mentioned above and its application;</li> <li>4. Proposals to make additional payments to medical Consultants outside of normal terms and conditions;</li> <li>5. Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the provision of the Regulations and in accordance with Ministerial instructions;</li> <li>6. Consider and approve Voluntary Early Release applications and redundancy/severance payments in respect of Executive Director/Director posts, in line with Standing Orders and extant Welsh Government guidance. The Committee to be advised also of all Voluntary Early Release Scheme applications and severance payments;</li> <li>7. Approve any Strategic Advisor arrangements, including scope and pay;</li> <li>8. To approve the University Health Board's honours submission recommendations.</li> </ol>			Standing Orders and Scheme of delegation
<b>CGC 14</b>	The attendance record of individual board members should be disclosed in the governance statement and cover meetings of the board and its committees held in the period to which the resource accounts relate. (4.6)	<p>Board Members attendance record for Board and Committees is captured in the Accountability Report on annual basis.</p> <p>Attendance at meetings is also considered at annual appraisal discussions.</p>	N/A	Comply	Accountability Report
<b>CGC 15</b>	Where necessary, board members should seek clarification or amplification on board issues or board papers through the board secretary. The board secretary will consider how officials can best support the work of board members; this may include providing board members with direct access to officials where appropriate. (4.10)	<p>This is the relationship between the DoCG/Board Secretary and the Board Members. Before each Board meeting, there is a meeting with the Chair, IMs and the Board Secretary to discuss the Board papers.</p> <p>The role of the DoCG/Board Secretary is to act as principal advisor to the Board and the organisation as a whole on all aspects of governance and to ensure that it meets the standards of good governance set for the NHS in Wales.</p> <p>Regular IM meetings with Chair and DoCG/Board Secretary.</p> <p>Chairs of committees have also retained a touchpoint meeting with the relevant lead executive officer between committee meetings.</p>	N/A	Comply	Board Secretary role description Standing Orders
<b>CGC 16</b>	An effective board secretary is essential for an effective board. Under the direction	DoCG/Board Secretary works closely with the Chair and Chief Executive to agree the next Board agenda following each	<b>Title:</b> AW Structured Assessment	Comply	AW Structured Assessment report 2025

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>of the <b>Welsh Government</b>, the board secretary's responsibilities should include:</p> <ul style="list-style-type: none"> <li>developing and agreeing the agenda for board meetings with the chair and lead non-executive board member, ensuring all relevant items are brought to the board's attention</li> <li>ensuring good information flows within the board and its committees and between senior management and non-executive board members, including:</li> <li>challenging and ensuring the quality of board papers and board information</li> <li>ensuring board papers are received by board members according to a timetable agreed by the board</li> <li>providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements</li> <li>ensuring the board follows due process</li> <li>providing assurance to the board that the organisation complies with government policy, as set out in the code</li> <li>adheres to the code's principles and supporting provisions on a comply or explain basis (which should form part of the report accompanying the resource accounts)</li> <li>acting as the focal point for interaction between non-executive board members and the organisation, including arranging detailed briefing for non-executive board members and meetings between non-executive board members and officials, as requested or appropriate</li> <li>recording board decisions accurately and ensuring action points are followed up</li> <li>arranging induction and professional development of board members (including ministers)</li> </ul> <p>4.11</p>	<p>meeting. Board agendas are based on the Board Workplan which is updated after each meeting. The DoCG/Board Secretary meets regularly with the Chair.</p> <p>Each Committee provides a report to Board after every meeting. Items for approval by Board are generally scrutinised by relevant Committee ahead of decision-making at Board.</p> <p>DoCG/Board Secretary attends Health Board Chairs and Independent Board Members meeting prior to Board to discuss agenda and papers.</p> <p>Papers are issued at least 5 clear days prior to each meeting in accordance with Standing Orders.</p> <p>DoCG/Board Secretary provides advice on governance matters, structures and arrangements.</p> <p>DoCG/Board Secretary ensures minutes are recorded, with table of action and decision log maintained.</p> <p>DoCG/Board Secretary led on the development of interactive handbook for IMs.</p> <p>DoCG/Board Secretary meets regularly with the Chair to discuss governance.</p> <p>DoCG/Board Secretary ensures that robust induction programme for IMs, as well as ongoing development through a formal Board Development Programme.</p>	<p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>		<p>Director of Corporate Governance/Board Secretary role description</p> <p>Standing Orders</p> <p>IM Handbook</p> <p>Board and Committees Decision log and Table of Actions</p>
<p><b>CGC 17</b></p>	<p>Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and</p>	<p>Board Member Appraisal process in place.</p> <p>Annual Committee Effectiveness Assessments undertaken.</p>	<p>N/A</p>	<p>Comply</p>	<p>Accountability Report</p> <p>Appraisal Documentation and Process</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties). 4.14	Attendance record reported in Accountability Report.			Committee Self-Assessment Reports
<b>CGC 18</b>	All potential conflicts of interest for non-executive board members should be considered on a case by case basis. Where necessary, measures should be put in place to manage or resolve potential conflicts. The board should agree and document an appropriate system to record and manage conflicts and potential conflicts of interest of board members. The board should publish, in its governance statement, all relevant interests of individual board members and how any identified conflicts, and potential conflicts, of interest of board members have been managed. 4.15	<p>The Health Board has an agreed process in place for managing Declarations of Interest.</p> <p>All Board Members are asked to formally declare on an annual basis and advised of their responsibility to notify of any changes in year.</p> <p>Declarations of interest are captured on a register which is available for public inspection, a link to which is included in the Accountability Report.</p> <p>A report on Declarations of Interest is received by the Audit and Risk Assurance Committee on an annual basis.</p> <p>Declarations of Interest are captured at the start of each Board and Committee meeting.</p> <p>The Standards of Behaviour Policy details the responsibility under Declarations of Interest.</p> <p>Standing Orders also outlines the responsibilities for Declarations of Interest.</p> <p>The Declarations of Interest form includes how declarations and potential conflicts are managed and these are recorded on the register.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Board effectiveness and openness – Paragraph 10-36</p>	Comply	<p>AW Structured Assessment report 2025</p> <p>Standards of Behaviour Framework Policy</p> <p>Accountability Report</p> <p>Standing Orders</p> <p>Declarations of Interest Process and Register</p> <p>Annual Report of the Adequacy of Arrangements for Declaring, Registering and Handling Interests, gifts and Hospitality presented to Audit and Risk Assurance Committee</p>
<b>CGC 19</b>	The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole organisational family. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by: <ul style="list-style-type: none"> <li>an audit and risk assurance committee, chaired by a suitably experienced non-executive board member</li> <li>an internal audit service operating to <i>Public Sector Internal Audit Standards</i><sup>1</sup></li> </ul> (5.1 and 5.8)	<p>The Audit and Risk Assurance Committee is chaired by an experienced IM, supported by a Vice-Chair with a financial background.</p> <p>NWSSP Internal Audit Services are appointed as the Health Board's Internal Auditors. The Annual Internal Audit Plan is informed by the Board Assurance Framework, Corporate Risk Register, and previous audit work as appropriate.</p> <p>The Board has approved its Risk Management Framework and its latest Risk Management Strategy in September 2026.</p> <p>ARAC is provided with assurance on risk management activities through the Risk Assurance Report. This also includes an annual risk maturity assessment.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Providing board assurance – paragraph 37 - 42</p>	Comply	<p>AW Structured Assessment report 2025</p> <p>Terms of Reference &amp; Operating Arrangements for the Audit and Risk Assurance Committee.</p> <p>Accountability Report</p> <p>Board Approved Risk Management Framework</p> <p>Board Approved Risk Management Strategy</p> <p>Risk Assurance Reports to ARAC</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
<b>CGC 20</b>	<p>The board should take the lead on, and oversee the preparation of, the organisation's governance statement for publication with its resource accounts each year.</p> <p>The annual governance statement (which includes areas formerly covered by the statement on internal control) is published with the resource accounts each year. In preparing it, the board should assess the risks facing the organisation and ensure that the organisation's risk management and internal control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board (5.2 and 5.13)</p>	<p>The Governance Statement is included within the Accountability Report which is received by the Audit and Risk Assurance Committee to endorse prior to approval formally by the Board each year.</p>	<p>Audit Wales and Internal Audit receive and review the Accountability Report for comment and ensuring compliance with the Manual for Accounts.</p>	<p>Comply</p>	<p>Accountability Report</p> <p>Board and Committee Minutes</p> <p>Annual Report Timetable</p>
<b>CGC 21</b>	<p>The board's regular agenda should include scrutinising and advising on risk management (5.3 and 5.10)</p>	<p>The Health Board has approved the following key documents within the Health Board:</p> <ul style="list-style-type: none"> <li>• Risk Management Framework</li> <li>• Risk Management Strategy</li> </ul> <p>During 2025/26, the Health Board receives the Corporate Risk Register at every other meeting as part of the CEO Report. The Board Assurance Framework was reported to the Board in July and November 2025 and is currently being updated following the Strategy Refresh approved by Board in January 2026.</p> <p>The Risk Appetite and tolerance levels are defined and approved by the Board.</p> <p>The Audit and Risk Assurance Committee provide assurance to the Board on the Risk and Assurance Framework.</p>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Providing board assurance – paragraph 37 - 42</p>	<p>Comply</p>	<p>Board Cycle of Business</p> <p>AW Structured Assessment report 2025</p> <p>Corporate Risk Register reports to Board and Committees</p> <p>Operational Risk Reports to Committees and Sub-Committees of the Board</p> <p>Board Assurance Framework Reports to Board</p> <p>Board approved Risk Appetite Statement</p> <p>Committee Update Reports to the Board</p>
<b>CGC 22</b>	<p>The key responsibilities of non-executive board members include forming an audit and risk assurance committee.</p> <p>The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members.</p> <p>An audit and risk assurance committee should not have any executive responsibilities or be charged with making or endorsing any decisions. It should take care to maintain its independence. The audit and risk assurance committee should be established and function in</p>	<p>Standing Orders are explicit that the Health Board as a minimum must establish Committees that cover certain aspects, one of which is the Audit and Risk Assurance Committee. The Audit and Risk Assurance Committee was established in 2010.</p> <p>The Terms of Reference and Operating Arrangements in respect of the Audit and Risk Assurance Committee are clear in relation to its authority and delegated responsibilities. These include the review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.</p> <p>DoCG/Board Secretary is the lead officer for the Audit and Risk Assurance Committee, however only IMs are 'members',</p>	<p><b>Title:</b> AW Structured Assessment</p>	<p>Comply</p>	<p>Standing Orders</p> <p>Terms of Reference for the Audit and Risk Assurance Committee</p> <p>Internet Site: Board Papers, Standing Orders and Statutory Committees of the Board webpages</p> <p>Audit and Risk Assurance Committee Annual Report</p> <p>AW Structured Assessment report 2025</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>accordance with the <i>Audit and risk assurance committee handbook</i>.</p> <p>The board should ensure that there is adequate support for the audit and risk assurance committee, including a secretariat function.</p> <p>The terms of reference of the audit and risk assurance committee, including its role and the authority delegated to it by the board, should be made available publicly. The organisation should report annually on the work of the committee in discharging those responsibilities</p> <p>Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk assurance committee or a nominations committee). This will include advising on, and scrutinising the organisation's implementation of, corporate governance policy. (5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)</p>	<p>of which there are four. Officer members are invited to attend for individual agenda items.</p> <p>Full secretariat function in place supporting the Audit and Risk Assurance Committee, with the DoCG/Board Secretary undertaking Lead Director role for the Committee.</p> <p>The Audit and Risk Assurance Committee Terms of Reference are published as an appendix to the Standing Orders on the Health Board's website.</p> <p>The Audit and Risk Assurance Committee also has its own webpage which publishes the Terms of Reference and papers for each meeting.</p> <p>Audit and Risk Assurance Committee Annual Report produced and presented to Board.</p> <p>The focus of the AW Structured Assessment is to review the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness, corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. The findings are reported to Board and the Audit and Risk Assurance Committee.</p>			
<b>CGC 22</b>	<p>The head of internal audit (HIA) should periodically be invited to attend board meetings, where key issues are discussed relating to governance, risk management processes or controls across the organisation and its ALBs (5.5)</p>	<p>The role of the HIA is clearly set out in Standing Orders.</p> <p>The HIA attends all Audit and Risk Assurance Committee meetings which report to Board.</p> <p>Audit and Risk Assurance Committee Terms of Reference state that the HIA has access to the Committee Chair.</p> <p>The HIA has a private meeting with members of the Audit and Risk Assurance Committee at least once a year.</p> <p>If there was anything specifically escalated to the Board then the HIA would be invited to attend.</p> <p>DoCG/Board Secretary has weekly meetings with HIA.</p> <p>Regular meetings between Chair of Audit and Risk Committee, HIA and CoCG/Board Secretary.</p>	N/A	Comply	<p>Standing Orders</p> <p>Terms of Reference for the Audit and Risk Assurance Committee</p> <p>Internet Site: Audit and Risk Assurance Committee webpage</p>
<b>CGC 23</b>	<p>The board should assure itself of the effectiveness of the organisation's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the organisation and ensure that:</p>	<p>The Health Board approved the following key documents within the Health Board:</p> <ul style="list-style-type: none"> <li>Risk Management Framework which sets out the foundation and organisational arrangements for supporting the risk management process in Hywel Dda</li> <li>Risk Management Strategy which sets out the key risk management objectives that the Health Board wants to achieve for the next 18 months.</li> </ul>	<p><b>Title:</b> AW Structured Assessment</p> <p><b>Reference Point:</b> Corporate Systems of Assurance – Paragraph 43-62.</p>	Comply	<p>AW Structured Assessment report 2025</p> <p>Risk Management Framework</p> <p>Risk Management Strategy</p> <p>Corporate Risk Register reports to Board and Committees</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<ul style="list-style-type: none"> <li>there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently</li> <li>there is clear accountability for managing risks</li> <li>organisational officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently.</li> </ul> <p>Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role.</p> <p>(5.6, 5.7 and 5.10)</p>	<p>The Health Board's Risk Management Framework is based on the 3 lines of Defence model whereby management control is the first line of defence in managing risk, the various specialist functions such as Finance, Workforce, Quality, etc are the second line of defence, with the third line provided by independent assurance on effectiveness of the risk management framework.</p> <p>The Audit and Risk Assurance Committee receive a Risk Assurance Report which provides assurance on the effectiveness of the risk management framework and the implementation of the Risk Management Strategy.</p> <p>The Health Board has agreed and implemented its Risk Appetite and Tolerance levels.</p> <p>Managers take a lead on risk management and are responsible for role modelling a risk aware culture within their area. Managers receive training 121 training on the Health Board's Risk Information Management System.</p> <p>Tools, procedures and guides are available on the staff intranet site.</p> <p>Operational services are challenged on their risk management through the Executive operational Risk Reviews</p> <p>The Board receives the Board Assurance Framework and the Corporate Risk Register 3 times a year (BAF was received by Board twice in 2025/26 due to Strategy Refresh). Principal risks and corporate risks are aligned to the Board's Committees who ensure that risks are being effectively managed on behalf of the Board. These are reported to Committee as part of the Assurance and Risk Report.</p> <p>The Health Board makes an annual assessment of its risk maturity which is reported the Audit and Risk Assurance Committee as part of the Risk Assurance Report.</p>			<p>Operational Risk Reports to Committees and Sub-Committees of the Board</p> <p>Board Assurance Framework Reports to Board</p> <p>Internet Site: Board Papers, Standing Orders and Statutory Committees of the Board webpages</p> <p>Staff intranet: risk management webpage</p> <p>Terms of Reference for the Audit and Risk Assurance Committee</p> <p>Committee Update Reports</p> <p>Risk Assurance Reports</p> <p>Risk Maturity Assessments</p> <p>Risk Training Presentation</p>