2020/21 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
CGC 1	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 department's performance, as well as scrutinising and challenging departmental policies and performance, with a view to the long-term health and success of the Trust. (2.1 and 2.2)	Board is scheduled to meet every alternate month, however the frequency of Board meetings also increased to monthly to provide increased public transparency on its response to the pandemic. During there were 2 extraordinary Board meetings. One in April in regard to the Health Board's response to the pandemic and one in June to approve the Annual Report and Accounts for 2019/20. There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year. The Board routinely receives information on strategic activity, risk and performance matters as standing agenda items. The Annual Plan is scrutinised by the Board and its Committees. Joint Executive Team meetings are held with Welsh Government colleagues. The Board collaborates with partners and key stakeholders as described in the Annual Plan. During 2020/21, there has been stability at Board level with limited changes made to the Executive Team and Independent Members.	**Title:** AW Structured Assessment Internal Audit Governance Arrangements during the Covid-19 Pandemic Advisory Report 2020/21 **Reference Point:** Conducting Business Effectively – Paragraph 88-94.	Comply	Board and Committee Minutes – demonstrate scrutiny and support. Board Papers. Board Work Plan 2020/21. Joint Executive Letters. AW Structured Assessment report 2020. Internal Audit Governance Arrangements during the Covid-19 Pandemic Advisory Report 2020/21
CGC 2	The Board does not decide policy or exercise the powers of the ministers. The department'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: • Leadership – articulating a clear vision for the department and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk • Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance • Accountability – promoting transparency through clear and fair reporting.	In March 2020, the WG took the unprecedented decision to pause the IMTP and annual plan process to enable NHS Wales organisations to focus their attention on the immediate planning and preparations to deal with the COVID-19 pandemic, advising that the planning process would be restarted at more appropriate time. Nonetheless the Health Board Three Year Plan for 2020/23 incorporating our Annual Plan 2020/21, developed prior to the pandemic, was approved for submission at our Public Board on 26th March 2020. During 2020/21, the Health Board provided quarterly plans in response to the WG NHS Wales COVID 19 Operating Framework. Despite the Health Board operating within a pandemic, the CEO lead a programme of work to take stock of the organisation, the decisions it has made and the progress achieved towards it strategic vision. This work produced a refreshed set of strategic objectives that set out the aims of the organisation – the horizon it is driving towards over the long term – as well as a set of specific, measurable Planning Objectives, which move us towards that horizon over the next 3 years.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94.	Comply	Annual Plan 2020/21. Quarterly Plans for Q1, Q2 and Q3&4 Developing the 3 Year Plan for the Period 2021/22 – 2023/24 – Strategic and Planning Objectives Standing Orders and Standing Financial Instructions. AW Structured Assessment report 2020 Internal Audit Governance Arrangements during the Covid-19 Pandemic Advisory Report 2020/21 Well-being Statement.

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	• Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. (2.3)	The Health Board adopted its revised Standing Orders in January 2021. The Standing Orders and Standing Financial Instructions (SFIs) are designed to 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. 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.			
CGC 4	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: • Strategic Clarity • Commercial Sense • Talented People • Results focus • Management information (2.4 and 3.10)	The Board meets every alternate month however the frequency of Board meetings also increased to monthly to provide increased public transparency on its response to the pandemic. During there were 2 extraordinary Board meetings. One in April in regard to the Health Board's response to the pandemic and one in June to approve the Annual Report and Accounts for 2019/20. There is a Board Cycle of Business in place, developed on an annual basis and updated throughout the year. Board agendas are divided into governance, delivery our strategy, and delivering the 'here and now'. The Board routinely receives information on strategic activity, improving patient experience, risk and performance, financial activity, workforce planning matters as standing agenda items.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94.	Comply	Standing Orders and Standing Financial Instructions. AW Structured Assessment report 2020. Internal Audit Governance Arrangements during the Covid-19 Pandemic Advisory Report 2020/21 Quarterly Plans for Q1, Q2 and Q3&4
CGC 5	The Board also supports the accounting officer in the discharge of obligations set out in *Managing Public Money1* for the proper conduct of business and maintenance of ethical standards. (2.7)	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.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94.	Comply	Annual Accountability Report AW Structured Assessment report 2020.
CGC 6	Where Board members have concerns, which cannot be resolved, about the running of the department or a proposed	Any concerns raised at Board and Committee meetings will be formally recorded in the minutes.	**Title:** AW Structured Assessment **Reference Point:**	Comply	Role of the Board Secretary AW Structured Assessment report 2020.

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	action, they should ensure that their concerns are recorded in the minutes. (2.12)	The role of the Board Secretary is to be responsible for ensuring these matters are effectively managed, recorded and resolved where possible.	Conducting Business Effectively – Paragraph 88-94.		Board and Committee Minutes – available on the Health Board Internet site.
CGC 7	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)	Constitution is set out in the Organisation's Establishment Orders and the Health Board abides by this composition. Standing Orders also capture the composition of the Board. 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 Independent Member (IM) roles are appointed in areas of expertise to ensure appropriate skill mix. There have not been any gaps during 2020/21. Public Bodies Unit support the process – set criteria within an IM Role. Maximum of 2 tenures of up to 8 years. IM membership on Board Committees is rotated at appropriate times to ensure there is a mix and balance of experience across all meetings.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94.	Comply	Establishment Orders. Standing Orders. AW Structured Assessment report 2020.
CGC 8	The roles and responsibilities of all board members should be defined clearly in the department's board operating framework. (3.2)	Constitution is set out in the Organisation's Establishment Orders and the Health Board abides by this composition. Standing Orders also outline the composition of the Board.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94.	Comply	Establishment Orders. Standing Orders. AW Structured Assessment report 2020.
CGC 9	The Finance Director should be professionally qualified. (3.3)	Executive Director of Finance is professionally qualified.		Comply	
CGC 10	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive. (3.5)	Annual Committee Self-Assessment – addresses the effectiveness of how Committees operate and conduct meetings, allowing debate and constructive challenge. Meeting principles adopted that support this constructive challenge. The WG IM training captures effective challenge and scrutiny role on the Board. There is also a local induction programme in place to advise Board Members on to discharge their role. Standing Orders outline the role of the Board Members.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94	Comply	AW Structured Assessment report 2020. Standing Orders. Cross – reference to 2.4.

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CGC 11	The board should agree and document in its board operating framework a *de minimis* threshold and mechanism for board advice on the operation and delivery of policy proposals.	Standing Orders detail how the Board regulates its proceedings and business. There is a Board Cycle of Business in place developed on an annual basis and updated throughout the year. The Terms of Reference Operating Arrangements for the Board Committees articulate their remit and the information that should be received. The Scheme of Delegation outlines the information that should flow through to Board and its Committees as appropriate. Interactive Scheme of Delegation for Officers details 'top level' delegations and responsibilities within the Health Board.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94	Comply	AW Structured Assessment report 2020. Committee Terms of Reference and Operating Arrangements Board and Committee Cycles of Business. Standing Orders and Scheme of delegation. Interactive Scheme of Delegation for Officers.
CGC 12	The Board should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including: 1. formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials 2. allowing sufficient time for the board to discharge its collective responsibilities effectively 3. induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date 4. timely provision of information in a form and of a quality that enables the board to discharge its duties effectively 5. a mechanism for learning from past successes and failures within the departmental family and relevant external organisations 6. a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members 7. a dedicated secretariat with appropriate skills and experience (4.1)	IMs Terms of Office are monitored by the Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Bodies Unit in Welsh Government. Agenda planning is managed by the Board Secretary in conjunction with the Chair and CEO to ensure adequate time is spent on the appropriate matters at Board meetings. The Health Board has a robust induction programme for Independent Members. This programme consists of the following areas to ensure that a robust and supportive induction plan is in place for all new Board appointments: o Attendance at the Mandatory Welsh Government Induction Training. o Provision of a detailed induction Pack/manual which includes information about the role of each Board Committee, their role as a Trustee as well an Independent Member o Core Induction Programme – planned within the first month, three months and six months. This includes meeting with Executive Directors, Directors and site visits o A mentoring / shadow arrangement with an existing/experienced Independent Member. o To further support IMs ongoing development, the Chair undertakes regular and robust Personal Appraisal and Development reviews in accordance with WG guidance. o The Health Board has a schedule of Board Development Sessions throughout the year to discuss topical issues. Committee Terms of Reference direct that agenda and papers are circulated to members at least 7 days prior to meeting.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94	Comply	AW Structured Assessment report 2020. Terms of Reference and Operating Arrangements Board and Committee Cycles of Business. Standing Orders and Scheme of delegation. Committee Terms of Reference. Standing Operating Procedure for the Management of Board and Committees. Board Effectiveness Assessment. Committee Self-Assessment Reports

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		The Standard Operating Procedure for the Management of Board and Committees provides guidance in relation to Board and Committee arrangements and management of papers. Report templates are continually reviewed to ensure they support effective reports being received at the Board. Report writing skills for officers is included on Managers Passport Plus Programme. Dedicated Committee Services Officers support the Board and Committee business to ensure high quality and consistency of papers. 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.			
CGC 13	The terms of reference for the nominations committee will include at least the following three central elements: • scrutinising systems for identifying and developing leadership and high potential • 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 • 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)	Remuneration and Terms of Service (RTSC) Committee Terms of Reference.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94	Comply	AW Structured Assessment report 2020. RTSC Terms of Reference and Operating Arrangements. Board and Committee Cycles of Business. Standing Orders and Scheme of delegation.
CGC 14	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)	Board Members attendance record for Board and Committees is captured in the Accountability Report on annual basis.		Comply	Accountability Report.
CGC 15	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)	This is the relationship between the Board Secretary and the Board Members. The role of the Board Secretary is to act as principal advisor to the Board and the organisation as a whole on all aspects of governance....and ensure that it meets the standards of good governance set for the NHS in Wales. Executive Director and IM buddying system in place.		Comply	Board Secretary role description. Standing Orders.

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		Regular IM meetings with Chair and Board Secretary. Fortnightly meetings held by the Chair and CEO with Board Members to discuss the ongoing COVID response and management.			
CGC 16	An effective board secretary is essential for an effective board. Under the direction of the permanent secretary, the board secretary's responsibilities should include: • 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 • ensuring good information flows within the board and its committees and between senior management and non-executive board members, including: • challenging and ensuring the quality of board papers and board information • ensuring board papers are received by board members according to a timetable agreed by the board • providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements • ensuring the board follows due process • providing assurance to the board that the department complies with government policy, as set out in the code • 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) • acting as the focal point for interaction between non-executive board members and the department, including arranging detailed briefing for non-executive board members and meetings between non-executive board members and officials, as requested or appropriate • recording board decisions accurately and ensuring action points are followed up	Board Secretary works closely with the Chair and Chief Executive to agree Board agenda. Board Secretary attends Health Board Chairs and Vice-Chairs meeting prior to Board to discuss agenda and papers. All Board papers are reviewed by Board Secretary and constructive feedback is provided to Executive Directors. Board Secretary ensures that all Board papers are issued in accordance with Standing Orders. Board Secretary ensures decision log is maintained. Board Secretary led on the development of interactive handbook for IMs.		Comply	Board Secretary role description. Standing Orders. Interactive IM Handbook.

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	• arranging induction and professional development of board members (including ministers) 4.11				
CGC 17	Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties). 4.14	Board Member Appraisal process in place. Committee Effectiveness Exercises. Attendance record reported in Accountability Report.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 88-94	Comply	AW Structured Assessment report 2020. Accountability Report. Appraisal Documentation and Process.
CGC 18	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	The Health Board has an agreed process in place for managing Declarations of Interest. All Board Members are asked to formally declare on an annual basis and advised of their responsibility to notify of any changes in year. Declarations of interest are captured on a register which is available for public inspection, a link to which is included in the Accountability Report. A report on Declarations of Interest is received by the Audit and Risk Assurance Committee on an annual basis. Declarations of Interest are captured at the start of each Board and Committee meeting. The Standards of Behaviour Policy details the responsibility under Declarations of Interest. Standing Orders also outlines the responsibilities for Declarations of Interest. The Declarations of Interest form includes how declarations and potential conflicts are managed and these are recorded on the register.	Internal Audit report on Standards of Behaviour undertaken in June 2020. Assurance Rating: Reasonable	Comply	Standards of Behaviour Framework Policy. Accountability Report. Standing Orders. Declarations of Interest Process and Register. Annual Report of the Adequacy of Arrangements for Declaring, Registering and Handling Interests, gifts and Hospitality presented to Audit and Risk Assurance Committee

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CGC 19	The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole departmental family. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by: • an audit and risk assurance committee, chaired by a suitably experienced non-executive board member • an internal audit service operating to *Public Sector Internal Audit Standards*1 • sponsor teams of the department's key ALBs (5.1 and 5.8)	The Audit and Risk Assurance Committee is chaired by the Independent Member who is legally qualified, with a Vice-Chair with a financial back ground. NWSSP Internal Audit Services are appointed as the Health Board's Internal Auditors.		Comply	Terms of Reference & Operating Arrangements for the Audit and risk Assurance Committee. Accountability Report. Internal Audit Annual Plan.
CGC 20	The board should take the lead on, and oversee the preparation of, the department's governance statement for publication with its resource accounts each year. 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 department and ensure that the department'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)	The Annual 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 in Quarter 1 of each year.	Audit Wales and Internal Audit receive and review the Accountability Report.	Comply	Accountability Report. Board and Committee Minutes. Annual Report Timetable.
CGC 21	The board's regular agenda should include scrutinising and advising on risk management (5.3 and 5.10)	• The Corporate Risk Register is received at least twice a year by the Board. The Board Assurance Framework was suspended during COVID whilst the Board focussed on responding to the pandemic. • Risk Management Strategy and Risk Appetite are defined and approved by the Board. • The Audit and Risk Assurance Committee provide assurance to the Board on the Risk and Assurance Framework.	**Title:** AW Structured Assessment **Reference Point:** Conducting Business Effectively – Paragraph 95-97	Comply	Board Cycle of Business. AW Structured Assessment. Corporate Risk Register reports to Board and Committees

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CGC 22	The key responsibilities of non-executive board members include forming an audit and risk assurance committee. The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members. 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 accordance with the *Audit and risk assurance committee handbook.* The board should ensure that there is adequate support for the audit and risk assurance committee, including a secretariat function. 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 department should report annually on the work of the committee in discharging those responsibilities 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 department's implementation of, corporate governance policy. (5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)	• 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. • Audit and Risk Assurance Committee established in 2010. • 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. • Board Secretary is the lead officer for the Audit and Risk Assurance Committee, however only IMs are 'members'. Officer members are invited to attend for individual agenda items. • Full secretariat function in place supporting the Audit and Risk Assurance Committee. • The Audit and Risk Assurance Committee Terms of Reference are published as an appendix to the Standing Orders on the Health Board's website. • The Audit and Risk Assurance Committee also has its own webpage which publishes the Terms of Reference and papers for each meeting. • Audit and Risk Assurance Committee Annual Report produced and presented to Board.		Comply	Standing Orders. Terms of Reference for the Audit and Risk Assurance Committee. Internet Site: Board Papers, Standing Orders and Statutory Committees of the Board webpages. Audit and Risk Assurance Annual Report.
CGC 22	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 department and its ALBs (5.5)	The role of the HIA is clearly set out in Standing Orders. The HIA attends all Audit and Risk Assurance Committee meetings which report to Board. Audit and Risk Assurance Committee Terms of Reference state that the HIA has access to the Committee Chair. The HIA has a private meeting with members of the Audit and Risk Assurance Committee at least once a year.		Comply	Standing Orders. Terms of Reference for the Audit and Risk Assurance Committee. Internet Site: Audit and Risk Assurance Committee webpage.

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		If there was anything specifically escalated to the Board then the HIA would be invited to attend.

Board Secretary has fortnightly meetings with HIA. | | | |
| CGC 23 | The board should assure itself of the effectiveness of the department's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the department and ensure that:
• there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently
• there is clear accountability for managing risks
• Departmental officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently.

The board should also ensure that the department's ALBs have appropriate and effective risk management processes through the department's sponsor teams

Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role.

(5.6, 5.7 and 5.10) | The Health Board has a documented Risk Management Framework in place setting out the foundation and organisational arrangements for supporting the risk management process in Hywel Dda.

The 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.

The Health Board has agreed and implemented its Risk Appetite and Tolerance levels.

Managers take a lead on risk management and are responsible for role modelling a risk aware culture within their area. Managers receive training through Managers Passport Plus Programme and 121 training on the Health Board's Risk Information Management System.

Tools, procedures and guides are available on the staff intranet site.

Services are challenged on their risk management through the Executive Performance Reviews.

The Board receives the Board Assurance Framework and Corporate Risk Register twice a year. Each principal risk is aligned to the Board's Committees who ensure that risks are being effectively managed on behalf of the Board. Each Committee provides an annual assurance report to the Audit and Risk Assurance Committee which includes providing assurance that risks are being managed.

The Health Board's current Risk Management Strategy is currently under further review. This will be considered by the Audit and Risk Assurance Committee prior to approval by the Board. | **Title:** AW Structured Assessment

Reference Point: Conducting Business Effectively – Paragraph 95-97 | Comply | Risk Management Framework.

Staff intranet: risk management webpage

Terms of Reference for the Audit and Risk Assurance Committee. |