

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 July 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report on Board Effectiveness Assessment 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Beare, Assistant Director of Assurance & 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 Board with assurance of the process that has undertaken to review its effectiveness during 2023/24.

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'.

This year, the Board was asked at its seminar on 18 April 2024 to consider whether they agreed with the Chair and Chief Executive Officer's initial assessment of the Board's effectiveness during 2023/24. This assessment was based on the evidence provided from a range of external and internal assurances provided to the Health Board on how it has performed during the year. The assessment was also presented to the Audit and Risk Assurance Committee on 9 May 2024.

Asesiad / Assessment

During 2023/24, the Health Board has undertaken or engaged in a number of assessments that provide internal and external sources of assurances to support the review of its annual effectiveness. At the Board Seminar on 18 April 2024, the Board reviewed the following assurances as part of this assessment:

- 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 1.

- 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 & 6 month follow up review of agreed actions
 - Committee Cycle of Business/Work Plan
 - Annual Committee Report on Activity to the Board
 - This committee effectiveness reviews have provided rich data which will feed both the board development programme and also improve the effectiveness of the committees of the Board.
- Audit Wales review of Board Effectiveness at Betsi Cadwaladr University Health Board (BCUHB) - The Board undertook a full review, with the learning included in the Board development programme.

External Sources of Assurance:

- Joint Escalation and Intervention Arrangements status – Since September 2022, the Health Board has been in ‘targeted intervention’ for finance and ‘enhanced monitoring’ for 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. Welsh Government will continue to provide the necessary support and advice to address issues raised, including regular Joint Executive Team (JET) and Integrated Quality and Planning and Delivery Group (IQPD) meetings with subject specific discussions as and when considered necessary.

The [Escalation Status Report](#) was presented to the Audit and Risk Assurance Committee in February 2023 to advise of the escalated status.

Governance and scrutiny arrangements have been established within the Health Board and approved by the Board.

- Audit Wales (AW) Structured Assessment 2023 – As part of their annual review, AW reviewed 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 full report is available here: [Annual Audit Report and Structured Assessment Report](#).

Overall, AW found that ‘the Health Board has generally effective corporate arrangements, however, it is facing significant performance and financial challenges’. This was supported by some positive findings in the report, as follows.

- A strong commitment to public transparency.
- Robust arrangements to support the effective conduct of Board and committee business.

- Robust arrangements in place to ensure that Board and Committee meetings are conducted appropriately and effectively and remain focused on strategic risks and objectives.
- The Board and its committees continue to receive good quality, timely papers, and interactive tools to support effective scrutiny, assurance and decision making
- The Board has maintained its commitment to hearing from patients and staff, but there are opportunities to enhance arrangements for patient safety walkabouts.
- The robust approach to Board development and improvement provides a good foundation to manage the period of significant change that is taken place.
- The Health Board has maintained and enhanced corporate systems of assurance related to risk and recommendation tracking, and there is appropriate Board oversight.
- The approach to overseeing the quality and safety of services is improving.
- The Board continues to have a mature approach to overseeing risks to achieving strategic objectives and oversight and assurance on its operational and corporate risk management arrangements have strengthened
- The Health Board maintains strong corporate and Board oversight and scrutiny of organisational performance.
- The Health Board is improving its approach to overseeing the quality and safety of services and is taking appropriate steps to ensure compliance with the new duties of quality and candour.
- the Health Board continues to have robust arrangements for tracking audit and review recommendations.
- The Health Board has maintained its focus on its long-term vision, and development and delivery of the Annual Plan is supported by appropriate corporate and Board oversight.
- The Health Board has maintained its focus on its long-term vision, and the development of plans is supported by appropriate corporate oversight.
- The Health Board's arrangements to oversee delivery of its Annual Plan remain robust, supported now by streamlined planning objectives.
- The Health Board has a clear process for financial planning, and reasonable arrangements for managing and monitoring the financial position albeit its financial position for 2023/24 was extremely challenging.
- The Health Board has a clear process for financial planning; however, the development and delivery of its savings plans is a challenge.
- The Health Board has appropriate arrangements for financial management and controls, but ongoing pressures are resulting in overspends.
- The Health Board continues to have good arrangements for monitoring and scrutinising its financial position,

There were 5 recommendations made in respect of the following:

1. Enhancing public transparency – *Completed*
2. Board member patient safety walkabout
3. Performance management arrangement assurance
4. Aligning planning and strategic objectives
5. Financial scrutiny - *Completed*

The AW Structured Assessment Report 2023 was presented to the Audit and Risk Assurance Committee and Board in December 2023 and January 2024 respectively, with the [management response](#) to the 5 recommendations presented to ARAC in February 2024.

- Internal Audit Reports – ARAC has 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. As at the February 2024 ARAC meeting (updated figures as at end of April 2024 are in brackets), the number of internal reviews reported from the [IA Plan for 2023/24](#) were as follows:
 - Limited Assurance – 4 (8)
 - Reasonable Assurance – 7 (13)
 - Substantial Assurance – 2 (2)
 - No rating – 1 (2)
 - Audits still to be presented in June ARAC – 6
- Internal Audit of Governance – Escalation Status Actions – The review assessed and provided independent assurance over the effectiveness of governance arrangements in place for the closure of targeted intervention (TI) and enhanced monitoring (EM) actions. It concluded **reasonable assurance**, providing two medium priority matters in relation to the maintenance of the action log to ensure it provides an up to date and accurate reflection of action status and a clear line of sight to any associated actions; and insufficient evidence to demonstrate completion and justify closure of actions. All matters arising have been implemented. The full report is available here: [Escalation Status Actions Final Internal Audit Report](#).
- Internal Audit of Board Oversight – This audit reviewed the arrangements in place to ensure adequacy of Board oversight of key risks and challenges. It concluded **substantial assurance** on this area with no significant matters for reporting in our review. The one matter arising identified in the report has been implemented. The full report is available here: [Board Oversight Final Internal Audit Report](#).
- Internal Audit of Quality and Safety Governance Bronglais – The [original audit](#) reviewed operational quality and safety governance arrangements to provide assurance that issues fundamental to the quality and safety of services are managed, monitored, and escalated. It provided **limited assurance** and raised significant matters which require management attention including the lack of a clear governance structure and reporting arrangements from informal groups and meetings through to the Health Board, gaps in the quality and safety topics expected to be reviewed at directorate level and reports/representation at meetings, and a high open incident numbers with no clear plan or action to identify the root issue and address the backlog. Given the significant concerns, Internal Audit were asked to undertake an initial follow up to review progress, with a full follow up also undertaken, which concluded **reasonable assurance** in February 2024. This reported that action remains ongoing for three recommendations, which relate to ensuring key risks and issues from support groups are reported through to the Quality Forum, addressing the overdue risks highlighted to the Quality Forum, and reducing the number of open incidents assigned to the directorate. The final follow up report is available here: [Follow Up: Bronglais General Hospital Quality and Governance Final Internal Audit Report](#).
- Internal Audit of NICE Guidelines – The [original audit](#) reviewed the arrangements in place for ensuring identification, dissemination and compliance with NICE guidelines across the Health Board. It concluded **limited assurance** overall – this specifically related to the operation of arrangements in place for assessing and ensuring compliance with NICE guidelines, and is not a reflection of the extent to which the Health Board is compliant with these guidelines. Two high priority matters were raised in respect of leads not being assigned to complete statements of compliance and therefore compliance assessments were not completed, and no oversight of NICE

guideline compliance or progress in assessing this across the Health Board. This has been followed up, and in recognition of the work progressed, provided **reasonable assurance**. There are no outstanding matters arising. The full follow up report is available here: Follow-up: [NICE Guidance Final Internal Audit Report](#).

- Internal Audit of Strategic Programme Governance Follow up – This audit was to establish progress in implementing agreed actions arising from the previous internal audit, which was a high-level review of the governance arrangements in place to ensure that identified schemes are achievable and managed as formal strategic change programmes with appropriate assurance reporting mechanisms in place. The review concluded **reasonable assurance** based on the action taken, however stressed that it was too early to give assurance on the effectiveness of new arrangements. There are three high priority recommendations which are being progressed. The full report is available here: [Strategic Programme Governance Follow Up Final Internal Audit Report](#)
- Internal Audit of Estates Assurance - Estate Condition - The audit sought to evaluate the arrangements put in place by the Health Board to identify and manage key risks associated with the existing estate and the implementation of resulting strategies to manage/mitigate the risk. An overall **limited assurance** was determined, due to the concerns that identified estate risks cannot be managed within existing funding. This assurance opinion is in line with that determined across NHS Wales, given the common challenges faced by each organisation. Seven of the eight matters arising are currently being progressed. The full report is available here: [Estates Condition Final Internal Audit Report](#)
- [Fire Enforcement Notices](#) - The Health Board closed 1 Enforcement Notice issued by Mid and West Wales Fire and Rescue Service (MWWFRS), and continues to address the 3 outstanding Enforcement Notices. Of these 3 Enforcement Notices, 2 relating to GGH have received formal extensions from MWWFRS in February 2024. One additional Enforcement Notice at Bro Cerwyn has had all works completed, with the MWWFRS invited to inspect the completed work. Extensive fire safety improvement works are being undertaken at Withybush Hospital, Glangwili Hospital and at Bronglais Hospital with WG funding, with regular progress updates reported to the Health and Safety Committee (HSC), which provides assurance to the Board on the work undertaken towards improving compliance.

At its Board Seminar on 18 April 2024, following due consideration of the sources of assurances and supporting documentation, the Board acknowledged that, while it has effective corporate arrangements in place, it considered the overall level of maturity for the Health Board in respect of governance and Board effectiveness for 2023/24 has reduced to **Level 2** (from Level 4) based on the criteria in the table below. This is in recognition of our increased escalation status and the work that needs to be taken forward to strengthen WG's confidence in our ability to deliver the improvements to our integrated planning, finance and performance delivery.

Level 1 We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve.	Level 2 We are aware of the improvements that need to be made and have prioritised them but are not yet able to demonstrate meaningful action.	Level 3 We are developing plans and processes and can demonstrate progress with some of our key areas for improvement.	Level 4 We have well developed plans and processes and can demonstrate sustainable improvement throughout the service.	Level 5 We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from
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The outcome of the above assessment will be included in the Governance Statement, and the Health Board will endeavour to address the areas of improvement and board development during 2024/25. The table below identifies what we are doing well, what we could improve and suggested Board training requirements.

In the Board's opinion, what are we doing well?	<ul style="list-style-type: none"> • Corporate governance and management arrangements • Strategic and corporate risk management • Financial management arrangements • Corporate Performance monitoring and arrangements • Workforce planning • Corporate quality governance arrangements • Public transparency of Board business
In the Board's opinion What could we be doing better?	<ul style="list-style-type: none"> • Operational structure • Board member patient safety walkabout • Performance management arrangement assurance • Aligning planning and strategic objectives • Financial scrutiny of budgets • Expected outcomes and trajectories • Financial sustainability plan • Strengthen the regional governance arrangements • Strengthening operational risk management
Are there any Board training/ development needs?	<p>Integrated Board Development sessions have been proposed as outlined below:</p> <ul style="list-style-type: none"> • Reflection on Board Dynamics to date, Changes Ahead and Mission for the Future, • Six Emergent Issue Learning sessions to explore new policy development; All Wales requirements, etc. • Individual performance management arrangements for both Executives and Independent Members have been strengthened and clear delivery expectations are laid out for 2024/25 within agreed objectives and associated personal development plans. • A programme of Integrated Board Development sessions has been established to ensure appropriate transition arrangements exist as the Board works through the challenges of significant turnover at both Executive and Independent Member levels.

- Further integrated sessions are planned for 2024 to enable the Board to address the leadership and culture challenges associated with its current escalation status.
- Parallel tracks of group development are in place to address issues of role and team behaviours and group dynamics for both executives and independent members.
- A 360° feedback process will be conducted for all Board Members during 2024/25 to enable further performance progression and role contribution.

Argymhelliad / Recommendation

The Board 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 held on 18 April 2024 and was also presented to the Audit and Risk Assurance Committee on 9 May 2024 as part of its review of year-end processes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

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 Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chair Chief Executive Board Audit and Risk Assurance Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts.
Gweithlu: Workforce:	No direct impacts.
Risg: Risk:	No direct impacts.
Cyfreithiol: Legal:	No direct impacts.
Enw Da: Reputational:	Board effectiveness is a core component of good corporate governance, and it is essential that the Board addresses any areas of weakness.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts.

2023/24 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 organisation. (2.1 and 2.2)	<p>The Board is scheduled to meet every alternate month. During 2023/24, 3 extraordinary Board meetings were held. These were held for the following purposes:</p> <ol style="list-style-type: none"> To approve the submission of supplementary information to Welsh Government on the 2023/24 Annual Plan. To consider the Land Consultation Findings Report and further reduce the number of shortlisted Sites for the new Urgent and Planned Care Hospital. To agree the next steps for the future provision of General Medical Services at Cross Hands and Tumble <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>Whilst the Board has been relatively stable for a number of years, in 2023/24, there have been a number of changes to the Board. Both our Chair and Chief Executive Officer have left, with interim arrangements in place for 12 months. There have also been a number of changes on the Executive Team.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>Board and Committee Minutes – demonstrate scrutiny and support.</p> <p>Board Papers.</p> <p>Board Work Plan 2023/24.</p> <p>Joint Executive Letters.</p> <p>AW Structured Assessment report 2023.</p>
CGC 2	<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"> 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 	<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. Whilst a draft three year plan was approved for onward to submission to WG by Public Board on 30 March 2023, the Board acknowledged the risks and recognised the forecast financial outturn remained unacceptable and further work would be required during 2023/24 to improve the position. WG wrote to the Health Board on 21 April 2023, advising that the Health Board's Annual Plan for 2023/24 was 'not supportable or acceptable', specifically the level of financial deficit and the delivery of the Ministerial priorities, and requested the Health Board submit supplementary information by 31 May 2023 outlining the further work undertaken and the impact this has upon plan assumptions.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Corporate Approach to Planning – Paragraph 73-86</p> <p>Corporate Approach to Managing Financial Resources – Paragraph 87-109.</p>	Comply	<p>Annual Plan 2023/24</p> <p>Annual Plan 2023/24 reports to Board during 2023/24</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> <p>AW Structured Assessment report 2023</p> <p>Well-being Statement.</p> <p>Risk Appetite Statement</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>challenge and scrutinising performance</p> <ul style="list-style-type: none"> Accountability – promoting transparency through clear and fair reporting. Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. <p>(2.3)</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.</p> <p>The Health Board adopted its revised Model Standing Orders (SOs) in November 2023. 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.</p> <p>The Board agreed its revised Risk Appetite Statement in January 2023.</p>			
CGC 4	<p>The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently.</p> <p>The Board advises on five main areas:</p> <ul style="list-style-type: none"> Strategic Clarity Commercial Sense Talented People Results focus Management information <p>(2.4 and 3.10)</p>	<p>The Board meets every alternate month. During 2023/24, 3 extraordinary Board meetings were also held (see CGC 1 for further detail).</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 Maintaining Good Governance & Quality and Safety, Delivering on our Purpose, Delivering our Plan, Assurance and Working in Partnership.</p> <p>The Board routinely receives information on strategic activity, improving patient experience, risk and performance, financial activity, workforce planning matters as standing agenda items.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>Standing Orders and Standing Financial Instructions.</p> <p>AW Structured Assessment report 2023</p> <p>Board Annual Workplan</p>
CGC 5	<p>The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money1</i> for the</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</p>	<p>Title: AW Structured Assessment</p>	Comply	<p>Annual Accountability Report</p> <p>Board papers</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	proper conduct of business and maintenance of ethical standards. (2.7)	reviewed by Audit Wales, as part of the Annual Report and Accounts, prior to submission of the final documents.	Reference Point: Key findings – Paragraph 8-20.		AW Structured Assessment 2023
CGC 6	Where Board members have concerns, which cannot be resolved, about the running of the department 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.</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>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>Role of the DoCG/Board Secretary</p> <p>AW Structured Assessment report 2023</p> <p>Board and Committee Minutes – available on the Health Board Internet site.</p>
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)	<p>Constitution is set out in the Organisation’s Establishment Orders and the Health Board abides by this composition.</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 is made up of 12 females and 11 males, with strengthened diversity through the Vice-Chairs of the Black, Asian, Minority, Ethnic Advisory Group being invited to attend Board meetings. Diversity of the Board has also been improved through the Board taking part in the Reverse Mentoring programme.</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. There are delays with the public appointments’ recruitment process, therefore the Chair was unable to have a handover period with her substantive replacement. However, the Vice-Chair acting up on an interim basis provides continuity in the short-term.</p> <p>Public Bodies 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.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>Establishment Orders</p> <p>Standing Orders</p> <p>AW Structured Assessment report 2023</p>
CGC 8	The roles and responsibilities of all board members should be defined clearly in the department’s board operating framework.	<p>Constitution is set out in the Organisation’s Establishment Orders and the Health Board abides by this composition.</p> <p>Standing Orders also outline the composition of the Board.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point:</p>	Comply	<p>Establishment Orders</p> <p>Standing Orders</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	(3.2)		Board transparency, effectiveness and cohesion – Paragraph 22-51.		AW Structured Assessment report 2023
CGC 9	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
CGC 10	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. In July 2023, the Board had a development session to review its effectiveness following the AW Review of Board Effectiveness at Betsi Cadwaladr University Health Board.</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 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>A meeting of the committee chairs has been established which is a forum to triangulate information from the Committees which also enables IMs to influence and advise.</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>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>AW Structured Assessment report 2023</p> <p>Committee Self-Assessment Approach and Outcome Reports</p> <p>Standing Orders</p>
CGC 11	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>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>AW Structured Assessment report 2023</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
		<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>CGC 12</p>	<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"> 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) 	<p>IMs Terms of Office are monitored by the DoCG/Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Bodies Unit in WG.</p> <p>Agenda planning is managed by the DoCG/Board Secretary in conjunction with the Chair and CEO to ensure adequate time is spent on the appropriate matters at Board meetings.</p> <p>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"> • Attendance at the Mandatory Welsh Government Induction Training. • 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. • Core Induction Programme – planned within the first month, three months and six months. This includes meeting with Executive Directors, Directors and site visits • A mentoring / shadow arrangement with an existing/experienced IM. • To further support IMs ongoing development, the Chair undertakes regular and robust Personal Appraisal and Development reviews in accordance with WG guidance. • The Health Board has a schedule of Board Development Sessions throughout the year to discuss topical issues. <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>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	<p>Comply</p>	<p>AW Structured Assessment report 2023</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>

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CGC 13	<p>The terms of reference for the nominations committee will include at least the following three central elements:</p> <ul style="list-style-type: none"> • 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) 	<p>Remuneration and Terms of Service (RTSC) Committee Terms of Reference. The RTSC key responsibilities are as follows:</p> <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"> 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; 2. Objectives for Executive Directors and other VSMs and their performance assessment; 3. Performance management systems in place for those in the positions mentioned above and its application; 4. Proposals to make additional payments to medical Consultants outside of normal terms and conditions; 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; 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; 7. Approve any Strategic Advisor arrangements, including scope and pay; 8. To approve the University Health Board's honours submission recommendations. 	N/A	Comply	<p>RTSC Terms of Reference and Operating Arrangements.</p> <p>Board and Committee Cycles of Business</p> <p>Standing Orders and Scheme of delegation</p>
CGC 14	<p>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>	<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
CGC 15	<p>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>	<p>This is the relationship between the DoCG/Board Secretary and the Board Members. Before each Board meeting, there is a pre-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>	N/A	Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>

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		Chairs of committees have also retained a touchpoint meeting with the relevant lead executive officer between committee meetings.			
CGC 16	<p>An effective board secretary is essential for an effective board. Under the direction of the permanent secretary, the board secretary's responsibilities should include:</p> <ul style="list-style-type: none"> 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 arranging induction and professional development of board members (including ministers) 	<p>DoCG/Board Secretary works closely with the Chair and Chief Executive to agree the next Board agenda following each meeting. The DoCG/Board Secretary meets regularly with the Chair.</p> <p>Each Committee provides a report to Board after every meeting.</p> <p>DoCG/Board Secretary attends Health Board Chairs and Independent Board Members meeting prior to Board to discuss agenda and papers.</p> <p>All draft Board papers are reviewed by the Chair and DoCG/Board Secretary prior to publication. Papers are issued at least 7 days prior to each meeting.</p> <p>DoCG/Board Secretary ensures that all Board papers are issued in accordance with Standing Orders.</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>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 22-51.</p>	Comply	<p>Board Secretary role description</p> <p>Standing Orders</p> <p>Interactive IM Handbook</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	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.	N/A	Comply	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.	Title: AW Structured Assessment Reference Point: Board transparency, effectiveness and cohesion – Paragraph 32.	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 Structured Assessment 2023
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: <ul style="list-style-type: none"> an audit and risk assurance committee, chaired by a suitably experienced non-executive board member an internal audit service operating to <i>Public Sector Internal Audit Standards</i>¹ 	The Audit and Risk Assurance Committee is chaired by an experienced IM, with a Vice-Chair with a financial background. NWSSP Internal Audit Services are appointed as the Health Board's Internal Auditors. The Annual Internal Audit Plan is informed by the Corporate Risk Register, Board Assurance Framework and previous audit work as appropriate. ARAC is provided with assurance on risk management activities through the Risk Assurance Report. The Board has approved its Risk Management Framework in July 2022.	Title: AW Structured Assessment Reference Point: Corporate systems of assurance – paragraph 52 - 72	Comply	Structured Assessment 2023 Internal Audit Report on Risk Management Arrangements/BAF June 2022 Terms of Reference & Operating Arrangements for the Audit and Risk Assurance Committee. Accountability Report Board Approved Risk Management Framework

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<ul style="list-style-type: none"> sponsor teams of the department's key ALBs (5.1 and 5.8) 				Risk Assurance Reports
CGC 20	<p>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.</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 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)</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>	Comply	<p>Accountability Report</p> <p>Board and Committee Minutes</p> <p>Annual Report Timetable</p>
CGC 21	<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"> Risk Management Framework Risk Management Strategy <p>The Health Board receives the following key documents within the Health Board:</p> <ul style="list-style-type: none"> Board Assurance Framework (every other meeting) Corporate Risk Register (every other meeting) <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>Title: AW Structured Assessment</p> <p>Reference Point: Corporate approach to overseeing strategic and corporate risks- Paragraph 54-59.</p> <p>Internal Audit Risk Management and Board Assurance Framework (BAF) (June 2022) <i>Substantial Assurance rating</i></p>	Comply	<p>Board Cycle of Business</p> <p>AW Structured Assessment 2023</p> <p>Internal Audit Report on Risk Management Arrangements/BAF</p> <p>Corporate Risk Register reports to Board and Committees</p> <p>Board Assurance Framework Reports to Board</p> <p>Board approved Risk Appetite Statement</p> <p>Committee Update Reports to the Board</p>
CGC 22	<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</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.</p> <p>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.</p> <p>DoCG/Board Secretary is the lead officer for the Audit and Risk Assurance Committee, however only IMs are 'members'.</p>	<p>Title: AW Structured Assessment</p>	Comply	<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 Annual Report</p> <p>AW Structured Assessment 2023</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>audit and risk assurance committee should be established and function in 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 department 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 department's implementation of, corporate governance policy. (5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)</p>	<p>Officer members are invited to attend for individual agenda items.</p> <p>Full secretariat function in place supporting the Audit and Risk Assurance 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>			
CGC 22	<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 department 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 meetings 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 fortnightly 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>
CGC 23	<p>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</p>	<p>The Health Board approved the following key documents within the Health Board:</p> <ul style="list-style-type: none"> Risk Management Framework which sets out the foundation and organisational arrangements for supporting the risk management process in Hywel Dda 	<p>Title: AW Structured Assessment</p> <p>Reference Point: Systems of Assurance – Paragraph 30-38.</p>	Comply	<p>AW Structured Assessment 2022</p> <p>Internal Audit Report on Risk Management Arrangements/BAF</p> <p>Risk Management Framework</p>

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	<p>risk appetite for the department and ensure that:</p> <ul style="list-style-type: none"> 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. <p>The board should also ensure that the department's ALBs have appropriate and effective risk management processes through the department's sponsor teams</p> <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>	<ul style="list-style-type: none"> Risk Management Strategy which sets out the key risk management objectives that the Health Board wants to achieve for the next 12 months. <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. Principal risks are aligned to the Board whereas each corporate risk is aligned to the Board's Committees who ensure that risks are being effectively managed on behalf of the Board.</p> <p>The Health Board has made an initial assessment of its risk maturity which was reported the Audit and Risk Assurance Committee in February 2024.</p>	<p>Internal Audit Risk Management and Board Assurance Framework (BAF) (June 2022) <i>Substantial Assurance rating</i></p>		<p>Risk Management Framework</p> <p>Risk Management Strategy</p> <p>Corporate Risk Register reports to Board and Committees</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 Assessment</p> <p>Risk Training Presentation</p>