

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 January 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Revised Board Committee Governance
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Neil Wooding, Chair Phil Kloer, Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Following a review by the Chair and feedback from Committee self-assessments on their effectiveness, the Board is asked to approve the revised Board Committee governance arrangements, which will be implemented from April 2025.

**Cefndir / Background**

The current Board Committee structure has been in place since July 2021, where Committees were reviewed to ensure closer alignment to the Strategic and Planning Objectives set out in HDdUHB's Annual Plan at the time.

In January 2024, the Welsh Government placed the Health Board under targeted intervention with the aim to support the Health Board in addressing various challenge across 6 key domains.

- Governance
- Leadership, capability and culture
- Performance and outcomes
- Finance, strategy and planning
- Quality of care
- Fragile services

A review of governance arrangements has been undertaken to improve the alignment of the Health Board's Committees to the 6 domains of targeted intervention strengthen the Health Board's focus on digital, finance, performance and strategic planning.

The revised governance arrangements also incorporate feedback from the 2023/24 assessments of Committee Effectiveness, which indicated that Committees needed to be clearer on their purpose, and this needed to be understood by everyone in the organisation.

## Asesiad / Assessment

The following changes are proposed to the Health Board Committee structure:

### **Establishment of a Finance and Performance Committee**

This Committee is intended to strengthen the Health Board's focus on 'finance' and 'operational delivery'. It will replace the [Sustainable Resources Committee](#) (SRC) and will incorporate the 'operational delivery' element of the [Strategic Development and Operational Delivery Committee](#) (SDODC), which will both be disestablished.

The purpose of the Finance and Performance Committee will be to provide *advice* and *assurance* to the Board on the following:

- The financial performance and delivery against Health Board financial plans and objectives and
  - give early warning of potential performance issues;
  - make recommendations for action to continuously improve the financial position of the organisation;
  - focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient experience, and any specific issues where financial performance is showing deterioration or there are areas of concern.
- The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern.

There is no underpinning Sub-Committee structure.

See Appendix 1 for the full Finance and Performance Committee Terms of Reference which are presented for approval.

### **Establishment of a Strategy and Planning Committee**

This Committee is intended to strengthen the Health Board's focus on 'strategy' and 'planning'. It will incorporate the 'strategic development' element of the [SDODC](#) which will be disestablished.

The purpose of the Strategy and Planning Committee will be to:

- Provide *evidence based (where possible) and timely advice* to the Board on the development of the following matters consistent with the Health Board's overall strategic direction:
  - Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction;
  - Business cases and service planning proposals;
  - The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
  - The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board;
  - The Health Board's priorities and plans to improve population health, prevention and

wellbeing; and

- The Health Board's plans to address climate migration and adaptation.

- Provide *assurance* in respect of the achievement of the Health Board's strategic aims, objectives and priorities:
  - The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
  - Plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
    - (i) Joint committee and partnership planning;
    - (ii) Engagement and communication; and
    - (ii) Environmental sustainability.
  - The delivery of the Health Board's Annual Plan/ Integrated Medium Term Plan.
  - That partnership governance and partnership working is effective and successful; and
  - That those arrangements in place to improve population health, prevention and wellbeing are robust and effective and delivering intended outcomes.

The underpinning Sub-Committee will consist of:

- Capital Sub Committee

See Appendix 2 for the full Strategy and Planning Committee Terms of Reference, which are presented for approval.

### **Establishment of a Digital, Data and Innovation Committee**

The role of this Committee will be to support the Board to respond digitally to the key challenges it faces and oversee the development and implementation of large-scale digital transformation projects to realise the opportunities arising from the Health Board Digital strategy in response to the A Healthier Mid and West Wales.

The purpose of the Digital, Data and Innovation Committee will be to provide *advice* and *assurance* to the Board on the following:

- That the direction, development and delivery of the Digital Strategy is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).
- That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
- That the Board's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information is in accordance with its stated objectives; legislative responsibilities, listed in Appendix 1; and any relevant requirements, standards and codes of practice.
- That the organisation is discharging its functions and meeting its responsibilities with regards to research and innovation activity carried out within the organisation.

The underpinning Sub-Committee will consist of:

- Information Governance Sub-Committee
- Research and Innovation Sub-Committee

See Appendix 3 for the full Digital, Data and Innovation Committee Terms of Reference, which are presented for approval.

### **Revisions to the People, Organisational Development and Culture Committee (PODCC)**

The following changes are proposed to the PODCC Terms of Reference from 1 April 2025:

- Responsibilities for research and innovation and University Partnerships will move to the Digital, Data and Innovation Committee.
  - 2.5 To provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board.
  - 3.6 Receive the Research & Innovation (R&I) Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its Research & Development/R&I capacity, research output and research income.
  - 10.3.1 Research & Innovation Sub-Committee
  - 10.3.5 University Partnerships
- Reduction in number of Independent Members from 5 to 4, and quoracy from 3 of the membership to 2.
- Frequency of meetings will change from bi-monthly to quarterly.

Following the change of purpose and name of the Black, Asian, Minority, Ethnic (BAME) Advisory Group agreed at PODCC in August 2024 to the Hywel Dda Anti-Racism Group, there is no requirement for the Chair of the Group to attend Public Board meetings going forward, as reporting will be through the PODCC Report to the Board.

The current Terms of Reference will remain extant until 31 March 2025.

### **Revisions to the Remuneration and Terms of Service Committee (RTSC)**

The following changes will be proposed to the RTSC Terms of Reference from 1 April 2025:

- Following disestablishment of SDODC, the Chair of SDODC will be replaced on the membership by the Chair of the new Digital, Data and Innovation Committee.

The current Terms of Reference will remain extant until 31 March 2025.

### **Revisions to the Terms of Reference of other Committees:**

The following changes are proposed to the Terms of Reference of other Committees from 1 April 2025:

- 4 x Independent Members per Committee (except Quality, Safety and Experience Committee which will have 5).
- Where Independent Membership has reduced to 4, the quoracy will be amended to 'A quorum shall consist of no less than two of the membership and must include as a minimum the Chairman or Vice-Chairman of the Committee, and one other Independent Member, together with a third of the In Attendance Members.'
- Updated job titles, eg from Director to Executive Director, Director of Operations to Chief Operating Officer, where appropriate.
- The Director of Corporate Governance will be removed from the In Attendance section however will attend committees (or nominate a deputy) to provide governance advice and support.

- Other cosmetic amendments required to standardise Board Committee level terms of reference.

The current Terms of Reference for the below Committees will remain extant until 31 March 2025:

- Audit and Risk Assurance Committee
- Charitable Funds Committee
- Health and Safety Committee
- Mental Health Legislation Committee
- Quality, Safety and Experience Committee

The establishment of the above Committees will mean that the following Committees are no longer required, as their Principal Duties and operational responsibilities have been incorporated into the proposed Committees. Therefore, the Board is asked to approve the disestablishment of the following Committees and Sub-Committees:

- SDODC (including the Decarbonisation Task and Finish Group), as this is now incorporated as business as usual as part on environmental sustainability overseen by the new Strategy and Planning Committee
- SRC (including the Digital Oversight Group), which role has been superseded by the Digital, Data and Innovation Committee

The minutes and table of actions from the February meetings of the SDODC and SRC will be reported to the new Strategy and Planning Committee and Finance and Performance Committee respectively in April 2025, with any outstanding actions being allocated to the most appropriate committee.

Draft committee workplans will be developed for all Board Committees and presented to committees in the new financial year.

### Argymhelliad / Recommendation

The Board is asked to approve:

- The establishment and Terms of Reference of the following new Committees from 1 April 2025:
  - Finance and Performance Committee (Appendix 1)
  - Strategy and Planning Committee (Appendix 2)
  - Digital, Data and Innovation Committee (Appendix 3)
- The disestablishment of the following Committees on 31 March 2025:
  - Strategic Development and Operational Delivery Committee
  - Sustainable Resources Committee
  - Decarbonisation Task Force Group
  - Digital Oversight Group
- The proposed revisions to the Terms of Reference for the People, Organisational Development and Culture Committee and Remuneration and Terms of Service Committee from 1 April 2025.
- The proposed revisions to the Membership, quoracy, and job titles in the Terms of Reference for the following Committees from 1 April 2025:
  - Audit and Risk Assurance Committee

- Charitable Funds Committee
- Health and Safety Committee
- Mental Health Legislation Committee
- Quality, Safety and Experience Committee

### 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol:

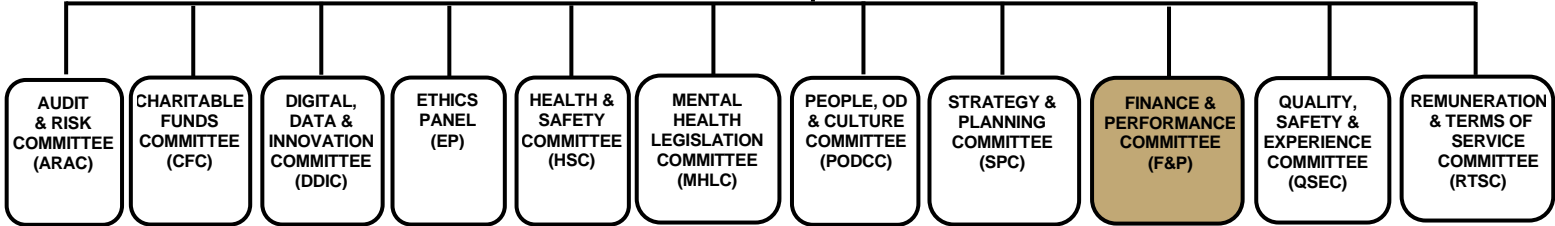
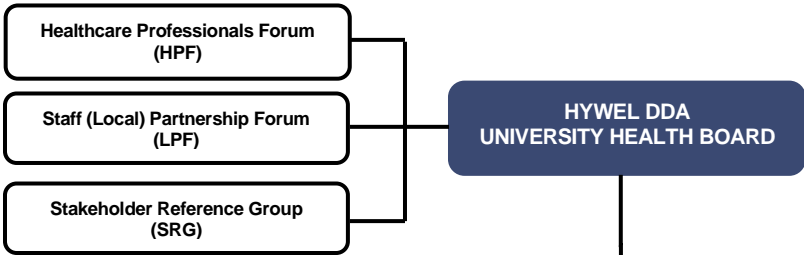
#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chair

### Effaith: (rhaid cwblhau)

#### Impact: (must be completed)

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	There are no financial implications associated with this paper
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Adherence to the Standing Orders ensures the correct governance procedures are in place to support quality, safety and patient experience
<b>Gweithlu: Workforce:</b>	There are no staffing implications associated with this report
<b>Risg: Risk:</b>	The Health Board has a statutory responsibility to ensure it has Standing Orders in place by which to manage its day-to-day business.
<b>Cyfreithiol: Legal:</b>	The Health Board has a statutory responsibility to ensure it has Standing Orders in place by which to manage its day-to-day business.
<b>Enw Da: Reputational:</b>	The Health Board has a duty to ensure the decisions made during the pandemic are undertaken in an open and transparent way.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable



**TERMS OF REFERENCE**

**FINANCE AND PERFORMANCE COMMITTEE**

Version	Issued to:	Date	Comments
V1	Board	30/01/2025	For Approval



## FINANCE AND PERFORMANCE COMMITTEE

### 1. Constitution

- 1.1 The Finance and Performance Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 1 April 2025.

### 2. Principal Duties

- 2.1 The purpose of the Finance and Performance Committee is to provide *advice* and *assurance* to the Board on the following:
- 2.1.1 The financial performance and delivery against Health Board financial plans and objectives and
- give early warning of potential performance issues,
  - make recommendations for action to continuously improve the financial position of the organisation,
  - focus on the financial impact of in-year and medium-long term plans, the impact of financial issues on service delivery, quality and patient experience, and any specific issues where financial performance is showing deterioration or there are areas of concern.
- 2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where performance is showing deterioration or there are issues of concern.

### 3. Operational Responsibilities

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board:
- 3.1.1.1 Workforce
  - 3.1.1.2 Non-pay and procurement
  - 3.1.1.3 Medicines value and sustainability
  - 3.1.1.4 Commissioned care
  - 3.1.1.5 Clinical variation and service configuration

- 3.1.2 Receive an understanding of the existing deficit and key drivers. This will be achieved through scrutiny of an annually refreshed report on the drivers of the deficit.
- 3.1.3 Receive assurance on the development and realisation of opportunities. This will be achieved through scrutiny of the bi-monthly savings and opportunities report to the Committee.
- 3.1.4 Receive assurance on the development of a clear financial strategic plan. This will be achieved through scrutiny of a medium term financial recovery plan which demonstrates clear alignment into the in-year financial plan.
- 3.1.5 Receive assurance on the delivery of the financial plan. This will be achieved through scrutiny of the monthly finance report. This report shall ensure clarity in:
  - 3.5.1 The reporting of monthly, year to date and forecast financial position alongside operational drivers;
  - 3.5.2 Performance against the savings requirement;
  - 3.5.3 Performance against other financial metrics, such as cash management, capital management and Public Sector Payment Policy.
- 3.1.6 Seek assurance that financial systems are robustly embedded.
- 3.1.7 Maintain oversight of, and obtain assurances on, key financial risks. This includes risks against the delivery of Health Board financial targets, the robustness of key income sources and contractual safeguards.
- 3.1.8 Receive assurance on the delivery against the areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.
- 3.1.9 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue expenditure (all those over £1million requiring Board approval), business cases (except those that are capital and digital in nature), projects, and proposed investment decisions on behalf of the Board.
- 3.1.10 Scrutinise major procurements plans and tenders, and provide assurance to the Board as part of its approval process.
- 3.1.11 Commission regular reviews of key contracts, suppliers and partners to ensure they continue to deliver value for money.
- 3.1.12 Seek assurance on the reporting and monitoring of contracts with providers such as Swansea Bay and Cardiff and Vale, focusing on financial performance, over and under performance, and providing regular financial updates.
- 3.1.13 Review any investment/ disinvestment strategy, including Procurement and Contracting Strategy, maintaining oversight of the investments and disinvestments, ensuring compliance with policies by:
  - 3.1.10.1 Establishing the overall methodology, processes and controls which govern investments and disinvestments, including the prioritisation of decisions;

- 3.1.10.2 Ensuring that robust processes are followed; and
- 3.1.10.3 Evaluating, scrutinising and monitoring subsequent investments/ disinvestments.
- 3.1.14 Subject to the Board's direction and approval, develop and regularly review the performance management framework and reporting approach, ensuring that it includes meaningful, appropriate, integrated and timely performance data and clear commentary relating to the totality of the services for which the Board is responsible.
- 3.1.15 Seek assurance on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
- 3.1.16 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board to seek assurance that appropriate action is being taken when performance against set targets deteriorates, and to support and promote continuous improvement in service delivery.
- 3.1.17 Seek assurance that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
- 3.1.18 Seek assurance on delivery against all Planning Objectives aligned to the Committee in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans, including the medium term financial plans, and savings plans, that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.19 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
- 2.1.20 Seek assurance that the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.21 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.1.22 Review and approve financial procedures on behalf of the Health Board.

3.1.23 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Finance and Performance Committee and oversee delivery.

#### 4. Membership

4.1 The membership of the Committee shall comprise:

<b>Member</b>
Independent Member (Chair)
Independent Member (Vice-Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

<b>In Attendance</b>
Executive Director of Finance
A Clinical Executive Director
Chief Operating Officer
Director of Primary Care, Community & Long Term Care
Other Lead Executives to be invited to attend for relevant Planning Objectives aligned to the Committee or relevant agenda items.

4.3 The membership of the Committee will be reviewed on an annual basis.

#### 5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and one other Independent Member(s), together with the Director of Finance, or deputy, and a Clinical Executive Director and a Chief Operating Officer or deputy.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board – taking into account the balance of skills and expertise necessary to deliver the Committee’s remit and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist skills.

5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

- 5.6 The Chairman of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Finance) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.
- 6.3 All papers must be approved by the relevant Lead Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions action log will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## 9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

## 10. Reporting

- 10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 Joint planning and co-ordination of Board and Committee business.
  - 10.1.2 Sharing of information
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.
  - 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
  - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

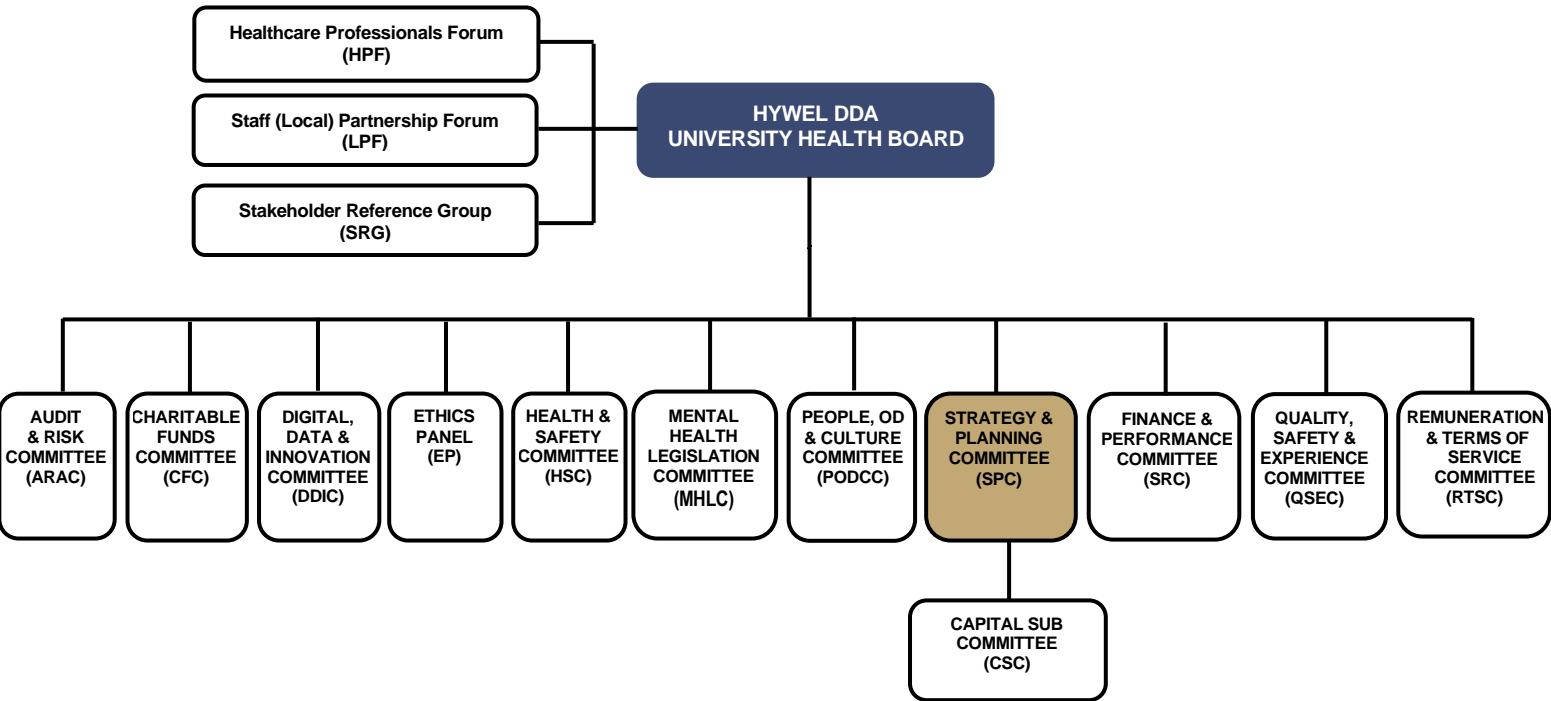
- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

## **11. Secretarial Support**

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



**TERMS OF REFERENCE**

**STRATEGY AND PLANNING COMMITTEE**

Version	Issued to:	Date	Comments
V1	Board	30/01/2025	For Approval



## STRATEGY AND PLANNING COMMITTEE

### 1. Constitution

- 1.1 The Strategy and Planning Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 01 April 2025.

### 2. Principal Duties

- 2.1 The purpose of the Strategy and Planning Committee is to:
- 2.1.1 Provide *evidence based (where possible) and timely advice* to the Board on the development of the following matters consistent with the Health Board's overall strategic direction:
    - 2.1.1.1 Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
    - 2.1.1.2 Business cases and service planning proposals;
    - 2.1.1.3 The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
    - 2.1.1.4 The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board;
    - 2.1.1.5 The Health Board's priorities and plans to improve population health, prevention and wellbeing; and
    - 2.1.1.6 The Health Board's plans to address climate migration and adaption.
  - 2.1.2 Provide *assurance* in respect of the achievement of the Health Board's strategic aims, objectives and priorities, on:
    - 2.1.2.1 The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
    - 2.1.2.2 Plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
      - (i) Joint committee and partnership planning;
      - (ii) Engagement and communication; and
      - (ii) Environmental sustainability.
    - 2.1.2.3 The delivery of the Health Board's Annual Plan/ Integrated Medium Term Plan.
    - 2.1.2.4 That partnership governance and partnership working is effective and successful; and
    - 2.1.2.5 That those arrangements in place to improve population health, prevention and wellbeing are robust and effective and delivering intended outcomes.

### 3. Operational Responsibilities

3.1. The Committee will, in respect of its provision of advice and assurance to the Board:

#### **Strategy, Planning and Partnerships**

- 3.1.1. Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales.
- 3.1.2. Receive assurance on the development of the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Annual Plan/IMTP and the Health Board's strategy and priorities.
- 3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
- 3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.
- 3.1.5. Seek assurance on the review and informed decision-making on pathway changes, service planning, and strategic focuses for commissioning.
- 3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need.
- 3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.
- 3.1.8. Seek assurance on delivery of plans in relation to the National Networks and Joint Committees.
- 3.1.9. Seek assurance on the delivery of Value Based Healthcare (VBHC) strategic plans and programmes.
- 3.1.10. Seek assurance on the delivery of the Health Board's climate mitigation and adaptation activity.
- 3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and

West Wales Strategy, and review documents prior to Board approval.

- 3.1.12. Seek assurance on the development and delivery of implementation plans for the Estates Strategy, including environmental sustainability, agreeing corrective actions where necessary and monitoring its effectiveness.

### **Population health, primary and community**

- 3.1.13. Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.
- 3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
- 3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.

### **Capital and Estates**

- 3.1.16. Review capital (excluding digital) business cases, prior to Board approval.
- 3.1.17. Review revenue expenditure implications relating to capital and provide assurance to the Board that arrangements for capital expenditure and management are robust.
- 3.1.18. Recommend to the Board, following consideration of proposals from the Capital Sub Committee, the use of the Health Board's Capital Resource Limit (CRL), which includes the Discretionary Capital Programme (DCP), in line with the HB's financial scheme of delegation.
- 3.1.19. Receive assurance on the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).

### **Other**

- 3.1.20. Seek assurance on delivery against all areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.
- 3.1.21. Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.

- 3.1.23. Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.24. Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.1.25. Approve relevant corporate policies and plans within the scope of the Committee.
- 3.1.26. Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategy and Planning Committee and oversee delivery.

#### 4. Membership

- 4.1 The membership of the Committee shall comprise:

<b>Member</b>
Independent Member (Chair)
Independent Member (Vice Chair)
2 x Independent Members

- 4.2 The following should attend Committee meetings:

<b>In Attendance</b>
Executive Director of Strategy and Planning (Lead Executive)
Chief Operating Officer
Executive Director of Public Health
Executive Director of Finance
Director of Primary, Community & Long-Term Care
Communications and Engagement Director
Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee
Llais Cymru/ Citizen Voice Body (not counted for quoracy purposes)

- 4.3 The membership of the Committee will be reviewed on an annual basis.

#### 5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with half of the In attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair – taking into account the balance of skills and expertise necessary to deliver the Committee’s remit and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external ‘experts’ from outside the organisation to provide specialist skills.
- 5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the Health Board reserves the right to attend any of the Committee’s meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Planning and Strategy) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.
- 6.3 All papers must be approved by the relevant Lead Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions action log will be circulated to the Lead Director within **seven** days to

check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## 9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

## 10. Reporting

- 10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:
- 10.1.1 Joint planning and co-ordination of Board and Committee business.
  - 10.1.2 Sharing of information
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Capital Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.

10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

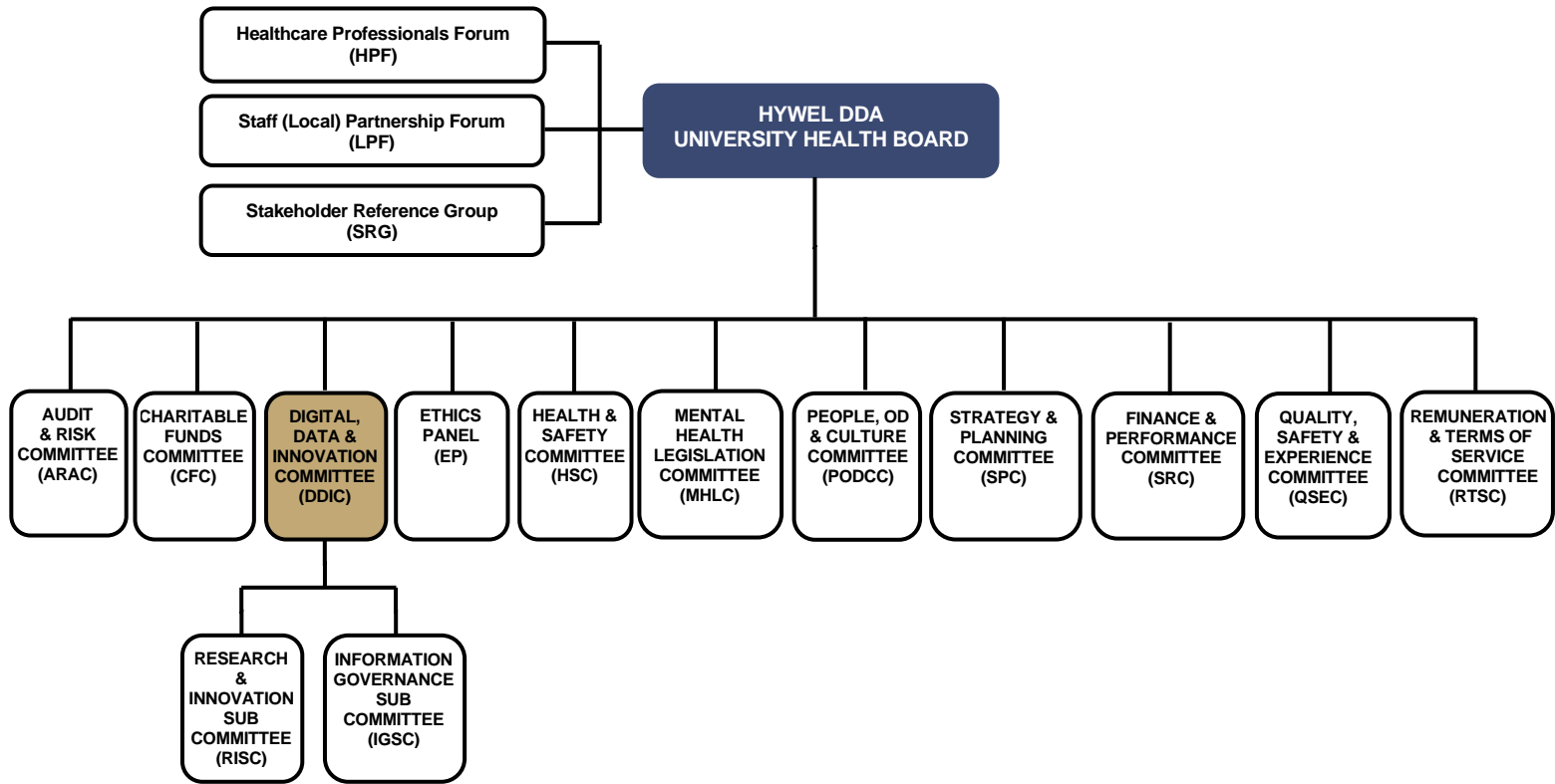
10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

## 11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

## 12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.



## TERMS OF REFERENCE

### DIGITAL, DATA AND INNOVATION COMMITTEE

Version	Issued to:	Date	Comments
V1	<b>Digital, Data and Innovation Committee Board</b>	30/01/2025	For Approval



## DIGITAL, DATA AND INNOVATION COMMITTEE

### 1. Constitution

- 1.1 The Digital, Data and Innovation Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 1 April 2025.

### 2. Principal Duties

- 2.1 The purpose of the Digital, Data and Innovation Committee is to provide *advice* and *assurance* to the Board on the following:
- 2.1.1 That the direction, development and delivery of the Digital Strategy is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).
  - 2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.
  - 2.1.3 That the Board's arrangements for information governance including creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information is in accordance with its stated objectives; legislative responsibilities, listed in Appendix 1; and any relevant requirements, standards and codes of practice.
  - 2.1.4 That the organisation is discharging its functions and meeting its responsibilities with regards to research and innovation activity carried out within the organisation.

### 3. Operational Responsibilities

- 3.1 The Committee will, in respect of its provision of advice and assurance to the Board:
- 3.1.1 Seek assurance on the direction, development and delivery of the Health Board's digital, data and information governance strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP) that will support modernisation through the use of information, data and digital technology.
  - 3.1.2 Seek assurance on the direction, development and delivery of the Health Board's research and innovation strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP).

- 3.1.3 Seek assurance that the digital, data and information governance implications and risks arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners are considered and mitigated.
- 3.1.4 Seek assurance on the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for research and innovation, and handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- 3.1.5 Review and scrutinise business cases, and associated revenue implications, and associated revenue implications, relating to digital and research and innovation activities, and ensuring there are robust contracting processes and procedures are in place, prior to Board approval.
- 3.1.6 Seek assurance that there is a robust information governance and security framework within the UHB and encourage a strong information governance and security culture across the organisation.
- 3.1.7 Seek assurance that the Health Board is meeting its responsibilities with regard to the General Data Protection Regulations, the Freedom of Information Act, Caldicott Principles, Records Management, Clinical Coding, Information Sharing, national Information Governance policies and the Information Commissioner's Office guidance.
- 3.1.8 Seek assurance of the Health Board's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements / assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendations.
- 3.1.9 Seek assurance of the organisation's arrangements for managing information and cyber security incidents including emergency preparedness, resilience and response and business continuity.
- 3.1.10 Seek assurance on the development, procurement and implementation of national and local digital systems.
- 3.1.11 Ensure that there is a process of Data Protection Impact Assessment in place in accordance with the Information Commissioner's guidance.
- 3.1.12 Seek assurance that the Health Board is meeting its responsibilities to ensure compliance with all relevant frameworks, UK Clinical Trials, Clinical Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements.

- 3.1.13 Seek assurance on the promotion and support of Health Board's involvement in high quality, multi-disciplinary and multi-agency healthcare research and innovation, the promotion of evidence-based healthcare, the building of research and innovation capacity and fostering a research and innovation culture, including patient/public involvement where appropriate.
- 3.1.14 Receive the Research & Innovation Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases its research and innovation capacity, research output and research income.
- 3.1.15 Seek assurance that the university partnership arrangements are operating effectively and continue to protect the Health Board's 'university' designated status.
- 3.1.16 Seek assurance that the commercialisation of research, innovation, related developments are appropriately risk assessed and in accordance with health board duties, policies, and procedures.
- 3.1.17 Receive assurance on the delivery against the areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.
- 3.1.18 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.19 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, WG and professional bodies.
- 3.1.20 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.21 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
- 3.1.22 Seek assurance that recommendations made by internal and external reviewers are considered and acted upon on a timely basis.

3.1.23 Approve organisational policies, procedures, guidelines and codes of practice (within the scope of the Committee) to support consistent standards-based processing of data and information to meet legislative responsibilities.

3.1.24 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Digital, Data and Innovation Committee and oversee delivery.

#### 4. Membership

4.1 The membership of the Committee shall comprise:

<b>Member</b>
Independent Member (Chair)
Independent Member (Vice-Chair)
2 x Independent Members

4.2 The following should attend Committee meetings:

<b>In attendance</b>
Executive Director of Finance (Senior Risk Information Officer (SIRO))
Executive Medical Director (Caldicott Guardian)
Executive Director of Strategy and Planning
Associate Medical Director Professional Standards/ Deputy Caldicott Guardian
Digital Director (Deputy SIRO)
Director Research, Innovation and Value
Chief Clinical Information Officer
Chief Nurse Information Officer
Allied Health Professions representative

4.3 The membership of the Committee will be reviewed on an annual basis.

#### 5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with a half of the In attendance Members, which must include SIRO or Deputy SIRO, Caldicott Guardian or Deputy Caldicott Guardian, and Director Research, Innovation and Value or Deputy.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board – taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.
- 5.6 The Chairman of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.
- 5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Finance) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.
- 6.3 All papers must be approved by the relevant Lead Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next seven calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

## 7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## 8. Frequency of Meetings

- 8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## 9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
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- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

## 10. Reporting

- 10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:
  - 10.1.1 Joint planning and co-ordination of Board and Committee business.
  - 10.1.2 Sharing of information
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf. The Sub-Committees reporting to this Committee are:
  - 10.3.1 Research and Innovation Sub-Committee
  - 10.3.2 Information Governance Sub Committee
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:

- 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.
  - 10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
  - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

## **11. Secretarial Support**

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

## **12. Review Date**

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

## Appendix 1

### List of Legislative Responsibilities

- Caldicott Guardian Principles
- Cyber Security and Resilience Bill
- Data Protection Act 2018
- Environmental Information Regulations 2004
- Freedom of Information Act 2000
- Human Rights Act 1998
- Information Commissioner's Office Codes of Practice
- Public Records Act 1958
- Telecommunications (Security) Act 2021
- the Common Law Duty of Confidentiality
- The Network and Information Systems Regulations 2018
- The section 46 Code of Practice on Record Keeping
- UK General Data Protection Regulation
- Wales Accord on the Sharing of Personal Information (WASPI) Framework