



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report on Board Effectiveness Assessment 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/ Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

To comply with Standing Orders, the Board should introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. This is one of the mandatory requirements set out within the Governance Statement (GS) which the Health Board prepares for Welsh Government. This report is to provide the Board with assurance around the process that has been undertaken to review its effectiveness during 2024/25.

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 Board Seminar on 17 April 2025 to consider whether they agreed with the Chair and Chief Executive Officer’s initial assessment of the Board’s effectiveness during 2024/25. 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 (ARAC) on 8 May 2025.

Asesiad / Assessment

In response to the Health Board’s escalation status to targeted intervention (level 4) for the entire organisation, the Board undertook a refreshed approach to assessing its effectiveness for 2024/25. This was partly in response to the de-escalation criteria within the ‘governance’ domain which required a ‘self-assessment against an agreed governance maturity matrix with evidence of the agreed level’, but also the Board’s own recognition that it needed to take a more nuanced approach to assessing its effectiveness, to ensure that it continues to evolve and mature.

The Board has developed a maturity matrix based on the Good Governance Handbook from the Healthcare Quality Improvement Partnership, which is a collaborative document first produced by the Healthcare Quality Improvement Partnership (HQIP) and the Good Governance Institute (GGI) in 2015, but more recently updated in 2021. This matrix describes 10 key areas of good governance for NHS organisations and provided a maturity matrix which has been amended to better align to NHS Wales requirements and expectations. At the Board Seminar on 17 April 2025, the Board reviewed the evidence to support the assessment of its effectiveness against the criteria in the maturity matrix (Appendix 1). This included the following assurances:

- The Health Board has completed a self-assessment against the Corporate Governance in Central Governance Departments: Code of Good Practice 2017. The Health Board used the “Comply” or “Explain” approach in relation to the Code of Good Practice. The Self-Assessment is available at Appendix 2 confirming there are no matters to explain.
- Board Committee Effectiveness – There is a programme in place to ensure the Committees delegated by the Board review or undertake the following activity on an annual basis:
 - Terms of Reference and Operating Arrangements
 - Committee Self-Assessment of Effectiveness Exercise and 6 month follow-up review of agreed actions
 - Committee Cycle of Business/Work Plan
 - Annual Committee Report on Activity to the Board
 - This committee effectiveness review process which informs both the board development programme and also improve the effectiveness of the committees of the Board.
- External Assurances
 - Joint Escalation and Intervention Arrangements status – The Health Board has been in targeted intervention (level 4) for the entire organisation since January 2024. In March 2025, the Health Board was de-escalated for Child and Adolescent Mental Health Services, Planned Care, Governance and Leadership; with these all moved from targeted intervention to enhanced monitoring status (level 4 to level 3). Welsh Government 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. Governance and scrutiny arrangements have been established within the Health Board and approved by the Board.
 - Audit Wales (AW) Structured Assessment 2024 - The structured assessment in 2024 (available to read here: [Hywel Dda University Health Board – Structured Assessment 2024](#)) focused on our corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. The overall assessment concluded that “the health board’s corporate arrangements continue to operate effectively, despite a period of significant change, with a small number of areas that could further improve. Whilst the financial position for 2024-25 remains extremely challenging, the health board is taking positive steps to get onto a more sustainable footing”.
 - 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. Whilst the Internal Audit Plan for 2024/25 will not conclude until June 2025; to date, below is a summary of reports as per assurance level:

Substantial Assurance	<ul style="list-style-type: none"> • Executive Team Governance • Performance Management • Digital Strategic Partner • Digital Benefits Realisation • Cash Management • Waiting List Management
Reasonable Assurance	<ul style="list-style-type: none"> • Targeted Intervention Governance • Annual Planning • Financial Management • Job Planning • Emergency & Business Continuity Planning • Learning Lessons • Falls Management • Nurse Staffing Act • Capital Systems • Energy Management • Ultrasound Corporate Risk • Speaking up • WGH Capital RAAC • Agreed action tracking and follow up • CHC – Database maintenance and Financial Processes
Limited Assurance	<ul style="list-style-type: none"> • Nursing Management • Discharge Management • Mortuary (joint SBUHB) • Data Quality / Use of Data • Bed Management • Health & Safety • Cleanliness
Unsatisfactory Assurance	N/A
Advisory/Non-opinion	<ul style="list-style-type: none"> • Contract Management • Discharge Management agreed action follow up

Following due consideration of the evidence outlined against the Board Maturity Matrix (see Appendix 1) at Board Seminar on 17 April 2025, the Board agreed the following levels:

Key Criteria	Maturity level	Maturity level description
1. Clarity of Purpose, Roles & Behaviours	3	The Board has agreed cultural and ethical values and strategic objectives, combined with a robust mechanism for developing care services and settings against these
2. Oversight & Administration Principles	4	Using these principles has helped Board members to better understand their roles in governance. Governance activities that provide little value and do not meet the principles have been stopped

3. Leadership & Strategic Direction	3	An induction and development programme is in place for Board/ and aspirant members. Diversity is embedded in the approach.
4. Effective External Relationships	3	Effective citizen involvement is in place and evidenced by improvement initiatives that are put into operation as a result.
5. Effective Internal Relationships	3	The organisation prioritises staff and internal stakeholder involvement, and formal and informal input and feedback from all staff, new staff, and leavers, is sought and valued.
6. Transparency & Public Reporting	3	The Board publicly demonstrates conflicts are examined and covered within contracts; Limited use of In-Committee meetings; integrated public reporting is central to organisational finance, quality, and performance management.
7. Systems & Structures: Quality & Safety	3	Quality management system strategic framework implementation demonstrates improvements the domains within the within the health and care quality standards.
8. Delivery of Agreed Outcomes	2	Performance reports including benchmarking data and key performance indicators are in development.
9. Risk Management & Compliance	4	The Board Assurance Framework is central to the management of risks to achieving strategic objectives, with a quarterly update and annual action planning to drive business. Emergency and Business Continuity Plans are improved through a range of scenario tests in year
10. Effectiveness & Added Value	3	The annual cycle of business is planned, and the Board Assurance Framework is used by the Board to identify opportunities for increased effectiveness and added value.

The improvement work being undertaken by the Health Board in respect of its escalation status will help to strengthen the effectiveness of the Board, as well as embedding the new operational governance arrangements. In addition to this work, an action plan (see Appendix 3) has been developed to enable the Health Board to continue to develop, improve and mature.

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 17 April 2025 and was also presented to the Audit and Risk Assurance Committee on 8 May 2025 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)	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: 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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Chair Chief Executive Board ARAC

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.

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

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

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

**BOARD MATURITY
ASSESSMENT AS AT
MARCH 2025**

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

Evidence

- A Healthier Mid and West Wales Strategy and strategic objectives approved by Board in September 2018. Refreshed strategic objectives agreed by Board in January 2025, with Board advised of intention to review AHMWW Strategy in 2025/26.
- Annual Plan agreed by Board every March with plans aligned to ministerial priorities and planning objectives – latest approved March 2025
- Board agreed Values and Behaviour Framework – approved by Board ?? with refresh in 2025/26
- In January 2024, WG increased the escalation status to targeted intervention (level 4) for the entire organisation. Targeted Intervention targets and local priorities agreed with WG and incorporated into Annual Plan. De-escalated to level 3 for Child and Adolescent Mental Health Services, Planned Care, governance and leadership domains in March 2025.
- West Wales Regional Partnership Board priorities agreed
- Public Service Board Well-Being Plans in place for Carmarthenshire, Ceredigion and Pembrokeshire with an over-arching theme of reducing inequalities, inequity and poverty agreed in 2023, and monitored by the Board
- New Joint Regional Committee developed to strengthen arrangements for planning and delivering healthcare services on a regional basis where it is appropriate to do so to ensure continued safety, quality and ongoing viability of services, agreed purpose and vision priorities – Board January 2025
- [Annual Planning Matrix](#) undertaken and reported to Board May 2024 – Internal Audit Review (Reasonable Assurance – Jun24) – Assessment across the 9 domains (level 3 Results Initial achievement (1), Level 2 Early Progress in development (4), Level 1 Basic Level Principle accepted & commitment to action (3), Level 0 No progress (1))
- Ethic panel in place since 2020.
- Internal escalation framework in place to oversee internal delivery of performance across a number of domains and delivery of Health Board priorities
- Board assurance framework measure success against the strategic objectives
- Internal Audit on Annual Planning scheduled (due May2025)
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - *Corporate Approach to Planning*, that ‘that development and delivery of the Health Board’s plans continue to be supported by appropriate oversight, underpinned by a pragmatic approach to addressing planning team capacity issues. There is scope to review well-being objectives as part of a planned long-term strategy refresh’.
 - *Corporate approach to producing strategies and plans*, that ‘there continues to be appropriate corporate arrangements in place to support the development of plans, underpinned by a pragmatic approach to overcome planning team capacity issues. While the Health Board remains focused on its long-term strategy, plans to refresh it provide an opportunity to align its well-being objectives’.
 - *Corporate approach to overseeing the delivery of strategies and plans*, that ‘planning oversight arrangements remain robust, supported by focused and further streamlined planning objectives designed to progress strategic change programmes’.

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

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

Evidence

- Standing Orders including Standing Financial Instructions and Scheme of Delegation reviewed and approved at least annually – last reviewed May 2024
- Robust appointments system in place for all Board Members – current Board Members are identified in Annual Report and on the HB website
- Chairs, Vice-Chair, Executive Directors appraisal process in place, undertaken at least annually
- Board and Committee Terms of Reference reviewed annually
- Board Schedule and Workplans developed and maintained throughout the year and reported to each meeting – these routinely monitor quality, provide assurance, and identify and mitigate emerging risks.
- Committee Self-Assessment process undertaken annually, with feedback report to Committees, action plans and 6 monthly review, high level messages are also fed into the Board Development programmes
- Internal, External and Clinical Audit Plans are agreed and reported through relevant Board Committees
- ARAC hold private meetings with internal and external audit, and Counter fraud
- Remuneration and Terms of Service Committee in place and reports decisions to the Board
- Board Development Programme is in place
- Committee Annual Reports undertaken annually to report activity undertaken through the year and detailing the results of a review of its performance
- Board Committee structure regularly reviewed – latest review January 2025 [Revised Board Committee Governance](#)
- Limited use of In-Committee meetings, Private Board agenda items are published in advance and report of meetings provided to the Board
- Operational governance structure and governance arrangements reviewed in 2024/25 – to be implemented and reviewed in 2025/26
- Joint Regional Committee TORs agreed in January 2025, with supporting governance structure developed and approved by Board in March 2025
- Triple A (Alert, Advise, Assure) reporting process to strengthen Board/Committee assurance and escalation.
- Code of Corporate Governance – The code operates on a “comply or explain” basis, any deviation must be explained as part of the Governance Statement - no matters to ‘explain’
- Escalation domain of governance has been de-escalation from level 4 (targeted intervention) to level 3 (enhanced monitoring) in March 2025
- Internal Audit Reviews of Financial Governance and Targeted Intervention Governance provided *Reasonable Assurance*
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - *Effectiveness of Board and committee meetings*, that ‘Board and committee meetings continue to be conducted appropriately and effectively, with strengthened arrangements to escalate high-risk matters to the Board. Preparations to establish a joint committee with Swansea Bay University Health Board are progressing well’.

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

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

Evidence

- The Board managed a period of significant change through 2023/24 and 2024/25, with change of Chair-Vice-Chair and CEO/DCEO posts. There were also a number of new Executive Directors in 2023/24 (Director of Public Health and Director of Allied Health Professions and Health Science), and interim Directors in place in 2024/25 (Medical Director and Director of Nursing, Quality and Patient Experience).
- Balance of male (5) and females (5) on Board up to March 2025
- Local Induction programme in place for new Independent Members, with IM Handbook, and new National Programme of Induction for all Board Members introduced in 2025
- Optional Lunch and Learn sessions in place for Board Members cover topics such as patient safety walkarounds, finance, patient service and complaints, risk and estates/capital projects
- Board succession plan
- Board Development programme in place
- Patient Safety Visits undertake by Board members
- Board adoption of the HEIW Compassionate Leadership pledge in July 2024
- Supporting the WG Aspiring Board Members programme
- Agreed programme of OD support to support the new Clinical Care Groups
- Equality, Diversity and Inclusion (EDI) Task Force established, led by an Independent Member, to drive a set of actions to improve equity across the Health Board
- Escalation domain of leadership has been de-escalation from level 4 (targeted intervention) to level 3 (enhanced monitoring) in March 2025
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - *Board cohesiveness and commitment to continuous improvement*, that ‘the Board is managing a significant period of change well and is taking positive steps to ensure it remains cohesive and effective through Board development opportunities and arrangements for continuous improvement’.

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

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

Evidence

- The Health Board has a longstanding commitment to continuous engagement with our patients, public, staff, and stakeholders. In 2019, and updated in 2022, the Health Board developed its Framework for Continuous Engagement and Consultation in partnership with the then Community Health Council (now Llais). The Framework provides a basis for the Health Board’s engagement work, both from a formal perspective and a wish to move towards ongoing engagement that is part of our day-to-day business as an organisation.
 - This work is underpinned by several key pieces of legislation and guidance, including the National Health Services (Wales) Act 2006 s184, Social Services and Well-being (Wales) Act 2014, Well-being of Future Generations Act (Wales) 2015, Health and Social Care (Quality and Engagement) (Wales) Act 2020, and the Welsh Government Guidance for Engagement and Consultation on Changes to Health Services 2022, Gunning and Bracking principles, Equality Act 2010 – Public Sector Equality Duty s149, including the Socio-Economic Duty, and other legislation and guidance . This approach aims to ensure that a diverse range of voices from across the Hywel Dda community are integral to the planning, development, and decision-making process.
- Reports received by the Board show the Health Board’s commitment to hearing from the public and stakeholders to inform its decisions. The Health Board invites feedback from the public and stakeholders using a variety of methods such as in-person drop-in events, postal and online surveys and via email and telephone. Examples include managed dispersal at St David’s GP Practice in Pembrokeshire, and in-patient beds in Tregaron Community Hospital in Ceredigion. Health Board’s on-going approach to continuous engagement with our communities - discussion paper to Board March 2025
- Best Practice Quality Assurance accreditation achieved from The Consultation Institute for the consultation process for the selection of a site for the new hospital and for the consultation process for the selection of an option for the future provisions to urgent and emergency services for children and young people at Withybush and Glangwili Hospital
- Stakeholder Reference Group, advisory group to the Board - quarterly meetings for early strategic engagement, service improvement advice, and social care and wellbeing discussions. Health Board is a member of networks and partnerships including Public Services Boards (PSBs) in Carmarthenshire, Ceredigion, and Pembrokeshire, West Wales Regional Partnership Board. A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee for Health and Care, Dyfed Powys Local Resilience Forum (LRF)
- Siarad Iechyd/Talking Health, the health board’s involvement and engagement scheme, includes members of local community, in place since 2011 [Speak Up](#) framework in place for reporting concerns openly or anonymously, including whistle-blowing, suggestions for improvement.
- Llais attendance and active participation at discussions at Board meetings
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - Board commitment to hearing from patients/service users and staff, that ‘the Board continues to hear from a range of patients and staff and has enhanced arrangements for patient safety ‘walkabouts’.

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

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

Evidence

- Values and Behaviours Framework in place
- Staff stories heard at People, Organisational Development and Culture Committee (PODCC) and Health and Safety Committee (HSC)
- Staff Partnership Forum established which reports into the PODCC
- Staff Survey undertaken in 2024/25 – results reported to PODCC February 2025, with action plan to be developed for April PODCC
- Speak Up framework, guardians, guidance, reporting and platform in place on staff intranet to report issues. Internal Audit on Speaking up Safely provided Reasonable Assurance, however a high priority matter arising was identified with lack of a single report of formal and informal raised concerns, nor the triangulation of lessons learned. A number of medium priority matters arising were also identified.
- Corporate induction for new starters and local induction explained in [Organisational Induction Policy](#)
- Stay and Exit interview process and digital and paper questionnaire available on staff intranet can be completed on own, with line manager, with member of OD team
- Learning Development policy in place that promotes a learning culture through statutory, mandatory, and CPD
- Hywel Dda whole organisational meeting – Q&A from staff
- Organisational Development information available on staff intranet
- Leadership Development programmes available
- Staff engagement is reported in the IPAR
- The Health Board also continues to have active staff networks and advisory groups such as BAME network, carers group, Respectability group, LGBTQ+ and armed forces groups.
- Inclusion EDI Task Group has been established led by an Independent Member to drive a set of actions to improve equity across the Health Board
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - *Board commitment to hearing from patients/service users and staff*, that ‘the Board continues to hear from a range of patients and staff and has enhanced arrangements for patient safety walkabouts’.

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

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

Evidence

- Declarations of interest are declared annually by all Board members and are included at the start of all Board and Committee meetings
- A register of interests is published on the health board website. Any conflicts are managed appropriately, and members withdraw from discussions
- gifts, sponsorship and hospitality is maintained and published on the health board website
- All Board and Committee papers are published on our website ahead of meetings
- Limited use of Private Board and Committee meetings to ensure openness and transparency with our stakeholders
- The Integrated Performance Assurance Report, which summarises progress against a range of national and local performance measures, is presented at every Board meeting
- Improving People and Community Experience Report presented to every Board, summarises feedback from experience to enable the Board to demonstrate that it is actively listening to individuals who access our services, and is undertaking measures to improve the quality of services provided to further enhance that experience
- The Finance Report presented to every Board outlines the Health Board’s financial position to date against the Annual Financial Plan and assesses the key financial projections, risks and opportunities for the financial year, including the implications of in-year recurrent delivery for the forthcoming financial year.
- The Annual Report and Accounts details how we have performed against Welsh Government targets and actions planned to improve our performance, how we have spent our money and met our obligations under The NHS Finance (Wales) Act 2014, our key accountability requirements and about how we manage and control our resources and risks and comply with governance arrangements
- The Duty of Quality and Candour Report demonstrates how we met the duties set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020
- The Internal Audit is prepared on a risk based planning approach, including areas that the health board had specifically identified as know risks areas and areas of potential concerns.
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - *Public transparency of Board business*, that ‘the Health Board continues to maintain a strong commitment to public transparency’
 - *Arrangements to support the conduct of Board business*, that ‘the Health Board has maintained robust arrangements to support the effective conduct of Board and committee business’

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

7. SYSTEMS AND STRUCTURES: QUALITY AND SAFETY – Agreed level of Maturity – 3

Evidence

- The Quality Management System Strategic Framework was approved by Board in March 2023. A SharePoint page is in place to provide guidance and updates as further support materials become available.
- New templates for the Clinical Care Group’s Integrated Governance Group (focus on quality) have been developed. These templates include terms of reference; agenda; and regular report to Quality, Safety and Experience Sub-Committee.
- Routine quality assurance reporting to Quality, Safety and Experience Committee using Health and Care Quality Standards
- Our Safety Dashboard available providing information to services and directorates.
- WalkRounds™ (Board to Floor / Walkarounds), Clinical Audit, NICE and National Guidance, Healthcare Inspectorate Wales improvement action plans, and other assurance reports captured and monitored through AMaT
- Internal Audit Review of Learning Lessons provided Reasonable Assurance, however (still in draft – to go to ARAC Apr25)
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s:
 - *Board commitment to hearing from patients/service users and staff*, that ‘the Board continues to hear from a range of patients and staff and has enhanced arrangements for patient safety ‘walkabouts’.
 - *Corporate approach to overseeing the quality and safety of services*, ‘whilst there is appropriate corporate oversight and scrutiny of the quality and safety of services, there is a need for more regular updates on the implementation of the Quality Improvement Strategic Framework’.
- The Duty of Quality and Candour Report demonstrates how we met the duties set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020

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

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

Evidence

- The IPAR includes a range of national* and local performance measures and is reported to every Board and relevant Board Committees. Key areas for improvement are included in the report.
- The Power BI dashboard provides benchmarking data and key performance indicators. Context, actions, risks and mitigation, current target and when we will meet target are included for some of the measures.
- A targeted intervention tracker is maintained which provides reports to WG, Board, Committees and Executive Team on progress against key TI criteria. Action plans are in place to address areas of Alert and Advise.
- The internal escalation framework for 2024/25 included domains of (1) finance, strategy and planning, (2) performance, (3) Quality, (4) fragile services, (5) governance and (6) leadership, and helped to drive improvements in a number of areas, such as finance, and resulted in WG de-escalation for governance and leadership. *This framework has been refreshed for 2025/26 to include population health.*
- Delivery of strategic objectives (SO) is measured through the Board Assurance Framework presented to Board 3 times a year. 3-4 outcome measures aligned to each of the SOs. SOs are delivered through our planning objectives which are developed and agreed annually as part of the annual planning process.
- Outcomes dashboard in development for 2025/26, which will include PROMs for specific pathways
- Internal Audit Review of Performance Management Arrangements provided *Substantial Assurance*
- Audit Wales Structured Assessment 2024 found that respect of the Health Board's:
 - *Corporate approach to overseeing organisational performance*, that 'Board and corporate oversight of organisational performance has been strengthened, however there is a need to update the performance management framework to ensure it reflects current 'arrangements'.

*The 2024/25 NHS Wales Performance Framework 2024/25 provides a set of indicators developed by Welsh Government to reflect the National Programme areas as outlined in the NHS Wales Planning Framework 2024-2027. The framework outlines the Ministerial priorities for this financial year, along with key targets

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

9. RISK MANAGEMENT & COMPLIANCE – Agreed level of Maturity – 4

Evidence

- Board approved Risk Management Framework is in place and is updated to reflect changes in process and systems – risks are assessed against objectives, operational quality and delivery and compliance
- Corporate risk register is in place – reviewed monthly by Executive Team, reported to Board and Committees 3 times a year
- Operational risk registers in place reported to Committees 3 times a year to provide assurance on risk management
- Board Assurance Framework is in place and is reported to the Board 3 times a year, includes principal risks, planning objections, actions, and outcome measures. This has been recognised by Audit Wales as a good practice model.
- Board approved Risk Appetite Statement and tolerance approach in place which is included in the BAF.
- Board approved Major Incident Plan in place which is reviewed annually.
- Disclosures made in Annual Governance Statement in respect of compliance with Civil Contingencies Action and breaches with GDPR
- Emergency Preparedness, Resilience and Response Annual report submitted to WG NHS Executive annually
- Internal Audit Review of Emergency and Business Continuity Planning provided *Reasonable Assurance* however there was one high priority finding was identified with operational teams not fulfilling their responsibilities to develop business continuity plans and undertake regular testing as outlined in policy. Satisfactory governance arrangements were evident with the attendance of key individuals at Health Board, LRF and WG meetings to discuss and plan activities to respond to local and national risks. The review identified 6 areas out of 161 areas did not have a business continuity plan – as at 31/03/2025 only one outstanding. Emergency planning dashboard in development, with oversight through the Improving Together Framework.
- We have concluded *Substantial assurance* for this objective. Last live exercise of major incident plan was in February 2025.
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s risk management arrangements:
 - *Corporate approach to overseeing strategic and corporate risks*, that ‘the Board continues to have a mature approach to overseeing strategic and corporate risks and risk management ‘arrangements’.

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

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

Evidence

- Board annual workplan is developed and maintained throughout the year, and contains periodic matters of business, approval of annual accounts
- Duty of Quality and Candour Report is produced annually to demonstrate the quality of services within the health board
- AW Structured Assessment 2024 evaluates Board effectiveness and found that arrangements for reviewing the Board’s effectiveness remain strong, and has a mature and open approach to reviewing its effectiveness, concluding in this area (*Board cohesiveness and commitment to continuous improvement*) that:
 - the Board is managing a significant period of change well and is taking positive steps to ensure it remains cohesive and effective through Board development opportunities and arrangements for continuous improvement.
- Annual Board Effectiveness assessment undertaken
- Board Assurance Framework is in place and is reported to the Board 3 times a year
- The IPAR includes a range of national and local performance measures and is reported to every Board and relevant Board Committees
- Board regularly reviews its governance arrangements to ensure it is streamlined and fit for purpose (last reviewed January 2025 and responded to feedback received in last year’s Committee self-assessment process)
- Review of operational governance arrangements undertaken in 2024/25 – to be implemented and reviewed in 2025/26
- Strategic Approach to Financial Recovery report to Board (January 2025) outlining the macro and micro challenges facing Hywel Dda
- Primary care governance reviewed in 2024/25
- Internal Audit on Targeted Intervention Governance provided Reasonable Assurance, with two medium priority recommendations, acknowledged that challenges still faced the Health Board in the delivery of the TI actions
- Internal Audit on Executive Team working (due May2025)
- Audit Wales Structured Assessment 2024 found that respect of the Health Board’s
 - Effectiveness of Board and committee meetings, that ‘Board and committee meetings continue to be conducted appropriately and effectively, with strengthened arrangements to escalate high-risk matters to the Board. Preparations to establish a joint committee with Swansea Bay University Health Board are progressing well’.

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

2024/25 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 organisation's performance, as well as scrutinising and challenging organisational policies and performance, with a view to the long-term health and success of the organisation. (2.1 and 2.2)	<p>The Board is scheduled to meet every alternate month. During 2024/25, 2 extraordinary Board meetings were held. These were held for the following purposes:</p> <ol style="list-style-type: none"> To consider the update the update in regard to the conclusion and the recommended option for the Emergency Medical Retrieval and Transfer Service (EMERTS) To approve the Health Board's Annual Report and Accounts for submission to Welsh Government by 15 July 2024 <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>Board stability has improved during 2024-25 following both Chair and Chief Executive leaving their posts in 2023-24. The Board started 2024-25, with interim arrangements in place for both these roles (CEO). Substantive appointments were made during 2024-25, with a new Chair starting on 1 June 2025 and the interim CEO, taking up as substantive CEO on 22 October 2024. The Executive Director of Workforce and OD, was also appointed substantively as Deputy CEO, following being in the post on an interim basis since December 2023. The Executive Director of Nursing, Quality and Patient Experience was also appointed substantively in the post having undertaken the role on an interim basis. There are interim arrangements in place for one further Executive Director role, the Executive Medical Director. The recruitment process is underway for this post.</p>	<p>Title: AW Structured Assessment 2024</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>Board and Committee Minutes – demonstrate scrutiny and support.</p> <p>Board Papers.</p> <p>Board Work Plan 2024/25.</p> <p>Joint Executive Letters.</p> <p>AW Structured Assessment report 2024.</p>
CGC 2	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>The submission of a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) is a statutory obligation. However, for an IMTP to be approvable it must show financial balance over the lifecycle of the Plan and, as such, HDdUHB has not produced an approvable Plan to date. Given the financial position and the raising of our targeted intervention status to the entire organisation in January 2024, the health board submitted an Annual Plan for the period 2024-25. The Annual Plan set out the key actions and ambitions for the Health Board for 2024-25 in order to provide services whilst</p>	<p>Title: AW Structured Assessment 2024</p> <p>Reference Point: Corporate Approach to Planning – Paragraph 65-79</p>	Comply	<p>Annual Plan 2024/25</p> <p>Annual Plan 2024/25 reports to Board during 2024/25</p> <p>CEO Reports to Board include updates on Escalation status</p> <p>Escalation Status update reports to ARAC</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<ul style="list-style-type: none"> Leadership – articulating a clear vision for the organisation and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance Accountability – promoting transparency through clear and fair reporting. Sustainability – taking a long-term view about what the organisation is trying to achieve and what it is doing to get there. <p>(2.3)</p>	<p>responding to operational, workforce and financial pressures and making progress towards our long term strategy 'A Healthier Mid and West Wales and our Strategic Objectives.</p> <p>In March 2025, the Board approved the Annual Plan for 2025/26, recognising that whilst the financial Plan met the WG Target Control total, it would not deliver against the breakeven duty and will consequently breach the Health Board's statutory duty and will consequently receive a qualified regularity opinion.</p> <p>The Annual Plan outlines how the Health Board engages and ensures that it considers the principles of citizen engagement, the Wellbeing of Future Generations Act and also the Health Boards Wellbeing Statement.</p> <p>The Health Board has been in Targeted Intervention escalation status since September 2022 for 'finance' and 'planning' and enhanced monitoring for some quality issues related to performance resulting in long waiting times and poor patient experience. However, due to WG concerns of the Health Board's lack of sustained progress over a period of time on integrated planning, finance and delivery, in January 2024, WG increased the escalation status to targeted intervention for the entire organisation. In March 2025, the Health Board was de-escalated to level 3 (enhanced monitoring) for Child and Adolescent Mental Health Services and Planned Care, in recognition of improvements, performance and outcomes, and for governance and leadership, in recognition of improvements, related to improved Board stability and an increased degree of confidence in the organisation's leadership and governance.</p> <p>The Health Board adopted its revised Model Standing Orders (SOs) in May 2024. 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 approved its Risk Appetite Statement in January 2025 and new approach to risk tolerance in March 2025.</p>	<p>Corporate Approach to Managing Financial Resources – Paragraph 80-101.</p>		<p>Standing Orders and Standing Financial Instructions.</p> <p>AW Structured Assessment report 2024</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
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 (2.4 and 3.10) 	<p>The Board meets every alternate month. During 2024/25, 2 extraordinary Board meetings were also held (see CGC 1 for further detail). The Board also holds a Board Seminar meeting in the alternate month with additional Board Development sessions through the year.</p> <p>There is a Board Cycle of Business in place, developed on an annual basis and updated throughout the year.</p> <p>Board agendas are divided into Preliminary Matters, Delivering on our Purpose – Quality, Safety and Performance, Maintaining Good Governance, and Working in Partnership.</p> <p>The Board routinely receives information on strategic activity, annual plan delivery, business cases, improving patient experience, risk and integrated performance, as standing agenda items.</p> <p>Towards the end of 2024, the Board agreed the need for a refresh of its A Healthier Mid and West Wales strategy, due to the time that had elapsed since it was approved in 2018 and significant changes that have taken place during the intervening period. In January 2025, the Board received a further report which considered the emerging scope for the strategic refresh and was produced in conjunction with a report on the Strategic Approach to Financial Recovery, which provided further analysis on the economic, demographic and productivity context for the Health Board. This was followed by a further report in March 2025, which provided a closer look at the challenges and options in respect of the Health Board's estate.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 17-31.</p>	Comply	<p>Standing Orders and Standing Financial Instructions.</p> <p>AW Structured Assessment report 2025</p> <p>Board Annual Workplan</p> <p>Board agendas and papers throughout 2024/25</p>
CGC 5	<p>The Board also supports the accounting officer in the discharge of obligations set out in <i>Managing Public Money</i> for the proper conduct of business and maintenance of ethical standards. (2.7)</p>	<p>The Board approves the Accountability Report on an annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control. This is reviewed by Audit Wales, as part of the Annual Report and Accounts, prior to submission of the final documents.</p>	<p>Audit Wales and Internal Audit receive and review the Accountability Report for comment and ensuring compliance with the Manual for Accounts.</p>	Comply	<p>Annual Accountability Report</p> <p>Board papers</p> <p>AW Structured Assessment 2024</p>
CGC 6	<p>Where Board members have concerns, which cannot be resolved, about the running of the organisation or a proposed action, they should ensure that their concerns are recorded in the minutes. (2.12)</p>	<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, whilst these have met infrequently during the latter end of 2024/25, these meetings are being reinvigorated for 2025/26.</p> <p>The role of the Director of Corporate Governance (DoCG)/Board Secretary is to be responsible for ensuring these matters are effectively managed, recorded and resolved where possible.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board cohesiveness and commitment to continuous improvement – Paragraph 37-42.</p>	Comply	<p>Role of the DoCG/Board Secretary</p> <p>AW Structured Assessment report 2024</p> <p>Board and Committee Minutes – available on the Health Board Internet site.</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
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 and Membership 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 7 females and 12 males.</p> <p>The IM roles are appointed in areas of expertise to ensure appropriate skill mix. Gaps between outgoing and incoming IMs have been minimal, with no implications on attendance or continuity at Board and committee meetings. There were delays with the public appointments' recruitment process at the beginning of 2024-25, therefore the new Chair was unable to have a handover period with the previous substantive Chair. The Vice-Chair acted up on an interim basis to provide continuity in the short-term.</p> <p>Public Appointments Unit support the process – set criteria within an IM Role. Maximum of 2 tenures of up to 8 years.</p> <p>IM membership on Board Committees is rotated at appropriate times to ensure there is a mix and balance of experience across all meetings.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>Establishment Orders</p> <p>Standing Orders</p> <p>AW Structured Assessment report 2024</p> <p>Board and Committee Terms of Reference</p>
CGC 8	The roles and responsibilities of all board members should be defined clearly in the organisation's board operating framework. (3.2)	<p>Constitution is set out in the Organisation's Establishment and Membership Orders and the Health Board abides by this composition.</p> <p>Standing Orders also outline the composition of the Board.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>Establishment Orders</p> <p>Standing Orders</p> <p>AW Structured Assessment report 2024</p>
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.</p> <p>Meeting principles adopted that support this constructive challenge.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>AW Structured Assessment report 2024</p> <p>Committee Self-Assessment Approach and Outcome Reports</p> <p>Standing Orders</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
		<p>The WG IM training captures effective challenge and scrutiny role on the Board. There is also a new national and local induction programme in place to advise Board Members on to discharge their role.</p> <p>Standing Orders outline the role of the Board Members.</p> <p>Reflective exercise held at the end of each Committee meeting.</p> <p>Board Seminars which are held every other month provide the Board with the opportunity for debate on key issues facing the organisation and enable IMs to influence and advise the Executive Team.</p> <p>The committee chairs meetings which meet to triangulate information from the Committees are being reinvigorated for 2025/26.</p> <p>As part of their roles, IMs also undertake engagement visits and quality visits across services within Hywel Dda, to gain knowledge and assurance on systems and processes, and will key findings are reported back to Committees on the key outcomes and themes.</p>			
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>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>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>AW Structured Assessment report 2024</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>
CGC 12	The Board should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including: 1. formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials	<p>IMs Terms of Office are monitored by the Chair with support from the DoCG/Board Secretary to ensure succession planning is timely and managed in conjunction with the Public Appointments Unit in WG.</p> <p>Agenda planning is managed by the Chair and supported by DoCG/Board Secretary and CEO to ensure adequate time is spent on the appropriate matters at Board meetings.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>AW Structured Assessment report 2024</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>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>2. allowing sufficient time for the board to discharge its collective responsibilities effectively</p> <p>3. induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date</p> <p>4. timely provision of information in a form and of a quality that enables the board to discharge its duties effectively</p> <p>5. a mechanism for learning from past successes and failures within the organisational family and relevant external organisations</p> <p>6. a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members</p> <p>7. a dedicated secretariat with appropriate skills and experience (4.1)</p>	<p>National induction programme in place for new Board Members. The Health Board has a robust induction programme for IMs. This programme consists of the following areas to ensure that a robust and supportive induction plan is in place for all new Board appointments:</p> <ul style="list-style-type: none"> 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>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>
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 	<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; 	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>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	officials, and advising on the extent to which these arrangements are effective at improving performance (4.5)	<ol style="list-style-type: none"> 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. 			
CGC 14	The attendance record of individual board members should be disclosed in the governance statement and cover meetings of the board and its committees held in the period to which the resource accounts relate. (4.6)	<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	Where necessary, board members should seek clarification or amplification on board issues or board papers through the board secretary. The board secretary will consider how officials can best support the work of board members; this may include providing board members with direct access to officials where appropriate. (4.10)	<p>This is the relationship between the DoCG/Board Secretary and the Board Members. Before each Board meeting, there is a meeting with the Chair, IMs and the Board Secretary to discuss the Board papers.</p> <p>The role of the DoCG/Board Secretary is to act as principal advisor to the Board and the organisation as a whole on all aspects of governance and to ensure that it meets the standards of good governance set for the NHS in Wales.</p> <p>Regular IM meetings with Chair and DoCG/Board Secretary.</p> <p>Chairs of committees have also retained a touchpoint meeting with the relevant lead executive officer between committee meetings.</p>	N/A	Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>
CGC 16	<p>An effective board secretary is essential for an effective board. Under the direction of the Welsh Government, 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 	<p>DoCG/Board Secretary works closely with the Chair and Chief Executive to agree the next Board agenda following each meeting. Board agendas are based on the Board Workplan which is updated after each meeting. The DoCG/Board Secretary meets regularly with the Chair.</p> <p>Each Committee provides a report to Board after every meeting.</p> <p>DoCG/Board Secretary attends Health Board Chairs and Independent Board Members meeting prior to Board to discuss agenda and papers.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 11-42.</p>	Comply	<p>Director of Corporate Governance/Board Secretary role description</p> <p>Standing Orders</p> <p>IM Handbook</p> <p>Board and Committees Decision log and Table of Actions</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>and between senior management and non-executive board members, including:</p> <ul style="list-style-type: none"> 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 organisation 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 organisation, 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>4.11</p>	<p>Papers are issued at least 7 days prior to each meeting in accordance with Standing Orders.</p> <p>DoCG/Board Secretary provides advice on governance matters, structures and arrangements.</p> <p>DoCG/Board Secretary ensures minutes are recorded, with table of action and decision log maintained.</p> <p>DoCG/Board Secretary led on the development of interactive handbook for IMs.</p> <p>DoCG/Board Secretary meets regularly with the Chair to discuss governance.</p> <p>DoCG/Board Secretary ensures that robust induction programme for IMs, as well as ongoing development through a formal Board Development Programme.</p>			
CGC 17	<p>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).</p> <p>4.14</p>	<p>Board Member Appraisal process in place.</p> <p>Committee Effectiveness Exercises.</p> <p>Attendance record reported in Accountability Report.</p>	N/A	Comply	<p>Accountability Report</p> <p>Appraisal Documentation and Process</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
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	<p>The Health Board has an agreed process in place for managing Declarations of Interest.</p> <p>All Board Members are asked to formally declare on an annual basis and advised of their responsibility to notify of any changes in year.</p> <p>Declarations of interest are captured on a register which is available for public inspection, a link to which is included in the Accountability Report.</p> <p>A report on Declarations of Interest is received by the Audit and Risk Assurance Committee on an annual basis.</p> <p>Declarations of Interest are captured at the start of each Board and Committee meeting.</p> <p>The Standards of Behaviour Policy details the responsibility under Declarations of Interest.</p> <p>Standing Orders also outlines the responsibilities for Declarations of Interest.</p> <p>The Declarations of Interest form includes how declarations and potential conflicts are managed and these are recorded on the register.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Board transparency, effectiveness and cohesion – Paragraph 21.</p>	Comply	<p>Standards of Behaviour Framework Policy</p> <p>Accountability Report</p> <p>Standing Orders</p> <p>Declarations of Interest Process and Register</p> <p>Annual Report of the Adequacy of Arrangements for Declaring, Registering and Handling Interests, gifts and Hospitality presented to Audit and Risk Assurance Committee</p> <p>Structured Assessment 2024</p>
CGC 19	The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole organisational family. Advice about and scrutiny of key risks is a matter for the board, not a committee. The board should be supported by: <ul style="list-style-type: none"> 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 sponsor teams of the organisation's key arm's length bodies (ALBs) (5.1 and 5.8) 	<p>The Audit and Risk Assurance Committee is chaired by an experienced IM, with a Vice-Chair with a financial background.</p> <p>NWSSP Internal Audit Services are appointed as the Health Board's Internal Auditors. The Annual Internal Audit Plan is informed by the Board Assurance Framework, Corporate Risk Register, and previous audit work as appropriate.</p> <p>The Board has approved its Risk Management Framework in July 2022 and its latest Risk Management Strategy in March 2024.</p> <p>ARAC is provided with assurance on risk management activities through the Risk Assurance Report. This also includes an annual risk maturity assessment.</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Corporate systems of assurance – paragraph 43 - 64</p>	Comply	<p>Structured Assessment 2024</p> <p>Terms of Reference & Operating Arrangements for the Audit and Risk Assurance Committee.</p> <p>Accountability Report</p> <p>Board Approved Risk Management Framework</p> <p>Board Approved Risk Management Strategy</p> <p>Risk Assurance Reports</p>
CGC 20	The board should take the lead on, and oversee the preparation of, the organisation's governance statement for publication with its resource accounts each year. The annual governance statement (which includes areas formerly covered by the statement on internal control) is	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.	Audit Wales and Internal Audit receive and review the Accountability Report for comment and ensuring compliance with the Manual for Accounts.	Comply	<p>Accountability Report</p> <p>Board and Committee Minutes</p> <p>Annual Report Timetable</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	published with the resource accounts each year. In preparing it, the board should assess the risks facing the organisation and ensure that the organisation's risk management and internal control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board (5.2 and 5.13)				
CGC 21	The board's regular agenda should include scrutinising and advising on risk management (5.3 and 5.10)	<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 45-50.</p>	Comply	<p>Board Cycle of Business</p> <p>AW Structured Assessment 2024</p> <p>Corporate Risk Register reports to Board and Committees</p> <p>Operational Risk Reports to Committees and Sub-Committees of the Board</p> <p>Board Assurance Framework Reports to Board</p> <p>Board approved Risk Appetite Statement</p> <p>Committee Update Reports to the Board</p>
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 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</p>	<p>Standing Orders are explicit that the Health Board as a minimum must establish Committees that cover certain aspects, one of which is the Audit and Risk Assurance Committee. The Audit and Risk Assurance Committee was established in 2010.</p> <p>The Terms of Reference and Operating Arrangements in respect of the Audit and Risk Assurance Committee are clear in relation to its authority and delegated responsibilities. These include the review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.</p> <p>DoCG/Board Secretary is the lead officer for the Audit and Risk Assurance Committee, however only IMs are 'members'. 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>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 Committee Annual Report</p> <p>AW Structured Assessment 2024</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>the board, should be made available publicly. The organisation should report annually on the work of the committee in discharging those responsibilities</p> <p>Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk assurance committee or a nominations committee). This will include advising on, and scrutinising the organisation's implementation of, corporate governance policy. (5.4 and 5.9, 5.11, 5.12 and 5.14 and 5.15)</p>	<p>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 organisation and its ALBs (5.5)</p>	<p>The role of the HIA is clearly set out in Standing Orders.</p> <p>The HIA attends all Audit and Risk Assurance Committee meetings which report to Board.</p> <p>Audit and Risk Assurance Committee Terms of Reference state that the HIA has access to the Committee Chair.</p> <p>The HIA has a private meeting with members of the Audit and Risk Assurance Committee at least once a year.</p> <p>If there was anything specifically escalated to the Board then the HIA would be invited to attend.</p> <p>DoCG/Board Secretary has 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 organisation's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the organisation and ensure that:</p> <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 organisational officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently. 	<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 Risk Management Strategy which sets out the key risk management objectives that the Health Board wants to achieve for the next 18 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</p>	<p>Title: AW Structured Assessment</p> <p>Reference Point: Corporate Systems of Assurance – Paragraph 43-62.</p>	Comply	<p>AW Structured Assessment 2024</p> <p>Risk Management Framework</p> <p>Risk Management Strategy</p> <p>Corporate Risk Register reports to Board and Committees</p> <p>Operational Risk Reports to Committees and Sub-Committees of the Board</p> <p>Board Assurance Framework Reports to Board</p> <p>Internet Site: Board Papers, Standing Orders and Statutory Committees of the Board webpages</p>

REF	Corporate Governance Code Principles	Evidence of Internal Assurance / Supporting Narrative	External Assurance	Comply or Explain	Supporting documentation
	<p>The board should also ensure that the organisation's ALBs have appropriate and effective risk management processes through the organisation'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>	<p>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 makes an annual assessment of its risk maturity which is reported the Audit and Risk Assurance Committee as part of the Risk Assurance Report.</p>			<p>Staff intranet: risk management webpage</p> <p>Terms of Reference for the Audit and Risk Assurance Committee</p> <p>Committee Update Reports</p> <p>Risk Assurance Reports</p> <p>Risk Maturity Assessments</p> <p>Risk Training Presentation</p>

Appendix 3 - Next steps to be taken forward in 2025/26

Key Criteria	Maturity level	Maturity level description	Next steps /actions	By Whom	By when
1. Clarity of Purpose, Roles & Behaviours	3	The Board has agreed cultural and ethical values and strategic objectives, combined with a robust mechanism for developing care services and settings against these	Meeting Level 4 will only be evidenced when national targets and local priorities are being met. This is monitored through the IPAR to Board and WG Escalation	Andrew Carruthers	Timescale for delivery will be in line with agreed timescales and trajectories set out Health Board Annual Plans
			To review of A Healthier Mid and West Wales Strategy to be presented to the Board in January 2026	Lee Davies	31 January 2026
2. Oversight & Administration Principles	4	Using these principles has helped Board members to better understand their roles in governance. Governance activities that provide little value and do not meet the principles have been stopped	To respond to the de-escalation criteria for the Governance domain of the WG Escalation Framework to reduce escalation status to level 2	Joanne Wilson	30 September 2026
			To continue to embed and strengthen operational governance, responding to findings of any internal and external reviews	Andrew Carruthers	31 March 2026
3. Leadership & Strategic Direction	3	An induction and development programme is in place for Board/ and aspirant members. Diversity is embedded in the approach.	To improve diversity on the Board by supporting the Aspiring Board Member Programme through 2025/26	Joanne Wilson	31 March 2026
			To establish an independent member-led equality, diversity and inclusion taskforce to drive a set of actions to	Lisa Gostling	31 March 2026

			improve equity across the Health Board		
			To ensure succession plans are in place for all Executive Directors and Independent Members	Neil Wooding and Phil Kloer	31 March 2026
4. Effective External Relationships	3	Effective citizen involvement is in place, and evidenced by improvement initiatives that are put into operation as a result.	<p>To undertake the following engagement and consultation activities in 2025/26 in line with principles of codesign:</p> <ul style="list-style-type: none"> • PPH Minor Injuries Unit consultation – 2 of the 4 options we are consulting on have been co-designed/developed with community representatives. • Clinical Services Plan – 13.5 week public consultation to feed into options and suggest alternate ideas to deliver 9 services across the Health Board. • Strategy Refresh/Primary and Community Strategic Plan development – public involved in early stages of strategy review and being asked to engage on “What is important for you to live a healthy life?”, this will then feed into which areas of the strategy will need to be redesigned, alongside more targeted and focussed 	Alwena Hughes-Moakes	31 March 2026

			<p>public engagement across both areas in autumn.</p> <ul style="list-style-type: none"> • Ahead of Clinical Services Plan 2 – Transformation Programme Office are looking at developing a framework for change programmes and we are working with them to increase community involvement/ representation in options development, ahead of public consultations. This will ensure representation from are communities are co-designing options with us, that then later go out to wider public engagement/consultation. • This is alongside on-going engagement activity, Community Development Outreach Team work and service changes outlined with annual plans. 		
5. Effective Internal Relationships	3	The organisation prioritises staff and internal stakeholder involvement, and formal and informal input and feedback from all staff, new staff, and leavers, is sought and valued.	<p>To involve and consult with staff and trade unions on the refresh of the Clinical Services Plan.</p> <p>To involve staff and trade unions embedding in the refresh of the Health Board’s Wellbeing Objectives in line with the Social Partnership Act duty.</p>	<p>Lee Davies/ Alwena Hughes-Moakes</p> <p>Ardiana Gjini</p>	<p>31 March 2026</p> <p>31 March 2026</p>

			To build on the NHS Staff Survey and culture work by involving staff in each Clinical Care Group and trade unions in the development of actions that respond to the staff survey feedback to promote a positive and supportive workplace culture.	Lisa Gostling	31 March 2026
6. Transparency & Public Reporting	3	The Board publicly demonstrates conflicts are examined and covered within contracts; Limited use of In-Committee meetings; integrated public reporting is central to organisational finance, quality, and performance management.	A meeting is scheduled for 11 July to agree next steps	Huw Thomas	To be agreed
7. Systems & Structures: Quality & Safety	3	Quality management system strategic framework implementation demonstrates improvements the domains within the within the health and care quality standards.		Sharon Daniels	
8. Delivery of Agreed Outcomes	2	Performance reports including benchmarking data and key performance indicators are in development.	To ensure that Internal Audit undertake a review of the effectiveness of the new operational governance arrangements to gain assurance on its effectiveness to identify and address issues, and to escalate these promptly and appropriately, in order that outcomes	Andrew Carruthers	31 March 2026

			are delivered. This will be undertaken by Internal Audit in Q4, and the Health Board will respond promptly to any findings raised.		
9. Risk Management & Compliance	4	The Board Assurance Framework is central to the management of risks to achieving strategic objectives, with a quarterly update and annual action planning to drive business. Emergency and Business Continuity Plans are improved through a range of scenario tests in year	To improve alignment between the Annual Plan and the agreed actions that have been agreed to be taken forward to manage our risks, and ensure that the 'target risk score' outlines a true reflection of our ability to manage individual risks based on the Health Board's agreed priorities and available resources/capacity	All Executive Directors	31 March 2026
10. Effectiveness & Added Value	3	The annual cycle of business is planned, and the Board Assurance Framework is used by the Board to identify opportunities for increased effectiveness and added value.	To review the Board Assurance Framework alongside the strategy refresh and to start to use the BAF to inform Board and Committee agendas	Lee Davies and Joanne Wilson	31 March 2026