# Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

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| **DYDDIAD Y CYFARFOD:**<br>**DATE OF MEETING:** | 30 July 2026 |
| **TEITL YR ADRODDIAD:**<br>**TITLE OF REPORT:** | Board Assurance Framework |
| **CYFARWYDDWR ARWEINIOL:**<br>**LEAD DIRECTOR:** | Professor Phil Kloer, Chief Executive Officer |
| **SWYDDOG ADRODD:**<br>**REPORTING OFFICER:** | Joanne Wilson, Director of Corporate Governance/ Board Secretary |

| **Pwrpas yr Adroddiad** (dewiswch fel yn addas)<br>**Purpose of the Report** (select as appropriate) |
|---|
| Er Sicrwydd/For Assurance |

**ADRODDIAD SCAA**
**SBAR REPORT**

## Sefyllfa / Situation

Following the Strategy Refresh approved by Board in January 2026, the Board Assurance Framework (BAF) has been reviewed and updated to ensure alignment to the 4 strategic objectives and the planning goals outlined in the Health Board's strategy '*A Healthier Mid and West Wales – Healthier Lives, Well Lived*'. The refreshed BAF is presented to provide a position to the Board, for each strategic objective, in terms of:

- The current delivery against each planning objective;
- The current performance in respect of the agreed outcome measures;
- The current principal risks identified; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

These components are brought together in the BAF Dashboard (accessed via the following link BAF dashboard July 2026.Please open in Microsoft Edge) to enable to the Board take an assurance on the delivery of our strategic objectives.

## Cefndir / Background

**BAF Refresh**
The BAF has been completely refreshed following approval of the Health Board's updated strategy, '*A Healthier Mid and West Wales – Healthier Lives, Well Lived'*, to ensure it remains the Board's primary tool for overseeing delivery of strategic objectives, performance associated with outcome measures, management of principal risks and assurance of the effective management of these risks. The refreshed BAF is aligned to the 4 strategic objectives and 8 new planning goals for 2026/27, providing clearer line of sight from strategy to delivery through defined outcomes, principal risks, executive ownership and committee oversight arrangements.

The review has included a detailed reassessment of principal risks, resulting in closure, refresh and creation of risks to better reflect the challenges and opportunities associated with delivering

the strategy, together with a review of outcome measures to strengthen the focus on impact and outcomes rather than activity and process. The refreshed BAF reinforces the Board's role in setting risk appetite, scrutinising strategic risk and assurances, identifying gaps in assurance, and maintaining oversight of progress towards achieving the Health Board's long term ambitions for Healthier, Thriving Teams, Healthier Communities, Great Care and Positive Futures.


These objectives set out the aims of the organisation – the horizon the organisation is driving towards over the long term – which will be used to guide the development and delivery of the shorter-term planning goals over many years.

***The Planning Goals***

The 8 Planning Goals are the key in-year priority areas to deliver the longer-term 4 Strategic Objectives and form the backbone of the Annual Plan with an intention is to focus on outcomes rather than process or outputs. Committees should be assured on the progress being made (each Planning Goal has an Executive Lead and is aligned to a Committee of the Board), as noted below:

| Strategic Objective | Planning Goals and what they aim to achieve | Executive Leads | Committee alignment |
|---|---|---|---|
| Thriving Teams | PG1: Healthy Thriving Teams - *To achieve a sustainable workforce across hospital and community settings, while shaping a positive organisational culture and celebrating success to promote innovation* | Workforce and OD | People, Organisational Development and Culture (PODCC) |
| | PG2: Customer Service Excellence - *To promote a culture where staff feel safe to speak up, while advancing equality, diversity and inclusion, and providing excellent bilingual services* | Nursing, Quality and Patient Experience | Quality, Safety and Experience (QSEC) |
| Healthier Communities | PG3: '20Four7' population health - *To reflect population health priorities that build in equality of opportunity and human rights,* | Public Health | Strategy and Planning (SPC) |

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| | *together with plans to reduce health inequalities* | | |
| | PG4: Community by design - To ensure that Hywel Dda has a clear vision and strategic direction that secures the long-term sustainability of the organisation, both at local community and wider system levels | Chief Operating Officer | SPC |
| Great Care | PG5: People First, Digital Always - *To harness the benefits of digitisation and technological advances in healthcare by creating digital pathways between hospital, community and home, and by supporting our staff with the digital tools needed to deliver safe, effective, high-quality care* | Finance | Digital, Data and Innovation (DDIC) |
| | PG6: Safe, timely, high quality care - *To ensure patient safety remains the overriding priority by delivering safe and sustainable planned care and community services, promoting high ethical standards, acting as a catalyst for change through independent and objective perspectives with the confidence to speak up, improving experiences and outcomes in urgent and emergency care, and implementing national Mental Health and Women's Health strategies in Hywel Dda in a way that meets local needs.* | Chief Operating Officer | Finance and Performance (FPC) |
| Positive Futures | PG7: Future Orientated - *To build connected and resilient communities by strengthening how we listen to, engage with, and incorporate the voices of our future generations* | Public Health | SPC |
| | PG8: Fit for purpose, modern facilities and services - *To determine and implement sustainable service models through the Clinical Services Plan programme, while delivering our Programme Business Case to develop modern, fit-for-purpose hospital and community facilities* | Strategy and Planning | SPC |

***Principal risks***

The refresh of the principal risks was undertaken to ensure that the risks facing the Health Board remain aligned to the refreshed strategy and the new planning goals for 2026/27 (outlined above).

Following a detailed review by the Executive Team, the principal risks were rationalised and updated, resulting in the closure of 9 principal risks, the refresh of 6 retained risks and the development of 6 new principal risks.

The refresh sought to improve the alignment between the principal risks and the delivery of the Health Board's 4 strategic objectives, while ensuring that emerging priorities such as customer service excellence, population health improvement, quality management, digital transformation, wellbeing and social value, and clinical service models are appropriately reflected. Existing

risks were revised and broadened where necessary, whilst overlapping risks were consolidated to provide greater clarity and focus. The result is a more streamlined and strategically aligned principal risk register that provides the Board with clearer oversight of the most significant threats to achieving its long-term ambitions and supports more effective assurance through designated Executive ownership and committee scrutiny arrangements (each principal risk is aligned to a committee and will be reported via the routine assurance and risk report).

The Committees provide detailed scrutiny, challenge and assurance over strategic risks and identifies any gaps requiring action, whilst the Board retains ownership of the BAF and determines risk appetite.

| Strategic objective | Principal Risk and a brief summary of the risk | Executive Leads | Committee alignment |
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| **Healthy, Thriving Teams** | **1185 – Strengthening Public Engagement** - Relates to the Health Board's approach to public engagement, including capacity and consistency in involving communities in service design and using feedback to inform decisions. | Strategy and Planning / Communications and Engagement | SPC |
| | **1186 – Building a Sustainable and Skilled Workforce** - Relates to the Health Board's ability to attract, retain and develop a skilled workforce, with pressures on capacity, learning opportunities and workforce resilience affecting future service delivery. | Workforce and OD | PODCC |
| | **2357 – Enhancing Patient and Staff Experience** - Relates to the Health Board's ability to consistently deliver a high-quality, person-centred experience, due to fragmented approaches to managing feedback, communication and service user interaction. | Nursing, Quality and Patient Experience | QSEC |
| **Healthier Communities** | **1188** – M**aximising Value from Strategic Partnerships** - Relates to how effectively the Health Board works with partners, with opportunities to strengthen governance, alignment and coordination to maximise the benefits of collaboration. | Chief Executive Officer | SPC |
| | **1198 – Advancing Community-Based Models of Care (CbD)** - Relates to the delivery of the strategic shift towards community-based and preventative care, which is constrained by complex system dependencies and challenges in changing established service models. | Strategy and Planning | SPC |
| | **2358 – Improving Population Health and Reducing Inequalities** - Relates | Public Health | SPC |

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| | to improving population health outcomes and reducing inequalities, with current challenges in embedding prevention approaches, targeting need and achieving system-wide impact. | | |
| **Great Care** | **2359 – Embedding Quality Management and Improvement** - Relates to the consistent implementation of the Quality Management System and the Health Board's ability to evidence compliance with the Duty of Quality and sustain system-wide quality improvement. | Nursing, Quality and Patient Experience | QSEC |
| | **2360 – Accelerating Digital Transformation and Innovation** - Relates to delivery of the Health Board's digital transformation ambitions, with constraints in capacity, capability and infrastructure affecting pace and benefits realisation. | Finance | DDIC |
| **Positive Futures** | **2361 – Strengthening Well-being and Social Value Impact** - Relates to the consistent application of the Well-being of Future Generations Act principles and the ability to evidence long-term impact and social value in decision-making. | Public Health | SPC |
| | **1199 – Strengthening Long-Term Financial Sustainability** - Relates to the Health Board's ability to achieve long-term financial sustainability, with ongoing challenges in delivering recurrent savings, managing demand and capacity pressures, and closing the underlying deficit. | Finance | FPC |
| | **1196 – Modernising Estate and Equipment for Safe Care** - Relates to the condition and suitability of the Health Board's estate and equipment, with significant backlog maintenance and reliance on external capital investment impacting service sustainability. | Strategy and Planning | SPC |

***Outcome measures***

The review of the outcome measures was undertaken to ensure that the measures used to monitor delivery of the Health Board's strategy are aligned to the refreshed strategic objectives and planning goals, while strengthening the focus on outcomes and impact rather than activity or process measures.

The review was led by the Performance Team and involved engagement with Executive Team members and the Chair to identify measures that are meaningful, actionable, evidence-based and supported by robust data. Existing measures were assessed against a clear set of criteria,

including whether they reflect Health Board priorities, can be influenced by organisational actions, and are supported by reliable and timely data. As a result, a number of existing measures were stood down and replaced with more outcome-focused indicators, alongside the development of new measures aligned to the four strategic objectives of Thriving Teams, Healthier Communities, Great Care and Positive Futures.

The refreshed outcome measures provide a clearer assessment of whether the Health Board is achieving the changes and benefits set out in its strategy, while also identifying areas where further measures need to be developed during 2026/27 to strengthen strategic oversight and assurance.

| Strategic Objective | Outcome measures for 2026/27 | Further outcome measures to be investigated/ developed |
|---|---|---|
| **Thriving Teams** | 1. *Staff satisfaction* – % overall staff engagement;<br>2. *Patient satisfaction* – % patients who felt they received a positive overall experience;<br>3. *Substantive workforce* - temporary workforce spend as a proportion of the total pay bill;<br>4. *Welsh language* - % of staff with Welsh language listening/speaking skills level 3 or above;<br>5. *Leadership and management* - staff satisfaction in leadership and management. | None identified |
| **Healthier Communities** | 1. % children aged 4–5 years who are a healthy weight;<br>2. % children up to date with scheduled vaccinations by age 5;<br>3. % pregnant women who report not smoking at initial pregnancy appointment;<br>4. % smokers who quit and are carbon monoxide validated as quit at 4 weeks;<br>5. Increase the Health Board's Social Model for Health and Wellbeing maturity score. | • Healthy life expectancy – can data frequency be improved from every 2-3 years?<br>• Reducing inequities - investigate if we can set outcome measures to reduce the gap between the most and least deprived groups of our population for: cancer 5-year survival, acute admissions rates, A&E attendances rates and cardiovascular mortality rates for persons <75<br>• People dying in their place of choice – data capture needed, links to national programme |
| **Great Care** | 1. Increase the % of patients who felt safe and well cared for<br>2. Increase the % of patients who felt involved in decisions about their care<br>3. Reduce the number of incidents causing moderate, severe or catastrophic harm<br>4. Increase the health board's Healthcare Information and | None identified |

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| | Management Systems Society maturity score from level 1 to level 4 by March 2028.<br>5. Reduce the number of patients waiting over 26 weeks from referral to treatment | |
| **Positive Futures** | 1. Provide a deliverable plan by 31 March 2027 to achieve a balanced Integrated Medium Term Plan for the planning cycle commencing 1 April 2027, with support from Welsh Government (we will track progress via our underlying deficit)<br>2. Reduce emissions reported in line with the Welsh public sector net zero carbon reporting<br>3. Increase % of third party spend with Hywel Dda/Welsh suppliers<br>4. Increase the number of active research and development studies | • Develop an outcome measure for our estate/infrastructure<br>• Develop an outcome measure for fragile services<br>• Develop a more sophisticated measure for research and development |

## Asesiad / Assessment

The BAF Dashboard Report provides the Board with a visual representation of the Health Board's progress against each strategic objective by showing:

- The current delivery against each planning objective aligned to the strategic objective;
- The current performance in respect of the agreed outcome measures for the strategic objective;
- The current principal risks identified which may affect achievement of the strategic objective; and
- The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.

The BAF Dashboard can be accessed via the following link: BAF dashboard July 2026. (Please open in Microsoft Edge).


**Planning Goals**
Strategic Objective 1 is supported by **Planning Goal 1: Healthy Thriving Teams** (Executive Lead: Director of Workforce and OD) and **Planning Goal 2: Customer Service Excellence** (Executive Lead: Director of Nursing, Quality and Patient Experience). Both of these are currently **on-track** to deliver their priority areas for 2026/27.

**Principal Risks**
The principal risks aligned to SO1 reflect the Health Board's ability to create the conditions for a sustainable, skilled and engaged workforce, while ensuring that patients, families, staff and communities are meaningfully involved in shaping services and experience improvements. The highest-rated risk, **Building a Sustainable and Skilled Workforce (16)**, highlights workforce supply, development and retention challenges, alongside the need to create the culture, capacity and infrastructure required to support future service models. **Enhancing Patient and Staff Experience (12)** reflects the need to strengthen customer service arrangements, improve experience feedback mechanisms and develop more integrated approaches to managing patient and staff interactions. **Strengthening Public Engagement (12)** recognises the importance of ensuring that service design and delivery are informed by meaningful and continuous engagement with communities. Mitigating actions include implementation of workforce planning, recruitment and retention initiatives, development of a Single Point of Contact and enhanced customer service framework, investment in staff wellbeing and organisational culture, and delivery of a comprehensive programme of continuous engagement. Collectively, these risks recognise that achieving the ambition of **Thriving Teams** requires sustained focus on workforce sustainability, staff and patient experience, and meaningful engagement with communities to support the design and delivery of future services.

**Outcome measures**
In respect of the agreed outcome measures for this strategic objective, approximately 1,000 members of staff continue to be invited to participate in the internal staff survey each month. The response rate for June 2026 was 17%, compared with 22% in September 2025. Despite the reduction in participation, the overall staff engagement score increased to 74.2%, compared with 72.5% in September 2025. A range of initiatives continue to support and strengthen staff engagement across the organisation, including the implementation of the 'Speak Up, Make Meaningful Change' strategy, the staff benefits programme and targeted cultural improvement work within services. The organisation also continues to invest in professional development, career progression, and leadership opportunities through programmes such as LEAP (Leadership Engagement with Awesome People) and the Enabling Quality Improvement in Practice (EQIiP) programme. The Culture Team has recently secured funding through a charitable funds bid to sustain and further enhance the Staff Values and Appreciation Programme, reinforcing the organisation's commitment to recognising and valuing staff contributions. Additionally, 69.9% of staff expressed satisfaction in leadership and management through our staff survey. This is calculated on the basis of responses to belief in managers' capability and consistency, staff experience of support, communication, and fairness and alignment with values-based and compassionate leadership behaviours. Despite challenges throughout our Health Board services, in June 2026, 92.1% of our patients surveyed agreed or strongly agreed that they received a positive overall experience. A quarter of our staff have Welsh language listening/speaking skills levels 3 (intermediate) or above - 3,246 out of 12,569 (25.8%) were recorded in June 2026. Agency spend has been between 1% to 2% per month for the past 12 months, this continued in June 2026 with 1.5% of our total pay bill going to temporary workforce.

**Overall Confidence assessment for SO1***:* Based on the current position of the Planning Goals, principal risks and outcome measures, there is **reasonable confidence*** that Strategic Objective 1 – *Thriving Teams* can be delivered, although achievement will depend on the successful implementation of mitigating actions associated with workforce sustainability, customer service excellence and public engagement. Workforce sustainability remains the most significant challenge within this objective, particularly in relation to attracting, retaining and developing staff with the skills required to meet future service demands. The continued delivery of workforce planning, recruitment and retention initiatives, customer service transformation programmes and enhanced public engagement arrangements will therefore be critical to

maintaining progress and achieving the longer-term ambitions of the objective. Overall, the available evidence suggests that delivery is achievable, provided current mitigations remain effective and the identified risks continue to be actively managed and monitored through established governance and assurance arrangements.


**Planning Goals**
Strategic Objective 2 is supported by Planning Goal 3: 20four7 Population Health (Executive Lead: Director of Public Health) and Planning Goal 4: Community by Design (Executive Lead: Chief Operating officer). Both of these are currently on-track to deliver their priority areas for 2026/27

**Principal Risks**
Three principal risks have been identified in support of the Healthier Communities objective. Together, these risks reflect the Health Board's ambition to shift care closer to home, improve population health outcomes and inequalities, and deliver sustainable improvements through effective partnership working. The highest-rated risk, **Advancing Community-Based Models of Care (16)**, highlights the complexity of delivering a system-wide move towards prevention, primary and community care, including challenges relating to workforce capacity, digital capability, financial investment and service redesign. **Improving Population Health and Reducing Inequalities (12)** reflects the challenge of embedding prevention-led approaches, reducing inequalities in access and outcomes, and strengthening the use of intelligence to target interventions effectively. **Maximising Value from Strategic Partnerships (12)** recognises the need to strengthen partnership governance, accountability and alignment to ensure that collaborative arrangements deliver measurable benefits for the population. Mitigating actions are focused on delivery of the Community by Design and 20four7 programmes, implementation of the Clinical Services Plan, development of population health intelligence and health equity approaches, and strengthening partnership governance and accountability arrangements. Assurance is provided through the Community by Design Transformation Group, A Healthier Mid and West Wales governance structures, Executive Team and Strategy and Planning Committee oversight, Regional Partnership Board and Public Service Board arrangements, statutory partnership reporting and the Director of Public Health Annual Report. Overall, while a broad range of controls and assurance mechanisms are in place, all three risks remain above their target risk scores, reflecting the long-term and complex nature of delivering population health improvement, community transformation and partnership-based service delivery. Continued focus on strengthening outcome measures, evidencing impact and closing identified assurance gaps will be important in demonstrating progress against the Healthier Communities objective.

**Outcome measures**
The percentage of children that are up to date with their vaccination schedule by age 5 is showing deterioration in 2025/26 and the target of 95% has not been met. We have four annual data points for the percentage of children aged 4-5 that are a healthy weight which remains static around 70% for each year. Smokers who quit and are then validated as carbon monoxide free after 4 weeks showed a quarter-on-quarter increase until the last quarter of 2025/26 with 21.5% validated in quarter. The percentage of women who reported not smoking at their initial pregnancy appointment has increased to 89.7% in 2023/24, an improvement to previous years' performance. Improving our social model for Health and Wellbeing maturity score – this matrix score is being worked upon and a score is planned to be published in the October BAF. Further

information about the model can be found at this link: Social Model for Health and Wellbeing - Hywel Dda University Health Board.

**Overall Confidence assessment for SO2:** Based on the current position of the Planning Goals, principal risks, mitigations and assurance arrangements, there is **moderate confidence*** in the delivery of Strategic Objective 2 – Healthier Communities. Confidence remains moderated by the complexity and long-term nature of the transformation required, together with all three principal risks remaining above their target risk scores, alongside a mixed picture presented by the outcome measures, which shows some progress across prevention indicators countered by ongoing challenges in improving population health outcome measures at scale. Whilst there is a commitment to continue to make meaningful progress during 2026/27, achievement of the longer-term ambition of creating healthier communities remains dependent on successfully translating strategic initiatives into measurable improvements in population health, reducing inequalities, increasing prevention uptake and evidencing the impact of community-based and partnership-led approaches.


**Planning Goals**
Strategic Objective 3 is supported by Planning Goal 5: People First, Digital Always (Executive Lead: Director of Finance) and Planning Goal 6: Safe, timely, high-quality care (Executive Lead: Chief Operating Officer). Both of these are currently on-track to deliver their priority areas for 2026/27

**Principal Risks**
Two principal risks support delivery of the **Great Care** strategic objective and reflect the Health Board's ability to consistently deliver safe, timely, effective, efficient, equitable and person-centred care, while ensuring that digital transformation provides the capability needed to improve services and patient outcomes. **Risk 2359 – Embedding Quality Management and Improvement (16)** highlights the challenge of consistently applying the Quality Management System, evidencing compliance with the Duty of Quality and sustaining improvement in the face of operational pressures and service fragility. **Risk 2360 – Accelerating Digital Transformation and Innovation (12)** reflects the pace and scale of digital change required to support modern clinical pathways, service redesign and care closer to home. Mitigating actions are focused on strengthening quality management, improving planned and urgent care services, embedding STEEEP principles, enhancing digital leadership and governance, improving interoperability and ensuring benefits realisation from digital programmes. Assurance is provided through Clinical Care Group governance arrangements, performance and safety reporting, scrutiny by the Quality, Safety and Experience Committee and Digital, Data and Innovation Committee, together with independent assurance from HIW, Audit Wales and Internal Audit. Collectively, these risks remain above target and highlight the close interdependency between quality improvement, service transformation and digital enablement in achieving the Great Care ambition. Overall, both risks remain above their target risk scores and highlight the interdependency between quality improvement, service transformation and digital enablement. While a comprehensive suite of controls, programmes and assurance mechanisms is in place, successful delivery of the Great Care objective will depend on continued progress in embedding the Quality Management System, strengthening service resilience, delivering transformational digital programmes and evidencing measurable improvements in patient outcomes, experience and quality of care.

**Outcome measures**
In June 2026, 17 incidents causing moderate, severe or catastrophic harm were investigated. Of this type of incident, between July 2024 and June 2025 there were 275 in total investigated this has reduced between July 2025 and June 2026, where a total of 194 incidents were investigated. Following an improvement trend between January and March 2026, we have seen an increase in the number of patients waiting over 26 weeks for referral to treatment, in June there were 28,276 patients waiting over 6 months. 83% of our patients surveyed in June reported that they felt safe and well cared for. Our target of 85% has not been achieved since January this year. When asked if they were involved in decisions about their care, 84% of patients agreed or strongly agreed. The target for this indicator was raised from 80% to 85% in April and is expected to be achieved and maintained in the coming months. Our Healthcare Information and Management Systems Society (HIMSS) maturity score is undertaken through formal, externally validated assessments. We are investigating an approach to increase the frequency of tracking this measure.

**Overall Confidence assessment for SO3:** Based on the current position of the Planning Goals, principal risks, assurance arrangements and outcome measures, there is **moderate confidence*** in the delivery of Strategic Objective 3 – *Great Care*. Overall, there is confidence that progress towards the *Great Care* objective will continue during 2026/27, supported by strong improvement programmes, comprehensive mitigation plans and robust governance arrangements. However, the continued delivery of quality improvement and digital transformation programmes, together with demonstrable improvements in access, patient outcomes and experience, will be critical to achieving the longer-term ambitions of the objective.

## Positive futures

**Planning Goals**
Strategic Objective 4 is supported by Planning Goal 7: Future-Orientated (Executive Lead: Director of Public Health) and Planning Goal 8: Fit-for-purpose, modern facilities and services (Executive Lead: Director of Strategy and Planning). Both of these are currently on-track to deliver their priority areas for 2026/27

**Principal Risks**
Four principal risks support delivery of the **Positive Futures** strategic objective. Collectively, these risks reflect the Health Board's ability to remain financially sustainable, modernise infrastructure, deliver long-term service transformation and fulfil its responsibilities as an anchor institution. The highest-rated risks, **Risk 1199 - Strengthening Long-Term Financial Sustainability (25)** and **Risk 1196 - Modernising Estate and Equipment for Safe Care (20)**, highlight the significant challenges associated with achieving financial recovery, addressing ageing infrastructure, reducing backlog maintenance and securing the capital investment required to support future service delivery. **Risk 2362 - Delivering Sustainable Clinical Service Models (16)** reflects the complexity of implementing the Clinical Services Plan and wider service transformation necessary to support the *A Healthier Mid and West Wales* strategy, whilst **Risk 2361 - Strengthening Well-being and Social Value Impact (9)** recognises the need to embed the principles of the Well-being of Future Generations Act and demonstrate measurable long-term benefits for the population. Mitigating actions are focused on financial recovery and workforce plans, implementation of the Clinical Services Plan and Programme Business Case, capital investment and estate modernisation programmes,

development of a longer-term financial roadmap, and strengthening wellbeing and social value reporting. Assurance is provided through Board and Committee oversight, Welsh Government scrutiny, financial and capital planning arrangements, the A Healthier Mid and West Wales governance structure, statutory partnership reporting, Internal Audit and external scrutiny from auditors and the Future Generations Commissioner. Collectively, these risks remain above their target scores and highlight the interdependency between financial sustainability, infrastructure investment, service transformation and wellbeing outcomes in delivering the Health Board's long-term strategic ambitions. Overall, the Positive Futures risks remain among the highest-scoring risks within the Board Assurance Framework and are highly interdependent. Financial sustainability, infrastructure investment, clinical service transformation and wellbeing objectives are all critical enablers of the Health Board's long-term strategy. While comprehensive control and assurance arrangements are in place, continued focus on delivery, investment, benefits realisation and strengthening outcome-based assurance will be required to reduce these risks towards their target levels.

**Outcome measures**
The outcome measures for this strategic objective show that, in June 2026, 7.4% of the Health Board's third party spend was with local Hywel Dda suppliers and 12.8% with Welsh suppliers. The measures are showing usual variation. The Health Board has an estimate of 156,660 tonnes kgCO2e emissions following the annual carbon reporting exercise in 2024/25. This is an increase from 138,622 tonnes kgCO2e in 2023/24. The main drivers of the increase were buildings emissions (+7% = 1,310 tonnes kgCO2e) and the supply chain (+2% = 2,245 tonnes kgCO2e) with increases also found in refrigerant f-gases and streetlighting. We saw decreases in emissions through our fleet, business travel, commuting, homeworking and waste. 54 active research and development studies took place in June 2026, there is no back data available for this outcome measure, progress will be monitored over the coming months. Our progress to achieve a balanced Integrated Medium-Term Plan for the 2027 planning cycle with support from Welsh Government is tracked via our underlying deficit. The Health Board's underlying deficit reduced from £81.5m in April 2026 to £68.8m in June 2026.

**Overall Confidence assessment for SO4:** Based on the current position of the Planning Goals, principal risks, outcome measures and assurance arrangements, there is **moderate confidence** in the delivery of Strategic Objective 4 – *Positive Futures*. Overall, there is confidence that progress towards the *Positive Futures* objective will continue during 2026/27, supported by clear strategic direction, active mitigation plans and robust governance arrangements. However, delivery remains highly dependent on achieving sustained financial improvement, securing capital investment, progressing major transformation programmes and demonstrating measurable benefits from wellbeing, social value and sustainability initiatives.

**Confidence Assessment Ratings are defined as follows.*

| *Confidence Rating* | *Definition* |
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| ***High Confidence*** | *Strong evidence demonstrates that the strategic objective is on track to be achieved. Planning Goals are being delivered, outcome measures are performing as expected, principal risks are well controlled and close to target levels, and assurance indicates that controls are operating effectively with limited concerns.* |
| ***Reasonable Confidence*** | *There is good evidence that the strategic objective can be achieved. Planning Goals are largely on track,* |

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| | *mitigating actions are being implemented and outcome measures are generally positive. While some principal risks remain above target, there is sufficient assurance that controls and improvement plans are effective, provided current progress is maintained.* |
| ***Moderate Confidence*** | *Progress is being made towards delivery of the strategic objective, but significant risks, dependencies or uncertainties remain. Principal risks remain materially above target, some mitigating actions are still being embedded, and assurance identifies gaps or areas requiring improvement. Successful delivery is achievable but will require sustained management attention and continued implementation of planned actions.* |
| ***Limited Confidence*** | *Delivery of the strategic objective is at significant risk. Multiple risks remain high or worsening, outcomes are not improving as expected, and assurance highlights substantial weaknesses in controls, capacity or delivery arrangements. Significant intervention or corrective action is required to achieve the objective.* |

## Argymhelliad / Recommendation

The Board is requested to:

- **Receive** the refreshed Board Assurance Framework, aligned to the Health Board's strategy, *A Healthier Mid and West Wales – Healthier Lives, Well Lived*;
- **Take assurance** from the current position presented against the strategic objectives, planning goals, outcome measures, principal risks and assurance arrangements;
- **Review** the confidence assessments for each strategic objective and the principal risks which remain above target; and
- **Identify any areas where further assurance, scrutiny or action is required** to support delivery of the Health Board's strategic objectives.

| **Amcanion: (rhaid cwblhau)<br>Objectives: (must be completed)** | |
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| Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol:<br>Datix Risk Register Reference and Score: | Not applicable |
| Parthau Ansawdd:<br>Domains of Quality<br>Quality and Engagement Act (sharepoint.com) | 7. All apply |

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| Galluogwyr Ansawdd:<br>Enablers of Quality:<br>Quality and Engagement Act (sharepoint.com) | 6. All Apply |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Nodau Cynllunio 2026/27<br>Planning Goals 2026/27 | All Planning Goals Apply |
| Hypergysylltu i Amcanion Llesiant HDdUHB 2026<br><br>Hyperlink to HDdUHB Well-being Objectives 2026 | 10. Not Applicable |
| Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau)<br>A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)* | 7. All Apply |
| **Gwybodaeth Ychwanegol:<br>Further Information:** | |
| Ar sail tystiolaeth:<br>Evidence Base: | Good Governance Institute<br>Institute of Risk Management<br>HM Treasury Assurance Frameworks |
| Rhestr Termau:<br>Glossary of Terms: | Contained within the body of the report |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:<br>Parties / Committees consulted prior to this meeting: | Executive Team |

| **Effaith: (rhaid cwblhau)<br>Impact: (must be completed)** | |
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| **Ariannol / Gwerth am Arian:<br>Financial / Service:** | Included within report |

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| **Ansawdd / Gofal Claf:**<br>**Quality / Patient Care:** | Included within report |
| **Gweithlu:**<br>**Workforce:** | Included within report |
| **Tegwch Iechyd:**<br>**Health Equity:** | • Have the potential impacts on health equity been considered? N/A<br>• Has an equity focussed health impact assessment been undertaken N/A |
| **Risg:**<br>**Risk:** | Included within report |
| **Cyfreithiol:**<br>**Legal:** | Included within report |
| **Enw Da:**<br>**Reputational:** | Included within report |
| **Gyfrinachedd:**<br>**Privacy:** | Not applicable |
| **Cydraddoldeb:**<br>**Equality:** | • Has EqIA screening been undertaken? N/A<br>(if yes, please supply copy, if no please state reason)<br>• Has a full EqIA been undertaken? N/A<br>(if yes please supply copy, if no please state reason) |