

Cwm Taf Morgannwg University Health Board (CTMUHB)

Annual Assessment of Board Effectiveness 2022-2023

The Board is required to undertake an annual self-assessment of its effectiveness. The purpose of this report is to bring together the sources of assurance that support this assessment process.

1. BACKGROUND

During the year the Health Board has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the Board in undertaking its annual effectiveness assessment, these are outlined below:

Internal Sources of Assurance

- An assessment against the **Corporate Governance in Central Governance Departments: Code of Good Practice 2017**, has been completed using the "Comply" or "Explain" approach. The Self-Assessment against the code of good practice is attached at Appendix 2.

The Health Board continues to adopt the following "Good Governance" activity as business as usual:

- Introduction of **reflective practice** following all Committee and Board meetings to aid continuous improvement of the management of meetings and Board business.
- **Board Committee Effectiveness** – There is a programme in place to ensure Committees of the Board review the following activity on an annual basis.
 - Terms of Reference and Operating Arrangements
 - Committee Effectiveness Annual Surveys
 - Committee Cycle of Business
 - Annual Committee Reports on Activity to the Board

Themes identified from the self-assessment of Board and Committees is attached at Appendix 3.

- **Independent Member Scrutiny Toolkit.** This toolkit is designed to support Independent Members (IMs) to provide constructive challenge in their role as Board Members. It may also be of use to Executive Directors to provide constructive challenge to their peers as papers progress through Committees to the Board. This was aligned to the all-Wales Independent Member Scrutiny Toolkit in year. Attached at Appendix 4.
- Embedded the **Board Assurance Framework** which was approved in March 2022. The framework will support the Board in the triangulation of risks, performance and assurance.

- **Board Development Programme / Board Briefings**
A regular programme of Board Development activity continues, coupled with Board Briefings on topical issues as and when appropriate.
- **“In Committee” Private Meetings and Chairs Urgent Action**
The use of In Committee meetings and/or Chairs Urgent Action is infrequent and only by exception where items have been considered to include Personal Identifiable Information, business or commercially sensitive. This classification is applied in the context of the Freedom of Information Act exemptions. The Health Board is committed to being open and transparent in the conduct of its Board and Committee business.
- **Targeted Intervention Self-Assessment – Governance & Risk**
The Health Board has self-assessed its maturity rating as ‘mature’ in terms of Governance & Risk.
- The Board has also reflected on the recent findings of **Audit Wales Board Effectiveness Review into Betsi Cadwaladr University Health Board**, specifically in the area of ‘Building a more cohesive and effective Board and Executive Team’. The self-assessment on these reflections are in Appendix 5.

External Sources of Assurance & Review

- **Audit Wales Structured Assessment** – was undertaken during 2022 and the full report and management response is being received by the Board in March 2023 under agenda item 5.5. The recommendations are monitored via the Audit & Risk Committee through to completion.
- **Joint Escalation and Intervention Arrangements status** - Joint Escalation and Intervention Arrangements, the Welsh Government (WG) meets with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each Health Board and Trust in relation to the arrangements.

The current escalation status of Cwm Taf Morgannwg University Health Board is:

Current escalation status	Area
Enhanced Monitoring	Planning and Finance
Targeted Intervention	Maternity and Neonatal
	Quality and Governance, Leadership and Culture, Trust and Confidence
	Quality issues relating to Performance associated with long waiting times

Maternity and neonatal services were de-escalated from special measures to targeted intervention.

Quality and Governance incorporating Leadership and Culture, Trust and Confidence remains in targeted intervention as reassurance is needed that the new organisational operating model will be effectively embedded across the Health Board and is having a positive impact on the effectiveness of governance processes. The Health Board is committed to demonstrate the robustness of its governance processes aligned to the new Operating Model during 2023.

2. ASSESSMENT

Following due consideration of section two and the supporting appendices, the Board is asked to confirm what it considers the overall level of maturity to be for the Health Board in respect of governance and Board effectiveness for 2022-2023, based on the following criteria:

Assessment Matrix level	Level 1	Level 2	Level 3	Level 4	Level 5
<p>Tick the matrix box that most accurately reflects how your service is doing with this standard</p>	<p>In terms of Board effectiveness and Board Governance: We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve.</p>	<p>In terms of Board effectiveness and Board Governance: We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.</p>	<p>In terms of Board effectiveness and Board Governance: We are developing plans and processes and can demonstrate progress with some of our key areas for improvement.</p>	<p>In terms of Board effectiveness and Board Governance: We have well developed plans and processes and can demonstrate sustainable improvement throughout the service.</p>	<p>In terms of Board effectiveness and Board Governance: We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from</p>
			<p>20-21</p> <p>✓</p>	<p>22-23</p> <p>✓</p> <p>21-22</p> <p>✓</p>	

3. RECOMENDATIONS

The Board has concluded its maturity rating in respect of Board Effectiveness / Governance, Leadership and Accountability to be **"Level 4"**.

The above assessment will be reported in the Accountability Report.

In concluding this process and in demonstrating continued self-reflection as well as an appetite for continuous improvement, Board Members are asked to identify any areas of activity or improvement in relation to the questions below:

<p>IN THE BOARD'S OPINION WHAT ARE WE DOING WELL?</p>	<ul style="list-style-type: none"> • Monitoring and providing assurance on key quality and performance standards • Engagement between Independent Members and Executive Team to develop the strategy of the organisation • Providing effective challenge from Independent Members where necessary • Ensuring the Board focusses on its responsibilities to improve population health • Engaging with local communities to respond to their particular needs • Excellent work on the Board Assurance Framework and risk management in particular. Clear and transparent presentations and a respectful relationship with colleagues which supports constructive challenge and response. • Clarity on the Governance Framework within the organisation. • Independent Member Scrutiny Toolkit which reiterated the differences between "assurance" vs "reassurance". • Improvement noted in relation to Board and Committee Reports supported by improving data set and graphical information.
<p>IN THE BOARD'S OPINION WHAT COULD WE BE DOING BETTER?</p>	<ul style="list-style-type: none"> • Continue to review how the Board allows sufficient time for discussions on strategy • Reviewing the committee structure to ensure it is still meeting the needs of the Board. • Continue to review how performance information is presented to the Board to ensure Board members can focus on the key issues. • More could be done in terms of Board engagement with staff at the front line and patients, although it is acknowledged that work is underway in this area. • Improvement in the presentation of data to enable the Board to be better-informed. For example; unless simply setting a baseline for future reference, graphs should normally have at least three data points to identify the direction of travel and assess progress over time. This would support the Board focus on performance. • Positive progress is now being made in relation to workforce strategy; similar progress required in relation to CTM Estate.
<p>IS THERE ANY FURTHER BOARD TRAINING/ DEVELOPMENT REQUIRED?</p>	<ul style="list-style-type: none"> • Further Board Development activity on effectively working together • Development and engagement of Board in discussions on elements of strategy e.g. digital, workforce, sustainability, population health • The development sessions are all very helpful. A suggestion would be more sessions focussed on finance and regional partnerships, however, it is appreciated that each Board member will have different needs and views. • Cyber security to be embedded in the cyclical programme for Board Development and Training.