Item 5.2 : Attachment
Draft BAF for approval

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Board Assurance Framework

24 September 2026
Version 4 (DRAFT)

Introduction

We are Public Health Wales - the National Public Health Organisation for Wales. Our purpose is 'working together for a healthier Wales'. We exist to help all people in Wales live longer, healthier lives. With our partners, we aim to increase healthy life expectancy, improve health and wellbeing and reduce inequalities for everyone in Wales, now and for future generations.

The purpose of this document is to summarise how Public Health Wales delivers and sustains good corporate governance to support delivery of the strategic priorities outlined within our Long-Term Strategy, improve population health, address health inequalities and deliver safe, effective and high-quality public health services.

All NHS Organisations in Wales are required to demonstrate good governance and to ensure they are operating robust systems and processes to support and deliver this, whilst also meeting their goals and strategic objectives. Boards need to be confident that systems and processes are operating in ways that are effective and drive the delivery of objectives whilst managing risk. It is critical that NHS Boards ensure that robust, accountable and transparent governance arrangements are in place throughout the system.

This Board Assurance Framework (BAF) describes how Public Health Wales connects strategy, risk, delivery and assurance. It sets out the functions, enablers, assurance routes, integrated governance arrangements and operating guidance that support good governance across the organisation.

As a living document, the BAF will be reviewed and updated regularly to show how assurance is generated, overseen, scrutinised and escalated through executive arrangements, Board Committees and the Board. It maps Strategic Priorities and Strategic Risks to the assurance sources that demonstrate whether controls are operating effectively and whether further action is required.

Our Governance Framework

Our governance arrangements incorporate all aspects of our business and how we operate. This includes:

- Board and Committee Governance arrangements
- Information Governance
- Clinical Governance
- Research Governance
- Financial Governance
- People / Workforce Governance
- Service delivery and Performance management arrangements
- Information and asset management
- Environmental / Climate Governance.

We have adopted an integrated approach to governance.

Our integrated approach to governance brings together strategy, risk, performance, quality, finance, workforce, information and delivery arrangements so that assurance can be considered in the round. This helps the Board and its Committees understand whether objectives are being delivered, risks are being managed within appetite, and any gaps in control or assurance require escalation or further action.

Our Board and Business Executive Team

The Public Health Wales Board is accountable for setting the strategic direction of the Organisation and assurance in relation to governance, risk management, and internal controls in the Organisation. The Chief Executive (and Accountable Officer) of the Organisation has responsibility for maintaining appropriate governance structures and procedures.

The Board functions as a corporate decision-making body, with Executive Directors and Non-Executive Directors being full and equal members and sharing corporate responsibility for all the decisions of the Board as a unitary Board. In addition to their role as Board Members, Executive Directors also have responsibility for discharging Public Health Wales' corporate and public health functions.

In particular, the Board has responsibility for;

- Setting the strategic direction
- Setting the governance framework
- Setting Organisational culture and development
- Steering the risk appetite and overseeing strategic risks
- Developing strong relationships with key stakeholders and partners
- The successful delivery of Public Health Wales' aims and objectives.

With the exception of powers reserved for the Board and its Committees (as outlined in the

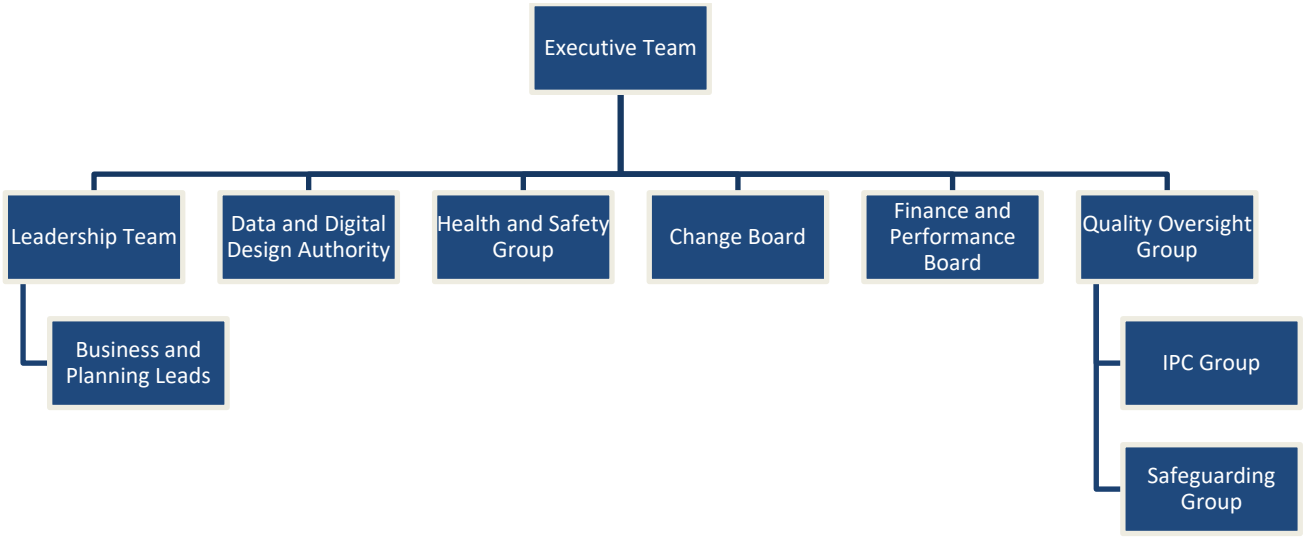
Scheme of Delegation) the Board delegates authority for operational delivery and operational decisions to its Chief Executive.

The Board has adopted the McKinsey 7S model of governance as part of its ongoing high performing Board programme of Board Development. This forms a core component of our Board Development Programme as we strive for high performance, using the model to identify areas for improvement and good practice.

The Chief Executive has established and recognises the Business Executive Team as the key executive leadership team for the collective execution of delegated responsibility. This is in addition to the delegated individual accountabilities and responsibilities that each Director in the Executive Team has within their respective portfolios.

The Business Executive Team comprises the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the Organisation. The Business Executive Team meets at least weekly. Weekly meetings alternate between Business Executive Team meetings, as the main corporate assurance and delivery meeting, and Strategic Executive Team meetings to discuss strategic and pan-Organisational items.

The Business Executive Team has established a number of reporting groups to cover key areas of the business:



The Board has adopted a Board Etiquette, which sets out the behaviours and conduct expected of all Board members and attendees, as the Board/Committees enact their stewardship role and take the lead in promoting the values and standards of conduct for the Organisation and its staff.

The Board Work Plan ensures that the Board discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Board considers any additional items arising during the year.

The Board is committed to operating in as transparent, open, and accountable way as is possible. The Protocol for Reserving Matters to a Private Board (or Committee) identifies the different rationales that apply to material considered in private sessions.

Our Board Committees

Public Health Wales has implemented the following five Board Committees:

- Audit and Corporate Governance Committee
- Knowledge, Research and Information Committee
- People and Organisational Development
- Quality, Safety and Improvement Committee
- Remuneration and Terms of Service Committee

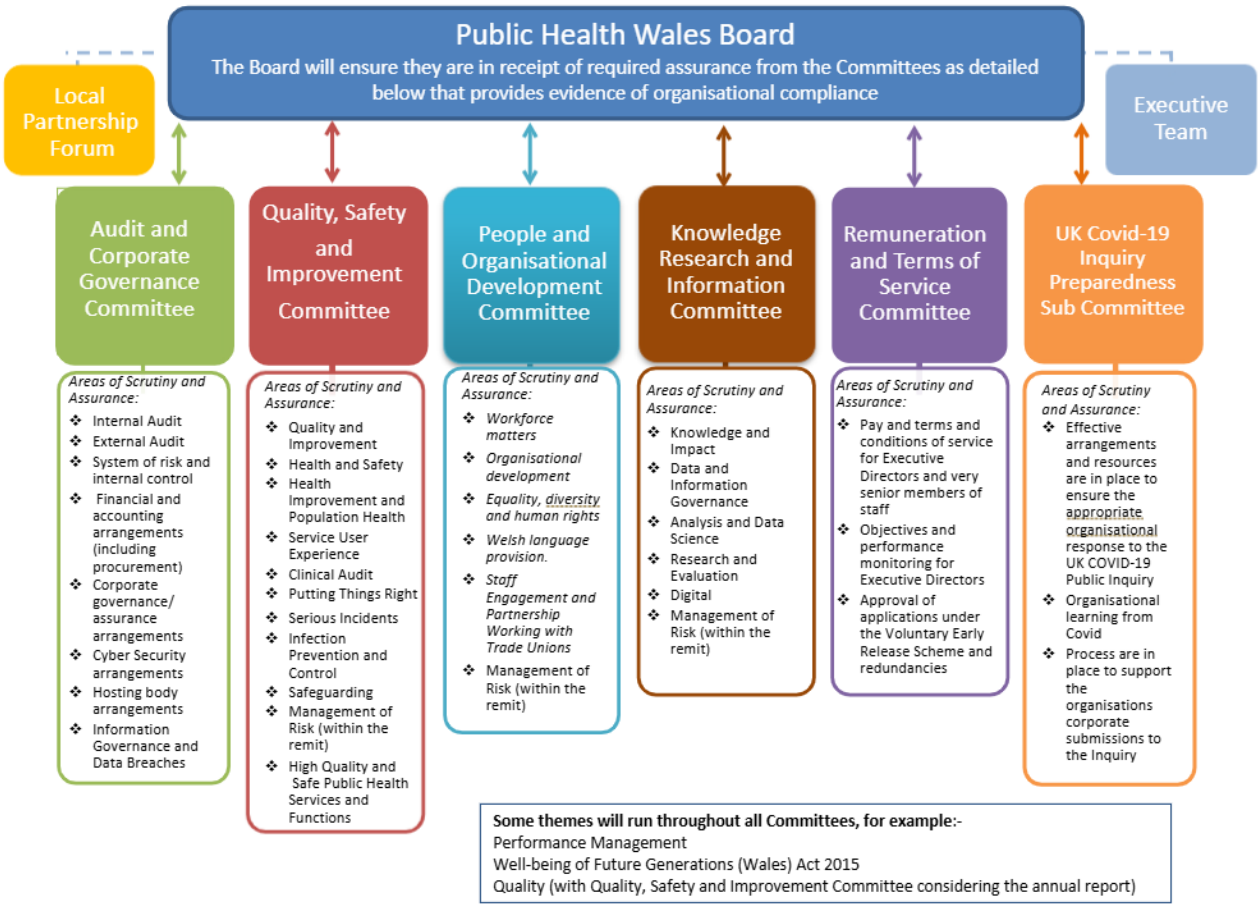
In accordance with our Standing Orders and Scheme of Delegation, each Board Committee has a defined role within the wider system of governance and assurance. Committees undertake detailed scrutiny on the Board's behalf by testing evidence, reviewing controls, monitoring delegated risks and escalating significant issues, gaps or emerging risks to the Board.

This provides the Board with additional capacity and expertise for scrutiny, ensuring that delivery, risk, controls and improvement actions are considered at the right level before matters are reported or escalated to the Board.

The Audit and Corporate Governance Committee has a specific role to provide an independent view to the Board and Accountable Officer on the appropriateness and adequacy of risk management, the internal control environment, governance and assurance arrangements.

In addition, the Board has established a Covid-19 Public Inquiry Sub Group to which it has delegated the function of overseeing and approving the role of Public Health Wales in response to the UK Covid-19 Public Inquiry.

The diagram below illustrates the remit of each of the Committees and the Covid-19 Public Inquiry Sub Group.



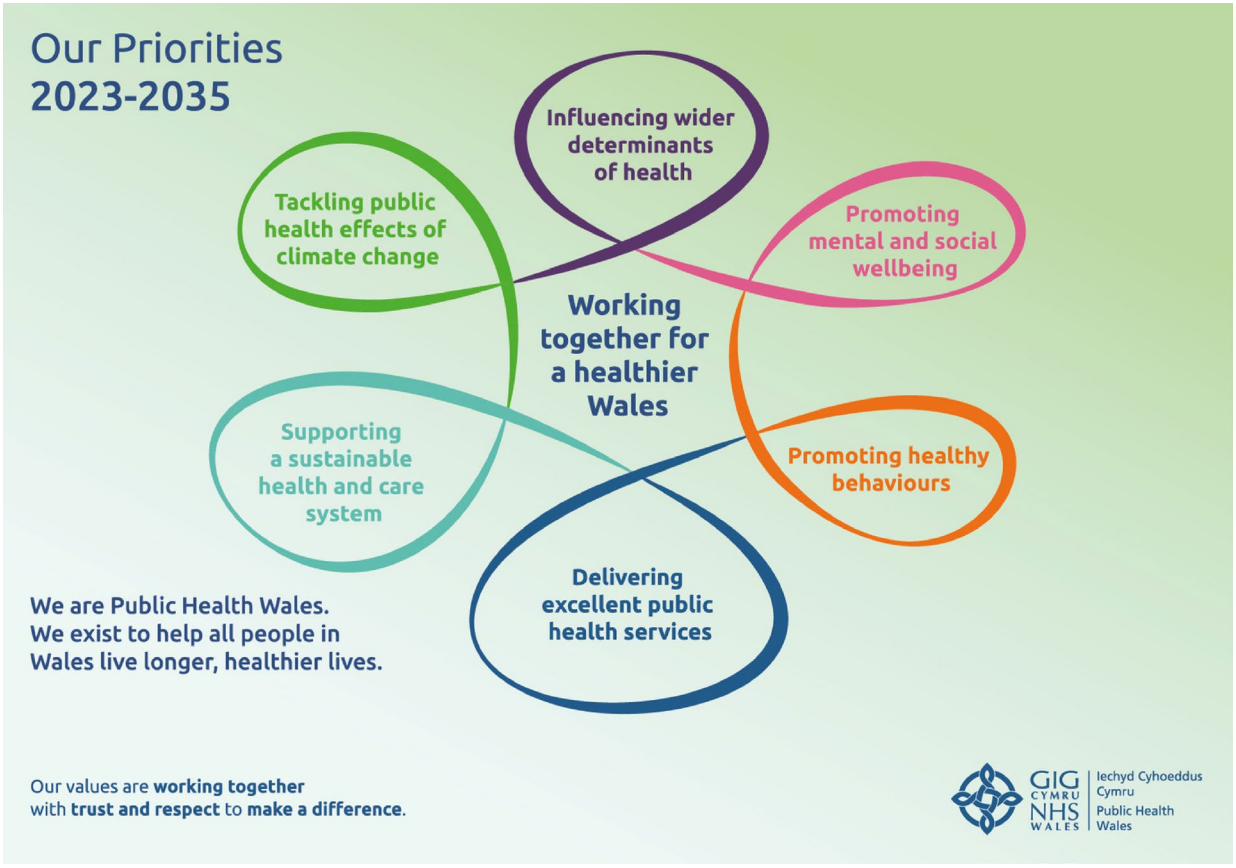
Each Committee:

- Is Chaired by a Non-Executive Director and is supported by an Executive Lead.
- Sets and agrees an annual work programme for each Committee and this is reported to the Board for assurance.
- Has terms of reference, which are reviewed annually, to detail its responsibilities, delegation and remit.
- The agenda for each meeting is set by the Committee Chair in discussion with the Executive Lead, supported by the Board Secretary.
- The agenda, minutes and reports for each meeting are published on our website in accordance with our Standing Orders.
- Produces a summary report of each meeting, which is submitted to the Board as part of a Composite Chair's Report.
- Undertakes an annual performance review.
- Produces an Annual Report, which is submitted to the Board for assurance that the Committee is meeting its terms of reference.

Strategic Objectives

Our Strategic Plan (Integrated Medium Term Plan) sets out the actions we will undertake over the next three years to deliver our strategy. This is focused on delivery of our six strategic priorities.

Our Strategic Plan sets out a range of change activity that we will undertake across each of our strategic priorities and enablers as we begin to implement our new strategy. We will ensure that our change agenda is kept under ongoing review to ensure that it delivers the intended benefits and remains achievable in light of in-year changes.



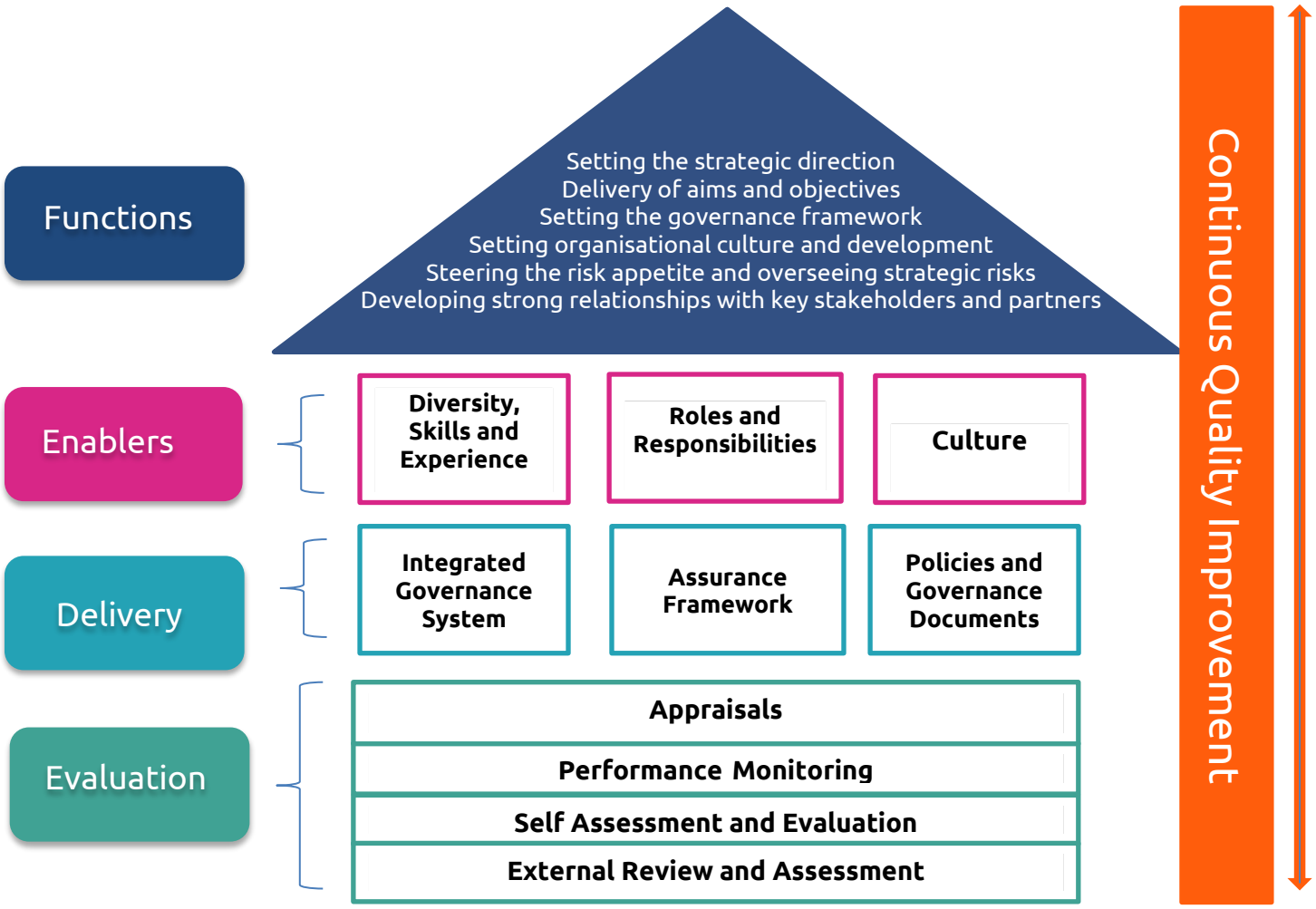
Strategic Risks

Our Strategic Risk Register identifies risks to achieving our aims and Strategic Objectives. As a key component of our BAF, the Strategic Risk Register is a "live tool" which is actively owned, reviewed, updated, and used by the Board to oversee, scrutinise, and address strategic risks.

Model of Good Governance

The Public Health Wales Board adopts the following model of good governance[1].

This model builds on the Principles of Good Governance that describe what good governance looks like and provides more detailed guidance to NHS Boards on the functions and the enablers of good governance. It provides definitions of the assurance framework, the integrated governance system and the operating Policy documents that also need to be in place to support good governance.



Each section is explained below:

[1] Public Health Wales has developed this model with reference to the Blueprint for Good Governance in NHS Scotland.

Functions: The primary functions of the Board

Setting Strategic Direction

The Board sets the Organisation's strategic direction by determining its purpose, aims, values and Strategic Objectives, and by approving the plans, resources and investment required to deliver them. In doing so, it seeks assurance that delivery plans are supported by appropriate monitoring, impact measures, risk assessment, equality assessment, communication plans, statutory compliance and workforce capacity. As the Health Impact Assessment statutory duty is brought into force, the Board will seek assurance that relevant strategic decisions, plans and programmes are supported by proportionate HIA arrangements, alongside existing equality, socio-economic, Welsh language, Well-being of Future Generations and quality assessment requirements.

Delivery of aims and objectives

The Board routinely reviews delivery against its aims and objectives, including progress, value for money, regulatory compliance, quality and improvement, and performance and financial information that demonstrates whether services are safe, effective, person-centred, affordable and sustainable.

Steering the risk appetite and overseeing strategic risks

The Board recognises that risk management is integral to good governance, strategic planning, prioritisation and delivery of corporate objectives.

The Board ensures effective risk management by setting risk appetite, approving and reviewing the Strategic Risk Register, considering current and emerging risks, and overseeing the systems used to assess controls, mitigations and assurance.

The Risk Protocol outlines the governance arrangements relating to the management and oversight of Strategic and Corporate Risk within Public Health Wales at Board, Committee and Executive level. It also outlines the responsibility and accountability for the operation and the oversight of the risk management system.

The Strategic Risk Register is a living document which can be found here.

Setting the Governance Framework

The Board sets the governance framework for the Organisation, including the assurance framework, integrated governance system, operating policies, procedures and delegations that support good governance and effective delivery.

Developing strong relationships with key stakeholders and partners

The Board ensures meaningful engagement with stakeholders by identifying key interests,

involving stakeholders in the development of plans and policies, communicating its purpose, aims and priorities clearly, taking account of views in service design and complying with statutory duties to engage.

Setting Organisational culture and development

The Board recognises that culture is central to long-term success and sets the tone for the values, behaviours and standards expected across the Organisation.

Through the approved Board Etiquette, the Board promotes trustworthy leadership, constructive decision-making, integrity, inclusion and behaviours that exemplify good governance.

Enablers: Facilitators of Good Governance

Diversity, Skills and Experience

The Board recognises that diversity of background, skills, experience and thought strengthens discussion, decision-making and challenge. The Chair works with Welsh Government and the Public Bodies Unit to ensure the Board has the capability it needs through recruitment, induction, training and ongoing development.

Board Members' collective experience supports effective governance across equality, diversity and inclusion, research and innovation, data and digital, stakeholder engagement, partnership working and academic links.

Roles and Responsibilities

Good governance relies on clear roles, responsibilities and accountabilities across the Board and those who support its governance arrangements.

The Public Health Wales Board comprises a Chair, Vice Chair, seven Non-Executive Directors and six Executive Directors, including the Chief Executive and Chief Finance Officer, in accordance with the Public Health Wales NHS Trust (Membership and Procedure) Regulations 2009 and subsequent amendments.

The Board comprises:

- **Chair:** leads and develops the Board, sets the tone for effective debate and decision-making, supports Non-Executive Director development, represents the Organisation externally and is accountable to the Minister.
- **Chief Executive:** acts as Accountable Officer, leads the Organisation, manages public funds properly and ensures strategies, plans and services are delivered effectively.
- **Executive Directors:** provide expert advice, lead delivery within their portfolios, manage performance and risks, support the workforce and contribute as full Board Members.
- **Non-Executive Directors:** provide independent scrutiny, challenge and support, bring external perspective, uphold standards of integrity and contribute to collective Board responsibility.

Public Health Wales operates as a unitary Board. Executive and Non-Executive Directors are full and equal members, sharing collective responsibility and liability for Board decisions. Welsh Government sets the legislative, policy and strategic framework for NHS Wales and defines the roles and functions of Public Health Wales. The Board sets strategic direction, holds the Organisation to account, manages risk, engages with stakeholders and influences culture.

The Vice Chair deputises for the Chair, provides an alternative route for Board Members to raise concerns, supports specific areas of work and leads the annual 360-degree appraisal of the Chair.

Board Secretary

- Advises on governance, supports legal and statutory compliance, ensures effective Board and Committee arrangements, and leads continuous improvement in governance.

Culture

The function of the Board is to set the tone and culture for the Organisation; the Board must act morally, ethically and fairly if they are to deliver good governance.

The Board has adopted the Board Etiquette to support this.

Delivery

Integrated Governance System

The Integrated Governance System brings together strategy, risk, performance, quality, finance, workforce, information and delivery so that assurance is considered coherently. It supports a clear line of sight from operational delivery to executive oversight, Committee scrutiny and Board assurance.
The model describes the core elements needed for the Organisation to operate effectively, with culture providing the way those elements work together in practice.

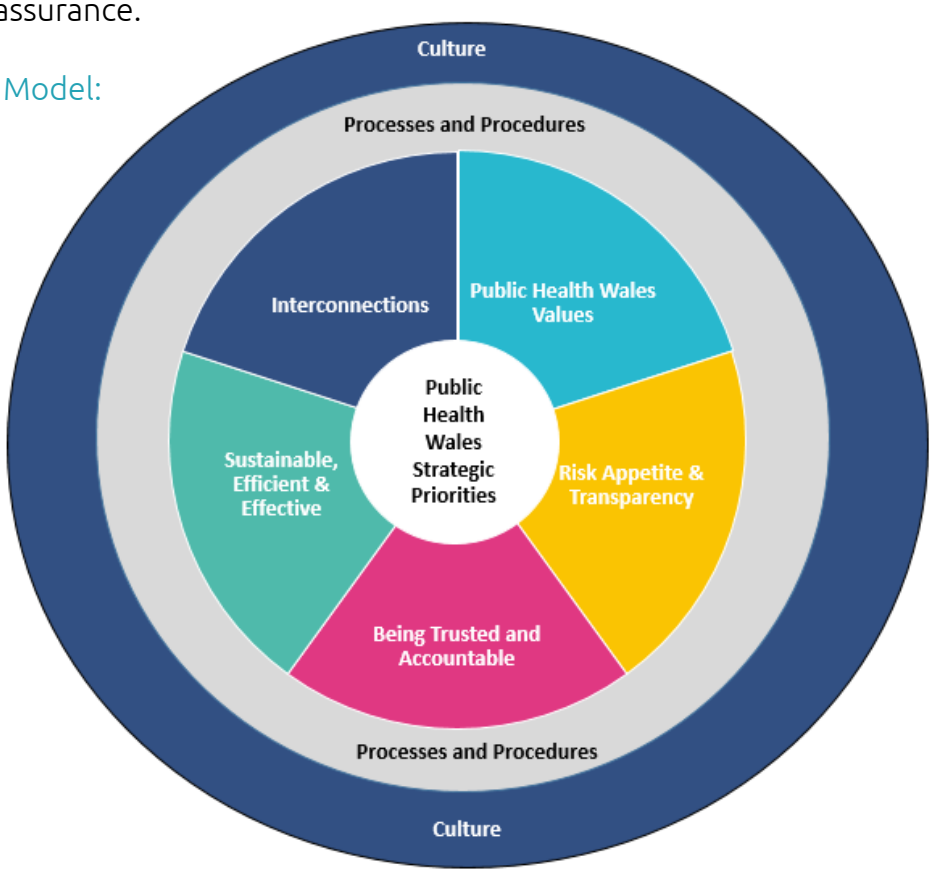
Since the model was approved by the Board in February 2021 and the Implementation Plan approved by the Business Executive Team in March 2022, further Organisational initiatives have strengthened integrated governance.

Quality as an Organisational Strategy supports this by providing an operating model for quality, improvement and innovation.

The integrated approach improves:

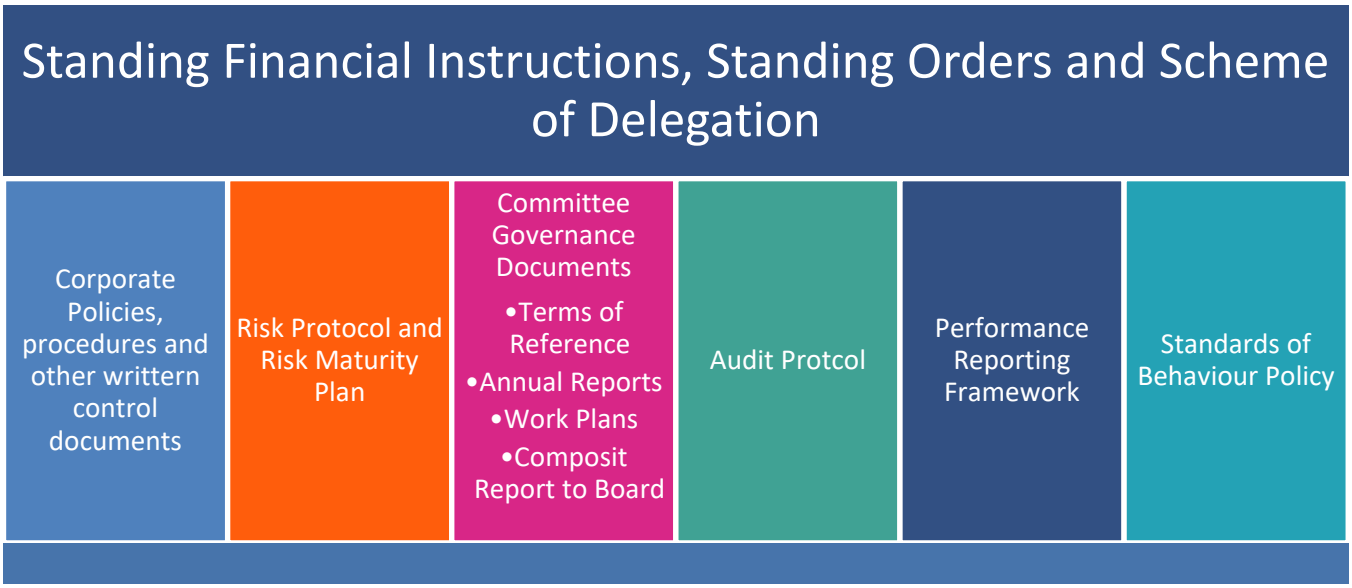
- Stronger connections between clinical, operational, financial, workforce, quality and risk information.
- Clearer alignment with statutory, regulatory and policy requirements and Strategic Priorities.
- Better understanding by staff of their role in integrated governance.
- Clearer escalation routes, including what information is needed, who receives it and how it supports assurance.

Integrated Governance Model:



Policy and Governance Documents

The detailed description of our governance arrangements and the guidance on implementing these arrangements are contained in a portfolio of documents held and maintained by the Board Secretary. It includes Standing Orders, Standing Financial Instructions and the Schemes of Delegation that provide our senior leadership and management their principal operating guidance.



Assurance Framework

The Assurance Framework explains how the Board receives, tests and uses assurance to support effective governance, risk management and internal control. It links strategic objectives, risks, workplans and operational evidence to executive oversight, Committee scrutiny and Board assurance judgement.

It should be used with Board and Committee workplans to confirm that assurance is planned, proportionate and aligned to Strategic Priorities, statutory duties and key risks, and to identify evidence gaps, duplication or matters requiring referral, escalation or external accountability.

Assurance is generated through operational management, reviewed through executive oversight, tested by Committees and escalated to the Board where required. This enables the Board to judge whether assurance is sufficient, risks are within appetite, controls are effective and further action is needed.

The Assurance Framework supports the Annual Governance Statement, which summarises how Public Health Wales demonstrates good governance within the Annual Report.

The Assurance Framework is underpinned by the Board and Committee workplans, which set out the cycle of business and principal sources of assurance. The workplans can be found here.

The Integrated Performance Report and Performance Assurance Dashboard provide key data to support Committee assurance across governance and accountability areas.

Committee Assurance

The following section explains how Committees support the Board by testing assurance on its behalf. It should be read with the assurance-flow diagram, responsibility model and coverage map: the diagram shows how assurance moves through the system, the responsibility model shows where accountability sits, and the coverage map shows the main areas covered by the Board and Committees.

Assurance and reassurance

Assurance is more than reassurance. Reassurance provides comfort that activity is happening; assurance requires sufficient, relevant and reliable evidence that controls are working, risks are being managed, objectives are being delivered and improvement action is taking place.

Committees convert reassurance into assurance by reviewing evidence, testing the completeness of reports, challenging risks and controls, triangulating information from different sources and identifying gaps that require further information, corrective action or escalation.

The Board uses Committee assurance to support its responsibilities for strategy, delivery, risk and control. Where Committees are not sufficiently assured, or where evidence is incomplete or outside remit, the matter should be escalated to the Board for direction.
The following examples illustrate the difference between reassurance and assurance in the work of the Committees and the Board:

Area	Reassurance	Assurance
Risk management	The Committee is told that a risk is being managed.	The Committee receives risk scores, controls, actions, owners, due dates, risk movement and evidence of mitigation.
Performance and delivery	The Board is advised that delivery is progressing.	The Board receives trend data, exception reporting, variance analysis, corrective actions and recovery timescales.
Quality and safety	The Committee is advised that arrangements are in place.	The Committee receives indicators, incident themes, learning, improvement plans and evidence that actions are improving outcomes.

Verifying assurance evidence

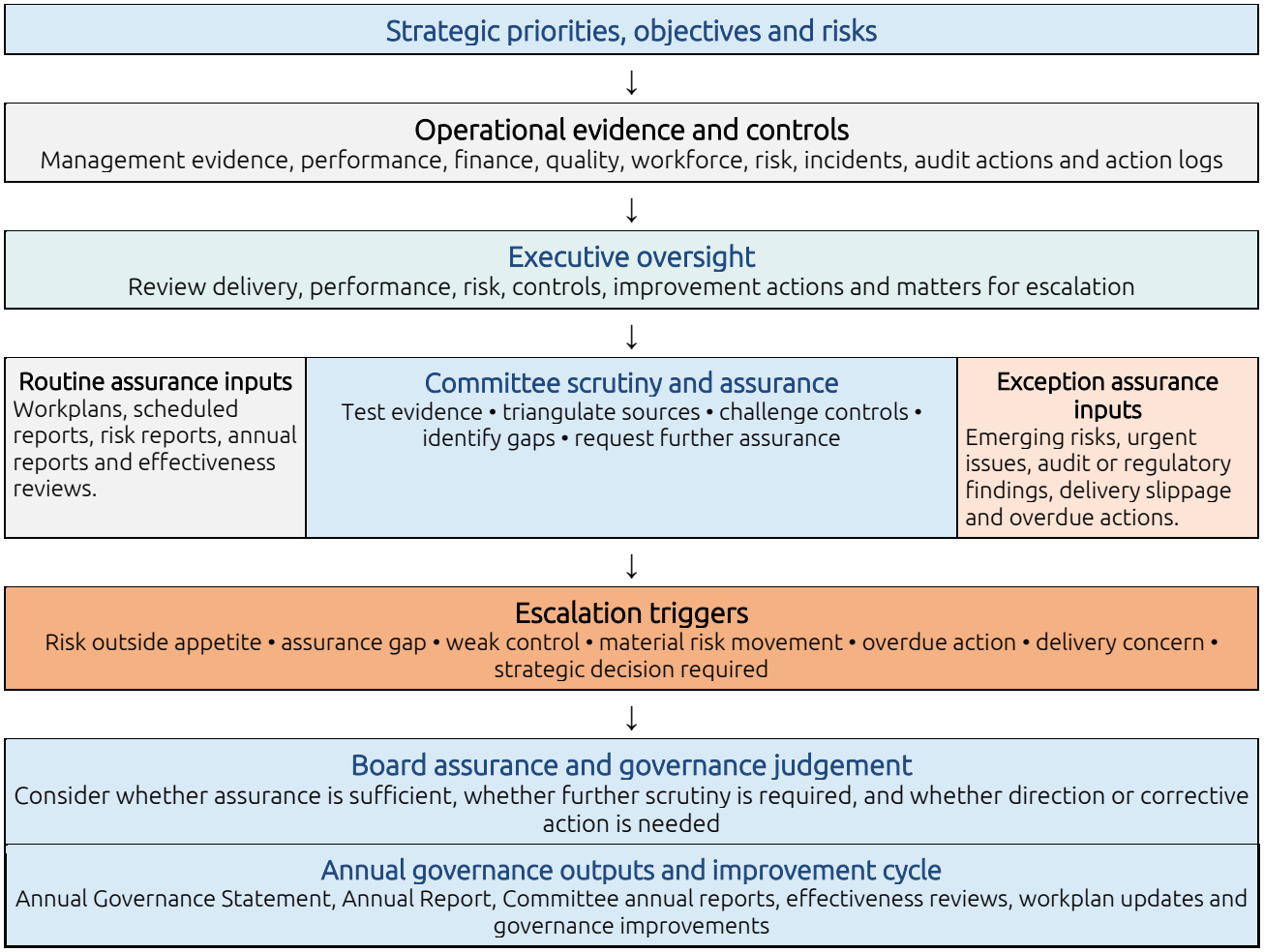
Committees verify assurance evidence by applying structured scrutiny and challenge to the reports, data and updates presented to them.

In doing so, Committees consider whether evidence is:

- Sufficient, reliable, relevant and complete.
- Aligned to the Committee's Terms of Reference, delegated responsibilities and workplan.
- Linked to the relevant Strategic Priority, Strategic Risk or Corporate Risk.
- Clear on controls, mitigations, actions, owners, timescales and outcomes.
- Supported by data, trends, benchmarking, exception reporting or independent review where appropriate.
- Transparent about gaps, limitations, risks outside appetite or incomplete assurance.
- Able to evidence progress, closure and impact of previous actions.

Committees should triangulate evidence across relevant sources, including audit findings, performance reports, quality and safety information, workforce data, finance reports, risk reports, regulatory reviews and external assessments. Where the evidence is incomplete, inconsistent or does not provide sufficient assurance, the Committee should request further information, commission additional assurance, refer the matter to another Committee where appropriate, or escalate the issue to the Board.

Figure 1: Assurance flow from evidence to Board judgement



Cross-Committee escalation

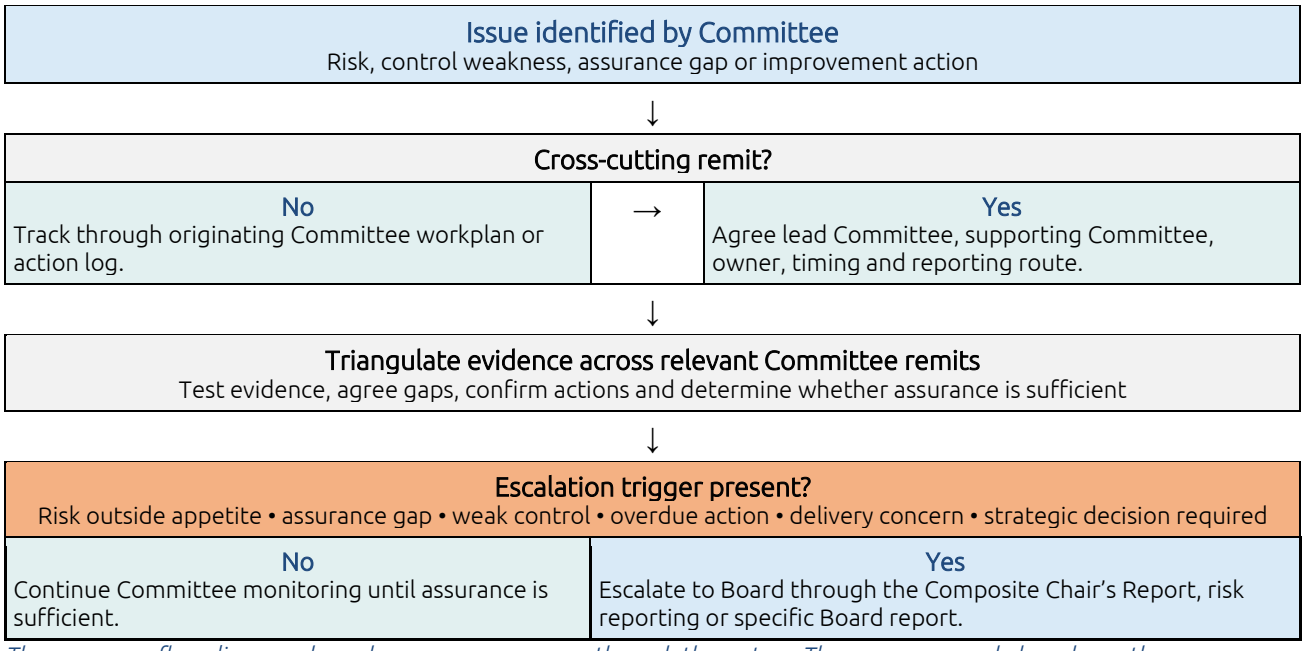
Some areas of assurance will span more than one Committee, particularly where risks, controls or improvement actions cut across quality, people, finance, performance, governance, information, research or digital responsibilities.

Where this occurs, the relevant Committee Chair, Executive Lead and Board Secretary will agree the most appropriate route for scrutiny and escalation, ensuring that ownership is clear and that duplication between Committee workplans is avoided.

- **Referral between Committees:** where an item considered by one Committee has implications for another Committee's remit, the matter should be referred through the relevant Committee Chair's report, minutes, action log or agreed workplan update.
- **Escalation to the Board:** significant issues, assurance gaps, risks outside appetite, material changes in risk profile, overdue actions or matters requiring strategic direction should be escalated to the Board through the Composite Chair's Report, risk reporting or a specific Board report.
- **Tracking and closure:** cross-Committee matters are tracked through the relevant action log or workplan until the Committee is satisfied that appropriate assurance has been received, actions have been completed, or the matter has been escalated for Board consideration.

This approach ensures that the Board receives a coordinated view of cross-cutting issues and that assurance is not fragmented across Committee remits.

Figure 2: Cross-Committee escalation route



The assurance-flow diagram shows how assurance moves through the system. The coverage map below shows the areas covered by the Board and Committees.

Assurance responsibilities: Board reserved, shared assurance and Committee-led scrutiny

This model explains the level at which assurance responsibility sits: matters reserved to the Board, areas where Board and Committee assurance is shared, and matters where Committees undertake detailed scrutiny on the Board's behalf. The assurance domains map below then shows how those responsibilities are distributed across the Board and each Committee, while the detailed coverage map provides the supporting assurance sources and escalation routes.

Determine the responsibility level
Is the matter reserved to the Board, shared with Committees, or Committee-led?

→

Identify the assurance route
Which route applies: Board, ACGC, QSIC, PODC, KRIC or cross-Committee?

→

Check evidence and escalation
Use the coverage map to confirm sources, reporting cycle, gaps and escalation route.

Assurance responsibilities at a glance

This one-page map summarises the principal assurance domains covered by the Board and its Committees. It provides an at-a-glance view for inclusion in the BAF, with the detailed assurance map included as an appendix for supporting assurance sources, reporting routes and escalation detail.

Reserved to Board	Board and Committee assurance	Committee-led scrutiny
What this means Matters the Board must approve, set or retain direct oversight of.	**What this means** Areas where the Board retains overall responsibility, but Committees provide detailed scrutiny and assurance.	**What this means** Areas primarily scrutinised in depth by Committees, with escalation to the Board where required.
Definitive assurance domains Strategy and delivery • Commissioning arrangements • External accountability and annual reporting	**Definitive assurance domains** Strategic and corporate risk • Financial governance • Performance and service delivery • People, workforce and culture • Corporate governance and internal control • Statutory duties and compliance • Board and Committee effectiveness • Hosting arrangements • Climate governance	**Definitive assurance domains** Quality, safety and improvement • Clinical governance • Information governance • Research governance • Data and digital • Cyber security • Audit and independent assurance
Board role Set direction, approve key frameworks and hold the Organisation to account.	**Shared role** Board receives assurance; Committees test, triangulate, challenge and escalate.	**Committee role** Detailed scrutiny, evidence testing, challenge and assurance reporting.
Output to Board Board decisions, approvals and strategic direction.	**Output to Board** Committee assurance, Chair's reports, risk reporting, exceptions and workplan updates.	**Output to Board** Escalation by exception, annual reports, assurance gaps and improvement actions.

Evaluation and Review of Effectiveness

The Board reviews performance and effectiveness through an annual cycle of internal and external assurance, Committee self-assessment, Board development, formal appraisal and annual reporting.

External and Internal Assurances to the Board

Throughout the year, internal and external assessments provide assurance to support the Board's annual effectiveness assessment.

Board and Committee Effectiveness

Each February, all Committee members complete an online effectiveness questionnaire, based primarily on the Audit Committee Handbook (2012) self-assessment questions and Audit Office good practice guidance, adapted for each Committee. Workshops are held in February/March with Committee Members and Executive Leads to consider common themes and wider learning from the survey results. The key themes are shared with each Committee and reported to the Board in May. Learning from the effectiveness review informs the Board performance review. A summary of Committee considerations and outcomes is reported to the Board in quarter 1 each year as part of the wider Board effectiveness review. At Board level, the high performing Board development programme includes a full performance and assurance questionnaire every six months. Alongside the McKinsey 7S Model, this identifies excellent practice and areas for improvement.

Chair's Appraisal with the Minister for Health and Social Services

The Chair undertakes an annual appraisal with the Minister, including objective setting, mid-year review and year-end appraisal.

Chief Executive Appraisal

The Chief Executive undertakes an annual appraisal with the Chair, following the same objective-setting, mid-year review and year-end appraisal cycle. The Chief Executive also has an end-of-year review with the Chair and the Director General for Health and Social Services/NHS Wales Chief Executive in Welsh Government, consistent with the Accountable Officer designation.

Non-Executive Director appraisal with the Board Chair and Executive team appraisals with the Chief Executive

The Chair undertakes a bi-annual review of Non-Executive Director performance and personal development, and the Chief Executive does the same with the Executive Team. Both processes include objective setting, mid-year review and end-of-year review. The Chair also meets annually with each Executive Director to discuss their Board member role.

Board Secretary and Head of the Board Business Unit appraisal

The Chief Executive and Board Chair appraise the Board Secretary and Head of the Board Business Unit, including objective setting, mid-year review and end-of-year review.

Board Champions

An annual Board Champion report provides assurance on the contribution and impact of Champion roles.

Appendix 1 : Summary of Linked Documents

- Standing Orders
- Standing Financial Instructions
- Board Committee and Sub Groups Terms of Reference
- Board Committee Annual Reports
- Board and Committee Work Plans
- Strategic Risk Register
- Risk Protocol
- Audit Protocol
- Protocol for Reserving Matters to a Private Board (or Committee)
- Board Etiquette
- Policies and procedures
- Standards of Behaviour Policy
- Long-Term Strategy
- Board and Committee Agendas and Reports
- Annual Report

Appendix 2: Board and Committee Assurance Map

Board-only / Board-retained assurance				
Assurance area	**Board role**	**Committee route**	**Main assurance sources**	**Escalation**
Strategy and delivery	Sets direction, approves plans and holds the Organisation to account.	Board retained oversight.	Long-Term Strategy, IMTP, IPR, business plans, programme updates and benefits realisation.	**Escalate via:** Board, Welsh Government or external accountability routes. **Triggers:** material non-delivery, strategic drift, significant delivery risk or failure to meet objectives.
Commissioning arrangements	Retains assurance on commissioning arrangements, accountability and value for money.	Board-led assurance; ACGC supports on controls, audit and governance.	Commissioning reports, audit findings, Annual Opinion, Audit Wales, Audit Protocol and tracker.	**Escalate via:** Board, Welsh Government, Audit Wales or external accountability routes. **Triggers:** commissioning control weakness, value-for-money concern, statutory compliance issue or accountability risk.
External accountability and annual reporting	Approves annual governance and accountability reporting.	Committees provide supporting annual assurance.	AGS, Annual Report, Accountability Report, Committee reports, audit opinions and workplans.	**Escalate via:** Board, Welsh Government, Audit Wales or external accountability routes. **Triggers:** governance disclosure issues, annual reporting concerns, audit qualification risk or failure to evidence good governance.

Board and Committee mixed assurance				
Assurance area	**Board role**	**Committee route**	**Main assurance sources**	**Escalation**
Strategic and corporate risk	Sets risk appetite and receives assurance on strategic and corporate risks.	Committees scrutinise allocated risks; ACGC oversees risk arrangements.	Risk registers, Risk Protocol, risk plan, policies, ACGC review, appetite review and controls.	**Escalate via:** Chair's report, risk reporting or Welsh Government/regulatory route. **Triggers:** risks outside appetite, material movement, weak controls or significant threat to objectives.
Financial governance	Receives financial assurance; approves key plans and accounts.	ACGC oversees controls, accounts and audit.	Monthly finance reports, Capital Plan, Budget Strategy, Annual Accounts, audit reports, savings and VFM.	**Escalate via:** Chair's report, Board reporting, risk route or Welsh Government. **Triggers:** material financial risk, significant variance, control weakness, VFM concern or sustainability risk.
Corporate governance and internal control	Sets governance framework; receives assurance on controls.	ACGC scrutinises governance, systems of control, risk arrangements, DOI and WHC.	SOs, SFIs, Scheme of Delegation, ToR, Standards of Behaviour, reports, DOI, WHC and policies.	**Escalate via:** Chair's report, AGS, risk route or external accountability route. **Triggers:** governance failure, control weakness, policy non-compliance, DOI/WHC concern or accountability risk.
Hosting arrangements	Approves hosting agreement; delegates assurance to Committees.	ACGC receives annual statement; Committees review NHS P&I reports by remit.	Hosting agreement, assurance schedule, NHS P&I reports, annual statement and compliance assurance.	**Escalate via:** Chair's report, ACGC annual statement, risk route or Board exception report. **Triggers:** NHS P&I assurance concerns, hosting compliance, governance controls or accountability risks.
Performance and service delivery	Receives assurance on performance, delivery, engagement and objectives.	Service delivery of key programmes scrutinised by QSIC.	IPR, dashboards, Committee and directorate reports, service updates and recovery plans.	**Escalate via:** Chair's report, Board performance reporting or risk route. **Triggers:** sustained underperformance, delivery slippage, recurring recovery failure or material impact on objectives.
Board and Committee mixed assurance				

Assurance area	Board role	Committee route	Main assurance sources	Escalation
Statutory duties and compliance	Ensures statutory and regulatory compliance.	QSIC: Quality/Candour; PODC: Equalities; others by remit; ACGC: governance and systems control.	Quality/Candour, Equalities, WFGA, Socio-economic Duty, Welsh language, Health Impact Assessment and regulatory reports.	**Escalate via:** Chair's report, risk route, Welsh Government or regulatory route. **Triggers:** statutory non-compliance, regulatory concern, equality risk, legal exposure, reputational impact or failure to prepare for implementation of new or forthcoming statutory duties, including HIA.
People, workforce and culture	Sets expectations for culture, leadership, workforce and OD.	PODC scrutinises workforce, OD, culture, wellbeing, leadership and risks.	People Strategy, workforce, OD, culture, staff survey, wellbeing and risk reports.	**Escalate via:** Chair's report, risk route or external escalation. **Triggers:** significant workforce risk, cultural concern, capacity issue, equality risk or impact on delivery.
Climate governance	Receives assurance on climate delivery and statutory responsibilities.	Board receives IPR; KRIC scrutinises research/data; others by remit.	IPR, climate delivery updates, research/data reports, risk and statutory assurance.	**Escalate via:** Chair's report, risk reporting or Welsh Government. **Triggers:** material climate delivery risk, statutory concern, performance gap or impact on strategic objectives.
Board and Committee effectiveness	Reviews Board, Committee and governance effectiveness.	Committees complete annual reviews and report outcomes to Board.	Committee annual reports, effectiveness reviews, Board review and development outputs.	**Escalate via:** Board effectiveness review or Chair's report. **Triggers:** repeated effectiveness concerns, unresolved improvement actions or governance arrangements not operating as intended.

Committee-only / delegated assurance				
Assurance area	**Board role**	**Committee route**	**Main assurance sources**	**Escalation**
Quality, safety and improvement	Delegates detailed assurance, escalation by exception only.	QSIC takes assurance on the Board's behalf.	Quality, Duty of Quality, QMS, incidents, concerns, learning and improvement reports.	**Escalate via:** Chair's report to Board. **Triggers:** high-risk quality or safety concerns, statutory duty issues, repeated improvement failure or risks to outcomes.
Clinical governance		QSIC takes assurance on the Board's behalf.	Clinical Governance Framework, QSIC reports, H&S, IPC and safeguarding reports.	**Escalate via:** Chair's report to Board. **Triggers:** high-risk concerns, repeated non-delivery, statutory non-compliance or control weaknesses in clinical governance, H&S, IPC or safeguarding.
Information governance		ACGC takes assurance on the Board's behalf.	Quarterly IG reports.	**Escalate via:** Chair's report to Board. **Triggers:** significant IG compliance failure, unmanaged data risk, repeated control weakness or accountability risk.
Audit and independent assurance		ACGC takes assurance; findings within specific audits are referred by remit to other Committees.	Internal audit, Annual Opinion, Audit Wales, external audit, Audit Protocol, Audit Recommendations tracker and reviews.	**Escalate via:** Chair's report to Board. **Triggers:** significant audit findings, repeated overdue actions, limited assurance, unresolved recommendations or control weaknesses affecting risk.
Research governance		KRIC takes assurance on the Board's behalf.	Research governance, IPR performance, policies, Research and Evaluation Strategy.	**Escalate via:** Chair's report to Board. **Triggers:** material research governance concerns, repeated strategy delays, compliance failure or reputational risk.
Data and digital		KRIC takes assurance on the Board's behalf.	Data and Digital Strategy, data quality, digital assurance, data risks and IPR.	**Escalate via:** Chair's report to Board. **Triggers:** high-risk data quality issues, digital delivery slippage, cyber/data risk or control weaknesses affecting delivery.
Cyber security		ACGC takes assurance on the Board's behalf.	Cyber security reports, cyber risk, data security controls, incident reporting and digital assurance.	**Escalate via:** Chair's report to Board. **Triggers:** high-risk cyber threat, significant incident, control weakness, regulatory concern or resilience risk.

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