



PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Risk Register
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Rayani, Director of Nursing, Quality and Patient Experience

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

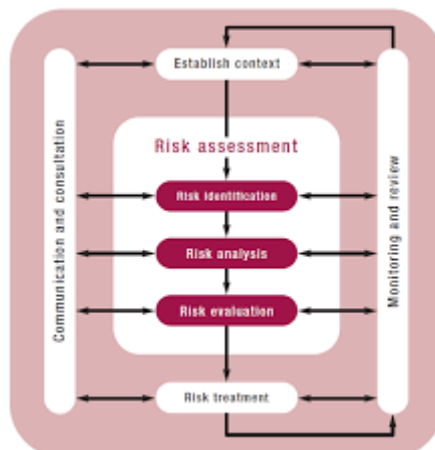
The Charitable Funds Committee (CFC) is responsible for providing assurance to the Board that operational risks aligned to the CFC are being identified, assessed and managed effectively.

This report provides an update on any charitable funds related risks and recent actions that have been undertaken to provide assurance that risks will be appropriately monitored and mitigated.

The CFC is asked to review and scrutinise any risks to seek assurance that all relevant controls and mitigating actions are implemented.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

Operational risks are required to be managed within directorates under the ownership and leadership of individual executive directors, who must establish local arrangements for the review of their risk registers, which includes the validation of the information and risk scores, and the prioritisation and identification of solutions to their risks. In addition to these local arrangements, there are formal monitoring and scrutiny processes in place within Hywel Dda University Health Board (HDdUHB) with the aim of providing assurance to the Board that it is managing its risks effectively.

All risks identified within the Datix Risk Module must be aligned to a formal Board Committee, Sub-Committee or Group who will be responsible for the monitoring and scrutiny of risks which relate to their remit.

The CFC is responsible for the monitoring and scrutiny of operational risks within their remit, including:

- Scrutinising operational risks through the receipt of risk registers or service reports.
- Gaining assurance that risks are being appropriately managed, effective controls are in place and planned additional controls are being implemented.
- Challenging pace of delivery of risk actions.
- Identifying, through discussions, new and emerging risks and ensure that these are assessed by those with the relevant responsibility.
- Providing assurance to the Board that risks are being managed effectively and report risks which have exceeded tolerance through its Sub-Committee/Group update report.
- Utilising risk registers to inform meeting agendas.

Asesiad / Assessment

The CFC Terms of Reference state that it will:

- Contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework (12.4).

There are two current risks in the domain of charitable funds:

Risk reference: 743

Risk description: Risk of reputational damage and decrease in charitable giving if the Health Board (HB) becomes implicated by default, in events outside of the HB's control, due to association, or perceived association with any external charitable organisations.

Members received an update on risk 743 at the March 2021 CFC meeting. As the risk score of 6 was within the Health Board's risk tolerance level of 8, the Committee agreed at that time that the risk could be de-escalated to be managed at service level for review on a bi-monthly basis, noting that the risk would be reported to CFC on a six monthly basis.

All risk actions associated with the risk have now been completed thus ensuring that all actions required to mitigate the risk have been undertaken. It is therefore recommended that this risk is closed and that a risk-based approach is undertaken to manage any future issues that may arise relating to the risk, with appropriate management actions being implemented at an operational level.

Recent discussions with the Head of Hywel Dda Health Charities, Head of Assurance and Risk, Local Counter Fraud Specialist and Head of Corporate and Partnership Governance,

concluded that the existing control measures identified were adequate although using a risk based approach, there would be further awareness raising on key HDdUHB policies and procedures, e.g. Standards of Behaviour Policy & Charitable Funds Financial Administration and Governance Procedure, to ensure that staff across HDdUHB understand their roles and responsibilities regarding declarations of interest and managing any potential conflicts of interest, in addition to the operations and fraud considerations of external charities operating across the HDdUHB.

Where significant future issues or risks are identified, suitable actions to minimise or reduce the likelihood of harm occurring will be implemented. Where this is not possible, consideration will be given to whether it would be appropriate to add any these risks to the departmental Risk Register or whether they should be escalated onto the Directorate Risk Register.

Risk reference: 1130

Risk description: Failure to increase charitable funds income and expenditure (planning objective 2E)

A new risk associated with the delivery of the Hywel Dda Health Charities planning objective for 2021/22 (2E) was presented to members at the June 2021 CFC meeting with a risk score of 9. Members were assured by the actions implemented to mitigate the new risk and agreed that the risk could be managed at directorate level, with any concerns escalated to the CFC as and when required.

Argymhelliad / Recommendation

The Charitable Funds Committee is requested to discuss and confirm whether Risk 743 can be closed and that a risk-based approach is undertaken to manage any future issues that may arise relating to the risk at an operational level with appropriate management actions.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.4 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	743 - There is a risk of reputational damage if the Health Board becomes implicated by default, in events outside of the HB's control, due to association, or perceived association with any external charitable organisations
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable
---	--------------------

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk registers on the Datix Risk Module from across HDdUHB's services, reviewed by risk leads/owners
Rhestr Termiau: Glossary of Terms:	Risk Appetite - <i>the amount of risk that an organisation is willing to pursue or retain</i> (ISO Guide 73, 2009) Risk Tolerance - <i>the organisation's readiness to bear a risk after risk treatment in order to achieve its objectives</i> (ISO Guide 73, 2009)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Head of Hywel Dda Health Charities Head of Assurance and Risk Local Counter Fraud Specialist Head of Corporate Partnership Governance Assistant Director of Corporate Legal Services and Public Affairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Gweithlu: Workforce:	No direct impacts from report, however, impacts of each risk are outlined in risk description.
Risg: Risk:	No direct impacts from report, however organisations are expected to have effective risk management systems in place.
Cyfreithiol: Legal:	No direct impacts from report, however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: Reputational:	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	Not Applicable