PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Risks Assigned to People, Organisational Development & Culture Committee (PODCC)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (OD)
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Committee is requested to seek assurance from the Lead Executive Director for the People, Organisational Development & Culture Committee (PODCC) that the operational risks allocated to the Committee in the attached report are being managed effectively.

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.
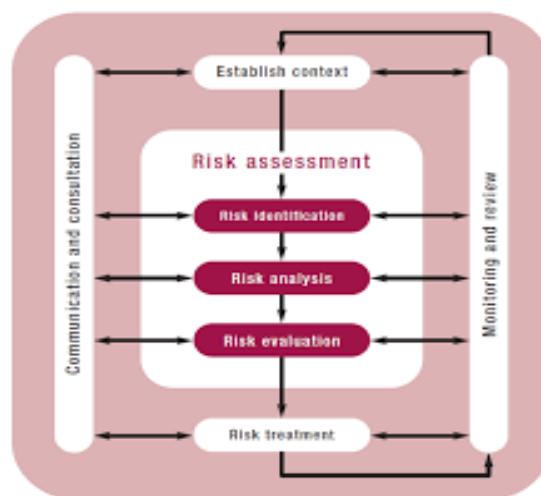
(Risk Management Process, ISO 31000)

Operational risks must 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, formal monitoring and scrutiny processes are in place within Hywel Dda University Health Board (the Health Board) to provide assurance to the Board that risks are being managed effectively.

All risks identified within the Datix Risk Module must be assigned to a formal Board Committee, Sub-Committee or Group, which will be responsible for securing assurance that risks within their remit are being managed effectively.

Management Leads are asked to review risk assessments and risk actions in line with the following timescales for review:

RISK SCORE	DEFINITION	MINIMUM REVIEW FREQUENCY
15-25	Extreme	This type of risk is considered extreme and should be reviewed and progress on actions updated at least monthly.
8-12	High	This type of risk is considered high and should be reviewed and progress on actions updated at least bi-monthly.
4-6	Moderate	This type of risk is considered moderate and should be reviewed and progress on actions updated at least every six months.
1-3	Low	This type of risk is considered low risk and should be reviewed and progress on actions updated at least annually.

In monitoring the risks associated with their respective areas of activity, each Committee and Sub-Committee is responsible for:

- Scrutinising operational risks within their remit; either through receiving the Risk Registers or through 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 actions to mitigate risk;
- Identifying, through discussions, new and emerging risks and ensuring these are assessed by those with the relevant responsibility;
- Providing assurance to its parent Committee, or to the Board, that risks are being managed effectively and reporting risks which have exceeded tolerance through its Committee/ Sub-Committee/ Group Update Report;
- Using Risk Registers to inform meeting agendas.

It is therefore essential that the membership of these Committees and Sub-Committees includes appropriate representation from Directorates, and that they are in attendance to provide assurance and to respond to queries.

Relevant discussion should be reflected in the PODCC Update Report to the Board to provide assurance on the management of significant risks. This will include risks that are not being managed within tolerance levels (see Risk Appetite Statement), and any other risks, as appropriate.

Asesiad / Assessment

The PODCC's Terms of Reference state that it will:

2.7 To seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g., where risk tolerance is exceeded, lack of timely action.

2.8 To recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report.

2.9 To receive assurance through Sub-Committee Update Reports and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

There is currently one risk aligned to PODCC based on the following criteria:

- PODCC has been selected by the risk lead as the 'Assuring Committee' on Datix.
- The current risk score exceeds the tolerance level, (discussed and agreed by the Board on 27 September 2018).
- Risks have been approved at Directorate level on Datix risk module.
- Risks have not been escalated to the Corporate Risk Register.

Changes Since Previous Report

Total Number of Risks	1	
New risks	1	*See Note 1*
De-escalated/Closed	0	
Increase in risk score ↑	0	
No change in risk score →	0	
Reduction in risk score ↓	0	

Note 1 – New risk being reported
The following risk has been added to Datix:

Risk Reference & Title	Date risk identified	Lead Director	Current risk score	Update	Target Risk Score
1669 - Recruitment – Pre-employment checks	12/04/23	Director of Workforce & OD	**3x3=9** (Reviewed 31/05/23)	There is no assurance that standardised risk assessments are being completed and risks are being recorded and reviewed prior to appointment. However, of those that have been on boarded prior to completion of employment checks, there has been no adverse impact on the organisation.	**2x3=6**

The Risk Register, attached at Appendix 1, details the responses to each risk, for instance the Risk Action Plan.

The heat map below has been obtained from the [Risk Performance dashboard](#). The information reflects the risk information extracted from Datix of the one risk included in this report:

HYWEL DDA RISK HEAT MAP					
	LIKELIHOOD →				
IMPACT ↓	RARE 1	UNLIKELY 2	POSSIBLE 3	LIKELY 4	ALMOST CERTAIN 5
CATASTROPHIC 5					
MAJOR 4					
MODERATE 3			1669 (NEW)		
MINOR 2					
NEGLIGIBLE 1					

Risk owners can allocate themes to their risks, which allows the Health Board to share risk information on specific areas with relevant experts as part of the second line of defence. Risk themes provides assurance that a holistic approach to risk management is being undertaken and enables the Health Board to better identify the risk appetite, risk capacity and total risk exposure in relation to each risk, group of similar risks, or generic type of risk.

Workforce themed risks are shared with the Workforce and Organisational Development Directorate on a bi-monthly basis to allow them to maintain oversight and provide necessary guidance to those responsible for the risk and develop/improve organisational controls, for instance policies, procedures, systems, processes, to reduce the risk to the Health Board. The Workforce Directorate are currently undertaking initial scoping work to triangulate workforce risks across the Health Board to ensure effective risk management, and to contribute to organisational long- and short-term planning, whilst providing assurance that workforce risks are being monitored, and managed accordingly. Progress on this work is monitored via the Strategic Workforce Planning Team meeting. Work is ongoing to determine an improved thematic structure on Datix in relation to workforce-themed risks, aligned to the Workforce and Organisational Development Pillars as follows:

- Organisational Culture;
- People & Utilisation;
- People Education & Development;
- People Operations & Change;
- Strategic People Planning;
- Stabilisations; and
- Equality, Diversity & Inclusion

Argymhelliad / Recommendation

PODCC is request to:

- Review and scrutinise the risks included within this report to receive assurance that all relevant controls and mitigating actions are in place.
- Discuss whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.
- Note that workforce themed risks are shared with the Workforce and Organisational Development Directorate to allow them to maintain oversight and provide necessary guidance to those responsible for the risk and develop/improve organisational controls.

Subsequently, the Committee will provide the necessary assurance to the Board that these risks are being managed effectively.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.

Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented. Tolerable risk – this is the level of risk that the Board agreed for each domain in September 2018 – Risk Appetite Statement.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Relevant Executive Directors.

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:	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Risk Ref	Status of Risk	Health and Care Standards	Directorate	Directorate lead	Management or service lead	Date risk Identified	Risk Statement	Existing Control Measures Currently in Place	Domain	Risk Tolerance Score	Current Likelihood	Current Impact	Current Risk Score	Additional Risk Action Required	By Whom	By When	Progress Update on Risk Actions	Lead Committee	Target Likelihood	Target Impact	Target Risk Score	Detailed Risk Decision	Review date
1669	Directorate Level Risk		Workforce and OD	Owen, Sally	Owen, Sally	12-Apr-23	There is a risk of persons being appointed prior to relevant appointment checks being completed. This is caused by an individual being appointed prior to employment and right to work checks being completed. This will lead to an impact/affect on - Staff being employed with unknown criminal convictions, posing a risk to patient and employee safety. - Employees falsifying records and qualifications to gain employment, therefore committing Fraud related offences. - There is a risk to both Public and Staff whereby unqualified or unsuitable persons are appointed to both administrative and public facing roles. - Failure to undertake adequate Right to work checks may result in unauthorised persons gaining employment. If you conduct the checks as set out in the home office guide and the code of practice, you will have a statutory excuse against liability for a civil penalty (approximately £20 thousand) in the event you are found to have employed someone, who is disqualified from carrying out the work in question, by reason of their immigration status. - The appointing manager being disciplined for not having adequate controls in place prior to appointment, which could lead to increased risk of bribery and corruption. - Poor candidate experience / first impression. - Incorrect start dates for new starters, therefore incorrect continuous services dates being applied to incorrect contracts etc. - Reputational damage and erosion of public and employee confidence and the workforce moral. Risk location, Health Board wide.	Where an appointment prior to completion of employment check is required, appointing managers are required to undertake a local risk assessment, justifying the need for an immediate appointment. - Recruitment processes are communicated to appointing managers upon commencement of a recruitment campaign. - NWSSP have in place relevant procedures / processes that govern the onboarding of an employee, these include control of the recruitment process via TRAC and set procedures for both documenting the completion of relevant / appropriate employment checks.	Statutory duty/inspections	8	3	3	9	Have in place a standardised Risk Assessment, which is available to all appointing managers. This is to include a guide for managers to assist in undertaking the assessment.	Owen, Sally	30/06/2023	To be updated at next review	People, Organisational Development and Culture Committee	2	3	6	Treat	31-May-23
														Have in place a local risk register, that notes who has been employed prior to completion of relevant employment checks and accompanying risk assessment.	Owen, Sally	30/06/2023	To be updated at next review						
														Service to update risk with the list of existing controls that are in operation to mitigate this risk.	Owen, Sally	Completed	Pre Employment Checks for recruitment transacted via Trac are managed by NWSSP. The responsibility to ensure candidates do not start until relevant Pre Employment Checks are complete sits with the Appointing Manager.						
														Raise awareness of recruitment related Fraud via Counter Fraud Awareness Sessions to both Health Board employees and Recruitment teams.	Rees, Ben	30/06/2023	To be updated by Counter Fraud team						