 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Audit and Corporate Governance Committee Date of Meeting 29 January 2024 Agenda item: 7.3d </p>
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Protocol for Reporting and Oversight of Risk within Public Health Wales – minor update	
Executive lead:	Claire Birchall, Interim Executive Director Quality, Nursing and Allied Health Professionals
Author:	Eleanor Higgins, Integrated Governance Manager

Approval/Scrutiny route:	Claire Birchall, Interim Executive Director Quality, Nursing and Allied Health Professionals
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Purpose
To provide an update on the Protocol for reporting and oversight of risk within Public Health Wales.

Recommendation:				
APPROVE <input checked="" type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> Approve the minor change to the Protocol for Reporting and Oversight of Risk within Public Health Wales 				

1. Purpose

To present the Audit and Corporate Governance Committee with a minor update to the Protocol for Reporting and Oversight of Risk within Public Health Wales. The Committee last approved the Protocol in September 2023. The Committee is asked to approve the minor update.

2. Background

Following recent conversations with Board members, Executive Team members and Leadership Team, the organisation has identified areas to strengthen the reporting and oversight of risk within Public Health Wales. At the Board meeting on 25 January 2024, the Board received a deep dive on risk reporting and oversight. It was proposed that further reporting and scrutiny was required by Committee chairs when reporting into the Board.

3. Description/Assessment

Significant progress has been made over the last eight to twelve months in the development of a more robust and agile SRR and CRR. As such it is important that there is sufficient and timely oversight as part of the Board Business Cycle to consider risk.

Committee Chairs have agreed to strengthen their scrutiny and reporting to Board and as such the following text has been added to the Protocol under section 7: Role of other Committees.

To support evidence of appropriate Committee scrutiny, and provide robust assurance, the relevant Committee chairs will be asked to include a note in relation to the relevant corporate and strategic risk as part of their comprehensive committee updates to the Board.

The Committee is asked to consider and approve the addition of this text.

The full Protocol is attached at Appendix 1, with tracked changes for reference.

4. Recommendation

The Committee is asked to:

Approve the minor change to the Protocol for Reporting and Oversight of Risk within Public Health Wales



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Reference Number:
Version Number: 1c
Date of Next review: April 2024

PROTOCOL FOR THE REPORTING AND OVERSIGHT OF RISK WITHIN PUBLIC HEALTH WALES

Introduction and Aim

The purpose of this document is to outline 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 should be read in conjunction with the Risk Management Policy and Procedure and the Strategic Risk Register and Corporate Risk Register.

It does not extend to Directorate and Divisional Risks which are managed and reported at Directorate level.

Linked Policies, Procedures and Written Control Documents

[Risk Management Policy](#)
[Risk Management Procedure](#)

Scope

This Protocol is for the use of Board, Executive Team members, Leadership Team members and any other staff involved in supporting the management of Strategic and Corporate Risks across the organisation.

Equality and Health Impact Assessment	N/A
Approved by	Audit and Corporate Governance Committee
Approval Date	October 2022
Review Date	October 2023
Date of Publication:	October 2022
Accountable Executive Director/Director	Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals
Author	Bethan Osborne, Risk Manager Eleanor Higgins, Integrated Governance Manager

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1c		October 2022	October 2022	First version approved by Audit and Corporate Governance Committee
2	May 2023	September 2023	September 2023	Strategic Risk Register refresh completed in May 2023. Frequency for receipt of register at BET reduced from every month to every months. Roles and responsibilities updated to reflect relationship between risk owners and risk contributors. Further clarification added that Protocol does not cover Directorate or Divisional risk management and reporting.
3	January 2024			Minor amendment, adding further scrutiny to role of Committee Chair at section 7.

1. Introduction

The purpose of this document is to outline 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 does not extend to Directorate and Divisional Risks which are managed and reported at Directorate level.

This will cover:

- The management of the Corporate Risk Register (CRR) and Strategic Risk Register (SRR), including frequency of updates and reporting.
- The Executive role in managing the risks within the organisation, and the role of the Executive leads / Risk sponsors.
- Role of the Business Executive Team in manage risk within the organisation, including overseeing the implementation of mitigating actions within the Strategic Risk Register and the Corporate Risk Register (delegated to the Leadership Team).
- Oversight by the Board via the Audit and Corporate Governance Committee of the overall system for risk management (system for internal control) and assurance on the management of Strategic and Corporate risks within the organisation;
- Role of the other Board Committees in providing assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately.

2. Business Executive Team

The Business Executive Team (BET) manage risk within the organisation, including overseeing the implementation of mitigating actions within the Strategic Risk Register. The Leadership Team will oversee implementation of mitigating actions within the Corporate Risk Register (as delegated from BET). The Business Executive Team will seek assurance from Leadership Team on the Corporate Risk Register.

BET will achieve this through:

- Reviewing the Corporate Risk Register and the Strategic Risk Register at a Business Executive Team meeting on a bi-monthly basis.
- Approving any changes to the implementation dates for actions within the Corporate Risk Register and Strategic Risk Register.
- Approving any escalation/ de-escalation of risks on the Corporate Risk Register.
- Making a recommendation to the Board on the escalation/ de-escalation of risks on the Strategic Risk Register.
- Reviewing the progress in implementing the Risk Development Plan on a quarterly basis.

3. Role of Executive Leads/Risk Sponsor

Each Lead Executive / Risk sponsor is responsible for the implementation of the mitigation actions outlined for their risk, within their relevant Executive portfolio. They are responsible for obtaining regular updates from the Risk Contributors identified within the risks for which they are risk sponsor. Risk Sponsors will ensure that the Corporate Risk Register and Strategic Risk Register are updated at least every two months, in line with the bi-monthly rhythm of Board meetings.

The updates to the Corporate Risk Register and Strategic Risk Register will include:

- Progress on the implementation of each mitigating action.
- Requests for changes to any timescales for the mitigating actions, for BET approval.

- An outline of any requests to escalate / de-escalate a risk from the register, using the appropriate form, for BET approval.
- A delivery confidence assessment (DCA) for the Strategic Risks.
- The provision of an Executive Insight to provide an up to date assessment as to whether the actions will sufficiently address the gaps in controls to effectively manage the risk.

The cycle for these updates will be completed by the **1st of the month they are due**, with a report to BET at the second BET meeting in the month. This is in line with the bi-monthly rhythm of Board meetings. The Risk team will send reminders two weeks prior to this deadline. A full schedule of completion is available below.

Executive Leads/Risk Sponsors are also responsible for ensuring Strategic Risks are considered alongside the annual planning process for Strategic Priorities.

4. Role of Risk Contributors

In order to reflect organisational maturity around matrix working, each risk has interdependencies across Executive portfolios.

Each Executive Risk Contributor is responsible for the implementation of the mitigating actions identified within their portfolio. They must provide regular updates to their respective Risk Owner at least every two months. Risk Contributors will support the Risk Sponsor in taking forward the responsibilities outlined in section 3 above.

5. Consideration by Board

The Board approves the Strategic Risk for the Organisation, and sets the risk appetite. This will usually be reviewed on an annual basis.

The Strategic Risk Register in its entirety will be presented to the Board for assurance three times a year.

The Corporate Risk Register in its entirety will be presented to the Board for assurance twice a year.

Both registers shall be available on request at any time to the Board.

The Board delegates seeking assurance on the system of risk management to the Audit and Corporate Governance Committee (ACGC), and received assurance from Audit and Corporate Governance Committee as part of the Committee Chairs report to Board, the Annual Report of the Committee and within the Annual Governance Statement.

6. Role of Audit and Corporate Governance Committee

The Audit and Corporate Governance Committee role is to seek assurance on the overall system for risk management (system for internal control) and seek assurance as to the effective management of Strategic and Corporate risks within the organisation.

Audit and Corporate Governance Committee will achieve this through:

- Considering a report outlining the overall system for risk management, for assurance on an annual basis.

- Consider the progress with the implementation of the Risk Development Plan on a bi-annual basis.
- The Committee will seek assurance on behalf of the Board that Corporate and Strategic risks within the remit of the Committee are being managed effectively.
- Receive the Corporate Risk Register and the Strategic Risk Register at each regular meeting, for information.

7. Role of other Committees

The role of the other Board Committees is to consider the Corporate and Strategic Risks within their remit, seeking and providing assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks within their remit are being managed appropriately.

The Committees will achieve this through:

- Considering an extract of the Corporate Risk Register containing only relevant risks within the Committee’s remit, bi-annually.
- Considering the Strategic Risks relevant within the Committee’s remit, at each meeting.
- To support evidence of appropriate Committee scrutiny, and provide robust assurance, the relevant Committee chairs will be asked to include a note in relation to the relevant corporate and strategic risk as part of their comprehensive committee updates to the Board.

8. Summary of reporting schedule

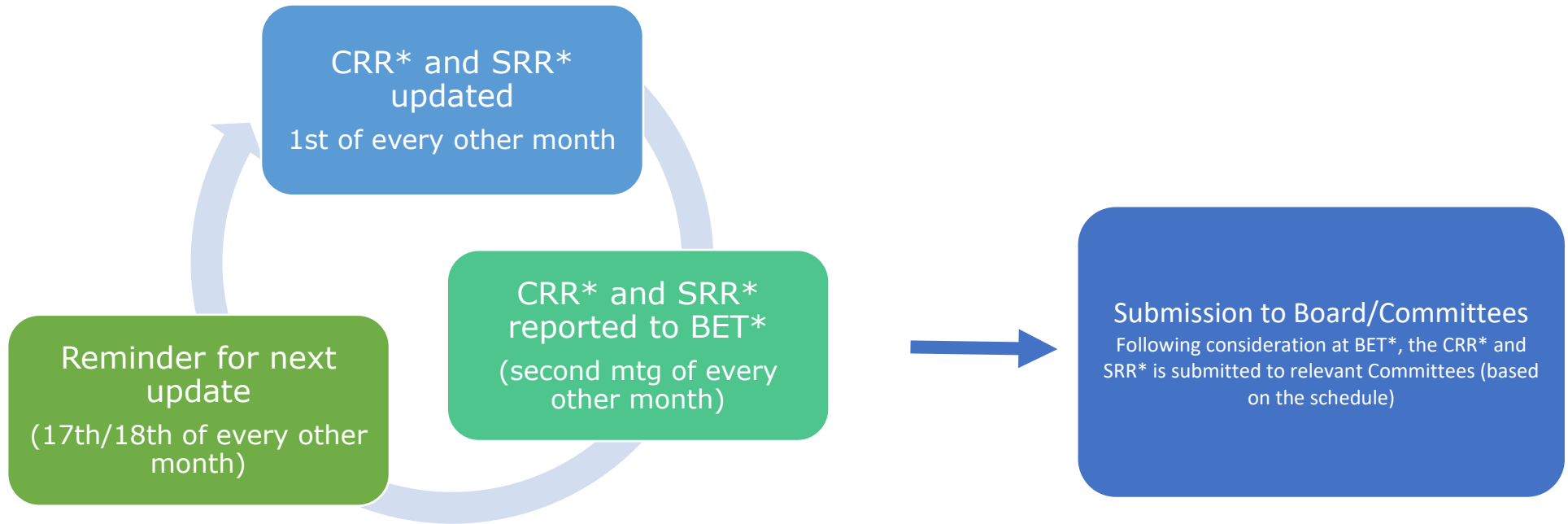
Summary of scheduling of updates and consideration of CRR/SRR		
Executive updates	Bi-monthly (1 st of every other month)	
Business Executive Team	Bi monthly (Third week of every other month)	
Audit and Corporate Governance Committee	At each meeting – For information	
All Committees	SRR	Quarterly (at each meeting)
	CRR	Bi Annually (Q1 and Q3)
Board	SRR	Three times a year (Q1, Q3 and Q4)
	CRR	Bi Annually (Q1 and Q3)

9. Review of this protocol and feedback

This protocol will be reviewed at least annually to ensure it continues to meet the needs of the organisation.

We welcome any feedback about this protocol and are happy to respond to any queries in relation to it. Please email the Board Secretary and Head of Board Business Unit at PHW.CorporateGovernance@wales.nhs.uk

Strategic and Corporate Monthly Risk Cycle:



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SRR: Strategic Risk Register
CRR: Corporate Risk Register
BET: Business Executive Team

Schedule of meetings at which the Strategic Risk Register will be received

Updates to Strategic Risk Register required by:	BET meeting date:	Reported onwards to Board:	Detailed reporting to Committee	
			Committee name	Committee date
1 May 2023	15 May 2023	25 May 2023 (Q1)	Knowledge, Research and Information Committee	13 June 2023 (close down of 2022/23 SRR)
			Quality, Safety and Improvement Committee	18 July 2023 (close down of 2022/23 SRR and introduction of new SRR)
			People and Organisational Development Committee	19 July 2023 (close down of 2022/23 SRR and introduction of new SRR)
1 July 2023	19 July 2023	N/A	Knowledge, Research and Information Committee	13 Sept 2023(introduction of new SRR)
			Audit and Corporate Governance Committee	19 Sept 2023 (close down of 2022/23 SRR and introduction of new SRR)
1 September 2023	20 September 2023	N/A	Quality, Safety and Improvement Committee	12 October 2023
			People and Organisational Development Committee	8 November 2023
1 November 2023	22 November	30 November 2023 (Q3)	Knowledge, Research and Information Committee	6 December 2023
			Audit and Corporate Governance Committee	16 January 2024
1 January 2023	17 January	N/A	People and Organisational Development Committee	6 February 2024
			Quality, Safety and Improvement Committee	21 February 2024
			Knowledge, Research and Information Committee	5 March 2024
			Audit and Corporate Governance Committee	19 March 2024
1 March 2023	20 March	28 March 2023 (Q4)		TBC