Strategic Risk Register

Risk 4	There is a risk of weakness in our organisational health, including our culture, capacity, capabilities and governance. *Caused by* sub-optimal leadership, management and engagement. *Resulting in* low staff wellbeing and morale, failure to recruit and retain our staff and ineffective performance across one or more of our strategic priorities.

Risk Owner's Overview Assessment Status

The organisation is implementing QOS incorporating governance system mapping and controls and has actions in place to mitigate the risk and close the gaps in assurance.

POD have clear actions in the IMTP which relate directly to this risk, i.e., Work to understand current v desired culture, launching and embedding our 'Being Our Best' framework and a road map to deliver the people promise. Workforce planning is also part of the IMTP deliverables and a critical component in addressing this risk.

Collaborative working between Planning, POD and Communication functions will contribute to improved methods to launch, land and embed related products/messaging. A (pilot) Leadership and Management Development Academy has also been launched, which together with the actions outlined in this plan, will support improved leadership, Management and engagement.

Our Board and Committees are constituted in accordance with our Standing Orders and Scheme of Delegations. The functions of the Board are delivered in line with the Board Etiquette Protocol with external assurance from Audit Wales on performance.

Sponsor and Assurance Group

Executive Sponsor	Neil Lewis, Director of People and OD Contributors: John Boulton, Director for NHS Quality Improvement and Patient Safety Rhiannon Beaumont-Wood, Exec Dir Quality, Nursing and Allied Health Professionals Huw George, Deputy Chief Executive and Exec Dir Ops and Finance Paul Veysey, Board Secretary and Head of Board Business Unit
Assurance Group	People and Organisational Development Committee

Inherent Risk

Date	16/5/23	Likelihood:	5	Impact:	5	Score:	25

Risk Score						Risk Decision	Delivery Confidence Assessment
Current Risk			**Target Risk**			Treat	AMBER
Likelihood	Impact		Likelihood	Impact			
4	4	16	3	2	6		

Strategic Risk Register

No.	Control	Exec Owner	SOURCES OF ASSURANCE	Team / Division / Project /Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
			EXISTING CONTROLS	**Level at which the Assurance is provided to**				
SR 4.1	Compliance with Information Governance policy and supporting procedures	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	IG performance report			X		
			Information Governance toolkit			X		
			Information Governance Group assurance to Audit and Corporate Governance Committee			X		
			Information Asset Register			X		
SR 4.2	Compliance with Risk Management policy, procedure and other written control documents (protocol)	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	Assurance reports on Strategic Risks					X
			Strategic Risk Register and Corporate Risk Register reports to Board				X	X
SR 4.3	Planned People and OD Committee Meetings to review progress v plan (including dashboard data on workforce trends) and consider emerging threats	Neil Lewis, Director of People & OD	PODCOM Minutes from meetings				X	
SR 4.4	Refreshed Long Term	Deputy Chief Executive and Exec Dir Ops and Finance	IMTP Reporting process			X		
SR 4.5	People Strategy and IMTP	Neil Lewis, Director of People & OD	Reporting against IMTP Milestones			X		
SR 4.6	Compliance with Standing Orders, Scheme of Delegation and Board Etiquette Protocol	Paul Veysey, Board Secretary and Head of the Board Business Unit	Internal Audit Audit Wales Annual Accountability Reporting to Welsh Government					X X X

Strategic Risk Register

Action plan No.	Gaps in controls	Action Plan	Exec Director	Due Date	Progress
AP 4.1	Organisational-wide Records Management System	Design and implement Records Management System across organisation	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	30/03/24	September 23: On target
		Approved Records Management policies and procedures	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	30/09/23	September 23: Consultation process has concluded and policy and procedure are progressing through the approval process. Amend due date to 30/12/23.
AP 4.2	Standardised approach to Governance and Quality Management	Implement Quality as an Organisational Strategy	John Boulton		
		Implement year 2 of Integrated Governance implementation plan	Rhiannon Beaumont-Wood, Executive Director of Quality and Nursing	30/03/24	
AP 4.3	A co designed / developed high- level plan which will deliver desired culture	Establish a high-level plan which will deliver desired culture (to include communication and engagement aspects)	Neil Lewis -Director People and OD	30/6/23	09/07/2023 (RA) A high-level plan is in place with initial actions complete / ongoing: • Directorates will be briefed on location outcomes over the summer and asked to nominate local culture advocates • Intranet content is live • Work to connect purpose, LTS, culture, values and behaviour is being undertaken at LT level. • Leading with impact workshops are being

					scoped to run in 2023-2024
		Develop KPI's to measure how well Managers are engaging their direct reports and use these as part of regular 1-1 reviews	Neil Lewis -Director People and OD	31/03/24	31/08/23 Due date moved forward to align with AP4.5
AP 4.4	Protected time at Exec level to review culture and effectiveness of associated plan/actions.	Dedicate an agreed number of Strategic BET Meetings to review progress v plan and impact of culture plan.	Neil Lewis -Director People and OD	30/6/23	31/08/23 To be agreed with SBET as part of discussion to take place in October 2023.
AP 4.5	A strategic and systemic approach to employee engagement	Development of a strategic and systemic approach to employee engagement	Neil Lewis -Director People and OD	31/03/24	09/07/23 Due date moved forward three months due to staff survey being moved from summer 2023 to autumn 2023
		Systematic reviews of Staff survey responses and delivery of action plans	Neil Lewis -Director People and OD	31/12/23	09/07/23 Due date moved froward three months due to staff survey being moved from summer 2023 to autumn 2023
AP 4.6	Ownership of organisation wide WFP process to ensure delivery of capacity and capability risks addresses	Directorates to commit to WFP process and take action to close workforce risks	TBD	Ongoing	22/08/23 Whilst critical roles will be identified by end of September 2023, the resourcing plans required to support the building of pipelines will not be fully in place until 31/3/24.

09/07/2023 A two-year, high-level workforce plan is in place. Members of |

					POD are working with directorates to ensure the next key milestone, (ensure resourcing plans are in place for all critical roles) is completed by end of September 2023.