

# Strategic Risk Register

<b>Risk 4</b>	<p><b>Risk of :</b> Worsening organisational health, and an inability to recruit and retain high calibre staff, performance manage accountable officers in pursuit of strategic priorities, low staff morale and wellbeing.</p> <p><b>Due to:</b> Lack of organisational leadership and governance, progress towards ideal culture, ability to engage employees</p> <p>Key Strategic Objectives contributing to mitigating the risk and agreed risk appetite level: 3) Promoting healthy behaviours <b>[willing]</b></p>
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<b>Risk Owner's Overview Assessment Status</b>	
<p>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.</p> <p>POD have clear actions in the 2023-2024 IMTP which relate directly to this risk, i.e. work to understand current v desired culture and close the gap between the two, embed our behavioural framework, 'Being Our Best', and increase employee engagement. Workforce planning is also part of the IMTP deliverables and a critical component in addressing this risk. IMTP actions have been developed which will take this work forward in 2024-25.</p> <p>Collaborative working between Planning, POD and Communication functions will contribute to improved methods to launch, land and embed related products/messaging. A Leadership Forum has been established and met for the first time in January 2024. Meetings will be held quarterly in future. A quarterly update on Organisation and People Development and Engagement has been scheduled at Leadership Team.</p> <p>Two cohorts have now completed the a (pilot) Leadership and Management Development Academy and Leading with Impact workshops are taking place , which together with other actions outlined in this plan, will support improved leadership, management and engagement.</p> <p>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. There is a robust and dynamic wellbeing provision in place designed to respond to the needs of all staff including those impacted by the Covid-19 Public Inquiry.</p>	

<b>Sponsor and Assurance Group</b>	
<b>Executive Sponsor</b>	Neil Lewis, Director of People and OD Contributors: John Boulton, Director for NHS Quality Improvement and Patient Safety Claire Birchall, Interim 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
<b>Assurance Group</b>	People and Organisational Development Committee

<b>Inherent Risk</b>							
<b>Date</b>	16/5/23	<b>Likelihood:</b>	5	<b>Impact:</b>	5	<b>Score:</b>	25

<b>Risk Score</b>					<b>Risk Decision</b>			
<b>Current Risk</b>			<b>Target Risk</b>			<b>Treat</b>		
<b>Likelihood</b>	<b>Impact</b>		<b>Likelihood</b>	<b>Impact</b>				
4	4	16	3	2	6			

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EXISTING CONTROLS			SOURCES OF ASSURANCE	Level at which the Assurance is provided to				
No.	Control	Exec Owner		Team / Division / Project / Programme	Directorate Team / Exec Lead	Business Exec Team / Sub Groups	Committee / Sub group	Board
SR 4.1	Compliance with Information Governance policy and supporting procedures	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)	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
SR 4.7	Ongoing review and development of a wellbeing provision which meets the needs of all staff including those affected by the Covid-19 Public Inquiry	Neil Lewis, Director of People & OD	Strategic Risk Register Staff Survey		X	X	X	X

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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	Executive Director of Quality and Nursing	March 2025	<b>December 2023:</b> On target
		Approved Records Management policies and procedures	Executive Director of Quality and Nursing	March 2024	<b>December 2023:</b> Consultation process has concluded and policy and procedure are progressing through the approval process. Amend due date to 30/03/24.
AP 4.2	Standardised approach to Governance and Quality Management	Implement Quality as an Organisational Strategy	Director for NHS Quality Improvement and Patient Safety	August 2024	<p><b>February 2024:</b> On target. Joint ET/LT meeting on 5 February reviewed progress to date and used QMS to review 2 case studies. Agreed that ET would take the QMS methodology forward and discuss opportunities to utilise in BET meetings/review of the IMTP.</p> <p><b>December 2023:</b> On target. Work is progressing to integrate the principles of QOS into work already underway in PHW following a review of the implementation approach in the Summer. Examples include integration into the IMTP planning process; integration with the work on organisational design principles; alignment with</p>

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					work following the culture survey; support to the stage 2 project to iterate the PAD; and support from the I&I hub to tier 1-3 projects as required. A workshop to further develop our macro and meso system maps has progressed this work and a series of further support sessions will be rolled out in January. The workshop also provided an opportunity to bring together all the QOS leadership activities we have been working on to begin viewing as a Quality Management System. A joint BET/LT SBET to share progress & next steps is planned for February 2024.
		Implement year 2 of Integrated Governance implementation plan	Executive Director of Quality and Nursing	March 2024	<b>March 2023</b> On target <b>December 2023</b> On target
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	March 2024	<b>March 2024</b> On target. Discussed at SBET in Jan, follow up scheduled for March.  <b>December 2023</b> Work is ongoing across directorates to close the culture gap, organisation and directorate levers are being worked through and the Executive Team are meeting on 24 January 2024 to agree

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					next steps. Engagement plan for 2024/25 and the cycle of activity is being discussed at the newly formed Leadership Forum on 18 January 2024 and the plan will be further refined. Culture advocates are also being trained across the organisation to support this work.
		Develop KPIs 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	March 2024	<p><b>March 2024</b> On target. Deep dive into HPSS at Feb PODCOM meeting.</p> <p><b>December 2023</b> Work ongoing in this area and KPI's development progressing.</p>
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	March 2024	<p><b>March 2024</b> On target. Includes proactive work to increase engagement with the staff survey</p> <p><b>December 2023</b> Linked to AP4.3 and employee engagement is aligned to our culture work.</p>
		Systematic reviews of Staff survey responses and delivery of action plans	Neil Lewis -Director People and OD	March 2024	<p><b>March 2024</b> Successive delays mean 2023 staff survey data</p>

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					<p>which is a key input won't be available until late March. Delivery to be rolled into next year's IMTP commitments.</p> <p><b>December 2023</b> NHS Wales Staff Survey outputs are due 31 January 2024, the results will complement the Culture Survey by giving greater detail on specific actions we can take against some of the causal factors (both organisationally and at directorate level).</p>
AP 4.6	Ownership of organisation wide Workforce Planning process to ensure delivery of capacity and capability risks addresses	Directorates to commit to Workforce Planning process and take action to close workforce risks	Neil Lewis -Director People and OD	March 2024	<p><b>March 2024</b> On target (IMTP commitment IMTPM_209)</p> <p><b>December 2023</b> On Target to meet 31/3/24 deadline</p>