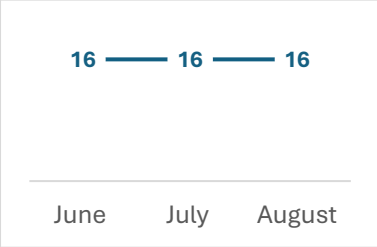
<table>
<tr><th>Risk Reference and Link to Strategic Priority</th><th colspan="2">Risk Description</th></tr>
<tr><td>SRR2

Strategic Priority

“Enabler Risk and incorporates all Strategic Priorities.”</td><td colspan="2">There is a risk that: The organisation could experience poor organisational health.

Caused by:
1. Ineffective or inconsistent organisational leadership and governance
2. Lack of progress towards our ideal organisational culture and behavioural expectations
3. Inability to effectively engage our people
4. The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS
5. Ineffective approaches to acknowledging, escalating and managing risks and issues at an organisational level.

Resulting in: poor engagement, diminished ability to deliver strategic priorities, reduced adaptability and innovation, poor attraction, and retention, and erosion of stakeholder confidence.</td></tr>
<tr><td>Executive Director Sponsor</td><td colspan="2">Director of People and Organisational Development</td></tr>
<tr><td>Assuring Committee</td><td colspan="2">People and Organisational Development Committee</td></tr>
<tr><td>Trend</td><td>Current Position of Risk Including Risk Appetite and Risk Decision</td><td>Position Statement – Executive Director Update</td></tr>
<tr><td>
</td><td><table><tr><td>Willing</td><td>PHW is eager to be innovative and take on a high level of risk, but only in the right circumstances.</td></tr></table>
Current Score = 16
Target Score = 6
Therefore, within risk appetite tolerance level.</td><td>August update: SR2 has been updated to align with the changes proposed and approved in the June update

Key actions taken since June:
○ A new Population Screening and Quality Directorate will bring together Screening Services, clinical governance, quality functions and the National Safeguarding Service.
○ Health Protection and Infection Services will form a separate directorate.
○ Risk Management and other Governance functions have been realigned to the Board Business unit.</td></tr>
</table>

		○ These changes will be implemented from the 1st October to allow time for meaningful engagement with colleagues and stakeholders. • The effectiveness of PHWs quality infrastructure to comply with the Duty of Quality has been assessed and improvements identified. ○ Outputs will be used to developed and embed a cross organisational approach to Clinical Governance by March 2027. • A clinical governance assurance review has been undertaken in response to findings from the Incident Management Team (IMT) established within the Sexual Health Test and Post service. • The 2026 organisational-level Workforce Equality Standard (WES) reported that Public Health Wales demonstrates a strong and well-balanced equity profile, with high performance across three of six domains. The Executive Team will consider the WES report in October. • People and OD brought culture, engagement and employee experience together in one framework. This responds to feedback about simplification and fewer, more impactful priorities. The actions target psychological safety, colleague voice, decision-making, leadership practice and sustainable improvement in response to staff survey and culture insights and recent internal organisational reviews.

		• The 2025 Staff Survey will go live in Autumn 2026, enabling PHW to reassess progress against core elements of SR2.
		• An Internal Audit into values and culture has been programmed in for November 2026. The scope is in development and will consider governance, policy alignment, reporting, monitoring and demonstrable progress towards ideal culture.
		• Our learning and development provision for managers has been improved to target essential skills including absence and employee relations case management. In October Leadership Team will consider how this will be operationalised and make recommendations to BET.
		• A review of the People & OD workplan has taken place to identify:
		  ○ what would be stopped or scaled back to create capacity for improvement in Screening Services.
		  ○ planned work that can be targeted / enhanced to support improvement in Screening Services. Strategic Workforce Planning is one example, and SS will be a key focus for SWFP in 2026-27.
		
		SR2 has been mapped to:
		• CR1593 – Duty of Quality related
		• CR1678 – Risk Management related
		• CR2076 – Equality and Inclusion related

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C1:** Ineffective or inconsistent organisational leadership and governance			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
C1.1	The refreshed Long-Term Strategy, Strategic Priority Route Maps and Integrated Medium-Term Plans (IMTP), provide clear strategic direction and are monitored through regular reporting cycles.	• BET/Board minutes • IMTP reporting • PODCOM minutes • Internal Audit and Audit Wales reports • Welsh Government accountability submissions.	• Regular BET/Board meetings • Ongoing IMTP milestone tracking • Regular PODCOM / QSIC meetings • Welsh Government Annual accountability meetings
C1.2	Targeted and regular development of the Business Executive Team (BET) to enhance strategic oversight and decision-making.		
C1.3	Compliance with Standing Orders, Scheme of Delegation, and Board Etiquette Protocol.		
C1.4	Implementation of an organisation-wide Records Management system. Embedding the Duty of Quality and standardised governance practices.		
C1.5	Implementation of organisational level governance of equalities work.		
C1.6			

[1] Three Lines of Defence Model
First – Operational Management control of organisational risks
Second – Risk management and compliance functions, reporting to senior management
Third – Internal audit to provide assurance.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C1:** Ineffective or inconsistent organisational leadership and governance			
Control Reference	**Internal Control**	**Internal Sources of Assurance**	**How/When is it monitored?**
	Implementation of a programme of work to increase leadership and management skills, capability and confidence including formal learning.		

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2:** Lack of progress towards our ideal organisational culture and behavioural expectations			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C2.1 **C2.2** **C2.3** **C2.4**	Implementation of the People Strategy 2025-2035. Use of the Organisation Culture Inventory (OCI) to assess progress against cultural priorities. A Cultural Narrative which articulates the desired organisational culture and values, championed by a network of Cultural Advocates across the organisation. A strategic and integrated approach to improving staff experience with a focus on embedding behaviours that align with the 'Being Our Best' framework and fostering a psychologically safe and inclusive environment.	• BET/PODCOM minutes • IMTP reporting • Internal Audit and Audit Wales reports • Staff Survey and OCI results • Performance Assurance reports and meetings	• Regular BET/ PODCOM meetings • Ongoing IMTP milestone tracking • Welsh Government accountability meetings • Annual staff survey • OCI progress tracking (Culture Pulse survey in Q2 2025/26) • Performance Assurance reports and meetings

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** Inability to effectively engage our people			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.1 **C3.2**	Implementation of the People Strategy 2025-2035. Implementation of the Culture and Engagement Action Plan.	• BET/PODCOM minutes • IMTP reporting • Internal Audit and Audit Wales reports • Staff Survey and OCI results • Staff survey insights • IMTP reporting	• Regular BET/ PODCOM meetings • Ongoing IMTP milestone tracking • Annual Staff Survey reporting • OCI progress tracking (Culture Pulse survey in Q2 2025/26) • Performance Assurance reports and meetings • Regular reviews of SWFPs/ workforce actions

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C4:** The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.1 **C4.2**	The implementation plan for the 'Designed to Deliver' element of the People Strategy An established Strategic Workforce Planning (SWFP) process and framework, including clear roles and responsibilities designed to align with the timeframe of the Long-Term Strategy.	• BET/PODCOM minutes • IMTP reporting • Strategic Workforce Plans • Internal Audit and Audit Wales reports	• BET/ PODCOM reports • Ongoing IMTP milestone tracking • Integrated planning process • Regular reviews of SWFPs/ workforce actions

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] 1. **C4:** The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.3	Strategic and operational workforce planning is embedded in the integrated planning process.		

Gaps in Assurance / Action Plans for the cause C1 **(Ineffective or inconsistent organisation leadership and culture)**						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.4	Standardised approach to Governance and Quality Management / Duty of Quality/ Continue to embed the Quality Oversight Group and Duty of Quality.		Robust, standardised approach to organisational governance			**August 2026 updates:** AP1.5 is complete. In October Leadership Team will consider how the programme of learning and development is operationalised and make recommendations to BET. AP1.6 has been added to the Action Plan and is dependent upon HEIW. **June 2026 updates:** AP1.1 and 1.2 moved to the Controls section
AP1.5	Develop and commence the delivery of foundational leadership and management learning and development to increase skills, capability, and confidence.	IMTP milestone reporting Participation rates Evaluation feedback	Builds foundational leadership capability and confidence, supports operational and strategic delivery	Director of People and OD	30 September 2026	
AP1.6				Dependent upon HEIW	31 March 2027	

Gaps in Assurance / Action Plans for the cause C1 **(Ineffective or inconsistent organisation leadership and culture)**						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	Implement the National Leadership and Management Framework					as per the April update. AP1.5 to be discussed at BET in June. A review of the delivery date will follow. .

Gaps in Assurance / Action Plans for the cause C2 (Lack of progress towards our ideal organisational culture and behavioural expectations)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP2.3	Refresh the high-level integrated engagement plan - using insights from the 2025 NHS Wales Staff Survey and Culture Pulse – to identify cultural priorities, strengthen flexible, equitable ways of working and foster a psychologically safe workplace where every colleague can thrive.	Staff Survey results Culture reporting Partnership and stakeholder feedback	Embeds cultural values. Responds to colleague feedback to improve employee experience.	Director of People and OD	31 March 2027	**August 2026 Updates:** AP2.3 is on track; the refreshed culture and engagement plan will go to BET for approval in September. AP2.4 / 2.5 / 2.6 / 2.6 added from the POD workplan. **June 2026 updates:** AP2.1 moved to the controls section as per the April update.AP2.3 is on track, will be discussed with BET in July.
AP2.4	Develop and embed a culture dashboard	Ability to track where we are with culture	Regular measurement	Director of People and OD	31 March 2027	
AP2.5	Apply our cultural narrative in POD policy development	Policy and culture alignment	Embeds cultural values	Director of People and OD	31 March 2027	
AP2.6	Develop and implement the Psychological Safety Resources Suite.	Staff Survey results Culture reports Speaking up Safely reports Partner and stakeholder feedback	Responds to colleague feedback to improve employee experience. Embeds cultural values.	Director of People and OD	31 Dec 2026	
AP2.7	Reassess organisational culture	Culture survey results	Assess progress towards desired culture	Director of People and OD	31 March 2028	

Gaps in Assurance / Action Plans for the cause C3 (Inability to effectively engage, our people)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
~~AP3.3~~ Links to AP2.3 / 2.6	~~Implement the Job Families Steering Group, and associated actions agreed by BET in 2025.26~~	~~People Strategy Implementation plan Staff survey scores~~	~~Supports career development and workforce planning~~	~~Director of People and OD~~	~~31 Dec 2026~~	**August 2026 Updates** AP3.3 has been moved to AP4 to align with changes proposed and approved in the June update. AP3.1 has been added from the POD workplan and is on track. **June 2026 updates:** AP3.1 and AP3.2 moved to the controls section as per the April update. Next steps for AP3.3 will be discussed at Leadership Team in July.
AP3.1	Refresh the My Contribution Policy	Staff Survey results Culture reporting Partner and stakeholder feedback	Embeds cultural values. Responds to colleague feedback to improve employee experience	Director of People and OD	31 March 2027	

Gaps in Assurance / Action Plans for the cause C4 (The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.1	Implement the Job Families Steering Group, and associated actions agreed by BET in 2025.26	People Strategy Implementation plan Staff survey scores	Supports career development and workforce planning	Director of People and OD	31 December 2026	**August 2026 Updates** AP4.1 moved from AP3 / AP4.2 moved from AP5 to align with changes proposed and approved in the June update. AP4.1 is at risk due to conflicting organisational priorities. Leadership Team will consider how to progress job families in November. AP4.4 SWP activity for 2026-27 will be targeted / enhanced to support improvement in Screening Services. **June 2026 updates:** AP4.1 moved to the controls section as per the April update. Elements of AP4.2, AP4.5, AP4.6, AP4.7 map to the new SR5 and will be removed as
AP 4.2	Established a fully integrated planning approach including long-term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme	IMTP reporting IMTP SWFPs	Ensures long-term workforce sustainability and strategic alignment. Improves resource efficiency and strategic delivery .	Director of People and OD	31 Dec 2026	

Gaps in Assurance / Action Plans for the cause C4 (The impact of the lack of integrated and strategic workforce planning on capacity, skills and capability to deliver BAU/IMTP/LTS)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						part of the next update to address duplication. AP4.4 is a 2026-27 IMTP commitment and is dependent on WG approval of the IMTP.

Gaps in Assurance / Action Plans for the cause C5: (Lack of integrated and strategic workforce planning)						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
~~**AP5.2**~~	~~Establish a fully integrated planning approach including long-term workforce planning, ensuring future alignment with Strategic Priorities and informing a sustainable skills development programme.~~	~~IMTP milestone reporting Alignment with IMTP, SEP, and strategic priorities~~	~~Ensures long-term workforce sustainability and strategic alignment~~ ~~Improves resource efficiency and strategic delivery~~	Director of People and OD	30 December 2026	**August 2026 Updates:** AP5.2 moved to AP4 to align with change proposed and approved in June. **June 2026 updates** AP5.1 moved to the controls section as per the April update. AP5.2 is a 2026-27 IMTP commitment and is dependent on WG approval of the IMTP.