			Risk Id	lentifier			Risk Description		Inherer	ent Risk	Risk Scoring	0	urrent Risk						Targe	et Risk	Risk Action Plan
	Lisk ID	Dom	/2021 B	ead Executive		Risk Description (There is a risk that There is a risk that that		be) This will mean PHW is	Likelihood Impact	Risk level	Key Controls 1. Resourcing plan fully developed and supported -	Likelihood	Impact Risk level	Trend	Risk Decision	Action Plan 1. Resourcing plan for April 2022 and beyond fully developed,	Due date 01/02/2022	Status of Action 19/01/22 Update -	Likelihood Impact	Rick level	22/6/22 update - Recruitment for agreed posts is in progress, and offers made and
R	KOPOSE TO EMOVE FROM CRR		a	nd Head of Board usiness Unit		we will fail to be sufficiently prepared to	insufficient resource capacity or capability, weak records management or insufficient prioritisation and/or funding across the organisation	insufficiently prepared for a public inquiry and may breach the legal requirements placed upon us to fully participate in any inquiry and not preparing, supporting or providing a duty of care to the (es)- employees required to give evidence	4 5	5 20	this includes legal expertise, archive expertise and project management resource. 2. Records Management and document categorisation process developed and deployed for those records requiring capture, recording and storing. 3. Approach to synergising wider organisational learning agreed. 4. Programme Board continues to operate effectively reporting to Business Executive Team.	H.	5 15		Treat	approved and resources committed (HB) 2. Resourcing plan implemented to ensure appropriate capacity and capability in place (HB)	30/04/2022	Active, on track for 1 Feb 2022 19/01/22 Update - Implementation dependent on approval of resourcing plan outlined above; some internal resource redirected from BBU team in the interim	2 5	; 10	June 24/02/22 update - investment bid being submitted 2 March with full requirements s 39/01/22 update - resourcing plan developed and initial discussion held with Busine: 22/6/22 update - Resourcing plan implemented, candidates being recruited, awaitin 24/02/22 update - resources will be implemented depending on outcome of investm 19/01/22 update - action remains active and on track and is subject to progress of th
	203	Ogranitational Objectives	fc P	xecutive Director or Health Totection and creening Services	Health Protection and Screening Services	quality-assured programme to the diabetic population of	There are inadequate processing in place to proved assurance of consistent and quality assures grading practice. There is a lack of effective measures and monitoring and feedback from ophthalmology services for referred population. There is mismatch between service demand and capacity to provide quality and timely service. There is a projected increase in diselic population (current referral level = 1000 new patients per month). There is lack of service capacit to achieve service standards. There is a lack of clinical governance to support quality delivery.	potentially leading to delayed referral and which may increase risk of irreversible sight loss due to estimation of the signal quality assurance of grading, screening participants may receive inaccurate screening results which may result in patients incorrectly being put on routine recall and not being referred to ophthalmology as appropriate. Service model is y unsustainable, resulting in increased errors/incidents. Reputational damage for	5 4	1 20	Optimising the service: Standards in place and being monitored to support service transparency. First stage management restructure following staff consultation within budget agreed to improve line management structure to enable support to staff which was completed Nov 19 with al 1staff now in post. Further to issues identified around lack of robust regional clinical governance in the programme and quality assurance this har sensitient in additional investment by PHW into the service. This has included the support to establish three regional co ordinators, a senior quality lead and additional investment by PHW into the service. This has included the support to setablish three regional co ordinators, a senior quality lead and additional posts is underway and expected to be completed with all staff in post by end Feb 2020. Appointment of senior manager with responsibility for development and maintenance of appropriate quality framework. Implement workflow model in grading team to provide capacity to enable quality control and assurance processes. Transformation work is in progress with recuritment to establishment of them underway with this tames work to enable plan to transform the service.	d o-	4 20	*	Treat	4. Programme Board continues to meet according to its terms of reference with bi-monthly reporting to Business Executive Team Work with partners to increase the number of clinic locations and increase capacity for screening. Implement IT systems upgrade to improve efficiency	31/03/2022	19/1/22 - Active and on track, next report to BET due 1 Feb 2022	3 4	. 12	22/6/22 update - Phase III, CED now chairs the PI Programme Board with renewed r 24/02/22 update - action remains on track. Last programme Board held 13 January, 13/01/22 update - action remains active and on track. Last Programme Board held 3 January, 13/01/22 update - action remains active and on track. Last Programme Board held 3 January, 13/01/22 update - action remains active and on track. Last Programme Board held 13 January, 13/01/22 update - action remains active and on track. Last Programme Board held 13 January, 13/01/22 update - action remains active and on track. Last Programme Board held 13 January, 13/01/22 update - action remains active and on track. Last Programme Board held 13 January, 14/01/22 - Mountain Ash clinic continues to work well and new clinic templa place. New service models explored of voy ange popel clinics being has been sent out to community partners which has improved engagement and som held with colleagues across organisation to explore how can support transformation grading is fully quality assured. The service is still impacted by staff sickness absence full complement. Update 9 Aug 2022 The new screening clentre is now open in Mountain Ash and work and weekend to understand service user feedback. Newsletter has been sent out to wenues. The transformation programme is progressing and meeting held with college transformation team resource was not unfortunately unsuccessful. The grading is full update 22/07/22- The new screening clentre is now open and this has improved ava have now been made available to use which will further improve capacity, although on clinics minimised. The transformation programme is progressing and meeting held with college staff sickness absence - both from inpact of Could infections and abselle to fill subtaff is/02/22- screening has continued to be offered despite high levels of staff availability and offer and the first new screening uneus in Mountain Ash is planning offer screening full achieve terve inflaw could interinflaw infla held is
	207	At 04/10	Q a P a D Q Ir Ir Ir	xecutive Director Usality, Nursing and Alled Health offersionals and birector for NHS Usality mprovement and attent Safety, mprovement ymru	Corporate	There is a risk that Public Health Wales with fail to meet the requirements of The Health and Social Care (Quality and Engagement) (Wales) Act (2020)	This will be caused by competing priorities, a lack of organisational capacity and capability to support timely implementation	The impact will be noncompliance with the legislative requirements, and a lack of progress in strengthening quality improvement and governance in the delivery of safe services, programmes and functions.			Duty of Candour (Rhiannon Beaumont Wood) 1. Quality Improvement Strategy Implementation Plan 2. Approval of the Integrated Governance model and Implementation Plan 3. PTR Reporting Management Framework 4. Medical Devices Group and clear governance arrangement S. Health Protection & Screening Service Quality Management Systems 6. Statutory & Mandatory training relevant to Quality 7. Competency and role based training for clinical 8 public health roles 8. Regulatory standards adherence monitored 9. Performance Management System (Performance Assurance Dashband') regularly reviewed at strategic and operational levels 10. Policies & SOP's 11. Stabilished Experience and Engagement Network Duty of Quality (John Boutton) 1. Now estabilished Innovation and Improvement Hub creating a culture of Improving and innovating for quality within the organisation					Duty of Candour (Rhiannon Beaumont Wood) Continue to be part of the WG work streams to ensure we can contribute to iterations of the guidance Duty of Candour (Rhiannon Beaumont Wood) Develop an approach to include in the Quality and Cinical Governance plans, a programme of audit in relation to Policies and SOP's, linking with Internal Audit. Duty of Candour (Rhiannon Beaumont Wood) Specific training on the requirements of Duty of Candour Duty of Candour (Rhiannon Beaumont Wood) Specific training on the requirements of Duty of Candour Duty of Candour (Rhiannon Beaumont Wood) Development of a draft Clinical Governance Framework and set of standards Duty of Candour (Rhiannon Beaumont Wood) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements Duty of Candour (Rhiannon Beaumont Wood) Undertaking a gap analysis on organisational effectiveness of clinical governance arrangements Duty of Candour (Rhiannon Beaumont Wood) Understanding and preparing any requirements as a result of the Duty of Candour e.g. new Policies. Duty of Candour (Rhiannon Beaumont Wood) Socialising of the Duty of Candour requirements of the Duty of Candour on PHW Duty of Candour (Rhiannon Beaumont Wood) Socialising of the Duty of Candour (Rhiannon Beaumont Wood) Socialish a scoping meeting in relation to the requirements of the Duty of Candour on PHW Duty of Candour (Rhiannon Beaumont Wood) Review content and risk ownership allocation of the various elements of this corporate risk, in light of the change of leadership repossibilities re implementation of the duty of quality and duty of candour between Improvement Cymru and QNAHPs </td <td>30/11/2022</td> <td>On hold On hold Completed Completed</td> <td></td> <td></td> <td> urgently needed. Started to implement offer of retinal review by optometrist to the batch of offer letters sent 22 Nov and optometry colleague support with 12 OP least 1 metre distance and we will review clinic templates to see how this change of Update 031/121 - continued discussion to resource vene availability with Heilb B arts venue. Work progressing with screening hubs which will improve situation med including implementation of risk based screening Update 30/08/22 - Continue to be involved with Welsh Government work streams. requirement to be in hadow form by 31 October 2022. Update 30/08/22 - Cinical Governance draft framework in development currently b An organisational procedure for developing and releviewing SDP's in progress. Update 30/08/22 - This will form part of the iterative improvements to the Quality Update 30/08/22 - Pending WG updates in order to progress training requirements predict to be control to the iterative Director for Health Protectic the Clinical Governance Framework. A workshop is planned for October to progress pending the autome of the workshop. Update 30/08/202 - Collaboration with the Executive Director for Health Protectic the Clinical Governance Framework. A workshop is planned for October to progress pending the autome of the workshop. Update 30/08/202 - The PTR Team are updating Policies, Procedures and related doc Update 15/07/22 - This action is completed, however awaiting guidance in order to December 2021 and Health Protection SMT in April 2022. Update 15/07/22 - This action is completed, however awaiting guidance in order to Cupdate 15/07/22 - Action completed. </td>	30/11/2022	On hold On hold Completed Completed			 urgently needed. 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Progress	
d offers made and accepted for assistant archivist and 2 of the 3 PI support roles. The Lessons Learnt Project advert closes end of full requirements set out.	
on held with Business Executive Team with an agreed approach to further consider. Action remains active and on track g recruited, awaiting recruitment checks before on boarding	
outcome of investment bid, to mitigate in the meantime temporary staff have been extended by 1 month to end April 2022 ext to progress of the above action. Resourcing paper due to BET 1 Feb 2022 ard with renewed membership, first meeting held 17/6/22	
rd held 13 January, next BET update scheduled 1 March 2022. amme Board held 18 Jan 2022. Last report made to Business Executive Team on the 16 November 2021, next report due 1 Feb	
d new dinic template ploted which will improve numbers of clinic appointments which worked well with receptionist role in thorowide gload qualitative feedaced athology update was lower than hoped but this will inform service. Transformation barrow and fored and there is some improvement but not significant. Update 54 way 2027 the new screening earbit is now open in run concurrently and this has improved availability of screening appointments as diabetic eye screening able to offer screening earbit is now open in run concurrently and this has improved availability of screening appointments as diabetic eye screening able to offer screening appointments and distributed and different times of the week, evening and weekend to understand service user feedback. Newsletter generate also addition discussions around potential venues. The transformation potenting and metaling ord transformation. Bid put into value work stream for transformation there also understand service and transformation to a discusse a both from improve the ord officiences and the metalisment of the match was the reading and weekend to understand service user feedback. Newsletter discusses also and the potential venues. The transformation performance host provide availability of screening discusses and the services and the metalisment team is now at understand the service of the venues.	
Initis daily. New service models are being explored with young people clinics being trailed at different times of the week, evening as been send out community partners which has improved engagement and some addition discussions around potential ing held with colleagues across organisation to explore how can support transformation. Bid put into value work stream for ul. The grading is fully quality assured. The service is still impacted by staff sickness absence - both from impact of Covid team is now at full complement. Is has improved availability of screening appointments as diabetic eye screening able to offer screening clinics daily. Further clinics capacity, although not to the scovide eVE. The IT upgrade was successfully implemented in June as expected on time and impact ing and exploring how to take forward and test some of the ideas identified in the discovery work. The service is still impacted by some long term absence. The service management teams in som at full complement.	
high levels of staff absence. Work continues with screening hub plan for additional venues which is needed to improve ain Ash is planning first diabetic eye screening clinics in first week of July. Work is underway to progress the upgrade of the IT tasks to be less manual. This upgrade will mean that clinics will not be run on 20 June and will be reduced clinics on 21 June with mpleted the discovery phase of the work with colleagues in Public Health Knowledge and Reserch and a commissioned company or	
work. high levels of staff absence. Work continues with screening hub plan for additional venues which is needed to improve to be screening participants in June in Mountain Ash. The programme have had confirmation that they will be able to return to andemic. The novel optometry pathway which was operated from November 2021 to March 2022 with how risk participant with over 10.000 appointments were taken up. Additional photgraphens have been appointed as part of recovery plan for the aining. Work is underway to progress the upgrade of the IT system (optimise) that the programme uses which will enable tasks and transformation and has recently completed the discovery phase of the work with colleagues in Public Health Knowledge and	
high levels of staff absence. Work continues with screening hub plan for additional venues which is need to improve availability t two months. The novel optometry pathway which was set up in November 2021 finished as planned in March 2022. This has	
diabetic retinopathy a retinal review with optometry. Over 166 optometrists have supported this novel pathway and each local working weekends and have sent over 28,000 invitations and over 10,000 appointments were taken up. The programme is colleagues in Public Health Knowledge and Research and a commissioned company to undertake discovery work. Due to er screening programme the head of programme role head split into two new secondment posts due to workload and this responsible for the running of the programme role head by and Transformation Manager will lead on the upgrade of the IT system or an effective and sustainable DES zervice in Welser. The programme is itarting scoping work around transformation and is hand a commissioned company to undertake discovery work. Cout the Omicome wave of the pandemic despite staff absence. Work continues with screening hub plan for additional venues nue identified in Cardiff which has improved offer locally is working well. Offer of retinal review by optometrist continues to have waiting longers to screening offer. Over 2,000 Otters offer programme is have and screening hub plan for 50 optometry to phave waiting longers to screening offer. Over 2,000 Otters offer a preview have been sent to date with over 50 optometry on the omicome have been panderic. Over 2,000 Otters offer plan even was been sent to date with over 50 optometry on the omicome have been panderic. Over 2,000 Otters offer plan even was been sent to date with over 50 optometry on the omicome have been panderic. Over 2,000 Otters offer plan even was been sent to date with over 50 optometry offer offer locally is working well.	
d of programme taking up secondment for another screening programme the head of programme role has split into two new in and working well: Optimisation Manager is operationally responsible for the nunning of the programme day to day and m (optimise) and also scope out alternate service delivery models for an effective and sustainable DES service in Wales. In the spot analysis of the pandemic. Work continues with screening hub plan for additional venues which will improve has good availability and has improved offer locally. Offer of retinal review by optomerist has progressed to those identified as st for screening offer. Over 11,000 letters offering review have been sent to date and planned 3,000 letters to be sent out weekly and invoices for reviews starting to be received as the reviews are completed. Substantive head of programme has taken on the head of programme role into two new secondment posts due to workload: Optimisation Manager who is operationally 17 Jun) and Transformation Manager (stast 31 Jan) work will lead on the upgrade of the Tysten (optimise) and also scope out and also scope out and bascope out and basc	
DES service in Wales. I plan for 3 venues in South Wales which when implemented will improve availability and offer, with one venue in Cardiff which is optometrist to those identified as low risk of sight threatening retinopathy who have waiting longest for screening offer – first ordive with 120 practices agreeing to participate and each LA has at least one optometrist. DE Guidance now updated to be at how this change can be implemented safely to increase number of appointments. I will with Health Bands with some small improvement but venue availability concern in Cardiff as no longer able to screen from rove situation medium term. IT system upgrade implemented but will need to further upgrade for further service developments	
nent work streams. Advised there is likely to be slippage on the publication of guidance for consultation which will impact on the	
opment currently being discussed with Health Protection and Screening Services directorate. s in progress. ents to the Quality and Clinical Governance planning cycle.	
ining requirements.	
for Health Protection and Screening Services has continued and it has been agreed to develop a set of standards in parallel with ctober to progress these activities and as such it is requested that the due date be extended to 30/11/2022 in the first instance	
: of the gap analysis and now consulting with colleagues in the Health Protection and Screening Services directorate. tunity to discuss with MIK as shared responsibility for clinical governance for RBW.	
res and related documents as far as possible without the WG guidance being issued.	
ptember with Improvement Cymru, updating PHS staff of delay in guidance from WG on Duty of Candour and Duty of Quality, y, also presentation to Senior Managers in the Quality and Improvement Strategic Implementation Programme Board in	
uidance in order to be able to progress further.	
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														Duty of Quality (John Boulton) Organisational agreement on next steps for implementing Quality as an Organisational Strategy		Completed			Update 15/07/22 – Papers received at BET.
							5	4 20		5 4	4 20	÷	Treat	Duty of Quality (John Boulton) Group to be established once draft guidance is available for consultation	01/10/2022		3	4	12 Update 27/04/22 - Risk updated in relation to Duty of Quality & likelihood of risk w Update 07/04/22 - RBW & JB meeting to discuss ownership, controls and action pla Update 29/11/21 - Risk re-articulated and controls confirmed - further discussion n Update: 03/11/2021 - Meeting to be arranged with key internal stakeholders to con
														Duty of Quality (John Boulton) Training dates to be identified with Board Secretary and diarised for Board and Executive Team once training materials are available in January 2023; Board Development sessions on Quality Improvement prioritised within I&I hub work plan for Q1 & Q3	31/01/2023				Update 1/8/22 - Work with Board secretary to identify dates and schedule
														Duty of Quality (John Boulton) Complete Welsh Government report in March 2024 in accordance with PHW governance process	31/05/2022				
														Duty of Quality (John Boulton) Secure commitment and resources to develop the appropriate Goverance structure to deliver and embed Quality as an Organisational Strategy within PHW.		Completed			Update 15/07/22 - Investment funding agreed.
														Duty of Quality (John Boulton) Identify process which will actively monitor progress on the improvement of quality services and outcomes, and routinely share information on this progress through clear governance and reporting, using established procedures where possible.	01/04/2023				Update 01/08/2022 - As part of the on-going development of the Improvement and to QSIC
														Duty of Quality (John Boulton) Secure approval of approach to the I&h hub from Board, BET and QSIC and recruit resource to take forward agreed implementation plan for 2022/23.		Completed			Update 15/07/22 – The I&I Hub is now launched.
206 2006 Parking 2007 Parking 2	0	Director of People and Organisational Development	Organisational Development		Appraisal processes (MYC and Job Planning) not being sufficiently embedded and strategic development needs not being adequately addressed (e.g. through workforce planning and education commissioning).	Non-delivery of long-term strategy.	4	4 16	Professional appraisal and revalidation processes in place, linked through relevant bodies. Learning and Development - Job Plans	4 3	3 12	>	Treat	Continuous and improved monthly and quarterly reporting to BET collectively and individual directors, with the addition of ESR drop in sessions for the areas with the largest compliance deficit		Completed	1	3	Update 10/08/22 - core suite of statutory and mandatory training compliance rema showing any significant improvement. People and OD are providing two ESR drop in attended. Update 04/02/22 - as per performance data, compliance levels remain relatively st Update 1121 : compliance continues to drop - have engaged People Business Part reporting gaps. Skills development offer requires appraisal compliance to encourag months. Update 0.21.221 As per update of 04.11.21 Update 0.21.221 As per update of 04.11.21 Update 4.11.21: compliance continues to drop - have engaged People Business Part reporting gaps. Skills development offer requires appraisal compliance to encourag
									PDRs both My Contribution and Job Plans					My Contribution - Undertake Quality audits (planned)	31/12/2022	Planned - deferred from 2020			Update 10/08/22 - a review of My Contribution is underway and will include a quali Update 4.11.21: quality audit deferred during pandemic but will be completed in Q2 Update 04/02/22 - as previous update, audit deferred.
301	07/05/2022	Director of People and Organisational Development		will not deliver our	meaningful workforce plans across all directorates. Systems and processes which are inefficient and cumbersome	IMTP objectives. Increased pressure on existing resources. Increased turnover and sickness levels. Inability to attract staff to PHW as not perceived as a great place to work.	4	4 15	Deliver work outlined in Business Improvement plan Completion of costed / signed off workforce plans by all Directorates Strengthened links with academia to ensure strong pipelines of telent Delivery of Employee Value Proposition (As outlined in IMTP)	3 4	4 12		Treat	Key processes triggering changes to establishment have now been mapped. Further discussion planned with key stakeholders to sign off early September Additional capacity to process JD's now in place and improvement plan on JE process is in place and being worked to. Tender process for EVP work now complete and selection takes place w/c 15th Aug 2022 Directorate workforce planning workshops to be held in September, with targeted sign off on directorate plans in January 2023	30/09/2022 15/08/2022 28/01/2023	Completed	2	4	Update 06/09/2022 - Meeting with DOF arranged for 8th April. Sign off workshop Update 08/09/2022 - NWSSP continue to support us with evaluating JO's when req Job Evaluation training is being held at the end of September, where we have both r Update 06/09/2022 - Following a successful tender process we have now appointee project. The contract commences in September 2022. Update 06/09/2022 - Following a workshop with key stakeholders, final tweaks ha out w/c 19 th September as originally planned.
Safev / Continuity / Staffine Safev / Continuity / Staffine		Executive Director for Health Protection and Screening Services	and Screening Services	Health Protection and Screening Services will not be able to deliver high quality services in North Wales Infection division as they are struggling to recruit and retain sufficient medical	disease medics; UK wide competition with more attraction at larger, metropolitan centres. There is a further challenge in North Wales linked to ongoing health challenges of both substantive and non-substantive workforce. This leaves the North Wales service	and input, service delivery would have to be severely	4	4 15	High priority area N Wales: Agreed actions to maintain minimum level (as per agreed stabilisation pian) of consultant medical microbiologists using agency and locum staffing. Monitoring competency of locum and agency medical microbiologists to ensure appropriate service provision. In discussion with current non-substantive post holders to determine potential packages to make posts substantive Working with recruitment and Workforce and OD to redevelop the workforce plan and undertake proactive recruitment to improve the attractiveness of the roles to potential new employees: Trust agreement to utilise agency locum staff Monthly submission to Welsh Government to monitor spend on Medical Locums Development of a blended clinical workforce across the Microbiologn network (Including specific support to North Wales) this includes new clinical BMS and physician associate roles. Action plan to address the local and agency spend subsequently a progress report went to Welsh Government by deadline ad. Oversight provided by Health Protection and Screening Directorate Leadership Team	4 4	4 16	\$	Treat	Approval Is awarded annually but currently posts were approved for 2020 and 2021 Funding to continue the two Agency Consultants in North Wales has also been provided for 2022/23 Profiling of workforce. i.e. develop novel (Public Health Microbiology) Consultant Clinical Scientist and other novel roles, including clinical BMS and physician associate Further develop network clinical management (e.g. single on-call for Microbiology) Redesign the service i.e. describe and plan for a National Infection Service.	31/10/2024 01/09/2022 01/09/2022	Completed Paused	2	2	Update 4/11/21 - Successful establishment of SPR training posts. Successful recruit developing training places in North Wales - this is likely to continue to take a numbul Update - 24/01/22: No change in relation to Specialist trainer erecuitment, this will including seeking additional agency consultant resource for remainder of financial y Update 22/01/22: Considerable effort continues in relation to recruitment and retertion, inc only a few weeks before leaving. New adverts for consultant and other clinical post Update 12/16/22: Apolications closed for L Speciality Doctor in Swinsea - Sapplican Wales, tx consultant in Swansea, and 2x consultants in a Cardiff. Appointment of 3 st Update 13/02/22: Specialito Grade post offered in Swansea following interview. 2 each of the consultant posts in HOUH8 (IU/Micro), Cardiff (ID/Viral), Cardi
														Service. Approval of the Business Case submitted to Welsh Government remains key to addressing this risk.					Update 24/0122 - Continued focus on development of workforce plan for Microbic Screening Services. Update 25/0272 - No further update Update 21/0722 - Update 21/1/22. Directorate Task and Finish Group established t Update 05/07/22 - Draft paper for conversion of non-pay to pay to enable the cont

k with controls in place has reduced from a 5 to a 4.	
plans to update risk and re-submit to QSIC.	
on now required at BET to agree the target score and the actions required consider assessment on innovation, quality and improvement.	
	-
and Innovation hub to develop reporting arrangements reserving arrangement of	
and Innovation hub to develop reporting arrangements regarding progress of improvement work. Report quarterly	
emains just above the Welsh Government target of 85% continues to be at risk of falling below, as well as not	ł
p in sessions per month, for anyone experiencing issues accessing e-learning, and these sessions are well	
static - data reported to BET and Board and work ongoing to improve compliance in 'hot-spot' areas.	
Partners with current data, have offered additional support to HPSS including ESR drop in sessions to bridge irage meetings to be scheduled - pay progression 2022 comms complete but unlikely to trigger action for 9	
Partners with current data, have offered additional support to HPSS including ESR drop in sessions to bridge	
rage meetings to be scheduled - pay progression 2022 comms complete but unlikely to trigger action for 9 months	
uality audit by 31/12/22.	
n Q1 22/23 following end of year appraisals	
nop on improved process scheduled for 27th September	-
required and we are working with the Business Leads group to create a JD library using the All Wales JD template. th management and staff side representatives attending.	
nted a professional consultancy organisation who specilise in EVP's (Dragonfish) to work with us to deliver this	
s have been made to the toolkit to achieve closer alignment with the strategic planning process. On target for roll	
ruitment to new trainees in Swansea. Three recruitment rounds still to be progressed with specific focus on mber of years.	
will continue to take a number of years. Considerable effort continues in relation to recruitment and retention	
al year. etention, including securing additional agency locum support for the remainder of finance year and beyond.	
including securing additional agency locum support. Additional agency support secured in NWales but stayed for	
osts commencing in April/May.	
cants. Adverts out for 1x consultant + 1x Specialty Doctor in N Wales, 1x consultant + 1xSpecialty Doctor in West 3x Physician Associates through a Streamlining process in train.	
v. 2 x Specialist Grade applicants for HDUHB and 2x applicants for N Wales shortlisted. 1 applicant shortlisted for	
/Micro)	
oles being developed as part of Microbiology workforce plan. Recruitment process commenced with appointments	
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oles being developed as part of Microbiology workforce plan. Recruitment process commenced with appointments e impact still expected by April 2022. work on new operating model rvices. HSST post also proposed for North Wales (Decision expected by end of July 2022).	
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