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Iechyd Cyhoeddus
Cymru
Public Health
Wales

Name of Meeting

Board

Date of Meeting

27 May 2020

Agenda item:

4.4.2.280520

Public Health Wales Corporate Risk Register

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| Executive lead: | Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals |
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| Author: | John Lawson, Chief Risk Officer |
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| Approval/Scrutiny route: | Executive risk owners |
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| Purpose | Receive the Corporate Risk Register for the purpose of scrutiny and challenge |
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| Recommendation: | | | | |
| APPROVE <input type="checkbox"/> | CONSIDER <input type="checkbox"/> | RECOMMEND <input type="checkbox"/> | ADOPT <input type="checkbox"/> | ASSURANCE <input checked="" type="checkbox"/> |

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| The Board is asked to: | <ul style="list-style-type: none"> • Receive assurance that the corporate risks of the organisation are managed appropriately. |
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Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to all Strategic Priorities

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|---------------------------|-----------------|
| Strategic Priority | Choose an item. |
| Strategic Priority | Choose an item. |

Summary impact analysis

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| Equality and Health Impact Assessment | No decision is required. |
| Risk and Assurance | This submission is the Corporate Risk Register. |
| Health and Care Standards | This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes Governance, Leadership and Accountability |
| Financial implications | No financial implications. |
| People implications | No people implications. |

1. Purpose / situation

This paper introduces the Corporate Risk Register and highlights any areas of concern or that may require further discussion. This paper must be read in conjunction with the full Corporate Risk Register. The Corporate Risk Register include 10 risks specifically related to the COVID-19 pandemic.

2. Background

In order for the Board to discharge its responsibilities, it needs to receive assurances that the organisation is effectively managing its risks to ensure the delivery of its mission and objectives. However during the current Covid-10 emergency we are working in very challenging times and the need for scrutiny of our risks is more important than ever. To this end there have been some changes to the way in which operational risks are scrutinised by the Board.

The Board normally receives the Corporate Risk Register at 6 monthly intervals in accordance with Risk Management Procedure and Committees all receive it at their quarterly meetings to scrutinise the risks for their areas of interest.

During the current Covid-19 emergency however, the Board is meeting monthly and will receive the Corporate Risk Register on every meeting for the purposes of scrutiny and challenge.

Below the level of our Corporate risks, our most significant service user facing operational risks sit within the Public Health Services Directorate, where there are currently 28 Directorate level and 43 Divisional level risks. This Directorate was subject to a major review in 2018 which resulted in extensive updates to its risk management processes, and subsequently received a favourable report from internal audit.

3. Horizon scanning

Public Health Protection Response Plan

As part of the development of the Public Health Protection Response Plan, a threat assessment was carried out on the objectives and deliverables of the plan which identified 10 significant operational risks. Work has also progressed on the identification of 2 strategic risks, which are being presented to the Board at this meeting.

The operational risks are being managed through the Programme approach now adopted by Public Health Wales and in line with the Risk Management Policy and Procedure, any risks requiring escalation will be escalated to the Corporate Risk Register.

Personal Protective Equipment (PPE)

Although this has attracted considerable media coverage in recent times, at present there are no significant risks to Public Health Wales in terms of availability and supply of PPE. A paper has previously been received by Gold for assurance on the matter. However, if the situation changes or guidance is amended in a way that increases our requirements then this position may change.

4. Summary

| | | | |
|---|--------------------------------------|------------------|----------------------|
| Total number of Corporate Risks relating to COVID-19 | | 10 | |
| Total number of Corporate Risks not related to COVID-19 | | 8 | |
| No. of Risks by severity (residual score) | | | |
| | | Extreme | 8 |
| | | High | 9 |
| | | Moderate | |
| | | Low | 1 |
| No. of risks by Decision | | | |
| | | Terminate | 0 |
| | | Transfer | 0 |
| | | Treat | 17 |
| | | Tolerate | 1 |
| No. of risks by Exec Lead | | | |
| | | COVID-19 Related | Not COVID-19 Related |
| | Chief Executive | 0 | 0 |
| | Executive Director Finance | 2 | 1 |
| | Executive Director PHS | 2 | 4 |
| | Executive Director QNAHPs | 4 | 0 |
| | Director of POD | 0 | 3 |
| | Director of H&W | 0 | 0 |
| | Director of Knowledge | 0 | 0 |
| | Director of WHO Collaborating Centre | 0 | 0 |
| | Director of Improvement Cymru | 0 | 0 |
| | Board Secretary | 1 | 0 |
| | Not assigned | 1 | 0 |
| No. of risks with overdue actions (see 'Key points') | | 4 | |

5. Key points

All risks associated with Covid-19 have been reviewed in line with policy and updates provided. There are no risks which require escalation. The risks associated with the Public Health Protection Response Plan are currently being considered at Programme level and risk registers are under development for each of the delivery work-streams.

6. Risk movements

Risks added since the previous month

There have been no risk movements this month, but as a reminder, the 10 risks that have been added to the Corporate Risk Register which all relate the COVID-19 are listed here.

New Risk 1 - There is a risk that PHW will not be able to deliver a full screening service during the current response to the current COVID19 response.

New Risk 2 - There is a risk of unrecognised non-Covid infections threat to the population.

New Risk 3 - There is a risk that Public Health Wales will be unable to deliver a critical service to the public due to a supply chain failure.

New Risk 4 - There will be insufficient staff to respond to the current COVID 19 outbreak.

New Risk 5 - An increase in the mobilisation of staff to respond to the outbreak will have a negative impact on staff wellbeing/welfare.

New Risk 6 - There will be sudden and widespread sickness amongst the staff in any PHW location.

New Risk 7 - There is a risk that we are unable to provide good quality and safe services in the context of COVID-19 response.

New Risk 8 - There may be a significant legislative and other reporting non-compliance (e.g. Health and Safety, PTR, Data Protection, annual reporting).

New Risk 9 - Staff required to work from home (From HG - on business critical functions) will be unable to do so.

New Risk 10 - Public Health Wales will have a sub-optimal return to business as usual.

Risks to be considered for escalation

(Separate escalation form required)

None

Risks to be considered for de-escalation or removal

None

Risks increasing in severity score since the previous month

None

Risks decreasing in severity score since the previous month

None

7. Well-being of Future Generations (Wales) Act 2015

No decision required.

8. Recommendation





The Board is asked to:

- **Receive assurance** that the corporate risks of the organisation are managed appropriately.

Appendix A

Key to risk register colour coding

Risk scores (Inherent, residual and target)

| | |
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|  | Extreme Risk |
|  | High Risk |
|  | Moderate Risk |
|  | Low Risk |

| Risk Identifier | | | | | Risk Description | | | Risk Scoring | | | | Risk Action Plan | | | | | | | | | |
|-----------------|----------------------|------------|---|-----------------------------|---|--|--|---------------|--------|------------|--------------|------------------|------------|-------|---|---|---|-------------|--------|---------------------------------------|---|
| Data ID | Domain | Date | Lead Executive | Directorate (if applicable) | Risk Description (There is a risk that...) | Cause (This will be caused by...) | Effect (The impact will be...) | Inherent Risk | | | Current Risk | | | | Risk Decision | Action Plan | Due date | Target Risk | | | Progress |
| | | | | | | | | Likelihood | Impact | Risk level | Likelihood | Impact | Risk level | Trend | | | | Likelihood | Impact | Risk level | |
| | Business Objectives | 17/03/2020 | Executive Director for Public Health Services | Corporate | There is a risk that PHW will not be able to deliver a full screening service during the current response to the current COVID19 response | This will be caused by a reprioritisation of clinical service priorities including the screening programmes (with the exception of Newborn Bloodspot, Newborn Hearing and Antenatal Screening) | The impact will be that there will be a reduction in the early detection of avoidable cancers and early detection of serious retinopathy | 5 | 5 | 25 | 5 | 4 | 20 | Treat | Approval to be sought and agreed with the Board and Welsh Government | Completed | | | | Step down planning and implementation | |
| | Patients & Clients | 08/04/2020 | Executive Director for Public Health Services | Corporate | There is a risk of unrecognised non-Covid infections threat to the population | This is caused by the organisational attention focussed on Covid response | Avoidable infections | 3 | 5 | 15 | 3 | 5 | 15 | Treat | Maintenance of non covid general health protection services. Regular reports to the Gold Meeting. | Separate Health Protection Leadership arrangements in place that is separate from Covid | 30 Jun 2020 | 2 | 5 | 10 | The arrangements have been put in place and the first report on non Covid health protection activities is due to go to the Gold meeting week commencing the 13/04/2020. Update 26/5/20 Non-covid health protections are in place and a report has been presented to Gold. |
| | | 21/04/2020 | | Corporate | There is a risk that Public Health Wales will be unable to deliver a critical service to the public | This will be caused by a failure in one or more supply chains for critical consumables | The impact will be reputational damage to the organisation and possible avoidable harm to service users. | 4 | 5 | 20 | 3 | 5 | 15 | Treat | Regular reviews with National Clinical Procurement Officer Regular meeting with NWSPP Procurement Models of usage for critical consumables Regular meetings of key PHW stakeholders Escalation processes to SRO | SBAR paper in development for SRO with options and recommendations for risk mitigation. Further actions will be determined following consideration. | 30 Apr 2020 | 2 | 5 | 10 | |
| | Service Interruption | 17/03/2020 | Executive Director Quality, Nursing and Allied Health Professionals | Corporate | There will be insufficient staff to respond to the current COVID 19 outbreak. | Staff being unable to attend for work due to requirement to self isolate, being in a high risk group or having caring responsibilities. | PHW will not be able to carry out its legal obligations as a Category one responder | 5 | 4 | 20 | 4 | 4 | 16 | Treat | Workforce workstream Rota cell Covid19 Management Information Dashboard Covid19 operating framework Staff bank system Mobilisation plan Workforce workstream established to support delivery of the Response plan | Work linked to Recovery Plan will support mobilisation decision making and confirm dates for re-activation of some service provision i.e. screening Dashboard data to be linked and additional work undertaken in relation to absence and deployable resource data Report to gold on workforce analysis Workforce schedule and supporting documentation developed and weekly meetings Business Partners assigned to all workstreams to support delivery of workforce elements | End of June 09 Jun 2020 Completed Completed Completed | 3 | 4 | 12 | 14/05/2020 20/05/2020 13/05/2020 |
| | Human Resources | 17/03/2020 | Executive Director Quality, Nursing and Allied Health Professionals | Corporate | An increase in the mobilisation of staff to respond to the outbreak will have a negative impact on staff wellbeing / welfare | The uncertainty around working arrangements and the working environment and a lack of clear redeployment plans for staff | An increase in the non-availability of staff, and a negative impact on staff wellbeing | 4 | 4 | 16 | 3 | 3 | 9 | | Keeping in touch plan Regular staff briefings Risk assessment tool for managers Support People Plus Guidance for staff identified and developed available to all staff | Provide additional support through People Support Plus for managers with staff with COVID related or stress related absence Staff Survey undertaken and findings reported with recommendations made. All Wales Risk Assessment tool to be launched and used across PHW | Completed Survey returned, over 850 responses Tool made available on 26/05/20 | 3 | 3 | 9 | 15/05/2020 High level report to gold on Thursday 28/05/20 and more detailed paper thereafter with Develop a plan to roll out across PHW |
| | Human Resources | 17/03/2020 | Executive Director Quality, Nursing and Allied Health Professionals | Corporate | There will be sudden and widespread sickness amongst the staff in any PHW location | Frequently changing guidance which is out of PHW control, and the lack of certainty in identifying people who are infectious whilst remaining asymptomatic | An increase in the non-availability of key staff | 3 | 4 | 12 | 3 | 3 | 9 | | Ability to replicate operations at multiple sites IP&C plan Regular communications with staff Rota cell established Covid19 Management Information Dashboard Mutual aid plan Covid19 operating framework Staff bank system Mobilisation plan | Significant staff wellbeing resources available and publicised, inhouse coaching and counselling support will also be established in a phased approach. Social Distancing regulations to be implemented IPC Plan to be completed | Phased between 24 April and 04 May Completed Completed | 3 | 3 | 9 | Initial meeting taken place and commitment in place, working through code of ethics and process 07/04/2020 - Staff supported to work remotely Locations where staff are in PHW sites, measures implemented to comply with the legislation |
| | | 16/04/2020 | Executive Director Quality, Nursing and Allied Health Professionals | Corporate | There is a risk that we are unable to provide good quality and safe services in the context of Covid 19 response | This will be caused by unpredictable and fast changing service and clinical needs | The impact will be an inability to mitigate and avoid harm to service users or staff | 5 | 5 | 25 | 4 | 5 | 20 | Treat | Incident Management Policy and Procedures in place SOPs in place where required Information Governance requirements maintained Regular reports to Gold meeting Quality and Safety Committee to continue to provide oversight for quality and clinical governance Workstream established for quality, safety, risk and IG | Delivery of the second phase of the Incident Management Implementation Plan Provide updates to QSIC as per the Committee's annual work plan | 31 Dec 2020 31 Jul 2020 | 3 | 5 | 15 | Due to resources being impacted by Covid-19, work in this area has been unable to make significant progress at this time The Committee has been re-focussed to provide oversight around Covid-19, together with ongoing regulatory requirements |

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| | | | | | | | | | | | | | | | | | Implementation of workstream schedule | 30 Jun 2020 | | | On target for deliverables as per schedule. | | | | |
| | Statutory Duty | 17/03/2020 | Board Secretary | Corporate | There may be a significant legislative and other reporting non-compliance (e.g. Health and Safety, PTR, Data Protection, annual reporting) | A reduction in our capacity to discharge all of our statutory functions | Potential for harm to individuals, financial and reputational damage. | | 5 | 5 | 25 | | 3 | 5 | 10 | | Treat | Schedule developed to reflect compliance requirements, timescales and lead officers Assurance report to relevant governing forums | Completed | | 2 | 5 | 10 | In place, under continuous review | |
| | | | | | | | | | | | | | | | | | | Schedule monitored monthly by Board Secretary and executive team updated | End each month | | | | | In progress | |
| | | | | | | | | | | | | | | | | | | Update and assurance report provided to executive, Board & Board Committees for relevant areas of remit | To meet agreed meeting schedule | | | | | Will commence from June | |
| | | | | | | | | | | | | | | | | | | Remain in frequent discussion with external partners who set reporting / legislative timetables | | | | | | Ongoing | |
| | Business Objectives | 17/03/2020 | Deputy Chief Executive | Corporate | Staff required to work from home (From HG - on business critical functions) will be unable to do so | The inability of the existing infrastructure to cope with the demand (mobile networks / VPN etc) | Failure to meet existing objectives (From HG - Failure to deliver the system critical response to Covid19) | | 3 | 3 | 9 | | 1 | 3 | 3 | | Tolerate | IT equipment prioritisation process IT equipment loan process Home Working Guidance VPN capacity increased (NWS) People Support Plus Desk | Ongoing | | 1 | 3 | 3 | IT equipment loan process ongoing. Staff are supported through people Support Plus and IT issues are managed through the IT Service Desk as per normal. | |
| | Business Objectives | 17/03/2020 | Deputy Chief Executive | Corporate | Public Health Wales will have a sub-optimal return to business as usual | The lack of an effective recovery plan | Poor and ineffective service delivery and failure to meet business objectives | | 5 | 5 | 25 | | 3 | 4 | 12 | | Treat | PHW Recovery plan has been commissioned by Gold. New strategic aim for PHW recovery agreed by Gold on 16 April along with dedicated resources, agreed scope and planning timetable. | PHW approach to recovery to be discussed by Gold on 28 May 2020. Implementation Plan to be developed following agreement of approach | 28/05/20 04/06/20 | | 2 | 4 | 8 | Approach drafted and internal communications planned. |
| 493 | Safety / Legislative | 17/07/2015 | Director of People and Organisational Development | Workforce and Organisational Development Directorate Wide | PHW will not develop their staff in line with the strategy and aspirations of the organisation | Insufficient staff receiving proper performance appraisals | PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities | | 4 | 4 | 16 | | 3 | 3 | 9 | → | Treat | Appraisal processes for staff, either 'My Contribution' or Consultant Job Plans ESR Records | The Exec Team will have an objective this year to increase number of appraisals taking place and to ensure these are recorded on ESR. Target of 90% for March 2020 | 01 Mar 2020 | | 1 | 3 | 3 | 22.5.20 Compliance significantly below internal target of 90% and WG target of 85%. Year end data distributed and individual breakdowns with directors as at 8th May. Confirmed no pause in requirement during COVID-19 response. IA report finalised and management response given - action plan to be agreed by end of May 2020 |
| | | | | | | | | | | | | | | | | | | P&OD to re-issue guidance and reminder of value of appraisal and also how to input on to ESR. | Completed | | | | | All guidance live and re-sent with targeted breakdown (Dec 19) | |
| 906 | Business Objectives | 20/09/2018 | Director of People and Organisational Development | Workforce and Organisational Development Directorate Wide | PHW will not manage the change associated with the new strategy effectively | Lack of capacity or skills within the organisation | PHW will have a sub-optimal workforce, unable to deliver on its strategic priorities | | 2 | 5 | 10 | | 2 | 5 | 10 | | Treat | Executive and SLT teams sponsorship of new ways of working Long term workforce strategy Output of Talent and Succession processes | See BAF Risk 1 for actions | 31 Jan 2020 | | 1 | 5 | 5 | Draft People Strategy approved with amendments 23.1.20 16.4.20: launch of strategy deferred during COVID-19 priority response 22.5.20 Strategy soft launched but no further Change Programmes update delivered to Exec in December 2019 - action closed |
| 696 | Safety / Continuity / Staffing | 16/01/2017 | Executive Director for Public Health Services | Public Health Services (Microbiology) | Public Health Services will fail to recruit and retain sufficient medical microbiologists to be able to run an optimal and safe Microbiology service across the network, particularly in North Wales. | Extremely difficult recruiting environment, compounded by changes in the specialty training and the impact this is already having on the market for microbiologists. | In the absence of sustainable clinical oversight and input, service delivery would have to be severely restricted. This would hamper infection prevention and control activities to the host Health Board. Without medical microbiologists the microbiology service across the network, particularly in North Wales, will not be able to meet service needs to the population and attempts to maintain a service with inadequate medical staffing could impact on patient safety and quality for users of health services in the health board. | | 4 | 4 | 16 | | 4 | 4 | 16 | → | Treat | High priority area N Wales: Agreed actions to maintain minimum level (as per agreed stabilisation plan) 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 locum/agency to determine potential packages to make posts substantive Working with recruitment and Workforce and OD to edit adverts and other recruitment information to improve attractiveness Trust agreement to utilise agency locum staff Monthly submission to Welsh Government to monitor spend on Medical Locums Alternative provision of medical microbiology services from elsewhere within the Public Health Wales network. Action plan to address the local and agency spend issues was submitted by deadline and subsequently a progress report went to Welsh Government by deadline set. Stabilisation and Transformation Group accountable to Executive | Delivery of the Microbiology Stabilisation Plan | 30/04/2020 | | 2 | 2 | 4 | Additional medical workforce pressures across Wales arising from death in service, staff sabbatical and staff turnover have further impacted on the risk likelihood/scoring. Mitigation over the winter period is now in effect. Meanwhile, we continue active recruitment to all Microbiology/health Protection roles in accordance with the investment plan for the National Health Protection Service. An update on the Microbiology Transformation Programme, which incorporates the Stabilisation Plan, was presented to the Business Executive Team on 13 January 2020. This will be discussed in detail at the Transformation Programme Board on 30 January 2020, and an update provided to QSIC in February. The Transformation Programme includes a workforce work stream and this will report at the meeting at the end of January. (Note: this status has also been included in an update to the Board Assurance Framework - Risk 3 (Action 3.1). Update 27/2/20 - Due to the continued response to the Corona Virus outbreak, the Transformation Board in January was cancelled and will now take place in April. All actions therefore will be updated following that Board meeting. |

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| 935 | Organisational Objectives | 02/11/2018 | Executive Director for Public Health Services | Public Health Services | DESW is unable to provide an accurate and quality-assured programme to the diabetic population of Wales, and to transform the service to provide quality-assured programme for the increasing diabetic population. | There are inadequate processing in place to provide assurance of consistent and quality assured grading practice. There is a lack of effective measures and monitoring and feedback from ophthalmology services for referred population. There is a mismatch between service demand and capacity to provide quality and timely service. There is a projected increase in diabetic population (current referral level = 1000 new patients per month). There is lack of service capacity to achieve service standards. There is a lack of clinical governance to support quality delivery. | Patients will have extended waits for eye screening, potentially leading to delayed referral and which may increase risk of irreversible sight loss due to retinopathy. Due to lack of 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 unsustainable, resulting in increased errors/incidents. Reputational damage for PHW. Loss of confidence in service leads to detrimental impact on uptake. Increase in complaints, claims and staff grievance. Loss of staff members, resulting in further service instability. | 5 | 4 | 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 all staff now in post. Further to issues identified around lack of robust regional clinical governance in the programme and quality assurance this has resulted 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 project support to upgrade the current IT system. This additional investment brings the service in line with other screening division structure in terms of clinical governance and oversight. Recruitment to 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 recruitment to establishment of team underway with this team having capacity to work to undertake necessary work to enable plan to transform the service. | 5 | 4 | 20 | → | Treat | Action plan developed to address multiple areas for improvement for optimisation and transformation of the programme. Key areas for improvement are improved clinical governance for programme with focus on regional governance; lead for quality improvement of the service with focus on quality assurance for grading; identified role to lead IT upgrade which is essential for improvements to be enabled. Transformation team being recruited to which will lead the outline for transformational of programme and undertake necessary work to review demand and capacity work to inform sustainable programme | 30 Jun 2020 | 3 | 4 | 12 | Business Executive Team received Transformational Plan in July 2019 and approach approved and team worked with PMO to align with programme and project method. Recruitment completed for project support and analyst and start date to be agreed. Expression of interest for transformational lead replacement underway. Additional resource identified to strengthen operational governance with recruitment to quality improvement lead completed with start date March 2020 and regional co-ordinator for West and North being interviewed at end of Feb. |
| 1003 | Legislation | 18/11/2019 | Director of People and Organisational Development | Organisation wide | There is a risk that Public Health Wales staff will fail to comply fully with the requirements of the Welsh Language Standards. | This will be caused by insufficient access to human and technical resources. | The impact will be financial and reputational damage together with possible litigation. | 5 | 3 | 15 | Welsh Language Hwb with resources to guide and support staff Welsh Language Group meets quarterly with bi-annual progress reviews against the Standards Welsh Language Officer regularly reviews and monitors progress for Divisions which is fed back to Exec Directors Transition Service in place Skills assessment undertaken for staff Recruitment tool and guidance available to assist in the attraction and recruitment of Welsh Speaking staff | 3 | 3 | 9 | | Treat | Upskilling and training of existing staff Language Preference Database to be implemented | Dec-20 31 Dec 2020 | 2 | 3 | 6 | A number of staff are being supported through the "Say Something in Welsh" Programme, and we are also funding evening classes for staff in Nantgarw and Swansea. In addition to this, we have the 10 hour online learning that is available via the Work Welsh website, and individuals are also encouraged to take the additional 10 hours Health Sector specific training. We regularly advertise the Welsh Residential courses that are available and a number of staff have attended these courses. Update 17/4 - staff are being supported via Skype and email to continue their learning journey, and more individuals are being encouraged to use the current "lockdown" period to learn Welsh. Individuals who are undertaking Welsh Classes via external providers (funded by PHW) have been continuing with lessons taking place via skype. Update 25/5 - Learners continue to be supported by skype Database developed and agreed to use across the business by the WL Group. Work underway to centrally populate the database. Due to complete by end of March 2020. update 17/4 - emails were sent out to stakeholders who were on the list provided by Comms (NHS staff) asking for their language preferences. This work has paused but will resume as soon as possible. Update 25/5 - work is still paused due to reprioritising work on Covid response |
| | | | | | | | | | | | | | | | | | 30 Apr 2020 | | | | We are currently working through the available options with our IT Department. There has been a delay in progressing this as we have been waiting for Legal Advice that the WLC has sought. Update 17/4. Options paper prepared and will be presented for consideration to BET at an appropriate date. Update 25/5 - no further progress to report | |
| | | | | | | | | | | | | | | | | | 31 Mar 2020 | | | | The Team have been involved in a task and finish group looking at setting up a library of job descriptions. This work is still ongoing. Update 17/4 - no further progress has been made to this work due to Covid 19 Update 25/5 - guidance has been prepared and shared with HRBPs so that brand new job | |

