



Betsi Cadwaladr University Health Board

Partnerships, People and Population Health (PPPH) Committee

Minutes of the meeting held in public on 13.9.22, held virtually via Teams

Present:	
Linda Tomos	Independent Member / Committee Chair
Nicola Callow	Independent Member / Committee Vice Chair
John Cunliffe	Independent Member
John Gallanders	Independent Member
In Attendance:	
Sally Baxter	Assistant Director ~ Health Strategy (<i>Item PP22/103</i>)
Neil Bradshaw	Assistant Director Strategy – Capital (<i>Item PP22.88.2</i>)
Sue Green	Executive Director of Workforce & Organisational Development
Emma Hosking	Acting Deputy Medical Director – (<i>Item PP22/105</i>)
Phil Meakin	Associate Director of Governance
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Teresa Owen	Executive Director of Public Health
Catrin Roberts	North Wales Regional Partnership Board (NWRPB) Head of Regional Collaboration. (<i>Item PP22/103</i>)
Dylan Roberts	Chief Digital and Information Officer
Helen Stevens-Jones	Director of Partnerships, Communications and Engagement
Chris Stockport	Executive Director Transformation, Strategic Planning, & Commissioning
Rod Taylor	Director Estates & Facilities (<i>Item PP22/94</i>)
Angela Wood	Executive Director of Nursing & Midwifery
Jane Hindle	Interim Assistant Director Corporate Governance – minutes
Diane Davies	Corporate Governance Manager – Committee secretariat
Observing	
Dave Harris	Head of Internal Audit

Agenda Item	Action
PP22/85 Chair's welcome and apologies	
Apologies were received from Nick Lyons, Gareth Evans, Gill Harris and Molly Marcu.	
PP22/86 Declarations of Interest	
There were no declarations of interest in the items on the agenda.	
PP22/87 Draft minutes of the Partnerships, People and Population Health Committee held on 12.7.22	
The minutes were approved subject to the following amendments	

<ul style="list-style-type: none"> • P3 PP22/67.4 amend NHS application to read NHS App • P8 PP22/72.8 amend sentence to read Tracking method against the schemes • P5 Amend item, and references within, from TTTP to Test, Track and Protect (TTP) Programme 	
<p>PP22/88 Summary table of actions</p> <p>PP22/88.1 The table of actions was updated, including acceptance of items to be closed.</p> <p>PP22/88.2 In regard to SP20/10 Estates Strategy, the Assistant Director Capital Strategy joined the meeting to supplement the update provided in the table of actions at the request of the Committee Chair. The Committee was satisfied with the assurance provided on the work outlined in preparation for the latest review of the Estates Strategy (previously approved by the Board on 28.3.19). It was agreed that:</p> <ul style="list-style-type: none"> • The final draft would be submitted to the Committee on 17.1.23, following discussion at a Board workshop/development session to be scheduled. • A look back at the scheduling of the Estates/ Asset Management strategy would be explored to understand the correct timing of submission to the Committee and whether there were lessons to be learned • The Assistant Director Capital Strategy would explore inclusion of university personnel in the programme group to strengthen partnership work on the new North Wales Medical School and reflect its role in moving BCU forward to the status of Targeted Intervention. <p>It was noted that a robust Estate Strategy required an approved and effective Clinical Strategy in place to be effective.</p>	<p>RN (NB)</p> <p>PM/MM</p> <p>RN (NB)</p>
<p>PP22/89 Report of the Chair</p> <p>The Committee Chair congratulated the Workforce & OD team, who had developed the recent Recruitment deep dive event. The Committee Vice Chair was pleased to note greater focus on action centred minutes as opposed to descriptive.</p>	
<p>PP22/90 Report of the Lead Executive</p> <p>The Executive Director Transformation, Strategic Planning, & Commissioning reported that BCU's Winter Resilience Plan (WRP) paper to the Committee had been delayed given the Welsh Government (WG) late provision of guidance, although WG expectation was to receive a WRP submission before month end. It was agreed that the Committee would determine how the Committee would consider the plan prior to submission to the Board in the private Committee session which followed.</p>	<p>CS</p>
<p>STRATEGY</p>	

<p>PP22/91 Draft Partnerships, Engagement and Communications Strategy</p> <p>PP22/91.1 The Director of Partnerships, Communications and Engagement presented the item highlighting it as an ‘enabling’ strategy:and that there was a more balanced reflection of positive and negative opinion in regard to the organisation than previously. She advised that the draft would be presented to other BCU groups, following which an updated version would be presented to the Committee at a date to be determined.</p> <p>PP22/91.2 An Independent Member commented that the proposal regarding consultation fails to describe the mechanism for feedback and it would be helpful to include how this would work. In addition, it would be good to understand how effective current engagement work has been and how this is measured. A question was raised regarding the resource that supports Targeted Intervention (TI) and whether this will remain once the TI has been lifted.</p> <p>PP22/91.3 The Director of Partnerships, Communications and Engagement advised members that the team routinely survey patients and the public and therefore have a baseline of the effectiveness of current engagement. This work incorporates the use of social media and close links with communities. This work will be incorporated into the next draft of the strategy together with further information on the on-going work around the Targeted Intervention.</p> <p>PP22/91.5 An Independent Member observed that there is an opportunity to provide improved clarity regarding the objectives contained within page 8 of the strategy and how this would be measured. It was agreed that members should email their feedback to the Director of Partnerships, Communications and Engagement</p> <p>PP22/91.6 The Executive Director of Public Health commenting on the stakeholder analysis queried if there needs to be more specific reference to external partners eg the Police and Area Planning Boards given the close working with the Health Board. The Committee Chair also suggested that the draft required more explicit reference to bilingual delivery.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the draft Partnerships, Engagement and Communications Strategy</p>	<p>HS-J</p> <p>All / H S-J</p> <p>HS-J</p>
<p>PP22/92 Update on Digital, Data and Technology Board Assurance Framework (BAF) risks and proposed transformation of Informatics operating model</p> <p>PP22/92.1 The Chief Digital and Information Officer introduced the report which was provided to deliver a level of assurance on the key risks and work undertaken to move towards a Digital, Data and Technology (DDAT) model in line with good practice.</p>	

PP22/92.2 Work has been underway since the Chief Digital and Information Officer came into post to understand the current state and operating model including understanding skills and capabilities and outline work to move to a good practice DDAT model in order to be fit for future requirements. Despite the report highlighting some areas of concern the attitude and behaviours of the informatics team were commended and it was noted that they were welcoming of the review.

PP22/92.3 In terms of assessing the strategic risks, work had been undertaken to provide a clear assessment and discussion had taken place with the Chair of the Performance, Finance and Information Governance Committee to ensure that risks, mitigations and gaps were adequately captured. Two key areas of risk were identified; 1 – the existing environment and inadequate arrangements for DDAT enabled change, 2 – Inadequate digital applications and infrastructure and resources.

PP22/92.4 Referring to the diagram on page 6 of the report the Chief Digital and Information Officer highlighted the assessment of the current state which demonstrated an overall proficient function (amber) with areas of concern (red) including specific service applications approaching obsolescence and multiple data silos. It was noted that whilst the information governance and cyber security controls were assessed as green the implementation of these carried associated costs.

PP22/92.5 It was highlighted that there is a lack of clarity regarding the financial model for IT related projects with some 450 pieces of work currently underway and the alignment with the digital strategy not tested. Work has commenced with the transformation team to review these projects and understand the priorities.

PP22/92.6 In order to identify gaps in the current provision and to enable progress to be measured a digital standard maturity matrix (Gartner Group IT Score) had been utilised and had the assessment gave a maturity level just below 1(functional) on a scale of 1-5 with a plan to achieve level 2 in the next 12 to 18 months. This assessment has received peer review from colleagues across Wales which confirmed the score. To ensure that all Board members have an understanding of the review and the work required and the necessary financial investment a Board workshop was taking place in October.

PP22/92.7 The Committee Chair noted the honest assessment of the existing function and concurred with the observations of the current team, recognising their commitment and support throughout the Covid response.

PP22/92.8 A discussion took place regarding the maturity assessment, how the Health Board compared to others across Wales and what could be done to address any deficit and mitigate risks. The Chief Digital and Information Officer advised members that the data shows that Swansea Bay Health Board are the leading

<p>organisation in terms of digital maturity and this was largely due to their investment which was closer to the National Audit Office recommendation of 4.5 - 5%. The approach to mitigate key risks will involve introducing mandatory cyber security training underpinned by a robust communications plan and this approach has been agreed by the executive team. In addition to this the most relevant action is to ensure that system upgrades are maintained and the team are currently in the process of reviewing this however there is a need to balance the risk with the cost implications.</p> <p>PP22/92.9 An Independent Member queried if the utilisation of a number of national systems was a disadvantage to the Health Board and whether this could be seen through the performance of other health boards. The Chief Digital and Information Officer responded that it was not clear if Swansea Bay Health Board were in relation to the use of national products.</p> <p>PP22/92.10 A discussion took place regarding the required investment and the opportunity to create efficiencies through the future operating model. It was suggested that the opportunity to ringfence any efficiencies created for re-investment should be considered.</p> <p>The Committee RESOLVED to.</p> <ul style="list-style-type: none"> (i) Receive and agree the BAF risks (ii) Note the high-level plan for transition to a DDAT service 	
<p>PP22/93 North Wales Market Stability report</p> <p>PP22/93.1 The Executive Director Transformation, Strategic Planning and Commissioning presented the report which is a legislative requirement it is important that the findings are acted on, noting that in terms of provision and need a further report will be provided to the Committee.</p> <p>PP22/93.2 The evidence shows that every Local Authority is reporting challenges in recruiting and funding and similar challenges are reported for domiciliary care across Wales. In addition, children's residential services both from a social care and health perspective are equally pressured.</p> <p>PP22/93.3 Noting the market overview within the report and the provision of adult nursing care provision an Independent Member queried if comparative data for the provision in England was available as if that capacity is part of the patient pathway it would need to be understood. The Executive Director Transformation, Strategic Planning and Commissioning commented that he had not seen information in relation to adult placements however in terms of children there does not seem to be the same volume of children's specialist provision. It is recognised that partners are having similar difficulties in terms of provision.</p>	<p>CS</p>

<p>PP22/93.4 An Independent Member commented on the role of unpaid carers and the need to acknowledge their role and the degree of investment available to support them within the report. The Executive Director Transformation, Strategic Planning and Commissioning agreed that the comments would be incorporated into the final version of the report. He also undertook to discuss children with complex needs further with the Director of Social Services, Denbighshire County Council and report back to a future meeting.</p> <p>PP22/93.5 A discussion took place on the challenges around recruitment for domiciliary care providers following a query regarding entry level salaries across social, health and domiciliary care. The Director of Workforce & Organisational Development (WOD) reminded members of the commitment given to the social care sector that the Health Board would not inflate their salaries in order to avoid unintended consequences. This was underpinned by a memorandum of understanding however it is a live issue and occasionally happens. This topic and more broadly the pay strategy for Wales will be discussed with colleagues on 16th September. It was noted that all staff should understand their value and pay should be reflective of this.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the report</p>	<p>CS</p>
<p>PP22/94 BCUHB Decarbonisation action plan 2022- 2027</p> <p>PP22/94.1 The Director Estates & Facilities attended to present the plan, developed in partnership with the Carbon Trust in response to the NHS Wales Decarbonisation Strategic Delivery Plan. The plan sets out the strategic direction for the next five years and summarises the key deliverables and has been shared with local government.</p> <p>PP22/94.2 The Director Estates & Facilities advised that the action plan had been shared with WG and received positive feedback, he highlighted that BCU was the largest property owner in Wales and there would be many opportunities ahead with changes to service configurations and transport. He acknowledged the estate risks of the condition and age of the existing estate and advised this was captured within the Board Assurance Framework (BAF).</p> <p>PP22/94.3 Referring to page 8 of the report an Independent Member queried whether the £10m capital funding was a cost pressure. The Director of Estates and Facilities responded that this was covered within the Integrated Medium Term Plan (IMTP) and noted the opportunities for spend 2 save. . The plan is aligned to the Estates Strategy and has been shared with consultants in order to provide input from a clinical perspective.</p>	

<p>PP22/94.5 In response to the Committee Chair, the Director Estates & Facilities advised that as there was no defined Transport Policy, this would be included within the action plan.</p> <p>The Committee RESOLVED to:</p> <ul style="list-style-type: none"> consider and support the Decarbonisation Action Plan - 2022-2027 which meets the requirements of Welsh Government's request to all Health Boards in Wales to develop five-year decarbonisation action plans. note the planned governance arrangements to ensure engagement and delivery of actions contained within the action plan. recommend to the Health Board that the action plan is approved and submit to Welsh Government. 	
<p>PP22/95 Item deferred</p>	
<p>PP22/96 Welsh language monitoring report 2021/22</p> <p>PP22/96.1 The Executive Director of Public Health presented the report, which provided an account of the activities during 2021/22.</p> <p>PP22/96.2 Highlights from the year include:</p> <p>Continuation of new ways of working that had been developed as part of the Covid response.</p> <p>Standard 37 – which had received significant focus at Board level during the past year and a self-assessment was undertaken of the agenda and papers of 3 Board meetings to determine which papers would have required translation and an agreement to review the long-term sustainability of continuing to translate the number of documents within the papers.</p> <p>Standard 50 – 53 have received focus via the provision of Welsh Language Training offer and the work of the Welsh Language Training Support Officer. Following feedback Welsh language training is now available to all staff and courses have proven to be very popular with staff. Congratulations were extended to Manuela Niemetscheck, Art Psychotherapist, who was awarded the title of Welsh Learner of the year in recognition of her achievements and the difference that this has made to patients.</p> <p>There have been 4.9m words translated during the year compared to 3.0m in the previous year. This increase in demand was putting pressure on the team.</p> <p>In terms of recruitment the number and percentage of new and vacant posts advertised with the requirement that Welsh language skills are desirable had increased from 92.6% in 2020/21 to 92.8% in 2021/22.</p> <p>PP22/96.3 The Health Board received seven complaints during the year in relation to</p>	

<p>compliance with the Welsh Language Standards, a number had been received in relation to temporary signage and correspondence within the vaccination centres and it was recognised that action needed to be taken to ensure that patient information produced is bi-lingual.</p> <p>PP22/96.4 The Committee Chair commented that as a member of the Welsh Language Forum she recognised the huge amount of work that had been taken place throughout the year to promote patient choice.</p> <p>PP22/96.5 An Independent Member commented that there was no patient representative in the membership of the Welsh Language Forum and if included this could provide an opportunity to reduce complaints. The Executive Director of Public Health advised members that the Patient Advisory Service (PALS) team are in attendance however this was something that could be explored and reported back to the Committee.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the report</p>	<p>TO</p>
<p>PP22/97 Population Health -: Travel Well</p> <p>PP22/97.1 The Executive Director of Public Health presented the report which provided an overview of the work being undertaken across north Wales in relation to active and sustainable travel. This work complements the work around the Carbon Reduction action plan.</p> <p>PP22/97.2 The benefits of physical activity were highlighted and include not only benefits to a number of physical conditions but also improvements in mental health. The work is organised within a number of projects including work with Sports North Wales to develop a long-term strategy to support the population to become more active in their everyday lives. The Executive Director of Public Health agreed to feedback to the author how travel by motorcycle might be considered within this work.</p> <p>PP22/97.3 Following review by the Committee the report will also be presented to the Health Board.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the report</p>	<p>TO</p>
<p>PP22/98 Test, Trace, Protect (TTP) programme update</p> <p>PP22/98.1 The Executive Director of Public Health presented the report to provide an update on the Test, Trace Protect programme and the future changes to the service.</p> <p>PP22/98.2 Recent changes to the configuration of the service were highlighted and including a revised approach to testing of staff in line with the guidance published in June 2022. In addition, the approach to contact tracing had been revised and subsequently the service had been downsized. The capacity of the team had also been reduced due to their support to the Ukraine response which was a government</p>	

<p>approved initiative.</p> <p>PP22/98.3 Plans are in place for the Covid modules used for hubs to move into new space as testing has become business as usual.</p> <p>PP22/98.4 A discussion took place regarding the displacement of staff through the reconfiguration. The Executive Director of Public Health responded that all affected staff have been supported to find appropriate roles and this work includes identifying opportunities and working and providing support with applications and C.V. writing.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the changes to the TTP Programme in line with the Welsh government's guidance and the associated reducing funding arrangements</p>	
<p>PP22/99 The TUPE transfer of Local Public Health Team (LPHT) to the Health Board</p> <p>PP22/99.1 The Executive Director of Public Health presented the report which demonstrated that progress towards the transfer of staff from Public Health Wales (PHW) to the Health Board is on track for the 1st October.</p> <p>PP22/99.2 At the point of transfer the staff will receive line management from the Executive Director of Public Health however the decision to transfer them is reserved to the Health Board. In preparation a Project Group has been established providing oversight of operational matters including significant work regarding the replacement of laptops due to the different IT infrastructure.</p> <p>PP22/99.3 There is a requirement for the Chief Executive to explicitly confirm agreement to the transfer of staff in response to a letter from PHW. The Memorandum of Understanding would be reported to the next meeting.</p> <p>PP22/99.4 An Independent Member expressed concern in relation to the transfer of financial resources and the need for this to be agreed in advance of the transfer of staff. The Executive Director of Public Health agreed to take this point back to discuss with colleagues covering in the absence of Executive Director of Finance and to raise this with the national team.</p> <p>PP22/99.5 On behalf of the Committee the Chair extended best wishes and a speedy recovery to the Executive Director of Finance.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the proposed transfer date of 1st October 2022</p>	<p>TO</p> <p>TO</p>
<p>PP22/100 People (Workforce) Performance Report</p> <p>PP22/100.1 The Executive Director of Workforce & Organisational Development</p>	

<p>highlighted the key elements of the report</p> <p>PP22/100.2 People Strategy Delivery Plan 22/23 Following discussions an agreement had been reached in relation to the transfer of some Senior Responsible Officers (SRO) across the five delivery programmes as follows: How we improve and transform – SRO Chief Digital Officer Our Way of Working – SRO Executive Director Nursing and Midwifery</p> <p>A workshop had taken place to firm up the key deliverables for each programme which would enable smarter reporting and whilst it had been agreed to keep the existing format of the report in place for three full cycles the aim was for this to become more focussed.</p> <p>Currently there is no workforce data for the schemes within the IMTP but a meeting is planned to work through this to support reporting to PFIGC and this will include the risks to the plan together with the financial data.</p> <p>PP22/100.3 The Executive Director of Workforce and OD reported that following the rapid deep dive event on recruitment there had been a delay in requesting feedback. BCU had been actively involved in dialogue with NHS Shared Service regarding risk to delivery. Work is underway to finalise the dates for a Board workshop at the end of November.</p> <p>PP22/100.4 The Committee Vice Chair agreed to co-ordinate comments on the performance report and meet with the Executive Director of Workforce & Organisational Development to discuss and agree the future content of the report and added that there is a need to describe what will happen, when and who is responsible for delivery.</p> <p>PP22/100.5 A discussion took place regarding the need to ensure that all Independent Members were informed of the outcome of the rapid deep dive into recruitment and whether the Chair's Assurance Report from the Committee served to provide sufficient assurance or whether additional detail should be shared with other members. Opportunities for a focussed Board workshop were discussed and due the planned absence of the Executive Director of Workforce and Organisational Development it was agreed to explore whether the Board Development sessions scheduled for November could be utilised. This would also provide opportunity to see the initial outcomes as a result of actions taken. It was noted that the Committee sought assurance that the commitment to feedback to the staff involved would be honoured.</p> <p>PP22/100.6 The Committee Chair queried if the methodology should be adopted for other workstreams. The Executive Director of Workforce & Organisational Development stated that other executive colleagues had welcomed the opportunity to utilise the methodology rather than focus it on one portfolio.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the current performance</p>	<p>NC/SG</p> <p>SG/MM</p>
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<p>(ii) Agreed to the format of future reports subject to comments from members</p>	
<p>PP22/101 Corporate Health Standard report</p> <p>PP22/101.1 The Executive Director of Workforce & Organisational Development presented the report in order to provide an update on the current position of the Corporate Health Standards.</p> <p>PP22/101.2 Since achieving gold and platinum awards for three years with effect from June 2018 the Health Board has been updating its Corporate Health Standard action plan. Due to the Covid response the re-validation process scheduled for June 2021 was deferred and a six-month extension was provided. Following a further status check a 12 month extension for both gold and platinum awards, with re-validation now due to take place on 10th December 2022.</p> <p>PP22/101.3 Due to the delays in the re-design of the corporate health standards assessment criteria it is unlikely that BCUHB will be able to re-validate their awards in December 2022 and this has been escalated to Public Health Wales. The plan is to submit for re-validation at both gold and platinum awards in 2023.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the contents of the report</p>	
<p>GOVERNANCE</p> <p>PP22/102 Chair assurance reports PP22/102.1 – 102.4</p> <p>The Committee received reports for information and assurance from the following groups and partnership board:</p> <ul style="list-style-type: none"> • Population Health Executive Delivery Group • Together for Mental Health Partnership Board • Transformation Executive Delivery Group • People Executive Delivery Group <p>The Committee RESOLVED to:</p> <p>(i) Note the reports from the executive delivery groups and partnership board provided for information and assurance.</p>	

<p>PP22/103 North Wales Regional Partnership Board</p> <p>PP22/103.1 The Assistant Director Health Strategy reported the key highlights of the recent Regional Partnership Board including a brief update on the Regional Integration Fund.</p> <p>PP22/103.2 Key issues discussed at the meeting included the following:</p> <p>The draft Programme of Schemes for the Regional Integration Fund have been through the Leadership Group and the Regional Partnership Board in July. The final version will be presented to the Regional Partnership Board in September.</p> <p>There has been a great deal of work involved with partners and appreciation was given for their input.</p> <p>The two main capital funds managed by the Regional Collaboration Team are</p> <p>Housing with Care Fund (HCF) - intended to support innovative housing development to meet care needs.</p> <p>Integration and Rebalancing Capital Fund (IRCF) - is intended to support the development of integrated health and social care hubs and centres and to support rebalancing of the social care market.</p> <p>The team are currently working with Partners to identify suitable schemes that can be submitted to Welsh Government for consideration under both funds.</p> <p>PP22/104.3 It was noted that the NWRPB annual report 2021/22 would be presented to the next meeting by NWRPB's Head of Regional Collaboration.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the update provided</p>	<p>CS (SB)</p>
<p>PP22/104 Items previously discussed in private session and reported in public</p> <p>The Committee was asked to note the following had been discussed in private session on 12th July 2022:</p> <ul style="list-style-type: none"> • Agreement in principle to develop an outline business case • and Corporate Risk CRR21/11 <p>The Committee RESOLVED to:</p> <p>(i) Note the items</p>	
<p>PP22/105 Corporate Risk Register (CRR)</p> <p>PP22/105.1 The Associate Medical Director for Professional Development presented the report which had been recently reviewed by the Quality, Safety and Experience</p>	

<p>Committee.</p> <p>PP22/105.2 Two areas of emerging risks have been identified 1. Risks associated with the provision of the vascular service, 2. Loss of organisational memory. These risks have been agreed by the executive and will be developed further, scrutinised by the Risk Management Group and presented in the next report.</p> <p>PP22/105.3 A discussion took place regarding risk id CRR22-20 relating to healthy weight and the inherent and current risk scores of 20 although there are multiple controls in place. It was noted that the controls would take time to gain traction and would not necessarily impact on the score in the short to medium term recognising that services are not at sufficient scale.</p> <p>PP22/105.4 It was agreed that the Executive Director of Public Health would review the risk with input from the Associate Director of Governance and the PFIGC Chair.</p> <p>The Committee RESOLVED to:</p> <p>(i) Review and discuss the report</p>	<p>TO/PM</p>
<p>PP22/106 Board Assurance Framework (BAF)</p> <p>PP22/106.1 The Associate Director of Governance presented the report which provided the updated Board Assurance Framework following its adoption at the August Board meeting.</p> <p>PP22/106.2 Further work is required to strengthen the controls, assurances and action plans and progress will be shown in the next iteration.</p> <p>PP22/106.3 An Independent Member commented that the narrative of the risks was not consistent with the previous approach and that this could result in a lack of clarity regarding the risk, cause and effect. It was agreed that this would be discussed with the Board Secretary outside of the meeting.</p> <p>The Committee RESOLVED to:</p> <p>(i) Note the BAF risk within the remit of the Committee</p>	<p>MM</p>
<p>CLOSING BUSINESS</p>	
<p>PP22/107 Review of risks highlighted within the Committee</p> <p>Risks highlighted throughout the meeting included:</p> <ul style="list-style-type: none"> a) Digital, Data and Technology (DDAT) – systems and cyber security b) The impact of poorly timed communication and engagement on staff and partner confidence c) Failure to identify capital funding/efficiencies to support the delivery of the 	

<div>Carbon Deliver Plan</div> <div>d) Potential failure to comply with the statutory duties in relation to Welsh Language</div> <div>e) National supply of flu and PCR testing swabs</div> <div>f) Staffing risk re Covid response</div> <div>g) Financial risk of TUPE transfer and underfunded areas</div> <div>h) Staffing risks – nurse staffing, CAMHS, IPC Capacity and unscheduled care</div> <div>i) Failure to comply with the requirements of the SSWB Act</div>	
PP22/108 Date of Next Meeting 8.11.22	
The Committee Chair closed the meeting to the public and representatives of the press.	