**DIGITAL GOVERNANCE AND SAFETY COMMITTEE MEETING - PUBLIC**

MINUTES, DECISIONS & ACTIONS TO BE TAKEN



13:00 to 16:00 12/05/2021

Location of Meeting

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| Chair | Sin Doyle |

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| **Present (Members)** | **Initials** | **Title** | **Organisation** |
| Sin Doyle | SD | Independent Member, Chair of the Digital Governance and Safety Committee | DHCW |
| Rowan Gardner | RG | Independent Member, Vice Chair of the Digital Governance and Safety Committee | DHCW |
| David Selway | DS | Independent Member | DHCW |
| Rhidian Hurle | RH | Medical Director | DHCW |
| Carwyn Lloyd Jones | CLJ | Director of Information and Communication Technology | DHCW |
| Rachael Powell | RP | Deputy Director of Information | DHCW |
| Chris Darling | CD | Board Secretary | DHCW |
| Darren Lloyd | DL | Head of Information Governance | DHCW |

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| **In attendance** | **Initials** | **Title** | **Organisation** |
| Julie Ash | JA | Head of Corporate Services | DHCW |
| Sophie Fuller | SF | Corporate Governance and Assurance Manager | DHCW |

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| **Apologies** | **Title** | **Organisation** |
| None | N/A | N/A |

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| **Acronyms** | | | |
| DHCW | Digital Health and Care Wales | NWIS | NHS Wales Informatics Service |
| SHA | Special Health Authority | DG&S | Digital Governance and Safety |
| WIAG | Wales Informatics Assurance Group | CAB | Change Advisory Board |
| IG | Information Governance | ISD | Information Service Directorate |
| NEAG | Notifiable Events Assurance Group |  |  |

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| **Item No** | **Item** | **Outcome** | **Action to Log** |
| 1 | **PART 1 – PRELIMINARY MATTERS** | **Outcome** | **Action to Log** |
| 1.1 | **Welcome and Introductions**  The Chair welcomed the members and officers to the first meeting of the Digital Governance and Safety Committee outlining Digital Health and Care Wales’ commitment to open and transparent meetings. Meeting papers are published to the DHCW website 7 days in advance of the meeting for the public to review and the minutes of the meeting will be published as part of the pack for the next meeting in August. The Chair highlighted the busy agenda and outlined the expectations for the meeting, emphasising that should items need to be explored further, follow up sessions will be arranged to ensure good time keeping for this meeting. | Noted | None to note |
| 1.2 | **Apologies for Absence**  There were no apologies for absence received. | Noted | None to note |
| 1.3 | **Declarations of Interest**  There were no declarations of interest received. | Noted | None to note |
| 2 | **PART 2 – MAIN AGENDA** | **Outcome** | **Action to Log** |
| 2.1 | **Digital Governance and Safety Terms of Reference**  The Chair outlined that as a new Committee with new Terms of Reference, an evolution is expected as the Committee’s understanding of its role and remit develops. The Chair noted that it would be important to understand in more detail the potential overlaps with the Audit and Assurance Committee.  The Chair reiterated the purpose of the Committee is assurance on behalf of and advice for the Board. Doing the right thing for the patients and stakeholders and providing advice to the Board for improvement.  The Chair asked the Board Secretary, Chris Darling (CD) to talk members through the Terms of Reference. CD referenced the relevant sections of the Standing Orders within the remit of the Committee. CD noted the remit of the Committee outlined may be further developed as the roles and responsibilities becomes clearer, this in part due to the fact there is no equivalent Committee within NHS Wales to benchmark against. Work has been undertaken to date to establish the DHCW processes that are within the remit of the Committee in order to provide assurance to the Board, resulting in the Terms of Reference presented to the members and officers present.  The Chair asked members for their comments or questions on the Terms of Reference. Members had been given opportunity to review the Terms of Reference prior to the meeting and there were no further comments or questions received.  **The Committee resolved to:**  Approve the Terms of Reference | Approved | None to note |
| 2.2 | **Committee Annual Cycle of Business and Forward Work Plan and Associated Dates**  The Chair asked CD to talk through the Annual Cycle of Committee Business and Forward Work Plan.  CD explained the purpose of the Annual Cycle of Business, that was developed annually to outline the core items that the Committee can expect to see on a regular basis as well as on an annual or one-off basis. The item covers the next 12 months activity to help the Committee plan its meetings.  CD explained that the Forward Work Plan is expected to be a fluid document to aid in work planning. CD has asked colleagues to do some horizon scanning within their areas of responsibility to help guide the content of this document for the next 6 to 9 months. This would highlight areas that this Committee should be sighted on and review any areas that might be missing.  CD outlined the different sections of the Annual Cycle of Business, highlighting the Committee Chair’s Report for Board, received by the SHA Board following a Committee meeting. This report is an avenue to escalate issues and outline the actions taken by the Committee. The Digital Governance and Safety Performance and Assurance Section sets out the assurance reports in high-level terms and it is important for Committee members to consider content requirements for these reports in order for them to provide assurance to the Committee.  The Chair asked Committee members for any comments or questions on the Annual Cycle of Business/Forward Work Plan. The Deputy Director of Information, Rachael Powell (RP) commented that in the table included in the paper, The Medical Director, Rhidian Hurle’s (RH) lead areas of responsibility need to be switched so that RH is the lead for the Informatics Assurance report and RP is the lead for the Information report.  **ACTION – 20210512-A01** Update Annual Cycle of Business to reflect accurate leads of each item.  **The Committee resolved to:**  Approve the Annual Cycle of Business and note the Forward Work Plan. | Approved | Update Annual Cycle of Business to reflect accurate leads of each item. |
| 2.3 | **Velindre Quality, Safety and Performance Committee Closure Report**  The Chair asked RH to talk members through the report.  RH explained any incidents recorded during the governance period under Velindre University NHS Trust when formally closed are to go to their Quality, Safety and Performance Committee with the appropriate assurance and the learning from those events having been captured.  RH invited CD to add any pertinent information for the Committee.  CD outlined the historic governance processes in place for NHS Wales Informatics Service (NWIS), DHCW’s predecessor. NWIS was established on 1 April 2010 and under the hosting arrangement with Velindre University NHS Trust, part of the agreement was for NWIS to provide evidence of assurance through Velindre’s Audit Committee and Quality, Safety and Performance Committee. Items went to Velindre Board meetings as necessary.  CD explained that as part of the SHA transition project, a Committee structure had been developed to reflect DHCW’s Standing Orders and the previous assurance activity will now sit under the new structure. CD informed the Committee the DHCW Chair, Bob Hudson had met both Velindre Committee Chairs and no issues/risks had been identified regarding the handover of Committee arrangements from Velindre to DHCW.  CD highlighted within item 2.3i, table 3.1 was helpful for understanding previous reporting lines to Velindre University NHS Trust. Those items reported to the Velindre Audit Committee would now fall under the remit of the DHCW Audit and Assurance Committee and others would come to DHCW Digital Governance and Safety Committee.  CD explained that item 2.3i section 4.1 summarises no outstanding Velindre Audit Committee actions at the point of transfer to DHCW. But several actions would remain on the DHCW Audit Tracker and be monitored and managed by the DHCW Audit and Assurance Committee moving forward. CD noted two audit reports not reported to the Velindre Audit Committee, but both were reported through the DHCW Audit and Assurance Committee meeting on 11th May 2021. They will also be received by the Velindre University NHS Trust Audit Committee as the work formed part of the plan for NWIS whilst under hosting arrangements.  The handover report did highlight an action regarding the Microsoft Teams tenancy issues. CD invited Darren Lloyd (Head of Information Governance) to provide a verbal update.  DL explained that Microsoft 365 covers the majority of NHS Wales services. The issue raised is that tenancy access settings meant Health Board and Trusts were able to see information outside their organisation but still within the tenancy. There was an expectation that documents saved on SharePoint sites were private, but it was discovered that access was wider than the organisation. DL informed Committee members that a large amount of work had been carried out in order to understand the extent of the problem and the issue had affected over 600 sites across NHS Wales so work was underway to make sure that they were made private and that the organisations affected were made aware of the issue. The incident had been reported to the Information Commissions Office. DL stated that the team had been asked to complete a closure report, this will be provided to Velindre Quality, Safety and Performance Committee in readiness for their next meeting. The closure report for this action would also come back to the next Digital Governance and Safety Committee meeting.  The Chair asked whether that was the only outstanding action pertaining to this committee to which DL confirmed it was.  **ACTION – 20210512-A02:**  Update and closure of Microsoft Tenancy issue to come back to the next DG&S Committee meeting.  **The Committee resolved to:**  Note the contents of the report | Noted | Update and closure of Microsoft Tenancy issue to come back to the next DG&S Committee meeting |
| 2.4 | **Wales Informatics Assurance Presentation**  The Chair invited RH to talk members through the presentation.  RH outlined the assurance process involved in systems readiness for the live environment. This included the settings in which this process applied, the personnel and areas involved in the Wales Informatics Assurance process including the Wales Informatics Assurance Group (WIAG), a collection of different disciplines who provide assurance for the proposed systems.  WIAG use a number of templates and approval processes to provide robust scrutiny and review of proposed systems as outlined in the slide pack.  The Chair asked RH where the DG&S Committee would slot into that process in terms of approval and go live. The Chair stated that it would be good to understand better the timelines, key milestones and approvals within the process.  RH explained there are a number of initiators for the assurance process, one of those being a change to a system. This would be actioned as part of the service’s own Change Advisory Board (CAB) if the service is live. They are variable in terms of frequency, depending on the product but that there are currently over 70 live systems running across NHS Wales.  Regarding the sign off of the Safety Case and Readiness Report, this operational sign off lays with the DHCW Medical Director. This would involve ensuring the appropriate steps had been undertaken throughout the process to assure the product was in readiness for go-live and providing that feedback to DHCW Directors. RH explained that, if for any reason he was not willing to sign off a release, it would be escalated to the Chief Executive.  WIAG does not only consist of DHCW members, it is important to note that there is external scrutiny through a number of pathways that would flag any issues and risks as it goes through the process.  The Chair asked Committee members for any questions or comments on the presentation.  David Selway (DS) commented that when going through the presentation, there was no mention of verification of validation. RH commented that Slide 5 of the presentation highlighted this and the individuals that have responsibility as part of the assurance process.  DS asked whether there is software that requires independent validation. RH replied that currently DHCW are considered able to self-validate the software it produces, but the Quality and Regulatory team are working to understand what the potential impact of the Medical Devices Regulation may have in terms of future validation of software. The current understanding is that the UK Regulation will be closely aligned to the European regulation. It is understood that algorithms having a diagnostic function will have to be independently regulated.  Carwyn Lloyd-Jones (CLJ) responded to DS that one of our systems has extended validation and we undertake that work for that system as part of the Medicines and Healthcare Products Regulatory Agency (MHRA) regulations for pathology systems.  Rowan Gardner (RG) commented that this was a challenging area as the regulations are always changing and as the UK has now left the EU, parity may not continue. RG also commented that the EU had announced a new directive on regulating Artificial Intelligence and logical knowledge-based systems so the type that might be used in the future. RG suggested that this might be something to be reviewed regularly on the work plan.  CD commented that the role of the DG&S Committee in relation to informatics assurance is to assure that the systems and processes are operating as they should.  **ACTION – 20210512 – A03:** Board Secretary to meet with the Chair of the Audit and Assurance Committee and Digital Governance and Safety to define the reporting requirements for each Committee to ensure efficiency of reporting.  **The Committee resolved to:**  Note and discuss the content of the presentation | Discussed | Board Secretary to meet with the Chair of the Audit and Assurance Committee and Digital Governance and Safety to define the reporting requirements for each Committee to ensure efficiency of reporting. |
| 2.5 | **Information Governance Presentation**  The Chair invited DL to talk Committee members through the presentation.  DL set out the role of Information Governance in DHCW. The approach is three tiered. DHCW has a role to ensure that in relation to national information governance, there is a strategy and a model moving forward. DHCW’s responsibility is to ensure that services and systems and the associated stakeholders are assured a model is in place that ensures confidentiality, data protection and the rights of individual residents and patients in Wales. Welsh residents and patients need to be assured that their information is safe and secure. DL explained that there have been and continue to be a large amount of discussion with various groups and stakeholders such as the Information Commissions Office, stakeholders, GPC Wales, BMA, Health Boards and Trusts, in order to provide confidence in the system. DL explained in order to share information at the point of care, DHCW are required to have an assurance model that gives confidence within the system that information being shared across many services and systems is secure. Confidence in the robust management of Information Governance allows information sharing to take place more robustly and routinely.  The second element is to have tools available to make sure that assurance is transparent and well documented. DHCW will be making sure that tools are available to health and social care and those delivering NHS Wales services.  The third element is corporate compliance. DHCW can perform to those requirements and is complying with the information agenda as an organisation. In terms of assurance process, DL explained that when designing a system, it is with privacy in mind i.e. the Welsh Patient Administration system. DL explained that systems are designed with access control and auditability as an underlying pillar because information sharing has to be routine and multi-faceted and not geographically constrained in anyway.  DL relayed the complexity of information management and the fine line of balancing promoting information sharing but also promoting the protection of the information that is being shared at the point of contact.  DL then referenced item 2.5ii the Information Governance Strategy. The paper outlined to the Committee the roles and responsibilities and how products and services are delivered as the organisation responsible for them. DL explained that the statutory functions are quite high level and responsibilities around information governance have not been policy led or mandated by Welsh Government to date. DL informed the group that the main pillars of the strategy are:   * Continuity of products and assurance models to make sure that the service can use them. * Information sharing with Health Boards, Trusts and Primary Care, it is key for DHCW to understand the wider requirement of the services to provide the definition of DHCW’s wider NHS roles and responsibilities.   The Chair suggested that it would be helpful to have a deeper understanding of this over the next couple of meetings, particularly with compliance to the standards and support.  The Chair thanked DL for his presentation. The Chair stated that it would be beneficial to understand more about the compliance process and how that would be measured. The Chair also stated that it would be very helpful to understand the ultimate ownership and data governance.  RG commented that DL had said that the systems were designed for privacy and asked about privacy standards. DL replied that the main standard DHCW respond to is the data protection regulations. There are areas of compliance that are around the individual and what safeguards are in place when information being shared. DL was assured that DHCW compliance around General Data Protection Regulations (GDPR) which had been measured by internal audit is robust.  Julie Ash (JA) noted that we do hold ISO 27001 certification for our infrastructure systems and would be happy to provide any background on that at future meetings.  The Chair stated that it would be good to get an understanding of the workload and risks over the next 6 months. DL explained he is working with Welsh Government to confirm our information responsibilities and what DHCW are legally and formally responsible for. It would be important for Independent Members to be sighted on risks and challenges going forward and DL would be happy to have another item on the Committee agenda in future to discuss in more detail.  The Chair commented that from a transparency perspective Independent Members need to understand the risks and compliance concerns, ownership and remit in directing versus advising other NHS bodies.  **The Committee resolved to:**  Approve the strategy and note the presentation | Approved | None to note |
| 2.6 | **Comfort break** |  |  |
| 2.7 | **Information Services Presentation**  The Chair asked Rachael Powell to take Committee members through the Information Services presentation.  RP outlined that she would provide an overview of what DHCW do with information, the team responsibilities and the assurance and governance arrangements in place to oversee the information function.  RP explained that the Information Services Directorate role is to give context and scope around information handling and processing within DHCW. The Information Services Directorate (ISD) is made up of almost 60 information professionals with responsibility for data collection/acquisition; storage and warehousing of data; processing of data. Analysis, modelling and reporting of information that includes all Wales data flows for a range of purposes is undertaken.  ISD also produce a range of data products and visualisations such as dashboards, health maps, web apps and portals.  In terms of scope, RP explained that the DHCW data warehouse holds over 30 years of data sets, which include a range of activity from maternity to primary and community pre-hospital data. Covid-19 has been significant from a data perspective, not just due to the information we were expected to provide, but the frequency of the provision. Some information going from monthly requirement to daily reporting. Access to timely information became a necessary and vital part of key decision making for the pandemic response on a national level. The Information Services Directorate has transformed into a 7 day a week real time information service.  RP explained that the Information Services Directorate Assurance Group acts as the main reviewing body. This includes a range of disciplines and feeds into the Wales informatics Assurance process.  The group’s part in the assurance process aims to identify information requirements at an early stage and to review throughout the project. Areas for focus are identifying data storage requirements, what relevant data and information standards already exist, data quality improvement opportunities and advising on the selection of the right data and information standards to improve the project outcome.  In addition to the ISD Assurance Group, ISD have other groups that oversee the processing arrangements with regard to information, an indicative list is on slide 3 of the presentation.  As the new organisation grows and expands, ISD will develop the group further to ensure more data products are taken through the group for assurance. Including the Microsoft 365 Power BI tool and the information used to create those dashboards.  RP explained risk is managed through the ISD Management Group via a risk register working with the Risk Management Group to escalate to a corporate level where appropriate.  RP informed the Committee of the specific information assurance and governance work required with the development of a dedicated research and innovation function. RP suggested bringing the proposed assurance and governance processes for this new workstream to the Committee for information.  Lastly RP explained that DHCW became an official statistics producing body when the new body came into being on 1 April 2021.  The Chair asked whether there is a clear Service Level Agreement (SLA) with regard to the responsibilities of DHCW in this new role?  RP stated that they work closely with stakeholders and will continue to do so but in new territory as an official statistics producing body, the onus is on DHCW to be clear and consistent in terms of defining risks and responsibilities and being clear on what our role and remit is within the Committee.  The Chair reiterated the work ahead in understanding the remit and responsibility of the Committee and being able to measure DHCW’s compliance in order to give assurance that the organisation is governing appropriately for patients.  RG raised the approach to risk management. RG commented that we can’t assure what we can’t see so there is a missing piece about what elements need to be brought to this Committee. It would be helpful to see a policy on this in the future.  RP explained the Board Secretary will be further developing the Risk Management process for DHCW but the Information Services report will contain the risks and details of their management for review by the Committee.  CD responded to RG to say item 2.10 should address the proposed question. CD agreed that it would be important that DG&S Committee members are sighted on the risks and the mitigating actions that are being taken.  The Chair thanked RP for the presentation.  **The Committee resolved to:**  Note and discuss the content of the presentation | Discussed | None to note |
| 2.8 | **Notifiable Events Assurance Presentation**  The Chair asked RH to present item 2.8.  RH gave an overview of the report, item 2.8 highlighting section 1.2 which outlines the assessment of incidents from a local level and escalated to subject matter experts when they meet criteria as defined in the localised area procedure. This triggers the notifiable events assurance procedure.  The purpose of the notifiable events assurance process is to ensure the appropriate review, notification and investigation and communication of the learning from investigations. Communications are received through a number of different mechanisms for example service point/service desk. An assessment is made based on what is known at the time on how the incident should be categorised. RH explained that there were agreed mechanisms for escalation to Welsh Government.  RH explained that there are performance indicators in terms of timeframes when certain things should be done. RH stated that the aim is to complete documentation and learning within 60 days but there are occasions when the problem is identified but investigations into whether there was harm caused can take longer than 60 days to reach a conclusion. RH explained that this is dependent on a number of factors including the number of people / health boards that were affected by the issue.  The Chair asked in relation to slide 5, whether the incident management process has various severity to them? On the process where do the captured learnings and actions get reported to?  RH replied that information is shared with the individual/organisation with those affected but is also shared through the clinical structures such as Welsh Clinical Informatics Council. There are some incidents where wide engagement is required.  CLJ explained that historically there have been two parallel processes. One dealing with incidents that affect the patients or where there is a clinical risk associated, they have been managed through the process that Welsh Government have for notification of clinical incidents. In parallel to that there is an incident management process, for technical faults with systems. The outcomes from reports for the notifiable events are recorded on the Quality Improvement Action List and tracked until closed. The purpose of the new Notifiable Events Assurance Group (NEAG) is to provide management and assurance that the process is being managed to conclusion and lessons learned are identified and acted upon.  RG asked how many notifiable events would be routinely be dealt with through this process in twelve months? RH replied that they are usually low figures, often single figures, but the complexity of the events varied. RH stated that he can share access to that information.  RG also asked whether, because we are deploying complex integrated systems across different organisations that may have different infrastructure, there are deployment challenges in terms of chasing down root causes. RG asked whether that was because we are supporting a number of different operating systems?  CLJ replied we don’t have much diversity in terms of the operating systems being used as most of the NHS network uses Microsoft Windows. However, there was much more diversity in relation to the versions used within organisations with some using older versions.  RH commented that if the infrastructure within the Health Boards used internet explorer versions for example, our operational software needs to maintain compatibility with a range of years which is additional pressure on the infrastructure resources.  The Chair stated that understanding the range of versions in place through the NHS network would be something that should be highlighted for this Committee. This will be picked up as one of the areas for review, it would highlight where we might not be able to assure ongoing support and safety.  ACTION – **20210512 – A04:**  RH to give RG access to the log of notifiable events  **The Committee resolved to:**  Note and discuss the presentation. | Discussed | RH to give RG access to the log of notifiable events |
| 2.9 | **EU Settlement Status Report**  DL was asked by the Chair to talk to the prepared report.  DL outlined the emerging requirement at the end of 2019/20 for Wales to assimilate data from the Home Office on an individual’s settled status so consideration could be made if charges for NHS treatment applied or not. This information is routinely made available by the Home Office because it is part of a settled status requirement for any person coming to the UK. Our status within the EU has changed due to Brexit and the assessment for charging is changing due to transition arrangements. Health Boards and Trusts do not currently have robust processes in place to check on the settled status of individuals in order to apply any charges that may be required. Welsh Government asked DHCW to be the responsible body for Wales for receiving the relevant information from the Home Office (via NHS Digital in England) to be relayed to Health Boards and Trusts in Wales.  DL explained to date the issue had been that DHCW were not a Statutory Body. Now DHCW has established as a Statutory Body, the appropriate governance arrangements have been actioned and the final sign off process is in motion. The Section 255 requires NHS Digital approval before signing off by the DHCW Chief Executive and the data transfer can be actioned.  A Memorandum of Understanding will be in place between the Home Office, NHS Digital and DHCW in order to sign off the technical and financial arrangements and to take receipt of that data.  DL outlined the data transformation requirements in order to share with the Health Boards and Trusts, this work is underway.  In terms of the Committee’s roles and responsibilities, DL proposed it would be assurance the process is progressing, and the appropriate technical and governance arrangements are signed off and finalised. The Chair asked DL to give an update at the next Committee meeting on where we are with the process.  **ACTION – 20210512-A05:** DL to provide status update at next Committee meeting  **The Committee resolved to:**  Note the content of the report and discuss the item | Discussed | DL to provide status update at next Committee meeting |
| 2.10 | **Risk Management Report**  CD stated that the purpose of this item was to update Committee members on the proposed approach to risk management.  CD explained that as an organization, DHCW has adopted the approach to risk management previously used by NWIS through Velindre’s risk management policy. This was adopted by the DHCW Board on 1st April 2021.  CD talked through the Risk Management and Board Assurance Framework Strategy recently developed and discussed and endorsed by the Audit and Assurance Committee on 11 May 2021. The strategy builds on the foundations that were in place for risk management in NWIS but expands the remit of risk management recognising that DHCW is now a statutory body. It identifies the roles and responsibilities for Board and Committees within DHCW and extends from risk to include risk and Board assurance.  CD explained that section 2.2 within the report, showed the Audit and Assurance Committee having a specific role in reviewing the effectiveness of the systems and internal controls for the management of risk and Board assurance. However, the Strategy sets out that all Committees have a role to play in ensuring effective risk management and the escalation arrangements with risks being assigned to Committees.  CD also highlighted the journey that the organisation would need to go on in relation to defining the organisation's risk appetite and its approach to defining and managing the key risks to DHCW’s strategic objectives.  CD indicated section 2.10i is an indicative list of potential risks that could be assigned to this Committee extracted from the current Corporate Risk Register.  The Chair commented that it would be helpful to understand the methodology on how the risks were selected and the criteria going forward and some thoughts as to how they would be presented and the frequency.  DS commented that he had found the Risk Management and Board Assurance Framework Strategy a useful document that describes how we arrive at the ranking of 1 – 25 and would share the link to the document with the Chair and RG.  JA commented that DHCW has a Corporate Risk Register and there are other registers that are held at different levels within the organization i.e. at Department and Directorate level. JA explained that currently, anything that effects the organisation as a whole, such as a reputational issue or something that can’t be managed at the Directorate level, would be escalated on to the Corporate Risk Register. JA stated that there were here are currently 21 risks at the corporate level.  In response to the Chair’s question on how the risks were identified, JA reviewed the Corporate Risk Register and identified areas within the remit of the Committee including clinical, information governance and service interruption.  JA and Leads briefly went through the Risks before the Chair opened it up for questions and discussions from Committee members.  RG commented about how the risks were currently presented and some suggested changes including ‘date the risk was entered on the risk regiser’.  It was noted that if known mitigating actions are not chosen for action, for example, should financial support be able to mitigate the risk, it would be helpful to add that detail in order to provide a fuller picture  The Chair commented that it would be useful to know the size of the risk i.e. how many people would be affected by something. The Chair asked if JA, with others, could start thinking about making the document more comprehensive.  CD commented that the Datix system that captures the risks has a lot of information that could be pulled through so between now and the next Committee meeting, work would be done to test out different formats of presenting the information.  **ACTION – 20210512-A06:** Present a draft version of the risk report to the Chair for review before the next Committee meeting  **The Committee resolved to:**  Note the content of the report and endorse the proposed approach. | Discussed | Present a draft version of the risk report to the Chair for review before the next Committee meeting |
| 3 | **CLOSING MATTERS** | | |
| 3.1 | **Any other Urgent Business**  No other urgent business was raised. | Discussed | None to note |
| 3.2 | **Items for Chair’s Report to the Board**  Items for inclusion in the Chair’s report were noted as per the actions taken for each item.  The Chair highlighted the three key themes emerging from the Committee meeting:  Work is required to ensure the remit of the Committee is clear to create compliance and assurance going forward.  Working to understand the authority of DHCW going forward and how this Committee supports that authority in terms of identifying concerns, highlighting non-compliance, highlighting risk due to potential funding or resource issues. As a team it would be good to understand how we can help to get clarity in a complex environment.  Defining the reporting rhythm that will be provided in the planned assurance reports from the officer members. | Noted | None to note |
| 3.3 | Date and Time of Next Meeting – Wednesday 11th August 1-5pm | Noted | None to note |