

MEETING: Governing Body

Item Number: 10.4

DATE: 16 December 2014

REPORT TITLE:	Chairperson's Report from the Corporate Governance Committee.
CORPORATE OBJECTIVE ADDRESSED:	Corporate Objective 4: Function as an organisation that consistently delivers its statutory duties
REPORT AUTHOR:	Tony Ellis
PRESENTED BY:	For information only
RECOMMENDATIONS/DECISION REQUIRED:	N/A
<p>EXECUTIVE SUMMARY</p> <p>Chairman's report from the Corporate Governance Committee Meeting held on Tuesday 11 November 2014.</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

CHAIRPERSON'S REPORT

Chairperson's Name	Tony Ellis
Committee Name	Corporate Governance Committee
Date of Meeting	11 November 2014
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	16 December 2014
Officer Lead	Julie Southworth

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1.	Failure of timely CSU support for GP and CCG IT network	JK
2.	Agile working policy may not reflect employer business priorities	KB
3.	Non-delivery of CSU IT and Business Information products	JK

Attendance at the meeting[#]:	Excellent
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the meeting
<p>In accordance with the approved Internal Audit Plan for 2014/15, MIAA provided support through the facilitation of a session with members to assess performance, identify the challengers, agree directions and prepare a development plan.</p> <p>The minutes were agreed as true and accurate.</p> <p>HR Progress Report Highlighted:</p> <ul style="list-style-type: none"> • Headcount had increased by 3 to 142 • Sickness absence shown as steady with a rate of under 3% since May 2014. • Turnover rate is 4.57%, which is significantly below both national and Greater Manchester Clinical Commissioning Group average. • Staff expenses showed nothing exceptional. • Mandatory training is a key area of success with high compliance. <p>The Committee received this report.</p> <p>HR Policies circulated for approval:</p> <ul style="list-style-type: none"> • Agile Worker Policy. This policy to be amended and re submitted in January 2015. • Equality, Diversity & Human Rights Policy. The Committee approved this policy. <p>Communications Update AM updated the meeting on both communications and engagement activities for the last 2</p>

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

months, highlighting:

- Healthier Together Consultation ended on 30 September.
- QIPP/Primary Care Development event was held on the 21 October 2014 with over 170 attendees. The event was well received.
- Quality Education event with WWL is scheduled to take place in February 2015.
- Choose well campaign now completed and insight research being undertaken.
- 19 November is European Antibiotic Awareness Day. Medicines Management Patient Group requested that this year an antibiotic prescribing campaign been started on that date.
- Medicines Management Patient Group has also expressed a desire to run a campaign around medicines waste.
- The Health and Wellbeing Group continue to meet regularly and the minutes are circulated to the Corporate Governance Committee for information.
- WBCCG was entered for 6 HSJ Awards and shortlisted for the Enhancing Care by Sharing Data Information Award.
- Mike Tate has also been shortlisted for the HFMA Finance Director of the Year.
- WBCCG has also been shortlisted for 2 ACHM Awards for Best Freelance Practitioner and Communicator of the Year.
- Work is continuing in the Borough with young people to get their views of how they would like to receive health services.

The Committee received this report.

Media Relations Summary circulated for information.

Information Management and Technology (IM&T) Update

JK briefed the meeting highlighting:

- Video conferencing progressing
- Mobile review completed.
- 'Wigan Live' continuing at pace.
- Progression with integrated digital care records.
- 45 practices now signed up to Data Sharing Agreement.

JK further briefed the meeting on Information Governance, Primary Care IT and Project Delivery.

The Committee received this report

Information Governance Review Phase 1.

The following policies were circulated for approval:

- Information Governance Policy
- Confidentiality and Data Protection Policy
- Corporate Information Security Policy
- Encryption Policy
- IT Acceptable Use Policy
- IG Management Framework.

The Committee approved these policies.

Governance Team Activity Report

TC briefed the meeting on the governance activity to-date highlighting:

- Risk Management Strategy and Policy has been reviewed and revised.
- A total of 36 incidents have been submitted on Ulysses system during Quarter 2. Refresher training is currently being arranged for staff.
- A recent incident, where confidential data was forwarded on by e mail was reported to the ICO. However, no further action is being taken as no clinical information was included.
- Health and safety face to face mandatory training has taken place.
- Equality and Diversity inclusion session was delivered to the Governing Body at their October meeting.

TC further briefed the meeting on Emergency Preparedness, Resilience and Response and Patient Response.

The Committee received this report.

Interim Sustainable Development Report

TC briefed the meeting.

One of the ways in which we measure our impact as an organisation on corporate social responsibility is through the use of the Good Corporate Citizenship (GCC) tool. Our self-assessment at the end of 2013/14 was rated at 0.34. There are three ratings for sustainability which are 'Getting Started', 'Getting There' and 'Excellent' Our score places us in the Getting There category which means we understand the potential of sustainable development to drive improvement, and are making good progress.

For 2014/15 the CCG is ensuring that further staff education is delivered on sustainability and the importance of reducing energy consumption.

The CCG Sustainable Development Action Plan will be regularly reviewed and evaluated to ensure we are delivering in line with CCG objectives.

The Committee received this report.

Half-Year Statutory Duties Review

TC briefed the meeting.

The CCG is required, in its annual report, to detail progress and compliance against its statutory duties, as included in the NHS Act 2006 (as amended, including as amended by Health and Social Care Act 2012). The Director of Quality and Safety requested that an interim update on this year's progress as at 30/9/14 be provided.

The Committee received this report.

Governing Body Assurance Framework (GBAF)

The Quarter 2 GBAF was circulated for information and comment.

TC highlighted that the overall risks were reducing through movement in performance and management of these risks.

The Committee received this report.

Governance Policies

The undermentioned policies were circulated for approval:

- Freedom of Information Policy
- Complaints Policy
- Risk Management Strategy and Policy

The Committee approved these policies.

Minutes circulated for information:

- Information Governance Forum minutes.
- Information Governance Review minutes.
- Equality and Diversity Group minutes.

Next meeting will take place on Tuesday 13 January 2015.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
GP Communications to be placed on the Masterclass Agenda	AM
Agile Worker Policy to be amended and re-submitted to the January meeting.	KB
Diary access issues to be looked at further.	JK
Appendix C actions plan was thought to be repetitive. Narrative to be checked.	KB
HR Report on comparison headcounts across GM to be provided, if data is available, for the January meeting.	KB
Video Booth video to be presented to Governing Body, when available.	AM
Primary IT clarification and responsibilities outline report to be submitted to the January meeting.	JK
Cancer data for GBAF to be checked and updated for the Audit Committee meeting in December.	TC
Complaints Policy narrative to be amended to include "where appropriate".	TC

Chairperson's Additional Comments
N/A

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MEETING: Governing Body – Open Meeting

Item Number:

DATE:

REPORT TITLE:	Service Design and Implementation Committee
CORPORATE OBJECTIVE ADDRESSED:	<ol style="list-style-type: none"> 1. Supporting our population to stay healthy and live longer in all areas of the Borough. 2. Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available. 3. Function as an effective commissioning organisation that puts patients first. 4. Function as an organisation that consistently delivers its statutory duties
REPORT AUTHOR:	Dr Pete Marwick
PRESENTED BY:	Dr Pete Marwick
RECOMMENDATIONS/DECISION REQUIRED:	Nil
EXECUTIVE SUMMARY	
Chairperson's report of the Service Design and Implementation Committee held on 18 November 2014 for information.	
FURTHER ACTION REQUIRED:	Nil
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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CHAIRPERSON'S REPORT

Chairperson's Name	Dr Pete Marwick
Committee Name	Service Design & Implementation Committee
Date of Meeting	Tue 18 November 2014
Name of Receiving Committee	
Date of Receiving Committee Meeting	
Officer Lead	

The top 3 risks identified during the meeting & initials of lead with designated responsibility

1.	Not applied during this meeting
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Attendance at the meeting[#]:	Acceptable
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes.
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Narrative report outlining the key issues of the meeting

1. The monthly CCG Corporate Report for Programmes has made a milestone transition from 'Amber', reflecting the risk and uncertainty throughout 2014, to 'Green'. This performance code reflects the fact that the CCG is at the next stage of a change process which will benefit from the experience, process development and intelligent planning learned throughout 2013/14. It will be a challenge for the teams to maintain this 'Green' rating against the scale of ambition within the plan.
2. It was very useful to conduct an overview of all of the programmes of change activity currently active in Wigan Borough. It is helpful to see all of the different projects united under the banner of the Wigan Integrated Care Strategy and to know that this actively taking place through a very developed system of joint governance. The CCG 5yr Strategy is a completely coherent piece of this long term change process.
3. Discussions around Estates Strategy highlighted the large system wide risks to the early implementations within the Strategic Plan. Although staff work and discussions are taking place at considerable scale, there is still concern that the estate requirements are not being addressed at adequate pace. This is a difficult and contentious area that is correctly receiving considerable attention.
4. The MIAA audit of the CCG Business Case Process provided assurance and helpful direction to support the work planned for 2015.

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

	Name of lead with designated responsibility for the action/s
Drugs and Alcohol to be included on the plan and be an agenda item at Wigan Leaders Executive Board via Tactical Programme Board.	IK
KG to ask Jennie Collins, Assistant Director Commissioning to contact	KG

Chairperson's Additional Comments
Congratulations and well done to the Finance and PMO teams for a successful audit of their shared Business Case responsibilities.