

CHAIRPERSON'S REPORT

Chairperson's Name	Dr D T Valentine
Committee Name	Clinical Governance
Date of Meeting	21 st October 2011
Name of Receiving Committee	WBCCG Board
Date of Receiving Committee Meeting	February 2012

<i>Details of the top three risks identified during the course of the meeting and initials of lead with designated responsibility</i>		
1.	Maintaining assurance during transition and authorisation of Clinical Commissioning Groups.	DV/AA
2.	Lack of formal assurance process and reporting from 5BP	UP
3.	Reporting mechanism for CQR generally require review	DV/UP

Attendance at the meeting: (X)	Excellent <i>(well attended)</i> ()	Acceptable <i>(some apologies)</i> (X)	Unacceptable <i>(not quorate)</i> ()
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Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes
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Narrative report outlining the key issues of the meeting	
<ul style="list-style-type: none"> ▪ During this period of transition it is essential that the quality and safety of clinical care continues to be monitored and reported within NHS ALW (the PCT). To support the transition process, Dr Ashok Atrey will become the Chair of the Clinical Governance Committee in January 2012. ▪ As a result of changes within the PCT, the Terms of Reference of the group will need to be reviewed as will the current reporting mechanisms. It was agreed that the TOR and also the membership would be taken forward as agenda items for the next meeting. ▪ The process of monitoring the main provider contracts through clinical quality review meetings is in place, but the reporting mechanism requires strengthening. ▪ Reporting of incidents continues and trends are monitored accordingly. ▪ Assurances of the management of the Acute and Community provider SUI's was provided, and a position update regards the outstanding reports open to StEIS was also discussed. ▪ GP Appraisals quarter 2 monitoring figures presented, no issues pertaining. Dental Appraisals have only just been launched, quarter 2 figures presented; again no issues were raised pertaining to the figures provided. The Dental Appraisals Policy was also presented and approved. ▪ Safeguarding of children and adults is reported via this committee. Work continues by Organisational Development Services supporting the leaders within children's safeguarding. The adult safeguarding board is currently reviewing its membership and purpose as it is likely to become a statutory body in 2012. ▪ Screening services and infection prevention and control agendas were discussed and there were no evident outstanding concerns noted by the leads. ▪ CAS continues to be well managed, a small number of outstanding CAS alerts were ready to be closed within the required time scales. ▪ CRB checks, the group agreed a recommendation that CRB checks on those adults providing care in people's own homes must undergo an enhanced CRB check. Current guidance suggests this is a recommendation. 	
Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
8.2.2 Bridgewater Community Healthcare Trust Provider – Report: LM asked that UP to feedback to the chair regarding the narrative in the report. It was noted that the attendance was good. Action – UP to feedback to JH.	UP
8.2.3 Mental Health Services Provider: LM informed the group that she had been unable to obtain an update from 5 Boroughs Partnership. Action – UP to feedback to the chair of the committee that a chairperson's report is required by this committee	UP
Chairperson's Additional Comments	
None noted	