

CHAIRPERSON'S REPORT

Chairperson's Name	Frank Costello
Committee Name	Corporate Governance Committee
Date of Meeting	13 th December 2011
Name of Receiving Committee	Locality Audit Committee
Date of Receiving Committee Meeting	17 th April 2012
Officer Lead	Julie Southworth

The top 3 risks identified during the meeting & initials of lead with designated responsibility		
1.	Rag Rated Red/Red-Amber Corporate Objectives Q2	
2.	Equality and Diversity Board and Director lead	
3.	Retaining assurance during transition	

Attendance at the meeting#:	Excellent
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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

Terms of Reference: Draft Terms of Reference, along with Transitional Governance Structure were submitted for consideration and discussion. The Committee agreed that the Transitional Governance Structure needed a link to the CCG, so it would also be submitted to this Committee as well as the Locality Audit Group. Terms of Reference amended to remove the term "Non-Executive Director" and replace with "Lay Member". All agreed to this change. Tim Collins from Merseyside Internal Audit Agency to be invited to attend these meetings. Agreed

Corporate Objective Quarter 2: JS presented the Q2 Corporate Objectives document and assured the Committee that all objectives RAG rated red or red-amber require mitigation plans which are submitted through the Executive Group and monitored at the Locality and CCG Boards. The Q3 update is currently being collated and will be available at the next meeting. JS highlighted the objectives which were marked as red or red-amber at Q2:

1. Service Redesign Programmes – This is currently RAG rated red-amber due to the suspension of the diabetes procurement at Part II of the Locality Board in September 2011. However this is being closely managed so should be rated amber at Q3.
2. Prescribing Targets – This is being closely monitored via the Executive Group and WBCCG Finance and Performance Committee.
3. Delegation of Responsibilities from Cluster – Clearer communication on this is being sent down from the Cluster and we now have representatives attending Greater Manchester meetings. This objective will be rated amber at Q3.

Incident Trend Report Q2: Q2 Incident Trend Report circulated to highlight trends in non-clinical incidents; the clinical incidents are reviewed by the WBCCG Clinical Governance Committee. There has been a decrease in the number of incidents reported since Q1 due to the fact that we are no longer receiving incident reports from the Intermediate Care Centres. Attention brought to highlighted section regarding incidents at GP Medical Practices which includes six cold chain breaches. Chair queried whether the six incidents were all linked to the same Practice. Confirmation that they were not from the same Practice and that any recurrent trends would have been highlighted in the report and a separate, more detailed report would be produced including action plans.

Finance Directorate Risk Register: Finance Directorate Risk Register presented, which was produced following a recommendation from MIAA and highlights 9 main risks to the Directorate. Chair queried where GPs can get information on the Fraud Service. It was confirmed that the Local Counter Fraud Specialist (LCFS), Kerry Ann Wheat, carried out visits to local Independent Contractors on request and information is available via the NHS ALW website. It was agreed that a presentation on this would be useful for the Clinical Leads. BCM Directorate Leads to make arrangements to produce their Directorate Risk Registers.

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

Internal Audit Plans: Internal Audit Plan presented. Progress on the three outstanding recommendations is ongoing.

Business Continuity Management Action Plan: Circulated and confirmation that good progress was being made regarding this agenda. Business Continuity Management Plan received and noted for information.

Emergency Planning Policy: Received and noticed for information.

Information Governance/Freedom of Information: Paper presented to the Committee which outlines recommendations to appoint a Senior Information Responsible Officer, Caldicott Guardian and Information Governance Lead within the CCG. This decision will have to go to the CCG Board. Decision to be presented at the next meeting of the CCG Corporate Governance Committee. Interim Governance Strategy presented and approved.

Health and Safety: Health and Safety and Wellbeing Group had been set up and was now meeting monthly. Further update at next meeting.

Fire Safety: New Fire Safety SLA being discussed this week. There has been a substantial reduction in costs for this. The SLA is still with WWL, but it will also cover the community clinics for 12 months after the handover of the properties to Bridgewater next year. The fire alarm system issued has now been resolved, but more tests are to be carried out shortly for assurance. The Fire Safety Advisers have also done a full assessment of all the areas in the Life Centre occupied by the PCT and recommendations have been forwarded to the Local Authority.

Security: Draft Security SLA is now being finalised and there has been a substantial reduction in costs for this. Local Security Management Services Work Plan for 2011/12 circulated for information.

Litigation: Most of the cases are now being dealt with on our behalf by the NHS Litigation Authority. One case still remains with us where arrangements are being finalized to obtain copies of the medical records.

Equality and Diversity: Appointment of Executive Lead and Lead linked to CCG needed. Decision to CCG Board.

Policy Register: This is an ongoing document and forms part of a larger piece of work relating to the management of the intranet site in preparation for the emerging CCGs. Agreement that some of the policies could be merged together to form one single policy document, work on this will be done in the near future.

Any Other Business: Governance Transition paper has been received from the Cluster. This was submitted to the Executive Group last week. It was agreed that further information was needed before it was submitted to Board. Paper will be brought back to the next Committee meeting.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
Update Transitional Governance Structure and amend Terms of Reference	Julie Southworth (JS)
Kerry Ann Wheat to deliver Fraud presentation to Clinical Leads	Wayne Sanders (WS)
List of requirements for appointment of Senior Information Responsible Officer, Caldicott Guardian and Information Governance Lead to be sent to Deputy Managing Director.	Pauline Brown (PB)

Chairperson's Additional Comments