



Purpose: For Decision

Committee report

Committee	AUDIT COMMITTEE
Date	THURSDAY, 11 DECEMBER 2014
Title	PROGRESS WITH ISSUES RAISED IN THE ANNUAL GOVERNANCE STATEMENT 2013-14
Report of	BUSINESS IMPROVEMENT MANAGER

EXECUTIVE SUMMARY

1. This report is concerned with the issues raised in the Annual Governance Statement (AGS) for 2013-14 and is intended to give the committee an update of actions taken to address them.

BACKGROUND

2. The council's Annual Governance Statement for 2013-14 identified three specific issues, as follows:
 - (a) **Project governance** – One of the contributory factors to the failure to successfully deliver the Cowes Enterprise College project on time will inevitably be related to poor project governance. The council has been successful in delivering other projects, such as the refurbishment of County Hall, so it is fair to say that there is an inconsistent approach to project governance.

Latest update: Project and programme management was one of the issues raised by the Local Government Association corporate peer challenge. The action plan from the peer review set out the following actions:

- Project management expertise has been co-located with the organisational change team to ensure that there is consistency in approach to project management and a central register of projects established with identified lead officers. Project activity and progress against agreed delivery timescales are provided by way of regular updates to the budget and service review steering group.
- Project/programme management principles and practice will be established for all key personnel engaged in project activity together with a clear identification as to when they are required to be applied.

- (b) **Conducting council business** - The recent corporate peer review carried out by the Local Government Association states the peer team considers that, from its experience, the council has a high number of meetings that take up a great deal of senior officer time. This has a productivity cost to the council and it is recommended that a review of meetings is undertaken to release capacity for other priorities. The peer review also recommends that the Council 'prepare for the new operating model by reviewing priorities in light of diminishing resources and determining what will be the future core services delivered by the council. It will be essential for the Executive and Corporate Management Team to create strategic space, time and capacity to focus on developing this model.

Latest update: Discussions have taken place with the group leaders with a view to reaching agreement on having fewer formal meetings. It has been agreed in principle that Executive meetings and Scrutiny be held six-weekly rather than monthly, and a draft Council diary for 2015 is being consulted on to reflect this, which will need to be formally agreed in due course. In addition it is proposed there will be slightly fewer Planning Committee meetings.

- (c) **Clinical governance** -Clinical governance has been defined, as a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

With the local public health team moving to the council, over 400 health- related contracts and service level agreements were transferred from the responsibility of the local NHS to the Council on 1st April 2013 under the transition powers as set out in the Health and Social Care Act 2012. While the public health team were within the NHS, clinical governance arrangements could be accessed through the local Primary Care Trust. Since public health teams have moved to local authority's concerns have been expressed regionally about the lack of clinical governance infrastructure within local authorities. While minimum clinical standards should be included within all health related contracts with service providers, there is a concern that should there be serious clinical incident, how will this be investigated by the council and how it can demonstrate that clinical standards were regularly reviewed. Actions to remedy this may include:

- (i) Establishing structures for clinical governance either by joining existing local NHS arrangements or by developing new internal ones.
- (ii) Developing systems for monitoring information submitted by providers on quality, developing audit and inspection timetables and formal systems for reporting serious incidents.'

Latest update: The Public Health team have begun to develop a formal system for monitoring information submitted by providers on quality, developing audit and inspection timetables and formal systems for reporting serious incidents. The reporting of serious incidents will require the Director of Public Health to take areas of concern to the IOW Clinical Effectiveness Group. Once these systems have been finalised and signed off by the Director of Public Health these systems will be included within the overall Public Health Business Plan

With the possibility of joint commissioning with other agencies such as the IOW Clinical Commissioning Group in the medium to long term we may investigate the possibility of joint clinical governance arrangements.

STRATEGIC CONTEXT

3. The council is required to undertake a review of its governance arrangements at least once a year and to report on the outcomes of that review. The review identifies weaknesses in the council's governance arrangements and it is important to both acknowledge them and to address them.

CONSULTATION

4. The Council's Corporate Management Team has been consulted on this report discussion held with officers responsible for addressing the issues identified in the annual governance review for 2013-14.

FINANCIAL / BUDGET IMPLICATIONS

5. There are no direct financial implications arising from this report. However, there are financial and resource implications involved in addressing the issues raised in the AGS.

LEGAL IMPLICATIONS

6. The council is required by the Accounts & Audit (England) Regulations 2011 to conduct a review of its governance arrangements each year and to report the results of the review. This report is intended to update the committee on issues raised during last year's review.

EQUALITY AND DIVERSITY

7. The council has a legal duty under the Equality Act 2010 to seek to eliminate discrimination, victimisation and harassment in relation to age, disability, gender re-assignment, pregnancy and maternity, race, religion, sex, sexual orientation and marriage and civil partnership. There are no direct equality and diversity implications of this report for any of the protected groups.

RISK MANAGEMENT

8. The issues raised by the review of governance for 2013-14 are referenced in the council's risk register and feature as part of the strategic risks which are also covered on the committee's agenda for this meeting.

RECOMMENDATIONS

9. The committee is asked to consider the update and to note and endorse the actions included within the Corporate Review Action Plan which are designed to address some of the issues.

BACKGROUND PAPERS

10. Annual Governance Statement 2013-14

<http://www.iwight.com/documentlibrary/view/annual-governance-statement-2013-14>

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