

**MEETING:** Governing Body

**Item Number:** 10.1

**DATE:** 26 May 2015

<b>REPORT TITLE:</b>	Shared Minutes of the Healthier Together Committees in Common (HT CiC) meeting held on the 20 May 2015
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	Supporting our population to stay healthy and live longer in all areas of the Borough.
<b>REPORT AUTHOR:</b>	Phil Watson CBE, Chair HT CiC
<b>PRESENTED BY:</b>	Dr Tim Dalton
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	To receive for information
<b>EXECUTIVE SUMMARY</b>	
<p>The Governing Body is asked to receive the shared minutes of the Healthier Together Committees in Common meeting held on the 18 March 2015 for information.</p>	
<b>FURTHER ACTION REQUIRED:</b>	None
<b>EQUALITY AND DIVERSITY:</b> 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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**Shared Minutes of the Healthier Together Committees in Common  
Meeting held in Public**

**Agenda Item Number 1.4**

**Date of meeting: 20<sup>th</sup> May 2015**

<b>Date of paper:</b>	<b>27.04.2015</b>
<b>Subject:</b>	<b>Healthier Together Committees in Common</b>
<b>Decision / Opinion Required:</b>	<b>For approval</b>
<b>Author of paper and contact details:</b>	Lisa Murch <a href="mailto:lisa.murch@nhs.net">lisa.murch@nhs.net</a>
<b>Purpose of paper:</b>	For record of the Shared Minutes of the Healthier Together Committees in Common meeting held in public on 15 <sup>th</sup> April 2015.
<b>The item has been discussed previously at these meetings:</b>	n/a

<b>Title</b>	<b>Minutes taken at the meeting of the Greater Manchester CCG Healthier Together Committees in Committee</b>		
<b>Author</b>	Lisa Murch		
<b>Version</b>	0.2		
<b>Target Audience</b>	<b>Healthier Together Committees in Common</b>		
<b>Date Created</b>	27.04.2015		
<b>Date of Issue</b>	13.05.2015		
<b>To be Agreed</b>	20.05.2015		
<b>Document Status</b> (Draft/Final)	Draft		
<b>Description</b>	Greater Manchester CCG Healthier Together Committees in Common minutes of meeting 18/03/2015		
<b>Document History:</b>			
<b>Date</b>	<b>Version</b>	<b>Author</b>	<b>Notes</b>
27.04.2015	0.1	L Murch	Draft minutes created
13.05.2015	0.2	L Murch	With amendments from Alex Heritage
<b>Approved:</b>			
<b>Signature:</b>			<p>.....</p> <p><b>Phil Watson CBE, Chairman</b></p>

# Greater Manchester CCG Healthier Together Committees in Common (HTCiC)

## SHARED MINUTES OF MEETING

Wednesday 15<sup>th</sup> April 2015  
Seminar Room 1, Kings Church Conference Centre, Sidney Street,  
Manchester, M1 3BN  
**Chair – Phil Watson CBE**

### ATTENDANCE

#### Confirm meeting of the 12 Committees of :

Bolton CCG  
Bury CCG  
Central Manchester CCG  
Heywood, Middleton & Rochdale CCG  
North Manchester CCG  
Oldham CCG  
Salford CCG  
South Manchester CCG  
Stockport CCG  
Tameside and Glossop CCG  
Trafford CCG  
Wigan Borough CCG

#### Other organisations in Attendance:

GM Service Transformation  
Hempsons

#### Members in Attendance:

Phil Watson CBE	Independent Chair
Dr Wirin Bhatiani	Bolton CCG
Dr Kiran Patel	Bury CCG
Dr Michael Eeckelaers	Central Manchester CCG
Dr Chris Duffy	Heywood, Middleton & Rochdale CCG
Dr Martin Whiting	North Manchester CCG
Dr Ian Wilkinson	Oldham CCG
Dr Paul Bishop	Salford CCG
Dr Ranjit Gill	Stockport CCG
Dr Alan Dow	Tameside and Glossop CCG
Dr Nigel Guest	Trafford CCG
Dr Tim Dalton	Wigan Borough CCG
Alex Heritage	Programme Director Healthier Together
Ian Williamson	HT Lead CCG and SRO
Joanne Newton	Chair Healthier Together Finance & Investment Group
Jane Miller	East Cheshire CCG

#### Other Attendees:

Sophie Hargreaves	Associate Director Transformation, Service Transformation
Christian Dingwall	Hempsons Solicitors
Andrea Dayson	Associate Director, Association of CCG's

Rob Bellingham	Director of Commissioning NHS England
Lisa Murch	Board Secretary / Portfolio Support Manager Service Transformation
Mandy Noble	Assistant Director Service Transformation
Clare Postlethwaite	Deputy Director of Finance Service Transformation
Tom Henderson	Senior Project Manager Service Transformation

#### Apologies:

Fleur Blakeman	East Cheshire CCG
Sharon Martin	East Lancashire CCG
Steven Pleasant	Lead Local Authority Chief Executive for Health – AGMA Rep
Bill Tamkin	South Manchester CCG
Leila Williams	Director Service Transformation
Hamish Steadman	Chair of the AGG

#### Members of the Public attendance

Jack Firth	Chair, Healthwatch Bolton
Carol Mosedale	Hempsons Solicitors
Paul Horrocks	Essential Communications

#### Quorate Requirements:

Achieved

For a meeting at which no Category 1 decisions will be made, as close to 75% (in terms of whole numbers) of the voting members of the HTCiC are required to be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities (9 out of the 12 voting members).

## AGENDA

Item	Paper/ Verbal	Presenter
1. Welcome and Introductions	Verbal	Chair
1.1 Apologies for Absence	Verbal	Chair
1.2 Quorum Confirmation	Verbal	Chair
1.3 Declarations of Interests	Verbal	Chair
1.4 Confirmation of Minutes	Paper	Chair
2. Programme Updates - Programme Board - Equalities Group	Verbal	Sophie Hargreaves Wirin Bhatiani
3. Approach to CCG Data Familiarisation Workshop	Presentation	Alex Heritage
4. Preparation for CCG Workshops – Data Validation	Paper	Various
5. HT Joint Committee Terms of Reference - Update from each CCG re governing body meetings -	Verbal	Chair
6. Proposed Agenda for May meeting	Verbal	Chair
7. Any Other Business	Verbal	Chair
8. Public Questions	Verbal	Chair

Item	Paper/ Verbal	Presenter
<b>Date, Time &amp; Venue of Next Meeting</b>		
Wednesday 20 <sup>th</sup> May 2015, Mersey Suite, 3 Piccadilly Place, Manchester, M1 3BN		

## **MEETING NARRATIVE & OUTCOMES**

<b>1</b>	<b>Welcome and Introductions</b>
	The Chair welcomed all to the meeting and introductions were made.

<b>1.1</b>	<b>Apologies for Absence</b>
	Apologies were received from Fleur Blakeman, Sharon Martin, Steven Pleasant, Bill Tamkin, Leila Williams and Hamish Steadman.

<b>1.2</b>	<b>Quorum Confirmation</b>
	It was noted the meeting was quorate.

<b>1.3</b>	<b>Declaration of Interests</b>
	It was established there were no declarations of interest to be recorded for this meeting but members were advised to indicate any interests arising during the course of the meeting immediately.

<b>1.4</b>	<b>Minutes of the previous meeting held on 15<sup>th</sup> April 2015</b>
	<p>The minutes were agreed as a true record.</p> <p>The Chair allowed a matters arising from the last meeting and Rob Bellingham updated the CiC on Primary Care. Rob Bellingham advised CiC that the Prime Ministers Challenge Fund had awarded £5.5M to the City of Manchester for 7 day access to Primary Care as well as £2.5M to Wigan Borough. A total of £8M to GM in this financial year with the business case due to be completed in May.</p>

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

<b>2.</b>	<b>Programme Updates</b>
	<p>2.1 <u>Programme Board</u></p> <p>Sophie Hargreaves gave the update to CiC from the meeting held on 1<sup>st</sup> April. The topics discussed included CiC update from March, highlight report and strategic risks, Implementation planning and approach to CiC Decision Making Workshops. Written updates were also received from the sectors as well as one from Central Manchester NHS Foundation Trust. The next meeting would be held on 13<sup>th</sup> May 2015 to include an update on Primary and Joined Up Care.</p> <p>2.2 <u>Equalities Advisory Group</u></p> <p>Wirin Bhatiani gave the update to CiC from the first meeting held on 24<sup>th</sup> March which included E&amp;D leads from local authorities, CCGs, Provider Trusts, LGBT Foundation, BME Network, Public</p>

Health England, Stroke Association and Breakthrough UK. The topics discussed included the role of the group, an overview of the Patient, Carer and Community Advisory Groups, an overview of the Integrated Impact Assessment and risks and issues. There was no representative from Healthwatch on the group and this would now be followed up by Jack Firth. Included within the written up date were a questions that the group would consider and Wirin Bhatiani sought input / agreement from CiC members that the questions were appropriate and was anything missing.

Tim Dalton said it would be useful for the group to consider what else they should be asking.

It was agreed that any further additions should be sent by email directly to Wirin Bhatiani.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

**3. Approach to CCG Data Familiarisation Workshops**

Alex Heritage delivered the presentation and advised the workshops were to be designed as the CiC wanted them and there was opportunity to change if necessary. They are not part of the decision making process. 4 of 6 decisions were made and now focusing on the final 2 with a destination of June / July CiC for the decision.

Alex Heritage pointed out that the size and volume of the information was vast for the Workshops in May 2015 and advised that 3 workshops were due to take place on 13<sup>th</sup> May, 20<sup>th</sup> May and 3<sup>rd</sup> June with a further provisional workshop on 10<sup>th</sup> June, deputies could be sent or the central team could support if no deputy was available to attend. An independent facilitator (Hannah Farrar) was suggested with content for the first workshop being activity, workforce and quality and safety. Workshop two would be travel & access, estates, capital and finance transition. Workshop three would be public / stakeholder feedback from ORS, Provider / sector plans, GM Coherence and transition (i.e. how long will it take).

Ranjit Gill welcomed the format and thought it helpful and useful and asked if the GM Coherence would include specialised commissioning. Alex Heritage explained that it would only include major trauma as following a conversation with Alison Tonge some specialised commissioning work may not be completed with the timescales.

The group discussed attendees and agreed that the 12 voting members and their deputies would be included in the invitations and also discussed the information and that tabling on the day may result in a decision not being reached due to volume.

Discussion continued around the format, attendance, multi-disciplinary approach and having further time to talk through with CCG's before the final decision. Alex Heritage reminded CiC members that the decision would be made by the CiC Members when they were ready and would be July if June felt too early. The workshops are designed to allow CCG's to be familiar with the data and information to inform the decision-making process.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

**4. Preparation for CCG Workshops Data Validation**

Quality & Safety  
Paul Bishop advised that one query was awaiting sign off with full explanation in the paper.

Travel & Access  
Martin Whiting advised that of the 11 queries 9 were closed and 2 were open relating to the origin of the 75 minute standard and if the data should take better account of the airport population.



Transition (workforce)

Sophie Hargreaves advised that one query was awaiting sign off relating to the workforce baseline.

Activity

Joanne Newton advised that 7 queries remained open these related to updating activity data, definition of general surgery being clear, deflections (also discussed at FIG), patient flow particularly in relation to redirection from Tameside, local modelling and capacity planning assumptions.

Activity, Affordability & Value for Money

All queries closed in relation to this data.

In total 9 queries remained open with 2 awaiting sign off. Alex Heritage pointed out that all queries were hoped to be closed by the time the workshops took place.

Discussion around each query took place with all in agreement that the travel and access was a difficult subject.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

**5. HT Joint Committee Terms of Reference**

Christian Dingwall emphasised to CiC members that one area of challenge if it arose would be governance and therefore the transition from a CiC to a Joint Committee would need to be robust and suggested that a proforma be produced with a tick box for CCG's to completed to ensure confidence / compliant with the decision. All 12 would need to be completed signed and returned before the CiC could become a Joint Committee.

There was a discussion about the process and the reasons and Christian Dingwall reminded the CiC members that this was in response to an LRO (Legislative Reform Order) in reponse to a Healthwatch letter from Jeremy Hunt. As a matter of Law CiC does not need to be a Joint Committee before the HT decision is made as it was owned by CCG's if made as a CiC or Joint Committee.

There was also further discussion around Level A&B and Level 1 & 2 and for clarity it was confirmed that Level A & B were AGG establishment agreement and Level 1 & 2 were Healthier Together.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

**6. Proposed Agenda for May Meeting**

For noting.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

<b>7.</b>	<b>Any Other Business</b>
	No further business was raised.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner

<b>8.</b>	<b>Public Questions</b>
	There were no questions raised from members of the public and the Chair thanked everyone for their attendance and closed the meeting.

ID	Type	Risk/Issue/Action/Decision/Outcome Description	Owner
		Nil	

**MEETING:** Governing Body

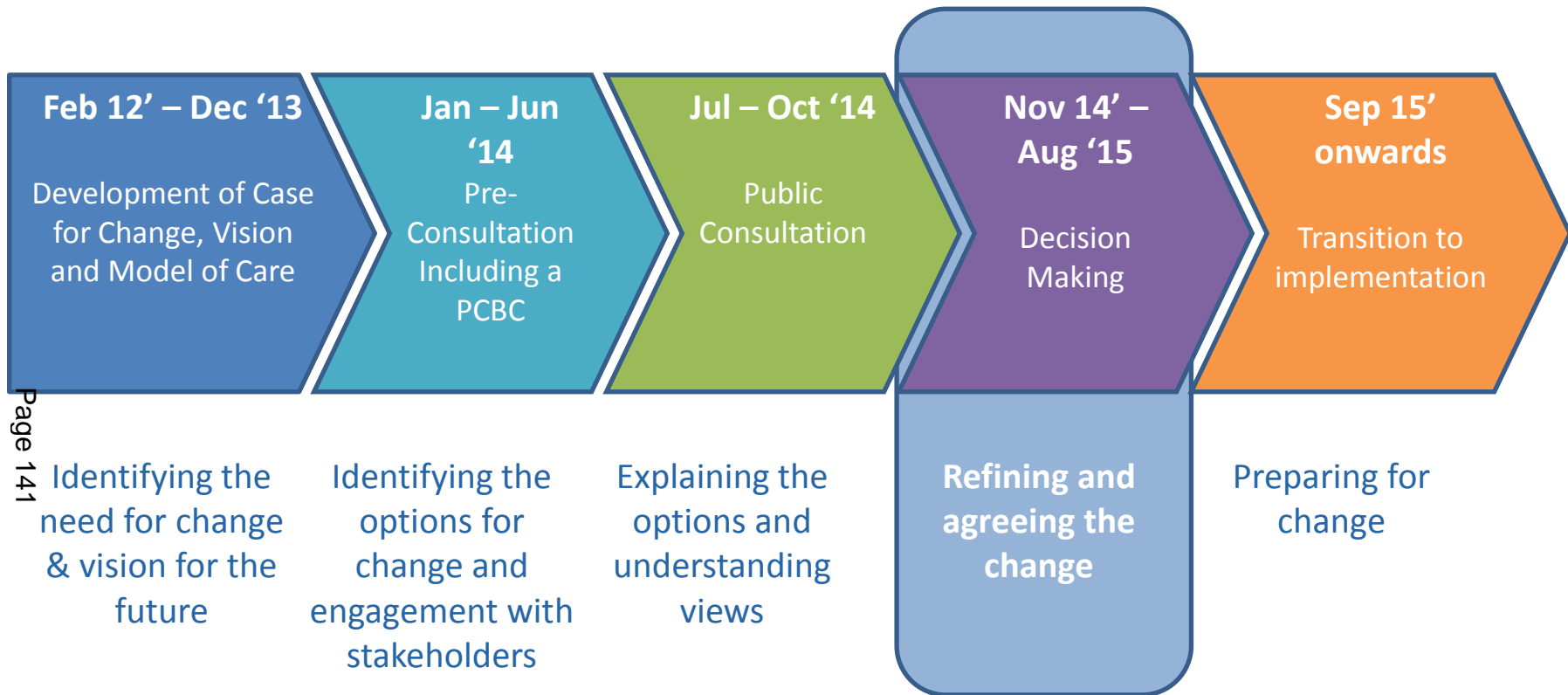
Item Number: 10.1.a

**DATE:** 26 May 2015

<b>REPORT TITLE:</b>	<b>Healthier Together Decision Making and Timeline Update</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>Supporting our population to stay healthy and live longer in all areas of the Borough.</b>
<b>REPORT AUTHOR:</b>	<b>Healthier Together Team</b>
<b>PRESENTED BY:</b>	<b>Dr Tim Dalton</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>To record.</b>
<p><b>EXECUTIVE SUMMARY</b></p> <p>The Governing Body are asked to receive and note the information presented at a Healthier Together Familiarisation Workshop which outlines the up to date position on the decision making process and timelines for future decisions around how many sites there may be and where these would be located.</p> <p>In January 2015 the Healthier Together Committee in Common (HT CiC) made a number of decisions confirming the case for change supporting the Model of Care and that there were no alternative options. In February the HT CiC agreed to use the existing PCBC criteria alongside the relevant inputs.</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>None</b>
<p><b>EQUALITY AND DIVERSITY:</b> 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>	

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# Programme Overview

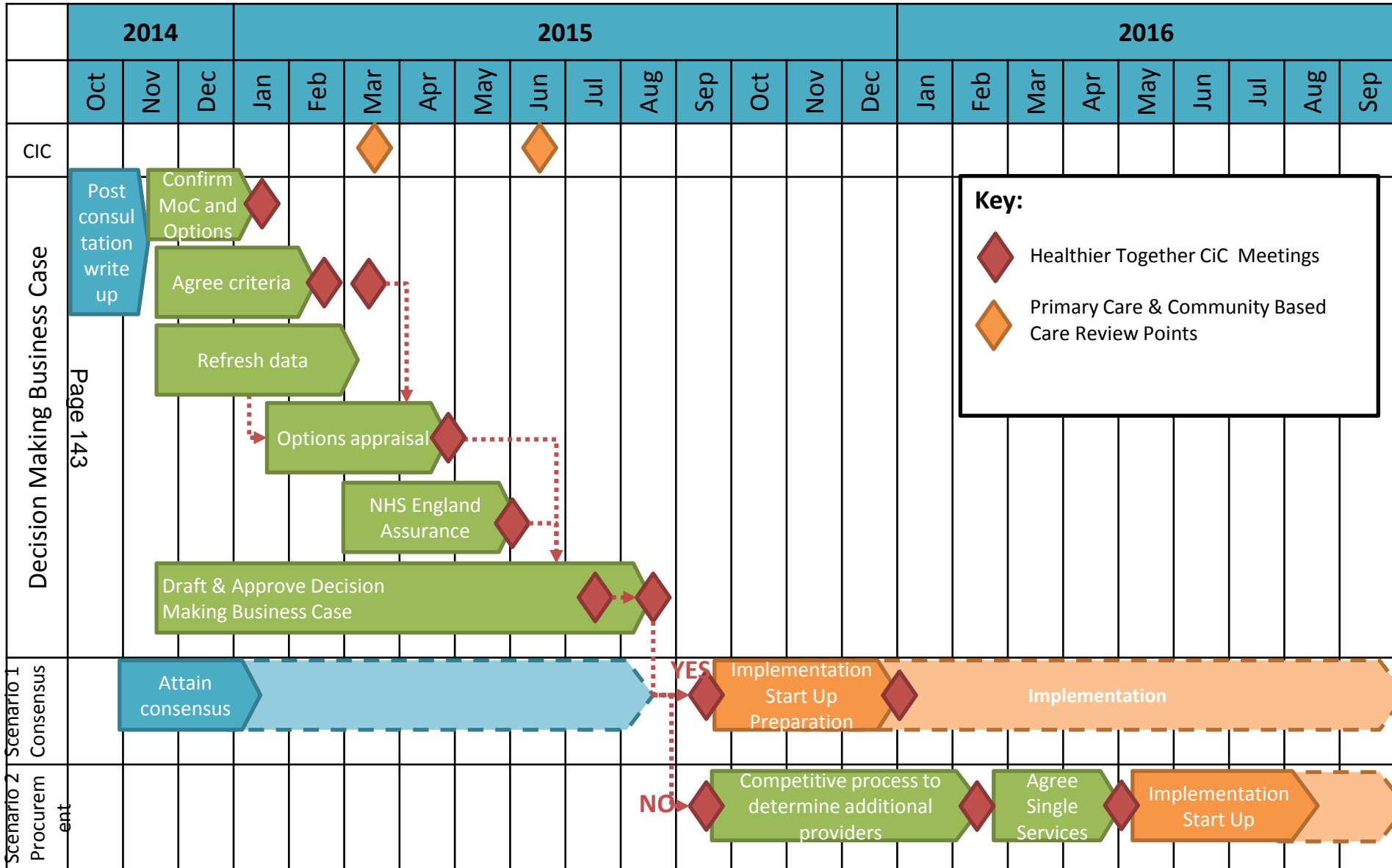


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**High Quality** • **Safe** • **Accessible** • **Sustainable**

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# Decision Making Timescales



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**MEETING: GOVERNING BODY**

**Item Number: 10.3**

**DATE: 26 May 2015**

<b>REPORT TITLE:</b>	Chairperson's Report - Clinical Governance Committee 1 April 2015
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	CO 2: Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available.  CO 3: Function as an effective commissioning organisation that puts patients first.  CO 4: Function as an organisation that consistently delivers its statutory duties.
<b>REPORT AUTHOR:</b>	Dr A Atrey
<b>PRESENTED BY:</b>	Dr A Atrey
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	The Governing Body is asked to receive and note the report
<b>EXECUTIVE SUMMARY</b>	
<p>Clinical Governance reporting is how the organisation will provide assurances on the safety and quality of services commissioned on behalf of the population of the Wigan Borough and in doing so will also seek to drive improvements in quality.</p> <p>The aim of this report is to provide the Wigan Borough Clinical Commissioning Group Governing Body with an overview of progress in the areas of:</p> <ul style="list-style-type: none"> <li>▪ <b>Quality and Safety;</b></li> <li>▪ <b>Clinical Effectiveness; and</b></li> <li>▪ <b>Patient Experience and Public Involvement</b></li> </ul>	
<b>FURTHER ACTION REQUIRED:</b>	Any specific actions are noted within the report
<b>EQUALITY AND DIVERSITY:</b> 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**

<b>Chairperson's Name</b>	Dr A Atrey
<b>Committee Name</b>	Clinical Governance Committee
<b>Date of Meeting</b>	1 April 2015
<b>Name of Receiving Committee</b>	Clinical Governance Committee
<b>Date of Receiving Committee Meeting</b>	6 May 2015 (Clinical Governance Committee) 26 May 2015 (Governing Body) 26 May 2015 (Audit Committee)
<b>Officer Lead</b>	J Southworth

<i><b>The top 3 issues identified during the meeting &amp; initials of lead with designated responsibility</b></i>		
1.	<b>Winterbourne View Update Report:</b> The Committee was updated on progress being made against the Winterbourne View programme of action. Reference was made to a particular patient whose care had come under the scrutiny of the Minister of State for Care and Support. Two round table events had been held: December 2014 and March 2015. Capital has been secured and the house purchase is proceeding. Calderstones have agreed to extend the patient's stay until discharge to the local facility in July 2015.	<b>KG</b>
2.	<b>Safeguarding: H M Coroner – Deprivation of Liberty Safeguards:</b> The Committee was informed of a letter that had been sent by the Coroner advising that, where a Deprivation of Liberty Safeguarding Order is in place, when that person dies the death must be reported to the Coroner as an Inquest may be required at Coroner's discretion. It was agreed that this letter should be circulated to all WBCCG General Practices with a covering letter advising that the CCG will be setting up MCA/DOLS training for Primary Care.	<b>SF</b>
3.	<b>BCFT – Serious Incident Process:</b> It was confirmed that a letter had been sent to the BCFT Chief Executive (KF) regarding concerns with assurance measures provided at QSSG meeting including the Serious Incident process. It was also noted that Colin Scales had recently been appointed Chief Executive of BCFT and he is aware of the concerns. It was agreed that these concerns should be escalated and discussed at the Exec to Exec meeting.	<b>TA/JS</b>

<b>Attendance at the meeting:</b>	Acceptable
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes
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## Narrative Report Outlining the Key Issues of the Meeting

**Safeguarding: Terms of Reference Integrated Safeguarding Team:** The Terms of Reference were approved by the Committee.

**Terms of Reference – Clinical Governance Committee:** The Committee approved the revised Terms of Reference, subject to a minor amendment.

### SAFETY

**Paediatric Diabetes Services:** Feedback was provided to the Committee from a meeting held on 31 March 2015 to discuss the outstanding assurances following the Paediatric Diabetes Service Peer Review. Attendees at the meeting were Lynn Mitchell, Andrew Wragg, Michael Chew and Dr Andy Sutton from the CCG and Mark Robinson and Mary Fleming from WWLFT. The key points from the meeting are noted below:

- High HbA1c Policy changed day after visit. Copy of Policy requested. CCG will review Policy to ascertain how compliance with it is audited.
- Current Nurse Specialist (Band 7) is 0.73 WTE and retires in May. Business case was submitted by Trust to increase to 1 WTE and approved. Post has been recruited to. New staff member starts in May and there will be some overlap with retiring staff member.
- Business Case for new post (1 WTE Band 6 Nurse) has been approved. Recruitment completed. Starts in May.
- A Consultant Paediatrician is retiring. Interviews for replacement take place on 1 April 2015. Job description has been amended so that an additional 6 hours will be specifically for the Paediatric Diabetes Service.
- Job descriptions for Band 6 and Band 7 Nurse and Consultant Paediatrician requested.
- Advised most recent National diabetes audit published last week shows patients with higher levels HbA1c at Trust has fallen. Report requested.
- Advised that the Paediatric Diabetes Service action plan is reviewed at Paediatric Clinical Cabinet and Divisional Quality Executive Committee. Agenda and minutes requested.
- Advised that the issue of Bridgewater Dietician attending the MDT meetings has been resolved due to change in rotas. Evidence requested.
- Paediatric Diabetes Team agreed to attend Clinical Governance in October 2015 to provide an update on the service.
- Paediatric Diabetes Team wants to work with Primary Care on Education. Details for Gen Wong and Practice Nurse Champions to be shared with WWLFT Team.
- Requested WWLFT to provide plans on how they can increase the resilience of the service.

**Serious Incidents and Never Events Dashboard (1 March 2015 – 31 March 2015):** The Committee reviewed the SINE Dashboard and the following was noted:

- WWLFT: 2 new reports received, 1 closure
- BCFT: 3 new reports received, 2 closures
- 5BPFT: 0 new reports received, 2 closures
- WBCCG: 0 new reports, 0 closures

A meeting had been held on 10 March 2015 with representatives of NHS Knowsley to progress the close down of legacy Serious Incidents.

New guidance had been received relating to the Serious Incident Framework. This will allow a 60 day timeframe for receipt of RCA reports. The framework will be included on the next Clinical Governance Committee agenda.

## CLINICAL EFFECTIVENESS

**Safeguarding: H M Coroner – Deprivation of Liberty Safeguards:** The Committee was informed of a letter that had been sent by the Coroner advising that, where a Deprivation of Liberty Safeguarding Order is in place, when that person dies the death must be reported to the Coroner as an Inquest may be required at Coroner's discretion. It was agreed that this letter should be circulated to all WBCCG General Practices with a covering letter advising that the CCG will be setting up MCA/DOLS training for Primary Care.

**Winterbourne View Update Report:** The Committee was updated on progress being made against the Winterbourne View programme of action. Reference was made to a particular patient whose care had come under the scrutiny of the Minister of State for Care and Support. Two round table events had been held: December 2014 and March 2015. Capital has been secured and the house purchase is proceeding. Calderstones have agreed to extend the patient's stay until discharge to the local facility in July 2015.

### **Provider Quality, Safety and Safeguarding Group (QSSG):**

**BCFT QSSG Chairperson's Report (15 January 2015):** The top three issues reported at the meeting related to Medicines Management, Safeguarding Training and Serious Incident process. It was agreed that concerns with assurance measures provided at QSSG meeting including Serious Incident process and Medicines Management should be escalated to the Exec to Exec Meeting.

**5BP 2010 Cluster Review Serious Incidents Update:** Significant progress had been made against the KLOE, however, three actions remain open. The Trust will remain on enhanced surveillance and reviewed again at Mersey QSG in 3 months' time.

**Cost Improvement Plans (CIPs):** It was agreed that CIPs would be included on the May 2015 Clinical Governance Committee agenda.

**Commissioner Visit: BCFT District Nursing Service (11 February 2015):** The Committee reviewed the report relating to the announced Commissioner Visit. The overall impression gained by the visiting team was of a professional, dedicated workforce who was striving to deliver good quality safe care to patients/service users.

**Continuing Healthcare Report:** The Committee was updated on progress relating to the Closedown of Previously Unassessed Periods of Care - Retrospective Review Closures, Continuing Healthcare Disputes, Continuing Healthcare/Funded Nursing Care Data, the Continuing Healthcare Assurance Framework and Personal Health Budgets.

**HCAIs Dashboard Report:** The report was received and noted. The CCG is within the objective for C.difficile cases, but MRSA breached earlier in the year. A paper will be submitted to the next Clinical Governance Committee meeting regarding changes to the trajectory.

**Medicines Management Group Chairperson's Report (25 February 2015):** The top 3 issues related to Methotrexate SCA, Oxygen and Pregablin.

## Home Oxygen

- **Home Oxygen Update Report:** The update report was received and noted. The Risk Management protocols developed by the CCG are currently being rolled out across the North West.
- **Policy for the Safe Management of Home Oxygen Therapy:** The Policy was reviewed by the Committee.

## PATIENT/SERVICE USER/CARER/STAFF EXPERIENCE:

**Patient Experience Report:** Committee members were advised of the draft forward plan to identify and capture priority areas for patient, carer and public engagement and were invited to suggest areas for inclusion in the programme for 2015/2016. It was agreed that Commissioner Visits should be included.

### Any Other Business - To Be Accepted at the Chairperson's Discretion:

**Award Applications:** Medicines management have submitted 3 award applications. The NICE submission on medicines management peer review has been put on the NICE website as an example of good clinical practice.

**Maternity Services Provider:** Further referrals had been made to this service by the Acute Trust and GPs. This issue had been followed up with the Acute Trust and a further letter will be sent to GPs indicating that this is not on the CCG framework and funding will not be provided.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
<i>As noted within the DRAFT minutes of the meeting and actions log</i>	<i>As noted within the DRAFT minutes of the meeting and actions log</i>

## Chairperson's Additional Comments

3 Risk areas (Winterbourne review with an update on Calderstone patient, need for reporting deaths of patients on DoLs to the coroner and Bridgewater QSSG issues) as mentioned earlier.

An update on Paediatric service progress and need for further follow up.

**MEETING:** Governing Body

**Item Number:** 10.6

**DATE:** 26 May 2015

<b>REPORT TITLE:</b>	<b>Chairperson's Report from the Service Design and Implementation Committee held on the 21 April 2015.</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<ol style="list-style-type: none"> <li>1. Supporting our population to stay healthy and live longer in all areas of the Borough.</li> <li>2. Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available.</li> <li>3. Function as an effective commissioning organisation that puts patients first.</li> <li>4. Function as an organisation that consistently delivers its statutory duties.</li> </ol>
<b>REPORT AUTHOR:</b>	<b>Dr Pete Marwick</b>
<b>PRESENTED BY:</b>	<b>Dr Pete Marwick</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>Receive for information</b>
<b>EXECUTIVE SUMMARY</b>	
<p>The Governing Body is requested to receive the Chairperson's report of the Service Design and Implementation Committee meeting held on the 21 April 2015 for information.</p>	
<b>FURTHER ACTION REQUIRED:</b>	
<b>EQUALITY AND DIVERSITY:</b> 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

<b>Chairperson's Name</b>	Dr Pete Marwick
<b>Committee Name</b>	Service Design & Implementation Committee
<b>Date of Meeting</b>	Tuesday 21 April 2015
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	Tuesday 26 May 2015
<b>Officer Lead</b>	

<b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b>	
1.	Not applied during this meeting

<b>Attendance at the meeting<sup>#</sup>:</b>	<b>Acceptable</b>
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<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>	Yes.
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<b>Narrative report outlining the key issues of the meeting</b>
<p>1. The CCG is currently running procurement for a community dermatology service and the Service Specification has been subjected to external challenge. Appropriate and constructive challenge to Commissioner intentions is something that this Committee would welcome from any source where it is submitted in the legitimate interest patient quality and safety.</p> <p>2. As a programme board, the SDI Committee encounters project risk and issues (including challenge) regularly. This programme board emphatically encourages Project Managers to address challenge with openness, honesty and integrity and to focus throughout on the outcome for the patient. Project Staff and executives should show resolve to appropriately persevere through challenge and ensure that patients receive project outcomes in a timely manner. Valuable lessons identified should be comprehensively adopted into project processes.</p> <p>3. The initiation of the Prime Ministers Challenge Fund project by the three Borough GP Federations is a hugely exciting opportunity for patient choice and access in Wigan Borough. The project has very demanding timescales with the CCG providing members to an NHS England Contract Monitoring Group.</p> <p>4. The two CCG transformational change projects, Integrated Community Nursing and Therapy Services (ICNTS) and the Outpatient (OP) Programme and now substantially into the project set up phase. The ICNTS project will be project managed by the Provider Partnership with the CCG in an Assurance Group Role (assurance to the relevant CCG Committees of project progress). This Committee will provide Programme Board direction to the ICNTS Assurance Group.</p>

<sup>#</sup> **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

5. The OP Project is intended to be project managed by the CCG (the large scale coordination of redesign involving all partners). This Committee will provide a full Programme Board function to this Programme and its substantial sub-projects and workstreams. Substantial engagement has already taken place with stakeholders to assure them of the collaborative intentions.

Risk	Name of lead with designated responsibility for the action/s
Risk register list to be taken to SLT meeting to ascertain whether it is project related as opposed to organisation related.	IK
Risk register list to be taken to SLT meeting to ascertain whether it is project related as opposed to organisation related.	IK
Outpatients Project up-date to be added to the forward plan for future meetings	IK
Community Nursing & Therapies Services up-date to be added to the forward plan for future meetings.	IK
TOR to be rewritten with agreed amendments, following the standard CCG format	IK
JM to ask a member of the Local Authority Drugs and Alcohol Team to contact SS re benzodiazepine service	JM

**Chairperson's Additional Comments**

N/A