

MEETING: Governing Body

Item Number: 10.6

DATE: 24 May 2016

REPORT TITLE:	Chairperson's Report Service Design and Implementation Committee
CORPORATE OBJECTIVE ADDRESSED:	All four objectives addressed
REPORT AUTHOR:	Dr Pete Marwick
PRESENTED BY:	Dr Pete Marwick
RECOMMENDATIONS/DECISION REQUIRED:	Receive
<p>EXECUTIVE SUMMARY</p> <p>The Governing Body are asked to receive the Chairperson's Report of the Service Design and Implementation Committee held on 19 April 2016.</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>	

This page is intentionally left blank

CHAIRPERSON'S REPORT

Chairperson's Name	Dr Pete Marwick
Committee Name	Service Design & Implementation Committee
Date of Meeting	19 th April 2016
Name of Receiving Committee	Governing Body
Date of Receiving Committee Meeting	24 th May 2016
Officer Lead	Gillian Watson

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

1.	Integrated Community Nursing and Therapies	RW
2.	Outpatient Redesign – Wider GP involvement in pathway development	JG
3.		

Attendance at the meeting#:	Acceptable
Was the agenda fit for purpose and reflective of the committees Terms of Reference?	Yes.

Narrative report outlining the key issues of the meeting

1. The Committee welcomed the update on the progress made by providers towards the implementation of the new Integrated Community Nursing and Therapies Service. It was noted that a prime vendor contract has been agreed, along with a risk share and risk gain process across all parties. A process mapping exercise has been undertaken to map the pathways for 40 active care services for their current “as is” status. There is a plan to co-locate the Single Point of Access team from the beginning of May 2016, the location of this has been identified as Progress House. . Some concerns were raised around workforce assurances, lack of Bridgewater Community Health Trust engagement with patients and the quality of provision. It was agreed that an update on single point of access will be brought to the next month along with a detailed assurance plan from BCHT on workforce.
2. The Committee welcomed the update on the Outpatient Redesign project. The Cardiology and Urology outpatient's projects are due to go live on the 01st May 2016, with assurance from WWL that they will be ready by the 01st May 2016. The Proposed pathway changes were taken to the March 2016 Locality meetings apart from TABA and ULC localities these will be taken to the April meetings. The pathways are being uploaded onto SharePoint and are being sent to the practice in a paper format as well as via email. There is a proposal to implement an IT solution to have all pathways electronic which is currently being discussed through the IM&T leads. HS advised that the new software will mean that the GP will not have to navigate away from their work page to access each outpatient pathway which will mean that the software is user friendly and very practical.

Implementation plans are in place for other specialties and are now planning for Rheumatology and Pain management services to going live.

Mapping exercise to be completed on the Estates requirements. Consideration needs to

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

be given to the next two pathways which will require a change of base for delivery with an update being brought back to the next meeting.

3. An update for the proposed arrangements for the implementation of the Wigan Locality Plan for Greater Manchester Devolution was discussed by the committee; Blueprints for each programme of work has been produced, and these describe the expected outcomes, risks, governance and key challenges. A further update relating to the recent Locality Plan Self-Assessment and the Price Waterhouse Cooper (PWC) was presented. A review of business cases for the GM Transformation Fund is underway to collate the benefits / outcomes. It was agreed that the business case and implementation plan to be brought back to the next meeting.

4. A verbal update was received updating on the two reviews which have been undertaken by Mersey Internal Audit (MIAA). The reports are very positive and demonstrated that we have robust processes in place which provide MIAA with significant assurance. There are a small number of recommendations and a paper is being developed to go to the Senior Leadership Team meeting which sets out the recommendations and proposed actions. The full report to be brought to the next meeting. Concerns were raised whether the report highlighted the support we received from the Shared Business Service as part of the Procurement Process and whether lessons learnt had been undertaken particularly in relation to the inability to ask questions as part of the process and the role of patients and public during procurement. It was confirmed that this was not the purpose of the audit, as it was in relation to whether we had followed the internal processes that are stipulated in our agreed CCG policies. The committee acknowledged that this was an important aspect particularly in planning for future procurements and asked for this to be followed up

Risk	Name of lead with designated responsibility for the action/s

Chairperson's Additional Comments

N/A