

**PENNINE LANCASHIRE CLINICAL TRANSFORMATION BOARD**  
Wednesday 3 September 2014 at Walshaw House, Nelson  
4.30pm – 6.00pm

**MINUTES**  
UNapproved



<b>Members Present:</b>	Dr Chris Clayton Dr John Dean Dr Alan Crowther Dr John Dean Dr Duncan Gavan Jackie Hanson	<b>BWDCCG Chair</b>	Dr Mike Ions Dr Ian Stanley Dr Warren Larkin Dr Max Marshall Miss Maire Morton Steve Tingle	ELCCG ELHT LCFT LCFT ELHT BwD LA
-------------------------	--	---------------------	--	---

± Partial attendance

**In Attendance:**

Sarah Carberry Debbie Nixon (DN) Alex Walker (AW) John Smith Elizabeth Houghton	PL CCGs BWD CCG ELCCG Calderstones FT ELCCG notes of meeting
---	--

Minute reference		Action
14.079	<b>Welcome and Introductions</b>  Dr Chris Clayton welcomed members to the meeting and introductions followed.	
14.080	<b>Apologies were received from:</b> Dr Arokia Antonysamay, Kathy Blacker, Dr Paul Hartley, Dr Dominic Harrison, Simon Hill, Mark Hindle, Bob Palmowski, Christine Pearson, DR Malcolm Ridgway, Dr Amanda Thornton, Steve Tingle, Professor Heather Tierney- Moore, Jonathan Wood, Mark Youlton,	
14.081	<b>Governance</b> <ul style="list-style-type: none"> <li>• <b>Quoracy:</b> The members present did not form a quorum – a decision to proceed was taken and it was noted that any formal decisions would be remitted to then next meeting for ratification</li> <li>• <b>Declaration of Interest:</b> none was declared</li> </ul>	
14.082	<b>Minutes of the previous meeting,</b>  Minutes of the meeting held on 3 July 2014 were reviewed and	

	<p>approved as an accurate record</p> <p>There were no matters arising</p>	
<b>14.083</b>	<p><b>Review of Action Matrix</b></p> <p>Completed actions were noted and the matrix will be refreshed</p>	
<b>14.084</b>	<p><b>CalderstonesFT Inspection ( 7 – 11 July) update</b></p> <p>John Smith Director of Nursing &amp; Quality spoke to a presentation – ‘Reflections and Lessons Learned’ - copy attached</p> <p></p> <p>CTB agenda 4.1 CQC MHA Pilot Inspection</p> <p>Report expected to be received 8 September and Summit on 24<sup>th</sup> September</p> <p>The Chair thanked John Smith for his presentation.</p>	
<b>14.085</b>	<p><b>Pennine Lancs proposals for ‘Early Wins’</b></p> <p>DN reported that the EOG had submitted Proposals to the Pennine Lancs Chief Executives who had now formed a Steering Group. They had agreed to appoint a programme manager and EOG had been given a series of challenges – working organisationally agnostically ( as organisations) they were tasked to look at early wins – big ideas which would achieve necessary system transformation and test it out over the winter period.</p> <p>A paper outlining the EOG response which had been presented earlier in the day to the PL CCGs joint LDG/CDG meeting was tabled for review</p> <p>AW spoke to a presentation which provided an overview of proposals and progress to date (copy attached)</p> <p></p> <p>CTB Agenda 5.1 LDGCBG presentation</p> <ul style="list-style-type: none"> <li>○ The proposals were closely aligned to BCF- designed to take unplanned activity out of the system –</li> <li>○ Focussed on frail elderly to assist in decreasing the number of occupied bed days.</li> <li>○ Trying to simplify systems across the whole area.</li> <li>○ Structured around key principles already identified by the PLCTB eg discharge to assess and integrated discharge</li> <li>○ optimising use of intermediate bed base and development of INTs ( Integrated Neighbourhood Teams)</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Cohort of clinically stable v medically fit patients.</li> <li>○ Large scale challenge but a sense that we are all delivering for our own as well as partner organisations.</li> <li>○ Looking to initiate in October 2014</li> <li>○ An ongoing audit had been agreed to support implementation, review and subsequent implementation across Pennine Lancs</li> </ul> <p>ELHT representatives welcomed pace of change and support the development work which will impact on the hospital model, particularly around a medical (v. surgical) model of care. It was noted that community changes have to be taken in tandem with changes in the hospital and medical support out of hospital to facilitate proposed step up/ step down developments. It was noted that proposals regarding a Frail Elderly 'unit' at ELHT were being considered at an Access and Flow meeting the following day. The inclusion of social services colleagues was critical to the success of any outcome</p> <p>There followed discussion about the proposed audit which had been approved and will be funded by the CEs' Steering Group it had raised issues relating to workload, repetition of work and IG. DN advised that a meeting had been arranged for the following day which would review the matter and take account of all the views raised.</p> <p>In response to a further point that this decision challenged the respective roles of the emerging Pennine Lancs Groups , The Chair responded that he had planned to discuss this matter at the end of the agenda – see minute reference</p> <p>DN advised that the Programme Director post had gone to advertisement, closing date 19 September and that Interviews are scheduled to be held Monday 6 October so an interim EOG mobilisation group would be maintained until the appointee took up the post.</p>	
<p><b>14.086</b></p>	<p><b>System Resilience – Overview</b></p> <p>Sarah Carberry, Head of Unscheduled Care-Pennine &amp; Lancashire CCGs joined the meeting to present an overview of System Resilience in Pennine Lancs and the current version of the planning template submitted to the Area Team.( 30 07 14) It was noted that the Chief Executives' Steering Group was identified in the Governance arrangements as the System Resilience Group ( SRG) and that its role of assurance and oversight was included in the Group's Terms of Reference</p> <p>Feedback from Area Team – particularly relating to escalation plans. The next stage will be to submit evidence through checkpoint meeting so that when it is signed off by CEs £3.6M funding will be released. The System resilience fund will be applied to support the transformation agenda proposed.</p> <p>Expectation that monthly performance reports will be in place across the system</p>	

	<p>The Alcohol Liaison service is now fully funded until the end of March ( confirmation letter is awaited)</p> <p>The CCGs are aware of the issues relating to the apportionment of funding, particularly relating to ELHT. Balance is to be found between surviving and being resilient and developing proposed resilience related initiatives.</p> <p>Final sign off will be 23<sup>rd</sup> September , The CCG Chief Clinical Officers have been nominated to sign the submission on behalf of PL organisations- clinical impact issues will have been debated within each organisation.</p>	
<p><b>14.087</b></p>	<p><b>Pennine Lancs Quality Improvement Programme</b></p> <p>Dr Ian Stanley spoke to the paper and appendix which had been circulated prior to the meeting; This had been discussed previously at the meeting of the PL CEs' Steering Group. A single item Quality Surveillance Group to meet to familiarise with the detail of the plan</p> <p>Needs multi-organisational input – there was a sense that this was to be a Health Economy Improvement Plan, Jackie Hanson indicated that the CCGs would also have other issues to add to the scheme</p> <p>It was agreed that this formed a working document for Pennine Lancs but that also needed to identify outcomes.</p> <p>CC has signed this off in its present format on behalf of BwD CCG as the Hospital's plan</p>	
<p><b>14.088</b></p>	<p><b>Any other business</b></p> <p>Chair – raised the question as to what is now the role of the Clinical Transformation Board- representation of clinicians Discussion followed and points noted included:</p> <ul style="list-style-type: none"> <li>○ ELHT referred to an earlier similar discussion held internally – consider a clinical senate approach – determining the clinical strategy for the PL HE</li> <li>○ Needs <u>transforming</u> role. Consider more challenging clinical issues and ensure that the new groups which have emerged should have robust clinical reference</li> <li>○ Set out priorities for a future where there will be significant funding issues- this could well be done in East Lancashire where the group is tight and clearly defined</li> <li>○ This group has been successful in understanding the issues faced between primary and secondary care, and in</li> <li>○ Clinical leadership – if large may be unsustainable – if it is smaller – may not always have the relevant clinical expertise within it</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Clinical Leaders represent organisation's take holistic view</li> <li>○ Other areas will have similar concerns- suggest take stock</li> <li>○ Merseyside has Communities of Practice ( CoPs)</li> <li>○ Clear scheme of delegation which enables a focus on clinical strategic priorities</li> <li>○ Needs to pre-empt/prevent tension arising between the different groups</li> <li>○ Clear that the CEs group doesn't provide clinical leadership but clinical reference needs to be carefully timed</li> </ul> <p><b>Action: agreed to coordinate a small meeting to review Clinical Representation set up within the next two weeks and report to next meeting</b></p> <p>Dr Ian Stanley advised that NHSE had issued a safety alert around discharges , he was aware that Primary Care were also concerned – it is proposed that Sara should lead a small review group – with CTB sponsorship- ELHT is seeking funding to support developments with EMIS- support was agreed</p>	
14.089	<p><b>Date of next meeting</b></p> <p><b>Agreed and confirmed as 1 October 2014</b></p>	EH
Forthcoming meetings in 2014	<ul style="list-style-type: none"> <li>• 5 November</li> </ul>	<ul style="list-style-type: none"> <li>• 3 December</li> </ul>