

Lanarkshire NHS Board

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Minute of Meeting of the Planning,  
Performance and Resources held on Wednesday  
1<sup>st</sup> March 2017 at 10.15 in the Boardroom,  
NHS Lanarkshire

**CHAIR:** Mrs N Mahal, Non-Executive Director

**PRESENT:** Mrs L Ace, Director of Finance  
Mr C Campbell, Chief Executive  
Mr P Campbell, Non-Executive Director  
Dr A Docherty, Chair, Area Clinical Forum  
Mr M Fuller, Non-Executive Director  
Dr H S Kohli, Director of Public Health and Health Policy  
Mrs L Macer, Employee Director (from item 2017/15)  
Miss M Morris, Non-Executive Director  
Dr A Osborne, Non-Executive Director  
Mr T Steele, Non-Executive Director  
Dr I Wallace, Medical Director

**IN**

**ATTENDANCE:** Mr N J Agnew, Board Secretary  
Mr C Brown, Acting Head of Communications  
Mrs V De Souza, Director, South Lanarkshire Health and Social Care Partnership  
Mrs A Armstrong, Nurse Director, North Lanarkshire Health and Social Care Partnership  
Ms J Hewitt, Chief Accountable Officer, North Lanarkshire Health and Social Care Partnership  
Ms H Knox, Director of Acute Services  
Mr C Lauder, Head of Planning and Development  
Mr C Sloey, Director of Strategic Planning and Performance  
Mr K A Small, Director of Human Resources

**APOLOGIES:** Mrs I Barkby, Director for Nurses, Midwives and Allied Health Professionals  
Councillor P Kelly, Non-Executive Director

2017/01 **WELCOME**

Mrs. Mahal welcomed colleagues to the meeting.

2017/02 **DECLARATIONS OF INTEREST**

2017/03  
There were no declarations.  
**MINUTES**

The minute of the meeting held on 28<sup>th</sup> September 2016 was submitted for approval.

**THE COMMITTEE:**

1. Approved the minute.

2017/04  
**MATTERS ARISING – ACTION LOG**

The Committee considered an updated Action Log.

**Action 1 Risk – Reconfiguration of Older Peoples Beds**

Ms. Hewitt advised that an updated report had recently been considered by the Corporate Management Team. She confirmed that work continued on bed configuration, and advised that a further report would be provided to Members. Mr. (Calum) Campbell advised that a further report would be considered by the Corporate Management Team prior to presentation to the next meeting of the Planning, Performance and Resources Committee.

**Action 3 – Healthcare Worker Public Notification Exercise**

Dr. Kohli reported on feedback from the UK Advisory Panel on the Draft Incident Report, and on a response from Lanarkshire to the issues raised by the Panel. Board Members would be advised when the report was finalised.

**Action 8 – Prescribing Quality Efficiency Programme**

Dr. Wallace emphasised that the aim of the Prescribing Quality Efficiency Programme was to improve the Quality of Care, and through this be more efficient. Whilst some patients may stop medicines as a result of interventions supported by the Programme, the overall aim would be to improve their quality of care in line with the tenets expressed in the Chief Medical Officer's Report 'Realistic Medicine'. Patient outcomes would be monitored to ensure that there was no divergence from the Scottish average in a negative way across a range of diseases. It was, as yet, too early to make an informed assessment of the impact of the Prescribing Quality Efficiency Programme, but this would be undertaken in due course, taking account of the many other factors that could affect patient outcomes.

**Action 12 – e-Health Strategy**

Mrs. Mahal reminded Members of the outstanding proposal to arrange a Seminar for Board Members on the e-Health Strategy, and also a Seminar on the Quality Approach. Further consideration would be given to one or other of these subjects to be addressed in the Board Development Session following the meeting of the Planning, Performance and Resources Committee on 26<sup>th</sup> April 2017.

**THE COMMITTEE:**

1. Noted the updated Action Log, and confirmed satisfaction with the progress of actions reported.

2017/05

### **WAITING TIMES AND DELAYED DISCHARGES**

The Committee considered a Waiting Times and Delayed Discharges Report, which updated Members on performance and the delivery of key Scheduled and Unscheduled Care Waiting Time Targets; highlighted areas of pressure and challenge; and described the actions being taken and planned aimed at delivering sustained improvement.

Ms. Knox reported that the Board continued to perform well in the delivery of diagnostics and also cancer waiting times. However, overall planned care delivery performance was becoming increasingly challenging. She highlighted, in particular, performance against the Treatment Time Guarantee, and reassured Members about the significant additional actions planned over the next six weeks to further reduce breaches. She emphasised the extent to which the Acute Operating Management Committee continued to give detailed consideration to Unscheduled Care Performance, and reassured Members about the continuing endeavour to address 8 and 12 hour waits. She reported on the arrangements for conducting Day of Care Audits, and on the positive contribution to date of the Rapid Assessment and Treatment (RAT) facility at Monklands Hospital.

Ms. Knox noted a question from Dr. Docherty about the involvement of Advanced Clinical Practitioners in Accident and Emergency. She confirmed that they contributed materially to the Middle Grade rota, which enabled the Middle Grades to fulfil more of their competency based training.

Ms. Knox noted an observation from Mr. Steele about the quarter to quarter reduction in waiting times and the impact of additional investment. She confirmed that work was underway to complete a specialty by specialty analysis of activity and capacity, to inform the finalisation of a Capacity Plan for 2017/18. She explained that increased demand coupled with reduced capacity created a particular challenge for the system. Ms. Knox reassured Members that the availability of funding was only an issue in relation to the resourcing of additionality. Mrs. Ace highlighted the increased spend on additionality, which sat at £5m for 2016/17, compared to £2.9m in 2015/16.

Mrs. De Souza highlighted the South Lanarkshire performance for the delivery of the agreed Delayed Discharges trajectory, and explained the key issues which impacted on delivery, including: unanticipated demand for the service; increased admissions; rate of discharges; opening of surge beds; non-availability of senior decision makers; and increased referrals to the Hub. She also reported on the impact of the increased complexity of presentations for assessment, and the limitation on available places as a result of Care Homes with a moratorium in force. She reassured Members about the positive impact to date of the Winter Plan. She also explained the intention that the Unscheduled Care Board would consider analysis of activity and a debriefing for the Winter Plan. She reported a level of confidence about meeting the Delayed Discharges trajectory for February 2017.

Ms. Hewitt highlighted from the report, performance of Community Services

against targets, and the remedial actions to address issues which were off-target. She reported that the position for delayed discharges within North Lanarkshire was similar to that reported for South Lanarkshire. She highlighted an issue in relation to recording for delayed discharges, and advised that this currently was the subject of ongoing dialogue with the Information Statistics Division. She confirmed that North Lanarkshire was reporting against the six specific matrices reflected in the National Health and Social Care Integration Delivery Plan. Ms. Hewitt reported on the budget setting process and outcome for North Lanarkshire Council, which concluded on 23<sup>rd</sup> February 2017, and explained that the key issues and implications for Social Services resourcing and delivery were currently under consideration.

Mr. (Calum) Campbell noted an observation from Mr. (Philip) Campbell about the need to review and refocus the presentation of the Acute and Health and Social Care Partnership elements of the Report, and the need for further clarity about the 6 specific matrices within the National Health and Social Care Delivery Plan and reporting on their delivery. He emphasised that, fundamentally, delivery of the 6 matrices was the responsibility of the North Lanarkshire and South Lanarkshire Integration Joint Boards, with the principal focus for the NHS Board being the Local Delivery Plan agreed with the Scottish Government.

Dr. Osborne endorsed the need for clarity about the deliverables within the National Health and Social Care Delivery Plan, and the mechanisms through which these would be taken forward, monitored and reported. She explained that this would be the subject of consideration at a meeting of Integration Joint Board Chairs and Vice Chairs during the course of the following week, as a precursor to further consideration by the Management Steering Group which she would attend.

Mr. Sloey acknowledged the delineation of responsibility for delivery of the Key Performance Indicators. However, he stressed that they were inextricably linked with other whole-system elements of delivery, including the delivery endeavour within Acute Services. He stressed the need for clarity about inputs and outputs to the process, taking account of national resource allocation.

Mr. (Calum) Campbell endorsed the need highlighted by Mr. (Philip) Campbell to ensure that the same matrices were being employed across Scotland for the measurement of performance in areas such as Delayed Discharges. The ongoing dialogue with ISD about recording notwithstanding, he stressed the requirement for sustained improvement in delivery of the Delayed Discharges trajectories. Ms. Hewitt acknowledged this requirement. She explained that actual levels of delayed discharges activity had exceeded those on which the trajectory was based: however, she reassured Members about the strength of the endeavour to deliver the trajectory.

Mrs. Mahal restated the requirement to review the presentational format for reporting performance on delivery of Acute Services and Community Services Waiting Times and Delayed Discharges, recognising the relationship between Waiting Times and Delayed Discharges across the sectors. She also highlighted the need to reflect on the presentation of the Acute Waiting Times information, to ensure that it was set at a level of Governance Assurance.

**THE COMMITTEE:**

1. Noted the Waiting Times and Delayed Discharges Report, and confirmed that it provided assurance about the delivery of Waiting Times and Delayed Discharge Targets to date, and about the actions being taken and planned to address areas where performance did not meet targets/trajectories.

Ms. Knox  
Ms. Hewitt  
Mrs De Souza

2017/06

**MONKLANDS REPLACEMENT/REFURBISHMENT PROJECT**

The Committee considered an Outline Business Case Programme for the Monklands Replacement/Refurbishment Project (MRRP).

Mr. Sloey explained that following the approval of the Monklands Replacement/Refurbishment Project Initial Agreement by the Board in January 2017, members of the Committee were asked to note the key elements and programme for the development and submission of an Outline Business Case (OBC). He explained that the NHS Board may be required to approve the appointment of Technical Advisers for the Project at its meeting in June 2017, subject to confirmation of the exact timing for this following the Scottish Government Capital Investment Group Feedback in March 2017.

**THE COMMITTEE:**

1. Noted the current Programme for completion of the Monklands Replacement/Refurbishment Project Outline Business Case.
2. Agreed to receive further reports on the Monklands Replacement/Refurbishment Project progression.

Mr. Sloey

2017/07

**TRAUMA AND ORTHOPAEDIC SERVICES – PHASE 1**

The Committee considered a report on the Implementation of Phase 1 for Trauma and Orthopaedic Services.

Ms. Knox explained that the papers outlined the impact of the Phase 1 of the Trauma and Orthopaedic Service Redesign, and the positive impact on surgical services on the Monklands site to increase their core theatre capacity. She explained that this had facilitated a shift of a large amount of activity and resource from Waiting List Initiatives and Independent Sector Funding into core NHS resource, and enabled a series of Innovative Projects to move forward on the Monklands site. She highlighted the actual number of transfers in the first three months of the change which, when equated to a full-year position, would be considerably below the initial predicted volumes, based on modelling prior to implementation. She emphasised that the position would, however, continue to be monitored. She also reported that to date there had been no complaints about the impact of the service change.

Ms. Knox noted an issue raised by Mr. Fuller about the difference in the actual number of transfers compared to modelling prior to implementation, and explained that modelling had been based on Scottish Ambulance Service data. She also noted an issue raised by Mr. Steele about whether there had been a move of Lanarkshire patients to Glasgow, and confirmed that this was

not the case.

Dr. Wallace highlighted previous Medical Education Reports to the Board, and advised that the Deanery was due to conduct a training visit to Wishaw General Hospital that afternoon.

Ms. Knox noted issues raised by Dr. Osborne about home support, with particular regard to the occurrence of delays or additional pressures on home support as a result of the change. She explained that there would be a need to undertake further analysis of this issue, but advised that she was not aware of an additional pressure arising from the implementation of 'Home First'.

Mr. (Calum) Campbell explained that, in essence, the issues and concerns presented to the NHS Board in July 2016 in support of the proposed Phase 1 changes for Trauma and Orthopaedic Services had been resolved through the implementation of the changes.

#### **THE COMMITTEE:**

1. Noted and welcomed the update report on the impact of the Implementation of Phase 1 of the Trauma and Orthopaedic Service Redesign.

2017/08

#### **INTEGRATED CORPORATE PERFORMANCE REPORT**

The Committee considered an Integrated Corporate Performance Report for Quarter 3 2016/17 (October – December).

Mr. Sloey explained that the Quarter 3 Report, based on published data at 26<sup>th</sup> January 2017, comprised: the list of the 105 key performance indicators and 24 narrative reports; the electronic ICPR Dashboard, accessed via Firstport; an Exceptions Report – A Summary of current Red and Amber Key Performance Indicators; and Narrative Reports on Infection Control, Breast Feeding, Delayed Discharges, Antenatal and Early Years, Safe Care, Person-Centred Care, Primary Care, Community Planning Partnerships; and the agreed forward Programme of reports. He emphasised that all of the issues were subject to detailed scrutiny by an appropriate Governance Committee. He reassured Members that work was in hand to address any areas where performance was reported as off-trajectory.

Mr. Small noted a question from Mr. Steele about the below target uptake of flu vaccination. He explained that maximising uptake of flu vaccination was a substantial endeavour, but remained a challenge for the system. He reassured Members about the continuing effort in this regard, which included considering innovative ways to encourage participation.

Dr. Kohli confirmed that some staff made their own arrangements to have flu vaccination through their GP. He reported that in those cases, staff were encouraged to report this in order that it might be recorded with the SALUS information. However, he explained that this was not considered to be a material factor affecting the overall performance figures for flu vaccination.

Mrs. Mahal asked that the Staff Governance Committee give further consideration to potential means of encouraging participation in the Flu

Mrs. Macer

Vaccination Programme.

**THE COMMITTEE:**

1. Noted the current list of Key Performance Indicators and Narrative Reports.
2. Noted the availability of, and access to, the Electronic Dashboard.
3. Noted the assurances provided by Executive Directors in the Exceptions Report.
4. Noted the assurances provided by Executive Directors in the Narrative Reports.
5. Noted and agreed the forward Programme of reports.

2017/09

**CORPORATE OBJECTIVES**

The Committee considered Draft Corporate Objectives 2017/18.

Mr. Small reported that the Draft Corporate Objectives had been developed through successive iterations, and advised that the presented version reflected the views of the Remuneration Sub-Committee. He explained that the Draft Corporate Objectives were presented for approval, recognising that the overarching Local Delivery Plan remained to be approved by the Board and the Scottish Government.

Mrs. Mahal encouraged Members to submit any further detailed comments on the Draft to Mr. Small in early course. She explained that the Remuneration Sub-Committee had specifically asked that the Corporate Objectives be developed into a public-facing document which would be readily accessible on the Board's website. Mr. Small confirmed that this issue had been progressed.

**THE COMMITTEE:**

1. Approved the Draft Corporate Objectives 2017/18 subject to any further comments being submitted to Mr. Small by 8<sup>th</sup> March 2017, so that the Corporate Objectives in their final form could be considered by the NHS Board on 29<sup>th</sup> March 2017.

2017/10

**CORPORATE RISK REGISTER**

The Committee considered a Corporate Risk Register Assurance Report.

Dr. Wallace explained that the report provided a summary of any new or closed Corporate risks, and outlined significant changes to any other Corporate risks following the recent scheduled quarterly review. He explained that for the reporting period, there were 35 Corporate Risks, 16 of which had the Planning, Performance and Resources Committee identified as the Assurance source. He noted an issue raised by Mr. Fuller about one of the new risks relating to Nursing Workforce against the backcloth of

significant investment in nurse staffing in recent years, and explained that the risk reflected service demands resulting from retirement levels, sickness/absence levels, recruitment and retention and the higher than expected use of supplementary staffing. Mrs. Armstrong endorsed this view, and highlighted the age profile of the nursing staff as a key consideration. She reassured Members about the consideration being given to training programmes for the future, to develop the workforce to deliver the aims and aspirations within Achieving Excellence.

Ms. Hewitt explained that within North Lanarkshire, a Framework for a Care Academy to develop the Health and Social Care Workforce for the Community had been developed, and would be considered by the North Lanarkshire Education Committee later that day. Mrs. De Souza confirmed that a similar Initiative was being pursued within South Lanarkshire.

#### **THE COMMITTEE:**

1. Noted the Corporate Risk Register Assurance Report, and endorsed the current NHS Lanarkshire Risk Profile.
2. Welcomed the assurance on the review of management of the NHS Lanarkshire Corporate Risk Register through the Corporate Management Team.

2017/11

#### **COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015 AND ASSET TRANSFER**

The Committee considered a paper on the Community Empowerment (Scotland) Act 2015 and Asset Transfer.

Mr. Sloey explained that the Community Empowerment (Scotland) Act 2015, which came into force on 23<sup>rd</sup> January 2017, had been established to enhance community involvement and community planning by creating new opportunities for influencing Public Service provision and decision making, including how community assets were owned and managed. He advised that there were a number of duties and responsibilities which now fell to NHS Boards, linked to managing Participation Requests and Asset Transfer Requests. He reported that the Guidance for Public Authorities on managing Asset Transfer Requests was published in December 2016, and was the main focus of the report before the Committee. He explained that work continued through the Scottish Government on the Guidance for Management Participation Requests, the latest version of which was now out to Consultation, with an expectation that this would be concluded by April 2017. He advised that the main duties and responsibilities for the NHS Board in respect of managing Asset Transfer Requests were set out in the summary of key issues section of the paper, and were more fully articulated in Appendix 1. He reported that, to date, the Board had received two expressions of interest in Asset Transfer, which currently were under consideration.

Mr. Sloey noted an issue raised by Mr. Fuller about issues and risks, and the role of the Integration Joint Boards. He explained that under the legislation which established the Integration of Health and Social Care and Integration Joint Boards, the Integration Authorities did not have ownership of assets, with decisions on Asset Transfer Requests being a matter for the NHS Board.



**THE COMMITTEE:**

1. Noted the implications for the Board arising from the Community Empowerment (Scotland) Act 2015, and agreed to receive regular progress reports and the first Annual Report in June 2018.

2017/12

**WEST OF SCOTLAND REGIONAL PLANNING GROUP**

The Committee received and noted the minute of the West of Scotland Regional Planning Group held on 21<sup>st</sup> October 2016.

2017/13

**COMMITTEE WORKPLAN 2017/18**

The Committee considered a Committee Workplan for 2017/18.

Mr. Agnew explained that the Workplan had been developed having regard to the business considered by the Committee to date, and taking account of key future issues, including the Implementation of Achieving Excellence and the Replacement/Refurbishment of Monklands Hospital. He invited Members to submit any comments on the draft Workplan to him, in order that it could be finalised for presentation to the Committee at its next meeting.

**THE COMMITTEE:**

1. Endorsed the Draft Workplan 2017/18 and agreed to consider a final version at the next meeting.

Mr. Agnew

2017/14

**FINANCE**

The Committee considered a Finance Report to 31<sup>st</sup> January 2017.

Mrs. Ace explained that at the end of January 2017, the Board was reporting a £1.560m revenue overspend, which was £3.637m better than trajectory. She stressed that with continued tight cost control this provided confidence that the Board would be able to deliver the agreed year-end position. She reassured Members that the Capital Programme was being very actively managed to ensure that all Projects were being delivered as planned.

**THE COMMITTEE:**

1. Noted the actual revenue overspend of £1.560m as at 31<sup>st</sup> January 2017, £3.637m ahead of the LDP trajectory of £5.197m overspent.
2. Noted the £30.633m of efficiency savings recorded as achieved to date, £2.396m below the LDP trajectory of £33.029m.
3. Noted the £7.486m of expenditure to 31<sup>st</sup> January 2017, against the Board's total Capital Plan of £18.566m.
4. Noted the successful ongoing work to secure a resource package for key e-Health Projects.

Mrs. Ace gave a full and detailed presentation on the emerging Financial Plan for 2017/18, including a focus on Efficiency Savings Schemes identified to date, and the remaining gap in the Financial Plan which would require to be bridged.

Mrs. Mahal highlighted the requirement for Service Impact Risk Assessments to be completed in early course for all relevant Efficiency Scheme proposals, to help inform the Board's decisions on the Financial Plan, linked to the Local Delivery Plan.

Mr. (Calum) Campbell highlighted the remaining financial gap, and stressed the requirement for the means of bridging this to be identified early. He noted Members' general support for the Efficiency Scheme proposals, subject to the completion of the further work highlighted, and stressed that additional schemes would be required to be brought forward to bridge the gap.

Mrs. Ace noted the requirement, highlighted by Mrs. Mahal, for the completion of Equality and Diversity Impact Assessments for high risk schemes. She advised that there was within the Cash Releasing Efficiency Savings (CRES) template, a filter for the completion of EDIA.

Mr. Sloey highlighted the requirement for early Board approval for the Financial Plan, given that the efficiency savings schemes were based on full year effect. He highlighted the requirement for the Local Delivery Plan to be signed off by the NHS Board on 29<sup>th</sup> March 2017, and the need for the relationship between resource and performance to be clear to the NHS Board.

#### **THE COMMITTEE:**

1. Endorsed the Financial Planning to date, including the Efficiency Savings Schemes, subject to the provision of further information for the schemes identified in discussion, so that the Board might approve the Financial Plan on 29<sup>th</sup> March 2017.

Mrs. Ace

2017/15

#### **LOCAL DELIVERY PLAN**

The Committee considered a Draft Local Delivery Plan 2017/18.

Mr. Sloey explained that in the Local Delivery Plan Guidance issued to the Service, and in a departure from previous years' timetables, the Scottish Government had indicated that Draft Local Delivery Plans were to be submitted by 31<sup>st</sup> March 2017, and final Local Delivery Plans were to be submitted by 30<sup>th</sup> September 2017 for sign off. He reassured Members that the Draft Local Delivery Plan had been produced in line with Scottish Government Guidance issued to the Service on 16<sup>th</sup> January 2017, and included 6 sections, viz: the National Health and Social Care Delivery Plan; Workforce Planning; Safe Care; Person-Centred Care; Local Delivery Plan Standards; and Financial Plans. He referred to the previous discussion on the Financial Plan for 2017, and highlighted particular delivery challenges within the Local Delivery Plan, and reassured Members about the ongoing endeavour on capacity planning.

Mr. (Calum) Campbell endorsed the need to align resource and performance. He explained that meeting particular Local Delivery Plan Standards would be

a challenge, and reassured Members that demand and capacity planning for these areas would be undertaken.

Mrs. Mahal noted observations from Dr. Docherty about the need to prioritise clinically-related standards. She stressed that Board Members should highlight any LDP standards which were a particular concern, in order that they might be explored further. She explained that further work on the development of the Local Delivery Plan would be taken forward over the coming weeks, and indicated that the next iteration of the Local Delivery Plan should be made available to Board Members at the earliest possible time in advance of the Board meeting on 29<sup>th</sup> March 2017, in order that Board Members might have the maximum time to consider the LDP in advance of the meeting.

**THE COMMITTEE:**

1. Noted the Draft Local Delivery Plan submitted to the Corporate Management Team on 20<sup>th</sup> February 2017, which was ‘work in progress’, towards final CMT endorsement prior to NHS Board approval on 29<sup>th</sup> March 2017.
2. Agreed to receive, in April, a copy of the Final Draft Local Delivery Plan submitted to the Scottish Government by 31<sup>st</sup> March 2017.
3. Agreed to receive, in June, an update on progress with the further development of the Local Delivery Plan, as may be requested by the Scottish Government.
4. Agreed to receive, in September, a copy of the Final Local Delivery Plan that would be submitted to the Scottish Government by the end of September.
5. Agreed to receive, in November, an update on the signing-off of the final Local Delivery Plan by the Scottish Government.

2017/16

**DATE OF NEXT MEETING**

Wednesday 26<sup>th</sup> April 2017 at 9.30am.