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Minute of Meeting of the Planning,
 Performance and Resources Committee
 held on Wednesday 29th November 2017
 at 3.00pm in the New College, Lanarkshire,
 101 Park Street, Coatbridge

CHAIR: Mrs N Mahal, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
 Mr P Campbell, Non Executive Director
 Mr M Fuller, Non Executive Director
 Mrs M Lees, Chair, Area Clinical Forum
 Mrs L Macer, Employee Director
 Miss M Morris, Non Executive Director
 Councillor J McGuigan, Non Executive Director
 Dr A Osborne, Non Executive Director
 Mr T Steele, Non Executive Director
 Dr I Wallace, Medical Director

IN ATTENDANCE: Mr C Brown, Head of Communications
 Mr P Cannon, Board Secretary
 Mr C Cunningham, Head of Commissioning and Performance, South
 Lanarkshire Health and Social Care Partnership
 Mr G Docherty, Interim Director of Public Health
 Ms J Hewitt, Chief Accountable Officer, North Lanarkshire Health and
 Social Care Partnership
 Ms H Knox, Director of Acute Services
 Mr R McGuffie, Head of Planning and Quality Assurance, North
 Lanarkshire Health and Social Care Partnership
 Mr C Sloey, Director of Strategic Planning and Performance
 Mrs V de Souza, Director, South Lanarkshire Health and Social Care
 Partnership

APOLOGIES: Mrs I Barkby, Director for Nurses, Midwives and AHPs
 Mr C Campbell, Chief Executive
 Councillor P Kelly, Non Executive Director

2017/80 **WELCOME**

Mrs. Mahal welcomed colleagues to the meeting.

2017/81 **DECLARATIONS OF INTEREST**

There were no declarations.

2017/82

MINUTES

The minute of the meeting held on 27th September 2017 was submitted for approval.

THE COMMITTEE:

1. Approved the minute.

2017/83

MATTERS ARISING - ACTION LOG

The Committee considered an updated Action Log, and confirmed satisfaction with the progress reported. The Action Log would be further updated to reflect discussion at the meeting.

Mr. Docherty confirmed that Healthcare Worker Public Notification Exercise Report was in the process of being redacted and would be submitted to the Healthcare Quality Assurance and Improvement Committee in January 2018.

Mr Docherty

In relation to clinical engagement and patient involvement, it was noted that this would be provided at the next Committee meeting in February 2018.

**Mr Brown
Mr Cannon**

It was noted that Palliative Care had been discussed at the Development Event held earlier in the day, and that assurance around governance issues would be provided to the Board at the January 2018 meeting.

Mrs De Souza

Ms Hewitt provided an SBAR on the CAMHS service focussing on RTT compliance, service pressures and actions being taken locally to address these pressures. Members noted that range of initiatives underway to address service demands and the improvements in performance shown, particularly since August 2017. Members thanked Ms Hewitt for her detailed and helpful paper.

2017/84

FINANCE REPORT TO 31 OCTOBER 2017

The Committee considered a Finance Report for the period ended 31st October 2017.

Mrs Ace reported that at the end of October 2017 the Board was reporting a £1.498m over spend, £1.246m better than the LDP trajectory which had always recognised a gap between expenditure being incurred and savings schemes taking full effect. The forecast to be delivered from the efficiency schemes was within £2.6m of target. Combined with corporate underspends and shallower cost growth than originally forecast in drug expenditure provides a route to year end breakeven. The current risk assessment is sitting at medium.

It was also noted that the Partnership and Corporate areas were under budget. The Acute Division was £2.453m over budget at month 7, in line with the year end forecast of £4.250m. Some uncertainty existed over the likely year end out of area expenditure with Glasgow.

The capital programme approved by the March 2017 Board had been progressed, with developments and adaptations being reported on a monthly

basis as uncertainties are resolved. In early October the capital investment group assessed it was feasible to replace the cardiac catheterisation lab equipment by 31st of March 2018 and this had been incorporated into the capital plan. There had also been a revision to the cost estimates in year for HEPMA and LIMS based on the most up to date project evaluations.

THE COMMITTEE:

1. Noted the actual revenue over spend of £1.498m as at 31 October 2017, £1.246m better than the LDP trajectory of £2.744m;
2. Noted the £20.376m of efficiency savings recorded as achieved to date, slightly behind the revised plan to date however ahead of the LDP trajectory;
3. Noted the £6.145m expenditure to 31 October 2017 against the revised capital plan of £21.840m and the ongoing work to finalise plans; and
4. Noted the significant risks highlighted in section 11.

2017/85

ACCESS TARGETS REPORT

The Committee considered an Access Targets Report.

Ms. Knox explained that the paper reported on performance in the delivery of Key Scheduled and Unscheduled Care Waiting Time Targets and performance within Health and Social Care Partnerships; highlighted areas of pressure and challenge; and described the actions being taken and planned, aimed at delivering sustained improvement.

Ms. Knox reassured Members about the extent to which waiting times performance was considered in detail by the Acute Operating Management Committee. She then highlighted improved performance in relation to the Treatment Time Guarantee, and the improved performance in relation to the numbers of patients waiting over 84 days for their out-patient appointment.

In addition, she highlighted the continuing good performance on Cancer Waiting Times shown by the September 2017 performance of 99.8% (62 days) and 97.4% (31 days).

Ms. Knox drew attention to the pressures being experienced, site by site, with a detailed overview of each Hospital's performance, and initiatives underway to address these pressures.

Ms. Hewitt referred Members to the section of the report describing performance within the Health and Social Care Partnerships, and she highlighted the key issues for North Lanarkshire, with particular regard to performance on delayed discharges, and provided assurance that detailed action plans were in place to address these delays.

Mrs de Souza referred to challenges in meeting Physiotherapy targets, and the impact that maternity and other unplanned vacancies were having on service

capacity. It was noted that the service was seeking to recruit staff to fill these vacancies.

THE COMMITTEE:

1. Noted the Access Targets Report, and the actions being taken and planned to address areas where performance did not meet targets.

2017/86

INTEGRATED CORPORATE PERFORMANCE REPORT

The Committee considered an Integrated Corporate Performance Report for Quarter 2 July - September 2017.

Mr. Sloey introduced the report which incorporated: a list of contents; an Exceptions Report; Narrative Reports on Out of Hours; Delayed Discharges; e-Health Programme; Estates-SCART; National Clinical Strategy and Achieving Excellence; R&D and Innovation; Safe Care and the agreed programme of reports. He emphasised that the Key Performance Indicators continued to be examined in detail within the appropriate Governance Committee. Mr Sloey also emphasised that the reports contained validated data.

Mr Fuller asked about the Out of Hours GP pay rates and Mrs de Souza reported that the rates of pay for the forthcoming public holidays in December 2017 were being discussed at a Regional level. She stated that the service was actively filling shifts and that should there be any difficulties experienced in filling vacant shifts; there were contingency plans in place.

THE COMMITTEE:

1. Noted and accepted the Integrated Corporate Performance Report for Quarter 2 of 2017/18.

2017/87

CORPORATE OBJECTIVES 2017/18 MID YEAR PROGRESS REPORT

The Committee considered a mid-year progress report in relation to Corporate Objectives for 2017/18.

Mr Sloey introduced the paper and reminded Members that at its March 2017 meeting, the PP&RC Committee approved the 2017/18 Corporate Objectives and requested progress reports on delivery at Mid Year and Year End. The attached mid-year report for the period to 30 September 2017 was completed by named leads during October and November 2017.

It was also noted that the data used was the validated, published data for governance and assurance purposes.

Members were provided with a detailed commentary on each objective with a note of progress as at 30 September 2017. It was noted that 39 actions (64%) were either achieved or on track to be achieved at mid-year, with 14 (23%) delayed or behind trajectory but expected to recover, and 8 (13%) significantly delayed or off trajectory.

Mr Sloey added that the Full Year Progress Report for 2017/18 Corporate Objectives would be submitted to the PP&RC in June 2018. **Mr Sloey**

THE COMMITTEE:

1. Noted the Corporate Objectives 2017/18 mid-year progress report.

2017/88

CORPORATE RISK REGISTER – ASSURANCE REPORT

The Committee considered a Corporate Risk Register Assurance Report.

Mr. Cannon introduced the report and highlighted the principal issues since the report considered by the Committee in September 2017. Since then, the Corporate Management Team had considered the Corporate Risk Register in October and November 2017. The Corporate Management Team discussed emerging and new risks; very high graded risks across NHSL, mitigation and risks exceeding the corporate risk appetite on a monthly basis. As a result, risk descriptions, assessed level of risk, and /or controls have been updated accordingly to reflect progress of mitigating controls and impact.

This report included a summary of material changes to the Corporate Risk Register, including new and closed risks, since the last reporting period; the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 14th November 2017; the 14 risks that exceed the corporate risk appetite; and the NHSL Corporate Risk Register, accurate as 14th November 2017 in sort order by the 19 risks that have the PPRC identified as the Assurance Source. (Appendix 1).

THE COMMITTEE:

1. Noted the summary of material changes to the Corporate Risk Register;
2. Noted the NHS Lanarkshire Corporate Risk Profile over time; with the number of risks plotted by likelihood x impact; related corporate objectives and type as at 14th November 2017;
3. Noted that Fourteen (14) risks were graded as very high or high that exceed the corporate risk appetite;
4. Noted Four (4) very high graded risks owned and managed through the Acute Divisional Management Team;
5. Noted Nineteen (19) risks, and in particular the mitigating controls for these risks, sorted by the PPRC as the identified Assurance Committee, Appendix 1; and
6. Noted the full NHSL Corporate Risk Register within Appendix 1.

2017/89

INTEGRATED SERVICE REVIEW BOARD FINAL REPORT

The Committee considered the North Lanarkshire Health & Social Care Partnership Integrated Service Review Board Final Report.

Ms Hewitt introduced the report and reminded Members that in February 2017, the North Lanarkshire Health & Social Care Partnership (H&SCP) established an Integrated Service Review Board with the following remit:

- Identify how to invest and disinvest from current service provision to maximise outcomes
- Propose structural opportunities to maximise the impact of integration
- Propose a transformational programme of service model redesign
- Provide the baseline commissioning position for 2018/19
- Propose the use of the budget for the remainder of the commissioning cycle

It was noted that the Review Board considered templates from 63 services, culminating in the report included in Appendix 1 to the Report.

Ms Hewitt stated that the final report outlined current thinking in relation to the future priorities and shape of Health and Social Care in North Lanarkshire and outlined the proposed future service models that aimed to achieve the best possible outcomes for the North Lanarkshire population.

Members welcomed the report as a very positive and transformational endeavour on the part of the North H&SCP, which Dr Osborne noted had been led by a wide range of multi professional teams themselves. It was also noted that the Board would be assured in relation to the appropriate governance arrangements, when changes were being taken forward.

THE COMMITTEE:

1. Noted the content of the report as an integrated direction of travel and a transformational change to the way health and social care services will be delivered in North Lanarkshire, aligned to Achieving Excellence, from 2018-2023; and
2. Noted the work in progress and asked for an updated paper with further details on delivery options to next PP&RC Committee meeting in February 2018.

Ms Hewitt

2017/90

PROPERTY & ASSET MANAGEMENT REPORTS

The Committee received and noted two property reports, the Annual State of the NHS in Scotland Assets and Facilities Report for 2016, and the Annual SCART (Statutory Compliance Audit & Risk Tool) Report for 2017.

Mr Sloey commended both reports to the Committee and highlighted that the SCART Report confirmed that NHS Lanarkshire was achieving the highest compliance rate in NHS Scotland.

THE COMMITTEE:

1. Noted the Annual State of the NHS in Scotland Assets and Facilities Report for 2016, and the Annual SCART (Statutory Compliance Audit & Risk Tool) Report for 2017.

2017/91

AOCB

No items were raised.

2017/92

RISK

The consideration of issues did not identify any new, emerging risks, or a need to materially alter the assessed level of risk/risk tolerance and/or the mitigating controls for existing risks.

2017/93

DATE OF NEXT MEETING

Wednesday 28th February 2018 at 9.30am.

DRAFT