

iLanarkshire NHS Board

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Minute of Meeting of the Planning,
Performance and Resources Committee
held on Wednesday 29th June 2022
at 10.15am

CHAIR: Mr M Hill, Non Executive Director

PRESENT: Mrs L Ace, Director of Finance
Mr A Boyle, Non-Executive Director
Mr P Couser, Non-Executive Director
Mr N Dar, Non Executive Director
Mr E Docherty, Executive Nurse Director
Mr C Lee, Non-Executive Director
Mrs M Lees, Chair, Area Clinical Forum
Councillor E Logan, Non-Executive Director
Mrs L Macer, Employee Director
Mr B Moore, Non Executive Director
Ms L McDonald, Non-Executive Director
Mr D Reid, Non-Executive Director
Dr L Thomson, Non-Executive Director
Mrs S White, Non-Executive Director

IN ATTENDANCE: Mr C Brown, Director of Communications
Mr P Cannon, Board Secretary
Mr R Coulthard, Deputy Director of Acute Services
Mr C Cunningham, Head of Commissioning and Performance, South Lanarkshire Health & Social Care Partnership
Dr J Logan, Consultant in Public Health
Mr R McGuffie, Chief Officer, North Lanarkshire Health & Social Care Partnership
Mrs R Rafferty, Head of Strategy and Performance
Mrs K Sandilands, Director of Human Resources
Mr D Wilson, Director of Information & Digital Technology

APOLOGIES: Dr J Burns, Medical Director
Mr N Findlay, Non-Executive Director
Ms H Knox, Chief Executive
Mr J Muir, Non-Executive Director
Prof J Pravinkumar, Director of Public Health

PPRC/2022/34

WELCOME

Mr Hill welcomed colleagues to the meeting, in particular Councillor Logan, who was attending her first Committee meeting. It was noted that in Mr Lauder's absence, Mrs Lees would provide the update on Our Health

Together, Mrs Rafferty on the AOP Q4 update and Mr Docherty on the Service Remobilisation and Oversight Group update.

PPRC/2022/35

DECLARATIONS OF INTEREST

There were no declarations of interest.

PPRC/2022/36

MINUTES

The minutes of the meeting held on 29th April 2022 were submitted for approval. It was noted that these would be submitted to the NHS Board in August 2022 for information.

THE COMMITTEE:

1. Approved the minutes of the meeting held on 29 April 2022.

PPRC/2022/37

MATTERS ARISING

Mr Hill reported that the Action Log would be updated.

In relation to the Leadership Walkrounds it was agreed that more than one Non Executive could, where appropriate in terms of space, join such visits, and that further consideration was required to add regular informal opportunities to speak to Board Members, out with the pre-arranged visits, as part of this schedule. It was also important to raise awareness of the visits, formal and informal, before and after. It was agreed to revisit this topic at the August Board meeting.

In relation to item 3 - draft Sustainability and Climate Change Strategy - Mr Couser clarified that it was his view that Our Health Together was the overarching Board Strategy, with all other subsidiary elements being regarded as Plans.

THE COMMITTEE:

1. Noted the clarification from Mr Couser, and asked that a further report on Leadership Walk rounds be presented to the August Board meeting.

P Cannon

PPRC/2022/38

OUR HEALTH TOGETHER – PROGRESS UPDATE

Committee Members were provided with a copy of a report which provided an update on the progress in developing a new healthcare strategy '*Our Health Together: Living our Best Lives in Lanarkshire*' (OHT). OHT builds on the work which commenced under the auspices of our existing strategic plan, 'Achieving Excellence'.

The report summarised the recent progress and actions taken towards the delivery of a draft health care strategy, in Autumn 2022. Development of OHT is co-ordinated by the Strategic Delivery Team (SDT), which provided a whole-system and inclusive infrastructure through which progress can be

monitored within a well-defined governance and resource framework. Mrs Lees took Committee Members through the update as Co-Chair of the SDT.

Mrs Lees took the opportunity to remind Committee Members that the SDT was “stood down” for much of 2020/21, and 2021/22, due to service pressures associated with the global pandemic and there had been limited progress on the development of OHT and workstream programmes as the Board moved to an emergency footing during the pandemic. The Group was “stood up” in February 2022 and has since resumed a bi-monthly meeting programme.

Mrs Lees highlighted that the Strategic Delivery Team (SDT) was co-ordinating the work of the workstreams with the aim of developing a draft strategic framework for Our Health Together by late Autumn, with the caveat that this timeline might be impacted by service pressures associated with the global pandemic. Thereafter, the draft Strategy would be refined between Autumn and the end of December, with public engagement taking place in early 2023. It was emphasised that the Team were aspiring to meet the principles of co-production in developing the Strategy, and each of the workstreams was engaged with local stakeholders as part of developing their own workstream output.

Committee Members were also advised that each workstream was focussed on workforce impacts, risk, staff health & wellbeing, accommodation, supply chain issues, evaluation, and communication and engagement.

Mrs Lees raised the issue of accommodating in particular as services sought to re-establish themselves, and more staff were returning to work bases.

Mr Moore applauded the ambitions within the Strategy but highlighted that the greatest impacts would be within the gift of partner organisations, as exemplified in the Wigan Deal, which was described as a social contract.

The limitations of the extent to which the Strategy could be developed as a co-production effort was acknowledged, but it was agreed to discuss how this could best be taken forward at the next Committee meeting.

C Brown

It was also emphasised that all workstreams had been encouraged and supported in developing processes to establish early Equality Impact / Fairer Scotland Duty Assessments. Mrs Rafferty stated that all workstreams had been provided with templates and training in developing Equality Impact and Fairer Scotland Duty Assessments as part of their induction and ongoing support. The next meeting of the Team would also focus on Children’s Rights.

Mr Brown indicated that the Communication and Engagement Plan would be subject to these assessments on an ongoing basis.

Mr Dar suggested it would be useful to have a timeline and key milestones set out for the development of the Strategy, and it was agreed to provide this as part of the regular updates.

C Lauder

Mr Hill suggested that an additional outcome should be considered to reflect the financial context within which the Strategy will be delivered, and the

importance of scarcity and substitution, in the event that no additional development funds are available centrally.

THE COMMITTEE:

1. Noted the update report; and
2. Noted that this will be a standing agenda item on all future PPRC agendas. **C Lauder**

PPRC/2022/39

COMMITTEE RISK REGISTER

Members were provided with an updated Corporate Risk Register as at 22 June 2022 which identified those risks that were designated to the Committee for assurance.

Board Members noted that as a result of recent changes overseen by the Corporate Management Team, there were now 5 risks assigned to the Committee.

Mrs Ace indicated that there was the possibility of procurement slippage in relation to risk 2038 - NHS Lanarkshire Labs Managed Service Contract - however it was anticipated that this could result in time savings at a later part of the procurement process. Tender were due to be issued in July 2022.

In relation to risk 2123 - deliver a balanced budget - it was suggested that the mitigation be updated to reflect the fortnightly meetings arranged to identify and track savings.

In relation to risk 594 - Prevention & Detection of Fraud, Bribery and/or Corruption - Mr Couser asked if this should remain on the Corporate Risk Register given that it was opened in 2019, however Mrs Ace stated that our Fraud response had been reviewed recently and the risk levels reduced accordingly.

Mr Cannon outlined the plans for a workshop in the second half of July to discuss Risk Management.

THE COMMITTEE:

1. Noted the current NHS Lanarkshire corporate risk register profile and heatmap;
2. Noted the material change to risks that were reported at the last meeting of 22 June 2022;
3. Were assured that the mitigating controls remain in place and are operating as intended for the 5 risks that are designated to the committee for scrutiny and assurance; and
4. Noted the arrangements for the risk workshop on 18 July 2022.

**MONKLANDS REPLACEMENT PROJECT GOVERNANCE
COMMITTEE EXCEPTION REPORT**

Committee Members received and noted an exception report following the second meeting of the Monklands Replacement Project Governance Committee held on 8 June 2022.

Dr Thomson added that the cost sub group had been established and Mr Reid would be joining this sub group. It was also noted that the NHS Assure review process (Key Stage Assurance Review) was expected to be complete in August 2022 and the Committee would be issued with an action plan arising from the review.

The Committee was also planning to hold a workshop to review progress on developing the Outline Business Case (OBC), and a Board workshop to update the whole Board would be held at the end of September 2022. The Committee hoped to be in a position to discuss the draft OBC in early November 2022, with a view to recommending the OBC to the Board at the end of November 2022.

THE COMMITTEE:

1. Noted the exception report and the plans to hold further workshops.

AOP Q4 REPORT

Committee Members were provided with the Quarter 4 Performance Report which detailed performance and progress in the delivery of the 2021/22 draft AOP Targets and Locally Agreed Standards.

The Committee was also asked to note that the Scottish Government had issued the commissioning pack in relation to the development of the 2022/23 Annual Delivery Plan.

Mrs Rafferty highlighted that Scottish Government had requested a draft Annual Delivery Plan by the end of July 2022 which would be subject to comment and feedback from Scottish Government colleagues. Following this process an updated version will be provided at the next Committee meeting in September 2022.

C Lauder

Mr Boyle asked about the lag time in cancer data and Mrs Rafferty reported that this was due to the lag between validated and unvalidated data. The Board was obliged only to publish validated data, but in certain circumstances (for management purposes) unvalidated data could be used.

In relation to the pressures in Emergency Departments specifically, and the challenges staff face, it was agreed that a paper should be prepared for the August Board meeting to demonstrate the range of pressures that exist, the challenges faced, the profile of attendances, and the range of improvement initiatives in place to support urgent and unscheduled care.

R Coulthard

Ms McDonald suggested that discussions about the 4 hour ED target specifically could also be picked up at the next Acute Governance Committee and it was agreed to devote sufficient time on that agenda for this topic. An invitation to attend that Committee meeting would be extended to all Board Members and an update would be provided at the August Board.

THE COMMITTEE:

1. Noted the Quarter 4 Performance Report; and
2. Noted that the Annual Operational Plan will be replaced by the Annual Delivery Plan from 2022/23 onwards.

PPRC/2022/42

SERVICE PRESSURES AND PERFORMANCE UPDATES

Committee Members were provided with a report and attachments which set out some of the key service pressures being experienced. The appendices covered the A&E / Waiting List Performance data, the North Partnership Exception Report, and a South Partnership Exception Report.

Mr Coulthard reported that while the Board had faced significant challenges in delivering routine elective outpatient, diagnostics and inpatient treatment since March 2020, the focus continued to be clinical prioritisation of cancer and clinically urgent patients, in line with national clinical prioritisation guidance. It was noted that this guidance had been revised in June 2022, and a hybrid system, balancing cases of high clinical priority and the treatment of patients of lower clinical priority but who have experienced very long waiting times was now expected to be delivered by Boards.

In relation to out-patient activity it was noted that the Acute Division was delivering 90%-100% of 2019 outpatient activity, weekly, at the end of May 2022. NHS Lanarkshire has also recommenced outpatient activity with a range of external providers who will be undertaking face to face consultations. The focus will be to reduce the waiting times for routine patients, particularly those waiting over 52 weeks.

In relation to in-patient activity, at the end of May, the Division was running around 70% of pre covid elective theatre activity, and in line with the newly published revised prioritisation guidance was targeting patients with lengthy waits into available capacity.

The timely provision of diagnostics tests was still a significant challenge in helping to recover a range of services, and Mr Coulthard highlighted that Radiology imaging remained under significant stress due to increasing demand for inpatient, outpatient and cancer examinations, particularly in MRI and subspecialty MRI examinations. Additional external and internal capacity was being sourced to address these waits. All aspects of endoscopy remain challenged due to staffing and accommodation constraints.

In relation to cancer services, it was noted that the Q4 data showed that NHS Lanarkshire had achieved the National Standard of 95% of all patients diagnosed with cancer beginning treatment within 31 days of decision to treat. However, there was a dip in performance for Q1 data in 2022. It was

anticipated that the 95% standard for 31 days will be achieved in the coming months.

The 62-day standard has not been achieved due to ongoing challenges within the diagnostic element of the pathways mainly due to scopes and radiology capacity in the breast, colorectal, lung and urology pathways.

Mr Coulthard referred to the earlier discussion around unscheduled care which was covered in detail in his report.

In relation to the North Health & Social Care Partnership, Mr McGuffie highlighted that delayed discharges were improving, and a significant number of staff continue to be recruited to allow for a roll out of enhanced community based support.

Mr McGuffie highlighted that the Director of Psychological Therapies, Dr Gary Tanner, was about to retire and Mr McGuffie wished to record his, and the wider team's, thanks to Dr Tanner for his significant input, not only addressing covid challenges, but also in bringing about sustained improvements in the performance of psychological therapies waiting times. Dr Tanner was being succeeded by Dr Patricia Graham.

It was also noted that over half of the projected 100wte new posts from the Recovery and Renewal Fund will be in place by the end of May 2022, with extensive recruitment activity continuing.

The new South Lanarkshire Child & Adolescent Mental Health Service (CAMHS) facility in Udston Hospital had opened, which was crucial to the roll out of the new CAMHS service specification.

Mr McGuffie also highlighted the success of the Podiatry service in adopting a new model in recovery, using Active Clinical Referral Triage (ACRT) to support some patients to self-care and see some patients remotely (telephone or Near me).

In relation to the South Health & Social Care Partnership, Mr Cunningham also highlighted the pressures being experienced in discharging patients from Hospital. He also emphasised the pressures on GP services in particular, albeit this was evident across all independent contractor areas.

Significantly high levels of absence were being experienced across the care at home sector; infection, prevention and control closures of care homes to protect staff and patients therein and ongoing staffing difficulties across the wider health and social care sector had all impacted performance over recent months.

Recently reported work associated with 'Discharge without Delay' and associated developments to support earlier discharge and potential admission avoidance were showing an improving position. The, as yet, unpublished data for May 2022 showed significant reductions in both the actual number of delays and associated bed days.

Whilst some progress has been made in the appointment of additional staff and the identification of additional space to assist in the recovery of AHP

waiting times, this was however set against an overall shortage of staff in these areas and high numbers of staff vacancies remain.

Mr Couser reflected that it was clear from published and unvalidated data that a range of services were under significant pressure and that improvement could be tracked through this data, yet it was more difficult to see data about GP and community services activity. Mr Cunningham stated that it was very difficult to access this data on a local level in a meaningful way, other than by extrapolating and triangulating smaller data sets, which was not ideal.

It was noted that this would be discussed in more detail at the forthcoming Population Health, Primary Care and Community Services Governance Committee meeting.

S Sengupta

THE COMMITTEE:

1. Noted the updates.

PPRC/2022/43

SERVICE REMOBILISATION & OVERSIGHT GROUP

Committee Members were provided with a report which set out the background to the establishment of the Service Remobilisation & Oversight Group (SROG) and progress to date. Mr Docherty took Committee Members through the paper in detail.

Mr Docherty emphasised that the SROG was a short life working group established to oversee the initial phase of NHS Lanarkshire's recovery journey. The group has been focused on providing a whole system overview to support the "standing-up" of services, taking cognizance of local clinical priorities and pressures and national remobilisation priorities.

In addition, the SROG will oversee the preparation of the Annual Delivery Plan and the development of an associated performance management methodology that will continue to be operated beyond the lifetime of the SROG.

Discussions to date have focused on Scottish Government (SG) expectations in relation to the recovery of Planned Care and NHS Lanarkshire's response; an analysis of the SG Annual Delivery Plan commissioning pack and the process to deliver on this ask; an overview of recovery plans for acute, North and South Lanarkshire Health & Social Care Partnerships, Urgent Care Recovery and the development of a whole system waiting times balanced scorecard, to include nurse and AHP lead clinics.

Mr Docherty also provided assurance that work has now commenced on an in-depth analysis of the waiting list information, with 13,000 patients identified as being on multiple waiting lists for multiple investigations. The next stage will be to set criteria to review the clinical patient groupings for review on a multidisciplinary basis. Preliminary work has started by age and work is underway to analyse this information using postcode data. This information could be further broken down to identify Care Homes and areas of deprivation to seek to address inequalities. This work is at an early stage

and exploratory discussions have commenced as to how to best address the needs of such patients.

THE COMMITTEE:

1. Noted the update from the Service Remobilisation & Oversight Group.

PPRC/2022/44

FINANCE REPORT – MAY 2022

Committee Members were provided with an update on the financial position as at 31 May 2022 from Mrs Ace.

Mrs Ace reminded Committee Members that the Board's financial plan reflected the costs of normal operating and assumed any additional Covid-19 costs would be funded by the Scottish Government. To balance, it relied on £38.223m of savings. An estimated £31.619m of savings had still to be identified when submitting the plan.

It was reported that there has been a marked deterioration in the Board's financial forecast over the past month. The opening plan made provision for 2% to cover the public sector pay deal but the initial pay offer for Agenda for Change staff is 5%. CPI at the time of modelling supplies inflation for the plan was 3.8%. It has since been reworked at a more recent 8.5% and energy cost forecasts increased in line with estimates from NHS National Services Scotland.

Although CMT has established a Financial Recovery Group which has assigned ownership for various workstreams these are all at early outline stage and no further saving schemes have been enacted in the first quarter. £0.501m of savings have been recorded so far.

The Month 2 results show a £7.721m overspend to date, excluding the £5.731m of additional costs attributed to Covid-19. This is a combination of the opening predicted gap and an over spend within the Acute Division of £3.231m.

However, good progress is being made with narrowing the gap between capital funding and the cost of priority schemes, such that it is anticipated that all the schemes put forward will be able to proceed.

THE COMMITTEE:

1. Noted the month 2 update.

PPRC/2022/45

WORKFORCE UPDATE

Committee Members received a Workforce update which provided an overview of the NHS Lanarkshire workforce in relation to key performance areas: staff in post, vacancies, supplementary staffing and turnover. The report provides details of current performance, highlights areas of concern and current actions.

Mrs Sandilands took Committee Members through the key metrics in detail and Mrs Macer assured the Committee that the Staff Governance Committee regularly scrutinises key performance metrics at each of their meetings.

THE COMMITTEE:

1. Noted the Workforce update.

PPRC/2022/46

INTERNAL AUDIT REPORTS

Committee Members received and noted a report which sought to highlight, for awareness, three Internal Audit Reports

Mr Cannon advised that Internal Audit reviews were submitted to Lead Directors who are invited to comment on the findings, and recommendations, and agree the remedial actions and timescales.

In addition, the Audit Committee seeks assurance that the reports have been highlighted to the appropriate Governance Committee for information, and awareness, and three Internal Audit Reports were attached to the report as being consistent with the terms of reference for the Planning, Performance and Resources Committee. These were the Annual Internal Audit Report (L06 & 07/22), NHS Resilience Report (L12 - 22), Strategic Planning Process Report (L13 - 22).

THE COMMITTEE:

1. Noted the three Internal Audit Reports.

PPRC/2022/47

WORKPLAN 2022/23

The Committee noted the updated Workplan for 2022/23.

PPRC/2022/48

CALENDAR OF MEETINGS 2022/23

The Committee noted the updated Calendar of Meetings schedule for 2022/23.

PPRC/2022/49

ANY OTHER COMPETENT BUSINESS

There were no items raised.

PPRC/2022/50

REFLECTIONS AND RISK

Mr Hill invited reflections on the agenda and the papers presented today and Board Members reflected that the discussion around the risk register was useful, and the linkages between the risk register and issues discussed today was evident.

It was also positive to hear about the many initiatives being taken forward in addressing urgent and unscheduled care and that this would be captured in a paper to the August Board to demonstrate the Board's commitment to addressing waiting times.

The NHS Board did not consider that any other new emerging risks should be considered for addition to the Corporate Risk Register, or that any existing risks needed to be re-assessed following discussion at this meeting.

PPRC/2022/51

DATE OF NEXT MEETING

Wednesday 28th September 2022 at 9.30am.

The meeting ended at 1.00pm

DRAFT