



Unapproved Minutes

Meeting: Planning, Performance & Resources Committee
Date: 14 November 2024, 10.00am
Venue: Meeting Room 10, Kirklands Board Headquarters

Members

M Hill, Board Chair (Chair)
A Boyle, Non-Executive Director
M Breen, Director of Finance
P Couser, Non-Executive Director
N Dar, Non-Executive Director
C Deighan Executive Medical Director
E Docherty, Executive Nurse Director
J Gardner, Chief Executive
C Lee, Non-Executive Director
M Lees, Chair, Area Clinical Forum
B Moore, Non-Executive Director
J Muir, Non-Executive Director
L McDonald, Non-Executive Director
J Pravinkumar, Director of Public Health
D Reid, Non-Executive Director
S Stewart, Employee Director
S White, Non-Executive Director

In Attendance:

Brown, Director of Communications
R Coulthard, Director of Acute Services
J Jones, Director of HR and Deputy Chief Executive
C Lauder, Director of Planning, Property and Performance
A McLean, Interim Board Secretary
C Rae, Chief Officer, North Lanarkshire University Health & Social Care Partnership
C Ritchie, General Manager FNC Plus
S Sengupta, Director, South Lanarkshire University Health & Social Care Partnership
L Thomson, Nurse Director South Lanarkshire University Health & Social Care Partnership
D Wilson, Director of Information & Digital Technology

Apologies:

B Moore, Non-Executive Director
M Lees, Non-Executive Director
T Marshall, Interface Director
E Docherty, Executive Nurse Director
S Haldane, Non-Executive Director
J Duffy, Non-Executive Director

1 Preliminaries:

1.1 Welcome and Apologies:

M Hill welcomed Committee Members to the meeting. M Hill noted introduction of two new non-executive directors, Jane Duffty and Scott Haldane who commenced in their roles on 1st November 2024.

M Hill noted forthcoming seminars and meetings:

- NHS Lanarkshire Board meeting will be held on Thursday, 28th November 2024.
- NHS Board Seminar will be held on 19th December 2024, where focus of discussion will be relating to Anti-Racism and the Cabinet Secretary's recent Anti-Racism Statement correspondence. J Jones, Director of HR and Deputy Chief Executive will facilitate this presentation and discussion.
- A Private Board meeting will be held on Thursday, 30th January 2025. M Hill noted this will be the last Board Meeting for J Gardner, Chief Executive. J Gardner will provide the Board with a review of the year at this time and hand over Accountable Officer to Interim Chief Executive.

1.2 Declarations of Interest:

M Hill invited Members to declare any potential conflicts of interest. No declarations were noted.

1.3 Draft Minutes of Planning, Performance and Resources Committee meeting held on 12 September 2024:

The draft minutes from the previous meeting held on 12th September were tabled for review. The Committee confirmed that the minutes accurately reflected the discussions and decisions made and subsequently approved them.

1.4 Matters Arising: Action Log:

The Committee reviewed the Action Log, and noted a Matters Arising update:

- M Hill noted the Paediatrics Dental Surgery paper that should have been brought to PPRC in November, noting this was still outstanding. S. Sengupta was tasked with preparing a paper, which will include mitigation actions and strategies for reducing risks to children.

ACTION: S Sengupta

2 Governance Sub Committee Updates:

The Exception reports and verbal updates from the following Sub Committee meetings were noted.

- Monklands Replacement Project Sub-Committee: 23 October 2024
- Interface Performance Sub-Committee: 31 October 2024
- Hospital Services Sub-Committee: 7 November 2024
- Finance & Resources Sub-Committee: 7 November 2024

2.1 Interface Performance Sub-Committee:

P Couser, Chair of the Sub-Committee and Colin Lauder, Executive Lead gave an overview presentation on the structure, role and responsibilities of this new sub-committee.

Key areas of discussion included:

- Update on the areas of focus within the Integrated Performance and Quality Report (IPQR), that the Sub-Committee reviewed including gaps identified in the data not contained therein but which the Sub-Committee considered would be beneficial to their focus/remit: Primary Care Medical Services, Community Services and FNC+Plus. There was general acknowledgement that building historical data, especially for new services such as FNC+Plus will take time, with richness of run-chart data not currently available.
- Concerns identified regarding the uncertainty of mental health funding and delayed discharge resources.
- Potential benefit of strategic modelling to ensure the Board is prepared for potential funding shortfalls. An action was noted for example of such modelling to be presented at the next meeting.
- Potential for overlap of discussion with other governance committees/sub-committees, particularly Population Health. Crucial that Terms of Reference are robust in terms of role/responsibility for this new sub-committee.

ACTION: C Lauder

2.2 Monklands Replacement Project Sub-Committee:

D Reid noted business as usual in relation to the Monklands Replacement Project, although concerns over long-term remain to be resolved at FBC stage in a year's time. An Assurance Workshop is scheduled to take place on 20 November 2024 with focus on an understanding of processes and commitments. Submission of the Full Business Case is anticipated for next year. C Lauder confirmed meeting to be held with Scottish Government in advance of their budget announcement to consider funding for the Project in 2025/6.

2.3 Hospital Services Sub-Committee:

The sub-committee held its regular meeting to review key agenda items, including the risk register and sickness absence performance. The risk register, traditionally reviewed last, was prioritized earlier in the agenda to facilitate focused discussion. R Coulthard noted updates

to the acute risk register, noting that previous actions were deemed to be insufficiently robust. Emphasis was placed on more effective actions/strategies moving forward.

J Muir highlighted that current actions related to sickness absence were considered to be inadequate, proposing to add sickness absence to the sub-committee's agenda for January 2025. A more in-depth review will be done focusing on strategies to reduce sickness absence rates and enhance performance.

J Jones reported that higher than national target sickness absence across NHS Lanarkshire had been acknowledged, longstanding in nature arising during and post-pandemic. J Jones noted that whilst such level was not acceptable, efforts had rightly been focused elsewhere during this time. Complexity with some long-term absence and absence in particular service areas. J Jones emphasised that HR colleagues are actively engaged in processes to address these challenges. HR also keen to focus work on identification of sickness absence 'patterns' by some staff, and support managers in being able to identify and manage such cases. M Hill stressed the importance of managers effectively utilizing data and avoiding generalizations when compiling reports. He urged a structured approach to handling specific cases. R Coulthard confirmed that a range of joint actions and shared ownership initiatives are in place to address sickness absence challenges.

2.4 Finance and Resources Sub-Committee:

D Reid emphasised the prioritisation of risk management as the first agenda item, ensuring it remains a key focus. An overview of sub-committee business noted a deep dive into active financials, focusing on overspend risks. M Breen highlighted the breadth of the sub-committee's discussions, which will include an upcoming deep dive into Integration Joint Board (IJB), mental health funding.

D Reid noted intention to issue the sub-committee agenda to fellow Board colleagues to encourage wider awareness and alignment of effort on focus areas for NHS Lanarkshire. M Hill reminded members of PPRC that they are all welcome to attend any committee/sub-committee meeting subject to prior notification to the Committee/Sub-Committee Chair.

There was discussion in relation to productivity, with M Breen emphasising the importance of aligning discussion on this area across all relevant committees.

3 Performance & Transformation:

3.1 Integrated Performance & Quality Report (IPQR):

C Lauder provided an update on the Integrated Performance & Quality Report (IPQR) for October 2024, noting the ongoing evolution of the document based on the current framework. Discussion included the following:

- A Boyle highlighted current challenges achieving the 20-day response target for complaints, with current performance around 30-32 days. C Deighan, Executive Director responsible for complaints, presented overview of complaints handling, with challenges

related to the transition to Inphase and difficulties/delays identified due to resource issues within the complaints team. He noted that the patient affairs team have recently held a vision exercise to map out and developments and are reviewing non-complaints activity that the team are responsible for. C Deighan noted that national data for 2023/24 should be published in the next few weeks which will allow comparison of NHS Lanarkshire performance with other Boards. C Deighan also noted positive Ombudsman feedback regarding the quality of complaint handling in NHSL

- P Couser expressed concern over productivity indicators in the IPQR, highlighting a 20% decrease in treatment times against the target. He questions whether this could be linked to unintended consequences such as the recent Firebreak. R Coulthard advised that the reduction was not due to Firebreak but instead, issues with theatre utilisation and session scheduling. The Committee agreed that a focused effort is needed to ensure theatre sessions run as efficiently as possible. P Couser noted as significant this downturn in performance, with suggestion for detailed narrative in future IPQR as supportive context.
- D Reid noted a gap in data available in relation to daily flow of patients through the system. C Rae stressed importance of articulating delays in patient flow and the impact these have on the system. J Gardner recognised the need to identify the 'so what' in terms of data trends, e.g. number of admissions down against increased length of stay. Action taken to present at next meeting, considered analysis of potential patient flow metrics across the acute sites.

ACTION: C Lauder

- A Boyle highlighted breach in 4-hour emergency department targets, with ambulance wait currently circa 60 minutes compared to the 30 minutes' target. R Coulthard acknowledged that ambulances are being held longer than preferred, but noted some anomalies in data recorded and included in IPQR.
- J Gardner provided update on digital triage. Though no plan imminent, note was made of potential to move minor injuries away from emergency department, to community base such as Douglas Street Clinic. J Gardner also noted eTriage now expected to be introduced February 2025, with delay due to manufacturing timeline.
- Discussion in relation to target for occupancy (92%). M Hill suggested addition within the IPQR with column to be included that shows national average against which NHS Lanarkshire is able to benchmark itself. C Lauder to include national average alongside internal performance data in future IPQRs for a comparative view.

The Committee noted the content of Integrated Performance & Quality Report.

ACTION: C Lauder

3.2 Operation Flow 3 Update and Progress Report:

C Lauder reported a deterioration in the 4-hour standard, with performance at 54% at date of this meeting, but with improvement in occupancy level of 95%. The following points were also noted:

- Improved on delayed discharges, trending positively against national metrics.
- Learning from the recent Firebreak, has led to optimisation of pathways including virtual ones.
- 'Home First' initiative has been launched and is now part of standard business operations.
- Further work to be done to develop pathways for frail elderly individuals.

R Coulthard discussed the challenges in maintaining the gains achieved post-Firebreak. Efforts include a daily tracker for occupancy reduction. Surge bed occupancy has shown improvement over the last 10-day period, with local processes remaining focused on sustaining this reduction. Heat maps have been developed to enhance local accountability in line with target operating model.

C Ritchie provided an update on virtual wards, with implementation timelines:

- Systems are set to go live at 25th November 2024 with clinical staff in place to manage operations.
- Virtual wards will launch firstly at University Hospital Hairmyres followed by University Hospital Wishaw and University Hospital Monklands.
- Initial pathways will include diagnostics, OPAT, Cardiology, Respiratory & Gastroenterology.

M Hill noted his concerns over the lack of improvement in patient delays despite investment in pathways, enquiring as to what sanctions were on managers who fail to implement new operational models effectively. J Gardner noted Service Manager accountability, highlighting the use of heat maps now able to provide ward-level performance insight. Note was made of the national picture and NHS Lanarkshire's place in national ratings.

R Coulthard stressed the importance of refreshing manager awareness of leadership responsibility/accountability, noting plans for training, support and leadership development. J Muir proposed upskilling staff to ensure measurable returns on objectives. Evidence-based approaches were emphasised.

J Jones highlighted current programme of manager workshops on sickness absence as well as the embedding of a comprehensive leadership programme – participation in which is now mandatory for senior nurses.

C Brown noted recent meeting of Communication and Acute managers to consider communications plan able to support managers to deliver key messaging to staff on the cultural shift necessary for the effective delivery of the target operating model.

M Hill concluded with a call for behavioural and systemic change in how pathways and systems are managed if NHS Lanarkshire is to improve its position within national performance ratings.

The Committee noted the content of the Operation Flow 3 Update and Progress Report.

3.3 Public Sector Climate Change Duties Report:

C Lauder provided an overview of the current status of NHS Lanarkshire's carbon footprint reduction efforts. Progress in terms of lowering emissions has been slower than anticipated, with an overall increase in emissions by 3.4% compared with previous year. Reasons for this increase were discussed and are noted within the corresponding report. Challenges include systemic factors such as the release of specific gases and the complexities of combined emissions.

Despite challenges, NHS Lanarkshire remains on track to meet its 2030 carbon footprint reduction target. Opportunities for capital investments were discussed including solar power initiatives and other renewable energy projects such as changes at West of Scotland laundry facility. C Lauder noted an upcoming visit by Board members to the laundry providing opportunity to view such initiatives.

C Lauder noted the recruitment of an Energy Manager, an expert in the field to identify and implement efficiency measures.

The Committee noted the increase in travel-related mileage and its impact on emissions. Such impact must be considered alongside effectiveness of outcomes from programmes such as Hospital at Home, likely to be a contributing factor to this increase. Further strategies will be explored to mitigate this upward trend.

The Committee noted the content of the Public Sector Climate Change Duties Report.

3.4 NHS Lanarkshire Winter Plan

S Sengupta noted the paper before the Committee today, recognising its purpose to provide assurance of plans in place over the coming Winter in terms of system preparedness and resilience. The whole system approach taken by NHS Lanarkshire and HSCP staff was noted. Communication Plans will be in place to ensure local population well informed of plans in place.

Discussion led by M Hill on previous winter plans in terms of any learning from them. What is different in this one. Focus on staffing and rotas. J Jones noted work by HR colleagues, working with ward managers on acute sites to ensure robust rotas in place with appropriate staffing levels identified and covered. Accountability of staff including Acute Nurse Director and Director of Acute Services to review staffing on a ward per ward basis.

P Couser suggested establishment of process that focus on what areas/processes are particularly difficult at this time of year and forward plan this.

A Boyle recognised the Plan focuses on actions, but does not particularly capture the learning of previous years.

The Committee noted the NHS Lanarkshire Winter Plan submitted to Scottish Government.

3.5 South Lanarkshire Integration Joint Board Annual Performance Report 2023-24:

S Sengupta noted the above noted report and the visibility its content offers in relation to the open and accountable performance of the integrated functions the IJB is responsible for. Relevant materials have been made publicly available online and S Sengupta wished to express his gratitude to all staff involved in the preparation of the report. The Committee noted the content of the South Lanarkshire Integration Joint Board Annual Performance Report 2023-24.

3.6 Medical Education Update Report

C Deighan provided summary of content of report prepared by Ian Hunter, Director of Medical Education as follows:

- Undergraduate programme has been well received, with the team successfully managing to accommodate increased number of undergraduate students.
- Postgraduate training programme noted to have many positives and challenges. Improvement in Paediatric department – previously low performers last year, but now recognised as a national high performer this year.
- Surgery at University Hospital Monklands part of a quality management with NES and the General Medical Council. Local action plans are in place as a result of feedback following review visit. Culture initiatives incorporated within the action plan. Monitoring by NES remains ongoing and has been well received.

C Deighan noted challenges in areas such as incremental changes to junior doctor hours' requirement from Scottish Government and European Working Time Directive.

Discussion on GP training and the work to increase the amount of undergraduate and postgraduate training in primary care in order to attract more staff to this area in future.

A Boyle noted recent visit to Medical Education and Training Centre and the positive impressions this had given him.

The Committee noted the content of the Medical Education Report.

3.7 Whole Site Evacuation Update:

J Pravinkumar noted ongoing gap in preparedness for a situation requiring a Whole Site Evacuation, providing update on work currently ongoing. Discussion has commenced within various forums including West of Scotland meetings. There is also recognition of the potential need to take a national approach to solution based outcomes and if required Scottish Resilience Partnership remains open to supporting this route.

The Committee noted that lessons can be learned from similar exercises conducted in England, which have demonstrated good planning practices.

R Coulthard highlighted the need for alignment between mass casualty plans and mass evacuation strategies across all sites.

C Lauder recognised need to develop a plan but also noted importance of recognising what we already have in place.

A Boyle raised the question of where the issue should sit on the Corporate Risk Register. Assurance sought on its inclusion within the corporate risks. Discussion also in relation to major incident plan and inclusion of this on the risk register.

Discussion on current University Hospital Monklands infrastructure, challenges presently experienced and potential outcome if there was need for short-term or indeed long-term evacuation of the site. Risks linked to success of Monklands Replacement Project and indeed potential for a national (Scotland-wide) risk were there to be a whole-site evacuation on a semi-permanent basis.

Two key actions were identified: Development of a strategic plan to be approved at a national level and assurance local policies are in place for emergency preparedness. Progress update on both to be shared at next meeting of the Committee. The Committee noted the content of the Whole Site Evacuation Report.

Action: C Lauder and J Pravinkumar

4 Finance:

4.1 Finance Report at 30 September 2024 (Month 6):

M Breen gave a short presentation on financial position as at 30th September 2024 (Month 6). Note was made of a Month 7 update that would be provided to NHS Lanarkshire Board at next meeting on 28th November 2024.

M Breen noted NHS Lanarkshire to be the best performing of the NHS Territorial Boards in terms of 2024-25 Quarter 2 Forecast position and total overspend above RRL.

M Hill welcomed this positive position for the Board but noted his keenness that NHS Lanarkshire not be disadvantaged due to the constructive work being done to safeguard the Board's fiscal position. The Committee noted the content of the Finance Report.

4.3 Acute Sites Funded Bed Numbers and 2024 Nursing Blueprint Model:

The Committee noted the content of the Acute Sites Funded Bed Numbers of 2024 Nursing Blueprint Model, recognising the work which has been ongoing to produce an updated bed model that identifies appropriate staffing requirements to maintain safe effective patient care within the current operating context, based on delivery of optimum site occupancy of 92% of funded bed capacity.

Clearly identifying proposed number of funded beds within each acute site, the Blueprint underpins accountability of Site Directors and their teams to deliver target site occupancy.

M Hill noted potential improvement offered by adherence to target occupancy and staffing levels but enquired how available permanent staff were to ensure optimal staffing levels were

achieved, noting additional 163.98 WTE nursing staff required and if process in place to manage this. M Breen advised clear monitoring of recruitment process would be carried out.

The Committee approved the content of the Acute Sites Funded Bed Numbers and 2024 Nursing Blueprint Model.

4.4 2023-2024 Annual Procurement Report:

M Breen advised the Committee of the requirement under legislation for public sector bodies such as NHS Lanarkshire which has trade spend in excess of £5 million per annum to publish the 2023-24 Annual Procurement Report. The Committee were content to note this report and corresponding publication.

5 Governance and Assurance:

5.1 Corporate Risk Register: PPRC Corporate Risk Extract:

M Breen gave short overview of the corporate risks aligned with the Committee for their assurance. There remain twelve risks aligned with Planning, Performance & Resources Committee, eight of which are Very High. In line with actions taken by some of the Sub-Committees to ensure sufficient time and focus on corporate risks, the Committee approved the move of this standing item to first discussion point on future agendas directly after completion of Preliminaries. The Committee approved the content of the Corporate Risk Report.

ACTION: A McLean

6. Forward Look:

6.1 There was no other competent business noted.

6.2 Risks and Reflections:

The Committee noted earlier discussion under Item 3.7 in relation to risk around Whole Site Evacuation plans.

6.3 Date and Time of Next Meeting:

Thursday, 16th January 2025 at 10:00am in Meeting Room 10, NHS Lanarkshire HQ, Kirklands, Bothwell.