

	<p style="text-align: center;"><b>ACUTE GOVERNANCE COMMITTEE</b>  <b>Wednesday 21<sup>st</sup> March 2018 at 1100 hours</b>  <b>in Seminar Room 1, Monklands</b></p> <p><b>Attendance:</b>  Dr A. Osborne, Non-Executive Director, Chair  Ms H. Knox, Director of Acute Services  Ms M. Mark, Hospital Site Director University Hospital Wishaw  Mrs J. Edwards, Hospital Site Director, University Hairmyres  Ms N. Summers, Deputy Hospital Site Director, University Hospital Monklands  Mrs J. Park, Director of Access  Dr J. Burns, Medical Director  Mrs A. Campbell - Interim Director of HR Acute  Mrs A. Lindsay, Vice Chair Clydesdale Health &amp; Social Care Forum  Mr D. Masterton, Chair North PPF Representative  Mr D. Yuille, Deputy Director of Finance  Mrs F. Dodd, Director Nursing  Mr M. Fuller, Non-Executive Director  Mrs M. Morris, Non-Executive Director  Ms F. Watson, Operational Support Manager</p> <p><b>Apologies:</b>  Mrs A. Fyfe, Hospital Site Director, University Monklands Hospital  Mr C. McKay, Communications Officer  Ms M. Hunter, Partnership Representative  Mrs M. Waters, Communications Manager  Councillor P. Kelly, Non-Executive Director</p>	
1.	<p><b>Welcome</b></p> <p>Dr Osborne welcomed everyone to the meeting and noted the apologies.</p> <p>Dr Osborne noted her thanks to Mr Phillip Campbell and Mr Thomas Steel for the contribution to the Acute Operating Management Committee and introduced the new members.</p>	
2.	<p><b>Risk Review</b></p> <p>Dr Burns updated the committee on GPST position, noting 20 junior doctor posts will be removed from NHS Lanarkshire's allocation from August 2018. These reductions are:</p> <ul style="list-style-type: none"> <li>• ENT – 1 post</li> <li>• Emergency Medicine – 4 posts</li> <li>• Acute Medicine – 4 posts</li> <li>• General Surgery and Urology – 4 posts</li> <li>• Trauma &amp; Orthopaedics – 7 posts.</li> </ul> <p>Dr Burns highlighted the potential risk in maintaining on call rotas</p>	

	<p>from August 2018 and assured the committee workforce options are being explored.</p> <p>Ms Knox reported that Unscheduled Care risk has been downgraded from Very High to High due to the improved performance.</p> <p>No urgent actions were noted to be undertaken on the current risks.</p>	
3.	<p><b>Minutes of Acute Operating Management Committee Meeting Held on 22<sup>nd</sup> November 2017</b></p> <p>The minutes of the meeting held on 22<sup>nd</sup> November 2017 were approved by the Committee as an accurate record.</p>	
4.	<p><b>Transition to Acute Governance Committee</b></p> <p><b>4.1 Ways of Working</b> Dr Osborne advised the committee that the purpose of the transformation of the committee is to align with the HQAIC and Community Health Partnerships. The committee discussed the new proposed approach.</p> <p><b>4.2 Draft Terms of Reference</b> The Governance Committee reviewed the draft Terms of Reference and following discussion Dr Osborne agreed to feed back the following comments to Paul Cannon:</p> <ul style="list-style-type: none"> <li>• the Acute Governance Committee will meet 5 times per annum, not 6.</li> <li>• the committee are piloting a new approach to providing scrutiny to the agenda in greater depth and at greater speed.</li> <li>• propose removing “Ensuring an appropriate governance route for emergency planning by working closely with other Governance Committees of the Board”.</li> </ul>	AO
5.	<p><b>Performance Overview, Risks and Strategic Agenda</b></p> <p>Ms Knox delivered a presentation to the Acute Governance Committee providing an overview of risks and strategic planning, highlighting key messages related to activity and performance delivery, finance, quality and patient safety and staff governance.</p> <p>Ms Knox noted an improvement in planned care performance and assured the committee that there are no issues with cancer or diagnostics.</p> <p>Ms Knox reported an improvement in HSMR figures from January-March 2014 to October-December 2018.</p> <p>Ms Knox assured the committee that each site has a quality improvement plan in place.</p>	

6.	<p><b>Governance Sub Group Meetings</b></p> <p>The committee broke into the following sub groups to seek assurance on improvement measures being taken:</p> <p><b>Activity</b> – Heather Knox, Judith Park, Avril Osborne, Nichola Summers</p> <p><b>Finance</b> – Derek Yuille, Margaret Morris and Donald Masterton</p> <p><b>People/Staff</b> – Annmarie Campbell, Michael Fuller</p> <p><b>Quality/Patient Safety/Clinical Governance</b> – Frances Dodd, Jane Burns and Ann Lindsay</p>	
7.	<p><b>Governance Sub Groups Feedback</b></p> <p><b>Activity</b> Mrs Park updated the committee regarding both planned care and unscheduled care performance.</p> <p><b>Finance</b> Mr Yuille provided assurance regarding a reduction in bank and agency nurse usage. Mr Yuille reported the impact on the Division associated with high cost drugs.</p> <p><b>People/Staff</b> Mrs Campbell updated the committee on workforce information. Mrs Campbell and Ms Knox will meet and agree a model of future reporting.</p> <p><b>Quality/Patient Safety/Clinical Governance</b> Mrs Dodd assured the committee that learning is shared across the sites and provided information about the approach to Governance. Mrs Lindsay was assured that teams have ownership.</p> <p>The committee discussed support services, financial constraints, infection control. The Executive Directors provided assurance regarding strategic work and 2020 vision.</p>	AMC /HK
8.	<p><b>Risk Register Report</b></p> <p>No Acute Risk Register Report was available due to IT issues. Ms Knox provided the committee with assurance that the risks are being managed and reviewed in keeping with NHS Lanarkshire's Risk Policy.</p>	

9.	<p><b>Media Report</b></p> <p>The Acute Governance Committee noted the Media Report.</p>	
10.	<p><b>Items for Noting</b></p> <p><b>10.1 Human Resources &amp; Workforce Report</b> The committee noted the report.</p> <p><b>10.2 Nursing/HAI Update</b> The committee noted the report and was assured by the progress being made on the key issues within nursing.</p> <p><b>10.3 Medical Staffing Report</b> Following discussion regarding significantly fewer Junior Doctors in hospitals from August 2018, Dr Osborne agreed to raise Acute Medical Staffing issues with Board.</p> <p><b>10.4 Waiting Times Report</b> The committee noted the report. Mrs Park asked the committee to note the factors contributing to the delivery of the Treatment Time Guarantee and Referral to Treatment targets in key specialties.</p> <p><b>10.5 Unscheduled Care Report</b> The committee noted the report and noted the improvement at Monklands and Wishaw and the priorities action in the 3 distinct areas being implemented to address the performance gap, as well as the challenges around delayed discharge demand and performance.</p> <p><b>10.6 Hairmyres Performance Report</b> The committee noted the report.</p> <p>Mrs Edwards reported improvements in Ophthalmology services. Dr Osborne suggested that Ophthalmology Services should be invited to the Acute Governance Committee to share improvement work.</p> <p>The committee acknowledged that Glasgow 15 continues to contribute to additional pressure on the Hairmyres site.</p> <p><b>10.7 Monklands Performance Report</b> The committee noted the report.</p> <p><b>10.8 Wishaw Performance Report</b> The committee noted the report.</p> <p>The Hospital Site Directors assured the committee that they are communicating the Health &amp; Social Care Partnership colleagues regarding delayed discharge demand and performance.</p>	FW

<p>10.9</p> <p>10.10</p> <p>10.11</p> <p>10.12</p>	<p>The Hospital Site Directors highlighted the ongoing issues related to Scottish Ambulance Services (SAS). The committee was assured that regular meetings are arranged with the SAS in an attempt to improve these issues.</p> <p>The committee discussed Time of Day discharge. Despite the Hospital Site Directors advising that a Daily Dynamic Discharge Approach has been launched on all 3 sites the Non-Executive Directors requested to see a more detailed analysis in future performance reports.</p> <p>Mrs Park reiterated the Medinet process and the governance structure supporting this activity.</p> <p>The committee noted the consequences associated with the Out of Hour Service delivery issues.</p> <p>The committee was assured by HSMR improvements, particularly at Wishaw General Hospital.</p> <p><b>Finance Report</b> The committee noted the report. Mr Yuille assured the committee that despite challenges throughout 2017-18, there is a growing confidence that the Division will remain within the overspend limit agreed at the Mid-Year review.</p> <p><b>Quality Assurance &amp; Improvement Update</b> The committee noted the report and Dr Osborne confirmed content and level of detail is appropriate for Acute Governance Committee</p> <p><b>North JIB Minutes 23/11/17</b> The Acute Governance Committee noted the North JIB's Minutes from the meeting held on 23<sup>rd</sup> November 2017.</p> <p><b>South JIBs Minutes 05/12/17</b> The Acute Governance Committee noted the South JIB's Minutes from the meeting held on 5<sup>th</sup> December 2017.</p>	<p>HSDs</p>
<p>11.</p>	<p><b>Risk Register</b></p> <p>No new risks were identified and no immediate action were noted to be taken.</p>	
<p>12.</p>	<p><b>Reflection on New Ways of Working</b></p> <p>The committee reflected on the new ways of working. Following discussion, it was agreed that in an attempt to avoid duplication Non-Executive Directors should review the reports and submit any questions to the subgroup prior the meetings.</p>	
<p>13.</p>	<p><b>AOCB</b></p>	

	No other business was noted.	
14.	<b>Date &amp; Time of Next Meeting</b>  The date of the next meeting of the Acute Governance Committee as been changed and will now be held on Friday 25 <sup>th</sup> May 2018 at 1130 hours in the Boardroom, Kirklands Headquarters.	

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