



	<p style="text-align: center;"><b>ACUTE GOVERNANCE COMMITTEE</b>  <b>Wednesday 20<sup>th</sup> November 2019 at 1400 hours</b>  <b>in Boardroom, Kirklands</b></p> <p><b>Attendance:</b>  Dr A. Osborne, Non-Executive Director, Chair  Ms. H. Knox, Director of Acute Services  Mrs. J. Park, Director of Access  Mrs. F. Dodd, Director of Nursing  Mrs. M. Meek, Hospital Site Director, University Hospital Monklands  Mr. R Coulthard, Hospital Site Director, University Hospital Hairmyres  Mr. M. McLuskey, Interim Director of Finance  Mrs. A. Campbell - HR Manager Acute  Mr. S. Peebles, Hospital Site Director, University Hospital Wishaw  Councilor P. Kelly, Non-Executive Director  Ms. L. Thomson, Non-Executive Director  Mrs. M. Morris, Non-Executive Director  Ms. J. McColl, Deputy Director of Communications  Mr. M. Fuller, Non-Executive Director  Mr. J. Wilson, Chair of North Public Partnership Forum  Mr. D. Downie, Vice Chair of South H&amp;SC Forum  Mrs. F Anderson, Operational Support Manager</p> <p><b>In Attendance</b>  Item 4 – Mr. C Sharkey, Surgical Service Manager, UHH  Item 11.8 – Mrs. L Drummond, Head of Assurance</p> <p><b>Apologies:</b>  Ms. M. Hunter, Partnership Representative  Dr. J. Keaney, Director of Medical Services</p>	
1.	<p><b>Welcome</b></p> <p>Dr Osborne welcomed everyone to the meeting and noted the apologies. Dr Osborne welcomed and introduced John Wilson, Chair of the North Public Partnership Forum to the committee.</p>	
2.	<p><b>Risk Review</b></p> <p>Ms Knox reported that the Unscheduled Care risk has been escalated from high to very high, given the current significant pressures and impact that this is having on staff and services.</p>	

	<p>The Committee noted that there were no immediate updates to any other current risks in terms of controls in place or risk level and no urgent actions were noted to be undertaken.</p>	
3.	<p><b>Minutes of Acute Operating Management Committee Meeting Held on 18<sup>th</sup> September 2019</b></p> <p>The Acute Governance Committee accepted the minutes as an accurate log of the meeting held on 18<sup>th</sup> September 2019.</p> <p>The action log was reviewed.</p> <p>Dr Osborne confirmed that she has written to Mrs Lindsay and Mr Masterton and thanked them for their contribution to the committee. The committee agreed this action should be closed.</p> <p>Mrs Park reported that a further Regional Meeting is scheduled to be held on 28<sup>th</sup> November 2019 to discuss Interventional Radiology (IR). Mrs Park noted that NHS Lanarkshire have met with Sharon Adamson, Regional Lead and IR Consultants to discuss the issues within NHS Lanarkshire and the potential impact on diagnostic services. Mrs Park advised that there are no changes to the current arrangements. The Committee were assured that Interventional Radiology remains Very High on the Acute Risk Register, with appropriate mitigating controls in place. The risk continues to be reviewed, in keeping with NHS Lanarkshire's Risk Management Policy. Dr Osborne requested that Mrs Park provide the committee with a verbal update in March 2020.</p>	JP
4.	<p><b>Specialist Interest Item</b></p> <p><b>Vascular Service</b></p> <p>Mr Cameron Sharkey delivered a presentation, updating the Acute Governance Committee on Establishing a Regional Arterial (Vascular) Centre at University Hospital Hairmyres.</p> <p>A copy of the presentation is embedded for information.</p>  <p>Vascular Acute C</p> <p>Mrs Dodd highlighted the potential opportunities for staff within NHS Lanarkshire, noting the intention to expand the vascular team. The Acute Division are confident that having a centre of excellence within NHS Lanarkshire will attract staff, including radiographers.</p> <p>Ms Knox reported that there is correlation between clinical outcomes and volume of activity and the policy guidance directs us to regional specialised centres.</p>	

	<p>The committee discussed the financial impact and Mr McLuskey confirmed that a paper is being prepared to be presented to the West of Scotland Group and discussions are well advanced. A Service Model agreement is in place, which is activity driven.</p> <p>Dr Osborne enquired about patient flow and the SAS. Mr Coulthard noted that despite this being a risk, mitigating actions are in place and the Rehabilitation Network is well established. Mr Coulthard advised that SAS colleagues were involved in planning phase. The Acute Governance Committee were assured that appropriate actions are in place and the risk is being managed appropriately.</p> <p>The committee discussed governance arrangements and Ms Knox advised that an update would be provided to PPRC and the Board in due course. Cameron Sharkey will provide an update to the Acute Governance Committee in July 2020.</p>	CS
5.	<p><b>Performance Overview, Risks and Strategic Agenda</b></p> <p>Ms Knox delivered a presentation on performance, which is embedded for information.</p>  <p>Overview Presentation 2021</p> <p>Ms Knox highlighted the key performance issues. Mrs Park assured the committed that outpatients is on trajectory but TTG is more challenging. Ms Knox reported that NHS Lanarkshire is the best performing Board in Scotland regarding finance and is on target to achieve targets.</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>Activity – Heather Knox, Judith Park, Margaret Meek, Lesley Thomson and Paul Kelly</p> <p>Finance - Michael McLuskey and Michael Fuller</p> <p>People/Staff - Ann Marie Campbell, Avril Osborne and John Wilson</p> <p>Quality/Patient Safety/Clinical Governance – Frances Dodd, Margaret Morris and David Downie.</p>	
7.	<p><b>Governance Sub Groups Feedback</b></p> <p>7.1 Activity – Ms Knox reported that discussion focused on planned care targets and the work being undertaken to achieve year end targets.</p>	

<p>The group acknowledged that NHS Scotland will explore different models of unscheduled care, given the challenges being experienced. Ms Knox encouraged the Non-Executives read the King's Fund best practice reviews and especially the Canterbury model in New Zealand.</p> <p>7.2 Finance – Mr McLuskey reported that discussion focused on increased nursing agency staffing, which is contributable to the increased unscheduled care demand.</p> <p>The committee were assured to hear that the recent pay uplifts have been fully funded.</p> <p>The committee considered demographics and growth and Mr McLuskey advised that resource allocation is primarily population driven, not deprivation.</p> <p>7.3 People/Staff – Mrs Campbell reported that the discussion focused on nurse vacancy levels and the continued recruitment drive. Mrs Campbell assured the committee that additional clinical support workers are employed to compliment the nursing workforce, but not replace nursing staff. Mrs Dodd stated Chiefs of Nursing and Senior Charge Nurses ensure that nursing staff are reminded of delegation responsibilities.</p> <p>The introduction of Job Train, was also discussed. The Executive Directors reported was a quicker process.</p> <p>Mrs Campbell advised that an annual report would be produced outlining quantitative data regarding disputes and bullying and this will be shared with the committee when available.</p> <p>The committee were updated regarding the Salus/Occupational redesign which is focusing on staff with long term conditions.</p> <p>7.4 Quality/Patient Safety/Clinical Governance - Mrs Dodd reported that discussion focused on the introduction of Job Train, staffing vacancies in UHM and the processes in place to support the welfare of newly registered nurses.</p> <p>Mrs Dodd advised that the age profile of the current midwifery workforce is at the high end of the 40s and into the mid to late 50s and in nursing NHS Lanarkshire are recruiting all year to try and get to 97% of staff in post but are struggling to reach this.</p> <p>Mrs Dodd reported that NHS Lanarkshire is not an outlier for still births for the reporting period in the MBRRACE report. Mrs Dodd assured the committee that NHS Lanarkshire continually check data through local processes within maternity and are working on improvements such as the “nurture ribbon” to encourage women to notice baby movement and escalate.</p>	<p>AMC</p>
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	Dr Osborne enquired about the efficacy of the model and asked that further assurance is given to the committee in March 2020.	FD
8.	<p><b>Risk Register</b></p> <p>The Acute Governance Committee approved the Acute Risk Register report, noting that this paper has been reviewed and endorsed by the Acute Divisional Management Team (DMT). The Committee are assured that risks are being reviewed in keeping with NHS Lanarkshire's Risk Management Policy.</p> <p>Mrs Knox reiterated that the corporate unscheduled care risk has been escalated from high to very high and the Acute Governance Committee endorsed this.</p> <p>Following discussion, the committee agreed to reduce the risk level from Very High to High for the risk associated with Outpatient Trajectory as the Division is significantly under trajectory.</p> <p>The committee were asked to consider closing Risk 1019 as NHS Lanarkshire HSMR mortality data is no longer used and improvement has been reached. Following discussion the committee requested that Dr Keaney provide them with a short report at the meeting in March 2020 regarding the crude mortality. At this time a decision will be made regarding the appropriateness to close the risk.</p>	JP  JK
9.	<p><b>Media Report</b></p> <p>Mrs McColl provided the Acute Governance Committee with an update on the media coverage regarding the Acute Division for 1 September to 31 October 2019, as well as highlighting NHS Lanarkshire's performance in complying with the Freedom of Information (FOI) Act 2020 for quarter 2 for 2019/20. Mrs McColl advised that additional resource has been secured from January 2020 and it is anticipated that this will improve the response times for FOIs.</p> <p>Ms Thomson asked if it is appropriate for the Communications Department to respond to FOIs and following discussion, she was assured that the staff in the Communications Department have the appropriate skills and are best placed to undertake this work.</p>	
10.	<p><b>Site Performance Reports</b></p> <p><b>10.1 Monklands Performance Report</b>  <b>10.2 Wishaw Performance Report</b>  <b>10.3 Hairmyres Performance Report</b></p> <p>The HSDs updated the committee on performance and attendances, highlighted challenges and improvement plans. All 3 HSDs stated that staff resilience remains a concern.</p>	

	<p>Following enquiry from Dr Osborne regarding targets as we enter winter, Ms Knox provided assurance that the target is to stabilise performance, reduce long waits and improve patient experience. Ms Knox reported that 30 additional beds have been opened on at UHH and while there will be a cost impact this would not prevent their beds being used.</p> <p>The committee noted that they are assured that the appropriate actions are being taken to deal with the current situation, but are worried about staff resilience. Mrs Dodd reported work being undertaken by the Spiritual Care team to support well-being of staff. Mr Peebles invited the committee members to attend the Big Breakfast Bash and pause for staff arranged at UHW on 28<sup>th</sup> November 2019. Dr Osborne asked Ms Knox to consider adding staff resilience to the Acute Risk Register. Mrs Campbell was asked to also discuss this with John White, HR Director.</p> <p>Mrs Park reported that during Quarter 1 and 2 NHS Lanarkshire did not required the 5000 Dermatology appointments contracted so these were flexed and used across other specialties experiencing challenges.</p> <p>Mr Fuller asked if NHS Lanarkshire has the ability to set up its own transport service given the issues associated with SAS. Mrs Dodd acknowledged the required for a 24/7 service and assured the committee discussion with the SAS are planned.</p>	<p>HK AMC</p>
11.	<p><b>Items for Noting</b></p> <p><b>11.1 Human Resources &amp; Workforce Report</b> The committee noted the report.</p> <p><b>11.2 Nursing/HAI Update</b> The committee noted the report.</p> <p><b>11.3 Medical Staffing Report</b> The committee noted the report.</p> <p><b>11.4 Waiting Times Report</b> The committee noted the report.</p> <p><b>11.5 Unscheduled Care Report</b> The committee noted the report.</p> <p><b>11.6 Finance Report</b> The committee noted the report.</p> <p><b>11.7 Quality Assurance &amp; Improvement Update</b> The committee noted the report.</p>	

	<p><b>11.8 Complaints Report</b> Mrs Drummond shared a report based on the national indicators, providing information on feedback and complaints activity across the Division between 1 April and 30 June 2019. Mrs Drummond highlighted that there have been a number of ongoing Datix issues that have prevented accurate and timely production of the complaint data.</p> <p>The committee agreed this report is useful and suggested some standardisation needs to be undertaken. Dr Osborne suggested that she meet with Mr Fuller, Ms Knox and Mrs Drummond to discuss and agree a framework. Mrs Anderson will arrange this meeting.</p> <p><b>11.9 Draft South JIB Minutes June 2018</b> The committee noted the minutes.</p> <p><b>11.10 South JIB Minutes</b> The committee noted no updated minutes were available. The next South JIB meeting is scheduled to be held in December 2019.</p>	FA
12.	<p><b>Risk Register</b></p> <p>Dr Osborne asked Ms Knox to consider adding staff resilience to the Acute Risk Register.</p>	HK
13.	<p><b>AOCB</b></p> <p><b>13.1 Updated TOR</b> The committee noted the TOR. Fiona Anderson will update the membership and share electronically for information.</p> <p>The committee reiterated that they are concerned about the staff wellbeing.</p>	FA
14.	<p><b>Date &amp; Time of Next Meeting</b></p> <p>The next meeting of the Acute Governance Committee is scheduled to be held in the Boardroom, University Hospital Wishaw, on Wednesday 18<sup>th</sup> March 2020 at 1400 hours.</p>	