



Lanarkshire NHS Board
 Kirklands
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Meeting of Lanarkshire NHS Board
 29th January 2020

SUBJECT:

1. PURPOSE

The Exception Report is coming to the Lanarkshire NHS Board

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE LANARKSHIRE NHS BOARD

The Exception Report has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Chair of the Acute Governance Committee and Director of Acute Services

3. SUMMARY OF KEY ISSUES

The Acute Governance Committee met on 20th November 2019 and an exception report was submitted to the PPRC in November 2019. A meeting of the Acute Governance Committee will meet again on 18th March 2020 and key issues, performance and improvements will be highlighted.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	✓	Effective	✓	Person Centred	✓
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	✓
People are able to live well at home or in the community; (Person Centred)	✓
Everyone has a positive experience of healthcare; (Person Centred)	✓
Staff feel supported and engaged; (Effective)	✓
Healthcare is safe for every person, every time; (Safe)	✓
Best use is made of available resources. (Effective)	✓

6. MEASURES FOR IMPROVEMENT

Summarised in report.

7. FINANCIAL IMPLICATIONS

N/A

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A review of the Acute Risk Register is being undertaken, led by the Acute Risk Facilitators. A verbal update will be provided at next Acute Governance Committee in March 2020 around the Interventional Radiology risk. The HSMR risk has been closed as this is no longer a risk, the committee will be provided with an update in March 2020. Following discussion at the Governance committee in November 2019, a new risk around staff resilience has been added to the Acute Risk Register.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	✓	Effective partnerships	✓	Governance and accountability	✓
Use of resources	✓	Performance Management	✓	Equality	✓
Sustainability Management	✓		✓		

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Applies to antenatal performance data.

11. CONSULTATION AND ENGAGEMENT

N/A

12. ACTIONS FOR THE LANARKSHIRE NHS BOARD

The Lanarkshire NHS Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

The Lanarkshire Planning, Performance, Resource Committee (PPRC) will receive an Access Report in February 2020. For further information about any aspect of this paper, please contact:

Avril Osborne

Heather A Knox

Dr Avril Osborne
Chair of Acute Governance Committee

Ms Heather Knox
Director of Acute Services

20th January 2020

ACUTE EXCEPTION REPORT FOR LANARKSHIRE NHS BOARD**Key Issues to Highlight**

1. A verbal update will be provided following a Regional meeting regarding Interventional Radiology. This remains a very high risk.
2. Activity, finance, staff governance and quality/patient safety will be discussed at the Acute Governance Committee meeting in March 2020.
3. The Acute Division faces financial challenges, with particular pressures emerging in Unscheduled Care areas. Good cost containment and ongoing monitoring of CRES schemes are required to ensure delivery of the overall Board financial targets.
4. TTG Planned Care Targets are off trajectory, impacted upon by Unscheduled Care issues. Outpatients Planned Care targets are largely on trajectory.
5. Unscheduled Care is an area where performance has deteriorated to below Scottish average. Multiplicity of initiatives to address the pressures, but also recognised the need to review staffing resource and models in light of a potentially sustained increase in demand. Development and implementation of Introduction of Significant Incident- Full Capacity Protocol (SI-FCP). The Acute Divisional Management Team maintains a high level of focus on unscheduled care.
6. Unscheduled Care remains Very High on the Acute Risk Register. Staff resilience added to Risk Register.