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**Meeting of Lanarkshire NHS Board**  
**15<sup>th</sup> December 2021**

**SUBJECT: EXCEPTION REPORT FROM ACUTE GOVERNANCE**  
**COMMITTEE, 1<sup>ST</sup> DECEMBER 2021**

**1. PURPOSE**

The Exception Report from the Acute Governance Committee 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 and Chair Elect of the Acute Governance Committee and Director of Acute Services.

**3. SUMMARY OF KEY ISSUES**

Feedback from Acute Governance Committee on 1<sup>st</sup> December 2021, highlighting the current covid-19 Pandemic status and response, organisational black status and continuing focus on patient safety, past and present performance position regarding TTG recovery/remobilisation, clinical prioritisation, Outpatient, Unscheduled Care/Redesign of Urgent Care/Admission conversion, capacity, patient flow, winter planning and workforce pressures/resilience. An update on the laboratory contract programme was delivered. All areas were analysed in relation to risk and mitigating controls.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	✓	AOP/RMP 4	✓	Government policy	✓
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	✓	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

Small current underspend noted in the RMP4 report.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Acute Governance Committee were assured that the Acute Risk Register is being reviewed and updated in keeping with NHS Lanarkshire's Risk Management Policy. Very High graded risks were highlighted to the committee.

#### 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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

## 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

N/A

## 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	✓	Accept the risk identified	✓	Ask for a further report	<input type="checkbox"/>

## 13. FURTHER INFORMATION

The Board will continue to receive Performance updates. For further information about any aspect of this paper, please contact:

*Avril Osborne*

Lesley McDonald

Dr Avril Osborne  
Chair of Acute Governance Committee

Mrs Judith Park  
Director of Acute Services

Ms Lesley McDonald  
Elect of Acute Governance Committee

1<sup>st</sup> December 2021

**Acute Governance Committee**  
(Meeting on 1<sup>st</sup> December 2021)  
Chair: Dr Avril Osborne

**Key Issues Considered**

1. The available time was challenged due to pressures associated with Covid-19 and service pressures. Prior to the meeting, it was agreed, in the circumstances that the meeting was restricted to one hour and focused on an overview of capacity in both unscheduled and urgent scheduled care presented by the Director of Acute Services and Deputy Director of Acute Services. Laboratory Managed Contract update was provided. Operational Managers were excused from the meeting, but the meeting was attended by the Director of Acute Services, Deputy Director of Acute Services, Acute Directors of Nursing and Medicine and Director of Access. In other respects, the meeting was fully attended.
2. Discussion focused on increasing challenges associated with Covid-19, unscheduled care, scheduled urgent care, admissions and recovery of inpatient and outpatient activity based on clinical priority and remobilisation planning.
3. The Acute Governance Committee were assured that the Risk Register continues to be reviewed and updated by Risk Owners and Risk Leads.
4. The Acute Governance Committee discussed staffing availability, staff resilience, staff well-being, support and the long term emotional impact on staff. The Acute Governance Committee commended the ongoing commitment of all staff to the service with patient safety at its core.
5. The Acute Governance Committee noted that the Strategic Command reviews organisational status weekly and supported the judgements taken by Strategic Command on an ongoing basis.
6. The Acute Governance Committee agreed that any findings from the analysis of unintended consequences for inpatients due service pressures would be shared with Committee and NHS Lanarkshire Board. The Acute Governance Committed noted learning will be shared across the Division.
7. The Acute Governance Committee noted the Laboratory contract update and agreed reporting mechanisms going forward.
8. The Acute Governance Committee sought assurance that Scottish Government colleagues are fully conversant with the challenges and implications of service pressure within NHS Lanarkshire.
9. The Acute Governance Committee reflected on whether greater public awareness of pressures on Acute services could be achieved through local and national communication.
10. The Acute Governance Committee noted the positive impact of MACA support and the bid for extended support.
11. The Acute Governance Committee emphasised its willingness to support the Acute Divisional Management Team and staff in any way possible.
12. The Director of Acute Services and Medical Director referenced a number improvement initiatives being explored, e.g., interface care, new therapies. The Director of Acute Services also referenced ongoing analysis of the impact on patient experience from service pressures.
13. The Acute Governance Committee noted that senior members of Scottish Government will be visiting University Hospital Wishaw in December 2021, where all service pressures are evident and there is particular overcrowding of patients.

**Key Issues to Highlight**

1. A verbal update regarding very high risks was presented. The Acute Governance Committee noted that these relate to;
  - TTG Recovery/Remobilisation
  - Unscheduled Care/Urgent Scheduled Care
  - Staffing

**Any Decisions / Approvals taken to highlight**

1. Future reporting of the Labs contract as remitted to the Acute Governance Committee.

**Any risks identified that need to be highlighted**

1. Staffing
2. TTG Recovery/Remobilisation
3. Unscheduled Care/Scheduled Urgent Care

**Performance**

RMP 4 noted.