Meeting of NHS Board 31st March 2021

Lanarkshire NHS Board Kirklands Fallside Road **Bothwell** G71 8BB



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EXCEPTION REPORT FROM ACUTE GOVERNANCE **SUBIECT:**

MMITTEE, 24 TH MAI	kCH 2021		
PURPOSE			
1 1	the Acute Governance Com	amittee is coming to the La	anarkshire
For approval	For endorsement	To note	
ROUTE TO THE	E LANARKSHIRE NHS B	OARD	
Exception Report has b	een:		
Prepared	Reviewed		
he Chair of the Acute G	overnance Committee and Di	rector of Acute Services.	
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ent Care/Admission correstoration and risk man		o Covid-19, capacity, remo	
restoration and risk man	agement. NTEXT	O Covid-19, capacity, remo	
	Exception Report from S Board. For approval ROUTE TO THE Exception Report has be Prepared The Chair of the Acute Good SUMMARY OF K dback from Acute Gove	Exception Report from the Acute Governance Comes Board. For approval For endorsement ROUTE TO THE LANARKSHIRE NHS Best Exception Report has been: Prepared Reviewed The Chair of the Acute Governance Committee and Dissection Summary OF KEY ISSUES dback from Acute Governance Committee on 24th	Exception Report from the Acute Governance Committee is coming to the Last Board. For approval

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

Three Quality Ambitions:

Safe	Effective	Person Centred	

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. RSK ASSESSMENT/MANAGEMENT IMPLICATIONS

Review of the Acute Risk Register continues to be undertaken, led by the Acute Risk Facilitators. Risks associated with Covid-19 and Very High graded risks were highlighted to the committee. Verbal updated regarding Interventional Radiology received.

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	Equality	
	Management		
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	Endorse	Ident	ify fur	ther	actions	
Note	Accept the risk identified	Ask	for	a	further	
		repor	t			

13. FURTHER INFORMATION

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

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Dr Avril Osborne Chair of Acute Governance Committee Mrs Judith Park Director of Acute Services

24th March 2021

Acute Governance Committee

(Meeting on 24th March 2021) Chair: Dr Avril Osborne

Key Issues Considered

- 1. Prior to the meeting, it was agreed, in the circumstances, Operational Managers were excused from the meeting, but attended by the Director of Acute Services, Acute Directors of Nursing and Medicine. An update regarding Vascular Services was provided by University Hospital Hairmyres Site Director.
- 2. The minutes and action log from the previous meeting in January 2021 were noted and updates provided.
- 3. The committee considered the original work plan and revised work plan from 2020/2021 and agreed the work plan for 2021/2022.
- 4. A presentation regarding Whistle-Blowing was delivered by Lesley McDonald, Non-Executive Director, providing information of the Whistle-Blowing Champion's role in the organisation and onward dissemination through Acute Services was agreed.
- 5. An update regarding Vascular Services was provided. The approved tenders were noted and anticipated completion date of September 2021 was noted. Interconnection with Interventional Radiology discussed and noted.
- 6. An overview presentation providing the committee with updated information on key aspects of Covid related activity, in-patient capacity, unscheduled care performance of the 4 Hour Waiting Time Standard, with particular reference to 8 and 12-hour performance, cancer waiting time performance, TTG and outpatient performance, clinical prioritisation, remobilisation, staffing absence levels and well-being, hand hygiene, very high graded risks, redesign of urgent care and finance were all covered.
- 7. The Risk Register, currently subject to review, was referenced as part of the presentation and a report received prior to the meeting. Improvement in SAER performance noted. Currently there are no SAERs outstanding over 150 days within the Acute Division.
- 8. There was discussion regarding staff resilience, deployment of staff, staff well-being and support and long term emotional impact on staff.
- 9. The committee noted the North and South IJB Minutes.

Key Issues to Highlight

- 1. A verbal updated regarding very high risks was presented. The committee noted these relate to;
 - Interventional Radiology
 - TTG
 - Consistent Availability of Reagents for Covid Testing
 - Radiologist Staffing

2. The Acute Governance was assured that the Acute Division forecast a breakeven financial position for 2020-2021.

Any Decisions / Approvals taken to highlight

- 1. The Hospital Site Directors will continue to report against the Acute Governance Committee Assurance quadrant using the revised format.
- 2. Vascular Surgery update will be provided following completion of works to the Acute Governance Committee in November 2021, thereafter via the University Hospital Hairmyres update report.
- 3. The 2020/2021 Annual Report and 2020/2021 Work Plan template will be shared with Committee prior to submission to Board.

Any risks identified that need to be highlighted

- 1. TTG
- 2. Interventional Radiology
- 3. Radiology Staffing
- 4. Consistent Availability of Reagents for Covid Testing

Performance

AOP indicators awaited.