



Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board
 26th May 2021

**SUBJECT: EXCEPTION REPORT FROM ACUTE GOVERNANCE COMMITTEE,
 19TH MAY 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 of the Acute Governance Committee and Director of Acute Services.

3. SUMMARY OF KEY ISSUES

Feedback from Acute Governance Committee on 19th May 2021, highlighting Cancer performance and remobilisation of Cancer Services, past and present performance position regarding TTG recovery/remobilisation, Clinical Prioritisation, Outpatient, Unscheduled Care/Redesign of Urgent Care/Admission conversion, response to Covid-19, capacity, remobilisation and restoration and risk management.

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	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

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

6. MEASURES FOR IMPROVEMENT

Summarised in report.

7. FINANCIAL IMPLICATIONS

N/A

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Review of the Acute Risk Register has been completed by the 3 sites and Access Division. This will now be subject to review by Director of Acute Services, Acute Nurse Director and Acute Medical Director. Very High graded risks were highlighted to the committee. Two emerging risks were highlighted to the committee, and will be formalised on the risk register.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

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 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
Chair Elect of Acute Governance Committee

19th May 2021

Acute Governance Committee

(Meeting on 19th May 2021)

Chair: Dr Avril Osborne

Key Issues Considered

1. The minutes and action log from the previous meeting in March 2021 were noted and updates provided.
2. The Committee noted and agreed the work plan for 2021/2022.
3. Governance Sub Groups discussed activity, finance, staff governance and quality/patient safety. Discussion focused on increasing challenges associated with unscheduled care, admissions and recovery of inpatient and outpatient activity based on clinical priority and remobilisation planning.
4. An excellent presentation regarding Cancer Services was delivered by Lynn Mack, Cancer Service Manager, providing information on performance, the impact Covid 19 has had on Cancer Services, challenges and mitigations within the service and workforce.
5. An overview presentation provided 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, TTG recovery and remobilisation, outpatient performance, clinical prioritisation, remobilisation, very high graded risks, redesign of urgent care and 2020/21 finance performance.
6. The Committee noted the financial gap in 2021/2022.
7. The Risk Register has been reviewed by Risk Owners and Risk Leads and is currently subject to review by Director of Acute Services, Acute Nurse Director and Acute Medical Director.
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 a return to focused quality improvement work.
10. The Committee noted the North IJB Minutes. South IJB Minutes were not available at this time.

Key Issues to Highlight

1. A verbal updated regarding very high risks was presented. The Committee noted these relate to;
 - TTG Recovery/Remobilisation
 - Unscheduled Care/Urgent Care
 - Radiologist Staffing
 - Emerging Risks
2. The Acute Governance Committee was informed that the Acute Division ended 2020/2021 with an underspend of £0.021m. The Committee was assured that the Covid 19 spend of £28.157m for the year was met fully from additional Scottish Government funding.

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. Finance and Trauma & Orthopaedic updates will be provided to the Acute Governance Committee in July 2021.

Any risks identified that need to be highlighted

1. TTG Recovery/Remobilisation
2. Unscheduled Care/Urgent Care

3. Radiology Staffing
4. Emerging Risks

Performance

AOP indicators awaited.