



Lanarkshire NHS Board
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Meeting of Lanarkshire NHS Board
30th March 2022

SUBJECT: EXCEPTION REPORT FROM ACUTE GOVERNANCE COMMITTEE, 23RD MARCH 2022

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.

2. SUMMARY OF KEY ISSUES

Feedback from Acute Governance Committee on 23rd March 2022, highlighting the significant increase in covid positive inpatients across the 3 Acute sites and the resulting staffing impact; continuing focus on patient safety, risk mitigation and staff well-being; past and present performance position regarding TTG recovery/remobilisation, clinical prioritisation, Outpatient, Unscheduled Care, capacity, patient flow and workforce pressures/resilience. A presentation regarding robotic assisted surgery was delivered. A verbal update on the laboratory contract was delivered. All areas were analysed and assurance provided in relation to risks and mitigating controls.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP/RMP 5	<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 checked="" 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

The Committee are aware of targets.

7. FINANCIAL IMPLICATIONS

Acute Division financial performance in 2021-22 noted and financial risks going into 2022-23 discussed.

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. The Board Secretary has advised that there is an ongoing piece of work in relation to risk management in conjunction with other Boards to ensure that in so far as possible, scrutiny takes place at Committees and reports are clearly linked to the risk

register. Development sessions to take this work forward are planned in June and July 2022.

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

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:

Lesley McDonald

Ms Lesley McDonald
Chair of Acute Governance Committee

Judith Park

Mrs Judith Park
Director of Acute Services

23rd March 2022

Acute Governance Committee

(Meeting on 23rd March 2022)

Chair: Ms Lesley McDonald

Key Issues Considered

1. The Director of Acute Services updated the Committee Members regarding the covid situation and provided an overview on 4 hour ED compliance, ED attendances, occupancy rates (both in wards and overcrowding in the Emergency Departments), outpatient and elective waiting times, as well as very high graded risks.
2. The Acute Governance Committee discussed staffing availability, staff resilience, staff well-being, support and the long term emotional impact on staff. The ongoing commitment of all staff to the service with patient safety at its core was recognised.
3. The Director of Acute Services provided an update on provisional timescales that improvement trajectories will need to be considered within.
4. A Robotic Assisted Surgery presentation was delivered.
5. A verbal update regarding the Laboratory Managed Contract was provided and the Committee noted that a paper would be prepared and considered at the March Board meeting.
6. The Acute Governance Committee were briefed on the operational and patient placement challenge associated with the increased Covid-19 numbers. The Acute Nurse Director provided assurance that individual patient placement templates are completed on a daily basis for any patient who is being cared for in a non-standard clinical area. The Committee were advised that Action plans are in place, in an attempt to improve stroke bundle deterioration.
7. The Committee noted that an Action Plan has been prepared and submitted in response to the recent unannounced HIS visit.
8. The Acute Medical Director highlighted the increased number of complaints associated with waiting time concerns and provided assurance that Acute Clinical Governance & Risk Management Committee is actively monitoring trends in SAERs. The value of some of the existing quality outcome indicators will be considered.
9. The Committee noted that all staff had received an email from the Strategic Commanders, acknowledging the exceptional pressures and the impact of reduced staffing levels through sickness absence level.
10. The Acute Governance Committee were assured that the Risk Register continues to be reviewed and updated by Risk Owners and Risk Leads. The committee noted work being undertaken to review of risks on the corporate register that have emerged as a 'single' entity at different points in time over the period of emergency footing have been reviewed over the last month and review will continue in preparation for the progression of the assurance reporting planned for this year and the work being undertaken to improve mitigation management and scrutiny.

Key Issues to Highlight

A verbal update regarding very high risks was presented. The Acute Governance Committee noted that these relate to;

1. Interventional Radiography
2. Radiology Staffing
3. Treatment of clinical prioritised patients

4. Neonatal Service
5. Labs Managed Contract
6. Staff Well Being
7. TTG Recovery/Remobilisation
8. Unscheduled Care/Scheduled Urgent Care

Any Decisions / Approvals taken to highlight

1. Remobilisation and Recovery would be included in future Waiting Times and Unscheduled Care Reports.

Any risks identified that need to be highlighted

1. Interventional Radiography
2. Radiology Staffing
3. Treatment of clinical prioritised patients
4. Neonatal Service
5. Labs Managed Contract
6. TTG Recovery/Remobilisation
7. Unscheduled Care/Scheduled Urgent Care