



**Lanarkshire NHS Board
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**Meeting of Lanarkshire NHS Board
May 2023**

**SUBJECT: EXCEPTION REPORT FROM ACUTE GOVERNANCE
COMMITTEE, 24TH MAY 2023**

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

3. SUMMARY OF KEY ISSUES

Feedback from Acute Governance Committee on 24th May 2023, highlighting the ongoing staffing issues, focusing on patient safety and risk mitigation; past and present performance position regarding TTG, clinical prioritisation, Outpatient, Unscheduled Care, capacity and Operation FLOW 2. There was a deep dive into planned care, including details of;

- Delivery of 95% in 62 and 31 day cancer performance.
- Continued reductions in long waits.
- Reduction in the numbers of patients waiting for assessment and treatment.

An update on the laboratory managed service contract was provided. An update on risks associated with General Surgery Services, Oral and Maxillofacial Services and Ophthalmology Services was provided.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	✓	AOP/RMP 5	✓	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

The Committee are aware of targets.

7. FINANCIAL IMPLICATIONS

A Finance update was provided and the committee noted ongoing financial performance and risks and challenges for 2023/2024. Regular DMT agendas focuses on Finance. Work continues across the Division on all aspects of financial management.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Acute Governance Committee were assured that the Acute Risk Register continues to be reviewed and updated in keeping with NHS Lanarkshire's Risk Management Policy. A revised report will be prepared highlighting Very High and High graded risks and key movements and shared with the Committee in July 2023.

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 / FAIRER SCOTLAND DUTY

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	<input checked="" type="checkbox"/>	Accept the risk identified	<input checked="" 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:

Lesley McDonald

Ms Lesley McDonald
Chair of Acute Governance Committee

Mrs Judith Park
Director of Acute Services

24th May 2023

Acute Governance Committee

(Meeting on 24th May 2023)

Chair: Ms Lesley McDonald

Key Issues Considered

1. The Director of Acute Services updated the Acute Governance Committee members regarding the system pressures. An overview on 4 hour Emergency Department compliance, Emergency Department attendances, Operation Flow 2, finance challenges summary report provided, as well as very high graded risks was provided.
2. A Planned Care deep dive focusing on the National and local priorities of;
 - Delivery of 95% in 62 and 31 day cancer performance.
 - Continued reductions in long waits.
 - Reduction in the numbers of patients waiting for assessment and treatment.
3. A year end Financial summary was provided, by the Deputy Director of Finance, via email following the meeting.
4. The Director of Acute Services provided an update regarding General Surgery business continuity arrangements and continued work with the Royal College of Surgeons (Edinburgh) around the future service model. The Committee noted that the General Surgery risk is ongoing and were assured that they will receive updates at future meetings.
5. The Hospital Site Director at University Hospital Monklands provided an update regarding a regional approach to mitigate the medical staffing issues in Oral and Maxillofacial Services.
6. The Acute Medical Director provided context and actions being taken to mitigate the risk associated with Emergency Department Medical Staffing.
7. The Hospital Site Director at University Hospital Hairmyres provided assurance that the impact of the mitigating actions enabled the AHP/Stroke risk to be downgraded from very high to high.
8. The Hospital Site Director at University Hospital Hairmyres updated the Committee on the realignment of Consultant job plans to help mitigate the very high graded ophthalmology risk, whilst a business case is being developed.
9. The Acute Medical Director reported the outcome from work being undertaken to review non-covid deaths, with action plans in place.
10. The Corporate Risk Manager assured the Committee that she would work with site Risk Facilitators to review all site based risks. The risk report was noted by the Committee.
11. An update regarding the Laboratory Managed Service Contract was provided.
12. The Acute Nurse Director provided an update on the potential service implications associated with the cessation of Off Framework Agency Staff. The Committee noted that an SBAR will be considered by CMT.

Key Issues to Highlight

1. Whole system pressures within the Acute Division.
2. Establishment of Operation Flow 2 Task and Finish Groups.
3. Continued recognition of the workforce pressures within the Acute Division.
4. Improvement work underway to reduce long waits for elective patients.
5. Improvement work of support cancer performance.

Any Decisions / Approvals taken to highlight

1. The Acute Governance Committee will seek to focus its work to gain assurance on actions being taken to address current challenges, as well as initiatives and innovations going forward.

2. The Acute Governance Committee agreed to identify special interest items to future meetings based on an analysis of risk and ongoing work in relation to sustainability and value.

Any risks identified that need to be highlighted

The Acute Governance Committee noted the following very high risks;

- Delayed Radiology Examinations/Radiology Staffing
- Staffing and Resilience
- Unscheduled Care
- TTG
- Finance
- Ophthalmology Diabetic Service
- Ophthalmology Glaucoma Service
- Stroke/Care of the Elderly additional beds AHP risk
- Intensive Care Service at UHM