	ACUTE GOVERNANCE COMMITTEE	
	Wednesday 19 th July 2023 at 1400 hours	
	via Microsoft Teams	
	Attendance:	
	Ms. L. McDonald, Non-Executive Director, Chair	
	Mrs. J. Park, Director of Acute Services	
	Mr. R. Coulthard, Deputy Director of Acute Services/Director of Access	
	Dr. J. Keaney, Acute Director of Medical Services	
	Mrs. R. Thompson, Acute Director of Nursing	
	Mr. S. Peebles, Hospital Site Director, University Hospital Monklands	
	Mrs. C. Ritchie, Hospital Site Director, University Hospital Wishaw	
	Ms. CJ. Graham, Deputy Hospital Site Director, University Hospital	
	Hairmyres	
	Mr. M. McLuskey, Deputy Finance Director	
	Mrs. A. Campbell, Head of HR Employee Relations	
	Mr. M. Hill, Board Chair	
	Ms. E. Forbes, South H&SC Forum Representative	
	Mr. J. Duffy, Chair of North Public Partnership Forum	
	Dr. L. Thomson, Non-Executive Director	
	Mr. D. Reid, Non-Executive Director	
	Mrs. M. Lees, Non-Executive Director	
	Mr. P. Couser, Non-Executive Director	
	Miss. N. McCulloch, Management Team Secretary	
	wiss. IV. Weedhoen, wanagement ream secretary	
	Apologies:	
	Mr. A. Boyle, Non-Executive Director	
	Mrs. S. White, Non-Executive Director	
	Mrs. M. Meek, Hospital Site Director, University Hospital Hairmyres	
	Mr. C. McKay, Communications Manager	
	Ms. M. Hunter, Partnership Representative	
	Mr. J. Muir, Non-Executive Director	
	Miss. C. Hope, Corporate Risk Manager	
	Mrs. F. Anderson, Operational Support Manager	
1.	Welcome	
	Ms. McDonald welcomed everyone to the meeting and noted apologies	
	received.	
2.	Risk Review	
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2.1	No updates on the current risks in terms of controls in place or the risk level were noted. No urgent actions were identified.	
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Mrs. Park advised the Committee that work is continuing with Miss. Hope and the site Risk Facilitators to regularly review all site based risks to ensure that all risks are appropriate with contemporaneous mitigating controls. She also added that new and potential Divisional risks are highlighted and discussed at the weekly CMT and Acute DMT meetings.

2.2 Acute Risk Register Report

Mrs. Park advised that a number of risks had been closed since the last meeting.

Mrs. Park presented a report highlighting changes to the closure, opening of new risks or escalation / de-escalation / transfer of relevant risks since the last report considered at the meeting held in May 2023.

A Planned Care risk regarding long waits has been added to the Corporate Risk Register.

Dr. Thomson requested an update on Opthalmology / Glaucoma risk (Risk 2172). Mrs. Park provided assurance that the Clinical Teams were managing the risk. Mr. Coulthard added that this issue extends nationally and that NHSL SLWG actions reflect work being undertaken by other Boards.

Mrs. Thompson informed the Committee that a reduction in Non-Framework Agency spending had been achieved, and requests for Non-Framework staff can only be made for specific areas (Critical Care, ED, or if only 1 RN is on shift in a ward). 19 agency staff joined NHSL last year; 19 so far this year have joined.

Mr. McLuskey updated the Committee on the Acute Division financial position and confirmed that reviews take place during monthly scheduled Acute Finance DMT's. He advised that medicines spending, including Homecare costs, is scrutinised through the Acute Medicines Management Board, with each site identifying their top spending drugs.

Dr. Keaney provided context and information about the actions being taken to mitigate the risk associated with Emergency Department Medical Staffing. He assured the Committee that sufficient communication with staff was taking place, and was acutely aware of the effect this situation could have on staff over time. Mrs. Park added that the Division was looking at other components of the workforce who could assist with some duties, e.g. Advanced Practitioners, but stressed that these were not replacements for Junior Doctors. As part of Operation Flow, Two Band 8C posts (Head of Patient Flow) were being recruited to provide operational support to the Emergency Department teams Friday to Monday.

2.3	Verbal Update on General Surgery	
	Mrs. Park provided an updated regarding General Surgery business continuity arrangements and assured the Committee that NHS Lanarkshire continue to work with the Royal College of Surgeons (Edinburgh) around the future service model.	
	The 3 site / 3 teams model will be resurrected in August 2023. Mr. Peebles advised that this is an excellent opportunity to re-establish surgical services at University Hospital Monklands, and would enhance the site's reputation when attracting new recruits. It would also help deliver a more consistent approach to patient care. Assurance was provided that the Deanery is on board with the updated model.	
	The Committee noted that the General Surgery risk is ongoing and were assured that they will receive updates at future meetings.	
3.	3.1 Minutes and Action Log of Acute Governance Committee Meeting Held on 24 th May 2023	
	The Committee agreed that the minutes from the meeting held on 24 th May 2023 reflected the meeting accurately. The Committee noted the action log and updates are noted below.	
	Mrs. Park and Mr. Coulthard will continue to provide updates on General Surgery to the Committee.	JP / RC
	Mrs. Park will discuss the UK medical device regulation risk with Mrs. Anderson offline to establish timescale. Action completed, with update to be provided to Committee when available.	
	3.2 Exception Report submitted for May 2023 Board meeting The Committee noted the report.	
4.	Performance Overview, Unscheduled Care and Site Reports	
4.1	Performance Overview, Risks and Strategic Agenda	
	Mrs. Park provided the Committee members with an update, which highlighted continuing variation in ED attendances, 4-hour wait Compliance, and 8-hour and 12-hour breaches across the 3 Acute sites.	
	Mrs. Park shared information about the structure of the Operation Flow 2 Task and Finish Groups, and documented the Very High Risks currently sitting on the Acute Division Risk Register.	
4.2	Unscheduled Care Report	
	The contents of this report were addressed by an overview from Mrs. Park, with additional site-specific information provided during the Site Reports discussions.	

	The Committee noted the report.	
4.3	UHH Report	
	Ms. Graham, Deputy Hospital Site Director, provided the following updates for University Hospital Hairmyres -	
4.4	 Unscheduled Care / Urgent Care Redesign / Improvement Plans Performance 59% (June 2023) Top three breach reasons - Wait for First Assessment, Wait For Bed, Wait for Treatment to End. Average Site Occupancy 99% (June 2023) Surge escalation protocol enacted. Medical planned care outpatients Inpatient / Day case Staff Governance Site sickness 7.98% (June 2023) Quality & Patient Safety 8 SAER's at 30th June 2023 Finance Overspend £1.822m to end May 2023 The Committee noted the report. UHM Report Mr. Peebles, Hospital Site Director, provided the following updates for University Hospital Monklands - 	
	 Unscheduled Care / Urgent Care Redesign / Improvement Plans Performance 65% (June 2023) Top three breach reasons - Wait for First Assessment, Wait For Bed, Wait for Treatment to End. Average Site Occupancy 97% (June 2023) Surge escalation protocol enacted. Medical planned care outpatients Inpatient /Day case Diagnostics Staff Governance Nursing sickness averaging 8.75% (June 2022 - 2023) Quality & Patient Safety 3 SAER's at 30th June 2023 Finance Overspend £1.145m to end May 2023 Mr. Peebles also noted that the outline business case for the Monklands Replacement Project (MRP) has been approved by the Scottish 	
	Government and NHSL / MRP are now invited to submit a full business case for consideration.	

	The Committee noted the report.	
4.5	UHW Report Mrs. Ritchie, Hospital Site Director, provided the following updates for University Hospital Wishaw -	
	 Unscheduled Care / Urgent Care Redesign / Improvement Plans Performance 55% (June 2023) Average Site Occupancy >100% (June 2023) Medical planned care outpatients TTG Maternity & Neonatal Services Staff Governance 	
	 Quality & Patient Safety Finance	
	 Overspend £2.288m to end May 2023 	
	The Committee noted the report.	
5.	Special Interest Items	
	Task & Finish Group Updates Operation Flow was established to redesign and rebuild a more resilient health service for NHSL. The second phase of this project focuses on improving the full patient pathway from avoiding hospital admission through to discharge and beyond.	
	Five Operation Flow 2 Task & Finish Groups are responsible for developing and implementing the key changes. Updates from Groups 2, 3 and 4 to be provided to the Committee.	
5.1	Group 2 – Pre Hospital / Avoiding Admission Group Chair, Mrs. Ritchie, provided the Committee with an overview of the scope and objectives for Group 2.	
	The remit of this Group is to reduce avoidable admissions; to re- establish the Patient Navigation Flow Centre; and to find suitable treatment alternatives for patients to be signposted to.	
	Dr. Thomson noted that this Group could have the biggest impact. Mrs. Ritchie agreed but admitted the biggest challenge to achieving this was changing the public's view of where and how to access the most appropriate healthcare.	
5.2	Group 3 – Front Door Redesign Pan NHSL Group Chair, Mr. Peebles provided the Committee with an overview of the scope and objectives for Group 3.	

	The remit of this Group links with Groups 1 and 2, and aims to create a targeted operating model on each site. This model will use REACT (Rapid Emergency Assessment Care Team) to assess and triage patients at the front door, and direct them to the most appropriate area for their care. Expected improvements in ED capacity and patient flow should lead to a reduction in 8 and 12-hour breaches, and an increase in 4-hour performance targets.	
5.3	Group 4 – Ward and System Flow Mr. Coulthard provided the Committee with an overview of the scope and objectives of Group 4 in the absence of Group Chair, Mrs. Meek.	
	The remit of this Group is to improve ward and system flow, and improve efficiencies in hospital care and planning for discharge. The introduction of the Flow Foundations Bundle and 3 daily site huddles assists with optimal ward flow and discharge planning.	
	Mr. Coulthard confirmed that more in-depth analysis was required to obtain data which reflects patient's thoughts of their in-patient experience. The Director of Public Health is keen to develop and monitor a strategy to record this data. He also addressed Mr. Couser's enquiry by confirming that while we don't possess data that confirms the effectiveness of the ideas implemented, some have been directly informed by the Firebreak or from evidence obtained from previous work. Understanding effectiveness will evolve over time, and what works in one area may not in another.	
	Mrs. Thompson highlighted work initiated by the Chief of Nursing at University Hospital Wishaw which encourages patients to scan QR codes displayed in the wards to provide feedback on their care. She also suggested increasing patient engagement with Care Opinion.	
	The Acute Governance Committee acknowledged the many challenges faced, but welcomed the efforts by all involved in the planning, implementation and execution of these reforms.	
6.	Labs Managed Service Contract (MSC)	
	Mr. Coulthard shared an update regarding the Laboratory Managed Service Contract. Two bids were received in March 2023, with the bid evaluation process completed in mid-June 2023. Financial evaluation is still ongoing. On track to submit tender outcome report and recommendation to the NHSL Board meeting in August 2023.	
	Mr. Coulthard assured the Committee, in respect of its remit, that the service continues to be delivered and there are no significant concerns to raise at this point with regard to performance.	
	The Committee noted the report.	

7.	Items for Noting	
7.1	Nursing/HAI Update The Committee noted the report.	
	Mrs. Thompson provided an update on attempts to increase Hand Hygiene compliance. Site observations are slowly improving. Educational campaign is being commissioned by Mrs. Thompson; Mr. E. Docherty, Executive Director of Nursing; and Infection Control & Protection Team (IPCT).	
7.2	Quality Assurance & Improvement Report The Committee noted the report.	
	Following enquiry by Ms. McDonald, Dr. Keaney advised that improvements in 4-hour and 12-hour breaches reflected the immense amount of work undertaken by site teams to improve compliance. Work is underway to address 8-hour waits and improvements are expected. Mrs. Park added that University Hospital Monklands were reviewing patients who breached at 5 hours to learn why, and that the insight gained will be shared with the Committee once available.	
7.3	Waiting Times Report The Committee noted the report.	
7.4	Finance Report The Committee noted the report.	
7•5	Human Resources & Workforce Report The Committee noted the report.	
7.6	Communication Report The Committee noted the report.	
7.7	South IJB Minutes - March & May 2023 The Committee noted the minutes of the meeting held in March and May 2023.	
7.8	Draft North IJB Minutes – May 2023 The Committee noted the draft minutes of the meeting held in May 2023.	

8.	Risk Register	
	The committee did not identify any other new risks and no immediate actions are required to be taken.	
9.	AOCB	
	Special Interest Item / Deep Dive for September 2023 meeting	
	It was agreed that Mr. McLuskey would provide a deep dive on the Acute Division Finance position at the next Committee meeting.	
	Mr. McLuskey, Ms. McDonald, Mrs. Park and Mr. Coulthard to discuss proposed format & content offline.	
	No other business was noted by the Committee.	
10.	Date & Time of Next Meeting	
	The next meeting of the Acute Governance Committee is scheduled to be held on Wednesday 20 th September 2023 at 1400 hours, Boardroom, University Hospital Hairmyres	