

COMMITTEE NAME

Acute Governance Committee

(Meeting on 15th May, 2019)

Key Issues Considered

1. The Committee received an overview of key areas of performance and risks.
2. The risk of cover for interventional radiology was discussed and it was agreed this issue should be escalated to the Board for awareness around the need for regional action in this area (SBAR with detail to be attached).
3. It was agreed to raise awareness with the Board around the capacity plan funding requirement.
4. Governance sub groups discussed activity finance staff governance and quality/patient safety.
5. The Committee reviewed special interest items around vascular surgery and an update on the timing of the Trauma and Orthopaedic move. It was agreed to escalate the Trauma & Orthopaedic timing decision to the Board.
6. The Committee noted improvements in a number of key patient safety indicators e.g. cardiac, sepsis and pressure ulcers:

- In cardiac arrest rates, the work to align Hospital Anticipatory Care Plans and DNACPR status and to identify patients who are deteriorating early is showing some momentum with improvements in the rates on a more consistent basis.
- In sepsis the work is showing some traction, it covers a number of factors, where sepsis is taken as an indicator and it may have a minor implication, this is being explored to understand if we are capturing inappropriate cases, this is being worked through with the quality team
- The biggest discernable difference in the data is in the work around pressure ulcer care where the incidence of pressure ulcer development has seen a downward shift on all three acute hospital sites, improving overall outcomes for patients.am.

7. The risk register was reviewed and the Committee noted IR change to very high risk.
8. The annual report was agreed for submission.

Any Decisions / Approvals taken to highlight

- 1) The Committee asked for regular updates on Trauma and Orthopaedic, TTG funding and Perivascular surgery.
- 2) The Committee asked for a review of Vascular Surgery prior to Phase 3 of the Programme.

Any risks identified that need to be highlighted

Change in status of interventional radiology risk highlighted above