

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 20 January 2019
Subject: **Clinical Governance Report**

Status

This report contains:

- For decision
- Update
- Regular report
- For information

Key messages from the NMH Clinical Governance Committee (CGC) meeting held on 1 February 2019 are as follows:

DHB CGC approved:

- **Removal of the block on caller ID from landlines** – Currently NMH has caller ID hidden on all outgoing calls from NMH landlines. Calls from cell phones are not blocked although if required this can be set on individual cell phone settings. Calls were blocked originally to protect the privacy of both patients and staff. Unfortunately the block also means that internal receivers of calls cannot tell who has phoned them, cannot filter or prioritise calls, and patients often assume such calls are from scammers so do not answer them. The idea of allowing caller ID to be visible has been presented at multiple forum, and overall there has been support for the change.

DHB CGG endorsed:

- **Restoration of a quiet environment on wards to assist patient recovery** – Recent feedback from a family meeting described the distressing experience of being exposed to a noisy environment while trying to recover from major illness. It was a timely reminder of how easy it is to forget while going about our daily work that patients may be trying to rest. Wearing noisy shoes or talking loudly on the phone as we answer calls on the way past people's rooms were mentioned as well as the impact of other patient's media use. We plan to try introducing quiet times as already occur on the maternity ward.

DHB CGG noted:

- Our HQSC results on hand hygiene, surgical site infections and medical staff use of the CLABSI 'bundle' were all noted to be excellent on the latest results Q3 2018. Particular stars on the hand hygiene front were the Older Person's Mental Health team with a compliance rate of 88.7%. Overall our compliance reached 84.6%.
- **The new eRecords document management software is now live**
- **Fitness to drive and staff responsibility when a patient plans to drive when not medically fit to do so** – A recent situation prompted a review of the laws in relation to this with advice from the DHB lawyers.

Disclosure is permitted under the Health Information Privacy Code, Rule 11 (2) (d) which states that health information may be disclosed where it is necessary to lessen a serious and imminent threat to public health or public safety, or to the life of the individual concerned or another individual.

If the health practitioner relies on this exception he/she must also have considered that there were no other alternative means to prevent the threat from occurring such as

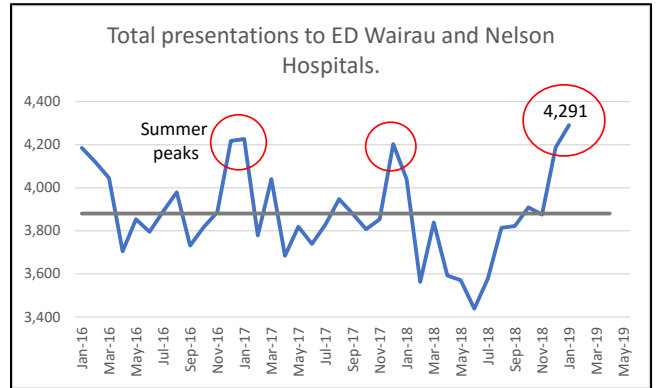
removing the keys or calling a relative or taxi service.

The disclosure must always be to a person or agency who can actually prevent or lessen the threat. Police fit that criteria.

A brief policy will be developed to address this issue and give guidance for when this situation arises.

- **Workload challenges** – acknowledgement of the significant challenges and pressure under which everyone is currently working. The past few months have seen record numbers of patients presenting to the emergency departments, record numbers of admissions, the impacts of heat affecting everyone’s sleep, impacts of strikes and now the significant fire event. Many of our staff are personally affected by this.

The Clinical Governance Committee wishes to acknowledge the effort everyone makes to continuously go above and beyond the call of duty on behalf of our community.



Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.