MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	16 May 2018
Subject:	**Clinical Governance Report**

Status

This report contains:
- ☐ **For decision**
- ✓ **Update**
- ✓ **Regular report**
- ☐ **For information**

Key messages from Clinical Governance meeting held on 4 May 2018

DHB CGG approved:

- *The OtTeR (Options for treatment and resuscitation) form* – to replace the existing green 'Do not resuscitate' (DNR) form across the DHB. The implementation plan was reviewed and approved. It is excellent to see the concept of small scale trials applied to the process of implementation, for example the process detailed involves progressively engaging each ward based team, testing the form on one patient with one clinician in each area and checking for issues before testing on five patients and clinicians, reviewing and adjusting as needed, all prior to final roll out in each area. This process might sound lengthy but actually saves time in the long run as it ensures the right people are involved and fish hooks identified early. It is a fundamental step for all large scale change projects.

  Here is an example of the size of trials required depending on the degree of belief in the success of the change versus the potential cost of failure.

Appropriate size for a test of change eg. A PDSA cycle

Degree of Belief	Cost of failure	Staff readiness to make change		
		Resistant	Indifferent	Ready
Low confidence that change will lead to improvement	High	Very small scale test	Very small scale test	Very small scale test
	Low	Very small scale test	Very small scale test	Small scale test
High confidence that change will lead to improvement	High	Very small scale test	Small scale test	Large scale test
	Low	Small scale test	Large scale test	Implement

Langley, et al

DHB CGG endorsed:

- *Two credentialing reports* – Dental and Mental Health. This process has undergone significant changes to improve it over the past two years. Such changes include incorporating annual work plans, including a consumer in the review panels and ensuring that recommendations are tracked either to completion or to the risk register if unable to be addressed in the short term. The next step is to develop the process to better address the needs of nursing and allied health staff.

- *Violence intervention programme (VIP) work* – An evaluation report on the NMDHB VIP by the Auckland University of Technology (AUT) has demonstrated overall significant improvements in our activity in this area which has occurred thanks to the work of the team and our VIP champions. The Nelson Marlborough DHB child abuse and neglect programme infrastructure score has consistently achieved the Ministry of Health's target of ≥ 80 and our ED child protection checklist increased from 2% in 2016 to 48% in 2017. It is very important to maintain a high index of suspicion for child abuse and the ED checklist is a valuable reminder. Further areas for improvement this year have been identified and work is planned to address them.

DHB CGG noted:

- *A new Health Quality and Safety Commission (HQSC) dashboard for 'Quality and Safety Markers' (QSMs)* – This dashboard (attached as item 7.1) demonstrates in one place our progress on all the areas currently under surveillance by HQSC. It looks complicated but provides comparison on how we are going in relation to the rest of the country.

- *Flu season* – We have hit the half-way mark against the 80% target set by the Minster of Health for healthcare worker vaccination. Doctors are in the lead (52%) followed by nurses (44%) and healthcare assistants (39%).

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.