MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	21 March 2018
Subject:	**Clinical Governance Report**

Status

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

Key messages from Clinical Governance meeting held on 2 March 2018

DHB CGG approved:

- *Infection Prevention Programme 2018-19* – This annual plan from the Infection Prevention Service outlines the infection prevention responsibilities, activities and services for the year and reminds us that 'Infection prevention is everyone's business'. Given the recent gastroenteritis outbreak it is timely to remember: keep up the hand hygiene.

  This team also has an important role in helping medical staff to protect themselves, for example by encouraging the use of safer intravenous access devices. There were 42 staff exposed to percutaneous injuries last year. The most risky times were as in the box below, and the most risky places were theatres and the Emergency Department.

Setting of contaminated sharps/needle-stick/ percutaneous injury – blood, body fluid exposure (BBFE)	Number of events in 2017
Assisting with a procedure or in theatre	9
Emptying the rubbish/clearing up after a procedure – uncapped needle or blade left out	8
Transporting an uncapped needle	7

- *New members of the Clinical Governance Committee* – A new Registered Medical Officer (RMO), and a Mental Health clinician member have been appointed to the Committee. The new Programme Director for the Models of Care Programme was welcomed to the meeting.

DHB CGG endorsed:

- *The expectation that all correspondence is copied to the patient unless not doing so is justifiable* – An audit on the number of out-patient letters copied to the patients has shown that the practice of copying patients into their out-patient letters is widespread, but not universal. Out of 104 out-patient letters audited, 71 were copied into their letter and 33 were not. It is the expectation of the Committee that there must be a justifiable reason why a patient should not receive a copy of their letter.

- *The expectation that appropriate documentation of all clinical care is recorded* – This is of particular relevance in the context of urgent or acute care. Clearly during an emergency, contemporaneous notes cannot always be made, but documentation of the episode should be completed as close to the point of care as possible.

DHB CGG noted:

- *Did not attend (DNA) issues* – Previous adverse event reviews have highlighted the particular risks to patients associated with a missed appointment. To this end the NMH policy on DNAs contains the following wording:

  > "Each service must have a protocol which acknowledges and addresses the risks of DNAs in that service (e.g. suicide, child neglect or abuse, denial of cancer through fear or anxiety about risk of death) and defines the actions required. These actions should include, but not be limited to, the following measures:
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  > - The Clinician is notified that the patient has not attended an outpatient appointment for assessment, test or procedure.
  > - The Clinician reviews the patient's notes/referral, considers the potential for harm and identifies whether the patient needs another appointment.
  > - If an appointment is deemed necessary, the patient is contacted by telephone prior to an appointment being made.
  > - If contact is not able to be made with the patient, the GP is to be notified.
  > - If the GP is unable to provide new /correct contact details and contact is unable to be made with the patient, the patient will be discharged with copy of the discharge letter sent to both the GP and the patient.
  > - Completion of this process will be documented in the patient's notes.
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  > Implementation of this procedure is primarily the responsibility of the Clinician, who will direct the actions of clerical staff."

  An audit of departmental DNA processes has shown that all services did have a process they followed, but that it was not uniformly written down. This means that a new staff member, a locum or someone temporarily filling in from another area would not easily be able to discover what to do when a patient did not arrive for an appointment.

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.