

MEMO

To: Board Members
From: Elizabeth Wood, Chair of Clinical Governance Committee
Date: 21 November 2018
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 2 November 2018 are as follows:

DHB CGC approved:

- *The Maternity Services Annual Maternity Report 2017* – This report compares our performance against 20 nationally determined quality indicators and, in general, we do well. It highlights areas to review and monitor over the next year. Items for review over the next year include levels of maternal tobacco use which while improving continue to show marked ethnic disparity with 30% of Māori babies exposed to smoke in the womb and 10% of babies of other ethnicity. Smoking remains the commonest preventable factor associated with adverse outcomes for babies. New ways to address this with incentivised programs are showing great promise. A new *Hapū Wānanga* initiative to provide a kaupapa Māori style pregnancy, child birth and parenting program is an excellent initiative.

DHB CGG noted:

- *The work of the clinical coders* – The clinical coding department presented their work and their challenges. They are to be congratulated for their hard work. Some of their challenges relate to the quality of clinical documentation since no diagnosis can be coded unless it has been recorded in the notes, even if the notes are otherwise obvious. Not recording all the diagnoses impacting on an admission reduces the caseweight of that admission which can make it appear that our work is getting simpler rather than more complex.

An increasing connection between coders and departments is planned and will help us to understand how to make their work easier while improving the way that coding reflects what we have actually done.

- *Issues related to patients filming staff without their consent* – Staff are increasingly being put under pressure when patients wish to film them. Sometimes the situation is adversarial, for example when patients are becoming frustrated about waiting. We have a policy on filming or recording media of patients, but not one for staff.

It was noted that staff are not able to enforce the ceasing of filming, only the Police can remove items from a person against their will. Therefore we will be exploring what other DHBs do in these circumstances and in the meantime staff are encouraged to consider words and actions such as the following. In a low level, agreeable situation: “I don’t think I can do my job properly with you filming me” and invite the person to stop filming so you can get on with your job, eg inserting an epidural. In a more combative situation: ‘Stop! I have not consented to you filming me” perhaps with hand up to demonstrate non-consent and then remove yourself from the situation unless it is life-preserving. The aim has to be to defuse the

situation, so removal of staff from a room where a patient is filming removes the subject matter.

Elizabeth Wood
Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.