MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	18 July 2018
Subject:	**Clinical Governance Report**

Status

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

Key messages from Clinical Governance meeting held on 6 July 2018

DHB CGG approved:

- *Reminder to all staff concerning the appropriate use of email* – This infographic serves as a reminder of the principle issues related to our use of email. In our current world that is being shaped by the internet it is worth remembering that all email is retrievable, that it is very easy to mistakenly attach massive amounts of private data in the form of a spreadsheet to an email and that hasty words in an email can easily offend.

DHB CGG endorsed:

- *Reminder related to consent* – Our consent policy states that 'All Nelson Marlborough Health Services, treatments and procedures, including research activities, will be provided only after informed consent has been given'.

  Use of the formal written consent form is mandatory in some circumstances, usually where sedation will be used, but has not previously been required for awake procedures. However, where verbal consent has been given, this still requires full documentation of the consent process including known risks of the procedure somewhere in the medical record.

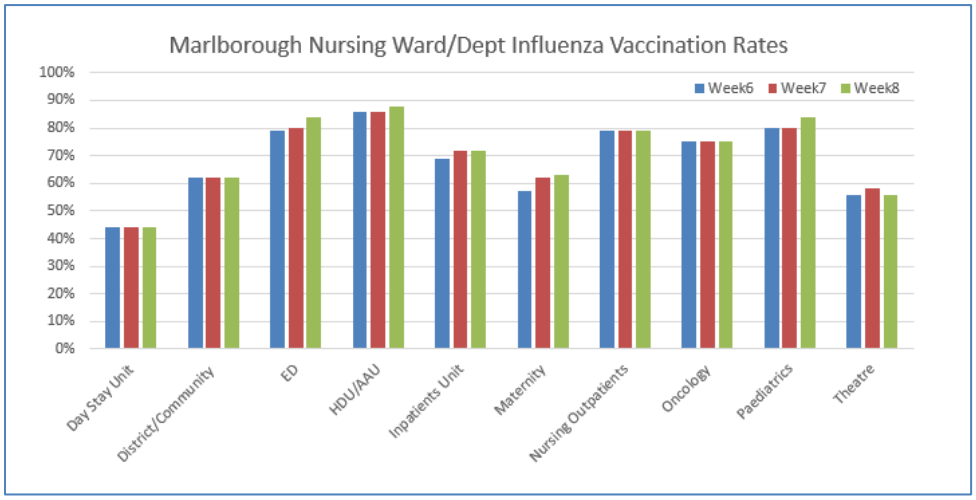
  In previous audits of the consent process, documentation of risks of procedures was not found anywhere in the medical record apart from on the formal consent form. We have been subject to adverse Health and Disability Commissioner findings in relation to the consent process in the past – the issue of consent for blood and blood products for example.

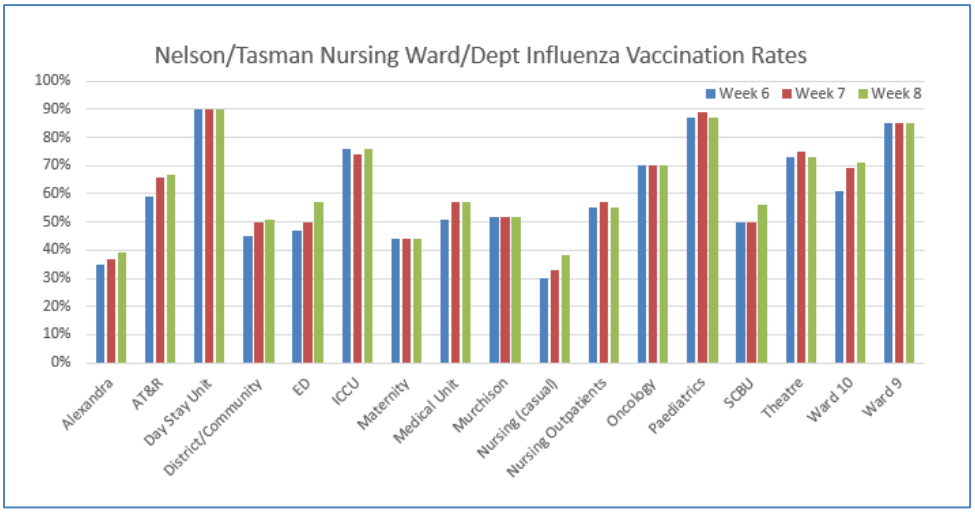
  Therefore, in the absence of a written process for documenting consent or a checklist to ensure that consent has been appropriately given, all awake, invasive procedures such as those conducted in the out-patient setting should have the process of consent recorded on the formal written consent form. This will require a change in practice for some out-patient procedures.

DHB CGG noted:

- *Modified major adverse event procedure* – actions after a major adverse event can have a significant and long term impact on not only the patient affected but also the staff involved. The aim is to enable clinicians involved to provide open disclosure and support of the patient affected while at the same time ensuring that all affected staff are supported and the formal event review process can occur in a fair and independent way.

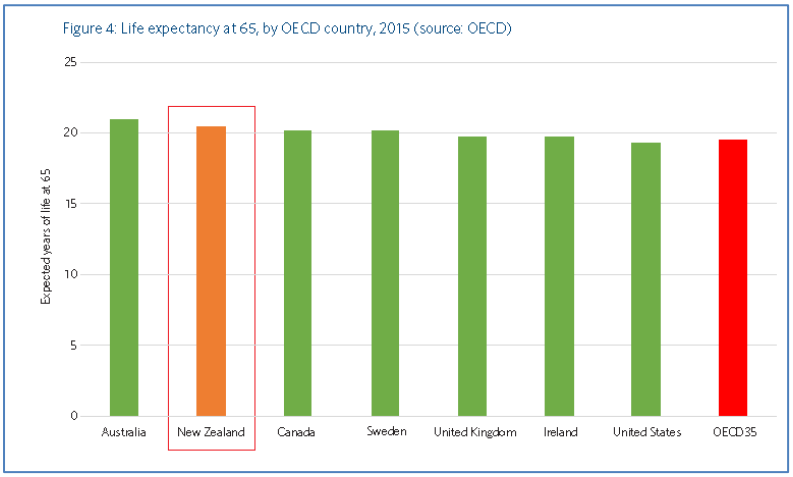
- *Flu season* – Congratulations go to those wards and departments that have achieved the Ministry of Health Target of 80% of healthcare workers to be vaccinated: ED, HDU/ AAU, Paediatrics in Wairau and DSU, Paediatrics and Ward 9 in Nelson. See following graphs.



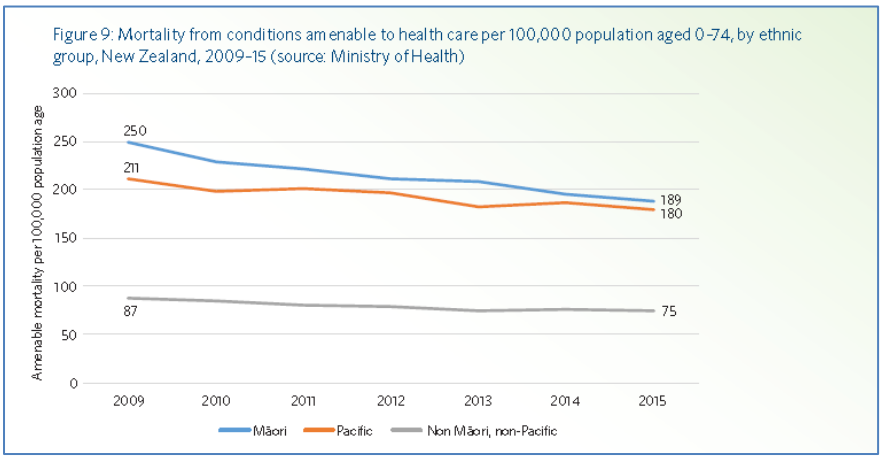


- *A Window on the Quality of New Zealand's Health Care 2018* – This annual report from the Health Quality and Safety Commission provides a snapshot of where we are as a country. The following graphs are extracted from the report:

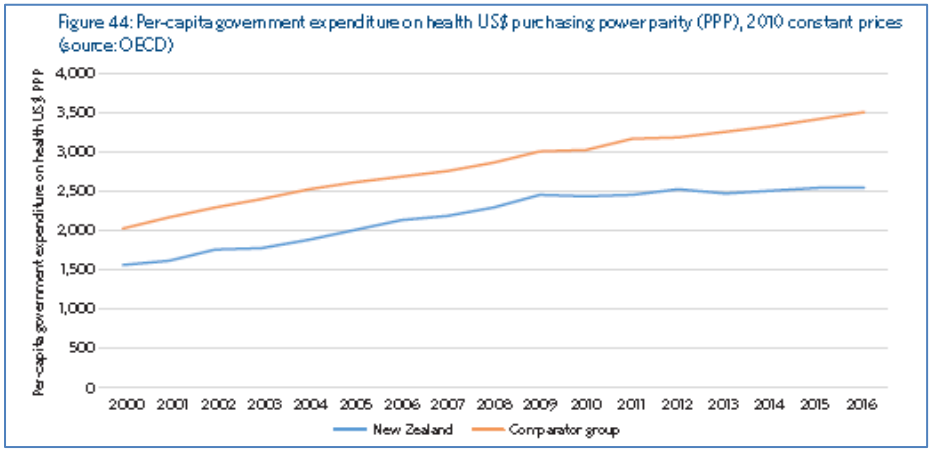
  Our life expectancy at age 65 is comparable to other OECD countries.



But we have much to achieve to improve the equity of outcomes for treatable conditions across all ethnicities.



Meanwhile there has been a widening gap between our health care funding as a country when matched to that in other comparable countries.



Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.