MEMO

To:	Board Members
From:	Elizabeth Wood, Chair of Clinical Governance Committee
Date:	22 February 2017
Subject:	**Clinical Governance Report**

Status

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

Key messages from Clinical Governance meeting held on 3 February 2017

DHB CGG approved:

- *Adult Vital Sign and Early Warning Score (EWS) Measurement, Recording and Escalation policy* – as part of our involvement in the National Deteriorating Patient Programme a new policy was reviewed. This policy states our intention to precisely monitor patient's vital signs on EWS charts and use this scoring system to identify / recognise deteriorating patients early and describes an organised process to provide increasing assessment and support for increasing needs. This is complementary to skilled clinical assessment and decision making by nursing and medical staff. Although NMH has used EWS charts for some years the Clinical Governance team has continued to recognise opportunities to improve timely responses to deteriorating patients. The new national program is in place because the EWS process nationally has experienced failures where deterioration has not been recognised or escalation of care and response has not occurred leading to preventable harm.

  The procedure will document mandatory escalation pathways specific to the services available and will link to the development of a rapid response team on both hospital sites.

DHB CGG noted:

- *Safety 1st activity for 2016* – Over 4900 events were reported into Safety 1st during 2016 and of these just under half relate to staff incidents, security, safety, facilities and hazards while the remainder are split roughly one third falls and accidents to patients, mostly resulting in no harm, one third medication and IV fluids and the remainder were issues relating to the provision of care mostly all with no actual harm resulting to the patients. The Committee wished to commend staff for their work in recording these events, each of which provides an opportunity for learning. Events without harm to patients or staff are equally important; they are considered as "near misses" and allow the prevention of harm before it happens. The time spent entering all events is well worth while and shows an increasing number of our staff of all groups are paying attention to improving the systems within which they work.

- *Congratulations are due to theatre teams on both hospital sites* – for being one of the eight DHBs nationwide to have achieved and submitted at least 50 audits of all three parts of the surgical checklist: sign in, time out and sign out. This is a new quality and safety marker which addresses levels of teamwork and communication. Assertive and highly engaged participation in this checklist is suggestive of healthy theatre team-working which evidence indicates translates into better surgical outcomes, so it is being used as a national quality and safety marker.

- *Staff continue to be subject to sharps injuries. These result in body fluid exposure that comes with a risk of blood borne virus acquisition* – Please take great care around sharps in all environments, the health of all staff is of paramount importance.

- *Patients remaining in hospital for 10 days or more contribute 25% of all bed days* – This group includes some patients residing in hospital for 21 days or more and work in other hospitals has illustrated that a coordinated approach may help such patients be able to

return home safely much sooner. Therefore it is planned to conduct some case reviews to determine whether a structured approach to such patients could be worthwhile here.

- *Community clinicians would like the opportunity to be informed and have an opportunity to have input into any material changes to clinical services prior to their implementation* – This represents an opportunity for working together as one team. In other words if you are doing something in the hospital that will have an impact on the community then let the community health providers, GPs etc know in advance and give them an opportunity to feedback. The conduits for this are our community clinical directors: Elizabeth Wood, Ros Gellatly and Jocy Wood.

- *Multiple committees serving many kinds of purpose* – It was noted that there remains confusion in the organisation about what kind of work is done by which committee. An important role for Clinical Governance will be to address this over the next month by developing consistency of language, purpose and linkages for the groups which will then be available on the intranet for transparency. Time spent in meetings and discussion is very precious and every effort needs to be made to get the best value by strong linkages across the system.

- *Participation in the national consumer patient experience survey has yielded satisfactory results for us comparatively but is limited by small numbers of participants* - A trial is underway to use volunteers to gather more feedback which will be used to guide our development. The national survey results suggest that we, like all DHBs, could do better on providing enough information for people to manage their own conditions on discharge, including family and whanau in discussions about care and provision of information on medication side effects to watch out for on discharge. All of these are opportunities for us to work on.

- *Congratulations to Dave Dixon* – He has been appointed as Clinical Lead for Nelson Marlborough Health Pathways. He will be making contact with hospital teams to establish how best to work with them to ensure all our pathways are up to date and accurate. In the past a strong focus of health pathways has been around the care of people before being seen in the hospital. In the future the emphasis with extend to consider how pathways can enhance the care of people in hospital and after hospital care as well e.g. after an outpatient visit to avoid the need for further visits to hospital.

Quality at a Glance
The NMDHB Quality at a Glance is attached as item 8.1.

Elizabeth Wood
Clinical Director and Chair Clinical Governance Committee

RECOMMENDATION:

THAT THE BOARD RECEIVE THE CLINICAL GOVERNANCE REPORT.