Te Tāhū Hauora
Health Quality & Safety
Commission

He mahi ngātahi kia kounga:
He anga hei whakahaere whare haumanu

Collaborating for quality:
A framework for clinical governance

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Through listening comes awareness
Through awareness comes understanding
Through understanding comes knowledge
Through knowledge comes life and wellbeing

The whakataukī ‘Ma te rongo’ captures the importance of listening to gain awareness, enabling understanding that enhances wellbeing in a context of mutual support and trust. To improve quality of care and grow a culture of understanding, the health system needs a strong commitment to Ma te rongo.

Te whāinga
Document purpose

This document outlines a clinical governance framework for services in the health and disability sector. Services should use the framework to develop their own clinical governance arrangements, adapted to their context, to improve quality and safety of care.

He kupu whakataki
Introduction

Clinical governance was created to provide accountability for quality of care and to improve patient experience and outcomes. The components of clinical governance in this framework contain updated views on system safety, quality and equity to achieve a learning and responsive system for all populations.

Four quality domains outline the main activities that are required to monitor and improve quality and safety within health services. These activities are supported by system drivers (see page 10). Drivers are the structures and functions that span multiple domains and facilitate accountability, transparency, learning and relationship building. Listening, as in the whakataukī on the previous page, is a fundamental part of improving quality and growing a culture of understanding.[1] The Aotearoa New Zealand approach to effective care embraces partnerships with Māori.

Clinical governance is collaborative. It supports partnership with consumers, whānau and communities to deliver safe, skilled and compassionate consumer and whānau-centred care. Effective clinical governance allows health services to be responsive to the health needs of their communities and to create a caring culture underpinned by Te Tiriti o Waitangi.

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[1] Wiig S, Lyng H, Braithwaite J, et al. 2024. Foundations of safety – Realistic medicine, trust, and respect between professionals and patients. *International Journal for Quality in Health Care* 36(1): 1–2.

The combined quality assurance and improvement role of clinical governance includes assessing clinical risk and adapting and improving quality of care over time, across every level of the system.[2] Some organisations may require additional resources to develop new structures, particularly where clinical governance is not yet fully developed. Organisations differ in their operating contexts and will vary in how elements of clinical governance are prioritised and applied. What is enduring is the need for these elements to be consistent within organisations and resourced accordingly.

For complex organisations, a tiered approach to clinical governance is needed that empowers consistent decision-making at every level, supports communication and ensures the escalation of unresolved issues of quality and safety.

Clinical leaders, working together with health care managers, are responsible for setting priorities, shaping culture, supporting the health workforce and addressing problems. Where challenges arise, resolving these as locally as possible is ideal. Clear escalation pathways are required for concerns that need to be addressed regionally or nationally.

Health care is a complex adaptive system, comprising multiple interconnected parts that interact to create both quality care and inevitable risk. When implementing change, it is important to understand the interactions between the different parts of the system and monitor for any unintended consequences.

These concepts have been included in *Collaborating for quality: A framework for clinical governance*, which will replace the 2017 clinical governance guidance referred to within the Ngā Paerewa Health and Disability Services Standard.[3]

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[2] Braithwaite J, Travaglia JF. 2008. An overview of clinical governance policies, practices and initiatives. *Australian Health Review* 32: 10–22.

[3] Standards New Zealand Te Mana Tautikanga o Aotearoa. NZS 8134:2021. Ngā Paerewa Health and Disability Services Standard. URL: www.standards.govt.nz/shop/nzs-81342021 (accessed 15 August 2024).

He kupu whakamihi
Acknowledgements

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In particular, we highlight the contributions of:

- members of the health workforce, who strive daily to improve the quality of health care provided for the people of Aotearoa New Zealand
- Te Tāhū Hauora consumer advisory group Te kāhui mahi ngātahi
- Te Tāhū Hauora consumer network Kōtuinga kiritaki
- Te Tāhū Hauora Māori advisory Te Kāhui Piringa
- Whānau Ora Commissioning Agency, including participants of their focus groups
- Māori Regional Coordination Hub in Tāmaki Makaurau Auckland
- members of our expert advisory group
- Synergia.

Mana taurite hei whakahaere rongoā
Equity in clinical governance

Manatū Hauora | Ministry of Health's definition of equity states that "people have differences in health that are not only avoidable but unfair and unjust" and goes on to say that "equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes".[4]

If equitable approaches are integrated into every aspect of health service provision and governance, and Te Tiriti o Waitangi is enacted in the health sector, all people will have the opportunity to live longer and healthier lives.

The Pae Ora (Healthy Futures) Act 2022 (the Act)[5] aims to protect, promote and improve the health of all New Zealanders. Underpinned by the principles of Te Tiriti o Waitangi and the Waitangi Tribunal (2023) in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (the Hauora report),[6] the Act requires engagement with Māori and collaboration with communities, consumers and whānau. Examples of how the principles are applied are provided under each of the four quality domain headings.

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[4] Manatū Hauora Ministry of Health. (nd). *Achieving equity.* Wellington: Manatū Hauora Ministry of Health. URL: www.health.govt.nz/about-ministry/what-we-do/achieving-equity#:~:text=The%20Ministry's%20definition%20of%20equity,to%20get%20equitable%20health%20outcomes (accessed 15 August 2024).

[5] The Pae Ora (Healthy Futures) Act 2022. URL: www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx (accessed 15 August 2024).

[6] Waitangi Tribunal. 2023. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry.* Wai 2575 Waitangi Tribunal Report 2023. Wellington: Waitangi Tribunal. URL: forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf (accessed 15 August 2024).

The New Zealand Health Strategy 2023[7] recognises the importance of active engagement with communities, consumers and whānau to give them greater control over the design of health services and decisions made about their care. Involvement at all levels of clinical governance within the system provides a mechanism to enable this to occur and better meet the needs of all New Zealanders accessing health services.

People with a disability experience poorer health outcomes. The *Provisional Health of Disabled People Strategy*[8] outlines five priorities that, if integrated into clinical governance, can improve care for disabled peoples.

Example

Clinical governance by the Māori Regional Coordination Hub in Tāmaki Makaurau Auckland during the COVID-19 pandemic demonstrated giving effect to Te Tiriti o Waitangi in action, with positive effects.

Working with Māori providers and communities, the Māori Regional Coordination Hub provided cultural insight into and oversight of the local COVID-19 pandemic response; strengthened and advanced Māori leadership; expanded the Māori public health workforce; led the development of disease surveillance strategies; and supported stakeholder groups to appropriately respond to local needs and priorities.

The Māori Regional Coordination Hub model of clinical governance demonstrated how to embed and value the principles of Māori self-determination and empowerment, and how to work within an equity, anti-racism and social justice framework to plan for and respond to a public health emergency.[9]

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[7] Minister of Health. 2023. New Zealand Health Strategy. Wellington: Ministry of Health. URL: www.health.govt.nz/system/files/2023-07/new-zealand-health-strategy-oct23.pdf (accessed 1 November 2024).

[8] Minister of Health. 2023. Provisional Health of Disabled People Strategy 2023. Wellington: Ministry of Health. URL: www.health.govt.nz/publications/provisional-health-of-disabled-people-strategy (accessed 25 October 2024).

[9] Curtis E, Loring B, Latham K. 2024. An innovative Indigenous-led model for integrated COVID-19 case management in Auckland, New Zealand: Lessons from implementation. *Frontiers in Public Health* 12. DOI: 10.3389/fpubh.2024.1324239 (accessed 27 August 2024).

He anga hei whakahaere whare haumanu
A framework for clinical governance

The core components of the clinical governance framework are outlined in Figure 1. The figure shows the relationship between consumers and whānau and the health workforce. This is central in the model and supported by the following quality domains:

- Consumers and whānau are active partners
- Engaged, effective and culturally safe health workforce
- Clinically effective health care
- System safety and learning

and four system drivers:

- Collaborative and coordinated care
- Inclusive leadership
- Using health technologies and data
- Monitoring and evaluation

The domains and drivers are interconnected and, together, support a whole-of-system approach to clinical governance.

Examples are given in Figure 1 and throughout the document to show how the principles[10] discussed in the Hauora report are applied within each domain.[11]

Using this framework

The koru is used within the framework as a symbol of growth. The unfurling fern frond brings new life, new beginnings, regeneration and growth. It also returns to the point of origin, representing both change and consistency.

The framework (Figure 1) is not a 'how-to guide', but an enabler. It provides prompts and questions that will help organisations populate their own template (see Appendix 1) to reflect clinical governance systems and structures specific to their unique context. When using this template, organisations should consider what elements of clinical governance are working well and identify what may be required to address gaps. The template is supported by questions for reflection throughout the document and examples of quality assurance and improvement activities that underpin clinical governance within each domain. Overlaps exist across all domains, and these are highlighted by the light purple boxes within Figure 1.

Question for reflection

How does your organisation give effect to Te Tiriti o Waitangi and prioritise equitable outcomes for all the populations it serves?

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[10] The five principles are: **tino rangatiratanga, equity, active protection, options and partnership.**

[11] Waitangi Tribunal. 2023. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry.* Wai 2575 Waitangi Tribunal Report 2023. Wellington: Waitangi Tribunal. URL: forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf (accessed 15 August 2024).

Figure 1: Clinical governance framework

Clinical governance is for everyone

A downloadable version is available at
www.hqsc.govt.nz

Coordinated and collaborative care

How does our organisation support collaboration with other agencies?

- What cross-agency forums exist to support better health service integration?
- What activities support better coordination of care for patients?
- How is equity and Te Tiriti o Waitangi prioritised in decision-making and funding?
- What frameworks, methods or tools are being used that protect the health rights of Māori and whānau?
- How are services accessible and promoting wellbeing and prevention?

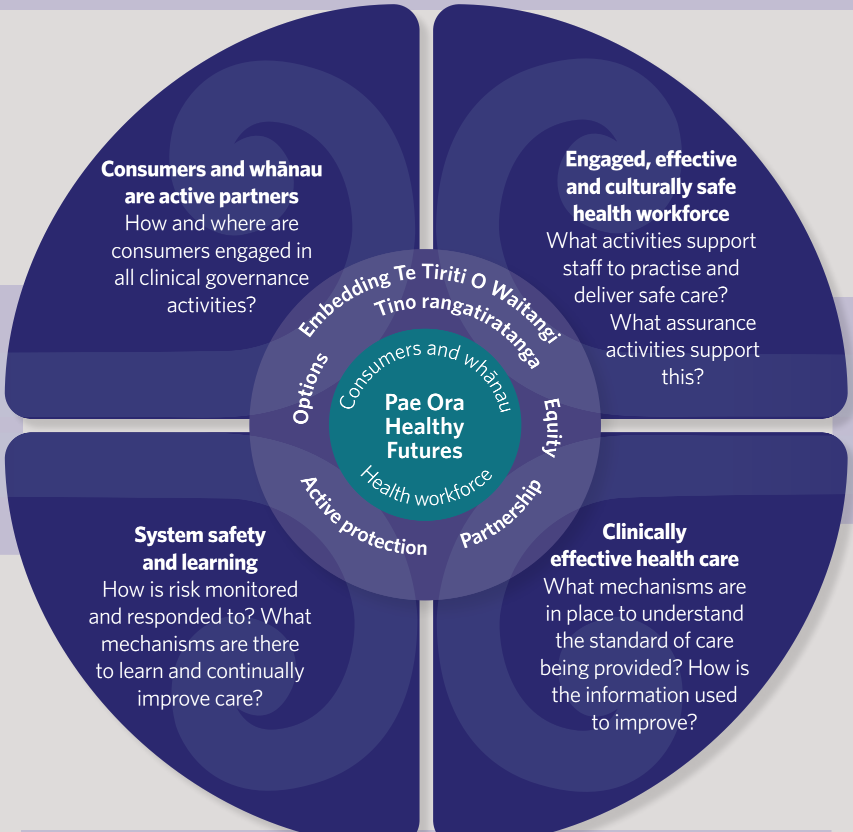
- How is information shared safely with other agencies to improve care for patients?
- How do services provide feedback to consumers and whānau?
- How is patient experience data used to improve care?
- How are equity measures co-designed and tested, monitored and publicly reported to demonstrate progress?

Monitoring and evaluation

What systems and structures exist to monitor and evaluate care?

- How are data used to monitor inequity?
- How are the needs of all populations, including those with disabilities, considered?
- How is performance measured against relevant standards, guidelines and clinical indicators?
- What frameworks, methods or tools are used to protect the health rights of Māori and whānau using health services?
- How are data used to identify variation and inform focused improvement?

- Do we involve consumers in clinical governance activities?
- Are consumers actively engaged in co-design?
- Do consumers and whānau guide services on cultural safety and preference for care?
- How does the organisation and leaders build and nurture relationships with key stakeholders?
- How do leaders support shared improvement initiatives?



Consumers and whānau are active partners
How and where are consumers engaged in all clinical governance activities?

Engaged, effective and culturally safe health workforce
What activities support staff to practise and deliver safe care? What assurance activities support this?

System safety and learning
How is risk monitored and responded to? What mechanisms are there to learn and continually improve care?

Clinically effective health care
What mechanisms are in place to understand the standard of care being provided? How is the information used to improve?

- How does the organisation use a broad range of metrics to monitor and measure system performance and reliability?
- How do equity considerations drive decision-making relating to funding and use of data and digital tools?
- How does the organisation collect and analyse data that are stratified by population group?

Inclusive leadership

Is there leadership at every level that promotes accountability for the quality of care?

- Do leaders set a vision, strategic direction and goals that: embed quality and safety and focus on reducing harm, waste and variation?
- How has te ao Māori and Māori leadership provided input into organisational policy and operational practices?
- How has the organisation enabled a culture of learning?
- Are staff empowered to improve quality of care?
- Is there active identification and development of leaders at all levels?
- Does the health workforce reflect the diverse communities they serve?

- How does the organisation lead change with commitment and action to improvement; include quality and safety; and address barriers to equitable outcomes?
- How does the organisation explicitly consider and address the potential impacts of discrimination and biases in algorithm generation.

Using health technologies and data

How is technology used to improve the care for all population groups?

- What are the decision-making processes in adopting innovations and new technologies?
- How do consumers and whānau help determine the prioritisation?
- How are information technology services interconnected and how do they support seamless care?
- How do the organisational protocols prioritise Māori data sovereignty, particularly for determining storage, access to and use of health data?
- How is technology evaluated to ensure it does not worsen inequities for all populations?
- How can technology and data be used to support those with disabilities?

Quality domains

The four quality domains outline the main clinical governance activities for achieving a learning, responsive and equitable health system.

- **Consumers and whānau are active partners of the health team**
- **Engaged, effective and culturally safe health workforce**
- **Clinically effective health care**
- **System safety and learning**

Descriptions of each quality domain follow with examples of what achieving each might look like at both strategic and operational levels.

Links to relevant guidance, resources and educational materials are provided at the end of this document (see page 21).

Consumers and whānau are active partners of the health team

Consumers and whānau are partners in health care. The health needs and expectations of consumers should be incorporated into service design and delivery so that care is clinically and culturally safe.[12,13] This requires trust, transparency and a willingness to share and learn from each other.

Strategic examples

Clinical priorities, processes and evaluations are co-designed and developed collectively, with consumers, whānau and their communities involved at all levels.[14]

Organisations consider the needs, values and aspirations of iwi Māori when developing clinical strategies.

Consumers and whānau chair or co-chair clinical governance activities.

Organisations actively support Māori to participate in health care design and delivery.

The needs of underserved groups are represented in health care design and delivery.

Leadership uses consumer feedback, including complaints, to monitor the quality of care.

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[12] Te Tāhū Hauora Health Quality & Safety Commission. 2022. Code of expectations for health entities' engagement with consumers and whānau. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau (accessed 15 August 2024).

[13] Health and Disability Commissioner. 1996. Code of Health and Disability Services Consumers' Rights. Wellington: Health and Disability Commissioner. URL: www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights (accessed 15 August 2024).

[14] Ibid

Operational examples

Clinical priority action plans are co-created between the health workforce and consumers, whānau and their communities.

Consumer complaints and experiences are viewed as learning opportunities to improve quality of care.

Mechanisms are in place to ensure consumers and whānau have decision-making authority in their care management plans.

Organisations collect information on consumer and whānau lived experience to inform quality improvement.

Data management aligns with privacy, ethical and confidentiality requirements.[15]

Organisations tailor the design and layout of facilities and clinical service areas with and for the communities being served.

Information for consumers and whānau meets accessibility requirements[16] so they can make informed decisions.

Consumers and whānau are supported and reimbursed in their clinical governance roles.

Consumers participate in review processes and activities such as credentialling.[17]

Questions for reflection

How do we ensure the voice of the consumer and whānau is captured in service design and delivery?

What clinical governance activities do consumers participate in within your organisation?

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[15] National Ethics Advisory Committee. 2019. *National Ethical Standards for Health and Disability Research and Quality Improvement.* Wellington: Ministry of Health. URL: neac.health.govt.nz/publications-and-resources/neac-publications/national-ethical-standards-for-health-and-disability-research-and-quality-improvement (accessed 15 August 2024).

[16] Digital Govt NZ. 2019. *Web Accessibility Standard 1.1.* URL: www.digital.govt.nz/standards-and-guidance/nz-government-web-standards/web-accessibility-standard-1-1/ (accessed 15 August 2024).

[17] Ministry of Health. 2010. *The Credentialling Framework for New Zealand Health Professionals.* Wellington: Ministry of Health. URL: www.health.govt.nz/publications/credentialling-framework-for-new-zealand-health-professionals (accessed 15 August 2024).

Engaged, effective and culturally safe health workforce

An engaged, clinically effective and culturally safe workforce working in partnership with consumers and whānau will improve safety and quality of care. Opportunities to improve care are maximised when staff participate in clinical governance activities. Full participation requires time to engage in quality assurance activities, reflective practice, peer review and ongoing professional development. Staff will need access to the information and data that support these activities and to mechanisms that allow learning to be shared.

Strategic examples

The health and wellbeing needs of the health workforce in clinical organisational policies and processes align with *Te Mauri o Rongo | The New Zealand Health Charter.*[18]

Governance membership reflects the health sector workforce, local providers and community to facilitate collaboration and coordination of effective care delivery.

The health workforce is represented at all levels within clinical governance, and collective clinical advice is escalated as needed.

The health workforce reflects the diverse communities it serves, with the recruitment and retention of Māori, Pacific people and those with disabilities in the health workforce.

The organisation has policies and processes in place to ensure clinical staff can practise safely at the top of their scope of practice.

Organisations have processes to understand and respond to the views and experience of staff.

Operational examples

Organisations have clinical supervision and credentialling processes in place for clinical staff that align with core competencies.

Organisations provide learning opportunities to upskill the health workforce in cultural safety, health equity, health literacy, leadership, clinical governance and quality improvement.

Organisations provide opportunities to the health workforce to maintain clinical skills and knowledge.

Orientation and induction include learning about organisational values, Te Tiriti o Waitangi, equity, cultural safety and anti-racism.

Organisations support the health workforce to identify and participate in improvement projects.

The health workforce is involved in designing models of care that inform delivery of health services.

Organisations identify and develop future health workforce leaders and involve them in informing delivery of health services.

Organisations have staffing models that support the health workforce to deliver safe care.

Question for reflection

How do you know your workforce is engaged and clinically safe and effective?

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[18] Te Whatu Ora Health New Zealand. 2023. *Te Mauri o Rongo | The New Zealand Health Charter.* Wellington: Te Whatu Ora Health New Zealand. URL: www.tewhatuora.govt.nz/assets/For-the-health-sector/Te-Mauri-o-Rongo-NZ-Health-Charter-/Te-Mauri-o-Rongo-NZ-Health-Charter_final-22-Aug.pdf (accessed 15 August 2024).

Clinically effective health care

To be clinically effective and achieve the best health care outcomes, health services must use evidence-informed best-practice approaches. Evidence may include mātauranga Māori knowledge systems, clinical knowledge, and consumer and whānau preferences.

Health care organisations are accountable for delivering the best quality services to consumers and whānau, within the resources available. This involves coordinating continuous quality improvement and innovation activities across all health service delivery areas.

Strategic examples

Engagement with whānau, mana whenua and/or iwi Māori to ensure appropriate te ao Māori and mātauranga Māori are prioritised at the conceptual stages of quality improvement.

A process of sharing quality improvement (a shared learning platform) is in place to allow learning to be shared throughout the entire system to promote sustainable quality improvement.

The organisation has a specific focus on improving access and meeting the needs of the community including reaching diverse groups.

Leadership prioritises quality, ensuring it is reflected within all strategy documents and commissioning arrangements.

Quality improvement initiatives focus on prevention, wellbeing and health of communities and are undertaken in partnership with consumers, whānau and their communities.

Outcome data for all population groups, including Māori, Pacific people and those with disabilities, are used to monitor and improve care and reduce inequities.

Operational examples

Quality improvement initiatives are based on data, analytics and statistical methods for identifying variation.

Prioritisation of quality improvement initiatives that promote the health and wellbeing of underserved populations and address inequity.

The organisation uses measures, such as consumer and whānau lived experience and patient-reported outcomes and experiences, to inform quality improvement initiatives.

Organisations have health service credentialling processes in place.

Organisations have processes in place, to guide the safe introduction of new technologies and clinical practice.

Clinical audit programmes are in place, along with planned regular auditing of care, benchmarking and research, to assess best practice and support future quality improvement work.

Local ethics committees consider applications for research and quality improvement and provide ethical advice.[19]

Organisations collect information and data on the quality of care, to identify improvement opportunities, including supplying information to support clinical registries.

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[19] Cribb A, Entwistle V, Mitchell P. 2024. *Values and Ethics.* Cambridge University Press Elements of Improving Quality and Safety in Healthcare. URL: www.cambridge.org/core/elements/values-and-ethics/61E970FC5E28BA58997A0060E1D39648 (accessed 15 August 2024).

Questions for reflection

What is the process for identifying and implementing quality improvement initiatives within your organisation?

How do you use information to reduce inequity and improve care for all?

How do you know that your staff are providing safe care?

System safety and learning

System safety is about the realities of everyday care and how the health workforce navigates risk. Understanding system safety requires a system-focused approach. This looks at the interactions between different parts of the health system to respond to harm and builds capacity for learning and sharing.

Organisations should not rely purely on harm from past events but should seek other information.[20,21] Five components can be used to give a better reflection of an organisation's safety:

- past safety events
- reliability
- sensitivity to operations
- anticipation and preparedness
- integration and learning.

The operational examples below reflect these five elements.

Strategic examples

Organisations have well-defined feedback and accountability mechanisms for risk escalation and response.

Māori are partners in designing a clinically safe system that embraces a te ao Māori view of health and wellbeing.

Structures are in place for developing and sustaining local, regional and national partnerships to improve system safety and quality of care.

Organisations support open communication and restorative responses, where appropriate.

Data relating to system safety is analysed to identify inequity and opportunities to address this.

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[20] Vincent C, Burnett S, Carthey J. 2013. *The Measurement and Monitoring of Safety.* London: Health Foundation. URL: www.health.org.uk/publications/the-measurement-and-monitoring-of-safety (accessed 15 August 2024).

[21] Dixon-Woods M, Martin G. 2023. *Organisational culture: Problem-sensing and comfort-seeking.* London: The Healthcare Improvement Studies Institute. URL: nhsproviders.org/media/695531/culture-and-problem-sensing.pdf (accessed 15 August 2024).

Operational examples

Reviews of harm events provide important insights into how risks are managed and the resilience of systems within the organisation.[22]

Processes are in place to manage and escalate clinical risk and identify signs of emergent clinical risks.

The health workforce has the capacity to anticipate and respond to current and future risks.

A range of data sources (including quality monitoring, 'soft intelligence', operations data, health workforce and consumer and whānau experience) are accessed to create an understanding of system performance, changing risks of harm and emerging problems.

Information from mortality reviews, complaints and feedback is captured and drives opportunities for change.

Questions for reflection

What systems do you have in place to learn from harm?

What clinical governance interventions and approaches are proposed or planned by your organisation and why?

How do you identify and respond to risk within your organisation?

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[22] Te Tāhū Hauora Health Quality & Safety Commission. 2023. *Healing, learning and improving from harm: National adverse events policy 2023 | Te whakaora, te ako me te whakapai ake i te kino: Te kaupapa here ā-motu mō ngā mahi tūkino 2023.* Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/national-adverse-event-policy-2023 (accessed 15 August 2024).

System drivers

System drivers span all domains to support the effectiveness of quality activities.

Collaborative and coordinated care

Inclusive leadership

Monitoring and evaluation

Using health technologies and data

Collaborative and coordinated care

Services should be coordinated so that consumers and whānau are supported when accessing treatment and care. Services should consider how to safely share information, provide timely communications and 'follow up' with consumers once care has been provided. Cross-agency collaboration on and monitoring of these aspects would further enhance the patient experience.

Examples of main elements

Prioritisation processes ensure equity and Te Tiriti o Waitangi considerations are included in decision-making and funding.

Consumer and whānau engagement is actively sought and integrated in co-design approaches.

The needs of consumers with disabilities are recognised and mechanisms to coordinate care, including with agencies outside of health care, exist.

Partnerships are developed with all providers, including those outside the health sector, to allow for better integration, planning and support for Māori.

Health services enhance the wellbeing of consumers, whānau, communities and the health workforce to improve experience.

Navigators and support people actively coordinate care for consumers and whānau.

Information technologies within the system are interconnected to improve health service delivery.

Processes consider the population health impacts of system changes (eg, new infrastructure and national programmes).

Health services are accessible and promote wellbeing and prevention activities to reduce the likelihood of illness and disease.

Relationships with communities experiencing health inequities are prioritised for development.[23]

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[23] Te Tāhū Hauora Health Quality & Safety Commission. 2023. *COVID-19 care in the community system learning opportunities | KŌWHEORI-19 he whai wāhi hei ako pūnaha manaaki i te hapori.* Wellington: Te Tāhū Hauora Health Quality & Safety Commission. URL: www.hqsc.govt.nz/resources/resource-library/covid-19-care-in-the-community-system-learning-opportunities-kowheori-19-he-whai-wahi-hei-ako-punaha-manaaki-i-te-hapori (accessed 15 August 2024).

Inclusive leadership

Leadership helps promote accountability for quality of care and drives improvement in the system. Good leadership supports the health workforce to engage in learning and promotes collaboration with consumers and whānau to create a vision, strategic direction and goals across all the quality domains. Incorporating the knowledge and expertise drawn from the lived experience of consumers and whānau alongside clinical and other knowledge[24] supports a system that is responsive to consumer's needs.

Leaders should understand and respond to the distribution of population health outcomes. It is the responsibility of the entire health system, including public health,[25] to reflect this in their approach to clinical governance.

Examples of main elements

Leaders seek community input into organisational policies and practices, including from Māori communities.

Leaders model respect and cultural safety.

Leaders promote a culture of continuous learning.

Clinical leaders and managers have sufficient time to progress quality actions.

Leaders help the workforce to build knowledge, skills and behaviour to meet the quality requirements appropriate to their role and future leadership development.

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[24] Te Tāhū Hauora Health Quality & Safety Commission. 2022. Code of expectations for health entities' engagement with consumers and whānau. Wellington: Health Quality & Safety Commission. URL: www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau (accessed 15 August 2024).

[25] Edwards D. 2022. *Population health in New Zealand's reformed health and disability system: Working definition and approach.* Community & Public Health Te Mana Ora. URL: www.cph.co.nz/wp-content/uploads/PHAgencyPopulationHealthDefinition.pdf (accessed 15 August 2024).

Monitoring and evaluation

By using a range of data and measures, organisations gain an understanding of the health and wellbeing of their populations. Ideally, the data would allow comparisons of outcomes for different populations based on variables such as age, sex, ethnicity, gender, rurality and socioeconomic status. A further goal is ensuring datasets support the identification and evaluation of the needs of consumers with disabilities.

Building monitoring, evaluation and feedback loops into clinical governance structures can help interpret how effectively the health system is addressing quality, health inequities and unwarranted variation.

Improvements in collaboration and coordination of care can be supported through the sharing of data between organisations and guiding shared improvement initiatives.

Examples of main elements

Performance is regularly evaluated against relevant legislative standards (eg, Ngā Paerewa Health and Disability Services Standard), evidence-informed practice and comparative clinical indicators (eg, clinical registries).

Equity measures are co-designed and tested, monitored and publicly reported to show progress.

When reviews of reports of quality and clinical risk activity raise concerns, the pathways for escalation within and between system levels are clear.

Best-practice data science and analytic and statistical methods for identifying variation are used to inform improvement.

Results of data analysis and subsequent actions are communicated promptly and effectively within the organisation and the communities it serves.

Where possible, comprehensive population health needs assessments use social and economic status measures, patient experience data and whānau voices to inform organisational design, funding, monitoring and evaluation.

Using health technologies and data

Emerging health technologies and quality data have the potential to transform the health system and support the integration of care. A clear governance process for implementing emerging technologies into health services will enhance safety.

Digital solutions that are interconnected, equitable and reliable will enable consumers and whānau to manage their wellbeing and support the health workforce to deliver high-quality care. Digital access, data governance, data security and data sovereignty, especially for Māori, are important aspects of achieving equity.

Ongoing reviews of data can help recognise where improvements are needed and assist in making those improvements.

Questions for reflection

How has your organisation ensured clinical governance quality domains and system drivers are visible, embedded and enabled within the overall governance of your organisation at all levels?

What evidence does your organisation have that demonstrates an organisational culture of trust and openness? And how does your organisation champion, measure and improve a quality and safety culture?

How does your organisation transparently show and communicate the outcomes it achieves for the communities it serves?

What actions can you take to support your organisation's knowledge and skills to establish effective clinical governance?

Examples of main elements

Consumers and whānau help determine the prioritisation and use of health data and digital initiatives, including new and emerging technologies.

Information technology services are interconnected and allow health information to be shared to improve care coordination for consumers and whānau.

Digital solutions maximise access to personal data portals.

Organisational protocols prioritise Māori data sovereignty, determining storage, access to and use of health data.

Data and digital tool initiatives align with kaupapa Māori principles.

Organisations explicitly consider and address the potential effects of discrimination and biases in algorithm generation.

Health technologies are used to improve outcomes for people with disabilities.

Ngā rauemi me ngā tohu ārahi
Resources and guidance

1. **Consumers and whānau are active partners of the health team**

   Health and Disability Commissioner: Code of Health and Disability Services Consumers' Rights

   Te Tāhū Hauora: Code of expectations for health entities' engagement with consumers and whānau

   Te Tāhū Hauora: Co-design in health – free e-learning courses

   Te Tāhū Hauora: Health literacy guidance for health professionals

   Te Tāhū Hauora: Pacific hub

   The Office for Māori Crown Relations – Te Arawhiti: Engagement

2. **Engaged, effective and culturally safe health workforce**

   Australasian Institute of Clinical Governance: Certificate in Clinical Governance

   Council of Medical Colleges, Te Ohu Rata o Aotearoa: Cultural safety training plan for vocational medicine in Aotearoa

   HealthCERT training and support for implementing Ngā Paerewa Health and Disability Services Standard

   Ministry of Health: Ao Mai te Rā | The Anti-Racism Kaupapa

   Ministry of Health: Credentialling Framework for New Zealand Health Professionals

   Ministry of Health: Health Workforce Strategic Framework

   Taikura Consultants Ltd: Introduction to Māori health – online course and organisational workshops

   Te Pou: Working with Māori online learning modules

   Te Pou: Let's get real | Mental health and addiction

   Te Tāhū Hauora: Advance care planning support for trainers

   Te Tāhū Hauora: Human Factors | Ngā Āhua Tangata in health care – e-learning module

   Te Tāhū Hauora: Learning and education modules on understanding bias in health care

   Te Tāhū Hauora: Restorative practice education

   Health New Zealand: Te Mauri o Rongo The New Zealand Health Charter

   WorkSafe Mahi Haumaru Aotearoa: Health and safety risks to workers in the health sector and guidance on managing them

3. Clinically effective health care

A Health Equity Assessment Tool (Equity Lens) for Tackling Inequalities in Health and users guide

Hua Oranga: Māori health outcome measure

Llywodraeth Cymru Welsh Government: Quality and Safety Framework: Learning and Improving

Ministry of Health: Ao Mai te Rā | The Anti-Racism Kaupapa

Ministry of Health: Aotearoa New Zealand health strategies

Ministry of Health: Commissioning for Pae Ora Healthy Futures 2022

Ministry of Health: Health Workforce Strategic Framework

Ministry of Health: New Zealand Health Research Strategy 2017–2027

Ministry of Health: Toward Clinical Excellence: An introduction to clinical audit, peer review and other clinical practice improvements

National Ethics Advisory Committee: National Ethical Standards for Health and Disability Research and Quality Improvement

NZ Community HealthPathways Portal

Ngā Paerewa Health and Disability Services Standard

Te Tāhū Hauora: Atlas of Healthcare Variation

Te Tāhū Hauora: Choosing Wisely

Te Tāhū Hauora: Health quality intelligence programme

Te Tāhū Hauora: Infection prevention and control programme

Te Tāhū Hauora: Patient-reported measures

Te Tāhū Hauora: Quality improvement programmes

Te Tāhū Hauora: Quality improvement education for the health and disability sector

Te Tāhū Hauora: Tools for quality improvement

Te Tāhū Hauora: Window on the quality of health care

Health New Zealand: Sustainability and the Health Sector: A guide to getting started

4. System safety and learning

Te Tāhū Hauora: Aotearoa Patient Safety Day

Te Tāhū Hauora: Envisioning a restorative health system in Aotearoa New Zealand

Te Tāhū Hauora: Healing, learning and improving from harm: National adverse events policy 2023

Te Tāhū Hauora: Human Factors in health care and an e-learning module

Te Tāhū Hauora: National mortality review

Te Tāhū Hauora: Restorative practice

Te Tāhū Hauora: System learning

The Health Foundation UK – Developing learning health systems in the UK: Priorities for action

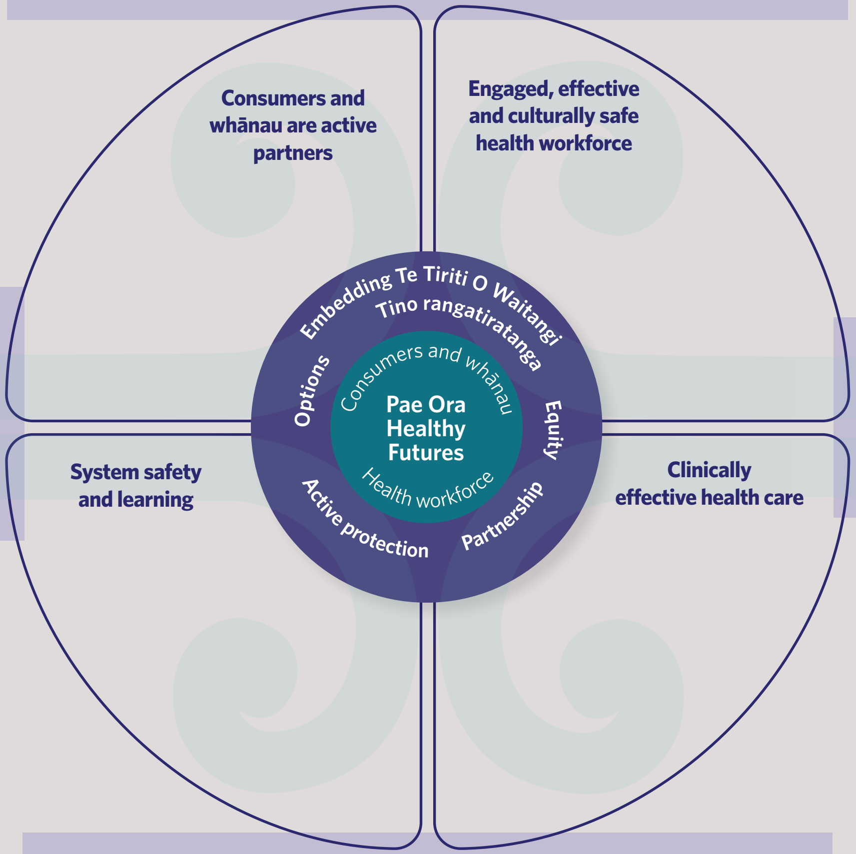
Appendix 1: Template for organisations to populate with their clinical governance structures and activities

Clinical governance is for everyone

A downloadable version is available at
www.hqsc.govt.nz

Coordinated and collaborative care

Inclusive leadership



Monitoring and evaluation

Using health technologies and data

Kuputaka
Glossary

Accessibility – accessible information and communications allow disabled people to participate and contribute on an equal basis with non-disabled people. To be accessible, information and communications are provided in formats and languages that disabled people can access independently, without relying on other people, and are compatible with assistive technology, such as computer screen readers (known as assistive devices). Essentially, it is free of barriers.[26]

Complex adaptive system – a way of thinking and analysing that recognises complexity, patterns and inter-relationships rather than focusing on cause and effect.

Consumer – Te Tāhū Hauora recognises many views exist about who a 'health consumer' is. While no universal definition has been agreed on, we use 'consumer' for consistency across our work. The term refers to anyone who has used or is currently using a health or disability service or is likely to do so in the future. This includes individuals, community members, whānau and family, carers, patients and tāngata whaiora. 'Consumer' resonates with some people more than others. It is important people use the language they feel resonates with them.

Cultural safety – this focuses on the patient and provides space for patients to be involved in decision-making about their own care and to contribute to the achievement of positive health outcomes and experiences.[27]

Equity – Manatū Hauora defines equity as: "In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes".[28]

Hapū – kinship group, clan, tribe, sub-tribe and primary political unit in traditional Māori society. It consists of several whānau sharing descent from a common ancestor.

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[26] Ministry of Social Development. 2021. *Accessibility guide: Leading the way in accessible information.* Wellington: Ministry of Social Development. URL: www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/accessibility/accessibility-guide-2021-3edition.docx (accessed 15 August 2024).

[27] Medical Council of New Zealand. (nd). *Cultural safety*. Wellington: Medical Council of New Zealand. URL: www.mcnz.org.nz/our-standards/current-standards/cultural-safety (accessed 15 August 2024).

[28] Manatū Hauora Ministry of Health. (nd). Achieving equity. Wellington: Manatū Hauora Ministry of Health. URL: https://www.health.govt.nz/strategies-initiatives/programmes-and-initiatives/equity (accessed 15 August 2024).

Harm – negative consequences for consumers and whānau directly arising from or associated with plans made, actions taken or omissions during the provision of health care rather than an underlying disease or injury.[29] Harm may be:

- **physical** – harm that leads to bodily injury or impairment or disease. This includes limitations in cognitive functioning and skills, including communication, social and self-care skills
- **psychological** – harm that causes mental or emotional trauma or that causes behavioural change or physical symptoms
- **cultural** – the marginalisation of a consumer's belief and value systems
- **spiritual** (also known as spiritual distress) – a state of suffering, related to the impaired ability to experience meaning in life through connectedness with self, others, the world or a superior being.[30]

Health – a state of holistic (physical, mental, spiritual, social and whānau) wellbeing, not merely the absence of disease or infirmity.[31]

Health services – services received by individuals or communities to promote, maintain, monitor or restore health.

Health workforce – the people employed or contracted in the health sector or health service. This includes clinical and non-clinical staff and regulated and non-regulated workers.

Hohou te rongo – peace-making from a te ao Māori world view. This process addresses harm by restoring the mana, power, authority and tapu of people and their relationships.

Human factors and/or ergonomics – "Understanding the interactions between people and all other elements within the system and design in light of this understanding".[32]

Iwi – extended kinship group, tribe, nation, people, nationality, race. Often refers to a large group of people descended from a common ancestor and associated with a distinct territory.

Kaupapa – topic, purpose or matter for discussion.

Kaupapa Māori health services – Māori approach to providing culturally appropriate health care to enable equitable health outcomes for whānau.

Learning health system – the US National Academy of Medicine (formerly Institute of Medicine) described a learning health system as one where, "science, informatics, incentives and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience".[33]

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[29] Leitch S, Dovey S, Cunningham W, et al. 2021. Epidemiology of healthcare harm in New Zealand general practice: A retrospective records review study. *BMJ Open* 11(7): e048316. DOI: 10.1136/bmjopen-2020-048316 (accessed 15 August 2024).

[30] Caldeira S, Carvalho EC, Vieira M. 2013. Spiritual distress – Proposing a new definition and defining characteristics. *International Journal of Nursing Knowledge* 24(2): 77–84. DOI: 10.1111/j.2047-3095.2013.01234.x (accessed 15 August 2024).

[31] Grad FP. 2002. The preamble of the constitution of the World Health Organization. *Bulletin of the World Health Organization* 80(12): 981–4. URL: pmc.ncbi.nlm.nih.gov/articles/PMC2567708/ (accessed 15 August 2024).

[32] Wilson JR. 2014. Fundamentals of systems ergonomics/human factors. *Applied Ergonomics* 45(1): 5–13. DOI: 10.1016/j.apergo.2013.03.021 (accessed 15 August 2024).

[33] Committee on the Learning Health Care System in America, Institute of Medicine, Smith M, et al. 2013. *Best Care at Lower Cost: The path to continuously learning health care in America.* Washington, DC: National Academies Press. DOI: 10.17226/13444. (accessed 29 October 2024)

Mana – prestige, authority, control, power, influence or status.

Mana whenua – the Indigenous people (Māori iwi and hapū) who have historic and territorial rights over the land.

Mātauranga – knowledge, wisdom, understanding, skill.

Pae ora – healthy futures.

Population health – the health status and outcomes of care for a group of people.

Psychological safety – a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.[34]

Rangatiratanga – authority.

Restorative approaches – a voluntary, relational process, ideally where all those affected by an adverse event (an event in which a person receiving or delivering health care experienced harm)[35] come together in a safe and supportive environment, with the help of skilled facilitators, to speak openly about what happened, to understand the human impacts and to clarify responsibility for the actions required for healing and learning.[36]

System – a set of elements or parts that is coherently organised and interconnected in a pattern or structure that produces a characteristic set of behaviours, often classified as its function or purpose. A system must consist of elements, interconnections and function or purpose.[37]

Tapu – restriction, sacrosanct.

Te ao Māori – the Māori world, including language, customs and community practices.

Te Tiriti o Waitangi – the founding document of Aotearoa New Zealand, signed by the Crown and many hapū and iwi leaders. An important intent of Te Tiriti o Waitangi was to uphold relationships of mutual benefit between the Indigenous peoples of Aotearoa (tāngata whenua) and all those who had come and were to come to settle here (tāngata tiriti).

Tikanga – correct procedure and the customary system of values and practices that have developed over time and are deeply embedded in the social context.

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[34] Edmondson A, Bevan H. 2021. *A practical guide to the art of psychological safety in the real world of health and care.* Coventry: NHS Horizons. URL: www.horizonsnhs.com/wp-content/uploads/2021/06/A-practical-guide-to-the-art-of-psychological-safety-in-the-real-world-of-health-and-care-.pdf (accessed 15 August 2024).

[35] Runciman WB. 2006. Shared meanings: Preferred terms and definitions for safety and quality concepts. *Medical Journal of Australia* 184(S10): S41–3. DOI: 10.5694/j.1326-5377.2006. tb00360.x. (accessed 29 October 2024)

[36] Wailling J, Cameron G, Stolarek I, et al. 2023. *Envisioning a Restorative Health System for Aotearoa New Zealand.* Wellington: The National Collaborative for Restorative Initiatives in Health. URL: www.hqsc.govt.nz/resources/resource-library/he-maungarongo-ki-nga-iwi-envisioning-a-restorative-health-system-in-aotearoa-new-zealand (accessed 15 August 2024).

[37] Meadows DH. 2008. *Thinking in Systems. A primer.* White River Junction, VT: Chelsea Green Publishing.

Wellbeing – wellbeing is a positive state experienced by individuals and societies. Like health, it is a resource for daily life and is determined by social, economic and environmental conditions.[38]

Whakawhanaungatanga – the process of establishing relationships, relating well to others.

Whānau – the family, extended family or family group of people who are important to a person. Whānau includes a person's extended family, their partners, friends, guardians or other representatives chosen by the person.

Whānau-centred – the terms 'whānau-centred approach' and 'Whānau Ora approach' have been used by Māori providers to refer to a culturally grounded, holistic approach focused on improving the wellbeing of whānau as a group, as well as the individuals within the whānau.[39]

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[38] World Health Organization. 2021. Health promotion glossary of terms. Geneva: World Health Organization. URL: www.who.int/publications/i/item/9789240038349 (accessed 29 October 2024).

[39] Te Puni Kōkiri. 2015. *Understanding whānau-centred approaches.* Wellington: Te Puni Kōkiri. Page 9.
URL: www.tpk.govt.nz/documents/download/1025/understanding-whanau-centred-approaches.pdf (accessed 15 August 2024).