

# Clinical governance framework:

collaborating for quality

**DRAFT**

**November 2023**



**Te Tāhū Hauora**  
Health Quality & Safety  
Commission

# Contents

|  |           |
|--|-----------|
| <b>Acknowledgements .....</b>                                    | <b>5</b>  |
| <b>Clinical governance: collaborating for quality .....</b>      | <b>6</b>  |
| Introduction .....   | 6         |
| Purpose of the framework .....                                   | 6         |
| The context of clinical governance in Aotearoa New Zealand.....  | 7         |
| The complex health system.....                                   | 9         |
| Leadership in clinical governance .....                          | 9         |
| <b>The clinical governance framework.....</b>                    | <b>10</b> |
| <b>Quality domains .....</b>                                     | <b>11</b> |
| Consumers and whānau as active partners of the health team ..... | 11        |
| Guidance and resources .....                                     | 12        |
| Engaged effective workforce .....                                | 12        |
| Guidance and resources .....                                     | 13        |
| Effective health services.....                                   | 13        |
| Guidance and resources .....                                     | 14        |
| Efficient health services.....                                   | 15        |
| Guidance and resources .....                                     | 15        |
| System safety and learning .....                                 | 16        |
| Guidance and resources .....                                     | 17        |
| <b>System drivers .....</b>                                      | <b>18</b> |
| Collaborative care .....   | 18        |
| Leadership .....   | 19        |
| Monitoring and evaluation .....                                  | 19        |
| Relationships.....   | 20        |
| Using health technologies and data.....                          | 20        |
| Whole-of-system population health approach.....                  | 21        |
| <b>Summary .....</b>   | <b>22</b> |
| <b>Glossary .....</b>  | <b>23</b> |
| <b>Appendix: Methodology .....</b>                               | <b>25</b> |
| <b>References and endnotes.....</b>                              | <b>26</b> |

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**Te Kāwanatanga  
o Aotearoa**  
New Zealand Government

**Ma te rongo ka mōhio**  
**Ma te mōhio ka mārama**  
**Ma te mārama ka mātau**  
**Ma te mātau ka ora**

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

# Acknowledgements

To come

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# Clinical governance: collaborating for quality

## Introduction

Clinical governance is an integral component of modern health [systems](#). All parts of the Aotearoa New Zealand health system must have robust clinical governance systems. These must foster a supportive learning culture<sup>1</sup> and enable continuous quality improvement in the delivery of [consumer-](#) and [whānau-](#)centred [health services](#).

Te Tāhū Hauora defines clinical governance as:

**the sector and organisational approach through which health services are responsive to their communities' [health](#) needs, creating a culture and environment in which clinical excellence and continuous quality improvement can flourish.**

**A central role of clinical governance is how to sustainably improve the quality of health services being provided. This requires:**

- the assurance role of clinical governance  
**Are we doing things right?**
- the need to adapt care over time, for instance, to meet different community health needs or to incorporate new technology  
**Are we doing the right things?**

## Purpose of the framework

Te Tāhū Hauora Health Quality & Safety Commission's clinical governance framework (the framework) is intended to provide a comprehensive approach to enable the health sector to develop their own clinical governance infrastructure, adapted to their clinical context.

The framework is intended to support a culture of participatory leadership, where collaboration drives quality. This framework is deliberately inclusive of the [health workforce](#), as opposed to being solely focussed on managers and clinicians, as it is applicable across the health sector and needs to be inclusive of all health environments. This includes individuals, organisations, networks, both the regulated and the unregulated health workforce, consumer networks and advisory groups. It promotes the need for local decision-making and clear escalation pathways between different levels of the health system as well as communication at all levels and in all directions.<sup>2</sup>

The framework has been intentionally designed for the Aotearoa New Zealand context, to enact [Te Tiriti o Waitangi](#) and strive to achieve equity. More information on how this has been approached is provided in the Appendix.

## ***The context of clinical governance in Aotearoa New Zealand***

The implementation of the Pae Ora (Healthy Futures) Act 2022<sup>3</sup> (the Act) presents opportunities for improved ways of working with Māori, and to engage and collaborate meaningfully with consumers and whānau and their communities to achieve health equity.

The Act is underpinned by health sector principles which incorporate the Crown's commitment to address the findings of the Waitangi Tribunal's 2019 Health Services and Outcomes Inquiry *Hauora* report.<sup>4</sup>

### ***There is no quality without Te Tiriti o Waitangi.***

The framework embeds the principles of Te Tiriti o Waitangi as articulated in the Waitangi Tribunal's *Hauora* report. The guarantee of tino rangatiratanga, equity, active protection, options and partnership supports the health system to uphold our responsibilities under Te Tiriti o Waitangi in a meaningful way with Māori, through effective clinical governance (more information is provided in the Appendix).

Te Tiriti o Waitangi is the promise of an ongoing relationship of mutual benefit between Māori and all others who have come here to Aotearoa New Zealand. Enacting Te Tiriti o Waitangi in the health sector provides all people with the opportunity to live longer in good health; to experience improved wellbeing and quality of life; to be part of healthy, inclusive and resilient communities; and to live in environments that sustain their health and wellbeing.

### ***There is no quality without equity.***<sup>5</sup>

Integrating equitable approaches and focus into every aspect of health service provision and governance enables the health sector to respond to the needs of those currently poorly served, by identifying what changes are required and creating opportunities for action. It also aligns with the clinical standards of a modern health system. It is imperative that all parts and levels of the health sector engage with and involve consumers, whānau and their communities, including groups who are not well served, to create a health system that meets the different needs of everyone.

There are groups experiencing inequitable health outcomes in Aotearoa New Zealand, including (but are not limited to) Māori, Pacific peoples, disabled people, frail elderly, those living rurally, women, prison populations, and those living in deprivation.

### ***There is no quality without equity for Māori.***<sup>6</sup>

Colonisation, failure to meet the requirements of Te Tiriti o Waitangi and institutional racism have established and maintained advantage for most non-Māori and disadvantage for Māori within the wider determinants of health, and within the health system itself. Institutional racism includes inappropriate action and/or inaction in response to need. It also includes monocultural perspectives and worldviews embedded in health, education, legal and other systems.<sup>7</sup>

Achieving Māori health equity is an integral component of quality, informed by Te Tiriti o Waitangi, [kaupapa](#) Māori theory, [tikanga](#) Māori and [mātauranga](#) Māori.<sup>8</sup> [Te ao Māori](#) holistic view of health and wellbeing is intricately linked to the natural world and its resources and focuses on the wellbeing of current and future generations. Te ao Māori and modern safety

science share a common understanding of the importance of the relational nature of health within our complex health environment.

Clinical governance needs to ensure that [iwi](#), [hapū](#) and whānau views are integrated at all levels of health service delivery and that Māori decide who represents them locally, regionally and nationally.

... Māori have a greater role in designing health services that better meet the needs of Māori. Māori communities will also play an important role in making sure our health services work for Māori and the many New Zealanders accessing [kaupapa Māori health services](#). And that will be better for everyone, because a health system that does better for Māori, does better for all. (Te Whatu Ora<sup>9</sup>)

The interweaving of western and Māori perspectives on quality has the potential to better serve the needs of our communities and equip the health workforce with the necessary skills and capabilities required to fulfil their roles and responsibilities.

***Exemplar: Clinical governance by the Māori Regional Coordination Hub (MRCH) in Tāmaki Makaurau Auckland during the COVID-19 pandemic demonstrated this in action, with positive effects.***

*In collaboration with Māori providers and communities, MRCH provided cultural insight and oversight to 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 MRCH model of clinical governance demonstrated the feasibility of embedding and valuing the principles of Māori self-determination and empowerment and of working within an equity, anti-racism and social justice framework to appropriately plan for and respond to a public health emergency.*

## **The evolution of quality domains**

The quality domains in the framework have therefore evolved from the quality dimensions first listed in the 2001 Institute of Medicine report *Crossing the Quality Chasm*<sup>10</sup> and described by the Institute for Healthcare Improvement. These were: safety, effectiveness, patient centredness, timeliness, efficiency and equity. They were identified by the Ministry of Health in 2005 as the five key dimensions of quality that rested on the foundations of partnership, participation and protection principles of Te Tiriti o Waitangi (people centred, access and equity, safety, effectiveness and efficiency).

The domains now include the health workforce, a focus on system safety and learning, and the importance of whānau. The drivers were further refined through workshops to reflect the evolving health system within Aotearoa New Zealand (more information is provided in the Appendix).



## ***The complex health system***

The health system is a [complex adaptive system](#) made up of multiple interconnected parts all of which have the joint purpose of providing health services. It is dynamic and has independent and inter-dependent relationships, and these interactions with the wider system create both high-quality care and inevitable risk. As such, it is not possible to make sense of any single part of the system without understanding its relationships and interactions with the wider system. This is demonstrated in the context of resilient health care | he toki ngao matariki Aotearoa.<sup>11</sup>

The multiplicity of health organisations and their differing contexts means that clinical governance may look different in different settings, but the key elements need to be consistent and resourced accordingly. Clinical governance structures need to be capable of coping with the scale and complexity of the health system and the services it provides.<sup>12</sup>

Therefore, a 'nested' or 'multi-level' approach to clinical governance is needed, one that has a tiered, internally consistent and mutually re-enforcing planning and decision-making system that takes different forms at different levels. The levels reflect consumers, whānau and their communities, health workforce, health organisations, regulators and legislation (government).<sup>13</sup> This would allow people to address challenges as locally as possible, with the ability to escalate concerns that need to be resolved regionally or nationally.

The important role of the wider system in shaping the delivery of quality health services is now recognised. Elements such as policy directives, funding models, health workforce planning and regulations all shape the context in which health services are delivered. Without considering these relationships and influences between the levels, the impact of clinical governance activities risks remaining limited or unable to address the underlying drivers of quality issues.

### **Leadership in clinical governance**

Leadership plays an important role in influencing the quality of services by setting priorities, shaping culture, supporting the health workforce, addressing problems, engaging effective digital health services and monitoring progress towards quality performance.

An effective clinical governance system supports everyone in achieving safe, skilled and compassionate consumer- and whānau-centred care. It is a collaborative venture between consumers and whānau, the health workforce, clinicians and managers that aims to create a culture where quality is everyone's primary goal.<sup>14</sup>

Relationships that enable the exchange of information and learning in a context of mutual support and trust are essential. Local concerns that highlight wider system problems must have regional and national escalation and response pathways to enable transparency, learning and effective resolution.

A foundation for a learning culture must be to encourage broader definitions of quality that reflect the voices of people, their outcomes and experience, alongside matters such as clinical effectiveness and efficiency. This requires a broad conversation on what services aspire to achieve and what good looks like, to develop principles that reflect our diversity. (Manatū Hauora<sup>15</sup>)

# The clinical governance framework

The model for the clinical governance framework uses the symbolism of the koru (see Figure 1). The koru is a symbol of perpetual movement – including latent and potential energy. It also returns to the point of origin – representing both change and consistency. The koru is the early unfurling fern frond as it grows, representing new life, new beginnings, regeneration, continuation and growth.

The koru represents the ever-evolving spiral of life, which is embodied within the concept of continuous improvement, a constantly evolving activity that rejuvenates the health system as it aims to meet the needs of the people of Aotearoa New Zealand.

The model is underpinned by the principles of Te Tiriti o Waitangi as articulated in the Waitangi Tribunal’s *Hauora* report, which are interwoven within the quality domains and system drivers (see the ‘Quality domains’ and ‘System drivers’ sections, respectively). This supports a systems approach that recognises quality as the collective outcome of the relationship and interactions between consumers, whānau and the health workforce.

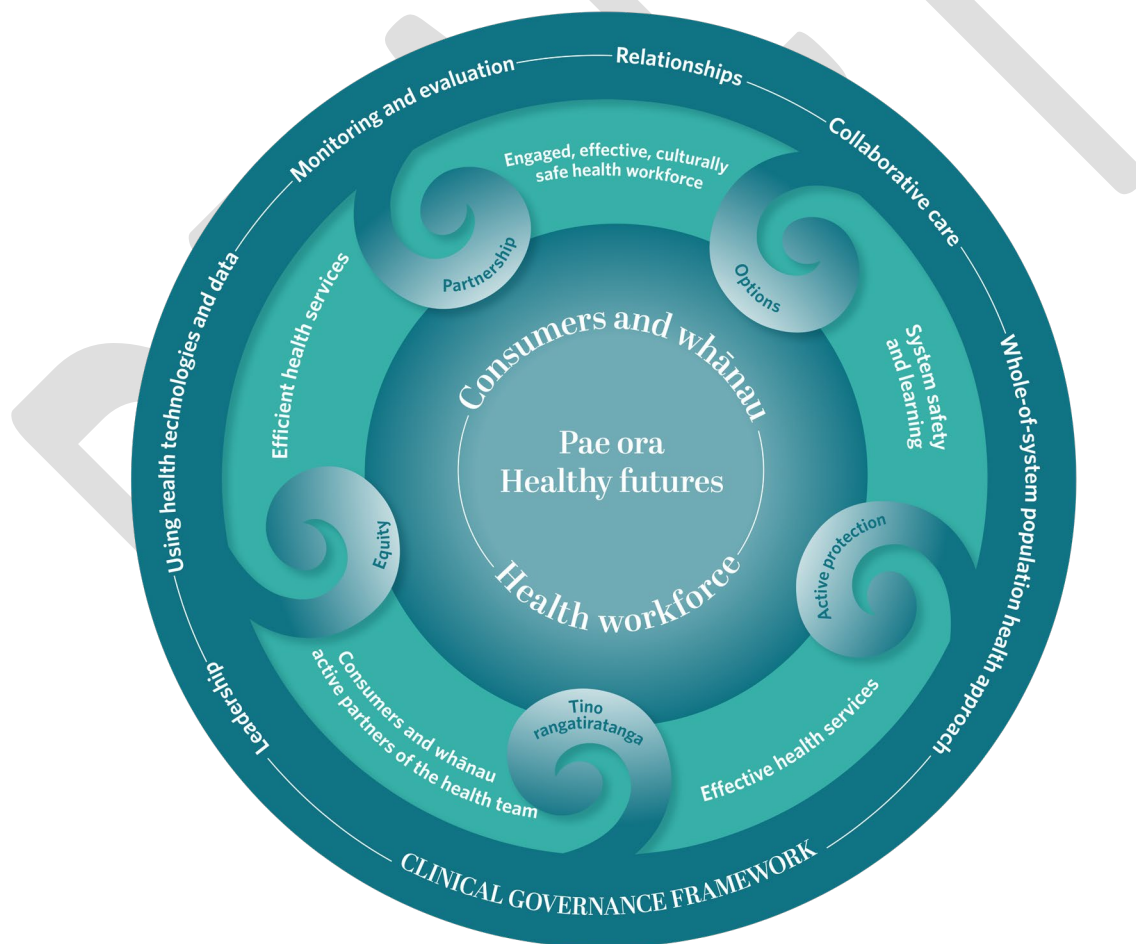


Figure 1: The clinical governance framework

## Quality domains

An effective clinical governance framework provides excellence in clinical quality and governance of health service provision. It has five quality domains for achieving a responsive and equitable health system:

- **consumers and whānau as active partners of the health team**
- **engaged, effective, culturally safe health workforce**
- **effective health services**
- **efficient health services**
- **system safety and learning.**

This section describes each quality domain of the framework in more detail. It provides examples of what achieving that domain may look like at a strategic and operational level, followed by links to relevant guidance, resources and education. It is important that each area is not viewed in isolation – systematic joining up of all the elements of the framework will result in an effective whole-of-system approach.



### ***Consumers and whānau as active partners of the health team***

Consumers and whānau are partners in care, and their needs, aspirations and suggestions are central to improving the quality of health services.

This relationship must be built on trust, authenticity, reciprocity, transparency and a willingness to share and learn from each other and be inclusive of all population groups and those with specific needs.<sup>16</sup> The experiences of consumers, whānau and their communities underpin health quality and safety, including cultural safety.<sup>17</sup>

Quality health services provide consumers and whānau with an experience of care tailored to their needs.

#### **Strategic examples**

Organisational clinical priorities, processes and evaluations are co-designed and developed collectively with consumers, whānau and their communities so they are involved at all levels.<sup>18</sup>

The needs, values and aspirations of Māori drive clinical strategy and decision-making.

Consumers and whānau are co-chairs within clinical governance.

Māori are actively supported to participate equitably in health settings.

### Operational examples

Clinical decision-making is shared between consumers, whānau and their communities and the health workforce.

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

Consumer and whānau lived-experience data is collected to inform quality improvement opportunities.

The design and layout of facilities and clinical service areas are whānau-centred.

Information is accessible so consumers and whānau can make informed decisions.

Processes are in place for consumers and whānau to be supported, orientated and reimbursed in their clinical governance roles.

### Guidance and resources

- [Health & Disability Commissioner: Code of Health and Disability Services Commissioner Code of Rights](#)
- [Te Arawhiti The Office for Māori Crown Relations: Māori Crown relations and engagement](#)
- [Te Tāhū Hauora: Advance care planning and support for trainers](#)
- [Te Tāhū Hauora: Code of expectations for health entities' engagement with consumer and whānau](#)
- [Te Tāhū Hauora: Health literacy](#)
- [Te Tāhū Hauora: Pacific Hub](#)
- [Te Tāhū Hauora: Suite of co-design e-learning courses](#)

### ***Engaged, effective, culturally safe health workforce***

An engaged, effective, culturally safe health workforce that works in partnership with consumers and whānau is essential to achieving quality health services.

### Strategic examples

The health workforce is valued, and their health and wellness needs are included in clinical organisational policies and processes.

There is coordination and collaboration across the health sector to support frontline workforce and local providers to deliver the care their communities need.

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

The health workforce reflects the diverse communities they serve, which includes the recruitment and retention of a Māori health workforce.

The health workforce just culture promotes the use of restorative processes, sharing and learning together.

Clinical supervision and credentialing processes are in place and aligned with core competencies.

## Operational examples

Learning opportunities are provided to upskill the health workforce in cultural competency, cultural safety, health equity, health literacy and quality improvement.

Orientation and induction include learning about Te Tiriti o Waitangi, existing inequities, cultural safety and racism.

The health workforce is actively enabled to identify and participate in improvement projects.

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

Future health workforce leaders are supported to be engaged in informing delivery of health services.

People in the health workforce work within their scope of practice.

Scheduling and staffing in the health workforce ensures sufficient capacity for the delivery of safe health services.

## Guidance and resources

- [Cultural safety training plan for vocational medicine in Aotearoa](#)
- [Introduction to Māori health: online course](#)
- [Mahi Haumarū Aotearoa Worksafe: health and safety risks to workers in the health sector and guidance on managing them](#)
- [Manatū Hauora: Credentiaing framework for New Zealand Health professionals](#)
- [Manatū Hauora: Health Workforce Strategic Framework](#)
- [Te Mauri o Rongo The New Zealand Health Charter](#)
- [Te Pou 'Working with Māori' online learning modules](#)
- [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](#)

## Effective health services

Health services are clinically effective and use evidence-informed decision-making derived from research, kaupapa Māori research, clinical experience and consumer and whānau preferences to achieve optimum health care outcomes and inform quality improvement.

## Strategic examples

Clinical outcomes are publicly transparent, and focused quality improvement initiatives are undertaken in partnership with consumers, whānau and their communities.

Patient-reported outcomes measures (PROMs) and patient-reported experience measures (PREMs) are collected to inform quality improvement opportunities.

Clinical strategies, policies, procedures, protocols and guidelines are people centred, anti-racist and informed by evidence and reduce the risk of unconscious bias.

All evidence for quality improvement interventions is informed by high-quality quantitative and qualitative data.

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Health services are supported to be flexible in their ability to be responsive and relevant to the people using these services but flexible also in their mobility and ability to reach diverse groups and remote areas.

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Ensure kaupapa Māori and Pacific expertise in the analysis of collected data to inform equity focused quality improvement.

---

Prevention, wellness and healthy communities are prioritised to stave off the onset of disease.

---

A method of sharing quality improvement is in place to ensure learnings are captured at all parts of the system and drive strategy and support further quality improvement.

---

### Operational examples

Service credentialing processes are in place.

---

Processes are in place to guide the safe introduction of new technologies and clinical practice.

---

Health workforce has access to evidence-informed policies, procedures, protocols and guidelines.

---

Health service non-compliance with clinical standards and policies is managed through clinical risk management systems.

---

Clinical audit, benchmarking and research is undertaken to assess best practice and to inform opportunities for quality improvement.

---

Surveillance and early recognition systems are in place.

---

### Guidance and resources

- [A Health Equity Assessment Tool \(Equity Lens\) for Tackling Inequalities in Health and users guide](#)
- *Benchmarking:*
  - [The Australian Council on Healthcare Standards](#)
  - [The Health Round Table](#)
- [Manatū Hauora: Ao Mai te Rā | The Anti-Racism Kaupapa](#)
- [Manatū Hauora: New Zealand Health Research Strategy 2017–2027](#)
- [Manatū Hauora: Health Workforce Strategic Framework](#)
- [Manatū Hauora: Toward Clinical Excellence: An introduction to clinical audit, peer review and other clinical practice improvements](#)
- [National Ethical Standards for Health and Disability Research and Quality Improvement](#)
- [Ngā Paerewa Health and Disability Services Standard](#)
- [Te Tāhū Hauora: Atlas of Healthcare Variation](#)
- [Te Tāhū Hauora: Clinical quality improvement programmes](#)
- [Te Tāhū Hauora: Kia kounga te mātauranga mō te rāngai hauora, hauātanga hoki | Quality improvement education for the health and disability sector](#)
- [Te Tāhū Hauora: Mōhiohio kounga e pā ana ki te hauora | Health quality intelligence programme](#)
- [Te Tāhū Hauora: National infection prevention and control programme](#)

- [Te Tāhū Hauora: Quality improvement tools and resources](#)
- [Te Tāhū Hauora: Patient-reported measures](#)
- [Te Tāhū Hauora: Window on the quality of healthcare](#)

## **Efficient health services**

Allocating resources such that the best outcome is generated in terms of health outcomes is known as allocative efficiency. Technical efficiency then follows on from this allocation.<sup>19</sup>

Equity can be treated as a complementary rather than a conflicting consideration in terms of efficiency. Agreement on what is 'equitable' around ensuring efficient allocation of resources is required, and what options will be considered more 'efficient' when equity objectives are pursued.<sup>20</sup> Technical and organisational innovation can be important potential drivers of greater efficiency and equity in health outcomes.<sup>21</sup>

### **Strategic examples**

Health services are co-designed around the needs of, and impacts of [intersectionality](#) on, consumers and whānau.

Prioritisation processes align with Te Tiriti o Waitangi, focus on the greatest needs of the population and actively acknowledge and incorporate the various interconnected influences on peoples' health and wellbeing.

Whānau, [mana whenua](#) and/or iwi Māori are engaged to implement appropriate te ao Māori and mātauranga Māori at the conceptual stages of service design.

Consumers and whānau receive all the health interventions they need with the minimum number of health service interactions.

Consumers and whānau are able to access health services as close to home as practical.

A learning culture is fostered to support transparency of data that informs efficiency of service delivery improvement opportunities.

Monitored data on inputs and outputs are used for quality assurance and quality improvement and informs opportunities for further quality improvement.

### **Operational examples**

Clinical services are designed to meet the needs of differentiated populations and include representation of those people within the analysis and interpretation of data collected about those services.

PREMs and PROMs are collected to inform how to better tailor services for the needs of the community (ie, use of Aotearoa New Zealand telehealth and accessibility of services for rural communities).

Clinical funding is intentionally redistributed toward initiatives that can deliver equitable health outcomes for Māori.<sup>22</sup>

Health services are designed to identify and address unwarranted variation and eliminate waste.

## **Guidance and resources**

- [Manatū Hauora: Commissioning for Pae Ora \(Healthy Futures\) 2022](#)
- [Manatū Hauora: Aotearoa New Zealand health strategies](#)

- [Manatū Hauora: Sustainability and the health sector. A guide to getting started](#)
- [Te Tāhū Hauora: Choosing wisely](#)
- [Te Tāhū Hauora: Patient-reported measures](#)
- [Te Whatu Ora: Sustainability resources](#)

## System safety and learning

‘Assessing safety by what has happened in the past does not give us the whole picture, nor does it tell us how safe care is now or will be in the future.’<sup>23</sup>

System safety and learning is about understanding how the health system shapes the experiences of consumers and whānau and the health workforce within the health system. Understanding the lived experience helps improve the care we deliver, respond to any [harms](#) and build our capacity to learn. The aim is to make visible the wider system factors that shape the conditions in which care is provided and use this understanding to achieve [pae ora](#).

System safety also focuses on learning about the realities of everyday care in a complex adaptive health system, how people normally navigate risk and understanding when risks become more difficult to manage. This requires a systems-focused approach that looks at the relationships and interactions between different parts of the health system. People within the system are the key resource for this adaptability, building on the relationships and expertise from working within that setting that develop over time.<sup>24</sup>

### Strategic examples

Systems are in place that support health service teams to understand the experiences of people within the health system, and those not accessing the current system, and inform improved service delivery that minimises harm and promotes safety for consumers, whānau and the health workforce.

Māori are partnered to design a clinically safe system that embraces a te ao Māori holistic view of health and wellbeing.

A ‘learning together’ culture incorporates restorative approaches when dealing with harm. This includes [Hohou te rongo](#): Peace-making from a te ao Māori world view that addresses harm by restoring the [mana](#), power, authority and tapu of people and their relationships.

Develop and sustain local, regional and national synergy, partnership and solidarity to improve system safety and quality of care.<sup>25</sup>

### Operational examples

Actively seek out organisational data that challenges the sense that that ‘all is well’ in the organisation. This may include a wide range of data sources (including quality monitoring, ‘soft intelligence’, operations data, health workforce and consumer and whānau experience) that are brought together to understand how the health system is performing, how risk is changing and where problems are developing.<sup>26</sup>

The following five dimensions may be used to give a comprehensive and rounded picture of an organisation’s safety.



- 
- Past safety: What do past events tell us about how risks are being managed and the resilience of our systems? How are these events being managed to address need, learn from harm and improve care?
  - Reliability: How reliable are the systems in being able to deliver safe care? What are the behaviours, processes and outcomes that are critical and need to be monitored?
  - Sensitivity to operations: What information is available to monitor threats to safety on an hourly or daily basis? What is the ability to respond to these signals in a timely way?
  - Anticipation and preparedness: What is the capacity to anticipate and respond to problems that threaten high-quality care, both now and in the future?
  - Integration and learning: What is the capacity of the organisation to integrate safety information and use this effectively to improve the safety and quality of care?<sup>27</sup>
- 

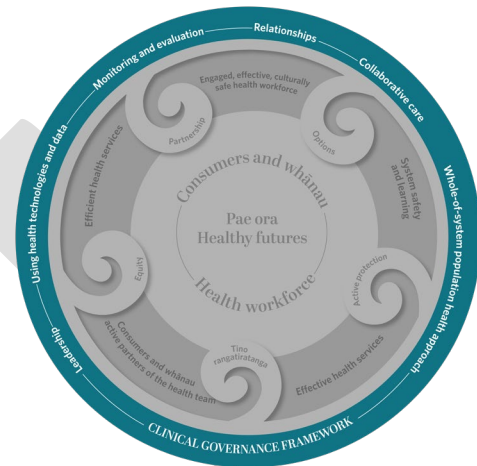
### Guidance and resources

- [Te Rā Haumarū Tūroro o Aotearoa | Aotearoa Patient Safety Day](#)
- [Te Tāhū Hauora: 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 tūkinō 2023](#)
- [Te Tāhū Hauora: He maungarongo ki ngā iwi: Envisioning a restorative health system in Aotearoa New Zealand](#)
- [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: Tā te pūnaha ako | System learning](#)

# System drivers

The six system drivers of the clinical governance framework describe how the wider system needs to function collectively and in collaboration to realise the vision of pae ora, demonstrate responsiveness to Te Tiriti o Waitangi and achieve equity. The system drivers are:

- collaborative care
- leadership
- monitoring and evaluation
- relationships
- health technologies and data
- whole-of-system population health approach.



## Collaborative care

The system needs to be intentionally designed to maximise coordination and minimise duplication, ensuring consumers and whānau do not fall through any gaps.

This means systems and processes support consumers and whānau to seamlessly navigate different providers by safely sharing information, through timely communication channels and with processes that close the loop once care has been provided.

This type of care can extend beyond health sector relationships and involve other types of providers.

### Examples of key elements

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

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

Partnerships are developed with providers within and beyond the health sector to allow for better service integration, planning and support for Māori.

Services enhance the multi-dimensional wellness (physical, mental, emotional, whānau, spiritual) of consumers, whānau, communities and the health workforce, to support improved experience.

Services utilise navigators and support people to actively support consumers and whānau.

The system is joined up by design with interconnected information technology to support improved service delivery.

## Leadership

Leadership enables the health workforce to be active members of the learning organisation. This influences [psychological safety](#) and trust within the organisation.<sup>28</sup>

Organisations need to share leadership by valuing knowledge and expertise drawn from lived experience of consumers and whānau equally alongside clinical and other knowledge.<sup>29</sup>

### Examples of key elements

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

Every leader within the organisation can answer: how confident are you in the quality of care provided, are you improving and how does this compare to similar or like organisations?

Māori and iwi leaders have meaningful and substantive input into organisational policies and operational practices.

Organisational respect and appreciation for te reo and tikanga Māori is modelled and demonstrated.<sup>30</sup>

Health service leaders ensure compliance with legislative, contractual and regulatory requirements.

Service providers identify and work to address barriers to equitable outcomes for all.

Governance/board members receive comprehensive, up-to-date information and data about the quality of care and the experiences of consumers and whānau.<sup>31</sup>

People at senior levels lead a commitment to improving quality by setting the strategic direction and goals.

All people in the health workforce understand the importance of improving quality in health services by reducing harm, waste and variation.

All people in the health workforce have the necessary knowledge, skills and behaviours to meet the quality requirements appropriate to their role.

Clinical leaders set clear expectations for escalation of issues and provide transparency in decision-making.

## Monitoring and evaluation

Ongoing monitoring and evaluation, and feedback loops, are essential for assessing the effectiveness of the health system in reducing health inequities, unwarranted variation and using that information to drive strategy to consistently make improvements that result in better health outcomes.

### Examples of key elements

Monitoring data is fit for purpose, meaningful and understandable for consumers, whānau and their communities and can be separated to show outcomes for populations.

Performance is evaluated against relevant standards (eg, Ngā Paerewa Health and Disability Services Standard) and in comparison with peers (eg, Australian Council on Healthcare Standards clinical indicators/Maternity Quality and Safety Programme clinical indicators).

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

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

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Statistical analysis of data that detects special-cause variation is used to inform focused improvement.<sup>32</sup>

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

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## ***Relationships***

Relationships are essential to the quality of health services. All health services must build effective and trusting relationships, prioritise meaningful Te Tiriti o Waitangi-based partnerships with Māori and establish partnerships within and outside of the health sector.

[Whakawhanaungatanga](#) and [manaakitanga](#) should be at the heart of our health system, and every health care interaction must be valued as a moment of connection that should be mana enhancing.<sup>33</sup>

### **Examples of key elements**

Whakawhanaungatanga is foundational when establishing relationships between consumers, whānau and their communities and the health workforce.

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Relationships with key stakeholders are built and nurtured.

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Actively partner with organisations outside of the health sector for better service integration, planning and support.

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Relationships with communities underserved by the system are prioritised for development.<sup>34</sup>

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Frameworks and/or tools that protect the health rights of Māori people and whānau using health services are established and tested.<sup>35,36</sup>

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Community initiatives that meet the wellbeing aspirations of Māori are enabled through self-determination.

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## ***Using health technologies and data***

Digital solutions that are interconnected, equitable and reliable and add value can enable consumers and whānau to manage their wellbeing and support the health workforce to deliver high-quality care.

The use of health technologies and data for good has the potential to transform the health system and achieve integrated care. Digital access, data governance, data security and data sovereignty, especially for Māori, are recognised as key to the vision of pae ora and achieving equity.

### **Examples of key elements**

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

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Accessible personal data portals are maximised.

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A broad range of metrics are used to monitor and measure system performance and reliability.

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Māori data sovereignty is integral to organisational protocols that determine the access to and use and storage of health data.

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Equity considerations should drive decision-making around the funding and use of data and digital tools.

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Data and digital tool initiatives aim to align with kaupapa Māori principles.

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IT services are interconnected and enable health information sharing for consumer- and whānau-based care.<sup>37</sup>

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The potential impacts of discrimination and biases in algorithm generation are explicitly considered and addressed.

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### ***Whole-of-system population health approach***

A population health approach involves understanding and responding to the distribution of health outcomes of populations. It is the responsibility of the entire health system, including public health.<sup>38</sup>

It is about improving the overall wellbeing of local, regional and national populations while prioritising proactive and preventive care alongside reactive care and addressing health inequities. It includes actions to reduce the occurrence of ill health, deliver appropriate health services and address inequities. It requires working with communities and partner agencies.<sup>39</sup>

#### **Examples of key elements**

Where able, 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.

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Where applicable, services provide access to necessary prevention activities, including those with established conditions, to reduce disease progression and the development of additional illnesses.

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Data is used to evaluate population health outcomes through an equity lens and using holistic definitions of health and wellbeing, including health status, access to care, experiences of care and quality of care.

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Analyses are stratified by population group (ie, age, sex, ethnicity, gender, rurality, socioeconomic status, etc), and the equity impacts of multiple intersectionalities are explicitly considered.

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

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Carbon mitigation and whole-of-product life-cycle waste-reduction measures are universally adopted by all organisations. Protecting and promoting planetary health is an integral component of a quality system.

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Environmental sustainability considerations include Māori knowledge, culture and traditional practices, which contributes to sustainable and equitable development and proper management of the environment.<sup>40,41,42,43,44</sup>

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## Summary

The framework affirms the importance of clinical governance within the Aotearoa New Zealand health system.

It is inclusive of consumers and whānau and all of the health workforce. The framework upholds responsibilities under Te Tiriti o Waitangi and supports the health system in a meaningful partnership with Māori, through governance, leadership, relationships and accountability.

An equity lens has been applied to this framework from its inception as an essential component of quality, shaping both approach and content to intentionally steer the system towards equitable health gains through clinical governance.

Differing contexts means that clinical governance may look different in different settings but remain connected through the quality domains, supported by the system drivers as outlined in the framework. Clinical governance is a tiered, internally consistent and mutually reinforcing planning and decision-making system. It enables people to deal with challenges as locally as possible while also being able to escalate concerns that need to be addressed at other system levels.

The framework is intended to foster a supportive learning culture that values relationships that enable the exchange of information and facilitates ongoing continuous quality improvement in the delivery of consumer- and whānau-centred health services within the context of enacting Te Tiriti o Waitangi. Such an approach supports our collective vision of pae ora and health equity for all.

## Glossary

**Complex adaptive system** – A way of thinking and analysing that recognises complexity, patterns and interrelationships rather than focusing on cause and effect.

**Consumer** – Te Tāhū Hauora recognises there are many views about who a ‘health consumer’ is. While there is no universally agreed definition, we use ‘consumer’ for our projects and in our documents for consistency across our work. We use the term ‘consumer’ to refer 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 for them.

**Hapū** – Kinship group, clan, tribe, subtribe and primary political unit in traditional Māori society. It consists of a number of whānau sharing descent from a common ancestor.

**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.<sup>45</sup> 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, world or a superior being.<sup>46</sup>

**Health** – A state of holistic (physical, mental, spiritual, social and whānau) wellbeing, not merely the absence of disease or infirmity.<sup>47</sup>

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

**Health workforce** – The people employed or contracted by a service provider involved in providing care. 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** – ‘Understanding the interactions between people and all other elements within the system and design in light of this understanding’.<sup>48</sup>

**Intersectionality** – The converging effects of ethnicity, gender, sexuality, disability and other social group characteristics that influence life experiences.<sup>49</sup>

**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.

**Mana** – Prestige, authority, control, power, influence or status.

**Manaakitanga** – Hospitality, kindness, generosity, support – the process of showing respect, generosity and care for others.

**Mana motuhake** – Separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority; mana through self-determination and control over one's own destiny.

**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, underpinned by the three key elements of whānau ora (healthy families), mauri ora (healthy individuals) and wai ora (healthy environments).

**Psychological safety** – A belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.<sup>50</sup>

**Restorative practice** – A 'voluntary, relational process, ideally where all those affected by an adverse event (an event in which a person receiving health care experienced harm<sup>51</sup>) 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'.<sup>52</sup>

**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.<sup>53</sup>

**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. A key 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.

**Whakawhanaungatanga** – 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.



## Appendix: Methodology

This framework supports the delivery of quality care while ensuring that the system remains deeply rooted in the unique priorities, peoples, cultures and aspirations of the people of Aotearoa New Zealand.

Its development used numerous sources of information and has been informed by international practices and the specific context and knowledge of Aotearoa New Zealand. The initial development phase of the framework was outsourced prior to its further development within Te Tāhū Hauora. Both phases sought feedback and expertise from a consumer and whānau representatives and members of the health workforce, including an expert advisory group of leaders from across the health sector, provided information.

It includes (but is not limited to) sector learnings from our COVID-19 pandemic experience to date and new policies on approaches to harm. It builds from the previous *Health Quality & Safety Commission Clinical Governance Framework*, published in 2017,<sup>54</sup> and adheres to the requirements of *Ngā Paerewa Health and Disability Services Standard*<sup>55</sup> and emerging approaches to governance in Aotearoa New Zealand.

Te Tāhū Hauora is committed to enacting Te Tiriti o Waitangi in all its work.<sup>56</sup> Quality domains and system drivers were mapped to the principles articulated by the courts and by the Waitangi Tribunal in *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*<sup>57</sup> to provide guidance for the health sector. The principles are:

- **Tino rangatiratanga:** The guarantee of tino rangatiratanga provides for Māori self-determination and [mana motuhake](#) in the design, delivery and monitoring of health services.
- **Equity:** The principle of equity requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection:** The principle of active protection requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Te Tiriti partner are well informed on the extent and nature of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** The principle of options requires the Crown to provide for and properly resource kaupapa Māori health services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** The principle of partnership requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health services. Māori and the Crown must be co-designers of the primary health system for Māori.

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