Clinical governance framework: collaborating for quality draft feedback.

What is the Clinical Governance framework?
The Clinical Governance framework provides a comprehensive model, and guidance and resources for enabling robust clinical governance within all levels and areas of the Aotearoa New Zealand health system that fosters a supportive and learning culture.

It supports the direction set within the Pae Ora (Healthy Futures) Act 2022 to protect, promote, and improve the health of all New Zealanders and to give effect to the principles of Te Tiriti o Waitangi. It is aimed at supporting the health system to provide safe, effective, and consumer and whānau-centred care.

The framework reflects the health system reform and builds from the Te Tāhū Hauora Health Quality & Safety Commission Clinical Governance Framework, published in 2017 and adheres to the requirements of Ngā Paerewa Health and Disability Services Standard.

Question 1: Who are you filling out this survey on behalf of?

☐ An organisation

Question 2: (Optional) Name

Leonie Walker, Senior Policy Advisor

Question 3: (Optional) Organisation

Australia and New Zealand College of Anaesthetists

Question 4: (Optional) Email address

lwalker@anzca.org.nz

Question 5: Does the framework demonstrate strongly enough a commitment to Te Tiriti o Waitangi?

☒ Yes
☐ No
☐ I don't know
If no, how can this be improved? *Click here to type your answer*

Question 6: Is achieving equity clearly embedded within the framework? If not, what needs to change?

Achieving equity is clearly conveyed. It would be preferable though if these overarching principles could articulate the expectation that equity for all should not be achieved at the expense of reducing the quality and safety of care in those parts of the system that are currently better served than others. Adequate additional resourcing will be required to achieve this levelling up, at least until any benefits and efficiency savings flowing out of the reforms and the longer-term emphasis on health literacy, health promotion and improved access to primary care are realised. The strategic example given in the effective health services section: "*Prevention, wellness and healthy communities are prioritised to stave off the onset of disease"* requires a total health system re-orientation, and rather begs the question of prioritised over what, and in what sequence, since presumably the currently "diseased" will still require their urgent and continuing care?

More clarity is required as to expectations around consumer involvement. In advancing the aspirations for a Te Tiriti-led, consumer-informed service, resourcing and education will be required to recruit, train, support, manage, transport, and financially recognise consumer representatives for their time and expertise. Clinicians are experts in seeking genuine informed consent for treatment of individual patients, and in appropriately involving whanau in care decisions. When moving to co-design of systems, or taking Kaupapa Māori, Mātauranga Māori or other non-western medicine specific knowledge or processes, this is less the case.

Kaupapa Māori and Pacific expertise in the analysis of collected data to inform equity focused quality improvement may be in particularly short supply. Is it envisaged that consumer panels will be needed at regional, local, hospital or service levels for example? How will tokenism and cultural loading on governance boards be avoided? Far more detail is required.

Question 7: Please list any other relevant resources and tools that should be included

Full transparency and accountability for managerial and governance boards, and strong ethical support for clinicians, should guide those placed in the position of having to make difficult decisions – especially those dictated by changed capacity or resourcing. For example, clinical decision-making about new medical interventions often involves balancing the needs of individuals against the resourcing impact of these decisions on the services as a whole, or on other parts of the health system. The expertise currently found in regional clinical ethics committees should be acknowledged and made more widely available where needed. In the section "Efficient Health Services", the anticipated clinical governance-related opportunities and challenges posed by rapid changes to medicine due to the adoption of new technologies (including artificial intelligence) should be more explicitly explored, and links given to the many sources of information and caution about the governance required for their safe adoption.

Question 8: Please provide additional comments or examples of best practice as to how we could strengthen the framework to reflect your health setting. We would like to draw on these examples to show how clinical governance is structured within your clinical context to support others across the wider health sector in adapting this framework.

ANZCA is highly involved in the *clinical* side of clinical governance. For example, in the support of clinical directors of anaesthesia departments, in the development of clinical standards, the coordination of adverse event reporting, the coordination of the Anaesthesia Quality Improvement New Zealand (AQINZ) network and promoting CPD including the newer requirements for culturally safe practice. Our commitment to Te Tiriti is driving projects to co-design action plans and activities to improve the retention and support of our Māori anaesthetists and trainees and improve the culturally safe practice of all our fellows.

Question 9: What aspects of clinical governance could be strengthened / improved in the framework?

There is little acknowledgement of the requirement for an emphasis on the wellbeing of the health workforce. Staffing levels that do not allow for optimal rosters, change-fatigue due to ongoing health system reforms, and understanding and support required following a bruising experience providing care during the COVID-19 pandemic and its flow-on impact on the workforce, mean that many of the excellent, aspirational domains in this framework risk not being fully realised.

Question 10: Please add any other comments regarding the draft framework

Recognising the importance of equity-focussed and strengthened clinical governance articulated in this framework, we would like to see emphasis placed on the need for clinical leaders to be provided with the training required to carry out clinical governance roles, and for this to be mandated and funded. While the knowledge and skills required for clinical governance somewhat overlap with those for clinical leadership, additional training, support, and experience is required of our clinical governance leadership. For example, clinicians are well versed in understanding clinical risk, but need instruction on their roles and responsibilities related to risk management when working as members of a board. Leadership should be represented more strongly in the visual model of the framework, given its significance. We suggest adding "*Adequately resourced, trained and ethically guided clinical leadership"* to the five quality domains on page 11.

Question 11: What area of the health sector is your experience in? (You may select more than one option)

☐ Consumer/whānau
☐ Primary health care
☐ Aged residential care provider
☒ Hospital health services (private and public hospitals)
☐ Home and community support services
☐ Assisted reproductive technology services
☐ Hospice services

☐Regulated authorities
☐ Unions
☒ Other (please specify)
If other, please specify here:
Medical education, training and continuing professional development, Clinical Standards Development, and Quality and safety improvement.

After you have completed this survey
Please send it via email to communications@hqsc.govt.nz