

# Clinical Governance Policy

Function: Clinical

Business Activity: Governance

Approved on: 1 August 2024

Version No: 3.1

## Table of Contents

|  |    |
|--|----|
| 1. Background.....   | 2  |
| 2. Clinical Governance Framework.....  | 2  |
| 3. Purpose.....  | 3  |
| 4. Scope.....  | 3  |
| 5. Definitions.....  | 3  |
| 6. Clinical Governance Principles.....   | 4  |
| 7. Governance, leadership and culture.....   | 4  |
| 8. Patient safety and quality improvement systems.....   | 5  |
| 9. Clinical performance and effectiveness.....   | 5  |
| 10. Safe environment for the delivery of care.....   | 6  |
| 11. Consumer engagement and participation.....   | 6  |
| 12. Specific Responsibilities.....   | 7  |
| 13. Legal Compliance.....  | 9  |
| 14. Key Related Documents.....   | 10 |
| 15. References.....  | 10 |
| Appendix A: Volunteer Peer Support Service Te Pou Aropā Takitoru Advisory Group Terms of Reference . | 11 |

## 1. Background

- 1.1. Peke Waihanga is a specialist healthcare provider that manufactures high technology medical devices, mainly prosthetics and orthotics, for individual patients with an integrated rehabilitation, coordination of care, and peer support service. These services are provided through six city-based Centres (across 8 sites) that run Regional Clinics in other areas of the country supported by a national office. Peke Waihanga has a Prosthetic Service, Orthotic Service, and Peer Support Service.
- 1.2. Our vision is for independent and productive lives for those for whom we care. The pursuit of excellence and continuous improvement is vital in enabling Peke Waihanga to achieve this vision.
- 1.3. The principles of Te Tiriti o Waitangi are applicable to Peke Waihanga. As a Crown entity, Peke Waihanga is committed to ensuring the principles of the Treaty of Waitangi underpin its policies, work practices and services. The principles are:
  - **Tino rangatiratanga** – providing for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
  - **Equity** – being committed to achieving equitable health outcomes for Māori.
  - **Active protection** – acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents, and its Treaty partner under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
  - **Options** – providing for and properly resourcing kaupapa Māori health and disability 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** – working in partnership with Māori in the governance, design, delivery, and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.

*[\(Ngā paerewa Health and Disabilities Services Standards\)](#)*

## 2. Clinical Governance Framework

- 2.1. Clinical Governance is a core concern of the Peke Waihanga Board and provides a means for clinicians, managers and other staff to work together on an organisation-wide approach to the continuous quality improvement of clinical services and incorporating the principles of the Treaty of Waitangi.
- 2.2. Peke Waihanga clinical governance focuses on experiences and learning, to improve clinical outcomes, improve the working environment, assess and, where possible, anticipate risk and eliminate or reduce risk or harm. Throughout the organisation quality and safety is the top priority.
- 2.3. Our distributed shared leadership assures system reliability and resilience to safeguard patients and service provision while enabling staff to thrive. Teams ensure core processes, standards, and activities are monitored, and networked across the organisation, to sustain alignment and consistency in how we do things.
- 2.4. We are data driven, monitoring core processes and functions, to assure, improve and enhance quality of care.
- 2.5. Our clinical governance framework includes our suite of policies and procedures which make explicit the standard of care delivered and how we protect patients from harm, how we listen to

patients and how we plan and measure improvement. The policies which sit beside the Clinical Governance Policy to make up the **Clinical Governance Framework** are:

- [Quality Management System Policy](#) – provides the quality principles and framework on which Peke Waihanga clinical governance is built.
- [Risk Management Policy](#) – describes how good governance and outcomes are achieved through effective risk management.
- [Staff Performance and Development Policy](#) and [Continuing Professional Development Policy](#) – describe how we ensure workforce capability to deliver the services we offer.
- [Medical Device Prescription Policy](#) - provides the overarching principles and policy for prescribing orthotic and prosthetic medical devices.
- [Rehabilitation Policy](#) - sets out the principles for the provision of rehabilitation care.

### 3. Purpose

This document describes the clinical governance framework, roles and responsibilities in implementing the structure, processes and systems required to ensure:

- Patients receive care that is safe, effective, appropriate to their needs, timely and efficient
- Minimum standards and consistency are maintained with continuous improvement across Peke Waihanga services
- Clinical governance structures and processes are maintained across Peke Waihanga services

### 4. Scope

4.1. This document applies to the operation of all Peke Waihanga services:

- Prosthetic service
- Orthotic service
- Rehabilitation service
- Peer Support service; and
- The coordination of these services

4.2. This policy applies to Peke Waihanga people - board members and staff and volunteers.

### 5. Definitions

5.1. **Clinical governance:** the framework through which an organisation is accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in healthcare will flourish. ‘Clinical governance is not just about making poor practice better; it is also about making good practice even better.’<sup>1</sup>

**Codesign:** the approach of partnering with stakeholders (patients, service users and staff) right from the beginning of service planning to ensure the result meets their needs and is usable.

---

<sup>1</sup> A Model for clinical governance on primary care groups, BMJ, March (2000) 318:779

**Continuous improvement** – an ongoing effort to improve products, services, or processes either as a series of small improvements or a ‘breakthrough’ improvement all at once.

## 6. Clinical Governance Principles

6.1. Peke Waihanga weaves the following clinical governance approaches through its planning and service delivery activities:

- patient and whānau engagement and co-design
- open, transparent and learning culture
- prioritising quality improvement and patient safety
- clinical leadership for quality and safety
- an emphasis on partnerships and involvement of all staff
- effective multidisciplinary teamwork
- measuring clinical processes and outcomes
- use of data to identify variation
- effective management of clinical risks

(Flynn et al 2015)

6.2. The Peke Waihanga clinical governance framework focuses on:

- Governance, leadership and culture
- Patient safety and quality improvement systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers

## 7. Governance, leadership and culture

7.1. Clinical governance is everyone’s business.

7.2. Peke Waihanga organisational and clinical governance systems are integrated and used to improve the safety and quality of care for patients.

7.3. Peke Waihanga operates a culture within which patients and their whānau are fully informed and receive respectful, timely and culturally appropriate care.

### Clinical leadership groups

7.4. Peke Waihanga has a *Clinical Governance and Technical Advisory Group* which operates according to the these [Terms of Reference](#) and oversees the clinical governance of Peke Waihanga prosthetic, orthotics and rehabilitation services.

7.5. Peke Waihanga has *national leaders* for prosthetics, orthotics and rehabilitation who:

- Provide leadership for their particular professional group in Peke Waihanga
- Are members of the Clinical Governance Committee

- Hold regular group discussions with other Peke Waihanga staff members from their professional group
- 7.6. Peke Waihanga has an *Advisory Group for its Volunteer Peer Support Te Pou Aropā Takitoru Service* which includes consumer representatives and operates according to the Terms of Reference in Appendix A.
- 7.7. Peke Waihanga has a *Health and Safety Committee* which oversees health and safety management and performance across Peke Waihanga. (See [The Role of Health and Safety Representatives and the Health and Safety Committee](#) for responsibilities.)

See also Section 12 for Specific Roles and Responsibilities

## 8. Patient safety and quality improvement systems

- 8.1. Patient safety and quality of care are our top priorities.
- 8.2. We have a coherent and effective quality and safety framework.
- 8.3. Action is taken to improve patient experience and minimise the risk of patients being adversely impacted by the care they receive from Peke Waihanga.
- 8.4. Internal and external expertise in quality and safety is available to influence strategy and policy and translate Peke Waihanga goals into actions at the front line of care.
- 8.5. Learning is shared across the organisation in a spirit of collaboration and continuous learning.
- 8.6. Peke Waihanga has an extensive set of policies, procedures and guidelines that outline the rules for ensuring quality, best practice and patient safety. Staff are expected to adhere to these.
- 8.7. Measurement and monitoring of performance and quality of outcomes is used to manage risk.
- 8.8. Peke Waihanga has an established, documented, and maintained risk management system which includes the use of data, quality improvement plans, audits, consumer participation, formal processes to plan, write and review policies and procedures, quality and risk planning, event reporting (incidents), feedback system (e.g. experience surveys and complaints management), infection prevention and control, and an extensive health and safety system.

See [Risk Management Policy](#) for further details.

## 9. Clinical performance and effectiveness

- 9.1. Clinical performance and evaluation ensure clinical effectiveness by ensuring the right care is provided to the patient, at the right time, by the right clinician with the right skills in the right way.

### Evidence-based practice

- 9.2. Patients receive evidence-based models of care appropriate to their needs because Peke Waihanga:
- Has consistent standards and processes in place to which individuals and the organisation are expected to perform.
  - Adheres to industry best practice standards in New Zealand and internationally. (See [Standards](#) for all those used by Peke Waihanga when setting policy and designing services).
  - Uses evidence and accurate data to drive continual improvement in quality in line with evidence-based best practice from both New Zealand and internationally.
  - Values and resources research, education and training

- Has a formal process to continually assess the value of new and existing technologies and to approve those which meet patient's needs (see [New Product Request Procedure](#)).

## Effective workforce

- 9.3. Peke Waihanga is committed to growing the capability of the staff through robust performance management and processes that provide feedback on performance, education and training.
- 9.4. Clinical staff are expected to work within their professional bodies' codes of ethics and professional standards and they comply with legislative and policy requirements.
- 9.5. Peke Waihanga workforce has the right qualifications, information, skills and supervision to provide safe, high-quality care to patients and are required to engage fully in the following:
  - Orientation and induction
  - Credentialling - those working in a clinical setting have a membership certificate or a practicing certificate issued by an equivalent professional organisation on a yearly basis.
  - Performance improvement
  - Peer review and supervision
  - Ongoing education and training
- 9.6. Peke Waihanga is committed to growing the capability of the staff through robust performance management and processes that provide feedback on performance, education and training.

## 10. Safe environment for the delivery of care

- 10.1. Patients receive high-quality, evidence-based care from caring, compassionate and committed staff.
- 10.2. Peke Waihanga has clearly defined roles, responsibilities and accountabilities.
- 10.3. Peke Waihanga encourages a work environment that is open and participatory and where:
  - Complacency is challenged and intellectual and professional curiosity leads to a desire to always improve.
  - Clinical staff and leadership are empowered.
  - Innovation is encouraged.
- 10.4. Peke Waihanga is committed to a culture of continuous learning, sharing learnings, safety and quality reviews, evidence-based research and consumer and clinician feedback.
- 10.5. Clinical staff work in multi-disciplinary teams where they continually meet and collaborate to mitigate risk and to discuss patients' prescriptions and rehabilitation plans and agree on the best decisions for patients.

## 11. Consumer engagement and participation

- 11.1. Clinical governance involves understanding consumers and allowing them the opportunity to have a voice, even if they do not choose to contribute.
- 11.2. Staff are committed to providing a positive patient experience every time, respecting and responding to consumer choices, needs and values.
- 11.3. Consumer and whānau engagement is actively sought and translated into all aspects of care, service design and delivery by:

- Working in Partnership with patients and whānau - Peke Waihanga recognises patients and their whānau as equal partners in their care.
- Shared decision-making - clinicians build partnerships and provide education and information about choices to enable joint decision-making when planning patient care.
- Engaging with consumers by:
  - Regularly asking for formal feedback and suggested improvements from patients through research and user surveys. This includes the use of Cemplicity, the independent client service satisfaction survey.
  - Gathering informal feedback from patients during consultation appointments
  - Contacting users of its Peer Support Service following visits by its volunteers to evaluate satisfaction with the service.
- Co-design of services – Peke Waihanga has consumer representatives on its board and peer support service advisory group.

## 12. Specific Responsibilities

| Party  | Responsibilities  |
|--|---|
| All Employees  | <ul style="list-style-type: none"> <li>• Always provide high quality care and are empowered to go beyond compliance to pursue excellence in care and services.</li> <li>• Share information and learnings regarding safety and clinical quality.</li> <li>• Promote a culture of transparency and accountability by speaking up and raising concerns regarding issues and risks in their service.</li> <li>• Are committed to lifelong learning and regularly update their skills and knowledge.</li> <li>• Actively engage in the development, implementation, monitoring and collection of safety and quality data.</li> <li>• Are actively involved in developing, implementing and evaluating action plans to improve areas of risk that compromise the delivery of safe, high-quality care.</li> <li>• Work within their scope using evidenced-based practice, standards and protocols.</li> <li>• Contribute to the development and sustainability of a safe, transparent, collaborative, and accountable culture.</li> </ul> |
| Clinical Governance Committee; Health and Safety Committee; National Leads | <ul style="list-style-type: none"> <li>• Promote standards of practice, lead improvements in patient care.</li> <li>• Promote a culture of safety, quality and accountability.</li> <li>• Provide advice to the CEO, board and management teams on changing attitudes, policy, systems and processes.</li> <li>• Regularly evaluate clinical governance systems to ascertain their effectiveness.</li> <li>• Share information and learnings regarding safety and clinical quality.</li> </ul>  |

| Party                              | Responsibilities  |
|------------------------------------|---|
| National Office Advisors and Teams | <ul style="list-style-type: none"> <li>• Provide quality, patient safety and clinical risk management leadership across the organisation.</li> <li>• Ensure ongoing prioritisation, development, implementation, monitoring and evaluation of quality and patient safety measures, systems and frameworks.</li> <li>• Actively promote a system approach across services for quality and patient safety initiatives.</li> <li>• Ensure compliance with legislative and statutory requirements.</li> </ul>   |
| Clinical / Multidisciplinary teams | <ul style="list-style-type: none"> <li>• Contribute to robust discussion of safety and quality of care provided by the team.</li> <li>• Share information and learnings regarding safety and clinical quality.</li> <li>• Support colleagues in the delivery of high-quality care by promoting a culture of safety, transparency, integrity, accountability, compassionate care and teamwork</li> </ul>   |
| Regional Manager/ Team Leader      | <ul style="list-style-type: none"> <li>• Lead and support the provision of services delivering the organisation’s vision for safe, quality care.</li> <li>• Provide leadership, foster a team culture, plan, co-ordinate and evaluate clinical governance and clinical excellence in teams, continuously improving care and services.</li> <li>• Ensure all staff are clear about their roles and responsibilities and are supported by resources, standards, systems, and knowledge and skill development.</li> <li>• Operate robust quality and risk management systems.</li> <li>• Be accountable for ensuring that a culture of patient safety permeates the organisation.</li> <li>• Bring together multidisciplinary teams.</li> <li>• Provides a framework to identify and manage areas of concern raised.</li> </ul>  |
| CEO                                | <ul style="list-style-type: none"> <li>• Provides visible, innovative and compassionate leadership.</li> <li>• Provides a framework for effective clinical governance and quality improvement.</li> <li>• Creates a safe, just, open, accountable, and continuous learning culture where the well-being of staff and patients is paramount, and a culture of patient safety permeates the organisation.</li> <li>• Ensures consistent standards of clinical management are applied to all areas across Peke Waihanga.</li> <li>• Provides clarity for roles at each level of the organisation to enable and empower staff to fulfil their roles and responsibilities in a supportive environment.</li> <li>• Provides a framework to identify and manage concerns raised.</li> <li>• Ensures appropriate standards in place and resources available to enable staff to deliver to the expected standard.</li> <li>• Reports to board on clinical risk care processes and outcomes,</li> </ul> |
| Board                              | <ul style="list-style-type: none"> <li>• Creates the expectation of safe, good quality patient services</li> </ul>  |



| Party | Responsibilities  |
|-------|---|
|       | <ul style="list-style-type: none"> <li>• Provides policy for effective clinical governance and monitoring compliance</li> <li>• Sets the direction and priorities for the Peke Waihanga Clinical Governance Strategy</li> <li>• Holds CEO accountable for meeting clinical governance expectations</li> </ul> |

## 13. Legal Compliance

### Legislative

- [Crown Entities Act 2004](#)
- [Health and Disability Commissioner Act 1994](#)
- [Health and Disability Services \(Safety\) Act 2001](#)
- [Health and Safety at Work Act 2015](#)
- [Health Practitioners Competence Assurance Act 2003](#)
- [Public Health and Disability Act 2000](#)
- [Privacy Act 2020](#)
- [Treaty of Waitangi Act 1975](#)

### Codes of Conduct

- [Health & Disability Commissioner \(HDC\) – Code of Rights](#)
- [Code of Ethics \(NZ Orthotics and Prosthetics Association\)](#)
- [Code of Ethics for Occupational Therapists \(Occupational Therapy Board of NZ\)](#)
- [Code of Ethics and Professional Conduct \(Physiotherapy Board of NZ\)](#)
- [The Code of Conduct for Nurses \(Nursing Council of NZ\)](#)
- [Ethical Codes and Standards of Conduct \(Podiatrist Board of New Zealand\)](#)

### Professional Standards

- [Board of Certification accreditation requirements \(NZ Orthotics and Prosthetics Association\)](#)
- [Competency Standards and Scope of Practice \(NZ Orthotics and Prosthetics Association\)](#)
- [Competencies for Registration and Continuing Practice \(Occupational Therapy Board of NZ\)](#)
- [Standards and guidelines for nurses \(Nursing Council of NZ\)](#)
- [Scopes of practice for nurses \(Nursing Council of NZ\)](#)
- [Competencies for enrolled nurses \(Nursing Council of NZ\)](#)
- [Competencies for nurse practitioners \(Nursing Council of NZ\)](#)
- [Competencies for registered nurses \(Nursing Council of NZ\)](#)
- [Physiotherapy Standards \(Physiotherapy Board of NZ\)](#)
- [Podiatry Competencies Standard \(Podiatrist Board of New Zealand\)](#)

## 14. Key Related Documents

- [Clinical Governance and Technical Advisory Group Terms of Reference](#)
- [Code of Conduct Policy](#)
- [Complaint Policy - Patient Family Whānau](#)
- [Continuing Professional Development Policy](#)
- [Finance and Expenditure Policy](#)
- [Health and Safety Policy](#)
- [Medical Device Prescription Policy](#)
- [New Product Request Procedure](#)
- [Privacy Policy](#)
- [Quality Management System Policy](#)
- [Rehabilitation Policy](#)
- [Research and Development Policy](#)
- [Risk Management Policy](#)
- [Staff Performance and Development Policy](#)

## 15. References

- [Clinical Governance: Guidance for Health and Disability Providers \(Health Quality & Safety Commission, Wellington, 2017\)](#)
- [From knowledge to action: A framework for building quality and safety capability in the New Zealand health system \(Health Quality & Safety Commission, 2022\)](#)

# Appendix A: Volunteer Peer Support Service Te Pou Aropā Takitoru Advisory Group Terms of Reference

## Background

Peke Waihanga's nationally-provided Volunteer Peer Support Service Te Pou Aropā Takitoru matches trained volunteers, who have adapted to the challenges of limb loss and are ready to support others, to those who are newly facing the same life-changing challenges.

## Purpose

The Advisory Group provides:

- the specific knowledge and expertise to inform and guide the successful operation and future development of the Peer Support Service; and
- a vehicle for collaboration between Peke Waihanga, the Amputee Federation of NZ (Inc.) and Limbs 4 Life (Australia).

## Functions and roles

1. The main objective of group members is to provide advice, information, recommendations and opinion on:
  - The standards within which the service operates
  - Processes and forms used to operate the service
  - Any written information about or promoting the service
  - Training and induction of volunteers
  - Research and evaluation of the effectiveness of the service
  - Any serious conviction results returned from the police vetting of volunteers
  - Decisions about future developments of the service
2. The ongoing need and structure of the advisory group is reviewed from time to time.

## Membership

1. Group membership represents:
  - Peke Waihanga
  - The Amputees Federation of New Zealand Inc.
  - Limbs 4 Life
  - Amputee volunteers
2. It also includes:
  - The Volunteer Peer Support Service Coordinator
  - A cultural advisor to ensure appropriate support for Māori amputees.
3. Additional expertise may be co-opted at any time as needed.
4. A member may fulfil more than one representation (e.g. be a volunteer and a member of the Federation).

## Member responsibilities

The role of members is to:

- Understand the goals, objectives and desired outcomes of the service
- Actively participate in discussions and respond with information and comment in a timely fashion
- Support open discussion and debate
- Keep discussions confidential
- Working arrangements

## Meetings

Meetings are:

- held as required
- usually conducted online via an online communication tool such as Zoom or Skype for Business
- organised by the Volunteer Peer Support Coordinator who also facilitates meetings and records advisory group discussions and activities.

## Document development and approval

|   |                          |                          |            |
|---|--------------------------|--------------------------|------------|
| Review period   | 3 years                  | Next review date         | March 2026 |
| Legal review required?  | <input type="checkbox"/> | Board approval required? | ✓          |
| Interconnected processes and documents affected by this document? |                          |                          |            |

## Version history

| Version No. | Version Date   | Description of Change   |
|-------------|----------------|---|
| 3.1         | March 2023     | Clinical Governance Group TOR removed as appendix and link inserted instead |
| 3.0         | March 2023     | Policy reviewed and rewritten   |
| 2.4         | September 2019 | Revision of policy framework  |
| 2.3         | January 2016   | Rebranding  |
| 2.2         | November 2013  | Adopted by the Board and released   |
| 2.1         | February 2014  | Final revision committee amendments   |
| 2.0         | November 2013  | Revised/reformatted   |

## Authors and reviewers

|   |  |
|---|--|
| Content owner name and role                       | Sean Gray, CEO   |
| Content author(s)                                 | Claire Rumble, Policy and Quality Advisor  |
| Was there a review committee?                     |  |
| Internal peer reviewer names and roles            | Clinical Governance Committee (National Leads)<br>Vanessa Cameron, Projects and Research Officer<br>Kim Moore, Health and Safety Advisor |
| External reviewer names, organisations, and roles |  |
| Tikanga consultant                                | Ken Te Tau   |

## Implementation history

|   |                                     |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> Internal communication<br><input type="checkbox"/> Manager in-team training<br><input type="checkbox"/> National roll-out via group workshops | <b>Roles affected:</b><br>All roles |
|---|-------------------------------------|

| Implementation history   |  |
|--|--|
| <input type="checkbox"/> Self-learning:<br><input type="checkbox"/> Other (describe) |  |
| Procurement, IT, or other budgetary considerations                                   |  |
| When updated, these people need to be notified                                       |  |