

Submitted via online form 22 November 2023



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

Clinical Governance Framework - collaborating for quality draft feedback

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

Yes

6. If not, how can this be improved?

We think it is robust as it is, although there is no obligation on organisations to implement this framework.

7. Is achieving equity clearly embedded within the framework? If not, what needs to change?

There is a clear inclusion of how equity should be considered and how it could be achieved within each component of the framework. Ensuring the framework is successfully incorporated and upheld within the health system will be crucial to seeing this achieved.

8. What other resources and tools provided would you suggest should be included in the framework?

In the framework, you say '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.'¹

A major issue within this relates to people's understanding of the impact of colonisation, generational trauma, racism, and unconscious and conscious bias. Likely beyond the scope of this framework but a significant educational programme needs to be incorporated into leadership and health training to address this before people will understand why this is important. The Mihi 501 organised by the University of Otago is an example of this, but it requires organisation support to do it.

9. 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.

Is there any obligation for healthcare workplaces to comply with this framework? If so, who would be responsible for championing it in Te Whatu Ora as a priority?

How will key outcomes be monitored, and will there be national data collection for these?

A pool of resources that can viewed would be helpful for organisations that are doing this well.

¹Te Tāhū Hauora Health Quality & Safety Commission. 2023. A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity. Wellington: Te Tāhū Hauora. URL: www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-aotearoa-new-zealands-health-care-2019-a-view-on-maori-health-equity-2

10. What aspects of clinical governance could be strengthened / included in the framework?

The prioritisation of time should be included alongside the provision of learning opportunities to upskill in cultural competency, cultural safety, health equity, health literacy and quality improvement to ensure the uptake of this continued learning.

Encouraging the national standardisation of PROMS and PREMs within the Effective Health Services Domain would allow for effective comparison of information across the entire health system in Aotearoa.

Our health system is diverse and at times national processes are not a one-size-fits-all solution. Instead, national guidance that encourages local tailoring towards implementation is often more effective. The operational example within Effective health services: Processes are in place to guide the safe introduction of new technologies and clinical practice – is important. However, this is one such example where guidance within the framework that these processes should allow for local adaption, may assist in guiding successful governance.

11. Please add any other comments regarding the draft framework

Additional resources and guidance focusing on how consumers and whānau can be co-chairs within clinical governance, or what successful inclusion of this would look like, could be helpful. As would examples of how the health workforce can be actively enabled to participate in improvement projects, for a clear interpretation of participation.

It is pleasing to see the inclusion of planetary health as a component of a quality health system. This promotes an expectation for the system to have a wider view of preventative care and the responsibilities of our health system to improve its carbon footprint.