Guidance for developing a clinical governance framework for your organisation

Labels (left side, top to bottom):
- Person and whānau surveys
- Performance appraisal process
- Professional development plans
- Clinical pathways
- Adverse event reporting
- Tikanga Māori training

Labels (right side, top to bottom):
- Person and whānau engagement and participation
- Engaged and effective workforce
- Clinical effectiveness
- Person, whānau and staff safety

Central dome labels: SERVICES & CARE PROVIDED / WHĀNAU / PERSON
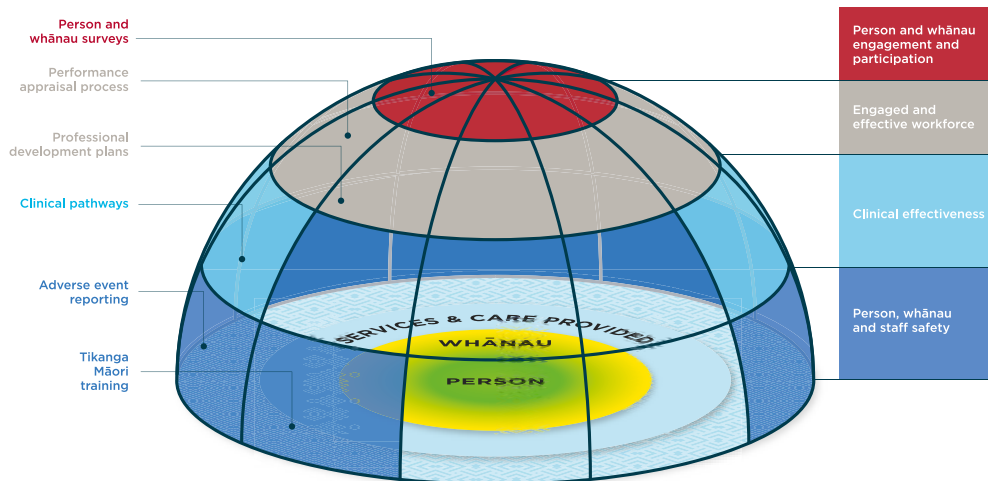
Tailor the clinical governance framework that you develop for your organisation to best suit your organisation, context and setting, and stakeholders.[1-4] The specific systems and processes (policies, procedures and activities) that you use to address each clinical governance domain should be those that are appropriate for your organisation and setting.

Build on what you already have

It is likely that a number of your existing systems and processes can contribute to your clinical governance framework. Therefore, we suggest that you use them as a starting place from which to build. Doing so involves systematically identifying what is already in place, before identifying where the gaps are, and then considering how you could fill those gaps.

- It is important to taking the time early on to gather information about the current situation: study what systems and processes are already in place and reflect on how well they are working. Doing so will help you to focus your efforts and work more efficiently.

- Refer to the information about clinical governance, clinical governance frameworks and organisational systems and processes, and to the Lists of systems and processes for definitions, examples and explanations.
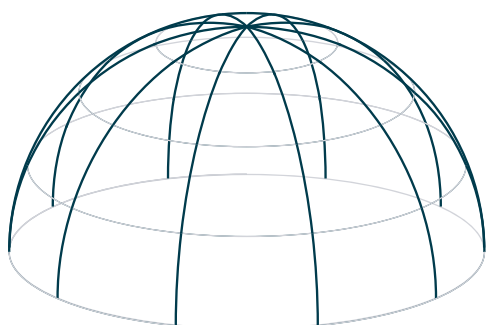
Who should be involved in developing your clinical governance framework?

It is important that developing a clinical governance framework for your organisation is undertaken in a *participatory* way. That is, with people from *across all levels* your organisation—clinical, administrative, managerial, governance—contributing.[1,3,5] This will help people to understand that *everyone has a role to play* in implementing clinical governance within the organisation. It is critical that clinicians are closely involved throughout the development.[6,7] It is strongly advisable that you also involve external stakeholders in the development undertaking as well, especially members of the community that your organisation serves.[4,7]

"Clinical governance [and developing a framework for this] involves understanding stakeholders; identifying who they are: who should be consulted with, who should be involved in decision-making. Everyone needs the opportunity to have a voice. Even if they don't choose to contribute, they need to feel like they had the opportunity to."
PNZ member, Martin Kidd

To guide you through the journey of developing and implementing a clinical governance framework for your organisation, you may find that following an iterative improvement or management approach (such as the Plan>Do>Study>Act cycle) is helpful. The steps outlined below focuses on the Planning stage.

Suggested steps for developing a clinical governance framework for your organisation

Current situation

Before you start, gather information about your organisation's current situation:

- Identify the existing structures (i.e., roles, reporting lines, committees, management teams, governance team, stakeholder advisory groups) within and associated with your organisation that could support or be involved in a clinical governance framework.

- Identify existing systems and processes from across your organisation. These will be pertaining to health and safety, clinical services, corporate services, human resources, et cetera. This documentation will also be relevant if your organisation is accredited against— or if you operate under—any standards (e.g., ACC Requirements for Physiotherapy and Hand Therapy Services, Allied Health Services Sector Standard, DHB-specific standards, Ministry of Education Specialist Service Standards).

- Your organisation's vision, mission, and values (sometimes called 'core purpose', 'philosophy', 'ethos', 'ethics', or 'guiding principles'): those statements that define an organisation's core values, and guide decisions and how people are expected to behave.

"The starting point, journey and pace of changes varies across sites [and organisations developing and implementing clinical governance]" [5]
Learning from the Clinical governance development initiative run by the Health Service Executive, Ireland. HSE, 2014, p19.

1. **Alignment with <u>underpinning principles</u> of clinical governance.** How do your organisation's vision, mission and values align with the underpinning principles of clinical governance?

   - The wording may differ between the underpinning principles and how your organisation's core values are expressed. What you are looking for is the intent and meaning.

   - Perhaps there is alignment between unwritten values, behaviours and expectations, and the underpinning principles? If so, could these unwritten aspects be made explicit by being written down?

   - Identify any underpinning principles that your organisation's core values do not cover. How could these principles be incorporated and enacted?
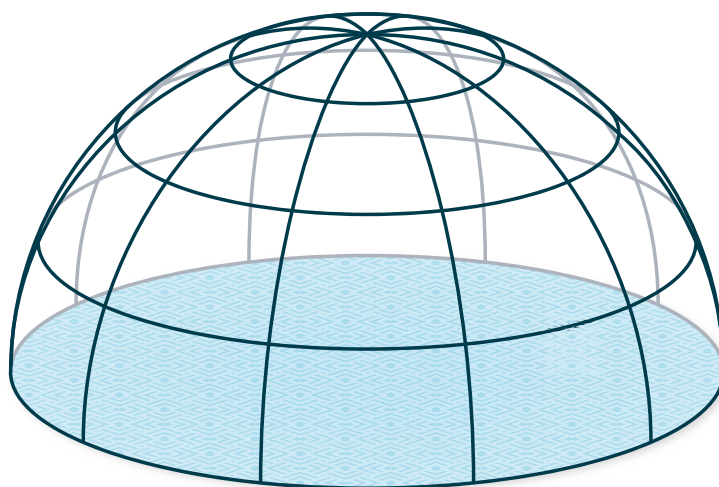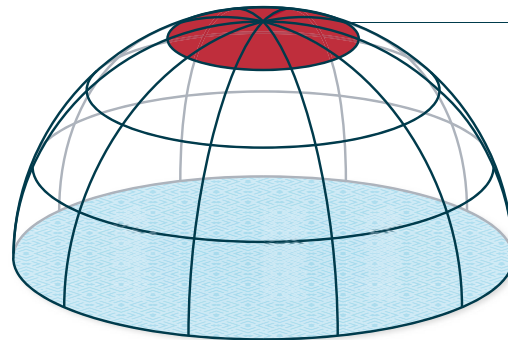
2. **What do your existing systems and processes cover in terms of the [clinical governance domains](#)?** Drawing from the policies, procedures, and activities that are already in place in your organisation, identify which clinical governance domain (or domains) each of your existing systems and processes line up with.

   - You may find it useful to record these against the domains to give you a visual indication of the coverage of the domains. (We have provided a [template](#) for this.)

   - Each domain contains a number of aspects (e.g., *Person, whānau and staff safety* contains both *Person and whānau* safety and *Staff safety*) which may be addressed by different activities.

3. **How 'joined-up' is your existing coverage?** For your existing systems and processes that address the domains, identify any **links** or **connections** between these. [2-4]

   - Do any procedures feed into, or inform, others? (E.g., *Performance appraisals* feeding into *Professional development planning*.)

   - Are any activities informed by others? Do others feed into them? (E.g., *Planning of in-service programme* informed by common themes arising from *Clinical session observations*.)

   - How are these links or connections documented or shown?

   - Could the existing processes be better joined-up? Are there potential links or connections that you are not currently making use of?
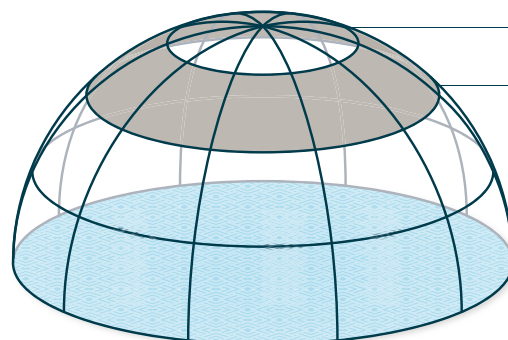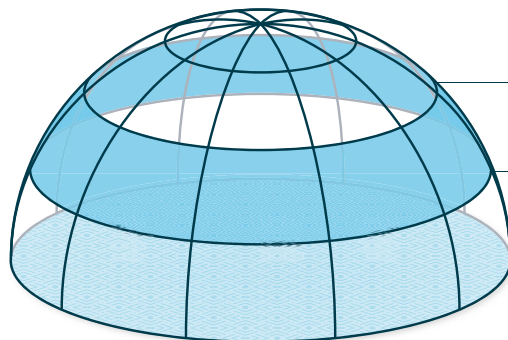
4. **Identify any gaps in your existing coverage** across the four domains.

   - Are all aspects of each domain covered?

   - How well is the full intent of each domain safeguarded?

5. **What are the options for filling those gaps?** Identify possible policies, procedures, and activities that would fill the gaps *and* might suit your organisation and situation.

   - For options, refer to the [lists of systems and processes provided](#); although remember that these lists are not exhaustive.

   - Remember that an activity or procedure may address more than one domain.

Person and whānau engagement and participation

Engaged and effective workforce

Clinical effectiveness

Person, whānau and staff safety
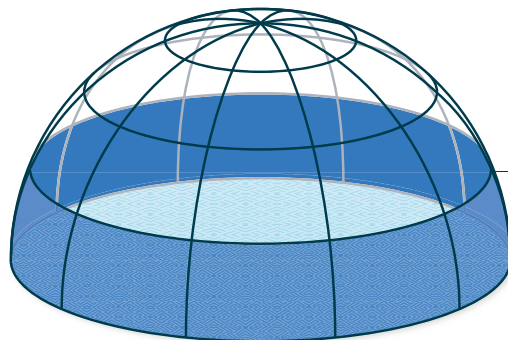
6. **Select any additional systems or processes to include.** Of the options that you have identified, select the policies, procedures, and activities that suit your organisation, context and situation, *and* complement your existing systems and processes. Aim to achieve sufficient coverage of the clinical governance domains and to create a coherent and coordinated framework.

   - Remember that an activity or procedure may address more than one aspect in a domain, or more than one domain.

   - Aim to select systems and processes that complement the existing ones; i.e., try to fill the gaps while avoiding unnecessary double-ups or duplication.

   - Depending on your organisation, it may be necessary to build flexibility into how the clinical governance domains are covered (e.g., to allow different sites to use different activities for a particular aspect of a domain).[3]

   - How might you effectively join-up or connect those additional systems and processes that you have selected with existing systems and processes? You are aiming for a coherent framework of coordinated efforts and activities.

7. **Check the design of the proposed clinical governance framework as a whole**. Consider your proposed framework as a whole, and check the following:

   - Is there sufficient coverage of all aspects of the four clinical governance domains?

   - Within the organisational systems and processes involved, are all stages of Do>Monitor>Review>Apply addressed for each domain?

   - How are the underpinning principles of clinical governance evident?
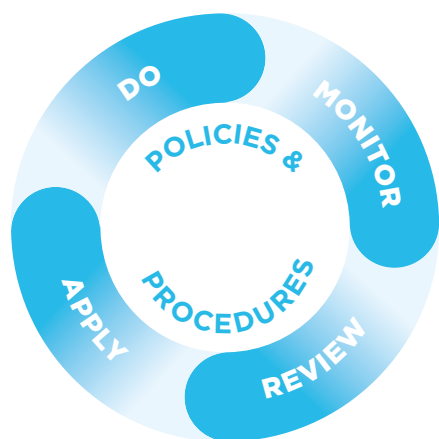
- Overall, is the proposed framework coherent? Does it appear that all efforts will be coordinated in driving towards achieving the purpose of clinical governance (i.e., protecting safety, wellbeing and outcomes for the person, whānau and staff, and enhancing the quality of the care provided and experienced)?

8. **Document the proposed clinical governance for your organisation**. Include the policies, procedures and activities (including for monitoring, review and evaluation, and refinement) that make up your proposed framework.

   - We have provided a spreadsheet on which to map the policies, procedures and activities against the clinical governance domains.

9. **Develop an action plan.** Identify and then prioritise the actions required to develop and implement your organisation's clinical governance framework. Develop a structured and realistic action plan to do so.

   - These actions might relate to:

     – the additional systems and processes selected

     – how to link those additional systems and processes together or with the existing systems and processes

     – how to better join-up the existing systems and processes

     – where the responsibilities for oversight and implementation of the framework and efforts will sit

     – what training and support within the organisation will be required

     – how staff from across the organisation will be involved in the development and implementation journey

   - Incremental steps may be more appropriate and achievable than attempting to make wholesale changes all at once, depending on the scale of the undertaking (e.g., the number or significance of additional systems and processes or changes that are involved).[3]

   - When developing your action plan, consider any resourcing and structural constraints that you need to work within.

"Don't underestimate the role of culture [in clinical governance] … Culture change requires long investment and so [organisations] require 'bite size' chunks of development in order to sustain motivation and achievement" [5]

Learning from the Clinical governance development initiative run by the Health Service Executive, Ireland. HSE, 2014, p19.

Useful prompt questions

The following questions[2,4] may help you when developing or reviewing your clinical governance framework. We encourage you to experiment with using different questions to prompt discussion and reflection in these undertakings.

### Questions relating to person, whānau and staff safety

- How do we know that our care is safe?

- Does our organisation collect the data we need to identify and monitor safety?

- How do we ensure the safety of care?

- What are the warning signs of unsafe care, and how do we recognize these?

- What needs to be done to improve the safety of care?

- How do we lessen the potential for errors to occur?

- Are systems in place for staff to raise concerns safely and confidently about safety?

- Are clinical risks integrated into our organisational risk management framework?

- Is there regular monitoring, review and reporting on significant clinical risks?

- What actions do we take (individually or as a group) to ensure that intimidating or inappropriate behaviour is not tolerated?

Person, whānau and staff safety
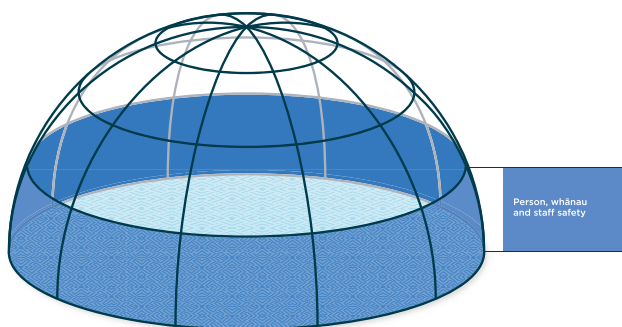
### Questions relating to clinical effectiveness

- How do we know that our care and services are effective?

- Do we measure, monitor and report on clinical and other health outcomes?

- How do we ensure the quality and effectiveness of care?

- What needs to be done to improve the quality and effectiveness of care?

- Where and what is the evidence that our patients are better off?

- Are the quality and effectiveness of care measured for the purpose of ongoing improvement?

- Do we have an environment where clinical excellence flourishes?

- Are staff encouraged to participate in multidisciplinary teams?

- Are effective multidisciplinary clinical audit processes in place?

Clinical effectiveness
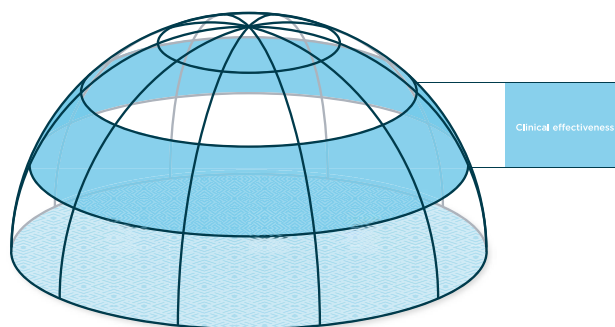
Questions relating to engaged and effective workforce

- Are roles and responsibilities, including regarding clinical governance, clearly articulated and understood?

- Do all staff understand the principles and requirements of clinical governance, and how these requirements apply to their individual and team roles?

- Do staff accept responsibility for quality and safety, and know their own level of authority, and who they are accountable to?

- Do all staff feel supported to create consistently safe, effective, and person and whānau centred care?

- What must we do to increase support for staff?

- Are our clinicians adequately skilled, engaged and empowered to provide safe, effective, high-quality person and whānau centred clinical care?


Engaged and effective workforce
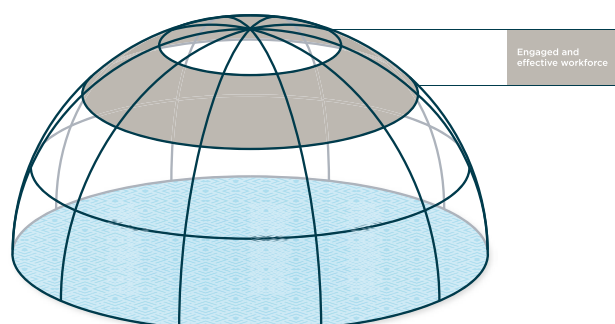
- Do individual clinicians take responsibility for maintaining and extending their competence, recognising and working within the limits of their competence, and reviewing the standard of care that they provide?

- Are clinicians engaged and involved in activities to review and improve clinical care delivery?

- Do all staff consistently demonstrate a commitment to the principles of clinical governance in their behaviour, decision-making and actions?

- Are quality and safety measures included in the performance appraisal systems for all staff?

- Is induction and orientation of staff effective?

- Do we identity and develop potential clinical leaders?

Questions relating to person and whānau engagement and participation

- Is there clear, open and respectful communication between our organisation and the communities we serve?

- Does our board engage with individuals and whānau, and proactively seek their feedback on their experience of our services and care? Do we learn from that feedback?

- Do clinicians participate and partner with individuals and whānau in designing systems and processes of care?

- Do individuals and whānau participate in the planning and evaluation of services and care?

- What actions do we take to ensure that individuals and whānau are empowered to participate meaningfully in their care?

- How do we evaluate the impact and extent of person and whānau 'voice' or perspectives? How frequently do we do so?

Questions relating to clinical governance within an organisation, overall

- Is clinical governance embedded and enabled within the overall governance and management of our organisation at all levels?

- Are our systems and processes visible and accessible to all members of our organisation?

- Are quality and safety included in our strategic vision, and clearly articulated to all staff?

- Do we have a shared definition or understanding of success?

- Is there evidence of a culture of trust and openness in our organisation, and do we champion, measure and improve the quality and safety culture?

- Do we have a culture that facilitates continuous improvement in quality and safety?

- Does everyone take responsibility for quality and safety?

- How effective are our organisational systems and processes in supporting our safe, effective, and person and whānau centred goals for every individual?

- What must we do to increase the effectiveness of our systems and processes?

- Are we providing a safe, effective and person and whānau centred experience for every individual? What must we do to make more progress on achieving this aim?

- How will we fix what we know isn't working?

- Are there strong partnerships between individuals, whānau, managers, clinicians and other staff?

- Is our organisation transparent about the clinical and other health outcomes that we achieve for the communities we serve?

- Do governance/board members receive comprehensive, up-to-date information about the safety, effectiveness and quality of care, and about person and whānau experience of that care?

Person and whānau engagement and participation
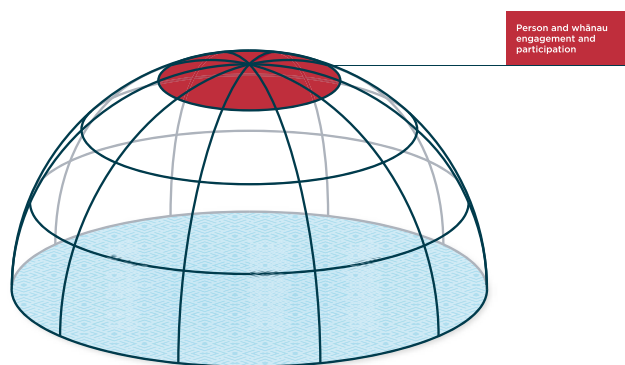
References

1. bpac. Clinical governance: A guide for Primary Health Organisations. Dunedin, N.Z.: Author; 2005.

2. Safer Care Victoria. Delivering high-quality healthcare: Victorian clinical governance framework. Melbourne, Australia: State of Victoria, Department of Health and Human Services; 2017.

3. CRANA*plus*. A clinical governance guide for remote and isolated health services in Australia. Alice Springs, Australia: Author; 2013.

4. Health Quality & Safety Commission New Zealand. Clinical governance: Guidance for health and disability providers. Wellington, N.Z.: Author; 2017.

5. Health Service Executive. Report of the Quality and Safety Clinical Governance Development Initiative: Sharing our learning. Dublin. 2014.

6. Gauld R, Horsburgh S, Flynn M, Carey D, Crowley P. Do different approaches to clinical governance development and implementation make a difference? Findings from Ireland and New Zealand. Journal of Health Organisation and Management 2017; 31:682-95.

7. Health Quality & Safety Commission New Zealand. Governing for quality: A quality and safety guide for District Health Boards. Wellington, N.Z.: Author; 2016.