

Clinical Governance Policy

Function: Clinical

Business Activity: Governance

Approved on: 18 July 2025

Version No: 3.2

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1. Background

- 1.1. Peke Waihanga is a specialist healthcare provider that manufactures high-technology medical devices—mainly prosthetics and orthotics—for individuals. These services are delivered alongside integrated rehabilitation, care coordination, and peer support across six centres and multiple regional clinics nationwide.
- 1.2. Our vision is to enable independent and productive lives for those we serve, with a commitment to excellence and continuous improvement.
- 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 function of Peke Waihanga’s leadership. It provides a system-wide structure for quality and safety that enables clinicians, managers, and staff to continuously improve services, safeguard care standards, and uphold Te Tiriti o Waitangi.
- 2.2. This framework is reinforced by the Standard Package of Care (SCP), which defines the boundaries of government-funded services, and by the [Operational Guidelines for A Nationally Consistent Rehabilitation and Mobilisation Service for Amputees](#) (National Service Guidelines) which ensure clinical consistency across all centres.
- 2.3. Clinical governance focuses on learning from experience to improve clinical outcomes, support a positive working environment, and reduce risk or harm. Quality and safety are top priorities throughout the organisation.
- 2.4. Our shared leadership model enhances system reliability and resilience, safeguards service delivery, and supports staff to thrive. Teams ensure core processes, standards, and activities are monitored and aligned across the organisation.
- 2.5. We are data-driven, using monitoring and performance information to enhance quality of care.
- 2.6. Our clinical governance framework includes policies and procedures that specify care standards, patient safety, and service improvement. These include:

- [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

To describe the clinical governance framework, clarify roles and responsibilities, and outline systems that ensure patients receive safe, effective, and appropriate care. This policy promotes standardisation, continuous improvement, and quality monitoring across all Peke Waihanga services.

4. Scope

- 4.1. This policy applies to all Peke Waihanga services, including prosthetics, orthotics, rehabilitation, and peer support, as well as coordination functions. It covers all board members, staff, and volunteers.
- 4.2. It applies to the operation of:
 - Prosthetic service
 - Orthotic service
 - Rehabilitation service
 - Peer Support service

5. Definitions

Clinical governance: The framework through which Peke Waihanga is accountable for continuously improving service quality and ensuring high standards of care.

Continuous improvement: An ongoing effort to improve products, services, or processes through incremental or transformative changes.

Standard Package of Care (SCP): The nationally defined scope of core prosthetic, orthotic, and rehabilitation services funded under government contracts, ensuring equity and consistency.

Exception: A clinically justified request to provide services beyond the SCP, submitted through the National Exceptions Advisory Committee.

6. Clinical Governance Principles

- 6.1. Peke Waihanga’s clinical governance approach is built on the following principles:

- Consumer and whānau engagement and co-design
- Quality improvement and innovation
- Clinical leadership for safety and excellence
- Effective multidisciplinary teamwork
- Evidence-based practice and continuous learning
- Data-driven decision-making for safety and equity

These principles align with the Standard Package of Care and the [National Service Guidelines](#), to ensure consistency, transparency, and fairness in clinical service delivery.

7. Governance, Leadership and Culture

- 7.1. Clinical governance is everyone’s responsibility. Peke Waihanga’s organisational and clinical governance systems are fully integrated and support the continuous improvement of care quality and safety
- 7.2. We foster a culture in which patients and their whānau are respected, informed, and receive timely, culturally appropriate care.
- 7.3. Peke Waihanga operates the following leadership groups to oversee and support governance:
- 7.4. Clinical governance is everyone’s responsibility. Peke Waihanga’s organisational and clinical governance systems are fully integrated and support the continuous improvement of care quality and safety.
- 7.5. We foster a culture in which patients and their whānau are respected, informed, and receive timely, culturally appropriate care.
- 7.6. Peke Waihanga operates the following leadership groups to oversee and support governance:
 - Clinical Governance and Technical Advisory Group – oversees clinical governance across prosthetics, orthotics, and rehabilitation services.
 - National Exceptions Advisory Group - includes national clinical leads, senior prosthetists and relevant advisors, and uses a structured process to assess clinical justification, fairness, cost-effectiveness, and alignment with national care principles.
 - National Leads – provide professional leadership, participate in the Clinical Governance Committee, and coordinate with discipline-specific staff.
 - Regional Leads – oversee implementation of national standards, support clinical staff with decision-making, and ensure consistent service delivery across centres.
 - Volunteer Peer Support Advisory Group – includes consumer representation and advises on peer support service quality.
 - Health and Safety Committee – oversees health and safety performance across the organisation.

See also Section 11.1 for Specific Roles and Responsibilities

8. Patient safety and quality improvement systems

- 8.1. Patient safety is a top priority. Risks are proactively managed using data, patient feedback, audits, and improvement planning. Our systems include:

- A robust and coherent quality and safety framework
 - Mechanisms for minimising risk and improving the patient experience
 - Use of internal and external expertise to translate strategy into practice
 - Shared learning across the organisation to support a continuous learning culture
 - Policies, procedures, and guidelines to uphold quality and safety standards
 - Monitoring and performance systems to manage clinical and operational risk
 - An established risk management system including incident reporting, audits, patient feedback, infection prevention and control, and health and safety processes. See [Risk Management Policy](#) for further details.
- 8.2. If patient needs exceed the SCP thresholds, clinicians can submit an exemption request to the National Exceptions Advisory Committee. This ensures transparent, clinically justified and equitable access to enhanced or non-standard care, supported by the [Exceptions from Standard Package of Care Policy](#) and associated tools.

9. Clinical performance and effectiveness

- 9.1. Care is delivered by qualified clinicians using evidence-based models. Clinical performance is monitored through credentialing, supervision, training, and peer review. Care planning is informed by the SCP and National Service Guidelines.
- 9.2. Peke Waihanga ensures clinical effectiveness through:
- Consistent practice standards and expectations
 - Adherence to national and international best practice standards
 - Use of evidence and data to drive improvement
 - Ongoing investment in research, education, and training
 - Evaluation of new and existing technologies through formal processes (see New Product Request Procedure)
- 9.3. We are committed to workforce development and ensure all staff:
- Undergo orientation and induction
 - Maintain annual practicing or membership certificates as required
 - Participate in peer review, supervision, and education
 - Operate within the scope of their professional codes and applicable legislation
- 9.4. Peke Waihanga supports staff with systems that encourage high performance and continuous professional development.

10. Safe environment for the delivery of care

- 10.1. Patients receive safe, evidence-based care from caring and competent staff.
- The organisation promotes a work environment that is:
 - Open, participatory, and committed to improvement
 - Empowering for clinical staff and leadership

- Supportive of innovation, curiosity, and safety
- 10.2. Multidisciplinary teams collaborate regularly to assess risk, discuss rehabilitation and device prescriptions, and make informed decisions in patients’ best interests.

11. Consumer engagement and participation

- 11.1. Peke Waihanga values consumer perspectives and actively incorporates them into clinical governance, regardless of whether individuals choose to participate directly.
- 11.2. Staff are committed to delivering positive experiences by recognising and responding to individual needs and values.
- 11.3. Consumer and whānau engagement includes:
- Working in partnership with patients and whānau as equal partners in care
 - Shared decision-making through informed clinical dialogue
 - Regular collection of feedback via Cemplicity surveys, consultations, and follow-ups after peer support visits
 - Involvement of consumer representatives on governance bodies such as the Board and the Peer Support Advisory Group

12. Specific Responsibilities

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

Party	Responsibilities
	<ul style="list-style-type: none"> Regularly evaluate clinical governance systems to ascertain their effectiveness. Share information and learnings regarding safety and clinical quality.
National Office Advisors and Teams	<ul style="list-style-type: none"> Provide quality, patient safety and clinical risk management leadership across the organisation. Ensure ongoing prioritisation, development, implementation, monitoring and evaluation of quality and patient safety measures, systems and frameworks. Actively promote a system approach across services for quality and patient safety initiatives. Ensure compliance with legislative and statutory requirements.
Clinical / Multidisciplinary teams	<ul style="list-style-type: none"> Contribute to robust discussion of safety and quality of care provided by the team. Share information and learnings regarding safety and clinical quality. Support colleagues in the delivery of high-quality care by promoting a culture of safety, transparency, integrity, accountability, compassionate care and teamwork
Regional Manager/ Team Leader	<ul style="list-style-type: none"> Lead and support the provision of services delivering the organisation's vision for safe, quality care. Provide leadership, foster a team culture, plan, co-ordinate and evaluate clinical governance and clinical excellence in teams, continuously improving care and services. Ensure all staff are clear about their roles and responsibilities and are supported by resources, standards, systems, and knowledge and skill development. Operate robust quality and risk management systems. Be accountable for ensuring that a culture of patient safety permeates the organisation. Bring together multidisciplinary teams. Provides a framework to identify and manage areas of concern raised.
CEO	<ul style="list-style-type: none"> Provides visible, innovative and compassionate leadership. Provides a framework for effective clinical governance and quality improvement. 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. Ensures consistent standards of clinical management are applied to all areas across Peke Waihangā. 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. Provides a framework to identify and manage concerns raised.

Party	Responsibilities
	<ul style="list-style-type: none"> Ensures appropriate standards in place and resources available to enable staff to deliver to the expected standard. Reports to board on clinical risk care processes and outcomes,
Board	<ul style="list-style-type: none"> Creates the expectation of safe, good quality patient services Provides policy for effective clinical governance and monitoring compliance Sets the direction and priorities for the Peke Waihanga Clinical Governance Strategy Holds CEO accountable for meeting clinical governance expectations

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](#)
- [Exceptions from Standard Package of Care Policy](#)
- [Finance and Expenditure Policy](#)
- [Health and Safety Policy](#)
- [Medical Device Prescription Policy](#)
- [National Exceptions Advisory Committee Terms of Reference](#)
- [New Product Request Procedure](#)
- [Operational Guidelines for A Nationally Consistent Rehabilitation and Mobilisation Service for Amputees](#)
- [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 \(Health Quality & Safety Commission, 2022\)](#)

Document development and approval

Review period	3 years	Next review date	July 2028
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
3.2	July 2025	Updated with Standard Package of Care and Exemptions Process
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

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Implementation history

✓ Internal communication	Roles affected:
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Implementation history	
<input type="checkbox"/> Manager in-team training <input type="checkbox"/> National roll-out via group workshops <input type="checkbox"/> Self-learning: <input type="checkbox"/> Other (describe)	All roles
Procurement, IT, or other budgetary considerations	
When updated, these people need to be notified	