**Quality**

**&**

**Risk**

**Kounga me te mōrearea**

Contents

[Introduction 3](#_Toc206258020)

[Risk based continuous quality improvement approach 3](#_Toc206258021)

[Risk and continuous quality improvement system: Roles and responsibilities 4](#_Toc206258022)

[Continuous quality improvement and risk management activities- Definitions 5](#_Toc206258023)

[Organisational risk and continuous quality improvement plan 6](#_Toc206258024)

[Individual Quality Improvement Plan (IQIP) 13](#_Toc206258025)

[Essential notifications 14](#_Toc206258026)

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| Introduction |
| **Purpose** | This document identifies our risk-based approach to continuous quality improvement in order to meet the needs of tāngata whai ora/tāngata whaikaha, our workers and our organisation. |
| **Scope** | The systems and processes described apply to all organisational and service delivery processes and the people working at or engaging with our organisation.  |
| **References** | [Australian Commission on Safety and Quality in Health Care](https://www.safetyandquality.gov.au/)[Communitynet Aotearoa Risk Management](http://www.community.net.nz/resources/community-resource-kit/2-7-planning-/)[Health and Disability Services (Safety) Act 2001](http://www.legislation.govt.nz/act/public/2001/0093/latest/DLM119975.html)[Health Quality & Safety Commission New Zealand](https://www.hqsc.govt.nz/)[Institute for Healthcare Improvement](http://www.ihi.org/Pages/default.aspx)[Institute of Directors - Risk](https://www.iod.org.nz/Governance-Resources/Resource-library/Risk)[ISO 9001:2015](https://isoglobal.com.au/articles/risk-management-iso-9001/)[New Zealand Legislation](https://www.legislation.govt.nz/)[NZS 8134:2021: Ngā paerewa - Health and disability services standard](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standards/nga-paerewa-health-and-disability-services-standard) (2.2)[Social Care Institute for Excellence](https://www.scie.org.uk/)[Te Pou](https://www.tepou.co.nz/our-work/initiatives?publicationDate=&sort=a_to_z)[Te Rau Ora](https://terauora.com/) |
| Risk based continuous quality improvement approach |
| **Objectives** | * We adapt our quality management activities to the level of risk. This helps us to achieve the following objectives:
	+ Avoid unnecessary activities and risk/quality management bureaucracy.
	+ Focussing resources on ‘critical’ aspects.
 |
| **Considerations**  | * We avoid preventable quality issues with agile decision-making based on real time and centralised information/data.
* We rapidly detect known and unknown risks on both critical and non-critical information/data, reducing ‘noise’ by filtering out less relevant information.
* We prioritise monitoring resources based on information/data insights.
 |
| **Risk management and quality improvement** | * We manage risk-based continuous quality improvement by utilising information from a variety of sources. For example:
	+ complaints
	+ harm events
	+ health and safety risks
	+ emergencies
	+ infection rates
	+ service review recommendations
	+ service delivery outcome information/data
	+ satisfaction surveys
	+ tāngata whai ora/tāngata whaikaha and their whānau feed-back
	+ workers’ feed-back
	+ our risk and continuous quality improvement plan
	+ internal audits
	+ third party audits
	+ reports from executive walkarounds
	+ legislation
	+ government directives
	+ national and local organisational and service reviews
* Risk management and quality improvement systems are both directed to providing a structured framework for:
	+ identification,
	+ analysis,
	+ treatment/corrective action,
	+ monitoring,
	+ review

of risks, problems and/or opportunities.  |
| **Risk management and continuous quality improvement overview** |
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| Risk and continuous quality improvement system: Roles and responsibilities |
| **Board/Governance** |
| **Participants include: people with lived experience, worker representative, mana whenua, whānau representative** |
| Approve the quality and risk related documents/policies. | Resource quality initiatives. | Monitor quality and risk outcomes. |
| Have quality and risk updates on each meeting agenda. | Monitor legislative and contractual compliance. | Review the organisations risk and quality improvement plan. |
| **Executive – Senior Management** |
| **Participants include: people with lived experience, workers, mana whenua, whānau representative**  |
| Develop the organisational risk and quality improvement plan. | Develop and manage the implementation of the risk and quality improvement plan. |
| Monitor the outcomes of the quality and risk processes. | Report on legislative and contractual compliance. | Have quality and risk issues on each meeting agenda. |
| Provide a report the Board/Governance.  | Communicate with stakeholders, tāngata whai ora/tāngata whaikaha workers, and their whānau about relevant quality and risk issues and their outcomes. |
| Ensure the resources to maintain a quality and risk system are sufficient. | Are informed of current government guidelines and directives.  | Participate in regional and national quality and risk related for a. |
| **Workers** |
| **Participants include: people with lived experience, whānau representative, cultural practitioners.** |
| Maintain the quality and risk processes. | Monitor implementation of processes.  | Report on non-conformity and opportunity for improvement. |
| Have quality and risk issues on each meeting agenda. | Participate in quality initiatives and projects. | Complete internal audits. |

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| **Tāngata whai ora/tāngata whaikaha**  |
| **Participants might include: lived experience advisors, cultural representatives.** |
| Maintain the quality and risk processes. | Monitor implementation of processes. | Report on non-conformity and opportunity for improvement. |
| Have quality and risk issues on each meeting agenda. | Participate in quality initiatives and projects. | Complete internal audits. |

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| Continuous quality improvement and risk management activities- Definitions |
| **Third party audit** | An audit completed by an external agency or company. For example, audits by our funders, or audits required by legislation such as HealthCERT certification audits. |
| **Internal audit - Routine** | Routine internal audits are planned processes of checking the compliance with our policies/procedures, standards, and contractual obligations. We implement a yearly audit schedule that is risk based.  |
| **Internal audit- Issue based** | In some instances, we do issue audits in response of an investigation; for example: harm event reporting, complaint, or a problem, to gather information or evidence as to the circumstances and cause of the problem. This process is integral to our risk prevention and continuous improvement processes. |
| **Monitoring** | Check, supervise, observe critically, or measure the progress of an activity, action, or system on a regular basis to identify change from the performance level required or expected. |
| **Evaluation** | Assess whether what we have been doing is really making the difference that we intended it to. Evaluations tend to happen less frequently, for example annually or at the end of a longer-term project. |
| **Service delivery/clinical audit** | A systematic evaluation of a specific aspect of service delivery.  |
| **Review** | A formal assessment of something with the intention of instituting change if necessary.  |
| **Projects** | We might carry out projects in response to new evidence in a specific area, change in guidelines or legislation. For example, in these areas: * Māori-centred environment and service provision
* diversity
* equity
* disability
* the use of artificial intelligence
* tāngata whai ora/tāngata whaikaha self-management strategies using wellbeing apps
* outcome measures
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| **Overview for project and service delivery/clinical audit processes** |
| Quality Improvement Process (QIP) Graphic | ePortfolio of Ann Bailey |

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| Organisational risk and continuous quality improvement plan |
| **Purpose** | The purpose of this plan is to achieve:* A confident and rigorous basis for decision-making and planning.
* Identification of strengths, weaknesses, opportunities, and threats (SWOT analysis).
* Gaining value from uncertainty and variability.
* Pro-active rather than re-active risk and quality management.
* Effective allocation and use of resources, economy and efficiency.
* Reduction in loss and cost of risk, board member protection, and insurance premiums.
* Stakeholder confidence, trust and enhanced reputation.
* Compliance with legislation.
* Better corporate and clinical governance through accountability and assurance.
* Personal wellbeing.
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| **Our risk and continuous quality improvement plan considers the following processes and systems:** |
| **Communication and Consultation** | We communicate and consult with internal and identified external stakeholders at each stage of the processes:  |
| **Internal Stakeholders** | **External Stakeholders** |
| Our governing bodyManagement/leadership teamHealth workers Tāngata whai ora/tāngata whaikaha | Organisations who fund usLocal PHOAccountantMana whenuaIwi organisationsOther NGO’s Nationwide NGO support organisations such as PlatformContractors and suppliersEmergency servicesFinancial institutionsFamily/whānau of people with lived experienceStatutory agenciesGovernment agenciesSocial agencies |
| **Establishing the context** | External and internal and risk and continuous quality improvement context:  |
| **Internal Context** | **External Context** |
| * Organisational culture.
* Internal stakeholders.
* Company structure.
* Resources:
	+ Human Resources.
	+ Systems.
	+ Processes.
	+ Capital.
* Strategic plan.
 | * Regulatory and legislative requirements.
* Competing organisation.
* Political environment.
* Social obligations.
* Bi-and multicultural environment.
* Council’s Resource Management Plan.
* Financial environment.
* Business environment.
* External stakeholders.
 |
| **Risk Identification** | Where, when, why and how events could prevent, degrade, delay or enhance the achievement of organisational objectives. |
| **Risk Analysis** | Identification and evaluation of existing controls. Determination of consequences and likelihood = level of risk. The analysis considers the range of potential consequences and how these could occur. |
|  **Risk Evaluation** | Comparison of estimated levels of risk against the pre-established criteria.Consideration of the balance between potential benefits and adverse outcomes. |
| **Risk Treatment** | The plan shows the development and implementation of specific cost-effective strategies and action plans to increase potential benefits and reduce potential costs. |
| **Monitoring and Review** | The effectiveness of the Organisational Risk and Continuous Quality Improvement Planis monitored.(Examples: Board/Directors meetings, management meetings, strategic and business planning.) |

**RISK MANAGEMENT PROCESSES - OVERVIEW**

ESTABLISH THE CONTEXT

COMMUNICATE AND CONSULT

MONITOR AND REVIEW

TREAT RISKS

IDENTIFY RISKS

ANALYSE RISKS

EVALUATE RISKS

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| **Organisational Risk and Continuous Quality Improvement Plan 202. – 202.** |
| **Risk**  | **Risk Rating** | **Risk Management Strategies/Processes** | **Responsibility** | **Quality Improvement**  |
| (For details refer to the Individual Quality Improvement Plan - IQIP) | **IQIP No** |
| **Strategic, operational and business planning** |
|  |  |  |  |  |  |
| **Asset management and resource planning** |
|  |  |  |  |  |  |
| **Business interruption and continuity** |
|  |  |  |  |  |  |
| **Organisational, technological and political change** |
|  |  |  |  |  |  |
| **Environmental issues** |
|  |  |  |  |  |  |
| **Ethics, fraud and security** |
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| **Resource allocation** |
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| **Board and Board members’ liability** |
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| **Risk**  | **Risk Rating** | **Risk Management Strategies/Processes**  | **Responsibility** | **Quality Improvement** |
| (For details refer to the Quality Improvement Plan - QIP) | **IQIP No** |
| **Compliance** |
|  |  |  |  |  |  |
| **Operations and maintenance systems** |
|  |  |  |  |  |  |
| **Health and Safety** |
|  |  |  |  |  |  |
| **Human Resources** |
|  |  |  |  |  |  |
| **Project Management** |
|  |  |  |  |  |  |
| **Purchasing and contract management** |
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| **Information Management** |
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| **Service Delivery** |
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| **Risk Rating Guide** |

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| Extreme |  The consequences would threaten:* The survival of the service, possibly causing major problems for people engaged with our service and their families
* The administration of the programme or for a large part of the Public Sector
* Revenue loss greater than 30% of total revenue being managed would have extreme consequences for the organisation both financially and politically
 |
| **Very High** |  The consequences would threaten:* The survival or continued effective function of the service
* Revenue loss greater than 15% of total revenue being managed
* Would have very high consequences for the organisation both financially and politically
 |
| **Medium** | * The consequences would **not** threaten the programme
* But would mean that the administration of the programme could be subject to significant review or changed ways of operating.
* Revenue loss greater than 8% of total revenue being managed
* Would have ……consequences for the organisation both financially and politically
 |
| **Low** |  The consequences would:* Threaten the efficiency or effectiveness of some aspects of the service
* Be dealt with internally
* A loss of revenue below the tolerance level of 5%
* Would be of low consequence
 |
| **Negligible** | * The consequences are dealt with by routine operations.
* A loss of revenue below the programme tolerance level of 3%
* Would be of negligible consequence
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| **Risk Rating Matrix** |
| **Consequences** |
| Likelihood | **Negligible****1** | **Low****2** | **Medium****3** | **Very High****4** | **Extreme****5** |
| **A (almost certain)** | N | L | M | E | E |
| **B (likely)** | N | L | M | H | H |
| **C (moderate)** | N | L | M | M | H |
| **D (unlikely)** | N | N | L | M | H |
| **E (rare)** | N | N | L | M | H |

**E:** Extreme Risk; immediate attention required

**H:** High Risk; senior management attention needed

**M**: Moderate Risk; management responsibility must be specified

**L:** Low Risk; manage by routine procedures

**N:** Negligible; unlikely to need specific application of resources.

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| Individual Quality Improvement Plan (IQIP) |
| **IQIP is the result of:**  | **IQIP Number:**  |
| □ Internal audit  | □ External audit | □ Harm event  | □ Complaint |
| □ Surveillance/ Monitoring  | □ Evaluation  | □ Issue audit | □ Other (specify): |
| **Identified improvement opportunity (be specific):**  |
|  |
| Risk Rating:   | critical □ | high □ | moderate □ | low □ | negligible □ |
| Date:  | Name of the person documenting the improvement opportunity:Designation: Signature: |
| **IQIP:** |
|  |
| The improvement plan has been entered into the **Organisational Risk and Continuous Quality Improvement Plan.** |
| Date the IQIP will be implemented:  | Date(s) when the IQIP will be monitored and the means: |
| Name and role of the person responsible:Designation:  | Name and role of the person responsible:Designation:   |
| Outcome of the IQIP as evidenced by (specify): |
| Further actions required (provide reason): |
| **Any other issues identified:**  |
| **Final****sign-off** | Name of person signing off the IQIP as completed:Designation:Signature: Date: |

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| Essential notificationsTime frames may vary dependent on the risk. |
| **Reported to** | **Type of situation** | **Reported by** | **Time frame** |
| Our board chair person/director Agencies who fund us  | Serious harm event.Breaches of legislation. Situations that might be reported by the media. Situations that require reporting to [statuary](https://www.publicservice.govt.nz/system/central-government-organisations) or professional bodies.If we are no longer able to provide the service we are contracted for.Emergencies that require evacuation.Criminal activities. | Click here to enter text. | Within 24 hours |
| [HealthCERT](https://www.health.govt.nz/regulation-legislation/certification-of-health-care-services/for-service-providers/notifying-an-incident-under-section-31) (only services that require certification). | [Notifying an incident under section 31(5).](https://www.health.govt.nz/regulation-legislation/certification-of-health-care-services/for-service-providers/notifying-an-incident-under-section-31)Any other situations that HealthCERT stipulates. | Click here to enter text. | As required by HealthCERT |
| Health Quality and Safety Commission(HQSC) | [Harm (adverse) event submission portal](https://www.hqsc.govt.nz/our-work/system-safety/harm-adverse-event-submission-portal/) (refer to our Harm (Adverse) Event policy/procedure.  | Click here to enter text. | As required by HQSC |
| Privacy Commissioner | We use the [privacy breach assessment](https://www.privacy.org.nz/responsibilities/privacy-breaches/notify-us/evaluate) and follow the guidelines.  | Our Privacy Officer | Within 2 working days or earlier |
| [Responsible authorities](https://www.health.govt.nz/regulation-legislation/health-practitioners/responsible-authorities) legislated for by the Health Practitioners Competence Assurance Act 2003. | As defined by each authority. | Click here to enter text. | Depends on the risk rating.Refer to authority. |
| Professional bodies not legislated for by the Health Practitioners Competence Assurance Act 2003. | For example:[Social worker](https://swrb.govt.nz/)[Addiction practitioner](https://dapaanz.org.nz/)[Counsellor](https://www.nzac.org.nz/) | Click here to enter text. | Depends on the risk rating.Refer to professional body. |
| WORKSAFE – Mahi Haumaru Aotearoa | [As stated by WORKSAFE](https://www.worksafe.govt.nz/notifications/notifiable-event/what-is-a-notifiable-event/).  | Health and Safety representative | Depends on the risk rating. Refer to WORKSAFE. |
| [Fire and Emergency NZ –](https://www.fireandemergency.nz/) Whakaratonga Iwi  | Fire that requires evacuation and that has caused damage or injury.[Breaches of regulatory compliance](https://fireandemergency.nz/about-us/regulatory-compliance/)  | Click here to enter text. | Refer to Fire and Emergency NZ.  |
| As identified in the MOH [Notifiable and communicable diseases document.](https://www.health.govt.nz/regulation-legislation/notifiable-diseases) | [Notifiable and communicable diseases](https://www.health.govt.nz/our-work/diseases-and-conditions/notifiable-diseases). | As identified in the Notifiable and communicable diseases document (follow link). |