

# Case study

## One health service's approach to implementing the National Model for Clinical Governance.

[Western Health](#) is a large multi-site health service in Victoria that has applied a consistent point-of-care approach to clinical governance for more than a decade.

Alison Rule, Director Best Care Governance Compliance and Assurance, offers practical insights into how Western Health would implement the National Model for Clinical Governance (national model) following each step in the practical guide.

### **Step 1: Compare the national model with the clinical governance system**

The new national model is a significant document. It distils the latest thinking on clinical governance and signals the direction of the next National Safety and Quality Health Service (NSQHS) Standards (third edition). This presents a key opportunity for us to take stock and ensure Western Health's clinical governance system is continuously evolving to provide best care to consumers every day.

We already have a well-established clinical governance framework at Western Health, the Best Care Framework that was introduced in 2013. This framework absorbs and is enhanced by external clinical governance frameworks and models.

Communications around the release of state or national clinical governance models are typically addressed to our CEO who refers them, via the Executive Sponsor for Best Care, to our Directors supporting Best Care. In other organisations, the Best Care Director role may be known as Director of Quality or Director of Clinical Governance.

With the national model, the first step for our Directors supporting Best Care would be to look at the overall recommended approach to clinical governance to see whether it validates our Best Care Framework.

I believe it's important to consider the intent of the new model as well as its content. We would first deconstruct the national model and look at the components, in particular the clinical governance systems designed to provide the right conditions for Best Care. Here it would be useful to use the national model implementation maturity scale so we could compare the national model's foundations of clinical governance with our practice and obtain an objective view of any gaps.

We would then identify areas to focus on within our own framework and decide which elements of the national model would be useful for us to adopt or adapt. We would do this in consultation with key leaders across our organisation who drive or are engaged with clinical governance systems.

## **Step 2: Develop and approve an implementation plan**

Once we had produced a paper identifying any gaps between our Best Care Framework and the national model, and the actions we propose, we would take this to our peak executive body for clinical governance, our Best Care Steering Committee. This committee includes a range of stakeholders including executives, operational leaders, clinical representatives (including those at point of care) and consumer advisors.

We would present the national model to them, packaging it in terms of how it validates our Best Care approach and how our framework could be enhanced by adopting or adapting elements of the nationally recommended approach.

It is also important to explain how the national model aligns with state direction for clinical governance and how both state and national models are absorbed into and reflected within our Best Care Framework.

Over more than a decade of the Best Care Framework, I've never seen a new government framework we couldn't absorb. That's because our framework centres everything around what's important to our consumers – care that is person-centred, coordinated, right and safe.

Once our proposals to enhance or adopt elements of the national model were endorsed, we would incorporate these into the annual review of our Best Care Framework and accompanying Action Plan. This provides a clinical governance improvement implementation plan for the coming year.

Our annual Best Care Framework review, including the national model overview and application and accompanying Framework Action Plan, would then be presented for endorsement to our Board Quality & Safety Committee.

## **Step 3: Introduce the national model and implementation plan**

Best Care has long been embedded in everyday practice at Western Health. In our communications we talk about enabling delivery of Best Care rather than clinical governance, a term we've found doesn't tend to resonate well with staff.

We keep the approach simple by condensing our Best Care Framework onto one page and displaying it throughout the health service. Best Care has become a part of everyday language in our organisation, so the most effective way to introduce the national model would be to align our messaging with our Best Care Framework.

As with our peak clinical governance committees, we would present the national model to staff by demonstrating how it validated our Best Care approach and how adopting or adapting its elements would strengthen our framework. Our messaging would also emphasise how any enhancements would translate into practical improvements in point of care or service delivery that support staff to provide Best Care.

We would use organisational news stories and a dedicated live Best Care site to provide messaging about the national model and its application at Western Health. We would also tap into other systems routinely used to increase engagement and awareness about the clinical governance systems that support delivery of Best Care. These include clinical practice focus areas of the month, quality system education and support, staff surveys and improvement initiatives that have enhanced Best Care.

## Step 4: Roll out the implementation plan

Implementation of a clinical governance framework won't work if you only have one person or team trying to do it.

In our experience, successful implementation of a clinical governance framework relies on engaging leaders across the organisation. A key part of engagement is ensuring clinical governance means something to them. They need to see its value to high-quality patient care.

A key reason for the successful implementation of our Best Care Framework over the years is that we have the understanding, leadership and support of the CEO and our Board. We have executive sponsorship of our Best Care committees, and executive sponsorship and support for the use and development of clinical governance systems that support the ongoing monitoring, review and enhancement of Best Care.

Leaders and teams across a number of divisions develop and operationalise clinical governance systems and provide education and support to engage staff in using these systems to their full potential to enhance Best Care. They are expert at making these systems relevant to staff on the ground.

We also have operational leaders at the point of care and service delivery who understand the value of clinical governance systems and use these systems every day to support monitoring, review and improvement.

Our CEO consistently reinforces that Best Care is everyone's responsibility. Rolling out our Best Care Framework Action Plan incorporating the adoption or adaptation of elements of the national model would need the engagement and input of all the leaders described above.

## Step 5: Monitor and report on progress

We generate six monthly updates on implementation of our Best Care Framework Action Plan, which are available from 'ward to board', and a bi-monthly Best Care Report with metrics and commentary. We also use validated tools such as safety culture assessments to monitor and report on clinical governance system enhancement and engagement.

These activities would support us to monitor and report on progress against our application of the national model.

Engagement in external accreditation programs is another way to monitor progress. One of the quality systems in our Best Care Framework is accreditation readiness, under which multidisciplinary 'Fab Five' teams check that our quality systems are applied correctly to ensure alignment with external standards for high-quality care.

Accreditation readiness activity means we are constantly monitoring, reviewing and enhancing our clinical governance systems, with independent external review to verify that this work is supporting Best Care.

It's important to acknowledge that, in a complex health system with multiple internal and external variables, providing Best Care will always be challenging. The main thing to focus on when monitoring and reporting progress is continuous improvement and that the right clinical governance systems are in place and working well to provide the conditions for Best Care.



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