



Example key messages

Suggested ways to explain the National Model for Clinical Governance to help your organisation prepare information and communications.

Clear and consistent messaging is a cornerstone of effective clinical governance implementation. The key messages below are suggested ways to explain the National Model for Clinical Governance (national model) to help your organisation prepare information and communications. Shared understanding helps drive effective implementation, which in turn drives consistently high-quality care.

The messages, which are intended for members of the workforce, are in two sections:

- information about the national model (see the snapshot of changes tool for key content changes)
- information about internal implementation and application.

The messages below are examples only

Select the messages relevant to your implementation process and tailor for your organisation. You may also have related state, territory or corporate implementation messages to convey.

Information about the national model

How is the national model different?

The model:

- puts patient outcomes at the centre by repositioning clinical governance from being an end in itself to supporting managers and the workforce to deliver high-quality care, and provides the key principles and role clarity to achieve this
- makes organisational culture a key focus, along with systems and structures, to enable high-quality care
- highlights the need for accountability for high-quality care at all levels of the organisation
- states that workforce wellbeing is essential for providing high-quality care
- emphasises the crucial role of boards and executives in governing and leading for high-quality care
- recognises the importance of clinician leadership in clinical governance activities
- requires that cultural safety is embedded across the organisation to achieve high-quality care for Aboriginal and Torres Strait Islander patients
- describes the organisational culture, systems and structures needed to effectively apply the current [NSQHS Standards](#) (second edition), and will help health services align their clinical governance systems with the focus areas of the next Standards (third edition)
- is short and practical: back to the basics of what supports high-quality care
- incorporates the latest national and international thinking and best practice.

Information about implementing the national model in your organisation

What does the national model mean for our organisation?

- The national model allows us to review and refresh our approach in line with contemporary best practice governance to support the delivery of consistently high-quality care.
- The national model highlights the principles of good clinical governance. We'll take the opportunity to reorient our organisational culture, systems and structures to focus on achieving high-quality care.
- The board and executive will use the national model to strengthen governance and operational oversight of high-quality care as a strategic priority.

What does our organisation need to do?

- Start by comparing our current clinical governance systems and activities with the national model to identify what we're already doing well and what we need to change.

- Develop an implementation plan where we will classify gaps as ‘introduce or adapt’ and ‘major or minor’ so effort is focused on the right things, and only make changes if we need to.
- Engage with consumers and the workforce to set implementation priorities and check whether changes are improving care.
- Build on what we are doing well and embed any changes into current systems and processes as much as possible.
- Prioritise risks and track progress with a limited set of measures.

What do I need to do?

- Work with your assigned executive or clinical lead to implement any changes in your service.
- Use the opportunity to improve the quality of care and patient outcomes, and provide feedback on implementation effectiveness.

Where can I get help or further information?

- Internal information hub: key messages, role expectations, implementation plan, progress and information.
- Internal support: executive implementation lead, responsible committee and/or working group, the clinical governance or quality team, nominated contacts (including clinical leads).
- Education and training: where and how this can be sourced.
- Regular updates: how implementation progress reporting will be provided.



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