

The CLEAR Framework: *Strengthening* clinical governance for health, aged, and disability care boards

Joint position statement by the Australian Institute of Health Executives (AIHE), Board Benchmarking, and insync

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Executive summary

Health, aged, and disability care (jointly defined herein as Care Services) governance is entering a new era. Boards, executives, and clinical governance committees face rising scrutiny, growing complexity, and increasing demands from regulators, staff, and communities for greater accountability. Compliance is no longer enough. Oversight must be strategic, consumer-centred, and underpinned by robust clinical governance.

The **CLEAR framework**, jointly developed by the Australian Institute of Health Executives (AIHE) in conjunction with insync and Board Benchmarking, responds to this need. It provides a structured, evidence-based, and practical framework to guide the effectiveness of boards and clinical governance, quality and care committees (referred to herein as clinical governance committees) across care services.

CLEAR sets out five domains that define best practice in governance oversight:

C – Committee Purpose, Role & Composition

L – Leadership, Dynamics & Operations

E – Excellence in Quality & Safety

A – Assurance of Workforce & Practice

R – Respecting Consumer Voice & Rights

This position statement outlines the shared position of AIHE, insync and Board Benchmarking: that CLEAR represents a significant step forward in Care Services governance, offering leaders a tested and adaptable framework to strengthen oversight, ensure quality and safety, and embed consumer voice at the heart of care.



Introduction

In recent years, Australia's care services sectors have faced multiple inquiries and commissions exposing serious gaps in oversight and accountability. Failures in clinical governance have had devastating impacts on consumers, families, and staff trust.

Care Services boards are now expected to:

- Provide assurance of safety and quality in increasingly complex systems.
- Oversee workforce capability and wellbeing amidst national shortages.
- Engage meaningfully with consumers and communities to reflect their rights and preferences.
- Adapt to new risks and opportunities.

Traditional models of governance, heavily compliance-driven, often fall short. Clinical governance committees need a framework that enables them to move beyond process, toward assurance and improvement. The CLEAR Framework offers a new, practical approach to strengthen clinical governance committees and equip boards to lead with clarity, assurance, and confidence.

Overview of the CLEAR framework

The CLEAR Framework draws on best practice from the Australian Commission on Safety and Quality in Health Care (NSQHS Standards), Safer Care Victoria, the UK NHS, New Zealand's Health Quality & Safety Commission and NDIS Practice Standards.

The CLEAR Framework was created to respond to three pressing needs:

1. To pivot clinical governance committees from compliance to purposeful action and strategic oversight.
2. To embed consumer voices and workforce assurance into governance processes.
3. To provide a practical tool that can be applied across the diversity of Care services settings.

The *five* domains

C

Committee purpose, role and composition

Clarity of mandate, expertise, and structure ensures committees are fit-for-purpose.



L

Leadership, dynamics and operations

Strong leadership, meeting discipline, and constructive culture underpin effective governance.



E

Excellence in quality and safety

Prioritises proactive risk monitoring, incident learning, and embedding continuous improvement.



A

Assurance of workforce and practice

Focuses on competence, training, ethical conduct, and staff wellbeing.



R

Respecting consumer voice and rights

Ensures lived experience and patient rights are central to governance decisions.



*Australia's **first** and **only**
framework for health,
aged and disability
board and clinical
governance committee
effectiveness*

Why CLEAR is different

CLEAR stands apart as a governance framework, bringing together the essential elements of committee effectiveness. Its distinct value lies in being:



Comprehensive

Integrates com committee composition, leadership, workforce assurance and consumer voice.



Versatile

Applicable across hospitals, aged care, disability, and community health.



Evidence-based

Draws on national and international standards and benchmarking.



Measurable

Supports validated self-assessment and benchmarking for committees.



Practical

Offers clarity of language and ease of communication across governance levels.

Pathways to implementation

CLEAR is supported by a validated self-assessment survey tool that enables boards and clinical governance committees to:

- **Identify** governance gaps with confidence.
- **Benchmark** performance against international best practice.
- **Build** targeted action plans for improvement.
- **Demonstrate** accountability to regulators and communities.

Staged approach to implementing CLEAR

Recommended by AIHE and Board Benchmarking

1. Endorsement

Boards formally adopt CLEAR as their clinical governance framework.

2. Baseline assessment

Use the benchmarked self-assessment tool (Clinical Governance Committee Effectiveness Survey).

3. Gap Analysis & Action Planning

Prioritise improvement actions.

4. Capacity Building

Training and development for committee members and executives.

5. Integration

Embed CLEAR into reporting and performance dashboards.

6. Continuous Monitoring

Re-assess and benchmark regularly.

Implications for board and executives

For health, aged, and disability care boards, CLEAR provides confidence that committees are structured and operating effectively.

For health, aged, and disability care executives, CLEAR supports collaboration, clearer reporting, and assurance beyond compliance.

For clinical governance committees, CLEAR offers structure, focus, and tools to improve effectiveness.



A shared vision for the *future*

AIHE, Insync and Board Benchmarking affirm that clinical governance committees are pivotal to safeguarding trust in the care sector. Oversight must evolve beyond compliance to clinical governance-based assurance. CLEAR offers care sector leaders a practical and evidence-informed path forward.

Imagine a future where health, aged, and disability care boards are recognised not for narrowly meeting compliance obligations, but for the trust and confidence they inspire in their communities. In this future, every committee decision reflects not only technical assurance, but also the lived experiences of consumers and the wellbeing of staff.

Governance conversations are no longer dominated by “what went wrong” but by “how we can improve, anticipate, and innovate.”

In this future, the CLEAR Framework has become the common language of board assurance.

- Committees use its domains to navigate complexity with confidence, bridging the gap between compliance, culture, and clinical reality.
- Data flows seamlessly into dashboards that track both safety and dignity, while consumers and carers see their voices reflected in decisions that shape care.

- Workforce assurance is embedded in governance, meaning boards actively safeguard not just patient outcomes but also the sustainability of the people who deliver care.

Most importantly, the adoption of CLEAR signals a cultural transformation. Boards are no longer passive recipients of reports but active stewards of safety, quality, and rights.

By making oversight measurable, inclusive, and strategic, CLEAR enables boards to embody what society expects—leadership that protects, learns, and continuously raises the standard of care.

Conclusion

The CLEAR framework is a commitment to elevating the standard of healthcare board governance and accountability.

By adopting CLEAR, healthcare leaders can ensure their boards and clinical governance committees are equipped to navigate complexity, build trust, and safeguard the health and dignity of those they serve.

With the future vision outlined in this position paper, CLEAR is positioned not only as a governance framework but as a catalyst for cultural change. It ensures that oversight is proactive, inclusive, and transformative, delivering confidence for boards, assurance for regulators, and dignity for the communities they serve.

Appendices

Appendix A: Mapping the CLEAR Framework to the NSQHS Standards

The Australian Commission on Safety and Quality in Health Care (ACSQHC) sets out the National Safety and Quality Health Service (NSQHS) Standards to ensure consistent, safe, and high-quality care.

These standards provide the minimum requirements for clinical governance across health services. The CLEAR Framework for clinical governance committee effectiveness, developed by AIHE and Board Benchmarking-insync, is an evidence-based tool that translates governance principles into practical domains for healthcare, aged care and disability care boards and committees. CLEAR extends beyond compliance by embedding consumer perspectives, culture, and strategic leadership.

Mapping CLEAR against the NSQHS Standards demonstrates its value as a complementary framework that enables governing bodies to not only meet accreditation requirements but also drive excellence in governance, accountability, and consumer trust.

Detailed Mapping: CLEAR Framework vs NSQHS Standards

CLEAR Domain	Description	Alignment with NSQHS Standards	Detailed Mapping & Added Value
C – Committee Purpose, Role & Composition	Defines committee’s mandate, role clarity, scope, authority, and member composition. Ensures membership diversity, expertise, and alignment with organisational strategy.	NSQHS Standard 1 – Clinical Governance: Boards must define roles, responsibilities, and governance structures. User Guide for Governing Bodies: Clarity of roles for safety and quality.	<ul style="list-style-type: none"> • CLEAR sharpens role clarity by requiring explicit articulation of committee purpose in charters. • Goes further than NSQHS by embedding skills and diversity requirements for membership. • Provides a structured approach to evaluating whether composition reflects the needs of the population served.
L – Leadership, Dynamics & Operations	Effective chairing, respectful challenge, collaborative culture, efficient operations, and transparent decision-making.	NSQHS Clinical Governance: Leadership and culture to support safety and quality. Standard 1.9–1.11: Governance of policies, procedures, and oversight.	<ul style="list-style-type: none"> • CLEAR extends NSQHS by specifying the behavioural dynamics of committees. • Links effective leadership to operational efficiency, which NSQHS implies but does not detail. • Adds value by emphasising board–management collaboration, bridging the governance–operational divide.
E – Excellence in Quality & Safety	Continuous monitoring of safety/quality systems, risk oversight, incident learning, and improvement.	NSQHS Standard 1 – Clinical Governance: Safety and quality systems. Standards 3–8: Infection control, medication safety, comprehensive care, communication, etc.	<ul style="list-style-type: none"> • CLEAR aligns tightly with NSQHS but adds a committee-level lens. • Emphasises proactive risk identification, not just reactive reporting. • Ensures incident reviews translate into learning and accountability loops.
A – Assurance of Workforce & Practice	Oversight of workforce capability, credentialing, professional development, ethical practice, and safe environments.	NSQHS Standard 1.22–1.29: Workforce competence, credentialing, performance review. Standard 1.27: Safety for workforce.	<ul style="list-style-type: none"> • CLEAR explicitly requires committees to seek assurance about workforce competence and sustainability. • Adds depth to NSQHS by embedding workforce as a governance priority. • Encourages systematic oversight of credentialing and workforce development at board level.
R – Respecting Consumer Voice & Rights	Embeds consumer experiences, rights, and feedback into governance decision-making.	NSQHS Standard 2 – Partnering with Consumers: Shared decision-making, consumer feedback in design and delivery.	<ul style="list-style-type: none"> • CLEAR positions consumer voice as a central domain of governance, not an adjunct. • Extends NSQHS by framing consumer engagement as strategic input into governance. • Encourages regular reporting of consumer metrics directly to committees.

Analysis

1. Committee Purpose, Role and Composition

NSQHS requires boards to define responsibilities, but CLEAR makes committee purpose and composition an explicit governance evaluation domain. This ensures alignment between strategic purpose and the skill mix of members.

2. Leadership, Dynamics and Operations

While NSQHS mentions leadership and culture, CLEAR adds behavioral governance dynamics—how committees function in practice. This enables governing bodies to address groupthink, power imbalances, and ineffective meetings.

3. Excellence in Quality and Safety

NSQHS Standards 3–8 outline clinical requirements. CLEAR elevates oversight by requiring boards to proactively monitor quality and safety, closing the loop between incidents, lessons learned, and system improvements.

4. Assurance of Workforce and Practice

Workforce competence is embedded in NSQHS, but CLEAR reframes it as assurance, i.e., the committee must actively seek confidence in workforce systems, rather than passively receive reports.

5. Respecting Consumer Voice and Rights

NSQHS Standard 2 requires consumer partnering. CLEAR goes further by making consumer voice a dedicated governance domain. This prevents tokenism and ensures consumer perspectives are structurally embedded in board decision-making.

Conclusion

The CLEAR Framework is not a substitute for the NSQHS Standards but a complementary governance model. By making clinical governance committee effectiveness measurable and transparent, it:

- Bridges gaps between compliance and culture.
- Embeds consumer voice as a governance priority.
- Strengthens workforce assurance at the governance level.
- Provides boards with a practical evaluation tool to monitor their own effectiveness.

Adopting CLEAR enables healthcare organisations to move from minimum compliance (NSQHS accreditation) to proactive excellence in governance, enhancing both organisational performance and consumer trust.

Appendix B: Referencing the CLEAR Framework to Australian Legislation and Regulation

The CLEAR framework provides a governance structure that maps directly to Australia's modern statutory expectations.

For boards in healthcare, aged care and disability, CLEAR aligns with the Aged Care Act 2024, the NDIS Act and Practice Standards and the Health Practitioner Regulation National Law, alongside cross-cutting legislation and frameworks including Public Governance, Performance and Accountability Act 2013 (Cth), Work Health and Safety Acts (2011, Cth and states), Fair Work Act 2009 (Cth), National Health Reform Act 2011 (Cth) and UN Convention on the Rights of Persons with Disabilities (ratified 2008).

Using CLEAR as the organising lens ensures healthcare, aged care and disability care boards can demonstrate compliance, consumer focus and safety to regulators and the community.

C – Committee Purpose, Role & Composition

- Aged Care Act 2024 (Cth) – requires registered providers to maintain accountable governance, clear provider obligations, and oversight by the Aged Care Quality and Safety Commission.
- National Disability Insurance Scheme Act 2013 (Cth) – governance obligations for NDIS-registered providers, enforced through the NDIS Practice Standards.
- National Health Reform Act 2011 (Cth) – establishes governance for Local Hospital Networks and Primary Health Networks.
- Health Services Acts (State/Territory, e.g., Health Services Act 1988 (Vic), Health Services Act 1997 (NSW)) – mandate governance structures for public hospitals and health entities.
- Public Governance, Performance and Accountability Act 2013 (Cth) – requires Commonwealth-funded providers and agencies to operate with clear roles, responsibilities, and accountability structures.

L – Leadership, Dynamics & Operations

- Aged Care Act 2024 (Cth) – emphasises provider leadership, regulatory obligations, and a rights-based model that places accountability with boards and executives.
- PGPA Act 2013 (Cth) – strengthens leadership accountability in federally funded organisations.
- State Health Services Acts – require hospital boards and executives to provide strong governance, leadership, and operational oversight.
- NDIS Act 2013 (Cth) – requires leadership structures in providers that support participant choice, control, and safety.

E – Excellence in Quality & Safety

- Aged Care Act 2024 (Cth) – introduces a rights-based model with a Statement of Rights and new provider obligations to ensure high standards of care, safety, and risk management.
- NDIS Act 2013 (Cth) and NDIS Practice Standards – mandate systems to ensure participant safety, service quality, and effective risk management.
- National Health Reform Act 2011 (Cth) – provides national arrangements for safety, quality, and performance reporting.
- State/Territory Quality and Safety Frameworks (e.g., Victorian Clinical Governance Framework, NSW Patient Safety Programs).

A – Assurance of Workforce & Practice

- Aged Care Act 2024 (Cth) – strengthens provider accountability, which includes responsibilities for competent workforce practice.
- Health Practitioner Regulation National Law 2009 (as enacted in each state/territory) – governs registration, credentialing, and scope of practice for health professionals.
- NDIS Act 2013 (Cth) – requires providers to maintain a skilled and competent workforce to meet participant needs.
- Work Health and Safety Act 2011 (Cth and state equivalents) – ensures safe workplaces for healthcare, aged care, and disability workers.
- Fair Work Act 2009 (Cth) – governs employment standards, enterprise agreements, and workforce protections across health, aged care, and disability sectors.
- Nursing and Midwifery Board, Medical Board, and Allied Health Boards standards – professional workforce regulation and practice standards.

R – Respecting Consumer Voice & Rights

- Aged Care Act 2024 (Cth) – embeds a Statement of Rights, covering dignity, autonomy, informed decision-making, culturally safe care, complaints, and advocacy.
- Charter of Aged Care Rights (2020, updated for 2025) – supports older people to exercise their rights within aged care services.
- NDIS Act 2013 (Cth) – enshrines participant rights to choice, control, inclusion, and safeguarding.
- Disability Discrimination Act 1992 (Cth) – protects consumers from discrimination in access to services.
- Australian Charter of Healthcare Rights (2008, revised 2020) – sets national rights for healthcare consumers: access, safety, respect, communication, participation, privacy, and comment.
- State/Territory Health Complaints Acts (e.g., Health Complaints Act 2016 (Vic), Health Ombudsman Act 2013 (Qld)) – establish statutory complaints and consumer protection mechanisms.
- UN Convention on the Rights of Persons with Disabilities (ratified by Australia in 2008) – provides international obligations shaping Australian disability rights.

Summary Reference Table

CLEAR Domain Key Acts / Standards

- C – Committee Purpose, Role & Composition Aged Care Act 2024; NDIS Act 2013; National Health Reform Act 2011; State Health Services Acts; PGPA Act 2013
- L – Leadership, Dynamics & Operations Aged Care Act 2024; PGPA Act 2013; NSQHS Standards; State Health Services Acts; NDIS Act 2013
- E – Excellence in Quality & Safety Aged Care Act 2024; NDIS Act 2013; NSQHS Standards; National Health Reform Act 2011; State/Territory Quality & Safety Frameworks
- A – Assurance of Workforce & Practice Aged Care Act 2024; NDIS Act 2013; Health Practitioner Regulation National Law 2009; WHS Act 2011; Fair Work Act 2009; Professional Standards (Boards)
- R – Respecting Consumer Voice & Rights Aged Care Act 2024 & Charter of Rights; NDIS Act 2013; Disability Discrimination Act 1992; Australian Charter of Healthcare Rights; Health Complaints Acts; UN CRPD