



Clinical Governance Framework

NSW Health Pathology

April 2025



Acknowledgement of Country

NSW Health Pathology acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this Framework.

We advise this resource may contain images in photographs or names of deceased persons in historical content.

This artwork was created by Aboriginal artist, Elsie Randall, a proud Yagel/ Bundjalung woman from Maclean and Yamba on the NSW Far North Coast.

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More information

Clinical Governance

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Foreword

We are committed to delivering exceptional clinical and forensic services that put people first. Our remarkable staff make this possible, bringing an extraordinary level of commitment, skill and compassion to the work that they do.

The people of NSW depend on us to provide safe, effective care and services of the highest quality that keep pace with rapid technological and scientific advances.

We do this backed by a strong system of clinical governance.

Clinical governance in NSW Health Pathology is more than just a team or function; it's a complex interplay of relationships and responsibilities between us and our many stakeholders designed to support good clinical outcomes.

We've updated our Clinical Governance Framework to reflect the increasingly complex landscape we now operate in. It adopts the components outlined in the Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework, as well as incorporating other National and State legislative, policy and contemporary clinical governance elements.

It explains that effective clinical governance depends on all of us at NSW Health Pathology, no matter what our role. We must commit to delivering excellence, whether it is in the laboratory, hospital, collection centre or in the community.

We know our 5000-plus people feel privileged to deliver care and services that make a real difference to people's lives. We invite them to refresh their commitment to good clinical governance by reviewing this framework to see what they can do to make that difference.

Vanessa Janissen

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About NSW Health Pathology

About NSW Health Pathology

NSW Health Pathology (NSWHP) operates on behalf of the Secretary of NSW Health as the preferred provider and commissioner of pathology and forensic and analytical science services for the NSW Health system. We are Australia's largest public pathology provider and the largest statewide public clinical service in NSW.

Established in 2012, NSWHP provides clinical and scientific services through our accredited pathology and Forensic & Analytical Science Service (FASS) laboratories, collections centres, and statewide services for public health pathology, biobanking, point of care testing, genomics and perinatal postmortem. We perform over 100,000 clinical and scientific investigations every day to support the health, safety and wellbeing of the communities we serve.

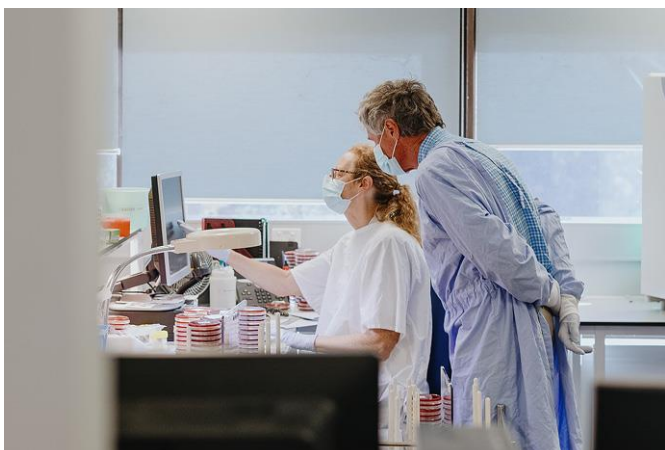
FASS provides independent, objective analysis in a range of specialised fields for our state's health and criminal justice systems.

We work closely with local health districts (LHDs), hospitals, medical research institutes, universities and commercial partners. We conduct our own research and collaborate with partners to provide a full range of services for research in Australia and internationally.

NSWHP employs a diverse and skilled workforce of over 5,000 people, comprising pathologists (medically qualified doctors), scientists, technical officers, technical assistants, nurses, pathology collectors and specialist support staff. Over a third live and work in regional NSW.

As a statewide public agency, NSWHP is responsible for and committed to:

- delivering better health and justice systems through an integrated, whole-of-state model of service;
- developing and implementing rigorous clinical and corporate governance frameworks that provide sustainable, responsive, efficient, high-quality pathology, and forensic and analytical science services;
- operating services with transparency and clear accountabilities, ensuring organisational performance and financial management meet the requirements of the Secretary of NSW Health;
- providing teaching and training, and undertaking research and development relevant to the provision of pathology, forensic and analytical science services, and
- building strong relationships with NSW Health agencies, the Department of Family and Community Services and Justice, NSW Police and other key stakeholders, and contributing to the achievement of NSW Government priorities.



2023 – 2025 Our Priorities

Our priorities align with broader NSW Health, Justice and state plans, ensuring we deliver trusted human-centred public pathology and forensic services to those who need them, no matter where they live.

Our refreshed Strategic Plan – Towards 2025

In 2020, we released our second strategic plan, Towards 2025, articulating the full breadth of work being delivered over the five-year period.

Since then, the landscape we live and work in has changed significantly. COVID-19 has had far-reaching implications for our workforce, finances, vendors, technology, and customer and community needs and expectations.

Our priorities and operating environment have also shifted considerably with rising demand for virtual health, rapid advancements in science and technology, evolving workforce and financial pressures and renewed commitments to climate action and the sustainability of our services. It is for these reasons we took proactive and intentional steps to refresh our plan to ensure we are focused on what matters most to our staff, customers, and communities right now.

We remain ambitious yet with a sharper focus on fewer major strategic programs of work that will help us to continue to evolve and improve. We are confident it will help us deliver even more value, innovations and efficiencies for our people, customers, partners and communities while fostering a safe, inclusive and positive workplace for all of us.

The Clinical Governance Framework aligns with NSWHP's strategic priorities:



Our Commitment to Safety, Quality and Patient Experience

We are committed to embedding patient safety and quality principles in our day-to-day work. Most NSWHP patients are also patients of LHDs and/or Specialty Health Networks (SHNs) as part of a shared care role. The primary focus of clinical governance can be summarised as supporting our organisation to provide safe, quality care and services by assuring patient safety and minimising risk while continuously improving service and maintaining patient-centredness based on the needs and preferences of our consumers.

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Governance for Safety and Quality in NSWHP



Guiding Principles

Clinical governance ensures that everyone is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high-quality and continuously improving.

The NSWHP Clinical Governance framework unifies and is supported by the following core documents:

- [Clinical Governance in NSW PD2024_010](#)
- [Quality Manual NSWHP_CG_012](#)
- [Supervision policy NSWHP_PD_019](#)
- [Compliance Management Framework NSWHP_CG_010](#).

It's also underpinned by key documents listed in 1.7. Pathology's Regulatory Framework.

NSWHP operates under a centralised statewide governance structure and ensures there is a strong focus on effective partnership linkages with each LHD, NSW Health and the local communities we serve. Operating as a single statewide integrated service supports the delivery of safe and high-quality clinical and scientific services and enhanced agility to continuously redesign and improve services as health and forensics needs change. NSWHP Clinical Governance adheres to the requirements stated in the NSW Health [Clinical Governance in NSW](#) policy, and this framework is guided by the components outlined within the ACSQHC's [National Model Clinical Governance Framework](#).

The following principles will guide effective clinical governance systems and are informed by the NSW Health [Clinical Governance in NSW](#) policy:

Just culture – We treat individuals fairly. Individuals are not blamed for failures of the system.

Openness – We report and acknowledge errors without fear of inappropriate blame. Patients and their families and carers are offered an apology and are told what went wrong and why.

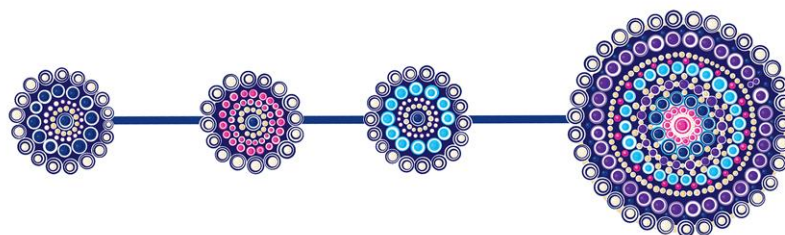
Emphasis on learning – We are open when things go wrong and when things go right. We use what we learn to make changes to improve and scale and spread learnings.

Obligation to act – We accept the obligation to act to remedy problems. The allocation of this responsibility is unambiguous and explicit.

Appropriate prioritisation of action – We act to address identified problems and prioritise action according to available resources, potential risk and opportunity for improvement

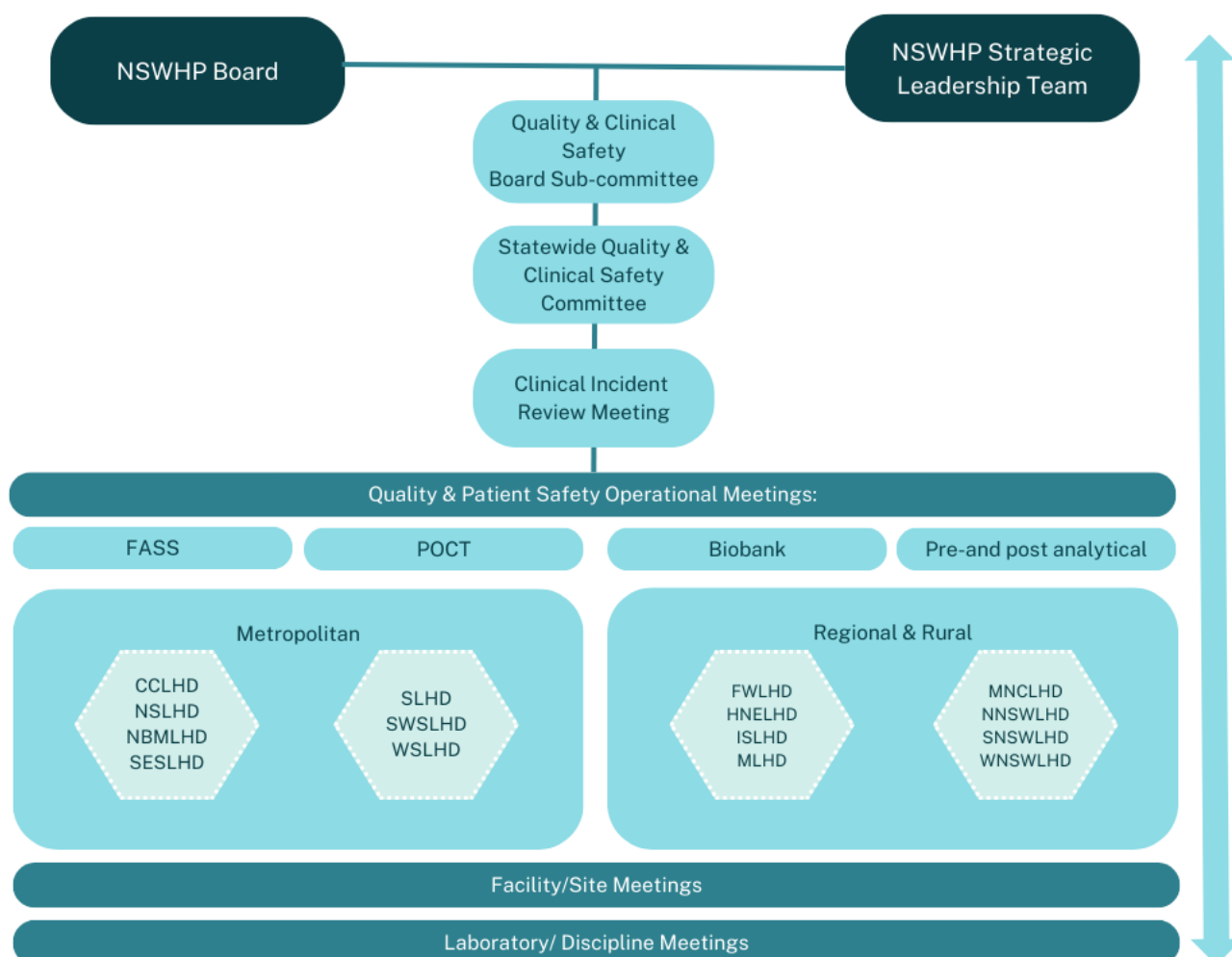
Teamwork – We encourage and foster teamwork within a culture of trust and mutual respect.

Accountability – We identify the limits of individual accountability. Individuals understand when they may be held accountable for their actions.



1.1. Clinical Governance Structure

The Chief Executive (CE), together with the NSWHP Board oversee the performance of the organisation and maintain the relationship between NSWHP and its stakeholders.



1.2. Clinical Governance is everyone's responsibility

1. BOARD

- Set a clear vision and strategic direction in leading a “just” organisational culture that drives consistently high-quality care and facilitates effective staff and consumer engagement and participation.
- Ensure the Board membership has the necessary skill set, composition, knowledge and training to actively lead and pursue quality and excellence in healthcare.
- Understand key risks and ensure controls and mitigation strategies are in place.
- Monitor safety and quality performance indicators to identify areas for improvement and share learnings.
- Endorse the Clinical Governance Framework, ensuring robust clinical governance structures and systems are effectively supported.
- Develop effective relationships with the NSWHP Strategic Leadership Team to support safety, quality and patient experience.



2. STRATEGIC LEADERSHIP TEAM

- Establish and maintain the Clinical Governance Framework and use the processes within the framework to drive improvements in safety and quality.
- Ensure efficient allocation of resources that delivers on the organisation's vision for quality and safety.
- Create a safe and open culture that encourages, supports and empowers staff to speak up and raise concerns and to report any event that could have resulted, or did result, in unnecessary harm to a patient.
- Monitor organisational performance against safety and quality indicators.
- Monitor improvement activities implemented to address areas of underperformance and success.
- Review feedback received to identify areas of excellence and those requiring improvement.



3. CLINICAL LEADERS, MANAGERS AND LABORATORY SUPERVISORS

- Understand the challenges and complexity of providing consistently high-quality care and services.
- Lead and support their staff through a culture of safety, transparency, accountability, teamwork and collaboration.
- Provide useful performance data and feedback to staff and relevant committees and engage clinicians and others to take appropriate action.
- Proactively identify, monitor and manage areas of key clinical risk and lead appropriate escalation and response where patient safety is compromised.
- Ensure staff are clear about their roles and supported with resources, standards, systems, knowledge and skills development.
- Foster and support quality improvement.



4. OUR PEOPLE

- Uphold the RITES values: Respect, Integrity, Teamwork, Excellence and Safety
- Identify and escalate issues which impact on our communities, promoting a culture of transparency.
- Share information and learnings regarding clinical safety, reporting any event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.
- Undertake regular education and training to ensure highest quality of care is provided.



5. OUR CONSUMERS

- Actively provide feedback on the provisions of service delivery to facilitate improvement.
- Participate and collaborate in the planning, design and delivery of new care models and facilities.
- Speak up for consumer safety to ensure optimal service delivery is provided to all patients.



3

The Five Components of the Clinical Governance Framework



1. Governance, Leadership and Culture

Leaders at all levels in the organisation set up and use clinical governance systems to improve the safety and quality of health care for patients.

NSWHP is committed to supporting and creating a culture where our people are dedicated to providing safe and high-quality care and services. Our organisation's culture, values and systems are designed to facilitate excellence in quality, safety and innovation. We put people at the centre of all we do and are proud of our ability to protect and enhance the health, safety and wellbeing of our communities. We strive for clinical and scientific excellence, treating every person, sample and result with utmost care.

We have strong leadership and engagement from the board, executives and leaders who empower and encourage safety and quality as a shared value. Providing a physical and psychological safe workplace is fundamental to enabling staff to express their ideas and concerns and report incidents without fear of blame.

1.3. Supervision

Laboratory supervision is critical to the maintenance of clinical governance standards. Accreditation of laboratories requires demonstrated adherence to the National Pathology Accreditation Advisory Council (NPAAC) requirements, which describe the minimum requirements for supervision and the responsibilities of supervising pathologists, clinical scientists and other supervisory staff.

Further information can be found in the [Supervision policy NSWHP_PD_019](#).

1.4. Quality and Accreditation

NSWHP ensures that the care and services we provide are accurate, reliable and timely. Providing quality services requires collaborative working relationships between pathologists, clinical scientists, scientists, technicians, other laboratory staff and professionals from across the health and justice settings.

The NSWHP Quality Manual provides a roadmap for and describes the operation of the quality management system (QMS). The quality manual is intended for use by NSWHP to ensure laboratory services meet the needs of users and provide a framework for compliance with international standards and requirements.

Further information can be found in the [Quality Manual NSWHP_CG_012](#).

The mechanism that tests whether NSWHP is compliant with relevant standards is via the medical testing accreditation program administered by the National Association of Testing Authorities (NATA) in conjunction with the Royal College of Pathologists of Australasia (RCPA). All our laboratories are accredited to NPAAC and ISO 15189 standards. Our FASS analytical laboratories meet ISO/IEC 17025 accreditation standards.

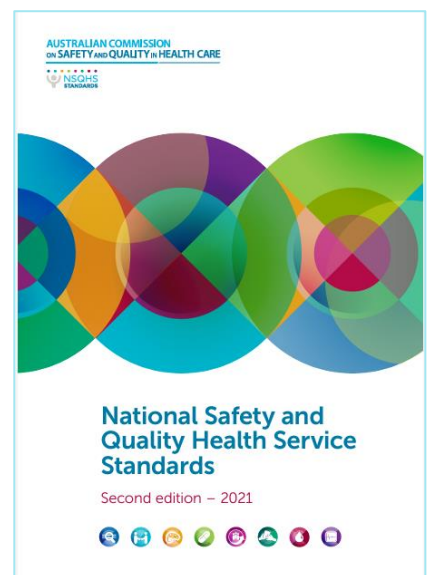
ACSQHC

The Australian Commission on Safety and Quality in Health Care (ACSQHC) is a national corporate entity that forms part of the Australian Government's Health portfolio. The Commission is accountable to the Australian Minister for Health and Ageing and works in four priority areas:

- Safe delivery of healthcare;
- Partnering with consumers;
- Partnering with healthcare professionals;
- Quality, value and outcomes.

The ACSQHC has a series of standards with the aim of ensuring that the health system is best informed, supported and organised to deliver the safe and high-quality care that the community expects. The standards are diverse and cover hospital care, aged care, primary and community health, mental health, diagnostic imaging, cosmetic surgery and pathology.

ACSQHC oversees [NPAAC](#) which has responsibility for developing pathology-specific standards. ACSQHC also oversees [National Safety and Quality Health Service Standards](#) (NSQHS) where the primary aim is to protect the public from harm and to improve the quality of health service provision. All pathology and health services provide quality assurance to demonstrate the systems they have in place meet safety and quality standards.



The [NPAAC](#) standards have been developed to protect the Australian public from harm and to ensure consistency in pathology practice. They form the basis of accreditation requirements for pathology laboratories in Australia and cover minimum requirements for laboratory supervision, clinical governance, risk management, quality management, and scientific and clinical practice. By adopting and complying with these standards, pathology laboratories will have implemented a set of processes and controls that manage the risks to patients that are associated with pathology practice.

[NSQHS](#) provides a nationally consistent statement of the level of care consumers can expect from health service organisations. Its 8 standards form the basis of hospital and health service accreditation.

As a major service provider to hospitals and health services, pathology plays a key role in maintaining elements of the national standards, particularly in matters relating to:

- Correct patient identification
- Communication with clinicians and clinical handover
- Blood and transfusion management
- Preventing and controlling infections
- Recognising and responding to deteriorating patients.

1.5. Therapeutic Goods Administration (TGA)

The TGA is responsible for regulating therapeutic goods and applying a risk management approach to ensure acceptable standards of quality safety and efficacy when necessary. NSWHP is regulated by the TGA for 'In-house in-vitro diagnostic tests (IVD)', which are 'pathology tests that have been developed (or modified) within a laboratory (or laboratory network) to carry out testing on human samples, where the results are intended to assist in clinical diagnosis or be used in making decisions concerning clinical management'.

NSWHP additionally performs IVD companion diagnostics, an in-vitro diagnostic (IVD) medical device which provides information that is essential for the safe and effective use of a corresponding medicine or biological agent.

We are accountable for:

- Compliance with regulations and periodic reporting to TGA and
- Compliance with NPAAC Requirements for the development and use of in-house IVDs.

TGA standards, guidelines & publications (medical devices & IVDs) can be [found here](#).

1.6. Partner Organisations/Agencies

NSWHP works with several partner organisations and agencies engaging with key stakeholders. Interactions may be formal including membership of committees e.g. patient safety and clinical quality, morbidity and mortality, multidisciplinary team meetings, investigation teams and quality improvement projects. Informal and ad hoc interactions and collaboration occur as required.



1.7. NSWHP's Regulatory Framework

Systems, plans and frameworks

AS 4308: 2023 Procedures for specimen collection and the detection and quantitation of drugs of abuse in urine
 AS/ISO 4760:2019 Procedure for specimen collection and the detection and quantitation of drugs in oral fluid
 Clinical Governance Framework NSWHP_CG_009
 Compliance Management Framework NSWHP_CG_010
 ISO 8655: 2, 4 and 6: 2022 Piston-operated volumetric apparatus

NATA 15189:2022 Medical Laboratories-Requirements for quality and competence
 NATA 17025: 2018 General requirements for the competence of testing and calibration laboratories
 NPAAC
 NSWHP Strategic plan (from 2023: Towards 2025)
 Quality Manual NSWHP_CG_012
 Research Governance Framework NSWHP_CG_013

Local and Ministry of Health documents

Accreditation of Pathology Laboratories in NSW Health PD2017_011
 All of Us: A guide to engaging consumers, carers and communities across NSW Health.
 Clinical Governance in NSW PD2024_010
 Clinical Handover PD2019_020
 Clinical Procedure Safety PD2017_032
 Code of Conduct PD2015_049
 Coroners Cases and the Coroners Act 2009 PD2010_054
 Complaint Management Guidelines GL2020_008
 Complaint Management PD2020_013
 Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists PD2019_056
 Critical Incident Procedure NSWHP_PR_021
 Enterprise-Wide Risk Management PD2022_023

Human Research Ethics Committees-Quality Improvement & Ethical Review: A Practice Guide for NSW GL2007_020
 Incident Management PD2020_047
 LGBTIQ+ Health Strategy (2022-2027)
 Lookback PD2023_003
 Managing Complaints and Concerns about Clinicians PD2018_032
 Managing Misconduct (PD2018_031)
 Medication Handling (PD2022_032)
 Open Disclosure PD2023_034
 Recruitment and Selection of Staff to the NSW Health Service PD2023_024
 System-level patient safety risks: Response co-ordination and communication PD2024_016
 Working with Children Checks and Other Police Checks PD2019_003

Legislations

Anatomy Act (NSW) 1977
 Australian Drinking Water Guidelines 2011
 Biosecurity Act (NSW) 2015
 Coroners Act (NSW) 2009
 Customs Act 1901 s. 233BA (Commonwealth)
 Drug Misuse and Trafficking Act 1985 (NSW)
 Drug Misuse and Trafficking Regulation 2021 (NSW)
 Evidence Act 1995 Section 177
 Government Information (Public Access) Act (NSW) 2009
 Health Administration Act (NSW) 1982
 Health Administration Amendment (Serious Adverse Event Reviews) Regulation 2020
 Health Administration Regulation 2020
 Health Care Complaints Act (NSW) 1993
 Health Insurance Act (Cth) 1973

Health Practitioner Regulation National Law (NSW)
 Health Records and Information Privacy Act (NSW) 2002
 Health Records and Information Privacy Regulation 2017
 Human Tissue Act (NSW) 1983
 Marine Safety Act 1998 (NSW)
 NSW Health Services Act (NSW) 1997
 Poisons and Therapeutic Goods Act 1966 (NSW)
 Privacy and Personal Information Protection Act (NSW) 1998
 Public Health Act (NSW) 2010
 Radiation Control Act (NSW) 1990
 Rail Safety (Adoption of National Law) Regulation 2012 (the Regulation)
 Road Transport Act 2013 (NSW) (The Act)
 Uniform civil procedure rules 2005

Processes

Accreditations – NATA, NSQHS, Royal College of Pathologists of Australasia (RCPA)
 Audit and Risk Management Committee
 Compliance with guidelines - Approved Collection Centres (ACC)
 Credentialling & Scope of practice - Approved Pathology Practitioner (APP), Clinicians (RN, EN, MO)

Department of Health – Therapeutic Goods Administration (TGA)
 Department of Human Services – Medicare – Health Insurance Act 1973
 People Matters Experience Survey (PMES)
 Quality Management System – QPoint
 Register of drugs of Addiction Procedure

2. Patient Safety and Quality Improvement Systems

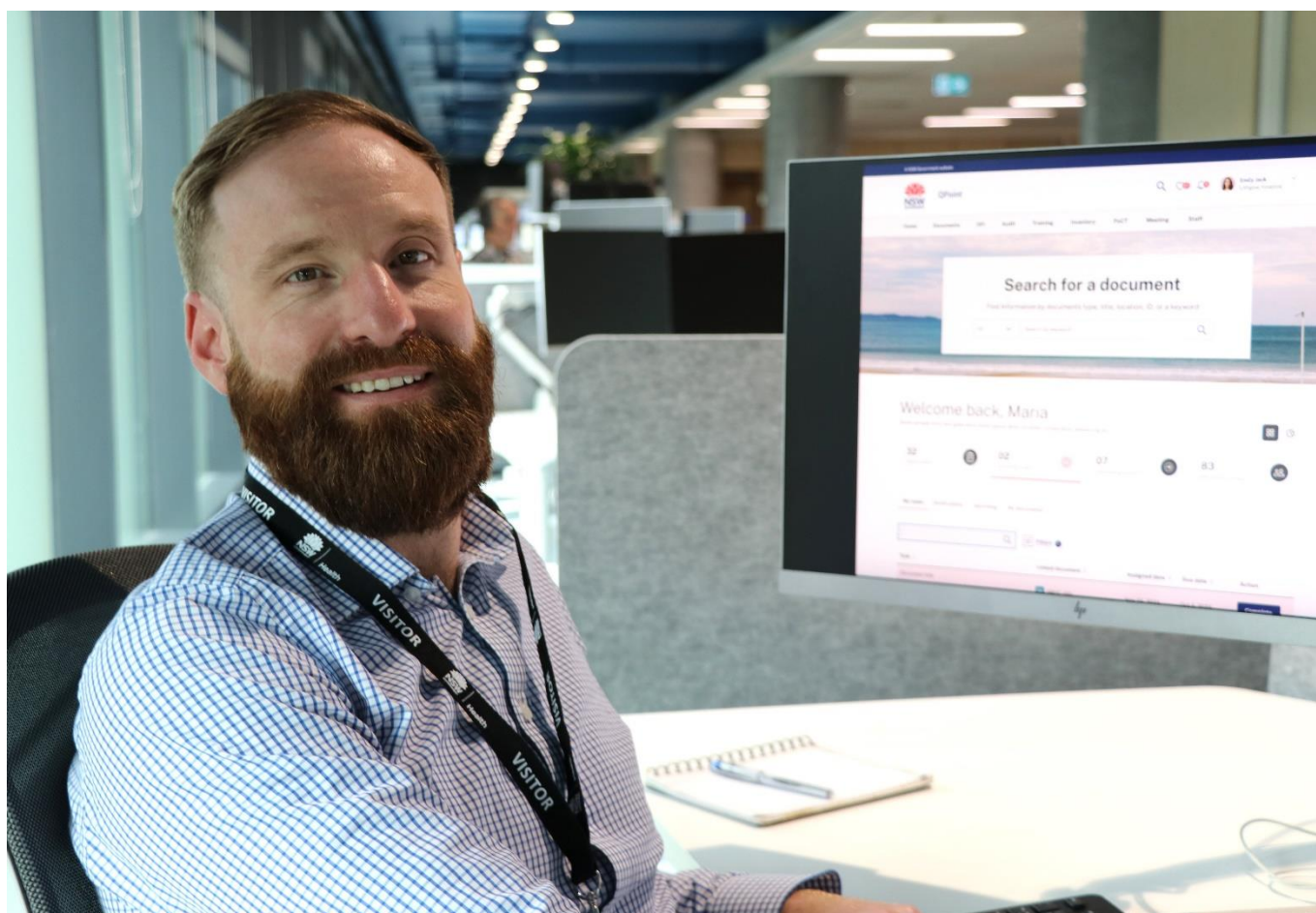
Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.

Our safety and quality systems are actively managed, measured and reviewed, to identify trends, emerging issues and risks to improve the delivery of care, service and outcomes to our consumers.

2.1 Policies and Procedures

Policies and procedures guide safe work and best practices, and reflect relevant legislation, standards, codes of practice and organisational requirements. NSWHP has policies, processes and systems in place to ensure the regular monitoring of implementation, compliance and review including the [NSWHP Policy Framework](#). NSWHP documents will be housed and managed in QPoint, the statewide quality management information system.

Clinical Governance supports staff in the development, implementation and review of policies and procedures.



2.2 Measurement and Quality improvement

Quality improvement (QI) is a non-research activity. In most cases, QI projects do not require research ethics or research governance review. A quality improvement project consists of a systematic approach for reducing waste or improving efficiency, reliability and performance of a service or product. Human Research Ethics Committees -Quality Improvement & Ethical Review: A Practice Guide for NSW GL2007_020 provides guidance. For further guidance and information please refer to Research Governance.

The NSWHP Quality Improvement committee is responsible for governing QI projects.



2.3 Risk Management

NSWHP's commitment to ensuring a robust and consistent approach to risk management across the organisation and fostering a positive risk culture is articulated in the MoH Enterprise-Wide Risk Management Policy (PD2022_023), NSWHP Enterprise Risk Management Framework NSWHP_SD_077 and Enterprise Risk Management Policy, NSWHP_PD_034.

NSWHP proactively identifies, monitors, reviews and mitigates risks through the NSWHP Enterprise Wide Risk Register. All risks are subsequently analysed to inform future practice and improve safety.

2.4 Recalls and Safety Alerts

The TGA issues Recall and Non-Recall action “notices” to NSWHP via the Clinical Excellence Commission (CEC) to alert Australian customers of issues with a therapeutic good that may affect public health and safety.

Clinical Governance reviews and disseminates all relevant recall information.

2.5 Incident Management Systems and Open Disclosure

NSWHP models a safe and just culture and participates in transparent reporting of all incidents and near misses (patient, worker, relative/visitor and no person) into the NSW Health statewide incident management system, imst+. Consistent with the requirements of the MoH Incident Management Policy, incidents are reviewed to identify underlying system issues and causes, and to improve safety. Incident data is analysed, trended and reported to applicable committees and the learnings are shared across the organisation.



The Critical Incident Procedure (NSWHP_PR_021) provides NSWHP staff direction regarding the management of critical and/or serious incidents.

When an error occurs, timely discussions with clinicians, patients and/or their carer/family must occur in an open and honest manner. NSWHP works in collaboration with LHDs/SHNs and other partner organisations such as the NSW State Coroner and Department of Justice NSW, where formal open disclosure is required.

The MoH Open Disclosure Policy sets out the minimum requirements for implementing open disclosure within NSW Health facilities and services. The policy describes when open disclosure is required and outlines key steps and the roles and responsibilities for NSW Health staff.

2.6 Feedback and Complaints Management

Complaints and compliments (consumer feedback) are an important measure of our services, systems and staff. Feedback helps us understand what we are doing well and how we could do better. Most importantly, feedback is used to reduce risk and continuously improve the quality and safety of our services for our patients, customers, staff and visitors.

Consumer feedback is managed per the MoH Complaint Management Policy.

Different types of complaints are managed using specific processes and systems. It is important that each type of complaint is managed appropriately, consistently and in a timely manner. One of the main systems NSWHP uses to record and manage complaints is imst+.

Complaint data is analysed, trended and reported to applicable committees and the learnings are shared across the organisation.

2.7 Research and Innovation

Research and innovation lie at the heart of NSWHP's efforts to create better health and justice systems. As a result, it is at the forefront of new diagnostic tests and technologies, forensic analysis methods and models of service delivery. It is the governing structures and systems that help support a culture of research and encourage innovative thinking that drive NSWHP to achieve its vision to deliver excellence in service and outcomes.

Improving patient health outcomes and delivering a customer-focused service is at the heart of all our research and innovative endeavours. The NSWHP Research and Innovation Framework articulates governance and guides activities.

Through our extensive range of research services, NSWHP can meet all our partners' pathology and forensic science needs, from basic biomedical science such as biomarker discovery, through to verification, validation (efficacy) and utility (effectiveness) studies.

3 Clinical Performance and Effectiveness

Our workforce has the right qualifications, skills and supervision to provide safe, high-quality healthcare to patients.

NSWHP staff are supported in providing safe and appropriate care to all consumers. Our systems ensure our staff have the knowledge and skills, equipment and technology to enable them to provide the best service and patient care.

3.1 Safety and quality training

NSWHP provides safe and high-quality care and service through established systems and processes that ensure employed and contracted staff have the appropriate qualifications and skills to fulfil their safety and quality roles and responsibilities.

Mandatory training requirements are identified in the NSW Health Mandatory Training Matrix and directed by the Chief Executive. Mandatory training compliance is enabled via the My Health Learning (MHL) portal which is governed by the Health Education and Training Institute (HETI) .

NSWHP has developed a Scientific and Technical Training and Competency Framework designed to standardise practice and ensure that training and assessment aligns with regulatory and accreditation requirements, industry standards, best practices and emerging educational trends.

Managers review their staff's mandatory training compliance during annual performance reviews.

3.2 Credentialing and scope of clinical practice

Medical and nursing staff are appropriately credentialed and hold current registration with the Australian Health Practitioner Regulation Agency (AHPRA). Scientific staff operate within their scope of practice of the scientific workforce. This is monitored and supported by managers.

3.3 Evidence-based care

Decisions on a patient's diagnosis, treatment and subsequent therapeutic monitoring are often dependent on a range of pathology results. NSWHP encourages the adoption of evidence-based care to improve patient outcomes and optimise care.

Systematic review processes include:

- Incident review and feedback to staff
- Clinical Incident Review Committee (CIRC) and
- Where comparable, benchmark performance of peer laboratories and action any identified significant variation.

4 Safe Environment for the Delivery of Service and Care

The health service environment promotes the delivery of safe, culturally appropriate and high-quality health care for staff, patients, carers and the community.

NSWHP is committed to providing a secure, safe and supportive environment for all patients, visitors and staff which is physically and culturally safe, and ensuring that our care and environment respects NSW Health Policy Protecting People and Property: NSW Health Policy and Standards for Security Risk Management IB2013_024.

NSWHP strives to be an inclusive organisation. Caring for our patients, their loved ones and carers.

5 Partnering with Customers and Consumers

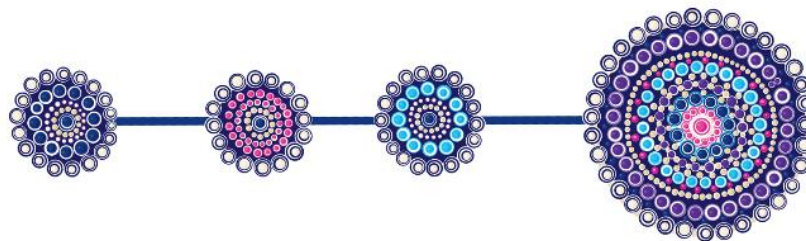
Leaders and staff of health organisations develop, implement and maintain systems to partner with consumers.

Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation. This includes:

- Clinical governance and quality improvement systems to support partnering with consumers
- Partnering with patients in their own care
- Health literacy and
- Partnering with consumers in organisational design and governance.

NSWHP engages and collaborates with its customers to deliver excellence in patient safety and clinical quality. Partnering with patients to ensure that patients, family and carers are an integral part of our healthcare teams is essential to providing safe, quality care. There is growing recognition that the safety and quality of care can be enhanced by engaging with patients, family and carers to improve health outcomes, the patient and staff experience, as well as safety and performance indicators.

The Australian Commission for Safety & Quality in Healthcare, National Standard 2, Partnering with Consumers, provides the framework for NSWHP's active partnership with our consumers. The standard intends to create a health service that is responsive to patient, carer and consumer input and needs.



Glossary of Abbreviations

ACSQHC	Australian Commission on Safety and Quality in Health Care
AHPRA	Australian Health Practitioner Regulation Agency
CE	Chief Executive
CEC	Clinical Excellence Commission
CIRC	Clinical Incident Review Committee
FASS	Forensic & Analytical Science Service
HETI	Health Education and Training Institute
ims+	NSW Health Incident Management System
IVD	In-vitro Diagnostic
LHD	Local Health District
MoH	Ministry of Health
MHL	My Health Learning
NATA	National Association of Testing Authorities
NPAAC	National Pathology Accreditation Advisory Council
NSWHP	NSW Health Pathology
NSQHS	National Safety and Quality Health Service
QMS	Quality Management System
QPoint	NSWHP Quality Information Management System
RCPA	Royal College of Pathologists of Australasia
SHN	Specialty Health Networks
TGA	Therapeutic Goods Administration





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