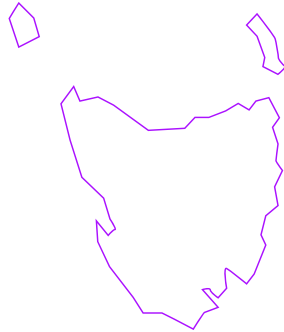


Sexual Assault Support Service



Clinical Governance





Sexual Assault Support Service (SASS) acknowledges and pays respect to the Traditional Owners of the land we work on, the muwinina and palawa people. We acknowledge the Tasmanian Aboriginal community as the ongoing custodians of lutruwita (Tasmania) and pay our respects to Elders, past and present recognising that they possess deep knowledge, traditions and culture that can enrich our future.

We extend our respect to all Aboriginal and Torres Strait Islander people and acknowledge the effects of sexual violence through colonisation that continue to cause harm today. We acknowledge and extend deep gratitude to Victim- Survivors whose expertise and wisdom guide our path forward in addressing and preventing child sexual abuse. Their insights shape our strategies and responses. Additionally, we honour and remember Victims who are no longer with us. In their memory we commit to profound and meaningful change.

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Glossary

Clinical governance

An integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality client centred care resulting in meaningful outcomes for our clients.

Clients and stakeholders

A reference to the consumers of our service and the entities that work both with and alongside SASS in the provision of care.

Duty of care

A common law term that refers to the responsibility to take all reasonable measures to protect against harm from all foreseeable risks. SASS has a duty of care to its clients and staff.

Just culture

Refers to the prioritisation of learning from errors and incidents to improve safety and service outcomes. SASS employees are encouraged to report safety concerns and errors without fear of retribution or repercussion, fostering a culture of transparency and open communication. Accountability is shared between individual employees and the organisation, with both responsible for creating a safe and effective system. A just culture shifts the focus from errors and outcomes to system review and design.

Open disclosure

Refers to the process of disclosing and acknowledging the details of an incident that may have resulted in harm during the provision of any service by SASS.

Incident management response

Refers to the processes and strategies SASS uses to identify, report, manage, and resolve incidents that disrupt normal operations

The Sexual Assault Support Service (SASS) was established in 1986 as a non-government organisation to support Tasmanian adults and children affected by sexual violence. From the outset, SASS has provided free, trauma-informed and evidence-based counselling and advocacy to those impacted by sexual harm. Today, SASS continues to work alongside victim-survivors and within the broader community to drive the change needed to build a future free from sexual violence.

This document provides an overview of how SASS's Clinical Governance Framework underpins the delivery of safe, high-quality care and supports the organisation's mission in the current national context. As we move forward in alignment with the National Plan to End Violence Against Women and Children 2022–2032, and in response to recommendations from the Commission of Inquiry, the importance of clinical quality, accountability, and continuous improvement has never been more critical. This document outlines how SASS is embedding these principles across its operations to ensure a client-centred, sustainable, and responsive service.

The framework is overseen by the SASS Board and incorporates leadership, planning, policy, risk management, and quality improvement processes. In addition, SASS's commitment to the seven standards of the National Association of Services Against Sexual Violence (NASASV) ensures we uphold best practice across all service delivery modes—telephone, online, and face-to-face.

"Strong clinical governance is essential to the safety and effectiveness of our services—and it's something the Board takes deeply seriously. We are proud to support a framework that not only upholds national standards but also reflects the integrity, professionalism and care that define SASS. This work ensures we remain accountable, adaptable, and always focused on the people we serve."

Audrey Mills
Chair, SASS
Board of
Directors



SASS's organisational culture is defined by its values: we are client-focused, professional, sincere, and collaborative. These values guide our culture and practice, fostering a strong, ethical workplace where staff are supported, learning is embedded, and innovation is embraced in service of better outcomes for the community.

This document outlines the function, structure, and significance of the Clinical Governance Framework in ensuring that SASS continues to be a trusted, effective, and forward-thinking service, centred on the safety, dignity, and needs of those we serve.

"I am incredibly proud of the strength of our Clinical Governance Framework and the confidence it gives us—and the community—in the quality, safety, and impact of our services. It reflects our deep commitment to continuous improvement and trauma-informed care, to ensure that those affected by sexual violence receive the support they need, when they need it most."



**Shirleyann
Varney**
CEO, SASS

Strategic Plan 2025 – 2030

Sexual Assault Support Service

Our vision

A lutruwita/ Tasmania free from sexual violence where safety, respect and consent is upheld.

Our purpose

SASS is a specialist organisation dedicated to breaking the cycle of sexual violence. We challenge the cultural norms and systems that perpetuate sexual violence and cause harm. We lead change through advocacy and by working alongside the community in prevention, early intervention, response, recovery, and healing.

Our goals



Primary prevention

SASS is a leader in best practice, evidence-based prevention education.

To achieve progress towards our goal, we will:

- Develop new sector-leading primary prevention strategies.
- Ensure all prevention initiatives are evidence-based and demonstrate measurable impact.
- Continuously improve our prevention programs and systems by integrating best practices.
- Amplify community awareness and engagement in sexual violence prevention.



Early intervention

Tasmanians have access to interventions that prevent sexual harm, and capacity is built across the community to recognise and change harmful sexual behaviours.

To achieve progress towards our goal we will:

- Foster strong collaborative partnerships to broaden the reach of early intervention efforts.
- Expand proactive early intervention programs and diversify support options for individuals and families.
- Enhance community capacity to recognise, understand and respond to harmful sexual behaviours early.
- Support the capability of the broader community sector workforce to identify, respond to, and prevent harmful sexual behaviours.
- Use research and evidence to identify service gaps and refine early intervention strategies.



Response, recovery, healing

Tasmanians who have experienced sexual harm have access to responsive and inclusive trauma-informed services for recovery and healing.

To achieve progress towards our goal we will:

- Ensure our support services are accessible, inclusive, and trauma-informed for all survivors.
- Build a highly skilled and compassionate workforce to support survivors' recovery.
- Continuously improve service delivery through evaluation, innovation and technology.
- Monitor developments in research in best practice clinical services and implement change.



People, culture, sustainability

SASS is a thriving, dynamic and inclusive organisation where people are empowered to drive sustainable practices that make a difference.

To achieve progress towards our goal we will:

- Continue to cultivate a values-driven, inclusive culture that supports staff well-being, diversity, and equity.
- Ensure our people are engaged and empowered through continuous learning and professional development.
- Ensure long-term sustainability through efficient operations, innovation and strong governance.
- Lead the development of a skilled, supported, and sustainable workforce by strengthening organisational capability and contributing to sector-wide career pathways.



Advocacy and systems change

The systems, structures and norms that enable sexual violence are challenged and changed through strategic advocacy and collaboration.

To achieve progress towards our goal we will:

- Develop strategic partnerships to drive culture and systems change.
- Strengthen evidence-based advocacy by utilising insights from lived experience, practice wisdom, and research.
- Continue to elevate SASS's profile as a trusted leader in sexual violence prevention.
- Deepen our capacity to influence public policy and advance systems change.

Clinical Quality and Safety & Clinical Governance

Our Clinical Governance Framework supports our employees to provide safe, evidenced based quality care as part of a holistic approach to sexual assault, based on the needs, goals and preferences of our clients.

Clinical governance is an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality client centred care resulting in meaningful outcomes for our clients and stakeholders.

The Board accepts responsibility for the Clinical Governance of our organisation. Clinical Governance is recognised as of equal importance and integrated with risk, financial, and other governance elements within the broader Corporate Governance Framework. Integrated clinical governance systems are fundamental to providing quality, client-focused care and services.

The Board leads the Clinical Governance of the organisation and is working towards accreditation to the NSQPCHS (National Safety and Quality Primary and Community Healthcare Standards). The 3 standards are Clinical Governance, partnering with consumers and the clinical safety standards.

Fundamental to the service delivery of SASS is our commitment to the National Association of Services against Sexual Violence (NASASV) and the Child and Youth Safe Standards.



Roles and Responsibilities

Everyone with a role within SASS is accountable for their contribution to clinical quality and safety. Our people understand their roles and responsibilities within the Clinical Governance Framework and are supported and held accountable for achieving them.

Our Board

The Board has overall responsibility and accountability for clinical governance.

- Provides the strategic plan and strong organisational culture that drives consistently safe and informed quality care.
- Leads an organisational culture that is open and transparent by communicating the service's values and are engaged, visible and accessible to the workforce.
- Ensures robust clinical governance arrangements are implemented across the service to effectively support and empower the workforce in providing safe and quality care.
- Understands key risks for the service, ensure that controls and mitigation strategies are in place to address them, and that these are reviewed regularly to ensure they remain effective.
- Monitors and evaluates all aspects of SASS service provision through regular and rigorous reviews of quality and safety performance data.
- Delegates responsibility to the CEO and both the Board and internal Clinical Governance Sub-committees for the implementation, monitoring and evaluation of the SASS clinical governance activities and the provision of safe and quality clinical care.

Chief Executive Officer (CEO)

The Board has appointed the CEO to provide oversight of the development of clinical governance strategy and management of SASS.

- Provides visible leadership and commitment in delivering and supporting the strategic direction and culture set by the governing body regarding the quality and safety of clinical care
- Guides the planning, implementation, evaluation and improvement of quality and safety systems.
- Prioritises key quality and safety issues and risk areas for the service.
- Ensures adequate support, education, information, and opportunities are provided to the workforce to enable them to fulfil their roles in providing safe and quality clinical care.
- Ensures adequate resources are directed towards ensuring consistently safe, quality care.
- Presents analysis and discussion of quality and safety data to the governing body including feedback from clients and stakeholders audit data, accreditation reports, incidents, complaints and compliments.
- Monitors the implementation and progress of clinical governance activities to improve quality and safety and is responsive to deficiencies through an accountability framework.



Clinicians

All clinicians, whether employed, contracted, or visiting, are accountable for delivering clinical care that meets relevant professional standards. Clinicians have responsibilities to:

- Maintain their professional registration, accreditation, or membership.
- Work within their defined scope of practice.
- Practice in accordance with relevant legislation, professional standards and codes of conduct.
- Be aware of the Clinical Governance Framework of SASS and be committed to practice within it.
- Provide clinical care that aligns with evidence-based, trauma-informed best practice and agreed and documented clinical guidelines, pathways and standards.
- Engage with SASS to ensure that the service environment supports them to provide clinical care in accordance with relevant professional standards.

The Workforce

The workforce comprises all personnel who are employed or contracted by SASS providing both direct and indirect care and services to clients and service partners. All members of the workforce are responsible for working within the clinical governance framework to support quality and safety.

This includes responsibilities to:

- Prioritise the provision of safe, quality care and services to our clients every time.
- Provide care and services in accordance with evidence-based policies, procedures, protocols, and standards.
- Engage in ongoing learning, development, and performance reviews to develop and maintain skills and competence to be able to perform roles and responsibilities for clinical quality and safety.
- Speak up and raise concerns, including reporting incidents and risks relating to clinical quality and safety.
- Work to improve the quality and safety of clinical care, participate in improvement activities, and contribute to a culture of respect, safety, transparency, accountability, teamwork, and collaboration.

Clients and Stakeholders

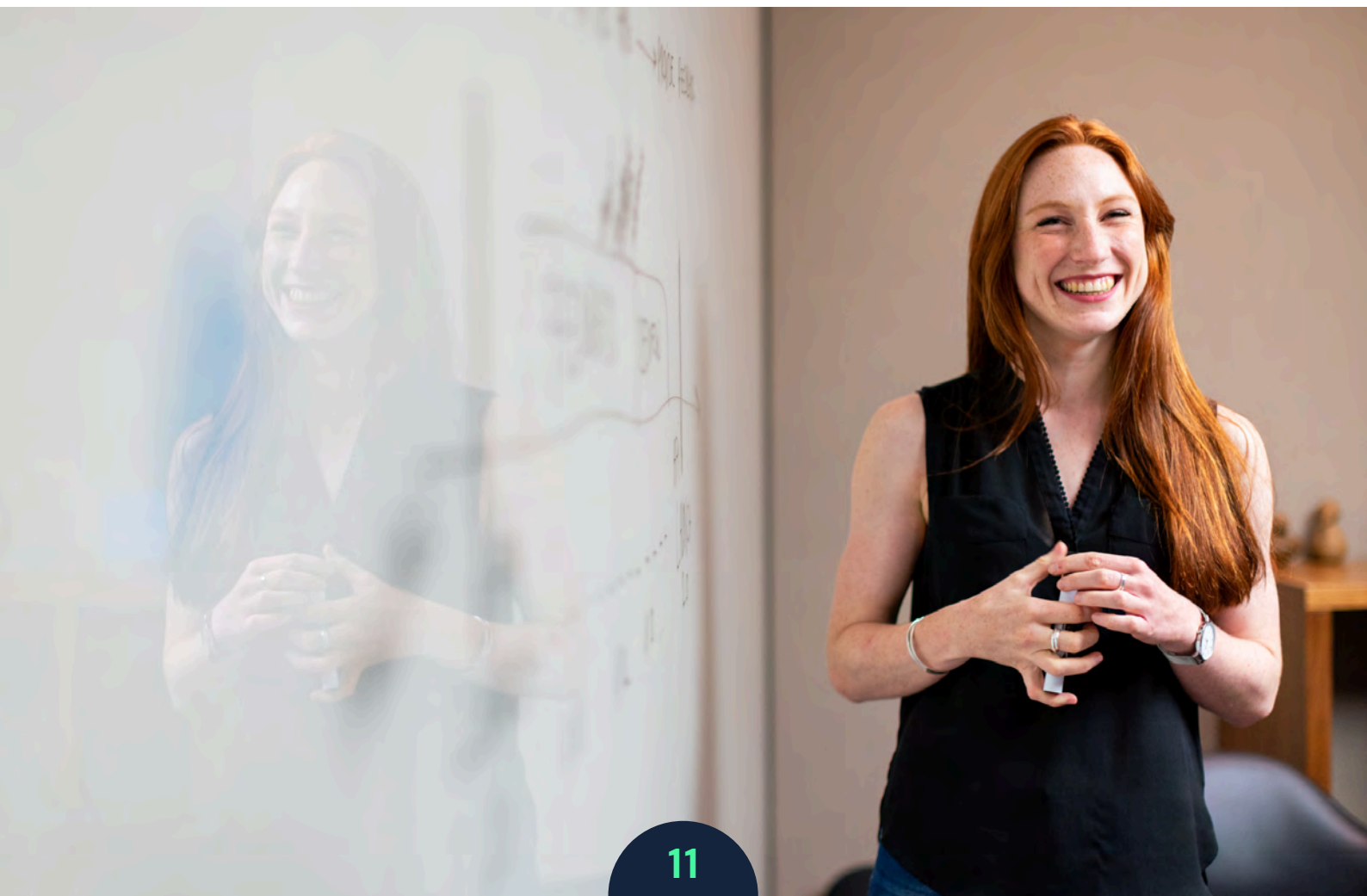
Client representatives from diverse backgrounds, both with and without lived experience and perspectives, provide meaningful insights to SASS that guides service planning and delivery.

Clinical Governance

SASS is committed to the perpetual journey of a robust clinical governance framework and system design that sets out key policies and procedures that enable organisational-wide accountability for the delivery of safe and high-quality care. The SASS Clinical Governance Framework is comprised of 5 pillars:

1. Leadership, culture and governance
2. Client and stakeholder partnerships
3. Workforce
4. Best practice
5. Risk management

Each component then applies a tiered approach to defining the related requirements of Governance, with process improvement, consumer participation, monitoring, reporting and system embedding.



Pillar 1

Leadership, Culture & Governance

- The Board receives quarterly reports on safety and quality performance, including incident trends and improvement actions.
- All high or extreme-risk compliance breaches are reported to the Board within one month of identification.
- An annual audit confirms clarity of safety and quality responsibilities across Board, executive, and clinical leadership.
- A just culture is evident through increased incident reporting and transparent communication of learnings.

Pillar 2

Client & Stakeholder Partnerships

- Annual client survey results are reported to the Board, with improvement actions developed where satisfaction targets are not met.
- Diverse client groups are represented in service co-design or feedback forums, with engagement summaries reviewed by the Board annually.
- Client rights and informed consent are upheld through quarterly summary reports on the review of intake, documentation, and privacy practices.
- Children and young people are supported to understand their rights, participate meaningfully in decisions about their care, and have their views taken seriously in all aspects of service delivery.
- A minimum of 90% of complaints are resolved within policy timeframes, with quarterly summary reports provided to the Board.

Pillar 3

Workforce

- 100% of clinical staff have verified qualifications and current registration, reported to the Board annually.
- All staff complete mandatory training, cultural awareness and safety and mandatory reporting training with progress reported quarterly.
- All clinicians and frontline non-clinical staff receive supervision in line with policy, and annual compliance is reported to the Clinical Governance Committee.
- Workforce turnover, onboarding, and credentialing metrics are monitored and presented to the Board annually.
- Staff wellbeing and psychological safety indicators are reviewed quarterly with risks escalated where needed.

Pillar 4

Best Practice

- Intake, assessment, referral, and waiting list processes are implemented effectively, with escalation pathways in place to support timely access to care.
- Service and program outcomes are evaluated. These reports are provided to the Board, and findings are used to inform future service planning and continuous improvement.
- Clinical services are delivered in alignment with the foundational frameworks of specialist sexual violence services, including trauma-informed and evidence-based approaches.
- Collaboration to develop innovative, and integrated models of service provision including the co-development of service models that respond to emerging or local needs.

Pillar 5

Risk Management

- A clinical risk management plan is reviewed quarterly, with key risk movements reported to the Board.
- All SAC 1 or SAC 2 incidents are reviewed by the Clinical Governance Committee with recommendations tracked to closure.
- The Board receives bi-annual updates on business continuity readiness and testing outcomes.
- Evidence of learning from audits and incidents is documented and included in quarterly governance reports.



Working together for
a Tasmania free from
sexual violence.

SASS

