



# Clinical Governance Maturity Matrix

## Part 1

### Self-assessment guide: preparation and completion

OFFICIAL



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# Introduction

## Background

In August 2024, Safer Care Victoria (SCV) released the revised [Victorian Clinical Governance Framework \(VCGF\)](#), reaffirming its commitment to supporting care providers and consumers across all care settings. The refreshed VCGF outlines the principles and mindsets essential for delivering high-quality care—such as fostering a strong safety culture, partnering genuinely with consumers, and driving continuous improvement.

Frameworks like the VCGF provide a strong foundation, but their true value lies in how effectively they are translated into practice to improve outcomes at the point of care. Sector-wide consultation highlighted the need for practical tools to support implementation across the framework's five domains.

In response, SCV developed the Clinical Governance Maturity Matrix (CGMM)—an organisational self-assessment tool designed to help healthcare services evaluate their current state and strengthen clinical governance. More than a compliance exercise, the CGMM offers a practical lens for assessment, complements existing standards with actionable insights, and fosters a learning mindset. Clinical governance isn't just for leaders or clinicians—it's everyone's responsibility. Every role matters in delivering safe, high-quality care.

Assessing clinical governance maturity provides an opportunity for organisations to reflect on how deeply systems, culture, and leadership are embedded to support consistent, person-centred care (Australian Commission on Safety and Quality in Health Care, 2017). Maturity evolves over time as organisations strengthen capability, foster improvement, and align governance with frontline service delivery.

Importantly, the CGMM is not about scoring or reporting; it is a tool to support reflection, celebrate progress, and guide improvement planning. Maturity will vary across health services depending on context and organisational priorities.

## About the CGMM toolkit

The CGMM is accompanied by a toolkit that provides the core resources required to complete the self-assessment process from start to finish. Importantly, the CGMM toolkit includes two complementary guides:

- **Part 1: Self-assessment guide - Preparation and completion** (*this document*)
- **Part 2: Self-assessment guide - Outcomes and improvement plan**

Together, these guides support health services to administer the CGMM consistently, meaningfully, and in alignment with their strategic goals. The CGMM is a development tool, not a performance rating system. Health services should focus on what the results reveal about strengths and opportunities, rather than the scores themselves.

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## Purpose of this guide

This guide supports health services in planning for and completing a clinical governance maturity assessment using the CGMM with a focus on the Plan and Monitor stages of the CGMM improvement cycle.

It provides

- **Introduction** to the CGMM Plan, Monitor, Learn, Improve cycle
- **Information** to understand the intention of the CGMM
- **Guidance** for users through clinical governance maturity assessment
- **Practical steps** throughout the Plan and Monitor phases of the CGMM cycle

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# Applying the CGMM

## Why assess clinical governance maturity using the CGMM?

The Safer Care Victoria Clinical Governance Maturity Matrix (CGMM) is a self-assessment and improvement tool that helps health service organisations evaluate how effectively their clinical governance systems and processes support consistently safe, high-quality, person-centred care.

Grounded in the Victorian Clinical Governance Framework (VCGF) and aligned with national standards, the CGMM offers a structured approach to assessing maturity. It highlights both strengths and areas for improvement, enabling organisations to move beyond baseline compliance toward building robust systems that empower staff and promote shared accountability.

The CGMM supports this journey by:

- Encouraging reflection on current practices
- Identifying opportunities for growth
- Supporting strategic planning and capability building

While the CGMM provides structure, maturity levels will vary across organisations depending on size, resources, and context. It is not designed for benchmarking or comparison; rather, it helps each service reflect on its own journey.

By assessing maturity across the five clinical governance domains outlined in the VCGF, the CGMM generates domain-specific and overall maturity scores. These scores are intended to guide targeted planning, facilitate meaningful dialogue, and set actionable improvement goals. They also provide a mechanism for tracking progress over time.

To maximise impact, the CGMM should be used alongside broader quality and safety frameworks. Together, these tools help build systems that:

- Support and enable staff
- Clarify roles and responsibilities
- Ensure governance efforts translate into better practice and more consistent care—where it matters most.



When using the CGMM, organisations should refer to the [VCGF](#) for key definitions and descriptions of the five domains that underpin the tool.

# The CGMM self-assessment process

## CGMM self-assessment overview

The intention of the tool is to spark and facilitate meaningful conversations around current state of clinical governance and planning improvements for future state. The mindset for completing the CGMM should focus on learning and continuous improvement through honest reflection.

The CGMM assessment process should be relevant to the individual context of each Health service. The method for gathering and facilitating these insights and conversations will differ depending on the individual contexts of health services. This may include for example workshops, team discussions, facilitated sessions and individual reflection.

While participation can be broad and inclusive, it is essential that key personnel—such as clinical leaders, governance leads, and executive sponsors—are actively involved. Their endorsement and ongoing support are critical to translating findings into meaningful actions, reporting through governance channels, and informing strategic planning. Executive and board-level buy-in helps embed the CGMM process into organisational priorities and ensures improvement efforts are prioritised and sustained.

**Before completing the workbook, health services should:**

- **Review** the structure of the CGMM workbook
- **Identify** and engage key stakeholders to contribute insights to the clinical governance maturity assessment (see [Suggested stakeholder list](#))
- **Access** relevant data and insights to inform sub-criteria maturity ratings (see [Data to inform the assessment](#))

## Step-by-step guide to undertaking the CGMM

This section provides a practical, flexible guide to help organisations undertake the CGMM self-assessment. The process is adaptable to different contexts—from small rural services to large tertiary services with complex structures and dedicated teams.

The CGMM process aligns with the improvement cycle outlined in the VCGF: **Plan, Monitor, Learn, Improve** (Victorian Government, 2023). This cycle provides leaders with a structured approach to adopt the ideal mindset and turn principles into action. The CGMM supports a learning mindset. It's not about achieving high scores but about understanding current maturity and identifying meaningful next steps to strengthen clinical governance.

Each stage of the CGMM cycle includes suggested steps and examples tailored to different service sizes and capacities. Organisations should use relevant data and insights when

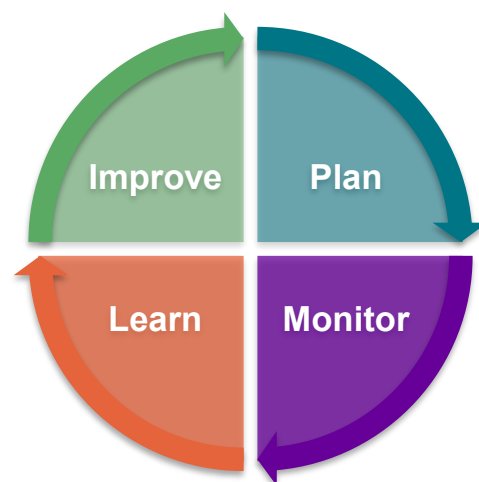


Figure 2: Improvement cycle

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completing the maturity assessment and review the content within the CGMM workbook beforehand. The more effort and information you invest in this process, the more meaningful and actionable the outcomes will be.

The CGMM is more than a measurement tool—it is a mechanism for continuous improvement. When embedded within broader quality and governance frameworks, it helps shift organisations from baseline compliance toward mature governance arrangements that empower staff, clarify roles, and strengthen the delivery of safe, high-quality care. By aligning with the VCGF improvement cycle and securing leadership support, health services can foster a culture of learning, accountability, and shared purpose, making clinical governance a lived practice that drives better outcomes.

**Part 1: Self-assessment guide: Preparation and completion** (this document), supports the Plan and Monitor stages of the improvement cycle, helping organisations prepare for and complete the CGMM self-assessment.

**Part 2: Self-assessment guide: Outcomes and Improvement plan** explores the Learn and Improve stages, guiding services to interpret results, identify priorities, and implement meaningful change.

## Plan



### Prepare your organisation and stakeholders to undertake the maturity self-assessment

A well-structured plan is essential to ensure your organisation is ready to undertake the SCV CGMM self-assessment. This step involves setting up your team, establishing your approach and aligning resources and timelines to complete the self-assessment.

Key Plan Activities	Suggested approaches
1. <b>Complete the organisational readiness checklist</b>	<ul style="list-style-type: none"> <li>Ensure foundational requirements are in place before commencing the self-assessment. Use the <b>Plan, Monitor, Learn, Improve checklist</b> to support this process.</li> </ul>
2. <b>Identify a coordinator or team</b>	<ul style="list-style-type: none"> <li>Choose a clinical governance maturity assessment lead such as the Quality Manager, Director of Nursing (DON), or Director of Clinical governance</li> </ul>
3. <b>Identify key stakeholders</b>	<ul style="list-style-type: none"> <li>Engage stakeholders across the organisation (Executives and clinical leaders, Quality and Safety staff, Consumer representatives, broader workforce) – see <b>Table 1</b></li> <li>Different stakeholders may be involved in completing various domains of the assessment</li> </ul>
4. <b>Identify and access data</b>	<ul style="list-style-type: none"> <li>Identify the key documents, systems and processes that are in place to support your clinical governance maturity assessment -see <b>Table 2</b> for a list of suggested data points</li> </ul>
5. <b>Determine the approach you will take to complete the assessment</b>	<p>Health services may assess clinical governance using the CGMM differently based on their context. Select an approach that best fits your circumstances to collect the required information effectively</p> <ul style="list-style-type: none"> <li>Options may include: <ul style="list-style-type: none"> <li>→ Facilitated workshops</li> <li>→ Team-based reviews</li> <li>→ Online surveys or hybrid models</li> <li>→ Assessing a single clinical governance domain at a time</li> </ul> </li> </ul>
6. <b>Map timelines and key milestones</b>	<ul style="list-style-type: none"> <li>Plans for check-ins, deadlines and reporting to maintain maturity assessment momentum</li> </ul>
<b>Tips for planning success</b>	<ul style="list-style-type: none"> <li>Use existing team meetings and staff forums to introduce the CGMM</li> <li>Appoint a coordinator to maintain focus and momentum</li> <li>Engage staff who hold both clinical and quality-related roles</li> <li>Consider a short online survey to gather initial reflections</li> <li>Form working groups with representation across departments</li> <li>Schedule a dedicated workshop with breakout sessions</li> <li>Leverage internal communications to build awareness and engagement</li> </ul>



- Who in the organisation can contribute to, and inform the maturity assessment?
- What systems and processes will support completion of the CGMM assessment?
- What data do we need? Who will collect it, and how?
- What approach (e.g. format, facilitation, surveys) will work best for our context?

**Table 1: Suggested stakeholders to include in the self-assessment**

Clinical governance domain	Key stakeholders include	
<b>Leadership and culture</b>	<ul style="list-style-type: none"> <li>• Members of the Executive team</li> <li>• Clinical Governance Directors</li> <li>• Quality Directors</li> <li>• Quality Managers</li> <li>• Quality Committee Chair/members</li> <li>• Health Service Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership and Development Managers</li> <li>• Health Information Managers</li> <li>• General workforce</li> <li>• Quality improvement team leaders</li> </ul>
<b>Partnering with consumers</b>	<ul style="list-style-type: none"> <li>• Members of the Executive team</li> <li>• Diversity and Inclusion leaders</li> <li>• Consumer Advisors/Representatives</li> <li>• Health Information Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Relationship coordinators</li> <li>• General workforce</li> <li>• Quality improvement team leaders</li> <li>• Quality Committee Chair/members</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Members of the Executive team</li> <li>• People and Culture/ Human Resources leaders</li> <li>• Health Information Managers</li> <li>• Workforce planners</li> </ul>	<ul style="list-style-type: none"> <li>• Catering and Environmental Services Staff</li> <li>• Maintenance and Engineering Staff</li> <li>• IT Support for Health Systems</li> <li>• General workforce</li> </ul>
<b>Risk management</b>	<ul style="list-style-type: none"> <li>• Members of the Executive team</li> <li>• Risk management Director</li> <li>• Quality Director</li> <li>• Risk Managers</li> <li>• Audit and Risk Committee Chair/members</li> </ul>	<ul style="list-style-type: none"> <li>• Strategy and planning leads</li> <li>• Heads of department</li> <li>• Clinical leaders</li> <li>• Health Information Managers</li> <li>• General workforce</li> <li>• Quality improvement team leaders</li> </ul>
<b>Clinical practice</b>	<ul style="list-style-type: none"> <li>• Members of the Executive team</li> <li>• Quality Directors</li> <li>• Clinical Chiefs/Executives</li> <li>• Heads of department</li> <li>• Director of Medicine</li> <li>• Director of Nursing</li> <li>• Directors of Allied Health</li> <li>• Medical, Nursing and Allied Health Educators</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse/Midwife Unit Managers</li> <li>• Clinical leaders</li> <li>• Clinical operations</li> <li>• Patient flow coordinators</li> <li>• Care coordinators</li> <li>• Health Information Managers</li> <li>• Clinical workforce</li> <li>• Quality improvement team leaders</li> <li>• Quality Committee Chair/members</li> </ul>



#### **Tips for Success**

- Involve a range of stakeholders in your organisations assessment to capture diverse perspectives
- It is not necessary to engage the same stakeholders for every clinical governance domain; rather, involve those with the most accurate knowledge and insights relevant to each domain

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## Data to inform the assessment

### Assessing clinical governance maturity

Organisations should assess clinical governance maturity using a mix of existing quantitative and qualitative evidence across the five domains. This includes a review of the systems and processes for routinely collecting, monitoring, and responding to data such as:

- **Consumer feedback** (e.g. patient experience surveys, complaints, compliments mechanisms)
- **Workforce input** (e.g. staff surveys, incident reports, exit interviews processes)
- **Quality and safety metrics** (e.g. clinical audit schedules, adverse event data reporting)
- **Governance outputs** (e.g. board minutes, risk registers, policy reviews)
- **Operational systems** (e.g. reporting frameworks, escalation pathways, improvement plans)

There is no need to generate new data; use what is already available and adapt the approach to suit your organisational context. **Table 2** provides suggested data sources aligned to each clinical governance domain. This list is not exhaustive and should be adapted as needed.

Using data strengthens the validity of the assessment and supports transparent, evidence-based discussion. While the CGMM encourages reflective judgment, data-driven insights help build confidence in the maturity ratings assigned.

Data availability will vary across organisations, so focus on information that is most relevant and meaningful to your context.

Refer to **Part 2: Self-Assessment Guide – Outcomes and Improvement Plan** for support in interpreting your clinical governance maturity assessment outcomes.

**Table 2: Suggested clinical governance data**

Clinical governance domain	Examples of relevant data	
<b>Leadership and culture</b>	<ul style="list-style-type: none"> <li>• Organisational structure</li> <li>• People Matter Survey (PMS) results</li> <li>• Safety culture data from PMS or local safety culture tools</li> <li>• Leadership rounding schedules</li> </ul>	<ul style="list-style-type: none"> <li>• Staff forums and feedback reports</li> <li>• Quality and safety performance data</li> <li>• Uptake and completion of cultural competency training</li> <li>• Demographic data collection and usage</li> </ul>
<b>Partnering with consumers</b>	<ul style="list-style-type: none"> <li>• Number of consumers on governance committees or boards</li> <li>• Victorian Healthcare Experience Survey (VHES) results</li> <li>• Examples of consumer recruitment opportunities</li> <li>• Consumer resource and information development and review process</li> </ul>	<ul style="list-style-type: none"> <li>• Patient-reported outcomes (PROMs) and experiences (PREMs) measures</li> <li>• Compliments and complaints data</li> <li>• Consumer remuneration expenditure</li> <li>• Community Advisory Committees</li> <li>• Consumer representatives vs. service user demographics</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• Turnover, retention, and absenteeism data</li> <li>• PMS responses (e.g., Engagement, Wellbeing, Inclusion and Diversity items)</li> <li>• Staffing, rostering, agency, and locum usage</li> <li>• Workforce data metrics, including demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Uptake and completion of training and capability uplift opportunities</li> <li>• Evaluation data on training</li> <li>• Staff complaints/grievances</li> <li>• Employee Assistance Program uptake</li> <li>• Incidents of Occupational violence and aggression (OVA)</li> <li>• Professional development system</li> </ul>
<b>Risk management</b>	<ul style="list-style-type: none"> <li>• Risk management framework</li> <li>• Risk appetite statement</li> <li>• Incident and sentinel event data (e.g., Victorian Health Incident Management System (VHIMS))</li> <li>• Near miss incident reporting</li> <li>• Serious Adverse Patient Safety Event (SAPSE) data</li> </ul>	<ul style="list-style-type: none"> <li>• Statutory Duty of Candour (SDC) practice and reporting</li> <li>• Clinical risk committee minutes</li> <li>• Consultation records</li> <li>• Risk registers and risk logs</li> <li>• Examples of Board papers related to organisational risk</li> </ul>
<b>Clinical practice</b>	<ul style="list-style-type: none"> <li>• Credentialing policy and system</li> <li>• Clinical performance data is collection, sharing, analysis and response</li> <li>• Models of care</li> <li>• Multi-disciplinary care meetings cadence</li> <li>• Whistleblower policy</li> <li>• Quality improvement activities</li> </ul>	<ul style="list-style-type: none"> <li>• Mortality and morbidity (M&amp;M) meeting reports</li> <li>• Clinical audit result schedules</li> <li>• KPIs and performance dashboards</li> <li>• Internal and external escalation pathways, and utilisation</li> <li>• Clinical documentation audits</li> <li>• Clinical communication aids</li> </ul>

## Monitor



### Complete your maturity assessment using the SCV CGMM Self-assessment workbook for health services

This stage involves actively working through the **CGMM Self-assessment workbook for health services** to assess current governance maturity. It is a collaborative process that benefits from open discussion, shared understanding, and accurate documentation. For step-by-step instructions on completing using CGMM workbook see the '**CGMM instructions**' tab' or printable instructions in the '**Contents**' tab.

Key Monitor Activities	Suggested approaches
1. <b>Explain how and why you are assessing clinical governance maturity</b>	<ul style="list-style-type: none"> <li>Introduce the purpose and approach of the clinical governance maturity assessment to all stakeholders contributing to the assessment process.</li> <li>Provide pre-reading materials, an overview and clear expectations.</li> </ul>
2. <b>Work through each domain of the matrix collectively</b>	<ul style="list-style-type: none"> <li>Review each clinical governance domain and sub-criterion to determine the most accurate maturity level:               <ul style="list-style-type: none"> <li>→ Collect information to complete the self-assessment and ensure information is readily available to determine the most accurate maturity level (See <a href="#">Data to inform the assessment</a>).</li> </ul> </li> </ul>
3. <b>Discuss and reflect on selected maturity</b>	<ul style="list-style-type: none"> <li>Create a psychologically safe space where all voices are heard.</li> <li>Consider unique perspectives and insights from stakeholders.</li> <li>Foster shared understanding and consensus on maturity levels.</li> </ul>
4. <b>Collate and record insights</b>	<ul style="list-style-type: none"> <li>Capture reflections, decisions, and supportive evidence throughout the process.               <ul style="list-style-type: none"> <li>→ Record the selected maturity level, the rationale and any supporting evidence in the CGMM workbook 'Explanation column.'</li> </ul> </li> <li>Complete all components of the clinical governance maturity assessment.</li> </ul>
<b>Tips for monitoring success</b>	<ul style="list-style-type: none"> <li>Allocate protected time to complete the self-assessment</li> <li>Work through domains one at a time, using plain language</li> <li>Encourage open discussion to build consensus</li> <li>Record insights in the workbook via simple shared documents</li> <li>Conduct domain-specific workshops with relevant teams</li> <li>Assign facilitators to guide discussions and capture insights</li> </ul>



- How will we ensure shared understanding of CGMM maturity levels across teams?
- What facilitation methods will support open and inclusive discussions?
- How will we document insights and decisions during the maturity assessment?
- Do we need to design tailored sessions for any of clinical governance domains?
- Ensure all elements of the maturity assessment are complete to activate maturity visuals.

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## Next steps

Part 1: Self-assessment guide – preparation and completion outlined the foundational steps for undertaking your clinical governance maturity assessment using the SCV CGMM. It supports the Plan and Monitor stages of the improvement cycle and helps to:

- Understand the Clinical Governance Maturity Matrix
- Engage the right stakeholders
- Select a suitable approach
- Complete the assessment using the CGMM workbook

Once the assessment is complete (or partially complete), the next step is to interpret your CGMM results.

This is an opportunity to:

- **Reflect** on your organisation's unique context and set achievable, context-appropriate goals.
- **Understand** areas that require focused improvement.
- **Prioritise** initiatives that address the most critical gaps and create meaningful change.
- **Develop** a plan to embed meaningful, sustainable improvements across the organisation.

You are now ready to move onto **Part 2: Self-assessment guide - outcomes and improvement plan**, which will guide you through the Learn and Improve stages of the CGMM process.

