



Clinical Governance Maturity Matrix

Part 2: Self-assessment guide – outcomes and improvement plan

OFFICIAL



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Introduction

Background

The Clinical Governance Maturity Matrix (CGMM) is an organisational self-assessment and improvement tool designed to support health services reflect on their clinical governance, identify strengths and gaps, and plan meaningful improvements. Grounded in the Victorian Clinical Governance Framework (VCGF), the CGMM supports organisations to move beyond compliance toward embedding a culture of safety, accountability, and continuous learning in the pursuit of consistently high-quality care delivery.

The CGMM toolkit

The CGMM is supported by a comprehensive toolkit that includes:

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

Together, these guides help health services administer the CGMM consistently and meaningfully, while planning improvements that align with organisational priorities and strategic goals. [Part 2](#) builds on the foundations of [Part 1](#) by focusing on interpreting clinical governance maturity assessment results and developing plans for clinical governance improvements.

Purpose of this guide

This guide supports health services in interpreting CGMM self-assessment results and planning for improvement, with a focus on the [Learn](#) and [Improve](#) stages of the CGMM improvement cycle.

It provides:

- **Guidance** on using the CGMM workbook's visual outputs to inform decision-making.
- **Practical steps** to engage stakeholders in reflection and dialogue.
- **Support** to align clinical governance maturity findings with organisational priorities.
- **A structured approach** to develop an action plan for continuous improvement.

Using this guide 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.

Learn



Analyse and reflect on findings to understand current maturity, gaps, and strengths

This stage focuses on interpreting the results of the CGMM self-assessment to understand your organisation's current maturity, strengths, and areas for improvement. It is an opportunity to validate insights, align with the strategic priorities, and prepare for action.

Key Learn Activities	Suggested approaches
1. Analyse your clinical governance maturity findings	<ul style="list-style-type: none">• Use the visual outputs from the CGMM self-assessment workbook to review, discuss, and examine clinical governance maturity.• Engage key stakeholders in reviewing the maturity findings.
2. Highlight key strengths, gaps, and priority areas	<ul style="list-style-type: none">• Identify what is working well, and where improvement efforts should be focused.• Validate findings against known organisational challenges and successes.• Map gaps to strategic initiatives, service plans, and accreditation priorities.
3. Summarise the results of the CGMM	<ul style="list-style-type: none">• Create a clear and accessible summary of the maturity assessment outcomes.• Use a simple report or slide deck to present findings.• Ensure the summary is tailored for different audiences (e.g. clinical staff, Executives).
4. Share outcomes with contributors and stakeholders	<ul style="list-style-type: none">• Present findings to governance committees, executive teams and working groups.• Ensure transparency and engagement by communicating results widely across all levels of the organisation and invite feedback.
Tips for learning success	<ul style="list-style-type: none">• Develop a detailed analysis report with visual summaries.• Summarise findings in a simple report or slide deck.• Present findings to assessment participants, governance committees, frontline staff, consumers, service leaders, and Executive teams for reflection and feedback.• Use feedback loops to refine understanding.• Use findings to validate existing challenges and successes.• Align outputs with organisational goals, service plans, and accreditation priorities.• Map gaps to strategic initiatives and quality improvement programs.



- What do the results tell us about our current governance maturity?
- Which areas demonstrate excellence, and how can we recognise or celebrate them?
- What gaps or inconsistencies have emerged across domains?
- How can we use the results to guide improvement rather than judge performance?
- What improvement priorities are most urgent or achievable? What are the quick wins?

CGMM visualisation and key insights

Now your clinical governance maturity self-assessment is complete, and outcomes are recorded in the CGMM workbook, you are ready to use the generated visual outputs to:

- **Compare** maturity across clinical governance domains, criteria, and sub-criteria.
- **Interpret** maturity outcomes in context.
- **Identify** strengths and opportunities for clinical governance improvement.
- **Share** key insights with stakeholder to build deeper understanding.

Visualising outputs

The CGMM workbook generates visual outputs based on your assessment data, including radar charts and a heatmap. To ensure charts and calculations display accurately, all indicators within each domain must be rated (including 'not applicable' = NA). Incomplete ratings may result in missing or incorrect visuals.

You can view the visual outputs in the **'Maturity Summary – Visuals'** tab and the **'Individual Domain Radar Charts'** tab in the **CGMM Self-assessment workbook**.

Radar Charts

The CGMM workbook provides:

- A **summary radar chart** showing overall summary by clinical governance domain and criteria (**Figure 2**)

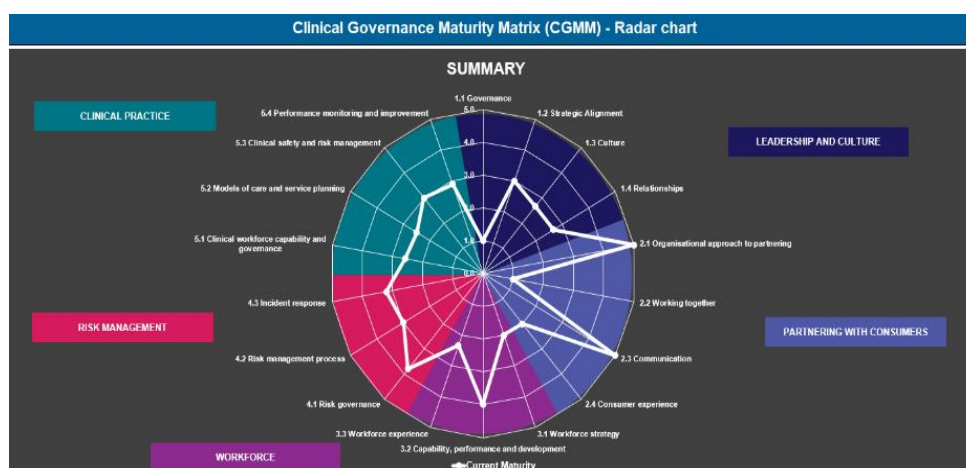


Figure 2: Clinical Governance Maturity Radar Chart

- Five **domain-specific radar charts**, each displaying sub-criteria for that domain (**Figure 3**).

Each domain-specific chart displays both the current maturity level (white line) and the maturity goal (blue line) for each sub-criterion.

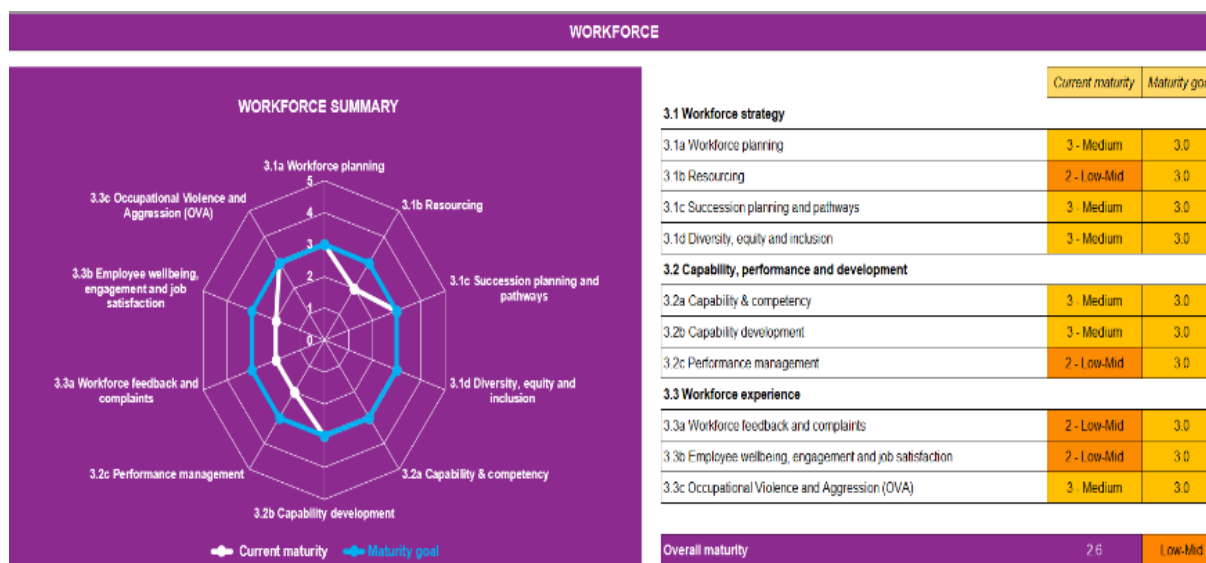


Figure 3: Domain specific radar chart



Tips for interpreting radar charts

- **Radar lines:** Lines closest to the outer edge indicate higher maturity, while lines near the centre suggest areas with low maturity, and may present opportunities for improvement.
- **Look for patterns:** Wide, balanced shapes suggest maturity across domains, while uneven shapes highlight areas needing attention.
- **Look for gaps between lines:** A large gap between the current maturity and maturity goal lines indicates a priority area for improvement.
- **Consider context:** A lower maturity may be indicative of context constraints, not poor clinical governance.
- **Consider strategic alignment:** Focus on sub-criteria that align with organisational priorities or pose the greatest risk if left unaddressed.
- **Avoid overemphasis on scores:** Use the visual as a conversation starter—explore why certain sub-criteria are stronger or weaker rather than aiming for perfect ratings.

Heatmap

Heatmaps are data visualisation tools that use colours to represent a value of data across a matrix. Heatmaps enable users to quickly identify patterns, trends, and areas that need attention.

The CGMM Heatmap, located in the **'Maturity Summary – Visuals' tab**, provides a colour-coded overview of maturity across the matrix, offering a simple snapshot for rapid interpretation and reporting. **Figure 4**, **'Clinical Governance Maturity Matrix – Heatmap'**, highlights strengths and gaps using a maturity-level colour gradient. Like radar charts, heatmaps are an effective way to communicate findings to diverse audiences, including consumers, staff, Boards, and Executives.

Clinical Governance Maturity Matrix (CGMM) - Heatmap										
Clinical governance domain	Domain criteria	Domain sub-criteria								
		a	b	c	d	e	f	g	h	i
LEADERSHIP AND CULTURE	1.1 Governance	1 - Low	1 - Low	1 - Low	1 - Low					
	1.2 Strategic Alignment	3 - Medium	3 - Medium	3 - Medium						
	1.3 Culture	1 - Low	2 - Low-Mid	5 - High						
	1.4 Relationships	1 - Low	2 - Low-Mid	5 - High						
PARTNERING WITH CONSUMERS	2.1 Organisational approach to partnering	5 - High	5 - High							
	2.2 Working together	1 - Low	1 - Low	1 - Low	1 - Low					
	2.3 Communication	5 - High	5 - High	5 - High	5 - High					
	2.4 Consumer experience	1 - Low	2 - Low-Mid	3 - Medium						
WORKFORCE	3.1 Workforce strategy	2 - Low-Mid	2 - Low-Mid	2 - Low-Mid	2 - Low-Mid					
	3.2 Capability, performance and development	5 - High	2 - Low-Mid	5 - High						
	3.3 Workforce experience	2 - Low-Mid	2 - Low-Mid	3 - Medium						
RISK MANAGEMENT	4.1 Risk governance	4 - Mid-High	4 - Mid-High	4 - Mid-High	4 - Mid-High	3 - Medium				
	4.2 Risk management process	3 - Medium	3 - Medium	3 - Medium	3 - Medium					
	4.3 Incident response	4 - Mid-High	4 - Mid-High	3 - Medium	2 - Low-Mid	3 - Medium				
CLINICAL PRACTICE	5.1 Clinical workforce capability and governance	1 - Low	2 - Low-Mid	3 - Medium	4 - Mid-High	5 - High	1 - Low	2 - Low-Mid		
	5.2 Models of care and service planning	3 - Medium	2 - Low-Mid	3 - Medium	2 - Low-Mid					
	5.3 Clinical safety and risk management	3 - Medium	3 - Medium	3 - Medium	3 - Medium	3 - Medium	3 - Medium	3 - Medium	3 - Medium	3 - Medium
	5.4 Performance monitoring and improvement	3 - Medium	3 - Medium	4 - Mid-High	3 - Medium	2 - Low-Mid	3 - Medium	4 - Mid-High	2 - Low-Mid	2 - Low-Mid

Figure 4: Clinical Governance Maturity Matrix - Heatmap



Tips for interpreting the CGMM Heatmap

- **Explore maturity by sub-criteria:** Click on individual maturity outcomes within the heatmap to display the corresponding clinical governance sub-criterion.
- **Identify priority areas:** Sections with multiple **red** and **orange** maturity levels indicate areas of lower maturity and may require the most attention.
- **Identify strengths:** Areas shown in **green** represent more mature clinical governance arrangements and excellence.

Interpreting your maturity outcomes

Clinical governance maturity will naturally vary across health services. What is achievable for one organisation may not be realistic for another, given differences in size, structure, resources, service delivery, and strategic priorities. These variations are expected, so consider your unique context when interpreting CGMM results and setting improvement goals.

Share maturity assessment findings

Once initial CGMM results are available, share them in an accessible format with key stakeholders to encourage collaborative interpretation. Early engagement enables stakeholders to:

- Contribute insights.
- Confirm and critically review assumptions.
- Identify underlying factors influencing clinical governance maturity.

See [Appendix 1: Communication Guidance – sharing clinical governance maturity insights](#) to further explore how you can communicate with your key stakeholders.



Key considerations and tips:

- **Identify areas of lowest maturity:** Where are our weakest points? Why do these gaps exist?
- **Recognise areas of strength:** Where are we most mature? What factors contributed to this success? How can we sustain these strengths, and should we aim to exceed current performance?
- **Explore:** What do the results reveal about our current state? Why do certain gaps exist?
- **Assess contextual appropriateness:** Do our maturity outcomes align with our organisational context?
- **Engage stakeholders early:** Share initial maturity assessment findings in an accessible way to build understanding, add context, and collaboratively develop insights that inform realistic improvement actions.

Improve



Use findings to inform actions and drive clinical governance improvements

This stage focuses on translating insights from the CGMM self-assessment into meaningful action. It's about celebrating strengths, addressing gaps, and embedding clinical governance improvements into ongoing organisational work.

Key Improve Activities	Suggested approaches
1. Prioritise improvement opportunities	<ul style="list-style-type: none"> Use the clinical governance domains to structure improvement themes. Use the clinical governance improvement plan to allocate prioritisation ratings. Prioritise based on urgency, safety, risk, feasibility, and impact.
2. Develop an improvement plan with actions	<ul style="list-style-type: none"> Create a focused improvement plan to address gaps and build on strengths. <ul style="list-style-type: none"> → Start with 3-5 priority areas that align with existing strategic plans, organisational goals and quality improvement programs.
3. Assign responsibilities and set timelines	<ul style="list-style-type: none"> Identify who will lead and support each improvement action. <ul style="list-style-type: none"> → Assign actions to existing roles to avoid duplication. → Include timelines, milestones, and key performance indicators (KPIs) for each action.
4. Set a schedule to monitor and review progress	<ul style="list-style-type: none"> Use existing mechanisms to track clinical governance improvements and impact. Use regular team and governance meetings to review and document progress.
5. Plan to reassess annually using the CGMM	<ul style="list-style-type: none"> Embed the CGMM into your organisation's continuous improvement cycle. Regularly share progress updates at all levels of the organisation.
6. Building strong clinical governance across your local health service network	<ul style="list-style-type: none"> Consider sharing your findings and planned actions within your LHSN to support system-wide learning, benchmarking, and collaboration.
Tips for improvement success	<ul style="list-style-type: none"> Use regular team meetings, and reporting cycles to monitor progress. Plan for reassessment during annual planning cycles. Integrate findings into existing quality improvement and strategic plans. Assign actions to specific teams with timelines and KPIs. Schedule annual reassessment and reporting.



- What are our top 3–5 priorities?
- How can we celebrate excellence?
- How can we align improvement actions with existing strategic or accreditation plans?
- Who is best placed to lead each action, and how will we support them?
- How will we monitor progress and adjust our approach if needed?

The CGMM clinical governance improvement plan

An improvement plan provides a structured approach to managing and tracking clinical governance enhancements. It supports transparency, accountability, and continuous improvement by consolidating all activities in one place.

The **CGMM self-assessment workbook** includes a '**Clinical Governance Improvement Plan**' tab (Figure 5), a practical tool designed to capture and organise improvement activities for your health service. This plan ensures actions are clearly documented, prioritised, and aligned with organisational goals.

Using the CGMM clinical governance improvement plan

During your clinical governance maturity assessment any clinical governance sub-criteria rated below high (5) maturity will automatically appear in the *Clinical governance improvement plan*.

Clinical governance improvement plan							
Plan owner/s:							
Date plan created:							
Date plan updated:							
Activity details							
ID	Clinical governance goal (auto-populated) <small>What clinical governance area are you trying to improve?</small>	Current maturity (auto-populated)	Priority <small>E.g.: 1 - urgent and important 2 - important but not urgent 3 - urgent but not important 4 - not urgent, not important</small>	Activity title <small>Short title for the activity</small>	Activity objective <small>Brief description of focus area / goal / priority</small>	Clinical governance domain <small>- Leadership and culture - Partnering with consumers - Workforce - Risk management - Clinical practice</small>	Activity <small>E.g.: Implement leadership walk around schedule</small>
Y25-001	1.1a Clinical governance framework	3.0					
Y25-002	1.1b Clinical governance oversight	3.0					
Y25-003	1.1c Monitoring and responding to quality	3.0					
Y25-004	1.1d Accountability, roles and	3.0					
Y25-005	1.2a Strategy, priorities and direction	3.0					
Y25-006	1.2b Aboriginal and Torres Strait Islander	3.0					
Y25-007	1.2c Policies and procedures	3.0					
Y25-008	1.3a Systems thinking and human factors	1.0					
Y25-009	1.3b Organisational approach to	2.0					
Y25-010							
Y25-011	1.4a Communication and collaboration	3.0					
Y25-012	1.4b Leadership engagement	3.0					

Figure 5: Clinical governance improvement plan

Prioritising improvements

Not all improvement opportunities can be addressed at once. Use the improvement plan to review and prioritise clinical governance improvement areas.

Consider the following when prioritising:

- **Risk and safety:** Is patient or workforce safety at risk?
- **Alignment:** Does the area align with organisational strategic priorities or accreditation requirements?
- **Effort vs impact:** What improvements are high-impact and achievable with current resources?
- **Consumers and staff:** What matters most to them?
- **Dependencies:** Are certain improvements foundational for others to succeed?
- **Prioritisation matrix:** Determine where to start (e.g., what is most important and most urgent?)

After setting your improvement priorities, remove or hide any sub-criteria that won't be targeted in the next 12-month improvement cycle.



Key considerations and tips:

- **Prioritise improvements:** Decide where to focus improvement efforts first based on impact, urgency, and available resources.
- **Engage leadership and influencers:** Involve organisational leaders and key influencers to champion and drive improvement initiatives.
- **Leverage shared learning:** What can we learn from other health services to inform and strengthen our improvement approach?

Goal setting

Now that you have identified your clinical governance improvement priorities, the next step is to define the key actions that will drive improvement. Setting clear goals provides focus and direction, ensuring efforts target the most critical risks and priorities. Well-defined goals align actions with organisational strategy, enable measurable progress, and support effective resource planning. They also foster accountability, engage stakeholders, and build a culture of continuous improvement.

Key steps:

- **Set context-specific, achievable goals** to ensure goals reflect your organisational context, and strategic priorities. Avoid aiming for 'high scores', instead, set goals that strengthen systems and culture over time. **Document improvement goal objectives** in the *Clinical Governance Improvement Plan*. Capture the overarching purpose and intended outcome of the improvement.
- **Identify and document the key activities** required to achieve this improvement goal into actionable steps.
- **Assess capacity and resources** to ensure improvement goals align with available workforce capability, time, and organisational capacity. Consider budget constraints and funding opportunities.
- **Define measurable outcomes** using SMART principles (Specific, Measurable, Achievable, Relevant, Time-bound) to make improvement progress trackable.



Helpful resources

The following SCV resources are a great starting point to plan clinical governance improvements, they are accessible via the Safer Care Victoria website:

- [SCV Clinical Governance resources](#)
- [Partnering with consumers resources](#)
- [Victorian Quality and Safety Capability Framework](#)
- [Safer Care Victoria Quality Improvement Toolkit](#)

Documenting and track improvements

Documenting and tracking improvements activities will help to ensure accountability, transparency, and progress by capturing key details, assigning responsibilities, and monitoring timelines in a structured way. In your *Clinical governance improvement plan*:

- **Assign a unique identifier** to track and locate specific clinical governance improvement activities.
- **Document activity details** and alignment with organisational strategy.
- **Assign roles and responsibilities** to clearly identify who is responsible for each activity.
- **Record timelines** for implementation and monitoring.
- **Monitor improvement progress** with progress checkpoints aligned with organisational reporting periods.
- **Adapt the improvement plan template** to suit your organisational needs.
- **Reporting pathways** embed reporting into existing governance structures for accountability.

Share improvement plans

After setting your clinical governance improvement priorities and defining the key activities and actions to achieve them, the next step is to communicate the plan to key stakeholders. Use the detailed communication guidance in [Appendix 1](#) to ensure your improvement plans are shared effectively and tailored to your audience.

Next steps

To maximise value, integrate the CGMM self-assessment into your health service's annual planning and improvement cycles. Conducting the assessment each year enables you to:

- **Track progress:** Monitor clinical governance improvements against previous results.
- **Plan updates:** Coordinate actions and resource allocation effectively.
- **Drive Continuous improvement:** Strengthen clinical governance systems over time.

The CGMM is not a one-off task—it is a tool for sustainable, continuous improvement. Embedding it into routine governance processes fosters learning, growth, and safer, more person-centred care.

References

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Appendices

Appendix 1: Communication guidance

Sharing clinical governance maturity insights and improvement plans

Purpose:

To support effective, transparent communication of your clinical governance maturity assessment results and improvement plans to build engagement, ownership, and accountability across the health service.

1. Plan your communication:

- **Identify audiences:** Board, Executive, contributing team, general workforce, consumers.
- **Define key messages:** Strengths, improvement areas, improvement plans, next steps.
- **Select channels:** Meetings, emails, intranet, newsletters, focus groups, committee meetings.
- **Assign roles:** Who will communicate what, and when.

2. Tailor messaging by audience:

Audience	Focus	Format ideas	Key considerations
Clinical governance self-assessment participants	Detailed results, specific strengths and gaps, next steps for action	Workshops, detailed reports, interactive feedback sessions	<ul style="list-style-type: none">• Provide opportunities for questions and clarifications to reinforce ownership and motivation.• Recognise their contributions.
General workforce	Summary of key findings, relevance to daily roles, what improvement means for them	Emails, newsletters, posters, team meetings, intranet updates	<ul style="list-style-type: none">• Use plain language and relatable examples.• Highlight how changes support safer care and staff wellbeing.• Encourage feedback and ideas.
Board and Executive	Strategic implications, risks, progress against organisational goals, accountability	Executive summaries, formal reports, presentations at board meetings	<ul style="list-style-type: none">• Focus on high-level insights and strategic priorities.• Clearly state required decisions or support.• Emphasise transparency and governance responsibilities.
Consumers	How results impact patient safety and care quality, plans for engagement and improvement	Public reports, community forums, newsletters	<ul style="list-style-type: none">• Communicate in accessible, jargon-free language.• Show commitment to partnership and transparency.• Invite input and questions.

Quality and Safety teams	Detailed performance data, trends, root causes, improvement actions	Dashboards, data reports, team huddles	<ul style="list-style-type: none"> • Provide actionable insights to inform quality initiatives. • Promote collaboration across departments.
Clinical Leaders and Managers	Provide actionable insights to inform quality initiatives. Promote collaboration across departments.	Meetings, tailored briefings, leadership forums	<ul style="list-style-type: none"> • Support leaders with clear expectations and resources to drive improvements. • Enable sharing of best practices.

3. Tips for effective communication:

- Use clear, simple language and visuals.
- Encourage two-way feedback and questions.
- Be transparent about challenges and progress.
- Reinforce how feedback will shape improvements.

4. Monitor and adapt:

- Collect feedback via surveys or informal check-ins.
- Track engagement and understanding.
- Adjust communication plans as needed.

