

Implementation maturity scale

Plan and track your progress with implementing the National Model for Clinical Governance.

In the complex, dynamic healthcare environment, clinical governance must evolve and change to support high-quality care. The implementation maturity scale is one way to plan and track progress as you implement the National Model for Clinical Governance (national model) and can be used to set targets for evolving clinical governance maturity.

The tool comprises maturity levels to apply to three aspects of implementation maturity:

- A. Examples of good practice in each of the national model's six foundations of clinical governance
- B. Roles in supporting high-quality care (as defined in the national model)
- C. Board and executive implementation governance and operational oversight.

Assigning ratings

Maturity scales are only useful if underpinned by realistic self-assessment. Ratings should be based on 'work as really done' not 'work as imagined'. Concrete evidence is required to support any rating beyond 'emerging'. This may take the form of audits of actions to achieve examples of good practice in the national model's foundations of clinical governance; reviews of changes in care processes and outcomes as a result of applying actions, and integrating actions and feedback from consumers and the workforce.

Boards and executives should lead the way by modelling the use of evidence in their own governance and leadership through self-assessments and showing reference to relevant actions minuted in discussions and decision-making, as well as requiring evidence for organisational maturity ratings of foundations and roles.

Not all board or executive members will have the same line of sight or level of knowledge for various components of the self-assessment. Any lack of clarity or uncertainty for a rating should be noted as it provides valuable intelligence on where knowledge building and/or reporting may be required.

Assessment process

Organisations will have their own self-assessment processes. The assessment of foundations and roles may be performed by a clinical governance manager, executive lead or implementation steering group, and presented to the executive and board for discussion. The executive and board may choose to perform their respective self-assessments and bring them together to discuss. Self-assessment may involve an initial individual assessment by each board and executive member, followed by a collective discussion that considers both individual and consolidated results.

The process will be most useful if it is used to develop a realistic and shared understanding of the current status of your organisation’s clinical governance – and where you want it to be.

Implementation maturity level worksheets

You may choose to use the supplementary implementation maturity level worksheets to rate your organisation’s maturity for the individual good practice examples in the foundations of clinical governance.

Clinical governance implementation maturity scales

To assign a level beyond ‘emerging’, you should point to relevant evidence (e.g. if you assign ‘evolving’ to a governance action, foundation or role, the planning or implementation claimed should be observable).

A. Maturity scale for good practice examples in the national model’s foundations of clinical governance

Apply the criteria to compare your organisation’s current clinical governance system status to the good practice examples in the foundations.

Maturity level	Criteria
Emerging	One or more good practice examples are not yet in the process of planning or implementation.
Evolving	All good practice examples are in process of planning or implementation. Some may require adaptation to align with the national model.
Embedded	All good practice examples are operational and function as part of routine practice.
Evaluated	The impact of the foundation on quality of care is assessed, reported and improvements made as required.

B. Maturity scale for roles supporting high-quality care (as defined in the national model)

Apply the criteria to compare your organisation’s status for clinical governance roles to the roles in high-quality care described in the national model (page 11).

Maturity level	Criteria
Emerging	One or more roles are not yet in the process of planning or implementation.
Evolving	All roles are in process of planning or implementation. Some may require adaptation to align with the national model.
Embedded	All roles are operational and function as part of routine practice.
Evaluated	The impact of role clarity and enactment on quality of care is assessed, reported and improvements made as required.

C. Maturity scale for how implementation of the national model is governed and led

Assess implementation maturity by applying the criteria to four key aspects of governing and leading national model implementation. Note that these aspects are not drawn directly from the national model content but cover key aspects of implementation governance.

Maturity level	Criteria
The board and executive define high-quality care, and the national model is implemented to support its achievement.	
Emerging	High-quality care is not yet formally defined.
Evolving	High-quality care is clearly defined and linked to the definition in the national model and to aspirations in the organisation’s strategic plan.
Embedded	Implementation of the national model supports the pursuit of high-quality care, led and overseen by the board and executive.
Evaluated	Board and executive decision-making prioritises the achievement of high-quality care.
The board and executive have a shared understanding of the intent and content of the national model as an enabler of high-quality care.	
Emerging	Shared understanding of the national model is not yet established with all board and executive members.
Evolving	The intent and content of the national model are discussed at board and executive meetings.

Maturity level	Criteria
The board and executive have a shared understanding of the intent and content of the national model as an enabler of high-quality care.	
Embedded	The intent and content of the national model guide decision-making related to clinical care.
Evaluated	Consistent and shared understanding of the national model is verified on assessment and improvements made as required.
The board and executive review and develop their roles in implementing the national model.	
Emerging	Board and executive implementation roles are not documented.
Evolving	Implementation roles are documented, e.g. in board and committee workplans, terms of reference and executive position descriptions and business plans.
Embedded	There is scheduled discussion of national model implementation roles and their enactment.
Evaluated	Implementation role clarity and enactment are assessed and improvements made as required.
The board and executive evaluate implementation of the national model for its effectiveness in driving high-quality care.	
Emerging	There is no assessment of the impact of the national model on care quality.
Evolving	The impact of some aspects of the model is evaluated.
Embedded	There is a planned program to evaluate implementation of the national model, including feedback consumers and the workforce.
Evaluated	Assessment of the effectiveness of national model implementation is routinely reported to the board and executive and improvements made as required.

