

# GGI PROVIDER COLLABORATIVE GOOD GOVERNANCE MATURITY MATRIX

APRIL 2023

PROGRESS LEVELS	1 EMERGENT	2 DEVELOPING	3 MATURING	4 MATURE	5 EXEMPLAR
<b>PURPOSE &amp; GOVERNANCE</b>	<p>There is an informal group of providers who are working together</p> <p>A common purpose and outcomes have been defined</p>	<p>There is a Provider Collaborative Board (PCB) with a Chair drawn from the Chief Execs in the Collaborative</p> <p>There is a code of conduct for meetings, which is followed, which ensures that all views are heard</p> <p>Terms of reference and scope of membership reflect developing roles and responsibilities, including mutual accountability</p> <p>It is clear how decisions are made and disagreements resolved</p> <p>Informal liaison between provider collaboratives is established with a common purpose and commitment to agreed outcomes</p> <p>It is clear how the collaborative is resourced and how funding flows to services</p>	<p>There are sub-groups responsible for key programmes each with their own (director-level) Chair, providing regular reports back to the PCB</p> <p>Recognises and supports subsidiarity within programmes that sit under provider collaboratives and the system</p> <p>Only escalated issues are taken to the provider collaboratives (not performance reporting)</p> <p>Project management reports sit at the programme boards</p> <p>Providers formally delegate powers to ICB individually and then ICB delegates back to PCB collectively</p> <p>Some delegation of authority from ICS to the provider collaborative, within agreed limits</p> <p>Clinical governance is pooled</p>	<p>Governance is fully aligned to the purpose, role and responsibilities of the provider collaborative in the system</p> <p>Governance enables stakeholders to fully engage with the collaborative and influence its decision-making</p> <p>Governance is streamlined and transparent and enables rapid decision-making, in line with delegated authority</p>	<p>System assurance is based on reducing uncertainty of:</p> <ul style="list-style-type: none"> <li>(i) risk to outcomes (e.g. taking longer, costing more);</li> <li>(ii) risk that the issue affects others;</li> <li>(iii) risk that the issue cannot be solved locally; or</li> <li>(iv) risk that addressing the issue at local level would be less efficient or effective than addressing it at system level</li> </ul> <p>Governance arrangements have transitioned to reflect the new ways of collaborative working amongst providers and the full scope of provision of integrated services</p>

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TRANSFORMATION & DELIVERY	<p>Priorities are agreed and clear</p> <p>The priorities are clearly system-wide (e.g. cannot be addressed by individual providers or places)</p> <p>The desired benefits of the transformation are clear (it is clear what problem is trying to be solved or which opportunities are being pursued)</p>	<p><b>As level 1 PLUS</b></p> <p>There is an agreed transformation methodology, based on problem first thinking</p> <p>What good looks like is clear and shared with stakeholders</p> <p>Pathway transformation work is focused on the parts of the pathway that have the highest benefit to cost ratio</p> <p>There is a developing understanding of the issues, including engaging with patients and clinical experts</p> <p>Options are developed for solving the problem</p> <p>Providers in the provider collaborative work together on developing consistent clinical standards</p>	<p><b>As level 2 PLUS</b></p> <p>The transformation methodology includes stakeholder engagement and NHS best possible value and LEAN approaches</p> <p>There is an agreed evaluation methodology, which includes qualitative and quantitative metrics, for assessing competing risks (e.g. capacity and travel further vs access to excellence centre)</p> <p>The transformation delivers the objectives of the ICS and the approach upholds the ICS values (done in the right way)</p> <p>Assumptions about the impact of possible solutions are rigorously tested</p> <p>Clinical pathways are reviewed against standards</p> <p>Confidential clinical audits against agreed standards are conducted</p>	<p><b>As level 3 PLUS</b></p> <p>There is an agreed system-wide approach to transformation, which all use, which spans all provider collaboratives and enabling programmes</p> <p>The transformation methodology takes account of total system impact (impact vs costs vs the impact of unintended consequences). The impact is aligned to the system objectives</p> <p>The transformation programmes is informed by, and informs, the enabling functions (digital, finance, workforce, estates)</p> <p>Capacity gaps and/or disinvestment decisions are resolved collectively</p> <p>The provider collaborative makes recommendations to ICB for service changes to meet standards</p> <p>Transparent sharing of clinical audit data is established</p>	<p><b>As Level 4 PLUS</b></p> <p>Implement innovative and integrated provider models</p> <p>Able to demonstrate measurable impact on a range of outcomes, including sustainability, economic and social impact, patient experience, clinical outcomes and quality, and performance</p> <p>Recognised nationally and internationally as a leader</p> <p>The provider collaborative board leads and delivers clinical developments programme</p> <p>Clinical improvement is embedded and managed at PCB level through shared clinical audit and governance</p>

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POPULATION HEALTH MANAGEMENT	<p>Some linking between health and care data and primary and secondary providers and commissioners</p> <p>Inequalities identified from existing data are recognised and approaches to reducing them are emerging</p> <p>Able to demonstrate some targeted interventions</p>	<p>Dedicated system leadership and decision-making on PHM</p> <p>Linked data covering primary, secondary, community and mental health builds on local government approaches</p> <p>Providers contribute to the understanding of inequalities and have agreed data collection to support building of further understanding</p> <p>Agreed approach to addressing priority information gaps is developing</p> <p>Able to segment the population to understand different patient groups, risk factors, cost of different cohorts</p> <p>able to demonstrate plans, which extend targeted interventions at a wider scale</p>	<p>Collaborative members understand the actions that they can take, individually and collectively, to address inequalities in service provision</p> <p>Actions to address inequalities, including prevention, are being built into transformation design</p> <p>Population segmentation is used to plan and deliver services</p> <p>Information governance is in place, which allows de-identified data for care design and re-identified data for clinical purposes</p> <p>Use VCSE to respond to key patient groups and health inequalities</p> <p>Some outcome metrics are based on population segments and agreed population health outcomes</p> <p>Contracting supports shared accountability for outcomes</p> <p>Cost and performance analysis is patient focused</p>	<p>Single, integrated health and care records and protocols are in place, which include all health and care providers and information on wider determinants</p> <p>System informs the prioritisation of actions to get the maximum impact on inequalities from available resources</p> <p>Developing a deeper understanding of the drivers of inequalities and can demonstrate effective interventions</p> <p>Personalised care plans are in place for at risk groups</p> <p>Design proactive care models for different patient groups based on patient level analysis</p> <p>Predictive techniques enable actionable insights to inform strategic, operational and clinical decisions</p> <p>PHM analysis informs shared workforce models between primary and secondary care</p> <p>Use community assets, social prescribing and social value projects to improve well-being</p> <p>Able to forecast demand and risk to inform future payment and contracting models</p> <p>Routinely monitors progress in reducing health inequalities and drives continuous improvement</p>	<p>There is a full understanding of the health inequalities at a local level, which allows targeted intervention</p> <p>Enabling governance empowers more agile decision-making within integrated teams</p> <p>Able to demonstrate impact on a broad range of drivers of inequality</p> <p>Understand mitigated scenarios based on current and predicted health status compared with similar populations</p> <p>Multi-disciplinary teams use rapid improvement cycles to implement anticipatory care interventions</p> <p>Payment models are based around future health needs of the population, reflecting an agreed risk/reward protocol</p>

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SYSTEM WORKING & LEADERSHIP	<p>Knows what the local and national priorities are and has emerging clarity about role of the provider collaborative in delivering them</p> <p>The provider collaborative is inclusive of all the stakeholders required to represent the system perspective</p>	<p>The provider collaborative's contribution to ICS objectives is clear</p> <p>Has an agreed plan on how to address local and national priorities</p> <p>Is developing strong working relationships with partners organisations and with the ICS</p>	<p>The provider collaborative's role in system decision-making is clear</p> <p>Understand what they are responsible for and are clear which deliverables (for them and others) require collaboration and cooperation, including with other providers and place</p>	<p>Have a clear mechanism for collaborating with partners to achieve shared system objectives</p> <p>Informs, and is informed by, place priorities</p> <p>Able to demonstrate effective risk management and production of assurance in line with system assurance framework</p> <p>Provider collaborative and individual provider board decisions are aligned</p> <p>The PCB leads the improvement and intervention work with failing departments within Trusts</p>	<p>There is a full understanding of the health inequalities at a local level, which allows targeted intervention</p> <p>Enabling governance empowers more agile decision-making within integrated teams</p> <p>Able to demonstrate impact on a broad range of drivers of inequality</p> <p>Understand mitigated scenarios based no current and predicted health status compared with similar populations</p> <p>Multi-disciplinary teams use rapid improvement cycles to implement anticipatory care interventions</p> <p>Payment models are based around future health needs of the population, reflecting an agreed risk/reward protocol</p>

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COMMUNICATION & ENGAGEMENT	<p>The provider collaborative has made a public commitment to the involvement and participation of stakeholders</p> <p>There is an up-to-date stakeholder map which has been reviewed collectively by the PC leadership, with future dates set for updating</p>	<p>An engagement plan is in place for key stakeholders with clearly differentiated outcomes and measures of progress identified for each stakeholder group</p> <p>Progress is reported as part of formal governance arrangements</p> <p>Processes for involvement of patients and carers are clearly set out and promoted publicly</p> <p>The provider collaborative is able to evidence how it understands the needs of patients and carers and this is reflected in changes to services</p>	<p>The stakeholder map has been reviewed with the involvement of local communities to ensure full representation of the diversity of the population in the system</p> <p>A provider collaborative communications plan is in place, which is aligned to the system plan, and agrees key messages and supports joint messages around NHS provision</p> <p>Provider collaborative members are able to demonstrate how communication and engagement has influenced decision-making and transformation design</p> <p>Data gathered from different stakeholders sources is distilled and deployed within formal governance arrangements</p> <p>Stakeholders are involved in making strategic decisions on behalf of communities</p>	<p>There is statistical evidence showing increasing levels of connection to local communities and their involvement in the work of the provider collaborative</p> <p>The provider collaborative leads collective work with partners in place to ensure a consistent and high-profile approach to public sector engagement</p> <p>Engages the public through an agreed approach, which is inclusive and representative of the diversity of stakeholder groups</p> <p>The provider collaborative contributes to national thinking on effective engagement and communications</p> <p>Data shows a high level of public recognition of how citizens can shape local services and decisions which affect them which fall under the provider collaborative's authority</p> <p>The provider collaborative publishes an annual report showing the impact of its engagement in its work and decision-making</p>	<p>The provider collaborative has received external recognition for the quality and impact of its work on engagement, including a national award</p> <p>The provider collaborative is cited by peers as leading work on engagement with citizens</p>

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<b>STEWARDSHIP OF RESOURCES</b>	Able to develop bids for national and local resource, aligned to programmes	<b>Level 1 PLUS</b> Able to show how programme funding is allocated	<b>Level 2 PLUS</b> Ensures that the allocated funds for their programmes of work are utilised effectively  The collaborative has a clear understanding of how resources and assets are used to support its objectives	<b>Level 3 PLUS</b> Has a plan for effective use of resources and assets, aligned to system objectives  Is able to show quantifiable benefits of programmes, including return on investment  Agreed risk/reward protocols are in place	<b>Level 4 PLUS</b> The collaborative demonstrates a clear role in ensuring system financial control totals are achieved  Able to show how financial savings have benefitted other parts of the system
<b>RISK</b>	Risk sharing protocol established to avoid gaming	Risk focus on taking opportunities and reducing uncertainty	Risk Management systems aligned across collaborative and with strategic partners	Risk appetite and escalation beyond risk tolerance agreed	Collaborative demonstrates partnership working and mutual aid reduces risk uncertainty