

Good governance themes: HQIP/Good Governance Institute Self Assessment Maturity Matrix

(from the Good Governance Handbook published by HQIP 2015)

To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the right to the level you intend to reach in the next 12 months.  → 

Progress level 0-6 →	0 No	1 Basic level – principle accepted and commitment to action	2 Early progress in development	3 Firm progress in development	4 Results being achieved	5 Maturity – comprehensive assurance in place	6 Exemplar
Key elements							
Clarity of purpose, roles and behaviours	No	The members of the board/governing body have agreed that a formal and agreed statement of organisational purpose, values and priorities needs to be developed and have plans for doing so	National targets and local priorities have been agreed with stakeholders. Purpose and vision is affirmed in public and internal or partnership documents	The board has agreed ethical values combined with a robust mechanism for adding and removing services and/or care settings against these	Evidence that national targets and local priorities are being met. We have regular reviews of strategy	We have an annual board debate on organisational purpose, and how in-year achievements or issues impact on this	Success has allowed both the board and the organisation to redefine/extend roles
Application of principles	No	The board/governing body is actively reflecting on how they work and how governance is structured, and is testing whether what is in place makes the best use of the underlying principles	As a result of discussion around the principles, marginal changes have been made to the governance of the organisation	The opportunity of the annual review of governance and developing the annual cycle of board/governing body business has been used to test and if needs be comprehensively change the governance arrangements	Using the principles has helped board/governing body members to better understand their roles and governance working. Governance activities that provide poor value and poorly meet the principles have been dropped	As the organisation changes, the governance principles have been a sound bedrock to change the governance arrangements to match new challenges, but maintaining the soundness and integrity of the governance grip	Other organisations have not copied the structure and systems of the organisation, but have been helped to understand the principles and encouraged and empowered to do the same for themselves
Leadership and strategic direction	No	The roles of all board and governing body members are clear, agreed and specified	A board /governing body succession plan is in place for both executive and non-executive directors/lay members. Diversity at board level is valued	We have an induction and development programme in place for board and aspirant board members. Diversity is embedded in the approach	The organisation is identified by partner organisations as a leader in the local health and wellbeing system	The board/governing body is leading, rather than following, agendas	The board/governing body is recognised within the organisation and with partners for joined-up decision taking and adding value
Effective external relationships – stakeholders, patients and community	No	Our engagement and consultation policies are in place and are consistent with the NHS Constitution. We recognise service users, staff and the public as resource to help focus, design and deliver service improvement	We have a systematic system of accountability to the local community in place. We have a systematic system of accountability to the local community in place	We have effective clinical engagement in place, and evidence this by our clinicians regularly surfacing improvement initiatives that are put into operation	Effective partnership working and governance between organisations is in place and can be evidenced through improved outcomes	A review of the NHS Constitution shows our organisation is trusted by both service users and the local public	Our work on engagement has led to tangible operational and strategic benefits, and we have been sharing how we achieved these with other organisations

Effective internal relationships – members, service users, staff	No	Staff and other internal stakeholder strategies are developed and these include feedback mechanisms	The board/governing body receives reports about the management of internal stakeholder engagement, and this includes actually feedback as well as descriptions of what's been done	The organisation characterises itself at being good at internal engagement, and informal feedback from new staff and leavers confirms this. Managers naturally want to share problems with staff to best solve them	Members and governors attend events put on for them and there are examples of them being effective ambassadors for the organisation	Feedback from third parties confirms that internal engagement is working well at the organisation. Governor /governing body elections tend to be competitive and reputational auditing finds that internal engagement is an asset	We can demonstrate that we are an employer of choice
Transparency and public reporting	No	All boards members are clear about when to absent themselves from board discussions	The conflicts of interest register is updated by the board and staff monthly. Identified conflicts are reviewed and any appropriate actions taken	The board has agreed how probity will be expected in all partners and contractors. This written into contracts and agreements. The board/governing body understand integrated reporting	Identified conflicts and inappropriate behaviour are properly considered and the board is confident that any appropriate actions are followed through	Reputational risk is routinely considered by the board in its deliberations. Integrated reporting is used. Evidence is sound for perceptions of transparency from external stakeholders	The organisation has sought and acquired recognition for its good governance practice. Integrated reports are copied by others as best practice
Systems and structures: quality and safety, at the boundary	No	Efficiency plans for workforce, infrastructure and partnerships are built into contracts and initiatives	A <i>best value</i> or similar systematic approach has been established. Any alternative provision required has been identified	The organisation has agreed reduction targets agreed for iatrogenic harm and wasted resources	We have evidence of year on year improved productivity in services, workforce and estate	Cash released from quality and safety programmes can be identified	The organisation is able to invest significant resources in innovations and new ideas
Challenge on delivery of agreed outcomes	No	The board/governing body has agreed how outcomes measures will be used as part of performance reports, including how benchmark data will be incorporated	Outcomes data is routinely used and reports have managed to drop other structure or process data from standard reporting	The organisation has <i>no-surprises</i> around outcome data when inspected or otherwise challenged	The board/governing body has been able to see how management has used outcome data to identify or anticipate issues and to address these	Board/governing body members on both the executive and non-executive/lay member side report confidence in using outcomes and have found them a useful way of working through constrictive challenge around healthcare services	The organisation is starting to provide benchmark data to others, and has contributed to the outcome movement by how outcome data is used
Risk and compliance	No	We have a process to prospectively evaluate risk, such as a risk committee with this remit. Assurance framework is organised to promote focused discussion on key business issues	Our risk appetite has been discussed and agreed. This has been built into our plans. Assurance framework covers activity, cost and quality. Information and assurance are aligned to targets, standards and local priorities	Continuity plans are regularly tested. The board uses scenario or similar exercises to develop joint understanding of risk and opportunities. Control mechanisms are in place for all elements of the assurance framework. Internal and clinical audit provides dynamic assurance	We systematically evaluate serious service failures elsewhere, and the board is engaged in scenario tests or discussions. A high degree of risk sensitivity can be demonstrated throughout across the organisation. This is reviewed by the board	We can demonstrate that we respond in timely fashion to the unexpected. An annual audit of follow-up to Serious Incidents, other incidents and complaints come to the board. The board assures itself that the assurance framework is balanced and reflects priority issues	The board is confident it can respond in timely fashion to serious crises, should the need arise. The board is confident that it has intelligent analysis and assurance across the health economy
Organisational effectiveness: adding value	No	Examples of better working practices are being adopted. Routine review of governance mechanisms is agreed. Personal development plans are agreed for key staff and governing body members	The board/governing body has reviewed their own practices and made improvements to their work. Staff and clinical leader development planning is the norm	The annual cycle of business and the assurance framework are systematically used for the board/governing body to check that it adds tangible value	There are many examples of how the board/governing body has led improvements to the effective running of the organisation and the impact it achieves	Internal stakeholders confident of organisational effectiveness. External reviews of governance/organisational effectiveness are considered	The organisation can identify that it benchmarks in the upper decile for chosen elements of management effectiveness