GOOD GOVERNANCE MATURITY MATRIX

Good Governance Institute

AUGUST 2017

PROGRESS LEVELS ▶

KEY ELEMENTS ▼

	0 No	1 BASIC LEVEL Principle accepted	2 BASIC LEVEL Agreement of commitment and direction	3 EARLY PROGRESS IN DEVELOPMENT	4 FIRM PROGRESS IN DEVELOPMENT	5 RESULTS BEING ACHIEVED	6 MATURITY Comprehensive assurance	7 EXEMPLAR
PURPOSE AND VISION	No	Purpose, values, and drivers are debated and priorities are being formulated. The board is involved in shaping these discussions demonstrating quality as a fundamental driver.	Our purpose and vision are agreed, and affirmed in public and internal / partnership documents. The board has an agreed set of values / principles.	National targets and local priorities agreed with stakeholders. Variance from HWB and commissioners plans / priorities recognised and explained.	The board has a robust and inclusive mechanism for adding and removing services and / or changing care settings that matches agreed purpose, values and priorities.	We can evidence that sustained progress towards the vision is being made. Our purpose and vision are systematically revisited as board membership changes or at least annually.	Partner organisations and internal stakeholders understand and support the purpose and vision of the organisation. Strategic decisions do not change our fundamentals.	Success has allowed trust / board to redefine / extend its role. We are able to consistently influence other organisations to meet our own and our wider stakeholders purpose.
STRATEGY AND BOARD ASSURANCE FRAMEWORK (BAF)	No	Our strategic objectives are agreed by the board and have been tested with our partners. Formal strategic planning is in place and is able to address HWB and CCG priorities.	The strategy is owned and agreed by the board, after canvassing views and input from commissioners, partners and other stakeholders.	The BAF is used as the key instrument to grasp strategic focus. Operational plans reflect trajectory milestones against agreed strategy.	Progress against our objectives is made during year. The board has protected long-term priorities from short-term pressures.	The board is continually testing how changing environment effects the delivery of its strategy. First goals being met.	We can evidence that strategic aims are being adhered to, meeting agreed milestones on trajectory.	The trust / board is able to demonstrate consistent achievement of strategic goals over the last 3 years.
LEADERSHIP AND CAPACITY	No	Role profiles for all board members agreed and understood, with specific job descriptions agreed.	We have undertaken a skills assessment of our board linked to the succession plan. A planned board development programme is in place.	Our board development programme is based on prior systematic review. Clinical leadership accepts accountability for delivery against strategic objectives. Assessment and PDPs are in place for board members.	Succession plan in place. Individual PDPs for directors being delivered.	The board is confident it is visible. The organisation is leading rather than following local development agenda.	The organisation is identified as well led throughout and as health and wellbeing system leader in local economy.	The board is considered a national leader, providing buddying support and examples to provider chains and other organisations.
MONEY/VFM	No	Budget, cost pressures and efficiency targets are clearly identified and understood by the board.	All in-year plans are costed and trajectory of spend / savings have been established to achieve breakeven / target. Quality implications are robustly tested.	The organisation has a record of meeting planned cost reductions / CIPs and agreed investments, whilst rejecting proposals with an unacceptable impact on quality.	The board is demonstrably reinvesting whole budget, rather than being limited by 'affordability' at margins.	Unexpected in year pressures are identified and the board show timely reprioritisation of deliverables.	Our services consistently run under benchmark cost. Headroom is created for developments / improvements.	We successfully leverage wider community resources to improve service delivery and outcomes.
QUALITY, RISK AND AGILITY	No	Known risks are identified and continuity plans in place. The board understands risk as a comprehensive strategic instrument.	A forward-looking risk system is in place for the board identifying both threats and opportunities. Quality impact is embedded in systems.	Risk appetite for key issues such as safe staffing levels is known and built into plans/BAF.	Continuity plans and 'what if?' scenarios are regularly tested to respond to material issues and opportunities.	The board is confident it can both anticipate and respond to a crisis/opportunity in timely fashion. The organisation can provide case studies of successful escalation and intervention.	The board is able to measure and demonstrate risk appreciation by avoiding or rapidly responding to predictable incidents.	The board has a successful and demonstrable risk mitigation track record. Organisational systems respond well to unknowns as they occur.

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MEASUREMENT AND INTEGRATED REPORTING	No	The board understands and recognises the value of quality assured processed data. Board reports are accurate and timely.	Resources are aligned to sustainable targets, standards and local priorities. All board papers integrate activity, cost, quality and transformation agendas. the BAF and board reporting relate.	The board has agreed public reporting for social, economic and environmental impact / opportunities (integrated reporting).	Health improvement / harm reduction targets are agreed. Systematic outcome-related reporting to board and stakeholders is in place. The board is confident it understands how it deploys its capitals.	Annual review of the board demonstrates candid self awareness and progress against agreed action plans / deliverables.	The board systematically receives reports from stakeholders providing feedback of impact of plan implementation.	The organisation benchmarks as a national leader in terms of positive impact on local health economy.
ASSURANCE AND STEWARDSHIP	No	An integrated audit committee is in place, with an annual cycle of business agreed. The board assures itself that its Assurance Framework is balanced and can reflect changing priorities.	Control mechanisms are in place for the entire BAF. The board has identified, agreed and owns assurances. Annual review of the audit committee, and of committee cycles of business agreed by the board.	Independent assurance is systematically sought through internal and clinical audit. All regulatory compliances, tests and actions met or explained.	The board annually delegates / confirms tolerance levels for assurance to sub-committees. The board can demonstrate robust scrutiny.	The organisation is able to invest significant resources derived from its own savings / service change to community wellbeing, research, innovation and staff development.	The board is confident it has evidence based, intelligent analysis and assurance of all systems and drivers across the health economy.	The organisation benchmarks as a national leader in terms of sustainable outcomes and impact against resources.
PROBITY AND REPUTATION	No	Standards of Conduct for the board are explicit and accepted. Plans are in place to manage conflicts of interest.	Our conflicts of interest system includes board and senior staff, is up-to-date and records actions.	The board has third party evidence of its reputation and standing. Risk appetite thinking includes reputation.	Probity is expected of all partners, suppliers and providers and this is written into contracts.	Reputational risk is considered in scenario and 'what if?' exercises. Reputational risk appetite is agreed.	The organisation seeks and acquires good governance recognition by independent authority.	The organisation is able to demonstrate how its high-standing benefits achievement of the strategy including recruitment and partnership working.
DECISION-MAKING AND DECISION-TAKING	No	Decision-making includes appropriate consultation and option/impact appraisal.	Information processing and analysis is focussed on evidence. The board and committee agendas reflect materiality.	Integrated information, audit, assurance and risk-assessments are used by board.	The board consistently takes decisions based on materiality and evidence.	We can evidence that the board and staff are confident that decisions are taken in a robust, transparent manner. Assurances are made available to stakeholders.	The audit committee has reviewed the key decisions of the board and delegated committees for robustness and alignment.	The board is able to successfully to influence national decision taking on policy and priorities.
STAKEHOLDER ENGAGEMENT	No	An engagement policy and strategy is in place based on stakeholder mapping.	Service user, staff, public and partner engagement is recognised as a resource to focus, design and deliver service improvement.	Membership targets met and a board of governors / users panel in place with own development plans.	Stakeholders confirm the organisation effectively engages with them and this is reflected in strategies and plans. Governors' contribution is valued.	Governance between organisations issues regularly tested with partners.	Partners, service users and the local public trust organisation. The organisation is seen as employer of choice.	The organisation recognised as a national leader in effective engagement with stakeholders.
BOARD SUPPORTS AND COMMITTEE STRUCTURES	No	The audit committee's role is developed to take on the independent scrutiny function. Committee structure confirmed by last annual board review.	The board secretary or other holds compliance and tracking role for all assurance issues of the board. A SID has been appointed from the NEDs.	Workload and agendas for committees have been planned and task groups have time-limited existence.	The audit committee is meeting at least 'firm progress' against the audit committee matrix. Internal and external auditors and advisors aligned to agenda and role.	The annual cycle of board business is reviewed at year-end, planned activities are completed and developed roles are refreshed.	The overall time investment in board and committees is reduced through organisation effectiveness.	The board's systems adopted by others as examples of good governance practice.
APPRAISAL PROCESS OF DIRECTORS, AND OTHER FEEDBACK	No	Board member roles are understood and explicit.	A board induction and development process is in place and working. An annual board review has been conducted and actioned.	Third party views are included in the annual board review process. The chair reviews board contribution of all the executives.	Annual review and director appraisal has informed current board development programme which is clearly actioned.	Systematic feedback is sought on the added value of board. Exit interviews are always offered.	The board is recognised as adding value by CEO and stakeholders.	The board is recognised 'as public appointment of choice' nationally.