

Our Methodology

Of course, it's personal. It's our NHS...
We all love and use it, yet still abuse it
and undermine it for its shortcomings.



September 5th sees the highlight of the GGI calendar – our Annual Lecture in London. In keeping with this year's theme - 'It's Personal' - the Chair of the Advisory Committee, Dr John Bullivant, offers some insight into GGI's unique, personalised approach to working with the NHS. If you'd still like to attend the event, please register here: www.festivalofgovernance.org

In working with and for the NHS, we have a challenging role; we need to be supportive, encouraging and offer guidance and examples of better practice from elsewhere like the South African King reports. We need to be respectful of staff and the experience and commitment of members and volunteers whilst being prepared to scrutinise, challenge and expose static compliance or mediocre performance. We cannot condone wrong-doing, bullying or disguising the truth; but we can applaud diversity and genuine attempts to improve, even when they fail at first. We are not regulators, so Boards can trust us with their fears, concerns, lack of knowledge, or answers. And we can help to network these with common issues or learning.

This is our way of doing things at the Good Governance Institute. We enjoy what we do and, on the whole, the people that we work with. It's personal; we have found many friends and we stick with them. We believe the Board is important and have spent the last ten or more years talking up the roles of the Board, the company secretary, the audit committee and the contribution of the Board of governors, patients and carers. Use them or lose them.

Because it's personal, we cannot offer a single model or programme for improvement. We have a variety of well-developed tools: maturity and competency matrices, board style cards, board assurance and risk-appetite prompts, learning sets, etc. all developed with colleagues in the NHS. But we understand that every hospital, health board, CCG, or ambulance service is different. In part, this is failure by government which gave up control standards and assurance advice many years ago. But it also reflects the rich variability of governance systems and behaviours which have evolved in England, which are now different from Wales, Scotland and Northern Ireland.

Today, clinical practice is more standardised throughout the UK than governance arrangements. In future, there will be more divergence as place-based systems emerge and the need for bespoke thinking and support grows. GGI will stick to its methodology of listening, challenging, and supporting your dynamic governance to deliver better outcomes.

Knowledge forms an important component of GGI's work, enabling us to share expertise, experience and learning. Our tools, learning sets and matrices provide best practice across all sectors.

Our guidance on Learning Sets

A Learning Set consists of a group of about six people who agree to meet together on a regular basis to discuss work-related issues or to develop skills in an area of common interest. Learning Sets give individuals time to explore issues that they need to resolve in an environment which is empowering and which helps the individual find a solution. Members can develop skills in listening, empathy, giving feedback, and a positive approach to challenge. A Learning Set can consist of colleagues from a single organisation or from different sectors and different professional backgrounds. GGI, its staff and associates have considerable experience in supporting, establishing and running Learning Sets. Here we share some basic advice and ground rules:

- clarify purpose
- establish an etiquette
- meet differently
- do not limit membership to same as you

- you only need 6 friends who will always take your call rather than a network of hundreds
- make a shared commitment to real action and change
- become mentors to each other – learning with and through each other
- expect to ask questions, seek answers, gain support and expect challenge
- be positive and open-minded about issues/problems being discussed and possible solutions
- learn by doing: work on real problems and implement solutions
- agree all discussions are confidential to the group
- consider a facilitator to help shape the work of the group. They ensure that the ground-rules are followed and that the learning is clarified. Initially, they may intervene a lot but less as the group grows in confidence and competence. Over time, a group may become self-facilitating
- invite colleagues with the same jobs from different sectors to review their roles, influence and how they fit into the organisational hierarchy.

Our Maturity Matrices

Our best practice matrices cover all sectors from health and education to federations and collaborative working. GGI's matrices can help your organisation both review and develop its internal governance as well as provide the benchmark for internal performance measuring purposes.

Our knowledge resources are free to download online at our website: www.good-governance.org.uk/knowledge.

		NHS TRUST BOARD GOOD GOVERNANCE MATURITY MATRIX						
AUGUST 2017								
PROGRESS LEVELS	0	1	2	3	4	5	6	7
KEY ELEMENTS	No	1 BASIC LEVEL	2 BASIC LEVEL	3 EARLY PROGRESS IN DEVELOPMENT	4 FIRM PROGRESS IN DEVELOPMENT	5 RESULTS BEING ACHIEVED	6 MATURITY	7 EXEMPLAR
	No	Principle accepted	Agreement of commitment and direction	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.
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 leading support and examples to provider chains and other organisations.
MONEY/FM	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 repositioning 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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