Dec 2010

Governance Between Organisations Maturity Matrix developed by
Dr John Bullivant & Andrew Corbett Nolan

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. ***O====→***

Key Elements	NO	1: Basic level - Principle Accepted	2: Agreement of commitment and direction	3: Results being achieved	4: Maturity - comprehensive assurance in place	5: Exemplar
Continuity of Care 1. Joint commission outcomes and connectivity of care pathways from primary through acute, diagnostics, tertiary to community & home.	**NO**	Recognition that patients expect continuity of care	Services are jointly commissioned and measured by health and social care on basis of pathway of care	Focus on Outcomes is being achieved through focus on Intelligent Funding/results based approach	Metrics and Audit shows patients are being managed along pathway of care without delay or confusion	Patient Pathways are main currency of commissioning, planning and enabling better outcomes
2. Patient handover, referral or data transfer: Take the extra step – have they arrived: What has not arrived?	**NO**	Providers have protocols for handover within organisation	Providers have protocols for handover between organisations	All patients & their data checked for arrival at next care setting	Audit shows handover is being achieved without delay or confusion	Handover procedures working well and lessons shared
3. Review and apply lessons from investigations elsewhere (NHS and other sectors) Could it happen here?	**NO**	All staff trained and updated in communication skills between professionals and with patients and carers	Failures of communication identified elsewhere in NHS and lessons reviewed	Failures of communication identified elsewhere outside NHS and lessons reviewed	Audit shows decline in communication caused untoward incidents	Lessons from internal and external reviews are learnt and applied
Partnerships & Networks 4. Jointly audit critical processes across the boundary (clinical, financial, information etc) at appropriate depth & frequency respective to risk	**NO**	Protocols agreed for integrated clinical/systems audit	Protocols agreed for joint audit of single provider by two interested (commissioning) organisations	Protocols agreed for interface audit across organisational boundaries	Audit covers boundary conditions	Integrated clinical/system audit plan tracks key whole pathways on regular basis as part of clinical audit spiral of improvement
5. Be consistent in telling patients/carers what they are entitled to and when they or others are holding responsibility for their care	**NO**	Patients are informed of their rights and responsibilities	Commitment to informing patient/carer who is holding responsibility for their care at any time	Staff are actively encouraged/trained in informing patients/carer who is holding responsibility for their care at any time	Audit shows professionals and patient/carer knows who is holding responsibility for the care at any time	Patients and carers are clear of rights and responsibilities and evidence shows improvement in fulfilling these
6. Check our partners/suppliers have the	**NO**	Needs and joint resources have been	Protocol /etiquette for working together agreed	Agreement on resource deployment between	Audit of process shows joint working arrangements and	Routine robust check of partners resource and decision making

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capacity to deliver their obligations to us		identified and deployed	with escalation / failure actions predetermined	responsible organisations agreed as part of planning/commissioning cycle	arbitration are working to plan and time	capacity with corrective action plan
Mutual Aid & Business continuity 7. Engage with other organisations to support us in case of long term or widespread service collapse	**NO**	Key risks and contingency partners/suppliers identified	Escalation action plans agreed	Plans are tested for resilience and updated. Partner failure is factored in	Black Swan unknown unknowns resilience/responsiveness is tested in joint scenario exercises	Contingency plans with out of region support established
8. Establish and test partner forums including company secretary networks to coordinate planning with escalation proportionate to the developing risk	**NO**	Risk sharing is recognised as normal business practice.	Forums for identification of new and escalating risk and advice established	Resilience planning is part of normal business practice and included in contracts/partnership agreements	Identification of new risks is reviewed against what happens; forecasting systems and plans updated	Networks in place, tested and working
Assurance 9. Include reputational risks and potential failure of partners and suppliers in the Board Assurance Framework (BAF)	**NO**	Board Assurance Framework is established and embedded in organisation	Potential boundary failures and capacity of partners/suppliers is included in BAF	Independent Assurance is available for 80% of red flagged risks including partners systems	Tested systems are demonstrating our and partners ability to respond in timely manner	BAF includes reputational risk of partners/suppliers and all BAF risks are checked routinely for potential boundary failure
10. Critical reputational systems are reviewed regularly eg Apply rules for new staff (CRB checks, data handling, competence, qualifications etc) to existing and agency staff	**NO**	Systems whose failure might compromise our reputation identified	System process checks have identified critical failure points of our or others systems which might compromise our operational capacity. These reprioritised for investigation	Unsustainable systems or relationships are improved or replaced.	Systematic quality assurance system in place with automated action taking where needed	Systematic checks in place for all critical systems eg existing and newly acquired staff, premises & systems