



NHS England Project:

Helping CCGs to develop governance arrangements that are as effective as possible

Key messages

Good Governance Institute

July 2014





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1. Background

Clinical commissioning groups (CCGs) are new statutory NHS bodies which between them commission over £65bn of services for the local people they serve.

Under the leadership of the NHS Commissioning Assembly CCG Development Working Group, a series of evidence-based development support packages are being produced that will enable CCGs to draw on the skills, knowledge and best practice of leading edge experts in their field. This project is one of the themes identified in that series.

CCGs have requested practical support to help them develop their governing bodies in the context of a new legislative framework. The legislation brings considerable flexibility to the member practices of CCGs and how they best enable clinically-led commissioning supported by sound governance arrangements. This project looks at development support to CCGs to ensure their governing bodies can be as effective as possible.

As well as being public bodies, CCGs are membership organisations, with Constitutions that specify variable accountability relationships between the membership and the governing body. These arrangements are new in the NHS and CCGs have developed their local governance arrangements in different ways.

2. Benefits

Good governance is important to patients because they depend on the quality of the judgements and decisions that CCGs make.

Good governance is important to the public as it gives them confidence that the best decisions are taken for the right reasons, that the quality of healthcare services is protected and that public money is being spent wisely.

Good governance is important to clinicians as members because it supports them to make the best possible decisions, reduces the likelihood of things going wrong and protects them in the event that things go wrong.

Good governance is important to those regulating the system as effective governing bodies are an effective way of providing real-time, local assurance.

3. Challenges

There are a number of challenges relating to governance which CCGs have identified. These include:

- The responsibilities of the governing body does not exactly equate to that of a traditional NHS board.
- Executive or non-executive roles are not defined in the same way as other kinds of organisations. Whilst for some roles, it is relatively simple to compare to an executive or non-executive role, GP roles on the governing body are often a complex hybrid.
- The governing body must include at least two lay members which is significantly fewer than were engaged as non-executive members in other NHS organisations.
- There is variation of governance arrangements between CCGs, rather than a standardised approach, making it harder for CCGs to compare and learn from each other and making it more complex for advisers.
- Studies and anecdote suggests that there is a tendency amongst clinicians to equate the term 'governance' with bureaucracy and red tape. Good governance should be described in language that is valued, understandable and recognised by clinicians and the public.

4. Aims

This is a project in four parts, to develop:

1. A consistent language to describe governance that is engaging for clinicians and the public.
2. A proposed set of outcomes of good governance that can be described and measure.
3. A diagnostic tool with which CCGs can measure the outcomes of their governance arrangements supported by a process that CCGs can employ (either by self-analysis or a peer to peer process) which will enable them to use the tool to maximum effect. This tool will also support the review of CCGs' co-commissioning arrangements and the governance between organisations.
4. A set of case studies drawn from insight gathered from the testing of the tool during development and/ or from early adopters. The first phases of this programme (1 and 2) were undertaken between February and May 2014, and these are being taken forward with 3 and 4 between June and September in order to be available to CCGs from October onwards.

5. Positioning

NHS England has commissioned the Good Governance Institute, working in partnership with Capsticks and Cass Business School, to undertake this piece of work. These organisations bring a significant number of subject-matter experts to the partnership that gives NHS England access to a huge range of collective expertise.

There is a clear approach and intention to co-produce this work with CCGs. The providers have been successful in engaging multiple colleagues from CCGs and more broadly to guide the work and see it as essential to the project's success. The testing of the tool or tools arising from the outcomes work will have CCGs at its core, and will be brought together at an event in September 2014.

The project is being steered by a task and finish group, under the leadership of the NHS Commissioning Assembly CCG Development Working Group. Members of this group will take an oversight role and work with the Good Governance Institute to ensure its delivery

6. Deliverables and timescales

The following are the programme outcomes:

- A proposed set of outcomes of good governance that can be described and measured. (Outcomes is used here to refer to the outcomes of governance rather than clinical or health outcomes).
- Use of a proposed language to describe governance that is engaging for clinicians and the public.
- A tested tool or tools by which CCGs will know whether they are gaining the beneficial outcomes of good governance.



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