



Good  
Governance  
Institute

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

**a programme commissioned from the  
Good Governance Institute (GGI) by NHS England**

## 1. Background

During 2012, the NHS Commissioning Assembly CCG Development Working Group identified a need to support CCGs develop effective governance arrangements. At a similar time, the board of NHS England requested that some help be made available to CCGs to support them ensure that their governance arrangements were sound. A task and finish group, chaired by Dr Steve Lloyd, Chair of Hardwick CCG, was formed with twelve CCGs, NHS England Area Teams, and NHS Clinical Commissioners to oversee the work.

The task and finish group scoped the challenges faced by CCGs and identified the following contextual issues for CCGs:

- The responsibilities of the governing body do 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. While 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 more complex for advisers
- Both studies and anecdotes suggest that there is a tendency among 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

With all this in mind, in February 2014 NHS England commissioned The Good Governance Institute (GGI), as part of a wider body of work on commissioning skills development, to undertake a programme of work focussed on helping Clinical Commissioning Groups (CCGs) gain added value from their governance arrangements. GGI were supported in this work by Capsticks Solicitors LLP and Cass Business School.

The work was conducted in two phases.

In **Phase 1**, GGI worked with CCGs and other stakeholders to develop:

- A proposed language to describe governance that is engaging for clinicians and the public
- A proposed set of outcomes of good governance that can be described and measured

In **Phase 2**, GGI processed the findings of the first phase and, working with CCGs, developed:

- Diagnostic tools 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 tools to maximum effect
- A set of case studies drawn from insight gathered through the testing of the tools during development and/or from early adopters

The close of this project has provided us with an opportunity to reflect on our findings.

## 2. Phase 1

### Language and outcomes: project method

The approach agreed between NHS England and GGI was to deliver the first phase in a way which:

- Was as inclusive as possible, engaging with as many CCGs as practical in the timescales provided
- Produced some evidence around language and outcomes that could help support the outputs from the programme
- Used a variety of different approaches in order to maximise engagement
- Laid the ground work for later work on the implementation and measurement of the governance tools

With this in mind, GGI designed an approach to completing this task that involved as many CCGs as possible. To engage the field, GGI initially developed a background concepts paper that provided various hypotheses about governance language and outcomes, and which would act as a tangible yardstick against which any input could be solicited. In short, this series of hypotheses acted as a context and content paper, and framed the means by which contributors could provide their input. This paper was published in March (Publications Gateway: 01291) and was distributed to all CCGs both electronically and in hard copy.

In parallel, GGI set up the various means for testing the concepts. During February and early March 2014, GGI:

- Developed and launched a project website – [www.ccggovernance.org](http://www.ccggovernance.org)
- Set up five national workshops at the end of April 2014, at which governance thinking could be brought together with colleagues from CCGs. These workshops were organised in London, Manchester, Leeds, Birmingham, and Bristol, with two hosted by Capsticks, two by Grant Thornton, and one by North Western CSU
- Developed a survey to test ideas around language and outcomes
- Wrote twice to all CCGs (accountable officers and Chairs) inviting them to take part, and to elicit CCGs willing to take a greater role in this work
- Set up a LinkedIn Group to debate the issues as the project progresses
- Used Twitter widely to draw attention to the work and engage the field in starting to think about the issues
- Set up a programme of interviews and commitment to written responses
- Carried out a series of individual interviews and CCG visits, combining much of this with the other ongoing work of GGI

## Phase 2

### Development, review, and dissemination of governance tools project method

The second phase of this project, which began in May and concluded in October, continued and developed the momentum of the initial CCG engagement. Taking into account feedback from the five workshops, GGI produced a number of draft tools with the goals of helping CCGs to better understand the outcomes of governance, and to analyse the performance of their organisations. These resources fit with the overall project intention of providing the means by which CCGs can evaluate, without extensive external support, their own achievement of these outcomes, and to develop a series of case studies of how various CCGs were delivering these outcomes.

These tools were then circulated among a total of 41 CCGs who had expressed an interest in trialling/ reviewing the tools as part of this project.

GGI maintained regular contact with these CCGs throughout the length of the review period through email, telephone, and Twitter. Despite difficulties in scheduling, 16 CCGs were able to feedback their experiences of the tools via evaluation forms with 3 providing information for case studies.

In support of this, GGI held a virtual webinar that explained how CCGs could become involved. This was hosted on our website.

Besides this, GGI also produced a number of articles in support of this work:

- A mid-term report
- A language paper
- A key messages document
- A trial briefing paper

Workshops were held on the 9th September 2014 and the 14th October 2014 to bring this range of materials and activities together.

Throughout this programme of work, GGI's social media platforms have played a crucial role in promoting engagement. Primarily, this has centred on encouraging CCG governing body representatives to trial or review the set of diagnostic tools within their own CCGs, and to then provide GGI with feedback. Furthermore, an extensive LinkedIn discussion page was implemented, which helped generate material for the various reports and tools produced by GGI.

### 3. Project engagement across both phases

The programme has been a success, with excellent engagement across both phases. We were particularly pleased with the high levels of CCG engagement and their input has proved instrumental in the work.

- The task and finish group has been chaired by a GP clinical leader from a CCG. Members of the task and finish group have been drawn from 12 CCGs from a variety of roles, including a governing body lay member and an accountable officer. The group has overseen the progress of the work throughout
- Five CCG workshops, held throughout the Spring, attracted 128 participants; half of whom were from CCGs. Other attendees included those from Area Teams, Commissioning Support Units, and other providers
- 41 CCGs reviewed and/or tested the first draft of the tools and provided feedback in a subsequent workshop in September
- Almost 800 people, many from CCGs, joined a specific LinkedIn discussion group, and between them made almost 200 contributions to the discussions on a range of governance issues. Over 700 links from Twitter to the LinkedIn group occurred throughout the course of the programme
- Similarly, 214 people, 176 of whom were from CCGs, responded to an online survey testing perspectives on governance

Other stakeholders from within and outside the NHS have also made valuable contributions. Most notably, in October, more than 80 people attended a specific workshop for commissioning support organisations, and many non-NHS workers contributed to the LinkedIn discussions.

## 4. Key themes

As the work developed several key themes, detailed below, emerged. These themes helped us to develop an appealing language for governance, as well as a set of key outcomes:

- clarity of purpose
  - leadership and strategic direction
  - effectiveness of relationships
  - membership support
  - public and community engagement
  - quality and safety structures and systems
  - focus on outcomes
  - better decision-making
  - control systems
  - legal and regulator compliance
  - organisational effectiveness
- ➔ There is no one size fits all definition of good governance, and in fact it is nigh on impossible for any one definition of good governance to capture all of its intricacies
  - ➔ Elements of governance for CCGs that are often cited as the most preferable are also often the least palatable e.g. control, clinical voice, and fairness to all
  - ➔ Governance needs to be accessible (plain and coherent). Governance is simple when done right, and the language should reflect this
  - ➔ Where possible, governance should relate to the Nolan Principles
  - ➔ There needs to be a shift in the language of governance to portray governance as positive and enabling in order to encourage CCG members, clinicians, and the public to take ownership of their CCG. Governance is about empowerment, it is not meant to be about red tape and bureaucracy
  - ➔ CCGs should feel confident in their decisions, and if challenged should be able to point to sound, well-governed processes as evidence that the correct steps were taken. In turn, accountability in mature organisations should encourage the right risks to be taken and should foster innovation. Any tools that we create should support this
  - ➔ CCGs should be transparent in their dealings. Transparent processes will also help address the inherent conflict of interest in CCGs
  - ➔ Good governance should happen. There needs to be a cultural shift away from the view that governance is only concerned with bureaucracy, to one where there is genuine, embedded stakeholder involvement and engagement (including in the training of doctors)

## 5. Outputs

Five diagnostic tools have been produced as a result of this work. These tools have been widely trialled and socialised, including at a number of national workshops, and feedback has been hugely positive. The tools were also reviewed or trialled in some way in over 40 CCGs nationally.

The five tools are: a maturity matrix, a survey tool, a guide to meeting observation, a guide to peer review, and a standards and evidence tool. The foundation of each of the tools is the maturity matrix, with each of the other tools utilising this in various ways in order to bring maximum flexibility for CCGs.

**The maturity matrix** takes the learning from the first phase of the project and identifies eleven key outcomes of good governance arrangements in CCGs. Short narrative descriptions enable CCGs to benchmark themselves across the spectrum from basic to exemplar practice, and to set aspirations for where they wish to be.

The other four tools are derived from the matrix and lend themselves to be used in a variety of circumstances that different CCGs may face at different times and at different stages of development. They include:

**A survey tool** which can help gather opinion, from both within the CCG itself and/or other stakeholders, about the degree to which good governance outcomes are being achieved.

**A guide to peer review** to support to CCGs with the peer review process and provide each other with friendly, yet objective, external assessment.

**A standards and evidence tool** in which the CCG provides evidence against a set of standards (derived from the matrix). Descriptions of expected evidence that a CCG may be able to produce to demonstrate its effectiveness are provided to guide the CCG and suggest where to look.

**A guide to meeting observation** which provides a systematic approach for undertaking an objective analysis of how decisions are made in CCG meetings such as the CCG governing body.

The tools are hosted on GGIs website [www.ccggovernance.org](http://www.ccggovernance.org), as well as on the NHS England website. As part of this work, the GGI website has also been refreshed, making it as easy as possible for CCGs to access the tools.

Several other papers have been produced in support of this programme, notably a Languages Paper and several mid-term reviews.

## 6. Conclusions

This programme of work has been a real success producing, in collaboration with a variety of stakeholders, a range of detailed diagnostic tools that should provide tangible benefits to the way CCGs govern themselves.

GGI is particularly pleased with the high levels of engagement shown by CCGs throughout the course of the project, and would like to thank all those who took the time to attend a workshop, leave a comment on our LinkedIn discussion page, or reviewed or trialed the tools within their CCG. All of the feedback we received was useful and helped us make the tools the best they could be.

We are, understandably, keen to see the tools used by CCGs and would welcome any discussion around how we could best facilitate this in your CCG. We have also undertaken to review and update the tools on a periodic basis and so would welcome any further feedback you may be able to provide us in the future.



[www.good-governance.org.uk](http://www.good-governance.org.uk)