| Key Elements: | Governance Between Organisations (GBO) a Maturity Matrix developed by the Good Governance Institute, 2013 | | | | | |

Progress Levels:

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
1. Joint and Delegated Decision Taking Include reputational risks and potential failure of partners and suppliers.	NO	All delegated functions to external organisations are mapped and owned by our managers.	Board has established its risk tolerance for performance by others taking decisions on our behalf.	Board level decision tracking system records decisions taken by others on our behalf.	Audit of decisions taken by others on our behalf reported to Audit Committee, escalated to governing body as appropriate.	Contracts and delegated decision taking improved in light of reviews of joint/delegated decision making.
2. Assurance Independent assurance of partnership and delegated working.	NO	Strategic objectives focused governing body assurance framework is established and embedded in organisation.	Potential boundary failures and capacity of partners/suppliers is included in assurance framework with indication of our risk appetite/tolerance.	Independent assurance is available for red flagged risks including partners' systems.	Systems have been tested to demonstrate our own and our partners' ability to respond in timely manner.	Assurance framework includes reputational risk of partners/suppliers and all risks in the framework are checked routinely for potential boundary failure.
3. Continuity of Care Joint commission outcomes and connectivity of care pathways	NO	Recognition that patients expect continuity of care	Health and social care services are jointly commissioned and measured on basis of pathway of care where possible	Outcomes are being planned and achieved through focus on Mandate/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 ,
4. Partnerships and Networks Joint audit critical processes across the boundary	NO	Protocols agreed for integrated clinical/systems audit.	Protocols agreed for joint audit of single provider by two or more interested (commissioning) organisations.	Protocols agreed for interface audit of service delivery across organisational boundaries and by visiting/agency staff.	Audit covers boundary conditions tracking key pathways of care through all provider organisations and staff on routine basis.	Integrated clinical/system audit plan tracks key whole pathways on regular basis as part of clinical audit 'spiral of improvement'.
5. Mutual Aid and & Business Continuity Engage with other organisations to support us in case of 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.	'unknown unknowns' resilience/ responsiveness is tested in joint scenario exercises.	Contingency plans with out of region support established.