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We lead national studies and undertake other commissioned work to move governance thinking forward, both nationally and internationally. Our reputation as thought leaders places GGI as a recognised partner across health, social care, education, local government, and the charitable and corporate sectors. Through our work with NHS England and NHS Improvement, GGI is a valued member of the NHS family.

GGI's value lies not only in our detailed understanding of the challenges and opportunities faced by board members, but also our expertise in bringing issues of governance to life through delivering support in strategy, leadership, engagement, and organisational development.

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## Festival of Governance

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Registered Office: The Black Church, St Mary's Place, Dublin 7, D07 P4AX, Republic of Ireland  
Correspondence address: Good Governance Institute, China Works, Black Prince Road, London, United Kingdom

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Editor: Jaco Marais, Festival Director, GGI  
Editor-at-large: Sarah McCarthy  
Art Director: Jaco Marais, Festival Director, GGI  
Design: Emiliano Rattin, Creative Manager, GGI

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[info@good-governance.org.uk](mailto:info@good-governance.org.uk)

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Darwin said *“It is not the strongest species that survive, nor the most intelligent, but the ones most responsive to change.”* Our world is changing. Our Festival this year is about how we as individuals bring our whole selves into the governance role.

The effective stewardship of critically important organisations by well-motivated, competent individuals is the best guarantee that our collective interests will be protected. Measuring up as a fit-and-proper person requires a lot from leaders – not just to utilise their knowledge, skills and experience – but also to make judgements that have been properly considered to have a positive impact on the economy, society and the environment.

Many of us develop a work persona and it takes courage to bring our whole selves to work. This means showing up authentically, leading with humility, and remembering that we’re all imperfect human beings doing the best we can. It’s also about having the courage to take risks, speak up for what we believe in, challenge popular thinking, connect with others in a genuine way, and allow our unique selves to be truly seen.

GGI invites you to contribute and collaborate with other fearless individuals who will make up this year’s festival. Good Governance because it’s personal.

A handwritten signature in black ink, appearing to read 'Andrew Corbett-Nolan', with a long horizontal flourish extending to the right.

**Andrew Corbett-Nolan**  
Chief Executive  
Good Governance Institute

# Festival of Re

*The Good Governance Institute exists to help create a fairer, better world. Our part in this is to support those who run the organisations that will affect how humanity uses resources, cares for the sick, educates future generations, develops our professionals, creates wealth, nurtures sporting excellence, inspires through the arts, communicates the news, ensures all have decent homes, transports people and goods, administers justice and the law, designs and introduces new technologies, produces and sells the food we eat - in short, all aspects of being human.*

*We work to make sure that organisations are run by the most talented, skilled and ethical leaders possible and work to build fair systems that consider all, use evidence, are guided by ethics and thereby take the best decisions. Good governance of all organisations, from the smallest charity to the greatest public institution, benefits society as a whole. It enables organisations to play their part in building a sustainable, better future for all.*



# Governance

## view

Whether it's through small acts of kindness or consuming more consciously or through the effective stewardship of an influential organisation, GGI believes that every individual has the power to make the world a fairer, better place.

Our theme for this year's Festival, good governance because it's personal, reflects the growing need for every individual, whoever they may be, to make a positive contribution through their actions.

The cover of this year's Festival Review is a mirror to reflect you, our reader. We hope that these articles give you some food for thought as we take this opportunity to reflect on how we can make meaningful connections while contributing to the intriguing world of governance in our own unique way

Good governance because it's personal.

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GOOD GOVERNANCE BECAUSE  
**IT'S PERSONAL**

**Festival of  
Governance** 2019

As we grow up, we assume responsibilities. If we don't do this we run the risk of getting stuck in our own development. As our ability to take on responsibilities grows, we make more and stronger connections with the world we inhabit. Our individual and organisational wealth and wellbeing depends on the strength of our connections allowing us to grow into better, more mature individuals with even greater capacity to engage with ourselves and the people we care for.

This year GGI is 10! It's a milestone we wanted to celebrate with the people who have contributed to our success thus far, and we have commissioned an Advisory Committee to assess what the future of the public sector will look like 10 years from now, and the role governance will play in this.

'Good governance because it's personal' is the tagline for this year's Festival of Governance, and our imagery of Narcissus staring at his own reflection might look like we have succumbed to cultural echoes as illustrated by phrases like: "love yourself before you can love anybody else; and if you believe in yourself you can achieve anything."

If GGI were a person, it would strongly disagree and would go further to say that this position is potentially dangerous and indeed unhelpful to our survival as individuals and as a society.

What is personal is what we choose as individuals to connect to. The strength of these connections is what makes us stronger as individuals, a community and as a species.

Our choices of who and what we connect to, are usually determined by, in the broadest sense of the word, our environment. We evolve, both as people and as a society, when our environment no longer supports the way we were. It is always tempting to go back into the past to recreate an environment where we did feel comfortable, but the genesis of good governance is all about organisations changing through taking sensible risks to achieve benefits for all. Our festival this year draws on the contributions of brave women and men who are not afraid to explore new ways of being stewards in an increasingly volatile, uncertain, complex and ambiguous world.

Following on from last year's Festival of Governance we will report on how the leaders of organisations we work with have changed and created systems that collaborate rather than compete. Because if GGI were a person, it would promote good governance not only for and by the people it agrees with, but instead as Professor Mervyn King puts it: " Good governance is from us all, by us all and for us all."

This is why we invite you to come and connect and contribute to designing safer, fairer, better places where people can form deep and lasting connections with those who share their immediate environment in places, hospitals, universities, arts, sports and cultural organisations, and in the world as a whole.

**Jaco Marais**

Festival Director

Good Governance Institute




Professor Mervyn King

# The world through many eyes

Today's regulatory frameworks form a mixing pot of acronyms. In his keynote speech to the IIRC, Professor Mervyn King gets a standing ovation for advocating collaboration over competition.





In his book, *Sapiens*, Professor Yuval Noah Harari poses the question: how did homo sapiens evolve to become the dominant force on the planet?

Humans have evolved from an unexceptional Savannah-dwelling primate to the lone survivor out of six distinct competing hominid species.

How has humankind managed to build large populations when other primate groups top out at a few thousand individuals?

The answer, concludes Professor Harari, is that collaboration and integration have helped to build societies along with the imagined realities of homo sapiens, such as money and religion.

In the Sustainable Development Goals of 2015, goal 17 talks of collaboration, without which the other 16 outcomes-based goals will not be achieved.

The concept of a company is an imagined reality. Or rather, it's an imagined reality that has no conscience. It's a person in law, but totally incapacitated and inanimate until individuals are appointed its directors. Whether it's seen to be a conscious company and a good corporate citizen or not will depend on whether it has conscious leaders.

The company is an entity that was created by society for society. Representing the people, it was the government of the day that created this artificial person that had limited liability with consequential limited rights. Without collaboration – in other words, the integration of inputs, how it makes its money, strategy and its functions – the company, as with humankind, would not have flourished as it's done.

# What about the outcome on the whole ecosystem?

In the International Integrated Reporting Council (IIRC) Framework, the definition of integrated thinking is “the act of consideration by an organisation of the relationships between its various operating and functioning units and the capitals that the organisation uses or affects.” To paraphrase, it’s the collaboration between the resources used by the company in producing its product, the relationships between the company and its stakeholders, and the functions such as internal audit, risk management, company secretarial practices, etc. that affect a company’s ability to create value over time. It’s a society within a society, requiring the same integration that was needed 70,000 years ago for the development of humankind to become the dominant species on planet Earth.

At the International Integrated Reporting Council (IIRC) conference so far, we’ve had discussions about the power of integration in a complex and interconnected age. The Human Centred Business Model on Social and Environmental Principles

is being carried out under the framework of the Global Forum on Law, Justice and Development in the US. In its first draft document, it talks about the integration of the economy, society and the environment – but with conscious and ethical leadership. The thesis is that society needs conscious and ethical corporate leaders to steer the business of the company to the junction of the three critical dimensions for sustainable development: the economy, society and the environment.

## Competition vs collaboration

By 2008, IFAC acknowledged that financial reporting, although critical, was not sufficient. When I was chairman, the Global Reporting Initiative (GRI) acknowledged that sustainability reporting is critical but, without numbers, is meaningless. The discussion continued to conclude that reporting in those two silos was divorced from reality. These issues are integrated and there’s 24/7 collaboration between them. The IIRC framework is outcomes-

*The Global Reporting Initiative (GRI) acknowledged that sustainability reporting is critical but, without numbers, meaningless. The discussion continued to conclude that reporting in those two silos was divorced from reality.*

based, strategy has evolved from being inputs- to outcomes-based, the SDGs are outcomes-based. Consequently, how we direct and how we manage – which will include how we report – should be outcomes-based.

Not looking at the outcomes of a company's business model can have dire consequences. One of the tragic examples of this was in the 1950s when DDT spraying over crops was at its height. We've all seen pictures of planes flying over fields, spewing out pesticides to kill the bugs that were eating crops. It was Rachel Carson, a biologist and naturalist in the 1950s, who asked the question: "What about the other species? [What about the outcome on the whole ecosystem?](#)".

She concerned herself with the impact on nature's creatures which DDT and other pesticides were not intended to kill, but were in the pathway of the sprays covering huge tracts of land.

We know today that Rachel Carson was correct. Fish life in those areas are still adversely affected; deformed birds are still being hatched.

We spoke about inspiring global alignment through value creation. Well, the IR Framework creates this global alignment. The board's collective mind should be giving parity of thought to the sources of value creation, the relationships with its stakeholders, and the functions that allow business to operate smoothly.

Value creation in a sustainable manner opposes profit being subsidised by society and the environment. This was the consequence of Milton Friedman's theory that the sole purpose of the company was to make profit without deception. It was at a cost. [Throughout the 20th century, subsidisation by society and the environment resulted in unsustainable development.](#)

Today, the Internet is creating an influx of data flooding into companies and Boards have to consider how to extract critical information. Big data is more relevant to tackle sustainability issues than financial matters. The Sustainability Accounting Standards Board has issued Sustainability Accounting Standards covering financially material issues in 77 industries. The standards aim at providing investors with in-depth information about the impact of a company's actions on society and the environment. Likewise, since the days of its inception in 1997, the GRI has expanded its remit into areas that were never previously contemplated. The board has to decide what material to include in a sustainability report. The presentation on integrating Sustainable Development Goals (SDGs) and climate change into business management. This is critical. A company must select which SDGs are pertinent to its business and embed them into its strategy.

As we all know from our workshop on purpose and profit, today's great asset owners and asset managers are asking the questions: what is the value creation proposition of the company? Is it sustainable? And what is the purpose of the business of the company, other than making profit? These asset owners and managers have seen that corporate leaders need to move their focus away from increasing the wealth of shareholders at any cost and develop business models and strategies to ensure the long-term health of the company. (To quote the wealth and health juxtaposition written about by Professor Lynn Paine at Harvard University.)

On day two, we had a talk about building momentum and the ongoing development of integrated reporting around the world. In most jurisdictions across the globe, financial reporting according to IFRS and FASB standards is mandatory. In some jurisdictions today, sustainability reporting is mandatory. Certainly, reporting on Environmental, Social and Governance (ESG) criteria has become mandatory in certain jurisdictions. As I've already mentioned, companies are being inundated with an influx of public-interest information about non-financial outputs such as sustainability and social responsibility.

There are now many frameworks for reporting on these matters of public interest, which has resulted in the tragedy of competition between the frameworks. Each one aims to uphold a social or sustainability concern but, *when it comes to issues of public interest, there should be no competition.*

The sustainability of the planet is an emergency that should sweep away egos, selfishness, and competitiveness. It's a time for collaboration. Seventy thousand years ago, homo sapiens

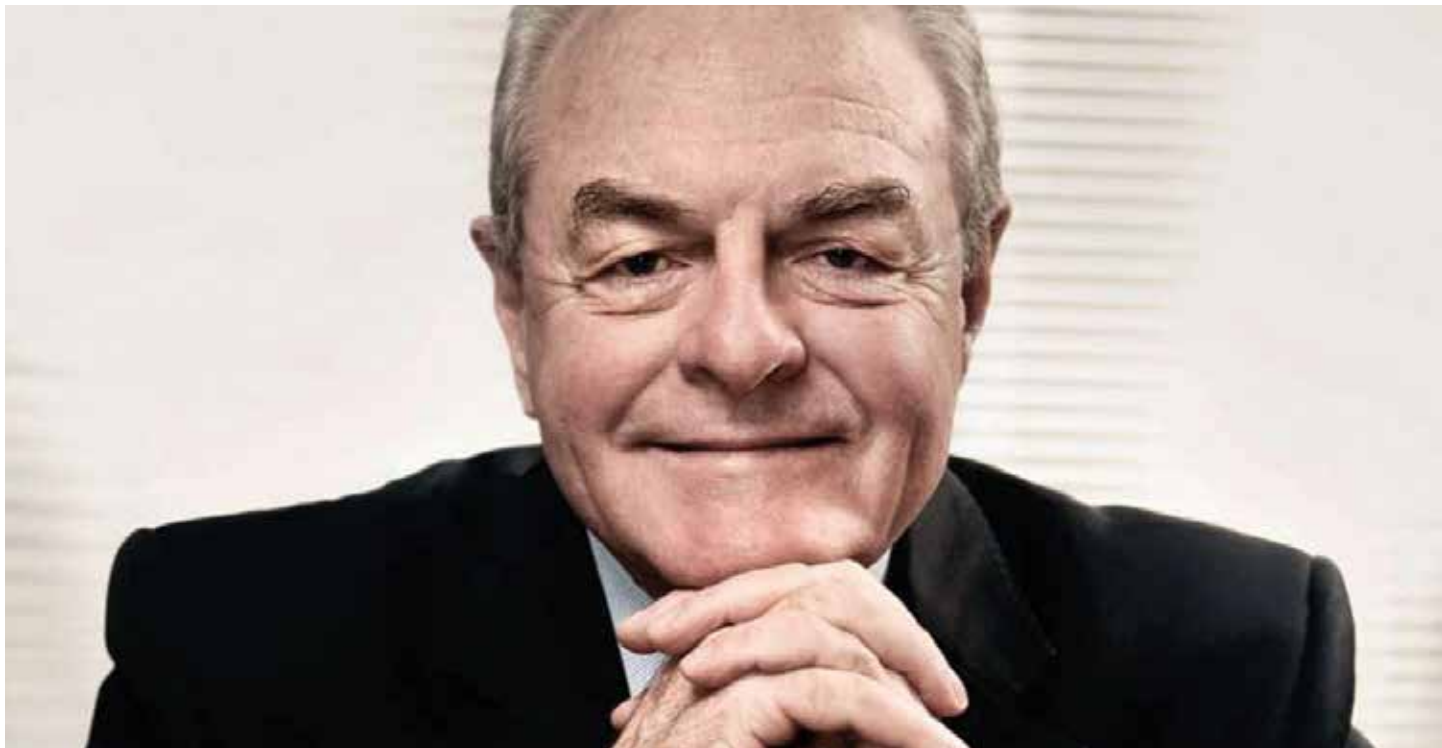
collaborated in order to develop and grow. Today, we have to collaborate to survive. *To continue to see members of the various governing bodies and regulators compete on matters of public interest is a tragedy.*

Boards need to spend more time reading and understanding the company's financial and sustainability reports. They need to ensure that material matter, defined as that which has an effect on value creation, is reported in clear, concise and understandable language – not in financial or sustainability reporting speak. The trustee of your pension fund, for example, should be able to make an informed assessment about whether or not the company is creating value in a sustainable manner.

To be accountable, an individual or organisation is obliged to account for its activities, accept responsibility for them, and to report its results in a transparent and understandable manner.

The question needs to be asked: what is the best body of people to inform stakeholders about the true state of play in a company and its outlook?

Continues page 18



## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Sarah McCarthy, Editor-at-large *Festival Review*

# Meeting Professor Mervyn King

- May 2019 -

As a fellow South African, I was extremely eager to meet Professor Mervyn King, who worked alongside Mandela to rewrite South Africa's constitution as the country transitioned from the apartheid era. What a legacy! As well as being eager, I was also slightly nervous. But Mervyn immediately put me at ease, complimenting me on my choice of outfit for the glamorous Glyndebourne opera that we were attending as Andrew Corbett-Nolan's guests.

One of the first things I learned about Mervyn is that he was actually born and raised in Rhodesia, the former Zimbabwe, not South Africa. In the car on the way to the opera, he regaled me with stories of meeting former President Robert Mugabe, one of the most despotic dictators the continent has seen. He confided that Mugabe's eyes had the look of a man who was of unsound mind, which aligned with the rumours that I'd heard about his mental health.

When I asked him where he currently lives, he answered "on an airplane," with a chuckle. Mervyn has three offices in far-flung corners of the world: Johannesburg, London and Sydney, which he travels between, as well as attending events and conferences across the globe.

When I asked him how he managed to keep going, he answered, "I take two pills every morning; one is called passion and the other is dedication." And when I asked him if he will ever retire, he answered, "Never. I want to die at my desk making a difference." And what a difference he's already made. Not only has his work had a positive impact on South Africa, but his four King Reports have had far-reaching influence on governance across the world. I consider myself extremely privileged to have spent so much time in the company of such a great and truly inspirational man.



The answer, unequivocally, must be the board. The board, by definition, has been informed of what's happening in the company throughout the fiscal period. This includes how the company has considered inputs to outcomes, managed IT governance and cybersecurity, and eradicated or ameliorated the negative impacts of how it makes its money on the three critical dimensions for sustainable development. The board has to spend more time understanding what's material and putting it into its report in clear, concise and understandable language. It's insufficient to use incomprehensible language in financial and sustainability reports, leaving stakeholders to decide for themselves what is or isn't material. In order to be accountable, reporting needs to be understandable.

To put it in another way, are informed boards discharging their duty of accountability by reporting financial and sustainable outcomes in two separate, siloed reports? Could they leave it to uninformed stakeholders to decide what challenges and uncertainties the company is likely to encounter in pursuing its business model? And what are the potential implications for its business model and future performance? I believe the question answers itself.

When we spoke about value creation and investor stewardship, we acknowledged that various codes of stewardship have sprung up all around the world. Company leaders face the old *pater familias* test, which asks the question: **would you look after these assets the same way you'd look after your family's assets?**

There's a beauty in the room today. That beauty is an identity of interest that the corporate toolbox of functions, operational and strategic issues being in silos is yesterday's thinking. For example, CSR today is embedded into the strategy of the company – so the conservation of water by the brewer of beer is part of the business strategy of the company. This is the revolutionary immensity of integrated thinking that is sweeping the world.

Integrated thinking is aligned with the concept of inclusive capitalism. Financial capitalism – increasing the wealth of shareholders in the hope that the wealth would trickle down to the impoverished at the bottom – failed. The trickle became treacle and didn't reach the bottom. In fact, it exploded in 2008. Inclusive capitalism notes how the company makes its money and whether in doing so it's having or striving to have a positive impact on the three critical dimensions for sustainable development. No longer, Professor Friedman, is it acceptable merely to drive to increase shareholder wealth at any cost as long as there's no deception.

No longer is it enough to think that the purpose and the business of the board is to ensure and to act in the best interests of shareholders. The board has to act in the long-term best interests of the health of the company. If that is achieved, that is in the long-term better interests of all the company's stakeholders, including its shareholders.

At the heart of conscious corporate leadership is integrated thinking. This focuses on the long-term health of the company, which is in the best interests of discharging that moral duty. This is on all of us to endeavour to ensure that those who come after us have a sustainable planet.

The limited liability company is the chosen medium through which business is conducted today. Corporate leaders with an integrated mindset need to steer the business of the company to the junction of the three critical dimensions for sustainable development. That's the step to achieve value creation in a sustainable manner.

*And this has to be the rallying cry on a collaborative basis from us all, by us all, for us all.*

## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Mark Butler, Director of Development

# The Alderney Report goes public

- March 2016 -

The launch of our final report into allegations of serious wrong-doing around a GP's practice on the island of Alderney meant many different things to me. Firstly, it marked the welcome end of a highly complex, emotionally draining and deeply disturbing process for those involved. It tested our ethics and ability to reach sound judgements to the limit but, more importantly, it put to rest serious issues which had been blighting an entire community.

Secondly, the conclusions were objectively the right ones and involved public consequences for people who had sought to destroy the lives of others (not the GP but those in positions of influence). Thirdly, we had served a wider purpose for the local communities involved, bringing them together and confirming trust in what should be expected from public servants and good governance.

This was GGI having a unique impact, bringing together our soft and hard skills, making full use of the wide experience and depth of principles built into the senior team and delivering something which was, quite simply, the right thing to do against a background of serious political intrigue.

I am proud of a lot of what GGI stands for and does but this made my mind up to become a permanent part of its future work and influence, embodied now in the National Commission and its potential to shape the future of the public sector in the UK.



# Cultivating Good Governance

From the Cadbury Report to King IV, we explore how the challenges and failures in corporate structures have helped shape governance over the past twenty years

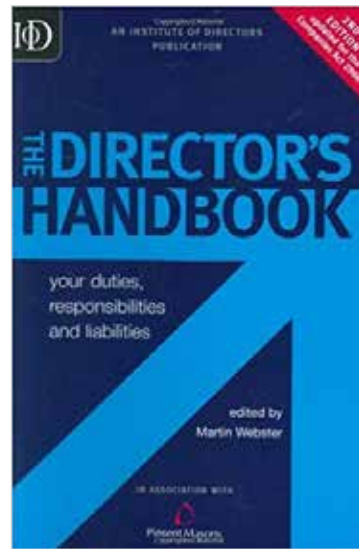


Dr John Bullivant, Chair, GGI Advisory Group

It was the Cadbury Report, released in the early 1990s, that triggered the current revolution in the use of the word governance. The report focused on the financial aspects of corporate governance, to which was attached a code of best practice. Aimed at listed companies, and looking especially at standards of corporate behaviour and ethics, the “Cadbury Code” was gradually adopted by the City and the Stock Exchange as a benchmark of good boardroom practice.

In 1995, the Greenbury Report added a set of principles on the remuneration of executive directors. This was in response to some particular “fat cat” scandals, notably that involving British Gas chief Cedric Brown, whose 75% pay rise incensed both unions and small shareholders. In 1998, the





Hampel Report brought the two together and produced the first Combined Code. Then, a year later, the Turnbull Report concentrated on risk management and internal controls.

In each case, the reports were prompted either by shareholder disquiet over perceived shortcomings in corporate structures and their ability to respond to poor performance, or to government threats of legislation if the corporate sector failed to put its house in order.

In 2002, investment banker Derek Higgs was given the brief to look again at corporate governance and build on the previous reports to produce a single, comprehensive code. Shortly afterwards, the full consequences of the Enron and Worldcom scandals were realised, leading to fresh unease. The Higgs Report came out in early 2003, but was greeted with horror by some leading companies, with claims that it placed an unrealistic burden on non-executives and marginalised the role of the chairman. The task of taking Higgs's draft forward was passed to the Financial Reporting Council (FRC), a body established by government and comprising members from industry, commerce, and the professions. The FRC consulted further and produced a revised Code that followed most

of Higgs's recommendations but softened a few of the more contentious points, and so gained general acceptance.

At the same time, but with less fuss, chairman of the Weir Group Sir Robert Smith was leading a review of the role of audit committees. His recommendations were incorporated into the new Code with subsequent reviews and revisions from 2006 onwards.

Following the 2009 financial collapse, Sir David Walker's review of corporate governance in UK banks recommended raising the regulatory bar to becoming a non-executive director (NED). This required an induction and development programme to provide an appropriate level of knowledge and understanding in order to equip the NED to challenge executives. NEDs should be, *"ready, able and encouraged to challenge and test proposals on strategy put forward by the executive"*, and should *"satisfy themselves that board discussion and decision-taking on risk matters is based on accurate and appropriately comprehensive information"*.

### **The UK Corporate Governance Code**

When a new UK Corporate Governance Code was issued on 28 May 2010, four main principles were introduced to address the following:

1. The chairman's responsibility for leading the board
2. The need for directors to devote sufficient time
3. The requirement for NEDs to constructively challenge
4. The need for board to have balance of skills and experience.

### **UK Corporate Governance Code 2018 "comply or explain"**

The Code has been regularly updated (2014 and 2016), but The UK Corporate Governance Code 2018 places greater emphasis on relationships



between companies, shareholders and stakeholders. It also stresses the importance of establishing a corporate culture that promotes integrity, values diversity and is aligned with the company purpose and business strategy.

The Code focuses on the application of a set of principles and reporting on outcomes achieved. Companies should disclose how they have complied with the Code's provisions or provide an explanation appropriate to their individual circumstances.

There are five sets of principles:

1. Leadership and purpose
2. Division of responsibilities
3. Composition, succession and evaluation
4. Audit, risk and internal control
5. Remuneration

Giving an example of point one above, the principles for leadership and purpose are:

- 1.** A successful company is led by an effective and entrepreneurial board, whose role is to promote the long-term sustainable success of the company, generating value for shareholders and contributing to wider society.
- 2.** The board should establish the company's purpose, values and strategy, and satisfy itself that

these and its culture are aligned. All directors must act with integrity, lead by example, and promote the desired culture.

**3.** The board should ensure that the necessary resources are in place for the company to meet its objectives and measure performance against them. It should also establish a framework of prudent and effective controls, which enable risk to be assessed and managed.

**4.** In order for the company to meet its responsibilities to shareholders and stakeholders, the board should ensure effective engagement with, and encourage participation from, these parties.

**5.** The board should ensure that workforce policies and practices are consistent with the company's values and support its long-term sustainable success. The workforce should be able to raise any matters of concern.

The current FRC code brings the UK code into stronger alignment with the seminal King IV developments from South Africa. However, King supports an apply and explain regime which is less focused on compliance and more concerned with doing the right thing. This is the approach which GGI believes better suited to our ever-changing and increasingly complex world.

**How NHS governance has evolved from its failures and challenges over the years:**

	<b>Failures / challenges</b>	<b>Changes</b>
1970/80s	Managerial model: Griffith report "business-like principles were required in the NHS to oversee planning, implementation and the control of performance."  NHS funding at 3% of GDP	Adoption of corporate model Financial focus
1980/90s	Bristol Royal Infirmary	Clinical Governance GP fundholding (1991-98) NHS Trusts
1997	NHS underfunding at 5% of GDP	Waiting lists Private medicine Controls assurance NHS Trusts
2003	Market economy in England	Commissioning Market making, ISTC Foundation Trusts
2006	Siloed working within trusts	Integrated Governance Handbook (IGH)
2005-9	Mid Staffs	Burnham never again Commissioners accountable for what they buy Regulatory overreach Rigid format to annual reports
2009-12	Boundary failures in every inquiry report	GBO: little traction Monitors 'Quality Governance' introduced
2012-16	Lansley reforms, GP-led commissioning NHS funding at 8% of GDP	Confusion; no appetite for more structural changes Conflicts of interest Risk appetite Well-led regime
2016-	Collaborative, multi-agency delivery	New formal and informal multi-agency structures. Ethical / principles-based governance (King 1994-2016) Public (integrated) reporting Subsidiarity
2018/19	7% of GDP	Huge demand Deficits Workforce Griffiths wrong, says Hunt Encouragement of clinicians into management and the revival of Boards' Cross Organisational Governance (GBO)



Around 2006, the Bristol hearts inquiry (among others), gave rise to a real concern about the lack of board attention to clinical matters. This had been rectified by a robust approach to what was called clinical governance but, over time, this was sidelined from corporate and audit agendas into subsidiary committees. The Department of Health's 2006 Integrated Governance Handbook (IGH) sought to identify a number of measures that NHS bodies could adopt to fully incorporate clinical issues into the heart of board agendas, decision-making, and management action.

The IGH stated:

*"In order to discharge this accountability, a new architecture of corporate systems and processes needed to be formulated and skills embedded at every level. Six years on, significant progress has been made but few organisations have reached the state of maturity where clinical governance, the central business of a healthcare organisation, is the board's core accountability issue. Integrated Governance aims to do just this: to mainstream clinical governance into all planning, decision-making and monitoring activity undertaken by a board."*

The Lansley Reforms indicated change but promised: *"We will not fall into the trap of prescribing top-down processes or governance requirements to say how this should be achieved."*

There has, therefore, been little by way of advice to NHS boards and they have largely borrowed corporate governance rules, maintained

some outdated guidance from the 2000s, and retreated into a compliance regime overshadowed by an overambitious regulatory regime. In his 2016 speech to NHS professionals, Jeremy Hunt made it clear that the Griffiths report had got it wrong and that we had made a *"historic mistake in the 1980s by deliberately creating a manager class who were not clinicians"*.

He made it clear that we needed to revert to supporting greater diversity in the boardroom. This view has been supported by a report from NHS I.

The 2019 NHS Long Term Plan is light on governance but does say that a revitalised culture of support and collaboration will be underpinned by a new approach which includes, *"A reorientation away from principally relying on arms-length regulation and performance management to supporting service improvement and transformation across systems and within providers."*

Potentially, we have a next evolution of governance underway. Our future leaders will need to grasp the potential of the ambiguity of place-based accountability and focus on a sustainable principles-based approach to governance if they're going to be able to cope with rapid technological advances, exponential resource demands, an ageing population, and a disappearing workforce.

GGI is forward-looking, and in this review you will read more about the ground-breaking work we have initiated through our National Commission into governance in the public sector of the future. We believe that good governance is a key element to the sustainability of our public services, and building a fairer, better world for citizens.



## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Dr John Bullivant, Chair, GGI Advisory Group

# Engaging GPs to consider risk appetite in the new CCGs

- June 2012 -

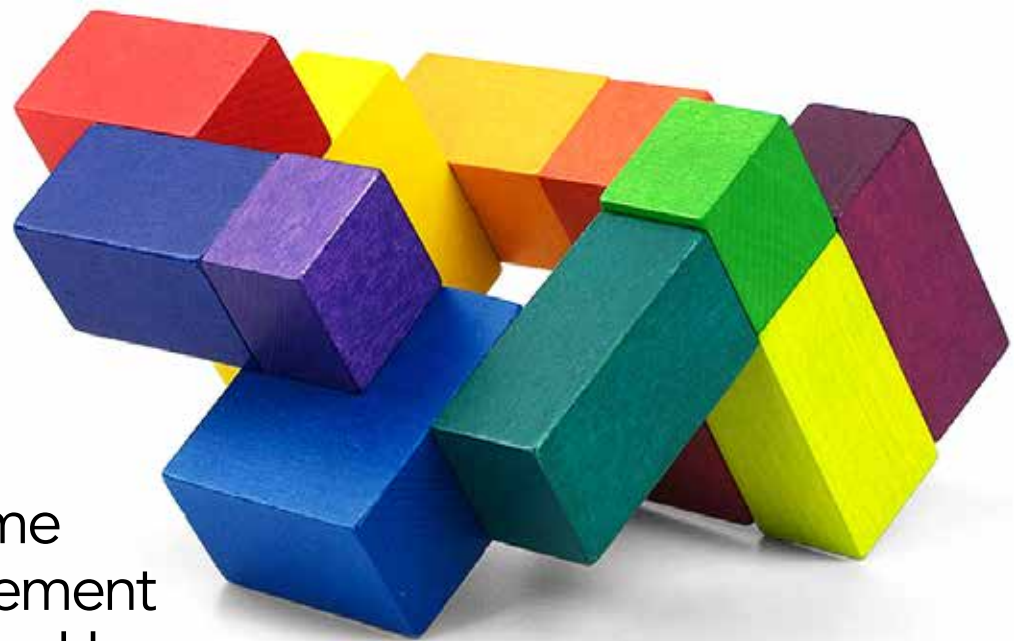
In 2012, the NHS reforms were taking effect. New GP-led CCGs had been established and Lansley had promised no bureaucracy, any business structure you like, no top-down instructions. GPs had taken him at his word and were reluctant to engage in governance, seeing it as little more than admin. Not surprisingly, we needed a new approach. So, working as always with colleagues such as Maggie Aiken, AD Governance and Southwark NHS BSU, we devised a risk appetite model to engage GPs. This was a great success. GPs got the concept as they have to take risks every day and we eventually moved them onto accountability, conflicts of interest, assurance, etc. The approach led to endorsements from Caroline Hewitt, Chair of the South East London PCT cluster and Dr. Amr Zeineldine, Chair of Southwark Health Commissioning & Aylesbury Partnership, who said:

“We write to commend to you a new publication from the Good Governance Institute (GGI) that has been developed with the support of Southwark CCG, SE London Cluster of PCTs and NHS London. The guide highlights what CCG boards (and those delivering services) need to know about their own risk appetite to properly ensure they take notice of threats and full advantage of opportunities that might affect patients’ safety, continuity of care and the effective use of public resources. GPs in their new role also need to be mindful of the risk to their hard-earned reputations as the most trusted part of the NHS.”





# A code for NHS board members to live by



In 2018 GGI ran a development programme funded by NHS Improvement for NHS board members. Here are some of the themes discussed.



Governance should add value. It should be transparent and ethical, focused on tackling operational challenges in ways that complement the big picture vision; always seeking the best outcomes for stakeholders, not merely for ways to stay out of trouble.

From the smallest charity to the greatest public institution, good governance is in everyone's interests, enabling organisations to build a sustainable, better future for all of us.

It's incumbent on NHS board members to work with these ideals in mind. It's their duty to remain focused on broad, strategic goals as well as tackling day-to-day issues.

Delivering on these dual – sometimes apparently conflicted – responsibilities is easier when some basic principles are kept in mind.

### **Assurance beats reassurance**

Board members need to understand and value the difference between assurance – proactively establishing for yourself that all is well – and reassurance – reactively having your concerns dispelled by someone else.

### **Executives and non-execs – vive la difference!**

On a healthy board, non-executive members have the luxury of being able to remove themselves from day-to-day operational issues to consider the bigger picture. The challenge facing executive members is to maintain a perspective that is simultaneously strategic and operational. A balanced, collaborative partnership is essential.

### **Challenge is positive**

There is no place for ego or defensiveness in good governance. Scrutiny should be seen as an important lever for driving improvement, not as a threat or a chore to be endured. As well as asking the right questions, board members have a duty to constructively challenge the answers.

### **Board as regulator of first resort**

In a sector as highly regulated as the NHS, there can be a tendency for national bodies to dominate board thinking. But rather than wait to discover what a CQC inspection reveals and then deal with it, a mature board should already know about any issues and have measures in place to address them. There should be no surprises in governance.

### **Sustaining core principles**

As well as being heavily regulated, the NHS is also in a constant state of flux. In a landscape as changeable as this, it's easy for core principles to be swept aside by the latest new initiative. But it's the duty of board members to maintain focus, review regularly, and ensure these principles live on.

### **Remember to look within**

Honest self-reflection, both collectively and individually, is arguably one of the most important areas of board activity. Using the key lines of enquiry set out in the Well-Led Framework, development needs should be continually assessed and addressed so board members are well equipped to carry out their essential roles.

# Community voice

In an age of integrated care, where collaboration is increasingly important right across the continuum of care, building fruitful relationships with stakeholders is vital. The best NHS boards recognise this and act on it. But even the best often fall short in one key area: the relationships they have with the communities in which they operate.

Too often, these key relationships are tokenistic and managing them is categorised as a duty that falls to a board's external communications function rather than being a core responsibility. The time has come to look beyond mere compliance – to go beyond paying lip service to community engagement and see it instead as a core strategic activity to legitimise decision-making and increase resilience.

It's a view that's shared in Judge Mervyn King's fourth report (King IV) on corporate governance, published in 2016. GGI has long believed that the approach set out in King IV is of enormous potential benefit to NHS Boards seeking to improve their governance.

One of the key principles set out in the report is this: 'In the execution of its governance roles and responsibilities, the governing body should adopt a stakeholder-inclusive approach that balances the needs, interests and expectations of material stakeholders in the best interests of the organisation over time.' King IV recognises that institutions are held accountable by increasingly active and engaged stakeholder expectations. So, how can these crucial relationships be strengthened?

Shelly Amstein's influential 1969 paper *Ladder of Citizen Participation*, describes a model of shifting power that's fundamental to authentic community engagement and accountability.

At the foot of her ladder are the non-participation elements of manipulation and therapy, then come the tokenistic notions of informing, consultation and placation – these are the levels at which many boards currently operate. But at the top of her ladder are three types of participation that represent genuine citizen power: partnership, delegated power and, ultimately, citizen control. While the very top of Amstein's ladder might be beyond the reach – or the desire – of NHS boards, the ideas of partnership and delegated power are certainly worth pursuing. Although all NHS organisations have community engagement responsibilities, it's a central part of clinical commissioning groups' activities and there are numerous examples of good practice among CCGs across the country.

In Warrington, for example, staff from the local home improvement agency are conducting home visits accompanied by pharmacists, which enables them to identify potential problems with people's living environments and resolve them before they affect health. And in Cornwall, the CCG is working with Age UK to help vulnerable elderly people achieve their goals, from going shopping to setting up coffee mornings. The need for levels of engagement that sit near the top of Amstein's ladder of participation will only increase over the coming years, as trusts further embrace the concept of integrated care in their efforts to meet the growing challenges of healthcare management.

The benefits of forging deeper partnerships with communities are clear. It's time for boards to step up to the task of developing and sustaining clearer, stronger bonds with these key stakeholders, for the benefit of all.

# Collaboration & partnerships

Smarter collaboration is identified as a key area in the NHS Long Term Plan, published in January 2019, which focuses on the importance of integrated care – coordinating services around people’s needs.

Properly executed, this integrated model results in more joined-up care, better anticipation of healthcare needs, and an increase in the personal control people take over their own health. It also leads to better knowledge sharing.

But even as this kind of integrated care helps to address existing challenges, it also creates new ones. For an institution that, since 1991 and the introduction of the purchaser-provider split, has emphasised competition as the main engine of progress, adapting to partnership working can be a difficult cultural leap.

On a more practical level, bringing together different groups is hard to do harmoniously when there are significant differences between priorities, cultures, ways of working and geographical boundaries. For leaders, additional tension exists between the responsibilities they have within their own organisations and those shared across the wider collective.

## Building better partnerships

There’s more for board members to consider. For mature partnership collaboration to flourish, there must be public involvement, common purpose,

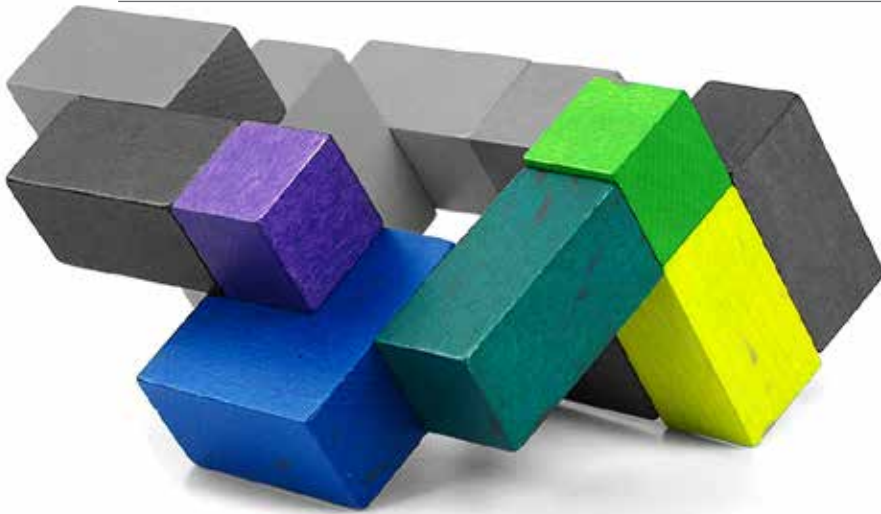
and shared values. But these inter-institutional relationships are often underdeveloped and need to be rapidly matured and deepened. But all of this doesn’t mean it’s not possible. There are steps organisations can take to foster more effective partnerships. These include:

- developing a consistent narrative across organisations that promotes integration – and communicating it effectively
- embracing a distributed leadership approach that empowers staff to work collaboratively and take decisions
- reflecting on the learning from previous NHS initiatives such as buddying, and also the lessons from international approaches
- sharing best practice
- embracing technology and data as a means of driving integration
- aligning back-office functions and governance arrangements, where appropriate.

*“NHS England has recently changed the name of accountable care systems to integrated care systems, which describes more accurately the work being done in the 10 areas of England operating in this way.” Prof. Sir Chris Ham, The King’s Fund.*

Boards should also make sure they’re utilising the full extent of the network available to them as they embrace system working. This means mapping stakeholders – including the networks of their non-executive directors – and actively developing relationships.

Integrated system working is not an easy option. But for boards that can manage ambiguity and remain authentic and flexible; for those prepared to listen and spend time focusing on behaviours, culture and staff wellbeing; for those ready to build strong relationships and support them with strong governance, the rewards can be significant.



# The diversity challenge

With around 1.5 million employees, the NHS is by far the UK's largest employer and the fifth largest in the world, spending around 65% of its operational budget on staff.

This massive workforce is under almost intolerable pressure. Since 2012, England's population has grown by more than two million and continues to age. The number of people with long-term conditions has grown sharply, as have advances in medical care and treatment – keeping more people alive for longer. This pressure is one of the reasons that the NHS struggles to recruit and retain staff – creating a crisis that some believe threatens to engulf the organisation.

The demand and supply challenges facing the NHS are made more complex by career expectations and motivations that are shifting over time. Different generations want different things from their working lives. There's a growing appetite for flexibility around working hours, for example, that NHS employers ignore at their peril. All of this means NHS board members need to engage with complex issues of recruitment and retention, education and training,

leadership development, and new ways of working.

The NHS also has a well-documented diversity issue, particularly at senior management level. A GGI report on NHS diversity by Simon Fanshawe, co-founder of the Diversity By Design consultancy, highlighted that the proportion of BME staff in very senior management positions was 6.9% in 2018, significantly lower than the proportion of BME staff in NHS trusts (19.1%), and despite 77% of the NHS workforce being female, just 45% work at a senior management level. Women now represent around 50% of board members, but that's in an organisation with a workforce that's 80% women. And there are suggestions of deficits around disability and sexual orientation.

There's a gender pay gap issue to address too. In a speech to the Royal College of Physicians' annual congress in April 2019, Health Secretary Matt Hancock said: "It should be deeply troubling to all of us that the NHS gender pay gap is still 23%, that male GPs are, on average, paid a third more than female GPs and that over half of junior doctors are women, but at consultant level it's only a third. The gender gap is a good barometer of the health of the NHS, and it's clear we must do better."

## An existential threat?

Diversity is just one of many workforce-related issues the NHS must get to grips with. Together, the multifaceted challenges related to staff recruitment and retention, talent management and leadership development threaten to engulf the service completely, according to Nigel Edwards, Chief Executive of the Nuffield Trust. To prevent that happening, board members must fully engage with these issues and do everything in their power to address them in ways that are as inclusive and compassionate as they are effective.



Brexit will have a multi-faceted impact on the NHS – much of it still frustratingly hard to pin down. Access to medicines might be affected. Collaborative research might suffer. It could become more difficult for the UK to take part in clinical trials. The UK's involvement in European Reference Networks for rare and complex diseases, currently involving around 40 NHS hospitals, might be jeopardised. And there could be dangerous delays in EU-wide public health early warning and response systems.

These are all significant issues, but the biggest Brexit impact of all is likely to be workforce-related. The NHS has long been reliant on EU workers, with around 10% of its doctors and 5% of nurses currently from the EU. Add social care roles and the total rises to more than 160,000 EU/EEA nationals working in the sector. In an age when many NHS trusts are struggling to fill vacancies, Brexit could be disastrous.

### Recruitment and retention

There is no reliable data on vacancy levels across the NHS, but the Nuffield Trust used published vacancy advertisements to calculate that there were around 94,000 full-time equivalent vacancies in hospital and community services alone between July and September 2018. That's an estimated shortfall of one in 12 posts across the service. NHS

trusts fill many of these vacancies with agency staff but that represents a huge drain on limited resources and brings with it the risk of poor continuity of care.

A recent briefing by The King's Fund, the Health Foundation and the Nuffield Trust suggested that NHS workforce shortages could turn the NHS Long Term Plan into nothing more than an unachievable wish list. It warns that these shortages could lead to growing waiting lists, deteriorating care quality and the risk that some of the money pledged for frontline services will go unspent.

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# Coding for success

Health Secretary Matt Hancock's vision for the use of technology across the NHS, outlined in *The Future of Healthcare*, is a bold plan that foresees outdated, obstructive IT systems soon becoming a thing of the past, to be replaced with technology that meets new open standards that will apply across the service.

The new standards will ensure that systems are upgradeable and able to talk to each other securely as they provide reliable and instant access to real-time data for everyone who needs it. In an age of integrated care, when organisations are increasingly being asked to work in partnership, these capabilities are vital.

Launching his vision, Hancock said: *"A modern technical architecture for the health and care service has huge potential to deliver better services and to unlock our innovations. We want this approach to empower the country's best innovators – inside and outside the NHS – and we want to hear from staff, experts and suppliers to ensure our standards will deliver the most advanced health and care service in the world."*

There's no doubt this is an inspiring plan. But the NHS does not have the strongest track record on its adoption of digital technology.

The consequences of getting it wrong can be disastrous. In July last year, the Public Accounts Committee described the outsourcing of various back office services to Capita as 'a shambles' after the company's bodged efforts to digitise these

services came to light. Capita's mistakes led to a host of issues including a failure to send cervical screening letters to tens of thousands of women and the incorrect archiving of 160,000 patient records.

But despite the potentially appalling consequences of getting it wrong, the NHS has no alternative but to get better at the way it uses integrated digital technology if the multiple demographic and economic challenges facing the service are ever going to be met.

Last year, NHS England's National Director for Operations had a stark message for those who thought extra funding alone would solve the problems facing the service. Commenting on the current model, he said: "We can't afford it. We couldn't staff it even if we could afford it, and anyway, it's wrong. If we don't digitise our health service, we are condemning people to die."

There are significant hurdles to clear before the Health Secretary's digital vision can be realised. Hancock himself acknowledged that the starting point for digital technology across the NHS is low, describing day-to-day IT systems as "Clunky, clunky, clunky." And the more health management relies on digital tools such as mobile apps, the more aware board members must be of the security and data privacy challenges that come with them. The key is to wholeheartedly embrace digital technology – but to do so responsibly and cautiously.

It is precisely when external direction is lacking and the economic outlook is bleak that NHS boards must step up and perform at their best, filling the vacuum created by this uncertainty with strong, accountable, ethical management.



Boards face a core governance challenge over the coming decade. It is to move away from the comfort zone of short-term assurance towards an active, open, political and ethical approach to futureproofing. And they're going to need all the help they can get to succeed.

A model for this new kind of governance is provided by Professor Mervyn King's King IV Report on Corporate Governance, which builds on the notion put forward in previous King reports of governance as an element of good corporate citizenship, not merely tick-box compliance.

At its core, King IV revolves around the need for governing bodies to shift strategic thinking from inputs and outputs to four central outcomes.

1. Ethical culture
2. Good performance
3. Effective control
4. Legitimacy

These outcomes are linked to a set of 16 principles that can be used to guide organisations on what they should always be aiming to achieve – and which also map onto the Care Quality Commission's Well-Led key lines of enquiry.

### Learning from other sectors

A body that's held up as an exemplar of good corporate governance in the UK is The Crown Estate, one of the country's largest property management organisations, administering property worth more than £13 billion, but from the unique perspective of a statutory corporation operating on a commercial basis.

Rather than adopt a single governance code, The Crown Estate has developed its own, based on the renowned UK Corporate Governance Code issued by the Financial Reporting Council, but also underpinned by the Nolan principles set out by Committee on Standards in Public Life (CSPL). Those principles – selflessness, integrity, objectivity, accountability, openness, honesty and leadership – map closely to those that shape King IV.

This combination of robust accountability within a broader framework of ethical leadership – described by The Crown Estate as 'conscious commercialism' – is exactly the blend NHS boards should be looking to embrace as they seek to futureproof their governance. One thing regulators could be doing now to help encourage better governance is to acknowledge that organisations receive different treatment depending on how well they perform – and to make efforts to level the playing field.

Currently, high-performing organisations receive more money, which gives them the luxury of being able to invest and think more strategically, while those at the other end of the spectrum regularly experience high executive churn and are challenged from both a financial and quality perspective. And that means they're much more likely to be forever focused on fire-fighting. There is a regrettable tendency for hard-pressed organisations to reject governance that is not formally required, on the grounds that it eats valuable time and resource, adds bureaucracy and restricts creativity.

But enlightened modern corporate governance, such as the approach set out in King IV, actually reduces bureaucracy and creates the possibility of a more inclusive, integrated and ethical approach that should be seen not as an onerous obligation but as a liberating enabler.



# Leaders' Forum

The shape of the UK public sector over the next decade has important implications for governance – both for now and in the future. Bringing together leaders from widely different backgrounds, GGI hosted an overnight forum at Leeds Castle.



Mark Butler, Director of Development, GGI





1120 is a long time ago. Unless you think it's when you had your second coffee of the day. That's when Leeds Castle was founded. It embodies a distinct narrative about history and tradition. But over two days, in May 2019, it hosted GGI's Leaders' Forum for the fifth time. And that was all about the future, where the narratives are far less certain.

2030 seems close. 2020 used to be the stretch year – the point to predict forwards, using 2020 vision. Now 2030 is seen as that point in time which is far enough away to stimulate current leaders about what the future might look like. For those at Leeds Castle, it's also a future that they can actually shape by their actions.

2030 is also the focus for the National Commission on the future of public services, which GGI is sponsoring and hosting through to 2020. The Commission is exploring the role good governance could play in the development of the public sector over the next decade. [The keyword is could... It might not be able to.](#)

There may be insufficient buy-in by leaders, politicians and citizens about what that means. The case may simply not be made about the impact good governance can and should make. And what will public services look like anyway?

Some things are already clear. The relationship between the citizen and the state is changing fundamentally. New thinking on outcomes is being demanded of corporate leaders. Difficult ethical judgments are being required to respond to a changing environment, by the challenges of data and by the impact of technology. Sustainability of local communities is more and more dependent on collective action based on understanding the deeper meanings of communities and place. We know this... but where does it take us?

That was the challenge for the 20 leaders and influencers gathered inside the Leeds Castle moat. To think through what public services might look like in a decade or so – a vital contribution to the Commission.

The idea was simple. Take different timelines and dig into the detail of what people actually think, using the castle as a safe space. What might the world look like in 2021, 2025 and 2030? What would the differences be? How would important ideas, issues and trends play out? Could we, in fact, construct a convincing picture of public services within our lifetime and “on our watch”?

To do this well, we felt the need to get beyond the obvious – challenge influences we’ve received from others; test out what we really think as individuals and active participants in the world, with some ability to shape things.

The Leaders’ Forum is a great way of doing this. Its ethos is built on creating an atmosphere of escape from the norm and a focus on something stretching. It offers attendees a level of personal challenge and the opportunity for stimulation and learning. It perfectly resonates with the view that governance is personal.

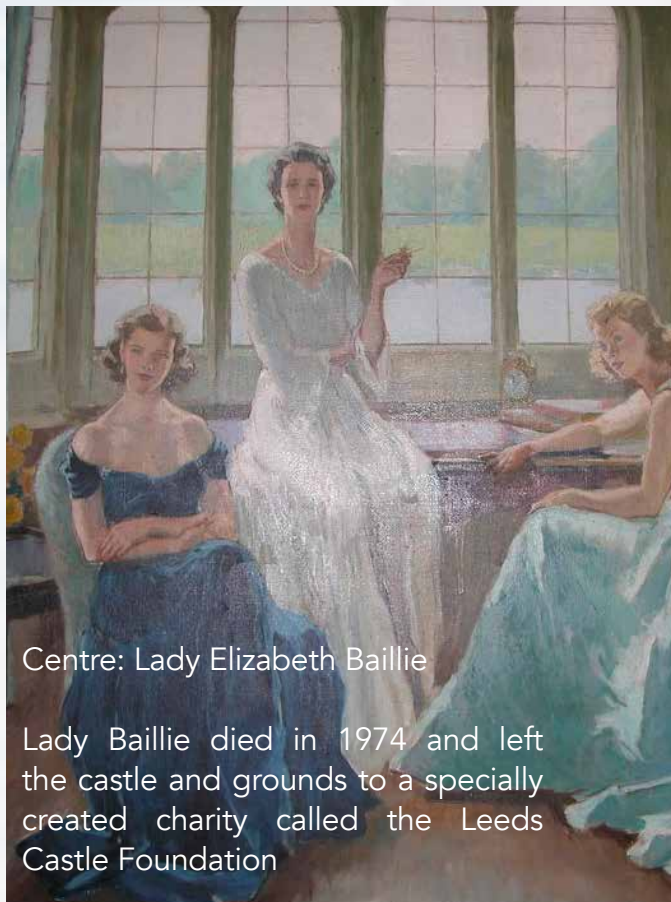
The format sounds a bit Agatha Christie. A small gathering of successful people with varied histories are locked in a castle overnight. But we’ve found that it works well for around 20 clients and friends and a good bunch of GGI folk, who are also there to develop and learn. And no one generally gets murdered.

The style is also deliberate. People get the value in the sessions we plan and facilitate as the formal programme. But it’s in the spaces to think and talk informally where it all seems to come together. The chance to pursue ideas with strangers who share the same level of curiosity is rare these days.

This year was special. This might have been down to the broader zeitgeist – the ever-present uncertainty and the urgent need for hope. We all can see most of the immediate future, can’t we? But look beyond these days and it gets cloudy. We can all tend to reach for the apocalyptic and the emotional in the absence of anything more certain backed by evidence. We show our biases and those built into us by a relentless media.

These were some of the assumptions and challenges which guided the two days:

- The impact of technology will be relentlessly negative and positive at the same time. So, what do we really think?
- Climate change will transform the world unless we do something about it – and has already done so, even if we do something now. So, where does that leave us in terms of the roles and future of public services?



Centre: Lady Elizabeth Baillie

Lady Baillie died in 1974 and left the castle and grounds to a specially created charity called the Leeds Castle Foundation

- Broad, consensus politics and shared ethical and moral commitments to others, on which strong public services have been built for many years, seem under attack. But they have been before and the structures of UK governance are remarkably resilient and proven over the longer-term. So, what are the likely choices to be made and by whom?
- The trend has shifted towards collaboration as a “no-brainer” within the public sector, but silos have developed for good reasons, and whatever anyone says are still heavily owned by those who make up the system. And are the distinctions between public and private real anymore?
- The case for disruptive change is made a little too glibly under the positive branding of “innovation”, but how much of the underlying thinking and methodology is really evidence-based or precise enough to be a sound basis for future action?
- Public and private sectors are increasingly becoming intertwined. This can be seen as constructive – indeed inevitable – and a foundation for the future in some areas. Or is it something to be fundamentally resisted?

Through discussion, some themes and collective responses started to emerge – some more expected and predictable than others. But there’s no neat summary of where we got to. More needs to be done. We look forward to updating you on our progress.

But here are some tasters. These are not firm conclusions but offered more as interesting thoughts:

**Public services** will clearly look different by 2030 but they will remain fundamentally based on human interaction. The future focus on skills and people is, therefore, a priority for now, not just because of “shortages” based on current ways of working and assumptions. Joint and thoughtful action needs to be more evident than it currently is across all organisations and sectors.



**Technology** and how it will play out across public services is still too elusive to predict accurately, even in the short-term. Gaining greater evidence, which goes beyond the anecdotal or illustrative, is a joint responsibility of everyone in a leadership role – as important now as financial literacy. It’s another example of governance being personal. Boards also need to be digitally literate. It’s not an issue to leave to a chief information officer or a big-hitter, commercially-minded non-executive.

**Autonomy** of individual organisations will remain important, not least in preserving local services in the face of national pressure. Tensions between stand-alone accountabilities and the drive for collaborative systems will have to be resolved even if this is not by traditional legislative means. Ways of securing support for intent and decision-making will become more important and require greater effort.



Leaders' Forum 2019

**Engagement** needs to be a much more visible part of public sector thinking and leadership – with staff, communities and citizens. More than just a co-design model, this is about securing legitimacy for decisions to be made, potentially in a hostile environment. The implications for the role of boards and their development, and for processes and risk mitigation, are significant but as yet not really in hand.

**Regulation** and the continuing grip of the Treasury on resourcing and prioritisation must remain clear working assumptions. By 2030, it seems likely that they will remain sufficiently powerful to confine innovation in public services, unless public voice and the mobilisation of all public assets which are not publicly funded become part of the way public organisations think and work. Both are liberating trends, but they also contain significant risks for the planning and prioritisation of vital resources in a rational rather than a reactive way. Individual

organisations working collaboratively are likely to have the best chance of brokering the right blend for each area. Discussion on the positive potential of a different model of regulation cropped up across the two days.

**“Place”** is a useful long-term concept in helping (re)connect public services to their combined impact on local people. It offers a vehicle for by public agencies accepting more devolved responsibilities. But place has competition and difference built into its DNA. This will provide its own governance challenges.

**Fragmentation** of current monopolies, and a new landscape of smaller entities, looking less like public bodies but evidently adding value to public life, were seen as critical in achieving longer-term changes. The way these engaged with larger, more traditional public bodies and assumptions about their roles, would provide a touchstone for the

future shape of services. This new shape of public services offers much to think through in terms of impact and governance.

**Equality** as a universal outcome, to be achieved through public services, is likely to be undermined by increasingly visible evidence of difference. Education and youth justice are as important to future thinking as health in defining public services in 2023, but the danger is that health will remain the dominant, all-consuming focus, protecting its own resources and parameters.

**Ethics** is already becoming a defining issue for major private sector players that are public-facing. The space for a more carefully defined and collective engagement with ethics is already there in areas of data, privacy and transparency.

**Principles** which underpin public services as the cornerstone of positive lives, a centrepiece of public good and a buoyant society, will need defending. These will require continuous articulation and cannot be taken for granted. Recognising this will be a defining part of future leadership of public services, requiring new skills and behaviours.

The overall feeling was that public services in 2030 will be about positive opportunities being made real. A recurring theme was the need to make the future clear in human terms and scale. It was striking that many leaders talked of their own families and the implications for them.

Interestingly, the apocalyptic and the catastrophic were rarely invoked. Greater division and inequality were however seen as almost inevitable. The tone was much more about things that needed to be done. Even in the safe environment at Leeds Castle, there was no huge desire yet to engage in detail on agency – action by whom and when.

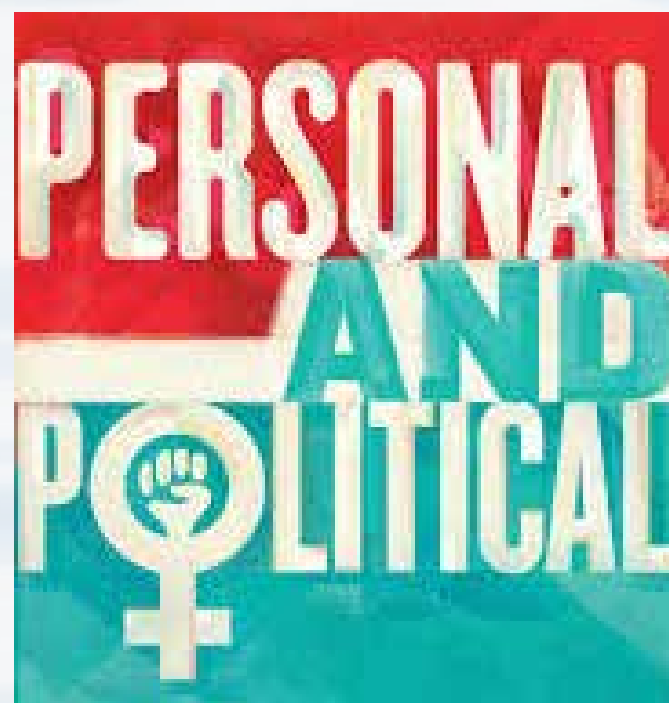
So, on the face of it, nothing revolutionary or detailed may seem to have emerged. This in itself is reassuring... It meant leaders were not looking to reach grandstanding or hasty conclusions. Leaders

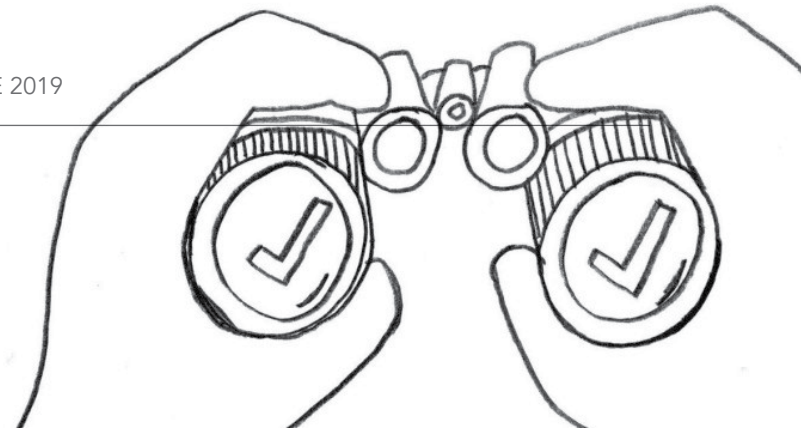
are, after all, not meant to be futurologists. Thank goodness.

What emerged is more powerful. Leaders recognise the need for further evidence and the need to challenge lazy or easy opinions, including their own. We can be confident that there are like-minded people in senior roles who still take seriously important public issues which affect us all. They are prepared to look longer-term and objectively at what will work and to develop the principles and understanding that will help preserve what we know to be fundamentally important to society. More importantly, they understand they will need to act differently in future.

GGI has a real role to play in all this, through developing and promoting the principles of good governance and its vital outcomes, undertaking the analysis, creating more space for working through the implications and supporting the capacity to see them into practice, whatever the negative circumstances in which leaders and citizens have to operate.

Judging by the feedback, the Leaders' Forum this year provided a genuine source of hope at a difficult time and a necessary connection to a positive future, which can be actively shaped by us all. The personal is political.





# Looking forward to 2030

Challenging environments, exponential technology, sustainability, and the morphing relationship between the citizen and the state is demanding new thinking on governance. GGI's National Commission explores how the UK public sector will need to adapt.



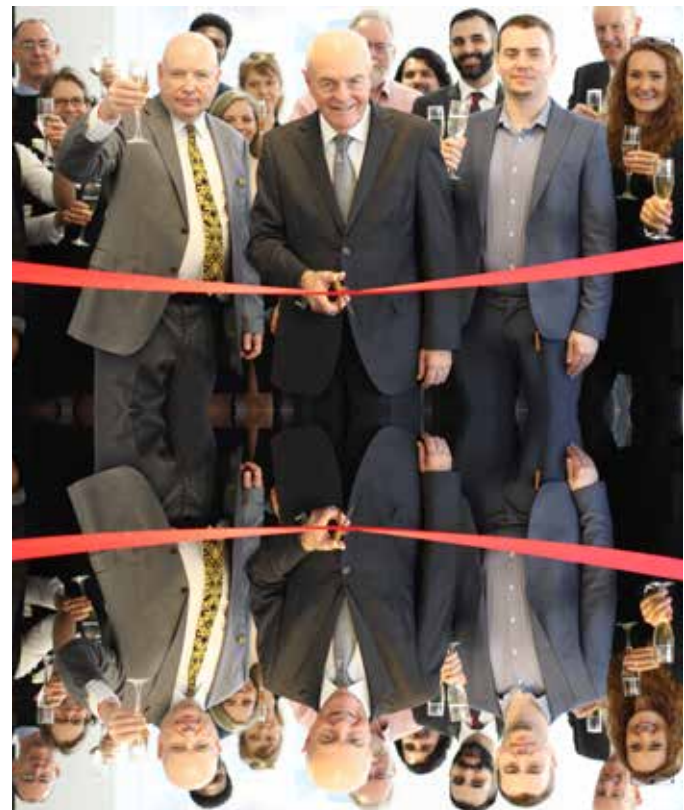
Nina Atwal, Consultant, GGI

On March 4th 2019, GGI celebrated its tenth anniversary and, to commemorate the occasion, it held the inaugural meeting of

its National Commission in Westminster. GGI founded this Commission to examine the crucial role that governance will play in the UK public sector over the next decade.

## The rationale

The relationship between the citizen and the state is changing fundamentally. New thinking on outcomes is being demanded of corporate leaders. The growing challenges of data and the impact of technology require difficult ethical judgments. The sustainability of local communities is increasingly dependent on collective action



based on understanding the deeper meaning of communities and place. Pressing and complex, these issues have profound implications for civic society, the shape of politics, and the future of governance. The Commission's task is to examine these challenges and explore how governance could help shape public sector development over the next decade.

### The Commissioners

The Commission brings together a highly experienced group of peers, leaders from across the public sector, and international knowledge experts who play an advisory role. The permanent Commissioners include:

Andrew Corbett-Nolan  
 Professor Mervyn King  
 Sir Ian Andrews  
 Dr John Bullivant  
 Dr Charles Tannock  
 Lord Richard Newby  
 Baroness Glenys Thornton  
 Baroness Mary Watkins  
 Rob Whiteman

Throughout the review, the commissioners will be joined by others with informed contributions to make on themes such as **place, technology, and the human impact of change.**

### Our approach

Over the next two years, the National Commission will draw on a wide range of perspectives, voices and sources of stimulus and challenge in order to reflect in detail on options and possibilities. It will seek evidence from thoughtful and knowledgeable individuals and also hear from citizens and stakeholders whose voices are critical to the future. The Commission's approach will be open and inclusive, structured and exploratory, evolutionary and responsive. It will be shaped directly by inputs, evidence and research, gathered over a six-month period, and

will encourage contributions from marginalised voices and groups. In 2019, it will develop and test fundamental concepts, principles and hypotheses with the aim of publishing a Green Paper which will be launched at our Parliamentary Reception in The House of Lords on November 20th 2019. This first phase of our work will explore issues, possibilities, theories, practices, tensions, choices and ideas. In 2020, the Commission will move on to consider in more detail a series of recommendations of national value.

### The questions

The Commission is seeking to explore two fundamental questions:

1. *What is the contribution that good governance should make to the development and sustainability of the public sector over the next decade?*
2. *What are the practical means of ensuring this contribution is fully supported and realised by 2030?*



Continues page 46



# The commissioners

## Andrew Corbett-Nolan

Chief Executive

Good Governance Institute

In 2017 my speech at the GGI Annual Lecture focused on populism, a feature of today's world that I personally found worrying. A faith in our society's institutions and structures has been, I feel, one thing that differentiated the United Kingdom of the 21st century from other less kind times and more challenged places.

I could see a very real threat developing. But I could also see that good governance has the ability to help secure a better society in the coming years. GGI has set out to create a better, fairer world for all.

GGI has always been inspired by Professor Mervyn King who encourages us to focus our attentions on the meaningful outcomes of governance which are:

*Ethical culture*

*Good performance*

*Effective control*

*Legitimacy*

If ever there was a time that our society needed a system that focused on these outcomes, then that time is now.

GGI's 10th anniversary this year gave us the reason to start something significant as our contribution to building a better society, and this led me to the idea of calling together an Advisory Group to help steer GGI's work over the coming decade. I sought counsel from my friend Lord Richard Newby, who introduced me to Baroness Angela Browning who helped me talk through what really GGI really needed and the idea of the National Commission was born.

My colleague directors at GGI - Mark Butler, Darren Grayson and Jaco Marais helped shape this concept further to the point where with confidence I could approach a group of individuals to form our National Commissioners.

These are an eclectic group who have very different views on our world and life experiences, and who all bring ideas and networks very much outside GGI's own immediate field of influence. This is exactly what is needed to support GGI develop new thinking.

So I can introduce our commissioners, and why I chose them to help GGI over the coming two years.



**Lord Richard Newby** is an old friend. He is the Leader of the Liberal Democrats in the House of Lords and has dedicated himself to political life and public service. Dick was the first Chief Executive of the Social Democratic Party. He has a particular interest in sustainability, and has worked extensively on programmes which used the power of sport to help motivate and educate children and young people. He was chair of sport at The Prince's Trust (1997–2012), chair of International Development Through Sport (a UK Sport charity) and chair of Sport for Life International, of which he remains patron. He is a natural connector of people, and helped me recruit our Advisory Group.



**Baroness Glenys Thornton** I knew by name when she was a Health Minister in the last Labour Government and through her work on NHS Camden CCG. I met her specifically to ask her to join the Advisory Group and was immediately charmed by her enthusiasm and clear thinking. She is a peer of 20 years standing and supported our 2019 Leaders' Forum. She chaired the Social Enterprise Coalition and was the Chief Executive of the Young Foundation.



**Baroness Mary Watkins** is a Professor of Nursing and the Deputy Vice Chancellor of Plymouth University. She sits as a crossbencher and is the Chair of the National Institute for Health Research (NIHR), South West Peninsula Academic Health Science Network. I have enjoyed getting to know Mary this year and her intimate knowledge of the NHS and her clear thinking and generative approach to ideas are helping our work.



**Dr. Charles Tannock** I grew to admire through his Twitter feed. He was until recently a Conservative MEP, although before this Charles was an NHS consultant psychiatrist. Charles' work brings us knowledge of government administrations across Europe and indeed further. As a medic he was involved in research, and as a politician in human rights.

Charles, Mary, Glenys and Dick make up our politician members of our Advisory Group. We have cast our net wider with the following further members.



**Rob Whiteman** agreed to help as an initial Advisory Group member to help us shape up the work and get the foundations of the National Commission working. I met Rob when he was a non-executive director at Barking, Havering and Redbridge University Hospitals NHS Trust and the Chief Executive of CIPFA. He has since moved on to become Chair for East London Health and Care Partnership. Rob was a senior civil servant in the British Civil Service working as the Chief Executive of the UK Border Agency. He has been a good friend

Background:  
Digital reworking of  
*Dreams of Our Age*  
from the Magic Lamp  
by Ben Okri and  
Rosemary Clunie

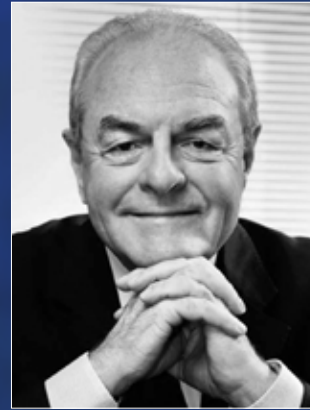
to GGI, was formerly a singer and has over the years has been a reliable barometer of the political situation. He spotted Theresa May as future PM a year before to the Referendum.



**Sir Ian Andrews** was a senior civil servant working his career in Whitehall, although I met Ian through his work as a non-executive director at NHS Digital. Ian has been a Senior Adviser at Transparency International Defence and Security Programme, and was the Chair of the Serious Organised Crime Agency. I have grown to value my conversations with Ian who has the classic mandarin's precision of thinking as well as a clear understanding of good governance.



**Dr. John Bullivant** has been a personal and professional friend for the last 25 years. His work on governance, benchmarking and healthcare quality is prodigious. GGI was John's idea initially and his enthusiasm and knowledge has been invaluable to GGI's success and practical approach. John developed the concept of the maturity matrix, and the classic GGI Board Assurance Prompts (BAPs) with their 'killer questions' and supporting 'good' and 'bad' answers.



Our final Commissioner is **Professor Mervyn King**, the leading thinker internationally on modern governance and the Chair of the King Commission. Mervyn also set up and chaired the International Integrated Reporting Council and more recently the Good Governance Academy, of which I am a fellow director. Mervyn has inspired much of GGI's work, and his meaningful outcomes of governance have become to core focus of our work. Over the years his encouragement to GGI and his attentiveness to our team has been a key part of what makes GGI special.

Our work would not be possible or complete without the organising thoughts of the Commission's convenor, GGI's Director of Development Mark Butler. I first met Mark more than 20 years ago when he was an NHS chief executive, but his career path has taken him into the Civil Service at a senior level, to a leading university as registrar and as the Founder of The People Organisation. Mark joined GGI around five years ago, initially as an associate and now as a director. Mark has been invaluable in shaping GGI's thinking on governance and the GGI you see today.

I cannot imagine a stronger or more thoughtful group coming together for GGI to help us shape our work on the role governance will have in delivering a fairer, better world through (at this stage) developing thinking on how governance will ensure the best in public services over the coming ten years.

## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Nina Atwal, Consultant

# Populist Summer Camp 2017 Timisoara, Romania

- October 2017 -

Every year, GGI invites a small group to participate in “Summer Camp”. This annual retreat connects young and senior leaders from Europe and the rest of the world, allowing them space to reflect on current affairs, in order to stimulate learning from the past to inform the future.

Our chosen city best encapsulates the concepts connected with our theme for that year. In 2017, *Populism* was rearing its ugly head both locally and internationally. We decided to visit Timisoara in Romania as it was gearing up to become the *European Capital of Culture 2021* and to consider the mechanics and dynamics of the 1989 Populist Revolt.

The group explored and experienced the city before coming together to discuss their personal reflections in a series of workshops. These workshops feature activities designed to get participants to think critically on a number of issues, with the overarching goal of equipping future leaders with the skills needed in their respective communities.

I was fortunate to be invited to participate in Summer Camp 2017 in Timisoara. The experience was one unfettered exploration, informed observation, thought-provoking conversation and cultural consideration. This opportunity was undoubtedly the highlight of my career at GGI in terms of both my personal and professional development.



Continued from page 41

### The themes

The Commission's supporting themes and lines of enquiry include:

- the future shape and sustainability of public services and institutions
- the changing relationship between the citizen and the state
- the changing dynamics of stakeholder relationships – trust, confidence and expectations
- the value and implications of integrated thinking and doing at local level – place-based, system and multiple stakeholder approaches to addressing public needs
- the role of the public sector and others in creating social, economic and public value
- the demands for better stewardship and accountability for assets and resources
- the importance of leadership maturity and the future skills required of individuals, boards and systems
- the challenges and opportunities offered by technological possibilities
- the changing world of work.

### Meaningful outcomes

The Commission's work will be framed by the exploration of meaningful governance outcomes and related questions.

Taking account of economic, social, and environmental dynamics, it will assess the context in which the public sector operates. The King IV Report on Corporate Governance (2016, IODSA) provides a useful lens through which public-sector governance can be considered.

Considered the "benefits" of good governance, these outcomes go beyond a traditional focus on inputs and outputs and, instead, address strategic outcomes in the context of broader

society. The work of the King Commission has implications for what constitutes good governance of all organisations, from the smallest charity to the greatest public institution, and the benefits which can and should be attributed to society as a whole. Applied in practice, these fundamental principles potentially enable organisations to play their part in building a more sustainable, better future for all – individually and collectively. The National Commission will engage with meaningful outcomes, in this spirit, when discussing the future role of governance in the public sector.

### Exploring meaningful outcomes

The four outcomes, outlined in King IV, have been developed in the context of a governance framework for conscientious capitalism, bringing with it the question of whether an outcomes-based approach to governance can be universally applied. As well as the direct impact of public-sector services, the ways in which these services are designed and delivered has a wider impact on social and economic value in other material ways.

The Commission will consider how the impact and sustainability of the public sector can be served by effective leadership operating within an environment of adequate controls and oversight. It will look to engage with new ways in which trust and confidence can be developed with communities, and within the community of the public sector itself.

The pressing need for value creation in a sustainable manner, and the role of less tangible resources such as human, natural and social assets in this regard, pose fundamental challenges and opportunities for public-sector governance.

Vibrant issues of transparency, power and ownership, and questions over what constitutes effective and fair decision-making are active areas of contention within the public sphere, with clear governance implications that we now have the opportunity to consider.

## Methodology

The Commission's methodology is designed to develop and test hypotheses, to explore the different choices facing individuals, organisations and systems and then to arrive at possible solutions and outcomes of genuine practical value, at scale. It combines the approach which might be expected of an independent commission (evidence-taking and lines of enquiry) with a more creative and generative approach. This is based on the added personal value to be gained from involvement in its work, in terms of personal development, learning, connection and support.

The methodology is built around three main elements:

### 1. Evidence sessions

The Commissioners will meet with invited guests to explore the themes of place, technology and people. In May, July and September 2019, facilitated sessions engaged with a wide range of evidence drawn from multiple sources across the UK and beyond, including hearing directly from leaders and stakeholders on the future of the public sector.

The Commission will focus on exploring potential options for sustainable solutions to the major issues we face today. Based on the work of Professor Mervyn King, the Commission will assess the value of a shared governance framework for the UK public sector. The framework argues for the future fundamental importance of meaningful governance outcomes founded on ethical culture, effective control, good performance, and legitimacy.

### 2. Supporting activities and events

Over the summer of 2019, a programme of participative activities and events formed the first phase of work. These offered both individuals and organisations the opportunity to be involved

in shaping the work of the Commission. The programme – including open sessions, joint events with partners, case studies, interviews and blogs, surveys and action research – was iterative, pursuing issues and themes as they surfaced.

An open survey on governance, run over a three-month period later in 2019, is designed to encourage wide engagement on the future of the public sector at this critical time.

The aim is to generate a body of supporting intelligence and knowledge of lasting value. This will bring together thinking and reflections from a wide range of sources, perspectives and voices to directly inform the future of public-sector governance. Initially, this will stimulate the work of the Commission and underpin the report and, later, provide a longer-term legacy.

During the second phase, the programme will become more defined and structured around practical actions and recommendations. This highly participative programme will be decided later in the year.

### 3. Report development

The Commission's first report, scheduled for November 2019, will be drafted and reviewed interactively with stakeholders actively involved in the programme of work, ensuring that it's quality-assured by those with an interest in good governance. This is important as the report will include hypotheses and identify choices which will benefit from challenge.

The Commission recognises that its work will only be effective if it is relevant, of material value, and includes stakeholders on its journey of exploration, discussion, and decision-making over the next two years.

# Fearlessly personal

Soprano Nadine Benjamin chairs GGI's Annual Lecture on September 5th. Why is an opera singer chairing a lecture on personal governance?

Nadine Benjamin's fascinating life journey, from the City to an opera singer, is a shining example of how anyone can overcome adversity to become the best versions of themselves.

She is an English National Opera (ENO) Harewood artist who made her double debut with the ENO as Clara in Gershwin's *Porgy and Bess* and *Musetta* in *La Bohème*. Today, she is one of the UK's most exciting new opera stars.

Her full schedule sees her recently singing the role of *Rosalinde* in *Die Fledermaus* and the role of *Amelia* in Opera Holland Park's new production of Verdi's *Un Ballo in Maschera*, while preparing for her debut at BBC Proms. This hasn't stopped her from accepting the role of chair at GGI's Annual Lecture, which kicks off our Festival of Governance 2019.

Coming from a disadvantaged background, Nadine's life hasn't always been so glamorous.





At home, she witnessed domestic violence and, at school, she was bullied because she was seen as different. “When I left secondary school, I was getting all Es and Fs, because I was so traumatised by what was happening around me. I left home at 16 and, when I retook my GCSEs at college, I got all As and Bs.”

Nadine didn’t have the opportunity to go to music school or university. Instead, she went straight into a Youth Training Scheme (YTS) at a brokerage house. She started off as a junior assistant and when, after six months, the PA to the head of the company walked out, she told Nadine that she could do her job blindfolded. So, at just 17 years of age, Nadine did just that.

“I loved banking,” enthuses Nadine, “I loved the buzz of the trading floor. My brain is like a sponge and it thinks really quickly so I enjoyed the constant stimulation.” After ten years, Nadine was about to get a big promotion at Deutsche Bank, coupled with a significant salary increase, when her boss asked her if she was 100% sure that this was what she wanted from life. “Because once you start your new role, there’s no going back.”

Nadine told him that she’d always wanted to sing. “I’d always sung jazz, drum & bass, even a bit of rock. I also write my own songs and compose my own music.” This was born out of a love of writing poetry. Her boss gave her the opportunity to explore her creative side and find out if she could become a musician.





Nadine Benjamin  
in *The Marriage of Figaro*  
ENO, 2018

Giving her two months off work, he told her that her job would be waiting for her if she wanted it. Nadine never returned.

At that time, *Carmen Jones* was playing at the Royal Festival Hall. "I just kept bugging them, until they gave me an audition," says Nadine. She was given the chorus and one solo line, but when she did *Opera de Lyon*, she was given the chorus and seven solo lines. "That's when I realised that I was a soloist rather than a chorister. And, having come from a business background, I was aware of the value in who I was becoming."

Nadine makes her dramatic career change sound remarkably easy – but it wasn't all plain-sailing. "My first vocal consultant told me that I had no hope of becoming an opera singer," laughs Nadine, "She advised me to sing jazz instead."

Five years later, Nadine received Robert Presley Fulham Opera Verdi Prize and she has just been nominated for the Times Breakthrough Award from Southbank Sky Arts. "I believe that my voice has the power to touch hearts and to heal through its vibration. I want to inspire and encourage other

people to step up and own their true voices and that's why I decided to become a mentor."

Nadine founded a mentoring hub called *Everybody Can!* and in January 2019, her initiative took over St. James's Church in Piccadilly for a staging of Puccini's *Tosca*. The performance was relatively small scale but a resounding success, mainly due to brilliant performances from the cast. "My main driver is championing and celebrating people," says Nadine.

### **Why is championing and empowerment personal to you?**

Because of my background, I've made it a priority to do loads of psychotherapy. I trained as a trans-personal psychotherapist for two years but didn't complete the third year because I realised that, having come from a very dysfunctional and traumatic past myself, it wouldn't have been good for me to practice as a therapist on a daily basis. I recognised my limitations and where my gifts lie. I realised that I was all about championing and encouraging people, so that's why I chose to become a high-performance coach and a mind

coach. I find this more motivating and inspiring, and I believe that I can do more good through this role.

I'm extremely intuitive so I went to the School for Psychics on a healing course and I just did the first block just to see how I could use this more creatively. It was really easy for me to tap into, which was good because as a child, I would find it really overwhelming. Now I see this ability as a gift.

**Does this gift help with your career?**

Yes, it definitely helps my work in that it allows me to go into a space within a character where I'm not afraid of feeling really difficult emotions.

**What inspired you to become an opera singer?**

I wasn't even aware of opera until my late teenage years. It was my music teacher, Mrs Lake, at secondary school that played me the *Queen of the Night* aria from *The Magic Flute* and said, "I want you to know that you could sing like this one day".

I'd never even had a singing lesson, but Mrs Lake encouraged me to get into a conservatoire or music school. Unfortunately, my circumstances meant that this opportunity was not available to me. My mum worried about a roof over our heads, clothes on our backs, and food in our mouths – a music education was too much of a luxury. However, it planted a seed and I didn't realise how influential that seed would be until I was in a recording studio – working on pop songs and doing backing vocals for artists – and people would say, "Could you sound a little less like opera, please?" I would be saying, "What do you mean? I'm not singing opera."

**What obstacles did you face along the way?**

Oh gosh, loads. Back when I was starting out, the main obstacle was me. Or should I say believing in myself. At the start, I felt that everybody knew

GGI sponsors the Leadership Award at the International Opera Awards



more than I did and the minute that we put people on a pedestal, we tend to lose ourselves. And I lost myself. I was expecting everybody to direct me into what I should be. But when I decided who I was and catered to that, I was off.

There's still one obstacle that I'm facing today, which is the financial adjustment in the transition from banking to being an artist. In order to be a great artist, you have to learn a lot of repertoire. And like a great athlete, you need time to perfect what you do before you go out and perform. But top athletes usually get sponsorship to do this, while artists need to support themselves.

As an ENO Harewood Artist, I get the opportunity to perform on the main stage for which I am paid. I also get other outside opportunities offered to me. As part of the programme, I get coaching sessions each week, face to face guidance, language lessons and anything else that I many need as an individual to support my growth which creates a sense of structure and it has been great for me to be part of the ENO family. Recently, I shared with them about my disability Dyspraxia and the first thing they asked was "how can we support you". It is an honour and a privilege to have been chosen.

At the helm of this family is Stuart Murphy, who is a truly great man. He believes in change, he believes in diversity, he believes in inclusion... not just because of colour or social background, but because he wants everyone to share in the fantastic art form that is opera.



**What is your opinion of the Narcissus myth?**

My first thought it that it isn't really a myth. There are some people that just can't empathise with others and cannot see other people in the same way that they see themselves. I think that it's real.

Today, we're increasingly in a space where we don't relate to people enough. We relate to our smartphones and computers. We touch things that are made of glass and plastic and, rather than giving our loved ones a hug, we send them an emoji. There's a divorce from reality and that spiritual, energetic connection that we all need in our lives, and I think that creates Narcissism. It's a product of society and technology.

Unfortunately, in today's society, there are a lot of people who are really, really lonely and, because they spend so much time on their own, they find it difficult to connect.



**Do you think that narcissism is also a product of your industry – because you're in the arts sector and there are a lot of divas out there?**

Well, I believe that a great diva, in the true sense of the word, is someone who has respect for every single person – from the person who empties their bin to the person who dresses them and gets them on stage. The essence of a great diva is someone who's like a goddess and is filled with love. The way that the word is used nowadays is to describe someone who has an attitude and who's not respectful towards her colleagues. So, we have to be careful how we define the term. I believe that nothing beats manners, integrity and honesty. And nothing beats being a great colleague.

**Are we a sick society?**

No, I don't believe that; we are all whole in our beings. We cannot live life believing that there's something wrong with us or we're disadvantaged in some way – that's just setting ourselves up for failure. What I believe is that, as a society, we're recognising that we're stronger together. We're all starting to look at how we can give, what can we be a part of, and what we can contribute. We're also realising that the more vulnerable we are, the stronger we are together. When we ask for help, it enables other people to act altruistically, which then creates a positive cycle.

I really had a breakthrough last week. I'm a really overly generous person and love giving but one of the things that I realised is that, in my subconscious, I didn't feel worthy of receiving. Once I realised this, it was a paradigm shift, and my whole world opened up in a way that I didn't think was possible.

**...because it's personal.**

**EN** GGI is pleased to support the English National Opera as a Corporate Patron

## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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João Figueiredo, Research Analyst



# Networking over Akhnaten

- February 2019 -

The highlight of my first six months at GGI has been the exposure and direct contact with established leaders in the health and higher education sector. I've had the pleasure of meeting and discussing ideas with chief executives, chairs, trustees and other senior professionals, which would not have been possible in other companies.

In February, I was invited to join our Chief Executive, Andrew Corbett-Nolan, some GGI peers and several clients to witness the first performance of Akhenaten at the English National Opera. During the sublime performance, Philip Glass recreated the history of the first monotheist pharaoh like no other could. Akhenaten's fascination with the 'sun god' was cleverly portrayed by blending classical elements of the Egyptian culture with contemporary pieces, creating a unique experience of music and light.

The most valuable outcome of the evening was, however, the exchange of ideas with leaders in the NHS London. Our varied discussions oscillated between governance structures in the NHS and the ethics in pharmaceuticals. It was particularly interesting to get a medical researcher's perspective on life-changing pharmaceutical issues such as cystic fibrosis or PrEP. I believe that these experiences are paramount to one's personal and professional development and look forward to further opportunities to learn from senior leaders in the public sector.



# Cooperation

This year, East Lancashire and Blackburn & Darwen Clinical Commissioning Groups appointed GGI to support the development of integrated care within Pennine Lancashire.



Chris Smith, Consultant, GGI





Across the country, CCGs are integrating in an effort to achieve greater efficiencies and better outcomes for their populations through economies of scale. The release of the NHS Long Term Plan earlier this year reinforced this trend, outlining an expectation that all CCGs within an sustainability and transformation partnerships (STP) demonstrate formal collaboration within two years. Another driver is the requirement for CCGs to reduce administrative costs by 20% by 2020/21.

As Integrated Care Systems (ICS) become more established, there's increasing recognition that services at a place- or system-level can more effectively be commissioned jointly. Recent NHS England guidance highlights how successful early wave ICS are marked 'by effective leadership and positive collaboration' and argues that 'governance and commissioning arrangements should support the system's wider objectives'. In many areas, this will likely see CCGs merge across ICS footprints.

At GGI, we've been fortunate to work with several organisations that have arguably been ahead of the curve in pursuing this ambition. Our work in this space has demonstrated first-hand the practical steps that CCGs are taking to support closer working, as well as the impact and challenges associated with implementing any changes.

Last year (July to September 2018), GGI was involved in a considerable amount of work to help crystallise the aims and benefits of developing an ICS in Barking, Havering and Redbridge (BHR). Working with the ICS partner organisations via the NHS Provider Alliance, we developed a sound governance structure and development pathway that helped drive the development of the BHR ICS.

This year, East Lancashire and Blackburn with Darwen Clinical Commissioning Groups appointed GGI to support the development of integrated care within Pennine Lancashire.

What is interesting is that in Pennine Lancashire the CCGs have invited in the local hospital trust to discuss systems working too. East Lancashire Hospitals NHS Trust recently joined both local CCGs are an at-scale event for all board and governing body members, facilitated by GGI, to work through what they could achieve working together in one system. There was a clear commitment to involving other voices and partners also in forging a better future for the citizens of Pennine Lancashire.

What is clear is that there's an increasing recognition that formal collaboration is necessary if CCGs are to achieve efficiency targets and keep pace with wider system changes. However, this often comes into conflict with the desire to retain the clinical voice within decision-making, and to commission services most appropriately for local populations. These issues will need to be addressed if CCGs are to come together effectively.

In our experience, several mechanisms, withstanding formal merger, can be used to support closer working between CCGs. In particular, Committees in Common and Joint Committees have become increasingly popular mechanisms to support multiple organisations in taking joint decisions on programmes that cross both organisational and geographical boundaries.

Employed properly, they can usefully:

- Reduce administration burden
- Release leadership time to focus on other aspects of their role
- Ensure more joined-up decision-making.

Although Committees in Common and Joint Committees have now been widely adopted across the country, there are several pitfalls which CCGs considering these approaches will want to avoid.

*This year, East Lancashire and Blackburn with Darwen Clinical Commissioning Groups appointed GGI to support the development of integrated care within Pennine Lancashire.*

# Pitfalls

## 1. Confusion over whether to introduce Committees in Common or a Joint Committee

In several instances, we have seen the incorrect application of Joint Committees. Joint Committees can only be established for the purposes of CCGs exercising their commissioning functions. This permission does not extend to the functions of the Governing Body, Audit Committee, or Remuneration Committee.

If CCGs wish to bring together their Governing Bodies, Audit Committees, or Remuneration Committees, the appropriate mechanism would be to establish these as Committees in Common. This is where the meetings take place at the same time and in the same location. Importantly, it is the place and time of the meetings which is in common rather than the committees themselves. Each committee must have their own agenda and take their own decisions, although in practice, these may be aligned to ensure the effective transaction of business.

The implementation of Committees in Common is often a more straightforward process than the development of Joint Committees as it does not require the disestablishment of existing governance processes.

## 2. Ensuring appropriate representation from constituent CCGs

One of the more significant challenges of bringing CCGs together, whether through merger or amendments to governance arrangements, is in ensuring that there remains adequate representation from each place.

For Committees in Common, this can present challenges with regard to venue choice and effective agenda management. For Joint Committees, it is important that the membership is appropriately drawn from each CCG and there is no perception that the establishment of the committee is diluting clinical or local voice. CCGs must be cognisant of this when agreeing the membership of said



committees, and amending their governance arrangements. It is good practice to consult CCG membership on any decisions as the establishment of a Joint Committee will require amendments to the CCGs standing orders.

### **3. Not enough time spent on developing the case for change and engendering support for greater collaboration**

Despite a clear national mandate, many of the CCG senior management teams we work with experience a degree of resistance when trying to establish more integrated governance approaches. This typically relates to the perception, described above, that any change will dilute the local and clinical voice within commissioning.

A compelling case for change which communicates the value of CCGs coming together, whether

through merger or more joined-up governance arrangements, alongside strong leadership and direction, is therefore paramount. This should reflect on the increasing burden on senior management teams as a result of working across regions, the importance of maximising clinical time and expertise, and also how local context will continue to be understood and reflected in decision-making.

A clear and concise statement of principles for collaborative working can support effective practice.

As CCGs continue to pursue greater integration, GGI will be on hand to provide advice and support. For more information on the establishment of Committees in Common / Joint Committees please see our briefing document *Joint Committees and Committees in Common in CCGs: how to keep within the law*.





# Joint Purpose

## GGI partners with Patient Safety Learning (PSL)



Helen Hughes

Chief Executive,  
Patient Safety Learning

Recently registered in November 2018, Patient Safety Learning is a small charity with a big aim to transform the safety of patients in health and social care.

In 1999, patient safety was identified as a major and systemic problem in healthcare. Since then, healthcare organisations have made improvements in areas such as surgery, infection control and the control of MRSA in hospitals, as well as the severity and frequency of falls suffered by patients.

But today, in England, 150 patients a week die through harm that could have been avoided. 5% of patients suffer unsafe care, resulting in litigation that costs the NHS £2.2bn a year.

Organisation for Economic Co-operation and Development (OECD) health statistics estimate

that unsafe care consumes 15% of the total UK spend on healthcare.

The numbers are bad, yet more compelling for many of us are the experience and aftermath of unsafe care. Too many patients and families have their own stories of tragedy, deaths or serious harm that could, and should, have been avoided.

My own story of leadership in patient safety is both personal and organisational (I'm an experienced board director). When I planned to have a caesarean for the birth of my son, everything should have been routine – but things went wrong. My beautiful son (now 21) was born healthy, but avoidable errors in surgery caused me to lose so much blood that I needed a transfusion.

Continues page 60





Despite sustained attempts to find out what had gone wrong, I received no satisfactory explanation for what had happened to me. Instead, I was told that, “sometimes these things happen,” and, “don’t worry about it, go home and look after your lovely healthy son.” I was left with the persistent worry that no lessons had been learned. It wasn’t right that the next mother after me would run the risk of the same things going wrong.

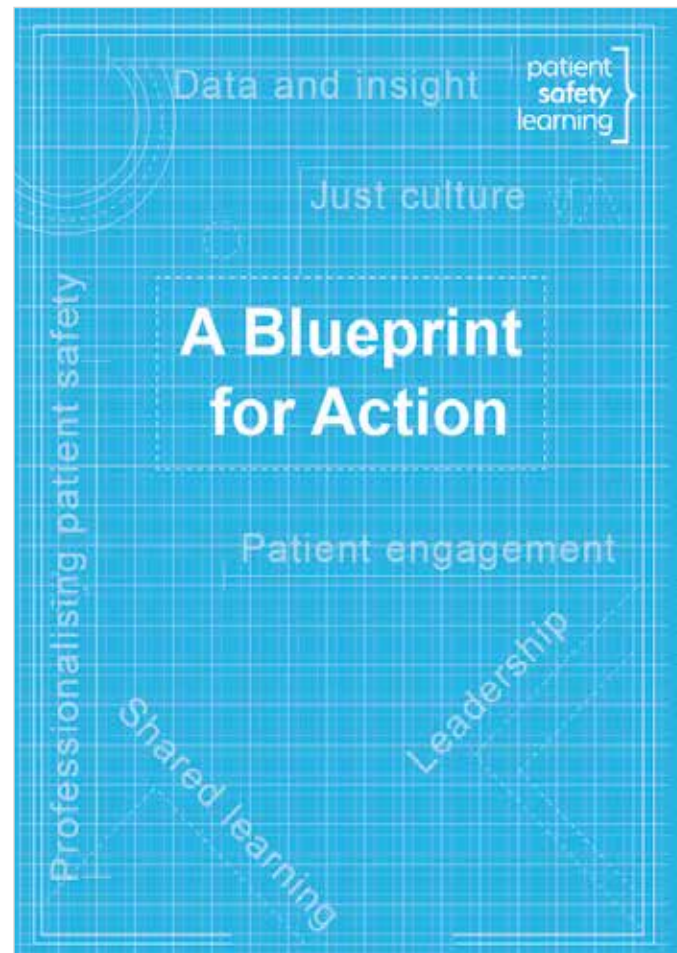
Then someone very close to me suffered a serious incident of unsafe care. I supported them through the process of this complex case but, in the end, the patient suffered long-term disability as a consequence of avoidable harm. I was appalled by the lack of respect the organisation showed them. The organisation’s refusal to explain led inevitably to a legal case for clinical negligence.

But even that did not lead to the answers we needed – until I played my trump card: I let them know that I was, at that time, a Director of the National Patient Safety Agency. This should not have made a difference – but it did – and we started to get the answers to which we were entitled. Afterwards, I wondered about all the people who suffer harm, like my family, and me but do not get the answers they rightly expect. Unlike us, they won’t have recourse to power that can force the organisation to pay attention.

Instead, too often patients are frustrated and unhappy, and lack answers when serious avoidable harm happens. As importantly, organisations continue to miss opportunities to learn from serious incidents and take action to put them right. As a result, new patients suffer because the same problems happen time and again.

This is why I strive to make health care safer and why I work for Patient Safety Learning. It is also, in part, why I am delighted that we have such a distinctive relationship with the Good Governance Institute, for we have much in common.

Available at:  
[www.patientsafetylearning.org/resources/blueprint](http://www.patientsafetylearning.org/resources/blueprint)



We share many goals and interests. We both want to help improve the performance of organisations, such as those in health and social care that work for the common good.

We both believe that effective leadership, properly supported by practical, formal governance, is essential to our mission, and that this is something that organisations can learn.

We believe that organisations can and should learn from each other and we both seek to create opportunities to do so.

And we believe in employing people who share our enthusiasm, our values and our vision to make things better for our clients and, hence, for everyone.

Of course, it helps that we share an office, and that we increasingly find ways to work together. For example, we asked GGI to review our governance early so that we started on the right foot; we put together programmes that combine our expertise for the benefit of prospective clients; we share thinking and knowledge; and we network together to enrich the conversations we have with prospects and clients.

Our comparative youth as an organisation means that we also benefit from GGI's ten years of experience. They have an exceptional network of like-minded leaders with whom they work and we have much still to learn from them by seeing how they develop and support this network.

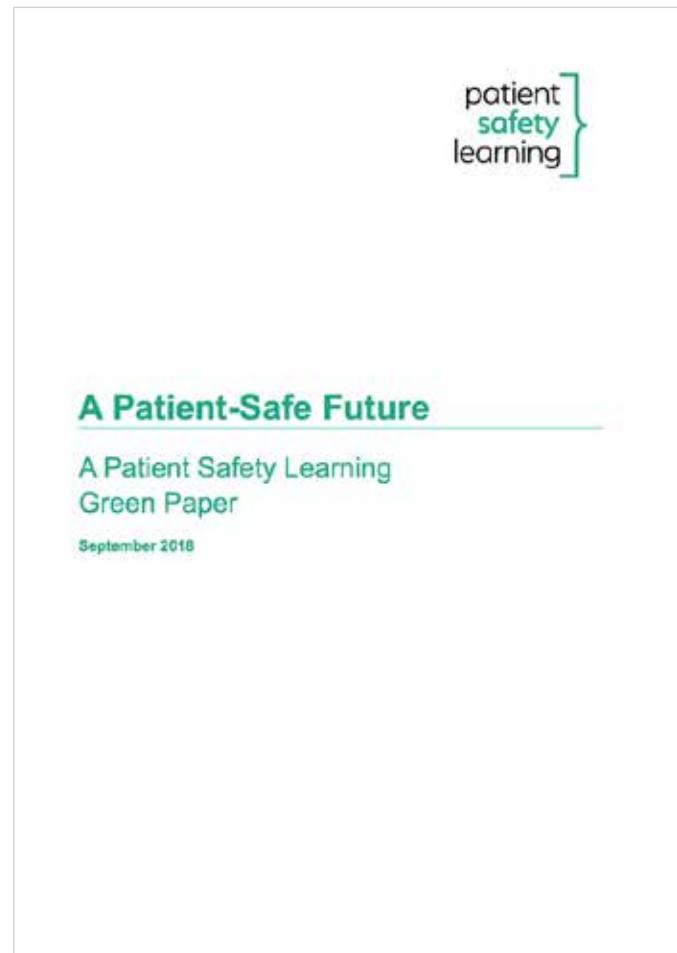
Our work is progressing well. We followed our analysis last year of the systemic causes of patient safety failure, A Patient-Safe Future, with A Blueprint for Action, a programme of practical action to address these systemic causes.

Naturally, leadership, governance and decision-making feature strongly at Patient Safety Learning. When turning these into reality to create a patient-safe future, it is clear that we will be doing so with the help of our friends at GGI.

*We share many goals and interests. We both want to help improve the performance of organisations, such as those in health and social care that work for the common good.*



Available at:  
[www.patientsafetylearning.org/resources/green-paper](http://www.patientsafetylearning.org/resources/green-paper)



**Patient Safety Learning Annual Conference –**  
 Wednesday 2 October 2019  
 London

The conference builds on the foundations of patient safety described in A Blueprint for Action. These foundations are shared learning, leadership, professionalising patient safety, patient engagement, data and insight, and culture.

The conference is being designed to be stimulating, interactive and engaging, not just in its content, but in how it is delivered.

[www.patientsafetylearning.org/events/conference2019](http://www.patientsafetylearning.org/events/conference2019)

# Strategy for a **VUCA World**

Health systems need to undergo profound changes within a generation to survive and to thrive for the long term. To facilitate rather than inhibit radical innovation, their governance needs to be more adaptive than ever before.

On June 26th 2018, on a stifling hot evening, the magnificent atrium of the Queen Elizabeth Hospital Birmingham, one of the largest and most advanced hospitals in the country, was temporarily transformed from a hospital entrance into a television studio. The occasion was the BBC's prime time celebration of the 70th anniversary of the National Health Service; one great British institution applauding another.

For that moment last summer, Brexit, the long heatwave and the Football World Cup were all briefly relegated in the public mind behind the one thing that everyone in the UK could agree upon: the success of the NHS over the last 70 years and its importance to us all at some of the most pivotal times in our lives.



Lawrence Tallon  
Director of Strategy, University Hospitals Birmingham NHS Foundation Trust



**VOLATILITY**



**UNCERTAINTY**



**COMPLEXITY**



**AMBIGUITY**

But the constant refrain was what would the next 70 years for the health service look like? The truth is that no one knows. How many people 40 years ago would have predicted the Internet, or 20 years ago, the rise of the smartphone? And how both have changed our lives so much in that time? The only thing we can say with confidence is that the practice and delivery of healthcare will be dramatically different in 70 years' time – in some ways that we can imagine and others that we perhaps cannot.

We can predict that the structure of society will continue to change, with most people living much longer lives. We will redefine what is considered 'old age' yet again. Much like the NHS itself, it will be entirely normal for individuals to be healthy, productive and working hard into their seventies. Our ability to keep people alive and support them to live fulfilling lives with conditions that would once have been life-limiting, will increase exponentially.

The relationship between work carried out by humans and machines will also change profoundly. Increasingly complex tasks, including some clinical diagnoses and treatments, will be accomplished more effectively by machines than people.

Nevertheless, the practice of healthcare will always retain a fundamentally human domain. It's possible to envisage a robot carrying out autonomously an operation to remove a tumour, but inconceivable that we would ever want to delegate to a machine the difficult task of explaining to an anxious patient their cancer diagnosis.

We know that the practice of healthcare and the way that health systems are organised will change dramatically in the foreseeable future. They are going to need to, if we're to keep pace with demographic, epidemiological and technological changes and make high-quality, universal healthcare sustainable and available for future generations.

Yet, we do not know precisely how they will need to change, and that presents a new and fascinating challenge for the way we govern healthcare organisations and health systems. Mature systems of governance tend to cope well with the status quo, but are challenged by disruptive innovations. Consider, for example, the contemporary debates over how to oversee and regulate the technology giants that have emerged as global actors within the last decade.

How can we best govern healthcare organisations as we know them now, continuing to provide high-quality care to the patients of today, while simultaneously reimagining and transforming the ways in which healthcare will be offered to citizens and patients in the future? This is one of the questions that we at University Hospitals Birmingham (UHB), one of the country's leading healthcare organisations, have been thinking through over the course of the last year with the help of the Good Governance Institute.

At UHB, we're trying to meet three major challenges at once. The first is to provide high-quality care to each and every one of our patients in the here and now. We serve a local population for their comprehensive hospital services of circa 1.2 million in Birmingham, Solihull, South Staffordshire and the surrounding areas. In addition, we're one of the most specialised hospital groups in the country, serving a regional population of millions more for the most complex care, such as transplant surgery. We provide over two million outpatient appointments and see over 400,000 patients in our Emergency Departments each year.

When operating at that scale and level of complexity, the delivery of consistently high-quality care is a huge undertaking. For this we have developed, over many years, mature systems of clinical and corporate governance, with some of the most effective board to ward information systems to oversee clinical quality. This is one of the reasons that the Care Quality Commission rated us as an outstandingly well led organisation again earlier this year.

The second major challenge is that we're embedding one of the largest mergers in the recent history of the NHS. We've brought together the Queen Elizabeth with Heartlands and Good Hope hospitals, and both the hospital and community services of Solihull, to form one of the largest NHS foundation trusts in the country. In doing so, we've had to overcome the painful legacy of poor clinical governance that failed to prevent the disgraced (and now imprisoned) breast surgeon, Ian Paterson, from harming many patients. We're also addressing the corporate governance failures that led to spiralling debts at the former Heart of England NHS Foundation Trust. This showed how inadequate systems of governance can have catastrophic consequences that let down patients and frontline staff.

Our recent merger heralded an exciting new chapter for our combined organisation and presents great opportunities to raise standards of care, improve the working conditions of staff and deliver economies of scale to support sustainable services. But it's well known that mergers have a variable rate of success in the NHS and more widely. We're determined to deliver consistently high standards of care across our new trust, and this will require adaptations to our systems of clinical and corporate governance to oversee such a large and complex organisation over multiple sites.

These two challenges are formidable, but they are reasonably well understood. However, the delivery of consistently high standards of hospital-based care across Birmingham and Solihull will not, in itself, stem the overwhelming flow of demand for care into our hospitals.

The third challenge, therefore, is now coming into much sharper focus. This is to work across the wider health and local government system to better manage demand and to provide care in the most appropriate settings and the most convenient ways to meet patients' needs. Instead of patients always having to come to hospital to receive specialist medical care, we'll use technology to project our



## University Hospitals Birmingham NHS Foundation Trust

expertise outside our hospital walls, to patients in their own homes or to professionals supporting patients and citizens in their community settings.

Many of the technologies and practices we'll need to harness are already well established in other sectors. Their uptake in healthcare has often been inhibited because of lead-footed regulation, vested interests in the status quo, or institutional and professional conservatism.

In the period ahead, we'll need to fundamentally redesign healthcare payment systems to promote prevention as well as activity, management structures to oversee health systems rather than organisational silos, and information systems to share appropriate data while protecting personal confidentiality. All of this requires far more nimble, adaptive and far sighted systems of governance than we have now in the health service.

We do not pretend to know what the next 70 years will hold for the health service – in Birmingham or the country as a whole. What we know is that there'll need to be a fundamental shift from preserving models of care as they are now, to embracing innovation and new ways of providing care.

*The challenge for systems of governance, and those who create and manage them, is to be forward looking and to facilitate those profound changes, rather than seeking refuge in the familiarity of the past.*



## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Andrew Corbett-Nolan, Chief Executive

# Meeting the team at UHB

- March 2009 -

University Hospitals Birmingham NHS FT (UHB) is one of the leading organisations in our NHS. Since GGI began working with them, it has trebled in size. Unusually for the health sector, many of the current UHB leadership are the same team I met when I first began working with this super-trust.

When I met Dame Julie Moore, she was an immediate friend and there is a chemistry I have with her which, from my point of view at least, is based on a joint sense of humour and an admiration for Julie's inability to hide her impatience. She has that facet of truly great people of always having time and never appearing rushed. When visiting her I grew to know never to book a timed train home as the meeting might last ten minutes or two hours.

The Rt Hon Jacqui Smith has been the Chair that brought the two main hospital trusts in Birmingham together. As the first (and clearly the best) woman Home Secretary in our country's history, she has that ability that senior politicians have of being able to take a brief, control a meeting and ensure it is productive while injecting humour and energy into a group to make anyone feel fantastic about themselves. She, like Julie, is a terrifically funny woman with a fabulous sense of humour. She has a mind like a meat cleaver. She has the ability to pretty immediately understand what makes someone tick.

GGI is a people business. People are always what makes the difference and without GGI I would never have got to know many interesting, and in particular two, remarkable people who have shaped UHB over the last decade.



*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Will Grayson, Research Analyst

# Houses of Parliament with Baroness Glenys Thornton

- March 2019 -

I first met Baroness Thornton in January, mere weeks into my GGI career, as we discussed the possibility of her joining our Advisory Board. During these talks, Glenys made the generous offer to give me a personal tour of the House, which I quickly accepted. During the day, my colleagues and I – João and Nina – got to sit in on sessions in both Houses, as well as have refreshments in one of the private tea rooms, which we appreciated all the more as Glenys was suffering from a chest infection at the time. The day opened my eyes to a world I'd only ever seen on TV and it was an experience I could never have dreamed of before I joined GGI.



# Risk & Reward

A deep dive into Dudley and Walsall Mental Health Partnership Trust's risk management strategy is pure reward.



Nabil Jamshed, Consultant, GGI





Trafalgar House, situated in a small and quiet town some 135 miles away from our headquarters in Lambeth, is the home of Dudley and Walsall Mental Health Partnership Trust (DWMH). Set up on October 1st 2008, the trust employs around 1,000 staff and provides integrated care for more than 20,000 people each year, across 23 community sites and three acute hospitals.

My trip to Trafalgar House seemed never ending, yet the journey was worth every minute. My review of the trust's risk management was, indeed, a breath of fresh air. The uniqueness of corporate synergy, collective strength, and self-aware leadership was clearly visible from diving deep and looking at the organisation from the bottom up. Their honest and open view of their position in the journey was refreshing. And their sincere and authentic efforts to make a difference to the lives of the population DWMH serves was clearly evident.

Risk management is something intuitive to mental-health practitioners and is incorporated into their persona during their educational and vocational journey. However, scaling the approach to govern risk management from the board to ward as collective leadership, was unexpected. Achieving this with a crystal-clear focus on outcomes and added value to its clients and the population it serves was something quite extraordinary.

In healthcare, risk management is a process of identifying and evaluating risks as a means to reduce injury to patients, staff members, and visitors within an organisation. Risk managers work proactively and reactively to either prevent incident or to minimise the damages following an event.

The boards of the NHS organisations have vested interest in strategic risk management and facilitating a risk-based approach to achieving its objectives. Board Assurance Frameworks (BAFs) provide NHS organisations with the ability to identify the risks to its objectives and, ultimately, help to deliver its strategy. This fosters a culture where responding to adverse events, failing trends and opportunities

are supported. However, careful consideration is needed in designing and deploying mitigations and controls with a view to consider related and inherent risks of the control itself. As a principle, this will facilitate an approach of indefinite dynamic risk assessment.

In my 10 years' experience of working in governance and risk management roles within the NHS, I've witnessed and been party to various iterations, structures, and approaches to risk management. What makes the experience at DWMH so rewarding is the interest and enthusiasm to make a difference combined with the ability and appetite to improve and learn. Every single member of the trust's leadership was genuinely concerned about managing risks, doing more to become effective and efficient in deploying their resources, and smarter with their investment of efforts.

In my view, DWMH's journey provides ample good-practice learning for wider health communities. This was amplified by a superbly engaged board, led by a chair with focused attention to the risks faced by the organisation. The board was supported by an energetic CEO and risk-enthusiast executive team with a strong desire to embark on a journey of improvement.

Clearly, DWMH provides a marvellous example of not needing to work harder than necessary by swimming upstream. I consider myself privileged to know the cadre and to have been given a chance to support the trust in their endeavours. I wish them the best of luck for the future.

"Mental health services must fit a square peg (someone's psycho-social experience of the world around them) in a round hole (the current services and legislation). This requires a shared approach to service design, delivery and treatment decisions, which needs a common vision and leadership across the agencies that support all aspects of somebody's life."

Andy Payne, GGI

### Did you know? Mental health concerns

According to World Health Organization, about one in eight people or 970 million individuals suffered from some sort of mental disorder in 2017, and the numbers seeking treatment are soaring. In the same year, 5,821 suicides were recorded in Great Britain – 75% of which were male and 25% female. In England and Wales, suicide is the most common cause of death for men between 20 and 49 years of age.

Mental health is still poorly resourced compared with physical health, and is decades behind in terms of prevention. Prevention is fast becoming the buzzword but, because mental ill health is still poorly understood, it's difficult to prevent. While blood pressure, cholesterol and smoking impact on physical health, child abuse, domestic violence, bullying, and genetics form the risk factors for mental health. And these are much more difficult to prevent.

As most mental illness is first evident before the age of 25, it makes sense for prevention work to happen in secondary schools. Ann John, a professor at Swansea University, advocates an idea called the 'whole school approach', which is gaining traction in the UK, New Zealand, and elsewhere. It teaches coping skills and resilience, and fosters a culture where mental health and wellbeing are seen as "everybody's business" and not something that should be associated with shame.

*GGI believes that tackling mental health can only be achieved through collaboration (between various scientific disciplines), social acceptance (involving the public and introducing the topic at schools) and, of course, a dose of good governance (implementing the correct policies).*

## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Nabil Jamshed, Consultant



# GGI's Annual Lecture 2018

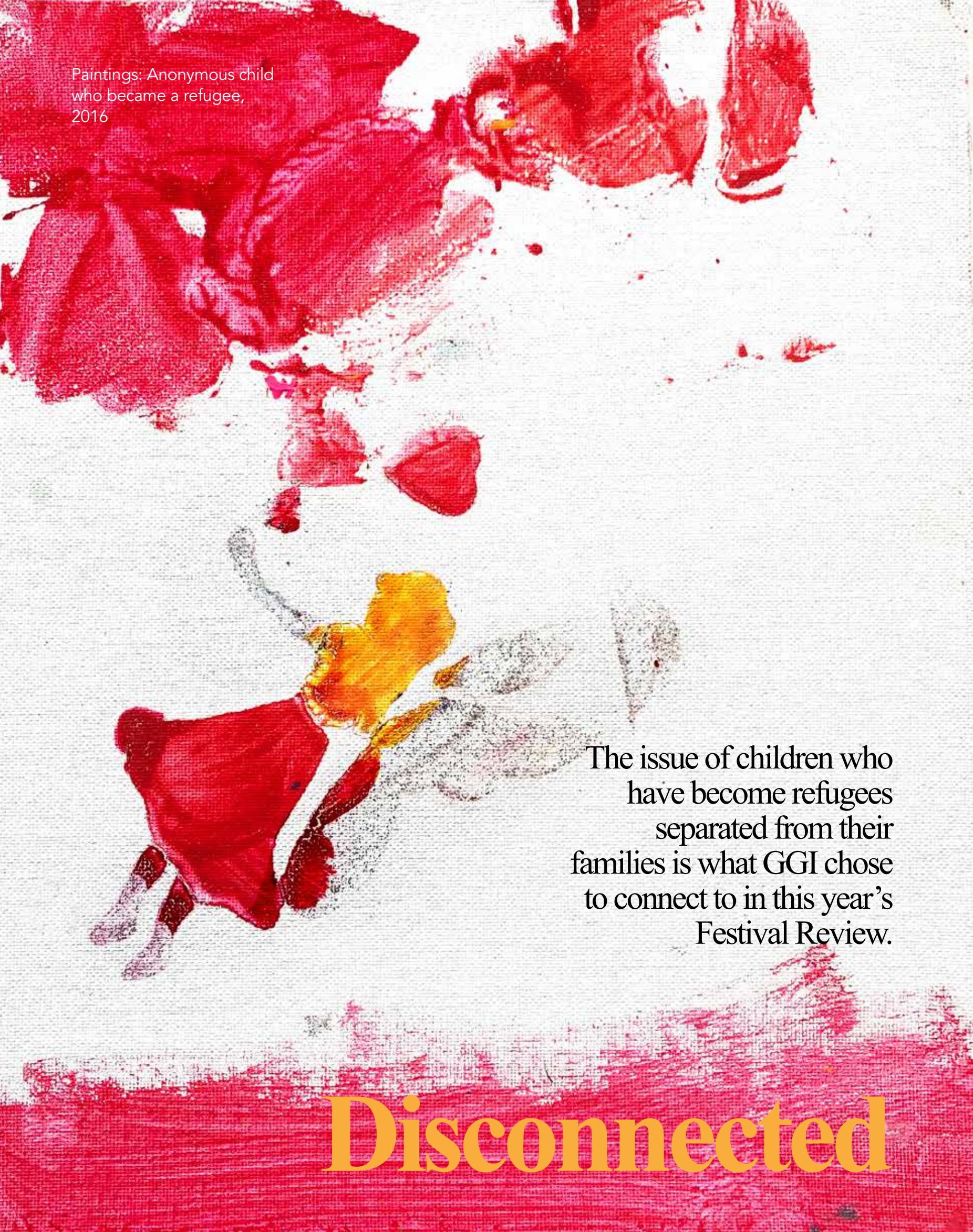
- September 2018 -

It was a life-changing encounter in the most positive way to meet Andrew Corbett-Nolan after so many years. We briefly exchanged ideas before the session and I'm glad that I stayed for the afternoon and evening presentations. Following the speeches, the panel was ready to take questions. I never thought that a question would change my life nor open up new doors.

I asked: *"When and how would the NHS come out of the 'tick box' regulatory regime to a position where governance will deliver governance for purpose?"* The question was considered by an ex-Secretary of State and Chair of NHS Improvement. Ever since that day, I have been working with GGI to make that transition work: helping to turn governance into governance for purpose.

I'm among many who have been fortunate to work with such a dynamic and supportive network of colleagues, allowing me to go miles in my career development by working for and supporting the cause I believe in.





Paintings: Anonymous child  
who became a refugee,  
2016

The issue of children who  
have become refugees  
separated from their  
families is what GGI chose  
to connect to in this year's  
Festival Review.

# Disconnected



Jaco Marais,  
Editor,  
Festival Review

It requires whole systems of people to be a person. Think about it. First we have our family with whom we make special bonds that last our lifetime. We are also supported by systems that keep us fed, hydrated, warm and healthy. In the first part of our life these systems are navigated by our parents, who provide us with what we need until we are old enough to do it for ourselves and then, in time, for the people we become responsible for.

If any of these systems fail, we fail, and we need help at the most basic level. I spoke with my friend Isis Mera about her experience volunteering at Calais and Dunkirk before the camps, referred to in the media as the Jungle, were disbanded by the French authorities in October 2016.

The original artwork is a small sample of the work made by the children in the Dunkirk camp, where it was part of her job to make life about more than just their immediate loss of connection.

Isis Mera: We all need help at some point in our lives. We are also often able to help someone or provide support. What we can offer is relative, but we can all find something to give. Learning to give and receive help requires good communication and empathy.

Every volunteer will tell a different story about why they decided to go to the border between Britain and France to help. It is true to say that we were driven by empathy and compassion; most of us had no prior experience or training.

The need of the people there was so great and it seemed so easy to help. In retrospect it was one of the hardest things I have ever done, we were pushed to our limits both emotionally and physically.

Building relationships in that context, with people who often did not speak English, had come from different cultures and who suddenly found themselves in a foreign country, was often a challenge. To work together we needed to understand each other; we need to make human connections at the starting point and then find people with whom to align our aims in order to deliver each project.

Nobody is skilled enough to handle that kind of situation. It was essentially a disaster zone, where no official organisations or government bodies were operating, day-to-day, to alleviate the crisis.

**The only governance there was in the Jungle was 40 toilets for 10,000 people.**

When I first arrived at the camp I met Haroon, a young boy who was alone. He was sweet and ingenious; he would take donations, run to hide them and then come back to see me and talk. We laughed and connected in a very sweet way; he was a charming boy.

He made me question how many other young children were separated from their parents or alone in that dreadful place. I later came back to London and decided to fund-raise under the name Help4Refugee Children to return to the camp and provide creative art activities for children.

We went back for two years, we built friendships with refugees, we learned their names and they learned ours, and we got to know many people in the camp. We would find children and family areas and set up on the floor on plastic mats with colours, glue, balloons, glitter, stickers and everything else we could find to create and play.

It's difficult to quantify the impact that play had on the children. We defined our purpose and aimed to deliver a space where they could express themselves, forget about their immediate needs and release energy by creating pictures, painting and playing.





What I know for sure is that our activities helped to build positive relationships.

Through their paintings, refugees sometimes told us stories about who they were and their journeys to Europe. During one of our workshops in July 2016, a girl drew the boat she'd spent three days on during her journey to seek asylum in Europe after the Taliban killed her mother. Looking at her, she does not look any different to any young person, yet it is impossible without having lived her experiences to know the depths of sorrow behind her eyes.

While everyone's story mattered, it also didn't. We were not there to question people, we were not there to understand them. We also grew to be quite measured with the relationships we built, as the vulnerability of the refugees we worked with was so great. We focused on providing a space for people, where they could exist outside political and humanitarian discourses. We provided a space for self-expression and creativity, hoping that we could help to foster positive memories outside the dire context of their day-to-day lives.

Ahead of the second reading of the Immigration and Social Security Co-ordination (EU Withdrawal) Bill on Wednesday January 16th 2019, the Families

Together Coalition prepared a briefing paper. GGI supports the coalition and we choose to connect to the issue of children who have become refugees by publishing extracts from the paper in this year's Festival Review.

Good governance because it's personal.

The Coalition supports the expansion of the UK rules on refugee family reunion, which currently prevent families from being together just when they need each other most. An expansion of the rules would allow more families to be reunited safely in the UK. They believe that the Bill is an opportunity to make this change.

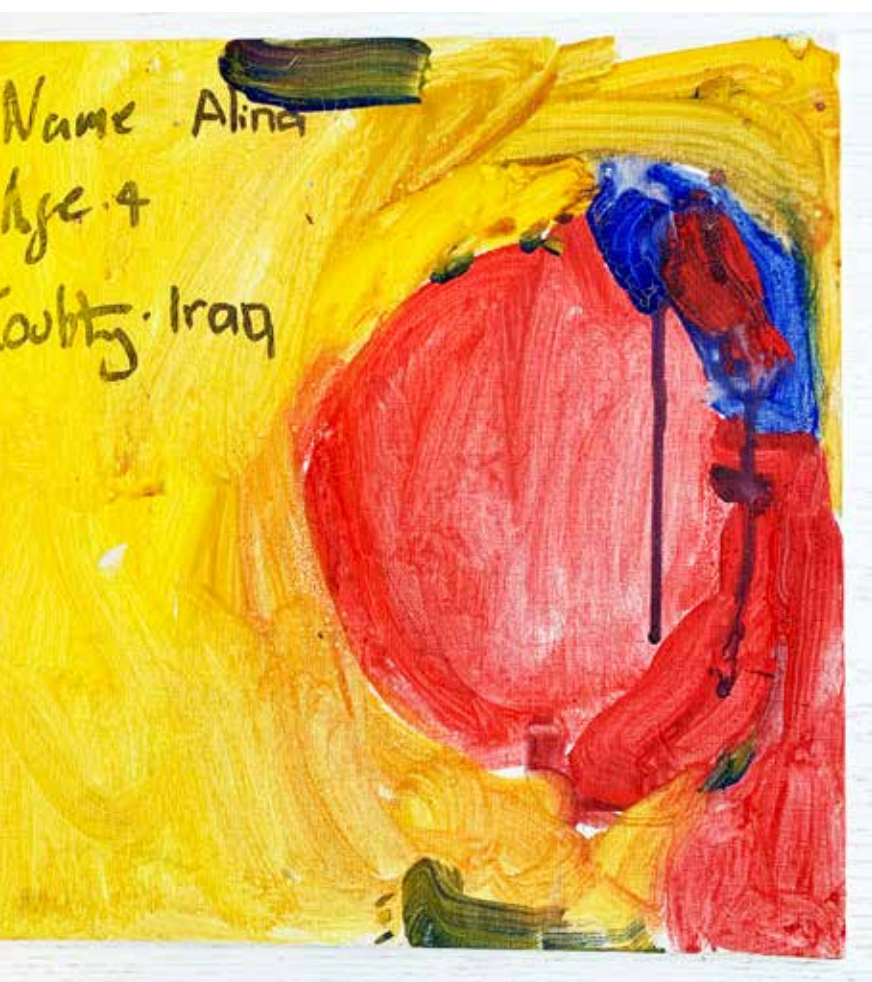
The Immigration and Social Security Co-ordination (EU Withdrawal) Bill was introduced in the House of Commons the day after the Government published its white paper setting out proposals for the shape of the immigration system after the UK leaves the European Union.

Chapter 10 of the white paper states that the Government "recognise the importance of family unity" and that the "existing approach to family reunion provides a comprehensive framework to bring families together".

Refugees in the UK often find themselves separated from their families following brutal experiences of conflict and persecution. Being reunited with family members can be a life-changing moment, bringing together loved ones who had been torn apart by war and violence.

However, far from being a comprehensive framework, the existing restrictive rules about who is eligible to be reunited prevent families from being together just when they need each other the most. The restrictive rules risk driving people to undertake dangerous journeys, putting their lives in the hands of people smugglers, so that they can be with their relatives.

Unlike adult refugees, children who are in the UK



alone and who have refugee status have no right to be reunited with even their closest family members. Because of this rule, children living in safety in the UK must live without their family for perpetuity.

The Home Affairs Select Committee has said: “It seems to us perverse that children who have been granted refugee status in the UK are not then allowed to bring their close family to join them in the same way as an adult would be able to do. The right to live safely with family should apply to child refugees just as it does to adults.

Lord Kerr addressed this argument in a recent debate in the House of Lords. He said: “Is it really plausible that, say in Idlib, if it is under siege in six weeks’ time, the family sits around the dining table, pick a child and tell it that it must set off across the battle lines and the Mediterranean, to try to get into England so that it can then pull the family into England? That

is implausible. We are talking about refugee reunion and about children. We really must stop talking about this wildly implausible pull factor. They come here to escape being killed; they do not come here in order to become a magnet for the rest of the family.”

Allowing refugee children to sponsor their immediate families would reduce the number of people making irregular journeys to reach the UK and would be a straightforward change, which would have a transformational impact on the lives of a small number of child refugees. The Families Together Coalition recommends that separated refugee children in the UK are granted the right to sponsor their parents and siblings to join them.

The Families Together Coalition is a coalition of organisations who support the expansion of the UK’s refugee family rules. Together, the coalition has worked with MPs and peers from across all parties to support Private Members Bills in the House of Commons and the House of Lords. This includes the Refugee (Family Reunion) No.2 Bill, introduced by Angus MacNeil MP, which successfully passed its Second Reading on 16 March 2018. Members of the Families Together Coalition are: All African Women’s Network, Amnesty International UK, Asylum Matters, British Red Cross, Care4Calais, CARE International UK, The Children’s Society, City of Sanctuary, Every Child Protected Against Trafficking (ECPAT UK), Greater Manchester Immigration Aid Unit (GMIAU), Helen Bamber Foundation, Help Refugees, Jewish Council for Racial Equality (JCORE), Lewisham Refugee and Migrant Network (LRMN), Migrants Resource





# Refugee Week

15-21 June 2020

## *Different pasts, shared future*

Centre, Oxfam UK, Refugee Action, Refugee Council, Refugee Rights Europe, Safe Passage, Scottish Refugee Council, Solidarity with Refugees, SOS Children's Villages UK, STAR (Student Action for Refugees), The Tavistock and Portman NHS Foundation Trust, UNHCR, Welsh Refugee Council, Young Roots.

### **If you have any questions, please contact:**

**Jon Featonby**, Policy and Advocacy Manager, Refugees and Asylum, British Red Cross  
[jfeatonby@redcross.org.uk](mailto:jfeatonby@redcross.org.uk)

**Seb Klier**, Parliamentary Manager, Refugee Council  
[Seb.Klier@RefugeeCouncil.org.uk](mailto:Seb.Klier@RefugeeCouncil.org.uk)

**Sam Nadel**, Advocacy Adviser, Oxfam GB  
[snadel1@oxfam.org.uk](mailto:snadel1@oxfam.org.uk)

**Lucy Wake**, Government and Political Relations Manager, Amnesty International UK  
[Lucy.Wake@amnesty.org.uk](mailto:Lucy.Wake@amnesty.org.uk)



Refugee Week



**Join the Movement**



## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Jaco Marais, Festival Director, Consultant on Engagement and Thinking Partner

# # BlessUpBarnet Finchley Memorial Hospital

- September 2016 -

September 2016 was a very busy period for the GGI team. We had several big engagement projects on and the Finchley Memorial Hospital Community day fell on the Sunday before the Tuesday when we would host our second Festival of Governance, Good governance because the future is in our hands.

That Sunday, I remember us having our hands quite full with the present. After inviting nearly every organisation in Barnet from care homes to sandwich shops we had a morning to transform the hospital's therapy gardens into what looked like an event.

The tables were being set up and giant inflatable organs were being pumped up, I got the engagement team together for a brief pep talk. "Smile and look confident in what you are doing, all eyes are on us and if we don't believe that it is all going to work out, neither would the people, whose support we are depending on." This was a pep talk for myself as much as it was for anyone else. The team, myself included, kept smiling throughout and everyone involved had a great time. The client was happy and we could get on with our next mission.



# Avoiding the chair

Over one in four people in the UK live with a musculoskeletal condition, the fastest growing burden of disability in the UK. GGI partners with Connect Health and Sussex MSK to help them meet demand in this challenging environment.



Chris Smith, Consultant, GGI





*We know that locality services in 'wellness spaces' such as leisure centres, can help to influence behaviours, introducing some patients to better lifestyle choices, and initiatives like this need to be embraced more fully across the service.*

As the UK's population ages and grows, demand for musculoskeletal (MSK) services is rising exponentially. Today, MSK conditions account for roughly 30 million lost working days and approximately 1.4 million admissions to secondary care each year. With capacity and resource already stretched across the NHS, the financial and performance implications of this for NHS trusts are significant. The NHS in England already spends £5 billion each year on MSK conditions, the fourth highest clinical spend.

This position is not sustainable. However, addressing this problem will require a coordinated and integrated approach. NHS guidance, including the Five Year Forward View and NHS Ten Year Plan, has emphasised the need to reduce inappropriate demand and move significant activity in the community, with MSK triage given as an example of where this could be realised effectively. However, this will not happen overnight. Historically, there has been significant underinvestment in MSK community services with finances more often focused on the provision of acute care.

Progress has also been hampered by other challenges to the treatment and prevention of MSK conditions in England, such as increasing demand, variation in the quality of care, and a disjointed and multi-provider landscape underpinned by perverse incentives.

There is a recognised need to reverse the trend of medicalisation of minor problems and to better empower patients to self-manage MSK problems presenting in primary care, urgent care and A&E.



## Connect Health

During late 2018 and early 2019, the Good Governance Institute and Connect Health, the largest specialist provider of MSK services in the UK, partnered to produce guidance aimed at improving board-level understanding of MSK service commissioning and provision.

Established in Newcastle-upon-Tyne in 1989, Connect Health services are wholly designed to focus on the patient experience and what really makes a difference to them – being seen in the right place, at the right time, by the right clinician.

*Connect Health's ethos is underpinned by evidenced and improved data-driven outcomes.*

By optimising care and reducing the inappropriate flow into hospitals, Connect Health strives to effectively and efficiently deliver care in a lower-cost community setting, transforming services around specific quality and financial objectives, dramatically reducing waiting times (to 48 hours for

first contact with physio), and improving access to treatment and patient outcomes.

GGI and Connect Health aim to further develop the debate around the MSK challenge through comprehensively educating and influencing healthcare improvement planning on both an international and national scale.

The two organisations have made leading contributions at annual conferences such as The World Confederation of Physical Therapy, NHS Confederation, and European Healthcare Management Association (EHMA) held in June this year in Espoo, Finland.

## Sussex MSK Partnership East

Towards the end of 2018, GGI was approached by Sussex MSK Partnership East to review the way the partnership has developed in a stressed environment. Using the Institute for Healthcare Improvement's concept of 'triple aims', GGI measured that Sussex MSK has successfully improved the organisation's patient experience, health outcomes, and efficiency. GGI considers the progress made by Sussex MSK, which has had long-standing structural deficits and

"MSK is a growing problem and there's an urgent need for service redesign to deliver solutions in a setting that's more efficient with better clinical outcomes and patient experience, and lower clinical risk. We're delighted to be partnering with GGI to develop resources which will help NHS colleagues approach the problem in a way that brings to the fore evidence-based pathways and expertise from a range of sources."

Professor Andrew Walton, Connect Health's founder and Executive Chair





considerable regulator interest, is a narrative worth sharing across the NHS.

As such, we produced a report, *Sharing an Innovative Approach*, which was presented at this year's European Healthcare Management Association (EHMA).

The report identifies four clear emerging themes that have allowed this partnership to flourish:

1. Initial commissioning process, effective use of prime contractor model and the building of a strong alliance of organisations.
2. Strong leadership, a shared vision and a healthy appetite of innovation and risk.
3. A patient-centred approach to enable continuous improvements and consistency.
4. Building a collaborative partnership to deliver an effective integrated care system.

A shared vision from all the stakeholders in the partnership has cemented the cornerstones of these four themes. This vision places improved patient outcomes at the very heart of its operations, anchored by strong leadership, consistent feedback, good communication, and transparency.

*Our report concludes that Sussex MSK has matured into a successful integrated care system, which is reflective, open to continuous improvement and able to react to a changing political, policy and structural environment.*

This is due not to one activity, but a hard-learned culture which has seen the service significantly improve performance and patient outcomes in a number of ways.

GGI believes that Sussex MSK's success provides significant learning for the NHS and other health systems looking to meet the growing burden of MSK challenges. The partnership is one of the few services delivering savings and sustainability in this challenging environment and it demonstrates that this issue can be tackled with the right dynamic of innovation and investment.

**Sussex MSK Partnership**  


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**East**



# Raising the quality and efficiency of MSK community service provision across whole systems

INNOVATIVE PARTNERSHIPS

*Connect*

There is an urgent need to increase the efficiency and quality of care of MSK (musculoskeletal) provision by optimising care and reducing the inappropriate flow into hospitals.

## The MSK challenge

Costs <b>£7-£10bn</b> pa (Eng)	<b>4th</b> largest area of NHS spending	<b>1 in 4</b> adults affected (UK)
<b>30%</b> of all GP consultations	<b>25%+</b> of all surgical interventions	<b>30.9m</b> working days lost



**In service efficiencies**  
Reduced waiting times, improved RTT, patient outcomes, quality

**Upstream savings**  
Reduced diagnostics, reduced inappropriate secondary care referrals

Connect Health is the largest, independent provider of integrated community musculoskeletal (MSK) services (including orthopaedics, pain and rheumatology) in the UK, serving over 300k NHS patients pa across 20 NHS contracts, managing the needs of 4m populations.

To find out how to achieve whole systems efficiencies, contact us today on **0191 250 4580**.

## MSK: A new approach

New National Guidance for Musculoskeletal Health

Good Governance Institute (GGI) and Connect Health launched new national guidance for MSK (musculoskeletal) Health earlier this year. These independent, practical resources aimed at time-poor senior NHS professionals, include assurance questions that board members and others developing services should be asking to ensure that local service development is progressing along sustainable lines to meet the needs of patients and the tax payer.

The Board Assurance Prompt format includes a simple maturity matrix and provides sample answers to key questions. The inadequate answer often suggests either a lack of pathway development or ongoing activities in community pathways that are not monitored or evaluated and may be providing poor value for money.

For more information and to access our tools, please visit our website at <https://www.good-governance.org.uk/knowledge/>

*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Nicole Sochen, Communications Specialist

# Meeting Andrew Walton, Executive Chair, Connect Health

- June 2019 -

Having only recently joined the GGI team, there are countless highlights to come. My first was meeting my new client, Andrew Walton, the executive chair of Connect Health, who kindly gave me an overview of the MSK (musculoskeletal) industry and his business.

Not only was it inspiring from a business perspective – his is a true entrepreneurial success story and the company will soon celebrate its 30th anniversary – but Connect Health is as committed to their staff as they are to their patients. I look forward to working with their team and making a difference.




# Close to our hearts

It's where our babies are brought into the world and where we get help when we're at our most vulnerable... As such, few parts of society are as personal to us as the **NHS**.



Caroline Docking  
Director of Communications and Engagement  
Newcastle upon Tyne Hospitals NHS Foundation Trust



A red heart and a stethoscope are the central visual elements of the page. The heart is positioned on the left side, and the stethoscope is draped across the bottom and right side. The background is a solid teal color.

The NHS is an institution that most of us hold close to our hearts. Most people in the UK have a clear emotional connection to this greatest of British institutions. However, to most people – those working in the NHS and to the public – corporate governance can seem a very long way from the experience of care and compassion they provide or receive when they step inside our hospitals.

But our NHS Trusts and Foundation Trusts are established as ‘businesses’ – corporate bodies who need to give equal credence to their corporate as their clinical governance considerations.

For me, clear corporate governance is an essential element in creating the good experiences of healthcare that citizens increasingly (and rightly) expect and demand.

That’s why, when Dame Jackie Daniel joined Newcastle Hospitals in 2018, she along with new Chairman Sir John Burn, made good governance a priority. Asking the Good Governance Institute (GGI) to come into the organisation to review our systems and processes and stress test them, supported us to develop a clear roadmap of enhancements and actions so that we could strengthen our transparent and robust governance approach.

Newcastle upon Tyne Hospitals is an exceptional organisation. It’s a major provider of healthcare in the North East, providing a vast range of community hospital and highly specialist services, including a major trauma centre, Institute of Transplantation, and Regional Cancer Centre, amongst many others. It’s a vital part of the health economy in the North East, supporting other smaller trusts and numerous clinical pathways. With around 14,000 staff, it’s also one of the biggest employers in the region and, with an annual turnover of around £1 billion, it makes

a significant contribution to the economy. The ongoing success of the trust is very important to the North East in many different ways.

It’s also a highly performing trust. On a worldwide scale, Newsweek judged our hospitals as among the best in the world earlier this year. We’re delighted to have been rated ‘outstanding’ by the Care Quality Commission (CQC) for the second time in May 2019 – the only trust of a similar size and impact to have reached this standard. For the CQC, good leadership is an essential component of quality. It underpins the values and standards of healthcare organisations. As we began our governance review, the approaching CQC well-led inspection provided a helpful catalyst to support positive change.

This strength has a positive effect on the lives of the 1.9 million patients we see every year, and that doesn’t come without good governance.

In Newcastle, we believe that a major contributor towards effective governance is that it needs to be patient focused. It needs to underpin the essential purpose of our organisation – to care and to heal. Our trust vision and strategy must always be about making a difference to our local population and enabling our staff to perform their roles effectively. That life-saving and life-enhancing work is our *raison d’être*, and our governance needs to be entirely aligned with that purpose. It’s the golden thread that runs from board to patient. Our board meetings always begin with a patient story to underline that focus.

Supported by our partnership with GGI, we’ve undertaken a comprehensive review of our strategic approach – developing new, challenging strategic objectives which will help us to reach our ambitious vision – bringing even greater health expertise to the North East.

Alongside that, and by listening carefully to our staff, we've developed new organisational values which set out how we'll do that. Articulating the expectations of each member of the team very clearly in relation to how we'll behave, handle feedback, and play a role in wider civic society. Our values are equally important when considering the impact we can make in our role as a public sector body with extensive procurement budget and responsibilities for example, as they are in our work directly supporting patients.

The key principles of transparency and probity in public life come easily to the NHS philosophy, which is important in the context of our £1 billion budget. Our whole board takes their responsibilities in relation to the stewardship of public funds very seriously. Working with GGI has provided independent challenge as we've reassessed our decision-making principles and developed more streamlined and effective decision-making and assurance processes.

Clear frameworks enable swift and reliable actions, which remain in line with our strategic direction. They set out helpful parameters for staff to work within, avoiding delay and ensuring that decisions are made as close to the patient-facing part of the organisation as possible.

Healthcare is, by its very nature, a risky business and a crucial workstream of our partnership with GGI has been our approach to corporate risk management. Although our systems are good, there was an acknowledgement that further focus was required in this area. We're developing new arrangements for the Board Assurance Framework, reporting and reviewing to improve executive oversight and non-executive assurance.

Most importantly, we're working with clinical and managerial leaders to equip them to manage and mitigate risk more confidently.

As leaders responsible for governance, my fellow directors and I take our responsibilities towards the organisation very seriously. No matter what our specific role is, our job is to contribute to patient care, to support the clinical services and the clinical teams, to keep them safe, to make sure that they work in an organisation which is well led, clear about its direction and consistent in its decision-making.

In these times of critical discourse, public scrutiny and financial constraint, this clarity of purpose is especially important.

Twelve months into our relationship, and with lots of hard work, our partnership with GGI has matured. It's required effort, personal challenge, change and compromise. It's certainly helped us to move forward positively and with focus. It's helped us define our future strategy, and ensure that our board and structures are not just fit for purpose, but outstanding.

It's satisfying to be able to contribute to the strength of the whole organisation and the outcomes that we deliver for patients and their families. So, for me, good governance is personal because of the pride I feel in working for Newcastle Upon Tyne Hospitals.

**The Newcastle upon Tyne Hospitals**   
NHS Foundation Trust



*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Lucie Le Faou, Programme Delivery Manager

# **Diversity is at the heart of GGI**

- Ongoing -

As a new member of GGI, what I've particularly enjoyed since joining is the diversity of personalities, skills and projects. I've had the opportunity to work on various projects already and, each time, the project team has been different, which has allowed me to experience different working styles and to bond and learn from unique individuals with unique skillsets. The level of diversity within GGI is what makes it so powerful and limitless.





Ian Brandon,  
Consultant, GGI

*"We initially ask our clients to rate themselves, depending on the area and level of focus."*

# Strong roots grow mighty trees

Governance maturity can evolve at embryonic pace. We take a look at our personal approach towards maturity at Newham Hospital.

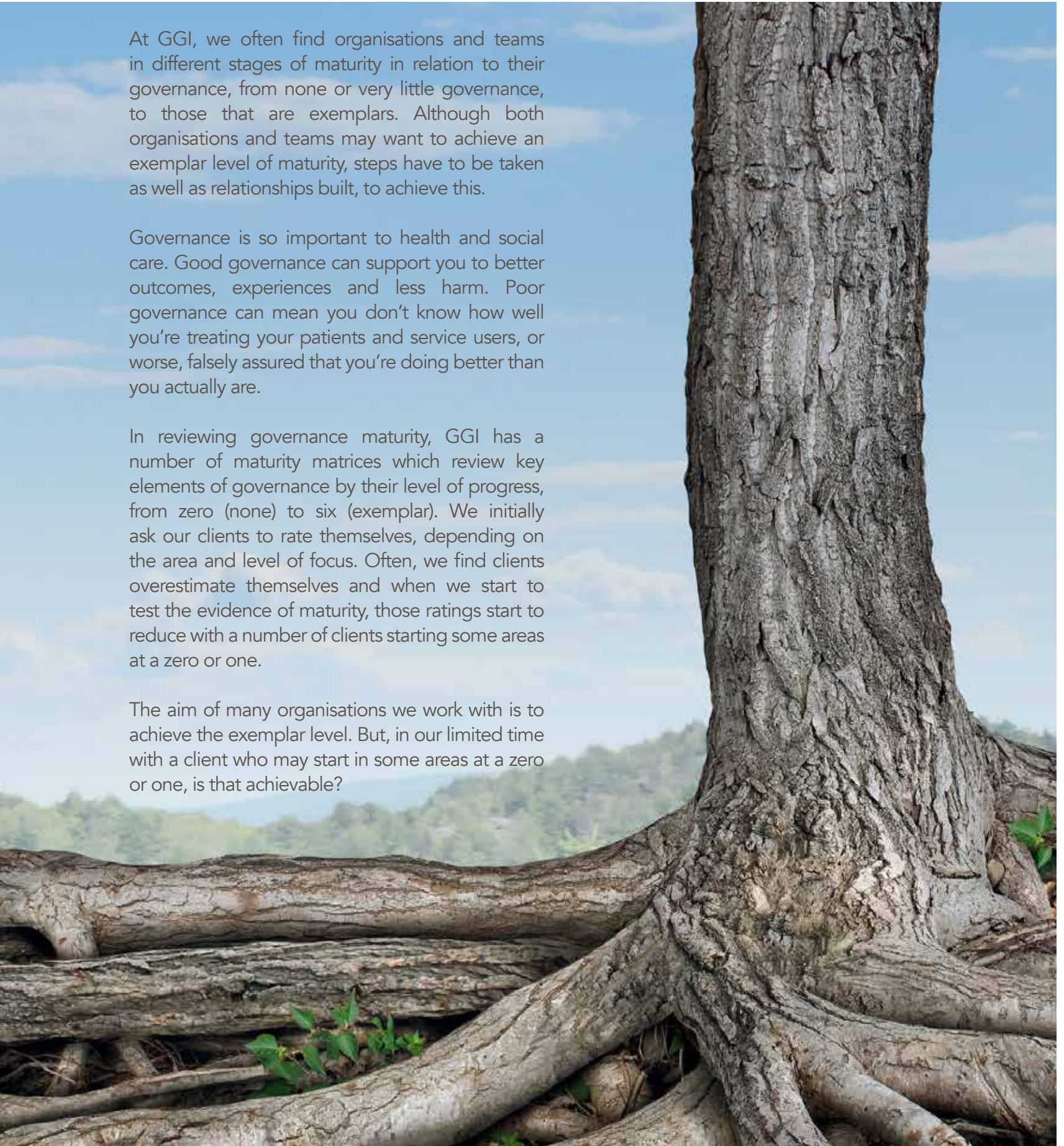


At GGI, we often find organisations and teams in different stages of maturity in relation to their governance, from none or very little governance, to those that are exemplars. Although both organisations and teams may want to achieve an exemplar level of maturity, steps have to be taken as well as relationships built, to achieve this.

Governance is so important to health and social care. Good governance can support you to better outcomes, experiences and less harm. Poor governance can mean you don't know how well you're treating your patients and service users, or worse, falsely assured that you're doing better than you actually are.

In reviewing governance maturity, GGI has a number of maturity matrices which review key elements of governance by their level of progress, from zero (none) to six (exemplar). We initially ask our clients to rate themselves, depending on the area and level of focus. Often, we find clients overestimate themselves and when we start to test the evidence of maturity, those ratings start to reduce with a number of clients starting some areas at a zero or one.

The aim of many organisations we work with is to achieve the exemplar level. But, in our limited time with a client who may start in some areas at a zero or one, is that achievable?





*“by creating a shared vision and language, over time, you can build bridges and relationships between different staff and teams”*

Often the answer is: “Not now...but we can start the journey”.

Recently, we’ve been working with Newham Hospital who followed this path. They wanted a review of their quality governance structures and processes, particularly at divisional level. There were some overestimates by divisions on their clinical governance maturity level. Since then, GGI has been working both with divisions and the site governance team, to help improve their maturity.

Firstly, we brought in tools and processes, such as supporting improvements on chairing, agenda setting, and minute-taking plus training on risk. With the site governance team, the focus has been on how they support the divisions. This has included standardised data and analysis, templates for the incident process, and leadership tools such as huddles.

Over time, these tools have become part of the culture in how teams work with some personalisation/specification so they suit the team and the organisation.

To ensure even these are not just used but embedded, time is needed – weeks or even months. This requires coaching and observation entwined with building relationships and trust.

Some staff are initially disparaging about governance – “it’s the governance team’s job” – as well as a breakdown in trust between different teams. However, by creating a shared vision and language, over time, you can build bridges and relationships between different staff and teams. This enables an organisation to meet the Care Quality Commission (CQC) well-led principles of

having staff engaged and involved in supporting high quality standards.

We’ve helped move Newham Hospital to a place where they’re starting to understand why risk matters, what good incident management looks like, what a good complaints process is, and how to scrutinise information on quality. This was achieved by making sure governance is a priority across the organisation and properly addressed. Also, staff are more open and trusting of each other, breaking down closed cultural behaviour. There’s a better understanding of what’s wrong, what’s missing and what’s needed to improve – not just structures and tools, but staff need to improve, too – at all levels and across all staff groups.

We’ve seen examples of exemplar governance leadership on our journey with Newham – bravery, even, in challenging what was before and being determined to make it better. They have acknowledged and are starting to overcome barriers along the way, getting to root causes of issues rather than just dealing with surface-level problems.

These nurturing steps may only move the teams up one level on the maturity matrix but it places them on a roadmap for future improvement. Creating confidence in triangulation of governance areas lead to improvements that don’t just look good in an action plan, but also provide better outcomes for patients.



**Newham University Hospital**   
NHS Trust

*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Ian Brandon, Consultant

# Leaders' Forum 2019

- May 2019 -

The Leaders Forum was not only an opportunity to help the work of the National Commission but also to correspond and meet with some of the most eminent people influencing public services today, including CEOs, Dames, and Chairs, among others. It was a pleasure to gather rich information on how they are working within their organisations and offer some insight into my quality background. It was a very enjoyable experience.

The Leaders Forum taking place in such a fantastic venue as Leeds Castle really brought home the importance of the occasion to everyone in the room. Playing a small role as facilitator to one of the breakout groups on the day was a privilege and an experience that I would love to repeat.



# Strategy: Patients First

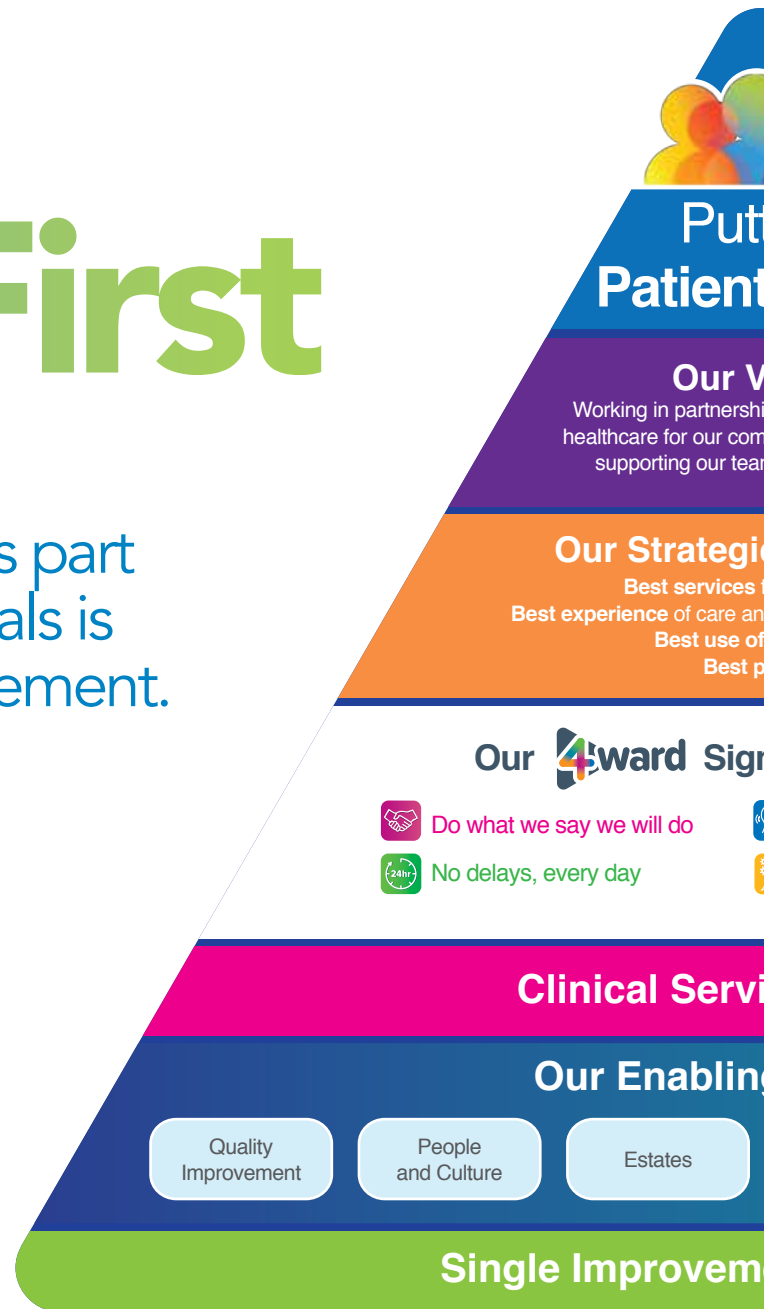
Under the helm of Chief Executive Matthew Hopkins, and with GGI as part of the crew, Worcestershire Hospitals is embarking on a voyage of improvement.

Worcestershire Acute Hospitals NHS Trust (WAHT) provides hospital-based services to a population of over 500,000 people in Worcestershire from three main sites: the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre, and Worcestershire Royal Hospital in Worcester.

The trust has a pressing need to articulate its objectives and long-term strategy, and align its strategic plans to deliver a consistent narrative for its journey of improvement in patient care. GGI has been working with the trust to help them chart out their course.

The first stage of WAHT's four-phase approach was to communicate the trust's overarching message for the improvement journey, which was decided as Putting Patients First. This has given the board the opportunity to present a strong statement to its stakeholders – from staff to partners and patients – and to make a positive impact on healthcare in the surrounding areas. During Pyramid Week, when the vision was launched, GGI supported the trust by helping to build the communications plan. We assisted with the creation of the narrative,

the production and design of resources, and with the branding materials and video. The pyramid's structure and content was developed during a Board development session facilitated by GGI in March. In early June, GGI and a strategy core team from the trust facilitated a series of workshops, which initiated a detailed planning exercise for each specialty – a thorough and inclusive exercise from the bottom up. The next stage is to develop the trust's Clinical Services Strategy (CSS), which will be presented to the stakeholders in August





of this year. GGI is playing both a supporting and leading role, with much work behind the scenes. This includes writing and preparing briefing documents as well as researching policy and new model drivers for each of over 30 specialties.

The following two phases will take a look at reviewing and aligning Worcestershire Hospitals' supporting strategic plans and a process of board development. This will help the trust to become a more active partner in the local health and care system and help to lead the strategic changes which are needed.

**Chief Executive Matthew Hopkins tells us more**

A number of the trust's services are facing significant challenges because of operational pressures, financial constraints or staffing shortages. WAHT's journey of improvement has provided me with the opportunity to reflect on what teams

across our trust are looking for from their senior leaders – whether that's the board, the executive team, or our divisional leadership teams.

From my "Meet the Chief" sessions and other discussions, some clear themes have emerged and one of the words which stands out most strongly is "strategy."

Since I joined WAHT in January 2019, through these discussions, I had been trying to ascertain

what our trust's strategy actually was – but none of my colleagues were able to provide a convincing answer. That's because the trust didn't really have one.

The board spent some time together, off-site, to focus on the future of our trust. We agreed a vision and a set of objectives, which helped to create a shared view of the kind of organisation we wanted to be in the future along with our hopes and expectations for our patients. Together, we developed a set of overarching objectives to help set our strategic direction of travel over the next few years.

We discussed this vision and objectives at the trust Management Executive and briefed the trust's senior leaders. Something as important as a vision for our future needs to be shared widely and discussed frequently, so we will continue these conversations at all levels throughout the trust's journey.

The board, supported by the trust's Management Executive, believe that our purpose can be clearly and simply summarised as this:

*"Putting Patients First"*

That purpose then shapes our vision, which can be expressed as:

*"Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move forward"*

Our purpose and vision then shape a series of objectives, which are these:

**Best Services for Local People:** We will develop and design our services with patients, for patients. We will work actively with our partners to build the best, sustainable services which enable people in the communities we care for to enjoy the highest standards of health and wellbeing.

**Best Experience of Care and Best Outcomes for Our Patients:** We will ensure that the care our patients receive is safe, clinically excellent, compassionate and an exemplar of positive patient experience. We will drive the transformation and continuous improvement of our care systems and processes through clinically-led innovation and best use of technology.

**Best Use of Resources:** We will ensure that services – now and in the future – meet the highest possible standards within available resources for the benefit of our patients and the wider health and care system.

**Best People:** We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about, and take pride in, putting patients first.

These objectives will be underpinned by our 4ward behaviours and supported by a number of enabling strategies, including our Quality Improvement and People & Culture Strategies, as well as our developing Clinical Services Strategy.

The board also agreed that, as a matter of urgency, we need to develop a strategy for our clinical services. It's important that our Clinical Services Strategy is developed in a collaborative way and that we engage effectively, but we also need to move quickly. My expectation is that leaders across our trust – at all levels and in all departments – will support their teams in making the changes we need to drive up standards of quality and safety, improve patient flow, balance capacity and demand, respond to the needs of ever-changing population, learn lessons from best practice elsewhere and build a more positive, productive workplace for all.

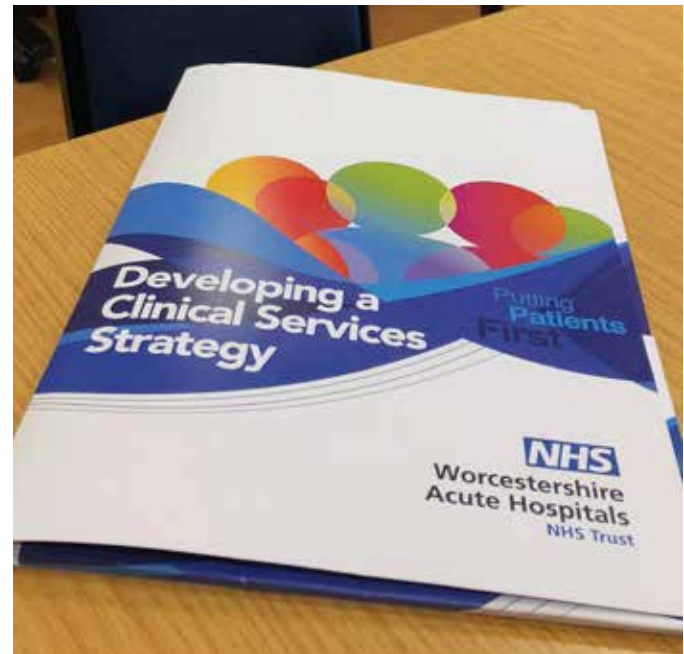


Matthew Hopkins talking strategy with his team at Worcestershire Royal Hospital.

Our communications team will be working to present all of this in visually appealing ways as we seek the views of colleagues across the trust on our purpose, vision and objectives. We will also use them to inform our discussions with our partners, our patients, and everyone with an interest in the future of our services and the local health and care system.

Locally, through the Sustainability and Transformation Partnership (STP), and nationally through the NHS Long Term Plan, the shape of health and care services in our county is changing. The trust will continue to actively contribute to help positively shape these changes, reflecting our position and role in the local health and care economy. But to play that role most effectively, we need a solid foundation on which to build. That means getting the basics right, hitting the key standards and targets, and having a realistic view of our strengths and weaknesses.

*The first stage of WAHT's four-phase approach was to communicate the trust's overarching message for the improvement journey, which was decided as Putting Patients First.*



Once we are doing that consistently, we can talk more confidently about our future ambitions. WAHT looks forward to adding real value to the system-wide efforts to build health services in Worcestershire that are genuinely fit for the future.

*“Describing a clear compelling vision for the future, and a clear strategy for how to get there, needs to touch people emotionally. It needs to tap into their inherent purpose - to make a difference to people. To make that difference means letting change happen. If you don't go after what you want, you'll never have it. If you don't step forward, you're always in the same place.”*

*Matthew Hopkins*

## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Andrew Hughes, Change Director

# Workshops to develop a Clinical Services Strategy for WAHT

- June 2019 -

Since 2014, I've seen GGI's work from three different perspectives: working with the company as a client; working for the company as an associate and, since January 2019, working at the company as an employee. Since January, I've always felt the strength and support of the company even when my colleagues haven't been with me. When I walk into a meeting or development session with a client, I carry with me – virtually at least – the skills and experience of a whole team of talented, enthusiastic, and committed individuals.

This was most evident for me during the workshops week at Worcestershire Acute Hospitals NHS Trust (WAHT) when we started the detailed work with 30 or more individual specialties to consider how things may be in 2025. There were five of us in the room, in itself highly unusual and a signal of the complexity of the commission, but we had only got to that room through the best efforts of at least the same number again – researchers, designers, project manager and sponsor.

It was liberating to be able to set the WAHT teams free from the challenges of today. The nature of clinicians' roles means that they have to be in the moment, rarely looking beyond the next day let alone into the next week or month. At these sessions, we were inviting them to imagine an unknown future – to think of how different society, health and wellbeing will be midway through the next decade. That's very difficult for people to do but without the thought, consideration and expert facilitation of GGI colleagues it would have been made so much harder.



*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Laura Botea, Programmes Director



# **GGI Festival of Governance 2015**

- September 2015 -

As a then newcomer at GGI, the 2015 Festival of Governance was a personal career highlight for two reasons. It enabled me to very quickly gain a deeper understanding of the impact of governance for public sector organisations, and GGI's role in supporting this. It also showcased GGI's ability to bring together a range of individuals interested in making a difference – something that I enjoy being a part of to this day.

When I started my career, I never thought that a man playing a sitar, on a bandstand, in Lincoln's Inn Fields would be integral to a day of discussions on good governance. I was sure I had arrived in a new and exciting place.





# Giving back to education

Is there a disconnect between personal motivations and the reality of being on a higher education board?



SallyAnn Hunting, Consultancy Director, GGI





*"I take my mortar board off to them."*

When I ask governors on university boards what their motivation is, they usually say, "to give back," or "to play my part in educating young people for the future," or "to be a steward for these vital learning organisations". These are deeply personal reasons with strong altruistic intentions.

In the past five years, the higher education sector has seen some of the most significant regulatory change. The Office for Students was established in early 2018 and, in the past 18 months, all universities have had to re-register and comply with ongoing and sometimes special conditions of registration. This has required boards to get up to speed with a huge range of compliance requirements and get to grips with understanding the specific implications of these as a governing body – and also as individuals.

Skills sets for higher education boards are now being called into question as the increasing regulatory framework brings in to focus the types of attributes and motivations needed. In addition, the acid test is how effective succession planning attracts prospective board members with a clear view of the changing role of higher education in the world.

Most higher education boards carry high responsibility for managing large, often complex, estates, a large workforce (with a significant pension burden) and financial sustainability for a declining revenue base (with competition and a reduced cohort of students) and rising expenses (particularly asset management). So why do people take on these unpaid governor roles? Is it just to add that valuable not-for-profit organisation as part of a board portfolio or is it something else?

Higher education board roles are deeply personal because there is now a much higher level of individual liability and risk. Many governors we talk to are concerned about the collective capability of the boards on which they sit – and whether they

should rely on other governors who they don't actually spend much time with. They are also concerned about whether they, and others, have the level of time commitment to keep track of the huge range of operational and strategic issues.

This is in addition to getting to know the organisation, its staff and students by spending time (again unpaid) on site as well as being visible and often giving pro-bono time in areas universities may not be good at, such as alumni management, marketing, social media and forming industry partnerships.

### *It's a huge ask for a key role which is not remunerated.*

For staff and students board members, governance is deeply personal because they are making decisions about things which directly affect them and their colleagues and peers. They may be respected or vilified for taking such a position. One student union chair told me, "We're more than just puppets who parrot back the student voice. But sometimes we don't know what the student position is and we can't know because there's such a range of views. All we can do is ensure there's enough debate in board meetings."

Speaking up, however, can be hard. Financial literacy is one area staff and students and many other university governors have issues with. They simply don't have a good enough understanding of the management accounts or the balance sheet and can't contribute. They rely on other governors to ask the right questions and feel silly asking the obvious ones.

Feeling paralysed in a board meeting with a heap of numbers waving in front of you can be a deeply personal experience. In addition, governors in unpaid roles often don't want to rock the boat: "We sit on our hands trying not to offer a view because we're in it for altruistic reasons and we want to be nice to everyone".

Not rocking the boat is a tricky balance which requires using evidence-based decision-making and critical challenge on issues of importance.

Increasingly, universities are being asked to take on key roles as civic leaders, including economic regeneration, in their place. Lord Kerslake headed a recent commission looking at the civic role of universities, which found that while, "universities play a key role nationally through their teaching and research work...they are also hugely important to the economic, social, cultural and environmental wellbeing of the places in which they are located".

This puts a further pressure on board members. Now, not only are they linked to the university by personal motivations to 'do good', but also because their decisions affect the town or city or region in which they live. They may need to start to consider their impact beyond the organisational boundaries of their institution and how their strategies support the local labour market, the needs of students and the views of local people as well as affordable housing, a local economy and community outcomes. This is a huge conceptual task which may be tricky to identify and then influence.



Lord Bob Kerslake,  
*Festival of Governance 2016 - Good governance because the future is in our hands*



# Learning from experience



Hilary Merrett,

Senior Associate, GGI

I recall from school days that the reason we had to study history was, “to learn from past mistakes”.

I’m sure we were taught about Winston Churchill telling the House of Commons in 1948: “Those who fail to learn from history are condemned to repeat it.” In my many years of working in and for healthcare systems, predominantly the National Health Service, I’ve been lucky to work with people committed to sharing and learning from both positive and negative experience. When reviewing how far we’ve come, however, we have to acknowledge success has been mixed.

I now realise that my own involvement with patient safety started at the very beginning of my working life. I don’t think I knew this at the time, however, and the term “patient safety” was certainly unheard of as such. For example, in my first job, patients (mainly elderly) would frequently wait for several hours for their outpatient ophthalmology



appointments, and then have no idea what the doctor had said to them. They didn’t understand them, couldn’t hear them and many were too polite, too deferent – and perhaps too tired – to ask them to repeat the information. The potential for failed treatments due to poor compliance and missed or delayed follow ups was clear. I now understand the role of both systems and culture

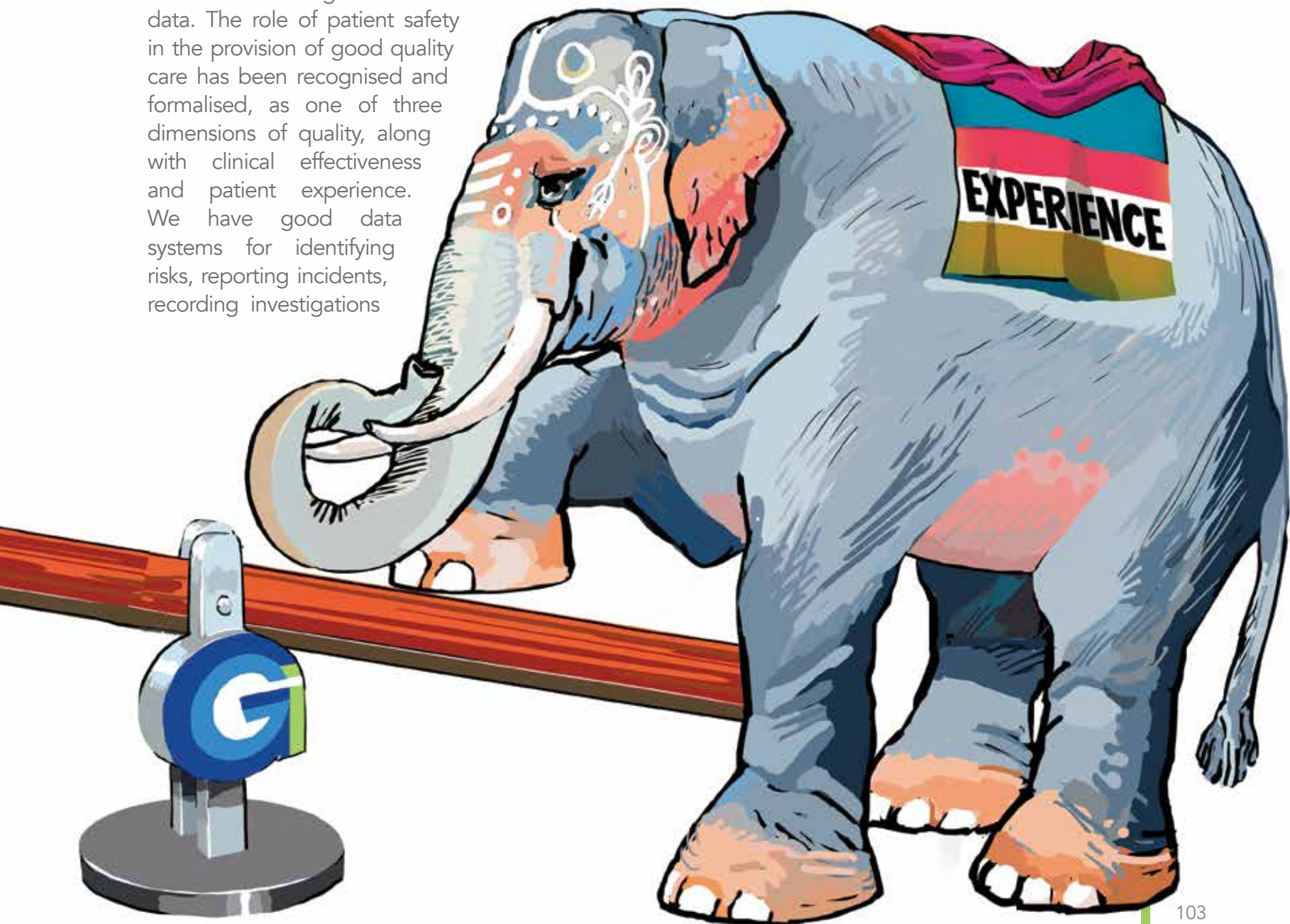
in this anecdote, but I wonder how much has changed or improved?

Do we now have the means of recognising similar situations where poor communication may create risk to care? The task is both predictive (risk awareness) and reactive (analysis of incidents to identify the full range of contributing factors to failure).

I think we've come a long way over the years; clinical risk management has evolved into patient safety. In 2001, England and Wales created the first national institution dedicated to patient safety: the National Patient Safety Agency, closely followed by a national reporting system focused on learning from incident data. The role of patient safety in the provision of good quality care has been recognised and formalised, as one of three dimensions of quality, along with clinical effectiveness and patient experience. We have good data systems for identifying risks, reporting incidents, recording investigations

and sharing information. There's an understanding that certain incidents should never happen as we know how to prevent them – Never Events. We now have the Health Service Investigation Branch to enrich our approach to analysing and learning from incidents.

I'm proud to have worked alongside many pioneers in patient safety and I'm delighted to be working with both GGI and Patient Safety Learning, supporting high-quality governance in the health service. Good governance in patient safety terms is synonymous with being able and willing to learn from experience: working with trusts so committed to this goal is an honour.



There's a worrying elephant in the corner of the patient safety classroom, however. Much of the early development in clinical risk was triggered or influenced by the events at the Bristol Royal Infirmary (BRI) in the mid 1990s. Failure to challenge and interrogate clinical-audit data on paediatric cardiac mortality, and failure to treat concerns raised seriously were the key characteristics of this sad story. This resulted in the tragic deaths of several young children and the "banishment" of a whistleblower, among other negative consequences.

The positive included the articulation of "clinical governance", and many of the developments mentioned above. Richard Smith entitled his editorial, written in June 1998: "All changed, changed utterly - British medicine will be transformed by the Bristol case". While I'll leave others to comment on whether this was true, it's with deep sadness that I read of the recent problems in North Carolina and consider why we've failed to

learn across the wider health community. The case involves concerns raised in 2016 and 2017 about a paediatric cardiac surgery programme which were effectively ignored. The parallels with BRI are astonishing and shocking.

I realise that we don't have to look over the Atlantic to find examples of failure to learn lessons. I'm also aware of the considerable balancing weight of innovative patient safety improvements, deployment of Human Factors research, and staff commitment to the cause.

*The question remains:*

*Why haven't we learnt from past mistakes?*

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WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?

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Emiliano Rattin, Creative Manager

# Being part of the Festival of Governance team

- Last five years -

The festival of governance has now reached its fifth edition and, since the beginning, I have been part of the team that made it possible. It has not always been a simple journey but it has always been worth it. The festival started as a single event, which then evolved into a series of events that share a theme.

Many ideas, people, personalities and brains have created a melting pot of thought, perspectives and ideas not to be missed. Its successful management and organisation is thanks to a team that, over the years, has been able to develop and maintain a unique and discernible edge. Since joining the team I worked with elephants, citar players, Rubik's cubes, opera singers, and jazz bands that have coloured the world of *Good Governance*.

Every year, our festival director Jaco Marais brings his creative talent and constant search for new ideas and stimuli to make the festival a unique experience. This gives us a new and exciting challenge that I'm always eager to explore and develop together with our team.





# Well-led Future



The meaning of “well-led” is shifting in the NHS, aligning itself increasingly with good governance. But are well-led reviews still relevant in today’s world of systems, collaboration, and place-making?



Mark Butler, Director of Development, GGI

We’ve seen movement over the last year in the way some trusts approach the spectre of a well-led review, both before and after the event. In part, this is a more sophisticated coping mechanism. It also reflects a sense that national oversight is chaotic and the power of consequences, perhaps, reduced as a result.

More positively, forward-looking leadership teams are squeezing greater value from “well-led” as a frame for development and future-proofing, going beyond tick-box validation.

However it might be repackaged, a big question mark hangs over the relevance of “well-led” in a world of systems, collaboration and collective population health and place-making.

But first, it’s worth a bit of context. Sadly, but inevitably perhaps, the model of the externally-imposed review is still an active ingredient in the stew of anxiety in which leaders of the NHS Trusts have to swim. The wrapping may be different these days – a good dollop of partnership, development and “we are here help”. Indeed, the standard of assessment teams and their leadership may have been strengthened. But the whole well-led industry still does not serve good governance well.

*Boards remain conflicted. In their hearts, they know that the ratings are still, to a degree, both random and biddable. But celebration, dare we say even self-regarding crowing, can follow a positive rating. This is not to do with its accuracy or value.*



The joy reflects a collective release that weeks of largely pointless effort have come to an end. Careers are safe, reputations saved, the Health Service Journal (HSJ) negativity once again avoided.

GGI has always been sceptical about the value of public rating as a prominent stimulus for improving governance. We've tended to keep a distance, helping clients with preparation, but always with a view to growing something more about development than compliance. We've also helped those on the receiving end of poor ratings. These have rarely been unjustified, but the circus which follows and the damage it causes to individuals and institutions are just not productive or necessary. They also make any real run at improving things at least ten times more difficult.

There have been some changes on a national level, with an emphasis on a more coordinated effort. The move to use the same template of eight domains as a developmental framework as well as the basis for assessment and rating is, in theory, a welcome move.

In all the well-led reviews we've been involved with, themes recur. The more interesting are not around clinical standards and practices.

Firstly, diversity and inclusion are almost universally identified as requiring improvement. It's surprising how weak, tentative and self-justifying many NHS narratives remain. Boards still seem unable, for the most part, to secure useful intelligence on which the institution can act.

*It is still remarkable how few systems have still not made measurable progress through collaborative, place-based approaches to diversity when the benefits are so obvious.*

Secondly, innovation and learning, even in the "outstanding" trusts, seem elusive to pin down. The reviews suggest much greater grip and insight by both trusts and the regulators are required on what's real rather than what's a decent narrative, illustrated by a few choice examples. The boards we're working with are starting to look outside themselves around innovation, but it's surprising how this remains limited to services rather than culture and capacity-building outside the walls of the trust itself.

What's encouraging is that even those trusts with ratings of "outstanding" or "good" are looking to GGI to provide innovative stimulus, to act as a development as well as a governance partner, and to design programmes for well-led excellence in the longer-term, using other reference points.

Probably the best starting point for future-proofing is the self-assessment that forms part of the well-led process. This can get lost or its value diminished unless taken seriously as a useful stimulus rather than just something that has to be done. In one trust, GGI has built a programme on the self-assessment, supplemented by a further board workshop. The difference is about focus and ambition. What are the future development needs which the board really wants to own and act on?

Here, well-led needs to be relevant or it will continue to be seen as a side-issue – a box to be ticked. This is not easy to achieve. In our work around well-led, we're increasingly using peers from other trusts and other sectors to provide stimulus and support to hard-pressed leadership teams. This can, in part, mirror the more constructive elements of well-led reviews. Here, it has a different purpose. For example, peers can be hugely useful through involvement in workshops and focus groups as well as in coaching, reviews and development processes and external engagement and brokerage. In effect, acting as a highly-experienced, high-value additional resource.

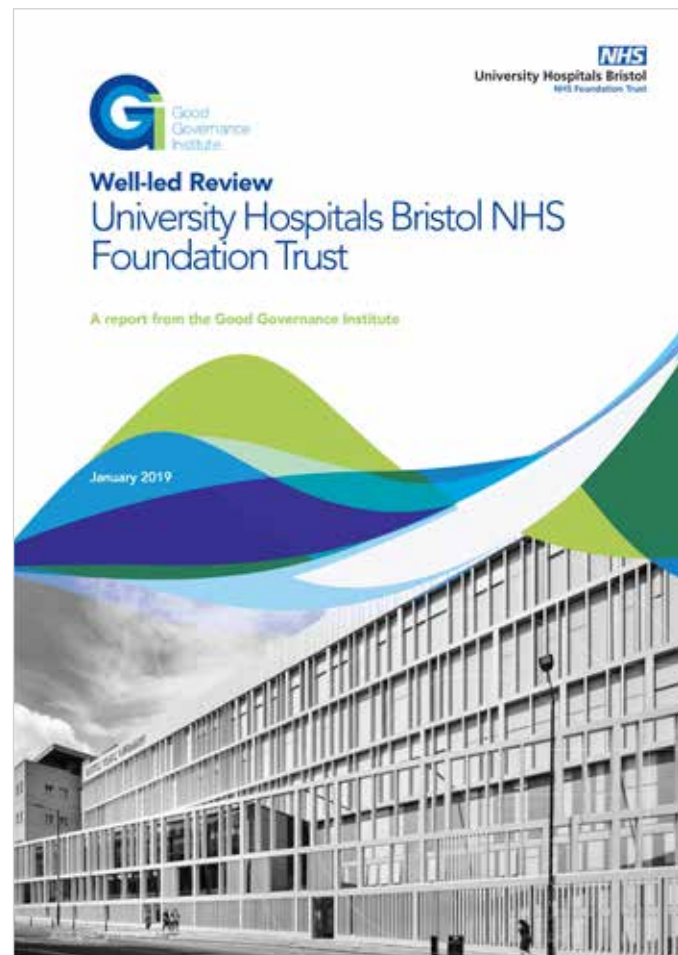
The connection between “well-led” and good governance is strong, if recognised. Both require a sophisticated understanding of organisational and system development, built around openness to challenge and support, rather than comfortable narratives. This is especially true where culture is concerned. The governance implications of genuine openness and inclusivity have yet to play out for individual organisations or systems – but they certainly will.

Good governance outcomes are also at the heart of the new National Commission on the future of the public sector, which GGI launched in May 2019. Part of a two-year programme of work, the Commission has been set up to examine the role governance could play over the next decade. One lens that is being used is the way the King IV Report on Corporate Governance (2016, IODSA), which frames four positive effects of good governance – ethical culture, good performance, effective control, and legitimacy. These could also provide an interesting alternative to the more mechanistic and narrow categories used in well-led, even when used as a development framework, looking at outcomes and impact.

Our current position is that well-led can be made to work in this way as an added-value activity. But we can also see that well-led itself may need to be remoulded or even replaced if it’s to become a credible prompt for capacity development where there is an emphasis on systems as the units for thinking and doing.

In the next year, GGI will continue to work with those who want to prepare and handle what well-led means for them now. But we shall also be exploring with trusts of all sizes and shapes how to maximise well-led as a vehicle for high-impact development. This should take us closer to what a successor regime might look like – one that encourages collective action on development priorities and supports collective outcomes and impact beyond organisational boundaries.

# Well-led



WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?

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Chris Smith, Consultant

# Visiting Qatar for ISQua 2015

- September 2015 -

Through GGI, I was fortunate to be given the chance to visit Qatar with a colleague to discuss our paper *What every healthcare director needs to know about patient safety* at The International Society for Quality in Health Care (ISQua) 2015. It was an incredible opportunity to hear from quality experts from around the world in a unique setting.



# NED-led walkabouts

When a CQC inspection found failures of basic standards of care, the non-executives responded by ramping up the frequency and scope of their leadership walkabouts.



Lis Paice OBE FRCP

Interim Chair  
The Hillingdon Hospitals NHS Foundation Trust

In 2018, a Care Quality Commission (CQC) inspection report rated Hillingdon Hospital as inadequate for safety. At that time, walkabouts were undertaken by the CEO and chair, but they tended to be brief 'state visits.' The non-executives (NEDs) visited an average of three wards a year each and did not cover all areas of the hospital.

Following the CQC report, the NEDs agreed to lead an intense programme of safety walkabouts encompassing all areas in the trust, in bundles of three contiguous areas. We used a structured questionnaire, which had open questions that invited staff to raise their concerns. It also had a checklist of safety questions that focused on issues raised by the CQC. All the answers and other data were immediately uploaded on an iPad as we walked. Each NED was accompanied

by an executive director or senior manager who took responsibility for dealing with or escalating concerns. A patient or governor was included on the team to provide a user's perspective.

*"The patients and their visitors always appreciate me asking them their perspective. As a governor, the walkabouts also give me an opportunity to observe the staff member and the NED and how they are received by the ward staff and how they deal with any issues which come up during the visit. I get to observe them in action."*

(Governor)

## Down to basics

The first round of safety walkabouts was completed in three months and covered 90 areas – everywhere in the hospital that patients went. Subsequent rounds also included areas



Film: *Walkabout* 1971

where patients did not visit, such as facilities workshops, bed-and-linen stores, accounts, etc. We have just completed a year of safety walkabouts and the NEDs now have a much better understanding of the impact that staff shortages, estate and maintenance issues, and lack of the right equipment can have on patient safety as well as staff and patient experience. Staff have appreciated greater visibility of board members and the opportunity to gain their support in getting problems sorted.

*"The walkabouts are extremely useful to me. They give a unique insight into what is happening in the ward/department. It's also useful to have a governor/patient accompanying us. They give us a good view of the patient perspective."*  
(Executive)

### Why did we do it?

For the six NEDS, this was a big investment of time, with each bundle of visits taking around two hours. But we did it because the board were not expecting the negative results from the CQC about the safety of our services. Nothing in the

report of a mock assessment carried out by a major consultancy firm, nothing in our Friends and Family Test, and nothing in our key safety indicators suggested that we were unsafe. The CQC based their report on failures in basic safety standards that they directly observed as they walked about. In order to test their findings, we decided we had to replicate that process. We had to get down and kick the tyres for ourselves.

*"Not having a clinical background, I didn't think I was going to add value by doing this. In fact, I have learned a huge amount from talking to front-line staff, clinical and non-clinical, about their day to day issues and it has helped me to contribute to board discussions about culture and quality."* (NED)



**The Hillingdon Hospitals**  
NHS Foundation Trust

**What did we find?**

We found considerable variation from ward to ward and area to area.

*This is in keeping with the international literature on safety culture that shows most of the variation is not between hospitals but between wards and departments within hospitals.*

The ageing estate created problems for staff and issues around space and maintenance, heating and ventilation topped the list of concerns they raised. While it was true that some areas coped with these challenges better than others, it was notable that the areas that had been upgraded had better staff attitudes to standards of care. They also had fewer staff shortages – another problem which was high on the list.

*“I’ve found the experience interesting - especially talking to staff about issues. The condition of the*

*estate and staffing cover are common themes. On a positive note, I’ve been impressed by the nursing dedication and it’s apparent that most staff get on with each other and mostly work together as a team.”*

(Patient)

**In conclusion**

The safety walkabouts brought home to the board just what it was that had caused the CQC to give us an inadequate rating for safety. The NEDs gained a better understanding of the issues that caused staff difficulty. Board discussions about prioritising where scarce resources should be spent have been noticeably influenced by this first-hand experience. We have now settled into a pattern where each NED leads a safety walkabout to three areas a month, which ensures each area is visited at least twice a year. Quarterly reports on the findings and actions taken are fed back to the Quality and Safety Committee. We have a long way to go to put things right, but now have a much better understanding of what that journey will entail.



The Hillingdon team celebrating Christmas

## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Martin Evans, Communications Lead

# Hitting the ground running

- April 2019 -

The highlight of my GGI career was beginning a conversation in April 2019 with Andrew Hughes, and then Andrew Corbett-Nolan, about how I could support GGI. This rapidly changed into a conversation where I agreed to an immediate start date to lead the GGI comms team for the next six months. So, from a conversation to starting work in a very short turnaround time with no faffing about meant that I needed to hit the ground running. I had to understand needs, requirements and the team and then get cracking with a communications plan immediately. I'm grateful that my military experience and NHS knowledge has given me both the background and flexibility to do just that – and what a great team to work with!





# Howzat?!

Board members who more  
fairly  
reflect modern  
society.



Darren Grayson, Director of Delivery, GGI



Sophie Molineux,  
Women's Ashes England vs  
Australia, July 2019



Cricket is the English national summer game and this year, more than most, it's in the national spotlight. The one day international World Cup is the biggest event in world cricket and, later in the summer, it will be followed by England versus Australia in a five-test Ashes series – arguably the pinnacle of the sport.

Over the last couple of years, GGI has been working with the governing body for cricket in England and Wales (ECB) on a series of governance improvements to help modernise the game for future generations. During the course of this work, we undertook a sensitive investigation, which was widely reported in the national media.

The governance of the ECB has been subject to a comprehensive overhaul. GGI was commissioned to take a long, hard look at what good governance looks like in sports, particularly in cricket, across the globe. We also considered how the Sport England Code for Governance would impact on the ECB. From this analysis, and detailed conversations with several senior cricket people, we made a series of radical recommendations.

Our recommendations included replacing the largely elected board with members who more fairly reflected modern society, and who have the skills and experience necessary to lead the game in the future. We also recommended that the ECB adopt some of the fundamentals of good governance across all sectors, including establishing a Nominations Committee and developing a Board Assurance Framework to create a more explicit control environment.



Ultimately, all of our recommendations were accepted, with some minor modifications, and endorsed unanimously in a ballot of the county cricket clubs in 2018.

GGI is now working with the ECB and the counties to develop a governance framework to help the counties improve their policy and practice. Interestingly, the ECB has used this opportunity to develop its thinking on how it will incentivise the counties to play their part in delivering their new national strategy for cricket: “Inspiring Generations”.

The two main themes of this work are proportionality and simplicity. Proportionality because the framework will apply to all counties – from the biggest such as Yorkshire or Surrey with a turnover of tens of millions of pounds, to the national counties that are largely run by volunteers. And simplicity because it really is very simple. What’s needed is a properly constituted diverse board with the right skills; a clear strategy linked to the ECB’s strategy; and governance processes that identify and mitigate risk, provide accountability, and involve stakeholders.

This is a very personal business. Firstly, because of the way cricket places such a huge burden on the chairmen (who are all men) of the county cricket clubs. Throughout our work with the ECB and the counties, GGI has met with all the county chairmen and been impressed by the energy, dedication and passion they bring to their unremunerated roles. Many come from hugely successful backgrounds in commerce, law and business – and at least one is a former professional cricketer. The role they have places unusual demands on their time, not least as in the ECB articles of association.

The county chairmen are members of the ECB, not the county club. This means that they personally exercise their vote on behalf of their county, but not necessarily with reference to the county board or management committee. So, it’s clear that for the county chairmen, governance is undoubtedly personal. The second reason the governance of cricket matters to many of us personally is because the evidence shows that well-governed institutions tend to be more successful, whether that’s in private business and commerce, or in public services. For those of us that want to see cricket grow and succeed, it’s deeply important that the game and its institutions are well governed.



## WHAT IS THE HIGHLIGHT OF YOUR CAREER AT GGI AND WHY?

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Darren Grayson, Director of Delivery

# A second career

- Autumn 2017 -

After 30 years of public service in the NHS, it was a surprise and a delight to be asked to join GGI as a director, leading consultancy assignments and helping to develop and build the business. For me, it's important to be part of a team that upholds the same vision and values – to help create a fairer, better world.





# The Governance of Culture



Hilary Carty, Director of Clore Leadership, talks to us about championing governance in the arts and culture sector and how the Cultural Governance Alliance is driving best practice through collaboration.

**CULTURAL  
GOVERNANCE  
ALLIANCE**

Clare Leadership, together with a new network called the Cultural Governance Alliance (CGA)



Cultural organisations often rely on a combination of market revenue and public funding in exchange for upholding their cultural and social duties. But this use of public resources brings with it a greater moral responsibility and, today, the sector faces more stringent requirements in terms of risk management, effective supervision, and accountability.

Clare Leadership, together with a new network called the Cultural Governance Alliance (CGA), are working with a dynamic array of arts and cultural organisations to champion best practice in governance to ensure that these requirements are met.

The CGA was formally launched by Clare Leadership on November 13th 2018 at Governance Now, a national conference for arts and culture sector trustees and professionals. A sold-out gathering of attendees, speakers and contributors came together to commence a positive cultural shift – one that addresses the challenges of achieving good governance.

Funded by Arts Council England (ACE), the Calouste Gulbenkian Foundation and the National Lottery Heritage Fund (NLHF), the Alliance has a founding partnership of a further 11 strategic cultural sector agencies.

“The Cultural Governance Alliance aims to share information and foster collaboration, to try and bring together closer partnerships, all in the name of better governance. Arts, museums, and galleries are at the centre of the very healthy civic society we have in this country. They need to be better managed and well-governed.”

David Hall, Chief Executive of the Foyle Foundation

Today, the CGA offers workshops, seminars and training, empowering cultural organisations to ask the right questions – even if they are difficult – make the optimal decisions, and take action. The Alliance has created an online hub, which includes a practical guide and links to relevant resources, and shares this knowledge freely to promote best practice in the governance of culture.

## Q&A with Hilary Carty



### How did you come to be Director of Clore Leadership?

My background has always been in the arts and cultural sectors, working in the performing arts, cultural policy and organisational development and change. I've held a range of senior-level roles including Director, Arts at Arts Council England, London; and Director of the Cultural Leadership Programme, a £25m government-funded investment in the leadership of culture; as well as running my own consultancy business working nationally and internationally. I've also served as a governor and company director on various occasions and I'm acutely aware that governance is an issue that impacts so many areas of cultural practice. Indeed, many of the challenges organisations face have an origin in questionable governance practice.

In 2016, my consultancy, with colleagues David Bryan and Anne Murch, responded to the brief from Clore Leadership to review the state of governance in arts organisations and museums. Our review *Achieving Good Governance* was published in summer 2017 in a climate of decreasing resources and increasing public scrutiny. It found strong evidence of good practice and showed that organisations were making a determined effort to provide and sustain cultural provision of the highest calibre.

As part of the research, we consulted with a wide range of trustees and professionals engaged in governance

to ensure that their voices and experiences were well reflected and that the key findings would work well with the tangible experience of sector boards and trustees.

Our recommendations suggested a step-change in governance practice in the arts and culture sector. Infrastructure needed to be improved, efforts needed to be coordinated, and a new culture needed to be fostered through better sector practice. At that time, we had no idea that I would later be sitting in the director's chair at Clore Leadership, and taking responsibility for considering and implementation of the recommendations. "Be careful what you ask for" is a wise Chinese proverb!

### What are you aiming to achieve with the Cultural Governance Alliance?

The CGA is aiming to achieve our ambitions for a more robust, resilient and relevant cultural sector, with highly performing cultural organisations whose boards and trustees are supported to perform at their best. We aim to harmonise and share best practice, supporting them to become stronger, better informed, and better equipped to demonstrate excellence in governance.

The sector needs simplicity, ease of access, assurance of quality and reliability of provision. We believe that collaboration is the best way to achieve this, so we work alongside our sector partners to encourage engagement. Membership is free and provides access to an enhanced range of opinion, case studies and resources.

Our Practical Guide to governance of arts and museums is a tailored online resource which shares tools, tips and templates, while the Knowledge Library amplifies research and opinion on a range of issues and interactions. Our What's On section shares training and development opportunities both from our partner organisations and the wider third sector, and we highlight a range of news and opportunities for those seeking information on a range of topics and trustee vacancies.



We're supporting boards to address some of the nuances of good practice in board recruitment and induction, board rotation and succession planning, as well as the nitty-gritty challenges such as the effective chairing of meetings and getting the right balance of executive and non-executive interaction.

**GGI promotes inclusion and diversity, especially at board level. How does the Cultural Governance Alliance promote diversity in the arts and culture sector?**

That issue is one of the most pertinent for cultural organisations at the moment, when diversity, especially at board level is more often an aspiration than a reality. We're keen to encourage and facilitate a more eclectic range of voices at board level, as well as inspire individuals with the right skills and experience to become trustees. One of the ways we do this is to give under-represented voices a platform through our website, members' newsletter and Twitter channels.

Young Trustees Dana Segal (Emergency Exit Arts) and Anna Lowe (Tate) have both written for us, as have Marsha Ramroop (Derby Quad) and Sue Woodford-Hollick (Reprieve) who bring perspectives on cultural diversity.

It's a work in progress and we also welcome interventions like Clore Leadership *Achieving and Retaining a Diverse Board development day*, which offered a valuable opportunity to go beyond the rhetoric and develop strategies and tactics to make this a reality. We need to break the cycle and shift from aspiration to action, so it's encouraging that boards, both large and small, are no longer asking 'why?' and are increasingly eager to learn 'how' to change.

**What's next for the Cultural Governance Alliance?**

It's an exciting and challenging time. We're constantly adding to the range of opinion and resources, and sharing ideas and options to tackle the most pressing questions.

Look out for **Governance Now 2019** which takes place in central London on **Friday November 8th 2019**, as part of National Trustee Week. This year, the focus is on practical strategies and actions to achieve good governance and we're busy curating a broad and eclectic range of issues and speakers to ensure we meet and, indeed, improve upon the high expectations now established.

The Cultural Governance Alliance provides a positive and hugely fruitful interaction and exchange for the arts and cultural sector, and having GGI as one of our partners ensures we access broad and wide opinion and practice. It's a great time to join the conversation and get involved.

*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Pantelis Soteriou, Engagement Officer

# **Artistic Director/ Medical Director Event**

- November 2018 -

As event organiser for GGI, I have the opportunity to meet many individuals of every calibre. One of the highlights of my career at GGI is having Daniel Kramer, the Artistic Director of English National Opera, speak at our Artistic Director / Medical Director: A Roundtable Discussion event in November 2018. I've never heard such an engaging speech. Daniel was able to marry these roles from two very different sectors and outline how both can perform more efficiently. I was particularly impressed when he mentioned that, even though we live in a society where we heavily focus on data and numbers, sometimes we just have to step back and rely on our primary human intuition to help us make the right decisions.



# Third Thoughts

Without the vital contribution made by voluntary and charitable bodies, the health and care system would collapse. We take a personal look at how the third sector plays a fundamental role in fulfilling many of society's unmet needs.



Andrew Hughes, Change Director, GGI





The third sector. That umbrella term for the range of different organisations with different structures and purposes, belonging neither to the public nor private sectors. Non-governmental and not-for-profit organisations, including charities, voluntary and community bodies, social enterprises and cooperatives, think tanks and private research institutes, and quasi-third sector groups, which deliver public services, such as housing associations.

Independent of government, third sector organisations are values-driven, motivated by the desire to achieve social goals – for example, improve public welfare, the environment or economic wellbeing – rather than by the desire to distribute profit. My career has always involved close working with and for the sector and I know, from very personal experience and to put it rather bluntly, without the third sector we'd all be stuffed.

The National Council for Voluntary Organisations (NCVO) published the latest edition of its excellent civil society almanac on June 19th 2019.

As always, the research reinforces the sheer scale and scope of the sector. In 2016/17, there were approximately 196,000 voluntary organisations in the UK, 167,000 of them in England and Wales. Nine in ten UK households have accessed services provided by voluntary organisations at some point, with children and young people remaining the most common beneficiary group. In 2016/17, the sector contributed a total of £17.1bn to the UK economy, equivalent to the GDP of a small country such as Honduras. The value of volunteering was estimated at £23.9bn in 2016.

**Who?**

Much more telling is the fact that there are approximately one million trustees in the UK – 850,000 of them in England and Wales. That's a huge number that reinforces what we've all assumed: it's personal. Volunteering is ultimately something that you do because it resonates deep inside you; a life experience or a passion or a profound sense of responsibility and belief to which you feel you must respond.

I'm proud to play some small direct part in the sector. Since 2011, I've been Safeguarding Trustee and Chair of the Risk Committee of Teenage Cancer Trust, a national charity, and I've recently become a Putative Trustee of The Donna Louise Children's and Young People's Hospice in Stoke-on-Trent. Like it is for so many others, it's personal experience that has led me to those roles and the others I held before them.

**What?**

On June 13th 2019, Reverend Dr Sam Wells, Vicar of St Martin-in-the-Fields, made us reflect with his Thought for the Day on BBC Radio 4. Referring to the previous day's release of the Charity Commission's report on Oxfam's behaviours in Haiti in 2011, he made a strong case for the difference between an "organisation" and an "institution".

An organisation, he argued, is a means to an end, judged less by how it behaves and more for what it achieves. An institution, in contrast, is a keeper of standards, the bearer of trust and public conscience, judged not just for what it gets done but also by how it functions and behaves.

It's sad that the term "institution" has become sullied by examples of poor practice, out-dated behaviours and embedded prejudices, such that some of the previous pillars of society – the BBC, parliament, the police and the NHS – are now regarded with less trust and goodwill than they

*"An organisation, he argued, is a means to an end, judged less by how it behaves"*

used to be. In that context, the third sector can and must be a shining light of hope and optimism.

People need the brightest lights in their darkest hours. Through care and advocacy, people can find relief and a sense of belonging; and through the arts, culture and sport, people's spiritual and emotional needs can be met.

At its most elevated, the collective state of 'charity' reflects the fundamental status of the community and nation, and it's telling that applications for charity registrations have increased by 40% since 2013.

**Now?**

Sadly, though, these are trying times for the sector. It finds itself in that difficult position of being expected to do more in response to increased demand, and limited public services resources. But this is often in the absence of the rigours of sound governance and performance management to underpin it and with the backdrop of political, economic and social uncertainty that is having an inevitable impact on levels of contribution and donation.

A charity's typical measure is of output and spend, not outcome and impact. The Charity Commission provides registration not regulation – and was only an observer not a direct member of the group that produced the revised Charity Governance Code. But many commentators on the sector, myself included, believe that this is likely to change in the foreseeable future.

An Ofsted or Care Quality Commission-style rating system that uses a common framework for impact, but which also rates overall organisational health



and leadership, is long overdue – and there is every reason to believe that it's on its way, irrespective of the sector's readiness. At GGI we're starting to prepare for that expectation as we work with third sector clients across the country.

In August 2018, the Government launched its Civil Society Strategy. This is a key document that moves on from The Compact, creating a unifying thread across all government departments in their approach to civil society. It recognises the role that civil society has in tackling some of today's greatest challenges, and the need to make sure it's involved in developing new solutions.

It focuses on five foundations for thriving communities: people, places, the social (note, no longer 'third') sector, the private sector, and the public sector.

The Civil Society Strategy grants charities formal permission to speak in public debate and promotes the sector's role in shaping policy and speaking up on behalf of those it supports. That is a good thing, but the reality is that for many charities,

survival is front and centre of their thinking – above and beyond anything else – and the opportunity afforded cannot necessarily be exploited.

### Challenges?

- 65% of charities are facing increased demand but 39% have only the same or fewer resources.
- Over half of charities are uncertain about being operational in five years' time.
- Government grants are being replaced by Government contracts, which are much more difficult to attain and bring performance expectations that are new to the sector.
- There is a significant and growing disparity between small, local charities and large, national charities. The overall income in 2015/16 was £47.8 billion, an increase of £1.6 billion from the previous year, but 3% of the organisations received 80% of the sector's income and only 18% saw their income grow in that period.

## What next?

Boards everywhere are grappling with big questions that probably did not even need considering when their institutions were formed:

- Are we sure of our core purpose, our impact, and our marketing approach?
- How are we responding to the digital age where people buy, sell, talk and meet online?
- Can we demonstrate good value and sound stewardship to our funders and beneficiaries?
- Do we comply with diversity, safeguarding, sustainability, and data protection requirements?
- How can we be more efficient and generate more income?
- Are we clear on how we would respond to sudden and unexpected increases in income?
- Are our beneficiaries and their views suitably represented in our corporate governance?
- As the demand for public services increases, how can we manage the pressure this puts on us?
- What will Brexit mean to us and are we ready for it?
- Are we the next Kids Company or Oxfam?
- Is there another model or organisational form, such as Community Interest Company, that we should be exploring?
- Is it right for us to merge with, to take over, or to work more collaboratively with traditional competitors?
- How would we fare in an assessment against the Charity Governance Code?

## How can good governance help?

These, and many others, are questions that GGI can help the sector to consider. For some organisations, the answers may already be in the boardroom, just needing sound and expert facilitation to bring them out. But for others, particularly smaller

entities, this may be a whole new area of concern and attention.

At GGI, we've always seen the third sector as an important part of our portfolio. We're unwavering believers in the role of good governance in protecting the vulnerable. We know that it's only through ensuring reliability and integrity that boards can take the best decisions for those towards whom they have a duty of care.

We all need charities to shape a new meaning for "institution" in the twenty-first century that's grounded in culture and respect for core purpose and charitable objects.

GGI already operates in the sector but there's so much more that could be done and we're committed to growing our contribution and to sharing the lessons and best practice that we find. We're proud to be an English National Opera Platinum Member and a founding member of Clore Leadership's Cultural Governance Alliance. In January we held a seminar, hosted by the ENO, about safeguarding in the arts – and it's just this type of intervention that we'll continue to make.

Ultimately, good governance has its roots in personal energy and collective behaviour. During Trustees' Week from November 4th to 8th 2019, we'll celebrate volunteering but, on an individual level, we should simultaneously celebrate what it means to be a volunteer. We should feel grateful for the opportunities that it provides to give personal commitment to issues that make us whole.

**My advice is simple: if you have the opportunity to contribute to society as part of the third sector, don't think twice.**



*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Donal Sutton, Strategy Director

# Attending ISQua 2016 in Tokyo

- October 2016 -

I was delighted to attend the 2016 International Society for Quality in Health Care (ISQua) conference in Tokyo on behalf of GGI. A number of our client projects were presented as part of the conference, including a project I was involved in with Aberdeen City Health and Social Care Partnership. Alongside the fascinating conference programme of change and sustainability in healthcare quality from across the world, it was a wonderful opportunity to explore and enjoy Tokyo.







Ian Brandon,  
Consultant, GGI



Laura Botea,  
Programmes Director,  
GGI

Whether in health and social care, education, or local government, we believe that the majority of us involved in public services are looking for new ways of working. The challenge of efficiency but higher-quality services is an often-cited mantra. At GGI, we're supporting many organisations that are forward-looking with their strategies. We're also involved in the National Commission, where we're supporting the production of green and white papers for government, helping to frame what public services could look like in 2030.

Through our work supporting both organisations and the Commission, GGI is a member of several networks, including EHMA. Bringing together health and social care academics, providers and support organisations, this year's focus was 'Health Management 2.0' looking at the following key themes of the future:

- Integration
- Digital transformation
- Personalisation
- Sustainability
- Systems & organisational governance
- Value-based care health-care.



# EHMA 2019

This June, GGI attended the annual European Health Management Association (EHMA) conference in Espoo, Finland.



Andy Payne and Marius Buiting catching up over lunch at this year EHMA conference

The conference started by discussing the key challenges of our health-care systems. To varying degrees, these were all similar to the challenges faced by the UK: an ageing population, diminished resources, population health, values, integration, the environment, data, and regulation.

What was stark yet uplifting was noting where each country was in its journey in dealing with the key themes and challenges. Scotland was quite rightly cited as being ahead in its journey towards integrating care, whereas other countries are still in pilot and scoping stages.

Malta was just starting to implement hospital dashboards but lacked integration and data on influence to decision-makers.

Finland has an integrated care record, utilising a government-based repository for patient data so, even if different providers have different systems, they can all speak to and obtain data from one central system. Use of digital systems such as electronic questionnaires to follow up patients, and gaming for people with a lazy eye from Slovenia were also cited. Others, such as England and Switzerland, are still struggling to implement digital systems, let alone integrate them.

**Digital technology is key but it must be used both for efficiency and quality improvement.**

Finland was also ahead on the sustainability theme, with clear and detailed plans on areas where they can better use resources, reduce waste and use products which are less harmful to the environment. Innovation in medicines waste was also presented with the use of recycling bins, while environmental rag ratings on medicines were shown as an effective way to help prevent drugs ending up in our sewers.

Good examples of value-based healthcare were shown, such as utilising new techniques to reduce surgical site infection in coronary surgery as well as the use of LEAN methodology to empower staff and simulation within recruitment.



There were also some stark statistics:

- Only 3% of all healthcare funding in Europe goes towards prevention
- We currently need 1.7 earths for our current use of resources – western countries need four to five earths.
- 20% to 40% of all drugs end up in sewage systems costing €125 million annually.

This year's conference also provided the opportunity for GGI, as a member organisation, to launch a Special Interest Group (SIG) on governance. This group is open to all EHMA members, as well as non-members, interested in collaborating and shaping governance for the future, within healthcare organisations and systems across Europe.

The SIG was developed to create a forum for professionals involved in healthcare leadership, management, delivery of services, and research. Through the SIG, they are given the opportunity to discuss and find practical solutions to identified common healthcare challenges – based in and driven by good governance.

These discussions include how governance needs to adapt to support changes in how healthcare is delivered, including the use of resources, the introduction of technology and artificial intelligence (AI), new healthcare delivery models, and population health, to name just a few.



As a group, we aim to:

- Identify and share lessons and best practice around integration, digital transformation, personalisation, sustainability, systems & organisational governance and value-based healthcare both within the group and beyond, to increase the knowledge base around good governance practice internationally.
- Provide expert advice and input into individual members' and collective initiatives, including research, publications, events, visits and study tours.
- Facilitate master classes on specific governance challenges that will be led by GGI and other members.

During this, our first meeting, we established what the SIG programme would look like in the long-term and areas of focus for the future. As part of this, members were asked to define what 'governance' means for them as a starting point for discussion and identify priorities. These ranged from 'leadership', 'accountability', 'performance' and 'driving quality and safety', to 'transparency', 'fairness' and 'public value'. This showcased how governance is part and parcel of our individual roles and contributions to the delivery and continuous improvement of public services – in this case, healthcare.

Our attendance at EHMA confirmed a lot of our thinking. Our health and social care systems need to continue to grow and improve; we can never stand still. We need to collaborate more, not just between our own providers, but internationally. We must embrace technology and digital resources, not just for the efficiency, but the improved quality and environmental sustainability they can also provide. These efforts need to focus more on preventing current and future challenges, not just firefighting the existing ones.

GGI is well-placed to support organisations into this future.



For those interested in participating in the SIG, please subscribe through the GGI website:

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

*WHAT IS THE HIGHLIGHT  
OF YOUR CAREER AT GGI AND WHY?*

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Ulysse Kilim, Marketing Manager

# Representing GGI at EHMA 2018 in Budapest

- June 2018 -

One of the proudest moments in anyone's career must be when they get to represent the organisation they work for. It was only two months into my employment when I was asked to do all the preparations for GGI to take part at the European Health Management Association's Annual Conference, which took place in Budapest, Hungary. Being trusted as the face of the organisation and being able to represent GGI at an international event was a very motivational and empowering experience for me.



# Reflecting on Festival 2018

**“Good governance because communities are defined by collaboration”**





From left to right:  
Imelda Redmond CBE,  
Rt Hon Jacqui Smith,  
Andrew Corbett-Nolan,  
Baroness Dido Harding,  
Dame Julie Moore DBE

After reviewing the feedback from last year's Festival of Governance, as Festival Director, I thought it would be mean not to include a transcript of Andrew Corbett-Nolan's talk on the Governance of Water. Here it is:

“ Humanity's common need for water has given rise to some of the most successful and longest-sustained communities in the world. In Jaco's opening speech, he invoked the metaphor of a droplet becoming part of a pool. He likened this to our current opportunities and challenges around big data, which presses us to think about a new social contract.

As the world rapidly changes in the light of big data, GGI is curious how we prepare boards for these discussions and decisions. My own thinking about this is shaped by humanity's relationship with water over many centuries. Tonight, we're going to have a bit of fun by looking at three examples in which good governance contributed to building a better world. These case studies, I hope, can help us to effectively manage our future governance challenges. For 'water', read 'big data'.

How can we benefit humanity best from the marvels of new ways of using big data but avoid, for example, the manipulation of democracy itself? Can data help us find fairer, less-greedy and more sustainable ways of sharing the world's resources? How can we govern that collective, that community, that is big data as carefully and effectively as we seek the governance of other resources, such as money or human capital?

To do this, and in the spirit of our Festival, we're going to look at antique Jordan, the Republic of Venice, and medieval Holland.

Those of us who've had the privilege of visiting Petra have experienced that awe-inspiring first view of The Treasury at the end of the narrow, cliff-lined path known as the Siq. Or maybe you've watched "Indiana Jones and the Last Crusade"?



It's the same place, inhabited by the Nabataeans, who were an ancient Semitic people. They settled in the rose city around 312 BC where they remained until the Romans conquered them some 400 years later.

Petra lies in a dry, arid canyon. This made it challenging to ensure that there was an adequate water supply for the inhabitants and to support whatever they planted. The Nabataeans seem to have been Jugaad-minded and developed low-cost innovations. For example, one method for gathering water was by planting a single fruit tree in the middle of an area that had been contoured into a shallow funnel. After rainfall, the water would flow down into the centre of the funnel and would be sealed in by sediment. Their impressive water-channelling technology went even further. They constructed aqueducts, terraces, dams, cisterns, and reservoirs, as well as invented methods for harvesting rainwater, flood water, groundwater, and natural springs.

Using their sophisticated water technology, the Nabataeans were supplied with water all the year. They didn't miss any possible source of water available to them. By balancing their reservoir water-storage capacity with their pipeline system, they ensured a constant water supply. The system design also utilised particle-settling basins to purify their potable water.

The Nabataeans' extensive understanding of hydraulics allowed them to create a system that maximised water-flow rates while minimising leakage. While initially this highly-advanced technology was used first to benefit the civil elite, it later became common property.

Nabataean society, which ironically covers part of what is Saudi Arabia today, afforded similar freedoms to women as men, such as property rights and freedom from slavery. The Nabataeans had coinage and fostered wealth through trading. Among the social elements where Arab and Hellenistic institutions converged was their collective banquet known as the marzeah.

Nabataean society was a tribal organisation with sheikhs, but also displayed some Hellenistic democratic influences. The sheikh needed to submit himself to a tribal assembly, where even his mode of life was scrutinised.

This fits very well with the position of the tribal leader, in spite of any title, to be *primus inter pares*. Even though leadership was dynastic, the sheikh depended on the nobility. He was judged by standards of what was termed 'a successful rule' and needed to provide benefits to his community, and in particular his nobles.

Along with positions and estates, and sharing in trade profits, this was symbolised by the giving of communal meals in magnificent style at the sheikh's own cost. Here, he acted as the *rab marzeah*, personally serving his guests to show them that he was of no higher rank than them. But, of course, most important was his stewardship of the water supply.

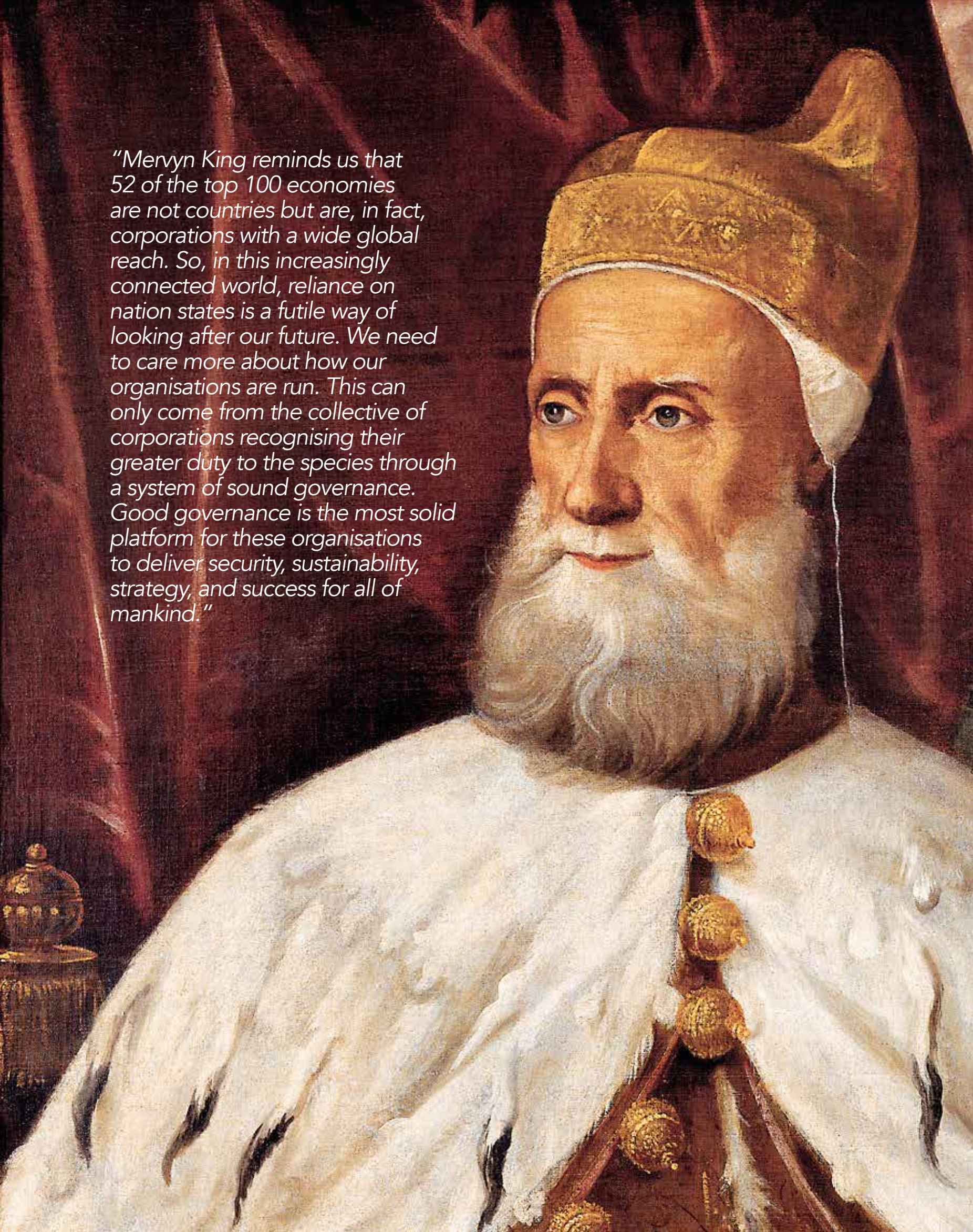
The contract between the ruler and the ruled, and the ethics, motivations and behaviours of the ruler as judged by his (and it was always his) subjects, played a large part in how the Venetians ran their affairs. The Serene Republic of Venice – the *Serenissima* – lasted 1,100 years until Napoleon got them in 1796. In terms of longevity, a comparison with our own country would time us out in the year 2788.

Venice's fortunes rested on trade, which relied on water, and the salt that came from the Venetian lagoon. Because of the lagoon's morphology, with its shallow and calm sea water, salt is naturally present in large amounts. It was also easy to create artificial "fields" in which to produce salt. The lagoon also protects the city, which is often hidden away in mists that will be familiar to anyone who has visited the Venetian archipelago.

The Venetians enjoyed wealth, freedom of movement and privileged relationships: the keys to becoming an economic superpower.

Continues page 140

*"Mervyn King reminds us that 52 of the top 100 economies are not countries but are, in fact, corporations with a wide global reach. So, in this increasingly connected world, reliance on nation states is a futile way of looking after our future. We need to care more about how our organisations are run. This can only come from the collective of corporations recognising their greater duty to the species through a system of sound governance. Good governance is the most solid platform for these organisations to deliver security, sustainability, strategy, and success for all of mankind."*





Venetian growth was increased even further thanks to its role as the trading pivot between the eastern and western world. This privileged position was a direct consequence of Venice's key role in the defence of Byzantium from the Arab's invasion in 992 A.D. and 100 years later against the Normans. As a reward for these two interventions, Venetians received very convenient fiscal benefits and trading access. These privileges blew away the competition of every other trader, including Byzantines themselves. Along with salt, Venetians started trading across the seas intensely with precious fabrics, spices, perfumes, exotic bird feathers, and glass.

For centuries, Venice was the only city capable of producing glass, giving rise to another monopoly of a highly appreciated and expensive product. Its glass trade was so large-scale and important that the Serenissima had to transfer the whole production to a separate island – the pollution and the risk of fire represented a real threat to the city. Since then, the glass factories have been moved to and remained on the island of Murano where, even today, you can buy a lifetime's supply of paper weights in a surprising range of gaudy colours.

The Venetians were concerned with sustainability, respect of the environment, and long-term thinking. The exceptional longevity of the Republic

**2018**

**Festival of Governance**

<b>27 SEPTEMBER</b> <b>GGI ANNUAL LECTURE</b>	<b>27 SEPTEMBER</b> <b>POPULATION HEALTH</b> <i>IBM WATSON HEALTH</i>	<b>16 OCTOBER</b> <b>CCGS, NEW MODEL</b> <b>CONSTITUTION &amp; ICS</b>	<b>17 OCTOBER</b> <b>BOARD ASSURANCE</b> <b>FRAMEWORK</b>
--------------------------------------------------	-----------------------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------------------

was not an accident. They understood that nature, and in particular their sea, was the ultimate power. Until the beginning of the XIV century, the lagoon of Venice had many rivers flowing into it, bringing water but also much debris. Studying the local environment, Venetians noticed that the water was getting shallower and muddier in the proximity of the rivers. They forecast the same would happen to the entire lagoon, leaving Venice without water. No water meant no salt, no trades, no protection – and the end of their prosperity. Since 1336, river beds were deviated, artificial canals were dredged, and dams were erected all around the area of the Venetian lagoon.

The Republic created a system of governance. This enabled the Republic to carry out large-scale infrastructure projects as well as guaranteed property rights and the enforceability of contracts. It was a pioneer in developing foreign exchange and credit markets, banking and accountancy and it created what was effectively a government bond market. Its fiscal system was efficient and favourable to merchant profits and the accumulation of capital. The Republic was a tolerant and fairly secular state where foreign merchants, including Armenians, Greeks and Jews, could operate as freely as locals.

The triple components of economic, political and organisational success were the results of something simple, yet too often underrated

nowadays: forecast and strategic planning over decades and even centuries. The Venetians avoided the thirst for individual power, learnt about the benefits of consensus, and legislated for the happiness of the majority. At the head of their state sat the Doge. His authority was significantly curtailed and he was kept on a tight leash. There were systems to control and take immediate action against any authoritarian behaviour and any lack of respect for the Republic’s laws.

The method for appointing a Doge is instructive, as well as being hilariously complex. For ‘Yes, Minister’ comedy, it beats governor elections in NHS FTs hands down. Their Great Council came together and put in an urn the ballots of all the councillors who were older than 30 years. The youngest councillor went to St Mark’s Square and chose the first boy he met who drew from the urn a ballot for each councillor. Only those 30 who got the word ‘elector’ remained in the room.

The 30 ballots were then placed back in a box and only nine contained a ticket. So, the 30 were reduced to nine, who gathered in a sort of conclave, during which, with the favourable vote of at least seven of them, they had to indicate the name of 40 councillors. Using a system of ballots containing a ticket, the 40 were reduced to 12; these, with the favourable vote of at least nine of them, elected 25 others. They were reduced again to nine who

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rnance**

**GOOD GOVERNANCE BECAUSE COMMUNITIES ARE DEFINED BY COLLABORATION**

**2019**

<b>23 OCTOBER</b> PARLIAMENTARY EVENT <i>DIVERSITY BY DESIGN</i>	<b>9 NOVEMBER</b> ARTISTIC DIRECTOR / MEDICAL DIRECTOR	<b>9 NOVEMBER</b> PATIENT SAFETY LEARNING	<b>SPRING 2019</b> EUROPEAN SUMMER CAMP
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would elect another 45 with at least seven votes in favour. The 45, again at random, were reduced to 11, who, with at least nine votes in favour, elected another 41 that finally would be the real electors of the Doge.

But it's not over yet. These 41 gathered in a special room where each one cast a piece of paper into an urn with a name. One of these pieces of paper was then extracted at random. Voters could then make their objections, if any, and charges against the chosen one, who was then called to respond and provide any justification. After listening to him, they proceeded to a new election. If the candidate obtained the favourable vote of at least 25 votes out of 41, he was proclaimed Doge. If they were unable to obtain these votes, a new extraction took place and this last loop was started again until the outcome was positive.

Not even Cambridge Analytica could have gamed that system!

The Doge was kept on a tight leash. His powers were limited by the promissione, a pledge he had to take when elected. His powers were shared with the Major Council of Venice, composed of 480 members taken from certain families. Neither the Doge nor the Council could act without the other's consent. The Doge was constantly under strict surveillance. He had to wait for other officials to be present before opening dispatches from

foreign powers; he was not allowed to possess any property in a foreign land; and he could not conduct meetings alone.

The Doge normally ruled for life, although a few were forcibly removed from office and one was decapitated on the steps of his own palace for attempting to subvert the governance system. GGI is looking into this in detail and will be providing guidance for NHS Improvement shortly. After a Doge's death, a commission of inquisitori passed judgment upon his acts, and his estate was liable to be fined for any discovered malfeasance. The Doge's official income was never large, but the perks were great. A fabulous, if somewhat heavily decorated palace, the world's first coffee shop a mere few yards from your front door, your own prison with appended torture chamber, and endless opportunities to wear a silly hat.

In contrast to the modest pay but high status of the Doge, the head of the Venetian civil service was paid an eye-watering salary. However, he was not afforded any status of grandeur in his office accommodation, which was a very modest room within screaming distance of the torture chamber. Nor his clothing, which was prescribed to be that of a modest artisan. And certainly no silly hat.

For Venice, water was an opportunity. For Holland, it was (and still is) a threat: 26% of the current Netherlands is below sea level. It's a small country,



and one of the most densely populated areas on earth. The topography is prone to flooding, from which drainage schemes afford no protection. Instead, a system of dykes was built up from Medieval times, principally by farmers. As the structures got more extensive and complex, councils were formed by citizens with a common interest in controlling the water levels of their land. Waterschappen are the regional government bodies charged with managing water barriers, waterways, water levels, water quality, and sewage treatment in their respective regions. These regional water authorities are among the oldest forms of local government. Some date as far back as the 13th century, making them the longest continually functioning examples of democracy.

Water boards hold elections, levy taxes, and function independently from other government bodies. Their structures vary, but they each have an elected general administrative body, an executive board and a chair, the dijkgraaf, which literally means the “dyke count”. An ancient office dating back to medieval times, the dijkgraaf is appointed by the government for a period of six years. They preside over the executive board and the general administrative body, and have certain ceremonial duties as well, but no silly hat.

Unlike municipal council elections, voters don’t usually have to go to a polling station but they can vote by mail or even by telephone. There are plans to offer voting by Internet.

So, we are surrounded by examples of how human beings have, over the centuries, come together collectively in an organised form of governance to control the world around us. And our world is rapidly changing. In 1900, my grandfather’s atlas displayed 78 countries. Today, there are 196, with more on the way.

There seems no more pressing need for co-operation than to maximise the benefits and the wonderful opportunities that technology and big data now present us. But we’re also seeing the sinister potential too, and coming to the realisation

that governments are relatively powerless to prevent malfeasance. The ancient practice of governing water can provide valuable lessons about today’s corporate governance. Our data is the salt of the Venetians or the water cisterns of the Nabataeans. Our governance systems are the dykes that protected the Dutch against the improbable balance with the water table.

## Conclusion

Mervyn King reminds us that 52 of the top 100 economies are not countries but are, in fact, corporations with a wide global reach. So, in this increasingly connected world, reliance on nation states is a futile way of looking after our future. We need to care more about how our organisations are run. This can only come from the collective of corporations recognising their greater duty to the species through a system of sound governance. Good governance is the most solid platform for these organisations to deliver security, sustainability, strategy, and success for all of mankind.



**GOOD GOVERNANCE  
ENSURES THE GOLD  
IS RETURNED TO THE BOTTOM  
OF THE RHINE**

Good governance helps opera companies to plan their future, assures funders of stability, fosters taking artistic risk, provides organisational balance, helps companies to be great employers, keeps opera audiences safe in their seats and performers on the stage. It's good governance that makes sure that Alfredo really will get to Violetta on time.

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The theme for this year's Festival – Good governance because it's personal – got me thinking...

Alone, sitting on a rock, staring into a river somewhere, nowhere in the Scottish Highlands, I had nothing to connect to apart from the natural system surrounding me.

This self-organising system that prepares for new life as it is in the process of dying made me think of the systems we have designed to adapt to our own circumstances as people.

Our family, friends, self-esteem, health, learning and imagination are shaped by systems supported by, through and for each other.

Nature is abundant and it has the ability to contain and support all known life. I would like to humbly suggest that we learn from this system.

Our work with people from a variety of organisations has shown us that the common sense of the day is that we need to evolve from a system based on competition to one of collaboration.

To ensure our future, we need to listen more to all of the voices in our communities, not just the ones that we agree with, while protecting family systems, opportunities for friendship and self-expression, systems that allow us to compete and innovate and invent medicines that keep us healthy, hierarchical systems that keep discipline in times of crisis and foster learning in young people, and egalitarian systems for when we need to be heard in our communities.

This is why I would like to thank everyone who decided to go beyond looking after the systems that keep themselves well to take up additional responsibilities for the systems and organisations that care for other people – now and in the future.

**Jaco Marais**  
Festival Director  
Good Governance Institute

## Thank you to our clients in 2019

Birmingham and Solihull STP  
Barking and Dagenham, Havering and Redbridge Provider Alliance  
Barking, Havering and Redbridge university Hospitals NHS Trust  
Birmingham and Solihull Mental Health NHS Foundation Trust  
Birmingham St. Mary's Hospice  
Black Country Partnership NHS Foundation Trust  
NHS Castle Point & Rochford CCG  
Centene UK Ltd  
Connect Health  
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Dudley MCP  
Dudley & Walsall Mental Health NHS Trust  
East Kent Hospitals NHS Foundation Trust  
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East Lancashire Hospitals NHS Trust  
NHS East Leicestershire and Rutland CCG  
East Sussex Fire and Rescue Service  
Edinburgh Health & Social Care Partnership  
England and Wales Cricket Board  
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Heriot-Watt University  
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Newcastle-upon-Tyne Hospitals NHS Foundation Trust  
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NHS Southend CCG  
NHS South Warwickshire CCG  
Health Safety Investigation Branch  
NHS Walsall CCG  
NHS Waltham Forest CCG  
NHS West Essex CCG  
NHS West Suffolk CCG (East Accord)  
North Tees and Hartlepool NHS Foundation Trust  
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Simplyhealth  
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The Hillingdon Hospitals NHS Foundation Trust  
The Royal Wolverhampton NHS Trust  
Thurrock Safeguarding Adults Board  
United Lincolnshire Hospitals NHS Trust  
University Hospitals Birmingham NHS Foundation Trust  
University Hospitals Bristol NHS Foundation Trust  
University of Hertfordshire  
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University of Sheffield  
Warrington and Halton Hospitals NHS Foundation Trust  
West Midlands Ambulance Service NHS Foundation Trust  
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