


**Partnership Decision Tree-  
making sure we have the right  
governance to manage risk and  
protect our reputation (720.00)**

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**GBO elements**

1. Continuity of Care
  - Clinical Board Assurance Prompts
  - CAP, Diabetes, HCAI, Dementia, End of Life, Cancer
2. Partnerships
3. Mutual Aid

Integrated Governance II- Governance between  
Organisations debate paper, Bullivant, Deighan, Stoten,  
Corbett-Nolan, 2008. IHM ISBN: 978-1-906877-00-2

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**Partnerships**

**Objective:**  
Construction of a governance decision tree to identify the form of partnership and appropriate governance arrangements to gain assurance, protect users and avert reputational risk.

**Background**  
The National Health Service Act 2006 provides an enabling framework so that money can be pooled between health bodies and health-related local authority services, functions can be delegated, resources and management structures can be integrated. The White Paper, 'Our Health, Our Care, Our Say' highlights the importance of partnership and emphasises use of s31 Health Act Flexibilities as a key route to cementing relationships and improving service.

However audit and case studies of existing partnerships, networks and joint management arrangements identified serious governance weaknesses in relationships with partners and suppliers. This highlighted serious concerns as health and social care in the 4 UK administrations is increasingly planned, commissioned and delivered by consortium arrangements. This led through a series of workshops run in 2008 and 2009 by the Good Governance Institute and their partners and legal advisors to the creation of a decision tree based in part on work undertaken in natural resource management. The decision tree identifies seven distinct groupings

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**Partnerships**

GGI recognises 6/7 governance groups / relationships


Partnerships

- Networks
- Joint Committee
- Joint Management Board
- Advisory Board
- Community of Practice

Others

- Direct Management & Reporting
- Contracts /Grants/PFI

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**Questions**

- 'Who is accountable when our staff work in other's premises?'
- 'Who can cut pooled budgets?';
- 'Who is responsible to see a patient home to a place of safety?';
- 'Will we send staff into harms way to help our colleagues elsewhere in the *National Health Service*?'
- Does our board assurance framework (BAF) cover boundary and reputational risk?

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## Killer Questions

- Is group set up to achieve common objectives
- Does it have separate decision taking structures
- Are decisions binding on the hosts
- Do members have delegated (but limited) authority to take decisions
- Who is accountable for Duty of Quality and Health & Safety of staff and visitors
- Who is accountable for VFM/counter fraud issues
- To whom should complaints and whistle blowing comments refer
- Who undertakes the root cause analysis, who audits the group?
- Does EU competition law apply to this group?

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## Whose authority?

	common objectives	decision taking	d/m binding	delegated authority	Duty of Q / H&S	Fraud/audit	whistle blowing
<b>PCT BOARD</b>	/	/	/	/	/	/	/
Network	/	/	/	/	/	/	/
Joint Committee	/	/	/	/	/	/	/
Joint Management Board	/	/	/	/	/	/	/
Advisory Board	/	/	/	/	/	/	/
Direct Management & Reporting	/	/	/	/	/	/	/
Community of Practice							
Contract/PPF/Grant		/	/	/	/	/	/

## Networks

**Purpose:** To facilitate a whole system approach to service delivery and modernisation, thereby adding value to what individual organisations can deliver.

**Characteristics:** Linked groups of health care professionals and organisations from primary, secondary and tertiary care working in a coordinated manner, unconstrained by existing professional or organisational boundaries to ensure equitable provision of high quality effective services.

**Governance:** Clinical Networks/Advisory Boards do not have statutory responsibilities for either service delivery or local organisational clinical governance but may have delegated responsibilities. Primary Care Trusts and NHS Trusts are ultimately responsible for the delivery of targets.

**Challenge:** Clarity of whether commissioning support or service redesign, conflicts of interest, deputies attending may not have sufficient delegated authority ring fenced improvement £s

## Partnerships risk and opportunities

Am I sure what sort of committee I'm dealing with  
 If it has delegated authority, what are the limits?  
 If this is de facto a sub committee of my board, are minutes passed to my board/committee  
 How are decisions tracked, monies authorised and audited?  
 Is there a strategy/plan which limits discretion? Are these limits honoured  
 If the officer with delegated authority is unable to attend, do deputies have lesser authority?  
 If the partnership holds a pooled budget, what are its boundaries of spend?  
 Who can spend the money, make amendments to the budget, deploy savings, underspends. Who is accountable for overspends, liabilities? To whom are audits reported?

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## Results & Conclusions

**Conclusions:**

- The study has highlighted the issue of weak governance in partnership relationships; the need for Boards and regulators to seek assurance that there is a clear understanding of the legal framework and authority for the partnership and where accountability for its decisions should lie. The decision tree has proved to be a simple but useful tool for diagnosing and correcting governance weaknesses. Further work will continue to apply the tree structure to different sectors (housing, criminal justice) and different administrations including New Zealand.

**Outcomes.** A partnership decision tree and a partnership etiquette card

**References**

- Integrated Governance II- Governance between Organisations debate paper, Bullivant, Deighan, Stoten, Corbett-Nolan 2008. IHM ISBN: 978-1-906877-00-2
- Developing effective partnerships in Natural Resource Management, Peter Oliver, Queensland Department of Natural Resources, Mines and Water in Social Innovations in Natural Resource Management, 2004
- Governing Partnerships, Bridging the Accountability Gap, Audit Commission, 2005

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