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# Healthcare Governance with Impact – Why Values Matter

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## Financial and Competing Interests:

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## Healthcare Governance with Impact – Why Values Matter

*The challenge, the why, the rationale, the outcome.*

Reflecting on Fidler’s definition of global health governance, presented in his 2002 discussion paper entitled “*Global Health Governance: Overview of the role of International Law in Protecting and Promoting Global Public Health*”. We ascertain that governance cannot be considered the sole responsibility of any national Board – but is properly owned and implemented by clinicians and managers alike<sup>2</sup>.

Fidler’s presented definition, though focused on global challenges rather than country specific, can be understood to have three main components; the actors involved, the sources of rules and the scope of rule applicability. This definition can be readily applied within a UK healthcare framework, thus facilitating Boards and organisations to review, react and retain effective values based governance.

The governance challenge moving forward for us, is not only accepting the global, national and local influences, but having the “right” systems and processes in place. They are necessary, indeed essential<sup>3</sup>, but not sufficient on their own<sup>4</sup>. The key to successful governance, for the benefit of everyone - patients, families and staff - is not only a shared understanding of the systems and processes in place, but a fundamental commitment to active expression of shared and aligned values. The impact of governance is determined by the values it embraces – and we argue that governance without values is governance without value.

### RATIONALE – The impact of values based governance

**Royal College of Physicians of Edinburgh/World Health Organization joint definition of Excellence in Quality Governance in healthcare:**

The means by which all institutions and organisations involved in the design and delivery of healthcare translate health policy into clinical practice and management in order to improve the quality and efficiency of healthcare.

*‘The ability to ask the right questions and to implement the right mechanisms to ensure the organisation discharges its duties in line with its purpose and with focus on good clinical practice.’*

**Right Question – Right Answer – Right Time – Right Outcome**

The justification behind this is to encourage World Health Organization (WHO) member states to promote excellent Governance values by effectively integrating their Governance systems and to allow countries to translate this definition for their respective local working environments, conditions and constraints.

By way of example, NHS Scotland values are -

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

Given that the most visible and highest level expression of governance in any organisation is (or should be) by the senior leaders of the organisation – the Board – the values they espouse and express will set the tone for the whole organisation<sup>5</sup>. When a Board’s governance operates by their values, it makes it more likely – or at the very least more possible – that the rest of the organisation will too. If its systems, processes, and decisions, take account of and are guided by their governance values, this sends an important signal not just about “what we do” but also “how we do it”. Given that one definition of organisational culture is “the way we do things here” there is a direct link between the values expressed in and through the governance arrangements and the organisational culture.

The Sturrock report entitled, *Cultural Issues related to allegations of Bullying and Harassment in NHS Highland*<sup>6</sup> on NHS Highland is a case in point. That report commented that:

*The governance structure seems extensive and impenetrable to many. It does not seem conducive to open, transparent and effective operation.*

And one of the many important conclusions was that:

*There may be no greater leadership challenge in 2019 than to help people under pressure to feel valued and for everyone to appreciate the benefits which come from rebuilding strong relationships, bringing out the best in each other and enabling everyone to be more effective in every way.*

Complicated and impenetrable governance where values are not embedded and enacted, can lead to people feeling devalued and bullied. The case for strong, transparent systems and processes, where values form a core basis of operation and interaction, appears strong and is laid out in the following sections.

## **PROCESS – The expectation of boards, and the required skill set to lead.**

The expectation is that private sector boards will deliver shareholder value, and act in the best interests of the organisation and its shareholders. Is the expectation of public sector boards very different? If we regard the public as shareholders – it is after all their tax revenues that pay for public bodies and public services – then public sector boards must clearly act in the best interests of the public they are appointed to serve.

But are the interests of the public and the interests of the organisation necessarily synonymous? Certainly there are cases where the public feel that this is not so – and this is especially true when a Board does not act in a transparent fashion when things go wrong.

Successful governance should be judged by the outcomes it produces, the experience it provides, the improvements it delivers, and its alignment to the values of the organisation<sup>7</sup> – not by the volume of paper, nor the frequency of meetings, nor the oxygen consumed.

Do we recruit to skill set, values, or both? The answer should (and must) be “both”. The suggestion that someone’s technical proficiency is a passport to an appointment regardless of their values is the road to ruin. Introducing someone who is technically excellent but poor on values, particularly in a senior leadership role, demonstrates that the leadership of the organisation is willing to sacrifice its values without a qualm. It is the ultimate expression of talking one talk, and walking another walk.

Other skills for senior roles are also needed – particularly the skills to probe and challenge, and to engage effectively with a wide range of audiences. However, it is easier and more valuable to grow these skills in an atmosphere of shared values, where honesty and transparency are welcomed and embraced.

Sturrock comments<sup>6</sup> that

*The role, appointment, training and support of, and provision of information to, non-executive directors appears not adequate in practice to meet the needs of the Board of a large publicly funded organisation with an £800 million budget.*

*Unless people with the necessary skills, knowledge, expertise and experience (and ability to ask the right questions in the right way while understanding financial, risk and other management issues) are appointed to NHS boards, there is a danger that governance will not be effective and national policies will not be implemented effectively.*

In the United Kingdom, there is a general acceptance that integration of Health and Social Care is essential, both in order to improve care and to make services more sustainable. Whether this is expressed through the Public Bodies (Joint Working) (Scotland) Act 2014 to the establishment of Integration Joint Boards in Scotland, or Health and Social Care Boards in Northern Ireland, or the Welsh Government’s “A Framework for Delivering Integrated Health and Social Care For Older People with Complex Needs” or Devolution Manchester<sup>8</sup> in England, the objectives are similar – joined up and sustainable services for the benefit of citizens.

Nevertheless, there is something missing. There is currently no model governance framework for integrated services and therefore no accurate guidance on merging services, which have hitherto operated under different systems of values; and there is no standard or agreed expression of skills and capabilities for an integrated system, against which Directors – both executive and non-executive – can measure themselves.

The model for Health and Community organisation merger in the Netherlands accepts the need for greater investment in NED education and also the manner in which its community NED’s are selected<sup>9</sup>.

## DISCUSSION – is values based governance optional? How are the patients, carers, families and stakeholders represented? Do we legitimately question to uphold their rights?

It is possible to govern in many ways (in alphabetical order, and not all of which are mutually exclusive):

- By appointment
- By consensus
- By consent
- By diktat
- By election
- By fear
- By force
- By influence
- By persuasion
- By preferment
- By stealth
- By succession

There will be a clear link between your actual (as opposed to stated) values and the manner or style of your governance. Therefore all governance involves values of some form or another – whether explicitly or implicitly embraced – and delivers value – whether for good or for ill – to someone, somewhere. But the question of whether governance delivers public value sets a sterner test.

Professor Don Berwick, an international expert in patient safety, was asked by the Prime Minister to carry out the review<sup>10</sup> following the publication of the Francis Report into the breakdown of care at Mid Staffordshire Hospitals.

The key recommendations of Professor Berwick's report were to:

- Place the quality of patient care, especially patient safety, above all other aims
- Engage, empower, and hear patients and carers at all times
- Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work
- Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge

Values based governance must include and involve not only the staff at all levels who deliver care, but also those who receive it – patients, carers and families.

## RECOMMENDATIONS

So, what to do? - We expect that member countries will have values already – so no need to invent some new ones, unless the current values are poorly aligned with the outcomes sought. Indeed, older values have persisted for much longer than those of the NHS – *primum non nocere*.

How then to embed them? - Firstly and fundamentally, can we as a Board assure ourselves that our Governance processes are integrated? Furthermore, do we understand the cycle of integrated Governance and are we convinced that such processes and their implementation are understood by the staff and patients?

Unlike most embedding, this one starts at the top and must be an integral part of the Board's annual governance and development cycle. Is the Board open to a genuine and honest review of how its systems and processes are consistent with the values of NHS Scotland? If it is, who will it ask? Self-assessment will be a start but will not be convincing on its own. Nevertheless, we offer some sample questions for Boards, drawn from the Scottish experience, which will help them to understand where they are on this journey:

- Does each proposal you see through your governance process demonstrate a genuine and evidenced understanding of the impact on patients, carers and families, the communities you serve, and on partner organisations? (Think Care and Compassion, think Dignity and Respect)
- Does each proposal you see through your governance process demonstrate a genuine and evidenced understanding of the impact on staff recruitment, retention and morale? (Think Care and Compassion, think Dignity and Respect)
- If something goes wrong, how does the Board deal with that? (Think Openness, Honesty and Responsibility)
- If someone makes a mistake, how does the Board deal with that? (Think Care and Compassion, think Dignity and Respect)
- When decisions are brought to the Board, who has been involved in the proposal? (Think Quality and Teamwork)
- If the Board makes a mistake, or has let people down, how does it deal with that? (Think Openness, Honesty and Responsibility)
- Does the volume of paper and the way that it is presented help the Board? (Think Dignity and Respect, think Openness, Honesty and Responsibility)
- Do your processes for recruitment, retention and reward put values at the centre of decision making? (Think all of the values)

And the hard question – what if some people are simply not up for this?

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