Plurality of Governance – The Transparency of Definitions

"Governance is an attitude – it is the right way of doing things"
Sir William Wells, 2020[1]

"Governance has become a 'dirty word' and there needs to be realignment in the mind of public and media about it."
Dr Margaret Casely-Hayford CBE, 2015[2]

Rationale

Honesty in governance is an essential virtue which should not be pretentious or misused. Employee and patient fates should rest on the Board's inherent responsibilities to uphold honest values and decisions, and not solely focus on their accountability. The term governance, however, can often be abused, where individuals and/or groups bend the meaning to their desired agendas; occasionally to the extent of using the term as an excuse for inappropriate behaviour during major clinical and corporate decision making. This misconstruction can occur when emphasising the apparent need to maintain the values, policies and codes of conduct of an organisation at the expense of good practice. This, in effect, protects a lack of transparency in decision making[3] to the exclusion of the clinical and economic reality.

The use of the term *governance* without a distinct definition and rationale is contentious and could be misleading. It should, therefore, always be clearly explained. We raise this argument as a proposition to promote more honest approaches to using the term.

When using governance, organisations, individuals and Boards should remember that its roots lie within the organisation's moral guiding principles, and these principles should take precedence when taking and making decisions for the benefits of others.

Governance at its core is the sum of its parts – leadership, decision-making, goal setting, audit and review, scrutiny, values and principles, organisational culture, diversity, environment and direction. Understanding that governance at its most basic can be defined as *"The way in which an organisation is managed at the highest level. And the systems for doing this"*[4] and not a method to obfuscate for a weak policy. This error can come by placing a proposition before the word *governance.*

The Definitions

The concept of *Good Governance*, though widely used, means little unless the user specifies what 'good' represents and what it should reflect in practice. The NHS Scotland 'Blueprint for Good Governance' is an example of the effort that needs to go into defining exactly what is meant by 'good'[5].

Governance is the means to ensure strong, ethical, and evidence-based decision-making and actions. It should not be used as an excuse for risky decision-making, or false legitimacy with little or no underpinning clinical or economic evidence[6].

A further positive example relates to the early focus of *Clinical Governance* [7]. The definition of clinical governance was designed to ensure that clinical and safety issues were at the forefront of decision-making in healthcare, while also making clinical issues the primary focus on Health Board agendas. Equally, clinical governance became prominent within UK NHS Government Policy.

The use of the term *Integrated Governance* is a natural progression from clinical governance. It is a term with the means to encapsulate all forms of governance within one overall Board framework. However, integrated governance does not occur easily, as all the forms of governance being combined must be valued equally in order to achieve desired outcomes.

Global Governance is a term growing in popularity. Not unlike *good governance,* it can hold different meaning and should be defined upon use. At its base is a belief that governance is not the sole responsibility of one group and should always incorporate the involved actors, the source of rules and the scope of rule applicability in the entire governance process[8].

A strong live example of an organisation and/or joint bodies determining their own definition of governance can be seen in the *Royal College of Physicians of Edinburgh (RCPE) / WHO Joint Working Definition of Excellence in Quality Governance*.

When developing this definition, consideration had to be given to ensuring it was applicable for both the RPCE and WHO, as well as the associated member states.

RCPE/WHO Joint Working Definition of Excellence in Quality Governance

"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 Complexity

Allowing sensible governance practice to become the norm is difficult without multi-professional support. In this context, professional is defined as the ability to create the correct support role for the organisation at Board level. Namely adding value by appointing a Governance Secretariat appropriate to

the organisation's needs. In the case of health, one which has a valued understanding of clinical issues, patient safety and delivery of care requirements.

The disappointing factor is when a governance post is created, for example – 'Director of Integrated Governance'. This can be misunderstood as an organisation fulfilling its governance responsibilities to deal with a perceived Governance failing, if it does not ensure governance is central to all Board protocols. By making such appointments, are organisations surrendering their corporate responsibilities? – Yes, they are!

Statement of Intent

To fulfil future development and create lasting improvement of governance standards we would welcome both national and international collaborations. We look towards new 'working definitions' of governance as a means to continually review and analyse future scoping of clinical, scientific and corporate questioning of performance at Board level.

The definitions and methodologies for improving practice in governance should not have rigid parameters but be adaptable and foster ongoing critical and systematic evaluation of future clinical and corporate need.

It is the responsibility of the organisation or the collaboration to establish their own Board. The Board should handle necessary decisions and have skilled individuals with the ability to question and challenge when necessary. Thus guaranteeing there will not be a Chair/Board that breeds acquiescence bias. *"Two qualities emerge from all my board experience; you need independence of mind and spirit and intellectual rigour. Also, readiness to be unpopular. Too many boards lack backbone."*[9] – Lord Chandos

There is a need for professional agreed succession-planning approaches supported by the World Health Organization, the Royal Colleges, and national and international scientific associations in order to create membership of Boards in the future.

By reviewing the etiquette of the ways in which Board members challenge their peers on specific decisions, we are asking for complete honesty of focus. Thus safeguarding complete transparency as the new code of conduct.

"Governance is not a game of perfect."[10] Dr Harry Brünjes. Using the correct terms when referring to governance issues and decisions becomes the Board/user's remit. Therefore, the ability to translate their usage throughout discussions becomes their responsibility.

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