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Governance and language

A paper developed as part of the 'Helping CCGs to develop governance arrangements that are as effective as possible' programme commissioned from the Good Governance Institute (GGI) by NHS England

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*"In truth,
the ideas and images in men's minds
are the invisible powers
that constantly govern them".*

John Locke

1. Introduction

As socio-linguist Norman Fairclough asserts, "existing language practices and orders of discourse reflect the victories and defeats of past struggle".¹ As such, the development of governance arrangements for Clinical Commissioning Groups (CCGs) provides an important opportunity to foster revised understandings of governance, and to ensure that the language of governance is engaging for clinicians and the public.

A central issue for language in governance is that the key concepts of governance can often draw from diverse disciplines, ranging from public administration, to economics and law.² These fields rely on different underlying assumptions, and in turn, various individuals will bring alternative understandings to key concepts.³ This highlights the fundamental need for clarity around establishing common understandings of governance. The language implemented needs to support engagement with governance arrangements from a broad spectrum of stakeholders.

Embedding patient and public engagement in CCG governance arrangements is a priority that has been highlighted by, among others, the NHS Institute for Innovation and Improvement.⁴ As the NHS Confederation also highlight:

The underlying principle of co-production is that people's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done.⁵

While a range of strategies and initiatives exist around patient and public engagement, one factor that permeates across these endeavours is the language of governance itself. Utilising language in governance that is aligned with the needs and priorities of the local population can be a powerful force in driving broad engagement with CCG operations.⁶

Language is crucial not only as a means of communication, but also as a way of creating order and structure.⁷ While clear and accessible language around governance is helpful in promoting broad engagement from stakeholders, the power of language goes beyond this and is embedded within organisational culture.⁸ The perception of concepts by individuals is shaped and cemented through the use of language⁹, and these perceptions can build to form organisational culture and identity.¹⁰

It is here that the widespread impact of language can be seen, both around the attitudinal relations of individuals to governance, and on the broader organisational behaviour and decision-making which this shapes.¹¹ We can see how discussions around the language of governance are much more than a re-branding or promotional exercise. The power of language is embedded in measuring and evaluating the fundamental outcomes which effect care quality.

2. Background to this work

In February 2014, NHS England commissioned the Good Governance Institute (GGI), as part of a wider body of work on commissioning skills development, to undertake a programme focussed on helping CCGs gain genuine added-value from their governance arrangements. GGI were supported by Capsticks Solicitors LLP (Capsticks) and Cass Business School (Cass) with this programme.

This programme covered two key elements to help CCGs:

- use of a proposed language to describe governance that is engaging for clinicians and the public
- a proposed set of outcomes of good governance that can be described and measured

The thinking behind this was that the language for governance that works for CCGs, and being clear about the outcomes that good governance can deliver, are two important building blocks to helping build sustainable and effective clinical commissioning organisations.

This NHS England commission had resonance with prior work by GGI. From the first publication of the White Paper that paved the way for the Health and Social Care Act 2012 GGI have been working with groups of general practitioners (GPs) interested in taking on commissioning leadership. We found a general antithesis to governance, which many GPs associated with bureaucracy and the very worst of the former Primary Care Trusts (PCTs). Governance was something that 'got in the way', 'held up getting things done' and was 'something the managers did'. GGI had been looking for a new narrative for governance to help the new leaderships within CCGs understand the governance task, and explain the added value good governance could bring to the new CCGs.

The governance language and outcomes work for NHS England was undertaken in a way that allowed the maximum involvement of anyone interested. An initial concepts paper was published and this was used to generate debate and input using a number of different techniques. These included one-on-one interviews, GGI's own work programme with CCGs, a LinkedIn group that was set up for the project, Twitter discussions, direct mail and email, a project website, a number of interactive workshops around the country, a survey and desk research. In addition, the governance outcomes tools were tested or reviewed by just under 50 CCGs across the country. The programme overall ran between February and September 2014.

All this work is now being brought together, with this report focussing on the language element of the work.

3. Findings

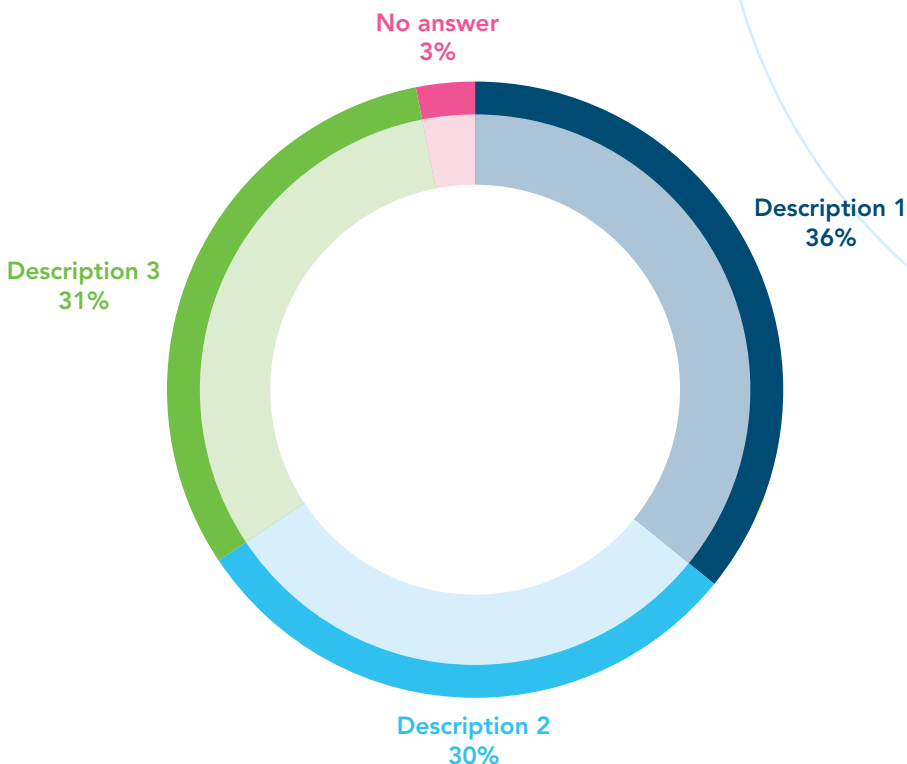
To stimulate discussion throughout this programme of work, GGI published three descriptions for governance as follows:

1. **Governance is about control and assurance. It sets firm rules that lay out how an organisation is run. There is a focus on policies and procedures that help all understand what they must and mustn't do**
2. **Governance is about leadership and strategy. In CCGs, this means making sure the clinical voice leads the debate. In a well-governed organisation a clear strategy has been set and governance helps ensure the organisation works towards this. Governance is about creating real change**
3. **Governance is about fairness to all, and ensuring that no one stakeholder's interests dominate. Those running organisations are responsible for making sure that all stakeholders are thought about when decisions are taken. Governance has an ethical basis and ensures that the right thing is done**

These short definitions were then tested through the social media programmes, at the workshops and via a survey. To note, the survey had 214 respondents.

Arising out of all the discussions, it was generally accepted that all of the above descriptors equally applied to what constituted good or effective governance. There was no universal acceptance of any one descriptor. For example, whilst some liked the term 'ethical basis' others did not, querying whether ethical decisions always equated to 'fairness', a term which itself gave rise to debate; 'equitable' being most often considered a preferred word to use.

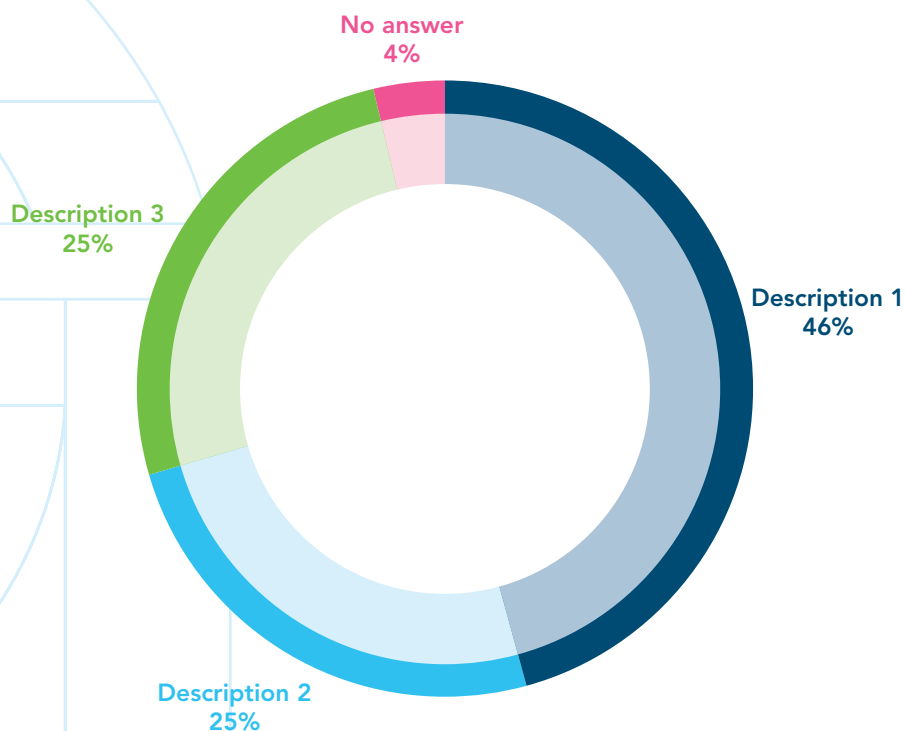
Which of the descriptions of governance do you feel more comfortable with and why?



Furthermore, it was suggested that not only were the three descriptors of governance not mutually exclusive, but they formed a sort of continuum whereby the first descriptor paved the way for the third which then led to the second. This suggests we should perhaps see good governance as a process incorporating many different strands and ideas.

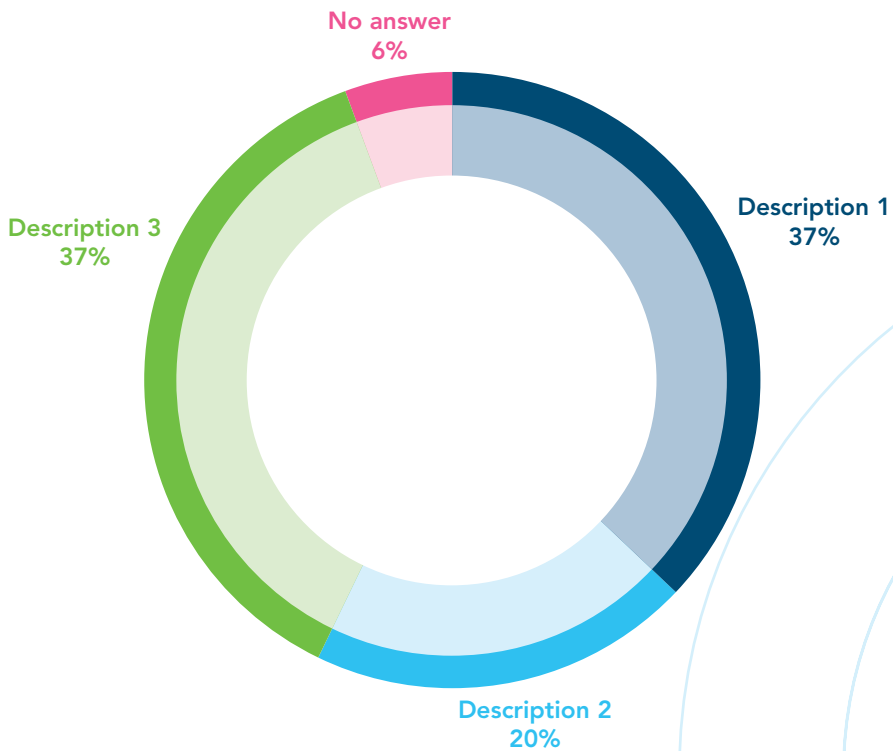
The view that no one description was more acceptable than the others has been supported by the results to date of the survey. As the first two pie charts demonstrate, each of the descriptions were widely selected as both the most favoured and least favoured definition of governance. What is perhaps most interesting is that the first description was both the most and least favoured definition receiving 36% and 46% of the vote respectively.

Which of the descriptions of governance do you feel the least comfortable with and why?

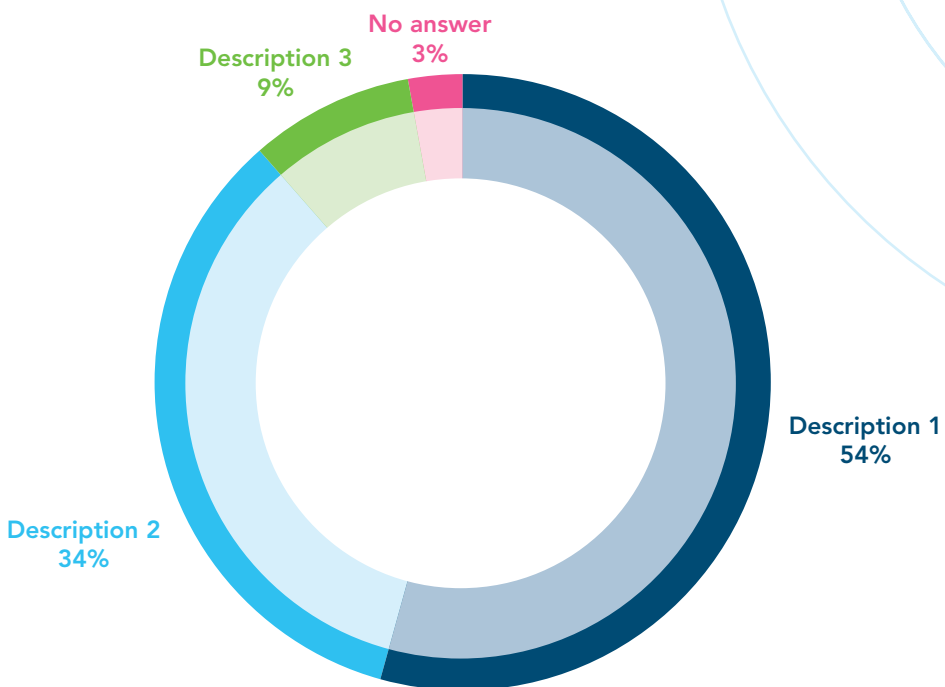


For just those who are GPs who took the survey this became even more accentuated with 37% liking and 54% not liking description 1. For GPs, description 3 was equally as appealing as description 1, and drew the fewest negative associations (just 9%).

GPs: which of the description of governance do you feel most comfortable with and why?



GPs: which of the description of governance do you feel most comfortable with and why?



These findings fit well with GGI's own work over the last two years with CCG governing bodies, where GGI have found that a good narrative for explaining corporate governance is to explain it as a system initially intended to safeguard investors' interests and over time this has become broadened out to make the governance task one where fairness and forethought need to be applied to the interests of all stakeholders. GGI found in workshop sessions that GPs were drawn to this description of the governance task.

The words that seemed to be regularly highlighted as a 'turn off/turn' on in each of the descriptions are as follows:

1. **Turn on:** Assurance, help all understand
Turn off: Firm rules, control, mustn't do
2. **Turn on:** Leadership, strategy, real change
Turn off: Clinical voice
3. **Turn on:** Ethical basis, fairness to all, right thing is done
Turn off: Fairness to all, right thing

It is interesting that the words that were regularly seen as the most preferable were also often the least palatable. This demonstrates how different words have different meanings for different people (e.g. one person saw the phrase "*doing the right thing*" as politically loaded and used to justify politicians doing whatever they want whilst others clearly thought otherwise).

Taking each description in turn and looking a little more deeply, we examined how people reacted to each.

Description 1 - Governance is about control and assurance. It sets firm rules that lay out how an organisation is run. There is a focus on policies and procedures that help all understand what they must and mustn't do

Opinions on the first description were mixed with some seeing it as a "traditional description of governance" which is "clear on objectives", while others saw it as too "prescriptive" and lacking mention of the real purpose of governance. In particular, the term control was seen as "too harsh and rigid" and an element of governance that should be transacted by managerial staff. It was suggested that a board that was "dominated by control and assurance would be safe but directionless" and that this "can create a tick box approach to governance that risks it being ignored" altogether. Other terms such as "firm rules" and "policies and procedures" were also generally unpopular. For many respondents, firm rules were seen as restrictive and as something which was stifling innovative change. Likewise, policies and procedures "should be there in the background so that everyone in the organisation understands their responsibilities, but they shouldn't be the main focus of good governance." It was argued, "a badly governed organisation is rule-bound, inert and dangerously risk-averse."

Assurance, closely linked to control, was a much more popular term with respondents citing it as "a necessary part of governance" which serves to "set clear boundaries" and "a safety framework" in which everything else happens". It was warned that assurance can mean a range of things and it would be good to think of it in terms of giving confidence to staff rather than hand in hand with control.

Interestingly, it was suggested that this description "describes the core function of governance and sets the framework for issues covered in...[the second and third descriptions] to be carried out effectively". This coincides with the findings of a number of GGI led workshops, which took place between April and May 2014, where it was posited that the three descriptors formed a sort of continuum whereby the first descriptor paved the way for the third which then led to the second.

Description 2 - Governance is about leadership and strategy. In CCGs, this means making sure the clinical voice leads the debate. In a well-governed organisation a clear strategy has been set and governance helps ensure the organisation works towards this. Governance is about creating real change

The second descriptor of governance was the least preferred of any and the second most disliked. Respondents particularly liked the words "leadership" and "strategy" and also the phrase "creating real change" but took issue with the idea of "clinical voice leading the debate".

Leadership and strategy were words that resonated with many of the respondents. They were seen as important in enabling other elements of governance to take place and in allowing a CCG to carry out its daily activities. It was suggested that "really good governance exists when it is driven by the leadership of the organisation" and that without leadership and strategy the "organisation is in effect 'rudderless' with no true direction on where it wants to be or how it is going to get there".

The ability of governance to create "real change" was generally seen as a positive factor however, some respondents cautioned that governance isn't about change itself (which lies in the strategy) but "should allow management to have the structures to make changes whilst minimising risk". Likewise, others argued, "governance is not really about leading change unless it is to bring the organisation up to the required standards".

The phrase "clinical voice leading the debate" was particularly contentious and was far and away the least liked phrases in this description. It was argued that 'clinical voice' is but one voice in the debate and in fact good governance is about "the voice of patients and the public acting in partnership with clinicians" and "is not about ensuring clinical leadership leads the debate, rather [that] debate is appropriate and relevant".

Description 3 - Governance is about fairness to all, and ensuring that no one stakeholder's interests dominate. Those running organisations are responsible for making sure that all stakeholders are thought about when decisions are taken. Governance has an ethical basis and ensures that the right thing is done

The third and final description of governance was the second most popular description and the joint second most disliked. Interestingly when we inspect the results purely from a GP perspective it becomes the joint most popular description and the least disliked.

It was also abnormal in that there is much more crossover between popular and unpopular words: fairness, the second most appealing word was also the least and all the words or phrases were liked by at least 32 people and disliked by at least 14.

The phrase "ethical basis" was the most popular from this description. It was argued that as "CCGs are membership organisations responsible for spending large sums of tax payers money" then governance arrangements "must ensure that decisions are ethical...[and] reflect the needs and wishes of local service users".

Despite generally agreeing the need for governance to have an ethical basis, respondents had more difficulty reconciling "fairness to all" as part of good governance. It was argued that "board decision should be ethical and just but that may not be "fair" which implies keeping everyone content and avoiding difficult decisions" and that "a climate of "fairness to all" ensures that no one feels safe, because any decision at any level might arbitrarily be condemned as unfair to some person or group". The result of this is that no coherent decisions are taken and the organisation either stagnates or becomes chaotic.

The phrase "ensuring that no one stakeholder's interest dominate" is less problematic and was generally understood as an unhelpful term. Whilst it was accepted that it was the responsibility of the organisation to think about the views of all of its stakeholders, the views of the patient's had to come first: "patients are the pre-eminent stakeholders in any health service and their interests must dominate the agenda".

Beyond looking at the descriptors or definitions of good governance some broader themes emerged during the work. These were as follows:

Accessibility: The point was repeatedly made that governance should be accessible. Reference was given on a number of occasions to the Nolan Principles: getting back to basics in order to solicit participation. In general, it was suggested that the language had to be plain and coherent in order to foster a common understanding and also in order to encourage engagement both from wider stakeholders and the CCG. Governance is simple when done right (properly) and the language should reflect this. Part of this was moving away from the view that governance was overly bureaucratic and simply a box ticking exercise. One participant perhaps best summed it up when stating that good governance is *"the least governance we can have and be safe"*. Another stated *"if governance is not about accountability to the people affected by decision-making it is nothing!"* More generally it was argued that good governance should support the vision of an organisation and ensure the organisation is appropriately accountable and transparent in its working.

The theme of accessibility was also raised in GGI's LinkedIn consultations with one person arguing that the *"purpose of good governance is to build patient, public and stakeholder confidence"* and another highlighting the need to *"develop a much deeper, more meaningful and continual dialogue with the public"*. Governance needs to engage and be appealing to as many stakeholders as possible.

Ownership - As GP membership of CCGs is compulsory it was argued that many are failing to engage fully with the new system. One participant highlighted the *"fear that people are still going in different directions with some not regarding themselves as 'owners'"*. Likewise, it was also noted that not all CCGs are the same, they are different sizes, face different challenges, serve different demographics, and as such, engender different levels of buy in from their GP population. Language should, therefore, be tailored/contextualised to different groups in order to ensure the greatest responses. It was argued that if clinicians continued to see governance equating only to control and stifling innovation, then patients were likely to view it this way too. There needs to be a shift in the language to portray governance as positive and enabling and to encourage CCG members, clinicians and the public to take ownership of their CCG. These ideas mirrored those that emerged from the LinkedIn consultation where a theme was a lack of GP engagement and ownership as a result of bureaucratic obstacles and cynicism towards governance.

Culture – It was also suggested that part of the issue centred on culture. There is a need for CCGs and other services to work together, and also to find a common language in order to prevent CCGs creating their own separate, individual cultures. It was argued that there needed to be the correct culture of governance to enable calculated risk, ensure the highest level of patient safety and encourage stakeholder participation. Governance should help draw the organisation into a cohesive whole and create the circumstances for real change and innovation.

Enabler – Governance, some felt, is best understood as an enabler to delivering organisational objectives and not as a bureaucratic tick-box exercise. This idea is something that came across in a number of the responses to the survey with one respondent highlighting how *"in our organisation governance is an enabler: it's how we do things, not an add-on. It means that the public that we serve can be confident that decision making is robust and finite resources are not wasted"* and another suggesting that governance is *"a critical enabler of our values and culture"*.

Value for money - The need for NHS organisations to demonstrate value for money was highlighted by a number of respondents. It was argued that *"good governance should of course describe an organisation which obtains best value for money"* with decisions taken that *"offer better patient care"* and *"good value for public purse"*.

Transparency - Indeed, transparency was another term that it was suggested should be incorporated into any description of good governance. As one CCG member said *"governance is far more than a framework of controls"*, it *"relates to transparency, robust and fair decision-making, [and] probity"*.

The patient voice - Finally, the need for patient voice was highlighted as vital to good governance by a number of respondents to the survey and was a frequent theme elsewhere. One individual suggested that although clinically led, CCGs *"must listen to other stakeholders too – the public"*

and patients” and another pointed out that governance works best “where everyone has a voice and the best course of action will be taken for the good of the patients and staff in a manner the staff and patients feel are of greatest benefit”.

4. Discussion

CCGs are complex and unique organisations. Their inbuilt structural bias towards the GP membership has been carefully designed to place commissioning decision-taking in the hands of those clinical professionals who see patients day in day out, and whose referral decisions have significant fiscal implications. It has been said that the most expensive ‘bit of kit’ in the NHS is the GP’s right hand, with which they prescribe medicines and refer to secondary care. Aligning commissioning decisions and patient referral is one key element of the new reforms and critical to ensuring that resources are applied to best possible clinical outcomes.

The conundrum, though, is that GPs are now centre-stage in running these complex organisations that are also public bodies, each accountable for hundreds of millions of pounds of taxpayers’ money. In the main, GP business experience has been gained in organisations of a different scale and with different business aims, albeit working within the same market.

Good governance is an essential element of running any public body, and needs to be an area of knowledge and expertise that in time GPs in leadership roles of CCGs understand and are confident with. Our work holds the promise of helping to better understand what will best communicate the ideas behind good governance to these new leaders, and help them help themselves use governance as an enabler.

The discussions raised during this programme of work were often passionate. Views were strong, and beliefs defended with some vigour. But in analysing the data, LinkedIn essays and outputs of the workshops it became clear that there was no one silver bullet that would help to better engage GPs in good governance. Rather more usefully, though, what did emerge was that by using a broader linguistic palette to explain the governance task GPs would engage and start to better understand the rationale behind usual governance structures and systems.

In history, sometimes revolutions are accompanied by attempts to limit or fetter the use of language. The first governments after the French revolution banned the names of the traditional months of the year and substituted other, new names that were untainted by religious or royalist overtones such as ‘Frimaire’ (meaning frost – October) and ‘Germinal’ (meaning germinate – March). This new lexicon lasted 12 years before returning to the old month names. In our own debates, where certain words were seen as unhelpful such as ‘control’ or ‘clinical voice’ there were always persuasive counter-arguments to emphasise how the word was useful because it was actually the best word to describe an important part of the governance job. There is no getting away from the fact that governance does need to give those in charge ‘control’, and CCGs are designed to ensure the ‘clinical voice’ leads. What emerged as important, though, is that how governance is explained is important rather than the individual words or phrases themselves. If the narrative around governance is not uni-dimensional or monochrome, but uses, as we described above, a richer ‘linguistic palette’ to help GPs and others new to using governance become confident with this new discipline then GPs will engage. Over the eight months this programme of work ran, there were many moments when those colleagues from CCGs who engaged with our work started to understand the governance task better and as, indeed, a portmanteau of tasks. This is true of managerial colleagues whose ideas about governance had been formed in PCTs as well as GPs new to governance whose business experience had been framed from running their own practices. The nuance of a CCG as a type of corporate body requires careful thought about how the foundation principles of good governance need applying in these unique organisations.

This work threw up many interesting ideas and the data itself paints a fascinating picture of the opinions about how the language of governance is used and viewed. It shows that CCG leaders and managers are starting to become thoughtful about what can be gained from good governance, as well as how the governance tasks are best rationalised. Creating a broad narrative to describe what good governance is about and spending the time to think through the best ways good governance becomes a means rather than an end in itself within CCGs is starting to bear fruit. We hope our work on this programme has been a useful contribution to making CCGs succeed.

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