# Valuing Governance : Building a Mature Governance Model (Developing ‘Grown-up’ governance)

In our first Opinion Piece “Valuing Governance : Resetting the Dial”, we explored the way public sector organisations placed too much reliance on formal governance architecture - processes policies and procedures - at the expense of examining how people actually think and act - in effect, the prevailing culture within.

We argued that a well governed organisation exemplifies the right blend of focus on both human agency and system architecture, as set out below:

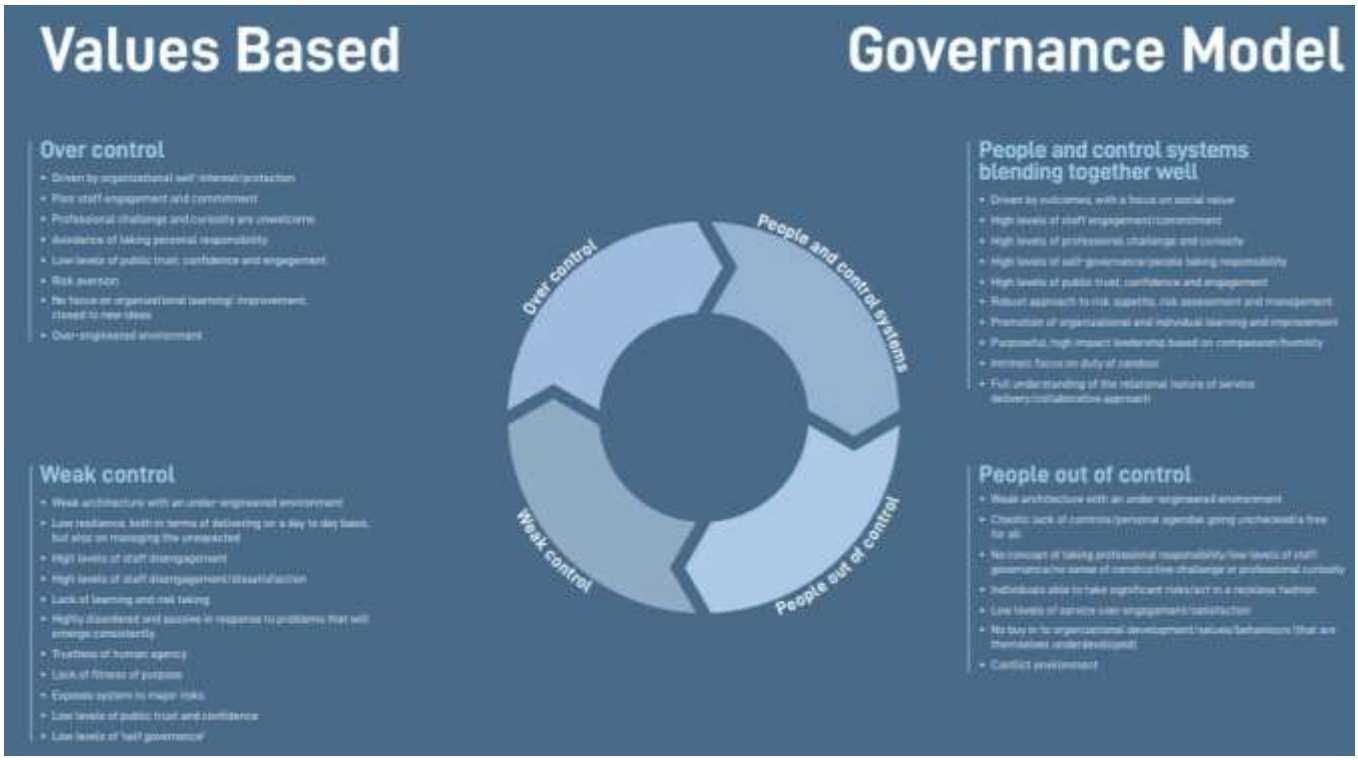


**Fig 1**

In this follow-up Opinion Piece, we reflect on the reasons for governance failures, mapped against those features set out in the upper outer quadrant of Fig 1 above. In our view, the reasons include:

**Willful Blindness** – we have a tendency to act with ‘willful blindness’ when presented with circumstances that generate personal and professional dissonance. Margaret Heffernan argues “the greatest single cause of willful blindness may also be the most basic.”[1] Our desire to feel self-esteem and a sense of self-worth are often sustained through the confirmatory views, thoughts and behaviours of others. To achieve this, we regularly surround ourselves with people and information that confirm what we already know and believe to the cost and exclusion of that which is different and often personally challenging.

[1] Heffernan,M. (2011) Willful Blindness
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This leads to a preference for the familiar and the known, sometimes referred to as the zone of 'positive capability'. [2]

**Bystanding** - The bystander effect occurs when the presence of others discourages individuals from intervening in an emergency situation. First popularised by social psychologists John Darley and Bibb Latané in the late 1960's, the theory of bystanding explains why people choose not to act when they know something is wrong.[3] The greater the number of bystanders, the less likely we will choose to act. People are more likely to take action in a crisis when there are few, or no, other witnesses present. The reasons for choosing to bystand include ambiguity, group cohesiveness, and diffusion of responsibility that reinforces mutual denial of a situation's severity.[4]

**Constraints around professionalism** - Public services are complex and 'expert systems' planned and delivered by those professionally accredited with knowledge and expertise on behalf of service users and the general public. Distinct and exclusive fields of knowledge are the hallmarks of the professional who in general works to a set of standards and/or a recognised code of conduct. In many ways, the discipline underpinning the professionalisation of someone will determine the way in which they think, how they see and interpret the world around them and the meaning they attached to other disciplines and professions they work and collaborate with. Health systems are often characterised by clinical autonomies and cultural hierarchy. Within this cultural genome it is not unusual for individuals to be exempted from challenge because of their professional/clinical status. Willful blindness or bystanding can be culturally ritualized in the day to day delivery of services. This reluctance to challenge can in turn undermine the benefit of professional curiosity, self-doubt and questioning from which excellence in clinical care is often derived. Tetlock and Gardner suggest the lack of professional curiosity within the field of medicine in the past, resulted in George Washington being treated in much the same way as a patient during the time of Aristotle or Elizabeth the 1st.[5]

The blend of process algorithms, structure and control embedded within organisations we often think of as elements of its bureaucracy. First articulated as a rational approach to the organisation of work by Max Weber in the 19th century, bureaucracies were seen to be the solution to disorder, chaos and the dissipation of effort. He described the key features of a bureaucracy to be its technical hierarchy; division of labour; ruled based approach to delivery and impersonal nature of relationships. While these were generally regarded as positive attributes, he also saw a number of potential disadvantages:

- guidelines often become inflexible rules, resulting both in misuse and mindless compliance;

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[2] Peter Simpson, Robert French and Charles Harvey (2002) Leadership and Negative Capability This paper was published in Human Relations, 2002, 55(10):1209-1226. ISSN 0018-7267

[3] Darley, J. M. & Latané, B. (1968). "Bystander intervention in emergencies: Diffusion of responsibility". Journal of Personality and Social Psychology. **8** (4, Pt.1): 377–383. doi:10.1037/h0025589. PMID 5645600. Archived from the original on 2013-05-07. Retrieved 2011-02-06.

[4] Philpot, Richard; Liebst, Lasse Suonperä; Levine, Mark; Bernasco, Wim; Lindegaard, Marie Rosenkrantz (2020). "Would I be helped? Cross-national CCTV footage shows that intervention is the norm in public conflicts". American Psychologist. **75**: 66–75. *doi*:*10.1037/amp0000469*. *hdl*:*10871/37604*. *ISSN 1935-990X*. *PMID 31157529*

[5] Tetlock P, Gardner, D (2019) 'Super Forecasting - the Art and Science of Prediction' Random House Business. ISBN 9781847947154

- the impersonal nature of bureaucracies can stifle human agency, interaction and serendipitous innovation;
- 'red tape' and form-filling can become an end in itself;
- Individuals having no sense of belonging or ownership in the mission and purpose of the organisation.

NHS organisations often operate as large bureaucratic enterprises to reap the positive benefits of standardised, well managed models of delivery. This often generates a complex architecture of rule based controls, the benefits of which are eroded over time and replaced with some of the disadvantages. Combined with the constraints around professionalism, the opportunity and appetite or be curious, to question or to challenge is diminished contributing to a false pattern of assurance.

**Lack of system level focus on the spread of good practice.** As mentioned in our first article, the NHS tends to develop bureaucratic responses to cultural problems. This is also evident when it tries to focus on system-wide responses to change and the culturalisation of good practice. Pockets of good practice are often rooted in the local context in which they were generated and fail to impact as a systemic level. This may be attributed to a blend of culture, clinical tribalism and complexity, a preference for the familiar and a contested environment in which everyone believes they are exemplars of best practice.

**Following the money** - Health and care organisations in Wales are required to deliver the quadruple aim of: excellence in population health and well-being; personal experiences of care; ensuring best value from resources; with an engaged and committed workforce. While the aims are largely interdependent and come together to deliver efficient and effective health outcomes, they also often compete with each other for resource, attention and focus. This can lead to the risk of quality issues being less urgent and emergent than financial and performance goals as evidenced in the need to legislate NHS organisations to adopt a stronger duty of quality in the provision of services.

Building deeper, evidence-based insight into why things go wrong is the right approach to learning lessons and avoiding repetitive and habituated patterns of sub-optimal practice. Using a maturity matrix a self-assessment tool can meet this purpose. However to be effective it needs to assess then right things.

A successful maturity matrix needs clear design principles including:

- making sense to both citizens and staff, rather than operating in organisational interests;
- being outcome focused, evidence based and with clear milestones against delivery;
- being connected and interconnected\providing assurance rather than reassurance.

Building on these principles, the next steps involve identifying the measures. In the NHS in Wales, current measures can be found in:

- Health and Care Standards
- Structured Assessment and Annual Report by Wales Audit Office
- Annual Report and Annual Governance Statement
- Annual Quality Statement
- Assurance Frameworks

In our view, this approach has inherent weaknesses; the different components are coordinated and focus on system architecture and process. Both are important but as exclusive measures of organizational effectiveness and good governance. Using a more holistic approach and triangulating core themes would help to strengthen the inquiry process. Creating a convergence between public value outcomes, the optimum operating environment and the right operational capacity: a focus on the people, the public, the process as advocated by Mark Moore in 'Creating Public Value' would serve this purpose. **(ref**).

An approach of this kind would connect the between the criteria set out in Fig 1 and with issues of people, public and process as highlighted in Fig 2.

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|---|---|
| **People** | • High levels of staff engagement/commitment<br>• High levels of professional challenge and curiosity<br>• High levels of self-governance/people talking responsibility<br>• Purposeful, high impact leadership based on compassion/humility |
| **Public** | • Driven by outcomes, with a focus on social value<br>• High levels of public trust, confidence and engagement<br>• Intrinsic focus on duty of candour |
| **Process** | • Robust approach to risk appetite, risk assessment and management<br>• Promotion of organisational and individual learning and improvement<br>• Full understanding of the relational nature of service delivery/collaborative approach |

**Fig 2**

A matrix based on the people, the public, the process would help NHS bodies in Wales to self-assess against the domains and scales, whilst also enabling peer review and system learning, together with informing a revised regulation and inspection regime.

Our next Opinion Piece in this series will test this approach with the assistance of Aneurin Bevan University Health Board. The findings will inform a maturity matrix fit for the purpose of effective public body governance, in an NHS setting.

Willful blindness: When a leader turns a blind eye by: Margaret HeffernanIssues: May / June 2012. Tags: Leadership. Categories: Leadership Ivey Business Journal

**Weber**, M. (1978). **Economy** and **Society** An Outline of Interpretive Sociology. Berkeley, CA University of California Press.

Mark H. Moore, Creating Public Value: **Strategic Management in Government**. (Cambridge, Mass: (Cambridge, Mass: Harvard University Press, 1995)