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**Reith Lectures 2002: A Question of Trust**

**Lecture 3: Called to Account**

**1. Is Trust Failing?**

Like many of you here at Addenbrooke's hospital in Cambridge this evening I live and work among professionals and public servants. And those whom I know seek to serve the public conscientiously: and mostly to pretty good effect. Addenbrooke's is an outstanding hospital; the University of Cambridge and many surrounding research institutions do distinguished work; Cambridgeshire schools, social services and police have good reputations. Yet during the last fifteen years we have all found our reputations and performance doubted, as have millions of other public sector workers and professionals. We increasingly hear that we are no longer trusted.

A standard account of the supposed 'crisis of public trust' is that the public rightly no longer trusts professionals and public servants because they are less trustworthy. But is this true? A look at past news reports would show that there has always been some failure and some abuse of trust; other cases may never have seen the light of day. Since we never know how much untrustworthy action is undetected, we can hardly generalise. Growing mistrust would be a reasonable response to growing untrustworthiness: but the evidence that people or institutions are less trustworthy is elusive.

In fact I think there isn't even very good evidence that we trust less. There is good evidence that we say we trust less: we tell the pollsters, they tell the media, and the news that we say we do not trust is then put into circulation. But saying repeatedly that we don't trust no more shows that we trust less, than an echo shows the truth of the echoed words; still less does it show that others are less trustworthy.

Could our actions provide better evidence than our words and show that we do indeed trust less than we used to? Curiously I think that our action often provides evidence that we still trust. We may say we don't trust hospital consultants, and yet apparently we want operations -- and we are pretty cross if they get delayed. We may say that we don't trust the police, but then we call them when trouble threatens. We may say that we don't trust scientists and engineers, but then we rely on hi-tech clinical tests and medical devices. The supposed 'crisis of trust' may be more a matter of what we tell inquisitive pollsters than of any active refusal of trust, let alone of conclusive evidence of reduced trustworthiness. The supposed 'crisis of trust' is, I think, first and foremost a culture of suspicion.

**2. More Perfect Accountability?**

The diagnosis of a crisis of trust may be obscure: we are not sure whether there is a crisis of trust. But we are all agreed about the remedy. It lies in prevention and sanctions. Government, institutions and professionals should be made more accountable. And in the last two decades, the quest for greater accountability has penetrated all our lives, like great draughts of Heineken's, reaching parts that supposedly less developed forms of accountability did not reach.

For those of us in the public sector the new accountability takes the form of detailed control. An unending stream of new legislation and regulation, memoranda and instructions, guidance and advice floods into public sector institutions. Many of you will have looked into the vast database of documents on the Department of Health website, with a mixture of despair and disbelief. Central planning may have failed in the former Soviet Union but it is alive and well in Britain today. The new accountability culture aims at ever more perfect administrative control of institutional and professional life.

The new legislation, regulation and controls are more than fine rhetoric. They require detailed conformity to procedures and protocols, detailed record keeping and provision of information in specified formats and success in reaching targets. Detailed instructions regulate and prescribe the work and performance of health trusts and schools, of universities and research councils, of the police force and of social workers. And beyond the public sector, increasingly detailed legislative and regulatory requirements also bear on companies and the voluntary sector, on self-employed professionals and tradesmen. All institutions face new standards of recommended accounting practice, more detailed health and safety requirements, increasingly complex employment and pensions legislation, more exacting provisions for ensuring non-discrimination and, of course, proliferating complaint procedures.

The new accountability has quite sharp teeth. Performance is monitored and subjected to quality control and quality assurance. The idea of audit has been exported from its original financial context to cover ever more detailed scrutiny of non-financial processes and systems. Performance indicators are used to measure adequate and inadequate performance with supposed precision. This audit explosion, as Michael Power has so aptly called it, has often displaced or marginalised older systems of accountability. In the universities external examiners lost influence as centrally planned teaching quality assessment was imposed; in the health services professional judgement is constrained in many ways; in schools curriculum and assessment of pupils is controlled in pretty minute detail. Schools, hospitals and universities are then all judged and funded by their rankings in league tables of performance indicators.

Managerial accountability for achieving targets is also imposed on institutions although they are given little institutional freedom. Hospital Trusts may be self-governing, but they do not choose which patients to admit or what standards of care to provide. School governors and head teachers have few discretionary powers: they may not select their pupils or expel those whose exam performance will damage their rankings. Universities are supposedly still autonomous, but they have little choice but to cut or close departments with lower research ratings who lose their funding. We are supposedly on the high road towards ever more perfect accountability. Well, I wonder.

### **3. Accountability and Mistrust.**

Have these instruments for control, regulation, monitoring and enforcement worked? Their effects are certainly pretty evident in the daily lives of conscientious professionals and administrators. Professionals have to work to ever more exacting-if changing-standards of good practice and due process, to meet relentless demands to

record and report, and they are subject to regular ranking and restructuring. I think that many public sector professionals find that the new demands damage their real work. Teachers aim to teach their pupils; nurses to care for their patients; university lecturers to do research and to teach; police officers to deter and apprehend those whose activities harm the community; social workers to help those whose lives are for various reasons unmanageable or very difficult. Each profession has its proper aim, and this aim is not reducible to meeting set targets following prescribed procedures and requirements.

If the new methods and requirements supported and didn't obstruct the real purposes of each of these professions and institutions, the accountability revolution might achieve its aims. Unfortunately I think it often obstructs the proper aims of professional practice. Police procedures for preparing cases are so demanding that fewer cases can be prepared, and fewer criminals brought to court. Doctors speak of the inroads that required record-keeping makes into the time that they can spend finding out what is wrong with their patients and listening to their patients. Even children are not exempt from the new accountability: exams are more frequent and time for learning shrinks. In many parts of the public sector, complaint procedures are so burdensome that avoiding complaints, including ill-founded complaints, becomes a central institutional goal in its own right. We are heading towards defensive medicine, defensive teaching and defensive policing.

The new accountability is widely experienced not just as changing but I think as distorting the proper aims of professional practice and indeed as damaging professional pride and integrity. Much professional practice used to centre on interaction with those whom professionals serve: patients and pupils, students and families in need. Now there is less time to do this because everyone has to record the details of what they do and compile the evidence to protect themselves against the possibility not only of plausible, but of far-fetched complaints. We are now told that officers on the beat will have to record what they take to be the ethnic background of anyone whom they stop and search. I think that the mistaken ethnic classifications will offer a very rich source of future complaints. Professionals and public servants understandably end up responding to requirements and targets and not only to those whom they are supposed to serve.

Well, are these thoughts just accomplished professional whinging? Those who are bent on ever-improving standards of performance and accountability generally think so. Professions and public service they remind us, serve the public. If life is less cosy, if familiar shortcuts are abolished, if everybody is made more accountable, if old boy networks are undermined, if poor performance is detected and penalised, isn't this exactly what we want a revolution in accountability to achieve? If the revolution of accountability has yet to deliver the goods, should we not prescribe more of the same?

But I'd like to suggest that the revolution in accountability be judged by the standards that it proposes. If it is working we might expect to see indications -- performance indicators!-- that public trust is reviving. But we don't. In the very years in which the accountability revolution has made striking advances, in which increased demands for control and performance, scrutiny and audit have been imposed, and in which the performance of professionals and institutions has been more and more controlled, we find in fact growing reports of mistrust. In my view these expressions of mistrust

suggest that just possibly we are imposing the wrong sorts of accountability. The new systems of control may have aims and effects that are quite distinct from the higher standards of performance, monitoring and accountability that are their ostensible, publicly celebrated aims. We can see this by asking to whom the new audit culture makes professionals and institutions accountable, and for what it makes them accountable.

In theory the new culture of accountability and audit makes professionals and institutions more accountable to the public. This is supposedly done by publishing targets and levels of attainment in league tables, and by establishing complaint procedures by which members of the public can seek redress for any professional or institutional failures. But underlying this ostensible aim of accountability to the public the real requirements are for accountability to regulators, to departments of government, to funders, to legal standards. The new forms of accountability impose forms of central control—quite often indeed a range of different and mutually inconsistent forms of central control.

Some of the new modes of public accountability are in fact internally incoherent. Some of them set targets that cannot be combined without fudging: for example, universities are soon to be told to admit 50% of the age group, but also to maintain current standards. Others are incoherent because they require that targets be achieved by following processes that do not dovetail with targets and can't be made to dovetail with those targets. Again, universities are to treat each applicant fairly on the basis of ability and promise: but they are supposed also to admit a socially more representative intake. There's no guarantee that the process meets the target. Hospitals are to treat each patient on a basis of need and prioritise emergencies, but they are going to be criticised if they postpone non-urgent operations. That might be legitimate grounds for criticism if they could build in spare capacity and do the non-urgent as well as the urgent operations. But the NHS has been made tightly efficient in its use of resources, so it cannot build in spare capacity on the necessary scale. Schools are to prevent classroom disruption: but they are not to exclude disruptive pupils (here some changes are underway). Incompatible or barely compatible requirements invite compromises and evasions; they undermine both professional judgement and institutional autonomy.

In theory again the new culture of accountability and audit makes professionals and institutions more accountable for good performance. This is manifest in the rhetoric of improvement and rising standards, of efficiency gains and best practice, of respect for patients and pupils and employees. But beneath this admirable rhetoric the real focus is on performance indicators chosen for ease of measurement and control rather than because they measure accurately what the quality of performance is. Most people working in the public service have a reasonable sense not only of the specific clinical, educational, policing or other goals for which they work, but also of central ethical standards that must meet. They know that these complex sets of goals may have to be relegated if they are required to run in a race to improve performance indicators. Even those who devise the indicators know that they are at very best surrogates for the real objectives. Nobody after all seriously thinks that numbers of exam pass levels are the only evidence of good teaching, or that crime clear up rates the only evidence of good policing. Some exams are easier, others are harder, some crimes are easier to clear up, others are harder. However the performance indicators have a deep effect on

professional and institutional behaviour. If a certain 'A' level board offers easier examinations in a subject, schools have reason to choose that syllabus even if it is educationally inferior. If waiting lists can be reduced faster by concentrating on certain medical procedures, hospitals have reason so to do, even if medical priorities differ. Perverse incentives are real incentives. I think we all know that from our daily lives. Much of the mistrust and criticism now directed at professionals and public institutions complains about their diligence in responding to incentives to which they have been required to respond rather than pursuing the intrinsic requirements for being good nurses and teachers, good doctors and police officers, good lecturers and social workers. But what else are they do under present regimes of accountability?

In the end, the new culture of accountability provides incentives for arbitrary and unprofessional choices. Lecturers may publish prematurely because their department's research rating and its funding requires it. Schools may promote certain subjects in which it is easier to get 'As' in public examinations in those subjects. Hospital trusts have to focus on waiting lists even where these are not the most significant measures of medical quality. To add to their grief, the Sisyphean task of pushing institutional performance up the league tables is made harder by constantly redefining and adding targets and introducing initiatives, and of course with no account taken of the costs of competing for initiative funding.

In the New World of accountability, conscientious professionals often find that the public claim to mistrust them-but the public still demand their services. Claims of mistrust are poor reward for meeting requirements that allegedly embody higher standards of public accountability. In ancient Troy the prophetess Cassandra told the truth, but she wasn't believed. Like Cassandra, professionals and institutions doing trustworthy work today may find that the public say that they do not trust them-- but (unlike Cassandra) their services are still demanded. The pursuit of ever more perfect accountability provides citizens and consumers, patients and parents with more information, more comparisons more complaints systems; but it also builds a culture of suspicion, low morale and may ultimately lead to professional cynicism, and then we would have grounds for public mistrust.

#### **4. Real Accountability?**

Perhaps the present revolution in accountability will make us all trustworthier. Perhaps we shall be trusted once again. But I think that this is a vain hope -- not because accountability is undesirable or unnecessary, but because currently fashionable methods of accountability damage rather than repair trust. If we want greater accountability without damaging professional performance we need intelligent accountability. What might this include?

Let me share my sense of some of the possibilities. Intelligent accountability, I suspect, requires more attention to good governance and fewer fantasies about total control. Good governance is possible only if institutions are allowed some margin for self-governance of a form appropriate to their particular tasks, within a framework of financial and other reporting. Such reporting, I believe, is not improved by being wholly standardised or relentlessly detailed, and since much that has to be accounted for is not easily measured it cannot be boiled down to a set of stock performance indicators. Those who are called to account should give an account of what they have

done and of their successes or failures to others who have sufficient time and experience to assess the evidence and report on it. Real accountability provides substantive and knowledgeable independent judgement of an institution's or professional's work.

Well have we begun to shift? Are we moving towards less distorting forms of accountability? I think there are a few, but only a few encouraging straws in the wind. The Kennedy Report into events at the Bristol Royal Infirmary recommends more supportive forms of inspection for Health Trusts and the abolition of the clinical negligence system. There are murmurs about achieving a lighter touch in auditing teaching in those universities that are demonstrably doing it reasonably well. The Education Bill now before Parliament proposes slight exemptions from monitoring for top-performing schools. But these are only small signs of changing ideas. Serious and effective accountability, I believe, needs to concentrate on good governance, on obligations to tell the truth and needs to seek intelligent accountability. I think it has to fantasise much less about Herculean micro-management by means of performance indicators or total transparency. If we want a culture of public service, professionals and public servants must in the end be free to serve the public rather than their paymasters.