BODY POLITIC **Nigel Hawkes**

Being an NHS manager is a fool's errand

A career in NHS management is a treacherous game of snakes and ladders

When ministers talk about “the NHS family,” as they sometimes do, I’m tempted to wonder what their own family is like. Happy families are all alike, Tolstoy tells us, but every unhappy family is unhappy in its own way. The NHS family is unhappy in ways that perhaps even Tolstoy’s commodious imagination couldn’t comprehend.

Doctors complain about the frustrations of working in the NHS and the erosion of professional autonomy. But their position is far more secure than that of senior NHS managers or, heaven help them, the non-executive members of trust boards. It may be unfashionable to take up the cause of the managers—so often the butt of doctors’ anger and politicians’ disdain—and nobody gives a toss about the fate of non-executives, but the way the NHS treats its managers and board members can tell us something about the culture of the organisation, and what it tells us is not good.

A career in NHS management is like a game of snakes and ladders. The trick is to land on all the ladders and move up fast enough to escape from every job to a better one just before something goes wrong. With luck, you might reach the top. We can probably all think of big cheeses in the NHS to whom this rather cynical view of promotion applies.

But what if you land on a snake? This might easily happen if, with a new job, you inherit a problem that your predecessor has managed to conceal. The options are to maintain concealment for as long as possible or to come clean and try to put things right. The proper option will almost certainly land you in trouble. The head of the family, sitting in Whitehall, wants to hear good news, not the rattle of skeletons tumbling from closets. Managers who tackle problems often find themselves blamed for those problems, not praised for taking action. A policy of concealment and inaction is usually the better career move, which

explains why so many long running problems go unresolved.

Non-executives are in an even worse position. Their influence is limited, but their responsibility is all encompassing. Although doctors—even, in my experience, clinical directors—can hide from a disaster by saying that it was nothing to do with them, chairmen and chairwomen and non-executive directors cannot escape. They are the scapegoats when things go wrong.

But surely the members of the board run the hospitals and the primary care trusts, so oughtn’t they suffer when those organisations fail? That is what it says on paper. But the model invented by Kenneth Clarke when he first gave trusts independence has been out of kilter with reality for years. In all essentials trusts are line managed by strategic health authorities (SHAs). Command and control are the key words; bullying and threats the method. Non-executive directors and chairmen and chairwomen, though I hate to say it, are pawns in a game whose goodwill, local knowledge, and devotion to public duty are exploited by the NHS until the moment comes to toss them aside.

Consider what happened to three non-executives on the board of Maidstone and Tunbridge Wells NHS Trust when it recently ran into trouble over two outbreaks of *Clostridium difficile* (BMJ 2007;335:790). The Healthcare Commission wrote a critical report that prompted the exit of the chief executive, Rose Gibb, and an offer by the chairman, James Lee, to resign. This offer was turned down by the SHA, but when the report played badly in the press he offered again, and the announcement that he was to go helped get Alan Johnson through a sticky afternoon in the House of Commons. So far, so normal.

What happened next, however, shows the NHS at its nastiest. Three other non-executives on the board—a barrister, an academic, and a former executive of British

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Telecommunications—had not even been in post when the outbreaks occurred and so could not be held responsible. But the Department of Health made no attempt to absolve them from the criticism, and they were portrayed publicly as being party to a failing for which they could not have been responsible. Their offer to discuss the issues with the new interim chairman were rebuffed, as if they had nothing worthwhile to offer. Instead they were criticised for being party to an agreement to pay Ms Gibb a severance package. This payment was overruled by Mr Johnson with a fine show of indignation, as if such a thing had never happened before. The three resigned, saying that the “public scapegoating” of individuals gave them no confidence that their own treatment would be even handed in future and that what had happened raised “serious questions for the overall probity of the management of the health and wider public services sector.”

Who would be a non-executive? It’s a fool’s errand. You can do rather little to control the trust or improve its performance. The department urges you to be “a champion of the hospital,” which is to misunderstand the true role of non-executive directors. And heaven help you if anything goes wrong. From next April, with the passage of the Corporate Manslaughter and Corporate Homicides Act, you might even face a liberty threatening prosecution.

Worst of all, like snakes and ladders, it is almost entirely a matter of luck. Plenty of acute trusts had a higher incidence of *C difficile* infections than Maidstone and Tunbridge did at the time of its outbreak, but the others evidently threw a double six and got away with it. Their managers may yet reach the top, while Ms Gibb is toast and the non-executives at Maidstone and Tunbridge are pariahs in their own community.

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MEDICINE AND THE MEDIA

A remedy for lonely hearts?

The media have been intrigued by a new service that offers to help the millions of unattached Britons infected by “dating toxins.”

Petra Boynton reports

Are you single? Been on your own for six months or more? If so you could be one of the estimated “5.6 million British singles infected by dating toxins.”

Research by online dating agency PARSHIP suggests (according to its press release) this “epidemic of dating misery” is caused by “singles suffering from a build up of dating toxins.” These were identified via a survey of 5000 people as shyness, fussiness, low self esteem, lack of opportunity, and desperation.

PARSHIP in its press release states that it is offering a bespoke treatment combining cognitive behavioural therapy, psychotherapy, dating etiquette, and a matchmaking service. The press release goes on to state that some common causes of relationship problems (acute shyness, for example) are treated in a similar way as you would treat “someone with a phobia.” You may be a suitable candidate for treatment “if, amongst other criteria, you haven’t been on a date for more than six months or a relationship in more than a year.” Dr Victoria Lukats, an NHS specialist registrar in psychiatry, who is responsible for devising and running the programme, has confirmed that the therapy includes some techniques of cognitive behavioural therapy, but she specifies that it does not incorporate psychoanalysis, and that the match-making service is available but is only optional. The PARSHIP website, www.parship.co.uk,

The Daily Mail’s coverage

did provide an estimate of the likely cost of the initial programme once it became commercially available of between £1000 and £2000, although that section has been removed from the site in the last few weeks. Dr Lukats specified that, “at this stage the programme has been offered completely free of charge to a small number of appropriate clients.” If PARSHIP decides to develop the service, fees will be agreed in advance with clients.

The treatment has already been covered in UK newspapers such as the *Observer* and *Daily Mail*, which have adopted a positive stance, with clients giving good reviews of the treatment. Dr Lukats has stated that for now, at least, the programme has not been developed commercially, and that one of the aims in distributing this release was to raise awareness of problems experienced by single people.

We know from sociological research that being single is a common aspect of modern Western life. We also know that many cultural factors such as the media or our families can make people feel uncomfortable or abnormal for being single. The question is whether setting up a service such as “Dating Detox” adds to this existing problem and whether it offers an escape.

If you’ve been single for a long period of time, might there really be anything wrong with you? Perhaps you’re happy to have a break from an abusive partner, are rebuilding your life after a relationship went wrong, or just enjoying some no-strings sex and independence. The key question is not whether being single, or not going on a date, is a problem, but of the underlying causes—and whether people are distressed by being on their own.

Media coverage has claimed the “dating toxins” were identified by “extensive” research; Dr Lukats

confirms this and states that one of the aims was to normalise and reduce stigma associated with being single.

These are undoubtedly worthy goals, but the research concerned is not published in any peer reviewed journal but rather is based on a market research survey (by Facts International) during October 2007. Surveys of this kind are used to getting media coverage, and headlines like “The dating detox: how to turn romantic losers into dynamic daters” in the *Daily Mail* raise in my view the question of whether stigma really is being reduced.

Caution should be adopted when using what members of the public might understand to be medical terms—“toxins” and “epidemic”—as a means to promote a dating advice service. Arguably this is the language of press releases. There is a risk that the use of such language will have a negative effect on how single people are viewed by society, and that being single, rather than being seen as something most of us experience at some point in our lives and which can be upsetting, will morph into something vaguely medical that can be cured through treatment.

Dr Lukats states that “the term ‘toxins’ has not been used in the literal medical sense—the juxtaposition with ‘dating’ makes this evident.” She goes on: “We are not medicalising dating problems, but we are dealing in a professional, responsible, and ethical manner with real issues that people have in trying to find a partner. We make no false claims and are very realistic about what we are offering. If, following initial one-on-one assessment, we feel that an individual has problems with a medical origin, we do not admit him or her to the programme and we refer him or her to his or her GP.”

In my view, the potential problem with such treatments generally is that the premise for the services offered seems to be based at least in part on the assumption that all our problems are of our own making and we can unlearn them. Such treatments risk losing sight of the wider social, cultural, and personal factors that may make it difficult for many people to find partners. Disability, health problems, social exclusion, gender inequality, and poverty can all make it hard for you to enjoy a relationship. Dr Lukats is keen to point out that the Dating Detox treatment takes all of the above into consideration.

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Competing interests: PB has completed commercially funded research in the past. She provides free dating advice for the public via science communication events and volunteers on a relationships advice programme for mental health service users.