National Health

Prime Minister (2)

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Policy Unit

PRIME MINISTER

Graham Turner's article shows very graphically what the lack of real authority in the NHS means to the people who work in it.

We shall never manage NHS hospitals properly until we establish clear, simple chains of command which can be understood by every single person in the hospital.

FM

FERDINAND MOUNT

I have also heard a good deal of anecdotal evidence on the same lines as Graham Turner.

MCS.

# Who runs the hospitals?

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WHO runs our N H S hospitals? "What worries me," said Tom Richardson, secretary of the Oxfordshire Community Health Council, "is that nobody does. You might think the administrator was the gaffer, but in fact he's got no control at all over the medical side, no control over nursing, no control over catering—that's all *supposed* to be done at district level.

"If his hospital is in Banbury and he sees the kitchen staff doing something he doesn't like, it might take him a week even to get an appointment with the district catering manager here in Oxford.

"Often, all an administrator has at the moment are the admin. staff, the porters and the cleaners — and, in some hospitals, even the cleaning is done by outside contractors. If you talk to a lot of administrators, they don't know what their hospital costs to run, control as little as 10 or 15 per cent. of the staff and can only affect the organisation of the place in small ways.

"So this poor devil who's supposed to be running a hospital has been cut off at the knees. In any managerial sense, it's an underpaid non-job. Manager, in fact, is a misnomer — and it's only if you're really pushed that you'd call them administrators. They've got an awful lot of responsibility and damn-all power."

These sentiments would come as no surprise if Mr Richardson were one of the hammers of the Health Service. But he is not. He is the popular and much-respected chairman of the Oxford Labour party, and an ardent supporter of the N H S principle. Like many of the rest of us, he believes that the Health Service often provides the most dedicated care and skill.

Nor, in his view, is it only our hospitals which are un-managed. There is, he declares, no real management *anywhere* in the N H S.

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THE district administrator, the next tier up in the hierarchy, also had very little power over how money was spent, said Richardson, partly because each consultant worked as an independent unit, "with whatever care he takes over money, damn all or superb, usually damn all." In any case, the district administrator's job wasn't to manage but to "concense" with just about everybody in sight. He didn't even chair the district management team regularly. That job rotated, on an alphabetical basis, if you please.

Then, if you took the next tier up, the region, they were supposed to monitor the public money they allocated to the district each year, but they didn't do any such thing — "in fact, if you asked me, I'd have a job to tell you what they *do* do, apart from shuffle paper around. Every time I go up there, I think 'what a lovely, staid pace of life!'" (And *this* is the body which has suggested they may not be able to afford to feed long-term patients in future.)

After all his years of involvement with the N H S, he still hadn't been able to discover where power and ultimate responsibility did lie. "The truth is," said Richardson, who was once a B L manager, "I don't think anybody controls the spending of money in the Health Service. They add up what's been spent and, if it comes to what's been allocated to them, it's all right. If not, they go back cap-in-hand for more."

The N H S had a long history of inefficiency. He thought the Health Service workers should get more, but the whole thing had to be managed and publicly accountable. "They've got to be efficient."

Nor is the view from the grass-roots very much different. I talked next to a porter in a Midlands hospital. As a Labour party activist, he said, he had spent a good many evenings making sure that the right people (i.e. Labour trusties) got on to the health authority.

So far as he could see, who ran the hospitals? "In point of fact," the porter replied, "nobody does. I'm certainly not able to assess who the supremo is. It's not the administrator, for sure. There's so many tea-drinking, biscuit-munching wafflers passing things from committee to committee that, from where I sit, you can't tell who it is."

**GRAHAM TURNER**

**relates in four articles his efforts to discover where responsibility and power lie in the NHS**

His own administration was "everyday simple simons," tended to look on the head porter and the union as the boss. At least, *they* came along and said things in an authoritative way. As for the so-called administrators, they weren't "bosses unto themselves. It's a puppet-style thing. The only thing is that, in the Health Service, the puppets are controlled by other puppets."

His own house governor was such a gentleman that you could "disrespect" him. If some of the porters happened to be taking a rest on one of the settees in the hospital foyer when he came in, they certainly wouldn't get up — "he just hasn't got the command." Which made it all the more interesting when, later on, the very same gentleman assured me that his porters did regard him as "a person of authority."

How, then, does the situation look from the hospital administrators' point of view? They make the best of it, of course, and some claim to have all the authority they need, but their anecdotes often reveal massive frustrations.

"This," one administrator in the south of England assured me, "is an extremely well-run district, but the way the thing is organised defies belief. Take works. Suppose I want the smallest job done. I'm not even allowed to talk to the building officer I've got on site.

"When I do get through to him, there's always a big argument about where the money's coming from. Even after that, it's up to them *when* they do it. It's taken me as much as three days to get a light bulb changed! For the last six months, I've been pushing him for painting proposals for my hospital this year — not a programme, just proposals!

"It's not that he hasn't tried, but he's got to ask everybody for their opinion and, like me, he's got no authority to demand anything. Meetings go on month after month and get nowhere. It's ridiculous."

Then take catering. He'd been trying for a long time to improve the patients' food, but it was darned difficult when it was provided by a man, the district catering officer, whom he saw twice a year (if he was lucky). He, as the administrator, might want to spend £30,000 on dishwashers, but the catering manager might decide that a servery unit was more essential.

Yes, it was perfectly true that the Department of Health had recommended that more power should be pushed down to unit level but, incredibly, they'd left the decision up to districts and his district had decided to hang on to the power they'd got.

Another administrator, who reckoned that he had a good deal more clout than colleagues in other parts of the country, admitted that he didn't know what his hospital cost — "I suspect it's just under £8 million" — and couldn't say what proportion of the staff he was responsible for "because I don't know how many nurses we've got."

His district authority were talking about giving individual hospitals more power over catering and works but, so far as he could see, "it won't be the great change it's cracked up to be."

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ONE of his colleagues in another hospital admitted that he found it hard to follow the complexities of the N H S organisation. He spent so much of his day in meetings that there wasn't always time for a proper follow-up of the meetings they'd had already. Nor did he think anybody ever even asked the question of what any given hospital *should* cost. Things were always decided on the basis of what they *had* cost in the past.

"What's right about the Health Service is the spirit of the people in it, despite all the terrible things that happen," said Mrs Jean Robinson, who has been on both the Oxfordshire Community Health Council and Regional Hospital Board and describes herself as "mid-Labour," "but the way it's organised does strike me as terribly amorphous. Whenever you try to put your finger on anything, nobody damn well knows!"

**Tomorrow: consultants' and nurses' attitudes to expenditure.**