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Times Literary Supplement

The Running of Hospitals

*Selected Writings on the
National Health Service, 1965-85*

By

Robert J.S. Bryant

Edited by

Mark Bryant

Cambridge
Scholars
Publishing



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on the National Health Service, 1965-85

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PREFACE AND ACKNOWLEDGEMENTS

THIS BOOK HAS BEEN PUBLISHED to mark the centenary of the birth of the late Robert J.S. “Bob” Bryant (1922–95), who was one of the senior British hospital and healthcare administrators of his day. It is a collection of the author’s articles on the National Health Service and healthcare matters which were written for various journals and magazines over a period of four decades, from 1965 – shortly after he was appointed Group Secretary to the North London Group of Hospitals – until his last article in *Health Service Week* (of which he was also an Advisory Editor) in 1985. It also contains some earlier writings and two essays which appear here in print for the first time.

Those articles which do not relate directly to healthcare matters, or which were jointly written with others,¹ have been omitted, as have contributions to books. However, the author’s chapter on “Medical Records” from *Modern Hospital Management* (1969) has been included. Also, where an article is very short, or similar to another, it has been added as an Appendix.

To put the essays in context, a brief history of the NHS (from its beginning until 1985) has been added, together with a number of Editorial Notes and a select bibliography. In addition I have written a short Introduction to give some details of the author’s life and career, and have added a title, of which I hope he would have approved.

Grateful acknowledgement is made to all the publications to which the author contributed for permission to reproduce his articles in this book. These include *British Hospital Journal & Social Service Review*, *The Family Practitioner Services*, *Health & Social Service Journal*, *Health Service Week*, *Health Services Manpower Review*, *The Hospital*, *The Hospital & Health Services Review*, *Hospital Medicine*, *Hospital Service Finance*, *Midwives’ Chronicle & Nursing Notes*, *Physiotherapy*, *Remedial Therapist* and *St Albans Abbey Magazine*.

¹ Such as “Selection of Candidates for Professional Appointments, *Secretaries Chronicle* (November 1961), 404–405, and “Interviewing Someone with a Complaint”, *The Hospital & Health Services Review* (June 1975), 189–191, the latter written with Dr Brian L. Donald FHA, Senior Lecturer in the Department of Social Administration, University of Manchester.

Many thanks also go to the late Lois Dyer OBE, Robert Hedger, David King, Antony Tiernan (NHS England), Dr Stephanie Snow (University of Manchester), the late Professor Frank Burchill (Keele University), Mary Jean Pritchard and Lynsey Hawker (The King's Fund), Rebecca Linssen (*British Journal of Hospital Medicine*), Alastair McLellan (*Health Service Journal/Wilmington Healthcare Ltd*), UNISON, The Woodbridge Company Ltd, the Healthcare Financial Management Association and The Cathedral and Abbey Church of St Alban. Particular thanks go to Pauline Bolt and the Institute of Health & Social Care Management for their help and kind permission to reprint the author's chapter "Medical Records" from *Modern Hospital Management* (1969).

In addition, I am very grateful for the assistance given me by the staff of the British Library, Bristol Library, London Library, Royal College of Midwives, Royal College of Nursing, Royal College of Obstetricians & Gynaecologists and the Wellcome Trust Library, as well as Professor Karen Middleton CBE, Natalie Beswetherick OBE, Jane Tonkin and the staff of the Chartered Society of Physiotherapy.

Special thanks also go to Professor Karen Middleton for her excellent Foreword.

I would also like to thank Rebecca Gladders, Sophie Edminson and all the team at Cambridge Scholars Publishing, for all their hard work in turning this collection into a finely produced volume.

Last but by no means least, many thanks go to my wife and family, as well as the author's surviving friends and former colleagues, for all their support and help.

Mark Bryant
London, 2022

FOREWORD

PROFESSOR KAREN MIDDLETON CBE FCSP MA

CHIEF EXECUTIVE, THE CHARTERED SOCIETY OF PHYSIOTHERAPY

IT FEELS AN HONOUR and a privilege to be invited to write the foreword to this fascinating book of essays by Bob Bryant, a former Secretary of the Chartered Society of Physiotherapy (CSP), given that I now fill that position – although it is now entitled “Chief Executive Officer”.

However, Bob’s last paid role at the CSP from 1977 to 1982 seems but a postscript to a lifetime of service and a postwar career in healthcare. Even after his retirement, Bob continued in voluntary roles to give of his experience and knowledge.

This book marks the centenary of Bob’s birth in 1922 and, of course, 40 years since he retired from the CSP in 1982 – ironically the same year that I started my training as a physiotherapist. I have read it with the experience of being a clinician in the NHS, a general manager, a policy-maker and, more recently, as the CEO at the CSP, which is still the professional body and trade union for physiotherapists, support workers and physiotherapy students in the UK.

My overwhelming feeling as I read this collection was of “nothing changes and yet everything changes” and how important it is to look back in order to inform us going forward.

Notable contributions to NHS history mentioned in the book have been the many government reports commissioned during the period these essays were written – Salmon, Cogwheel, Seebohm, Hunter, Butler et al.

I remember so well tales of the Griffiths Report in 1984 and its impact on management in the NHS and clinicians needing to have a greater understanding of how ‘to do’ management. It is a topic that comes up repeatedly as the regulation of healthcare managers is considered.

Of course, the main focus of the book is on hospitals and how they are organized and run – or should be in Bob’s view – and, once again, there is such a lot of familiarity in what he talks about, at the same time reflecting a period that is barely recognizable today.

The hospitals seemed to be more remote from the community which they served in those days and certainly there is no mention of community services or outreach. Descriptions of administrators and organizing committees are clearly the exclusive domain of men and some might say not much has changed there. And this quote seems all too familiar: “Hospitals today are obsessed with the shortage of money, but several writers – including Enoch Powell – have recently claimed that this shortage is an inevitable feature of a free-at-the-time health service and one which will always be with us.”

One essay that did make me chuckle was the one focused on medical records. Firstly it emphasizes Bob’s forensic knowledge of subjects but also his ability – which others also mention – to make the complex simple and to use plain language. The depth and detail of this essay really does emphasize the complexity of life pre-computer records and pre-GDPR but also the paternalistic attitude to those whose records they were – there are many thoughts on this, none of which include the patient! As I read this essay, all I could think about was someone taking such an interest in a critical area of hospital life when most people would not – I couldn’t help but wonder what he would make of the various NHS IT programmes of work in recent years!

Other areas of similarity – nothing changes – are his thoughts on management training; the importance of addressing low staff morale and the need for healthcare to be developed “bottom-up” and not “top-down”.

I also read with interest Bob’s views on the Scandinavian health systems. Of course, they are still regarded as the health and social care system we should all be aiming for – if only we would recognize the required tax hikes. And then there is the fascination with the USA and how “they are striving towards a comprehensive healthcare system”. Again some things never change!

My main focus of attention when reading this collection of essays, however, was on those dealing with the physiotherapy profession and the CSP, starting with multipurpose rehabilitation therapists rather than the separate professions of physiotherapy, occupational therapy and speech and language therapy – an argument that has gone back and forth in my professional career, but clearly started earlier! If only he’d known that Rehabilitation Assistants would form the glue between these professions and many of these would join the CSP as Support Workers in 1994.

I have wondered what Bob would think of the CSP’s current campaign “#RighttoRehab” in the light of his passion for the impact good rehabilitation can have. He was certainly a man after my own heart on this issue, recognizing the need for simplicity in accessing rehabilitation and

that it should be near the patient's home, not simply in large remote centres.

In the essay about the physiotherapy profession, Bob describes the likelihood of an all-graduate profession at some point – it happened in 1992.

He describes the CSP fondly and clearly in a different age, particularly the scientific conference which seemed less about the science and more about conviviality and yet he heralds announcements from the Department of Health about funding for research in physiotherapy in the future.

He describes taking over as Secretary when there were 16,000 members – there are now 63,000 – and how disappointed he was that the vote to affiliate with the TUC did not get through the AGM – the CSP affiliated with the TUC in 1993.

I commend this book to readers as a history lesson in healthcare in the UK; as a commentary on healthcare issues that are still with us today; as a critical friend's view of a profession; and as a record of a man who gave his professional life to service and shares his insights, experience and expertise for the betterment of healthcare. We should all take note.

A handwritten signature in black ink, reading "R. Middleton". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

A BRIEF TIMELINE OF THE NHS UP TO 1945

1930 – The British Medical Association first produced proposals for a national health service in its document *Proposals for a General Medical Service for the Nation* (revised in 1938 as *A General Medical Service for the Nation*). The BMA's key principles were:

- 1) The medical system should be directed to positive health and the prevention of disease;
- 2) Every individual should be provided with a GP or family doctor of their choice;
- 3) Consultant and specialist care should be available through the agency of the family doctor;
- 4) The medical service should be closely coordinated and developed through a planned national health policy.

1935 – The British Hospitals Association, realizing the seriousness of the hospitals' financial position, established a commission under the chairmanship of Lord Sankey (Lord Chancellor, 1929-35) to consider collaboration within the voluntary movement. Its report, which was published in 1937, recommended the formation of regional hospital councils based on the organization of the

British Hospitals Association, to be coordinated by a central council.

1937 – Publication of Dr A.J.Cronin's controversial novel, *The Citadel*, led to discussion of inadequacies of health care and helped form ideas for the Beveridge Report and the National Health Service.

1942 – Publication of the Beveridge Report (Report on Social Insurance and Allied Services). Chaired by the economist William Beveridge it identified five "Giant Evils" in society: squalor, ignorance, want, idleness, and disease, and went on to propose widespread reform to the system of social welfare to address these. One recommendation was the creation of "comprehensive health and rehabilitation services for prevention and cure of disease".

1945 – In the General Election Labour won a landslide victory under Clement Attlee. Aneurin Bevan (who was known as the "Welsh Wizard") was appointed Minister of Health in the new government.

1946 – Aneurin Bevan delivered his famous speech promising a new National Health Service. The National Health Service Act transferred all but three of the existing hospitals in England and Wales to Ministry of Health control.

1948 – The National Health Service was set up on 5 July 1948 as part of new Welfare State. Among its promises were free healthcare and dental services.

1950 – The Bradbeer Committee was appointed on the internal administration of hospitals. The Committee was chaired by Sir Albert Bradbeer, former Lord Mayor of Birmingham.

1951 – The Conservative Party returned to government with Winston Churchill as Prime Minister. Harry Crookshank became Minister of Health. He was followed in 1952 by Iain Macleod (who is credited with inventing the term "the nanny state").

1953 – In February 1953, when the Treasury requested an inquiry into the National Health Service and related expenditure, the Guillebaud Committee was set up, headed by the Cambridge University economist, C.W.Guillebaud.

1954 – The Bradbeer Report on the internal administration of hospitals was published. The Report recommended that each hospital should have a medical staff committee with a consultant working part-time on administrative matters. At Hospital Management Committee (HMC) or "group" level there should be a single administrative officer to whom the governing body could look for the coordination of all activities; he (or she) would not be a doctor and there should be a move away from medical superintendent posts. As chief executive officer most business should be submitted through him (or her) to the management committee. After the Bradbeer Report, the group secretary became more powerful and more distant from the clinicians and the matrons.

1955 – Winston Churchill retired and Anthony Eden became PM with Robin Turton as Minister of Health. Turton was succeeded in 1957 by Dennis Vosper (who resigned because of illness) who was himself succeeded the same year by Sir Derek Walker-Smith.

1956 – The Guillebaud Report (Report of the Committee of Enquiry into the Cost of the National Health Service), was

published. It found that, in relative terms, NHS spending had fallen between 1948 and 1954, from 3.75 per cent to 3.25 per cent of Gross National Product; that capital spending was running at only 33 per cent of pre-war levels; and those additional costs implied by an ageing population could be financed easily by economic growth. Nevertheless, the Government continued to seek economies.

1957 – Eden retired as Prime Minister and was succeeded by Chancellor of the Exchequer Harold Macmillan. Sir Derek Walker-Smith remained as Minister of Health.

Publication of the Willink Report of the Committee to consider the future numbers of medical practitioners and the appropriate intake of medical students was published. (Sir Henry Willink had been Minister of Health from 1943 to 1945 in the wartime Coalition Government and had proposed many of the ideas for the National Health Service which were later taken up by the Labour Party.)

Publication of the Percy Report (The Report of the Royal Commission on Mental Illness and Mental Deficiency), by the Conservative politician Lord Percy of Newcastle, was

published. It was a response to widespread concern about the care of people with mental illness and the first step towards community care. “Patients who are fit to live in the community... should not be in large mental institutions.”

1958 – In November 1958, the Medical Services Review Committee, chaired by Sir Arthur Porritt, President of the Royal College of Surgeons and of the British Medical Association, was backed by all the major British medical bodies to assess the provision of health services in England and Wales. (See 1962 for Porritt Report.)

1959 – The Mental Health Act replaced much of the existing legislation on the provision of mental health services in England, bringing the provision of mental health services within the general administrative machinery of the NHS for the first time.

1960 – Enoch Powell became Conservative Minister of Health.

1961 – Enoch Powell delivered his famous “Water Tower” speech about the destruction of the UK’s ancient mental hospitals. “There they stand, isolated, majestic, imperious, brooded over by the gigantic

water-tower and chimney combined, rising unmistakable and daunting out of the countryside – the asylums which our forefathers built with such immense solidity to express the notions of their day.” He added: “Hospital building is not like pyramid building, the erection of memorials to endure to a remote posterity.”

1962 – Enoch Powell published his Hospital Plan which he described as “an opportunity to plan the hospital system on a scale which is not possible anywhere else certainly on this side of the Iron Curtain”. The objective of the Hospital Plan was to remedy what was seen as a decade of neglect, closing many existing hospitals and replacing them with new or extended facilities. Powell’s Hospital Plan approved the development of district general hospitals for population areas of about 125,000. In order to provide a national network of district general hospitals throughout the United Kingdom, £570 million was pledged over 10 years.

The Porritt Report on the National Health Service was published. “We have concluded that in future one administrative unit should become the focal point for all the medical services of an appropriate area.” Porritt’s

final report suggested reforming the unsatisfactory tripartite structure of the NHS (hospitals, general practice and local health authorities) by transferring the responsibility for the administration and co-ordination of all medical and ancillary services in any given area into the hands of one authority – namely an area health board.

1963 – Harold Macmillan resigned because of ill health and Sir Alec Douglas-Home became Prime Minister. Anthony Barber became Conservative Minister of Health.

The Lycett Green Report was published (Report on the Recruitment, Training and Promotion of Administrative and Clerical Staff in the Hospital Service) by Sir Stephen Lycett Green. It recommended closer coordination between the 416 hospital authorities in England and Wales, and suggested moving selected administrators to posts in different hospitals to broaden their experience. It also recommended the merging of the two existing schemes for recruiting and training junior administrative entrants; a system of annual reports on certain grades of staff; a staff college management course for selected officers; a special scheme for recruiting and training finance staff; more interchange of staff

between the Ministry of Health and the hospital service; and a fair opportunity for women to attain high rank in the service.

1964 – The Labour Party under Harold Wilson won the General Election. Kenneth Robinson became Minister of Health in the new government.

1966 – The Salmon Report (Report of the Committee on Senior Nursing Staff Structure), produced by the judge Lord Salmon, was published and set out recommendations for developing the nursing staff structure and the status of the profession in hospital management.

1967 – The Cogwheel Report (The Report of the Joint Working Party on the Organization of Medical Work in Hospitals) examined the organization of doctors in hospitals. The report recommended that doctors become more deeply involved in medical management. The formation of medical divisions along clinical lines was also proposed in order to encourage better methods of medical practice and financial management. (Though the committee was chaired by Sir George Godber, it was known as the Cogwheel Report because

of its cover design which featured cogwheels.)

1968 – Green Paper No.1: “Administrative Structure of the Medical and Related Services in England and Wales”. Kenneth Robinson, the Labour Minister of Health, published the first Green Paper on the NHS. Robinson was instructed to explore possible changes to the NHS administration by the then Prime Minister, Harold Wilson, following numerous criticisms of its tripartite structure and other organizational deficiencies. The Green Paper recommended the creation of about 50 area boards in a single organizational tier, taking responsibility for all health functions in each administrative area. It led to years of argument about the organizational structure of the NHS. A major issue throughout was the relationship between the NHS and local authorities, and health and social care.

In response to the increasing gap between the NHS and social care provision, the Ministry of Health was merged with the Ministry of Social Security to form a new Department of Health & Social Security (DHSS). It was headed by Richard Crossman who became the Secretary of State for Health & Social Security (meanwhile,

former Minister of Health, Kenneth Robinson, was moved to the Ministry for Planning and Land).

1969 – The Seebohm Report (The Report of the Committee on Local Authority and Allied Personal Social Services), by Frederic Seebohm, was published. To try and save costs and resources, the Seebohm Committee recommended the integration of children, elderly and mental welfare services into a single family services department. Following the publication of these recommendations, social services departments were established in local authorities.

Hospital Advisory Service set up by Richard Crossman.

1970 – Green Paper No.2: “The Future Structure of the National Health Service in England”. Richard Crossman made extensive revisions to the first NHS Green Paper. He rejected the idea of local authorities managing the health service, proposing instead that area authorities should remain directly accountable to the Department of Health & Social Security. However, he retained the idea that the number and areas of the new health authorities should match those of the new local authorities,

adding that regional health councils could undertake those activities for which the areas are too small.

Sir Edward Heath became Conservative Prime Minister. The National Health Service was now under Sir Keith Joseph, Secretary of State for Social Services.

1971 – Publication of the Consultative Document. Following the surprise Conservative victory, the new Secretary of State for Social Services, Sir Keith Joseph, put out a new Consultative Document amending Richard Crossman’s 1970 proposals in Green Paper No.2. The document proposed that new regional health authorities should be responsible for general planning and allocation of resources to area health authorities, as well as the coordination and supervision of the latter’s activities. The Conservatives revised Richard Crossman’s plan for reform, with major management consultant involvement, coterminosity and consensus management being introduced.

1972 – Publication of the Hunter Report (the Report of the Working Party on Medical Administrators), by Lord Hunter of Newington.

1973 – NHS Reorganization Act passed. After years of debate, structural changes were finally made to the NHS in this Act.

Publication of the Davies Report (Report of the Committee on Hospital Complaints Procedure) by Sir Michael Davies QC.

1974 – Harold Wilson became Labour Prime Minister. Barbara Castle became Secretary of State for Social Services.

Publication of the Halsbury Report (The Report of the Halsbury Committee of Inquiry into the Pay and Related Conditions of Service of Nurses and Midwives), by the 3rd Earl of Halsbury. It recommended that nurses and midwives should be awarded pay increases of up to 40 per cent.

1975 – The Butler Report (Report of the Committee on Mentally Abnormal Offenders) by Lord Richard Butler. Recommendations included the reform of the psychiatric hospital system, of forensic psychiatry and of the insanity defence and the setting up of secure psychiatric units in each region of the country.

1976 – Harold Wilson resigned as Prime Minister due to ill health and was succeeded by James Callaghan. David Ennals

became Secretary of State for Social Services.

1977 – “Priorities in the Health and Social Services: The Way Forward.”

1979 – Margaret Thatcher became Conservative Prime Minister. Patrick Jenkin became Secretary of State for Social Services.

1980 – The Black Report (Inequalities in Health). Commissioned from Sir David Black three years earlier by David Ennals, then Labour’s Secretary of State for Social Services, it aimed to investigate the inequality of health care that still existed despite the foundation of the NHS. This included gaps between social classes in the use of medical services, infant mortality rates and life expectancy. Poor people were still more likely to die earlier than the well-off. (The Whitehead Report in 1987 and the Acheson Report in 1998 both reached the same conclusion.)

1981 – Norman Fowler became Secretary of State for Social Services.

1984 – Griffiths Report (NHS Management Inquiry). This report by the Deputy Chairman

of Sainsbury's, Roy Griffiths, was commissioned by Margaret Thatcher. He recommended that, "The Secretary of State should set up, within the DHSS and the existing statutory framework, a Health Services Supervisory Board and a full-time NHS Management Board" and that general managers should be

introduced throughout the National Health Service. The report also recommended that clinicians be better involved in management. Griffiths went on to be deputy chairman of the NHS Management Board (1986–89) and adviser to the government on the National Health Service (1986–94).

INTRODUCTION

ROBERT JOHN STANLEY BRYANT was born on 12 May 1922 in Bristol and after attending the local primary school won a scholarship to the Queen Elizabeth Hospital School (a Bluecoat boarding-school) in the city.

He began work as a clerk for the Bristol Corporation while also studying part-time for the Royal Society of Arts commercial examinations in book-keeping and other subjects at the Merchant Venturers Technical College.¹

During the Second World War he served in Royal Air Force Intelligence and in 1943, having studied Japanese at London University's School of African & Oriental Studies, was posted to Burma and the Far East, achieving the rank of Flight Lieutenant.

After being demobilized in 1946, he returned to Bristol to work for BOAC while also studying Commercial Law and Business Economics part-time at the International Correspondence Schools. He was then transferred to BOAC's head office in London but left soon afterwards to join the newly founded National Health Service. Awarded a bursary from the King's Fund, he first studied Medical Records at Middlesex Hospital and at the Hospital for Sick Children in Great Ormond Street (GOSH).

A contemporary at GOSH was another RAF ex-serviceman, Miles Hardie OBE (later Director of the King's Fund Centre and Director-General of the International Hospital Federation), whose obituary sums up the position of the first generation of professional NHS administrators, or "first nationals" as he, Bob and others were later called.

"In these early years of the National Health Service, hospital management was just emerging as a profession. There was no formal training for it: the King's Fund was just setting up its hospital administrative staff college and Manchester University soon became active in the field. Many of the recruits came from a forces background.

¹ He also took a two-year Senior Book-keeping course at the college, for which he received prizes in 1940 and 1941 from the Bristol Chamber of Commerce.

It called for an unusual combination of qualities: an eye for detail and discipline, but also a wider, more flexible strategic vision; an ability to work well with medical and nursing staff; a capacity to relate (in the teaching hospitals) to a board of governors, while satisfying the requirements of the Ministry of Health and having a strong sense of accountability to patients and the public; above all, a willingness to take responsibility, and integrity.”²

Soon after Bob began his studies in London, he married Enid Bond (later Dena Bryant-Duncan)³ and moved to Chiswick. (They later had three sons.)

In May 1950 he was appointed to his first NHS staff job, as Medical Records Officer for the Salisbury Group of Hospitals, based at Odstock Hospital,⁴ and moved to nearby Woodyates. Meanwhile, he continued his studies and in 1952 gained a Diploma in Hospital Administration from the Institute of Hospital Administrators (IHA).

Then in 1955 he was appointed Assistant Secretary to the Board of Governors of the United Bristol Hospital Group and moved back to the city of his birth.

Two years later he made his first professional foray into print with “Work Study in Hospitals”, a letter to the editor of *Hospital and Health Management* (December 1957). He had also begun studying for a law degree at the University of London.

In 1958, when Bristol Hospital featured in an episode of the popular BBC TV series, *Your Life in Their Hands*, he described the event in his first published article “Our Hospital in Their Hands”, for the IHA’s journal *The Hospital* (May 1958).

The following year, he gained an LLB from London University and in 1960 was appointed Deputy Secretary to the Woolwich Hospital Group Management Committee,⁵ based at Woolwich Memorial Hospital. He and his family then moved to Bexleyheath.

Around this time he also began to lecture in law, notably at the City of Westminster College⁶ and wrote a well-received book, *A Modern View of*

² Robert Maxwell, *Guardian* (21 November 2002).

³ Her sister later married Professor Tom Mulvey (1921-2009), a pioneer of electron optics, electron microscopy and holography.

⁴ There were then three hospitals in the group: Salisbury Infirmary, Odstock and Newbridge.

⁵ Then 11 hospitals plus the Woolwich Chest Clinic.

⁶ Now part of London South Bank University.

the Law Relating to Employment (Pergamon Press, 1965).⁷ He was also elected a Fellow of the IHA and of the Corporation of Secretaries.

In 1964 Bob was appointed Secretary to the North London Group of Hospitals,⁸ based at the Royal Northern Hospital in Holloway Road, and the following January he and his family moved to St Albans, Hertfordshire.

In 1966, with grants from the King's Fund and the IHA (together with support from the International Hospital Federation) he made a study tour of hospitals in Norway and Finland.⁹ The same year he became a lay member of the Mental Health Review Tribunals (continuing until 1971) and was later co-opted onto the Environmental Health Committee for Islington and appointed a Divisional President of the St John's Ambulance Brigade.

"The Running of Hospitals" appeared in *Hospital Medicine* in March 1968 and shortly afterwards he became an examiner for the IHA's Diploma in Health Service Administration (remaining one until 1977). He also contributed the chapter on "Medical Records" to the IHA's *Modern Hospital Management* (1969, edited by J.F.Milne and N.W.Chaplin) which quickly became a standard text-book. When the IHA was renamed the Institute of Health Service Management he was elected a Fellow, a regional chairman and a member of its National Council.¹⁰

In addition, on 28 February 1969, he was interviewed on BBC Radio 4's *Ten O'clock News* programme about the new plan for the NHS envisaged by the Minister of Social Security, Richard Crossman.

⁷ Part of The Modern Legal Outlines Series edited by W.A.J. Farndale in The Commonwealth and International Library of Science, Technology, Engineering and Liberal Studies. In his Foreword the editor says: "The author is a senior hospital administrator with legal knowledge and practical experience of personnel management, since hospitals are large employers of staff of many different professions and trades. He has lectured on this subject to students and is well aware of their needs, as well as the needs of employers and supervisors of staff. In this book he draws from his hospital experience, but also illustrates the implications of legal responsibility in other fields of employment."

⁸ Formed on 1 April 1963, the group then comprised 13 hospitals, including Coppets Wood Hospital (where the author's father had died), two chest clinics and the Finsbury Health Centre.

⁹ While there he met Professor Niilo Pesonen, Director-General of Finland's National Board of Health, who presented him with a personally signed copy of his book *Hospitals of Finland* (Helsinki: Soderstrom, 1964).

¹⁰ The IHSM was later renamed the Institute of Health and Social Care Management.

In 1970 Bob attended the Health Administrators Development Program at Cornell University, Ithaca, New York, and visited eight US hospitals. He was also elected an Associate of the Institute of Chartered Secretaries (he was elected FICS in 1987).

The following year he was seconded to the independent NHS Hospital Advisory Service¹¹ which visited all the mentally handicapped and geriatric hospitals in England and Wales and reported directly to the Secretary of State for Social Services¹² and the Secretary of State for Wales.¹³

During his time visiting nearly 800 hospitals with the HAS he developed a special interest in improving the care of the elderly. As Chairman of its Hospital Discussion Group he also renewed his acquaintance with an old war-time colleague, Rt Hon. John Silkin MP,¹⁴ whom he invited to join one of their meetings.

Meanwhile, he continued to write articles, one of which¹⁵ prompted a letter to the editor by Dr G.L.Caley FHA, then Superintendent of Liverpool Royal Infirmary. It said:

“Those of us who work in a hospital must surely be glad that an administrator of such repute as Mr Bryant, states admirably the case which we know to be true, that a high morale at hospital level based on a local loyalty need not conflict with a loyalty to a larger group to which the hospital belongs. [...] Mr Bryant’s similes are well chosen and we are fortunate to have him on the Hospital Advisory Service so that such sagacious and timely reminders of basic principles can be heard in the right quarters.”¹⁶

In 1973 Bob was appointed Director of Investigations (England and Scotland) for the Health Service Commissioner (later known as the Health Service Ombudsman) under Sir Alan Marre (and later Sir Idwal Pugh), based at the Office of the Parliamentary Commissioner in Great Smith Street, near the Houses of Parliament.

¹¹ Sset up by Richard Crossman in 1969, it was later known as the Health Advisory Service.

¹² Sir Keith Joseph and later Barbara Castle.

¹³ Peter Thomas and later John Morris.

¹⁴ Formerly Minister of Public Buildings & Works.

¹⁵ “Aspects of Management: Motivation”, *British Hospital Journal & Social Service Review* (20 November 1971).

¹⁶ “Motivation of Management”, *British Hospital Journal & Social Service Review* (15 January 1972).

Then in 1977 he took up the post of Secretary of the Chartered Society of Physiotherapy (CSP), based in Bedford Row, Holborn.¹⁷ The same year he became a member of the Professional & Technical “A” Whitley Council for the NHS (remaining one until 1981). In 1978 he represented the CSP at the 8th Congress of the World Confederation for Physiotherapy held in Tel Aviv, Israel.

In June 1980 he was presented to Her Majesty the Queen (patron of the CSP), by the Society’s President, Baroness Masham of Ilton, at a reception to celebrate the Diamond Jubilee of its being granted a Royal Charter.

Bob retired in 1982 and the same year married his second wife Angela Pratt (née Doreen Winter). However, he continued to work voluntarily as Vice-Chairman of the North West Herts Health Authority, and in 1989 officiated at the opening of the Gloucester Wing at St Albans Hospital by the Duke of Gloucester. He was also a member of the Hertfordshire Family Practitioner Committee (and its successor, the Family Health Service Authority) and Chairman of the St Albans Talking Newspaper for the Blind.

In addition he was an Advisory Editor for *Health Service Week* (in which his last published article, “The Search for Control”, appeared in 1985), a General Advisor for *Health Service Options* and an editorial consultant for the (unpublished) *Times Health Service Supplement*.

A member of the Royal Society of Medicine (1975–82) and the Hospital Officers’ Club, his other interests included the St Albans branches of the Burma Star Association and the Probus Club (both of which he served as President). He was also Secretary of Finsbury Rotary Club and President of Islington Rotary Club, and a member of the diocesan and deanery synods of St Albans Abbey.

Bob Bryant moved to Caldicot, Monmouthshire, Wales, in 1992 and died in the Royal Gwent Hospital, Newport, on 6 December 1995.

¹⁷ On his appointment, *Physiotherapy* commented: “Mr Bryant is politically committed to fostering the importance of the professions in our national life. He would like to see a National Federation of Professional Associations joining the CBI and the TUC in advising government.” Vol. 63, No. 4, (April 1977), 128.

THE HOSPITAL MANAGEMENT COMMITTEE¹

THE NATIONAL HEALTH SERVICE ACT (1946) places a duty upon the Minister of Health “to provide throughout England and Wales, to such extent as he considers necessary to meet all reasonable requirements, accommodation and services of the following descriptions:

- (a) hospital accommodation
- (b) medical, nursing and other services required at or for the purposes of hospitals
- (c) the services of specialists...”²

This Act transferred nearly all the hospitals in the country to the Minister (excluding only those dealing with special groups of people such as Manor House Hospital or King Edward VII’s Hospital for Officers)³ and the Minister was given power under the Act to constitute Regional Hospital Boards “for the purpose of exercising functions with respect to the administration of hospital and specialist services”. The Regional Boards (of which there are now 15 in England and Wales, each covering a defined geographical area) were in their turn required to prepare schemes for the appointment of Hospital Management Committees “for the purpose of exercising functions with respect to the management and control of individual hospitals or groups of hospitals”.

The Hospital Management Committee is created by the Minister, following presentation of a “scheme” by a Regional Hospital Board; such schemes can be presented at any time and there have been a number of

¹ *Midwives Chronicle & Nursing Notes* (October 1965), 388–91. *Editorial Note*: This was No.16 in the “Our Family Tree” series.

² NHS Act, 1946, Section 3(1).

³ *Editorial Note*: Manor House Hospital, North End Road, Golders Green, London, was one of only three hospitals that were exempted from joining the NHS. It continued to operate as a private, independent, non-profit organization, run by the Industrial Orthopaedic Society and supported by membership subscriptions from trades unions. The other two were King Edward VII’s Hospital for Officers (now King Edward VII’s Hospital Sister Agnes) in Beaumont Street, Marylebone, London, and Ravenscourt Park Hospital, Ravenscourt Park, London.

changes in Hospital Management Committees of recent years resulting from the amalgamation of two or more groups of hospitals.

The duty of the Hospital Management Committee is “to control and manage the hospital or group of hospitals on behalf of the Board and...to exercise on behalf of the Board such...functions...as may be prescribed”.⁴ The Management Committee is accordingly an agent of the Regional Board, exercising functions which are primarily the responsibility of the Minister but which he is empowered under the Act to exercise through Regional Boards and which the Boards in turn delegate to Management Committees.

The practical effect of this delegation is that Management Committees have a general duty to oversee and control everything that happens within the hospitals placed under their administration, apart from those specific functions which the Regional Board chooses or is required to retain and, of course, the actual courses of treatment of individual patients prescribed by the medical staff. The functions retained by the Board include major structural development, senior medical staffing and control of certain staff establishments. The Board also acts as the normal channel of communication between the Ministry and the hospitals, and shares out the available finance, for running and developing the hospital service, between the various Management Committees in its area.

Both Boards and Management Committees are legally corporate bodies, with power to own and deal in property and enter into contracts in their own right.

Management Committee Members

The Chairman and Members of a Management Committee are all appointed by the Regional Board, and are unpaid. They are appointed “after consultation” with local interests including local medical and dental staff but, once appointed, each member serves in a personal capacity and not as the representative of any sectional interest. A typical Management Committee has a membership of about 20 including probably three members of the consultant medical staff, a general practitioner, some city councillors and other local citizens with a special interest in hospitals.

Most Committees meet monthly, and they have sub-committees (Executive, Finance, Supplies, Staffing, Building, etc.) some of which will also meet monthly. At these meetings, reports are presented by the Committee’s officers which not only keep members informed of what is

⁴ Section 12(2).

going on in the hospitals but also bring before them any issues of policy which call for a Committee decision. Committee members also keep themselves informed of hospital activity by personal visits which may be of a general routine nature or related to some specific enquiry (e.g., a tour by one member of all the kitchens in the Group, to assess relative standards and advise on priorities for improvement).

Management Committee Officers

The two principal officers of the Management Committee are the Secretary and the Treasurer (formerly known as the Finance Officer): the Secretary is the general manager of the Group, while the Treasurer is the chief accountant. They are assisted by supporting staff at Group level, while the responsibility for day-to-day administration of the individual hospitals, both general and financial, is in the hands of the Hospital Secretary; the duties attaching to this post have little secretarial content and the title is a misleading one which is likely to be changed when agreement can be reached on the most appropriate alternative.

Also at Group level are the Supplies Officer, the Chief Engineer and the Building Supervisor, who advise the Management Committee and the hospitals on the field of activity in which they are expert, fields which overlap at many points, calling for effective liaison between them at all times.

The Work of a Management Committee

The work of a Committee can best be illustrated by a description of a hypothetical meeting, held one afternoon in the Committee Room of the South London Hospital Management Committee.

There were 15 members present and the principal Group officers were in attendance, as well as a matron nominated by her colleagues to advise the Committee on nursing matters. The minutes of the previous meeting had been circulated beforehand and these were confirmed and signed. Apologies from absent members were received. There were no matters arising from the minutes and the Committee accordingly proceeded to receive reports from its sub-committees.

The Chairman of the Executive Committee presented a report ranging over a wide spectrum of topics including the capital works programme, changes in the bed allocations, arrangements for visits to hospitals, recent Ministry circulars, surveys of out-patient clinics and progress on current

litigation; proposals for changes in the administration of two hospitals were submitted for the Management Committee's approval.

This was followed by the report of the Finance Committee which included information on the present budgetary position, the results of a costing exercise which had led to certain changes in procedure, the making good of losses disclosed by recent inventory checks and finally a statement of the position of the Endowment Funds. The Supplies Committee Chairman reported on recent major purchases while the Chairman of the Buildings Committee gave a progress report on the year's maintenance programme and current capital works.

The Staffing Committee had not met during the month, so its usual schedule of study-leave applications was not submitted; it was noted that this Committee would be undertaking its half-yearly review of the Group's staff establishment during the coming month. The Sub-Committee reports having been presented, the Secretary made a report on arrangements for opening a new extension and questions were asked on a variety of topics before the meeting closed after a session lasting two hours.

It will be obvious from the above that a great deal of the business was carried out previously at sub-committee level, and even more was done by the officers acting within the scope of their delegated authority. The full Management Committee meeting is not normally a "working" committee, but rather provides a final check and safeguard after the main business of administration has been performed.

HOSPITAL SERVICES IN NORWAY AND FINLAND¹

SOME NOTES ON A VISIT TO SCANDINAVIA

ALTHOUGH BOTH NORWAY and Finland have a land area greater than that of the British Isles, they each have a population of less than five million, which can be compared with that of one of our hospital regions. Much of their population is concentrated in a small number of towns and there are vast areas of sparse population with isolated small communities needing medical care.

Long distances and natural difficulties of communication in these countries have made it necessary to create strong systems of local government based on *communes* which enjoy considerable authority including the power to raise taxes. The social services structure is based on the commune, with direction and financial support from the central government but with a measure of initiative being retained as a matter of policy by the local authority.

Both countries have set out to provide comprehensive medical services for their whole population without imposing substantial charges on the user at the time of receiving treatment. Nevertheless, they have retained some direct charges to the patient, and the balance is shared between the hospital owners (normally the local authorities) and the state. Although this involves a more complex accounting system than that of England and Wales, they consider that there are advantages in giving the local authority a direct interest in the control of health-service expenditure, while small charges on the user avoid waste of resources on non-essential calls. The charges on patients are not sufficient to cause financial hardship or act as a deterrent in cases of genuine need, and there is provision for reduction in, or exemption from charges in cases of prolonged illness or small income. There are no hospital in-patient charges in Norway.

The sharp financial distinction between the “general” patient and the “private” patient is not found in Finland, although charges for a private

¹ *The Hospital* (June 1967), 221–5. *Editorial Note*: See also the author’s 1968 article “Hospital Services in Scandinavia” reproduced as Appendix B.

bed in a general hospital are greater than those for a general bed, they still represent only a fraction of the actual running costs, and include supporting services. In Norway there are no private beds in the public hospitals, but there are private hospitals where the patient may recover some part of the cost from national insurance funds.

The public contribution to health-service finance is raised partly by the national insurance contribution, and partly by direct and indirect taxation at national and local level. Running costs appear to be broadly comparable with those of similar hospitals in the United Kingdom.

The health services in both countries seem to be accepted as reasonable by the general population and a less critical attitude towards the hospitals than that in this country was evident. In Finland there was even some criticism that too much was being spent on hospitals and that some of them were too lavishly equipped, but in general the attitude was one of grateful acceptance of a satisfactory public service. This was, however, an impression gained only from talking with a small number of people in the main towns; I did not have an opportunity to collect opinions in the scattered rural communities.

Organization of the Health Services in Norway

Since 1956 compulsory national health insurance has covered the whole population, the result of a process which began in 1911 with small wage-earners and was gradually extended to cover the entire working population and their dependants.

The national insurance plan guarantees the following services without charge to the patient at the time of receiving treatment: hospital in-patient services, including drugs; subsequent rehabilitation and follow-up treatment, *excluding* drugs other than for certain specific diseases; maternity benefits; travelling expenses incurred in obtaining medical or remedial care recoverable on certification by the doctor that the journey was necessary – an important provision in areas of sparse population.

The “family doctor” principle is not so firmly established in Norway as in the United Kingdom, but patients are encouraged to remain with one doctor by the insurance plan, which provides for reimbursement of only part of the doctor’s fee for first and second visits, but the whole fee for subsequent visits according to an agreed scale. (A general practitioner may charge more than the agreed scale, in which case the patient meets the difference.)