JOINT CONSULTATION–
DEFEAT OR OPPORTUNITY ?

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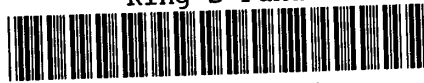
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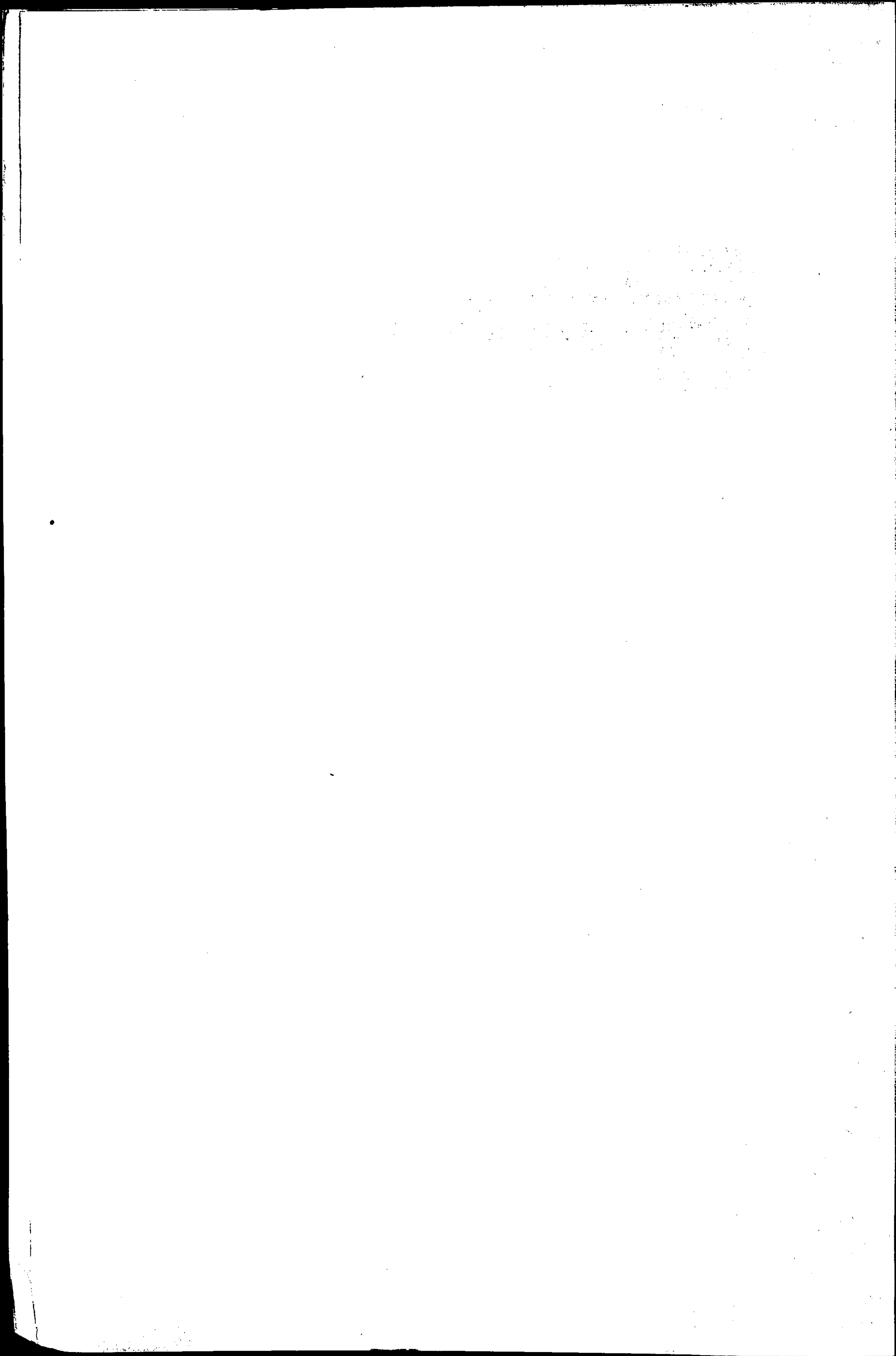

JOINT CONSULTATION

DEFEAT OR OPPORTUNITY?

A survey of joint
consultation in the
hospital service

by

A W Miles BA MA
Duncan Smith MA

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INTRODUCTION

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INTRODUCTION

Civilisation, today, is faced with the alarming paradox that as organisations grow larger and more powerful and as technology ramifies and arms man with weapons of ever increasing potency, human beings appear to grow smaller and more insignificant. There is, in many quarters, a blind revolt against this tendency but responsible students of management and organisation have a duty to face it and to suggest possible solutions. The problems of finding the right answers are immense and involve the whole of our political, educational and social structures. But such matters cannot be dealt with by governments alone and each organisation has an obligation to make its own particular efforts in the light of its special circumstances.

The hospital service, with its deep concern for the patients, is one of those which cling most resolutely to human values and for this reason it attracts a great body of men and women who are personally concerned about the way in which the hospitals are run and who are anxious to give service of the highest order. There is, therefore, a special reason why the service should try to ensure that all those in its employ are able to make a constructive contribution to its development.

In the past, the problem of communication was tackled intuitively and in small hospitals this is still possible, though not easy. In the large and increasingly complex hospitals of to-day it has to be attacked systematically. Hence there has been great interest in experiments of the kind typified by the Hospital Internal Communication Project. This, however, represents a subjective approach based on research and though it is fundamentally concerned with the question of participation, it needs to be complemented by a formal structure which enables all those in the hospitals to pool their ideas and to express their point of view through elected representatives.

The system of joint consultation which was introduced in 1950 was an attempt to provide such a structure; but, as this report indicates, it was introduced with little preparation at a time where awareness of the problems involved had not had time to develop. It has, therefore, largely failed but the report suggests it is now urgent to review the basic conception of joint consultation and to consider whether it can undertake a new and constructive task. It is hoped that the data presented in the report may be of some value in connection with such a review.

The report is the work of two authors, Mr. A. W. Miles and Mr. Duncan Smith. Since the King's Fund was conscious of the need to appraise consultation it was interested in the broad survey of 200 hospitals which Mr. Miles had carried out in the course of a study undertaken while on the staff of the Nuffield Centre for Health Service Studies at Leeds. These hospitals were considered to be typical of those found in any region but the results were largely negative. The Fund, therefore, supported a further small scale study of 10 additional hospitals in which consultation was thought to be successful. The results in these hospitals were more hopeful and reveal some lessons which may be useful elsewhere. To the staffs of all the hospitals

surveyed and to many others who helped in the research, Mr. Miles wishes to express his gratitude for their help and co-operation. In particular he would like to express appreciation of the assistance given by Dr. A.E.C. Hare MA., PhD., Senior Lecturer in Economics at the University of Leeds.

When Mr. Miles had amassed the data it was decided to seek the coll-aboration of Mr. Duncan Smith in presenting the report. Mr. Smith was, for two years the Director of the Hospital Internal Communication Project and has had wide experience of training in the hospital service and in the National Coal Board. He has long been interested in consultation and in the course of his recent survey of the training needs of ancillary staff he became very conscious of the desire of many of the ancillary staff to contribute to the efficient running of their hospitals.

The report discusses the background to joint consultation in the hospital service, contrasts it with the practice of the nationalised industries and of private industry and makes proposals for a new and fundamental role. The views expressed are not necessarily those of the King's Fund or of the Nuffield Centre, but it is felt that they represent a useful and stimulating contribution to a subject which has, in recent years, been neglected and which now merits widespread debate and discussion.

WHAT IS JOINT CONSULTATION?

A prologue and summary of conclusions

The historical context

Joint consultation stems from a philosophy which has had many different manifestations throughout history. Ever since the city states of Greece summoned, with the sound of a trumpet, their citizens to public discussions, it has been urged by democrats that participation by the citizen and the worker in the decisions which affect his daily life promotes human dignity and checks tyranny. Political democracy has, of course, a longer history than attempts to establish 'industrial democracy'; but even this has deep roots and in the early part of this century, syndicalism or guild socialism - essentially the control of work by the workers - were influential doctrines. Attempts to put them into practice, however, ran up against many difficulties but the Whitley Councils, which were established after the famous Whitley Report in 1917, were a reflection of this movement.

In the 1920s and 1930s other problems dominated politics, but during the Second World War the growth of productivity committees revived interest in workers participation and the obligation to organise joint consultation was written into the Acts which set up the nationalised industries. As indicated in Chapter 2, no similar provision was included in the National Health Service Act of 1946.

In the post War period, large numbers of progressive firms also developed consultation with their employees. Although in some instances, such consultation was organised paternalistically it was normally based on co-operation with trade unions and some firms such as Glacier Metal Company[1] developed systems of a highly sophisticated kind.

The experience of the nationalised industries is briefly examined in Chapter 2 below. In some of these industries there have been very solid achievements, but until the last year or so management thinking, both in the public and private sectors, has tended to be pre-occupied with matters which have not been directly connected with consultation. Managers and trade unions alike have been concerned with new management techniques, with the implications of work study and cost control, with the theory of communication and with supervisory and management training. The effects of these developments on conventional consultation have often been noted, but an appreciation of the need to re-think the 'Nationalisation Acts' approach is a recent phenomenon. It has been sparked off by the growth of two rather contradictory beliefs namely (a) that life is becoming 'dehumanised' as a result of technology and the growth of bureaucracies and (b) that to secure greater productivity, the co-operation of managers and workers is essential.

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[1] See 'The Changing Culture of a Factory' E. Jaques. Tavistock Publications 1951

The feeling, particularly among the young, that life is becoming soulessly mechanistic, has become a vague but explosive force in nearly every Western country. The events in France (and in a different context - in Czechoslovakia) have been the most spectacular, but riots in the U.S.A. and student disturbances in Italy, Germany, Sweden, Britain and other countries have been evidence of a latent dissatisfaction that is very widespread. Student 'revolts' can be easily dismissed as mere extremism and they have not yet produced a very coherent philosophy; but although the symptoms of unrest may be naive or absurd, the insights behind them may yet remain valid. This has now been recognised by the Joint Statement issued by the Committee of Vice-Chancellors and Principals and the National Union of Students which promises greater participation by students in the administration of universities.[1]

It is also significant that so shrewd a judge of political reality as General de Gaulle should have made participation one of the main themes in his programme. Indeed, it is reported that he dismissed his Prime Minister owing to differences of opinion on this issue. The management schools of France are now concentrating on this subject and some interesting developments may ensue.

In Britain the approach is more pragmatic, but the movement for change is growing and the political parties are unfurling their standards. The Liberals have long been concerned with co-ownership and with more participation by employees and the Conservatives 'Fair deal at Work' examines many of the communications problems of industry. The Labour Party's pamphlet 'Industrial Democracy' has produced a major debate and represents an important change in Trade Union attitudes.

Perhaps even more relevant are the possible effects of the Donovan Report on 'Trade Unions and Employers Associations'[2]. The Royal Commission has recommended that the present system of industry-wide agreements on hours and conditions should be replaced by agreements reached at company and factory levels. They also recommend that this system should apply to the nationalised industries and public services other than the Civil Service. Moreover, quite apart from the proposed shift of responsibility for negotiating pay and conditions to individual units, the growth of productivity agreements will necessarily involve local negotiations. The change in conditions and methods of working that will be required will inevitably overlap the subjects normally discussed in joint consultative committees. The omens are, therefore, that the existing distinction between consultation and negotiation will shortly disappear and it is for this reason that the Labour Party report has insisted on the need for a 'single channel' for both activities.

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[1] 'Times' 8th October, 1968

[2] H.M.S.O. Cmnd 3623

Summary of conclusions

In the light of the broad factors outlined above, this pamphlet examines the history and future of consultation in the hospital service. It shows that, from its beginning, joint consultation faced particular hazards and difficulties to which a large number of committees have succumbed. The fact that some have survived is a sign of latent vitality and it is proposed that short-term measures should be taken to encourage them.

Basically, however, it is contended that the time is now ripe to undertake a fundamental reassessment of the role of consultation in hospitals. A plea is made that the General Whitley Council should take an early opportunity of reviewing its aims and its organisation. Suggestions are made in Chapter 9 about some of the important matters which might be brought within its scope and an urgent appeal is made to the doctors to participate.

In view of the changes foreshadowed in the Green Paper a new form of hospital 'Council' is proposed - a forum within which the five 'parallel hierarchies' of the service could pool their ideas for the constructive development of the hospitals which they serve.

CHAPTER 2 JOINT CONSULTATION IN THE NATIONALISED INDUSTRIES AND IN THE HOSPITAL SERVICE

1. Consultations and negotiations

Although it seems that changes in the character of consultation are likely, it is important to examine the background of the system of joint consultation, modelled on that of the nationalised industries, which is now practised in the hospital service.

Basically, joint consultation may be defined as any method of promoting collaboration between two or more groups which have some objectives in common. Informal consultation, of course, takes place in all organisations in which groups of employees meet to discuss business, but in a hierarchical organisation such meetings are normally between superiors and subordinates or between groups of colleagues or teams of specialists and are not representative. The essence of formal joint consultation is that elected representatives of the staff are able to meet representatives of the management to discuss matters of common interest in a situation in which the barriers of rank have been temporarily removed. Staff representatives, therefore, speak to management face to face without going through the normal chain of command. This has many advantages but it also presents dangers unless the risks of by-passing middle management are guarded against by developing exceptionally good communications and by fostering understanding by all the parties concerned.

It has long been conventional for unions and staff representatives to meet management directly to discuss pay and conditions of service. In this situation it is normally assumed that, even in the public service, there will be a clash of interests. Management, even if there are no shareholders, must serve the taxpayer whilst the unions seek to gain benefits for their members. This clash is often real and, particularly on questions of pay, it is idle to expect that the two parties concerned will see eye to eye.

On the other hand, the clash is not absolute. In the hospital context both unions and professional organisations are anxious to help the patients and to see that sufficient resources are devoted to their care. Their members are also taxpayers and hence have no wish to encourage waste. Even in industry it is the joint interest of workers and management that the firm should not go bankrupt and should be in a position to pay good wages.

There is thus a spectrum of conflicting and joint interests and at the latter end of the spectrum there are wide areas such as training, safety and welfare in which management and staff have a common desire to secure efficiency and good practice. In the centre of the spectrum lies the important area of efficiency. This is clearly of interest to management and, in their capacities as citizens and taxpayers, it is also of concern to staff. Hitherto, however, there has been little direct relation between efficiency and the pay given to employees and

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hence the subject has appeared remote to many members of the staff unless it has been presented with unusual imagination by management. If, however, productivity agreements establish a direct link between pay and efficiency the situation will become very different.

As a result of the above factors, a line was drawn in joint consultation in the public service between pay and conditions of service - in which a clash was assumed - and subjects such as welfare, physical conditions of work, efficiency and administrative matters of common interest. A second reason for the exclusion of remuneration from the sphere of joint consultation was that this has been negotiated nationally and local grievances about pay were not considered a desirable subject for discussion by consultative committees.

Assuming, that during the last twenty years, the distinction between joint consultation and negotiation was valid, what has been the objective of consultation? Its goals were prescribed in very broad outline in the Nationalisation Acts. Under the Coal Industry Nationalisation Act of 1946, for example, a duty was imposed on the National Coal Board to consult with employees about (a) questions relating to safety, health and welfare, and (b) on the organisation and conduct of operations and other matters of mutual interest.

On the basis of such broad injunctions, agreements with staff organisations were made by the various industries and these included training as a subject for consultation. Indeed, in the nationalised industries, an obligation to train was written into the Acts. In the Coal Industry Nationalisation Act the Board was directed to report to the Minister on 'the exercise and performance of their functions as to training, education and research'.

In the National Health Service Act of 1946, however, no reference was made to consultation or to training. The first official reference to consultation occurred in 1948, but as indicated later, no action was taken to implement such a system until 1950 when documents A-F in Appendix A were issued. It will be noted that in document E, five functions for consultation were set out, and it is significant that these do not include training.

It will also be seen that the terms of reference are broad and that there is considerable emphasis on 'co-operation', on giving the staff 'a wider interest and a greater responsibility' and on preventing 'friction and misunderstanding'. The most tangible goals are those set out in sub-paragraph (d). What, then, were the likely reactions of management and unions and staff representatives to such objectives?

2. Management attitudes towards joint consultations

Since joint consultation has not, so far, affected the pay packet, management has stronger motives than the unions and professional organisations for promoting the less tangible goals. In a period in which the recruitment of staff of the right calibre is one of ever increasing difficulty, it is clearly of the highest importance to management to promote good human relations and effective communications

with their staff. Financial pressures also urge management to seek the co-operation of staff in promoting efficiency and preventing waste.

There are, however, considerable differences of opinion among management about how these goals should be achieved. There are many managers, especially those who lean to the more authoritarian tradition, who think that good human relations and communication can best be achieved by reliance on a system of line management. As indicated above, formal consultation does involve the by-passing, in certain respects, of middle managers and supervisors and this is sometimes felt to be an unwarranted danger. It is also thought by some that smooth administration depends on the automatic acceptance of instructions and that any system which may lead to the questioning or reference back of instructions, is subversive. Finally, it is often felt that junior grades are ill informed about questions of policy and that to provide gratuitous opportunities to discuss issues which are not directly related to their job will merely invite captious and ill-informed criticism.

Other managers would contest these assumptions. They recognise that in a large organisation opportunities, in the absence of consultation, for finding out the views of staff at lower levels are very limited. Plans and instructions from above normally reach the staff via middle management who may not effectively explain the 'intention' behind them and may not report back to senior management and reactions of the staff. The modern theory of cybernetics compares the communication system of a well run organisation to the nervous system of the body. Stimuli transmitted by top management (the brain) should flow swiftly through the organisation, and the reaction of the limbs should produce a feedback as immediate as that caused by putting a finger in flame. In practice, however, the situation is usually very different. Management instructions are often distorted when transmitted downwards and feedback is smothered or blocked so that it reaches management in a very muffled form. Since in a big organisation top management cannot jump over the middle management and talk direct to the workers, there is need for some system by which staff representatives can collectively bring matters to the attention of the governing body.

There is, therefore, both a negative and a positive role for joint consultation. Some managers would agree that communications can be blocked and hence would accept that a system which provides a 'safety valve' has some merits. Others, however, would go much further. Though they would agree that a large organisation must have a structure which involves tiers of management, they prefer to think of it more as a chain than a pyramid. The organisation, they would argue, is as strong as its weakest link and all parts are dependent on each other. They would regard all staff, at whatever level, as members of a team, each of whom has a distinctive part to play and a special contribution to make.

As the Coal Industry Nationalisation Act stipulated, it is important for an organisation to seek 'the benefit of the practical knowledge and experience of staff in the organisation and conduct of the operations in which they are employed'. People who do a job often

know much better how it can best be done than those at higher levels. The problem is how to utilise the worker's knowledge and how to relate it to other factors of which the man on the job may be ignorant.

Some managers also share the view of many social scientists that the apparent pre-occupation of unions and workers with money is to some extent a camouflage. A reasonable basic wage is, of course, essential but above this level money is often valued largely as a status symbol. Particularly in an organisation like a hospital there are many motivations which have little to do with money. Some staff are genuinely anxious to serve patients, others are absorbed by the interest of their jobs, and many like the companionship and the variety of work in a hospital. All these motivations are important, but they all depend on a sense of self respect and a recognition of status. They can easily turn into frustrations if the reasonable expectations of the staff are not met.

It is, therefore, of the utmost importance to management to have methods of detecting the currents of opinion at the grass roots of an organisation and of canalising the energy and ambitions of every member of the staff. This factor is especially important in hospitals where the patterns of organisation are unusually complex. Efficiency depends on the close co-operation of a large body of professional, technical and departmental personnel who are not under the control of a single manager. Co-operation is, in fact achieved in most hospitals by a remarkable effort of voluntary co-ordination, but the well known difficulties of communication are bound to increase as hospitals grow ever larger and more complex. It would seem, in principle, that consultation ought to be a useful means of helping to overcome these difficulties.

But both in private and in public industry it can be stated with some certainty that the success of consultation depends primarily on management. It is they who have the information which can be made available to the committee. It is they, primarily, who determine the atmosphere in which the discussions are conducted. It is they who can provide facilities and the publicity which is essential to success. Sir Charles Renold, the first chairman of the British Institute of Management, published in 1950 the fruits of a lifetime's experience in his book 'Joint Consultation over 30 years'. His conclusions were as follows: First, that unless management is imbued with a respect for its people as human beings and have a genuine desire to carry them with it, constitutions and procedures will prove sterile. Secondly, consultation should be practised, not only between the top level of management and the representatives of the workers but between every level of management and the workers with whom they are in contact. Thirdly, the right kind of formal procedures are important and the role of the personnel departments should be carefully thought out. Fourth, the field open for discussion should include things that really matter - not merely the ventilation of minor grievances about amenities. Finally, Sir Charles ended 'I am now inclined to place much more stress than I did in 1929 on the importance of good organisation of the management hierarchy itself as a basic condition for success in consultation'. Most experience suggests that all these conclusions are true.

3. Union and professional attitudes to joint consultation.

Unions are in business for the benefit of their members and naturally their first pre-occupation is to obtain more pay and better conditions. They are also anxious to recruit more members and hence have an interest in increasing their prestige and influence. They are, however, conscious of the wider aspirations of their members and are keen to promote their development and to obtain 'fringe' benefits of all kinds. Professional bodies will be even more concerned with the development of the skills and potential of their members. In their negotiating capacity, however, these bodies will inevitably share many of the preoccupations of the unions. Throughout this pamphlet, therefore, a number of the comments on unions will - mutatis mutandis - also apply to the majority of the professional bodies.

In general, therefore, unions support consultation and it can bring them a number of benefits. It enables them, through their members, to bring to the attention of management many matters relating to physical conditions, welfare, training, safety, health etc. which may be outside the scope of national negotiations. If these matters are handled effectively, the staff outside unions may be impressed with the value of union membership. The unions are also concerned about the security of their members and the consultative machine provides opportunities for discussing future plans which may affect them. In industries, like coal, which are suffering a contraction, careful and sympathetic consultation about pit closures and the measures which can be taken to prevent them has proved one of the greatest contributions which such a system can make.

Unions, however, (as well as professional bodies) face some difficulties regarding consultation. Their full time officers are usually over-worked and are so thin on the ground that they have little time to advise their local representatives or 'shop stewards' about the strategy or tactics of consultation at local level. Union representatives on the committees, who are often of very varying quality, therefore lack guidance about the larger issues. Hence, they tend to concentrate mainly on more trivial matters connected with working conditions, canteens etc. which they feel they understand. It will be noted below that in all the nationalised industries there is a hierarchy of consultative councils at national, regional (or equivalent) and area (or equivalent) levels. At the higher levels the staff side is represented by full time union officials who can refer matters for consideration by local committees and receive proposals from them. This association with consultation at levels where policy is often discussed, gives the union officials an interest in the system which can be transmitted to their local representatives. The latter also feel that they are part of the system which takes an interest in their activities and which feeds them with information, literature and topics for discussion. The benefits of such an arrangement have not, unfortunately, been available in the hospital service.

Basically, however, the unions have, so far, regarded joint consultation as ancillary to their more important job of negotiation. Many of the topics raised at consultative meetings are, on the other hand, connected

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with matters which are negotiable and unions are naturally anxious that the same people should deal with both aspects. They have, indeed, shown concern, in some contexts, when there has appeared to be danger that the influence of consultative committee members might rival that of their part-time officials.

None the less, most enlightened officials attach considerable importance to consultation because, particularly at higher levels, it enables them to put forward constructive proposals. It is true that some old or militant hands in the union movement relish the conventional slogging match with an employer which results in a dubious 'compromise'. But many others are aware that in modern industry, and especially in the public sector, it is necessary to think in broader terms and to co-operate with employers in achieving the optimum use of resources. They are, therefore, anxious to achieve integration - the acceptance of both sides of a new and improved solution - rather than a negative compromise. If productivity agreements are to succeed this kind of outcome to the process of negotiation will have to be achieved on a massive scale.

4. The current definition of joint consultation

As established at present, joint consultation in the hospital service may be defined as a system, emanating from an agreement concluded nationally, between representatives of employees and staff organisations which enables management and staff to undertake formal discussions at unit level about matters of common interest other than pay. In both the nationalised industries and the hospital service, national agreements provide model constitutions which are flexible in varying degrees. It is normally made clear that the committees are advisory only and that executive decisions arising from recommendations must rest with management.

There are some apparent exceptions to this rule. In the coal industry, for example, the Miners Welfare Organisation which stems from the National Consultative Council,has executive control over substantial welfare funds. In electricity, training policy is shaped by the National Joint Advisory Council and though decisions are implemented by the Electricity Council and the C.E.G.B. recommendations of the Council are normally endorsed automatically.

In the nationalised industries the distinction between negotiation and consultation is underlined by the fact that at national level there are separate national industrial and consultative councils. In the hospital service the machinery for joint consultation stems from the General Council of the National Health Service Whitley Councils which had earlier been established as negotiating bodies. The hospital service is, therefore, unique in possessing no separate national consultative council.

CHAPTER 3 THE BIRTH OF JOINT CONSULTATION IN THE HOSPITAL SERVICE

As already indicated, the first reference to joint consultation was in Circular H.M. 48 (1) Paragraph 13 which stated 'steps should also be taken by Committees to constitute joint committees on Whitley Council lines representing the management and staff and further information will be sent separately on this point'. Information was not, in fact, sent until 1950 when documents A to F. in Appendix I were issued. There were then some 400 hospital boards and committees and these were 'asked to take steps to bring the arrangements which had been agreed with the General Whitley Council into operation in their hospitals as quickly as possible'. It was contemplated that consultative committees would be set up in all hospitals except where the small number of staff would make such committees inappropriate.

Paragraph 4 of document A recommends that in such cases informal consultation should take place between management and staff 'This' it is stated 'is normally to be preferred to setting up a consultative committee at a higher level eg, for a group of hospitals, as the whole purpose of the consultative machinery, which is to enable purely local problems to be discussed, would be defeated if the consultative committee were too remote from the hospital concerned'. Paragraph 7 of document A states the number of persons to be appointed to represent the various staff groups is a matter for local determination. Paragraph 3 (b) of document E indicates that they were to be elected by five designated groups of staff 'always provided that the persons elected shall be members of a nationally recognised negotiating body.' Document B sets out the procedure for their election, but the concluding section of paragraph 3 (b) contained the reservation that 'the application of this proviso shall, however, remain in suspense for a period of two years from 13th January, 1950, or such other period as may be agreed by the General Council'.

The lapse of time between 1948 and 1950 is, indeed, largely explained by a serious disagreement about two of the provisions outlined above. The first and most difficult issue was whether the staff side members should be members of an officially recognised negotiating body ie, a professional body or a trade union. The management side thought that the staff in hospitals should not be restricted in their choice of representatives but the staff side pressed the view that the goodwill of their organisations would be lost if non-members were eligible for election.

Clause 3 (b) of the constitution was discussed during a period lasting nearly two years. The clause was continually supported by the staff side who asked to see the Minister of Health in order to deplore 'the unaccommodating attitude of the management side'. Eventually the management side agreed to the clause provided that it was not effective until two years after the constitution came into effect. Even after this bone of contention had been removed the management side raised a second issue which caused a further delay. When the constitution had been agreed, they urged that it should be issued with a recommendation 'That the Minister should advise the adoption of the constitution'.

CHAPTER 5 THE ...

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'That the Minister sho...

The staff side wanted more definite terms and these were agreed after further negotiation. When the two years suspension of Clause 3 (b) ended, the management side unsuccessfully asked for another year of suspension. It was against this background of hard negotiation that the constitution of joint consultative committees at hospitals was agreed.

Paragraph 10 of document A states that joint consultation will only be a success if both management and staff give their full support and carry it out in a spirit of whole hearted co-operation'. The paragraph ends with a quotation from Ministry of Labour booklet on 'Joint Consultation' which states - inter alia - 'the most important and permanent advantage to be gained from successful joint consultation is the improvement of relations between management and employees within the undertaking'.

This seems a classic example of the use of exhortation to cover up ominous cracks. The clash between management and unions on the General Council was well known and feelings about it had percolated to the hospitals. In view of the situation, the mandatory terms in which joint consultation was handed down to the Hospital Management Committees was not a good augury for its success. Some hospital authorities took the view that consultation had been foisted upon them from above without adequate consideration of their views.

Moreover, no steps were taken to mount a public relations campaign or to undertake any form of training to familiarise management or staff representatives with the concepts and skills of communication on which the success of consultation depends.

This was in marked contrast to the procedure in most of the nationalised industries. In electricity, for example, Lord Citrine personally attended many courses for power station superintendents and staff representatives to show the importance which he attached to the new system. In coal and in electricity, Summer Schools attended by both managers and workers were held to discuss co-operation and problems facing the industries. Attractive booklets were produced for all members. Finally, the top executive at each level presided at consultative meetings. The national body was always chaired by the Chairman of the board and at unit level the superintendent or manager presided. Since there was no equivalent managerial head at the hospital, the system thereby suffered a further disadvantage. A part time member of a Hospital Management Committee cannot be expected to have the same relationship with and knowledge of the staff as a chief executive.

Finally, there was a glaring omission from the constitution - there was no reference to doctors. Doctors are nominally represented on the parent body of consultation, the General Whitley Council, but since they have their own separate channel of negotiation, they have largely ignored it. Moreover, at hospital level they have their own separate forums in the shape of Medical Advisory Committees. The political reasons for the omission of the doctors can be understood, but there is little doubt that it was a heavy blow to consultation. One of the functions of joint consultation is, as stated in paragraph 2 (b) of

The staff side wanted more definite [illegible] further negotiation. [illegible] ended, the management side [illegible] suspension. It was against this [illegible] the constitution of joint consultation [illegible] agreed.

Paragraph 10 of document [illegible] a success if both management and staff [illegible] carry it out in a spirit of [illegible] paragraph ends with a quotation [illegible] 'Joint Consultation' which [illegible] and permanent advantage [illegible] is the improvement of relations [illegible] within the undertaking'.

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Moreover, no steps were [illegible] to undertake any form of [illegible] representatives with the [illegible] the success of consultation [illegible]

This was in marked contrast [illegible] industries. In electricity [illegible] attended many courses [illegible] representatives to [illegible] system. In coal and [illegible] managers and workers were [illegible] facing the industries [illegible] members. Finally, the top [illegible] consultative meetings. The [illegible] Chairman of the Board [illegible] presided. Since there [illegible] hospital, the system [illegible] part time member of a Board [illegible] to have the same relationship [illegible] chief executive.

Finally, there was a [illegible] no reference to doctors. [illegible] parent body of consultants [illegible] they have their own separate [illegible] ignored it. Moreover, at hospital [illegible] forums in the shape of Medical [illegible] reasons for the omission of [illegible] little doubt that it was a heavy [illegible] functions of joint consultation [illegible]

Document E 'to give the maximum assistance in promoting the welfare of the patient and efficient administration in the hospitals'. It is difficult to see how such duties can be effectively discharged without medical help. As indicated later, the absence of doctors also affected the attitude of the largest group of staff in the hospitals. Most nurses - who are firmly conditioned to following a medical lead - have, from the start, showed only a tepid interest in consultation.

CHAPTER 4 FACTORS AFFECTING JOINT CONSULTATION IN HOSPITALS

The last chapter has described the long and disturbed pregnancy of consultation and its rather inglorious birth. Hundreds of infant committees were formed but they received little guidance or encouragement. It is well known that the early stages of consultation are difficult and the vitality of committees usually depends either upon an enthusiastic acceptance by both sides of the value of the system (a factor which was often lacking) or upon skilled and sympathetic chairmanship based on a clear conception of the potentialities of consultation.

In a survey of consultation in private industry, the National Institute of Industrial Psychology[1] shows that in firms where committees are working, the most enthusiastic participants are the chief executives and the worker's representatives. In private firms, consultation would not be undertaken unless the enthusiasm of the chief executive was spontaneous and such support has been a crucial factor in private industry in the difficult early days. In the nationalised industries it was realised that the attitudes of managers and executives were likely to vary greatly and hence, as already noted, steps were taken to organise training and to service the committees at lower levels through secretariats attached to the national council and other councils which had considerable prestige.

In the hospital service, consultation had, in several senses, the worst of both worlds. It has been suggested that in the changing circumstances of to-day, the concept of separate consultative and negotiating committees may be obsolescent. Such a system, however, clearly has some merits. If a consultative council or committee is firmly orientated to goals which are not controversial, a sense of active co-operation can, with skill and enthusiasm, be generated. This has been largely achieved in the nationalised industries where the national consultative councils and their officers have provided a steady stream of encouragement and help. The hospital service, however, is alone in having no national council which is solely dedicated to such a role.

The parent of consultation is, as we have seen the General Whitley Council, a body which had shown itself to be deeply divided over issues of principle and which, in any event, was preoccupied with many difficult issues. Moreover, in other respects the General Council was not well suited to the role of successful parent. It is a large body of 55 persons (twice as large as the national consultative councils of the nationalised industries) and is the apex of nine functional councils whose constitution is set out in Document H in Appendix I and in Appendix II. Both on the General Councils and on the Functional Councils there are two 'sides' representing the employees and staff.

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[1] Joint Consultation in British Industries - N.I.I.P. Staples.

[illegible] FACTORS AFFECTING JOINT CONSULTATION IN HOSPITALS

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[1] Joint Consultation in British Industries - N.I.I.P. [illegible]

Communication between the two sides is formally arranged between the joint secretaries - one nominated by the Ministry of Health on the management side and one elected by the staff side.

This necessarily cumbrous organisation has not, in some respects, endeared itself to the service. Its task is complex and difficult and in its earlier years, it was made more difficult by frequent changes of personnel. The Management side secretaries are civil servants and, as the Fulton Report has indicated, these have been subject to frequent movements which have prevented continuity and the acquisition of knowledge and expertise. The following table shows the contrast in terms of secretarial changes between the Whitley Councils of the Health Service and the equivalent bodies in other services and industries.

	Secretarial Changes
Local Government	2
Gas Industry	2
Electricity Industry	4
Health Services	32

(one functional council has had 11 changes)

A further complication is the ambiguous role of the Ministry of Health which, in the hospital service, acts both as employer and as ministerial guide. It is, in a sense, both judge and jury and this factor, combined with a lack of intimate knowledge of hospital conditions by many members of the secretariat, has made relations between the two sides uneasy.

This point is demonstrated by the following table which shows that in the Health Service there has been constant appeal to arbitration. The number of referrals in four bodies in the public sector in the period of 1948/63 were as follows:-

Referrals in the 1948/63 period

Industry	Referrals
Gas	6
Electricity	5
Local Government	16
National Health Service	135

There were some 800 Health Service Wages settlements in this period which means that about 17% of the matters under negotiation went to arbitration. It should, however, be pointed out that, since 1963, the number of referrals has been much smaller.

Furthermore, just as the Health Service is unique in having no national body wholly concerned with consultation, so at regional level the only

Communication between the two sides [illegible]
joint secretaries - one nominated by [illegible]
management side and one elected [illegible]

This necessarily cumbrous organisation [illegible]
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[illegible]

A further complication [illegible]
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many members of [illegible]
sides [illegible]

This [illegible]
the Health Service [illegible]
number of referrals [illegible]
1948/63 were [illegible]

Industry

Gas

Electricity

Local Government

National Health Service

There were some 800 Health Service [illegible]
which means that about [illegible]
arbitration. [illegible]
the number of referrals [illegible]

Furthermore, just as the Health Service [illegible]
body wholly concerned with consultation, [illegible]

machinery which exists is solely concerned with negotiation. Following the establishment of the Whitley machinery at national level in 1948, Regional Appeal Committees were set up, mainly for the determination of individual claims. These committees consist of an equal number of managerial and staff representatives and, if there is no agreement, matters are referred to the relevant Functional Council and thence, if necessary, to arbitration.

Since there is also no consultative committee at group level, it is clear that so far as encouragement and support, from above is concerned, hospital committees were orphans in a rather stormy sea. Such contacts as they had had with the General Whitley Council have been purely bureaucratic in character. The constitution of hospital committees was decided nationally and hence questions of interpretation or requests for variations have had to be submitted to the joint secretaries of the General Council. About 150 requests for guidance were sent. Many of these related to Clause 3 (b) regarding membership of a recognised organisation. A number of committees claimed that unless the proviso was relaxed the machinery would not work because of absentees or that nurses would not participate. In three cases no members of the clerical or domestic staff belonged to a union and in others too few belonged. In one case, the staff side chairman and secretary were made ineligible owing to the clause. In all these cases the rule had to be enforced. An analysis of the substance of other matters submitted to the General Council is given in the next chapter and it will be noted that the rulings were almost wholly negative. Committees were told what they could not do but virtually no guidance, apart from the original constitution, was given about their potentialities. Does this matter?

Experience in the nationalised industries indicates that this factor is of fundamental importance. The current guide to Consultation in the Coal Industry, issued on behalf of the National Consultative Council, spells out simply but at considerable length the ways in which consultation can be used most effectively 'The important thing' states the guide 'is to make sure that Committees discuss the things that really matter in the pit'. Many committees 'find it useful to devote almost a whole meeting to a single subject' and they are advised to meet fortnightly. 'Consultation cannot succeed without full and accurate information and this must be well presented and easy to digest'. Visits should be paid to new developments and to other pits. Apart from these general injunctions the guide describes in some detail eleven areas, including output and productivity, improvements in underground efficiency, coal face organisation, manpower, plans and projects etc. to which special attention should be given. Recently, in view of the enormous competition of other fuels, a massive educational campaign, linked with the consultative machinery, has been launched to step up productivity. Courses for managers at the Board's Staff College have been addressed by Lord Robens and these have been linked with coal face management courses at every pit. The lessons derived from these colliery courses are fed underground by means of 'teach-ins' for the coal face teams themselves.

In electricity, encouragement has in the past, been given on an even more elaborate scale. Hundreds of courses have, over the years, been

provided for management and staff representatives and these have been supplemented by Summer Schools, bulletins, suggestion schemes and a large number of news sheets run by local advisory committees. Great attention is given to publicity for meetings and to the movement of topics up and down the consultative hierarchy.

Finally, great stress is laid, both in private firms and in nationalised industries on the follow-up of consultative committee meetings. In private firms greater financial flexibility enables concrete suggestions agreed in committees to be acted on promptly and this can be a potent factor. In nationalised industries finance, as in the hospital service, can be a bugbear - though they normally have more managerial discretion. But in nationalised industries there is another safeguard. Copies of consultative committee minutes are usually sent to the next tier of consultation where they are scrutinised by the secretariat. Reports are made to the appropriate council and questions are asked if delays or omissions occur.

Experience suggests, in fact, both in private and in public industry, that if it is worth doing consultation at all, it is worth doing it really well.

CHAPTER 5 STRUCTURE AND REPRESENTATION

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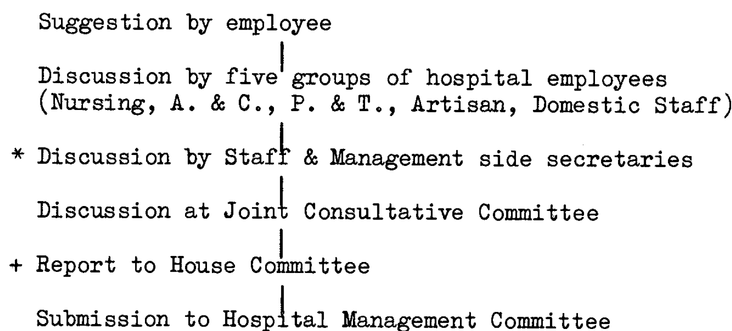
1. Structure

The chairman of a hospital consultative committee is normally a member of the management committee and the committee follows the Whitley pattern in having a secretary appointed by the management side and one elected by the staff side. The former normally drafts the minutes in consultation with the other secretary. The procedure for raising and pursuing matters through the committee is rather formal. Originally the Staff Side Secretaries and the Management Side Secretaries had to discuss and agree the agenda. This arrangement offered opportunities to management to influence decisions about the inclusion of items on the agenda and this stage was later revised. It was ruled by the General Council that 'there is nothing in the constitution which requires that matters the staff side wish to raise on the consultative committee should first be discussed with senior officers representing the management'. In spite of this, however, the old procedure still largely obtains.

In any event, a suggestion by an employee normally goes through a long process before it reaches the Hospital Management Committee. This process is illustrated in tabular form below:-



*Usually agreed though not now mandatory.

+Not stipulated in the constitution but normal practice.

The early part of this procedure may be necessary to secure co-ordination, but the link between the joint consultative committee and the Hospital Management Committee seems too remote. A report to the House Committee may cause delay and the members of the Staff Side of the Joint Consultative Committee do not have direct access to the Hospital Management Committee. A formal record of the consultative committee recommendation, sometimes with comments by the House Committee, may be presented by a member of the management side who is not sympathetic to the proposal. He may, therefore, present it briefly, without enthusiasm or with adverse comments. The originators of the suggestion have no opportunity of hearing the arguments which take place at the Management Committee or of acting as advocates for it. There

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The chairman of a hospital consultative committee is [illegible] of the management committee and the committee follows the [illegible] pattern in having a secretary appointed by the management [illegible] elected by the staff side. The former normally [illegible] consultation with the other secretary. The procedure for pursuing matters through the committee is [illegible] the Staff Side Secretaries and the Management [illegible] discuss and agree the agenda. This arrangement [illegible] to management to influence decisions about the [illegible] the agenda and this stage was later revised. [illegible] General Council that 'there is nothing in the [illegible] requires that matters the staff side wish to [illegible] committee should first be discussed [illegible] the management'. In spite of [illegible] largely obtains.

In any event, a suggestion [illegible] process before it reach[illegible] the Hospital [illegible] process is illustrated in [illegible]

Suggestion by employee [illegible]

Discussion by [illegible]
(Nursing, A. & C., [illegible])

* Discussion by Staff [illegible]

Discussion at [illegible]

\+ Report to House Committee

Submission to Hospital [illegible]

*Usually agreed though not [illegible]

\+Not stipulated in the constitution [illegible]

The early part of this process [illegible] ordination, but the link [illegible] the Hospital Management Committee [illegible] House Committee may cause [illegible] the Joint Consultative [illegible] Hospital Management Committee [illegible] committee recommendation, [illegible] may be presented by a member of the [illegible] sympathetic to the proposal. [illegible] without enthusiasm or with [illegible] suggestion have no opportunity [illegible] at the Management Committee [illegible]

would seem to be a case for permitting representatives of the staff side of a joint consultative committee to present, personally, a proposal to the Hospital Management Committee if their colleagues so wish.

Document C of Appendix I sets out the facilities which may be granted to the staff side representatives to keep in touch with their colleagues and members. These facilities are, no doubt, valuable but preliminary meetings introduce an added element of formality into the proceedings and tend to underline the differing approaches of the two 'sides'.

The constitution makes provision for sub-committees which may 'be appointed as considered necessary'. Little evidence is available of the extent to which sub-committees have been set up and this might become an important issue if the scope and objectives of consultation were widened. The N.I.I.P. book[2] states that in most firms a simple 'tree' form of constitution in which the various functional groups are linked to one main committee, was initially adopted. This is largely in line with hospital committees. In firms of any size, however, it was found that a more elaborate structure was required if proper communications were to be maintained with all types of employees. These either took the form of a 'pyramid' type of structure in which unit sub-committees reported to the main committee or a 'dual' structure in which separate functional committees reported to the main committee. If consultative committees were to tackle seriously problems of efficiency and productivity in different parts of the hospital, some development on these lines would seem to be necessary. In view of the power to appoint a sub-committee such a development would presumably be possible but guidance, based if possible on experiment, would probably be helpful.

A power also exists to co-opt but it will be noted that paragraph 2 (d) of Document C states that this 'should be confined to persons who are within the field of eligibility for membership of the Consultative Committee itself'. This seems to exclude doctors and co-opted members are only permitted in a consultative capacity. Even if this device could be used it would not be the equivalent to the inclusion of appropriate doctors on both the staff and on the management sides.

It has been noted that a fundamental feature of the consultative system is that it is hospital based and a number of problems have arisen about the difficulties of establishing committees in groups where there are many hospitals, some of them small. For example, difficulties have arisen regarding the availability of Hospital Management Committee members. At one group there were 11 hospitals in which it was proposed to start joint consultations, but there were only 18 members on the H.M.C. In another group there were three large hospitals and only twelve members. In one group there was no H.M.C. member who was willing to act as chairman and in others none attended. As a result the management side was composed only of the senior officers of the hospital.

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[2] Op. cit.

would seem to be a type [illegible] of the [illegible]
of a joint consultative [illegible] mally, a [illegible]
the Hospital Management Committee [illegible] agues so w[illegible]

Document 4 in Appendix I [illegible] ssues which [illegible]
to the staff side [illegible] In touch with [illegible]
and members. [illegible] so doubt, valued [illegible]
meetings [illegible] formality into [illegible]
and [illegible] approaches of [illegible]

The [illegible] the sub-committees which [illegible]
appear[illegible] little evidence [illegible]
the [illegible] have been used [illegible]
become [illegible] the work and objectives [illegible]
were [illegible] states that [illegible]
[illegible] which the [illegible]
[illegible] hospital. [illegible]
[illegible] In times of any [illegible]
[illegible] was regarded [illegible]
[illegible] maintained with all types of [illegible]
[illegible] 'board' type of structure in [illegible]
[illegible] committee or a 'local' [illegible]
[illegible] reported to the main [illegible]
[illegible] tackle especially pro[illegible]
[illegible] parts of the hospital [illegible]
[illegible] necessary. In view [illegible]
[illegible] a development would p[illegible]
[illegible] of experiment, [illegible]

[illegible] that it will b[illegible]
[illegible] should be [illegible]

[illegible]
H.M.C. [illegible]
twelve [illegible]
willing [illegible]
the [illegible]
hospital [illegible]

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[2] Op. cit.

The apparent shortage of suitable H.M.C. members in some groups led to requests to organise joint consultation on a sub-group basis, that is, to permit two, three or four smaller hospitals to hold joint meetings. This was held to be contrary to the constitution in all cases except one where an undertaking was given that separate meetings would also be held in each hospital. In another, such a sub-group organisation was approved because the staff and nurses were common and had the same matron. The design of the building was taken into account and the desire to improve relationships between the two hospitals. In another case two hospital staffs of 14 and 17 were allowed to join together. A large hospital with 386 staff was allowed to join with another because the matron was common to both.

Many requests were made for group joint consultative committees. Group staff wished to be included in the joint consultative machinery and this was eventually allowed. One enterprising group organised a committee at group level in addition to committees at the hospitals, but this was ordered to be disbanded. Usually the demand for group organisations came from the senior officers or members because it might involve fewer meetings or because they thought that the committees would work better on a group or sub-group basis. In one case the problem brought repercussions. It was feared by the staff side that the demand to have three large hospitals on the same site classified as separate institutions for joint consultative purposes might cause for them to be thus classified for other purposes. Some of the staff feared that the ceilings of their salaries might be affected.

There was also some controversy about the composition of the management side. The National Association of Local Government Officers unsuccessfully proposed to the General Council the rule 'That the principal officers should be in attendance at joint consultative meetings as necessary and in an advisory capacity'. In other words, they wanted the H.M.C. members to meet the staff directly without having senior officers present as members of the committee. Rulings were given about other problems of committee composition. At one committee only the hospital secretary was present, and this was held to be wrong since the matron should also be a member.

2. Representation

As indicated earlier, paragraph 7 of Document A states that the number of persons to be appointed to the consultative committee to represent the various staff groups is a matter for local determination. A survey made in 65 hospitals - including three teaching hospitals - showed that the number of staff side representatives varied widely from 4 to 20. This range is indicated in the following table:-

[illegible] of suitable H.M.C. members in area groups [illegible]
[illegible] joint consultation on a sub-group basis, [illegible]
[illegible] as four smaller hospitals to hold joint [illegible]
[illegible] be contrary to the constitution in all cases [illegible]
[illegible] was given that separate meetings would [illegible]
[illegible] hospital. In another, such a sub-group [illegible]
[illegible] because the staff and nurses were [illegible]
[illegible] the design of the building was taken into [illegible]
[illegible] to improve relationships between the two [illegible]
[illegible] hospital staffs of 14 and 17 were allowed [illegible]
[illegible] hospital with 386 staff was allowed to [illegible]
[illegible] matron was common to both.

[illegible] were made for group joint consultation [illegible]
[illegible] staff wished to be included in the joint [illegible]
[illegible] this was eventually allowed. [illegible]
[illegible] at group level in addition to committees [illegible]
[illegible] this was ordered to be disbanded. [illegible]
[illegible] complications came from the senior officers [illegible]
[illegible] might involve fewer meetings or because [illegible]
[illegible] committees would work better on a group [illegible]
[illegible] the problem brought repercussions. [illegible]
[illegible] that the demand to have three large hospitals [illegible]
classified as separate institutions for joint [illegible]
[illegible] cause for them to be thus classified [illegible]
of the staff feared that the chances of their [illegible]
affected.

There was also some controversy about the composition [illegible]
[illegible]. The National Association of Local Government [illegible]
unsuccessfully proposed to the General Council [illegible]
principal officers should be in attendance [illegible]
meetings as necessary and in an advisory capacity [illegible]
they wanted the H.M.C. members to meet the staff [illegible]
having senior officers present as members [illegible]
were given about other problems of committee [illegible]
committee only the hospital secretary was [illegible]
to be wrong since the matron should also be [illegible]

Representation

As indicated earlier, paragraph 7 of Document A [illegible]
[illegible] of persons to be appointed to the consultative [illegible]
[illegible] the various staff groups is a matter for local [illegible]
[illegible] in 65 hospitals - including three [illegible]
[illegible] that the number of staff side representatives [illegible]
[illegible]. This range is indicated in the following [illegible]

Table (i)

Staff Side Numbers	4	5	6	7	8	9	10	11	12	13	14	15
Number of Hospitals	3	3	6	2	6	9	8	8	10	2	2	1

Staff Side Numbers	16	17	18	19	20		
Number of Hospitals	-	1	1	1	2	=	Total 65

In spite of these wide variations the average number of employees per representatives in the five groups also varied widely as is shown in the following table:-

Table (ii)

Numbers employed and representatives

	Total Staff	Representatives	Average for Sample
Admin. & Clerical	1,455	83	17
Nurses	10,791	234	46
Prof. & Tech.	1,361	61	22
Domestic	8,091	221	36
Artisan	1,043	58	18
No representation	111		
Combined with others	622		
	23,474	657	35.7

It will be seen that 111 employees - 16 clerical and administrative staff, 75 professional and technical staff and 20 artisans - were not represented at all. In order to avoid lack of representation or to achieve a small but balanced committee, groups of employees were, in some cases, combined together. In one case 50 domestics, 8 professional and technical, 4 artisans and 7 clerical and administrative employees were merged to form one constituency, which elected 4 representatives.

It is clearly not easy to strike a balance between the advantage of a relatively small committee and a larger one which represents the numbers of employees in the various groups more equitably. The following table shows that as the number of representatives for each group increases, the average number of employees per representative tends to fall.

Constituency Number	4	5	6	7	8	9	10	11	12
Number of Hospitals	3	5	6	2	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Constituency Number	16	17	18	19	20
Number of Hospitals	-	1	3	1	[illegible]

In spite of these wide variations the average [illegible] representatives in the five groups [illegible] following table:-

Table (xi)

Numbers employed and representation

	Total Staff
Admin. & Clerical	1,455
Nurses	10,572
Prof. & Tech.	1,741
Domestic	8,091
Artisans	1,045
No representation	111
Combined with others	692
	23,474

It will be seen that 111 employees [illegible] staff, 75 professional and technical staff [illegible] represented at all. In order to avoid [illegible] achieve a small but balanced committee, [illegible] some cases, combined together. In one case [illegible] and technical, 4 artisans and 7 clerical [illegible] were merged to form one constituency, which [illegible]

It is clearly not easy to strike a balance between [illegible] relatively small committee and a larger one which [illegible] numbers of employees in the various groups [illegible] following table shows that as the number of representatives [illegible] group increases, the average number of [illegible] fails to fall.

Table (iii)

Average Number of Employees per Representative

Representative	A & C	Nursing	P & T	Domestic	Artisan
1	14	84	19	86.6	14
2	23.5	67	24	37	22.5
3	52	58	58.6	39.9	38.3
4	-	42.6	4.2	38.6	-
5	23	28	-	50	-
6	-	46	-	7.2	-
7	-	16	-	16.3	-
8	-	19	-	16.6	-

There were some exceptions because the hospitals surveyed varied greatly in size and the averages mask considerable disparities. For example, one hospital had 793 nurses and 6 representatives - an average of 162 nurses per member. In another instance there were 5 representatives for 758 domestics. The pamphlet 'Effective Joint Consultation' [1] issued by the Industrial Society recommends that a 'constituency' should never exceed 50 since this is the maximum number with whom a representative can keep in touch.

It will be seen from Table (ii) that the clerical and administrative staff and the artisans were most favourably placed as regards the average number per representative. The latter are, of course, a relatively small group in most hospitals and it might be an advantage if they were joined with the farm and garden staff who seem to have more affinity with the artisans than with the domestic staff. The clerical and administrative staff are also well represented and may gain some advantage because they are closely associated with the secretarial work of the committees. The professional and technical staff, too, have a fairly good ratio of staff to representatives but it was found that they played no part in consultation in 18 hospitals. The domestic staff are a very numerous group and contain a proportion of staff - particularly porters - who are often active supporters of consultation. On the other hand they have a large 'tail' which is generally apathetic eg, foreign staff and part timers, who are unlikely to be much concerned, and many other domestics who are too diffident to put forward suggestions.

The tables show that in general nurses, numerically, are under-represented. This underlines a basic problem of consultation - how to arouse the active interests of the nurses, many of whom belong to no

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[1] The Industrial Society. 1965 - 5/-

[illegible] Members per Representative

[Occupation]	A & C	Nurses	P & T	Domestic	Artisan
[illegible]	14	84	19	86.[illegible]	[illegible]
[illegible]	[illegible].5	67	24	37	[illegible]
[illegible]	[illegible]	56	56.4	[illegible]	[illegible]
[illegible]	-	42.6	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	26	-	[illegible]	[illegible]
[illegible]	-	46	-	[illegible]	[illegible]
[illegible]	-	16	-	[illegible]	[illegible]
[illegible]	-	29	-	[illegible]	[illegible]

There were some exceptions because the hospitals [illegible] in size and the averages mask considerable di[illegible] [illegible] hospital had 797 nurses and 6 representatives [illegible] [illegible] per member. In another instance [illegible] [illegible] 730 domestics. The pamphlet 'Effective [illegible]' issued by the Industrial Society recommends [illegible] [illegible] exceed 50 since this is the maximum [illegible] representative can keep in touch.

It will be seen from Table (15) that the [illegible] [illegible] and the artisans were most favourably placed [illegible] [illegible] number per representative. The [illegible] relatively small group in most hospitals [illegible] if they were joined with the farm and garden [illegible] more affinity with the artisans than with [illegible] clerical and administrative staff are also [illegible] gain some advantage [illegible] they are closely [illegible] managerial work of the [illegible] they have a fairly good ratio of [illegible] [illegible] that they played no part in [illegible] domestic staff are a very [illegible] particularly porters [illegible] On the other hand they have a large [illegible] [illegible] foreign staff and part-time [illegible] [illegible] and many other [illegible] [illegible] complications.

[illegible] that in general nurses, numerically [illegible] [illegible] This underlines a basic problem [illegible] [illegible] structure of the nurses, many of them [illegible]

[illegible] 1967 - 56.

organisation. It is unlikely, in present circumstances, that an increase in nurse representation would increase interest and it would probably be difficult to find enough candidates to stand for election. There are many problems such as shift work, wastage, dispersion, and the hierarchical traditions of nurses which make their active participation difficult to secure. Perhaps if the doctors could be persuaded to play their part the nurses might be drawn in. At present it is perhaps not surprising that they have, in many instances, withdrawn.

Other types of queries were also submitted to the General Whitley Council. One hospital wanted a committee to be elected by departments and another asked that its doctors should be present because they had been in committees established before the constitution was agreed. Registrars, assistant resident surgeons, and even patients were proposed as members but it was held that national agreements did not permit such deviations. One referral asked whether four sections of the staff side could impose their method of voting on the professional and technical employees. It was ruled that each group must determine its own method of election.

Another proposal was to streamline a committee by having five management and five staff representatives elected on the following basis:-

	No. of employees	Representatives Proposed
Nursing	285)	2
Professional and Technical	)	
Domestic and Garden	270)	2
Artisan	13)	
Admin. and Clerical	50)	1
		5

The proposal was, however, turned down as being contrary to the constitution. A similar instance of inter-group difficulty was where a group of domestic employees wanted a joint consultative committee and none of the other four groups did. The hospital was advised to establish a committee 'because it was a hardship for those who did want a committee and could not have one'. Suggestions were also made, particularly on behalf of nurses, that voting should be by grade rather than by occupation, but this principle, too, was not accepted.

The above instances show that the amount of flexibility granted to committees to modify their constitutions and to meet their particular needs has been very limited. This question raises difficult issues. Since the purpose of consultation, as stated, is to 'enable purely local problems to be discussed' the case for greater flexibility seems strong. On the other hand there may be inadmissible local pressures which could distort the machinery unless some check were provided. It seems, however, undesirable that rulings should be given by a bureaucratic machine so far removed from the actual hospital situation. Perhaps if an intervening level of consultation could be established this could be given discretion to authorise variations in the light of its greater knowledge of the local situation.

CHAPTER 6 THE EXTENT OF FORMAL ORGANISATION

In order to obtain a picture of the extent to which consultative machinery is used, 23 groups in a selected geographical area were chosen for investigation. These included groups in rural, industrial and coastal areas: the number of hospitals in the groups varied and they included large and small units together with mental and acute hospitals containing a variety of specialities. The survey extended to 197 hospitals and included some teaching hospitals.

The number of hospitals in the 23 groups ranged from 1 to 16. Table I of Appendix III shows the wide variation in the numbers of beds in the different hospitals, a range fairly typical of that found in any region. Maximum and minimum numbers of staff employed in the 23 groups was as follows:-

	Min.	Max.
Admin. and Clerical	25	182
Professional and Technical	9	197
Nursing	152	1,070
Domestic	71	832
Artisan	52	434

A yearly analysis of the meetings of Staff Consultative Committees shows the attempts by various hospitals to establish Committees. Of the 197 in the sample, there were meetings in 76 different hospitals. In the fifteen years, as shown in Table II in Appendix III, there were 1,048 meetings and the peak of 194 in 1951 contrasted sharply with that of 1963 when there were only 20. Every group tried to establish consultative committees, but in ten groups no meetings took place during the last seven years of the period reviewed. The most successful organisation of committees occurred in two groups where, in 1963, 75 per cent of the total meetings in the sample were held.

It might be asserted that the success of these two groups was due to the presence of large hospitals, with 800 and 1,683 beds respectively. This, however, is not the whole answer. Four other hospitals with over 1,000 beds were included in the survey and these have no similar record.

Mental hospitals are sometimes thought to have characteristics which lend themselves to successful consultative committees, but those in the sample were not more successful than the other hospitals in establishing committees. Of the 197 hospitals in the survey 39 were concerned with mental illness or mental subnormality, but of these only eight have held meetings to consult their staff. Of these, only six did so in 1960/3 and of the total of 1,048 meetings held in all hospitals, only 171 took place in mental hospitals.

When the 197 hospitals were invited to complete a questionnaire about consultation, 32 replied that a committee was still functioning at the

hospital. Their staff and that in all the hospitals was as follows:-

	Staff employed in 197 hospitals	Staff employed at 32 hospitals
Admin. & Clerical	1,824	578
Professional & Technical	1,428	719
Nurses	12,414	5,143
Domestic	7,355	3,699
Artisan	4,491	711
Totals	27,512	10,850
Beds	32,893	11,317

It will be seen that of the total staff in the sample, about 40 per cent were employed in these 32 hospitals but at 13 of these no meetings were held between 1960/3. In the remaining 19, 8,771 staff were employed and Table II shows that in most of the groups concerned the number of meetings had so declined that the process seemed likely to continue. The table also shows that the 19 hospitals which were still holding meetings in 1963 had logged a total of 143 meetings between 1960 and 1963 whereas the 44 hospitals which had acknowledged failure had held only 446 meetings since 1950.

Table III of Appendix III shows the size of the hospitals which continued consultation up to 1960/3 and the composition of their staff. It indicates that the six mental hospitals held a total of 167 meetings but that two-thirds of these were held in two hospitals employing a total of 530 staff. The other 13 hospitals which had persisted had 6,038 staff and held 374 meetings since 1948. 20 per cent of these meetings were held at the one large hospital which employed one-third of the total staff.

The hospitals which abandoned consultation gave as reasons that there was apathy, that the staff was not interested, or that there was nothing to discuss. In some cases, the plea was that the staff was too small. As was not unexpected, the table below shows that casualties in the small hospitals were rather more frequent than in the rest. The number of large ones which had failed and the number of small ones which have continued is, however, significant.

[illegible] and that in all the hospitals was as follows:

	Staff employed in 197 hospitals	Staff employed in 32 hospitals
[illegible]	1,824	[illegible]
[illegible] & Technical	1,428	[illegible]
[illegible]	12,414	[illegible]
[illegible]	7,355	[illegible]
[illegible]	4,491	[illegible]
Totals	27,512	[illegible]
[illegible]	32,893	[illegible]

It will be seen that of the total staff in [illegible] were employed in these 32 hospitals but [illegible] held between 1960/3. In the remaining 19, [illegible] the Table II shows that in most of the groups [illegible] had so declined that the process [illegible] The Table also shows that the 19 hospitals [illegible] meetings in 1963 had logged a total of 143 meetings [illegible] 1963 between the 44 hospitals which had [illegible] held 111 meetings since 1950.

Table III of Appendix III shows the size of the [illegible] consultation up to 1960/3 and the composition of their [illegible] indicates that the six mental hospitals held [illegible] and some two-thirds of these were held in the [illegible] total of the staff. The other 13 hospitals [illegible] which had held 374 meetings since 1948 [illegible] were held at the one large hospital [illegible] of the total staff.

[illegible] which abandoned consultation gave [illegible] was that the staff was not interested, [illegible] In some cases, the plea was that the [illegible] the table below shows that [illegible] were rather more frequent than in the [illegible] had failed and the number of [illegible] significant.

Staff Employed	Hospitals where consultation had ceased	Hospitals continuing consultation
0 - 100	11	2
100 - 200	12	3
200 - 300	11	7
300 - 400	2	2
400 - 500	3	1
500 - 600	1	-
600 - 700	1	-
700 - 800	2	1
800 and over	1	3
	44	19

It is interesting that two small cottage hospitals maintained a combined meeting because the group secretary wished to meet the staff in this way. These hospitals are linked with one of the small mental hospitals which has also maintained consultation and this again may have been attributable to the group secretary. Indeed three of the 14 hospitals with less than 400 beds where consultation continued were mental hospitals and it may be that the smaller psychiatric hospitals find consultation easier than the larger ones. Certainly the presence of a sympathetic Medical Superintendent with a belief in social therapy seems to make the prognosis more favourable.

Evidence obtained indicated that whilst in a few cases the initiative to start consultation came from the Management side, many authorities have stated that 'no desire has been expressed to have consultative committees'. Pressure to start committees, has it seems, come mainly from the staff. This pressure will clearly vary with the degree of unionisation at the hospitals and, since no figures are available, this is difficult to judge.

It is, however, all too clear that the general picture is a depressing one. Of the 197 hospitals, 92 (mainly small) admitted that no attempt had been made to start consultation, 29 declined a statement or were covered by a sub-group organisation in which consultation was not easy and 76 set up committees. Of these 76, there were only 19 survivors in 1963.

Evidence suggests that such a rate of wastage is unprecedented in the history of consultation. In the nationalised industries the success of consultation varies greatly from unit to unit but almost all are still extant. In private industry no recent surveys appear to have been made but in Industrial Democracy at Work[1] published in 1952, the

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[1] W.A. Robson-Brown and N.A. Howell-Everson. Pitmans

[illegible]	Hospitals where consultation had ceased	Hospitals [illegible]
[illegible]	11	
[illegible]	12	
[illegible]	11	
[illegible]	2	
[illegible]	5	
[illegible]	1	
[illegible]	1	
[illegible]	2	
[illegible] and over	1	
	44	

It is interesting that the small cottage [illegible] meetings because the group secretary [illegible] in this way. These hospitals are linked [illegible] hospitals which has also maintained [illegible] have been attributable to the group secretary [illegible] hospitals with less than 400 beds [illegible] mental hospitals and it may be that the [illegible] for consultation greater than the larger [illegible] of a psychiatric Medical Superintendent [illegible] tends to make the proposals [illegible]

[illegible] indicated that while [illegible] consultation came from the management [illegible] stated that 'no desire has been [illegible]'. Pressure to start consultation [illegible] the staff. This pressure will clearly [illegible] as the hospitals and, [illegible] to judge.

[illegible], all too clear that the general [illegible] 127 hospitals, 92 (mainly small) [illegible] joint consultation, 29 decided [illegible] group organisation in which consultation [illegible] committees. Of these 75, there were only [illegible]

[illegible] that such a rate of wastage is unprecedented [illegible]. In the nationalised industries the [illegible] greatly from unit to unit but closed [illegible] private industry no recent surveys appear [illegible] 'Industrial Democracy at Work' published in 1959 [illegible]

[illegible]-Everson. Pitmans

author described a survey of 589 private firms. In 120 of these firms formal consultation never got off the ground but of the 439 who undertook consultation only 39 discontinued during the period reviewed.

To this situation the Ministry of Health have turned a Nelsonian eye. The last official reference to joint consultation appears to have been the following paragraph in the Ministry's Annual Report for 1952. 'The scheme' it was stated 'was launched in the Summer of 1950 and since then joint consultative committees have been started in hospitals throughout the country. Over a considerable part of the hospital service the institution of these committees represented a new departure in the relationship between management and staff and time must be allowed before their effectiveness can be assessed. In the hospitals, where the common aim of management and staff the recovery and well being of the patients is apparent to all, joint consultative committees start with every advantage and they should make an effective contribution towards the achievement of an harmonious and efficient service'.

It now appears that before the Report was published in 1953, a rapid decline in the number of committees had already begun. In retrospect, therefore, the words have an ironic ring.

... survey of 329 private firms. In 120 of these [illegible] never got off the ground but of the 459 which [illegible] only 19 discontinued during the period reviewed

[illegible] the Ministry of Health have turned a Nelsonian [illegible] official reference to joint consultation appears to [illegible] paragraph in the Ministry's Annual Report for [illegible] was stated 'was launched in the Summer of 1950 and [illegible] consultative committees have been started in hospitals [illegible] country. Over a considerable part of the hospital service [illegible] of these committees represented a new departure [illegible] between management and staff and time must be allowed [illegible] effectiveness can be assessed. In the hospitals, where [illegible] aim of management and staff the recovery and well-being [illegible] is apparent to all, joint consultative committees [illegible] advantage and they should make an effective contribution [illegible] the achievement of an harmonious and efficient service.'

[illegible] now appears that before the Report was published [illegible] decline in the number of committees had already begun. [illegible] circumstances, the words have an ironic ring.

CHAPTER 7 THE MEETINGS

Since the ratio of success in the hospitals in the sample has been so low, it is important to consider whether any factors relating to the organisation of committee meetings may have contributed to this result. Meetings were, therefore, examined under the following heakdings:-

1. What was discussed

Since an analysis of the minutes of a large number of committees was impracticable, the records of six typical hospitals, which were among the more successful, were examined. These were:-

1. Large hospital (former voluntary - many specialties)
2. A single specialty hospital (former voluntary)
3. A Maternity Hospital (former voluntary)
4. A large General Hospital (former Local Authority)
5. A Mental Hospital (former Local Authority)
6. A small General Hospital (former Local Authority)

The items in the committee meeting minutes of these hospitals during a period of 1960/63 were classified under eight headings as follows:-

Items	Hospitals							
	1	2	3	4	5	6*	Total	Per cent
Building Defects	36	19	40	12			107	13
Catering	16	12	17	6		2	53	5
Equipment	14	18	53	7			92	11
Better Admin.Propls.	26	30	50	26	48	39	219	27
Salaries Method of payment	2	3	1		13	6	25	3
Welfare (Staff)	8	23	59	19	97	19	225	28
Welfare (Patients)		26			18	27	71	8
Referred by Mgt.Side	4	33	1	6	2	6	52	5

*(Part of the meetings only included in the analysis)

It is not surprising that staff welfare heads the list of subjects discussed. Since there were no welfare officers at the hospitals concerned, and since buildings are all too often archaic and inadequate, it is natural that staff should use a consultative committee to draw attention to inadequacies. But 'Welfare' items were not confined to 'complaints' and indeed 97 out of the total of 225 came from a big

CHAPTER 7 THE [illegible]

Since the ratio of success [illegible]
low, it is important [illegible]
organisation of committee [illegible]
Meetings [illegible]

1. [illegible]

Since an analysis of the [illegible]
impracticable [illegible]
the more successful [illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]

The items [illegible]
a period of [illegible]

Item

Building [illegible]

Catering

Equipment

Welfare [illegible]

[illegible]

Welfare (Staff)

Welfare (Patients)

Referred by [illegible]

*(Part of the meeting [illegible]

It is not surprising [illegible]
discussed. Since there [illegible]
concerned, and since buildings [illegible]
it is natural that [illegible]
attention to inadequate [illegible]
'complaints' and formed 37 [illegible]

mental hospital and were largely concerned with social functions. The volume of 'complaints' were not, therefore, great in relation to the total number of items. Understandably, perhaps, the number of items regarding patients welfare were substantially less but were by no means insignificant. It must also be remembered that patients welfare is primarily the concern of the nurses and that they are likely to consider that improvements should first be sought through administrative channels. Probably only in the last resort would it be thought proper to criticise other departments through the consultative machinery.

The next largest category of items - better administrative proposals covered a broad band of topics ranging from the trivial to the significant. Since these were raised by the staff, they were not, in most cases, of a fundamental nature and were largely concerned with the faulty working of the administrative machine.

Catering suggestions, mainly in the form of complaints, came mainly from the nursing staff who, if they live in, are acutely conscious of catering deficiencies. They are also much concerned about the food for patients and a number were items relating to catering in the wards. Equipment items concerned both patients and staff and often dealt with proposed improvements. Similarly, building items dealt with such defects as poor lighting, bad floors, inadequate heating, which are constantly encountered in old hospitals. As indicated below, action flowing from such discussions tended to be too little and too late and thus was a fruitful source of frustration.

Perhaps the most significant point about the analysis is that 95 per cent of these items were raised by the staff and only five per cent by management. Such matters as were raised by management were mainly exhortations about economy in the use of electricity and other minor matters. This is the reverse of the practice advocated in the NCB guide referred to in Chapter 4, in which the whole emphasis is on initiative by management. Wherever consultation has been effective in any organisation management has taken pains to raise 'subjects that really matter' and to invite staff representatives to discuss them fully and frankly. It will be remembered that colliery committees were advised, on appropriate occasions, to devote whole meetings to one subject so that it could be discussed in depth and managers were reminded about the need for simple and imaginative presentation of information. Moreover, it is fatal to consultation to present committees with a series of faits accomplis. It is not always possible to consult in advance of administrative action, but consultation in the real sense will be meaningless if this is not normally done. When staff cannot be consulted, in advance, about an action which affects them a frank explanation of the reasons is essential if confidence is to be maintained.

2. Agendas and minutes

Reference has been made in Chapter 5 to the procedures for formulating agendas and before the consultative committee meet there is normally a meeting of the staff side presided over by the staff side chairman, who is also vice-chairman of the committee. Much depends on the calibre of the staff chairman and in most cases he will need help and guidance if he is to do his job well. In many spheres training courses for key staff

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2. Agendas and minutes

Reference has been made to the
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representatives have been found to be of great value and joint courses for management and staff have paid good dividends. Much too, depends upon the relation between the various unions and professional organisations and upon the efficiency of their communications with their members.

Communications are much helped if effective publicity is given to consultative committee minutes and to the results of the committees decisions. The survey indicated, however, that little attention has been paid to this matter. In only a few hospitals were copies of the minutes placed on notice boards and in canteens and in one instance copies of the minutes were restricted to members and marked 'confidential'! This practice was adopted because the minutes went to the H.M.C. and it was thought that members would be embarrassed if they did not endorse recommendations. It was also thought that members of the staff should not know about recommendations before the H.M.C. so that there was a conflict between the request to maintain confidentiality and the duty of representatives to inform their constituents. Not surprisingly, this committee ceased to function.

As in other matters affecting consultation, publicity requires a good deal of thought if it is to assist the committees. If the interest of the staff is to be aroused the minutes must be drafted simply and clearly and promulgated in a way which attracts attention. It is useful to post copies on notice boards and other places where staff congregate, but this should, ideally, be supplemented in other ways. There are a number of excellent hospital newsletters and these might provide good vehicles for gossipy paragraphs about successful consultation. Even more important is to publicise tangible results from the committee discussions and the results of staff suggestions. In the electricity industry all Local Advisory Committees publish an annual report setting out their achievements throughout the year and may also issue regular newsletters.

3. <u>Frequency and Times of Meetings</u>

The steady decline in the number of meetings chronicled in the last chapter shows that most consultative committees did not arrange to meet at set intervals. It was, in fact, the general custom to call meetings when enough items had been raised to make a reasonable agenda. Five hospitals, however, did arrange for their committees to meet quarterly or to fix a time for the next meeting before they dispersed. These committees were still functioning at the end of the survey, though even here the number of meetings had declined.

A very practical problem is the time at which a committee ought to meet. This varied considerably and the times at which 65 committees in one region met is shown in the following table:-

Time	Per cent of whole
A.M. (All)....	14
P.M. 2-3	17
3-4	17
4-5	20
5-6	8
6-7	2
7-8	22

It will be seen that 24 per cent of meetings were held outside normal working hours and that very few were held in the morning. Many conflicting factors involved in choosing the best time. It is, for example, difficult for many H.M.C. members, particularly men, to attend in the morning and evening meetings are not very welcome to the staff representatives. There is also the problem of the relationship of consultative meetings with H.M.C. meetings. If a consultative meeting is held immediately before the management committee meeting, it is theoretically possible to discuss the results at once and possibly to take prompt action. If, however, the consultative recommendations have first to be considered by the House Committee or referred to higher authority, this possibility is ruled out. It is convenient for H.M.C. members to combine a consultative committee meeting with another on the same day in order to save two visits to the hospital, but this can result in curtailing the time available for consultation. In one instance a consultative meeting was fixed half an hour before another meeting, thus causing a guillotine to fall irrespective of the vigour of the discussion.

Evening meetings did not normally prove popular, but in one group with a number of small hospitals it was found possible to arrange evening meetings on a sub-group basis. This system was maintained because staff could not be spared to travel long distance during the day. This experience indicates that it might be possible to give something of the flavour of a social gathering to consultative committee meetings. In the coal industry it is normal for colliery committees to meet in the late afternoon and if the meeting continues after normal working hours all those present receive a fee of 8/6 or have their wages made up if they would otherwise have been working. Perhaps it would be possible in the hospital service for committees to meet over tea and to receive a nominal fee if they were detained beyond a certain time.

4. Action and inaction

The problem of following up and taking action upon consultative committee recommendations is a difficult one in the hospital service in view of its perennial shortage of funds and its laborious administrative procedures. One sympathetic group secretary was genuinely concerned about this matter. 'Frequently', he stated 'the action taken is a compromise between the necessity to take action and the very real problem of financing improvements - for example, works staff were not able to get their own showers but were later invited to share those

Time	Per cent of whole
[illegible] (noon)	14
[illegible]-3	17
3-4	17
4-5	20
5-6	8
6-7	[illegible]
7-8	22

[illegible] that 24 per cent of meetings were held [illegible]
[illegible] and that very few were held in the [illegible]
[illegible] process involved in choosing the [illegible]
[illegible] difficult for many H.M.C. members, [illegible]
[illegible] morning and evening meetings are not very [illegible]
[illegible]. There is also the problem of [illegible]
[illegible] meetings with H.M.C. meetings. [illegible]
[illegible] immediately before the management committee [illegible]
[illegible] possible to discuss the results [illegible]
[illegible] action. If, however, the [illegible]
[illegible] to be considered by the House Committee [illegible]
[illegible] this possibility is ruled out. [illegible]
[illegible] to combine a consultative committee meeting [illegible]
[illegible] in order to save two visits to the [illegible]
[illegible] in curtailing the time available for [illegible]
[illegible] a consultative meeting was fixed [illegible]
[illegible] thus causing a guillotine to fall [illegible]
[illegible].

[illegible] meetings did not normally prove popular [illegible]
[illegible] of small hospitals it was found [illegible]
[illegible] a sub-group basis. This system [illegible]
[illegible] could not be spared to travel long [illegible]
[illegible] indicates that it might be possible [illegible]
[illegible] of a social gathering to consultative [illegible]
[illegible] it is normal for colliery [illegible]
[illegible] if the meeting continues after [illegible]
[illegible] receive a fee of 3/6 or [illegible]
[illegible] have been working. Perhaps [illegible]
[illegible] for committees to meet over the [illegible]
[illegible] were detained beyond a certain time.

[illegible] action

[illegible] following up and taking action upon [illegible]
[illegible] is a difficult one [illegible]
[illegible] shortage of funds and its [illegible]
[illegible] group secretary was [illegible]
[illegible]', he stated 'the [illegible]
[illegible] to take action and the [illegible]
[illegible] - for example, [illegible]
[illegible] but were later invited to share [illegible]

eventually provided for the porters'. An enquiry at this hospital showed the average time lag which occurred in implementing recommendations about staff welfare.

Proposals

	Average Cost	Average time to implement
Patient Welfare	£16	3 weeks
Staff Welfare	£70	16 months 1 week
Management improvements	£49.10.-.	1 month 1 week

Frequently, improvements for patients can be secured by an appeal to the League of Friends, but gaining improvements for the staff is an uphill and protracted business. But in small matters, as in large it is vital to the success of consultation that committees should be able to record achievements and this, it appears, can often be affected by management attitudes. At one hospital a committee waited nine months for a report back by a Matron about tea breaks for nurses. In other instances, officers, hearing that points were to be raised, took action before the committee met and claimed that there was no problem. Delay between meetings made issues so stale that interest faded away. In the field of follow-up, as in most other aspects of consultation, management attitudes are usually decisive.

5. The unions

The attitudes and thus the actions of the unions involved in staff consultation in the hospital service have been varied. At national level the unions generally give full support to the idea of staff consultation. At local level, the picture is somewhat different. This often depends on whether the union regional secretary or his assistants are interested. Where they are concerned they may try to ensure that their hospital union secretary or collector is the staff side secretary and since more than one union may be involved, this can be a cause of contention. Some representatives have tended to see staff joint consultative committees as local Whitley Councils and when their proposals have not been accepted by the committee, they have resorted to the negotiating machinery to force the issue. The subjects which have most often caused this are provision of free uniforms, overalls, special articles of clothing and changing shift-times. These subjects are generally decided upon at national level in broad terms and left to the local managements to adapt to local needs and pressures. They have therefore strong negotiating elements in them and can be a danger to committees whose declared role is to establish collaboration.

In one instance the unions caused a collapse of a committee which had met regularly. This was occasioned by a disagreement with the management side over the details of a shift system. The matron held a particular view about the shift times which was supported by the management committee. As this was unacceptable to the unions there

[illegible] improved for the porters'. An enquiry at this [illegible]
[illegible] the lag which occurred in implementing
[illegible] small welfare.

[illegible]

	Average Cost	[illegible]
[illegible] Welfare	£16	[illegible]
[illegible] Welfare	£70	[illegible]
[illegible] Improvements	£49.10.-	[illegible]

[illegible] improvements for patients can be [illegible] of friends, but gaining improvements for [illegible] and protracted business. But in small [illegible] the success of consultation that committees [illegible] achievements and this, it appears, can often [illegible] difficulties. At one hospital a committee [illegible] back by a Matron about tea breaks for nurses [illegible] officers, hearing that points were to be raised [illegible] committee and claimed that there was no [illegible] meetings made issues so stale that interest [illegible] of follow-up, as in most other aspects of [illegible] officers are usually decisive.

The unions

The attitudes and thus the actions of the [illegible] consultation in the hospital service have [illegible] level the unions generally give full support [illegible] consultation. At local level, the [illegible] This often depends on whether the union [illegible] consultants are interested. Where they [illegible] ensure that their hospital union secretary [illegible] union secretary and since more than one union [illegible] a cause of contention. Some representatives [illegible] their joint consultative committees as [illegible] their proposals have not been accepted [illegible] referred to the negotiating machinery [illegible] which have most often caused this are [illegible] special articles of clothing and [illegible] subjects are generally decided upon at [illegible] are left to the local managements to [illegible] They have therefore strong negotiating [illegible] no longer on committees whose declared [illegible]

[illegible] the unions caused a collapse of a committee [illegible] This was occasioned by a disagreement [illegible] the details of a shift system. The [illegible] the shift times which was suggested by the [illegible] As this was unacceptable to the unions there

were not enough representatives to form a staff side.

Union regional secretaries are occasionally put in a difficult position by managements. At one large hospital, the Regional Secretary was brought in to discuss a problem of consultation. He was not able to hold out for the formation of a joint consultative committee because he knew that the management would be reluctant to co-operate and would not have allowed it to function properly. He therefore compromised by agreeing to reconstituting the nursing advisory committee instead of the consultative committee agreed at national level.

CHAPTER 8 SUCCESSFUL JOINT CONSULTATIVE COMMITTEES

1. A Second Survey of Ten Hospitals

Since the results of the survey of 197 hospitals, so far described, were mainly negative it was thought appropriate to try to find some committees, in any part of the country, which seemed to be working well. Ten promising hospitals were identified and a survey was undertaken to find out what factors had caused the joint consultative committees in these hospitals to continue to operate successfully. The research took the form of a questionnaire sent to the group secretary combined with visits and discussions. The hospitals were geographically scattered and were of the following types:-

Types of Hospitals and Number of Beds

Acute		Partly Acute		Mental and other specialties		Mental	
1.	204	5.	366	7.	1793	8.	1206
2.	300	6.	920			9.	1860
3.	490 (mainly)					10.	1989
4.	940						

2. Number of Meetings

The success of the joint consultative committees may first be estimated by the number of meetings held at the various hospitals. The meetings of the past four years were recorded at the ten hospitals and are shown in the table below:-

	1964	1965	1966	1967
1.	-	1	1	1
2.	-	-	7	5
3.	-	-	-	4
4.	6	6	5	5
5.	-	1	11	10
6.	4	4	4	4
7.	7	8	10	9
8.	4	4	2	3
9.	4	3	1	2
10.	1	3	3	3
Total	26	30	44	46

[illegible] of the Hospitals

[illegible] the survey of 197 hospitals, so far [illegible] it was thought appropriate to try to [illegible] parts of the country, which seemed to be working [illegible] hospitals were identified and a survey was [illegible] had caused the joint consultative [illegible] to continue to operate successfully. [illegible] of a questionnaire sent to the [illegible] circumstances. The hospitals were [illegible] were of the following types:-

[illegible] Hospitals and Number of Beds

[illegible]	Mainly Acute	Mental and other specialties	[illegible]
[illegible]	5. 366	7. 1791 [illegible]	[illegible]
[illegible]	6. 920		

[illegible] of Meetings

[illegible] of the joint consultative committees [illegible] by the number of meetings held at the various hospitals. [illegible] last four years were recorded at the ten hospitals [illegible] the table below:-

1964	1965	1966	1967
[illegible]	1	1	[illegible]
[illegible]	-	7 [illegible]	[illegible]
[illegible]	-	-	[illegible]
[illegible]	6	5	[illegible]
[illegible]	1	11	10
[illegible]	4	4	[illegible]
[illegible]	8	10	[illegible]
[illegible]	4	2	[illegible]
[illegible]	3 [illegible]	1	[illegible]
[illegible]	3 [illegible]	3	5 [illegible]
[illegible]	[illegible]	44	[illegible]

In contrast to the trend shown in Chapter 6 it will be seen that the number of meetings in these ten hospitals mostly increased or remained fairly stable. The committees were, with one exception, established on the initiative of the Hospital Management Committee or of the group secretary and it is interesting that in three instances committees were revived after a lapse. A positive approach to joint consultation was further indicated by the fact that at nine of the ten hospitals the staff and committees knew when their next meeting was to be. There was thus some certainty that the joint consultative committee would meet to discuss any matters referred.

3. Length of Meetings

Another indicator of the success of consultation was considered to be the length of meetings. Whilst a long meeting may indicate verbosity or wrangling, short meetings may point to a shortage of items for discussion, hostility, or lack of interest. The average length of meetings at the ten hospitals were as below:-

	Hours	Minutes
1.		30
2.	1	
3.	1	30
4.	1	15
5.		45
6.	2	
7.	1	30
8.	1	30
9.	1	15
10.	1	30

It is also significant that about one third of the total of 240 items discussed in 1967 at these ten committees were put forward by the management side, and that much information was given to the staff about the present and future policy of the hospitals. This gave confidence to the staff and an impression of a genuine desire by the management side to undertake real consultation. The items placed on the agenda were not predominantly of the complaint type about minor welfare problems: tea, towels and washing facilities. Although these items did occur and were properly discussed and acted upon, other more important items were the main subjects of discussion at the meetings. Items referred by the management side included: regularised agreed procedure for annual leave; introduction of 'clocking-in'; publicity and sign-posts; an anti-noise campaign; different methods of payment; pay-as-you-eat system; communications; car parking; transport drivers' bus strike; Christmas arrangements; the staff location system; building progress; a new telephone system; mobile homes; appointment of butcher and creation of butcher's workshop; work of the

[illegible] shown in Chapter 6 it will be seen that the [illegible] in these ten hospitals mostly increased or remained [illegible] committees were, with one exception, establish[illegible] [illegible] of the Hospital Management Committee or of the [illegible] [illegible] is interesting that in three instances committees [illegible] [illegible]. A positive approach to joint consultation [illegible] [illegible] by the fact that at nine of the ten hospitals the [illegible] committees knew when their next meeting was [illegible] [illegible] certainty that the point consultative committee would [illegible] any matters referred.

[illegible] of Meetings

[illegible] indicator of the success of consultation [illegible] length of meetings. Whilst a long meeting [illegible], short meetings may point to a short[illegible] [illegible], hostility, or lack of interest. [illegible] [illegible] at the ten hospitals were as follows:

	Hours	[illegible]
1.		
2.	1	
3.	1	
4.	1	
5.		
6.	2	
7.	1	
8.	1	
9.	1	
10.	1	

[illegible] also significant that about one third [illegible] total of [illegible] [illegible] in 1967 at these ten committees [illegible] by [illegible] side, and that much information [illegible] [illegible] and future policy of the hospital [illegible] [illegible] an impression of a genuine [illegible] management [illegible] real consultation. The [illegible] [illegible] of the complaint type [illegible] [illegible] toilets and washing facilities [illegible] although these [illegible] were properly discussed and [illegible], other more [illegible] were the main subjects of discussion at the meetings [illegible] by the management side included: regularised agreed [illegible] leave; introduction of [illegible]; publicity [illegible] anti-noise campaign; different schemes of payments [illegible] communications; car parking; transport [illegible] holiday arrangements; the staff location [illegible] a new telephone system; mobile homes; [illegible] and question of butcher's workshop; work of the

League of Friends; the main entrance; waste foods from wards; needles in the laundry; use of the lifts; hairdressing facilities; blockage of drains; reporting of accidents and incidents; appointment of ward house-keepers to relieve ward sisters on non-nursing duties; and a national safety campaign.

4. Membership of H.M.C. Members and Senior Officers

The participation of Hospital Management Committee members and of senior officers was studied since the support and interest of those with the power to make improvements and to implement suggestions is a vital factor. In the 10 hospitals the following membership was found on the management side:-

	Chrm.	Members	Gp./sec.	Hosp./sec.	Matron	Other D/Heads	Med./Supt. or M/O	CH. M/N	Total
1.		5	1	1	1				8
2.		3	1	1	1				6
3.		1		2	3				6
4.		4		1	3	4			12
5.	1	3	1	1					6
6.		2+2		1	2	3	1	1	12
7.		6		1	1			1	9
8.		12	1+Dep.	1	1	3		1	20
9.		All Members and Designated Officers eligible							
10.		6	1				1	1	9

... waste foods from ...
... the lifts, hairdressing facilities ...
... of servants and incidental equipment ...
... ward sisters on non-nursing duties ...

... of H.M.C. Members and ...

... of Hospital Management Committee ...
... was studied since the ...
... to make improvements and to ...
... In the 10 hospitals the following ...
... attendance:-

	Op/ses.	Resd/ses.	[illegible]
5	1	1	
5	1	1	1
1		2	
4		1	
3	1	1	
2+2		1	
6		1	7
12	1+Dep.	1	

All Members and Designated Officers ...

8	1

On the Staff side the membership was as follows, the number of staff employed being shown in brackets:-

	A. & C.	Nurses	P.& T.	Domestic	Artisan	Total
1.	1 (19)	1 (136)	1 (14)	2 (65)	2 (41)	7
2.	2 (145)	2 (284)	2 (110)	1 (160)	3 (182)	10
*3.	1 (81)	3 (444)	1 (64)	1 (118)	3 (212)	11
4.	2 (140)	7 (840)	2 (200)	7 (678)	2 (32)	20
*5.	1 (63)	2 (314)	1 (49)	1 (90)	3 (143)	10
6.	1 (50)	4 (740)	1 (60)	4(560)		10
7.	2 (70)	3 (700)	1 (60)	3 (350)	2 (150)	11
8.	2 (55)	4 (256)	2 (76)	4 (189)	2 (115)	14
9.	2 (22)	6 (479)	2 (43)	3 (100)	2 (63)	15
10.	1 (50)	6 (475)	1 (60)	1 (160)	1 (60)	10

*Additional Members:-

Hospital No. 3	1 (58)	Building and Engineering
	1 (15)	Junior Medical Staff
Hospital No. 5	2 (37)	Medical Representatives

It will be seen that there are big variations in the size of committees, but these are largely related to the size of hospitals. Since a large committee, even if enthusiastic, can be unwieldy, this variation suggests that, as was found in private industry, a simple 'tree' structure is probably not appropriate in a large organisation if consultation is to develop its full potential. In any event, figures show that there was a high degree of interest by members of the H.M.C. and by the senior staff. The latter were not only willing to serve as members but they attended regularly and contributed frequently. Of particular note is the fact that two committees found some means of including medical staff.

5. Implementation of Proposals

A sample of proposals which had been accepted and implemented were placed under three main headings: Staff Welfare, Patient Welfare and Management Improvements. Costs of suggestions and time taken to implement were recorded and are given below:-

[illegible] was as follows. The number of staff [illegible]

[illegible]	L.A.C.	Domestic	Admin
[illegible]	2 (14)	2 (45)	[illegible]
[illegible]	2 (110)	[illegible]	[illegible]
[illegible]	1 (64)	1 [illegible]	[illegible]
[illegible]	2 (200)	7 [illegible]	[illegible]
[illegible]	1 (49)	1 [illegible]	[illegible]
[illegible]	1 (60)		[illegible]
[illegible]	1 (60)	[illegible]	[illegible]
[illegible]	2 (75)	[illegible]	[illegible]
[illegible]	2 (45)	[illegible]	[illegible]
[illegible]	1 (60)	[illegible]	[illegible]

[illegible] 2 (59) Nursing [illegible]
[illegible] 1 (15) Admin [illegible]

[illegible] 2 (37) Medical Records [illegible]

[illegible] that there are big variations [illegible] related to the size of [illegible] enthusiastic, can be made [illegible] in private industry, a [illegible] in a large organisation [illegible] potential. In any event, [illegible] by members of the [illegible] were not only willing [illegible] contributed frequently [illegible] found some means [illegible]

[illegible] of Proposals

[illegible] which had been accepted and implemented [illegible] Staff Welfare, Patient Welfare [illegible] dozens of suggestions and [illegible] are given below:-

	Staff Welfare		Patient Welfare		Management Improvement	
	Cost £	Time/Weeks	Cost £	Time/Weeks	Cost £	Time/Weeks
1.	269	24	-	Immediate	-	-
2.	900	36	-	Immediate	-	-
3.	-	8	-	-	82	32
4.	14	4	38	72	5	24
5.	-	4	-	-	40	12
6.	-	2	-	12	-	8
7.	100	12	75	12	250	52
8.	-	-	30	4	5	2
9.	20	10	-	-	-	36
10.	1,600	48	60	20	-	-

Although the time lag before implementation was clearly far from ideal, it appears that every effort was made to bring the proposals into effect as soon as possible. Committee procedure and shortage of money were causes of delay, but in the case of one committee many proposals were not referred to the Management Committee but were accepted and implemented immediately. This fact suggests that a greater delegation of powers to officers as suggested in the 'pink circular' H.M. (68) 31 could be of real value to consultation. Where, for any reason, nothing could be done, a full explanation was given.

6. Information to the Staff

All ten hospitals produced copies of the minutes of their consultative committees for general distribution. Five of these hospitals had magazines and four of these contained regular news of the activities of the committees. One hospital included information in their hospital staff handbook about the organisation and purposes of the joint consultative committees.

7. Reasons for Successful Joint Consultation

The main reasons why these ten hospitals have successfully maintained joint consultative committees was the desire of the management side to do so. In addition, management carried out many of the basic requirements relating to the promotion and support of joint consultation, eg, calling regular meetings, giving advanced notice of them, referring to matters of interest for the agenda with suitable publicity, consistent attendance on the management side, and attention to the implementation of proposals.

There was also, in several of the hospitals, a real team spirit between senior officers and members of the management committee. H.M.C. members may lack a detailed knowledge of the personnel and administration of the hospitals, but they can sometimes bring to consultative committees a background of experience acquired outside the hospital which can be of

great value. In one or two instances, chairmen of committees had had experience of consultation in the nationalised industries and in the Post Office and this gave them a grasp of the potentialities of the committees which is not, as yet, common in the hospital service. Moreover, H.M.C. members are not committed to either side and can give confidence to the staff that their point of view will be given a full unbiased hearing. In several instances senior officers confirmed that the leadership, interest and sympathy of the H.M.C. chairman had been of fundamental importance. It thus appears that success depends upon a combination of leadership from the chair and a readiness by senior management to co-operate and to show, in their administration, realisation of the need for partnership.

Where such qualities exist, the experience of the ten hospitals shows that there can be an equivalent response from the staff. In cases in which management has embarked reluctantly on consultation, where they have been grudging about the disclosure of information and where they have tried to use the committees to exact small concessions from the staff, 'consultation' has often produced increased militancy rather than co-operation. In hospital situations where there are often legitimate grievances about pay and conditions with which even the most sympathetic management finds it hard to deal, consultation is inevitably difficult. Staff representatives are faced with pressures from their members which offer great temptations to bang the drum and create trouble. Such pressures can only be reduced if management show that they understand what the problems are and are anxious to do everything possible to promote the interest of the staff. In most of the ten hospitals surveyed, they seem to have succeeded in producing the necessary climate of confidence and staff representatives who were active trade unionists, did not bring to the committees attitudes of bargaining or of unconstructive negotiation. It is encouraging to find that, at least in some instances, it has been possible to overcome some of the inherent difficulties of human relations which face consultation in hospital service.

[illegible] instances, chairmen of committees [illegible]
[illegible] to the nationalised industries [illegible]
[illegible] a grasp of the potentialities of the [illegible]
[illegible] in the hospital service. [illegible]
[illegible] to either side and [illegible]
[illegible] of view will be given [illegible]
[illegible] senior officers confirmed [illegible]
[illegible] of the H.M.C. chairman [illegible]
[illegible] appears that success [illegible]
[illegible] the chair and a readiness [illegible]
[illegible] to show, in their [illegible]
[illegible]

[illegible] exist, the experience [illegible]
[illegible] be an equivalent response [illegible]
[illegible] has embarked reluctantly [illegible]
[illegible] have been grudging about the disclosure [illegible]
[illegible] have tried to use the committees [illegible]
[illegible] 'consultation' has often produced [illegible]
[illegible] co-operation. In hospital [illegible]
[illegible] grievances about pay [illegible]
[illegible] management finds it [illegible]
[illegible] difficult. Staff representat[illegible]
[illegible] subjects which offer great [illegible]
[illegible] Such pressures can only [illegible]
[illegible] they understand what the problems [illegible]
[illegible] possible to promote the interests [illegible]
[illegible] hospitals surveyed, they seem to [illegible]
[illegible] climate of confidence [illegible]
[illegible] their minutes, did not bring [illegible]
[illegible] unconstructive negotiation [illegible]
[illegible] at least in some instances, [illegible]
[illegible] the inherent difficulties of [illegible]
[illegible] in hospital service.

CHAPTER 9 CONCLUSIONS

The sample of 197 hospitals surveyed in this report may not be wholly typical of those throughout the country but evidence from other sources, including the search for some successful examples of consultation, indicates that the picture elsewhere is unlikely to be very different. The survey, in fact, tends to confirm what has long been an open secret, namely that, so far, consultation in the hospital service must, with a few exceptions, be pronounced a failure.

The evidence suggests that consultation was undertaken not in response to a deeply felt need, but as a concession to a fashion in social thinking. Like dresses bought for similar motives it was worn for a time and then quietly stored away in the cupboard.

What should be done in such a situation? Reactions to a verdict of failure are likely to be varied. Some will say (at least to themselves) 'I told you so'. Others may sigh but count the time which they have saved as a net gain. Others may regret a lost opportunity and others will claim that it is vital to make a fresh start. Should we than send the old dresses to the jumble sale and, when the service can afford it, buy some new clothes?

But such a sartorial metaphor, though it has some point, is too facile. As in most human affairs, analogies drawn from the land are usually more apt than those from the factory and perhaps we should think of the parable of the sower which seems to fit the picture outlined in preceding chapters. Many seeds were devoured in pending trays before H.M.C.(50) 46 was translated into action at all. Chapter six shows that many fell upon stony places and sprung up. They reached a peak of activity in 1951 but then, because they had no roots, they withered away. Others persisted longer but the thorns of Apathy, Sloth, Pride, Ignorance and Pedantry gradually choked them. And others fell into good ground and brought forth fruit - not perhaps an hundred fold or even thirty fold - but fruit which is worth preserving.

These committees which are still doing good work must have good roots because they have had the benefit of little external husbandry. It has been shown that consultation in the hospital service suffers from a number of disadvantages which are more serious than those accepted elsewhere. It may, in the light of experience, now lasting nearly twenty years, be possible to improve the present system in a number of ways which would assist those hospitals which are still practising consultation.

But changes within the present framework and philosophy of consultation are unlikely to be spectacular enough to inspire hospitals which have failed to make a fresh start. It has been shown that, generally speaking, consultation is so sick that it is unlikely that minor changes in machinery will breathe new life into it - what is needed is a reason for living. It is therefore suggested that the main question at issue is whether there are goals and opportunities which could inspire a new form of consultation significant enough to make it one of the central features of hospital administration. Hitherto, consultation has been

[illegible] hospitals surveyed in this report may [illegible] throughout the country but evidence [illegible] enough for some successful examples of [illegible] that the picture elsewhere is unlikely to [illegible] as such, tends to confirm what has long been [illegible] that, consultation in the hospital [illegible], be pronounced a failure.

[illegible] suggests that consultation was undertaken [illegible] felt need, but as a concession [illegible]. Like dresses bought for similar [illegible] then quietly stored away in the cupboard.

[illegible] should be done in such a situation? [illegible] are likely to be varied. Some [illegible] '[illegible] you so'. Others may sigh but [illegible] as a net gain. Others may [illegible] that it is vital to make a fresh [illegible] old dresses to the jumble sale and, [illegible] new clothes?

[illegible] a sartorial metaphor, though [illegible] affairs, analogies [illegible] than those from the factory and [illegible] of the sower which seems to fit the [illegible]. Many seeds were devoured in [illegible] translated into action at all. Others [illegible] places and sprang up. They reached a [illegible] because they had no roots, they withered [illegible] but the thorns of Apathy, Sloth, [illegible] choked them. And others fell into good [illegible] fruit - not perhaps an hundred fold [illegible] which is worth preserving.

[illegible] committees which are still doing good work [illegible] they have had the benefit of [illegible] shown that consultation in the hospital [illegible] of disadvantages which are more [illegible]. It may, in the light of experience, [illegible], be possible to improve the present [illegible] would assist those hospitals which [illegible]

[illegible] within the present framework and [illegible] to be spectacular enough to inspire hospitals [illegible] a fresh start. It has been shown [illegible] is so sick that it is unlikely [illegible] or changes [illegible] breathe new life into it - and [illegible] a reason [illegible] is therefore suggested that the main question at issue [illegible] and opportunities [illegible] inspire a few [illegible] significant enough to [illegible] one of the central [illegible] consultation. [illegible] has been

existing (or not existing) in a vacuum without tangible aims other than a vague desire to communicate better and to promote improved human relations. Laudable though such aspirations are, they are rarely achieved in any sphere, without much hard and constructive thinking and without an effective link with more practical objectives.

It may, therefore, be best to look at the matter in two stages (a) to consider what short term changes could be made to shore up the present system and to give encouragement to existing committee and (b) to consider whether, bearing in mind the great changes in organisation that are likely to affect the service, there are basic reforms which could enable consultation to help a new Health Service to make the best use of its human and financial resources.

Even though this may be a useful approach there can be no hard and fast distinction between short term and long term aims. Indeed the most valuable result of short term improvements might be to encourage those hospitals which have not succumbed to the difficulties of consultation in its present setting to act as social laboratories in which new methods and new aims might be tried out and tested. Hence, some of the possible long term aims which are touched on later may be very applicable to selected hospitals which may be willing or which can be assisted to experiment with some of them.

The preceding chapters have underlined certain difficulties which might be eased by fairly modest changes which seem worthy of consideration by the General Whitley Council. The most obvious ones are as follows:-

1. <u>Greater structural flexibility</u>

Chapter 4 showed that there has been a fairly rigid interpretation of the scope of the model constitution. In the light of experience, there seems a strong case for allowing hospitals more freedom to experiment with different patterns of organisation. If the existing 'tree' structure is maintained there is a real difficulty in large hospitals. If all grades are fully represented the committee grows too big and there may be advantages in having a small committee as the apex of a series of unit and functional committees. Experience of working out varying patterns might prove most valuable.

Sub group organisation is now quite common and it seems unnecessary to place restrictions on the development of committees for a group of small hospitals or for a larger hospital and some neighbouring small ones.

Co-option has been permitted but has been restricted and, in an important respect, it might have great significance. The inclusion of doctors in consultation is a vital issue which is discussed below. The formal inclusion of the doctors cannot be a short term aim but the General Whitley Council might seek the agreement of the medical profession that if individual doctors, at whatever level, were willing to associate themselves with consultation committees as assessors or advisors they could be co-opted and play a full part.

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2. Group Committees

Hospital groups are gradually becoming, in fact as well as in theory, units of management. Whilst consultation must remain basically hospital-based there are many problems on which the staff should be consulted, which transcend single hospitals. Hence it would seem desirable to permit group consultative committees if it were felt that they would be useful. Such committees might meet ad hoc to consider particular problems and have power to appoint sub-committees to deal with matters which affect more than one hospital.

The experimental and flexible development of Group Committees should be viewed in relation to the long term need to create a hierarchy of consultative councils on the model of the nationalised industries. In view of possible reorganisation, it may not be realistic to propose the immediate creation of Regional consultative councils, but when the future pattern of organisation is decided the case for such a hierarchy will be strong.

3. Access to Hospital Management Committees

It was pointed out in Chapter 4 that consultative committees are rather remote from Hospital Management Committees and whilst the management side can state their case direct, the staff side must do so by proxy. Routine attendances by staff representatives at H.M.C. meetings may be unnecessary, but it would seem reasonable to allow a request by the staff side that, on a particular recommendation, an elected representative should be present to state their case.

4. Suggestion Schemes

Both in the nationalised industries and in private industry, suggestion schemes are normally associated with consultation and often the awards given are substantial. Such schemes need careful organisation and administration but their establishment might yield valuable results. A few schemes have so been attempted by both H.M.C., and Regional Boards, with only modest results, but their experience, particularly that of the United Birmingham Hospitals, could be of value in formulating broader plans. The ban on the use of exchequer funds has, however, been a disincentive to many hospital authorities. It is hoped that the provision for similar schemes included in the local government salaries agreement may show the way to the release of public funds for this purpose in the health service. It should also be noted that a suggestion scheme for engineers which was initiated in the Sheffield Region fairly recently has made a most promising start.

5. Fees for attendance out of working hours

Attention has been drawn to the practice in the coal industry of giving an attendance fee to members who stay on at meetings after working hours. Some small expense is involved in such a practice but meetings in the later afternoon have many advantages and a similar practice in hospitals seems worth consideration.

6. Presentation of information

The importance of the presentation, in an interesting form, of information about policy and development has been stressed and the possibility of arranging visits by committee members to see new developments should be considered. Some guidance and encouragement on these points would seem useful. An increasing number of hospitals are producing 'house' publications of various types for the information of both staff and public. Some of these report meetings of their consultative committee in some detail and this practice could well be extended.

7. Issue of an interim Guide to Consultation

All of the above proposals, though far from radical, would need careful explanation and definition. If they were to be implemented, the issue of a guide, in an attractive format, would greatly help their successful introduction.

8. Training

The importance of training for consultation has also been stressed and is referred to again later. In the short term, however, if successful committees are to be regarded as proving grounds for future developments it would be valuable for Regional Training Officers to organise experimental joint courses for selected committees. A course or conference at which five management representatives and five staff representatives discussed their problems with a similar team of ten from another hospital, might produce very enlightening results.

Possible future steps

Changes of the kind outlined above might provide a useful stimulus to existing committees but are not likely to inspire many hospitals, which have already failed, to brace themselves for a fresh start. Dr. R. W. Revans, in a recent address to the European Association of Management Training Centres set out the following conditions which, he suggested, must be fulfilled before a major innovation can be introduced successfully.

(a) there must be a recognition of a genuine need,

(b) there must be confidence that advice about proposed changes corresponds with the realities of the situation

(c) the advice must be specific

(d) changes must show promise of effectiveness.

Are there, then, genuine needs in the Hospital Service which could, at least in part, be met by consultation? There has been much discussion recently about the form of hospital administration. It has been proposed that by 1980 there should be Hospital General Managers. Senior nurses are attending management courses. 'Cogwheel' proposes that doctors should be organised in Divisions. What has not been explained is how the staff as a whole can contribute their knowledge and experience in a coherent fashion to the infinitely complex task of running the District General Hospital of the future. The 'Management in Medicine Conference'[1] at the Royal College of Physicians discussed the many difficulties which arise as a result of 'parallel hierarchies' in hospitals. Can co-operation be achieved by the 'general manager' approach? It was felt that this was too simplistic a view. At a time of rapid change a line management organisation, by itself, cannot obtain the feedback which is needed from the innumerable facets of the organisation: other forms of cross fertilisation are essential in addition. This implies consultation in some form.

But even if the doctors, the administrators and the nurses could be successfully co-ordinated, there would still remain the professional and technical staff and the ancillary staff who together form more than half of the hospital team. The professional and technical staff are, in terms of control, suspended precariously between the administrators and the doctors whilst the ancillary staff depend upon their departmental heads who are often far from clear about the policies which they should pursue. Could any formal system of consultation help to resolve these difficulties?

There are now a number of factors which suggest that it might do so. The hospitals and the National Health Service as a whole, are facing

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[1] 26th - 27th September, 1968.

ever mounting problems, and as the coal industry is now showing, consultation may really come into its own when times are hard. What then, are the specific problems with which consultation might deal?

1. Management by Objectives

Pink Circular HM(68)31 on Administration of Hospital Authorities recently gave the first official imprimatur to the concept of management by objectives - a subject which is now of real topical importance. In a stable organisation objectives are relatively fixed. In a period of rapid change they may alter almost from month to month. The absence, at present, of a system of departmental accountability deprives departmental heads of the incentive of the financial targets which are usual in industry. If, therefore, resources are to be used to the best advantage it seems essential that alternative objectives should be set. The formulation and achievement of such objectives demands a team effort on the part of the department as a whole and it will be remembered that Sir Charles Renold contended that success in formal consultation depended on effective informal consultation at all levels. Would it, therefore, be possible to invite all departmental heads to discuss, with their staff, appropriate goals for their departments and then to submit these to a joint consultative committee for discussion in the light of objectives for the hospital as a whole? An approach of this kind would involve the whole of the staff in a constructive task and give to the consultative committee 'a job which really matters'. Moreover, since objectives constantly change it would be a continuing one.

2. Productivity Agreements

As a result of Report No. 29 of the National Board of Prices and Incomes the Ministry of Health is committed to the payment of increased wages to some sections of the ancillary staff provided that increases in productivity can be achieved. It is not impossible that the same principle may be applied to nurses. The exact way in which productivity will be assessed is still a matter of discussion, but it is clear that the process of improvement will not only affect the way in which ancillary staff do their jobs but also the kind of service which is given to many sections of the hospital. Overall, it is vital that the quality of service should not be reduced but many adjustments seem inevitable and almost the whole of the staff are likely to be affected. This situation seems to provide a clear case for organised and effective consultation.

It also seems unavoidable that negotiation as well as consultation will have to take place at hospital level. Although guidelines will no doubt be given,* productivity agreements cannot be decided nationally and hence representatives of the staff will have to make agreements with management. It is of the highest importance that such agreements should not be made on the basis of crude horse-trading and that both sides should make a constructive effort to raise the efficiency of their hospitals. Since the emphasis must be on 'integration' rather than on compromise, it is essential to help staff representatives to take a broad view of the needs of the hospital as a whole. It seems, therefore, that at least in this context, the distinction between consultation and

*Initial guidance has now been given in HM (68) 80.

negotiation is outmoded. Management would be well advised to discuss productivity in a spirit of humility, seeking the views of the staff about how a joint responsibility can be discharged without reducing standards. Such a process could become a powerful form of mutual education and certainly provides for consultation a challenge of the highest order.

3. Manpower

Recent conferences at the Hospital Centre and elsewhere have underlined the growth of the manpower problems which face the hospitals and Sir Arnold France's dictum that manpower rather than money may be the crucial issue of the 1970's has been much quoted. Manpower is, of course, closely related to productivity. The chief way of improving the latter is to reduce or redeploy staff and it is essential to do this painlessly by natural wastage or agreed transfers if the co-operation of the staff is to be secured. It will also be necessary for the staff who remain to be of higher calibre and this involves training and the recruitment of a better standard of employees than has often been habitual. Such a process implies a high standard of morale and this can only be achieved if the staff feel that they are partners in a constructive exercise. The best form of recruitment in any organisation is the testimony of the staff that 'it is a good place to work in'. If, therefore, the manpower problems of the future are to be surmounted, management must take the staff into their confidence and seek their help in finding, training and inducting new recruits. Discussion of these problems could provide another perennial job for consultation.

This aspect is related to two other important points. If the recommendations of the Donovan Report are carried out all organisations of a certain size in both the private and public sectors will be required to negotiate agreements about conditions of service on a local basis. If obligations of this sort arise, they will strengthen still further the case for a personnel officer at the larger hospitals. Such appointments, if suitably qualified officers can be found, would greatly assist the development of constructive consultation and negotiation and the implementation of recommendations and agreements.

4. Occupational Health

The Tunbridge Report on The Care of the Health of Hospital Staff [1] contains (para 124) the following observations:
'Staff welfare, including the provision of adequate welfare accommodation, is a direct responsibility of management and clearly should always remain so. Potentially the best means by which management can keep sufficiently in touch with changing needs to be able effectively to carry out this responsibility is the establishment of good working joint consultation arrangements with employee representatives. Unfortunately there is evidence that joint consultation in the hospital service is not working anything like as well as it should; we certainly discovered this as a fact in many of the hospitals we visited. There are probably a number of reasons for this, but the predominant one would seem to be that there is a lack of determination on both sides to make it work. If management regard it as an administrative nuisance and if employees

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[1] HMSO 1968

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think of it solely as a form of machinery for making complaints, joint consultation cannot play the effective role it is capable of playing in the management of the hospital. We cannot but feel that there is a strong link between the inadequacies we have mentioned in the general standard of welfare accommodation provided for staff and the absence of effective joint consultation arrangements. However, consideration of the means of instituting or restoring effective arrangements is contained within the larger question of personnel management in the hospital service and these matters lie outside our remit. We can do no more, therefore, than add our own emphasis to the need for study in these fields, a need which we believe is now beginning to be more widely recognised within the hospital service'.

The above quotation needs, in this context, no comment.

5. Organisational Change

The former Minister's 'Green Paper' has invited debate on new patterns of organisation and it may be assumed that, in due course, action will follow. Should not these developments be a subject for discussion, in some depth, at hospital consultative committees? The view of the staff side might be parochial or naive but it seems vital to involve them in the shaping of their future role and discussion could be of great educational value.

6. Training

The major part which discussion of training has played in the consultative work of the nationalised industries has been sketched in earlier chapters. The absence of any reference to training in the constitution of hospitals consultative committees or in the National Health Act has also been noted. It can be claimed that these omissions have had unfortunate consequences because there is, in the Health Service,a remarkable absence of coherent training policy. Much training is carried out in some spheres (though not in others) but it follows the 'parallel hierarchies' and separate committees pursue separate policies in fields in which there should be close co-ordination and integration. Should sisters, for example, be trained as supervisors in isolation from professional, technical and ancillary supervisors? The value of joint projects by doctors, nurses and administrators has been demonstrated by experiments such as the Hospital Internal Communications Project. Inter-disciplinary management training is, however, still in its infancy and the small amount which does take place is mainly remote from the hospitals.

There is, therefore, a great need for searching examination of training policies at national, regional and hospital levels and experience in nationalised industries has shown that this should be done in consultation with the staff. Industrial Training Boards are joint exercises by management and unions and union leaders have now recommended a similar organisation in the Health Service. The General Whitley Council is likely to give increasing attention to this matter, but there is an equal need for policy to be appraised at hospitals. This, again, is another rich field for consultation.

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Finally, reference has been made to the crucial role of training in developing consultation itself. If broad aims of the kind outlined above were to be seriously contemplated, a major campaign to train management and staff representatives would be necessary. In their endorsement of the Labour Party's policy document 'Industrial Democracy', the National Executive Committee laid great stress on the importance of training in this field. 'There must' they said 'be dramatic improvements in education and training for participation through the development of special new courses for worker representatives and through co-ordination of the present scattered provisions made by unions, firms, technical colleges and extra-rural departments. Special efforts must be made to coax people with suitable experience into this section of teaching and day release for workers must become much more common'. There may, therefore, be a large increase in the number of external courses available and it will be for the service to decide whether to permit staff side representatives to attend these or whether joint courses arranged internally would be preferable.

7. Local research

Dr. R. W. Revans has suggested that if a new type of consultation were to be initiated, an 'occasion' would be needed to launch it. He has proposed that one type of 'occasion' might be for the Department of Health and Social Security to invite each hospital authority to select, for examination by themselves, some administration or organisational problem which they felt to be important. This problem could be examined in depth in whatever way was thought appropriate and, after discussion by the consultative committee, the results could be passed forward to the Department through the normal channels. An examination and comparison of the fruits of such research would probably be illuminating and perhaps the Department, in consultation with the General Whitley Council, could arrange publicity for and grant awards to the most valuable papers. If successful such an exercise could be repeated every two or three years.

The Organisation of Wider Consultation

The above proposals are ambitious and, in many ways, controversial. They could not be introduced quickly or without careful preparation. It seems, however, that the time is ripe for a widespread debate about methods of securing the active participation of all staff in promoting the efficiency and constructive development of hospitals. At the Management in Medicine Conference 65 consultants completed a questionnaire and there was remarkable agreement on some points. One of these was general concurrence with the statement:- 'Those consultants I mostly work with at my hospital are in no doubt about the extent to which our human resources are under-used'.

The Report of the Royal Commission on Medical Education underlined the need for a change of thinking about the managerial role of doctors and there are many signs that the profession takes a very different view about this matter than it did in 1950. It is quite clear that consultation could not successfully undertake the kind of functions that have been suggested without the active participation of the doctors

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A further point to be considered would be the relation of a broadened system of consultation to Hospital Management Committees. A wider role for consultation does not seem incompatible with the philosophy underlying the 'pink circular' referred to above, but it is doubtful whether this philosophy has, as yet, been widely translated into practice. Hence, if Management Committees are to remain, there would have to be a big public relations or training exercise to persuade members of the need for a new viewpoint.

If, however, H.M.C's are, in due course, to disappear the need for some self-regulating device at hospitals would become much more acute. Control by members of Area Boards is bound to be remote and some alternative to Management Committees as a check upon unfettered bureaucracy seems highly desirable. The danger that hospitals might lapse into syndicalism would have to be met and the interests of patients and taxpayers fully safeguarded. But, in hospitals, great prestige is attached to 'sapiential' authority and the danger of excessive democracy seems less than that of domination by sectional interests obsessed by the importance of their own requirements. Is it then possible or desirable to evolve 'Hospital Councils' which would, in minor matters, have some executive powers, and, on major questions, an opportunity to submit an informed and representative view to the decision making authority? Such bodies would clearly have to be very different from existing joint consultative committees. They would, in the first place, have to represent all members of the hospital staff and, in the second, to rid themselves of matters of detail. Hence they would require a flexible and, in large hospitals, a fairly complex structure. Detailed discussion of productivity agreements, of conditions of service, welfare etc., would have to be remitted to working parties or sub-committees composed of people directly concerned and only the broad implications and policy decisions would be referred to the 'Councils'. Success would depend, as Sir Charles Renold pointed out, upon the development of an effective organisation of the management team and upon the practice of informal consultation in all its dealings with staff. Particular attention would have to be given to internal communications and to the use of all suitable media for keeping the staff informed of developments which affect them.

Many writers have, however recently drawn a distinction between the 'communications' approach which keeps the staff in the picture and the 'participative' approach which gives them some share in the formulation of policy. There is an increasing weight of evidence that the first approach is not sufficient and that means of involving staff in decision-making must be sought. Many staff are, in fact, concerned only about the small decisions which affect them personally and their needs can largely be met by informal consultation. In a hospital, however, where many intelligent people are deeply concerned with innumerable complex and vital issues, some system which enables them to put forward and discuss their views in relation to the needs of the hospital as a whole seem to be of the highest importance.

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Moreover, if such an approach was undertaken it would be essential for hospital 'Councils' to have an effective link with higher echelons. If Area Boards are to emerge there would have to be Area 'councils' to co-ordinate and encourage the activities of the 'councils' at hospital level. Nationally, much thought would be needed about the role of the General Whitley Council. If the distinction between negotiation and consultation is withering, there may be no need for a separate national consultative council. But is the General Whitley Council an appropriate body to promote the constructive aspects of staff participation? And could the doctors be persuaded to use the Council as one of the principal sounding boards for hospital opinion? These are difficult questions but could not remain unanswered if consultation, in a new form, is to flourish. Perhaps a strong committee of the Council could become the body primarily responsible - subject to the reference of major questions to the Council as a whole.

Finally, it may be asked whether such proposals comply with the criteria outlined above for successful innovation. There is now in the hospital service a mood of self questioning and re-appraisal which lends itself to the evolution of new approaches. A widespread recognition of the need for more staff participation is at least latent and is likely to develop rapidly in the era of change which lies abead. The need for confidence in advice about proposed changes raises many issues. Earlier chapters suggest that the failure of consultation in the past stemmed largely from a lack of confidence that the Ministry and the General Whitley Council had given sufficient thought or encouragement to what they had proposed. It is hoped that the Council will, in the future, give much more attention to consultation and participation and that the new Department will continue to develop more sensitive antennae about the trends of social thinking that are taking place in the hospitals.

Next, it can at least be claimed that some specific methods of developing consultation have been proposed. Productivity, manpower, management by objectives and the rest are all urgent problems which face management and the list could be readily extended. There are signs that the phase in which reliance was placed mainly on management techniques is ending and that there is a growing recognition that they can succeed only with the intelligent and knowledgeable co-operation of the staff. No method of enlisting that support can guarantee success, but events show that it is now time to start experiments.

This survey indicates that though consultation in hospitals can be valuable it has very rarely succeeded. Its failure in so many places is not difficult to understand and no great harm may have been done if the experience gained can now be put to good use. In 1950 the hospital service lagged, ineffectually, at the rear of a current trend. It would be a tribute to the vitality of the service if it were now to take a lead in a movement of greater significance. Can it use the lessons of a defeat to create an opportunity?

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[illegible] is to flourish. [illegible]
[illegible] could become the body [illegible]
[illegible] of major questions to the [illegible]

[illegible] whether such proposals [illegible]
[illegible] successful innovation [illegible]
[illegible] of self questioning [illegible]
[illegible] of new approaches [illegible]
[illegible] more staff participation [illegible]
[illegible] rapidly in the era of [illegible]
[illegible] in advice about proposed [illegible]
[illegible] suggest that the [illegible]
[illegible] from a lack of [illegible]
[illegible] Council had given [illegible]
[illegible] they had proposed. [illegible]
[illegible] much more attention [illegible]
[illegible] the new Department will [illegible]
[illegible] the trends of social [illegible]

[illegible] claimed that some specific means [illegible]
[illegible] have been proposed. [illegible]
[illegible] and the rest are all [illegible]
[illegible] list could be readily [illegible]
[illegible] which reliance was placed [illegible]
[illegible] that there is a growing [illegible]
[illegible] intelligent and knowledgeable [illegible]
[illegible] of enlisting that support [illegible]
[illegible] that it is now time to start [illegible]

[illegible] consultation in hospital [illegible]
[illegible] succeeded. Its failure [illegible]
[illegible] great harm may have [illegible]
[illegible] be put to good use. [illegible]
[illegible] at the rear of a current [illegible]
[illegible] of the service if it were [illegible]
[illegible] significance. Can [illegible]
[illegible] opportunity?

APPENDIX I

JOINT CONSULTATION

THE WHITLEY COUNCIL AGREEMENTS AND CONSTITUTIONS

The first indication of the need to consider joint consultation was in the first circular sent from the Ministry of Health - HM 48 (1) para.13, which stated 'Mention should also be made of the appointment of staff committees, to which the Minister attached considerable importance. These are committees representative of the advisers of the Management Committees on their sphere of the hospital's work as well as raising questions affecting the welfare of their constituents. It may be appropriate that such committees should be set up for the management group as a whole or for individual hospitals or sub-groups, or both. It will, of course, be for the staff themselves to constitute these committees, and not for the Management Committees to appoint them, but every encouragement and facility should be given. Steps should also be taken by the Committees to constitute joint committees on Whitley Council lines representing the management and the staff, and further information will be sent separately on this point'.

After this there was nothing further issued until H.M.C. Circular 50 (46) which enclosed Circular No. 13 of the General Whitley Council. This outlined the general principles of the agreement to have Joint Consultative Committees:-

DOCUMENT A

RHB(50)47
HMC(50)46
BG (50)42

National Health Service

Joint Consultation in Hospitals

1. The need for the establishment of joint consultative machinery in hospitals was referred to in paragraph 13 of HMC.(48) 1 and Chapter 1, paragraph 12, of BG(48)5, and it was stated in paragraph 7 of HMC(48) 42/BG (48)46 that the lines on which hospital Councils should be set up and the scope of their work would be matters for the General Whitley Council to consider.

2. The General Whitley Council have now completed their consideration of this question and have reached an agreement which is set out in the enclosed General Council Circular No. 13. Hospital Management Committees and Boards of Governors are asked to take steps to bring the agreed arrangements into operation in their hospitals as quickly as possible.

APPENDIX I

JOINT CONSULTATION

THE WHITLEY COUNCIL AGREEMENTS AND [illegible]

The first indication of the need [illegible]
the first circular sent from the Ministry [illegible]
which stated 'Mention should also be made [illegible]
committees, to which the Minister attaches [illegible]
These are committees representative [illegible]
Committees on their sphere of the hospital [illegible]
questions affecting the welfare of the [illegible]
appropriate that such committees should [illegible]
group as a whole or for individual [illegible]
It will, of course, be for the staff [illegible]
committees, and not for the Management [illegible]
every encouragement and facility should [illegible]
be taken by the Committees to [illegible]
Council lines representing the [illegible]
information will be sent separately [illegible]

After this there was nothing further [illegible]
50 (46) which enclosed Circular [illegible]
This outlined the general principles [illegible]
Consultative Committees:-

DOCUMENT A

RHB(50)47
HMC(50)46
BG (50)42

National Health Service

Joint Consultation in Hospitals

1. The need for the establishment [illegible]
hospitals was referred to in paragraph [illegible]
paragraph 12, of BG(48)5, and it was [illegible]
42/BG (48)46 that the lines on which [illegible]
and the scope of their work would be [illegible]
Council to consider.

2. The General Whitley Council have [illegible]
of this question and have reached [illegible]
enclosed General Council Circular No. [illegible]
Committees and Boards of Governors are asked [illegible]
agreed arrangements into operation in their [illegible]
possible.

3. It is contemplated that Consultative Committees will be set up in all hospitals except where the small number of staff makes such a Committee inappropriate. No hard and fast rule can be laid down as to the minimum number of staff which would justify the establishment of a Consultative Committee. This matter must, therefore, be left to local judgement but Management Committees and Boards should not oppose the setting up of a Consultative Committee even in a small hospital if it is the clear desire of the staff that such a Committee should be formed.

4. Where it is agreed for the reason set out above, that a Consultative Committee is not appropriate in a particular hospital, such arrangements as may seem necessary should be made by which informal consultation can take place between the management and the staff on matters which would be covered by a Consultative Committee. This is normally to be preferred to setting up a Consultative Committee at a higher level, e.g. for a group of hospitals as the whole purpose of the consultative machinery, which is to enable purely local problems to be discussed, would be defeated if the Consultative Committee was too remote from the hospital concerned.

5. The Minister is aware that some form of Joint Consultative machinery already exists in many hospitals and he appreciates that Management Committees and Boards may be reluctant to disturb the present arrangements where they are considered to be working satisfactorily. Nevertheless, he considers it essential that Consultative Committees in hospitals within the National Health Service should conform to the pattern laid down by the General Whitley Council. No departure from the model constitution which is appended to General Council Circular No. 13 should be made without the consent of the General Council. Any subsequent variations of the constitution (apart from variations in the number of members) similarly require the General Council's consent.

6. The intiative in establishing Consultative Committees on the basis laid down by the Whitley Council, whether this involves setting up consultative machinery for the first time or reviewing existing machinery to bring it into line with the agreed model, should be taken by the Management Committee or Board. The steps to be taken will depend to some extent on the present position of Joint Consultation in the hospital. It will generally be necessary, however, for meetings of the various grades of staff to be held in order that the scheme may be fully explained and the methods of electing the staff representatives on the Consultative Committee discussed. This matter has been the subject of discussion with the Staff Side of the General Whitley Council, and the procedure which the Staff Side desire should be followed in the normal case (and particularly where no consultative machinery exists at present) is set out in the appendix to this memorandum.

7. The number of persons to be appointed to the Consultative Committee to represent the various staff groups is a matter for local determination. It is desirable that Consultative Committees should not be unwieldy, and the aim should be to secure a balanced representation as between the various grades of staff while at the same time keeping down the total number of members to reasonable proportions. This will be a matter for discussion and agreement between the various staff groups, by means of the procedure outlined in the appendix.

3. It is contemplated that Consultative Committees will be ne[illegible] [illegible] where the small number of staff [illegible] [illegible]. No hard and fast rule can be [illegible] [illegible] number of staff which would justify the establishment [illegible] Committee. This matter must, therefore, be [illegible] but Management Committees and Boards should [illegible] setting up of a Consultative Committee even in a small [illegible] is the clear desire of the staff that such a Committee [illegible]

4. Where it is agreed for the reason set out [illegible] Consultative Committee is not appropriate in a [illegible] such arrangements as may seem necessary should be [illegible] informal consultation can take place between the [illegible] staff on matters which would be covered by a Consultative [illegible] This is normally to be preferred to setting up a [illegible] at a higher level, e.g. for a group of hospitals [illegible] of the consultative machinery, which is to enable [illegible] to be discussed, would be defeated if the Committee [illegible] too remote from the hospital concerned.

5. The Minister is aware that some form of [illegible] machinery already exists in many hospitals and [illegible] Management Committees and Boards may be reluctant [illegible] present arrangements where they are considered [illegible] Nevertheless, he considers it essential that [illegible] in hospitals within the National Health Service [illegible] pattern laid down by the General Whitley Council [illegible] the model constitution which is appended to [illegible] No. 13 should be made without the consent of [illegible] Any subsequent variations of the constitution [illegible] the number of members) similarly require [illegible]

6. The initiative in establishing Committees [illegible] basis laid down by the Whitley Council [illegible] up consultative machinery for the first time [illegible] machinery to bring it into line with the [illegible] by the Management Committee or Board. This [illegible] depend to some extent on the present position [illegible] the hospital. It will generally be necessary [illegible] of the various grades of staff to be held [illegible] be fully explained and the methods of election [illegible] on the Consultative Committee discussed. [illegible] subject of discussion with the Staff Side of [illegible] Council, and the procedure which the staff side [illegible] followed in the normal case (and particularly where [illegible] machinery exists at present) is set out in the appendix [illegible] memorandum.

7. The number of persons to be appointed to the [illegible] Committee to represent the various staff groups has [illegible] constitution. It is desirable that Consultative Committees [illegible] [illegible], and the aim should be to secure a balanced [illegible] representation as between the various grades of staff which [illegible] [illegible] keeping down the total number of members to reasonable [illegible] proportions. This will be a matter for discussion and agreement between [illegible] [illegible] groups, by means of the procedure outlined in the [illegible]

8. The Management Committee or Board should appoint representatives to the Consultative Committee to the number thought necessary, bearing in mind the undesirability of having too large a body. There is no need to keep an even balance between the two sides of the Committee and, indeed, it is perhaps preferable that the Management Side representatives should be fewer in number than the representatives on the Staff Side. This does not affect decisions, because recommendations of a Consultative Committee are arrived at by agreement between the two Sides and not by means of a vote of the whole Committee.

9. When all the preliminaries have been completed, the first meeting of the Consultative Committee should be held to adopt the constitution and so enable the machinery to be set in motion. While the Management Committee or Board should endeavour to secure that all the staff groups proceed to choose their representatives on the Consultative Committee, failure on the part of any group to do so should not be allowed to held up the inaugural meeting. Once the other Staff groups have elected their representatives, the Management Committee or Board should, after a suitable interval, give notice that they intend to proceed with the setting up of a Consultative Committee despite the fact that all grades of staff will not at first be represented.

10. Joint Consultation will only be a success if both management and staff give their support and carry it out in a spirit of whole-hearted co-operation. The Minister is confident that this will be the position in the hospital service. It may be that difficulties will arise in the early stages of the scheme, but any initial obstacle in the way of complete understanding will quickly be surmounted if goodwill is exercised on both sides. The conditions essential to success are clearly set forth in the following extracts from the booklet on Joint Consultation in Industry which has just been issued by the Ministry of Labour and National Services:-

'The foundation of successful Joint Consultation is willingness on the part of the management to treat their employees collectively as an intelligent and responsible force in the undertaking, able to play their part in the more efficient performance of the work, and to make their contribution to the solution of the problems of common interest which arise. Where this attitude is sincerely adopted by the Management, it calls forth a corresponding spirit of interest and co-operation from the workers .... While practical suggestions for improvements in methods of production, or in organisation will be, in themselves, of the greatest value, the most important and permanent advantage to be gained from successful Joint Consultation is the improvement of relations between management and employees within the undertaking. To achieve this aim it is not sufficient merely to secure the establishment of joint consultative machinery; the machinery must embody the intention and determination of the parties to make it a success. The existence of this spirit must in its turn spring from mutual confidence. On the one hand, employers must be assured that the establishment of Joint Consultation is not designed to encroach on functions which are proper to a management; on the other, workers and their trade union representatives must be assured that the interest of organised workers are being preserved. Both sides must be convinced of the value of Joint Consultation in the common interest'.

31st May, 1950.

[illegible] or Board should appoint representatives
[illegible] as to the number thought necessary, bearing
[illegible] of having too large a body. There is no
[illegible] between the two sides of the Committee [illegible]
[illegible] desirable that the Management Side representatives
[illegible] than the representatives on the Staff Side,
[illegible] because recommendations [illegible]
[illegible] by agreement between the two sides [illegible]
[illegible] of the whole Committee.

[illegible] have been completed, the first meeting
[illegible] Committee should be held to adopt [illegible]
[illegible] machinery to be set in motion. While [illegible]
[illegible] should endeavour to secure that all the [illegible]
[illegible] their representatives on the Committee [illegible]
[illegible] of any group to do so should not be [illegible]
[illegible] Once the other Staff groups [illegible]
[illegible] the Management Committee or Board [illegible]
[illegible] give notice that they intend to [illegible]
[illegible] Consultative Committee despite the [illegible]
[illegible] will not at first be represented.

[illegible] will only be a success [illegible]
[illegible] support and carry it out in a [illegible]
[illegible] The Minister is confident [illegible]
[illegible] hospital service. It may be that [illegible]
[illegible] early stages of the scheme, but any [illegible]
[illegible] understanding will quickly be [illegible]
[illegible] on both sides. The conditions essential [illegible]
[illegible] in the following extracts from [illegible]
[illegible] in Industry which has just been issued by the [illegible]
[illegible] and National Service:-

[illegible] of successful Joint Consultation [illegible]
[illegible] management to treat their employees [illegible]
[illegible] responsible force in the undertaking [illegible]
[illegible] efficient performance of the work [illegible]
[illegible] the solution of the problems of [illegible]
[illegible] attitude is sincerely accepted by [illegible]
[illegible] corresponding spirit of interest [illegible]
[illegible]...... While practical suggestions [illegible]
[illegible] of production, or in organisation [illegible]
[illegible] greatest value, the most important [illegible]
[illegible] from successful Joint Consultation [illegible]
[illegible] between management and employees [illegible]
[illegible] achieve this aim it is not sufficient [illegible]
[illegible] joint consultative machinery; the machinery [illegible]
[illegible] determination of the parties to make it [illegible]
[illegible] of this spirit must in its turn spring [illegible]
[illegible] on one hand, employers must be assured that
[illegible] consultation is not designed to encroach on
[illegible] of management; on the other, workers and
[illegible] must be assured that the interest of
[illegible] considered. Both sides must be convinced
[illegible] in the common interest'.

DOCUMENT B

Appendix to RHB(50)47
HMC(50)46
BG (50)42

Hospital Staffs Consultative Committees
Formation of Staff Sides

The following is the procedure which the Staff Side of the General Whitley Council desire should be followed in forming the Staff Sides of Joint Consultative Committees in hospitals:-

1. First of all, meetings of the five staff groups referred to in paragraph 3 (b) of the constitution (G.C.20) should be held in order that the scheme may be fully explained and the method of electing the staff representatives on the Consultative Committee discussed. The arrangements for these meetings should be made by the Management Committee or Board and the notices calling the meetings should be issued on their behalf. A representative of the Management Committee or Board should take the chair at the outset, and the first part of each meeting should be devoted to an explanation of the proposed Joint Consultative machinery in the light of the information contained in the constitution in General Council Circular No. 13, and in the memorandum to which this is an appendix. After any questions have been dealt with, it should be explained that the number of persons to be appointed to the Consultative Committee to represent the various staff groups is a matter for local determination, and the meeting should be invited to nominate four representatives (chosen as far as possible from different occupational groups within the staff group) to consult with representatives of other staff groups for the purpose of agreeing the allocation of the Staff Side seats on the Consultative Committee. At this point, the meeting should be asked to choose a Chairman from among their number and the representative of the Management Committee or Board should withdraw.

2. As soon as the various staff groups have furnished the names of their representatives, the Management Committee or Board should call a meeting of those nominated. It should be explained that the meeting is being held to discuss the number of seats to be allocated to each of the five staff groups on the Staff Side of the Consultative Committee. It should be pointed out that the aim should be to secure a balanced representation as between the various grades of staff while at the same time keeping down the total number of members of reasonable proportions in view of the undesirability of making the Consultative Committee unwieldy. The meeting should then elect their own Chairman and the representative of the Management Committee or Board should withdraw.

3. When agreement has been reached on the distribution of seats, the Management Committee or Board should be informed and the election of the Staff Side representatives on the Consultative Committee should then proceed. The arrangements for election should be carried through by the Management Committee or Board in consultation with a small staff panel consisting of one member representing each of the five staff groups,

[illegible] 30/47
[illegible] 30/44
[illegible] 30/42

[illegible] Staff Consultative Committees
[illegible] of Staff Sides

[illegible] following is the procedure which the [illegible] Whitley Council desire should be followed [illegible] Joint Consultative Committees in hospitals.

1. [illegible] First of all, meetings of the five [illegible] paragraph 3 (b) of the constitution [illegible] that the scheme may be fully explained [illegible] staff representatives on the Consultative [illegible] arrangements for these meetings should be [illegible] Committee or Board and the [illegible] on their behalf. A representative of the [illegible] Board should take the chair at the [illegible] meeting should be devoted to an explanation [illegible] Consultative machinery in the light of [illegible] the constitution in General Council Circular [illegible] to which this is an Appendix. [illegible] it should be explained that the number of [illegible] Consultative Committee to represent [illegible] for local determination, and the meeting [illegible] four representatives (chosen as far as [illegible] occupational groups within the staff group [illegible] of other staff groups for the purpose [illegible] Staff Side seats on the Consultative Committee [illegible] meeting should be asked to choose a [illegible] the representative of the Management [illegible]

2. As soon as the various staff groups [illegible] of their representatives, the Management [illegible] a meeting of those nominated. [illegible] is being held to discuss the number of seats [illegible] the five staff groups on the Staff Side of the [illegible] It should be pointed out that the aim should [illegible] representation as between the various groups [illegible] same time keeping down the total number of [illegible] proportions in view of the undesirability of [illegible] Committee unwieldy. The meeting should then [illegible] but the representative of the Management Committee [illegible]

3. When agreement has been reached on the [illegible] Management Committee or Board should be informed [illegible] of the Staff Side representatives on the Consultative [illegible]. The arrangements for election should be [illegible] Management Committee or Board in consultation [illegible] [illegible] of one member representing each of the five [illegible]

the members of this panel being chosen by the group representatives present at the meeting referred to in paragraph 2 (page 3). Nomination (for which a reasonable time should be allowed) should be invited from various grades of staff, and where there is a contest in any particular group, arrangements should be made for the staff concerned to make their choice by means of a ballot. As to the persons eligible for election, see paragraph 3 (b) of the constitution (G.C.20) as modified by paragraph 5 of General Council Circular No.13.

This was followed by

DOCUMENT C

RHB(50)89
HMC(50)87
BG (50)83

Facilities for Staff Organisations in Hospitals

1. The question of the facilities to be afforded in hospitals to staff organisations has been under consideration by the General Whitley Council who have arrived at an agreement which is set out in the attached General Council Circular No. 23. The General Council while recognising that the decision must rest with the individual hospital authority have agreed that reasonable facilities should be granted for the purpose mentioned, and Hospital Management Committees and Boards of Governors should accordingly deal with applications in that light.

2. While paragraph 2 of the General Council agreement relates only to the grant to staff organisations participating in the work of the Health Services Whitley Councils of facilities for the discussion of Whitley matters, the Minister takes the view that such organisations should be accorded all reasonable facilities for keeping touch with their members in hospitals. Applications for facilities to post notices, hold meetings and generally keep in touch with members may also be received from organisations not represented on the Whitley Councils who have members in a particular Hospital. The Minister considers it desirable that Management Committees and Boards should treat all applications on the same footing and without discrimination.

3. The Minister appreciates that the extent to which Management Committees and Boards of Governors may feel able to accord facilities to staff organisations will often be dictated by local circumstances and that such factors as the number of interested organisations and the availability of accommodation for the purpose will frequently enter into the matter. Some of the problems likely to arise might very well be suitable for discussion with representatives of the staff generally, and where this is the position the Joint Consultative Committees now being set up in hospitals will no doubt provide a convenient medium for consideration of the issues involved.

the members of this panel being chosen by [illegible] present at the meeting referred to in paragraph [illegible] (for which a reasonable time should be allowed) [illegible] various grades of staff, and where there [illegible] group, arrangements should be made for [illegible] their choice by means of a ballot. [illegible] election, see paragraph 3 (b) of the [illegible] by paragraph 5 of General Council [illegible]

This was followed by

DOCUMENT C

RHB(50)69
HMC(50)87
BG (50)[illegible]

Facilities for Staff Organisations [illegible]

1. The question of the facilities [illegible] staff organisations has been [illegible] Whitley Council who have [illegible] the attached General Council [illegible] while recognising that the [illegible] hospital authority have agreed [illegible] granted for the purpose [illegible] and Boards of Governors should [illegible] in that light.

2. While paragraph 2 of the [illegible] to the grant to staff organisations [illegible] Health Services Whitley Council [illegible] Whitley matters, the Minister [illegible] should be accorded all [illegible] their members in hospital [illegible] notices, hold meetings and [illegible] also be received from organisations [illegible] Councils who have members in [illegible] considers it desirable that [illegible] treat all applications on the same [illegible]

3. The Minister appreciates [illegible] Committees and Boards of Governors [illegible] to staff organisations will often [illegible] and that such factors as the number [illegible] the availability of accommodation [illegible] into the matter. Some of the questions [illegible] well be suitable for discussion with [illegible] generally, and where this is the position [illegible] Committees now being set up in hospitals will [illegible] convenient medium for consideration of the [illegible]

The circulars issued by the General Council of the Whitley Councils for the Health Service were four in number: Nos 13; 20 (constitutions) 23 and 27.

DOCUMENT D

General Council Circular No.13

Hospital Staff Consultative Committee

1. The General Council have had under consideration the question of joint consultative machinery in hospitals within the National Health Service and have arrived at the following agreement.

2. The General Council are whole-heartedly in favour of joint consultation in hospitals and recommend that Joint Consultative Committees be established in all hospitals within the National Health Service except where the small number of the staff makes such a Committee inappropriate.

3. The General Council have reached agreement on the terms of a constitution for Joint Consultative Committees in hospitals and a copy of this constitution (document G.C.20) is appended. The General Council have also agreed that all Consultative Committees set up in hospitals shall conform to this constitution.

4. The period during which the proviso to Clause 3(b) of the constitution (that representatives of the staff on Consultative Committees must be members of a nationally recognised negotiating body) is to remain in suspense, shall commence on 13th January, 1950.

5. The General Council understand that in some hospitals, Consultative Committees have already been set up by local agreement on the basis that the representatives of the staff be members of a nationally recognised negotiating body. The General Council have agreed that in such cases, provided the existing constitution conforms substantially in all other respects to the constitution now laid down, the arrangements for the suspension of this requirement shall not apply.

April, 1950.

DOCUMENT E

GC 20

WHITLEY COUNCILS FOR THE HEALTH SERVICES (GREAT BRITAIN)
GENERAL COUNCIL

Constitution of a Hospital Staffs Consultative Committee

1. Title
The Committee shall be known as the Joint Consultative Staffs Committee of the ....Hospital.

The circulars issued by the General Council [illegible] the Health Service were four in number [illegible] 23 and 27.

DOCUMENT D

General Council Circular No. [illegible]

Hospital Staff Consultative Comm[illegible]

1. The General Council have [illegible] joint consultative machinery [illegible] Service and have arrived at th[illegible]

2. The General Council [illegible] consultation in hospitals and [illegible] Committees be established [illegible] Service except where [illegible] Committee inappropriate.

3. The General Council [illegible] constitution for Joint Consultative [illegible] of this constitution (Document E) [illegible] Council have also agreed that [illegible] hospitals shall conform [illegible]

4. The period during which [illegible] constitution (that representatives [illegible] Committees must be members of a [illegible] body) is to remain in [illegible]

5. The General Council [illegible] Consultative Committees [illegible] the basis that the represent[illegible] nationally recognised [illegible] agreed that in such [illegible] substantially in all [illegible] the arrangements for the [illegible]

April, 1950.

DOCUMENT E

GC 20

WHITLEY COUNCILS FOR THE HEALTH SERVICES (GREAT BRITAIN)
GENERAL COUNCIL

Constitution of a Hospital Staffs Consultative Committee

1. Title
The Committee shall be known as the Joint Consultative Staffs Committee of the ....Hospital.

2. Functions

The Committee's functions shall be:-

a. To promote the closest co-operation and provide a recognised means of consultation between the Management Committee * or Boards of Governors its senior officers and staff.

b. To give the staffs a wider interest in and a greater responsibility for the conditions under which their work is performed; to give the maximum assistance in promoting the welfare of the patients and efficient administration in the hospitals controlled by the Committee or Board; to make suggestions for the improvement of the general arrangements for the comfort of the staff, their recreation, entertainment and dietary.

c. To prevent friction and mis-understanding.

d. Subject to the proviso that no recommendation of the Hospital Staffs Committee shall conflict with, or over-ride, any decision of the General Council or the appropriate Functional Council, to deal with such matters as -

(i) The distribution of working hours
(ii) Holiday arrangements
(iii) Questions of physical welfare - cloakroom arrangements, heating, ventilation etc.

e. To consider any Hospital Rules affecting staff, apart from any that may be prescribed nationally or regionally.

3. Membership

The Committee shall consist of .... members appointed as follows:-

a. .... members appointed by the Management Committee * or Board of Governors to include both members of the Committee or Board and the principal officers of the hospital.

b. .... members elected by the various grades of staff employed within the Hospital, viz:-

... Administrative and Clerical Staff
... Nursing and Midwifery staff
... Technical and Professional staff other than nurses and midwives
... Domestic, Farm and Garden staff
... Artisan staff

always provided that the persons elected shall be members of a nationally recognised negotiating body. (The application of this

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* In Scotland, Board of Management

co-operation and provide a recognised
the Management Committee * or Board
officers and staff.

a wider interest in and a greater
under which their work is performed
in promoting the welfare of the
in the hospitals controlled
to make suggestions for the
for the comfort of the
and dietary.

and mis-understanding

that no recommendation
shall conflict with,
Council or the appropriate
matters as -

The distribution of working hours
arrangements
of physical welfare -
ventilation etc.

any Hospital Rules affecting staff
prescribed nationally or regionally.

shall consist of ....

appointed by the Management Committee
to include both members of
principal officers of the hospital.

elected by the various grades of staff
hospital, viz:-

Administrative and Clerical Staff
and Midwifery staff
and Professional staff other than
Farm and Garden staff
staff

the persons elected shall be members of
body. (The application of this

proviso shall, however, remain in suspense for a period of two years from the 13th January, 1950 or such other period as may be agreed by the General Council).

4. Retirement of Members
Members shall retire from the Committee on ceasing to be members of, or to hold office under, the body or staff group by which they were appointed.

Members of the Committee shall retire on ....of each year and shall be eligible for re-appointment. The original members of the Committee shall remain in office until ....

Casual vacancies shall be filled by the original appointing body or staff group which shall appoint a member to sit until the end of the current period.

5. Co-opted Members
The Committee may co-opt for any of its meetings such persons not being members of the Committee as may serve the purposes of the Committee. A similar right of co-option shall extend to sub-committees. Such co-opted members may serve only in a consultative capacity.

6. Offices
The Committee shall appoint annually a Chairman and a Vice-Chairman. The Chairman shall be a representative of the Hospital Management Committee * or Board of Governors and the Vice-Chairman a representative of the staff.

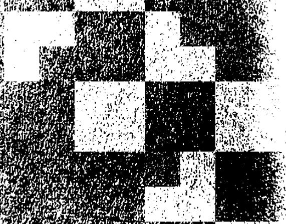
7. Sub-Committees
The Committee shall appoint such standing, special, or sectional sub-committees as may be considered necessary.

8. Quorum
A quorum of the Committee and its Sub-Committees shall consist of not less than one third of the persons entitled to be present on each Side.

9. Meetings
Meetings shall be held as often as may be necessary.

10. Decisions
The recommendations of the Committee shall be arrived at by agreement between the two sides, and shall be submitted to the Hospital Management Committee* or Board of Governors for ratification before becoming operative.

11. Amendment of Constitution
The terms of this constitution may be varied at any meeting of the Committee, provided that notice of the terms of the proposed amendment has been circulated to each member of the Committee at least 28 days before the meeting, and provided that no such amendment, except one varying the number of members, shall become effective until it shall have received the consent of the General Council.



DOCUMENT F

General Council Circular No.23

Facilities for Staff Organisations in Hospitals

1. The General Council have had under consideration the question of the facilities to be afforded in hospitals to staff organisations and have reached the following agreement.

2. The grant of facilities in hospitals to staff organisations participating in the work of the Whitley matters lies within the discretion of the hospital authority. Subject to this, it is reasonable that no obstacles should be put in the way of posting notices and holding meetings for these purposes, and that there should be no discrimination between Whitley organisations.

Notices for display on hospital premises should be submitted for the prior approval of the hospital authority but permission to exhibit should not be unreasonably withheld.

Meetings should be confined to members of the organisations in the particular hospital or hospital group.

3. While the matter is within the discretion of the hospital authority professional or other organisations desiring to hold meetings for educational and professional purposes should be granted all reasonable facilities for so doing.

August, 1950.

DOCUMENT G

General Council Circular No. 27

Hospital Staffs Consultative Committees

The General Council have had referred to them a number of points of general interest concerning the operation of the machinery of joint consultation in hospitals, and have reached the following decisions on the application of the agreed arrangements set out in General Council Circular 13.

1. Scope

a. Employees of Outside Bodies

A person working in a hospital for an outside employer (eg, a medical school) is not prima facie covered by the consultative machinery but if he is employed under Whitley conditions on the work of the hospital it would be regrettable if he were to be excluded. The view of the appropriate staff group should be taken into account.

DOCUMENT F

General Council Circular

Facilities for Staff

1. The General ... of the facilities ... and have reached ...

2. ... participating ... discretion of ... reasonable ...

... members of the organisation ...

3. ... the ... within the discretion of ... authority ... organisations desiring ... for educational and ... purposes should ... reasonable facilities ...

August ...

DOCUMENT

General ...

Hospital ...

The General ... to them a number ... general ... operation of the machinery ... consult ... reached the following ... the ... set out in ... Circular ...

1. Scope

A ... an outside ... covered by the ... committee machinery ... be employed under Whitley conditions ... of the hospital it would be regrettable if ... excluded. The view of the appropriate ... be taken into account.

b. Group Office Staff

Where the group office staff of the Hospital Management Committee (in Scotland Board of Management) are located in a particular hospital, they may, if they so desire, be included in the consultative machinery set up in that hospital.

c. Parallel Consultative Machinery

The existence of other machinery for Joint Consultation on matters within the functions of the Consultative Committee in relation to grades of staff covered by the Committee would be contrary to the Whitley agreement. If desired, a sub-committee of the Consultative Committee can be set up to deal with matters affecting only a particular staff group.

d. Joint User Establishments

As regards establishments which are administered by the hospital authority there is no objection to local authority staff being included in the Joint Consultative machinery set up under the General Council agreement. The matter would be one for discussion between the two employing bodies, and any agreed arrangements would presumably provide for the representation of the local authority on the Management Side of the Consultative Committee and of the local authority employees on the Staff Side.

2. Appointment of Members

a. Members of House Committees

Members of a House Committee who are not members of the Hospital Management Committee (in Scotland, Board of Management) may be appointed to the Management Side of a Consultative Committee provided the Management Side also includes actual members of the Management Committee or Board of Management.

b. Student Nurses

Student nurses are not by the constitution excluded from participation in the work of the Consultative Committee and the General Council consider it desirable that they should take part in the joint consultative machinery.

c. Artisan staff

The artisan staff group should be regarded as covering craftsmen, ie, builders, engineers, electricians, mechanics and the like.

d. Election of Staff Side Members

Principal officers of the Hospital are not debarred by the constitution from participating in the election of Staff Side representatives, but in the opinion of the

General Council such participation is undesirable in the case of an officer who is to sit on the Management Side of the Consultative Committee.

e. Deputies

Arrangements may be made locally, if desired, for the appointment of deputies on the Staff Side of the Consultative Committee provided they are expressly elected as such by their representative staff groups and not nominated by the members for whom they would deputise.

3. Procedure

a. Recommendations

Hospital authorities are free to withhold ratification if they think fit and so prevent a recommendation of the Consultative Committee from becoming operative.

b. Items for Agenda

There is nothing in the constitution which requires that matters the Staff wish to raise on the Consultative Committee should first be discussed with senior officers representing the management.

c. Chairman

In the absence of the Chairman of the Consultative Committee at any meeting, the chair should be taken by the Vice-Chairman.

d. Co-option of Outside Persons

Co-option should be confined to persons who are within the field of eligibility for membership of the Consultative Committee itself.

January, 1951.

DOCUMENT H

HMC(48)42
BG (48)46

NATIONAL HEALTH SERVICE

WHITLEY COUNCIL MACHINERY

WHITLEY AND STAFF ORGANISATIONS

1. This paper describes the machinery which is being set up on Whitley lines for the negotiation of remuneration and conditions of service for persons engaged in the National Health Service, and deals with certain related questions.

... Council such participation in order ... [illegible]
... officer who is to sit on the Management ... [illegible]
... Consultative Committee.

... [illegible]

... arrangements may be made locally ... [illegible]
... appointment of deputies on the Staff ... [illegible]
Consultative Committee provided that ... [illegible]
elected as such by their representative ... [illegible]
and not nominated by the Hospital ... [illegible]
Authorities.

4. **Procedure**

a. **Recommendations**

Hospital authorities are free ... [illegible]
if they think fit and so ... [illegible]
Consultative Committee from ... [illegible]

b. **Items for Agenda**

There is nothing in the ... [illegible]
matters the Staff wish to ... [illegible]
Committee should first be ... [illegible]
representing the management ... [illegible]

c. **Chairman**

In the absence of the Chairman ... [illegible]
Committee at any meeting, ... [illegible]
the Vice-Chairman.

d. **Co-option of Outside Persons**

Co-option should be ... [illegible]
the field of eligibility ... [illegible]
Committee itself.

... January, 1951.

[illegible]

NATIONAL HEALTH SERVICE

WHITLEY COUNCIL MACHINERY

... AND STAFF ORGANISATIONS

1. This paper describes the machinery which ... [illegible]
... for the negotiation of remuneration and conditions ... [illegible]
... persons engaged in the National Health Service, and ... [illegible]
... related questions.

Membership of Staff Organisation and attendance at Whitley and Staff Organisation Meetings

2. It is the desire of the Minister of Health that persons engaged in the National Health Service should be encouraged to join their appropriate organisations. He made this clear in answer to a question in the House of Commons on the 29th January last. The terms of this question and answer are given at the end of this paper.

3. Questions will arise about allowing leave or time off for staff representatives to attend Whitley Councils and Committees and also meetings and for other purposes, of the organisations representing the staff. General arrangements will need to be made on these points but these are matters to be considered in the Whitley machinery which is being set up and in the meantime, wherever there is an established local practice on these matters, this should be continued. Reasonable facilities will doubtless be given for staff organisations to collect subscriptions and to distribute papers etc.

Whitley Machinery

4. Good progress has been made in setting up negotiating machinery for determining the remuneration and conditions of service of persons engaged in the National Health Service.

The proposal is that there shall be a General Council and a series of 'functional' Councils. The 'functional' Councils will cover the various classes of persons engaged in the Health Service and will deal with questions of remuneration and other conditions of service which can be settled on a national basis. Seven of these Councils have been or are in process of being set up for the following classes, namely, optical, pharmaceutical, nurses and midwives, professional and technical grades (two Councils, 'A' and 'B'), ancillary grades, and administrative and clerical staffs. Details of the scope and composition of these Councils are given in the Appendix to this paper.

The establishment of Medical and Dental Councils is still a matter of discussion with the organisations concerned.

The General Council will deal with questions which directly affect more than one functional group (for example, the preparation of an arbitration agreement to provide for issues on which the appropriate Council fails to reach an agreement). The General Council has not yet been set up.

5. These Councils, both the General and the functional Councils, are each made up of a Management and a Staff Side.

[illegible] of Staff Organisation and [illegible]
Whitley and Staff Organisation Meetings

2. It is the desire of the Minister of [illegible] in the National Health Service should [illegible] appropriate organisations. He made [illegible] in the House of Commons on the [illegible] question and answer are given [illegible]

3. Questions will arise [illegible] representatives to attend Whitley [illegible] meetings and for other purposes, of [illegible] staff. General arrangements [illegible] these are matters to be cons[illegible] being set up and in the meantime [illegible] local practice on these matters [illegible] facilities will doubtless be [illegible] subscriptions and to distribute [illegible]

Whitley Machinery

4. Good progress has been [illegible] for determining the remuneration [illegible] engaged in the National Health [illegible]

The proposal is that there [illegible] 'functional' Councils. The [illegible] classes of persons engaged [illegible] questions of remuneration [illegible] settled on a national basis [illegible] in process of being set up [illegible] pharmaceutical, nurses and mid[illegible] (two Councils, 'A' and 'B'), [illegible] clerical staffs. Details [illegible] Councils are given in the [illegible]

The establishment of Medical [illegible] discussion with the [illegible]

The General Council will [illegible] more than one functional [illegible] arbitration agreement to [illegible] Council fails to reach [illegible] yet been set up.

5. These Councils, both the [illegible] are each made up of a Management [illegible]

(i) Management Side

In the General Council, the Management Side consists of representatives of:-

Regional Hospital Boards
Boards of Governors or Teaching Hospitals
Association of Executive Councils
Association of Education Committees
Association of Municipal Corporations
County Councils' Association
London County Council
Department of Health for Scotland
Ministry of Health

Arrangements have yet to be made for the representation of the Boards of Governors of Teaching Hospitals.

In the various functional Councils the Management Side will vary according to the employing interest concerned with the staffs covered by the Councils.

(ii) Staff Side

The Staff Side will consist of the representatives of organisations concerned with the staffs in each particular field. The composition of the individual Staff Sides is a matter for arrangement by those organisations themselves. The constitution of the Staff Side of the General Council has not yet been determined.

Whitley Council Decisions

6. Decisions of the Whitley Council affecting the persons employed in and about hospitals will be communicated to Regional Hospital Boards, Hospital Management Committees and Boards of Governors of Teaching Hospitals by the Ministry of Health, and action should not be taken until advice from the Department has been received.

7. General agreement has been given to the view that there should be Whitley machinery on a regional basis for each hospital board area, or group of teaching hospitals, and machinery also in the form, for instance, of Staff Committees and for individual hospitals or hospital groups. The appointment of staff committees was mentioned in paragraph 13 of H.M.C. (48) 1 and in Chapter 1, paragraph 12 of B.C.(48)5. The details have not yet been worked out. It will be for the General Council to consider the lines on which hospital councils should be set up and the scope of their work.

8. Any questions with regard to the Whitley Council or remuneration and conditions of service of the staff, should be addressed to Division 9, Ministry of Health, Whitehall, London S.W.1.

Ministry of Health,
Whitehall, S.W.1.

August, 1948.

APPENDIX II

NATIONAL HEALTH SERVICE WHITLEY MACHINERY

GENERAL COUNCIL

The General Council deals with those conditions of service (other than remuneration) which are of general application to all staffs covered by the Whitley Councils for the Health Services (Great Britain).

Management Side representatives:-

Regional Hospital Boards, England and Wales
Regional Hospital Boards, Scotland
Boards of Governors of Teaching Hospitals
Hospital Management Committees
Boards of Management (Scotland)
Executive Councils
Inner London Education Authority
Association of Municipal Corporations
County Councils' Association
Scottish Local Authority Associations
Department of Health and Social Security
Scottish Home and Health Department
Welsh Board of Health

Management Side - Chairman H. J. Lester, OBE., JP., FCA
Secretary E. Caines

Staff Side representatives:-

Association of Building Technicians
Association of Scientific, Technical and Managerial Staffs
British Dental Association
British Medical Association
British Optical Association
British Orthoptic Association
Chartered Society of Physiotherapists
Confederation of Health Service Employees
General and Municipal Workers Union
Institute of Hospital Administrators
National Federation of Building Trades Operatives
National and Local Government Officers' Association
National Pharmaceutical Union
National Union of Public Employees
Pharmaceutical Standing Committee (Scotland)
Royal College of Midwives
Royal College of Nursing
Society of Goldsmiths, Jewellers and Kindred Trades
Transport and General Workers Union
Union of Speech Therapists

Staff Side - Chairman: A. W. Fisher
Secretary: Miss Audrey M. Prime

Chairman of the Council (1968/9): H. J. Lester, OBE., JP., FCA.
Vice Chairman: A. W. Fisher

FUNCTIONAL COUNCILS

Administrative and Clerical Staffs Council

This Council determines the pay and conditions of service of administrative and clerical staffs of Regional Hospital Boards, Hospital Management Committees, Boards of Governors of Teaching Hospitals, Boards of Management (Scotland), Executive Councils, Joint Pricing Committees, Drug Accounts Committee (Scotland) and Dental Estimates Boards. It also determines the scales of pay and conditions of service of certain special grades employed by Boards of Governors, Hospital Management Committees and Boards of Management.

Management Side representatives:-

- Regional Hospital Boards, England and Wales
- Regional Hospital Boards, Scotland
- Boards of Governors of Teaching Hospitals
- Hospital Management Committees
- Boards of Management (Scotland)
- Executive Councils
- Department of Health and Social Security
- Scottish Home and Health Department
- Welsh Board of Health

Management Side - Chairman: H. J. Lester, OBE., JP., FCA.
Secretary: H. Herzmark

Staff Side representatives:-

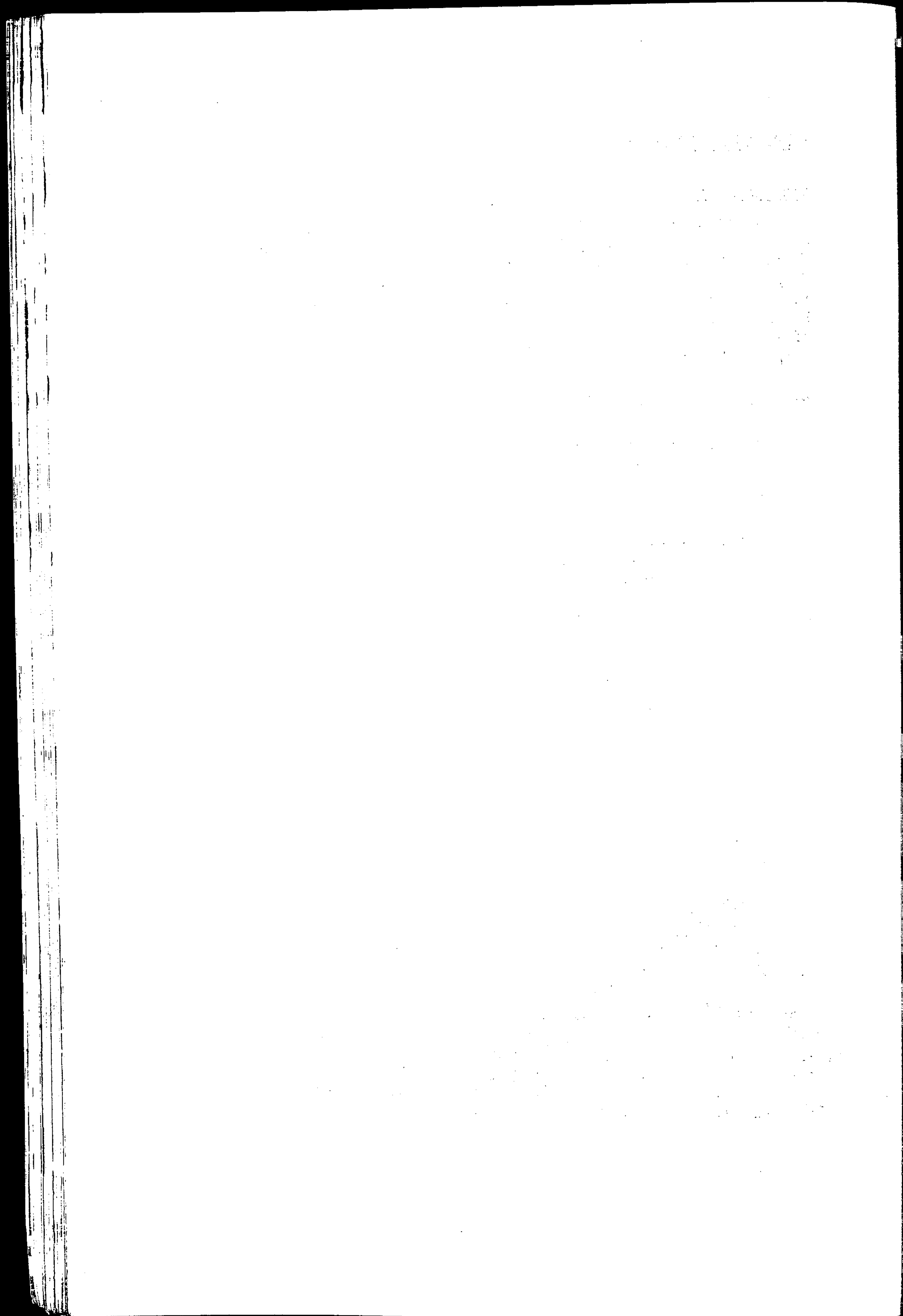
- National Union of Public Employees
- Transport and General Workers Union
- National Union of General and Municipal Workers
- National and Local Government Officers' Association
- Association of Hospital and Welfare Administrators
- Confederation of Health Service Employees
- Society of Clerks of Executive Councils
- Association of Officers of Executive Councils and Pricing Committees
- Institute of Hospital Administrators

Staff Side - Chairman: J. F. Milne, MC., B.Sc.(Econ.)
Secretary: G. A. Drain, JP., BA., LL.B.

Chairman of the Council (1968/9): J. F. Milne, MC., B.Sc.(Econ.)
Vice Chairman: H. J. Lester, OBE., JP., FCA.

Ancillary Staffs Council

The Ancillary Staffs Council determines the rates of pay and conditions of service of ancillary staffs and other grades as may be agreed (not being within the purview of other Functional Councils) employed by Hospital Authorities, Executive Councils and Local Authorities (in residential establishments). A committee of the Council determines



the rates of pay of building trades workers employed by Hospital Authorities.

Management Side representatives:-

Regional Hospital Boards, England and Wales
Regional Hospital Boards, Scotland
Boards of Governors of Teaching Hospitals
Hospital Management Committees
Boards of Management
Association of Municipal Corporations
County Councils' Association
Greater London Council
Scottish Local Authority Association
Department of Health and Social Security
Scottish Home and Health Department
Welsh Board of Health

Management Side - Chairman: K. J. Johnson
Secretary: P. J. Wormald

Staff Side representatives:-

Confederation of Health Service Employees
General and Municipal Workers Union
National Union of Public Employees
Transport and General Workers Union
National Federation of Building Trades Operatives

Staff Side - Chairman: D. O. Gladwin
Secretary. A. W. Fisher

Chairman of the Council (1968/9): D. O. Gladwin
Vice Chairman: K. J. Johnson

Dental Council (Local Authorities)

This Council is concerned with remuneration and conditions of service for dentists employed by local authorities.

Management Side representatives:-

County Councils Association
Association of Municipal Corporations
*Greater London Council
Association of County Councils in Scotland
Counties of Cities Association (Scotland)
Department of Health and Social Security (Observer only)
Scottish Home and Health Department (Observer only)

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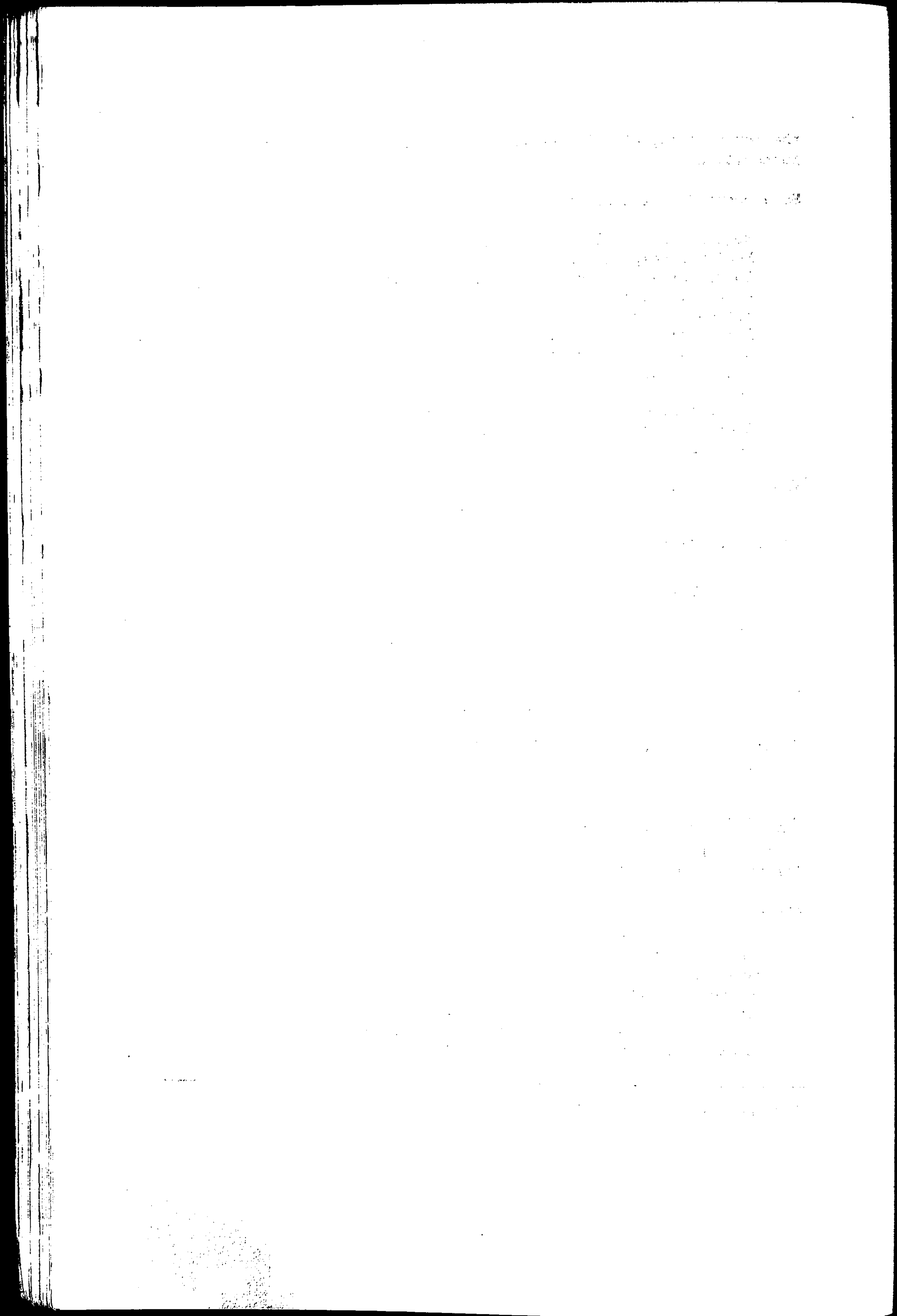
* Subject to ratification



Management Side - Chairman: Vacancy
Secretary: T. E. Dutton) for Joint meetings
R. E. Griffiths)

Staff Side representatives:-

British Dental Association

Staff Side - Chairman: A. Gordon Taylor
Secretary: S. R. Bragg BDA

Chairman of the Council (1968/9)) No appointments
Vice Chairman) made

Medical and (Hospital) Dental Council

This Council does not meet as such but carries out its functions through various Committees.

Committee A - not yet appointed.

Committee B - appointed to deal with the remuneration and conditions of service of medical and dental practitioners employed by or in contract with hospital employing authorities including Regional Hospital Boards. Since 1963 an independent Review Body has made periodic recommendations to the Prime Minister on doctors' and dentists' remuneration. In 1967 the professions indicated that they would prefer to negotiate direct with the Department on conditions of service and a Joint Negotiating Committee was set up. Committee B has not met since 1966 although members are appointed each year.

Management Side representatives:-

Department of Health and Social Security
Scottish Home and Health Department
Regional Hospital Boards, England and Wales
Regional Hospital Boards, Scotland
Boards of Governors of Teaching Hospitals
Association of Hospital Management Committees
Local Authority Associations

Management Side - Chairman: not appointed
Secretary: P. V. Foster

Staff Side representatives:-

Joint Consultants Committee
Central Dental Consultants and Specialists
Committee of the British Dental Association

Staff Side - Chairman: not appointed
Secretary: Dr. J. D. J. Havard

Committee C - responsible for the remuneration and conditions of public health medical officers and with the remuneration of general practitioners who undertake part-time work for local authorities.

Management Side representatives:

+ Department of Health and Social Security
+ Scottish Home and Health Department
County Councils Association
Association of Municipal Corporations
Urban District Councils Association
Rural District Councils Association
* Inner London Education Authority
Association of County Councils in Scotland
Counties of Cities Association (Scotland)
Convention of Royal Burghs (Scotland)

+ Observers only
* subject to ratification

Management Side Chairman: Vacancy
Joint Secretaries: T. E. Dutton
R. E. Griffiths

Staff Side representatives:

The Public Health Committee of the British Medical Association

Staff Side Chairman: Not known
Secretary: Dr. I. T. Field

Nurses and Midwives Council

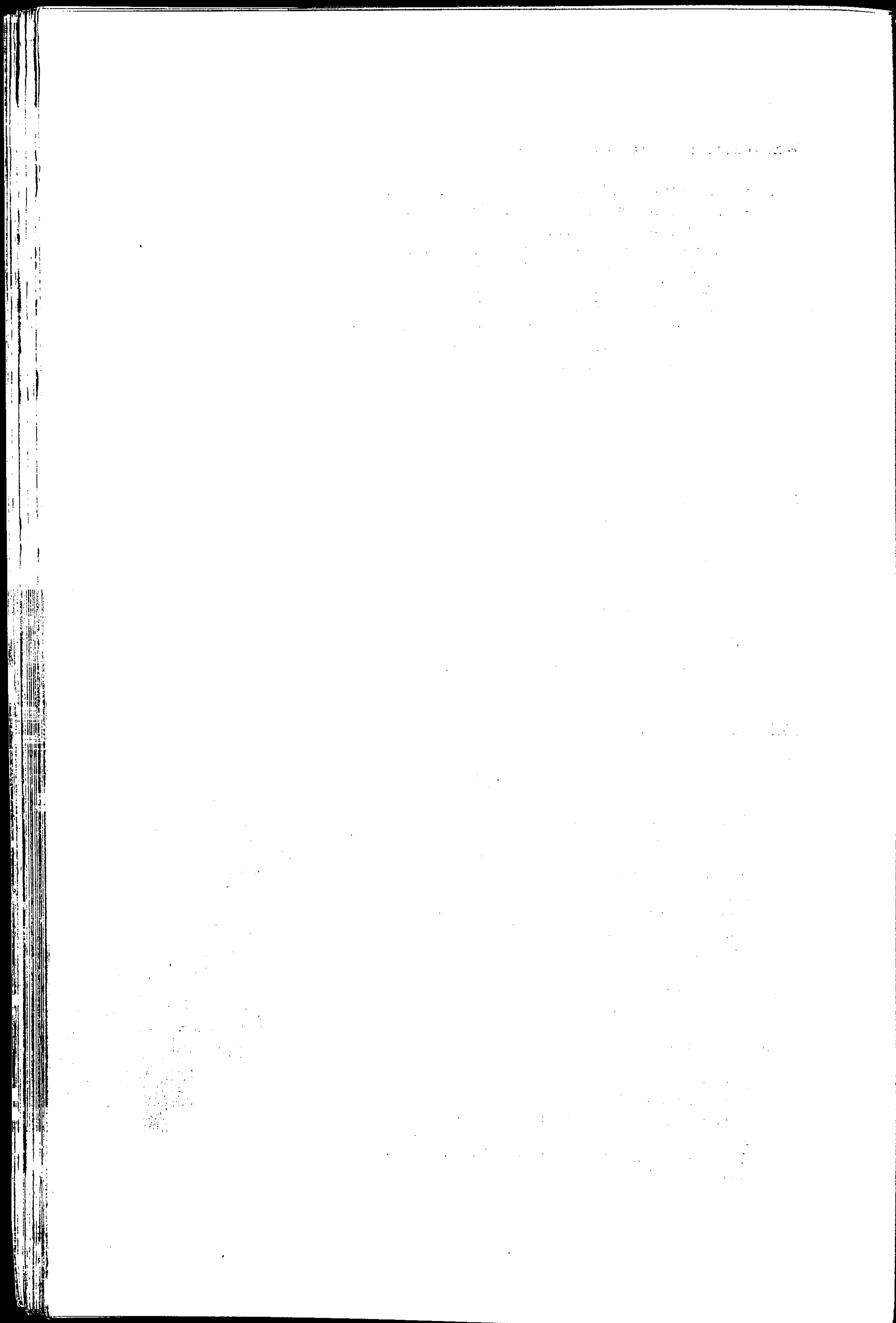
Management Side representatives:-

Regional Hospital Boards, England and Wales
Regional Hospital Boards, Scotland
Boards of Governors of Teaching Hospitals
Association of Hospital Management Committees
Association of Municipal Corporations
County Councils' Association
Inner London Education Authority
Scottish Local Authority Associations
Scottish Home and Health Department
Department of Health & Social Security

Management Side Chairman: Mrs. K. M. Cameron, OBE.
Secretary: Mr. H. V. White

Staff Side representatives:-

Association of Hospital Matrons
Association of Hospital and Welfare Administrators
Association of Scottish Hospital Matrons
Association of Supervisors of Midwives
Confederation of Health Service Employees
Health Visitor's Association



National and Local Government Officers' Association
General and Municipal Workers Union
National Union of Public Employees
Royal College of Midwives
Royal College of Nursing
Scottish Health Visitors Association

Staff Side Chairman: Miss G. M. Westbrook
Secretary: Mrs. M. E. Newstead, LL.B.

Chairman of the Council (1968/9): Mrs. K. M. Cameron, OBE.

Vice Chairman: Miss G. M. Westbrook

Optical Council

This Council does not meet as such but carries out its functions through various Committees.

Committees A. & B concerned with salaried ophthalmic opticians and dispensing opticians employed in hospitals and by local authorities. Ophthalmic opticians are covered by Committee A and Dispensing opticians by Committee B.

Management Side representatives:-

Department of Health and Social Security
Scottish Home and Health Department
Regional Hospital Boards - England and Wales
Regional Hospital Boards - Scotland
Boards of Governors of Teaching Hospitals
Hospital Management Committees
County Councils Association
Association of Municipal Corporations

Management Side Chairman: Alderman F. L. Neep
Secretary: T. E. Dutton

Staff Side representatives:

Committee A
Association of Dispensing Opticians
Joint Committee of Ophthalmic Opticians
Association of Optical Practitioners
Association of Scientific Technical and Managerial Staffs
Socialist Medical Association (Ophthalmic Group)
Scottish National Committee of Ophthalmic Opticians
Association of Hospital Opticians

<u>Committee B</u> Association of Dispensing Opticians
Association of Hospital Opticians
Members representing Ophthalmic Opticians
drawn from Staff Side of Committee A.

Staff Side Chairman: E. W. Allen
Secretary: J. S. Davison

<u>Committee C</u> concerned with ophthalmic opticians in the Supplementary Ophthalmic Service (sight-testing fees)

Management Side representatives:

Department of Health and Social Security
Scottish Home and Health Department

Management Side Chairman: Mrs. P. M. Williamson
Secretary: R. M. Cubitt

Staff Side representatives:

Association of Dispensing Opticians
Joint Committee of Ophthalmic Opticians
Association of Optical Practitioners
Association of Scientific, Technical and Managerial Staffs
Parliamentary Committee of the Co-operative Union
Socialist Medical Association (Ophthalmic Group)
Society of Opticians
Scottish National Committee of Ophthalmic Opticians

Staff Side Chairman: J. H. Wilson
Secretary: R. T. Pine

<u>Committee D</u> concerned with dispensing and ophthalmic opticians in the Supplementary Ophthalmic Service (dispensing fees)

Management Side representatives:

Department of Health and Social Security
Scottish Home and Health Department

Management Side Chairman: Mrs. P. M. Williamson
Secretary: R. M. Cubitt

Staff Side representatives:

Association of Dispensing Opticians
Members representing ophthalmic opticians
drawn from Staff Side of Committee C.

Staff Side Chairman:) Mr. M. Aird
Secretary:)

Pharmaceutical Council

This Council does not meet as such but carries out its functions through various Committees.

Committee A concerned with chemist contractors in England and Wales.

Management Side representatives:

Department of Health and Social Security

Staff Side representatives:

National Pharmaceutical Union
Company Chemists Association Ltd.
Co-operative Union Ltd.

This Committee does not meet.

Committee B concerned with chemist contractors in Scotland.

Management Side representatives:

Scottish Home and Health Department

Staff Side representatives:

Pharmaceutical Standing Committee (Scotland)
Company Chemists Association Ltd.
Co-operative Union Ltd.

This Committee does not meet.

Committee C concerned with salaried pharmacists employed in hospitals and by local authorities.

Management Side representatives:

Department of Health and Social Security
Scottish Home and Health Department
Regional Hospital Boards - England and Wales
Regional Hospital Boards - Scotland.
Hospital Management Committees
Boards of Management
Boards of Governors of Teaching Hospitals
Local Health Authorities - England and Wales

Management Side Chairman: W. J. Carter
Secretary: T. E. Dutton

Staff Side representatives:

Guild of Public Pharmacists
Association of Scientific, Technical and Managerial Staffs
Confederation of Health Service Employees

Staff Side Chairman: E. J. Fitchett
Secretary: W. Mott

Professional and Technical "A" Council

This Council is concerned with remuneration and conditions of service of the following:

biochemists
chiropodists
hospital chaplains (full-time)
occupational therapists
orthoptists
physicists
physiotherapists
social workers
psychologists
radiographers
remedial gymnasts
speech therapists and
dietitions other than catering officers

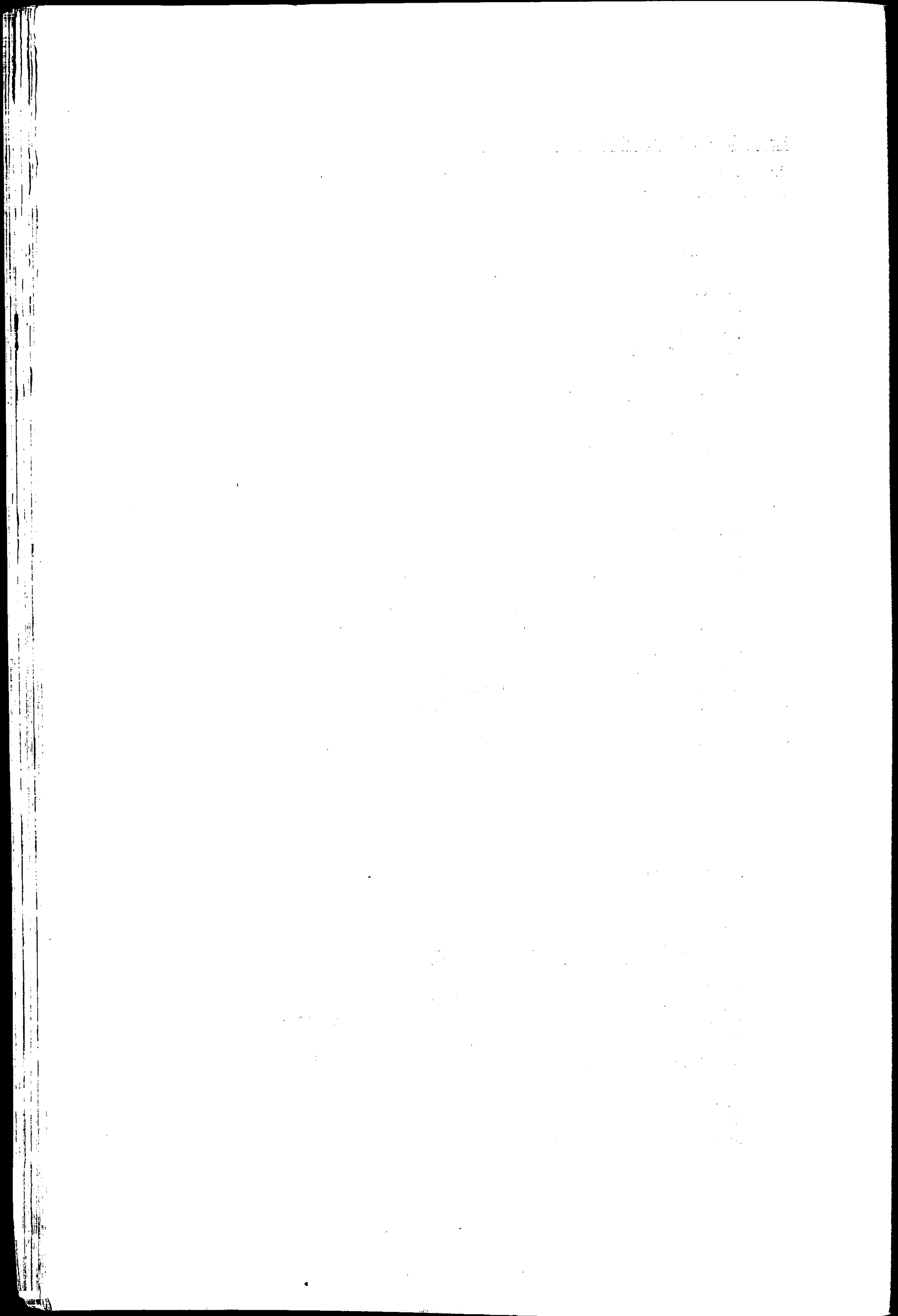
Management Side representatives:

Regional Hospital Boards (England and Wales)
Regional Hospital Boards (Scotland)
Boards of Governors of Teaching Hospitals
Boards of Management
Association of Hospital Management Committees
Association of Municipal Corporations
County Councils' Association
Scottish Local Authority Associations
Scottish Home and Health Department
Department of Health and Social Security

Management Side Chairman: Mrs. E. Daniels, OBE
Secretary: P. W. Day

Staff Side representatives:

Association of Clinical Biochemists
Association of Occupational Therapists
Association of Psychiatric Social Workers
Association of Scientific, Technical and Managerial Staffs
British Dietetic Association
British Orthoptic Society
Chartered Society of Physiotherapy
Confederation of Health Service Employees
Hospital Physicists Association
Institute of Medical Social Workers
National and Local Government Officers' Association
National Union of Public Employees
Scottish Association of Occupational Therapists
Society of Chiropodists
Society of Radiographers
Society of Remedial Gymnasts
Union of Speech Therapists



Staff Side Chairman: S. Mayne
Secretary: Miss Audrey Prime

Chairman of the Council (1968/9): Mrs. E. Daniels, OBE.
Vice Chairman: S. Mayne

Professional and Technical "B" Council

This Council is concerned with remuneration and conditions of service of the following professional and technical grades:

- medical laboratory technicians
- dental technicians
- pharmacy technicians
- audiology technicians
- cardiological technicians
- dark-room technicians
- electro-encephalography technicians
- medical physics technicians
- medical photographers
- supervisors in schools in hospitals for the mentally subnormal
- dental hygenists
- dental surgery assistants
- staff of Regional Hospital Boards Works Organisations
- mould room technicians and
- radium custodians

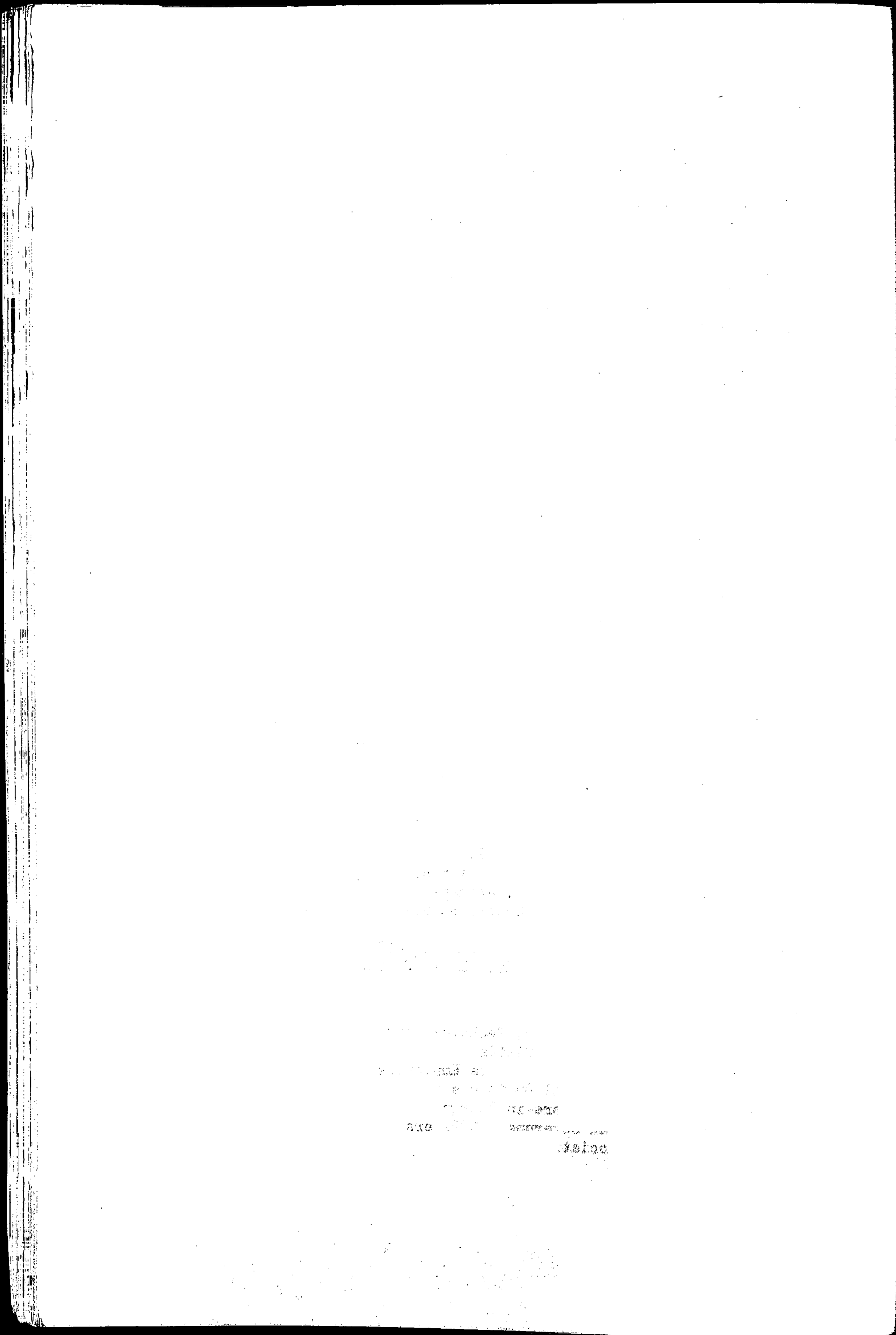
Management Side representatives:

- Regional Hospital Boards (England and Wales)
- Regional Hospital Boards (Scotland)
- Boards of Governors of Teaching Hospitals
- Hospital Management Committees
- Association of Municipal Corporations
- County Councils' Association
- Boards of Management (Scotland)
- Scottish Local Authority Associations
- Scottish Home and Health Department
- Department of Health and Social Security

Management Side Chairman: J. F. Lyne, OBE
Secretary: Miss E. M. Walker

Staff Side representatives:

- Association of Scientific, Technical and Managerial Staffs
- Confederation of Health Service Employees
- Institution of Hospital Engineers
- Institution of Engineers-in-Charge
- National and Local Government Officers Association



National Union of Public Employees
Society of Goldsmiths, Jewellers and Kindred Trades
Union of Shop, Distributive and Allied Workers
Association of Building Technicians

Staff Side Chairman: Mr. S. J. Barton
Secretary: Mr. F. J. Lynch

<u>Note</u> Chairman of Management Side usually chairs meetings of full Council.
No vice-chairman is appointed.

November, 1968

APPENDIX III

TABLE I

Number of beds in 197 hospitals surveyed

Group	1-50	51-100	101-150	151-200	201-250	251-300	300+	400+	500+	600+	700+	800+	900+	1,000+
1	7	5	1	1	-	-	-	-	-	-	-	-	-	-
2	7	3	2	1	2	-	-	1	-	-	-	-	-	1
3	5	-	-	-	-	1	1	-	-	-	-	-	-	1
4	5	2	2	-	1	-	-	1	1	-	-	-	-	-
5	2	-	-	3	1	-	-	-	-	-	-	-	-	1
6	4	1	-	-	2	-	1	-	-	1	-	-	-	-
7	6	-	2	-	-	-	-	-	-	-	-	-	-	-
8	3	3	1	-	-	1	-	-	-	-	-	-	-	-
9	5	1	2	-	1	1	-	-	-	-	-	-	-	-
10	-	3	-	-	-	-	-	-	-	1	-	-	-	1
11	8	2	1	-	-	-	1	-	-	-	-	-	-	-
12	-	1	-	-	-	-	-	-	-	-	-	-	-	1
13	3	3	-	1	1	2	-	-	-	-	-	-	-	-
14	1	1	1	1	-	-	2	1	-	-	-	-	-	-
15	4	2	3	-	-	-	-	1	-	-	1	-	-	-
16	2	4	2	1	-	-	-	1	-	-	-	-	-	-
17	2	3	1	2	1	-	-	-	-	-	-	-	-	-
18	-	-	-	-	-	-	-	-	-	-	-	-	-	1
19	4	1	1	1	-	-	1	-	-	-	-	-	-	-
20	-	-	-	-	1	-	1	-	-	-	-	-	-	-
21	1	1	-	-	1	-	1	-	-	-	-	-	-	1
22	2	2	-	-	1	-	1	1	-	-	-	1	-	-
23	6	4	3	-	-	2	-	-	-	-	-	-	-	-
Totals	77	42	22	11	12	7	9	6	1	2	1	1	-	6

APPENDIX III

Number of beds in [illegible]

Group	1-50	51-100	101-150	151-200	201-250	251-300	300+	400+	500+	600+	700+	800+	900+	1,000+

TABLE II

Yearly analysis of the 1048 meetings of Joint Consultative Committees - 1948/63

Group	No. of Hpls.in Group	J.C. mtgs.held	1948	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63
1	14	5	-	-	4	7	4	-	-	-	-	-	-	-	-	-	-	-
2	16	9	-	6	4	27	25	28	22	31	28	19	13	17	17	19	10	11
3	8	-							NO RETURN									
4	12	5	-	-	8	10	4	7	8	3	2	1	1	1	3	3	4	2
5	7	4	-	-	-	21	14	7	7	3	1	1	2	-	1	-	2	-
6	9	5	-	-	5	15	17	4	1	1	-	-	-	-	-	-	-	-
7	8	2	-	-	-	10	10	10	5	3	1	-	-	-	-	-	-	-
8	8	3	-	1	-	-	2	1	-	1	1	3	1	1	1	1	-	-
9	10	5	-	-	-	1	7	1	5	6	6	6	8	9	-	2	-	-
10	5	2	-	-	-	2	2	2	4	2	-	-	-	-	-	-	-	-
11	12	3	-	-	-	6	2	7	3	5	15	12	13	5	9	2	1	-
12	2	1	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
13	10	4	-	-	-	12	6	6	4	-	-	-	-	-	-	-	-	-
14	7	4	-	-	-	3	2	1	2	-	-	1	3	-	-	-	-	-
15	11	2	-	-	3	7	8	10	6	2	-	-	-	-	-	-	-	-
16	10	1	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-
17	9	5	-	-	-	15	7	6	2	3	2	1	-	-	-	-	-	-
18	1	1	-	-	-	4	2	3	3	1	2	4	3	1	2	1	1	-
19	8	2	-	-	1	2	3	3	2	-	-	-	1	1	3	2	1	2
20	2	2	-	-	-	5	4	-	10	-	-	-	-	-	-	-	-	-
21	5	2	-	-	1	17	13	5	6	6	5	5	5	5	6	6	4	4
22	8	6	-	-	5	21	10	11	9	8	5	4	4	4	8	6	6	1
23	15	4	-	-	-	1	4	3	4	2	1	4	1	-	3	-	-	-
Totals	197	77	-	7	31	194	146	115	103	77	69	61	55	44	53	42	29	20

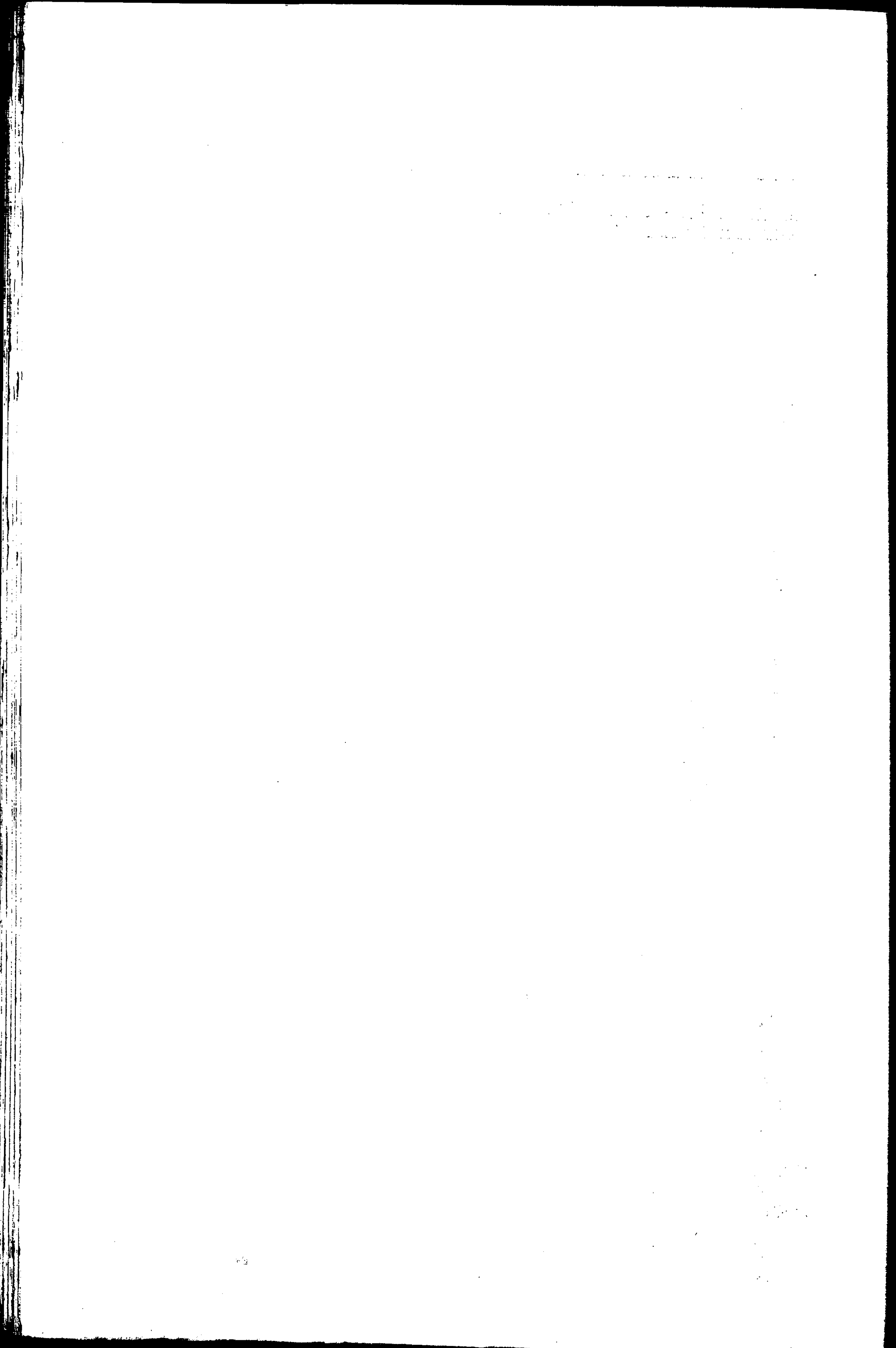
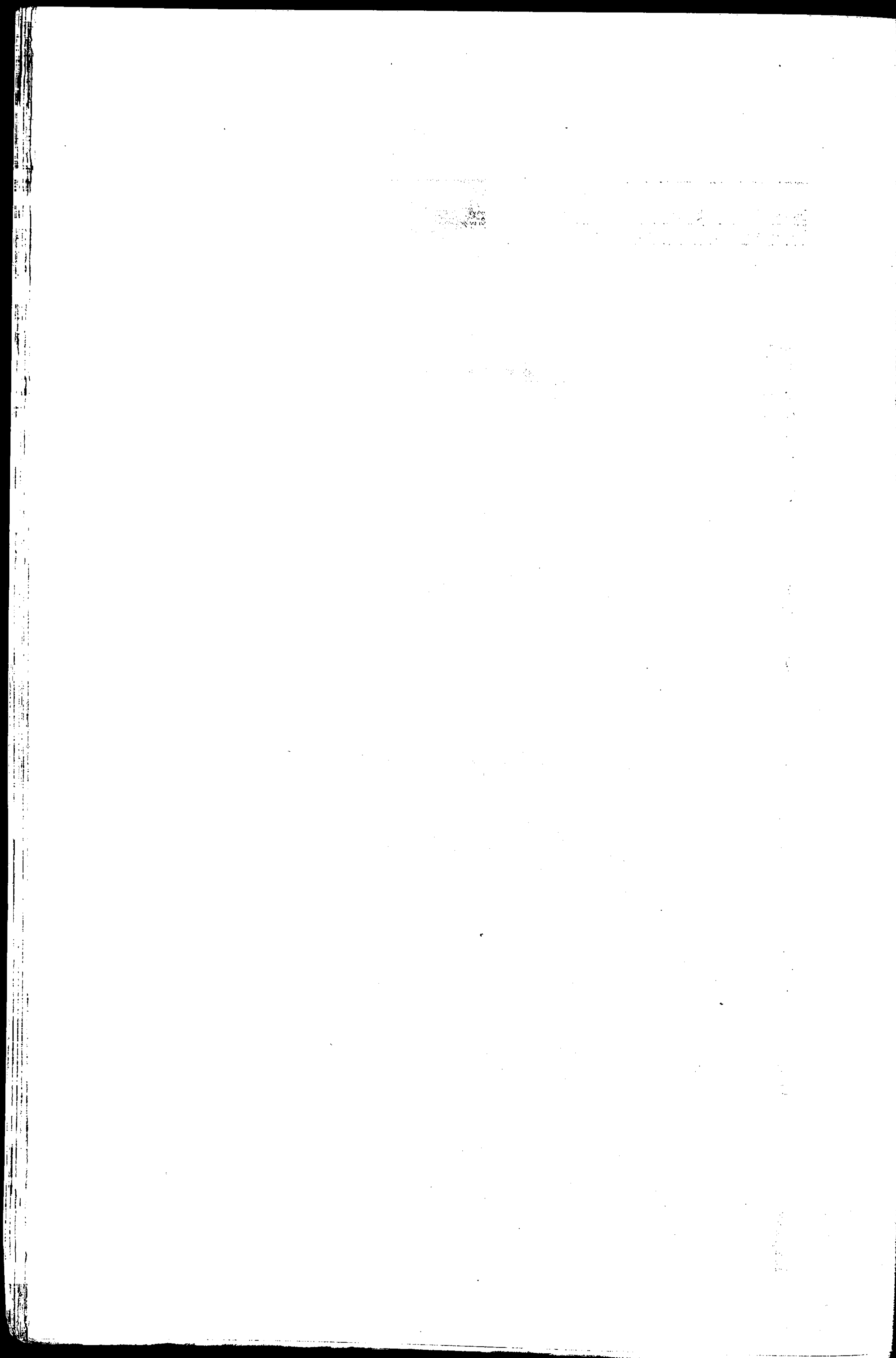


TABLE III

Details of beds, staff employed, and number of meetings at the 19 hospitals in which meetings were held during 1960/3

Hospital	Beds	A & C	P & T	Nursing	Dom.	Artisan	Total	No. of mtgs.	J.C.C. mtgs. in 1960/3
1	10			14	13		27	23	6
2	23	1		12	2	2	17	23	6
3 (Mental)	214	6	7	145	86	16	260	45	14
4	149	14	3	152	167	4	340	40	15
5	222	45	79	206	120	37	487	42	16
6	444	28	33	310	297	26	694	29	12
7 (Mental)	1,082	18	9	332	116	24	499	26	3
8	265	7	1	115	67	9	199	5	1
9	204	61	41	167	176	57	502	44	2
10	164	20	26	164	168	8	386	19	4
11	308	12	23	234	149	4	422	34	4
12 (Mental)	2,119	41	27	412	171	64	715	27	4
13 (Mental)	396	9	17	135	74	4	239	14	8
14	1,683	133	194	793	758	125	2,003	76	20
15 (Mental)	800	9	23	146	84	8	270	53	13
16	225	11	30	130	140	39	350	22	8
17	259	32	36	272	148	70	558	15	1
18 (Mental)	130)								
19	74)	4	1	71	46	8	130	2	2



APPENDIX IV

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