Identification or commodification?

How do we best staff our NHS?

David Zigmond

The last thirty years of our NHS have been largely shaped by reforms modelled on competitive manufacturing industries: these have led to a *commodification* of staffing and services. What has been lost? Two vignettes, separated by nearly fifty years, give us something of an answer.

A recent news article 'Hospital brings cleaning and catering in-house to "support minority ethnic communities"' (*Health Services Journal*, 21/6/21) reported that: 'An acute trust has brought their cleaning and catering contracts back in-house to boost workforce equality and support staff from minority ethnic communities.'

The brief report centred on a topical, and very substantial, concern: that of racial disadvantage. This focus, understandably, referred little to an even larger problem: how the short-term expedience of commercial sub-contraction so often then destroys the longer-term welfare – and thus efficiency and, eventually, the viability – of our NHS and related Welfare systems.

These destructions are inevitable consequences from our models from competitive manufacturing industries which have, increasingly, refined ways of executively managing people. We now speak of '*human resources'* to be designed, moulded and distributed in the way we routinely exploit our inorganic resources. While such manipulations may claim short-term benefits, longer term we find they become increasingly unviable. In recent years this is what we have been witnessing.

So, our serially reformed NHS has incrementally favoured or mandated commercialised commissioning and sub-contraction. This has led first to a marginalisation, then extinction, of the myriad *relationships* that contribute to our better healthcare – not only those of patient-practitioner, colleague-colleague, but of these to all the many support staff – including the caterers and cleaners exampled in the *HSJ* article. Yet the many 'experts' responsible for our thirty years of reforms seem not to have understood how important are personal bonds, relationships and understandings in all but the most acute and technical healthcare. An analogy: just as an internal combustion engine needs coolant and lubricant – not just fuel – to keep delivering its power, so do we need these nuanced human interactions to deliver our complex human care. But most of our NHS institutions now attempt to bypass such human

requirements by institutional procedural compliance: a culture of *no-one-knows-anyone-but-just-do-as-you're-told* has taken root.

Some might concede this truth for clinical staff but set limits: 'this is not applicable to cleaners, surely?'.

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Well, consider the following.

March 1972. Outer London General Hospital

I am working as a junior doctor on a paediatric ward. This is an orderly place where the staffing is akin to a traditional pattern of a stable and well-functioning family. The 'father' is Richard, a Consultant Paediatrician. The 'mother' is Sheila, the Ward Sister. Their 'working marriage' has been tried, tested and trusted over many years. Part of this clinical household is 'mother's help', the ward cleaner, Edie. All three have worked together for more than a decade.

Edie is now probably in her early sixties, about ten years older than Sheila. Despite Sheila's institutional seniority she is respectful of not only Edie's competent and conscientious cleaning, but her observations and suggestions, too: 'lost' objects found, things hazardously misplaced, a child's significant communication or behaviour … Edie does far more than clean: she is valued as an affectionately loyal and intelligently sentient part of this small ward-community, this clinical-household. We look out for one another.

Her small acts of affection warm and ease this place: I see how she recognises and greets lonely and scared children, the subtly supportive interchanges she has with their families. She extends this beneficence into the Sister's Office: when we retreat and slump with fatigue and stress Edie will, with consummate timing, appear with warm words, hot tea and

biscuits. Her bond, her identification, her community is with *this* ward – B3 – and its people. The administering Area Health Authority is something she is barely aware of.

Beyond Ward B3 there is the 'extended family': Richard's secretary, the outpatient manager, the switchboard operator, the occupational therapist … over my year at this hospital I get to know all these people. When I leave, for my next position, I do so with fond farewells and sweet sorrow.

1982. Over dinner

Ten years later I am talking and reminiscing with Richard. 'Edie's recently retired,' he tells me, 'she'd done more than twenty years on B3 and she said to me: "My back's more and more painful. I'm now 72, and it's beginning to tell … But after all these years I really don't want to go."'. Richard pauses, with sadness. I understand.

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January 2020. Inner London Teaching Hospital

Hatifa, a haematologist, is wearily telling me a troubled and tangled hospital tale, the many details of which are hard to follow. It involves an impassed problem: the ward cleaners' thoroughness, methods and timing are ill-suited to the clinical staff's imperative routines and duties; the cleaning staff are employed by a vast multinational corporation, they are constantly changing, seem rushed and harassed and claim that their rigid management cannot allow the flexibility requested by the clinicians; the difficult-to-contact hospital managers bureaucratically describe a technically complex contractual dispute with the subcontracted multinational – very expensive litigation seems increasingly likely…

As Hatifa is explaining all this, my memory-line reels in images of Edie and events on Ward B3 from nearly fifty years ago. I describe these probably to cheer myself, but Hatifa's frustrated gloom remains.

'I only wish we could employ our own cleaners, or at least people who we can easily talk to, or get to know… ', she pauses, 'So who on earth can be happy with this kind of system?'. Her question sounds testily rhetorical, not requiring an answer.

But I have one: 'Ah, the lawyers', I say.

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