Footloose in the BBC and NHS

The Samuel Gee Lecture 1990

I speak in the dual capacity as Chairman of the Royal Marsden Hospital, a small vital part of the health services, and of the BBC, the most important single force in British broadcasting, the most famous broadcasting organisation in the world—and, I believe, the best.

Since December 1949 I have spent my life in the media. Before that, I spent five-and-a-half years in the hands of physicians, surgeons and nurses, some of them German, being treated for osteomyelitis from a bullet in the spine. Indisputably I owe my life to the care I received, not always in easy circumstances. I was in many hospitals. My leg was amputated below the knee in a German casualty clearing station, when I first saw a doctor three days after I was wounded.

I was still wearing the clothes in which I landed at Anzio when I reached a hospital prison four weeks later, staffed by the Catholic nuns of St Vincenthausen. There were few supplies, but what was in abundance, both from them and the British prisoners of war who were doctors and orderlies, was dedicated care for the sick.

There was a scheme whereby the badly wounded on both sides were exchanged. I remember leaving that prison on a stretcher on a fine summer’s day. All the nurses and patients were there to say goodbye, the prison band played the appropriate tune, and the German guards turned out to salute. I also remember the date, 29 August 1945, my 21st birthday. It was a very moving moment. That taught me a lesson repeated many times in the next five years—whatever the bureaucratic and organisational difficulties, doctors and nurses are people of infinite mercy and understanding.

In 1985, when I was still at Times Newspapers, the telephone rang one morning and it was John Patten, then the Minister of Health, who said, ‘I have got an odd question to ask you. I would very much like you to be Chairman of the Royal Marsden Hospital.’

I said, ‘I can’t possibly do that. I know nothing about hospital administration.’ He said, ‘It can’t be worse than running The Times and you have spent long enough in hospitals, so you start with more experience than most chairmen.’ I was flattered, honoured, and accepted. I have never regretted it.

Fifteen months later, Douglas Hurd rang me up and said ‘I hope you’re not busy.’ I said, ‘No, my wife is at the opera.’ I belong to the school of thought that says any man can take my wife to the opera, as long as he doesn’t take me as well. ‘In that case,’ he said, ‘I have an odd question for you. How would you like to be Chairman of the BBC?’ ‘I couldn’t possibly,’ I replied, ‘I am far too old and it is far too big.’ But I was persuaded, and with much apprehension and humility I accepted that job as well. Incidentally, it is a sad fact that as Chairman of the BBC I have no living predecessor—not a massively encouraging statistic.

There are points of similarity between the BBC and the NHS. They are both relatively young! The BBC was born in 1926, the National Health Service in 1948. The NHS and the BBC are both funded by their users, the licence-holders and tax-payers. Both have as their objective the pursuit of excellence: in the Royal Marsden Hospital in treatment and research; in the BBC in the quality and breadth of its radio and television programmes.

Both are involved in education: the Royal Marsden as a postgraduate teaching hospital. Our ex-colleagues are scattered in hospitals all over the United Kingdom and the world. So are our nurses—and 90% of all oncology nurses in the UK are trained at the Royal Marsden Hospital. The BBC is one of the greatest forces for education in the world. The Foreign Secretary once told me that twice as many people in China are learning English from the BBC World Service as can speak it in the United Kingdom.

Both organisations are subject to massive changes as they approach the 21st century, some self-induced, some as the result of technological advance or competitive pressure, some imposed from outside by the Government. Change is sweeping through the Health Service as it is sweeping through broadcasting, and indeed change is necessary as we adapt to the different circumstances of today. Over the past 40 years, the technological achievements of the NHS have been astonishing. Medically it is bang-up-to-date, but managerially it has some way to go. The NHS has grown, like Topsy, in a completely unplanned and unforeseen manner. The problem is not that it is badly managed; the problem is that it has scarcely been managed at all, with no management infrastructure or managerial ethos.

Health professionals—doctors, consultants, etc—resist management. It is alien to their culture. They make good practitioners but they do not all make good managers. It is little different with talented programme-makers, who can find themselves pitch-forked into responsible and complicated executive jobs with little managerial training.

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One of the central planks of the NHS reforms is the devolution of responsibility and the return of control to the people in the waiting-rooms and wards, in the hope that it will make local hospitals more efficient and that it will create an attitude more amenable to enterprise and innovation. In similar fashion, the BBC must put more responsibility on its programme-makers to manage their budgets and resources efficiently.

**The BBC**

Let us concentrate for a moment on broadcasting. Under the BBC’s Charter, the Governors have total responsibility for everything. Their first responsibility is to preserve the public interest, which I believe to be primarily maintaining the independence of the BBC from all pressure groups, political or commercial, and maintaining the quality of radio and television programmes.

The BBC’s current objectives were set up by Sir John Reith in 1928, to provide ‘the best of everything to the greatest number of homes’. But the revolution now sweeping through broadcasting could mean the BBC asking itself some pretty hard questions. There has been a vast increase in the number of channels—nine have been added by satellite in the past year or so, or were until ten days ago; four were swept away in the financial maelstrom, incidentally raising questions about the Government’s regulatory and monopoly policies. As for quality, I am afraid that could be for the birds, and certainly not for the viewers. But there will be many more channels yet, received by cable and satellite. All this will challenge our pole position, and we will have to examine very carefully not only our place in the market but also the objectives we seek to pursue. What was relevant in a monopoly or duopoly situation may no longer be so when we are but one of many. The BBC needs to consider what is distinctive about its service that justifies its unique and privileged funding by a licence fee.

What do people look to from the BBC? We of course know some of the obvious things—*Barchester Towers*, *Fortunes of War*, *The Green Man*, Russ Abbot, *The Generation Game*, *Bread*, ‘Allo ‘Allo, *Eastenders*, *Test Match Special*, *Today*, the Proms every night, the radio play, *The Forsyte Chronicles*, the great sporting occasions, and the great national occasions. Who will forget the 90th birthday of Her Majesty the Queen Mother? Or the moving spectacle at the Battle of Britain flypast of the surviving pilots, rather older, some bowed, some lame, but still marching proudly as one unit, their medals clanking? Or the coverage of the British Legion Festival of Remembrance, and the ceremony at the Cenotaph on Remembrance Sunday? Those are the great occasions for which people turn to the BBC. As they did, for that matter, during the World Cup when the BBC comprehensively won the viewing battle, and as they still do on the big news occasions—another contest we are winning hands down.

People look to the BBC for the best commentary on public events, fair and accurate news programmes and current affairs analysis. If a public-funded organisation cannot excel in that, it loses much of the moral justification for that funding. And people increasingly turn to the BBC, certainly on radio, for local news. We are told we should not do local radio, but the figures suggest otherwise. Eleven million people a week listen to our locally based radio stations, because the distinctive feature of local radio and regional television is its intimate and continuous involvement with local community affairs.

The BBC intends to maintain its high standards and range across its output. But will the increasingly competitive commercial channels maintain the standards in programmes and scheduling set by ITV? Will the new channels actually devote the big money needed to television drama and documentaries? Will they commit hours of radio to speech when pop is popular and rock is rampant? The audiences will be segmented, as will be the advertising revenue. More and more channels are going to chase after bigger slices of what is certainly, at the moment, a diminishing advertising cake, which they must also share with national and provincial newspapers, posters, and cinemas.

Moreover, independent television and radio are themselves enjoying competition for the first time. Hitherto, every television company and every independent radio company had its own tight monopoly franchise, and could make good profits. On television and radio they had roughly one-and-a-half times the income of the BBC. It is very hard to see how those changes will not adversely affect the quality of their product. If money is not there, they will be forced to chase the highest ratings for the lowest costs.

Thus the BBC, like the NHS, must clearly delineate where and in what way it is going to meet the competition so that the viewer and listener, or the patient, can be assured of receiving a product of the quality and variety to which he is accustomed.

Our Boards will consider just such issues over the next few months. It was not practical to do it earlier, because we had to see the effects of the Broadcasting Bill. Everyone in the BBC is deeply conscious of the date—January 1st 1997—when the new Royal Charter comes into force. We do not wish that Charter to mark the end of the BBC as we know it, and we don’t think the public does either. Equally, of course, and this will find an echo in your hearts and minds, we have to make certain our money—really the public’s money—is wisely spent. The management ethos of the BBC was to spend, rather than to husband, resources. Its programme-making ability is not in question but the systems and resource areas have to be carefully scrutinised in the light of changed practice in commercial broadcasting. We have made progress in this.

Great changes have already been made. Staff numbers have been reduced, procedures are being altered. Realism is finding its way into the studios and even...
more into the corridors and bars of the bureaucracy. We are changing but, as I said in our Annual Report, ‘Senior management will have to work hard to maintain the momentum’.

The NHS

Of course, one cannot compare the BBC directly with the NHS. Although its functions—to educate, inform, and entertain—are important and treasured by millions, they cannot be compared with the vital task of maintaining the nation’s health. But in many ways the NHS is not unlike the BBC. Julian Critchley, MP, wondered, in a debate recently, why so many of his ‘great party believe that we have the best newspapers in the world and the worst broadcasting, when all the evidence suggests it is the other way round’. To a certain extent that is also true of the NHS. It is very much admired abroad and valued in many ways at home, but it has problems; you know them all as well as I do—much better, of course.

I remember, I was lying in bed in a hospital ward when the National Health Service was first introduced in 1948. It was as if an enormous black cloud of impending debt had been removed from our lives. The National Health Service has been one of the great achievements of post-war Britain, but now, 40 years later, it is getting a much-needed radical re-think. But it will remain the cornerstone of the nation’s health.

The original naive forecast by Beveridge and Bevan that the cost would decrease as the nation’s health improved was wildly wide of the mark. It didn’t work quite like that. The nation’s health improved and people lived longer and naturally became prone to the problems of ageing. Simultaneously, our research scientists in cancer and many other areas gradually succeeded in tackling some of the problems. The methods, while increasingly more effective, were increasingly more expensive.

The burden of the nation’s health is now consuming a very heavy proportion of the country’s resources, approximately 5% of the Gross National Product. Although that is a low ratio compared to many other developed countries, nevertheless, the global budget for 1991/92 is some £30-billion across the whole of the UK. This creates a problem for all governments—not just in this country but in Europe as well. When Eastern Europe and the Third World have made the same advances as we have they will encounter the same cost equation. It is true of America also, which devotes twice as much money as we do to national health, but there are still about 35-million people in America who have no insurance cover of any sort. The size of this basic cost makes getting value for money the critical factor for the 1990s.

Implications for funding

Both the BBC and the NHS are now developing decent costing systems. Costing a programme and costing an operation is an extremely complex business, with many variables to be taken into account. But it is crucially important, and both the BBC and the NHS are now doing it. For both organisations it is essential to have these costing systems, for without them it is impossible to get accurate financial budgeting. Effective costing systems enable one to build up the export base. British medicine can bring in a great deal of money—so can British television. The money goes to better services for the consumer. We need to generate more revenue by good business practice.

Both the NHS and the BBC are moving cautiously into private and public sector partnerships. There are more and more instances of private health companies sharing NHS facilities and paying to do so. Hospitals are becoming more enterprising. A growing number are establishing ‘shopping precincts’: visitors and staff like them and the profits are ploughed back into health care. Health authorities join up with property companies to develop or re-develop under-used land.

In the same way, the BBC complements other broadcasting organisations through arrangements with Sky and Channel 4 and the now departed BSB. We sell access to our archives. The BBC shares its production costs with foreign programme-makers through co-productions. There are many foreign markets to be exploited. With the NHS the money thus made goes back into care for patients and, in the BBC, into programmes. BBC Enterprises plays an increasingly larger role in funding BBC programmes. Its turnover has doubled in the past three years. The BBC must also look to commercial interests to help make best use of its assets.

There are also ways of developing complementary funding in the Health Service. Just as in broadcasting, competitive situations are emerging in health care, funded differently from the State service. Certainly, at the Royal Marsden Hospital—which is a microcosm of the whole—we find we can only continue to maintain the correct level of NHS patient care with subsidies through our private patients’ wings and trust funds. There is no doubt that such enterprises will have to be further extended.

Management

The massive bureaucratic problems of the National Health Service will also have to be resolved. Even John Harvey-Jones in his marvellous TV series, Troubleshooter, appeared baffled by the National Health Service. The political intervention in the National Health Service on very complicated managerial issues left him speechless and his manager helpless.

The National Health Service now has a new Board to tackle its mammoth problems. It would be quite inappropriate that the National Health Service should have a Board like the BBC Board of Governors. No government can be expected to sacrifice the control of such huge sums to an independent body. The National Health Service has to be part of government expendi-
ture and therefore subject to government control. Conversely, it is deep in the origins and purpose of the 
BBC that it should not be.

As for hospital administration, I am personally much impressed by the small board system. It is very 
early to assess, and the Royal Marsden Hospital is a 
special health authority, but the new set-up of a small 
board of six executive members of the hospital and six 
suchers plus the chairman is already looking a much 
more efficient, purposeful, and effective body. No 
businessman would be surprised at this. The combina-
tion of the new Board and the much higher calibre of 
general managers now coming into the Health Service 
can be a dynamic force for change.

Both now and for the future, consultants will have to 
be financially accountable for their activities. This is 
not a new problem to me. First, it was editors. When I 
went into Fleet Street, no editors had budgets and 
their accounting systems were vague and imaginative. 
One proprietor even kept a paper going as a toy for 
his wife—a toy read by 650,000 people. But it is one 
things to tell the editor or producer that you cannot 
afford his project. It is quite another to tell a consult-
ant to limit the treatment he gives to the sick.

If we are to maintain our Health Service at the cur-
rent level of expenditure, the drive towards greater 
efficiency is critical. Savings are re-invested in health 
care. The point to make is that we are not looking for 
savings or cuts across the board but to reduce relative 
inefficiencies. In other words, it is the variations 
between good practice and bad that we are trying to 
eliminate. In both the NHS and the BBC the benefit is 
then ploughed back into better services for patients, 
viewers or listeners.

To maintain standards the NHS and the BBC have 
to keep up the momentum of change. If we stand out 
against change we will become increasingly second-
rate and increasingly subject to unfavourable compar-
ison. We have to show that we can produce results at a 
reasonable cost, competitive with the private sector. 
We have to show, especially in the NHS, that our ser-
vice is comparable to that available in Europe. As more 
and more health professionals and patients have expe-
rience of it we must be seen to be able to equal what is 
available there. Unless we can, the case for the NHS to 
be changed yet more radically will become all the more 
insistent over the next two decades.

One of the greatest motivating factors towards 
change is the devolution downwards of authority and 
the assumption of responsibility at lower levels. It is 
common to both organisations that people at the lower 
levels are much more anxious for change than 
those in the higher levels where their jobs could be at 
risk. Perhaps that is not surprising, but it creates a fur-
ther management problem—or an opportunity to pro-
mote more young people. All that can enormously 
accelerate the decision-making process, but there is a 
necessary concomitant. The people who take the 
responsibility and succeed must be rewarded amply 
and generously, regardless of bureaucratic pay scales. 
The people who fail, either because they are unwilling 
or unable to succeed, must be replaced. The Civil Ser-
vice background of these two organisations makes the 
replacement of failures a very rare event. Neither the 
BBC nor the NHS is famous for punishing the incomp-
etent. In fact it was always alleged that within the 
BBC a disaster was followed by a game of musical 
chairs; our special variation was to add a chair—but 
now no longer.

Cost-effectiveness

At the same time the National Health Service has to 
tackle its manning problems, its restrictive practices, its 
numbers, just as we are tackling them in broadcasting. 
Every major company, from British Airways to British 
Broadcasting, is simplifying its pay structure, reducing 
the number of grades and numbers of staff. The Health 
Service should do the same. Particularly impor-
tant, and it applies to both, are multi-skilled perform-
ers. In radio and television we have seen a real stream-
lining of production crews and the support staff 
needed to make good programmes. They are now 
much more flexible and can fit the particular circumstance 
of a given programme. This is a more cost-effective use 
of manpower, with no compromises on quality, and 
there tends to be more job satisfaction for those 
involved as their skills are being employed more wide-
ly. Is there not a lesson here for the Health Service?

For 40 years the National Health Service has 
allowed health professionals, that is doctors, nurses, 
physiotherapists, occupational therapists etc, to define 
and run their own, carefully demarcated, areas of 
work. And the managers have felt unable to adjudicate in 
the matter of skill mix, which they see as a no-go area. 
Surely this problem has to be tackled because 
strict demarcations of labour often militate against 
cost-effective deployment of professionals. For exam-
ple, nurses can, and in certain places do, undertake 
many tasks that are conventionally doctors’ work. In 
some areas, like health promotion advice and the giving 
of information, there is good evidence that nurses 
do these tasks better than doctors.

Just as newspapers have re-examined what Roy 
Thomson called ‘make work practices’, perhaps the 
NHS should re-examine and arrive at the best way of 
achieving more cost-effective use of health profession-
als better geared to patient need. For instance, may I 
suggest from personal observation the blurring of 
roles and skills across the rehabilitation professions of 
physiotherapy, occupational therapy, and speech ther-
apy; and the division of labour between doctors and 
nurses. More than £4.6 billion is spent on nursing 
every year, roughly 25% of the NHS total. More than 
half of all Health Service workers are nurses. In five 
years’ time we know there will be a considerable 
drop in the number of young women available for 
this work force. We have to address three key issues:
the nature of nursing work, the job demarcations in health care, and the support the nurses require to work effectively within the NHS. We must encourage nurses and managers to work and plan together. This is only one area where reforms are needed; there are many others.

It is common to both the BBC and the NHS that it is not easy to control creative people. Yet the creativity and skill of producers and consultants are critical to the success of their respective organisations. One treats patients, the other makes programmes, and both generate much of the cost of their parent bodies. In both cases, however, their loyalties may not be primarily to their organisations. Producers may feel wedded to their particular subject or programme, just as consultants feel primary allegiance to their patients, clinical specialty, and peer group. Both can be ambivalent to the claims of their organisation, which they see as bureaucratic and obsessed with cost control. They are probably right. There needs to be give and take on both sides.

Both organisations are kept alive and functioning by men and women dedicated to public service, and they are men and women of experience, training, and expertise. They are not in it for the money. There are very few people working for the National Health Service who could not move elsewhere for an increase in salary. The same is true in some areas of the BBC. Incidentally, we must never forget the enormous contribution made to the smooth working of the NHS by voluntary workers. They are irreplaceable. We have no voluntary workers in the BBC, although that view is not shared by some of my lower-paid colleagues.

But as technology forces up the costs in organisations highly resistant to change, we must import people from outside with practical experience. Both the BBC and the NHS can be inbred and narcissistic. There is a limit to how far and fast we can institute change. We cannot replace the NHS, even if we could replace the BBC. But what we must do is change the structure and the climate in which they operate.

The core of all doctoring is diagnosis, treatment, and prognosis. Ever since the seventeenth century, doctors have been diagnosing the wheezes and pains of their patients. But since then there has been a great accumulation of research and recently an ever-burgeoning array of complex diagnostic tests and methods of treatment. How far has that actually helped our health? The Economist recently reported that the World Health Organisation (WHO) had examined patterns of disease—heart disease, senile dementia, arthritis, cancer etc—in Eastern and Western Europe. Both improved in the 20 years after the Second World War, with the arrival of cleaner water, better sanitation, and domestic refrigerators. But since the 1960s, mortality rates in Eastern European countries have risen and life expectancy has fallen. WHO ascribes this to diet, smoking habits, and alcohol, rather than differences in access to medical care. Some studies of health in the US have shown that the huge sums spent in the name of medical progress have produced only marginal improvements in health. There is interesting evidence that a huge proportion of US health spending goes on people in the last six months of life. This leads to difficult and searching questions.

The purpose of the NHS

The most difficult question is ‘What is the business of the NHS?’ Solving that is the core for the future strategy of health care and beyond. This has always been fudged in the past: indeed, for many years it was never posed. There was instead a general assumption that health care was about providing more and better health services, and that the professionals in them were doing the best possible job for the public they served.

People are more questioning today. This, and the fact that health care is more expensive, means that politicians and other health policy-makers are becoming much more critical of the quality of our national investment in health services. The fudging will have to stop; the NHS will have to be much clearer about what it exists to do. Does it exist to push out the frontiers of biomedical science? Is it in the business of improving the quality of people’s lives through health care? What treatments are worth paying for, which are not? How does the NHS allocate resources between a quick-fix repair shop and rehabilitation and long-term care? Is the National Health Service really the ‘National Disease Service’, or should it become more positive about disease prevention? When should medical intervention stop—and social support (or simply tender loving care) take over? Human beings, with rare exception, are tenacious of life and unwilling to die. So long as there remains one animating spark, the doctors will fight and struggle to preserve it.

The view of Beveridge and Bevan was that the National Health Service would make the nation fitter and so would make a diminishing demand on national resources. The reverse has been true, as we keep more people alive at an ever-increasing cost. The fundamental problem is that medicine is rightly a social cost, and we cannot restrict the public use of the latest, even the most expensive, procedures. We cannot leave the people of this country who either cannot or do not choose to pay for private medical insurance with a third-class Health Service. We have to find a way of financing good medicine across the board.

As we embark on change, good communication is absolutely critical internally as well as externally. At the BBC, for instance, the Director-General is now cross-examined on policy at regular intervals in television interviews relayed live to all our staff throughout the country. That is technically impossible in the Health Service, but we should all remember that good communication is about asking the right questions, getting the right facts, and telling them freely and accurately, without bias.
To sum up: both the BBC and the NHS are populated by highly talented, temperamental geniuses, called consultants and producers, twin gods who spend money. And yet both organisations are only now establishing decent costing systems. The BBC is getting rid of its bureaucracy and putting more money into the programmes. The NHS is doing the same. But both have had huge bureaucratic tails for too long.

The principle of accountability applies to both organisations. That, of course, means total accountability in the end to the people who fund us. What, sadly, also applies to both of us is that we seem to be loved and loathed in equal measure; treasured by some, reviled by others. We are much more admired abroad than at home. But we both affect virtually everyone in the community. For instance, 95% of the population listen to or view the BBC every week. Incidentally, although both are based primarily in London, where there are special centres devoted to excellence, they also stretch across the whole country. Both need a fast decision-making process; both need younger executives; both need a more effective system of managerial training and more rapid acknowledgement of success.

Future changes

For those of us who are working in the NHS or in the BBC or, like me, are precariously poised in both, our future task is clear. These are two great British institutions playing an enormous part in the lives of every man, woman and child in the whole country. They have to be preserved, but they have to change. We have to engineer these changes and motivate the people who will bring them about. In the last analysis, the future of these institutions and of all the people who rely on them is in our hands.

Part of those changes will be laid down by the government of the day, as is its right. Part of it we can ourselves engender. But there is one great danger to both the NHS and the BBC. They are being thrust into the dangerous cauldron of party politics. Of course, it is right that the major parties should have different policies for health and broadcasting. And we cannot expect radical governments of either hue not to have their own solutions. Nor should we.

We have a new Health Act. I believe that so far as possible we should now leave the NHS in the hands of the NHS Board and the people reporting to them to carry it out. Some of the proposals may need further change. Some of them may prove better than expected, some worse. Some may work straight away. Let the many able people in the Health Service a chance to work out their own salvation.

As far as broadcasting is concerned, the BBC faces a new Charter in 1997, about which there are many and widespread views. They primarily affect funding. The BBC serves the whole nation, and we believe the licence-fee system underpins that universal public service role. So those who argue that it might be abolished should ask what would replace it? Should the licence fee be abolished and replaced by what? Should it be halved and the BBC's output with it—and incidentally, which half? Should it be funded entirely by advertising, and what effect would that have on the new commercial ventures? Or should it be funded by subscription, which has so far only worked for films, sport, and pornography. A frenetic debate is starting far too early, much fuelled by newspapers with a financial stake in the conclusion.

I hope those decisions will be taken, when the time comes, as a result of debate and consideration by all parties, not just by whoever happens to be in power at that time. The listeners and viewers of the BBC embrace all parties.

The last government to be elected with a majority of votes was Baldwin's in 1935. I would like to think that in the ebb and flow of national politics and the national debate there could be some joint discussions and some joint proposals for the new Charter. Royal Commissions have not always been popular or effective. But some form of general discussion should, in my view, determine the future of this very important institution. There is a natural and proper stress between governments and the media, and particularly between governments and the BBC. So I believe all Parliamentary parties should have a voice in its future—and so should the listeners and viewers; after all, they pay.

When the BBC was attacked at the recent Conservative Party Conference, we had 74 calls that day on the subject, a very high figure. To our great surprise (and relief) every single one of them supported the BBC. In the NHS and the BBC we know we have our critics, and it is right that we should. We must neither reject valid criticism, nor resent the malicious or hostile. We must not be bullied, but we should not be bribed either.

For my part, as I face this exciting and rewarding challenge, I am constantly reminded of the words of Edmund Burke:

'Those who would carry on the great public schemes must be proof against the most fatiguing delays, the most mortifying disappointments, the most shocking insults and, worst of all, the presumptuous judgement of the ignorant on their designs.'

I think you will agree that is a timeless and percipient comment on the perils of public service.

If we keep our minds clear, our heads high, if we clarify our objectives and set out how we will attain them, if we remember always that our ultimate responsibility is either to patients or to viewers and listeners, we have nothing to fear in taking these great institutions into the next century.