

'JIMMY'S': THE RISE OF THE DOCUSOAP & THE FALL OF YTV

By Nick Gray, Deviser/Producer/Director

What is **'JIMMY'S'**? It's the local nickname of a hospital in Leeds, actually called St. James's University Hospital. And **'JIMMY'S'** is the name of the series we – Yorkshire Television - made there for ten years between 1987 and 1997. It had a modest beginning in the ITV Daytime schedule and grew to become a peak-time staple. At its most popular **'JIMMY'S'** attracted audiences of ten million viewers. When in 2005, to celebrate its half-century, ITV invited viewers to vote for their Greatest Shows Ever, **'JIMMY'S'** came in at number 36, up there between **'BLIND DATE'** and **'SUNDAY NIGHT AT THE LONDON PALLADIUM'**. It was described as “an emotional roller-coaster of a series set around the doctors, nurses and patients of St. James' Hospital, Leeds”. **'JIMMY'S'** did not have a Cilla or a Brucie. Our so-called stars were a lot of Yorkshire folk, although some of the administrators and doctors were from out of town.

The Opening Titles to each programme place the hospital in an urban landscape surrounded by Victorian terrace housing and modern tower blocks. It's Harehills, a multi-cultural area of Leeds where at night the ambulances went about with a police escort. “You don't want to go in there”, a paramedic said to me one night when we were filming with them. We were outside a club where there had been a gang clash with multiple stabbings. The paramedic said: “Upstairs, there's claret all over the walls.” Actually we made a story of it: following the surgeons and nurses as they treated the petty gangsters, with members of the opposing gangs meeting on the ward. But this is getting ahead in the story of **'JIMMY'S'**. We put a caption at the end of the titles which reads “St. James's is the largest general hospital in Britain. What follows is what happens there...” And that's what we set out to do – cover what happened in the hospital.

The idea for the programme started in 1987, when ITV and BBC opened up daytime TV. Schools programmes were moved, and great slabs of airtime were available. Among other programmes, the BBC bought and scheduled an Australian drama serial called **'NEIGHBOURS'**, and ITV started **'JIMMY'S'**. The BBC executive who bought **'NEIGHBOURS'** said to me recently: “Hey, it cost £2,000 an episode and we could play it twice a day. It was a no-brainer.” **'JIMMY'S'** cost a lot more than that, and looks more like Public Service Broadcasting than the Australian serial. Today of course, ITV has given up on most of that. Back then, there were only 4 channels: and in ITV there was plenty of money about, and some opportunities, some artistic freedom, but also a sense of Public Service Broadcasting. It was the era of “Brideshead Revisited” and that even higher achievement “Jewel In The Crown”. When at Thames TV Jeremy Isaacs, responsible for the great documentary series ‘World At War’, scheduled an evening that included an hour about classic Silent Films, followed by the innovative drama series ‘Rock Follies’. ITV could not consider such a schedule today.

In 1987, when ITV was planning the new daytime schedule, the Big Five companies - the cartel of Thames, London Weekend, Granada, Central, and Yorkshire - pitched their programme ideas. Yorkshire Television, based in Leeds, had a strong documentary-making tradition, and our Programme Controller offered his fellow

controllers an up-to-the-minute factual programme from an institution like a hospital which reflected national events (including, apparently, nurses discussing world affairs). He came back from a meeting announcing that he had secured 26 half-hour slots over 13 weeks, for this putative twice-weekly programme. I was given the task of producing and directing these programmes. So we immediately set about making a different kind of programme.

We stuck with the hospital idea, and selected St. James's Hospital, handily situated only a few miles away from our studios. It might have been the largest general hospital in Britain, but it wasn't the best known in Britain. It wasn't even the best known in Leeds. That was the Leeds General Infirmary where Jimmy Savile of **'JIM'LL FIX IT'** worked occasionally amid a blaze of publicity as a porter. We had several meetings with St. James's General Manager. We said that we were asking for an 'Access All Parts' agreement. No part of the hospital should be automatically out of bounds. After all, we argued, the hospital as part of the National Health Service belonged to the public: the public were entitled to see how its money was being spent. He replied that it was an argument with merit, but that his board was very suspicious. At that time the one media story about the NHS was "Health Service in Crisis". But we both knew that for the series to work it had to be a joint venture, and a long-term one. It was agreed that we should research, make two pilot programmes, and see how we went. We put in an Associate Producer, and two researchers (one of whom actually lived in the Nurse's Home for the duration of the first series), and started looking for people, stories, and issues. We were looking for good characters, representative of all strata of the hospital, and stories that would be followed over a period of time. At the beginning it was not just doctor-patient stories, but others that showed the workings of the hospital, taking the audience to places that normally they would not see. Thus we covered union matters, the privatization of the cleaning services, as well as ethical issues about, for example, bed shortages and organ transplants. And there was plenty of material: on site each day there could be as many as 10,000 people.

We researched the project for 12 weeks before we shot the first frame of film, a prodigious amount of time which would probably not happen in TV today. At one point the General Manager came in to our office – we had a Portakabin on the site – and announced that he'd been instructed by the board to throw us out. We managed to talk our way back in. We later heard that his Chairman was concerned that if the series was perceived as a mistake it might compromise his chance of a knighthood. In the event the Chairman probably got his knighthood quicker because of the media attention. What we agreed with the Hospital was a series that was going to be positive, that would 'demystify' the hospital experience for the public, that there should be instructive health messages, and that it should show some of the hospital what others in the hospital did. They were modest aims that we knew would be by-products of our approach.

In the end the General Manager guaranteed full access to all parts of the hospital, which meant that we could reflect all sides of a story. We had no formal agreement with the hospital (no money changed hands), and individuals could opt out (in the event, very few did). We agreed a 'Code of Conduct': we must ask everyone's consent, stop filming if anyone objected, show anyone what we filmed (we were on site every day), and screen each programme before transmission for the General Manager in case of factual error. Yorkshire Television retained editorial control.

Over the course of the next few weeks we developed our format, and what ITV Daytime got was the first evidence of a phenomenon that became known as the ‘docusoap’. Because the form and structure of ‘docusoaps’ have now settled, it is difficult to appreciate how revolutionary **‘JIMMY’S’** was. The series was constructed like a drama serial (in the 70’s I had directed YTV’s soap-opera **‘EMMERDALE FARM’**) in that it had four or five storylines running in each programme. It was based on ‘pure’ observational filming techniques. There was no reporter. There were no interviews. There was no commentary. Thus the audience had to pick up and run with the stories on the basis of character, dialogue and action, as in drama. We knew we were inventing a new form - threading several narratives together in a single programme - and knew the risks. But it had coherence: it even followed the Aristotelian dramatic unities: of place, of theme, and of time – the events ‘seemed’ to be all happening during the course of a single day. We filmed many differing stories, some scenes just a few days before transmission. We were using 16mm film and allowed ourselves a ratio of 8:1 (which for observational filming is very low, requiring a lot of discipline), and shot each programme on average over a period of three days. By avoiding narration, it saved us time writing a commentary and spared us casting a narrator. More recent documentary series have used a sneering narrator making fun of the contributors. No narration means not having to take an obvious attitude: but the themes are all there in the selection of stories and the editing.

As it was airing at 12 o’clock midday, **‘JIMMY’S’** didn’t receive the same scrutiny from the bosses as peak time programmes. The Programme Controllers of the other ITV companies never saw it before it aired. From September 1987 **‘JIMMY’S’** started transmitting twice a week, like the drama soap operas of the time – **‘EMMERDALE FARM’**, **‘EASTENDERS’**, **‘CORONATION STREET’**, but in the new ITV morning schedule. In house there was a lot of discussion about the form. One executive stated that without a commentary the audience would not know what was going on. We were resigned to the fact that if the audience did not catch on, the bosses would descend on us and insist on changes, or drop it. But the opposite happened. That executive was not the first to under-estimate the audience’s competence. The serial started to be noticed – not just in the hospital, which was brought to a standstill for half-an-hour twice a week – but elsewhere. It was hailed as the most innovative programme on offer in the new daytime schedule. Even the Fleet Street critics reviewed it. Philip Purser in the Daily Mail noted that “Reality is selected, not manipulated, to make art.” The formidable (and perceptive) Nancy Banks-Smith wrote in The Guardian: “JIMMY’S’ has no commentary...This was the life of St. James’s Hospital, Leeds: the trivial, the terrible, and the cheerful, flowing without interruption through our living room. Very difficult to do and very beautifully done.”

Nowadays, opinions on this kind of programme are divided. Andy Hamilton, comedy writer and performer (for instance, “Drop the Dead Donkey” and “Outnumbered”) wrote about docusoaps that “everyone likes to people-watch, that’s human nature. But people-shaping and people-controlling and people-exploiting just to fill half-an-hour of screen time could eventually impoverish and narrow the audience’s experience to the point where it stops thinking.” The documentary-maker Roger Graef wrote that “docusoap combines the interest in ordinary life with the excitement of drama”. The journalist David Aaronavich wrote that docusoap “can be more palpable than documentary, more compelling than soap opera, much cheaper than drama, and the ratings, darling, are to die for”. In the latest edition of his book on documentary “Claiming the Real”, my colleague at the University of Lincoln, Professor Brian Winston writes that “by the 1990’s documentary had achieved its first sustained primetime TV

success with what became known as the ‘docusoap’. The original series was the comparatively traditional ‘JIMMY’S’.” (“Claiming The Real: Documentary: Grierson and Beyond”: Winston, 2008)

It certainly had a traditional background. The programme-makers for **‘JIMMY’S’** were recruited through Yorkshire Television’s Documentary Department, led by John Willis. We were a unit that had worked together for at least five years, making programmes for ITV and Channel 4 including the flagship documentary series **‘FIRST TUESDAY’**, a series whose dull title cleverly guaranteed YTV 12 slots a year (on the first Tuesday of each month!). The documentaries were introduced by Jonathan Dimpleby, and latterly, Olivia O’Leary. On **‘FIRST TUESDAY’** we had a precise institutional culture. We were encouraged to give a voice to the under-privileged, taking the side of the victim, the oppressed (in the UK and around the world). We invariably used a human story as a narrative to examine issues. We were aware of our role in ITV’s commitment to Public Service Broadcasting, and of the opportunities offered for crusading journalism. And, with the way ITV was set up, we had many opportunities in an expanding department. It helped that in the 1980’s we were able to commission our own documentary ideas for **‘FIRST TUESDAY’**. Documentaries made by Yorkshire Television were being shown all over the world. Some were financed by the ITV network, some made for other channels like the nascent Channel 4, and The Discovery Channel.

How did **‘JIMMY’S’** represent the staff and patients? How did we tell the stories? We showed the process of work – what the ‘documentary’ has done from its inception. We followed the “Clinical Continuum”, of illness, diagnosis, treatment, operation, recovery, as well as the process of how the cleaners and caterers were privatised. The hospital was in some ways a microcosm of society. By watching **‘JIMMY’S’**, you learnt a little about medical matters, but that wasn’t the main subject of the serial; you found out a bit about how the hospital worked, but that wasn’t what the serial was about. The main subjects of the films were the human stories. Some of those stories did not turn out as we imagined: there were unpredictable twists and turns in the narrative. We were following a union representative when she became a patient in the hospital – she was diagnosed and treated for breast cancer. And a jolly porter we were featuring had circulatory problems in his leg. We filmed his leg amputation. He was a smoker, so we got a medical message in there. There were occasional disasters. After all, people can die in hospital. One case we were following ended in tragedy when the patient suddenly died of an illness unrelated to his treatment. After a few weeks we approached his widow to ask her permission to show the film that ended his story. She assented, on the grounds that she and her family wanted to see him again as he had been in life. Actually, in the majority of cases, patients recovered. I believe that they recovered quicker because they were filmed. Not only did they receive better treatment from staff as the cameras were on them, but they also had the attention of the production crew and film unit who cheerily popped up all through the day, showing interest.

What does the viewer learn from this type of programme? Themes emerged: how people react in a crisis, how the hospital works. By showing how some people behave – doctors telling patients the news of their conditions, or patients dealing with that news, it helps people who may face similar problems in their lives. In the best traditions of ethnographic observation filming, we became part of the hospital. We were there every day. We had our badges and our bleeps, and wore greens in operations. We had the same dedicated film crew throughout. When the programmes were shown, all

medical activity stopped in all the wards so that the staff and patients could watch. And remember that after a programme was shown we needed their consent to continue filming. It was as much their programme as ours. St. James's was our hospital, Yorkshire Television was their TV station: part of the strong relationship that formed between the regional ITV companies and their viewers. We were serving the region, but also showing the region to the rest of the country.

A researcher who went to a Leeds United match at Elland Road, joined in with the crowd as they sang the **'JIMMY'S'** theme tune. It was just 'La la la'. I don't think they added rude words about Brian Clough. Some viewers thought the programme might not be documentary, but drama. A letter from one viewer praised the chirpy dialogue, claiming to detect the hand of Leeds playwright Alan Bennett. Certainly viewers appreciated what they called the 'naturalness' of the people in the programme – a tribute not only to the staff and patients of the hospital but also to the discreet skills of the crews, editors, and production staff. **'JIMMY'S'** gave the audience a chance to get to know characters over an extended period of time, to get to know an institution, to follow an unfolding story as it happens...to show how people behave, to make sense of the world, explain personal predicaments. Through close, unobtrusive observation – in the dialogue exchanges in the hospital – the full story of the difficulties, constraints, and successes of the Health Service were exposed. You could see it in the reactions of relatives, the wordless looks of the nurses, and the exhausted face of a junior doctor who we followed through a 24-hour shift.

YTV started showing hour-long repeats regionally at 10.30 after NEWS AT TEN. As an indication of how successful **'JIMMY'S'** was, our Programme Controller showed the ratings to the ITV Network Committee. The Controllers made the decision to run the second series twice a week at 7 o'clock peak-time on ITV. It did well, and became a fixture on the ITV schedule. Yes, the tone of the series was broadly positive, and **'JIMMY'S'** managed to pull in big audiences. Within a year, the BBC had a meeting of senior programme-makers to discuss a response, and started **'CHILDRENS HOSPITAL'**, which used commentary and interviews. The next 'docusop' to emerge was BBC's **'AIRPORT'**.

What happened next on ITV? Ray Fitzwalter's analysis of 'The Rise and Fall of ITV' is a grim record of what happened to ITV, once the most watched channel in Europe. ('The Dream That Died: The Rise & Fall of ITV': Fitzwalter, 2008) When the franchise round came up in 1990, Thatcher wanted them paid for. She decreed that they should be awarded to the highest bidders, but was persuaded by other voices in the Cabinet (including apparently the otherwise reviled David Mellor?) that there should be a 'Quality Threshold' which would allow the Authority some leeway in awarding the franchises. But for Thatcher it wasn't just the operation of the market. She wanted to punish ITV for failing to take on the unions. And there was another agenda: she wanted Thames TV deprived of the weekday London franchise. They had made 'Death on the Rock', a perfectly fair programme on how the SAS shot three IRA suspects in Gibraltar. To Thatcher that was not only not a public service (in which she did not believe) it was not in the public interest. The franchises were up for grabs, and the future of ITV was in jeopardy. It was a blind auction with sealed bids, though there is evidence that commercial espionage gave some companies the advantage. Central TV was alleged to have gone around buying off the opposition with a million pounds here and there, before bidding £2,000 per year to remain the holders of the lucrative Midlands franchise. YTV 'avoided' such methods and, to make sure that the franchise was won, over-bid

massively. Yorkshire bid £37.7 million a year, which won the franchise but crippled the company.

Yorkshire Television never recovered. Within a few months, its position as a major provider of programmes to the ITV schedule was eroded, programme budgets were cut, and mass redundancies started. To echo the words of the Paramedic in Harehills, Leeds: “There was claret all over the walls”. YTV’s Managing Director who alone had made the decision to bid such a massive sum left the company and, ironically, was invited to become Chairman of the Leeds Health Authority that managed St. James’s Hospital. Over the next few years, the Documentary Department at Yorkshire Television which had produced a large number of influential programmes was disbanded. YTV was sold to Granada TV, who eventually took over the whole of ITV. Fitzwalter’s chilling account records that the two men heading ITV, Gerry Robinson and Charles Allen, failed to invest in programmes, and the staff that produced them, and took money out to pay themselves and the shareholders. Thus ITV’s chance to be a world class programme maker disappeared. And Yorkshire TV disappeared, its studios finally closed in March 2009. YTV is already ancient history: it was the subject of Radio 4’s **‘THE ARCHIVE HOUR’** on January 16th 2010.

Over a period of ten years (1987-1997), **‘JIMMY’S’** ran for 160 episodes. That’s 80 hours of television, a unique representation of a single institution, certainly in the NHS. It charted changes in the Service – the availability of certain treatments, surgical procedures, and some of the systemic failings. It attracted substantial audiences in Britain. It sold in many parts of the world, including some PBS stations in the States. In the early days, we were told that **‘JIMMY’S’** would be sold to South Africa if we cut out all black contributors, which of course we did not do. The format was copied in similar hospital serials in France, Ireland, and Australia. The Hollywood producer Steven Bochco asked for tapes while developing his hit hospital drama series **‘E.R.’**. St. James’s Hospital received a lot of positive publicity as a result of the programme, and I’m led to believe that when the rebuilding of many hospitals started in 1997 it is likely that St. James’s did well out of the public purse because of its high profile, including for instance a new Oncology Centre which cost £220,000,000 to build.

The series **‘JIMMY’S’** recorded the mood of the workplace during a decade of change in the Health Service, including the privatisation of some of its services. It was always intended that the hospital would keep the tapes of all the programmes as a record of what happened. But during a reorganization of the Health Service in 1999 when **‘JIMMY’S’** became The Leeds Teaching Hospital, they were apparently thrown away. ITV keep the master tapes in a warehouse somewhere in Leeds. So now **‘JIMMY’S’** is a folk memory, as are other things that define the region, like Yorkshire Television, the Yorkshire Ripper, the Coal Industry, or the grocer’s daughter from Grantham, Mrs. Thatcher.

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Nick Gray

Television Producer/Director, *Jimmy’s* and *First Tuesday*

Deviser/Producer of *Jimmy’s* 1987-1997.

Visiting Professor, University of Lincoln

