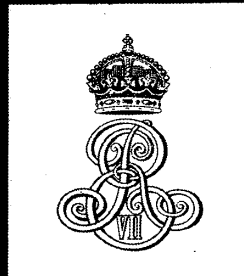


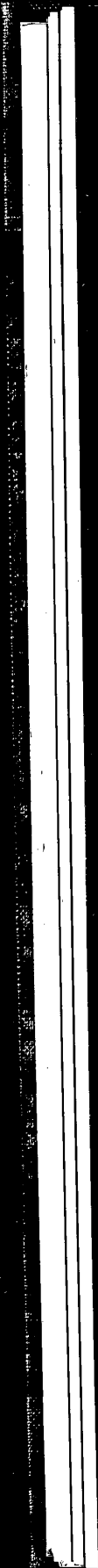
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*A*NNUAL *R*EPORT  
1989

KING EDWARD'S HOSPITAL  
FUND FOR LONDON



KING EDWARD'S HOSPITAL  
FUND FOR LONDON

*A* NNUAL *R* EPORT

1989

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# THE KING'S FUND

## ITS ORIGINS AND HISTORY

*'... the support benefit or extension of the hospitals of London or some or any of them (whether for the general or any special purposes of such hospitals) and to do all such things as may be incidental or conducive to the attainment of the foregoing objects.'*

These words from the 1907 Act of Incorporation have been the guide to the Fund's practice for more than three-quarters of a century.

King Edward's Hospital Fund for London was founded in 1897 and was one of a number of ventures begun that year to commemorate Queen Victoria's Diamond Jubilee. The Prince of Wales gave it his enthusiastic support but there were many people who thought that he should not pursue it because it was too ambitious to succeed. Nevertheless his appeal to the people of London for a permanent fund to help the London hospitals elicited an immediate response from individuals, commerce and industry. A capital sum was built up and the interest from it forms a permanent endowment. The Fund took its name when the Prince succeeded to the throne. In 1907 it became an independent charity incorporated by Act of Parliament.

Although set up initially to make grants to hospitals, which it continues to do, the Fund's brief, as stated in the Act and printed at the head of this page, has allowed it to widen and diversify its activities as circumstances have changed over the years since its foundation. Today it seeks to stimulate good practice and innovation in all aspects of health care and management through research and development, education, policy analysis and direct grants. As a matter of policy, however, it does not fund basic scientific or clinical research.

**Grant making** ranges from sums of a few hundred pounds to major schemes costing more than £1m, such as the Jubilee Project which was the Fund's commemoration of the Silver Jubilee of Queen Elizabeth II. That project helped ten London hospitals to renovate some of their oldest wards. The problems of health care in the inner-city areas is the concern of the London Programme, for which, to date, some £1,265,000 has been made available. Another new venture concerns the assessment and promotion of quality in health care.

The **King's Fund Centre for Health Services Development**, which dates from 1963, is in purpose-built premises in Camden Town. Its aim is to support innovations in the NHS and related organisations, to learn from them, and to encourage the use of good new ideas and practices. The Centre also provides conference facilities and a library service for those interested in health care.

The **King's Fund College** was established in 1968 when the separate staff colleges set up by the Fund after the second world war were merged. It aims to raise management standards in the health care field through seminars, courses and field-based consultancy.

The **King's Fund Institute** was established at the beginning of 1986. The Institute is located at the King's Fund Centre in Camden. The Institute seeks to improve the quality of public debate about health policy through impartial analysis.

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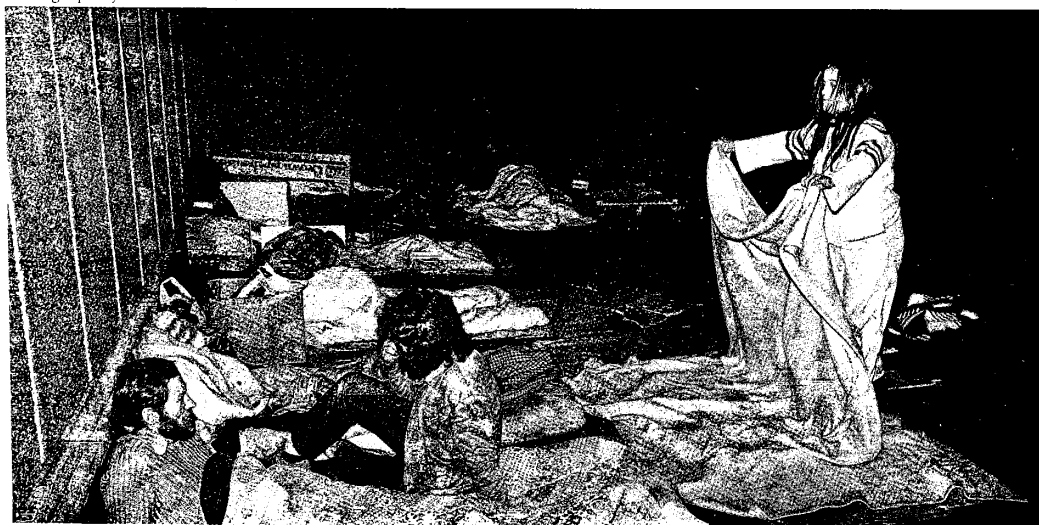
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#### DEPRIVATION AND HEALTH

*Homeless people: left, a family in temporary accommodation; below, on London's South Bank. Deprivation and health is an issue discussed on page 14.*

Photograph by Mark Edwards



## CHIEF EXECUTIVE'S INTRODUCTION

For the National Health Service, 1989 was the year of the white paper, *Working for patients*, published in January. One could put that in the plural to add the community care white paper, *Caring for people*, published in November. And, in general practice, the imposition of the new contract was at least equally important. What all three share is that they represent this government's radical prescriptions for the NHS, after a decade in office, during most of which it has had other priorities than seeking to change the National Health Service.

A year ago the Fund's Annual Report took the view, 'It is easy to fault the white paper for its unevenness and incompleteness, but there is enormous scope to fashion it in an experimental, evolutionary way. The King's Fund will be seeking to help those involved in developing the new arrangements, while keeping a constructively critical eye on their effect'. In a later section of this year's report, *The changing shape of the NHS*, we pick up the story of what this has meant in practice.

Meanwhile, the Fund's work has continued – in grantmaking and through the activities of the King's Fund Centre, College and Institute. It has spanned a wide range of topics from accreditation of hospitals (Is accreditation feasible? Is it a good idea?) to variations in clinical practice (Where does best practice lie? How can practice be improved?). The Fund's scale of operation is tiny by comparison with the National Health Service and there is a constant danger of trying to do too much. Yet it is not easy to say 'no' when we are asked to contribute to a worthwhile, urgent, neglected cause. Partly because of the lack of other independent bodies, the Fund has an importance out of all proportion to its size. That should keep us humble, because it is hard to live up to. It also raises continual operational issues, not unlike those that face the NHS itself: hard choices about what to do, how to do it, and when to stop. Measuring impact is perhaps even more difficult than in the NHS.

From time to time we review our strategy in a rather more deliberate and systematic way than

occurs through continual interaction with circumstances. We have just been going through that process. As a result, much will remain the same. Management and organisational development (through the King's Fund College), health services development (through the King's Fund Centre) and policy development (through the King's Fund Institute) will remain central. We will, however, also be trying to bring these different interests and skills together and to focus them in a few areas: particularly, deprivation in London, the state of London's health services, and the impact on health care of the current radical changes in the National Health Service. We will be seeking to use our grantmaking in closer conjunction with the staff's developmental skills, in relation to these selected themes, while trying not to become parochial or inward-looking in the process. In other words, we will still be receptive to the brilliant idea that does not fit our preconceived view of priorities, and try to see London always in its national (and international) context.

The Fund has many allies, who are crucial to our effectiveness. This is reflected in our whole mode of operation. We are grateful to them all, including The Prince of Wales who, as our President, visited two of the recent winners of major Fund grants: the COPE project at Oldchurch Hospital, for early planned discharge after orthopaedic operations, and the Intractable Pain Unit at the South Western Hospital, Lambeth. HRH The Princess of Wales is taking a keen interest in people who are homeless, and we were delighted that she visited the Bayswater Families Doctors Practice for Homeless People, which was launched with the help of a grant from the Fund, and that she is continuing her visits to a wide range of projects, both for single people who are homeless and for families.

In the Annual Report which follows we first review the principal activities of the Fund's main operating divisions and then explore four issues that are of special relevance to the NHS and to the Fund's future strategy.

# KING'S FUND CENTRE

The Centre's focus on service development was much needed in 1989. Uncertainties over the effects of the white papers and their implementation meant it was important that health and social care services and the involvement of their users were kept on the agenda. Having considered which aspects of the white papers were relevant to the Centre's work it was decided to concentrate on quality issues – for example, on quality in contracts and organisational and clinical audit activities; on the development of community care plans and service delivery based on assessment of individual need; and on consultation with service users, including black and ethnic minorities, about their individual care and the planning and monitoring of services.

The number of organisations using the conference facilities continued to increase and a new Library and Information Services Manager was appointed. The plan is that the library and information services move beyond being manual and library-based to a computerised information service emphasising coverage of subjects with high priority in the NHS.

Finally, the Centre is working hard on the dissemination of good ideas and practices through its new communications unit.

Details of the work at the Centre follow.

## Acute Services Programme

The major activity in 1989 was work on the clinical quality of care. The medical audit programme included a series of workshops, support for doctors undertaking audit and the start of an information service and a monthly newsletter. Other work included quality measures for contracts, outcomes and appropriateness of care. Also, a consensus conference on cholesterol screening took place which received considerable publicity. Work on acute services included a conference on acute care at home, a project officer appointment in Coventry, and the continuation of the development of medical education in relation to service delivery at St Bartholomew's Hospital.

## Quality Assurance Programme

The major initiative was a pilot accreditation/organisation audit project. The first phase was the preparation of a draft manual combining overseas experience with existing good practice guidelines in the UK. The project generated enormous interest, particularly because of the new provider/purchaser arrangements.

The information service continued but became more 'user friendly' with the introduction of topical reading lists and a newsletter. A development worker was appointed to provide advice and information to people who are seeking the views of consumers.

Finally, the programme has been promoting the inclusion of quality issues in contractual arrangements and carried out a survey of health authorities to assess current practice.

## Nursing Developments Programme

With funding from the Sainsbury Family Charitable Trusts the programme was able to award grants to four nursing development units in West Dorset, Southport, Camberwell and Brighton.

A primary nursing network was also established during the year. Many areas are now experimenting with primary nursing and the network is to support and assess this development. Funding was obtained for a worker for the network.

A follow-up meeting to the WHO/King's Fund nurse practitioner seminar was held and the report is due out in 1990. Finally, a grant was obtained from the Management Committee to commission work on what needs to be done to develop nurse leaders.

## Primary and Community Services

This team underwent a transition period in 1989. A number of publications were produced and conferences held to disseminate lessons from previous work. Publications included: *Planning primary care*; *Locality management: from proposals to practice in Lewisham and North Southwark*; *The future of*



*community health services; and User friendly services: guidelines for managers of community health services.*

A focus of the team's work continues to be involving users in planning and monitoring services, including participation from black and ethnic minority populations. A conference on comparing the responsiveness to consumers of different public and private sector organisations was held in 1989. Finally, a new post was established to help develop the new role of family practitioner committees in the light of their broader responsibilities for planning and monitoring primary care in the context of the new contractual climate and fund-holding practices.

#### **Community Living Development Team**

The Living Options in Practice project, jointly managed by the Prince of Wales Advisory Group on Disability, was begun with part funding from the Department of Health. The team will work to encourage the development of comprehensive services for people with physical and sensory disabilities and a key component will be the involvement of the users themselves.

The report, *They aren't in the brief*, was followed by a conference bringing together disabled people, charities and advertising agencies to look at images of disabled people. This resulted in a number of suggestions about how images could be made more positive.

Development of services for people with chronic mental illness continued with work on a comprehensive service based on individual need. A worker was appointed to focus specifically on the needs of people from black and ethnic minorities with mental illness. A number of grants were made to stimulate developments.

The work on services for people with learning difficulties continued and included a publication about self-advocacy, *Making our voice heard*.



*Mr Roger Freeman, Parliamentary Under-Secretary of State, Department of Health, with members of Centre staff who have a specific interest in improving services for black and ethnic minorities. From left to right: Safder Mohammed, Barbara Stocking (Centre Director), Roger Freeman, Yvonne Christie, Janice Robinson, Roger Blunden, Martin Bould.*

#### **Carers Unit**

In 1989 emphasis was moved from the provision of information to carers directly, and to the professionals who work with them, to development of services provided by health and social services to meet carers' needs. Publications included: *A new deal for carers* (how to provide better services for carers); *Asian carers* (a video for Asian carers in Leicester produced in English and Hindi); and *Doctors, carers and general practice* (a manual explaining how GPs can set up workshops to increase their own and other professionals' understanding of carers' needs).

The Unit was also involved in the BBC TV series, 'Who Cares', and a videopack from these programmes was produced.

Information for black and ethnic minority carers continued and three projects were funded in 1989. The next phase will be to learn from these projects and to develop better services.

## KING'S FUND COLLEGE

For the College, 1989 was a significant year for two quite different reasons. Much of the year was dominated by the two government white papers, *Working for patients* and *Caring for people*, and many of the College's major initiatives were devoted to trying to support managers and NHS professionals to respond to the very formidable change agenda set out in them. The College also entered a new phase of its own development. Drawing upon managerial experience from overseas and from the UK private and public sectors, the College pioneered the first comparative management workshops for senior NHS managers. As the year progressed these two developments merged as the new comparative focus on NHS management became an increasingly distinctive feature of the College's work in relation to the two white papers.

As in previous years, the College's programme in 1989 was a direct response to the needs of managers and others within the service. This took the form of direct support in the field as well as opportunities to stay abreast of changing developments and ideas in the classroom and other non-workplace settings. Over the first half of the year, much of this support addressed the challenges thrown up by *Working for patients*. This included a series of two to three day workshops – attended by over 100 managers – on the general theme 'thinking through the review'. The workshops focused on specific aspects of the white paper and provided practising managers with an opportunity to take stock, share experience and, together, think through the next steps. Many of the managers attending expressed a desire to continue working with their peers and members of the College faculty and, in response, the College established a number of review implementation learning sets. By the end of the year, 35 managers were participating in seven learning sets all addressing the managerial challenges posed by the white paper.

A novel development during the year was the formation of two experimental learning sets focused specifically on providing support for doc-

tor-managers. In parallel there was a further increase in the College's work with doctors and doctor-managers more generally. In addition to the new learning sets and the established programmes for consultants, senior registrars and general practitioners, the College – in association with four regional health authorities – secured a £500,000 contract to undertake in-depth management development with 50 hospital consultants. Each consultant will spend three to four weeks at a selected business school, spread over a twelve to fifteen month period. It represents the first opportunity for an NHS management centre to collaborate with consultants over an extended period for the express purpose of developing their managerial awareness and competencies.

Publication of the two white papers also provided an added impetus to the College's work with primary care practitioners and with people from the NHS, local government and voluntary bodies who manage the provision of community and long-stay services. Significant developments in this area included programmes for newly-appointed FPC general managers, new programmes intended to help general practitioners prepare for the changes in primary care associated with the white papers, and a strategic management programme focused specifically on the challenges faced by top managers in not-for-profit human service organisations.

The College's top management programme was run successfully for the second time. The focus on comparative management provided an important unifying theme which was explored by a number of eminent external faculty. These faculty – who drew on experience from outside the health service and from overseas – included Dr Jo Ivey Boufford, Richard Beckhard and James Hillman from the USA and Rabbi Julia Neuberger from the UK. As in previous years, the TMP represented a major investment and substantial commitment from its 24 board level participants and from College faculty.

As noted earlier, the College took a significant

step forward in 1989 by embracing and putting into practice a comparative approach to NHS management. What this entails is, first, a recognition of the generic nature of many of the managerial dilemmas faced by managers in the NHS and, second, developing the ability to draw upon and carefully translate experience from outside the NHS to the benefit of NHS management. This new perspective and the publication of the two NHS white papers came together during the final months of 1989 in the form of a major workshop, 'planning the purchasing function'. This workshop provided an opportunity for 20 top NHS managers to compare experience with three US managers experienced in the purchasing of human services in the public and private sectors. The outcome of the workshop has already had an important impact on NHS thinking about the nature of the purchasing function. Perhaps more important, it has served to illustrate the value of focusing events around common managerial dilemmas and then providing opportunities for NHS managers to work together with other experienced managers in exploring these issues.

For a number of years, the College has at-

tempted to support and stimulate best management practice within the NHS. Increasingly, this calls for a recognition that in dealing with generic managerial problems the NHS has much to learn and teach through comparative experience and through improved understanding of non-NHS organisations. Clearly, there remain fundamental mission-related differences between the outcomes that are sought in the NHS and in other public and private sector agencies. Nevertheless, the managerial challenges faced by NHS managers, while often expressed differently in different contexts, are rarely unique. Gaining comparative experience of how other organisations cope with similar problems and dilemmas will be an essential tool for senior managers in a fast-changing NHS. In recognition of this, the College intends to continue to seek out, draw upon and carefully translate experience in other human service organisations which will be useful to NHS management. We hope that managers and others in the field will find this new work useful and challenging and will want to join with us in contributing to its development.

## KING'S FUND INSTITUTE

The Institute experienced considerable change during 1989. Melanie Henwood and Helen Roberts joined as policy analysts in the early summer and Julia Neuberger took up a two-year visiting fellowship in October to study the role of local medical ethics committees. Chris Ham, however, having been with the Institute since its early days, left to join the College.

While events in 1988 were largely dominated by the government's review of the NHS, 1989 was similarly overshadowed by the consequences of that process. *Working for patients*, the white paper on the NHS, was published in January and outlined the most far reaching programme of change for the NHS since its foundation in 1948. The proposals for the development of competition and an internal market were intended to improve service management, achieve better resource management, and stimulate greater responsiveness to patients' needs.

Staff of the Institute were extremely active following publication and contributed to the public debate in a variety of ways – through speaking at conferences and seminars, publishing articles and papers, and providing comment and analysis for radio, television and the press. A number of white paper-related Institute reports were also brought to fruition. While reactive work around the white paper absorbed considerable staff time and energy throughout the year, other areas of work were also developed and the main features are highlighted below.

### Working for patients

A major briefing paper on the white paper was published in July. *Managed competition* argued that *Working for patients* presented an ambitious and high risk strategy which would need to find a balance between the pursuit of competition and the regulation needed to safeguard patients' interests. The need for a more realistic implementation timetable and for adequate resourcing were also emphasised.

Two research reports on white paper themes were also produced. *Competition and health care*

highlighted the uncertainty of implementing the changes in the absence of any experience of competition within the NHS. The report reflected on experience within the USA, recognising that lessons cannot be imported wholesale, but demonstrating that US evidence can be valuable in focusing attention on potential pitfalls and key issues in implementation. The second report, *GP budget holding: lessons from America*, also examined US experience and provided what is probably the most detailed critique of the GP budget holding proposals yet published in Britain. The report's main author, Dr Jonathan Weiner of Johns Hopkins University, Baltimore, was a visiting fellow at the Institute during the Spring of 1989.

The Institute also took a leading role in administering a major grant initiative of the Fund on white paper implementation issues and will be reporting on the findings of the projects funded under this three-year programme.

### Community care

While *Working for patients* marked the beginning of 1989, the year drew to a close with the publication in November of *Caring for people* – the long awaited white paper on community care. A briefing paper examining the white paper, the passage of legislation and guidance on implementation will be published in 1990.

Following publication, the Department of Health established a number of development projects to produce guidance and implementation advice in key areas. Virginia Beardshaw of the Institute and David Towell from the College were commissioned to produce a paper on implementing need assessment and case management systems.

### Other activity

In addition to the major activity outlined above, the Institute was engaged in other work leading to published output. *Swimming upstream* provided an analysis of trends and prospects in health education. While there are signs of growing interest in

health education, this remains an area of under-investment and low priority. Some areas of health education have made notable achievements, but there is little application of the lessons already learned. The report considers the implications of the evidence on health education and emphasises the need to develop a coherent and comprehensive policy for health promotion.

Work on cost improvement programmes was outlined in last year's Annual Report. As anticipated, this led to a report in 1989, produced jointly with the Institute of Health Services Management and the National Association of Health Authorities. *Efficiency in the NHS* examines cost improvement programmes and questions the nature of savings generated.

A comparative study of the NHS and health care systems in a number of other countries was also completed, and will be published in 1990.

### **Work in progress**

A variety of other work was also in progress during 1989 and will reach completion in 1990.

In November an interim report was produced for the Society of Family Practitioner Committees (FPCs) recommending a new formula for resource allocation between FPCs. This work is to be expanded in a number of ways, particularly by examination of additional deprivation indicators. A briefing paper will be published in 1990.

A paper outlining key issues in nursing is in preparation. This aims to explain critical developments in this field to non-nurses. Another report to be published is an overview of developments in the assessment of health care outcomes.

The long-term care of elderly people is the focus of a further project. This examines the changing needs of the very elderly population, and considers developments in the provision of health and social care.

Finally, building on work on acute care at home carried out during 1989, a report is being prepared which reviews the literature in this field and addresses the implications for policy in the United Kingdom.

# GRANTMAKING PUBLISHING

## EQUAL OPPORTUNITIES

*T*he **Grants Committee's** total allocations from the Management Committee this year amounted to over £1,400,000.

### *Major grants*

Approximately £525,000 was allocated to seven new projects to monitor and evaluate the reforms to the NHS proposed in the government's white paper, *Working for patients*. The projects cover topics including general practice budgets, introduction of managed competition, services for elderly people, changes to the referral system, hospital costs, manpower issues and medical audit in hospitals. This activity will be coordinated by staff at the King's Fund Institute who will observe the introduction of the legislation and gather information on other relevant research and development activity throughout the NHS.

### *Evaluation*

Realising that many applicants have limited facilities and experience to evaluate their work, the Community Research Advisory Centre was awarded a grant to provide a consultancy/advisory service and to offer short courses in computing, management and research methods.

Independent evaluations of projects were also supported: for instance, a cost benefit study of the venous ulcer project at Charing Cross Hospital and an examination of program analysis of service systems which are designed to assess the quality of services for people with learning difficulties and other disadvantaged groups. Grants have also been made to evaluate a community midwifery support team in Newham and to look at the extent of parental involvement in a family support centre in Camden.

Increasingly there is a need for the Fund's grantmaking to reflect the rest of the work being done in the Fund. A more targeted and focused approach will therefore result. £350,000 has already been earmarked for a competition in 1990 to improve the health care of homeless people.

The **Management Committee** awarded 46 grants, totalling £464,000 approximately. They are listed in full later in this Report. The Committee is mainly concerned with the Fund's general policy and direction, and its grantmaking deals with major developments, particularly where their focus is national, and with applications that are within the Fund's terms of reference but not within the remit of any other committee.

### *Institute of Preventive Medicine*

A large grant was awarded to the proposed Wolfson Institute of Preventive Medicine towards library and information facilities, to be closely linked with those of the Fund itself. The Institute will bring together three research teams devoted to the practice, teaching and research of preventive medicine.

### *Directory of Bereavement Services*

For the first time an updated, comprehensive list of services offered by bereavement organisations around the country will be available. A national directory of services is being compiled by the London Bereavement Projects Group.

### *British Council of Organisations of Disabled People*

The Committee has supported a new post of Director for the British Council of Organisations of Disabled People. The group represents organisations of people who are disabled and recognises that they must have an effective voice in the planning of services at a national level.

### *Caring Costs*

A coalition of voluntary agencies, Caring Costs, has been set up to campaign for an independent income for informal carers. Data will be collected designed to influence government thinking during its review of social security support for the disabled.

### *Leadership development in nursing*

Finally, a feasibility study has been funded to determine what is available for nurses in terms of leadership development programmes and how the Fund can help improve such activities in the future.

### **Publishing**

Ten new titles were published in 1989. There were also two revised editions and a video about the Fund's Art in Hospitals scheme.

The new titles dealt with such diverse subjects as the management of psychiatric services, equal opportunities policies, hospital admission rates and the ethical responsibilities of health services managers. A revised edition of *DRGs and health care*, first published in 1987, is selling well, as is *The nation's health* which appeared in 1988.

### **Art in Hospitals**

This year was the tenth anniversary of the scheme. It has helped over 40 projects, spending about £20,000 a year on them. It is financed by the Fund and Greater London Arts, and is managed by Public Art Development Trust. A short illustrated guide to the scheme, written by Lesley Greene, a director of PADT, was published together with a video. We hope that both will encourage hospitals to set up arts projects of their own.

The major event was the launch of King's Fund Prints, personal choice by Richard Cork. Mr Cork commissioned six prominent contemporary artists to produce limited editions of prints for sale to NHS hospitals. The set of six is priced at £950, framed, which is little more than cost price and well below market value. The Trustees of the Tate Gallery accepted the gift of a set for inclusion in the national collection of modern art.

During 1989, grants were given to Lewisham, Whittington, Bolingbroke and St Charles' hospitals.

### **Equal Opportunities Task Force**

During the year an increasing number of health authorities started to implement their equal opportunities policies. The Task Force continued to provide an 'on tap' source of expert advice and assistance and helped disseminate examples of good practice through presentations and publications. An occasional paper, *Equal opportunities policies in the NHS: ethnic monitoring*, was published to supplement the earlier *Model policy for equal opportunities in employment in the NHS*. Two other publications, *Health authority equal opportunities committees* and an updated edition of *Equal opportunities advisers in the NHS* dealt with the structures that can assist authorities with their initiatives.

There are now about 30 equal opportunities advisers in health authorities and the Task Force continued to provide support. The Task Force also assisted the NHS Training Authority with developing its equal opportunities work. This included making recommendations for increasing the number of black managers entering the NHS through the General Management Training Scheme and jointly arranging a pilot training event on equal opportunities strategic planning for top management in the North East Thames RHA.

Discussions were also started with nursing organisations about measures to tackle racial inequality in the profession. Guidance has been developed to seek to ensure equal opportunities in hospital medical appointment procedures.

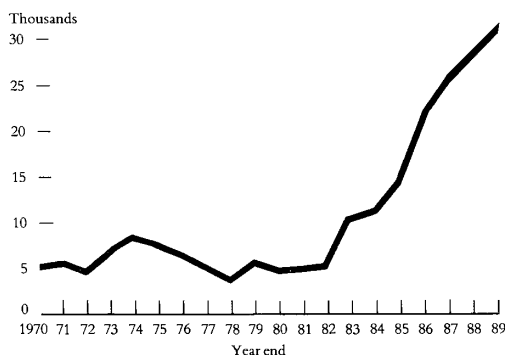
Although the Task Force remit is to work for the elimination of racial discrimination in employment, it recognises that measures are needed to achieve equal opportunities for women and people with disabilities, and to provide accessible and relevant services for black and minority ethnic communities. It has therefore worked closely with the National Steering Group on Equal Opportunities for Women in the NHS and has sought to promote the NAHA strategy for improving health services for black and minority ethnic groups.

## SELECTED ISSUES

### Deprivation and health

Deprivation-related ill health in the midst of plenty and prosperity remains an ugly scar on the face of urban Britain. Since a BMA report in 1987 (see box) highlighted the health problems of families, and especially young children, dependent on temporary hotel rooms, the crisis has worsened. Figure 1 shows that the number of homeless households in temporary accommodation shot up after 1982. The number of single homeless is less well-documented, but is rising and probably exceeds 50,000 in London alone.

Figure 1 Homeless households in temporary accommodation at year ends (England)



Source: DHSS and DOE homelessness statistics via Audit Commission report, *Housing the homeless: the local authority role* (1989)

The relationship between deprivation and subjective health status is illustrated in Figure 2. Only half of the most deprived report themselves as being in good health compared with almost 90 per cent of the least deprived. The correlation between levels of deprivation and self-reported poor health is even more marked; the multiply-deprived are almost ten times as likely to have poor health as the least deprived.

These and other data support the Fund's determination to continue to promote policies and programmes which tackle gross inequalities in health, particularly in inner city areas. Our latest initiative is to offer grant support for action on health and homelessness in London in three categories:

- to the four Thames regional health authorities to

### Homelessness and health

*Homelessness is the most extreme form of housing difficulty and is becoming more common . . . especially in London . . . Because of the housing shortage several local authorities rely extensively on bed and breakfast hotels for homeless families . . . Even if hotel accommodation is in good order it is rarely appropriate to the needs of young children. It is difficult to maintain hygiene while washing, eating, and sleeping in one overcrowded room. High levels of gastroenteritis, skin disorders and chest infections have been reported. Kitchen facilities are often absent or inadequate, so people are forced to rely on food from cafes and take-aways, which is expensive and may be nutritionally unsatisfactory. The stress of hotel life undermines parents' relationships with each other and their children. Normal child development is impaired through lack of space for safe play and exploration. High rates of accidents to children have been reported, probably due to a combination of lack of space and hazards such as kettles at floor level.*

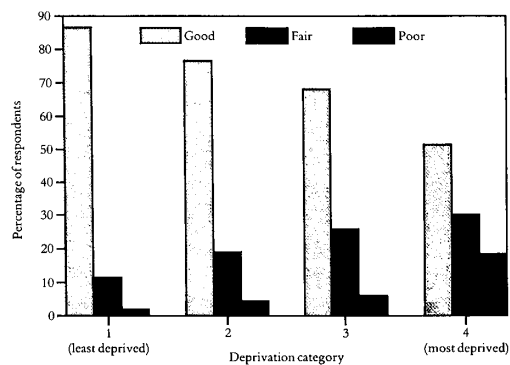
Source: BMA, 1987, pp 13-14.

help develop their strategic response;

- to strengthen collaboration and the sharing of information among the agencies involved;
- to voluntary organisations to assist them in direct provision of services.

Because this is a small contribution to an immensely serious human problem we will sustain our interest and support well beyond the current year.

Figure 2 Deprivation and subjective health





### Developing nursing practice

The quality of nursing, midwifery and health visiting is enormously important to patients and clients. In the UK, 90 per cent of direct professional care is given by nurses who form the largest part of the NHS workforce. Managers and nurses have a great responsibility to ensure that this resource is used wisely, yet historically the development of nursing practice has been sorely neglected.

Concerned about the volume and quality of services they can achieve within their cash limits, managers are putting ever greater pressure on nurses to demonstrate their effectiveness and efficiency and – worried about the high turnover of staff and difficulties in attracting new recruits – are looking more closely at what actually happens in our wards, clinics and homes.

One major obstacle to progress is the lack of a clear focus for change in clinical nursing. Nurses who become clinical leaders do so despite rather than because of the system; high flyers are usually promoted away from practice. This shortage of leaders has created a dearth of strategies for nursing development, nationally and locally. The Fund, generously supported by The Sainsbury Family Charitable Trusts, is helping to tackle this deficit by encouraging health authorities to establish nursing development units (NDUs). These offer services to patients while aiming to become local centres of nursing excellence, launching and evaluating innovations in practice and diffusing the lessons learned within their own communities and beyond.

Experience suggests that an NDU can be a vital force in raising morale, demonstrating the art of the possible, and spreading good ideas and good practice. It can nurture clinical leaders and improve patient care by maximising the therapeutic potential of nursing. Four units are now embarking on a three-year development phase – with Fund assistance – in Brighton, Camberwell, Southport and Weymouth. They are exchanging ideas with over 30 other health authorities which have joined our NDU network. Evaluation of the projects will

help future work and spur nurses to scrutinise their practice. The NDU will not succeed in isolation, however. It is just one of a range of strategies needed to ensure that the nursing professions achieve their potential and play their vital part in future health care provision.

### Clinical and organisational audit

#### *Clinical audit*

Progress towards the implementation of medical audit over the past year has been accelerated by the emphasis given to it in *Working for patients*. The government has made clear its wish to see all doctors taking part in 'a systematic critical analysis of the quality of medical care' within two years. This is almost the only part of the white paper to be widely welcomed.

The Fund's audit project identifies current activities, primarily in the hospital sector, disseminates information about practical initiatives and hopes to influence national and local policy. Its activities include:

- Fieldwork with doctors and managers to discuss the introduction of audit.
- Publication of a guidebook on getting started, and a specialty handbook based upon the practical experience of 15 different medical and surgical specialties.
- Workshops on medical audit and the establishment of an information resource on current initiatives and published literature.
- The development of cooperative working with national professional bodies to help them develop guidelines which are as coherent and mutually supportive as possible among the different specialties.
- Cooperating with the Department of Health over the implementation of audit and related issues in resource management and information.

#### *Organisational audit*

The Fund's quality assurance programme is testing

the applicability to the UK of the process of hospital accreditation. This has involved the development of a standards document and the evaluation (by survey) of each hospital's progress towards meeting these standards.

Six district health authorities and two independent hospitals are taking part. Each hospital is visited by a multidisciplinary team (DGM, consultant, nurse) that provides the hospital with a detailed assessment and feedback on its compliance with the standards. Sixteen surveys are scheduled for 1991 and more are planned for 1992. The original pilot sites will be resurveyed in 1992.

Leadership on clinical audit lies with the professional bodies. The Fund's role is to support them. The position on accreditation or organisational audit is much less clear. Initially we are trying to see whether, and in what form, accreditation has a place. If it has, then a new body would probably have to be created (with the Fund's help) to develop and oversee it.

### **The changing shape of the NHS**

There is widespread apprehension about the changes which the NHS Act will introduce. All parts of the Fund, and CASPE (the associated research unit), have been busy trying to help people to think through their positions and to prepare for change. The Act is government's response to some deep-seated problems in the funding of health services common throughout the Western world.

Three ideas underlie the white paper: the separation of finance from provision, giving rise to an explicit purchasing function; the principle that resources will follow workload, with scope for significant organisational incentives; and a system of contract-based funding, giving rise to supply-side competition. The 'frills', such as self-governing status and GP group budgets, are not essential to the realisation of the principles. Possibly little of all this would survive a change of government, but the ideas are well worth trying. The service has for too long been seriously underfunded and working well below its best levels.

Two issues stand out for the Fund. The need

to evaluate the impact of the reforms in general; and the feasibility of the implementation timetable, especially the short-term impact of change on the delivery of patient care in London.

Advocates of *Working for patients* recognise the transaction costs of change on this scale, but expect to obtain benefits of improved quality, choice and sensitivity to patients' needs and preferences, and a more cost-effective system of care delivery. These are significant, but there are legitimate grounds for disagreement about the best ways of achieving them. Whether or not carefully-designed pilot projects would have provided a more convincing case for change is a matter of opinion, but systematic monitoring and evaluation are essential if real progress is to be made. Not everything will work as intended and continual modification will be needed. The Fund, disappointed that the government has not so far seen the merit of developing a substantial research programme for this purpose, has been able to support seven research projects which will monitor and assess the impact of some of the most important changes (see pages 12 and 23-25). The Institute will work with these projects to produce annually an informed commentary on how the changes are affecting standards of care in the NHS.

Substantial change in the organisation and delivery of health in London – long advocated by the Fund – would be difficult without ending the fragmentation of strategic responsibility across the four Thames regions. For this reason, some shock to the system would receive our support. Our fear at the moment, however, is that a terminal shock may emerge by default. The underlying changes are creating uncertainty and a serious loss of morale in (among other places) the London hospitals, which are the Fund's fundamental concern. A growing body of informed opinion recognises the dangers of trying to tackle so much in too little time with inadequate preparation. For this reason the Fund is currently considering the establishment of a high-powered commission to investigate these matters with urgency.

## *F*INANCIAL *R*EVIEW

The following pages (18 and 19) contain abridged financial statements extracted from the full accounts of the King's Fund, which are available on request. At 31 December 1989 the total valuation of the Fund's assets was £111.2 million, a marked increase of £20.7 million over the year. The sale of one major property holding towards the end of the year realised £17 million, and the sum has been placed in money market instruments pending reinvestment. The appreciation in stock markets together with the proceeds of the property sale caused the value of securities and cash assets held to rise by £28.1 million to £74.8 million, whereas the value of property holdings has temporarily diminished by £9.1 million to £30.6 million. Other net assets totalled £5.8 million.

After profit on realisation of investments had been transferred to General Fund, net income for the year was £4,509,000, an increase over 1988 of £857,000. This improvement was due to increased dividend revenue from securities and, more significantly, to high rates of interest obtained on holdings of cash assets.

Net general expenditure of the Fund before Grants was £1,988,000 (1988 £1,937,000) and

Grants allocated in 1989 were £2,310,000 (1988 £1,742,000). The overall surplus for the year of £211,000 has been taken to General Fund.

The Treasurer gratefully acknowledges all contributions which have been made to the Fund during the past year and welcomes any new sources of finance. The Fund remains a very suitable object for donations and charitable legacies in order to maintain and extend activities in the field of health care. Forms for use in connection with gifts and payments under deed of covenant will be found enclosed with this report.

**Bankers:**

Bank of England  
Baring Brothers & Co Limited  
Midland Bank Plc

**Auditors:**

Coopers & Lybrand Deloitte

**Solicitors:**

Turner Kenneth Brown

# A BRIDGED STATEMENT OF ASSETS & LIABILITIES

YEAR ENDED 31 DECEMBER 1989

	Book Value		Valuation	
	1989 £	1988 £	1989 £	1988 £
<b>CAPITAL FUND</b>				
Investments				
<i>Listed securities and cash assets</i>	16,816,000	18,228,000	27,001,000	23,198,000
<i>Unlisted securities</i>	412,000	412,000	540,000	561,000
	<u>17,228,000</u>	<u>18,640,000</u>	<u>27,541,000</u>	<u>23,759,000</u>
Net current assets	5,039,000	2,430,000	5,039,000	2,430,000
	<u>22,267,000</u>	<u>21,070,000</u>	<u>32,580,000</u>	<u>26,189,000</u>
<b>GENERAL FUND</b>				
Fixed Assets				
<i>Equipment</i>	358,000	371,000	358,000	371,000
Investments				
<i>Listed securities and cash assets</i>	37,194,000	19,205,000	46,960,000	22,665,000
<i>Unlisted securities</i>	207,000	194,000	267,000	213,000
<i>Properties</i>	3,570,000	4,184,000	17,169,000	27,258,000
<i>King's Fund premises</i>	6,672,000	5,922,000	13,465,000	12,500,000
	<u>48,001,000</u>	<u>29,876,000</u>	<u>78,220,000</u>	<u>63,007,000</u>
Net current assets	428,000	1,272,000	427,000	1,272,000
	<u>48,429,000</u>	<u>31,148,000</u>	<u>78,647,000</u>	<u>64,279,000</u>
<b>SPECIAL FUNDS</b>				
Investments				
<i>Listed securities</i>	23,000	23,000	18,000	19,000
	<u>23,000</u>	<u>23,000</u>	<u>18,000</u>	<u>19,000</u>
Net Assets	<u>£70,719,000</u>	<u>£52,241,000</u>	<u>£111,245,000</u>	<u>£90,487,000</u>

# ABRIDGED INCOME & EXPENDITURE ACCOUNT

YEAR ENDED 31 DECEMBER 1989

	1989			1988		
	£	£	£	£	£	£
<b>INCOME</b>						
Securities and cash assets		3,410,000			2,696,000	
Properties		1,084,000	4,494,000		934,000	3,630,000
Profit on realisation of General Fund Investments		17,070,000			2,038,000	
Less transferred to General Fund		17,070,000	—		2,038,000	—
Donations			15,000			22,000
			£4,509,000			£3,652,000
<b>EXPENDITURE</b>						
Grants allocated		2,310,000			1,742,000	
Less grants lapsed		92,000	2,218,000		64,000	1,678,000
King's Fund Centre		1,414,000			1,244,000	
Less contribution from DoH	528,000			512,000		
conference fees, etc	330,000	858,000	556,000	297,000	809,000	435,000
King's Fund College		2,386,000			2,159,000	
Less fees and service charges		1,950,000		1,515,000		
Education Committee grant		—	436,000	51,000	1,566,000	593,000
King's Fund Institute		358,000			378,000	
Less receipts		48,000	310,000		51,000	327,000
Publications		158,000			111,000	
Less sales		73,000	85,000		82,000	29,000
<b>TOTAL GRANTS AND SERVICES</b>			3,605,000			3,062,000
Other expenses:						
Head Office – Staffing	331,000			304,000		
Other	155,000	486,000		129,000	433,000	
Professional fees, etc		119,000			86,000	
Maintenance of King's Fund premises		88,000	693,000		98,000	617,000
			4,298,000			3,679,000
<b>EXCESS OF INCOME OVER EXPENDITURE (OR EXPENDITURE OVER INCOME) FOR THE YEAR TRANSFERRED TO (FROM) GENERAL FUND</b>			211,000			(27,000)
			£4,509,000			£3,652,000

### Contributors in 1989

Her Majesty The Queen  
Her Majesty Queen Elizabeth The Queen Mother  
HRH The Duke of Gloucester

Mr & Mrs Atkinson  
Hon Hugh Astor

Baring Foundation Ltd  
J Baines  
Bellegrove Lodge

Caspe  
Mr N H Cluttons  
A H Chester  
D R Collins

Miss V Dodson  
K Drobig

Miss W Edwards

Mr S M Gray

The Eleanor Hamilton Education and  
Charitable Trust  
Lord Hayter KCVO CBE

Jensen & Son

Roger Klein

R Maxwell  
Metropolitan Bonded Warehouses Ltd  
Merchant Taylors' Hall  
Morgan Grenfell Group Plc

Dr G Pampiglione  
P F Charitable Trust

Albert Reckett Charitable Trust  
Sir Thomas B Robson

O N Senior  
Mrs F Simon  
Sussman Charitable Trust

The Wernher Charitable Trust

### Legacies received in 1989 (£253,648)

Sir John Reeves Ellerman Bart CH  
Charles Tomson Cooper  
E L Dowsett  
W M Willcocks

# GRANTS MADE IN 1989

## Management Committee

Responsible on behalf of the General Council for the Fund's general policy and direction. The Committee receives reports from each of the other expenditure committees, and deals with any business that does not fit within their remit. From time to time it initiates major new projects such as the London Programme, the Quality Assurance Programme and the establishment of the King's Fund Institute.

**Art in Hospitals** £  
towards the continuation of a scheme aimed at introducing contemporary murals and similar works into London hospitals 21,000

**British Council of Organisations of Disabled People**  
towards the salary costs of a director's post for two years 27,290

**Carers' National Association**  
towards the costs of a project to influence government thinking on social security support for the disabled 7,500

**College of Health**  
towards the costs of a project on consumer audit 20,000

**Educational bursaries for nurses and others**  
to continue the scheme for a further year 27,500

**History of the Fund**  
towards the cost of producing the Fund's history 13,000

**Informal Caring Support Unit**  
towards the running costs of the unit 71,946

**Institute of Health Services Management**  
towards the cost of reviewing the management issues arising from the medicine for managers programme, with a view to publication 10,000

**King's Fund Centre Nursing Developments Project**  
towards the cost of a project on leadership development in nursing 20,000

**London Project Bereavement Group**  
towards the cost of producing a directory of bereavement services 15,000

**Medical Ethics Fellowship** £  
towards the cost of a visiting fellowship to undertake a study of medical ethics committees 10,000

**Nursing Policy Studies Centre, Warwick**  
to provide transitional funding for the Centre 30,000

**Royal College of Radiologists**  
towards the cost of a multicentre study to implement and evaluate guidelines for the use of radiology 15,000

**St Bartholomew's Hospital and Medical School**  
towards the cost of educational facilities for the new Institute of Preventive Medicine 100,000

## Small grants

**Sheila Adam**  
towards the cost of a visit to the USA to look at public health issues 1,000

**Judy Allsop**  
towards the cost of completing a final report on complaints against general practitioners 1,500

**Association of Chartered Physiotherapists in Palliative Care**  
towards the administrative costs of setting up the Association 500

**Julian Bird**  
towards the cost of an international conference on the teaching of doctor/patient relationship skills in British medical schools 2,000

**Alison Blight**  
towards the administrative costs of an MBA project on management communication in the health sector 920

**Centre for Public Choice Studies**  
towards the cost of producing *Cost and choice in health care* 500

**COHSE/RCN/CMH**  
towards the cost of facilitators at a conference on nursing after Griffiths 2,850

**College of Anaesthetists**  
towards the administrative costs of a project on clinical audit by peer questionnaire 2,000

<b>Angela Flux</b>	£	<b>North Leicestershire Information Technology Centre</b>	£
towards the cost of attending an international conference on AIDS to present work on a sexuality framework for youth	1,000	to fund a prototype technabed air mattress patient turner	2,500
<b>Health Service Journal</b>		<b>North Manchester Health Authority</b>	
to provide sponsorship for the health management award scheme	4,000	towards the expenses for winners of the Sunday Times 'Best of Health' competition overseas study tour	1,000
<b>J M Holt</b>		<b>Pesticides Trust</b>	
towards the cost of a visit to the Rand Corporation in California to look at methods of medical audit	250	towards the salary and administrative costs of a submission to the BMA on toxicity and human health	3,500
<b>Hospital Alert Scheme</b>		<b>The Public Health Alliance</b>	
towards the cost of preparing a research proposal for a project on early discharge	1,000	towards the cost of a member information service and database	2,500
<b>Institute of Economic Affairs</b>		<b>Rare Handicap Groups Support Project</b>	
towards the costs of a publication on the practical problems of private insurance	2,000	towards the administrative costs of training days for rare handicap self-help groups	3,614
<b>Institute for Public Policy Research</b>		<b>Somme Veterans Fund</b>	
towards the cost of a project to develop a policy framework for a modern welfare system	5,000	towards the cost of a visit for war veterans	250
<b>King's Fund International Seminar</b>		<b>Southern Derbyshire Health Authority</b>	
to cover the costs of a planning meeting for the 1990 International Seminar	5,000	towards the cost of developing a child health training programme for SHOs	4,500
<b>The Lantern Trust</b>		<b>Travelling bursaries for managers</b>	
towards the cost of a workshop for carers of people with AIDS	5,000	to continue the scheme for a further year	5,000
<b>Manic Depression Fellowship</b>		<b>University of Bristol, Department of Epidemiology and Community Medicine</b>	
towards the cost of new premises	3,000	towards the cost of a pilot study to examine the role, education and management of pre-registration house officers	2,750
<b>MIND</b>		<b>VOCAL</b>	
to assist consumer involvement in the World Federation for Mental Health conference in New Zealand	1,500	towards running costs	5,000
<b>John Mitchell</b>		<b>Philip Wood</b>	
towards the cost of a management development programme for SHOs	5,000	towards the administrative costs of a project to examine the quality of residential and nursing home care for the elderly population of Leicester	379
<b>National Association of Non-Smokers</b>			463,899
towards the accommodation costs of overseas delegates attending the international Smoking in Hospitals seminar	150		
<b>National Council of Voluntary Organisations</b>			
towards the cost of attendance by the director at a Cabinet Office top management programme	500		



### Education Committee

Makes grants closely connected with the work of the King's Fund College.

	£
<b>Director – overseas travel</b>	3,000
<b>GMTS tour to North America</b>	7,986
<b>North American study tour</b>	38,548
	49,534

### Grants Committee

Promotes the better delivery and management of health care, in the statutory and voluntary sectors, in Greater London

	£
<b>About Turn Enterprises</b> to enable users and ex-users of mental health services attend a course at City Polytechnic to develop educational and social skills	1,000
<b>Afro-Caribbean Mental Health Association</b> towards a housing development officer post	10,000
<b>Age Concern Kensington and Chelsea</b> coordinator for a home from hospital scheme	26,780
<b>Alcohol Recovery Project</b> improvement work to a shop-front counselling centre in New Cross, South London	20,000
<b>Arbus Productions</b> towards the production of a booklet on advocacy	1,500
<b>Arrowhead Productions</b> towards the production of a video on pregnancy in women with physical disabilities	5,000
<b>Bayswater Homeless Families Care Team</b> towards the cost of a booklet on nutrition education	2,000
<b>Bexley Council for Racial Equality</b> part-time worker for an Asian elderly project	2,000

<b>Bloomsbury Health Authority</b> towards a visit to the USA designed to influence the planning of a new teaching hospital in Bloomsbury HA	£ 1,000
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<b>Professor Nicholas Bosanquet</b> evaluation of a venous ulcer project at Charing Cross Hospital	20,000
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<b>Brent Sickle Cell and Thalassemia Centre</b> towards the costs of the fourth meeting of the European/Mediterranean WHO Working Group on Haemoglobinopathies	3,000
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<b>Brunel University, Health Economics Research Group</b> a study to monitor the development of medical audit in hospitals as a result of the government's white paper on the NHS, <i>Working for patients</i>	90,964
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<b>Camden Society for Mentally Handicapped People</b> development of a quality assurance system	20,836
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<b>Care and Resources for People Affected by AIDS/HIV</b> towards the cost of a weekend workshop on the Myers Briggs type indicator – a psychological instrument used in counselling	500
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<b>Chelsea Hospice Trust</b> towards the cost of establishing an inpatient unit	5,000
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<b>Chiltern Cheshire Home</b> for the purchase of therapy equipment at this home for people with physical disabilities	2,500
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<b>City University</b> towards publishing a final report on a Westminster and Kensington and Chelsea adult disability team project	500
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evaluation of PASS workshops, an instrument to measure the quality of services for people with learning difficulties and other disadvantaged groups	48,850
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<b>Community and Mental Handicap Educational and Research Association (CMHERA)</b> expenses incurred in the preparation of a proposal for an evaluation of PASS workshops	1,000
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<b>Community Research Advisory Centre</b>	£		<b>Homelessness Grant Scheme</b>	£
to support a service for groups in the voluntary sector, offering assistance with research and evaluation of activities	15,000		funds earmarked for a 1990 grant scheme, to be run in conjunction with the London Project Executive Committee, to improve the health care of people who are homeless	350,000
<b>Julia Dalgarno, Health Visitor</b>			<b>Hospital Play Staff Examination Board</b>	
towards a study tour to India to assess methods of health care for the elderly	300		to provide interim funding for two years before the Board becomes self-financing	8,000
<b>Dedisham School for Autistic Children</b>			<b>House of St Barnabas-in-Soho</b>	
to install an intercom system for monitoring, at night, children with severe autistic behaviour	2,000		the cost of an electronic security alarm system for this residential home for homeless women	3,561
<b>Drink Crisis Centre</b>			<b>Institute of Manpower Studies, Brighton</b>	
furnishings and equipment for a new detoxification service for homeless people with alcohol and related drug and health problems	5,500		study on the personnel implications of the government's white paper on the NHS, <i>Working for patients</i>	50,000
<b>Effra Trust</b>			<b>Kensington and Chelsea and Westminster FPC and Parkside Health Authority</b>	
to convert and equip a workshop in a new housing scheme for men with forensic psychiatric problems	25,000		third year grant for a primary health care facility for homeless families in Bayswater	50,000
<b>Ellingham Employment Resources</b>			<b>KIDS Centre</b>	
towards the provision of employment opportunities for people with learning difficulties	4,000		to support the writing up of a consumer evaluation report on this family support centre in Camden	5,000
<b>Facility for Living and Assessment Together (FLAT)</b>			<b>King Edward VII's Hospital for Officers</b>	
furnishings and items of equipment for Grosvenor Terrace, a group home for adults with learning difficulties	2,680		to complete the building of a lecture theatre	6,000
<b>Foundation for AIDS Counselling, Treatment and Support</b>			<b>King's College London, Department of Food and Nutritional Science</b>	
coordinator for a health coordination centre, specialising in the treatment and care of people with HIV/AIDS in a community setting	40,000		expenses for a research project looking into the concepts of diet and health in relation to the elderly Chinese community	2,840
<b>Friends of Enfield Work Centre</b>			<b>King's Fund Pressure Sore Study Group</b>	
furnishings for a holiday bungalow in Suffolk for disabled people from the Enfield area	3,534		to complete the work on the prevention and management of pressure sores within health districts	5,500
<b>Great Ormond Street Hospital</b>			<b>Lewisham and North Southwark Health Authority</b>	
towards the cost of group support for bereaved parents	8,601		equipment to enable the further development of a mental health users' forum	2,500
<b>Greenwich Association of Disabled People</b>				
facilitator for a self-operated care scheme	25,501			

**London School of Economics** £  
to assess the impact of general practice  
budgets as a result of the government's  
white paper on the NHS, *Working for*  
*patients* 99,744

**Michael McGough Foundation**  
**Against Liver Disease in Children**  
towards a support service for families 5,000

**Multiple Sclerosis Society, Redbridge**  
**Branch**  
towards the costs of building a new day  
centre 20,000

**National Association of Health**  
**Authorities**  
to monitor and evaluate the implemen-  
tation of managed competition as a result  
of the government's white paper on the  
NHS, *Working for patients* 75,000

**Newham General Hospital**  
evaluation of a midwifery support team in  
Newham 14,000

**Nicholas House, Leonard Cheshire**  
**Foundation**  
towards building and refurbishing work  
at this residential home for people  
recovering from mental health problems 2,500

**North West Thames Regional Health**  
**Authority/King's Fund**  
towards a report on a series of seminars on  
comprehensive community services for  
people with a mental handicap 4,083

**Royal Holloway and Bedford New**  
**College**  
towards a befriending service for  
chronically depressed women 20,000

**Royal National Orthopaedic Hospital**  
towards the cost of a therapy garden for  
the disabled 2,000

**St Bartholomew's Hospital**  
extension of a head injury case  
management project 38,000

**St Francis Hospice Development**  
**Trust**  
towards the building of a new staff block 10,000

**St Pancras Housing Association**  
towards a care and repair scheme for the  
elderly and disabled living in their own  
homes 4,700

**SCOPE in Islington** £  
to support the work of this small housing  
project for people with learning  
difficulties 2,042

**Southwark Consortium for People**  
**with Learning Difficulties**  
to set up a support group for the  
Consortium's support workers 2,400

**Statham Grove Primary Health Care**  
**Centre, Hackney**  
towards the costs of a staff meeting room  
and library 3,105

**Team Assessment for Psychiatric**  
**Services, Friern Hospital**  
to present at a conference the results of a  
research study on the closure of two large  
psychiatric hospitals in North East  
Thames Regional Health Authority 400

**Therapy for the Disabled**  
to support a development worker  
assessing the feasibility of establishing a  
centre offering psychological therapies for  
disabled people 7,000

**Twentieth Century Vixen**  
production of videos for four special needs  
groups 18,400

**United Westminster Almshouses**  
**Group of Charities**  
furnishings for an Extra Care Unit 5,697

**University of Manchester, Centre for**  
**Primary Care Research**  
a study into patient choice and changes to  
the referral system as a result of the  
government's white paper on the NHS,  
*Working for patients* 87,225

**University of Wales, Department of**  
**Epidemiology and Community**  
**Medicine**  
to monitor the impact on health services  
for elderly people of the government's  
white paper on the NHS, *Working for*  
*patients* 94,300

**University of Bristol, School of**  
**Advanced Urban Studies**  
a study into the impact of the NHS  
reforms on hospital costs as a result of the  
government's white paper on the NHS,  
*Working for patients* 25,459

<b>Voluntary Council for Handicapped Children</b>	£
to set up a good practice database on parental involvement in decisions about their children	5,000
<b>Westminster Society for Mentally Handicapped Children and Adults</b>	
furnishings for a house for people with a mental handicap moving from hospital into the community	2,000
<b>Workshop on Demand</b>	
towards an exhibition of art work by a group of psychiatric patients at St Pancras Hospital	500
	<u>1,426,502</u>

#### **London Project Executive Committee**

Promotes primary health care in the inner city with particular attention to services for disadvantaged groups.

	£
Amount not previously allocated (at 31.12.88)	60,181
1989 allocation	100,000
	<u>160,181</u>
<b>Audit in Primary Care</b>	1,500
<b>Conditional requirement for funding from the Baring Foundation and the Department of Health</b> (total requirement for three-year period)	60,000
<b>National Community Health and Resource, Black and Ethnic Minorities Unit</b>	40,000
<b>Refugee Health and Primary Health Care</b>	2,160
<b>Tower Hamlets Day Care Abortion Services</b>	3,000
<b>Salaries and other expenses</b>	50,097
<b>Amount not allocated</b>	3,424
	<u>160,181</u>

#### **Quality Assurance Programme**

	£
<b>AMI Chiltern Hospital</b>	2,500
<b>Brighton Health Authority</b>	2,500
<b>East Dorset Health Authority</b>	2,500
<b>Hospital of St John and St Elizabeth</b>	2,500
<b>North Derbyshire Health Authority</b>	2,500
<b>North East Hertfordshire Health Authority</b>	2,500
<b>Queens Medical Centre</b>	2,500
<b>West Dorset Health Authority</b>	2,500
<b>Salaries and other expenses</b>	80,000
	<u>100,000</u>

#### **King's Fund Centre Committee**

Grants money for the development of new ideas and practices in health services.

	£
<b>Chronic mental illness</b>	
to fund a joint King's Fund/Robert Wood Johnson Foundation meeting	6,000
<b>Department of Mental Health, University of Bristol</b>	
additional grant towards producing a handbook on the delivery of health services to Asian and Afro-Caribbean children and adults with learning difficulties	7,284
<b>Herefordshire Lifestyle Project</b>	
for a training officer for a project on self-advocacy	24,336
<b>King's Fund advertising award</b>	
towards preparatory work on advertising and disability	5,000
<b>Living Options in Camden</b>	
to develop services for people with physical disabilities	8,000
<b>Living Options Projects</b>	
for additional funding	5,863

**Manchester Afro-Caribbean Mental Health Project** £  
to enable the health and local authority mental health services to become more accessible, appropriate and sensitive to the needs of the local Afro-Caribbean community 25,873

**North East Essex Health Authority**  
to employ a disabled person to make contact with organisations and individuals to explore perceptions of the unmet needs of disabled people 6,000

**North West Surrey Health Authority**  
for a training officer to raise staff awareness of disability issues 22,820

**Women's Therapy Centre**  
for a training scheme for black women using different therapy models 42,780

#### Small grants

Advertising and Disability Project: towards *They aren't in the Brief* 2,000  
Birmingham Special Action Community Care Project: towards the cost of a report on consultation with black and ethnic minority carers 1,219  
Cancerlink 950  
CHOICE 300  
Dental hygiene for children in the north west of England: towards a campaign 1,000  
Executive Nurses' Network 750  
First Bite: dental education for children 200  
Frenchay Hospital, Department of Neurology: setting standards for neurological services 1,000  
Institute of Child Health 364  
Lambeth Forum for Mental Health 550  
Leeds Polytechnic 200  
Leicestershire Association of Voluntary Agencies 550  
MENCAP 400  
Oxford Film and Video Makers 200  
Preston Health Authority 790  
Project Phoenix Trust 200  
Prospects Trust 200  
South Derbyshire Health Authority: additional funding for an ethnic minority services project officer 2,044  
Survivors Speak Out: self-advocacy pack 177  
self-harm conference 400

TAMBA (Twins and Multiple Births Association) £ 100  
UK Rett Syndrome 200  
University College and Middlesex School of Medicine: development of health care in Europe 1,000  
University of Warwick 250  
Voluntary Action Leicester: towards a video and booklet, *Asian Carers* 1,000  
170,000

TOTAL OF GRANTS MADE IN 1989 £2,309,935

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