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REPORTS

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THE PLANNING AND ORGANISATION OF NUCLEUS HOSPITALS

A consolidated Report of two Conferences held at the King's Fund
Centre on Tuesday 30 September 1980 and Wednesday 21 January 1981

HOCA (Kin)

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126 Albert Street
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King Edward's Hospital Fund for London is an independent charity founded in 1897 and incorporated by Act of Parliament. It seeks to encourage good practice and innovation in health care through research, experiment, education and direct grants.

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KING EDWARD'S HOSPITAL FUND FOR LONDON

King's Fund Centre

THE PLANNING AND ORGANISATION OF NUCLEUS HOSPITALS

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CONTENTS

	<u>Page</u>
<u>INTRODUCTION</u>	1
<u>THE PRESENTATIONS</u>	1
<u>The Development of the Nucleus Hospital Concept - A DHSS Viewpoint</u>	
Mr P Worsfold - Principal	1
Miss S Scott - Nursing Officer	2
Mr G Mayers - Superintendent Architect	3
Dr J Heckford - Principal Medical Officer	
Miss A Billing - Nursing Officer	3
<u>The Experience of Planning a Nucleus Hospital - Two Case Studies</u>	
(a) <u>Newham Hospital, Newham Health District, East London</u>	
Mr C Cooper - District Administrator	4
Mr R Sloane - Commissioning Officer	5
(b) <u>Maidstone District General Hospital, Maidstone Health District, Kent</u>	
Dr O F Hardwick - Consultant Member of Project and Commissioning Team	7
Mr A Corney - General Administrator	8
Mr J Booth - Commissioning Officer	9
Miss V Jenkinson - Senior Nursing Officer (Commissioning)	9
<u>DISCUSSION POINTS</u>	
Service Planning	9
Commissioning	10
Capital Planning and revenue consequences of a Nucleus project	11
Space Limitations	11
Checklist	12
Evaluation	12
Flexibility in Design Use	12
<u>SUMMARY</u>	13
Appendix A List of conference participants - 30 September 1980	
Appendix B List of conference participants - 21 January 1981	

1. INTRODUCTION

The development of the nucleus design concept in hospital building has stimulated a great deal of interest. As the number of nucleus projects under consideration has increased so the demand for information has grown. The exhibition held at the King's Fund Centre from 7th July to 9th October 1980, entitled "Nucleus at Newham : from concept to reality" aimed to relay one particular District's experience of the nucleus design. The interest shown in this exhibition confirmed the value of a one day conference. The demand for places, however, far exceeded availability and it was therefore agreed at an early stage that a second conference should be held to follow the September conference.

The purpose of the conference was to provide a neutral forum for a free exchange of ideas between people with current or future involvement in a nucleus project. Discussion was centred around the theme of concept to reality, that is the origins behind the nucleus design, its development and in particular its service implications.

The presentations during the morning sessions were very full and detailed and the following summaries serve to highlight the key issues.

2. THE DEVELOPMENT OF THE NUCLEUS HOSPITAL CONCEPT - A DHSS VIEWPOINT

Mr P Worsfold	-	Principal
Miss S Scott	-	Nursing Officer
Mr G Mayers	-	Superintendent Architect
Dr J Heckford	-	Principal Medical Officer
Miss A Billing	-	Nursing Officer

Mr Worsfold opened the presentation for the DHSS and spoke of the development of the nucleus concept.

(a) The Nucleus Concept

The original role of the DHSS in hospital building was to advise Regional Health Authorities, for example, issuing guidance in the form of activity data and technical notes. The aim of standard design data was to accelerate the design process, thereby reducing the time and cost elements of a capital programme. The concept of the nucleus design was for a small intensive use first phase hospital of approximately 300 beds which could stand on its own for about ten years if supported by those functions usually provided on a district basis. An important aspect of the design was its expansion capacity, and it was noted that

the original design brief had already been reviewed in the light of Phase II requirements. No detailed planning for Phase II expansion was carried out initially due to expected changes in technology and medical practice over the decade.

(b) The Development of the Nucleus Concept

Since 1976 small multi-disciplinary design and planning teams had been working on whole hospital policies. Work was currently proceeding on policies for the geriatric and psychiatric departments and a book of Whole Hospital Policies had just been produced.

Mr. Worsfold explained that Newham had been chosen as the "Pilot Study" for the nucleus design and that the standard design data had been used without modification except to the Pathology department. The consequences of such a "no change" policy had not been fully appreciated at the time by senior officers. The validity of the Newham development as a true nucleus project had now been questioned as a second phase was to follow on from the Phase I hospital as a continuous building project. The Maidstone nucleus was considered as adhering more closely to the envisaged design concept.

(c) The future of the Nucleus Concept

The conference noted that a more flexible approach to standard design data had now been adopted and that this probably accounted for the popularity of the nucleus package. It was emphasised, however, that the more a development deviated from standard design data so the time and cost benefits were reduced. An evaluation of the Newham project was now under consideration.

Miss Scott considered the development and use of policy material for the bringing into use of a nucleus unit. Material was formulated with reference to past operational experience of standard design units such as Best Buy and Harness, to current practice and future trends, and to priorities in the planning brief. A key principle in the formulation of operational policy material was to ensure maximum utilisation of space and many areas of a nucleus unit are designed to operate as multi-user areas or "soft areas".

Miss Scott explained in more detail the role of the multi-disciplinary teams in the preparation of Whole Hospital Policies and the use of mock-up studies to review the spatial aspects of the design. A degree of flexibility had been incorporated into the policies to allow for local needs. The use of Whole Hospital Policies (and these are already under review) highlighted the importance for Districts to give prior consideration

to service needs before accepting a "nucleus solution".

Mr Mayers spoke on the building and design aspects of the nucleus concept. He noted the project performance of the design - 40 projects under consideration with 8 in the planning or construction stage. The planning and design time for the 8 projects was similar and compared favourably with that of a one-off project. The DHSS had met with design teams from Newham, Maidstone, Croydon and Pinderfields in December 1979 to appraise nucleus material. Four general points had arisen from this appraisal:

1. that there was general endorsement for the design
2. that there appeared to be a certain inconsistency in the data packs. (This had since been reviewed).
3. that there was criticism of the design of service areas, the reuser factor of clinical space being more feasible than that of non-clinical areas.
4. that there was general consensus regarding the 'tyranny of the template' and that alternative viable shapes or modification should be investigated. It was noted that modifications, for example the extension of a template to provide more day areas (in a Geriatric Unit), could be undertaken without destroying the design concept.

Some very useful information had already been gathered from the Pinderfields project about enabling works required to prepare a Unit for a nucleus addition. A full report was now available from the DHSS on the progress of the Pinderfields project from conception to tender stage. Since the opening of the unit in October 1980, more valuable information has been available on the functional aspects of the design. The development of the nucleus concept had further prompted studies in related fields such as materials handlings and low energy usage. Documentation was now available on the use of ramps, trolleys and tugs, and work was continuing on linen handling and catering distribution. The DHSS had given a positive commitment to monitor the early Phase I Developments for the purposes of energy comparison.

Miss Billing spoke in more detail about the functional aspects of the Nucleus Adult Acute Nursing Sections at Pinderfield's General Hospital. The nucleus unit has replaced three wards in an EMS hatted development. Miss Billing outlined the main points of interest which have arisen from this project:

by the good service provision within the Nucleus development. Doubts still existed over certain features of the design, for example, the practicability of a Central Treatment Suite, although its use for minor operations and therapy was recognised, and the desirability of bed bays in place of the traditional "Nightingale" wards.

Mr Corney informed the conference that he would not dwell on the concepts of the Nucleus design but rather he would highlight certain important service implications.

The design solution

The design solution was generally endorsed, but there were very serious space limitations. In the Maidstone Nucleus, for example, all services to the wards would have to pass via the Main Entrance area; the medical records department would have storage room for only 6 years of records and there was inadequate accommodation allowed for the medical secretariat. Further problems envisaged were accommodation for Post-Graduate Education, the Anaesthetic Department, the Medical Social Workers and a Chapel.

The effect on Service Planning

Some adaption to the standard design had been made by the Project Team to take account of the possibility of shared services facilities between the Maidstone Nucleus and Oakwood, the psychiatric hospital in the grounds of which the Nucleus was being constructed. The implications of the new development on the whole district were now being recognised. The project was due for completion in April 1983.

Revenue and Capital On-Costs

Members of the Commissioning Team had found the DHSS yardstick on revenue savings from the closure of units to be inadequate. There was a call for a firm commitment on revenue support for such a development as Nucleus.

Mr Corney summarised the main points to consider when embarking on a Nucleus project:

- . to ensure that revenue commitment to the project and any associated changes or improvements have been quantified
- . service planning must precede the development solution
- . all branches of planning must be under one control
- . the on-costs of a Nucleus project are significant if the demanding performance standards are to be met
- . the commissioning programme is vital to the integration of a nucleus unit into a District. If the programme is not well

the pattern of Health Service provision. The current population is approximately 230,000 of whom 15% are aged over 65 years. In common with the Area as a whole, Newham suffers from a high incidence of social deprivation. Historical precedent has meant that much of the original building stock of the Borough corporations of East and West Ham is now situated outside the boundaries of the Borough of Newham, and this has led to a number of service deficiencies within the District.

The aim of current district policy is to provide acute services in fewer, better equipped hospitals. This policy was first identified in the 1950's when thoughts were concentrated on one large D.G.H. As various design phases passed Newham by and the economic climate deteriorated, the project was considered to be lost. In 1975, however, the closure of Poplar Hospital amidst strong political opposition led to a decision by the Secretary of State to site the first Nucleus project in Newham.

Mr Sloane took up the presentation considering in more detail the implications of the nucleus project on Newham Health District. 'Nucleus' was defined as 'the central part or thing around which others are collected' and 'a beginning meant to receive additions' - as such 'Nucleus' appeared to suit Newham which was planning a rationalisation of services around the nucleus development, and a Phase II addition had been identified.

The functional content of the hospital was divided into two categories - service and clinical. Approximately a third of the available departmental area was taken up by those service departments considered necessary to any Phase I development. The remaining area was for those priority clinical departments as determined by district needs. It was decided that the content of Newham Hospital Phase I should reflect the acute service needs of the district and be capable of supporting an active Accident and Emergency department. Phase I bed complement would be 224 adult acute beds, 69 childrens beds and 15 day beds.

The limited scale of Phase I of the development meant that a twin hospital was required to complement the local acute service for the district. The choice of St. Andrew's Hospital, Bow, was largely dictated by size and was not ideal due to the limited access to the site and the siting of the hospital outside the Borough boundary. To equip St. Andrew's for its new role a massive programme of capital works was, and is being undertaken.

The decision to run a Phase II development to the hospital straight on as a continuous building project had had serious implications on the Service Block which ultimately was redesigned to reflect Phase II requirements. As the project has developed there has been a greater appreciation of service aspects and of the effects of standard policies on district practice.

The contractual programme for the 32 acre site was begun in 1978 when pre-contract works were carried out. The main contract work was started in September 1979 and is due for completion in the Summer of 1982. The building has already reached the stage where it is possible to see first hand some of the spatial constraints which may occur.

After 1982 the proposed service programme would be very radical and no one unit in Newham Health District would be unaffected. Mr. Sloane outlined these proposed changes in hospital provision and explained that after 1984 the resulting pattern of provision was likely to remain for many years. The purpose of the commissioning Programme was to facilitate the integration of the new hospital into the district - of particular importance with a 'Nucleus' development.

An appraisal of the financial commitment to the Nucleus 'package' highlighted the revenue 'hump' which Newham Health District would experience over the next two years. Mr. Sloane identified the revenue required to maintain District services on existing lines, the increase required to develop support services to an acceptable level for the Nucleus unit to function successfully, and the further increase in revenue to account for commissioning activity such as training. The appraisal concluded that due to the dependence of a Nucleus Hospital on support services, largely district-based, and to Newham's particular service difficulties, the 'package' would prove very expensive. It was therefore considered crucial that the revenue implications of a Nucleus project be quantified at an early stage.

To aid affective manpower planning for the future rationalisation of services around the Nucleus unit, an I.B.M. computer system had been used. The terminal installed in 1979 was part of an interactive system and proved more appropriate to the task of matching future staffing requirements with current staffing levels than the STAMP system.

An active Public Relations programme had been promoted to facilitate the integration of the new unit in the District and to introduce the question of closures. Events have included talks to interested groups, a Public Meeting promoted jointly by the CHC/DMT, a week-long exhibition at one of the Borough's community centres and frequent press conferences. A ward simulation area had been set up to acquaint staff with functional aspects of the design. Several phases in a staff consultation programme had been completed to ensure that Staff were fully aware of the proposed changes in district strategy.

(b) Maidstone District General Hospital, Maidstone District, Kent

Dr R O F Hardwick	- Consultant Member of Project & Commissioning Team
Mr A Corney	- General Administrator
Mr J Booth	- Commissioning Officer
Miss V Jenkinson	- Senior Nursing Officer (Commissioning)

Dr Hardwick opened the presentation for Maidstone Health District. He told the conference that Maidstone had experienced the same planning policy regarding a new hospital development as Newham.

Over the last 25 years the district's population had risen steadily and there was a growing pressure on local acute services; hospitals were scattered around the District and the Accident and Emergency department, for example, was situated 5 miles away from the Intensive Therapy Unit. The nucleus "package" was seen as offering appropriate solutions to the district's clinical needs and the concept of a standard design had considerably reduced local debate as to departmental design and content. Planning policy in Maidstone District had been centred on achieving self-sufficiency in bed provision and on the rationalisation of existing services. The acceptance of the "package" had, however, been dependent on available external support such as a large proportion of off-site medical beds and some off-site cold surgery, but this had been countered

- . Different Nursing Officers had been on the Commissioning and Project Teams and important points of detail had often not been exchanged as a result.
- . The beverage bay was a small area and if the operational policy regarding the central wash-up was not closely adhered to, this area could become easily congested.
- . An exchange linen trolley system was in operation in the unit and was proving very effective. The DHSS were undertaking trials of linen trolleys suitable for this purpose.
- . Extra facilities had been required for a staff change area as there were no central changing facilities at Pinderfields.
- . Extra space had been required in the Sister's office to account for the 51 forms kept on the ward at Pinderfields. Initial space allowance was for 14 - 20 forms.
- . Problems had been caused with the siting of the Day/Dining Room which was adjoining a female ward section. The male patients on the ward had elected to take their meals at their bedside. Conversely, the Day/T.V. Room had become the domain of male heavy smokers.
- . Staff had taken a short while to adapt to the Flotex carpet and similarly to the tray meal services as the rest of Pinderfields operates a plated meal service.
- . The lack of involvement of local staff in the scheme had made it more difficult for staff to comprehend the spatial aspects of the design and the proper use of equipment.
- . An evaluation was now underway into the expectations and level of satisfaction of staff and patients using the nucleus unit.

3. THE EXPERIENCE OF PLANNING A NUCLEUS HOSPITAL : TWO CASE STUDIES

(a) Newham Hospital, Newham Health District, East London

Mr C Cooper - District Administrator

Mr R Sloane - Commissioning Officer

Mr Cooper outlined the background to the pursuit of a new hospital project in Newham Health District. Newham is one of three health districts in The City and East London Area Health Authority (T). It is the only non-teaching district of the three. The population of the Borough rose sharply in the nineteenth century but the decline of local industry in the twentieth century and the migration of working age people into Essex, has had radical implications for

planned the Nucleus project could overshadow all other activity in the District and prove even more disruptive to existing service provision

Mr Booth spoke on the role of the Commissioning Team. In Maidstone there is a primary commissioning team which covers the more conventional role of a commissioning team and a secondary team which comprises the primary team members and senior officers of the District. The purpose of the secondary team is to enhance understanding amongst District staff about the content of a Nucleus design. The importance of management involvement was considered crucial in Maidstone, especially as the Nucleus hospital was to be constructed in the grounds of an existing hospital site. The uncertainty of staff within the District would be a major problem and it would be especially necessary to prepare staff of the psychiatric hospital to accept the new development.

Mr Booth explained how a standard design unit such as Nucleus could have a considerable effect on the scope of a commissioning Team. It called above all for self-discipline as it reduced the level of free expression available to the Team. Similarly, Teams often had to work within standard policies and design aspects which were considered inappropriate to the local situation.

Miss Jenkinson emphasised the need to look for opportunities within the atmosphere of constraint - both financial and spatial - in which the Districts were working. The production of standard data should not be seen as an end to planning but rather as a beginning. Imagination should be exercised as to methods of working and existing practice should be reviewed as to its suitability and necessity.

DISCUSSION POINTS

During the afternoon the conference participants joined small discussion groups to discuss various aspects of planning, designing and commissioning a new Nucleus Development and the related changes in service. The main themes emerging from the discussions are identified below.

(a) Service Planning

- . A nucleus project should not be seen as an end in itself, but rather as a contribution to a whole service plan.
- . The nucleus design is dependent on well established off-site services and therefore intensive service planning activity will be necessary for the integration of the nucleus development.

- . The contrast between the speed of building a nucleus project and the programme of associated capital works should be considered.
- . It was noted that where nucleus projects were presently being constructed, the service planning had been insufficient and this had led to problems which were inappropriately ascribed to the Nucleus design.

(b) Commissioning

- . There was a need for a redefinition of the term "commissioning" to encompass not only the bringing into use of a building, but also, for example, the familiarisation of users with standard operational policies, and involvement with enabling works.
- . There was a consensus that the traditional approach of appointing commissioning staff at the commencement of the main building contract was no longer appropriate to nucleus developments and that every opportunity should be taken to appoint commissioning teams earlier than the norm unless there was already a strong service planning presence available. It was recognised that this would place a heavy burden on a District budget and it was therefore suggested that staffing requirements form a part of the initial funded costs of a project.
- . There was general agreement on the concept of commissioning as a phase in local management and that direct accountability of the Commissioning Team to the District Management Team was the only acceptable line of responsibility. The importance of cross-membership between Commissioning Team and Project Team was emphasised, but it was apparent that the wider role of the Project Team has been diminished where a totally standard design had been accepted and a no change mandate enforced.
- . Commissioning Team membership was inevitably variable. It was considered advantageous to devise an organisational structure which secured involvement of the consultant medical staff as their commitment was vital to any project - 'nucleus' or not.
- . The involvement of senior officers was of great importance. If information was not disseminated widely enough it would affect the accurate formulation and interpretation of operational policies.

- . The question of a professional Commissioning Officer was raised. It was generally felt that there was a relative scarcity of expertise in the field of commissioning and that too little recognition was given to those with commissioning experience. However, the concept of a career in commissioning was opposed as it was considered desirable for a Commissioning Officer to be closely involved with local management.
- . The concept of decommissioning, that is the closure of units, was discussed. This appeared to be an area where there was little experience and guidance, but one of increasing importance, especially in those Districts involved in a rationalisation of services.

(c) Capital planning and revenue consequences of a Nucleus project

- . Consideration of the financial aspects of producing a service plan led to the conclusion that a balance needed to be drawn between the capital expenditure and revenue consequences, not only of the nucleus project but also of the associated changes and enabling works which could prove very costly for Districts.
- . Continuing financial appraisal should form an integral part of the Commissioning process. The revenue forecasting at stage I of the Capricode procedure was considered inadequate.
- . The low capital cost of a Nucleus design development could conceal hidden expenditure arising from off-site developments and enabling works and from the use of inferior building fabrics.
- . There was general consensus on the need for more information about the revenue consequences of a nucleus development - e.g. manpower requirements.

(d) Space limitations

- . There was no allowance for teaching. It was noted however that the Flowers Report had identified Newham as having a teaching commitment.
- . The nucleus design solution lacked storage capacity for supplies of all kinds both at user point and at a central hospital point. The alternatives could prove very expensive.

- . The lack of staff facilities could result in recruitment problems.
- . There was a lack of non-clinical facilities for senior medical staff.

(e) Checklist

- . There was a general consensus on the need for more news and information about particular nucleus related problems and the solutions that had been adopted to overcome them.
- . There was agreement on the need for a centrally assembled checklist dealing with service planning problems and solutions for those involved in nucleus developments to pool their experiences for their own benefit and for the benefit of those contemplating a nucleus solution. It would also provide useful feedback for the DHSS.

(f) Evaluation

- . There was an urgent need for evaluation work to be carried out on the nucleus design, and in particular on the concept of expandibility and growth. Phased development still appeared difficult to accommodate, especially in relation to the Service Block. The DHSS were examining alternative design solutions for the Service Block.
- . Evaluation should be carried out in individual departments and functions rather than on the whole hospital.
- . The intention of the DHSS was to aggregate minor Regional changes to the Nucleus design and to offer this range to clients.
- . There was confirmation by the DHSS representatives of DHSS commitment to the nucleus design. Particular attention would be paid to the monitoring of front running projects to ensure a proper feedback into the National Development Programme.

(g) Flexibility in Design Use

- . The template design could not be adopted for all use, for example pathology and geriatric departments, although the Activity Data Base material could still form the basis for the planning of such areas.

- . It was felt that more consideration should be given in the initial planning stages of a project to the suitability of standard policies to a particular location. Standard policies should be adopted only after a detailed assessment. It was recognised that the degree of flexibility with which a Regional Health Authority, through its project Team, viewed standard design data would have an important effect on this sort of process.
- . Participants felt that the approach by the DHSS to the production of Operational Policies should be one of assessment rather than of generation, for, whereas with a one-off design, policies would have been evolved with the aid of a user group, this was not the case with Nucleus policies. The production of standard policies had reduced the role of the Project Team.
- . In consideration of a move away from the template design, it was pointed out that a standard design requires geometric discipline and there was a need for the standard design to be capable of expansion and to fit in with future developments.
- . The need was expressed for a quantification of the financial implications of modifications to the standard design data.
- . Information was needed to update people on developments in hospital design. The DHSS did produce a Users Guide for potential users of the nucleus package to advise them on relevant available material. There was also a quarterly bulletin giving up-to-date information, for example, on developments in the nucleus design concept and on stage II variations.

4. SUMMARY

The main theme to emerge from the two conferences was the need for a greater dissemination of information about the implications of a nucleus project on a District's services. It was generally agreed that the best format for such information would be a checklist centrally assembled by the DHSS. Mr Worsfold was able to inform the second conference that a small group of Commissioning Officers now met with the Department in order to draw up such a checklist and to exchange information on problems encountered and on financial implications of the nucleus design.

Mr Baker, drawing the second conference to an end, noted that despite all the problems identified, participants of both conferences still

appeared to be enthusiastic about the nucleus design. This he felt should prove to be an important factor for those embarking on a nucleus project. The September and January conferences had provided a forum in which to hear and learn from others and had been extremely beneficial, establishing a focus for future action.

CAROLINE FOWLES

KING'S FUND CENTRE

MARCH 1981

Requests for further information about this conference or suggestions for further related activities, should be directed either to the individual speakers or to David Hands, Assistant Director, King's Fund Centre, 126 Albert St., London NW1 7NF

KING EDWARD'S HOSPITAL FUND FOR LONDON

APPENDIX A

King's Fund Centre

THE PLANNING AND ORGANISATION OF NUCLEUS HOSPITALS

Conference held on 30 September 1980

Attendance list

Miss J M ADAMS	Area Nurse (Planning)	Dudley AHA
Mr. P J ASHFORTH	Senior Planning Administrator	South West Thames RHA
Dr. M S I ASHRAFF	District Community Physician	Dewsbury HD
Mr. R L BAILEY	Deputy District Finance Officer	East Surrey HD
* Mr. A B BAKER	Regional Administrator	Northern RHA
Mr. F BEST	Area Engineer	Kirklees AHA
* Miss A BILLING	Nursing Officer	DHSS
Mr. G H BIRTWHISTLE	Associate	Donald Smith Seymour Roole
* Mr. J BOOTH	Commissioning Officer	Maidstone HD
Miss D BREDIN	Senior Nursing Officer	Alinagelvin Hospital
Mr. K BROADEY	Sector Administrator	Royal Lancaster Infirmary
Dr. S H BROCK	Area Medical Officer	Calderdale AHA
Mr. M P BULLOCK	PAA Planning	Lancaster HD
Mr. T BURDETT	Divisonal Project Manager	Bovis Construction Ltd.
* Mr. W G CANNON	Director	King's Fund Centre
Mr. H L CHILD	General Services Manager	Essex AHA
Mr. J P COCKAYNE	Partner	Percy Thomas Partnership
Miss C A COOK	Senior Nursing Officer	Clayton Hospital
* Mr. C COOPER	District Administrator	Newham HD.
* Mr. A CORNEY	District General Administrator	Maidstone HD
Mr. R CULLEN	Area Nurse Personnel & Planning	Suffolk AHA
Mr. A W CUNLIFFE	District Administrator	Northern HD, Sefton AHA
Mr. S E T CUSDIN	Architectural Advisor to King's Fund	Cusdin, Burden & Howitt
Dr. V DALLOS	Consultant	Whipps Cross Hospital
Miss G DAVEY	Secretary	Newham Community Health Council
Miss E DAVIS	Regional Nurse (Planning)	Wessex RHA
Mr. H R DENCH	Equipment Officer	Redhill General Hospital
Mr. M DORIS	Public Relations Officer	Northern Health and Social Services Board
Mrs U EBEL	Deputy Director	Newham Voluntary Agencies Council
Ms E ELTON	Secretary	Newham Nucleus Hospital League of Friends
Ms I ENDEAN	District Nursing Officer	Dewsbury HD
Miss B E FERRIS	Regional Nurse Capital Projects	South East Thames RHA
Mr. W.H FINNEY	General Administrator	North Staffordshire HD
Mrs. C T FORSYTH	Commissioning Officer	Manor Hospital, Walsall
Miss C FOWLES	Rapporteur	
Dr. J H FRIEND	Consultant Physician	North Staffordshire HD
Mrs. D A GILES	District Finance Officer	Newham HD
Miss A GOAD	Area Nurse, Capital Planning	The City & E.London AHA
Mrs. D GOSSINGTON	Senior Nursing Officer	North Staffordshire HD
Mr. W E R GREEN	Consultant Surgeon & Senior Lecturer	Newham Health District
Mrs. R J GUNTER	Secretary	Dewsbury CHC
Mr. L G HADLEY	Partner	Donald Smith Symour & Roole
Mr. C HADLAND		
Mr. J N HALLETT	District General Administrator	Hereford & Worcester AHA
Mr. D HANDS	Assistant Director	King's Fund Centre

Mrs. P HANTIN	Divisional Nursing Officer	East Birmingham HD
* Dr. R O F HARDWICK	Consultant Member of Project Team & Commissioning Team	Maidstone HD
Mr. S HARKER	Commissioning Officer	Chester HD
Mr. K HARLOW	Assistant Regional Architect	East Anglian RHA
Mr. C J HARRIS	Gen. Rom. Op. Services	Wolverhampton AHA
* Dr. J HECKFORD	Principal Medical Officer	DHSS
Mr. J HESTER	General Administrator	Blackburn HD
Mr P HITCHEN	Capital Projects Administrator	Bradford AHA
Mr. J F HITCHES	Commissioning Officer	Mayday Hospital, Croydon
Mr. A HOBBS	Area General Administrator	Kirklees AHA
Mr. S HODKINSON	Administrative Officer	Northern Health & Social Services Board
Mr. P HOGARTH	District General Administrator	Rugby HD
Mr. M D HOWELL	Sector Administrator	Western (Wakefield) HD
* Ms V JENKINSON	Senior Nursing Officer	Maidstone HD
Sister JESSICA N.S.S.J.D.	Nursing Officer Community Midwifery	East Birmingham HD
Miss P A JESSOP	Divisional Nursing Officer	Western (Wakefield) HD
Ms V KMEP	Assistante Commissioning Officer	Newham HD
Mr C J KIRBY	Project Administrator	Wessex RHA
Mr J LART	Consultant Gynaecologist	Friarage Hospital
Ms C LEVER		King's Fund Centre
Mr. C LILLEY	SA Planning	Canterbury & Thanet HD
Mrs P LONG	Project Commissioning Officer	Essex AHA
Mr P LONGDEN	Area Treasurer	Calderdale AHA
Dr O R MCCARTHY	Consultant Physician	Newham HD
Dr. J F MCKENNA	Chief Administrative Medical Officer	Northern Health & Social Services Board
Mr I G MAPHERSON	Regional Director	
* Mr G MAYERS	Superintending Architect	DHSS
Mr E NEWBURY	General Administrator	Warwickshire AHA
Miss S SCOTT	Nursing Officer	DHSS
Mrs. S NORTH	Area Nurse	Kirklees AHA
Mr I C T OLDITCH	Commissioning Officer	Redhill Hospital, Surrey
Mr J A ORD	Assistant Regional Supplies Officer	Yorkshire RHA
Mr A L OSWIN	District Supplies Officer	Bromsgrove & Redditch HD
Mr M PALLAIS	Senior Nursing Officer	South East Thames RHA
Mr R J PHELPS	District Administrator	Mid Glamorgan HD
Mr M S PROBERT	District General Administrator	Northallerton HD
Mr D A RAIT	Senior Nursing Officer	Newham HD
Mr G D REID	Senior Nursing Officer	Chester HD
Ms J E REYNOLDS	Project Officer Planning	King's Fund Centre
Mr S O ROBINSON	Senior Principal Administrative Assistant (Planning)	Wakefield AHA
Mr V E N ROBINSON	Deputy District Administrator	East Surry HD
Miss P G ROLPH	District Nursing Officer	Newham HD
Mr A P ROSS	Consultant Surgeon	Hampshire AHA
Mr J M SCARGILL	District General Administrator	Bradford HD
* Mr R SLOANE	Commissioning Officer	Newham HD
Mr P P SIMONS	Commissioning Officer	Winchester HD
Mr P C SQUIRE	District Nursing Officer	Rugby HD, Warwickshire
Mr H A TEANEY	Area Nurse Planning	Clwyd AHA:
Mr W I THOMPSON	District Finance Officer	Bradford HD
Mr R. THORNE	Area Administrator	Oldham AHA
Mr J TOWNSEND	Sector Administrator	Northern HD, Warwickshire

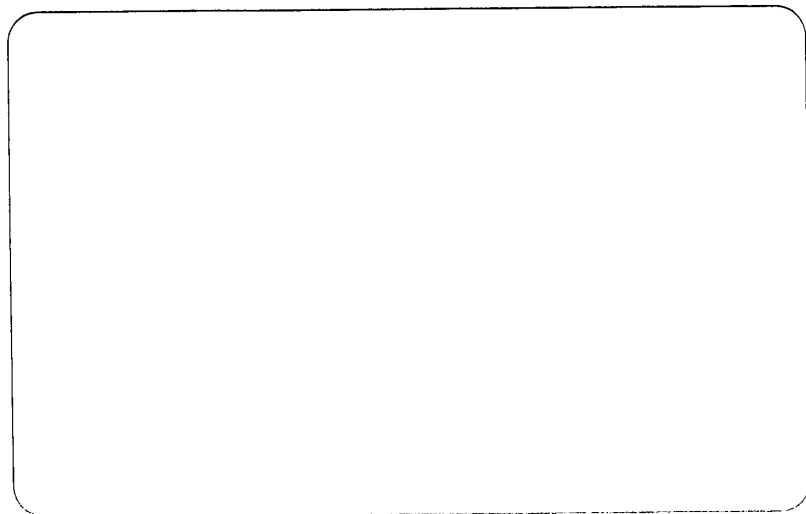
• Dr R E ROBERTS	Acting District Community Physician	Mid Glamorgan HD
Miss W M WILKIE	Regional Catering Services Officer	South East Thames RHA
Mr R T H WILLIAMS	Assistant Planning Officer	Clwyd AHA
Mr D WILLATT	Area Administrator	Croydon AHA
Mr R B WILSON	Specialist in Community Medicine	Clwyd AHA
Mr C H WOOLLER	District General Administrator	Dewsbury HD
* Mr P WORSFOLD	Principal Administrator	DHSS
Mr H WRATHALL	Assistant Area Supplies Officer	Bradford AHA
Mr J D WRIGLEY	Assistant Regional Supplies Officer	Yorkshire RHA

* denotes speaker at the Conference

KING EDWARD'S HOSPITAL FUND FOR LONDON
King's Fund Centre
THE PLANNING AND ORGANISATION OF NUCLEUS HOSPITALS
Conference held on 21 January 1981

Attendance list

	Dr D J ANDERSON	Medical Officer	Welsh Office (Medical Group)
	Mr W H ASHTON	General Administrator (Planning and Information)	Manchester AHA (T)
	Mr A B BAKER	Regional Administrator	Northern RHA
	Mr G S BAKER	Project Liaison Officer	East Dorset HD
*	Mr J BAKER	Architect	Holder and Mathias Partnership
	Mr A M BENNETT	Assistant Regional O.M./W.S. Officer	West Midlands RHA
	Mr P N BIDDULPH	District Administrator	Bromsgrove and Redditch HD
	Mr H BILBOE	District Works Officer	Maidstone HD
*	Miss A BILLING	Nursing Officer	DHSS
	Mr D BLAXLAND	Sector Administrator	Salop AHA
*	Mr J BOOTH	Commissioning Officer	Maidstone HD
	Mrs N BOSWELL	Senior Nursing Officer, Planning	Blackburn HD
	Mr T BRODIE	Deputy Finance Officer	Newham HD
	Mr F J BROOKS	Architect	Isherwood and Ellis
	Miss L C BURNE	Planning Officer	City and Hackney HD
	Mr E BUSTARD	Associate	Cusdin Burden and Howitt
	Mr J CANDY	Assistant Supplies Officer	Maidstone HD
*	Mr W G CANNON	Director	King's Fund Centre
	Mr D R CHESTER	Hospital Secretary	Bromsgrove General Hospital
	Mr R CHESWORTH	Assistant Administrator, Capital	Yorkshire RHA
	Mr W R CLARK	Chief Administrative Officer	Northern Health & Social Services Board
*	Mr C COOPER	District Administrator	Newham HD
	Mrs E A COOPER	Assistant Commissioning Officer	Redhill General Hospital
	Mrs E CRABTREE	Divisional Nursing Officer (Midwifery)	Blackburn HD
	Mr K N CRAWFORD	Principal Administrative Assistant	Yorkshire RHA
	Mr S C DAY	Senior Principal Financial Planner	West Midlands RHA
	Mrs K DOCHERTY	Nursing Officer	Maidstone HD
	Mr B EDWARDS	Commissioning Officer/ Projects Manager	Mid Glamorgan AHA
	Mr E A E FACEY	Planning Officer	City & Hackney HD
	Mrs R GLANVILLE	Senior Lecturer	MARU Polytechnic of North London
	Mr D M FLETCHER	Consultant in General Surgery	Scarborough HD
	Miss C FOWLES	Rapporteur	
	Dr P M GREEN	District Community Physician	Bromsgrove and Redditch HD
	Mr J HALLIWELL	Assistant Regional Architect	Yorkshire RHA
	Mr R V HAMILTON	Assistant Regional Quantity Surveyor	Yorkshire RHA
	Mr R G HAMMOND	Sector Administrator (Hospitals)	Dewsbury HD
	Mr D M HANDS	Assistant Director	King's Fund Centre



*	Dr R O F HARDWICK	Consultant Member of Project Team & Commissioning Team	Maidstone HD
	Mr E A HARGREAVES	District Nursing Officer	Bradford HD
	Mr P J HARRIS	Partner	Alan Marshall & Partners
	Mr A HENDERSON	District Nursing Officer	Bromsgrove & Redditch HD
	Dr A HIND	Principal Medical Officer	DHSS
	Mr R H HOYLE	Partner	Donald Smith Symour & Rooley
	Mr A W HUNT	Structural Engineer	Clark Nicholls & Marcel
	Mr E G ISHERWOOD	Partner	Isherwood & Ellis Chartered Architects & Town Planners
	Mr J JARVIS	Senior Engineer	Welsh Office (Professional Group)
*	Miss V JENKINSON	Senior Nursing Officer (Commissioning)	Maidstone HD
	Dr S K M JIVANI	Consultant Paediatrician	Queen's Park Hospital & Blackburn Infirmary
	Mr G JONES	Hospital Secretary	Mid Glamorgan HD
	Ms S E KENNEDY	General Administrative Assistant	Yorkshire RHA
	Mr J B KING	Senior Lecturer in Orthopaedic Surgery	The London Hospital Medical College
	Dr L KREEL	Consultant Radiologist	Newham HD
	Miss M LEGGETT	Divisional Nursing Officer	Dewsbury HD
	Miss C LEVER		King's Fund Centre
	Miss A LLOYD	Trainee Administrator	Board of Governors - St Peter's Hospital
	Mrs M E LOVELL	Secretary	Mid Essex Community Health Council
*	Mr G MAYERS	Superintending Architect	DHSS
	Miss P D MEEK	Area Nurse (Planning)	Lambeth, Southwark & Lewisham AHA
	Mr D MILLIGAN	Area Works Officer	Calderdale AHA
	Mr M MUNT	Assistant District Finance Officer	Maidstone HD
	Mr J NATION	Area Nurse (Planning)	Salop AHA
	Mr S NICHOLS	Architect	Holder & Mathias Partnership
	Mrs A NOBLE	Senior Research Officer	Polytechnic of North London
	Mr R ORD	Senior Administrative Assistant	Yorkshire RHA
	Miss ORR	Commissioning Nurse	Redhill General Hospital, Surrey
	Mr F B OSBORN	District General Administrator	City & Hackney HD
	Mrs K R PARVIN	Senior Administrative Assistant	Wessex RHA
	Miss F M S PAUL	Senior Nursing Officer	Ipswich HD
	Mr R PERRY	Management Services Team Leader	Newham HD
	Mrs C M POCOCK	Senior Nursing Officer (Planning)	North East Thames RHA
	Dr G RAGAN	Consultant Paediatrician	Dewsbury HD
	Mr J REESE	District Works Officer	Bromsgrove & Redditch HD
	Ms J E REYNOLDS	Projects Officer - Planning	King's Fund Centre
	Mr E RICKETTS	Principal Surveyor	DHSS
	Mrs N L ROSS	Principal Administrative Assistant	Yorkshire RHA
	Mr M RUNDLE	Superintending Engineer	DHSS
	Dr P V SCOTT	Consultant Anaesthetist	Bromsgrove & Redditch HD
	Miss M SKELLERN	Divisional Nursing Officer	Winchester & Central Hampshire HD
	Mr J SKILTON	Consultant Surgeon	North Staffordshire HD

*	Mr R SLOANE	Commissioning Officer	Newham HD
	Mr I G STEWART	Associate	Donald Smith Seymour & Rooley
	Mr D STOCKS	Sector Administrator	Bradford HD
	Mr H A STRIPP	Assistant Regional Engineer	East Anglian RHA
	Dr L TARLO	Consultant Psychiatrist	Bromsgrove HD
	Miss M THOMPSON	Senior Nursing Officer	Ipswich HD
	Miss M E TOOGOOD	Divisional Nursing Officer	Swansea HD
	Miss V M M THRESH	Regional Nurse	West Midlands RHA
	Mr VENNING	Sector Administrator	Manchester Royal Infirmary
	Mr P W WAITES	Planning & Information Assistant	Bradford HD
	Mr B W WALKER	Consultant Enginner (Structural)	Alan Marshall & Partners
	Mr A H WARREN	Assistant Secretary	Wessex RHA
	Mr I WEALE	Sector Administrator	Winchester & Central Hampshire HD
	Mrs M WHITEHEAD	Senior Nursing Officer	Maidstone HD
	Dr G T WHITFIELD	Consultant Anaesthetist	Scarborough HD
	Mr C WILKINSON	Senior Administrative Assistant	Yorkshire RHA
*	Mr P WORSFOLD	Principal Administrator	DHSS
	Mr M J ANNETT	Area General Administrator	North Yorkshire RHA
	Mr J R M HALL	Principal Assistant Architect	Welsh Health Technical Services Organisation
	Mr B SULLIVAN	Principal Assistant Engineer	Welsh Technical Services Organisation
	Mr H PEEL	Principal Assistant Architect	West Midlands RHA

* denotes speaker

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