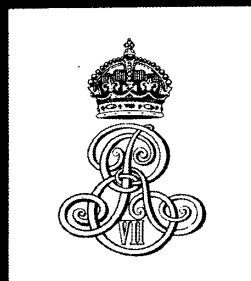
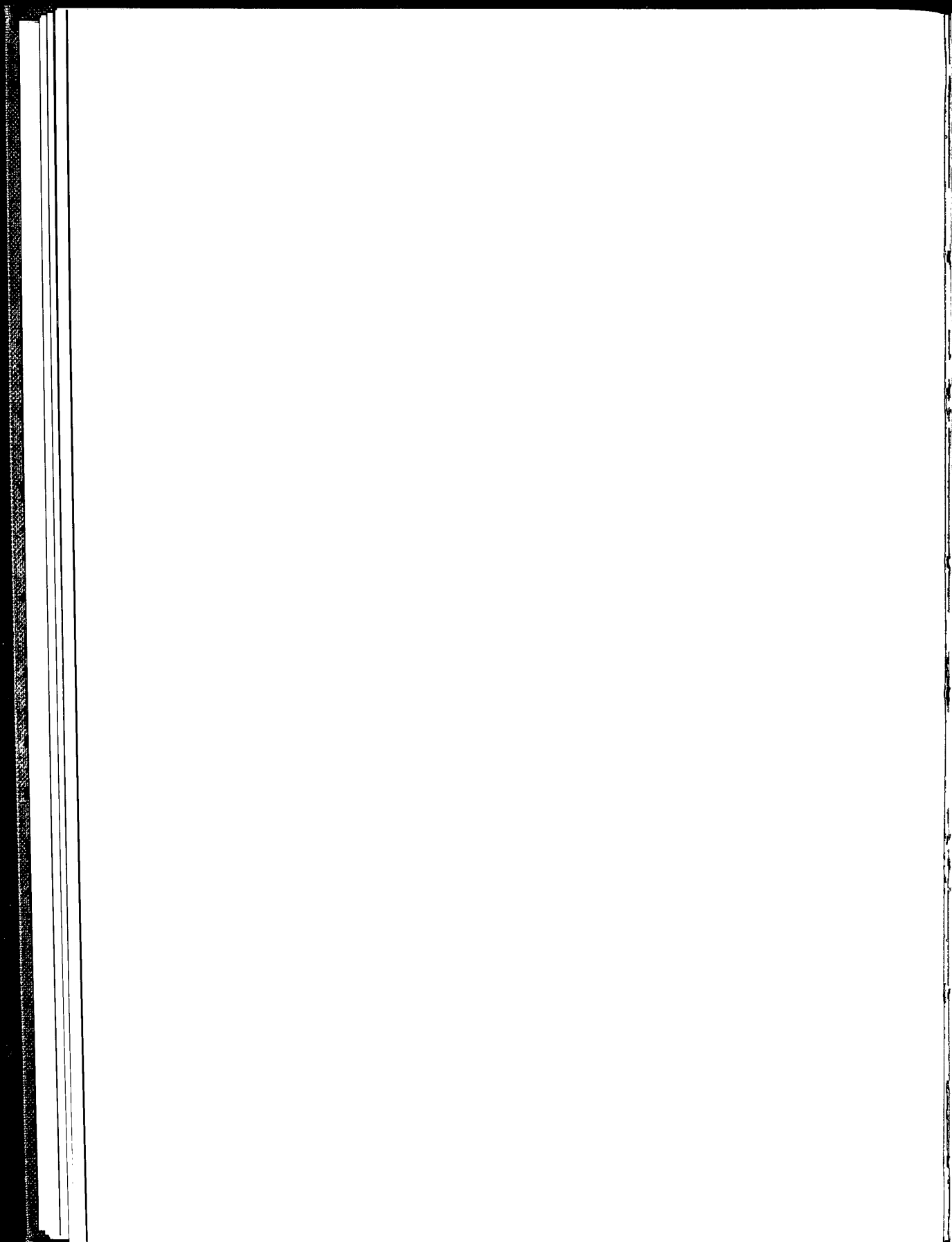


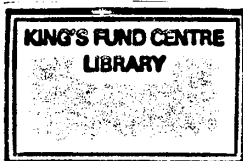
*T*_{HE}
KING'S FUND



*A*NNUAL *R*EPORT
1990

KING EDWARD'S HOSPITAL
FUND FOR LONDON





KING EDWARD'S HOSPITAL
FUND FOR LONDON

A N N U A L *R* E P O R T

1990

Patron

Her Majesty The Queen

President

HRH The Prince of Wales KG KT GCB

Treasurer

Robin Dent

Chairman of the Management Committee

S M Gray FCA

Secretary and Chief Executive Officer

Robert J Maxwell JP PhD

14 Palace Court London W2 4HT

Telephone: 071-727 0581

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.

Grantmaking 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 Primary Care Programme, for which, to date, some £1,415,000 has been made available. Other new ventures concern the assessment and promotion of quality in health care and the London Acute Services Initiative.

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.

C O N T E N T S

R E V I E W O F T H E Y E A R

Chief Executive's Introduction	5
King's Fund Centre	6
King's Fund College	8
King's Fund Institute	10
Grantmaking/Publishing/Equal Opportunities Task Force	12

S E L E C T E D I S S U E S

The future of health services in London	14
Nursing inside out	14
Health services and public health: together again, at last?	15
Europe	16

F I N A N C I A L R E V I E W

Treasurer's statement	17
Abridged statement of assets and liabilities at 31 December 1990	18
Abridged income and expenditure account year ended 31 December 1990	19
Contributors and legacies	20

G R A N T S M A D E I N 1 9 9 0

Management Committee	21
Grants Committee	23
King's Fund College Committee	26
London Acute Services Initiative	26
London Primary Care Committee	26
Quality Assurance Programme	26
King's Fund Centre Committee	27

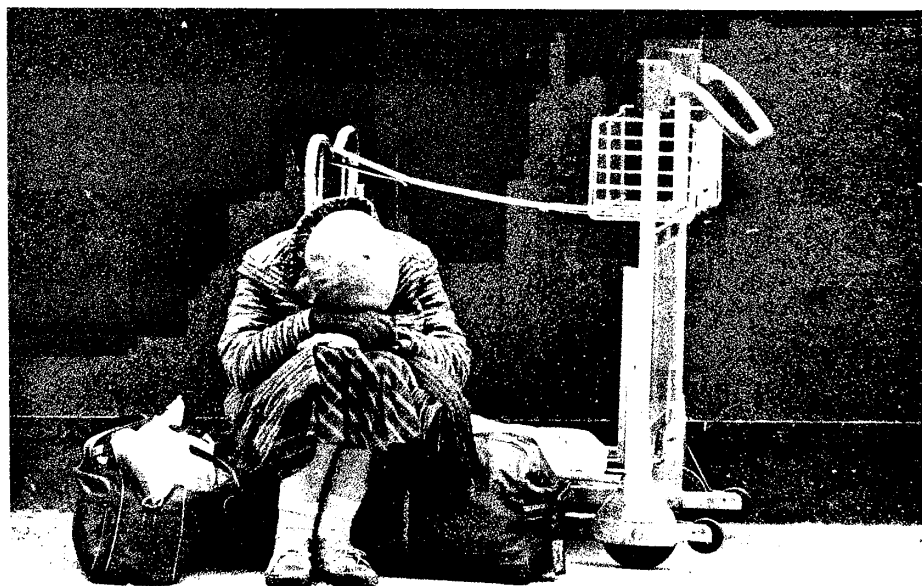
General Council and Committee Members	28
Staff Directory	31



(Photographs by AM Pictures)

THE KING'S FUND AND HOMELESSNESS

The two photographs of homeless people (left, a young man who has been sleeping rough for three years; below, an exhausted 'bag lady') epitomise the problems of the homeless in London. The Fund continues to try to help by giving grants (see pages 25–26) and, at the request of TRH The Prince and Princess of Wales, organised a meeting of voluntary, statutory and business organisations to explore what more could be done to help.



CHIEF EXECUTIVE'S INTRODUCTION

Nineteen ninety turned out to be the last of the Thatcher years. Whichever party wins the next General Election, it seems likely to have a distinctively different attitude to social policy. Ironically, we are still waiting for the impact of Mrs Thatcher's NHS changes. Although 56 hospital trusts have been named, and 300 GP practices are to become budget-holders, play to the new rules begins only in April 1991. Hence all the past year's voluminous activity around the changes in the NHS told us little more than we already knew about how they will work out in practice. The optimists are perhaps quieter than they were, as they see danger of the promised benefits being whittled away by the political imperative to limit short-term turbulence, as well as by the inherent inertia within any system as big as the NHS. Meanwhile, the pessimists as yet see no reason to change their minds.

The King's Fund has put what are by our standards large sums of money into assessing what impact the new NHS and community care arrangements actually have on services for people. It will take a little while for the evidence to begin to emerge. Our hope is that any government, of whatever party, will see the point of not initiating another upheaval without some indication (even if it is early and incomplete) of the actual impact of the current round of changes. The fundamental question for those responsible for health care in the 90s – elsewhere as much as in Britain – is how to safeguard health and provide access for the whole population to services of good quality within tight resource constraints. No country has found complete answers to that question, let alone ones that are transferable. We have to work out our own, and not get distracted by the illusion that everything would be easy if only we once more reorganised the total health care system.

The Fund's London Commission met for the

first time in the autumn of 1990. Its brief is to examine the state of acute health services in the metropolis, to take account of the likely impact of the NHS changes, and to develop a vision of what pattern of provision would make sense for London in the longer term. There are some longstanding, deep-seated problems about health care provision in London (many of which it shares with similar cities in Britain and overseas). In no sense are these problems caused by the NHS changes, but the latter seem likely to add to the pressures by quickly altering the basis of funding for the London health districts and accentuating the high costs of provision in London. The Fund's concern is to try to clarify the issues and protect patients. It is not part of our intention to oppose reform for the sake of doing so, but to seek to change things for the better. London, which is the central focus of the Fund's trust, will therefore command a substantial share of our attention for the immediate future.

Meanwhile, all the rest of the Fund's work continues, as shown by this year's Report. Centre, College and Institute are all busy, and the main danger seems to be trying to do too much. Scarcely a month passes without some major new opportunity for which a strong case can be made. Sadly, we sometimes have to decline to take a path we wish that we could travel down. Meanwhile, in fields like nursing development, organisational audit, community care and a decent life for people who have long-term handicaps, much that is exciting is underway.

We will have to be cautious about new themes of work for the moment, but we cannot (and would not wish to) ignore the influence of European events on health care in the UK. This is a theme to which we return in the Selected Issues section of the Report after first reviewing the year's activities.

KING'S FUND CENTRE

Nineteen ninety was a very successful year for the Centre. As expected, many projects came to fruition and we were able to promote our activities more widely. The Centre's work, organised into six teams, is described below under common themes. Internally, the major development was the computerisation of the library facilities. The various information services have been brought together to be managed by a new information services manager and linked to the library system.

Quality in health care

There is now considerable demand and widespread acceptance of the idea of organisational audit. A major success was the piloting of organisational audit within nine acute hospitals and the activity has been stepped up in 1991; 20 hospitals will be included and a start made on standards for aspects of community care. A council has been set up to advise on the possible establishment of an independent agency to be in place for 1993.

Quality measures in contracts is also an important theme. The Centre undertook a review of the various approaches and set up a quality in contracts working group. We are developing clinical quality measures for contracts working with senior medical staff, particularly within the East Anglian Regional Health Authority.

Our work to improve the clinical quality of care falls under a number of headings. The medical audit information exchange is up and running and a monthly news section is published in the *British Medical Journal*. Audit workshops have been held, advice given to the field, and support provided for the new group of audit assistants. Work on clinical standards continued, which included holding the last of the current series of consensus development conferences – on colorectal cancer. We are also experimenting with a number of systems developed in the US, including assessing the appropriateness of clinical interventions (based on work from RAND), and the medical outcomes survey which

can be used by patients to assess their own health outcomes.

New forms of service delivery

While the NHS is reshaping there is a need to pay attention to the way particular services can and should be developing. Acute services are likely to change dramatically in the next few years and staff in the Centre are working closely with the London Acute Services Initiative.

Work to improve services for people with long-term care needs took a number of steps forward. The Living Options in Practice project, in association with the Prince of Wales Advisory Group on Disability, is developing comprehensive services for people with disabilities; *Better Futures* was launched to improve community services for people with long-term mental health problems.

Carers, of course, bear the brunt of much of the care in the community and, in 1990, the Carers Unit launched four services for carers. The Carers Unit information work is now focusing on black and ethnic minority carers.

A serious concern as the NHS reforms unfold is ensuring adequate community health services. The Centre will continue to bring this to the attention of policy makers and managers. We are also working in the London area to develop imaginative approaches to both primary and community services, and the London Primary Care Committee made grants in 1990 on this theme.

Services for black and ethnic minorities

When we made the commitment to improving services for black and ethnic minorities, we recognised that this could not be done quickly or easily. The work went forward in a number of ways in 1990. We made grants to four health authorities to use the contracting process to improve services for black and ethnic minorities, with a requirement to consult with their local populations. We held a conference to identify some of the issues and gaps in mental health services, and launched *Double Dis-*

crimination, a report on services for people with learning difficulties from black and ethnic minorities. We also published *Is Race on your Agenda?*, a guide to improving mental health services.

A major success of the year was winning the contract for a Department of Health funded information exchange on services for black and ethnic minorities – now launched as the SHARE exchange.

User involvement in health care

Consulting black and ethnic minority users is just one aspect of the wider theme of user development in health care. Our impression is that purchasers and providers are taking more seriously the need to find out what users want, and our consumer feedback resource was well used in 1990. Early in 1991 we published *Who Calls the Shots?*, hoping to generate public responsiveness in a wide range of public services.

Patient assessed health outcomes is one way we are working to involve users in clinical aspects of their care, not just in the areas of environment, waiting times and communication. The Centre supported a user-led evaluation of services for people with learning difficulties in Hillingdon.

Nursing

The Nursing Developments Team needs singling out this year for a number of reasons. First, it is becoming accepted by managers and policy makers that the range of issues affecting nursing status,



Primary nurse handing over at the bedside of a patient in the Camberwell Nursing Development Unit.

supply and practice must be taken more seriously, and we have played a part in highlighting the issues. Secondly, the Nursing Development Unit concept is recognised as one way to help promote clinical nursing practices. Jane Salvage, who led these activities, will be leaving in 1991 to become head of Nursing, Midwifery and Social Work at the European Regional Office of WHO. We, and nursing in the UK, will miss Jane greatly but wish her well in her new role.

Finally, we need to thank Professor Anthony Clare for his contribution to the Centre over the last four years. He stepped down as Chairman of the Centre Committee (the Centre's advisory and grantmaking body) at the end of 1990 and we shall all miss his support. Sir William Doughty became the Chairman in 1991.

KING'S FUND COLLEGE

As the NHS and wider public sector continued to work towards implementation of the government's reforms during 1990, the College provided an environment in which managers, professionals and others can test out and explore important challenges for the future.

The NHS and Community Care Act is at the forefront of everyone's major change agenda. During the past year, many new health authority members were appointed; 56 new health trusts were established, each with their own boards of management; general practitioners started to prepare for budget holding; family health service authorities took on wider, more managerially oriented roles; community care progressed conceptually, although operationally delayed; and, generally, the reorganisation and reorientation needed to develop effective purchaser/provider splits has been pursued. Central to these major changes has been the growth of the contract culture as authorities in all settings have sought to establish clear arrangements for the delivery of health and social services.

Inside this challenging agenda, the College provided opportunities for managers and professionals to prepare for the new era post-April 1991. The College continued to provide direct support in the field and a range of College based and off-site workshop events. In the first half of the year, nine 'white paper implementation' learning sets were established in which senior managers and professionals worked in small groups on challenges and problems in their own and other organisations' activities arising from the reform agenda. Among these sets, ones of special interest were for directors of public health and for community service trusts.

Also, the College has been working with six members of the Department of Health 'project 26' learning network and establishing an important programme of activities for chairmen and members of the new health authorities, general managers of family health service authorities, and future GP fundholders. In all of this work, members of the College faculty have helped participants to re-

view past progress and plan for future phases of activity in this very dynamic environment.

Responding to the needs of managers in a changing NHS is therefore central to the College's overall direction. However, while 1990 has been variously described as the year of 'smooth take off', 'soft landing' and, eventually, 'steady state', the process of implementing major reform has placed new challenges on the longer-term agenda. Work is only just beginning to link the management of this major organisational change to future defined directions. Ideas around managing for health gain or improved health outcome, identified through epidemiological and community based needs assessment, are now becoming central to managerial agendas in the NHS. An important part of the College's work in 1990 has been directed at obtaining wider experience and understanding of how real health concerns can be addressed effectively through levels of the NHS and related service systems. This must be the theme in our future work.

As the health agenda becomes more broadly defined and links between the NHS and local government (particularly social services departments) have assumed increasing importance, the College has built up a programme of work at the interface around health-related issues and the pursuit of common ground and shared objectives. There is much more to be achieved in this area in years to come, particularly around services for elderly people, whose increase as a proportion of the population and consequent demand for services will provide an increasing challenge for the NHS and its managers. During 1990 the College published *Achieving Change in Community Services*, directed at both the NHS and local government and based on a very successful series of seminars held in the spring.

A second important theme during 1990 has been the College's core general management development activity. The top management programme ran for the third time, once again very successfully. Nineteen ninety was, however, the last year of intakes into the NHS Training Authority's

general management training schemes for senior and middle managers. The Training Authority came under the direct control of the NHS Management Executive in April 1991 and senior and middle management development responsibility reverted more fully to regional health authorities. At the same time, the graduate entry scheme for junior managers has been retained at the national level and the College will be involved in this activity in the years to come. With the changes in the structure of the NHS and the establishment of trusts, the core development of managerial expertise in the NHS will become more locally focused and determined. The College was active during the last year in providing more customised management development programmes based on local needs.

A third important part of the College's activities in 1990 was the increasing exploration and development of experience around international health care systems. With 1992 fast approaching, the implications of a more united Europe are taking on much greater importance. The College has sought to build useful networks and to gain experience in both Eastern and Western European settings. The managerial challenges involved in the

development, financing and organisation of health services, along with explorations of what is meant by health gain and the role of health services in achieving it, are common in differing degrees everywhere. How they are approached in different cultures, with differing resources and political environments, can provide important learning for our work at home. While this will always remain a limited element of the College's work, we look forward to creating opportunities for managers in this country to benefit from these experiences.

Finally, 1990 marks a change in leadership of the College itself. After five outstanding and memorable years at the helm, Gordon Best has left the Director's post and gone on a well-earned sabbatical. He will be returning to work in the College in the autumn. The College's new Director is Jo Ivey Boufford, a part-time visiting Fellow since November 1989, a paediatrician and immediate past President of the New York City Health and Hospitals Corporation. Jo Boufford joins the College at a time of great excitement and potential for the NHS and we look forward to her leadership in the years to come.

KING'S FUND INSTITUTE

King's Fund Institute

In retrospect, it may well be that 1990 was as much of a watershed for the Institute as it was for the NHS. In its fifth year of operation, the Institute lost many of its senior staff who were recruited to lead other organisations and initiatives. These staff changes – which reflected well on both the individuals concerned and the Institute – provided an opportunity for developing new initiatives, and for beginning the process of thinking about how best to position itself for the challenges and opportunities of the 1990s.

During the year the Institute continued to contribute to contemporary health policy debate and published a wide range of analytical reports and papers.

Community care

Virginia Beardshaw and David Towell were commissioned by the Department of Health to review the literature on assessment and case management. This was subsequently revised and published as a briefing paper.

In March the Institute held a one-day conference which examined the themes of competition and the mixed economy of care from a number of different perspectives, and a full report of the conference was published in the *Health Services Journal*.

At the end of the year a briefing paper – *All Things Come (to those who wait?): causes and consequences of the community care delays* – was produced by Melanie Henwood in conjunction with colleagues from the Joseph Rowntree Foundation and the Nuffield Institute for Health Services Studies.

Pharmaceuticals

In May the Institute published a briefing paper co-authored by David Taylor and Alan Maynard (of the Centre for Health Economics, University of York). *Medicines, the NHS and Europe* was the Institute's first examination of pharmaceutical issues.

Nursing policy

A research report examining the key demographic trends affecting nursing in the 1990s was published in the autumn. *New for Old?: prospects for nursing in the 1990s* by Virginia Beardshaw and Ray Robinson was used as the basis for a briefing for the NHS Policy Board in November, and for a seminar at the Fund attended by nursing leaders, senior NHS managers and the Secretary of State for Health.

Finance and resource allocation

The Institute continues to maintain an interest in financial aspects of health services provision. During 1990 the focus of attention was on resource allocation to FPCs. Michaela Benzeval and Ken Judge undertook an empirical investigation for the Society of FPCs and made recommendations about a new basis for resource allocation to family health services authorities. An occasional paper was published at the beginning of 1991.

The international context

Health Check, by Chris Ham, Ray Robinson and Michaela Benzeval, reviewed the financing, delivery and reforms in health services in Sweden, Holland, West Germany, Canada and the United States. The book aimed to identify the strengths and weaknesses of health services in the countries studied, to draw parallels with the UK, and to establish the lessons – if any – from abroad.

New developments

New developments in the Institute during the year include an experimental visiting fellowship programme; collaboration with *Health Care UK*; the development of a London health monitor; and the establishment of a joint health policy review with the Milbank Memorial Fund.

Visiting fellowship programme

Six visiting fellows were selected to spend some time at the Institute during 1990/91. They include practitioners and researchers, working on a diverse range of topics, including mental illness and mental handicap services, pay determination and the nursing labour market, and property use in the NHS.

Health care UK

First published in 1984, *Health Care UK* has provided an annual commentary on development in health policy in the UK. One of its founder editors, Tony Harrison, has taken up a visiting research fellowship at the Institute. Although *Health Care UK* will continue to include contributions from the health care community at large, it will now be published on behalf of the Institute. The first edition bearing the Institute's name was published at the end of 1990.

A London health monitor

It was decided during the year that the Fund needs to establish a comprehensive database about health and health care in London. The Institute will develop the capacity to analyse and interpret patterns and trends in the data, establish and support a network of data providers and analysts in other London agencies and produce an annual London Health Monitor. Sean Boyle was appointed towards the end of the year and development work commenced at the beginning of 1991.

Joint health policy analysis

Ken Judge and Virginia Beardshaw developed a joint initiative between the King's Fund and the Milbank Memorial Fund of New York, *Hospitals and Health Services: into the next century*. Approximately £500,000 has been made available over two

years to support competitive bids and commissions. A brochure advertising the initiative was widely distributed on both sides of the Atlantic and an international advisory committee has been established. The first grants were made in April 1991.

Future priorities

In the next phase of its work, the Institute will have four main priorities. The first is to implement successfully various Fund grant-related initiatives. For example, the Institute is coordinating a number of Fund-sponsored research projects which are monitoring and evaluating the NHS reforms.

The second priority is to continue to produce well-informed policy analytic commentaries on contemporary health policy issues. It will continue to choose topics on the basis of their relative importance in terms of the problems confronting the British health care system, and of the strengths and interests of Institute staff.

The third priority is to deepen the empirical, conceptual and scholarly quality of the analyses that it undertakes. This implies greater theoretical rigour, technically more accomplished secondary analyses of the rich vein of under-used datasets about health and health care in Britain, and a more dogged determination to keep returning to major issues of continuing importance.

The final priority involves trying to moderate a preoccupation with the management and organisation of the health care delivery system. Health policy is about much more than the efficient production of health services and it is essential that the Institute should make greater efforts to challenge conventional wisdoms and to promote important issues which risk being neglected or sidelined. For example, it will continue to take a close interest in the allocation of resources to and within the health care system and the persistence of gross inequalities in the health status of different groups.

GRANTMAKING PUBLISHING EQUAL OPPORTUNITIES

Grantmaking

During the year the Fund awarded new grants totalling rather more than £2.5 million, and distributed a further £350,000 for health care and homelessness within an allocation set aside for this purpose in 1989. All these grants are listed on pages 21-27.

The Centre Committee increasingly concentrates its grants in a limited number of fields each year, closely linked to its own health services development activities. In 1990 these included living options in practice (meaning services that are sensitive to the preferences of people with physical and sensory disabilities), services for black and ethnic minorities, and work with carers.

The Grants Committee's mode of operation is less selective. In principle, it is prepared to consider any request that would improve the health care of Londoners substantially, or promote their health. However, with about £1 million a year to spend, its resources are tiny. It therefore decided to target part of its expenditure on a few relatively large projects, by determining a theme and soliciting bids. Three successful clinical schemes followed, namely the community orthopaedic project in Essex, the intractable pain unit at the South Western Hospital and the venous ulcer project (based in community clinics in Riverside). The Prince of Wales, as President of the Fund, visited this project in November 1990 and was impressed by it.

With the impending changes in the organisation of the NHS, the Grants Committee set up a major scheme in 1989 to evaluate the impact of the changes on the care of patients. In 1990, this was followed by a further scheme to encourage early development of community care proposals, for example in case management.

The Fund continued its concern with homelessness, particularly in London. Nine grants totalling £350,000 were made for this purpose. In addition, at the request of TRH The Prince and Princess of Wales, the Fund organised a meeting of



HRH The Prince of Wales visiting the venous ulcer project in the Riverside Health District, accompanied by Professor Greenhalgh and Christine Moffatt.

voluntary, statutory and business organisations to explore what more could be done. While there are no instant solutions to the complex problems of homelessness, the meeting proved useful in forging new links and encouraging further action.

The Management Committee's grantmaking for the year included several new initiatives. For example, a combined initiative with the Milbank Memorial Fund of New York focuses on the likely future development of acute hospitals. This could link helpfully with the Fund's London Acute Services Initiative. The timetable for the latter is very tight, but the Commission is seeking to look beyond London's immediate problems to patterns of care for the longer term.

Grantmaking also touched on changing patterns of medical education in London; medical audit; evaluating the usefulness of large databases in assessing the efficiency and effectiveness of hospital care; hospital design; and assistance to voluntary organisations active in the field of schizophrenia, incontinence, and care for the victims of torture, to mention only a few. In general, the Fund is willing to try to help nationally, as well as in London, provided that its assistance will make a real difference in a neglected and important field.

The Fund's grantmaking now gives more attention to evaluation and diffusion and seeks to be

reflective and discriminating while still taking risks.

Publishing

Nineteen ninety was the last full year of activity by the Publishing Office. It closed in March 1991. This does not mean that the Fund will cease to use the printed word, but we will not be in a position to accept unsolicited manuscripts, and we will not have a Publications Panel. Reasons of economy and new technology mean that it is more feasible for the various parts of the Fund to handle publication themselves.

The 12 new titles published during the year included books on medical surveys and equal opportunities policies; on procedures to be followed after a death in hospital; and on the resettlement of people with severe mental handicap. New project papers dealt with the needs of unpaid carers, the management of end-stage renal failure units, AIDS strategy in Northern Ireland, and quality assurance in medical practice in various countries.

We congratulate Victor Morrison on his retirement after ten distinguished years as head of the Fund's publishing. Barbara Regis remains with us, moving to the Publications Unit at the King's Fund Centre.

Art in Hospitals

Chris Plowman's corridor wall reliefs at the South Western Hospital were completed during the year with financial help from the Art in Hospitals scheme. The photograph above shows Chris Plowman working with some of the hospital's residents. Many of their ideas were incorporated in his colourful reliefs, all of which can be removed easily for relocation when necessary.

Other projects included Faye Carey's window in the outpatients' department at Lewisham Hospital; photographic works by Flick Allen in the mental health unit at St Charles; and a sculpture by Andrew Darke at Whittington Hospital.



Chris Plowman working with residents at the South Western Hospital.

Equal opportunities Task Force

Two major pieces of work were completed during 1990 relating to the nursing and medical professions. *Racial Equality: the nursing profession* itemised concerns about racial inequality in recruitment, training and promotion and included recommendations as to how these might be remedied. The paper on the medical profession focused on ensuring racial equality in selection procedures for hospital doctors, with detailed recommendations to ensure fairness.

An increased number of advisers were appointed in 1990 to ensure racial equality in health service provision. Unhappily, however, the number of employment advisers was reduced as DHAs focused on their purchasing function. The Task Force was pleased to support the formation of an NHS Equal Opportunities Advisers Association and regular workshops were held for advisers.

The Task Force Final Report provided an account of its work from 1986-1990 with conclusions about the state of racial equality in NHS employment. Recommendations included the adoption of racial equality objectives for the Management Executive and for all authorities through their performance reviews; consideration of the effects on racial equality of all new policies and procedures introduced into the service; and the inclusion of equal opportunity issues into all health service contracts. The Report was welcomed by the Secretary of State, who thanked the Task Force for its valuable work.

SELECTED ISSUES

The future of health services in London

Implementation of the NHS reforms this April has important implications for health services in London. Hospitals and other acute service providers will be directly competing for contracts from health authorities and fund-holding general practitioners for the first time.

Costs of providing care tend to be high in the capital and price differentials between London and the provinces are likely to be accentuated by the introduction of capital charges; this may in time cause health purchasers to place contracts outside the city. At the same time, inner London purchasers are likely to face a significant reduction in resources, as capitation funding bites.

The changes will take place against the background of a reduction of more than 20 per cent in London's acute hospital capacity since 1977. Typically these reductions are spread out among the hospitals and have achieved only marginal savings. Furthermore, these new challenges will be superimposed on a set of longstanding tensions between services' responsibilities for meeting the health needs of Londoners and London's role as a national centre for research and training. A third of all UK medical students train in London, which also holds national responsibilities for postgraduate medical training and for the basic and further education of nurses and other health professionals. The capital also contains a number of specialist medical centres with national research responsibilities.

Also, on most indicators of deprivation, London scores are at least as high as the national average. Primary health care remains poorly developed and London's health services have to cope with commuters and tourists.

National and local priorities for – and spending on – health care are hopelessly confused and this is intensified by the fact that no one takes a London-wide view of health services. Responsibility for planning London's acute services is split between the four Thames regions, with the management of most of London's acute teaching hospitals divided between ten inner London health districts. At the



Members of the London Commission: standing (left to right) Professor Richard Himsworth, Virginia Beardshaw (head of staff support), Peter Westland; seated (left to right) Robert J Maxwell, Baroness Cumberlege of Newick, M J Hussey, Brendan Devlin. (Baroness Hollis of Heigham also serves on the Commission.)

same time, eight of the capital's postgraduate teaching hospitals remain directly accountable to the Department of Health. This fragmentation has worked against the development of a coherent plan for the future of acute services in London.

Conscious of these problems, and of the challenges which the 'new NHS' poses for the capital, the Fund decided to launch a major new programme in 1990. The London Acute Services Initiative will run for two years and coordinate contributions from across the Fund on 'the London problem'. It will inform and support the work of a specially appointed King's Fund Commission on London, whose terms of reference are 'to develop a broad vision of the pattern of acute health services that would make sense for London in the 1990s and the early years of the next century'. The members, who have kindly agreed to serve on the Commission, are pictured above.

Nursing inside out

Nurses are the most numerous and, collectively, the most expensive group of staff in the NHS. Constructive, continuing dialogue between nurses and managers must therefore be an indispensable element of a successful service. However, every

day, throughout the NHS, managers and nurses can be heard talking past each other, talking to each other but not hearing what is said, or just not talking to each other. The victims of this mutual deafness are of course the patients, since they are denied opportunities to benefit from positive change achieved through management/nursing partnership.

When dialogue does take place, it is often clouded by historical issues. The introduction of general management to the NHS in the 1980s was viewed by the majority of nurses as a thinly veiled bid for power by administrators. Whether such a view is justified is beside the point: what matters is not logical analysis, but nurses' feelings of grief and outrage at their apparent devaluing. How can they then enter into open debate with general managers whom they perceive as oppressors?

The problem was that the implementation of Griffiths compounded an existing sense of injury. Nursing itself had been slow to respond to the changes which modernised other predominantly female occupations. Moreover, an occupation viewed as women's work, with all the associated hallmarks of low status and poor education, faced major obstacles in being heard by the 'masculine' professions of medicine and management.

What we have, then, is a clash of culture, gender and history between two groups whose values and goals seem to be poles apart. The language of caring and humanity espoused by the nursing culture sounds out of place in the current management bible of value for money, efficiency and outcome measures. The tragedy is that caring and true cost-effectiveness have become rallying cries for opposing ideologies rather than usefully complementary concepts.

There is an urgent need for free and open debate, entered into honestly as an exchange between equals, with a right to be listened to and a commitment to listen. Such dialogue should take place at all levels, with a lead being given from the top. Finally, we can all learn from the successful partnerships between nurses and managers which can be

found throughout the NHS, despite the system rather than because of it.

Health services and public health: together again, at last?

When examined carefully, the most profound change in the recent NHS reforms may not be the purchaser-provider split, the self-governing trust, or the GP fund-holder, but the commitment that those responsible for health services are also responsible for the public's health.

Fundamental to this is a shift in focus from the patient exclusively to the wider population, some of whom rarely enter the health service system. The shift to capitation-based funding at the district level has thrown into sharp relief the need to understand the patterns of overall health service use by the resident population. But this alone is not enough to make resource use decisions that will improve the health status of the community.

The acute hospital data base does not tell us anything about patients who do not use the hospital in a given year. Suddenly, public health statistics, community health services information and data from the GP's practice, must all be connected to generate even a general picture of morbidity in the community. Problems that do not present to the health service system must be identified through more difficult means – community health surveys, the social service data base, and so on.

Responsibility for integrating these new sources of data into the planning and management of health services has landed most heavily on public health physicians. They face real pressure from management colleagues to define clearly the nature of the community's health problems and to identify the proper targets for action to yield the best health outcomes with the resources available.

Meanwhile managers also face difficult challenges. They must continue to work with clinical colleagues in nursing and medicine to provide the highest quality health services, and ensure that the resources available must now support those health

services most needed by the community. But this may put them in conflict with the leadership of traditionally powerful clinical services which stand to lose resources under the new priorities.

However, even the most effectively organised health services are only part of what's needed to improve the community's health status. Programmes to promote healthy behaviour in the community and prevent disease must be greatly assisted by the health service system. Other factors influencing the population's health are less directly the responsibility of the health care system – for example, improving the environment, housing, education, and socioeconomic status.

Early national guidance seeks to identify the population health problems that lend themselves to effective intervention by the health service system. Yet the real challenge for the future will be for the health service system to learn to go beyond the caring and curing function.

Both purchasers and providers will have an opportunity to be advocates for the public's health if they can incorporate a community focus into all their activities. The purchasers can articulate quality measures in their service contracts and incorporate expectations for prevention and health promotion. Providers, especially the acute units, are often the largest employers in their communities and can, thus, play a pivotal role in promoting the health and welfare of their own employees and their families. Leadership from regional level can focus on creating opportunities for collaboration between institutions within their geographic area, including many that lie outside health services, and, at national level, intersectoral attention to the potential health benefit of government policies and regulations can serve to enhance population health.

These are all enormous challenges and only the integration of health services delivery and public health resources and expertise can help to produce the gains in health status of the population that have to be achieved.

Europe

At last the idea that the European dimension is fundamental to the UK's future is making some impression on the national consciousness. Nineteen ninety-two – the date at which the European Community supposedly becomes a single market – is not by itself particularly significant in health care because health is excluded from the Commission's legislative powers under the Treaty of Rome.

At a deeper level, however, the importance of 1992 cannot be stressed too strongly. For example, eight out of 23 Directorates of the European Economic Commission are already involved in health-related matters. Moreover, public and professional expectations are bound to be increasingly affected by what is going on elsewhere in Europe. One has only to see how the central and east European countries are currently being affected by west European experience in their plans for their own health services, to recognise how quickly Europe is becoming more mutually aware and more socially interdependent.

Understandably, the NHS is not yet fully alive to the longer term implications of 1992 – it has had other preoccupations. Traditionally, professional links have also been much stronger with the United States and the Commonwealth than with continental Europe, for all sorts of reasons, including language. (Again, however, the old patterns are changing. As the *Journal of the Royal College of Physicians* noted recently (January 1991, page 46), whereas in 1977 only one in 100 new medical practitioner registrations in the UK was not a UK citizen, in 1989 this had changed to one in six. The UK is far the biggest acceptor among the EC nations of other EC graduates to practise medicine.)

There is much to be done to prepare the NHS for what is already happening. In the Fund we intend to play our part by giving high priority to strengthening our European contacts and understanding, not only for unselfish reasons, but also because we believe that before long any British foundation that fails to think European will be party to its own decline.

FINANCIAL REVIEW

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. In line with current practice, the form of the financial statements has been revised to show assets at market value only.

At 31 December 1990 the total valuation of the Fund's assets was £100.4m, a decrease of £10.8m over the year. This reduction reflected the decline in investment markets generally, the recession in the UK and then the situation in the Middle East. However, the impact on the Fund was lessened to some extent by the high level of liquidity maintained following earlier sales of property.

The overall value of securities and cash assets was £68.5m, a reduction of £6.3m. The value of holdings in property was £6.0m less at £24.6m, due to a disposal during 1990 and to certain lower valuations. Other net assets, which include bank balances, increased by £1.5m to £7.2m.

After profit on realisation of investments had been transferred to General Fund and income from property proceeds transferred to Property Re-investment Fund, net income for the year was £4,647,000, being an increase over 1989 of £138,000.

Net general expenditure of the Fund before grants was £2,130,000, against £1,988,000 in 1989, and grants allocated in 1990 were £2,531,000, an increase of £221,000. The deficit for the year of £14,000 was met by transfer from General Fund.

The Treasurer gratefully acknowledges all contributions which have been made to the Fund during the past year. New sources of finance are always welcome and the Fund remains a very suitable object for donations and charitable legacies to support the advancement 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 Ltd
Midland Bank Plc

Auditors:

Coopers & Lybrand Deloitte

Solicitors:

Turner Kenneth Brown

A BRIDGED STATEMENT OF ASSETS & LIABILITIES

YEAR ENDED 31 DECEMBER 1990

	Valuation	
	1990 £	1989 £
CAPITAL FUND		
Investments		
<i>Listed securities and cash assets</i>	23,701,000	27,001,000
<i>Unlisted securities</i>	497,000	540,000
	<hr/>	<hr/>
	24,198,000	27,541,000
Net current assets	4,103,000	5,039,000
	<hr/>	<hr/>
	28,301,000	32,580,000
	<hr/>	<hr/>
GENERAL FUND		
Fixed Assets		
<i>Equipment</i>	526,000	359,000
Investments		
<i>Listed securities and cash assets</i>	43,971,000	46,960,000
<i>Unlisted securities</i>	295,000	267,000
<i>Properties</i>	11,916,000	17,169,000
<i>King's Fund premises</i>	12,725,000	13,465,000
	<hr/>	<hr/>
	69,433,000	78,220,000
Net current assets	2,643,000	427,000
	<hr/>	<hr/>
	72,076,000	78,647,000
	<hr/>	<hr/>
SPECIAL FUNDS		
Investments		
<i>Listed securities</i>	18,000	18,000
	<hr/>	<hr/>
Net assets	£100,395,000	£111,245,000
	<hr/>	<hr/>

ABRIDGED STATEMENT OF ASSETS & LIABILITIES

YEAR ENDED 31 DECEMBER 1990

	1990		1989	
	£	£	£	£
INCOME				
Securities and cash assets	4,173,000		3,410,000	
Properties	460,000	4,633,000	1,084,000	4,494,000
Profit on realisation of General Fund Investments	5,119,000		17,070,000	
Less transferred to General Fund	5,119,000	—	17,070,000	—
Income from securities and cash assets in Property Reinvestment Fund	1,911,673		—	
Less transferred to General Fund	1,911,673	—	—	—
Donations		14,000		15,000
		<u>£4,647,000</u>		<u>£4,509,000</u>
EXPENDITURE				
Grants allocated	2,531,000		2,310,000	
Less grants lapsed	45,000	2,486,000	92,000	2,218,000
King's Fund Centre	1,567,000		1,414,000	
Less contribution from DoH conference fees, etc	558,000 433,000	991,000	528,000 330,000	858,000
King's Fund College	3,080,000		2,386,000	
Less fees and service charges	2,775,000	305,000	1,950,000	436,000
King's Fund Institute	471,000		358,000	
Less receipts	78,000	393,000	48,000	310,000
Publications	186,000		158,000	
Less sales	54,000	132,000	73,000	85,000
TOTAL GRANTS AND SERVICES		<u>3,892,000</u>		<u>3,605,000</u>
Other expenses:				
Head Office – Staffing	366,000		331,000	
Other	171,000	537,000	155,000	486,000
Professional fees, etc	116,000		119,000	
Maintenance of King's Fund premises	116,000	769,000	88,000	693,000
		<u>4,661,000</u>		<u>4,298,000</u>
EXCESS OF INCOME OVER EXPENDITURE OR (EXPENDITURE OVER INCOME) FOR THE YEAR TRANSFERRED TO (FROM) GENERAL FUND		<u>(14,000)</u>		<u>211,000</u>
		<u>£4,647,000</u>		<u>£4,509,000</u>

Contributors in 1990

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

The Baring Foundation

Caspe
N H Clutton
A H Chester
D R Collins

V Dodson
K Drobig

Donald Forrester Charitable Trust

Equity & Law Charitable Trust

General Accident
S M Gray

Lord Hayter KCVO CBE

Jensen & Son

Roger Klein

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

G Pampiglione

Albert Reckitt Charitable Trust
Sir Thomas B Robson

O N Senior
M F Simon
P F Southon
A & L Sussman Charitable Trust

C Tomlinson

The Wernher Charitable Trust
A Wisbey

Legacies received in 1990 (£15,753)

George Frederick Schwarz
L Culliford Will Trust
Sir J R Ellerman Will Trust
C T Cooper Deceased
W M Willcocks Deceased

GRANTS MADE IN 1990

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 Organisational Audit Programme and the establishment of the King's Fund Institute.

	£
Art in Hospitals	
towards the continuation of a scheme aimed at introducing contemporary art into London hospitals, and training arts coordinators within hospitals	25,000
Centre for the Advancement of Inter-Professional Education in Primary Health Care	
towards the cost of a director's post to establish a national office	20,000
Consensus Conference Development	
towards the running costs of national conferences	30,000
Educational bursaries for nurses and others	
to continue the scheme for a further year	40,000
Enuresis Resource and Information Centre	
to support the work of an information officer for one year	17,843
Health Service Journal	
to provide sponsorship for the health management award scheme	6,000
Informal Caring Support Unit	
towards the running costs of the unit	54,750
Inner London Health Authorities	
to continue the Fund's membership of this group, and to contribute to a review of London costs	13,500
King's Fund/CASPE/CPHA	
towards the cost of a joint venture designed to improve data on patient management and treatment in the UK	49,000

King's Fund International Seminar 1990

to support the cost of the international seminar on 'beyond provider dominance: managing the changing relationships between payers, providers and patients' 45,000

King's Fund/Milbank Initiative

to support a joint health policy review on the future of acute hospitals 200,000

Medical Foundation for the Care of Victims of Torture

towards the cost of establishing the first national treatment centre 10,000

National Action on Incontinence

towards the cost of launching this first self-support association for people who are incontinent and those who care for them 50,000

Rawlinson, Kelly and Whittlestone

towards the cost of a pilot study to look at recent health building developments in England and Wales. 27,017

Royal College of Physicians

towards the cost of a senior lecturer in medical audit, to work particularly in the field of outpatient audit 50,000

SANE

towards the cost of launching a new schizophrenia helpline service to be run by volunteers 50,000

St Bartholomew's and The London Hospitals

towards the cost of a lecturer's post to organise community placements for medical and dental students 50,000

Southampton Centre for Independent Living

towards the cost of assertiveness training courses for disabled people 21,805

Travelling Fellowships for Doctors

to continue the scheme for a further year 25,000

Travelling Bursaries for Managers

to continue the scheme for a further year 5,000

University of Bristol/Bristol and Weston Health Authority

towards the cost of a project to investigate the health status of ethnic minority populations 25,000

Small grants

Association for Spina Bifida and Hydrocephalus

to support a mobility week for children and teenagers 8,000

Campaign Against Health Fraud

towards running costs 1,000

Carers' National Association

towards the cost of a photographic exhibition depicting the role of carers 1,000

College of Anaesthetists

towards the cost of a pilot study of clinical audit by peer questionnaire 500

Mr Mehboob Dada

towards the cost of a visit to the USA to look at the US experience of AIDS in the black community 1,000

Sir William Doughty

towards the cost of attendance at the European Health Management Association's conference on 'governing the health-care system' 882

Gloucester Health Authority

towards the cost of evaluating a project to improve outpatient services for the chronically, physically ill 10,000

King's Fund Awards for Health Authority and Public Health Annual Reports

to support a competition to encourage good practice 5,500

Professor J Lumley, St Bartholomew's Hospital

towards the cost of producing publications from a series of seminars on 'standards of excellence 1992' 5,000

Professor Alexine McWhinnie

towards the cost of a study visit to Sweden to look at infertility treatments and services 420

Gazala Makda

towards the cost of a visit to centres of rehabilitation in the USA 500

National Advocacy Network Steering Group

towards the cost of a conference to draw up guidelines for a national advocacy network 8,000

National Council of Voluntary Organisations

towards the cost of training courses for self-help support workers 8,000

National Institute of Social Work

to support a workshop on management development within social services 763

Charles Pither

towards the cost of attending the sixth congress on pain 700

Oliver Plunkett Postgraduate Centre

towards the cost of equipping a library in the new centre 7,500

Public Health Alliance

towards the cost of developing a fund-raising programme 2,500

Professor D Purdie, North Humberside Postgraduate Medical Education Centre

towards the cost of a workshop on better standards of medical education 1,415

'Some London Specialist Hospitals and their Future'

to support a one-day conference organised by the Fund 832

Stillbirth and Neonatal Death Society

towards the cost of producing a publication on management guidelines for professionals 10,000

Support after Termination for Abnormality

towards the cost of producing copies of a booklet on termination for parents and professionals 2,450

Dr Dylan Tomlinson, Friern Hospital

towards the cost of a conference on the recruitment and retention of NHS staff in London 2,500

Wellcome Institute for the History of Medicine, Glasgow

to support a conference on 'the future of medical ethics' 1,500

Windsor Fellowship Scheme

to sponsor a student on a health service management placement 1,180

896,057

Grants Committee

Promotes the better delivery and management of health care in the statutory and voluntary sectors. Grants are awarded mainly in the Greater London area, although projects of national relevance are also considered.

Angel of Mercy Voluntary Organisation	£
towards the cost of items to equip an office and for distribution to people in Lewisham who are alone and disadvantaged by age, race and infirmity	5,000
Arrowhead Productions	
towards the cost of a video showing how disabled parents cope with looking after their children	5,000
BBC Education	
towards the cost of school-based learning materials for use by teachers of health education	5,000
Bloomsbury Health Authority/ University College Hospital	
towards the first year costs of a family intervention project	18,000
Professor Nicholas Bosanquet	
evaluation of the Community Orthopaedic Project in Essex (COPE) at Oldchurch Hospital	20,000
Camden Society for Mentally Handicapped People	
additional grant for a project looking at the development of a quality assurance system	9,186
Charlton Park School	
towards the cost of a sun lounge at a school for disabled children in Greenwich	1,000
City University	
additional grant towards the cost of a final report on a Westminster and Kensington and Chelsea Adult Disability Team Project	300
Dr Ann Cockcroft	
for a questionnaire survey as part of an evaluation of a Camden occupational health project in general practice	10,000

Community Hygiene Concern

to support a 'bug busting' project to eradicate head lice in school children in West London 31,875

Community Research Advisory Centre

additional grant to support a service offering assistance with research and evaluation of activities for groups in the voluntary sector 5,000

Everyman Centre

to collect information and monitor the work of a new centre for violent men in Brixton 15,985

Forbes Trust

towards the setting up of a London centre of a charities evaluation service providing support for the voluntary sector on evaluation 20,000

FORWARD Project

to support a development worker, for six months, for a black mental health housing scheme in Shepherds Bush 8,000

Foundation for AIDS Counselling, Treatment and Support

third year grant for a health coordination centre, specialising in the treatment and care of people with HIV/AIDS in a community setting 20,000

Gloucester Social Services

to develop a case management service which is sensitive to the needs of black and ethnic minority communities in Gloucester as a response to the government's white paper on community care, *Caring for People* 69,970

Greenwich Association of Disabled People

towards an evaluation of a self-operated care scheme 7,150

Haringey Social Services

for books and videos for a group of mothers whose children have been sexually abused 500

to establish a multi-ethnic helpline for sufferers from mental illness in Haringey whose first language is not English 30,000

Holloway Neighbourhood Group towards the setting up of a centre for people with stress/mental illness problems who have no other support or access to help	20,000	London Employee Alcoholism Project start-up expenses and training for a service dealing with alcohol problems in the workplace	3,500
Institute of Child Health towards the development of a genetic counselling course for primary health care workers	15,000	MIND in Camden to support a project worker, volunteer expenses, and administration costs, for a project aiming to make mental health services more accessible to people from black and ethnic minorities	21,760
Institute of Manpower Studies, Brighton additional grant towards a study on the personnel implications of the government's white paper on the NHS, <i>Working for Patients</i>	5,460	MIND Tower Hamlets equipment for an open house community mental health centre	6,000
Islington Council, Race Equality Unit towards the cost of a training video for health and social workers on black mental health issues	5,000	Newham Alcohol Advisory Service for data processing and analysis of a survey into alcohol and the needs of the Newham community	1,000
Islington Disablement Association to support a coordinator providing training in self-advocacy to disabled school-leavers and providing volunteer 'citizen advocates' to young people unable to be their own self-advocates	2,500	additional grant towards an ethnic minorities project	2,500
Lambeth Community of Refugees from Vietnam equipment for a new community centre for young Vietnamese people	5,000	North East London Autistic Society a survey into the impact on black families of having an autistic family member	4,000
L'Arche furnishings for a workspace in a new property in Lambeth for adults with learning difficulties	5,000	Open University/King's College Medical School for a consultation stage of a development programme to consider open learning opportunities in the field of mental health	5,000
London Acute Services Initiative, King's Fund for a workshop to discuss the problems in London's acute hospitals and proposals for an associated King's Fund grants scheme	978	Passage Day Centre equipment for a chiropody room at a centre for homeless people in Victoria	970
funds earmarked for a 1991 London's acute hospitals grant scheme	214,122	POD towards the running costs of a live entertainment project for children in hospital	1,000
together with the King's Fund Institute, to establish a London Health Monitor to collect, analyse and communicate data about health issues of topical interest	85,000	Ravenswood Foundation furnishings for a community based house in Hendon for clients with a mental handicap	2,048
London Boroughs Grants Unit towards the publication of a manual listing funders of HIV/AIDS projects	2,000	St Gabriel's Project towards the cost of setting up a drop-in centre for people with mental health problems in Willesden and Cricklewood	5,000
		St Hilda's East Community Centre towards driver/escort costs and the hire of a minibus for work with Bengali elders and carers	3,000

St Mary's Hospital, Public Health Research Unit

towards the administration costs of a survey of acute hospital service utilisation by the homeless in two London health districts

5,000

Single Homelessness in London

towards a London conference on health care and single homelessness

940

Somali Counselling Project

to support the continuation and development of a counselling project for Somali refugees

20,000

Southwark Consortium for People with Learning Difficulties

third year grant for a support group for the Consortium's support workers

1,200

South West Thames Regional Health Authority

to develop a management simulation of the implementation of the government's white paper on community care, *Caring for People*

35,000

Spinal Injuries' Association

towards the cost of setting up a telephone counselling service by, and for, spinal cord injured people

10,000

together with Thames Polytechnic, to demonstrate the feasibility of an on-call personal support and user-directed case management service as a response to the government's white paper on community care, *Caring for People*

69,317

Thames Regional Health Authorities
additional grant to set up a strategic team to develop work on health and homelessness throughout the four Thames regions (total grant awarded £110,000)

40,549

University of Bristol, Norah Fry Research Centre

to explore the feasibility of a service brokerage scheme as a response to the government's white paper on community care, *Caring for People*

70,322

University of Kent at Canterbury

to develop quality indicators for use by purchasers in contracts/service agreements in residential services as a response to the government's white paper on community care, *Caring for People*

61,269

Voluntary Council for Handicapped Children

to develop arrangements for assessment and case management for young people moving from children's to adult services as a response to the government's white paper on community care, *Caring for People*

31,599

Whittington Hospital

towards the costs of a brochure for a NHS recruitment campaign

5,000

Women and Theatre

for a London tour of a play about carers, together with workshops about the experiences of a family coping with a stroke victim

2,000

1,050,000

Details of projects funded using money set aside for a homelessness grant scheme in 1989

£

Blackliners Helpline

for a housing support manager to help establish a new shared housing project for young black men who are HIV positive or who have AIDS

20,079

Earl's Court Bed and Breakfast Project

to support a policy and information worker to maintain and develop the project's information, promotional and campaign material

10,000

Hampden Community Association

to part-fund a coordinator for outreach work, to maximise take-up of existing services and to open up the service on Sundays to provide a family day for homeless families

25,200

The London Connection

to support three youth workers to increase the range of services provided to young homeless people in central London

46,000

London Homelessness Forum

to support a coordinator helping to develop better support networks for local organisations working with homeless families 77,983

Piccadilly Advice Centre

to support a worker to improve the information resource of a centre for single homeless people in London 18,919

South East London Consortium

towards the costs of a health unit to coordinate health and homeless activity between statutory and voluntary agencies 48,672

Thames Regional Health Authorities

to set up a strategic team to develop work on health and homelessness throughout the four Thames regions (total grant awarded £110,000) 69,451

Thomas Coram Homeless Children's Project

to support two part-time workers setting up a teenage girls' group, working with girls from homeless families whose first language is not English 33,696
350,000

King's Fund College Committee

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

£
Overseas travel and work connected with the King's Fund College 50,000

London Acute Services Initiative

£
Salaries and other expenses 50,000

London Primary Care Committee

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

£
Amount not previously allocated (at 31.12.89) 3,425
1990 allocation 150,000
153,425

Catholic Institute for International Relations

Primary Care Conference
contribution to the running costs of an international conference for UK and third world health workers 1,000

Croydon Community and Continuing Care Unit

to promote work on integrating general practice and community health services on a neighbourhood basis 50,000

Primary Care Development and Audit

to extend work on examining ways in which professional audit in general practice can be linked to other quality assurance activities in primary care 17,360

Riverside Department of Public Health

to improve health care for homeless users of the accident and emergency services at Charing Cross Hospital 34,860

Salaries and other expenses 40,038

Amount not allocated 10,167
153,425

Quality Assurance Programme

£
Salaries and other expenses 80,000

King's Fund Centre Committee

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

	£
British Council for Organisations of Disabled People: disability image/ethical image group	
support towards consultation and drawing up guidelines for advertisements	15,000
Central Manchester Health Authority	
support towards improving services for black and ethnic minorities through the contracting process	25,000
Clinical Bursaries: development of clinical guidelines	
towards a pilot study to enable four delegates to attend a course in the US organised by Harvard Community Health Plan	7,000
Coventry Health Authority	
support towards improving services for black and ethnic minorities through the contracting process	25,000
Living Options in Practice (development of services for people with physical and sensory disabilities)	
Northallerton Health Authority	
to support the appointment of a development worker	20,000
Redbridge Practice Locality Team	
to support expenses of a development worker	20,000
Wirral Practice Team	
to fund a full-time development officer with clerical support	20,000
Wycombe Practice Team	
support to set up a consumers' group	20,000
National Black Mental Health Association	
towards the appointment of two staff and a small budget for running costs	35,000
Yorkshire Regional Health Authority	
towards the appointment of a carers' development officer	54,600

Small grants

Artificial Nutritional Support: travel expenses for a working party	1,000
AWAAZ: towards making a video for Asian parents of children with special needs	825
Behavioural Phenotypes Study Group	500
Bloomsbury and Islington Health Authority	600
Brighton Health Authority	500
Coverdale: towards costs incurred by holders of Brisbane Bursaries	500
EXCEL employment	250
Greenwich Mind networks: community care in action	500
Gwent Coalition of Disabled People	100
Hinchinbrooke Hospital: towards annual conference	1,000
Immunisation uptake among ethnic minorities in the inner city	250
Kent Learning Centre for Disabled Children	250
King's Trustee Fund: sickle cell budget	200
Lambeth Forum for Mental health: towards the costs of three medication leaflets	1,000
London Association of Hospital and Home Teachers	200
National Association for Limbless Disabled	250
Oxfordshire Health Unit	500
Promoting our health: Britain's National Lesbian and Gay Conference	500
Retired Senior Volunteer Programme	200
Rugby House Project	500
School of Nursing Studies, University of Wales: towards running expenses of education programme	1,000
SHELTER	395
Tower Hamlets Health Strategy Group	250
University of Nottingham: Dr S Wilson	800
Walsall Health Authority	630
Waltham Forest Mencap	300
	254,600
TOTAL OF GRANTS MADE IN 1990	2,530,657

GENERAL COUNCIL AND COMMITTEE MEMBERS

General Council

President:

HRH The Prince of Wales KG KT GCB

Honorary Member:

**HRH Princess Alexandra, The Hon Lady
Ogilvy GCVO**

The Lord Chancellor
The Speaker of the House of Commons
The Bishop of London
His Eminence The Cardinal Archbishop of
Westminster
The General Secretary of the Free Church
Federal Council
The Chief Rabbi
The Rt Hon The Lord Mayor of London
The Governor of the Bank of England
The President of the Royal College of Physicians
The President of the Royal College of Surgeons
The President of the Royal College of
Obstetricians and Gynaecologists
The President of the Royal College of General
Practitioners
The President of the Royal College of Pathologists
The President of the Royal College of Psychiatrists
The President of the Royal College of Radiologists
The President of the Royal College of Nursing
The President of the Royal College of Midwives
The President of the Institute of Health Services
Management
The Chairman of each of the four Thames
Regional Health Authorities
Professor Brian Abel-Smith MA PhD
Sir Donald Acheson KBE DM DSc FRCP FFCM FFCM
D Adu MD FRCP
The Hon Hugh Astor JP
William Backhouse
Sir Richard Baker Wilbraham Bt
Sir Roger Bannister CBE DM FRCP
Sir John Batten KCVO MD FRCP
Sir Douglas Black
Baroness Blackstone PhD
Major Sir Shane Blewitt KCVO
Anthony Bryceson MD FRCP
Lord Catto
Professor Anthony Clare MD FRCPI FRCpsych
Sir Michael Colman Bt
J P A Cooper

Baroness Cox BSc(Soc) MSc(Econ) SRN
A M Dawson MD FRCP
Robin Dent
Brendan Devlin MD FRCS
Sir John Donne
S M Gray FCA
Miss Christine Hancock BSc(Econ) RGN
Michael Hargreave VRD
Lord Hayter KCVO CBE
Professor R L Himsworth MD FRCP
Sir Raymond Hoffenberg KBE MD PhD
Lord Hunter of Newington DL LLD FRCP
M J Hussey
G J A Jamieson
Sir Francis Avery Jones CBE MD FRCP
The Countess of Limerick CBE MA
Lady Lloyd MA
Lord McColl MS FRCS
C J Malim CBE
Duncan Nichol CBE
L H W Paine OBE MA AHSM
Lord Rayne
Professor Philip Rhodes MA FRCS FRCOG
FRACMA
Sir John Riddell Bt
The Baroness Serota JP
Sir Maurice Shock MA
Selwyn Taylor DM MCh FRCS
Richard P H Thompson DM FRCP
Professor Sir Bryan Thwaites MA PhD FIMA
Lord Walton
Lord Wardington
Professor Jenifer Wilson-Barnett PhD SRN FRCN
Sir Hugh Wontner GBE CVO
Sir Henry Yellowlees KCB FRCP FFCM

Management Committee

S M Gray FCA **Chair**
Sir John Batten KCVO MD FRCP
Baroness Blackstone PhD
Anthony Bryceson MD FRCP
Professor Anthony Clare MD FRCPI FRCpsych
A M Dawson MD FRCP (Deputy Chairman)
Robin Dent (Treasurer)
Brendan Devlin MD FRCS
Sir William Doughty MA CBIM
Miss Christine Hancock BSc(Econ) RGN
M J Hussey
Duncan Nichol CBE

Finance Committee

Robin Dent **Chair**
The Governor of the Bank of England
William Backhouse
Sir Richard Baker Wilbraham Bt
Lord Catto
Sir Michael Colman Bt
Lord Rayne

Estates Committee

Robin Dent **Chair**
William Backhouse
Sir Richard Baker Wilbraham Bt
J R G Bradfield PhD MA
J P A Cooper
Lord Rayne

Pension Fund Trustees

Sir Richard Baker Wilbraham Bt **Chair**
A B Chappell IPFA
P Norton FIA

College Committee

Duncan Nichol CBE MA AHSM **Chair**
Professor Martin Barratt FRCP
Professor Anthony J Culyer
Baroness Cumberlege CBE DL
Terry Hanafin
Miss Christine Hancock BSc (Econ) RGN
M J Hussey
Dr Donald Irvine CBE
Ken Jarrold BA AHSM
David Martin

Grants Committee

Sir John Batten KCVO MD FRCP **Chair**
Peter N Christie MB BS MRCP MFCM
Gordon C Davy MA FHSM
Professor C J Dickinson FRCP
Trevor R Hall
John Penton MBE
Ms Joanna Pitts DipCOT MA
Sir Samuel Roberts Bt LLB MBA
Anna Skalicka MRCP MRCP
D R Sweetnam CBE FRCS
Richard P H Thompson DM FRCP
Professor Jenifer Wilson-Barnett PhD SRN FRCN

Informal Caring Support Unit Steering Group

Lady Lloyd MA **Chair**
Kulbir Gill
Tessa Harding
Judy Hargadon
Ainna Fawcett Henesy
Harold Jones
Colin Low
Noreen Siba
Jill Pitkeathley
Nicole Specker
Professor Alan Walker
Mike Wells
Mike Zamora
Barbara Stocking BA MSc
Robert J Maxwell

King's Fund Centre Committee

Sir William Doughty MA CBIM **Chair**
Miss Veena Bahl
Ms Nirveen Chotai
Anthony Hopkins MD FACP FRCP
P F Kennedy MB ChB DPM MD FRCPsych
Azim Lakhani MA BM BCh FFPHM
M C Malone-Lee
Jill Pitkeathley
Miss A P Walker GradDipPhys MCSP

King's Fund Institute Advisory Committee

A M Dawson MD FRCP **Chair**
Dr Martin Buxton BA (Soc Sci)
Dr Spencer Hagar
Dr Joan Higgins BA PhD
Philip Hunt
David J Hunter MA PhD
John H James BA (Oxon) Dip Econ & Pol Sci (Oxon)
Dr Ann Oakley
Robert J Maxwell

London Primary Care Committee

Peter Westland **Chair**
Mrs Tessa Baring
Tyrrell Evans MA MB MRCP MRCP
Ainna Fawcett-Henesy
Edward Glucksman MD MRCP
Liz Haggard
Tessa Jowell
Geoff Shepherd
Mrs Judie Yung MA
Barbara Stocking BA MSc
Robert J Maxwell

Travelling Fellowships Subcommittee

Alex Paton MD FRCP **Chair**
Norman McI Johnson MD FRCP
Averil Mansfield ChM FRCS
Michael Nicholls MB BS MRCS Eng LRCP FRCPath
Thomas Treasure MD MS FRCS
Christopher Winearls MB ChB DPhil MRCP

STAFF DIRECTORY

King Edward's Hospital Fund for London

14 Palace Court
London W2 4HT
Telephone: 071-727 0581
Fax: 071-727 7603

Secretary and Chief Executive Officer
Robert J Maxwell
(responsible for Grants)

Deputy Secretary
Iden Wickings PhD

Director of Finance
Frank Jackson FCCA IPFA

Assistant to Director of Finance
Jim Reader IPFA

London Acute Services Initiative
2 Palace Court
London W2 4HS
Telephone: 071-727 0581
Fax: 071-727 7603

Director
Virginia Beardshaw MA DSA

King's Fund Institute

126 Albert Street
London NW1 7NF
Telephone: 071-485 9589
Fax: 071-482 3584

Director
Ken Judge MA

Policy Analysts
Melanie Henwood BA
Ray Robinson
David Taylor

Information Analyst
Sean Boyle

Senior Research Officer
Michaela Benzeval

Researchers
William New BA
Mary Ann Scheuer

Visiting Fellows

Shirley Goodwin
Tony Harrison
Tessa Jowell
Julia Neuberger MA Rabinnic Ordination
Judy Turner-Crowson

King's Fund Centre

126 Albert Street
London NW1 7NF
Telephone: 071-267 6111
Fax: 071-267 6108

Director of Health Services Development
Barbara Stocking BA MSc

Acute Services
David Costain MA BM MCh MRCPsych LHSM
(Director)
Huw Jones (Project Officer)
Angela Towle (Project Officer)
Medical Audit
Charles D Shaw MB BS (Lond) MSCM LHSM (Director)
Patricia Kent (Manager)

Communications Unit
Lynne Woodward (Head of Communications)

Community Living Development Team
Roger Blunden BSc (Director)
Yvonne Christie (Senior Project Officer)
Rose Echlin (Senior Project Officer)
Joan Rush SRN DipSoc (Senior Project Officer)
Andrea Whittaker (Senior Project Officer)
Living Options
Barrie Fiedler (Director)
Diana Twitchin (Director)

Grants
Christine Davis SRN (Grants Officer)

Informal Caring Support Unit
Janice Robinson (Programme Director)
Maria Duggan (Development Officer)
Lydia Yee (Development Officer)

Nursing Developments
Jane Salvage BA SRN (Director)
Gill Black (Project Worker)

Primary Health Care

Pat Gordon MSc (Director)
Diana Plamping BSc BDS PhD (Senior Development Worker)
Ami David (Development Worker)
Safder Mohammed (Development Worker)
Liz Winn (Development Worker)

Publications Unit

Katherine Graham (Manager)
Helen Landsman (Production Assistant)
Barbara Regis (Editor)

Quality Improvement

Tessa Brooks BSc (Director)
Alexandra Greenwood (Consumer Feedback)
Shirley McIver (Consumer Manager)
Organisational Audit
Christine Pitt (Manager)
Miles Scott (Survey Manager)
Veronika Segall (Survey Manager)

Centre Facilities

Head of Administration: Ian Cordery
Office Manager: Chris Sarchet
Chef Manager: Tony Heptinstall
Computer Manager: Patrick Drury MIBiol BSc
Conference Secretary: Mrs M E Said
House Engineer: Bert Thorne
Mailing List Coordinator: Irene Reeves

Library and Information Services

Margaret Haines BA MLS (Head)
Gaynor Messenger MA ALA (Senior Librarian)
Joanna Payne BLib (Assistant Librarian)
Valerie Wildridge BA ALA (Assistant Librarian)
Information Service
Dorothy Husband (Information Officer, MAIS)
Lydia Porter (Information Officer, QIS)

King's Fund College

2 Palace Court
London W2 4HS
Telephone: 071-727 0581
Fax: 071-727 7603

Director

Jo Ivey Boufford MD

Faculty

Fitzroy Ambursley BA PhD
Gordon Best BArch MSc (Econ)
Ritchard Brazil BSc MSc
Nan Carle PhD

Sheila Damon MA MSc CPsychol
Martin Fischer BSc MSc
Ray Flux BSc MPhil MIPM
Sholom Glouberman DPhil
Chris Ham BA MPhil PhD
Fiona Hastings MA MSc
Chris Heginbotham BSc MSc MA
June Huntington BA PhD
Frank Jackson FCCA IPFA
Ann James BA MA HOLR
John McClenahan MA MS PhD FOR
David Mathew BSc (Eng) MSc PhD DIC ACGI
Robert J Maxwell JP PhD FCMA
John Mitchell MB MRCP
Sue Mortimer
Peter Mumford BSc MBA
Gordon Peters MA
Diane Plamping BSc BDS PhD
Judith Riley MA MSc Cert Ed DPhil
Leonard Schaeffer
John Smith BA MA
David Towell MA PhD
Nigel Webb BTech Bhil
Iden Wickings PhD

College Manager

Stuart Collins BED Adv Dip SE

Administration Services Manager

Tania Batley BA

Librarian

Nancy Black BA ALA SRN

Systems Analyst

Billy Butlin BSc (Econ)

Secretarial Services Manager

Fiona Mitchell

Site Manager

Jean Shill MIMA

Catering Services Manager

Peter Woodhill

Marketing Administrator

Amanda Harrison

Programme Support Unit

Nichola Nightingale
Susan Nixon BA

Field Programme Administrator

Carole-Ann Jones

Conference Coordinator

Tracey Thorne

© King Edward's Hospital Fund for London 1991
Printed in England by Vitesse Printing Limited

