

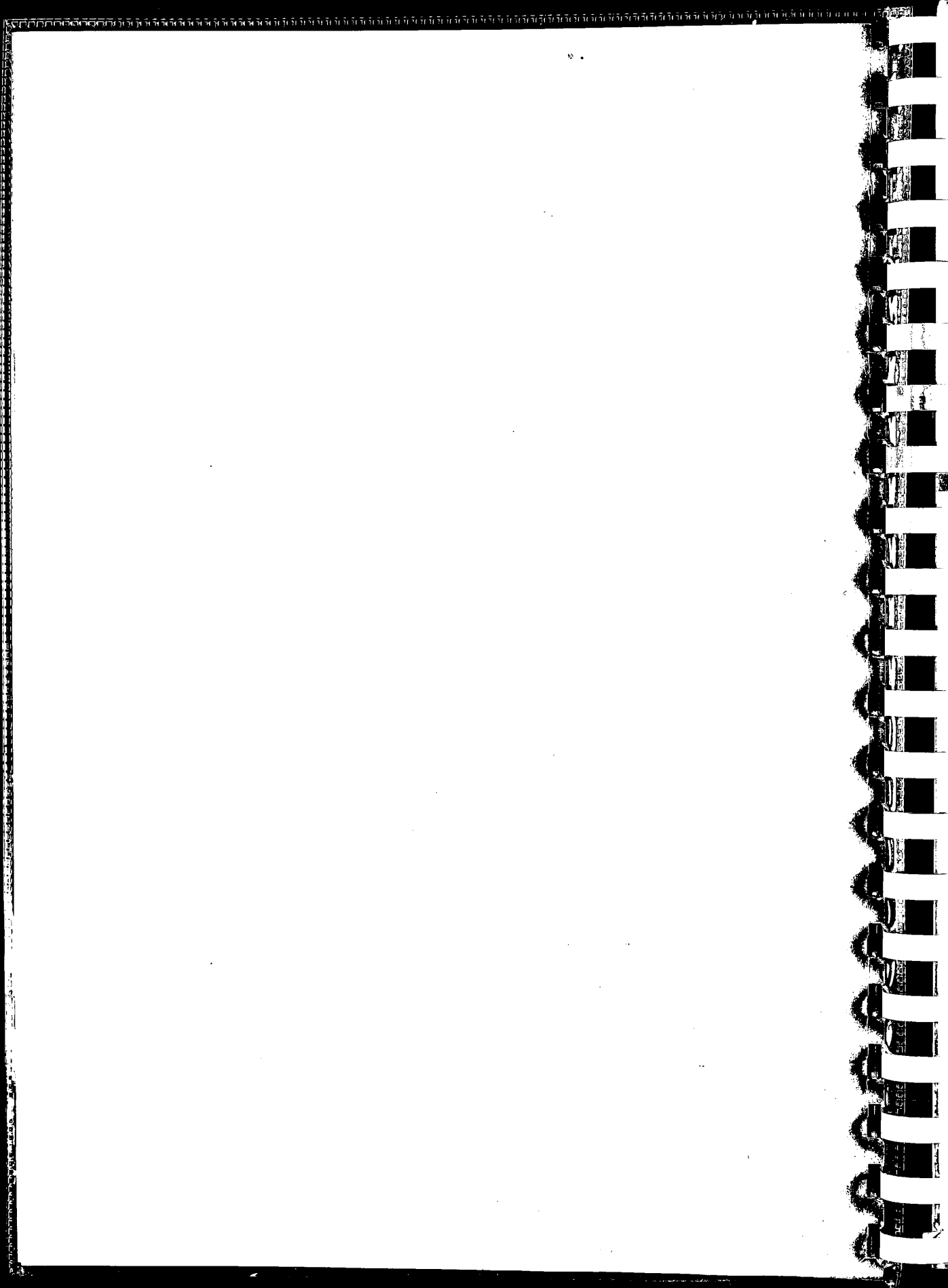


The Hospital Centre

1971~2 Review

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The Hospital Centre 1971~2 Review

April 1972

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THE HOSPITAL CENTRE

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1971 - 2 REVIEW

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THE HOSPITAL CENTRE
1971 - 2 REVIEW

INTRODUCTION

1. The purpose of this report is to review the work of the Centre and to attempt some evaluation of this work as at the end of 1971. The report starts by recalling the original objectives of the Centre and commenting upon the Centre's role as a forum and meeting-place. The main body of the report is concerned with the main projects and activities with which the Centre has become involved in recent years. Appendices at the end give details of conferences, projects, exhibitions, costs, personnel and publications.

Aims of the Centre

2. The original aims and objects of the Centre were determined by the Fund's Management Committee as the result of discussions during the two years immediately prior to the opening of the Centre in 1963. These aims can be summarised thus:

- a) to provide a neutral forum at which there can be free and informal discussion of matters affecting the development of the country's health services,
- b) to help accelerate the introduction of good ideas and practices into the planning and management of hospital and health services,
- c) to be a meeting place and source of information for all those interested in health service matters - administrators, doctors, nurses, architects, engineers and other professional and technical staff, members of hospital authorities, manufacturers and indeed to any section of the health service world, at home and overseas.

3. In trying to achieve these aims, the Centre has developed four main functions: conferences and meetings; exhibitions; library and information services; research and development. With limited funds and staff, the Centre has had to try to avoid dissipating its efforts over too wide a field. The development of the information function on a regional, national and international scale has always been one of the principal objectives underlying the Centre's work. In addition there has been a policy of concentrating upon particular themes or topics over a period of time. At present the other main themes are concerned with:

- i) services for the mentally handicapped
- ii) care of the elderly
- iii) development of voluntary help
- iv) integration of health services.

In addition the Centre is involved with some projects that originated in earlier years and others that appear worthy of support for some specific reason. In all these activities it is the Centre's aim to involve staff of all disciplines in all branches of the health service from all parts of the country, as well as voluntary organisations concerned with health and social services: in this sense the title 'The Hospital Centre' is now somewhat misleading.

The Centre as a meeting-place

4. If the number of visitors to the Centre is any guide, then the Centre can reasonably claim to have achieved its aim of being a forum and meeting-place and source of information for all those interested in health service matters. The statistics for conferences and meetings (THC 72/21) show that the Centre has been very fully used since its earliest days, and the demand for the use of its facilities has consistently been much greater than can be accommodated. In the course of a year about 500 groups, totalling around 13000 people, came to the Centre for one purpose or another, and a few thousand more came individually to use the library, visit the exhibition, or see members of the staff. Many of the meetings are of course arranged by the Centre for its own purposes and to further its own particular interests. At the same time, the Centre has been particularly glad to welcome many small organisations and groups that have insufficient funds for the hire of other meeting rooms, or that find it difficult to arrange meetings at or near their own place of work. Because of the demand for the use of the facilities, organisations are not encouraged to come to the Centre regularly for every routine meeting, but rather to come only two or three times a year, and to arrange other meetings at hospitals or elsewhere.

5. In this connection it is worth mentioning that the Centre has provided a meeting-place on an international level. The International Hospital Federation (IHF) and the British Hospitals Export Council (BHEC) both have their offices at the Centre, and this means that some hundreds of overseas visitors come to the Centre each year for meetings with IHF or BHEC staff or to make use of the Centre's services and talk with our staff. The two-way exchange of information and ideas that these contacts generate is very valuable, and it is to be hoped that this side of the Centre's work will be encouraged in any future development.

6. At present two other organisations are based at the Centre - the Cardew-Stanning Foundation and the Centre on Environment for the Handicapped. Both of these are working in fields that are closely related to the Centre's current interests, and their presence in the Centre has positive advantages not only for them but also for the Centre. As time passes, growth and change may mean that both organisations might find it desirable to re-locate themselves elsewhere. But in principle the ability of the Centre to provide initial accommodation for new organisations is a valuable asset, and one that should also be kept in mind for any future development.

Projects and activities

7. The Centre's policies and programmes for research and development are determined by the Fund's Development Committee. Each year this committee has around £65,000 available for project grants (by comparison, the Department of Health now has well over £5million available each year for R&D in the health and welfare services). This means that the Centre has not been able to undertake many large-scale, expensive studies, but has tended rather to support practical projects at working level and to encourage innovation and change. In fact the most important objective of the Centre can fairly be said to be to help accelerate the introduction of good ideas and practices into the planning and management of hospital and health services. In furthering this aim, the four main functions of the Centre (conference; exhibitions; information; research) are usually harnessed in a co-ordinated effort. The best way of describing and assessing the Centre's work therefore seems to be review the main projects and activities with which the Centre has been concerned in recent years up to the end of 1971. The review does not include an account of the work of the Fund's Catering Advisory Service, as this will be the subject of a separate report. There are also a number of projects currently in progress on which it is

as yet too early to produce a report. An appendix to this review (THC 72/147) lists virtually all of the investigations sponsored by the Fund over the past ten years. In the following pages, the main projects and activities are each summarised and reviewed under five sub-headings:

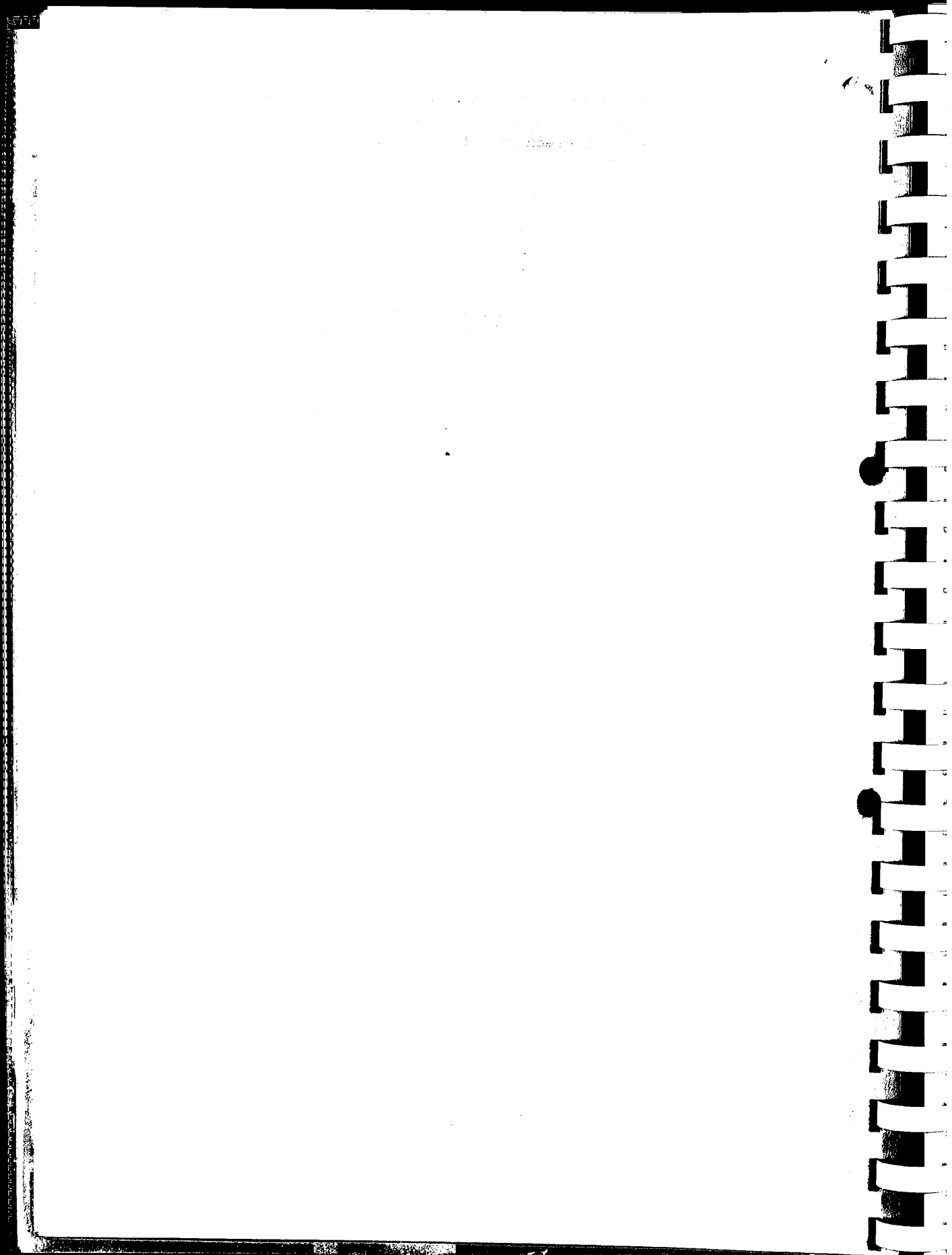
Origins
Objectives
Progress
Evaluation
The future

8. The comments under 'evaluation' in each report are in many cases necessarily rather tentative and speculative. With many projects, the contribution of the King's Fund is but one part of a larger pattern, one element in a widespread movement towards change and development, in fields such as voluntary help, mental handicap or care for the elderly. It is therefore hard to isolate and assess the particular influence of any one individual project. Nevertheless for each project an attempt has been made to make some assessment of its impact.

9. Each report has been prepared by one of the senior members of the staff at the Centre. But it needs to be remembered and emphasised that the successful conduct of all these projects and activities depends upon the help and co-operation of all the staff. The names and posts of the staff are listed at the end. Their support in the work described in the following pages is gratefully acknowledged. The Centre is also greatly indebted to the many statutory and voluntary organisations that have helped in so many ways with so many of the projects and activities described in the following pages.

M C Hardie
Director

April 1972



PROJECTS AND ACTIVITIES

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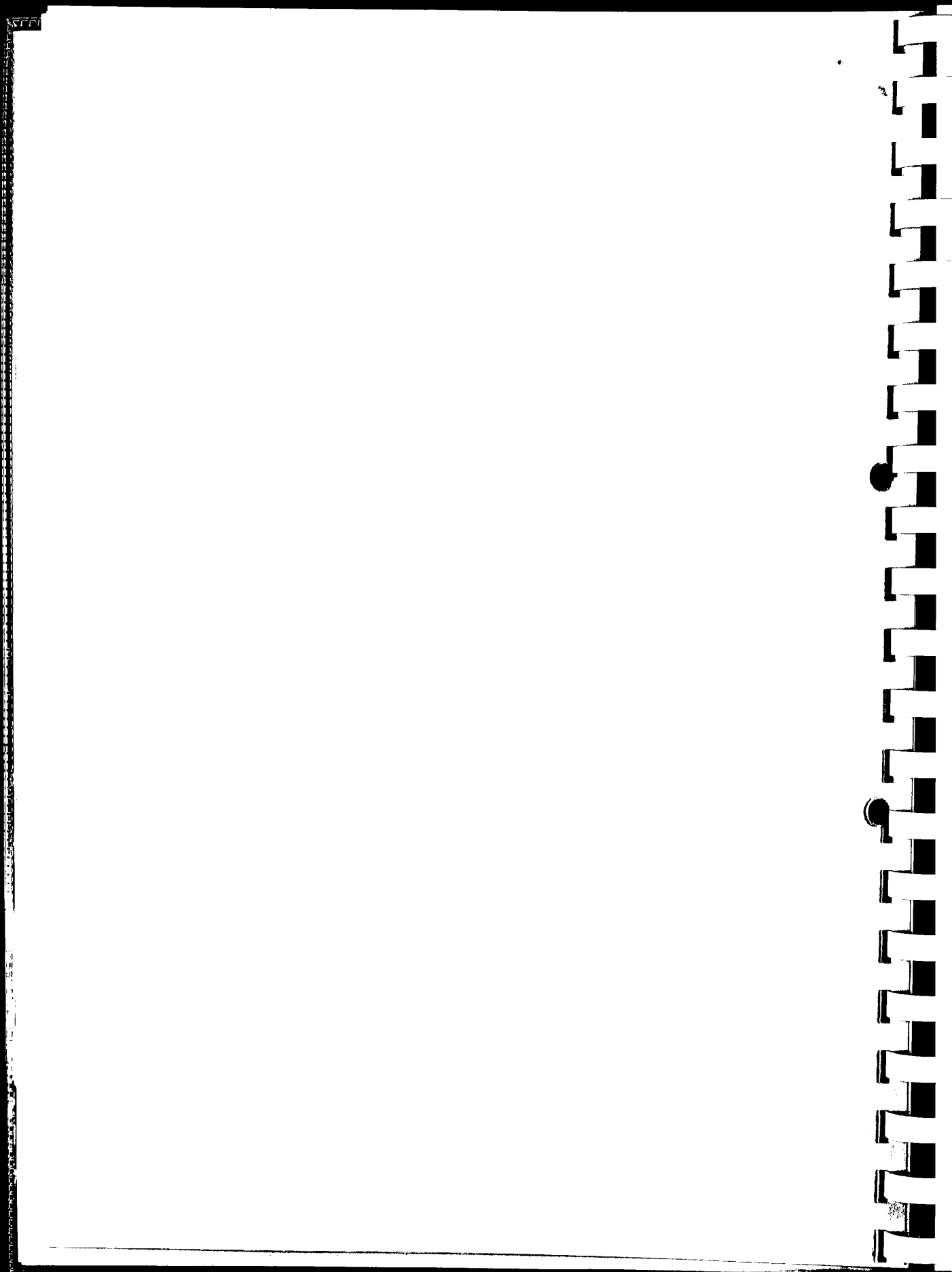
This table relates the projects and activities of the Centre to the main themes in which the Centre is currently interested. In the table there are listed vertically the titles of the projects and activities reviewed and horizontally the five main themes. The asterisks indicate the involvement to a greater or lesser extent of each project with one or more of these themes.

	Information	Mental Handicap	Elderly	Voluntary Help	Integration
MENTAL HANDICAP					
Mental handicap project	*	*		*	*
Coordination of services for the mentally handicapped	*	*		*	*
Centre on Environment for the Handicapped	*	*	*		
VOLUNTARY HELP					
Voluntary Service Information Office	*	*	*	*	*
Standing Conference of Voluntary Help Organisers	*	*	*	*	*
Regional voluntary services officer	*	*	*	*	*
Hospital-community organiser of volunteers	*	*	*	*	*
Volunteers in mental health	*	*	*	*	*
Young volunteers in community care	*	*	*	*	*
Voluntary Work Centre	*	*	*	*	*
Community Service Volunteers	*	*	*	*	*
CARE FOR THE ELDERLY					
Care for the elderly	*		*	*	*
Geriatric day hospitals			*		*
Staff from geriatric services			*	*	*
Art for the elderly			*		
Clothing for long-stay patients	*	*	*		
INTEGRATION OF SERVICES					
Health service planning research	*				*
Comprehensive health planning seminars	*				*
Integration of health services (East Sussex)	*	*	*	*	*
Continuity of patient care at hospital and at home			*	*	*
Integrated care of the psychiatric patient			*	*	*
Staff from general practice teams					*
INFORMATION SERVICES					
National information network for the health service	*				*
Multidisciplinary library services in hospitals	*				*
Library and information services (Wessex)	*				*
Network of European hospital centres	*				
Bliss classification	*				
Glossary of planning terms	*				
Information service for the disabled	*	*	*	*	
Community Innovations Register	*		*	*	
Schools of Nursing Directory	*				
Health Centre Directory	*				*
Hospital house journals	*				
Equipment Advisory Service	*				
Careers in hospital	*				
Teaching aids project	*				
The language barrier	*				
OTHER PROJECTS AND ACTIVITIES					
Assessment of student nurses - progress reports					
Assessment of progress in nurse training in clinical areas					
Nursing within the Salmon structure					
Allocation of nurses in training					
Nurses attitudes to patient care					
Return to nursing					
Staff from alcoholic units					*
Staff from renal dialysis units					*
Staff from adolescent units					*
Drug Dependency Discussion Group					*
'Shop window' staff					
Course for overseas hospital administrators					
Role of social workers in psychiatric hospitals		*			
Admission of patients to hospital	*				*
Patients satisfaction studies	*				
Industrial therapy		*			
Aspects of management	*				*
Management accounting	*				
Management audit	*				
Effective communication for the senior executive	*				
Industrial design bursaries					
Drugs in small hospitals					
Disposal of human waste					
Evaluating new hospital buildings					
Putting research to good use	*				
Centre lunch talks					

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MENTAL HANDICAP



THE MENTAL HANDICAP PROJECT

Origins

1. For many years the King's Fund has given help in various ways to hospitals for the mentally handicapped, particularly in the London metropolitan area. In 1970, the Fund felt that it might usefully try to increase still further its support for improving these services. Discussions followed in which Mr. Phalp and Mr. Hardie talked with Dr. A.A. Baker, Director of the Hospital Advisory Service, and colleagues in the Department of Health about ways in which the Fund could help. From these and other discussions, outlined in the proposal to the Management Committee, it seemed that the most useful contribution the Fund could make would be to provide an experienced officer who would collaborate as might be appropriate with hospital boards and committees and other authorities in plans which they may wish to develop for the improvement of their services for the mentally handicapped, and to give assistance as needed inside the hospitals and elsewhere by help and collaboration with the staffs concerned. Management Committee agreed to this proposal (minute MAN 7900 of 28 May 1970) and allocated a sum of £8,500 for each of five years towards the cost of the project.

I was appointed to the project and took up duties as Associate Director at the Hospital Centre on 1 October, 1970.

Objectives

2. After the first seven months' work, a progress report was submitted to the Fund's Development Committee (paper THC 71/287) and the following objectives were agreed for the period up to about the autumn of 1972:
 - (i) Improve the management system in hospitals for the mentally handicapped.
 - (ii) Work out scheme to second promising young administrators to hospitals for the mentally handicapped.
 - (iii) Make more links between the N.H.S. and the voluntary societies.
 - (iv) Encourage the exchange of ideas between the various professions and organisations.
 - (v) Develop an integrated information service with the Centre on Environment for the Handicapped.

- (vi) Encourage the "systems approach", in which all activities - that is, residential care, medical care, education and training - are considered as a unified enterprise, even though provided by different agencies.
- (vii) Try to ensure that any further interests which the Fund develops in mental handicap, whether at the Centre, the College, or through the Grants Committee, are co-ordinated as part of this general Mental Handicap Project.

Progress

- 3. By the end of February 1972, substantial progress had been made towards achieving objectives (i), (iii), (iv) and (v). Reasonable progress had been made with (vi) and (vii), and no progress had been made with objective (ii). The following paragraphs describe in more detail the progress of some of the main activities undertaken in working towards these objectives.

- 4. Exhibition - Learning to Live

This was visited by about 2,000 people during a period of three months. There were many visits by parties from London schools and also by groups of students and pupil nurses, including those working in fields other than mental handicap. Staff of mental handicap hospitals gave very strong support; sometimes they chartered a bus to come to the Centre. Quite late in the period of the exhibition there was a spurt of interest by social services departments and local authorities. Associated with the exhibition was the production of an exhibition handbook, Learning to Live, together with four Fact Sheets. The latter were particularly welcomed and batches are often sent to schools and colleges, on request.

- 5. The exhibition panels had been designed for easy transportation so that the exhibition might be lent, but in the event, the cost of transport and erection deterred most would-be borrowers. On the other hand, there has been a steady demand for the hire of the film strip on the environment of the mentally handicapped, which was a central feature of the exhibition. The exhibition was enlivened by a programme of ten study groups. Each study group comprised thirty direct-care workers (ten from each of three regions). They saw the exhibition, but also engaged in a study day on topics of their own choice. They exchanged real-life experiences. The series proved so valuable that a further series is being planned, at the request of the regions, during 1972.

- 6. Residential Seminars

The programme of three-day residential seminars for small groups of very senior professionals has continued. In 1971 we covered problems of how to develop a more participative and democratic management system in mental handicap hospitals. In 1972 we are tackling specific problems such as the care of the profoundly handicapped, and the care of the security patient. Reports will be made available to professionals working in mental handicap.

7. Book on Environment

In conjunction with the Centre on Environment for the Handicapped preparations are being made for the publication of an illustrated book on environment for the mentally handicapped, which should appear in June 1972. It will be a King's Fund publication.

8. Conferences at the Hospital Centre

Six major conferences on mental handicap were held, attracting many professionals from the hospitals and social services, and also representatives from voluntary organisations. In addition the Hospital Centre sponsored a two-day conference on residential care organised by Cottage and Rural Enterprises. The two autumn conferences, one on drama and mime and one on music, were attended by a number of mentally handicapped people as well as staff. Plans for 1972 include conferences on Occupations and Diversions (2 meetings); Rehabilitation (a three-day symposium); Toys; Books; Community Acceptance; and Training Parents to Train Children.

9. Training in the Regions

I have spoken or otherwise participated in most regions at seminars, day courses and so on. Towns visited include Bodmin, Exeter, Bristol, Southampton, Cardiff, Birmingham, Leeds, Manchester, Nottingham, Sheffield, Newcastle-upon-Tyne, London, Cambridge, Norwich. Because the topic has often been the basic one of introducing a more liberal and more broadly-based system of management, the conferences have often included staff from mental illness hospitals.

10. Experiments in In-Service Training

A working party of three regional board training project officers and three representatives from the voluntary societies, has been trying to design in-service courses aimed at widening the knowledge and experience of existing hospital care staff, particularly in the field of residential care. The Development Committee has sponsored these, and two of the first three courses have already begun. The third will begin in March 1972. This development is interesting because:

- (a) it involves joint effort between hospitals and voluntary societies
- (b) it uses the existing further education system
- (c) it helps to shift the centre of gravity away from inside the hospital walls
- (d) it could well provide material for the post-Asa Briggs reconstruction of nurse training in mental subnormality.

11. Meetings of Regional Training Project Officers

The Project has acted as the informal link between regional training project officers and we have organised support meetings, sometimes at the Hospital Centre and sometimes at regional hospitals. This action has been welcomed by Boards; there will be two meetings in 1972.

12. International

A widening range of international contacts in the field of handicap has been developing, including Norway, Sweden, Denmark, Germany, Holland, Canada, U.S.A., Australia and New Zealand. We have established a link with the International League of Societies for the Mentally Handicapped, and I have been invited to speak at the triennial conference of that League in Montreal in October, 1972.

13. Links with Kindred Organisations

The Project has maintained steady contacts with the three major societies in mental handicap (National Society for Mentally Handicapped Children, National Association for Mental Health, The Spastics Society) and also many smaller but valuable organisations. The Centre on Environment for the Handicapped is now housed at the Hospital Centre and we co-operate closely. The Fund has nominated me as its representative on the council of the newly-formed Institute of Mental Subnormality in Birmingham. In conjunction with the Institute for Research into Mental Retardation, the Hospital Centre is organising a three-day professional study group on rehabilitation of the mentally handicapped, in July, 1972.

14. Mental Handicap Bulletin

An important development has been the issue of this quarterly bulletin of reprints and original papers. By the time this report is received there will have been four issues. The first printing was 300 copies, the second 500, the third 700, and the fourth 1,000. We feel that we must stop at this point, although there are more and more demands from staff of hospitals, voluntary societies, social service departments, medical departments of local authorities, schools, special schools and so on. There seems to be a great demand for this fairly middle-brow collection of reprints and special contributions. It is distributed to all hospital groups with a mental handicap interest as well as to departments of social service, public health departments and voluntary organisations. Also, by request, there is a considerable distribution in Scotland. Individual copies go to many countries. At the moment it is issued free, but in the second half of 1972 it is proposed to introduce a subscription scheme.

15. The White Paper

The issue of the White Paper crystallised in a remarkable way the opinions of workers in the mental handicap field. The existence of a recognised body of governmental policy for the mentally handicapped, and the definition of possible areas of effort, has meant that attention can now be directed to improving the service,

rather than on fighting battles between rival philosophies. There are still considerable differences of opinion, but the general feeling is that there is much more unity of purpose among those in the centre of the field since this declaration of government policy was made. Nevertheless, there still remains a continuing need of reconciliation, not only between those holding different philosophical viewpoints, but also between those who work in different parts of the service. It is significant and encouraging that the Hospital Centre has very recently been asked to use its neutrality by calling a meeting of professional workers for the mentally handicapped, including teachers and social workers, with the objective of forming a professional association which will enable people of various professions to come together in order to pool their ideas on mental handicap.

16. Staffing

Last year it was agreed that we take advantage of the attachment for four months of a member of the Diploma in Health Service Administration course at Aston University. As a consequence, Mr. Karel Grollé, a registered mental nurse, came to us and gave valuable assistance in preparing for the exhibition. The attachment was certainly a success, both from the point of view of the Mental Handicap Project and the Hospital Centre as a whole; it was also considered by Aston University to be a good attachment and they would like the process to be repeated in 1972, with a different student.

17. No extra staff were engaged as such; but during 1971 it became possible for the Centre to take advantage of the services of Mrs. Joan Rush, SRN, Dip.Soc., who had been a tutor of the College of Hospital Management, and whose activities there were being limited by the contraction in the College programme. Thus she has joined the Hospital Centre staff and gives a proportion of her time to the Mental Handicap Project, with particular reference to in-service training, study groups, and other tutorial work. She is also undertaking work in connection with the psycho-geriatric programme, but this is not a subject for the current report.
18. It will be seen from the account given above that a great deal of work has been going on, and this has caused a considerable volume of secretarial work, not only of a routine kind, but also in connection with exhibition material, book, and Fact Sheets; successive drafts of the book to be published on environment; and the considerable bulk of papers which has to be prepared for the quarterly mental handicap bulletin. All this work is undertaken by my project assistant, Miss Andrea Whittaker, without whose energy and organising ability the project would at times have faltered, if not foundered.
19. On a personal note, I still maintain College activities in fields other than mental handicap, though it is difficult to make the right amount of time available. I have valued being involved in the College's integration seminars and in organising the major Integration Conference which was held on 23rd and 24th February. I consider the link between the Centre and the College to be of great importance and I try to see that material brought out in residential courses is used for non-residential teaching at the Hospital Centre, and vice-versa.
20. During the year I served on the Committee of Enquiry into the management of Whittingham Hospital and this involved eighteen days of public hearings as well as numerous meetings for drafting the report which was published in February, 1972.

21. Evaluation

No machinery for evaluation has been built into this project. It would certainly have added to the cost, and might well have clogged early action. Whether or not any objective evaluation is ever to be carried out is for the consideration of the Development Committee. In the meantime, it can at least be said that the project has attracted warm support from the field, and that many of its activities have been welcomed in the regions and hospitals, and by the Department of Health. I do believe that many people who work for the mentally handicapped, whether in statutory or voluntary organisations, occasionally charge their batteries by contact with the Project; paradoxically, the Fund's lack of executive authority is proving its greatest asset in assisting change in this long-neglected field.

22. The Future

The 1971 objectives were listed in paragraph 2 of this report. From today's perspective, new objectives need to be determined. Some of the original innovative work has been accomplished and priorities have changed in other directions, with new fields of activity opening up. In my opinion, the work for the next year or two might most fruitfully be concentrated in the following areas:

OBJECTIVES FOR 1972-73

with associated Key Tasks

(* indicates innovative tasks)

1. IMPROVE THE MANAGEMENT SYSTEM IN HOSPITALS FOR THE MENTALLY HANDICAPPED
 - (a) Visits to regions and hospitals upon invitation
 - (b) Direct advice on request
 - (c) Occasional written papers
2. ENCOURAGE THE EXCHANGE OF IDEAS BETWEEN THE VARIOUS PROFESSIONS WHO WORK FOR THE MENTALLY HANDICAPPED
 - (a) Within professions
 - (b) Between professions
 - (c) Between various services
 - * (d) Advise on formation of association of professional workers in mental handicap
 - * (e) Exhibition of furnishings, June 1972

3. ASSIST IN THE TRAINING AND EDUCATION OF WORKERS FOR THE MENTALLY HANDICAPPED
 - (a) Non-resident study groups for care staff
 - (b) Residential seminars for senior professionals
 - (c) Day conferences
 - (d) Experimental in-service training schemes
 - (e) Organise support meetings for Training Project Officers
 - * (f) Investigate the possibilities of using the visiting team approach for dissemination of special techniques
 - * (g) Explore possibilities of audio-visual methods
 - * (h) Explore possibilities of Open University (radio and television)

4. EXPAND AND IMPROVE THE INFORMATION SERVICE
 - (a) Mental Handicap Bulletin
 - (b) Publications and papers
 - (c) Answers to enquiries
 - (d) International contacts
 - (e) Keeping in touch with new developments in mental handicap
 - (f) Link with Centre on Environment for the Handicapped

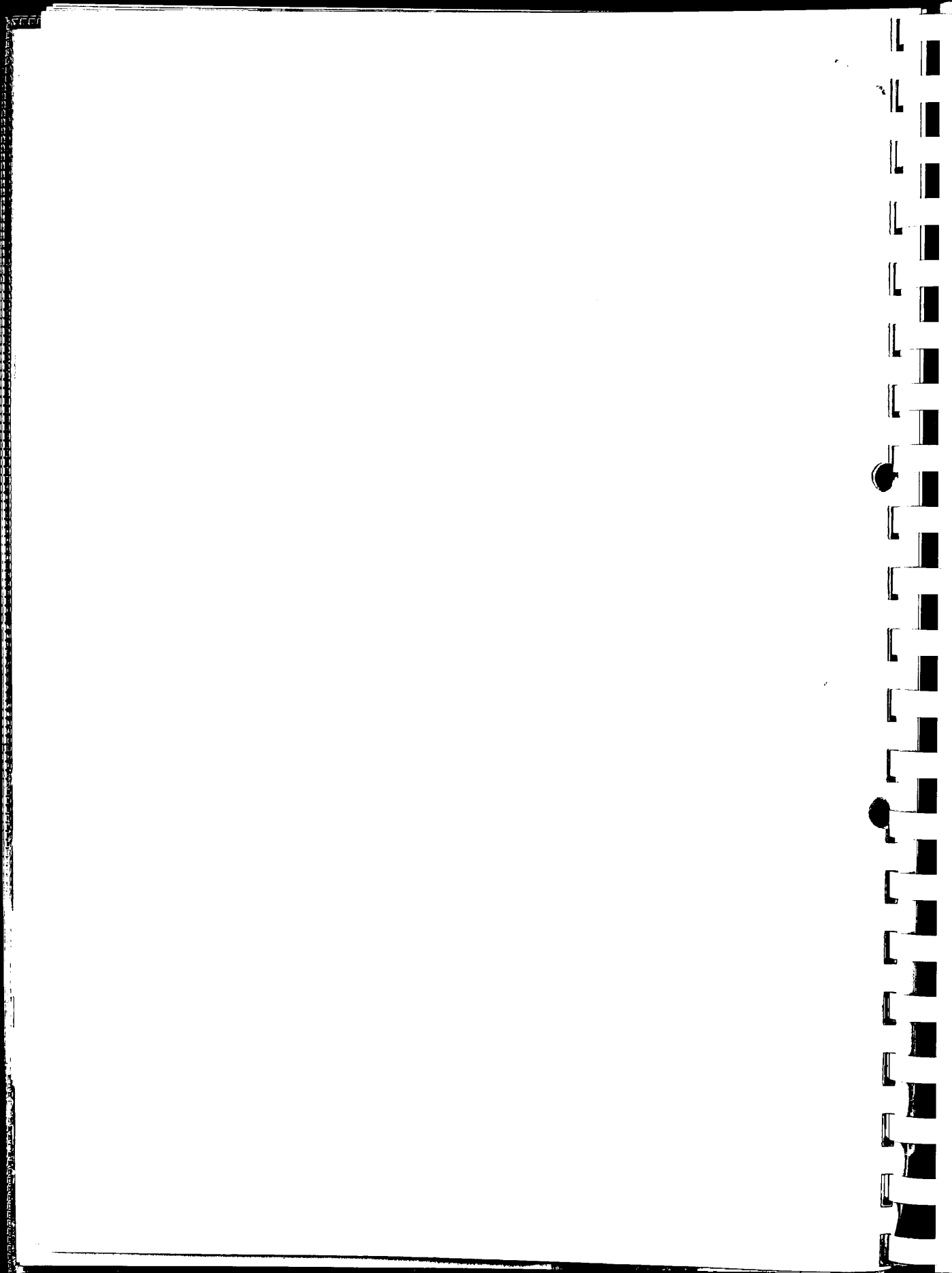
5. ADVISE THE FUND ON THOSE OF ITS ACTIVITIES WHICH RELATE TO MENTAL HANDICAP
 - (a) Hospital Centre
 - (b) College
 - (c) Grants Committee

6. ADVISE ON THE STAFFING OF THE MENTAL HANDICAP SERVICE
 - * (a) Secondment of promising young administrators to hospitals for the mentally handicapped
 - (b) Assessment for senior NHS posts
 - (c) Secondment of students from DHSA Course, University of Aston

Progress to be reviewed, and objectives and key tasks re-stated, in March 1973.

THIC 72/87

JAMES ELLIOTT
Associate Director
April, 1972



COORDINATION OF THE SERVICES FOR THE MENTALLY HANDICAPPED

Origin

1. The origins of this project lie in the meeting held at the Hospital Centre on 7 March 1968, when most of the organisations concerned with the care of the mentally handicapped were invited to discuss their common problem and suggest avenues for research. A report of this meeting was published in the Nursing Times for 15 March 1968 (THC Reprint No 251). A small group of participants from the meeting volunteered to form a working party under the chairmanship of Professor R W Revans to initiate a research programme. The original members were:

Professor R W Revans	(Chairman)
Miss J B Craig	(Secretary), The Hospital Centre
Dr R D Fidler	Principal Medical Officer (Mental Health), London Borough of Harrow
Dr J A Gillet	Medical Officer of Health, London Borough of Barking
Miss M F Hodge	Administrative Assistant, Education Department, Herts County Council
Dr A Sippert	Assistant Medical Officer, Leeds Regional Hospital Board
Dr R Wilkins	Principal Medical Officer, Department of Health and Social Security

2. The working party studied together intermittently for about one year before deciding upon a relevant type of research into coordination of the services for the mentally handicapped. In September 1968, in response to an application agreed by the working party, the Fund's Development Committee (Minute 68/49) allocated £2,000 towards the cost of a project to seek better ways for the coordination of services for the mentally subnormal. The intention was to start by employing a research worker for a year to explore the existing situation, 'guided by the working party.

Objectives

3. In June 1969, the research officer, Mr S Ali Baquer, was appointed. His brief was:
- i) to examine the services for the mentally handicapped in six local authority areas in the country previously selected by the working party, and
 - ii) to involve the providers of the services in so doing. The six areas to be studied were:

County Borough of Gateshead
 County Borough of Nottingham
 County Borough of Kingston upon Hull
 County Borough of Oxford
 County Council of East Sussex
 County Council of West Suffolk

ProgressA) Financial and Administrative

4. Considerable time was spent in developing techniques involving a variety of providers in such an exercise as this one. It also took longer to wait for the providers to define their own problems and design their own tools for research than one would suppose it would take a trained researcher working in his own familiar style. Inevitably then, the time and the money at first allocated by the Development Committee, £2,000 for one year from June 1969, did not get the project very far. The original intention of the working party was for the King's Fund to launch the project and then to ask the Department of Health and Social Security to finance an extended programme of research over a period of three years, from 1971. However, in the spring of 1971 the Department of Health and Social Security decided not to finance the project, and the King's Fund then agreed to support a modified programme over a shorter period. Overall, the Fund has allocated a total of £23,075 for this project, covering the four years' from September 1968 - September 1972 (Development Committee Minutes 68/49, 70/37 and 72/12, and Management Committee Minutes 7922, 7947 (i) and 7990 (ii)).

B) Research

5. It was decided that the London Borough of Hounslow should be added to the list of areas to be involved and to use it as a pilot area for trying out the research tools and for learning about the mechanics of involvement. Consent from all the appropriate bodies in the areas having been obtained, a research advisory group consisting of providers of the services from all levels and representing all professional interests was formed. This group chaired by a general practitioner, Dr M Spark of Gateshead, undertook the task of designing the study and constructing the research tools. They decided to use matching questionnaires for interviewing parents and providers of the services concerned with a randomly selected five per cent sample of mentally handicapped under the age of thirty years, known to be living in the community. Wherever possible, the providers of the services undertook the interviews. The professionals involved in constructing the research were:

Medical Officer of Health
Consultant Psychiatrists
General Practitioners
Hospital Secretaries
Mental and other Welfare Officers
Health Visitors
Hospital Nurses

6. The people to be interviewed concerning each mentally handicapped person in the sample were:

Parents or relatives or others of like responsibility
General Practitioners
Health Visitors
Mental Welfare Officers
Teachers
and the case files from the local authority health department

7. Having designed and tested the questionnaires in Hounslow, the research advisory group turned its attention to the two main hospitals serving that area, Harperbury and Leavesden. Because of the very different and more numerous professionals in the hospital services, a second research advisory group was set up with a consultant psychiatrist, Dr Richard Mein of Harperbury Hospital, in the chair. Nine matching questionnaires to be used at interviews were constructed for use in the hospitals, for:

- Parents
- Nurses
- Doctors
- Teachers
- Industrial Training Officers
- Physiotherapists and Speech Therapists
- Occupational Therapists
- Psychologists
- Social Workers
- Organisers of Volunteers

8. Altogether, six questionnaires for the community and nine for the hospitals were tested with the help of the pilot area. These were then used in the community in all seven areas to interview different people concerned with a total of 212 mentally handicapped and 19 patients in the two hospitals serving the pilot area.

9. As well as designing and using the research tools, the research advisory groups were involved to some extent in suggesting methods of analysis. Two qualitative methods which they helped to develop were finally used to analyse the data collected, together with a third method designed by Professor Revans, which was quantitative:

- i) case histories based on all questionnaires relating to the mentally handicapped person
- ii) analysis of critical incidences of gaps in the services
- iii) statistical analysis of questionnaires

10. The Computer Centre of the London Hospital has written programmes for handling the data collected in this project. The information from the department has been coming through slowly. Some considerable amount of analysis of data has been achieved by taking the information direct from the completed questionnaires. This was done in order to produce the promised progress report for the King's Fund in December 1971. Information which has been analysed in this way concerns the study as a whole. The different findings relating to each individual area will come from the computer.

The main reports prepared for the King's Fund giving details of the progress of the project are:

- Projection Coordination of the Services for the Mentally Handicapped.
Progress Report, July 1971 (THC 71/485)

- Coordination of the Services for the Mentally Subnormal.
Draft Report, December 1971 (THC 72/45)

Evaluation

11. Evaluation is difficult as long as the study is incomplete. Services for the mentally subnormal have been examined in the pilot area and the six areas stated. The professional staff have been involved in the study to the point of analysis of the findings. They need to examine the complete analysis and draw their own conclusions in order to complete their involvement. The hospitals serving the six areas have not been involved in the research for lack of time and resources.

12. The examination of the seven areas together has revealed many interesting and, we think, important findings. For example, certain indices have been constructed from the raw data which has lead to the discovery of a general pattern of interaction between the services and the handicapped. In general, the more disabled the child, the greater the activity of the parent, the higher the level of engagement by the mental welfare officer, the more prolific the contacts between the various services, the fuller the provision of the services and finally, the higher the degree of satisfaction to the family. This has been proved statistically highly significant.

13. From a detailed study of the questionnaires to the files, the degree of coordination between the various services as evidenced by the recorded contacts is low. One possible explanation, which was gleaned from a partial study of all the questionnaires, is that on the whole the professionals do not see coordination as one of their most important functions.

14. It is clear from the responses of the parents that their overwhelming need is for sympathetic advice and emotional support, especially in the preschool years. According to the parents, most of them do not receive this type of help.

15. These are but three of the very important findings which paper-and-pencil analysis has shown. There are many examples in the report. More will be revealed as the computer analysis becomes available. It is anticipated that at least 940 printouts will be available.

16. Some of the effects of involvement of the professionals in the areas need also to be mentioned:

- i) the effectiveness of their research tools, based on their professional judgment, is demonstrated by the richness and relevance of the findings
- ii) the evolution of a new methodology for examination of the services by the providers of it
- iii) involvement in this research has lead the individual providers of the services to greater awareness of the real needs of the handicapped and his family and to finding improved ways to meet these needs
- iv) once the professionals have seen the usefulness of the tools they have designed and the benefits of their use for their patients/clients, they are using the items for other groups of people within their area.

17. The professionals could have been still further involved in the research, especially in the analysis, had time permitted. With time also perhaps some shortening of the process of enquiry and measurement of results could be developed.

Further details indicating the involvement of more providing the service can be found in the following reprints:

THC Reprint No	631	Unity on mental retardation	British Hospital and Social Services Jnl, 22 Jan 1972
	604	Someone is asking us (1) and Someone is asking us (2)	Nursing Times, vol 67, no 36 9 Sept 1971, and Nursing Times, vol 67, no 37, 16 Sept 1971
	610	Helping the mentally handicapped	Social Work Today, vol 2, no 11, 9 Sept 1971
	251	Coordination of services for the mentally subnormal Mental Subnormality - a study in confusion	Nursing Times, March 15, 1968 Nursing Mirror, 29 March, 1968

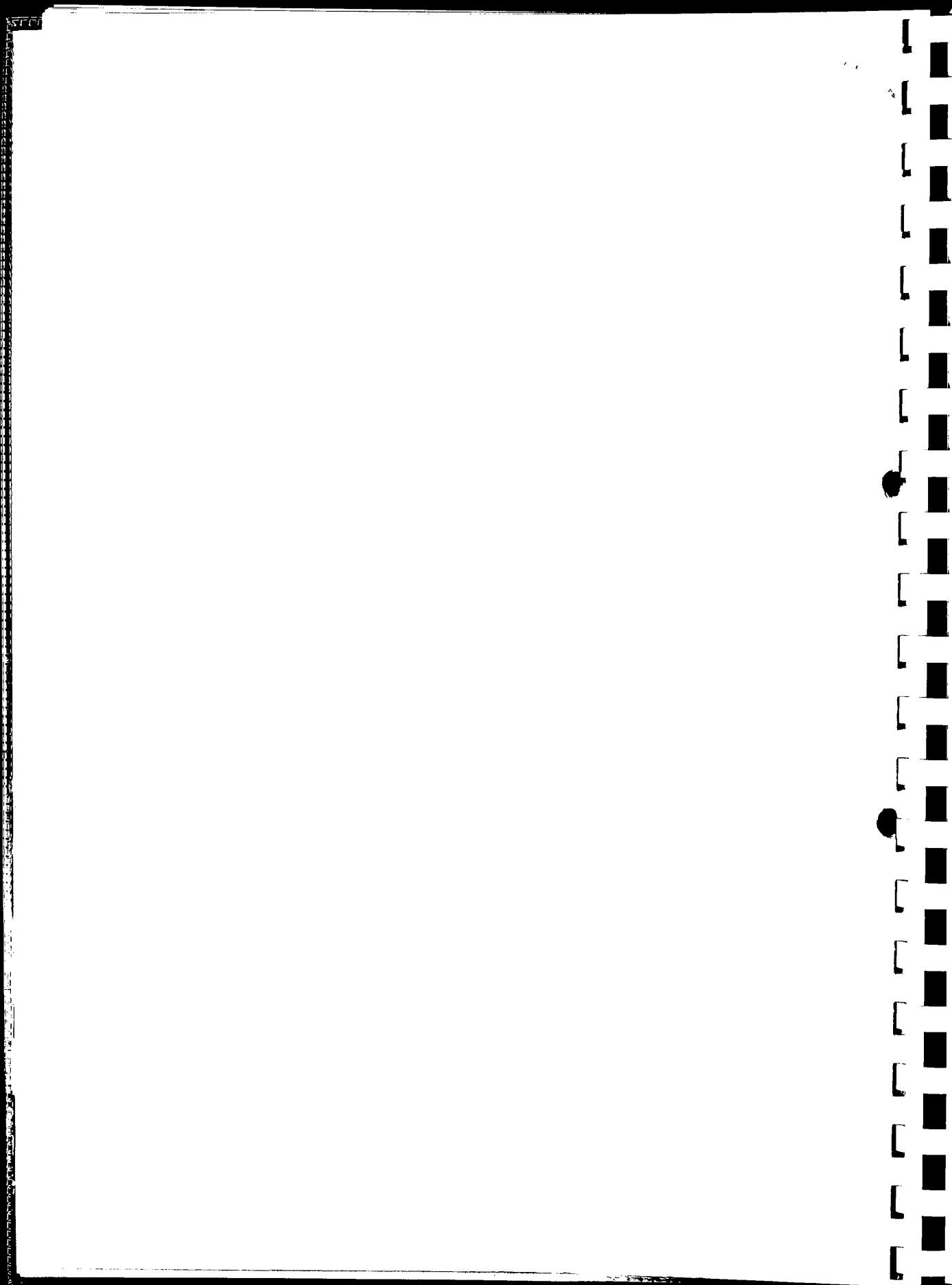
Future

18. In February 1972, the Development Committee allocated £3,800 (Minute 72/12) to finance the project between 1 April - 30 September 1972. This grant will be used for the following purposes:

- i) completion of the community side of the study by feeding back the analysed data and reporting on the actions taken in the seven areas as a result of this
- ii) shortening and editing of the draft report already circulated and preparation of final report to incorporate this revised draft and the results of the community studies.

19. This final report will be prepared in a form and style suitable for use by managers and other professionals and will include an account of the actions taken by the authorities concerned as a result of this study, together with some modified guidelines and sample questionnaires for the benefit of other authorities wishing to undertake this type of study on their own.

J B Craig
Assistant Director
April 1972



CENTRE ON ENVIRONMENT FOR THE HANDICAPPED

Origins

1. The Centre on Environment for the Handicapped (CEH) was founded in 1969 under the name of the Therapy and Environment Information Centre. The scheme was very much the brainchild of the Centre's Director, architect Kenneth Bayes, whose personal collection of books and plans formed the nucleus of the reference library, and the proper cataloguing of this collection, together with the ad hoc answering of queries from existing contacts, formed the bulk of the work during the first phase of the Centre's existence from 1969-1971. During this period the Centre was funded by a grant of £1500 from the King's Fund (Dev. minute 70/50) and another grant from the National Society for Mentally Handicapped Children, who also provided office space for the small part-time staff. The CEH has an Advisory Council, the members of which are listed at the end of this note.

Objectives

2. The Centre exists to provide advice and information on the design of the environment for the handicapped, ranging from regional and city planning down to details of equipment and finish. At the moment the main emphasis is on mental handicap, but advice is also given on the mentally ill, the disturbed, the elderly and chronic sick, the blind and deaf, and the physically disabled.

Progress

3. In 1971 a major step forward was taken. CEH moved to new premises at 24 Nutford Place and took on additional full-time staff. It is now financed mainly by the Department of Health and Social Security, but also receives a grant from the Spastics Society and the King's Fund, which in February 1972 allocated a further £2000 (Dev. minute 72/7).

4. Since obtaining adequate financial support, CEH has been able not only to continue and expand its information service, but also to initiate a number of major projects, of which the most important will be the publication of a series of broadsheets giving guidance on various aspects of building and designing for the handicapped.

Evaluation

5. The Centre's information and advisory services are now being widely used by a variety of authorities and individuals - administrators, architects, care staff, students, etc. A great many fruitful contacts have been established, partly in the normal course of work, and partly through special events organised by CEH such as seminars and conferences.

Contacts are also actively maintained with architects overseas specialising in this field. The architectural Newsletter produced by CEH on behalf of the International League of Societies for the Mentally Handicapped helps to promote such co-operation.

The Future

6. With the greater interest shown in handicap by Parliament, the press and the public, and the larger amount of money recently made available for expenditure in this area, the services of CEH, drawing on a multi-disciplinary team of staff and advisers, will be increasingly in demand. Little up-to-date information is available on many aspects of designing for the handicapped and this is a serious gap which CEH is attempting to fill, both by the collection and collation of existing material and by keeping in close touch with current thinking and research. Now that the financial standing of the Centre is on a footing which allows proper forward planning, we foresee that its expanding services will be matched by an ever-growing demand for advice.

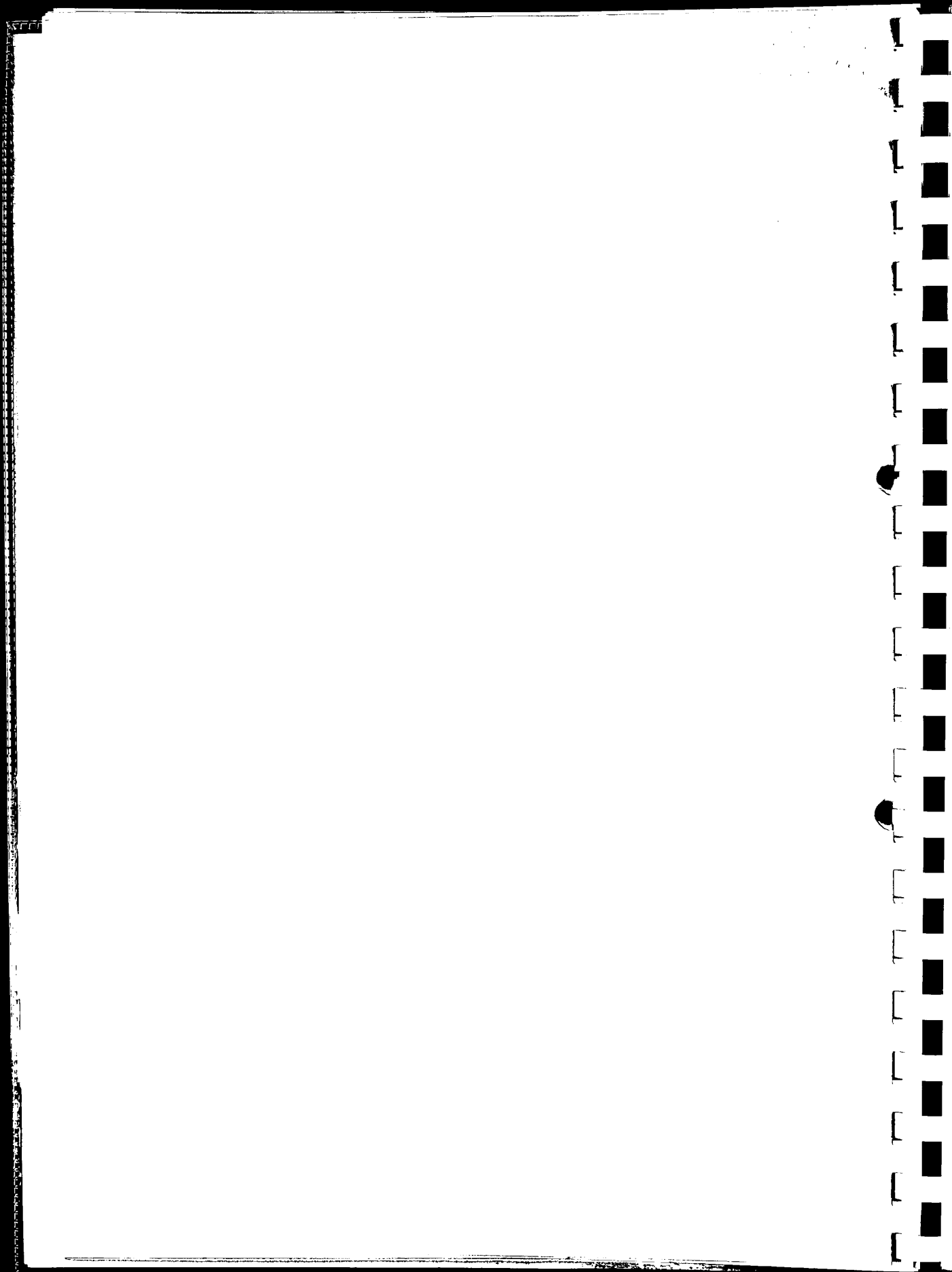
Advisory Council

Lady Allen of Hurtwood, Chairman, the Adventure Playground for Handicapped Children.
 James Elliott, Hospital Centre.
 Hugh Freeman, Consultant Psychiatrist, Hon. Consultant to National Association for Mental Health.
 Howard Goodman, Chief Architect, Department of Health & Social Security.
 Lady Hamilton, Chairman, Disabled Living Foundation.
 Miles Hardie, Hospital Centre.
 Kenneth Holt, Director, The Wolfson Centre.
 Brian Kirman, Consultant Psychiatrist, Fountain & Carshalton Hospital Group.
 George Lee, Secretary General, National Society for Mentally Handicapped Children.
 James Loring, Director, Spastics Society.
 Christopher Ounsted, Medical Director, The Park Hospital for Children.
 M. L. Kellmer-Pringle, Director, National Children's Bureau.
 George Stroh, Psychiatrist-in-charge, High Wick Hospital.
 Jack Tizard, Professor of Child Development, University of London Institute of Education.
 John Weeks, Architect, Llewelyn-Davies, Weeks, Forestier-Walker & Bor.

Judith Higgs
 Information Officer
 CEH

April, 1972

VOLUNTARY HELP



VOLUNTARY SERVICE INFORMATION OFFICE

Origins

1. As a voluntary organisation itself, the King's Fund has for many years had a natural concern for the development of voluntary services. In recent years, the Fund has been particularly interested in the organisation of voluntary help in hospitals, and in 1968 published the report 'Organisers of voluntary services in hospitals'. In the following year a proposal was put to Development Committee for the establishment of an information service covering aspects of voluntary help in the hospital and health services. In the paper (THC 69/310) supporting this proposal it was stated that 'the Department of Health and Social Security, in various circulars, and notably in HM(62)29, urges the use of volunteers by hospitals and health authorities. Although many voluntary organisations, as well as individual persons, are involved, there is no central independent source of information of the ways in which their help can be utilised, nor of the problems which may arise in the course of such help in the hospital. The King's Fund has been prominent in encouraging and developing voluntary help in hospitals. It seems appropriate therefore that the Fund should now try to help meet the increasing demand from professionals of all disciplines in the health service for information and advice on this subject, by establishing an Information Service for a limited period on an experimental basis.' In May 1969, Development Committee (Minute 69/31) allocated £6450 over two years for this project. Further grants of £5350 in 1970 (Minute 70/78) and of £19300 in February 1972 (Minute 72/8) have been made to enable the Voluntary Service Information Office (VSIO) to continue at least until June 1975. Mrs E M C King, who had been one of the first voluntary help organisers in the country, at Fulbourn Hospital, was appointed as Voluntary Service Information Officer and took up her duties at the Hospital Centre in June 1969.

Objectives

2. The objectives of the VSIO were defined as being
- i) to collate information on existing schemes of voluntary help,
 - ii) to provide information on the various methods of making effective use of voluntary help, whether in general or specialised units or in joint/local authority schemes,
 - iii) to prepare guide material on the various methods of recruiting, use of support of voluntary help in the health services,
 - iv) to arrange study days or courses for representatives from statutory and voluntary organisations wishing to develop schemes of voluntary help and also for members of individual professions (eg, doctors, nurses, occupational therapists, etc) on the way a particular profession can utilise voluntary help and on how such resources can be mobilised.

Progress

3. The progress of the project may best be described in relation to each of these objectives:

Collating information (Objective I)

4. In the Hospital Centre library, the information files and lending folders on voluntary help have been re-arranged and much material added to them. This continuing process of collecting and collating information provides the essential background to all of the work of the VSIO. It means that it is possible to produce material relevant to each individual enquiry, whether over the telephone or by personal visit or through correspondence or lending folder. The information is equally important for the preparation of guide material, conferences and training programmes.

Providing information (Objective II)

5. Between June 1969 - December 1971 1163 written enquiries of this nature have been received from health and social service authorities, voluntary bodies and other acquaintances and individuals. Paragraphs 6 to 9 discuss in more detail the progress and problems in this side of the work of the VSIO in relation to hospital, local authorities and voluntary organisations. No detailed record has been kept of telephone enquiries and visitors, but they are a constant feature of the office.

6. Hospitals

A major part of the work of the VSIO has been advising hospital boards and committees in their plans to develop existing voluntary services, in promoting new schemes and in helping with appointments of voluntary help organisers. The number of voluntary help organisers appointed, known to the VSIO, has risen from 37 in December 1969 to 105 at the end of December 1971. Speaking at a meeting at the Hospital Centre in January 1971, the Under Secretary of State for Health, Mr Michael Alison, suggested that every hospital with over 200 beds should have a paid organiser of voluntary services. There are well over 500 hospitals in this category, so the number of organisers is likely to go on increasing quite rapidly.

7. The VSIO receives steadily increasing numbers of requests for help and advice on the work of organisers. Each enquiry generally results in at least two visits, including talks to hospital boards, committees and staff, and the provision of relevant information and material. The VSIO was asked to advise the South West Metropolitan Regional Hospital Board in developing voluntary services in that region, and these consultations led to the appointment of a Regional Voluntary Services Officer for which the King's Fund gave a grant. Miss Jean Finzi, formerly Voluntary Help Organiser at St Thomas' Hospital, was appointed to this post and started work in November 1971. The VSIO hopes to work in close collaboration with the South West Metropolitan RHB in developing this new post.

8. Local authorities

In addition to this, the VSIO is now receiving enquiries from the newly constituted social services departments, and health departments, which are beginning to make appointments similar to those of voluntary help organisers in hospitals.

9. Voluntary organisations

Over 214 enquiries have been received from voluntary organisations since the inception of the VSIO and joint conferences held with bodies such as National Institute for Social Work Training, National Association for Mental Health, Community Service Volunteers, National Association of Leagues of Hospital Friends, London Council of Social Service and Young Volunteer Force Foundation, with the object of promoting more effective co-operation between professional and voluntary bodies.

10. The following pamphlets have been prepared and distributed. These proved to be of particular interest to the National Association for Mental Health who distributed copies of three of these in their MIND Campaign packs during 1971.

Approx number issued to end of December 1971

	<u>MIND Campaign</u>	<u>Others</u>	<u>Total</u>
Voluntary help in the field of mental handicap (published in April 1971)	2,500	3,414	5,914
Voluntary help in the care of the elderly (published in May 1971)	2,500	2,471	4,971
Voluntary help in the field of mental illness (published in July 1971)	2,500	3,051	5,551
Voluntary help in general hospitals and for children in hospital (published in Sept 1971)	-	2,027	2,027
Total	7,500	10,963	18,463

11. A further pamphlet 'A guide to work camps in hospitals', written in collaboration with the Friends Service Council (Quakers) was published in October 1971 and so far over 2000 copies have been distributed to hospitals and voluntary organisations.

12. The King's Fund publication 'Organisers of Voluntary Services in Hospitals' has continued to enjoy a steady sale since it was first published in 1968. It proved necessary to have the book reprinted in 1971 and altogether 2502 copies have been distributed or sold since 1968. The new manual for voluntary help organisers 'Volunteers in Hospitals' was published on 15 November 1971 and 450 orders were received by the end of December 1971. Advice and help in preparation of new circulars and in circulation of questionnaires on voluntary help was sought by the Department of Health and Social Security and consultations followed (ref. DHSS circular HM72/5 of January 1972).

Study days, etc (Objective IV)

13. Sixteen conferences have been organised since June 1969, of which ten were held jointly with other organisations, both professional and voluntary. Over 80 talks have been given to statutory and voluntary organisations on the use of volunteers in the health services.

14. On the general question of training, the VSIO has worked closely with the Standing Conference of Voluntary Help Organisers in preparing policy documents and in discussion of the standards of work that should be required of voluntary help organisers. Approaches have also been made to the Under Secretary of State on the concern felt by the Standing Conference and the VSIO on the need for better preparation and care by hospital administrators before appointing voluntary help organisers.

15. At present, there is little or no training available to voluntary help organisers in post from any source. To meet the present urgent need for this, the VSIO has been providing one-day induction courses at the Centre for organisers in the first week or fortnight after taking up post, and in conjunction with the King's Fund College of Hospital Management, a five-day residential course at the College after they have been

in post for six months. Both these courses are run in collaboration with the Standing Conference of Voluntary Help Organisers. This body is also seriously concerned about the lack of training available and is pressing for more facilities. The King's Fund College is providing four courses in 1972 and two in 1973. To date, the Voluntary Service Information Officer has acted as tutor to these courses, and it is hoped that the South West Metropolitan RHB will allow their recently appointed Regional Voluntary Services Officer to help with these courses. Certainly, training is becoming a large part of the VSIO work.

Evaluation

16. The development of the work of the VSIO can be considered as one of many manifestations of the increasing realisation, inside and outside the NHS, of the importance of voluntary service. The VSIO has been one of many influences that have led to the rapid growth in the number of appointments of voluntary help organisers in hospitals and in the community. Some measure of the value of the VSIO can be gauged from the heavy demand for the leaflets and other guide material it has produced; from the large number of enquiries received for information and advice; from the demand for places at the conferences, courses and study-days it has organised, and from the many invitations that Mrs King has received to speak at meetings in different parts of the country. Judged by these criteria the VSIO can fairly be considered to be achieving the objectives set for it and to be giving a good return on the investment the Fund has made in this project.

The future

17. The speech by the Prime Minister at the AGM of the National Council of Social Service in December 1971, showed that the Government intends to provide still greater encouragement and financial support for voluntary work. During the next 2-3 years, there are likely to be important developments in the organisation and co-ordination of voluntary services at national and regional level inside and outside the health and social services.

18. In time, it may be appropriate for the VSIO to become part of a national Volunteer Centre, or similar organisation, and for training programmes for VHOs and other staff to be organised by a body such as the Central Council for Training and Education in Social Work. Meanwhile, it seems likely that there will be a continuing need for the VSIO to provide information, training, study-days and conferences of the type that have so far been arranged by the VSIO. The appointment of a regional voluntary services officer to the SW Met RHB is a welcome innovation, which it is hoped that other boards may follow in due course: a major part of the responsibility for the development of voluntary services, and the required training in management, must eventually lie with regional hospital boards if voluntary help is to function effectively. But for the next 2-3 years, there will continue to be an urgent need for the VSIO to continue with its information activities and to develop the present training of organisers, whilst at the same time helping towards the establishment of appropriate qualifications for organisers. The experience of the past two years indicates that demand for training facilities for newly appointed voluntary help organisers, whether in hospitals or in local authority health or social service departments, will continue to grow at least at the present rate (ie three new VHOs per month) and may well increase even more rapidly. It is hoped too that there will be an increasing demand for the subject of voluntary service to be included in management courses and conferences for staff at all levels in the health and social services.

M C Hardie
Director

April 1972
THC 72/83

STANDING CONFERENCE OF VOLUNTARY HELP ORGANISERS

Origins

1. The need for the formation of a professional association of people holding the new appointments of voluntary help organisers (VHO's) was highlighted during a conference held at the Hospital Centre in 1966, when the two voluntary help schemes initiated at Fulbourn Hospital, Cambridge, and St. Thomas' Hospital, London, in 1963 were discussed. The Standing Conference of Voluntary Help Organisers was formed in January 1968 at a meeting held at the Hospital Centre. In October 1970 Development Committee approved a grant of £950 for each of two years towards the cost of part-time secretarial help to the Standing Conference (Minute 70/79).

Objectives

2. The objectives of the Standing Conference are to promote effective voluntary help schemes:

- a) by enabling organisers and others to share their experience and ideas
- b) by consulting with and advising hospital boards and committees and other organisations
- c) by representing the interests of members in relation to Government and other bodies
- d) by advising hospital authorities about recruitment of suitable persons to serve as organisers
- e) by dealing with public relations matters relevant to schemes
- f) by promoting and encouraging suitable training for members and those wishing to enter the field of voluntary help organisations
- g) by concerning itself with such other matters as the Conference considers appropriate in the interests of organisers or their work.

Progress

3. As a result of the grant the Standing Conference appointed a part-time secretary to work 2½ days weekly as from November 1970. This has enabled the Conference to expand the scope of its work and the following are some of the activities undertaken by the Conference:

- i) The Conference follows up all advertisements in the press for new voluntary help organisers and sends letters of welcome to all newly appointed organisers.
- ii) Policy documents have been prepared and printed together with the preparation and printing of a constitution (legal help in preparing the constitution was obtained through the King's Fund legal adviser).

- iii) The grant enables the expenses of three general meetings per year to be held in premises other than the Hospital Centre, which is now no longer large enough to accommodate the numbers of VHO's and visitors attending these meetings.
- iv) The Hon. Secretary of the Conference receives a steady stream of requests, both by post and telephone, on the use of volunteers. These are dealt with in consultation with the Voluntary Service Information Office (VSIO) at the Hospital Centre.
- v) The Hon. Secretary is also in close touch with the DHSS and has been asked to comment informally on various departmental documents.
- vi) The Standing Conference has appointed a liaison officer to ten national voluntary organisations concerned with voluntary service and has exchanged useful information and formulated policies with them.
- vii) The Hon. Secretary has also acted as minutes secretary to the informal working group that initiated discussions on the Aves' Foundation proposals.
- viii) The Conference has assisted the VSIO in providing training for newly appointed organisers and has set up a dialogue with the Central Council for Training and Education in Social Work, and the DHSS. It has also sponsored with the VSIO and the National Institute of Social Work Training a 5-day residential course for senior staff of local authority social service departments to consider how these departments can make most effective use of voluntary help.

Evaluation

- 4. Perhaps the best measure of the Conference's achievements are that:
 - a) membership has grown from 16 in 1968 to 90 in 1971
 - b) the Conference is now recognised by the DHSS and the British Association of Social Workers as the professional body for voluntary help organisers.

Future

- 5. As approximately six new organisers are being appointed each month, the need for training and support will undoubtedly continue. The Standing Conference sees a continuing and expanding need for its services, and feels that membership will be helpful to the growing needs of persons holding similar appointments in social service departments. The need for secretarial assistance to the Standing Conference is therefore very important.

Mrs. E.M.C. King
Voluntary Service Information Officer
April 1972

REGIONAL VOLUNTARY SERVICES OFFICER

Origins

1. As appointments of voluntary help organisers were increasing rapidly in the region it was felt by the SW Met RHB that it would be an advantage to appoint a person to co-ordinate existing appointments and also to develop the concept in groups which have not yet considered the appointment of a voluntary help organiser.

2. The Development Committee approved a grant in 1971 for £3,000 for each of two years to appoint a Regional Voluntary Services Officer, and in November of that year Miss Jean Finzi, formerly voluntary help organiser at St. Thomas' Hospital, took up the appointment.

Objectives

3. The objectives of the project are:

- i) To collate information on existing schemes of voluntary help in the Region.
- ii) To provide information on the various methods of making effective use of voluntary help, whether in general or specialised units, or in joint hospital/local authority schemes.
- iii) To prepare guide material on the various methods of recruiting, use and support of voluntary help in the health services.
- iv) To organise regular meetings of voluntary help organisers appointed in the Region for the purpose of exchanging information and discussing current problems.
- v) To visit HMC's who had not made such an appointment and to give such assistance as may be necessary in their appointment.
- vi) To promote training activities for organisers, volunteers and staff concerned with the use of volunteers.
- vii) To advise and make available to the Board and to the King Edward's Fund the information and experience which may be gained progressively from carrying out the above duties.
- viii) To maintain and develop links with existing voluntary organisations and with social service departments.

Progress

4. To date Miss Finzi has made contact with the organisers in her region, and is familiarising herself with people at the SW Met RHB; she has also been furthering her contact with people at the Department of Health and Social Security (DHSS). Miss Finzi has also been assisting Mrs King, the Voluntary

Service Information Officer (VSIO) at the Hospital Centre, with the organising and training of voluntary help organisers for both residential courses and induction days. She is to be responsible for the next course for voluntary help organisers which is to be held at the Training and Education Centre, Springfield Hospital, Tooting, in April 1972.

Evaluation

5. It is as yet too early to evaluate this project. However, a meeting* to give publicity to the project was held at the Hospital Centre in January 1972 to which all RHB's and the DHSS were invited to send representatives. Since that meeting at least one RHB has appointed a member of its staff to be responsible for developing voluntary service in that region. Two others intend to hold courses for VHO's and it is hoped that other regions will follow their examples in due course.

Future

6. It is hoped that this appointment may lead other RHB's either to make similar appointments or to at least appoint one member of their staff to be responsible for the development of voluntary service in the region. It is also hoped that in time these appointments will lead to more and better voluntary help for patients in hospital and in the community.

* THC reprint no 628 'Development of voluntary resources' gives a report of the conference of 11.1.72.

Mrs E M C King
Voluntary Service Information Officer
March 1972

HOSPITAL-COMMUNITY ORGANISER OF VOLUNTEERS

Origins

1. This project was prompted by the successful appointments of voluntary help organisers in two large psychiatric hospitals and by the need to illustrate whether a similar appointment would be equally effective if based in the community, working for both hospitals and local authority in a given area.
2. Development Committee was asked by the National Association for Mental Health (NAMH) to finance a project of this kind, and at its meeting in October 1966 (minute 423c) allocated £5,500 over two years for this project, and this was followed by a further grant of £1,650 in September 1968 (minute 69/44h), to enable the project to continue until 31 March 1970. After that date financial responsibility was taken over jointly by the London Borough of Croydon and the Croydon and Warlingham Park Hospital Management Committee.
3. The project was guided by a steering committee consisting of:

<p>Miss M. Applebey (Chairman)</p> <p>Mr. M.C. Hardie</p> <p>Mr. J. Heap</p> <p>Mrs. E.M.C. King</p> <p>Mr. C.H. Langley</p> <p>Mrs. E. Morgan</p> <p>Dr. S.L. Wright</p>	<p>General Secretary, NAMH</p> <p>The Hospital Centre</p> <p>Senior Social Worker, Joint Mental Health Service, London Borough of Croydon</p> <p>(at that time) Field Worker, Local Associations Department, NAMH</p> <p>Group Secretary, Croydon and Warlingham Park HMC</p> <p>Deputy Secretary, NAMH</p> <p>Medical Officer of Health, London Borough of Croydon</p>
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Objectives

4. The objective of the original project was to encourage the contribution of voluntary help to the joint mental health service of the London Borough of Croydon. This involved Warlingham Park Hospital and Rees House, the Mental Health Centre of the Croydon Local Authority Mental Health Services.
5. It was hoped that the scheme would achieve continuity of care, so that one could avoid the situation developing whereby a person was offered a good service of voluntary care as long as he remained in hospital, but was left without support as soon as he returned home, when perhaps he needed this support even more.
6. Mr. H.P. Muller was appointed in July 1967 as the co-ordinator and rapidly built up the voluntary services available both for hospital and community.

Progress

7. The project reached a satisfactory conclusion at the end of March 1970 when Mr. Muller was offered and accepted an appointment to continue the work on the permanent staff of the statutory authorities in Croydon. In 1972 Mr. Muller is undertaking work for the social services department in addition to his work for the hospital and health authorities. Reports of this project have appeared in the local and professional press, and the following THC reprints are available:

No. 313	Croydon Pioneers	Mental Health Winter 1968
No. 401	Croydon Volunteer Project	British Hospital Journal 5.12.69

Evaluation

8. A report from NAMH in 1968 set out the following benefits from this project:
- a) increased very greatly the amount of voluntary help available to the staffs of the psychiatric hospital and the mental health services of the local authority
 - b) brought the outside world much more into the hospital, to the benefit not only of the patients, but also of the staff who need the interest of the community if they are to avoid isolation
 - c) strengthened further the already good links between the hospital and local authority
 - d) provided outlets for responsible and idealistic young people to give service
 - e) improved co-operation between the voluntary organisations in Croydon and has been educational in its effects. Members of the community who see for themselves what psychiatric hospitals and patients are really like are bound to lose their irrational fears of mental disorder and to have a much more soundly based understanding of the facts concerning it.

Future

9. The appointment is now firmly established and the work continues. At least one other authority (in Gloucestershire) has made a similar appointment, and it is hoped that others will follow.

Mrs. E.M.C. King
Voluntary Service Information Officer
April 1972

VOLUNTEERS IN MENTAL HEALTH

Origins

1. This project originated with a request from the National Association for Mental Health (NAMH) for a grant to encourage still further the introduction of voluntary service in the field of mental health. Development Committee allocated £3500 for the project in November 1967 (Minute 67/61) and this was followed by two further grants of £3500 each in October 1969 (Minute 69/42d) and October 1970 (Minute 70/72).

Objectives

2. In 1968 the King's Fund survey 'Organisers of voluntary services in hospitals' had shown that some kinds of voluntary service needed to be developed further, particularly in the mental health field. The NAMH proposed that a person skilled and experienced in work with volunteers should be appointed to carry out the project, and that the three major fields for which he might be given responsibility should be:

- a) the encouragement and use of young volunteers
- b) the co-ordination of the mental health work carried on by a variety of voluntary organisations
- c) the training of volunteers.

Progress

3. The project started on 1 January 1969, with the appointment of Mr Douglas Butterfield as the Project Officer, and continued under the sponsorship of the King's Fund until the end of 1971. Working in co-operation with the local associations' field staff of the NAMH, Mr Butterfield visited many local associations and voluntary organisations for discussion on ways in which young people could be more extensively and effectively employed in voluntary mental health work. In addition to the general promotional work of bringing together those responsible for mental health services, either statutory or voluntary, and youth organisations whose members were interested in giving service, Mr Butterfield worked concentratedly in three areas.

i) Northamptonshire - three months

The basis of a new service by schoolchildren and other young people was developed during the three months in association with the local association. It has been continued ever since with a full-time Community Service Volunteer as Organiser.

ii) Gloucestershire - three months

Mr Butterfield spent this time living in a psychiatric hospital but exploring, both in hospital and in the local authority area, the need for and likely value of a Co-ordinator of Volunteers on the lines of the joint appointment in Croydon. The experiment led to the appointment in 1971 of a full-time Co-ordinator of Volunteers, employed by the NAMH local association, which shares the cost with the hospital and local authority.

iii) Teesside - four months

During the time spent on Teesside, information about the existing mental health services and the needs was collected. Contacts were established with key people in hospitals and local authority services as well as in voluntary organisations and local industry. Part of the purpose was to see whether there is a case for NAMH appointing a Community Development Officer on Teesside and discussions on this are continuing

4. An interim report 'Young volunteers in mental health' was prepared in September 1969 and duplicated copies were widely circulated to interested bodies.

Evaluation

5. As a direct result of Mr Butterfield's work, the number of local associations using young volunteers in an organised way grew from 12 to 26. Many of the 50 remaining are now more conscious of the possibilities of using young volunteers and are looking for ways of doing so.

6. Contacts either started or strengthened by Mr Butterfield with organisations catering for young volunteers, such as Community Service Volunteers, are of value to the NAMH in its local associations and other work. The contacts built up with schools have developed into a discussion group on 'Young in mind' which involves not only schools but also colleges and the teaching profession. Help with the preparation of a teachers' kit for MIND Week 1971 was given by Mr Butterfield.

7. Limitation of time and other factors prevented the organisation of volunteer training schemes by Mr Butterfield. A small sum of money which remained in the Project Fund was, however, put to this use at the end of 1971 when a course for social workers in training volunteers was organised by the NAMH under the direction of Miss Hilda Watson, Training Officer for the Hertfordshire Social Services Department.

Future

8. A report summarising the project material is being prepared in a form suitable for publication in a professional journal. Work on the training of volunteers will continue: the social workers who took part in the initial course are meeting together to discuss what they have been doing locally in training volunteers as a result of the course. The work started with young volunteers will be continued in co-operation with the NAMH local associations. The NAMH project (sponsored by the King's Fund) for a Student Liaison Officer in mental health will make the continuation of the work which was started with student groups.

M C Hardie
Director

March 1972

YOUNG VOLUNTEERS IN COMMUNITY CARE

Origins

1. This project was put forward by the Director of Young Volunteer Force Foundation (YVFF), Mr Anthony Steen, in April 1970 as that organisation was anxious to demonstrate that young people could play an active role not only in after-care of geriatric patients, but also in preventive work, by providing community support to help prevent hospital admissions for purely social reasons.
2. Subsequently, Development Committee (Minute 70/294) approved a grant of up to £10,000 over three years for an experimental project in Newcastle upon Tyne. This area was chosen because a YVFF team was already well-established in that city and because there was support for the scheme from the consultant geriatrician, the City Medical Officer of Health and the voluntary organisations already concerned with the services for the elderly. In order that the project should be chiefly concerned with prevention rather than hospital care, it was re-named Health of the Elderly.
3. Two workers were appointed to the project, Mr David Kettle and Mrs Linda Hart, who commenced work in September 1971. The following steering committee was set up:

Dr D L Wilson	Medical Officer of Health, Newcastle upon Tyne (Chairman)
Mr D Brown	Assistant Director of Social Service, Newcastle upon Tyne
Miss J E S Brown	Principal Medical Social Worker, Newcastle General Hospital
Councillor C W Fallows	Member, Newcastle Hospital Management Committee
Dr E H Jarvis	Consultant Geriatrician, Newcastle General Hospital
Mrs E M C King	The Hospital Centre
Mrs A I Reed	Newcastle upon Tyne Council for the Care of the Elderly
Dr R L Sanderson	General Practitioner, Prospect House Medical Group
Mr A Speirs	Young Volunteer Force Foundation

Objectives

4. In the plan submitted by YVFF it is stated that the aims of the project are complementary to one another and cannot exist in isolation. The aims are described as:
 - i) Developing experimental preventive medicine and after-care with patients, their friends and families.
 - ii) Helping to develop relationships that bridge the gap between family friend and hospital patient.
 - iii) Expanding the existing voluntary service that is already taking place inside a number of Newcastle hospitals
 - iv) Promoting and initiating voluntary support and training for specialised tasks.

Progress

5. In the project workers' report to the Steering Committee in February 1972 it was stated that:

35 volunteers were now working with the project

Talks are being given to many local groups, including students

Bi-monthly meetings for volunteers are being held

A newsletter is being sent out periodically

Two film strips 'Keeping well in old age' have been purchased from the Audio-Visual Aids Centre and will be used in discussions

16 elderly contacts are being supported within the project and referrals continue to come in at the rate of two or three a week. The workers are now contacting local GPs to get referrals of elderly people into hospital and are making their first official contact with the Royal Victoria Hospital.

Evaluation

6. At this point it is too early to make any real evaluation of this project, but it seems that a good start has been made, with an encouraging degree of support and co-operation from health and social service authorities and voluntary organisations.

Future

7. The project is due to continue for three years from September 1971. If successful, it is hoped and intended that it should ultimately be financed from local funds, statutory and voluntary.

Mrs E M C King
Voluntary Service Information Officer
April 1972

VOLUNTARY WORK CENTRE

Origins

1. The Medical Officer of Health (MOH) for the London Borough of Waltham Forest initiated the idea of a Centre by calling a meeting of representatives from his clinics and welfare departments to meet representatives from the Waltham Forest Council of Churches so that they could discuss the areas of need where volunteers could help most effectively. Local churches of all denominations provided financial and practical help and later the borough gave financial assistance. In 1970 Development Committee gave a grant of £600 to develop the work already undertaken by the Council of Churches.

Objectives

2. The initial intention was to develop the work already undertaken by the Council of Churches, e.g. School Leaver Conferences, Housing Trust, and, at the request of the MOH, to develop a close liaison between churches and the health visitors and social workers in the borough.

Progress

3. The work grew so rapidly that in 1970 it was divided into two separate departments. There is now a Social Responsibility Council which is advisory, and under this umbrella, the Voluntary Work Centre and Christian Renewal for Educational and Social Tasks (CREST). The Voluntary Work Centre receives an average of 17 new referrals each day from health visitors and social workers and provides a round-the-clock service for emergencies.

4. The work has developed beyond its original intention of finding volunteers from the churches in the area and there are now a large number of individual volunteers not attached to any church, and also many groups of young people and schools doing voluntary social work. The aim is to encourage voluntary effort in the borough and to seek out as many opportunities for volunteers as possible, thereby building up a volunteer force to meet the large variety of needs that are presented. Students are now coming to the Voluntary Work Centre from colleges on placements, as part of their training for the Certificate in Social Work course.

5. CREST organises 'Learning to Earning' conferences for boys and girls leaving school; has arranged international week-ends on the subject 'Living in Two Cultures'; has opened a Housing Aid Centre to give advice and help to people with housing problems and organises conferences on social issues and aids the Cambridge House Language Scheme, which is organised to teach basic English to immigrants.

6. Accounts of the work of the Voluntary Work Centre have received good publicity in the professional and local press, and the following reprint is available:

No. 475

A Caring Community

Nursing Times 30.7.70

Evaluation

7. If growing demand for its services, marked expansion of its work and increasing financial support from statutory authorities are any guide, then the Voluntary Work Centre has amply demonstrated its worth, and represents a very good return on the Fund's initial modest investment of £600. It is hoped that the success of this venture, and the publicity given to it, may encourage other church organisations to follow the lead given by the Voluntary Work Centre.

Future

8. Plans for the future include the development of closer links with the local hospital management committee, and at its meeting in November, 1971 Development Committee allocated a further £700 for this purpose (minute 71/53).

Mrs E M C King
Voluntary Service Information Officer
March 1972

COMMUNITY SERVICE VOLUNTEERS

Origins

1. Although Community Service Volunteers (CSV) has been sending volunteers into mental handicap hospitals for many years, until very recently these volunteers usually went in one by one following personal negotiation with a hospital secretary or principal nursing officer. It was not until September 1970 that CSV were asked to send in a group of 20 volunteers to Leybourne Grange Hospital in Kent at the suggestion of the Hospital Advisory Service. The difficulties and challenge that this project presented, together with the knowledge that CSV would want to send in groups of volunteers into other hospitals, made it obvious that extra support from CSV headquarters was necessary if these projects were to be successful. The experience of the initial stages of the project at Leybourne Grange (as described at the Conference at the Hospital Centre in February 1971) illustrated how essential was proper preparation of staff and volunteers if the benefits of any such project are to be maximised.

2. In the light of this experience, CSV applied to the King's Fund for a grant to enable it to extend its activities in the hospital field (paper THC 71/48). At its meeting in February 1971, Development Committee allocated £2000 for each of two years for this project (minute 71/11).

Objectives

3. The objectives of the scheme are firstly to persuade hospital authorities to use CSV help and then to help the hospital staff and long-term volunteers to have a better understanding of each other, so that they can work together more effectively to the ultimate benefit of the patient.

Progress

4. The grant by Development Committee made possible the appointment of a full-time worker on this project and Miss Diana Barrett took up this post in June 1971. The Voluntary Service Information Office (VSIO) at the Hospital Centre arranged a month's orientation programme which included working as a nursing assistant in a mental handicap hospital. This was a most valuable way of appreciating staff attitudes at first hand and the mixed feelings with which they approached the idea of voluntary help - welcoming it with one hand whilst with the other fearing that volunteers would take all the more attractive jobs and expose them to what they felt were unfair criticisms. A small consultation was held at the Hospital Centre for the staff and CSV in four hospitals within reach of London. The aim of the meeting was to elucidate the pre-conceived ideas of volunteers about the work they were to do and the expectations of the staff about CSVs, and to produce some guidelines on what needs to be done on the part of the hospital concerned and CSV if the scheme were to be made more effective.

5. One of the main jobs since then has been to persuade hospitals to give CSV the opportunity of working with them. Such projects have not just appeared, they have had to be sought out, and this has, of course, involved much correspondence and frequent visits which have sometimes come to nothing or have been held up because of some unavoidable circumstances. Several hospitals have said they will

consider using CSVs when drawing up estimates for the next financial year, others have asked CSV to wait until their newly appointed voluntary help organisers have had time to settle down so that CSV can liaise direct with them. At conferences organised by CSV in Bournemouth and Brighton, designed to help potential users of volunteers, representatives from local hospitals were able to discuss the use of voluntary help. Miss Barrett has also addressed conferences in Oxford and Birmingham. But more important, she has had time to discuss wherever possible with the staff on the wards where CSVs are working, the objects of the scheme before and during the CSV's working period. She has also been able to give the CSVs accurate information about the work they will be doing and some insight into the challenge they may face.

6. Contacts have also been extended to a number of psychiatric hospitals, since similar opportunities and difficulties arise in this field. Links have also been made with the other voluntary organisations active in the field, particularly the National Society for Mentally Handicapped Children (NSMHC) and the National Association for Mental Health (NAMH) and also with the Department of Health and Social Security (DHSS) and the Confederation of Health Service Employees (COHSE).

Evaluation

7. Much was learnt from the experimental project at Leybourne Grange. In the first place, it was realised that sending in a group of 20, at least at first, can be inward looking and is seen as a real threat by the permanent staff. At the other extreme, one volunteer on his own can far too easily get lost in the vastness of the hospital, unless he is working as, for example, an assistant to the voluntary help organiser. CSV found that it can be a mistake to send in CSVs to fill nursing assistant posts, as this may lead to an unnecessarily narrow interpretation of the CSVs role.

8. In the past CSVs have sometimes identified so much with the permanent staff that they have become indistinguishable - a result of their isolation and because they were filling posts that were technically those of nursing assistants. To enable them to see themselves as real links between the hospital and the community, CSV help them become involved with local volunteers - this has been particularly successful in Sheffield where the CSVs at St. Joseph's, Grenoside & Thundercliffe Group work alongside the volunteers from Youth Action Sheffield. It has been extremely interesting to see that a large proportion of CSVs have changed their minds about their future careers as a result of working in a hospital and are now training as nurses or doctors.

Future

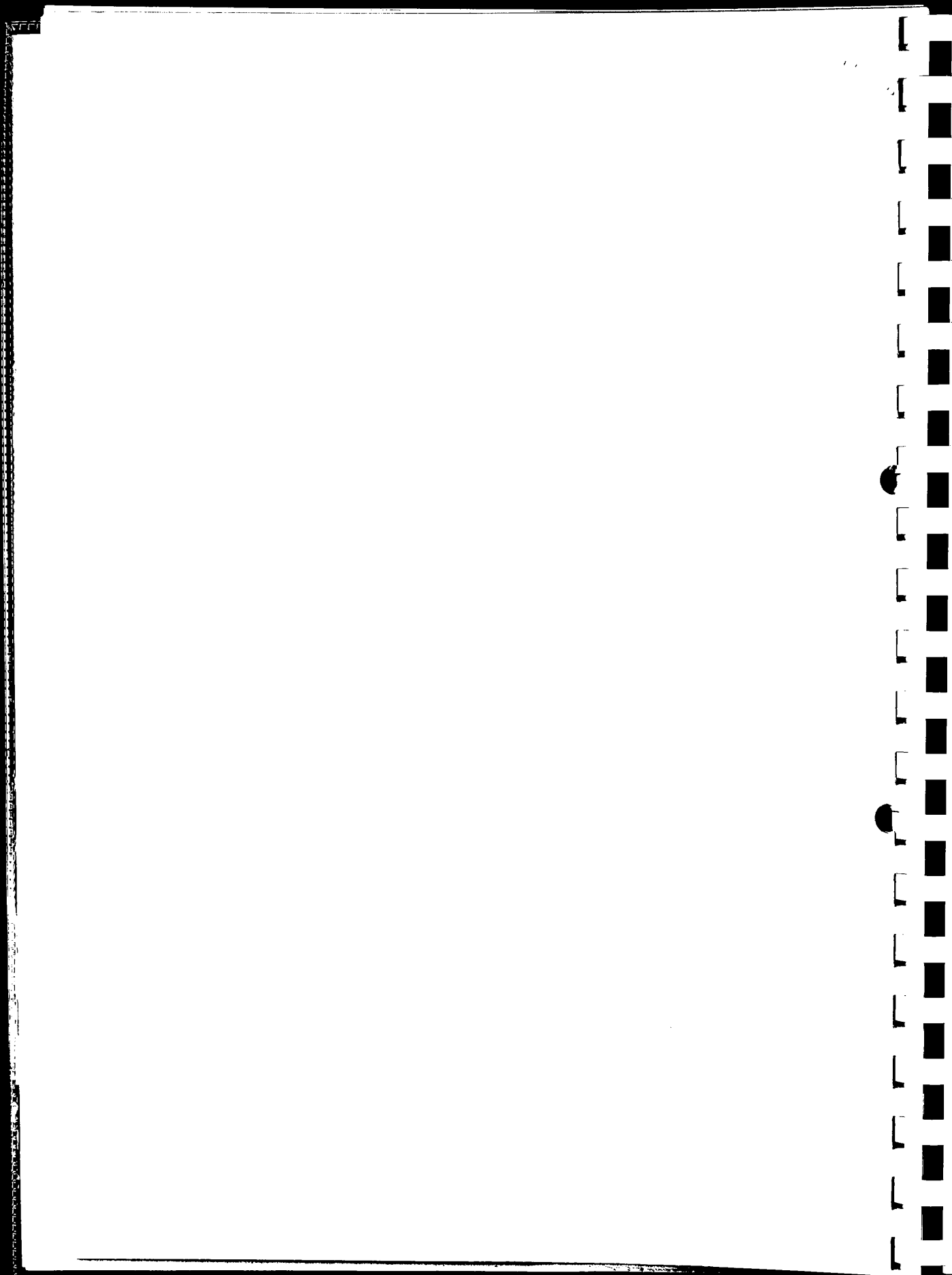
9. Visits and feedback sessions are continuously taking place within the hospitals where there are CSVs and Miss Barrett is planning a few local conferences with NAMH which will include CSVs, hospital staff and local volunteers so that all can gain a better appreciation of each other's position. CSV also plan to hold a one-day conference in Scotland which will involve those hospitals which already use volunteers and potential users of CSVs.

10. Realising that better initial preparation of both hospital staff and the CSV is essential if projects are to start on the right foot, the VSIO and Miss Barrett are in the process of finalising some literature designed for hospital

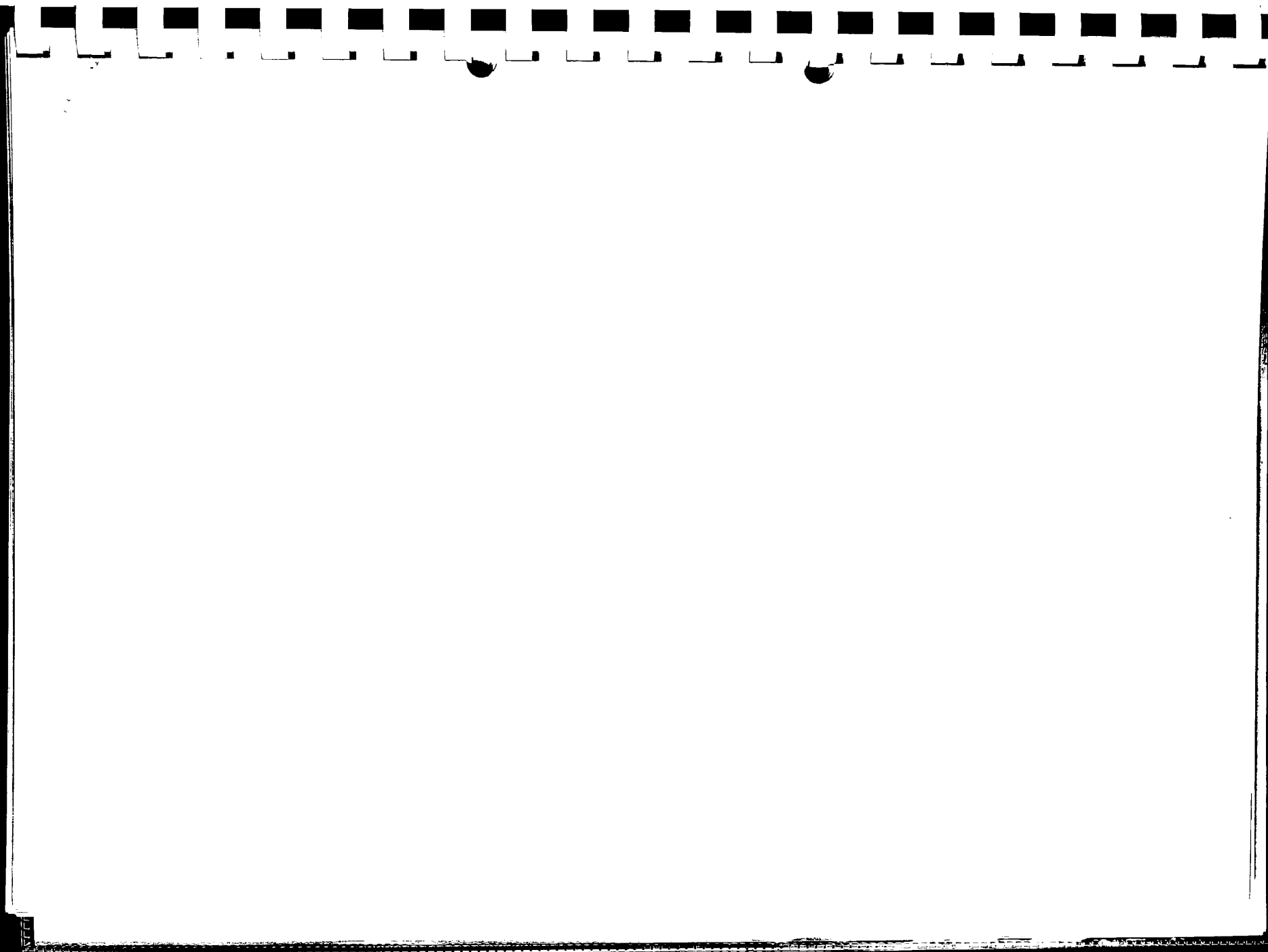
administrators spelling out the sort of help CSV can offer, and Miss Barrett also plans to produce a pamphlet designed for ward staff.

11. CSV is continuing to approach other hospitals to see whether they could use CSV help, on the understanding that the long-term volunteer can be one way of bridging the gap between the hospital and the community.

Mrs E M C King
Voluntary Service Information Officer
March 1972



CARE FOR THE ELDERLY



CARE FOR THE ELDERLY

Origins

1. Problems of care for the elderly in hospital and community have been causing increasing concern for some years both in public and in professional circles. The staff of the Centre have certainly been made well aware of this concern through comments and enquiries from visitors and correspondents and through the national and professional press, as well as from discussions at conferences and meetings at the Centre and elsewhere. It was largely these considerations that have led the Centre to concentrate some of its efforts upon improving care for the elderly.

Objectives

2. In this field, the Centre's aims can be broadly defined as being:
- i) To identify problems in the planning and operation of services for the elderly in hospital and in the community.
 - ii) To provide a forum for multi-disciplinary discussion of these problems and for exchange of information and ideas about ways of preventing or overcoming these problems.
 - iii) To disseminate information about good ideas and practices in the care of the elderly.
 - iv) To promote investigations and research directed towards the improvement of services for the elderly.

Progress

3. For many years the Centre, and its predecessor - the Division of Hospital Facilities - has provided information on request about facilities and services for the elderly, and the Fund has given many grants to help improve these services - notably its support for the establishment of the Elderly Invalids' Fund. A number of investigations and research projects have also been initiated on different aspects of care for the elderly: descriptions of some of these are the subject of separate reports.

4. In 1970, Development Committee agreed (Minute 70/5, January 1970) to allocate up to £1,000 towards the organisation of conferences and other activities concerned with geriatric care. This programme was worked out in close association with the North West Metropolitan Regional Hospital Board and included a series of 12 conferences on different aspects of geriatric care, together with a 6-month exhibition on this subject. The conferences were over-subscribed and attended by over 1,200 people of all disciplines from hospital and local authorities and voluntary organisations, and over 3,000 attended the exhibition.

5. In preparation for the exhibition and other activities, information about innovations and developments in geriatric care was sought from statutory and voluntary authorities all over the country. The response was good, and much of the information was summarised and reproduced in the booklet 'Improving care for the elderly'. 3,000 copies were produced: of these, about 750 copies were sent to the statutory and voluntary authorities from which information was originally sought; about 1,000 copies were issued on request to those attending the conferences; over 200 were given to special visitors or enquirers from this country or abroad; and about 900 copies were sold.

6. In association with Whitehall Press Ltd., a special publication 'Modern British Geriatric Care' was produced in the autumn of 1970 as a supplement to the journal 'Hospital Management Planning and Equipment', and several thousand copies of this were distributed at home and overseas. A collection of the conference reports was also prepared under the title 'Care for the Elderly' and over 1,500 copies of this have been distributed or sold.

7. During 1971, some smaller meetings have been held to follow up some of the problems and ideas raised during 1970, and these meetings have continued into 1972. During 1970/72 one of the main problem areas was defined as being in the field of psychogeriatric care, and it is proposed to concentrate on this topic in the exhibition and conferences being arranged in the latter part of 1972. It is also intended to produce some publications on this subject at that time.

Evaluation

8. From the conference questionnaires returned by participants, and from comments in the press and elsewhere, it seems that the conferences and exhibition did help to identify problems and to stimulate people to improve their services, although it is proving hard to measure such improvements precisely. One consultant said that he thought the Centre's prolonged efforts in the 1970 conferences and exhibition were instrumental in formulating public opinion and persuading the Government to allocate so much extra money for geriatric care in 1971, but the staff of the Centre would not presume to make any such claim themselves! In fact, the Centre would like to have seen more extensive follow-up action during 1971/72. In this connection, the appointment by the Fund of individuals with specific responsibilities in selected fields (eg Mrs. King for voluntary services; Mr. Elliott for the mentally handicapped) is a precedent that might usefully be followed in the field of geriatric care. Such an appointment could help to make our efforts still more productive.

9. Meanwhile, it is known that at least one local geriatric care association has been established as a result of the 1970 programme. This association includes representatives of the various professions caring for the elderly and organises educational and social functions. Plans are also being prepared for launching a regional newsletter service for the staff of geriatric units in one region: this idea also stemmed from the 1970 programme. These initiatives indicate some positive results from the Centre's efforts.

The future

10. The programme of activities in the field of psychogeriatric care are now well advanced, with the exhibition and conferences due to start in September 1972, with accompanying publications. It is hoped that specific plans for follow-up action can be worked out as the programme develops.

M.C. Hardie
Director

April, 1972

GERIATRIC DAY HOSPITALS

Origins

1. This project started with an application from Professor J C Brocklehurst, at that time Consultant Geriatrician at the Lennard Hospital, Bromley, (now Professor of Geriatric Medicine at the University of Manchester) for a grant towards a survey of patients attending the Lennard Day Hospital and other Day Hospitals.

Objectives

2. The purpose of the survey was to obtain a profile of work done in geriatric day hospitals, by analysing the types of patients attending and the treatment given over a limited period of time.

Progress

3. In 1961 the King's Fund made a grant of £17000 towards the establishment of the Lennard Day Hospital, and it was felt that the proposed survey would provide a valuable follow up of the use to which the Fund's grant had been put. Development Committee therefore made a grant of £500 towards the cost of the project in January 1969 (Minute 69/33). The project was also supported financially by the South East Metropolitan Regional Hospital Board, and it resulted in the publication in 1970 of the book 'The Geriatric Day Hospital' written by Professor Brocklehurst. This book describes three separate investigations into geriatric day hospital care in Great Britain.

- i) The first investigation, described in Section 1, attempts to define the total provision of geriatric day hospitals at the end of 1969 and to consider the principal types these day hospitals comprise. It also discusses the views of most geriatricians about day hospitals.
- ii) The second (Section 2 and 3) is a study of five day hospitals in the south-east of England - their history, physical amenities and staffing. It also provides a profile of patients, their social and physical characteristics, their diseases, the reason for their attendance and the treatment they receive.
- iii) The third investigation (Section 4), a review of all patients attending the Lennard Day Hospital in Bromley, Kent, over six years, deals with the duration of attendance and the outcome.

Evaluation

4. The book received a good press, and seemed to be recognised as an authoritative publication on this subject. By the end of 1971 over 1300 copies had been sold in this country and abroad.

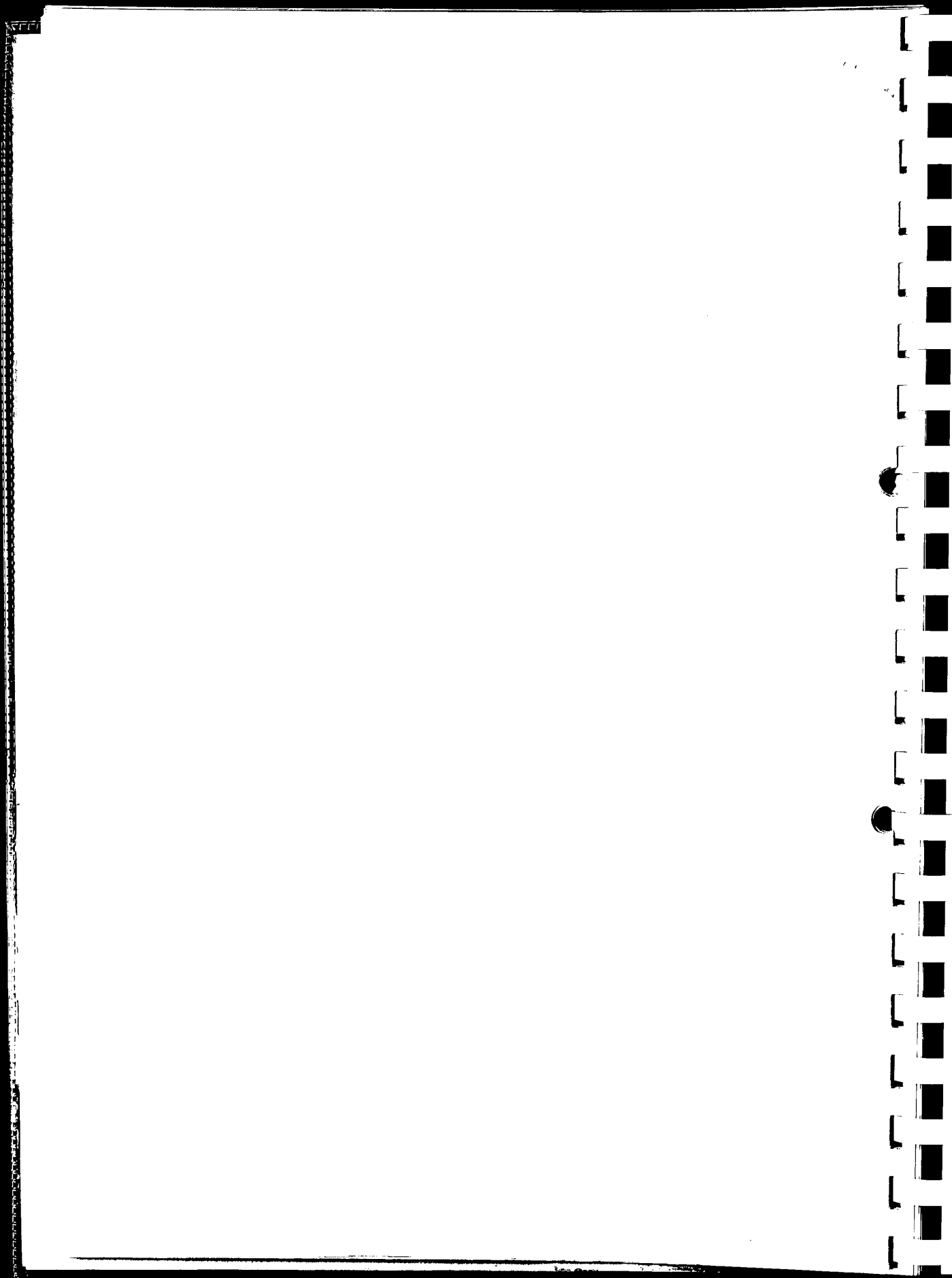
Future

5. This project has now been completed. There were ten geriatric day hospitals in the country in 1969. By 1969 there were over 90 and the number is still increasing. This publication should continue to be a valuable source of information and guidance for those concerned with the planning and management of day hospitals.

M C Hardie

Director

THC 72/95 April 1972



STATE FROM GERIATRIC SERVICES

Origins

1. These meetings arose out of the series of twelve conferences held between June and December 1970 at the Hospital Centre on the care of the elderly. It was intended that they should have the effect of following up and supporting efforts in the North West Metropolitan Regional Hospital Board towards improving the effectiveness of the hospital, residential and rehabilitative services for elderly people in the area.

Objectives

2. To bring together nursing officers responsible for the care of elderly patients in the North West Metropolitan Regional Hospital area to discuss problems connected with the care of the elderly and to promote the introduction of good ideas and practices. It was hoped that by giving them appropriate information they might subsequently return to their units and help in creating the kind of atmosphere in which desirable changes in working methods could occur.

Progress

3. There were four meetings in 1971 and topics have ranged from the use of voluntary resources to the upgrading of geriatric units and boarding out schemes.

4. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 455	Care of elderly patients in their Day Rooms
No 576	A consultation on voluntary resources
No 594	Voluntary resources, recruitment and deployment
No 629	Upgrading of geriatric and long stay wards

Evaluation

5. Those present have shown by their response and interest that they feel they are now able to argue more effectively for more resources for their patients and more informed about what is available, particularly in the use of volunteers, the upgrading of wards and the use of boarding out schemes for the elderly and emotionally frail patients.

The future

6.
 - i In response to interest shown at the last meeting a visit has been arranged to Severalls Hospital for this group to see the sophisticated system of care for elderly patients which has been developed there.
 - ii It is hoped that units which have been represented at these

meetings will be visited by the Regional Nursing Officer at the end of the year with a view to finding out what practical use has been made of the information received.

- iii It is proposed to continue to work through the subjects covered by the 1970 conferences in smaller discussion groups, with emphasis on the organisation of nursing care for elderly psychiatric patients.

H G Edwards
Nursing Officer
April 1972

THC 72/276

ART FOR THE ELDERLY

Origins

1. A request was received in 1970 from the Consultant in geriatric medicine at Guy's Hospital for a research grant to enable a teacher of art to develop art classes for elderly patients in both hospitals and residential homes.

Objectives

2. The main purpose of the project was to demonstrate the value of painting classes in reducing apathy and depression in elderly people.

Progress

3. Development Committee made a first grant of £900 (min 70/48 of 8 May 1970) on the understanding that an equal sum was provided jointly by the Hospital and its Guild of Ex-patients and Friends. A second grant (£1250) to cover a further year was allocated in November 1971 (min 71/47) on the same conditions.

4. Art classes are being held in the geriatric unit at New Cross Hospital and at a private residential home in Surrey. A conference was held at the Hospital Centre in January 1972 to publicise the idea of art classes for the elderly.

5. A special course of lectures and practical sessions for art teachers who are interested in working in the hospital field is being held under the auspices of the Inner London Education Authority. Two exhibitions of the work of some of the patients and residents from the hospital and home have been held at the Centre.

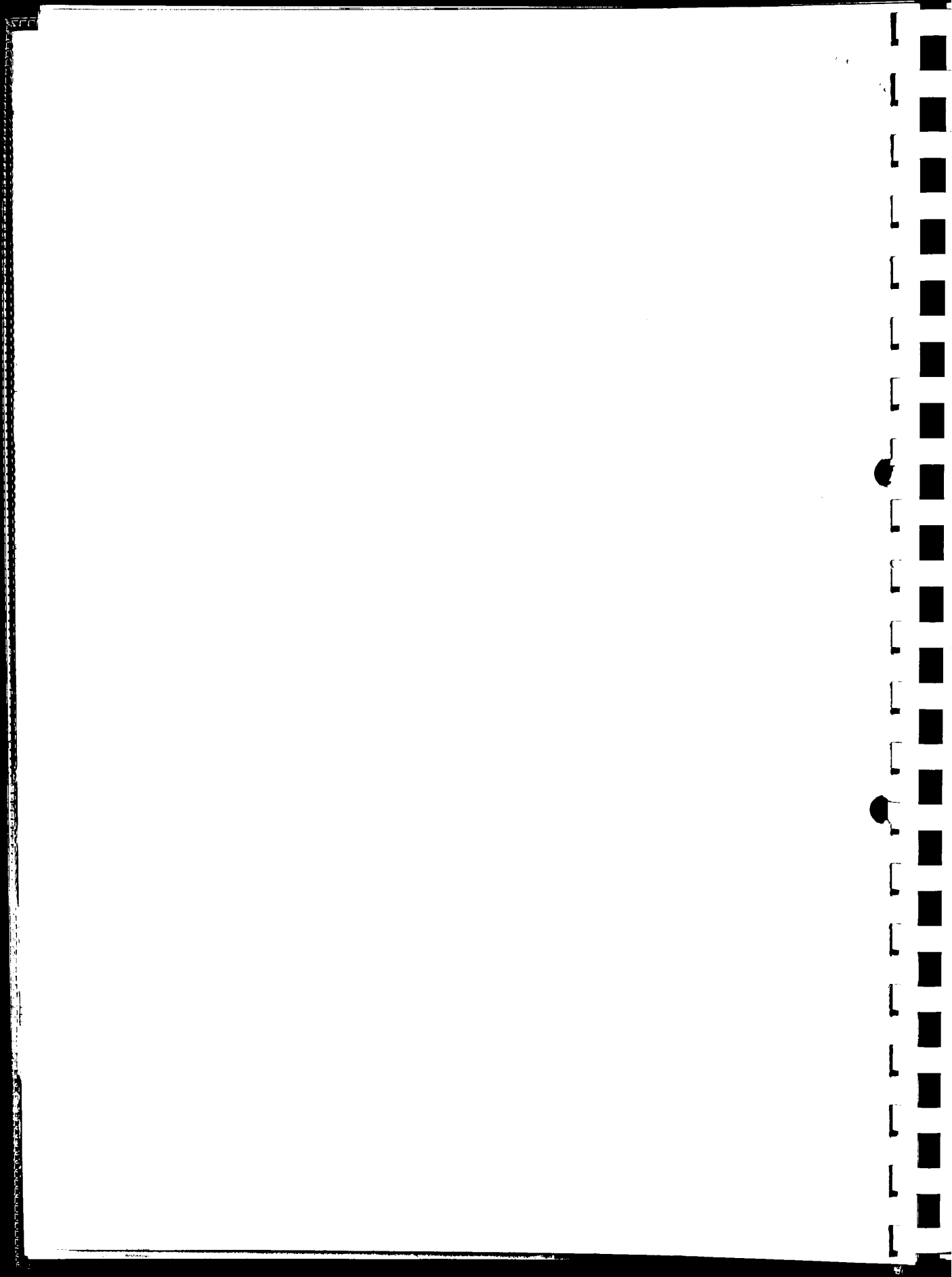
Evaluation

6. A brief report published in May 1971 describes the change in attitude of those elderly patients who have attended painting classes (Poulden, Sylvia M. Art in the Geriatric Ward British Hospital Journal and Social Service Review Vol LXXXI, no 4232. 29 May 1971, page 1054).

The future

7. Further training courses for art teachers and for non-teachers who are interested in painting lessons for elderly patients are envisaged.

M D Hinks
Research Officer
April 1972



INTEGRATION OF SERVICES



CLOTHING FOR LONG-STAY PATIENTS

Origins

1. For some years, the Centre has been concerned with the problems of clothing for long-stay and disabled patients, including the mentally handicapped. A number of conferences and discussions have been held at the Centre, often in association with the Disabled Living Foundation, to investigate these problems and to disseminate information and ideas about improving the standard of such clothing and making it readily available to those who need it.
2. One result of these activities has been an approach from the Shirley Institute (The Cotton Silk and Man-Made Fibres Research Association) for a grant to carry out an investigation into these problems. Development Committee made a grant of £2,750 in 1969 for this project (Minute 69/53) and further grants have been made of £3,500 in 1971 (Minute 71/15) and of £3,800 in 1972 (Minute 72/10).
3. The project has been guided by a steering committee at present consisting of:
 - Mr M C Hardie (Chairman)
 - Mrs W M Arnett-Rayson, Exhibition Officer, The Hospital Centre
 - Miss M Fels, Textile Adviser, Dept of Health & Social Security
 - Miss M E Fraser, Hospital Nursing Officer, Dept of Health & Social Security
 - Dr K Greenwood, Head of Textile Products Division, Shirley Institute
 - Lady Hamilton, Chairman, Disabled Living Foundation
 - Miss D Norton, Scottish Home and Health Dept and Scottish Hospital Advisory Service
 - Dr T N Rudd, Dept of Geriatric Medicine, Southampton General Hospital

The National Association of Hospital Supplies Officers nominated Mr R W Durrant as Liaison Officer between the Association and the Steering Committee.

Mrs Joan Lord, Senior Technical Officer at the Shirley Institute, has been the research officer working on the project since it started on 1 December 1969.

Objectives

4. The initial aims of the project was to select or develop fabrics and garments which will enable patients to dress with ease, to feel comfortable and clean and to look their best. The project was to consist of three parts: a survey of existing knowledge; field observations in hospitals; fabric and garment development. Following the initial survey and observations, a further specific aim has been to compile a catalogue of clothing which has been found suitable for use in hospitals, either by adequately documented trials in hospitals or by special trials arranged by the Shirley Institute.

Progress

5. The first stage of the project resulted in the preparation and publication by the Shirley Institute of a review of world literature on this subject, together with five supplements:

- i) Visits and contacts made with hospitals and geriatric departments
- ii) Experiences and trials in hospitals
- iii) Information submitted by individuals
- iv) Specifications of hospital clothing in various countries
- v) Developments and trials by the Shirley Institute

This review and supplements provide important background papers for further development, and are aimed primarily at specialists and research workers. On this basis, the distribution and sale of 150 sets of the papers has been a reasonable, but not spectacular, achievement.

6. Some work has been initiated on the development of new fabrics and garments, but at this stage the chief emphasis has been on collecting and disseminating information, and on trying to identify the main problems and needs.

7. An article "Clothing for long-stay patients" was prepared by Mrs Lord and published in the Nursing Times on 28.5.71. Reprints of the article were ordered by the Hospital Centre and given a wide circulation to all long-stay hospitals and to other health and social service authorities. The article reviewed the progress of the project so far, and also gave practical information about developments that could usefully be more widely adopted and about sources of information and advice already available to hospital and local authorities on problems of clothing.

8. Mrs Lord has maintained close contact with the Disabled Living Foundation (DLF) throughout the project and has taken part in many conferences and clothing demonstrations in many different parts of the country.

9. The first edition of the catalogue of clothing is being produced in 1972. It is hoped and intended that this will be bought and used by hospitals and health and social service authorities throughout the country.

Evaluation

10. Detailed evaluation of the project must wait until the catalogue of clothing has been widely distributed and used. In the meantime, it can be said that the project, and the associated work of the DLF, has had the following effects:

- i) there is much wider recognition, from DHSS to individual hospitals and wards, of the serious deficiencies in the arrangements for patients' clothing in long-stay hospitals and for clothing for the handicapped in the community,
- ii) an increasing number of authorities are taking steps to try to deal with these problems, particularly through the appointment of clothing managers or clothing co-ordinators,
- iii) through Mrs Lord's article and contacts with hospitals, and through her participation in the DLF clothing demonstrations, many more authorities and individuals are now aware of the useful garments that are already available,

- iv) by the same token, clothing manufacturers are much more aware of the problems and are beginning to take more active steps to overcome them, particularly by increased production of garments proved to be suitable for the handicapped.

The future

- 11. In the immediate future the aims of the project will be:
 - i) to ensure widespread distribution of the clothing catalogue
 - ii) to update and expand the contents of the catalogue in preparation for a second edition
 - iii) to continue with the specification and development of new fabrics and garments
 - iv) to publicise as widely as possible in the health and social services what can be done to provide better clothing for the handicapped.

M C Hardie
Director

April 1972

HEALTH SERVICE PLANNING RESEARCH

Origins

1. This project arose from the Planning Seminars held at the Centre in June 1968, in cooperation with the Architectural Association and (then) Ministry of Health). A follow-up meeting was held at the Centre in November 1968, at which representatives of those who attended in June met to discuss what future action could most usefully be taken to deal with some of the problems that emerged from the seminars.
2. As a result of that meeting it was suggested that a small working group or steering committee should meet periodically to review the situation and suggest lines of investigation or research that might be tackled by teams drawn from various parts of the country. At its meeting in January 1969, Development Committee allocated the sum of £500 for secretarial and incidental expenses that would be incurred in promoting and supporting this initiative (Minute 69/10).
3. The proposal took more precise shape when invitations were sent to senior officers in the various professions and interest groups involved in hospital planning to accept membership of a Steering Committee (the present membership of this committee is shown at the end of this report). It was explained that a high-level authoritative and representative committee should be well placed to identify R and D needs and to draw them to the attention of both researchers and research-sponsors, including the Department of Health and Social Security (DHSS).

Objectives

4. The Steering Committee met for the first time in September 1969 and by its fifth meeting in April 1970 had produced a draft list of topics that the Committee felt should have priority for research. However they had also concluded that further work was needed to ascertain the current state of information about those subjects so that priorities within the list could be assessed, and distinctions drawn between long-term and short-term studies. This was a task that members of the Committee had tried to do themselves, but it had become apparent that the work was something that could not easily be done in the spare time that members had at their disposal. For this reason the Committee at its fifth meeting had proposed that, in order to make recommendations for action, a research worker with knowledge of health and hospital planning should be employed and that the project should be financed jointly by the King's Fund and the DHSS. At the end of his study it was envisaged that a definitive statement would be submitted to the DHSS by the Steering Committee. At its meeting in May 1970, Development Committee endorsed the objectives that the Steering Committee had identified in their case for a research worker, by allocating £2500, to be matched by the DHSS, for the appointment of a Research Officer to the Steering Committee (Minutes 70/47 and 70/64).

Progress

5. Mr. Keith Barnard, Deputy Director of the Nuffield Centre for Health Service Studies at the University of Leeds, took up the post of Research Officer on secondment in December 1970. At the ninth meeting of the Steering Committee in April 1971, he submitted a report to the Committee reviewing the various areas of concern that they had earlier identified.

He summarised them as follows:

- i) comprehensive service planning
- ii) the need to improve the management of planning, including the more effective use of trained planning manpower
- iii) the education and training of planners
- iv) information flow to and between planning authorities
- v) problems of design with particular reference to the reconciliation of conflicting concepts of standardisation and flexibility.

6. He went on to indicate various developments and initiatives, both within the DHSS and elsewhere, which lent weight to the view that the matters of service planning, management of hospital planning, and standardisation were beginning to receive the attention that the Committee had earlier concluded they required. He judged that the education needs of potential professional health planners would become more apparent when the dimensions of comprehensive health care planning itself became clearer. The comprehensive health planning (CHP) seminars being held at the Hospital Centre would, it was anticipated, provide the necessary basis on which to consider educational problems. As far as training of staff was concerned, this had now to be seen in the broader context of preparing all health service staff for new roles during the transitional phase from the White Paper to the vesting day for the unified service in 1974.

7. He observed that as far as information for hospital planning was concerned, this was matched by a wider concern which was emerging, focussed on information needs for comprehensive health planning, which in turn was part of the growing recognition of a need for more developed information services in the NHS as a whole. He asked the committee to approve his recommendation that in the circumstances now obtaining, he should concentrate for the remainder of his term as Research Officer on the problem of information for planning, along lines suggested by the DHSS:

AIM To assist local (area and regional) NHS authorities with the best available information for setting objectives and priorities in planning unified and improved health services for their areas and for establishing criteria for the success of their planning activities.

TASK For this purpose, to prepare information about successful health planning practices and methods, including a system of basic references and abstracts; to make suggestions for the communication of this information; to identify gaps in the information available and to make suggestions as to how they might be filled; and to make proposals for establishing the preparation and communication of such information on a continuing basis.

8. The Committee accepted the report and approved the proposal that the Research Officer concentrate on information for planning along the lines indicated above. They felt, however, that further consideration should be given to the immediate training needs of staff employed in hospital planning project teams. Subsequently, the Committee have offered their services

as a multi-professional group to comment on the hypotheses evolved by the DHSS Management Study Group as they concern the building and related functions in the unified health service structure. They have also agreed to give further consideration to the issue of education needs for health building planners and have received a memorandum on this subject from the Secretary to the Committee (Mr. R.O. Moss).

9. At its meeting in November 1971, Development Committee received a proposal for and made an allocation of £5000 (Minute Dev. 71/46) for Mr. Barnard to continue his work in the field of comprehensive health planning, with particular reference to the development of information services for planners. His tenure as Research Officer to the Steering Committee lapsed with the presentation of his final report which was received at the eleventh meeting in December 1971. In that report he explained first the slow progress made so far towards a methodology for comprehensive health planning and the hope for faster progress in future and secondly, the reasoning behind his proposal to Development Committee.

Evaluation

10. In retrospect it can be seen that the work of the Steering Committee has been in some senses overtaken by events. The concern of those who originally pressed for such a committee was that hospital planners of all disciplines should be backed up in their work by a stronger research effort and better information. At that time (in 1968) it still seemed a simple task, but events moved very rapidly, both on the political front with ministers becoming committed to radical reform of the NHS administrative structure; on the administrative front with several developments inside the DHSS introducing a more sophisticated and hopefully more relevant approach to the management of the NHS, and on the design front with a stronger R and D effort implemented by the works professions at the DHSS. More recently, of course, R and D has become a more overtly political question with the publication of the Rothschild report, which for the time being must leave uncertain the future character and scope of R and D both in the NHS as a whole and in respect of the design and building function. Lastly one must observe the shift in thinking among various interest groups towards policy and service planning, which while not invalidating building planning as a necessary object of R and D, removed some of the impetus that had been built up. Indeed it can reasonably be observed that for some time the Committee itself became uncertain as to its basic responsibilities - the reform of the NHS or the hospital building programme. On the other hand the Committee became widely recognised as a valuable forum for discussion between professions particularly on matters both directly and indirectly related to the building programme, and the DHSS observers felt it served a particular purpose in allowing them to sense a cross-disciplinary response or reaction to policies and practices. Further, by the quite wide circulation of committee papers and the informal dissemination of ideas generated in Committee discussion, the Committee has acted as a catalyst or accelerator to a number of the developments which were noted above as overtaking it. Quite apart from his involvement with the Steering Committee, Mr. Barnard's work in the field of comprehensive health planning and information services continues as agreed by Development Committee, but it is of course too early to evaluate this project.

The future

11. At the moment the two firm commitments the Committee has accepted are to comment on the proposal for the organisation and management of the building function in the new health service structure, and to give further attention to the education needs of building planners. The future life of the Committee is uncertain but there is a clear possibility that once the future organisation and management pattern of the NHS is determined, the Committee will settle into the role of an occasional forum for the cross-disciplinary discussion of health planning and the hospital building programme by the various professions working in health authorities, together with observers from the DHSS.

12. Mr. Barnard is now engaged on the work proposed in the paper (THC 71/686) submitted to Development Committee in November 1971. In this he is paying special attention to the subject of information for planning, in particular to the development and testing of a hand book of basic information for health planners, and to exploring the possibility of a regional board making an experimental appointment in its policy planning unit of an officer, perhaps to be termed an "information broker", who would be responsible for ensuring that there was a ready flow of all information (of whatever source, form and texture) which was relevant to the tasks that the planning unit had in hand.

K. Barnard
Research Officer
April 1972

Membership of Steering Committee at 1 January 1972

Mr. W. Bowring (Chairman)	Secretary, Leeds Regional Hospital Board
Mr. K. Barnard	Research Officer, The Hospital Centre
Mr. B. Brookes	Assistant Director, The Hospital Centre
Mr. J. Constable	Regional Engineer, Birmingham Regional Hospital Board
Mr. B. W. East	Regional Architect, South West Metropolitan Regional Hospital Board
Mr. C.P. Goodale	Assistant Secretary, Department of Health & Social Security
Miss F.M. Gundry	Regional Nursing Officer, Wessex Regional Hospital Board
Dr. M.S. Hall	General Practitioner, East Grinstead
Mr. M.C. Hardie	Director, The Hospital Centre
Mr. J. Leithead	Director, The Scottish Hospital Centre
Mr. R.O. Moss (Secretary)	Director, Medical Architecture Research Unit, Polytechnic of North London
Mr. A.J. Noakes	Senior Architect, Department of Health & Social Security
Mr. M. Pearson	Partner, C.B. Pearson & Sons
Dr. K. R. Porter	Senior Administrative Medical Officer, South East Metropolitan Regional Hospital Board
Dr. J.A.G. Watson	County Medical Officer of Health, East Sussex County Council
Mr. W.G. Wilson	Assistant Secretary, Department of Health & Social Security

COMPREHENSIVE HEALTH PLANNING SEMINARS

Origins

1. The seminars resulted from discussions between Mr. B. Brookes and the Long Range Planning Group, Department of Health and Social Security, about the lack of collective experience in comprehensive health planning in this country.
2. It was decided that an exploratory meeting should be held between representatives of areas in which comprehensive health planning (CHP) was taking place in an attempt to identify common practice and problems in the hope that this could provide the basis for the development of a planning methodology.
3. The first meeting was held in January 1970 and it was obvious that further meetings would have to be organised to discuss the problems that had been raised.
4. At that time the Hospital Centre was responsible for organising the seminars but it was felt important that guidance of the series should become the responsibility of the group as a whole and accordingly a steering group was formed, the membership of which is now as follows:

Mr. M.C. Hardie	(Chairman)
Mr. K. Barnard	Research Officer, Health Services Planning The Hospital Centre (see para. 8)
Mr. B. Brookes	(Secretary)
Dr. P. Draper	Department of Community Medicine Guy's Hospital Medical School
Mr. J. Dummer	Principal Assistant Secretary, Wessex R H B
Dr. W. Edgar	Medical Officer of Health, County Borough of Northampton
Dr. J.T. Jones	Medical Officer, Department of Health and Social Security
Dr. J.J.A. Reid	Medical Officer of Health Buckinghamshire County Council
Mr. J. Stringer	Director, Institute for Operational Research

Objectives

5. The steering group originally agreed the following four main functions for the seminars (see also para. 9):
 - a) to provide a forum for discussion between those engaged in CHP projects
 - b) to act as a focus for the collation and exchange of knowledge, experience and opinion gained in current CHP projects
 - c) to identify gaps in the information required at the different levels of planning and to suggest subjects and priorities for research in this field
 - d) to help towards the establishment of a methodology for comprehensive health planning

6. It was originally decided that the seminars should be restricted in membership to facilitate the working of the group, and that, to provide a cross-section of experience the following project areas should be invited to participate:-

Milton Keynes	Northampton
Basingstoke	Cumberland
Tower Hamlets	Teesside
Runcorn	West Riding
Brighton	Frimley
Thamesmead	North West Metropolitan RHB

Progress

7. Since the inception of the series, 8 seminars have been held, touching on many of the problems identified at the first meeting.

8. During the year, Mr. K. Barnard, deputy director, Nuffield Centre for Health Service Studies, reported to the Hospital Planning Seminar Steering Committee, to which he was research officer, that he should concentrate upon the specific area of the information needed for planning. As a result of this an approach was made to Development Committee, in November 1971, to develop and test a handbook of basic information for health planning and to formalise his relationship with the CHP seminar group (THC 71/758, minute 71/46).

Evaluation

9. The eighth seminar was devoted to an appraisal of progress over the first year. It was agreed that the seminars had achieved the twin objectives of providing a forum and focus for discussion and the sharing of experience, and the group felt that this was most valuable. On the other hand progress towards identifying gaps in planning knowledge and towards establishing a planning methodology had been negligible although it was unrealistic to expect results in such a short period. However, it was felt that the seminars could make a significant contribution to the task of the Department of Health and Social Security in producing guidance material on CHP for the new health authorities in the immediate future and this should provide a clearer focus for the work of the seminars in the next year.

The future

10. The original objectives of the seminar were reviewed by the steering group in the light of the eighth seminar and it was agreed that they should be modified to become:

- a) to provide a forum for discussion between those engaged in CHP projects
- b) to act as a focus for the collation and exchange of knowledge, experience and opinion gained in current CHP projects
- c) to define and to discuss a concept of CHP and its application
- d) to help towards the establishment of a structure and methodology for the planning of health and related services in the context of the 1974 reorganisation of the NHS and local government
- e) to identify gaps in the information required at the different levels of planning and to suggest subjects and priorities for research in this field.

11. The seminars will continue during the coming year and will attempt to contentrate attention upon the proposed reorganisation of the NHS.

12. It is also hoped to develop and test an exercise in health planning in an attempt to harness the skills of the group.

B. Brookes
Assistant Director
April 1972

THC 72/59

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INTEGRATION OF HEALTH SERVICES

Origins

1. This project originated in an application to the King's Fund from the South East Metropolitan Regional Hospital Board for support for a study to see how the proposed unification of the NHS may be made to work at area level. The project was approved by the Fund's Management Committee in December 1970 (Minute MAN 7692, and DEV 71/12) and a sum of £13,000 was allocated towards the cost of the project over a period of two years. It was to be related to the Brighton and East Sussex area and to be conducted under the direction of Dr P J McEwan, Director of the Social Research Centre at the University of Sussex.

Objectives

2. The main purpose of the study was defined as being to bring together those now responsible for the local health, general practitioner and hospital services in the area in order to identify all the consequences of any possible unification. Initially, the emphasis was to be laid on:

- a) The administrative reorganisation necessary to effect unification and the development of a district organisation if that is thought to be necessary.
- b) The organisation necessary to ensure proper medical advice to any area health authority over the whole range of health services, the role of the Executive Committee and the application of the Salmon Report, together with the influence of the Community Physician.

Progress

3. The project started officially in January 1971, with the appointment of Dr John Powles as Research Fellow, based at the University of Sussex, working under the direction of Dr McEwan and guided by a steering committee that now consists of the following members:

Dr K R Porter	Senior Administrative Medical Officer, South East
(Chairman)	Metropolitan RHB
Mr D Allen	Director of Social Services, East Sussex
Mr K Barnard	The Hospital Centre
Mr M C Hardie	The Hospital Centre
Mr H N Lamb	Secretary, South East Metropolitan RHB
Dr P J McEwan	University of Sussex
Dr J Powles	University of Sussex
Mr J Simmonds	University of Sussex
Dr J A G Watson	Medical Officer of Health, East Sussex

4. At an early meeting of the Steering Committee, it was agreed that nine Advisory Groups should be formed

- i) to consider the identification of current problems in providing services and needed improvements in the Brighton and East Sussex area
- ii) to give detailed consideration to the cause of past problems

- iii) to recommend solutions in the context of an integrated service
- iv) to recommend areas of further study

5. The subjects covered by the nine Advisory Groups are:

- i) Environmental, epidemiological and preventive services (including health education)
- ii) Primary medical services
- iii) Acute specialist services (in-patient and out-patient)
- iv) Birth control and maternity services
- v) Child health services
- vi) Services for the elderly
- vii) Services for the physically and mentally handicapped
- viii) Psychiatric services
- ix) The consumer and the health service

6. These Advisory Groups produced their reports by early in 1972. These formed the basis for the second phase of the project, which involved the establishment of Advisory Groups to discuss and recommend methods of implementing the proposals of the first phase Advisory Groups, and generally to relate the work done to the operational and administrative requirements of the new area authority and its constituent district. Four functional groups will be convened as follows:

- i) The area health authority - objectives, functions and management structure
- ii) The district organisation - functions and management structure
- iii) Consumers and the health service
- iv) The professions and management

7. In order to coordinate the work of these groups and to resolve differences and deal with matters of common concern, a Joint Advisory Group will be formed at which all the functional groups will be represented. The Joint Group will also have links with a parallel linked study just started at the Centre for Social Research on the relationship between health and social services. In addition two workshops dealing with technical as opposed to policy considerations are being set up:

- i) the organisation of information services
- ii) the organisation of supportive services and estate management

It is expected that these second phase bodies will complete their work by the end of July.

Evaluation

8. It is still premature to make any real judgment on the success of the project, including the applicability of its work to other parts of the country. However, the reports of the first phase groups have certainly fulfilled their purpose of providing through their reports a very valuable start to the whole process of reorganisation and integration. The project has also justified itself by concentrating on objectives and content of services while the DHSS management study has concentrated on structure. The project has thus played a complementary role to the Department.

Future

9. There is clearly much more to be done before the project can be seen to be meeting the basic operational and administrative concerns of not only East Sussex but elsewhere. How it will fulfil this task will become clearer after the second phase groups report, and after the Department's decisions about structure become known.

CONTINUITY OF PATIENT CARE AT HOSPITAL AND AT HOME

Origins

1. In the latter part of 1968 there had been a growing awareness of the importance of ward sisters communications with district nurses concerned with the care patients receive in hospital and the anticipated nursing needs when they are discharged home.
2. Following informal discussions between nursing officers from the Hospital Centre and from the then Ministry of Health it was felt the Hospital Centre could play a useful role by convening a series of meetings, to discuss with district nurses patterns of continuity and coordination of care for patients discharged from hospital.

Objectives

3. To discuss ways of providing continuity of care between hospital and home and to improve cooperation between hospital and local authority staff.

Progress

4. There have been twelve meetings. They started with discussions between hospital sisters and district nurses. It became clear, however, if effective continuity of care was to be achieved, nursing policies would have to allow for more flexibility between hospital-based and home-care nurses. It was therefore decided to invite chief nursing officers of hospitals and local authorities to the next meeting. This particular series arose from that meeting when a local authority chief nursing officer approached the Hospital Centre to organise a local meeting for the chief nursing officers in the West London area.

5. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 287	No 409	No 459
No 325	No 439	No 463
No 357	No 446	No 477
No 386	No 457	No 539

Evaluation

6. The success of this series can perhaps best be measured by the fact that this model of multidisciplinary multiauthority meeting is going to be built into the ordinary communication structure of the new teaching complex. Another indication of success is that request were made for a similar meeting to be arranged for chief nursing officers in the Newport Mon area, these have been continued locally since.

Future

7. There are no more Hospital Centre meetings planned in this series but there are to be similar meetings organised elsewhere by other authorities appropriately supported by the Hospital Centre.

H G Edwards
Nursing Officer
April 1972

THC 72/88

INTEGRATED CARE OF THE PSYCHIATRIC PATIENT

Origins

1. This series originated from earlier meetings held for ward sisters from general hospitals and district nurses. At one of these meetings it was suggested that similar meetings should be held for nurses working in mental hospitals.

Objectives

2. Each time the aim at these meetings has been to bring together nurses and other people working both inside and outside hospitals who are involved in the care of emotionally disturbed patients, to discuss common problems and new ideas, with a view to improving communications and providing effective treatment for patients.

Progress

3. There have been twelve meetings. Discussions started with emphasis on whether support and care of psychiatric patients on discharge from hospital should be the responsibility of psychiatric nurses or of nurses in the community. It was decided that a strong lead was needed by the medical profession and that doctors working in general practice as well as psychiatrists should also be included in future meetings.

4. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 438	No 569
No 456	No 596
No 476	No 609
No 508	No 620
No 541	

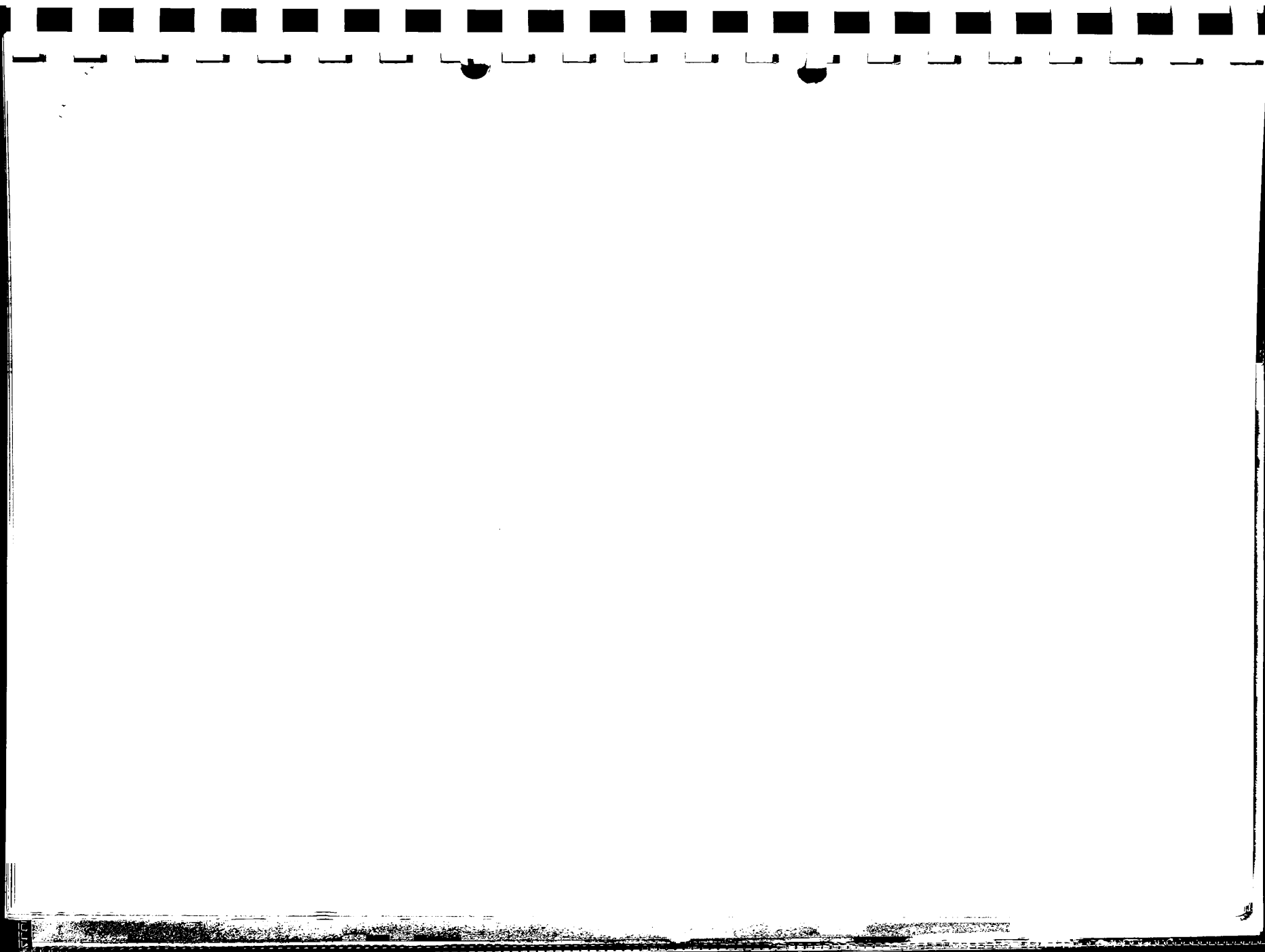
Evaluation

5. The health service staff involved in these meetings have gradually realised through their discussions that there may be many resources which they have not yet fully recognised i.e. volunteers, community liaison officers, employment officers, clergy etc. The meetings have been built up from recommendations made by those attending each meeting. From the practice of stating objectives explicitly at beginning of each meeting and critical assessment at the end it seems that the participants are getting practical help from each other and enthusiasm for continuing the series.

Future

6. In 1972 our efforts in this series will be concentrated on psychogeriatric care with participants mainly from the North West Metropolitan Regional Hospital Board.

H G Edwards
Nursing Officer
April 1972
THC 72/89



STAFF FROM GENERAL PRACTICE TEAMS

Origins

1. These meetings started as a result of discussions in 1968 with Dr Peter Draper of the Department of Community Medicine, Guy's Hospital Medical School. At that time he was engaged in research on community medicine with particular reference to the development of schemes for the attachment of health visitors to general practitioners. A meeting was held with Dr Draper and a number of health visitors and nurses from the Department of Health and Social Security, and it was agreed that future multidisciplinary meetings could usefully be held to explore progress and problems in this field.

Objectives

2. The objectives of the meetings have been
- i to invite general practitioners and their teams to discuss problems of communication and cooperation in group practice
 - ii to examine the variety of ways in which local authorities and general practitioners were together improving standards of community care
 - iii to exchange information and ideas about improving communications and providing better coordinated care.

Progress

3. Seven meetings have been held and a wide variety of topics discussed including record keeping and confidentiality, communication and cooperation between different members of the team in group practice. This series culminated in a large meeting at the Royal College of General Practitioners which was sponsored by the Hospital Centre, at which the recommendations of the Seebohm report were discussed by general practitioners, social workers and practice nurses.

4. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 259	No 434
No 268	No 530
No 281	No 579
No 306	

Evaluation

5. Those attending these meetings certainly seemed to have found them useful. It is encouraging that some of the professional associations chiefly concerned have cooperated very willingly in the planning of

future meetings as indicated below.

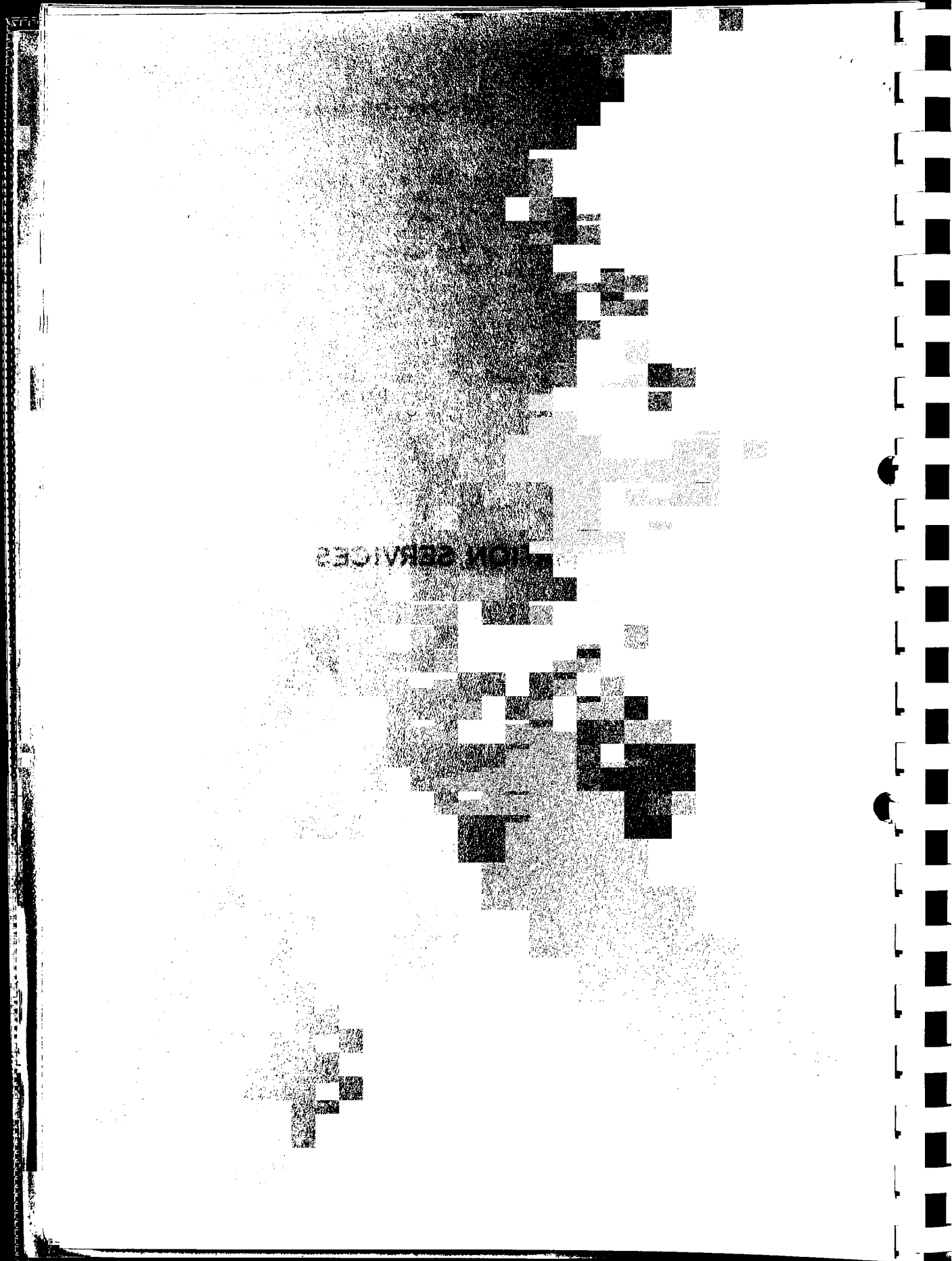
The future

6. In November 1971 a small meeting was held to discuss future plans. It was attended by representatives from the Royal College of General Practitioners, Royal College of Nursing, the National Institute for Social Work Training, the National Association for Mental Health, the Department of Sociology Bedford College, and the social services section of the Department of Health and Social Security. As a result of this meeting it was decided to arrange a series of luncheon for general practitioners, superintendents of nursing and health visitors, and area managers of social work. It was suggested that five people from each discipline should be invited making a group of fifteen and that a member from the Department of Sociology Bedford College, should also attend as a participant observer. The group asked that the Hospital Centre should convene the meeting.

H G Edwards
Nursing Officer
April 1972

THC 72/272

INFORMATION SERVICES



A NATIONAL INFORMATION NETWORK FOR THE HEALTH SERVICES

Origins

1. Since the Hospital Centre opened, in 1963, there has been a strong tendency for its library to grow into a national reference and lending service. With the amount of money available, there are obviously limitations to how far the Centre can expand its library and information services to meet the ever growing demands imposed upon it by users from the health services. It has long been felt by the staff at the Centre that the provision of literature and other information are essential in a national health system, and that such provision should, as soon as possible, become an integrated part of the NHS, with the Centre's library and information service being but one component in a nation-wide network.
2. The provision of libraries and information services for people working in the national health care effort is fragmentary and under-organised. In many hospitals, for example, only doctors, and nurses in training, have any libraries at all; even these are all too often woefully inadequate in terms of space, stock, staffing and financing. Yet, in common with other major industries, the health services are rich in information. There is an ever increasing flow of books, periodicals, reports, statistical material and other information, from government departments, commercial publishers, commercial and charitable organisations, hospitals and other health care units. Information and potential users exist in abundance; but there are few signs of determined effort to regulate and facilitate the flow of information to and between users. People complain that on the one hand they are subjected to too much general information, while on the other hand they find it difficult to obtain specific information when it is needed to solve problems.
3. In November 1967, Wessex Regional Hospital Board appointed a Regional Librarian to plan and construct a regional library and information service. This marked the beginning of the first attempt to rationalise information services for multidisciplinary use on a significantly large spatial basis within the NHS. Now that the Wessex project has developed into an operational system, it can be used as a prototype for similar services in other regions. Such regional services, together, with the libraries at DHSS, the King's Fund Hospital Centre and the Scottish Hospital Centre, could become the main components of an information network for the health services. One of the main contentions of several information specialists who would like to see the development of a network is that some organisation would have to perform a coordinating role at national level. It would seem reasonable to suggest that DHSS would be the proper coordinating organisation.
4. Soon after the appointment of R B Tabor as Wessex Regional Librarian, he, Miss A J Bunch (Librarian, Scottish Hospital Centre) and K Morton (Assistant Director, King's Fund Hospital Centre) agreed that they would work together to publicise events in Wessex, and that they would endeavour to encourage similar developments in other regions.

Objectives

5. To encourage the establishment of a national information network for the health services, by:

- identifying, assisting and publicising any development within the health services which could lead to better library and information services;
- bringing together, formally and informally, people who are in a position to initiate and effect such development;
- encouraging the adoption of standard and compatible methods for classifying and processing literature and other media;
- encouraging DHSS to recognise the necessity for improved information services and to take a more active part in coordinating developments within the NHS.

Progress

6. Wessex is the only NHS region to have built up a working network of libraries and information units. Some other regions have shown signs of interest but so far have not committed themselves to action. Growing interest in the proposed network is evident in some strategically vital organisations such as the Office for Scientific and Technical Information (OSTI) and the National Lending Library for Science and Technology (NLL). DHSS have recently agreed to allocate funds for a two-year project in Wessex which will examine the information needs of health service workers with a view to providing the right kind of facilities.

7. A regional librarians' discussion group, which held its first meeting at the Hospital Centre in 1970, has flourished; two successful meetings were held during 1971, one at the Scottish Hospital Centre and the other at Sheffield Regional Hospital Board. Another meeting is planned to take place at the Radcliffe Infirmary, Oxford, in April, 1972. Attendance at these meetings is building up in a very interesting way; as well as several RHB and HMC librarians who form the group's permanent membership, some other people who are important within the context of the group's objectives have been attracted. For example, the Sheffield meeting was attended by the Deputy Director NLL, the West Riding of Yorkshire County Librarian, the Medical Librarian of Nottingham University, the Chief Librarian DHSS, the Engineers Librarian and the Architects' Librarian DHSS, and several local postgraduate medical centre librarians. This is now a strong 'mission-oriented' group of people who are keen to work together and to influence others in the cause of better information services for health care workers.

8. Most regional libraries and several other health service libraries are now using the Bliss Classification schedules which were expanded by Hospital Centre staff to meet requirements of the Centre's library. Since January 1970, when these schedules were produced in book form, over 100 copies have been distributed in response to requests from librarians and others, many of whom were interested in using the scheme for their own collections. This means that already several libraries which would form part of a national network are arranging their collections similarly. DHSS also use Bliss Classification, in fact the Centre's expanded schedules were based on earlier work at the Department's library.

Evaluation

9. Apart from the developments in Wessex, which are described in a separate review, there has been very little progress which is concrete enough to be evaluated.

The meetings described above, and my visits to regional hospital boards and hospital management committees, do seem to be slowly adding to the number of decision-makers who are prepared to recognise the importance of formalising information handling activities. These are educational processes which, although undramatic, should prove to have long-term value.

Future

10. It is hoped that, with Wessex as an example, and with more authorities showing recognition of the need for better information services as part of their educational and management systems, more NHS regions will commit themselves to building adequate networks of services. It is also hoped that, in due course, DHSS will appoint a libraries adviser whose main concern will be to coordinate piecemeal regional and local efforts in such a way that a national information network for the health services can become a reality.

Keith Morton
Assistant Director
April, 1972

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MULTIDISCIPLINARY LIBRARY SERVICES IN HOSPITALS

Origins

1. Library provision in hospitals is generally poor. Even where hospital libraries do exist they usually serve only one or two professional types of user, such as medical staff or nurses in training; usually they are understaffed and therefore under-organised and under-exploited as information sources. Apart from the regional network in Wessex (described in a separate review) there are few signs of coordinated effort to build up more adequate literature and information services. If the proposal for a national information network for the NHS (described in a separate review) ever gains acceptance, and if any other regions decide to develop similar services to those in Wessex, hospital libraries will be the main access points for the majority of users. It is important, then, that these libraries should be improved or come into being in many hospitals where there are none, both in the interests of local staff and patients and to provide effective components in regional or national systems.

2. In spite of the unsatisfactory situation described above, there are signs of a growing awareness in hospitals that literature and information services are important. During the past few years, several hospital group HMC's have approached the Hospital Centre seeking advice about improving their library services. Often these enquiries have arisen from the planning of a postgraduate medical centre, and the interest has usually been confined initially to the upgrading of the medical library. Sometimes an approach has been made by a nurse tutor who is dissatisfied with a nursing school's educational library. Only very rarely has the enquiry been about a proposal to develop a multidisciplinary library within a multidisciplinary education centre.

3. Believing that the new district general hospitals will all have general education centres with general libraries, and knowing that this kind of library will be necessary in future information networks, the Centre's library staff, when consulted about such matters, make a standard practice of encouraging enquirers to broaden their interests from unidisciplinary to multidisciplinary services. When an enquiry is from medical staff, attempts are made to interest users in the concept of a general education centre rather than a postgraduate medical centre.

Objectives

4. The objectives of the advisory service given to hospitals by senior staff of the Centre's library are:

- to assist hospitals and hospital groups to improve library and information services as part of their educational facilities;
- to encourage the development of multidisciplinary education centres with library and information services for all kinds of hospital staff, general practitioners, and local authority health workers;
- to convince hospital authorities that they should employ professional librarians to plan and implement library and

information services;

- to encourage the proper use of local authority and other non-hospital libraries by hospital staff and patients.

Progress

5. At present Keith Morton is acting as adviser to six hospital groups. In every case he has visited the group, surveyed the facilities and discussed requirements and possibilities with representatives of the various involved sectors, and then presented a report giving comments and recommendations for future development. In some cases he has made follow-up visits for further discussion and to assist with implementation of recommendations.

6. Four of the groups, having accepted the recommendations in the report, have appointed or are about to appoint professional librarians. The other two groups are at a very early stage of discussion and have not yet committed themselves to action. In most cases it has been agreed to transform postgraduate medical centres to multidisciplinary education centres. In every case the library will be developed into a service for all disciplines.

Evaluation

7. In two groups, where development is advanced enough to evaluate, it appears that users are well satisfied with the improvements in library services. By employing professional librarians who have close working arrangements with their local authority libraries, the hospitals have linked themselves to comprehensive inter-library cooperative lending systems. This often means that literature can be borrowed instead of bought; this in itself is making good use of resources. Staff are able to benefit from improved bibliographical services.

8. Another important aspect of this work is that, through the Hospital Centre, it is possible to arrange for the newly appointed librarians to be put in touch with each other and to encourage them to use compatible systems and methods in their libraries.

The future

9. Although few hospital groups have so far developed multidisciplinary libraries, it does seem as though the rate of enquiries is accelerating a little. As more of these services become operational it should be easier to convince still more groups that there is something to be gained by rationalising and upgrading their information services. Perhaps the most important long-term aspect is that each of these improved libraries will constitute a ready made local service point within regional and national networks as they evolve.

Keith Morton
Assistant Director
April, 1972

WESSEX REGIONAL HOSPITAL BOARD -
LIBRARY AND INFORMATION SERVICES

Origins

1. The Hospital Centre first became involved in this activity in 1967, shortly after the Regional Hospital Board appointed Mr R B Tabor as Regional Librarian. This was the first appointment of its kind within the NHS. Other so-called regional librarians perform the comparatively limited function of providing library services to the officers of the RHBs which employ them; Tabor was appointed to survey all library facilities in the region and to make recommendations for their improvement. He was also made responsible for the implementation of his recommendations.
2. The sequence of events which led to Wessex being the first board to initiate a regional library rationalisation programme are worth recording. This was not the first time that such a development had been theorised about. In 1965 Sheffield RHB had published a report (1) by a working party which had examined the question of the provision of medical library facilities in regional hospitals. That report was welcomed and considered to be of great importance by many people concerned with literature and information services for health care workers; even though it was not followed by significant action in Sheffield, it was one of the sources which was used as a springboard for action in Wessex. As is natural in a health services setting, the shortcomings in library provision in the Wessex region were first noticed in relation to the work of medical staff. At the time of Tabor's appointment, Wessex was the only region not to have a medical school within its boundaries. This situation changed, in 1971, when the University of Southampton Medical School came into being, but in 1967, medical education effort within the region was based on eight postgraduate medical centres. These centres had libraries which were staffed by medical secretary/librarians, and it was a proposal to upgrade these services which first focused attention on library provision. At about the same time the Librarian of the Royal College of Nursing, at the request of Wessex RHB, carried out a survey of nurse training school libraries in the region; her report described a very unsatisfactory level of provision. At this stage the RHB decided that library provision was a regional responsibility and decided to appoint a Regional Librarian.
3. Soon after his appointment, the Regional Librarian approached the Hospital Centre seeking cooperation and advice. Since then Tabor, Morton, and Miss A J Bunch (Librarian, Scottish Hospital Centre) have worked closely together in developing the three services they represent into potential components of a national information network for the health services. (This hoped for network is described in a separate review.)

Objectives

4. The objective of the Wessex Regional Library and Information Service is to provide an optimum library and information service, within the constraints of available resources, to all health services workers in the Wessex region. Originally the focus was on medical libraries but now it is fully accepted that the needs of all professions and trades must be catered for.

5. The objective of the cooperation between the Hospital Centre and Wessex RHB is twofold:

- to assist the Regional Librarian to attain his regional objective;
- to encourage the Regional Librarian to build his services in such ways that they can be used as a model by other regions where similar developments are envisaged.

Progress

6. After a necessarily slow start during the reporting and early planning stages of the project, progress has been impressive and has accelerated considerably during the past two years. 1971 was a particularly good year, during which the services expanded considerably around a growing staff of professional librarians. Important successes can be reported in the training of users - doctors, nurses, administrators, and others - and most of the early resistance, caused by people fearing that their local libraries were to be taken over by some impersonal remote regional entity, has now been converted into active cooperation with and appreciation of the newly structured services.

7. Perhaps most significant, though, is the fact that DHSS, after nearly three years of negotiating, have recently agreed to finance a two-year project to examine and define the information needs of users working in hospitals. Wessex RHB have been allocated £7,200 per year for two years plus a capital sum of £1,500 for this project, which, with the full support of the Office for Scientific and Technical Information (OSTI), will be starting in the near future. Broadly, the aims of the project are:

- to define categories of information user;
- to determine levels of information required;
- to establish the purposes for which information is required;
- to investigate methods of communicating information;
- to distinguish sources of information available to health service users.

The project will be based in Southampton, and Keith Morton expects to be involved in planning and helping to supervise the work.

Evaluation

8. Even at this early stage of development, there can be little doubt that the multidisciplinary library service in Wessex is far in advance of any other attempt to improve information services in the NHS. Even so, much work remains to be done; at present the service is based on traditional manually operated library systems, but before any confident move forward to the use of mechanised methods can be started, much more must be known about users and their needs. The fact remains that the Wessex scheme is attracting, even forcing, attention to the possibilities of rationalised information handling in the health services. Some OSTI officers regard the research project mentioned above as important work which is bound to lead

to further studies in this rather neglected field. That DHSS has agreed to support a project of this type is itself a significant indicator that the subject of information provision in the NHS is at last being recognised.

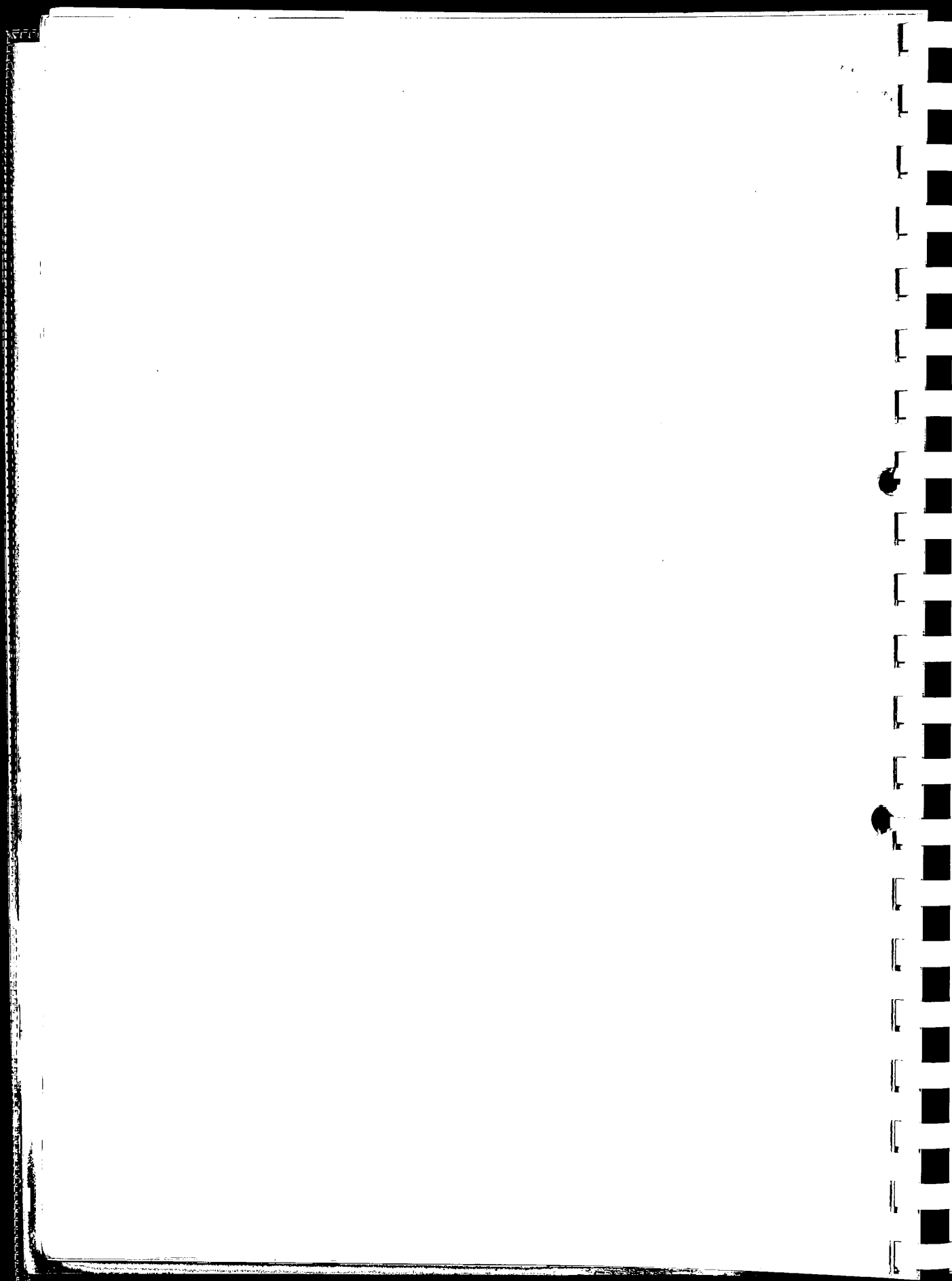
The future

9. During the next two or three years the planned pattern of library and information services in Wessex should be realised. Then there will be a regional library which will be a joint function of Wessex RHB and the University of Southampton; there will be three area libraries (at Southampton, Portsmouth and Bournemouth) and local service points at most hospitals throughout the region. It is hoped that closer cooperation with local authority libraries will have improved the provision of patients' and staff recreational literature. There will be a continuation of work recently started on the processing of non-book audio-visual material. All these activities must be seen as integral parts of efforts in Wessex to improve education and training and to provide information which will assist all levels of management in decision making. The ultimate aim, as with all health developments, is to improve patient care.

Reference

- (1) SHEFFIELD REGIONAL HOSPITAL BOARD. Working party on medical libraries: final report. Sheffield RHB, 1965.

Keith Morton
Assistant Director
April, 1972



A NETWORK OF EUROPEAN HOSPITAL CENTRES

Origins

1. Several countries in Europe already have hospital centres or similar institutes which conduct activities like those of the King's Fund Hospital Centre. Some other countries are currently in the process of establishing or planning such centres. Most of these institutions offer or will offer library based services collecting the same kinds of literature and disseminating information to similar kinds of user.

2. For some years there have been informal and spasmodic exchanges of information and literature between several of the institutes' librarians and information specialists, notably those in London, Edinburgh, Stockholm, Düsseldorf, The Hague and Lisbon.

In September 1970, in Stockholm, representatives from all those institutes (except Edinburgh), and from other organisations in Oslo and Copenhagen, met to discuss the possibilities of forming an active information handling network which would link all European 'hospital centres'. During that meeting it was agreed that an attempt should be made to build such a network, that the use of common classification schemes and indexing languages should be encouraged, and that consideration should be given to the use by all centres of one, perhaps mechanised, central information storage location. It was realised that any agreement for cooperation would have to be based on the pooling of material and labour, rather than on shared financing in a direct monetary sense.

Objectives

3. The primary objective of the proposed cooperation is to make the best use of resources, including literature and other information, expertise, and processing equipment. A secondary objective is to facilitate the exchange of news and information about the institutes themselves and their programmes of work.

Progress

4. As with most international activities, progress has been slow. There appears to be complete philosophical agreement about the desirability of cooperating and about the value of working together. A working party which was formed during the initial meeting in 1970, with members from the King's Fund Hospital Centre, the Deutsches Krankenhausinstitut, Spri, and the National Ziekenhuisinstituut (Netherlands), has met several times and is making good progress towards the production of a tri-lingual dictionary of indexing terms. The whole group of representatives are due to meet again, in Utrecht, in September 1972, when it is anticipated that firm proposals will be made about possible centralisation of some information processing and the division of labour which would be necessary to sustain such a system.

5. Closely related to this attempt at cooperation, a meeting was held at the King's Fund College of Hospital Management, under the auspices of the International Hospital Federation, on 16/17 December 1971; taking part were the directors of most of the institutes already mentioned, and the discussion centred on future cooperation between the institutes themselves,

not only at the information services level. Once again, there was general acceptance of the desirability of working together. A second meeting has been arranged, to take place in Stockholm immediately after the information handling meeting mentioned in the previous paragraph. It is hoped that the Information Group's report will be received and discussed by the directors at that meeting, and also that plans will emerge for other cooperative efforts connected with the research interests of the several institutes.

Evaluation

6. It is too early to evaluate the success or otherwise of this activity, but already arrangements are being made by the institutes for the routine interchange of publications.

The future

7. It is hoped that more institutes will be drawn into the network as they emerge in countries at present not represented. If agreement can be reached about the division of labour and if all concerned agree with the concept of a central mechanised store of information, it is possible that the Deutsches Krankenhausinstitut could start handling input some time in 1973. Not everyone is convinced that this is a workable proposition; even if they were, there would still remain much work to be done on the indexing language, the computer programs, input selection procedures, and methods of communication. Merely discussing these matters has already done much to cement good relationships among the institutes and this is a trend which deserves to be encouraged. It would take some years to construct a fully mechanised information handling network but, en route, it is inevitable that less sophisticated methods of interchanging information will appear and, even if we do not progress beyond those methods, they would constitute a useful gain for all participating institutes and their users.

Keith Morton
Assistant Director
April, 1972.

BLISS CLASSIFICATION

Origins

1. An American, Henry Evelyn Bliss, compiled the Bibliographic Classification, which is usually referred to as the Bliss Classification or simply BC. It is a general classification, covering the whole of human knowledge, which is used primarily for the subject-organisation of literature collections. Although originally formulated in the United States of America, the majority of users of BC are in the British Commonwealth, mostly in academic and government departmental libraries.

2. When, in 1965, a decision was taken to reclassify library holdings at the Hospital Centre, it was decided to fall in line with the library of the Ministry of Health (now the Department of Health and Social Security) where the Bliss Classification had already been used for several years; it was felt that such a move would be in the best interests of any future movements toward the standardisation of library methods within the health services.

3. Even though the Centre's library and other similar libraries collect material mainly on subjects concerned with the planning and management of health care facilities, it is inevitable that they also attract a great deal of literature on a wide range of topics not directly related to health service and hospital matters. For this reason it is necessary to use a general classification scheme rather than one which sets out to cover only the central interests of such libraries, but, naturally, the part of the general scheme which is most used is the section on the planning, management and organisation of health care facilities. In the Bliss Classification this is the section which is labelled HO.

4. The HO section in its original form was too superficial in coverage to be effective in libraries specialising in its subjects, so when it was first brought into use at the Ministry of Health Library, the staff there expanded the section considerably into a number of divisions and subdivisions covering aspects of hospital planning, design, management and staffing. Later on, when these revised schedules were used for reclassifying the Hospital Centre library's collections, it was found that even greater expansion and refinement were needed to meet the different kinds of demand made by users. Senior library staff at the Centre, after about three years' work on the schedules, arranged for them to be produced as a book which also included an alphabetical subject index to the schedules. This publication - Bliss Classification HO schedules, and subject index to HO schedules - has since been made available to librarians and information specialists working in the field.

Objectives

5. The primary objective of developing the HO schedules was to produce an improved classification scheme for use at the Centre. A secondary, and in some ways more important objective, was to make available a tool of librarianship that would encourage standardisation of methods and thereby facilitate cooperation between organisations performing similar roles.

Progress

6. The task of reclassifying the Centre's library was completed about two years ago. As well as DHSS and ourselves, other key libraries in our field which have adopted BC are those at the Scottish Hospital Centre and in the Wessex Regional Library and Information Service. Several RHB staff libraries and a growing number of hospital libraries are using the scheme. Since the Centre's printed version of the HO schedules was made available, over 100 copies have been supplied upon requests from other organisations. These requests came from RHBs, HMCs, national and university libraries, schools of librarianship, the British Museum and other deposit libraries, and organisations such as the Library Association and Aslib. Overseas requests have come from North America (university departments, the American Hospital Association and the Canadian Hospital Association, the National Institutes of Health, Library of Congress), from several European countries (including East Germany), from Egypt and from Uruguay. It is known that many of these enquirers are using or are planning to use the schedules in their libraries.

Evaluation

7. Because BC has been adopted by several key libraries in the health services field, librarians appointed to newly emerging libraries in the field feel encouraged to use the scheme themselves. It has been stated that having the schedules and index in book form has greatly facilitated use of the scheme, and in one or two cases this has been the factor which has tipped the balance in favour of adopting the Bliss Classification. It is especially gratifying that the Northern Ireland Hospitals Authority and RHBs in England and Scotland are using Bliss, because it is at this level that area-wide standardisation can be demonstrated most effectively.

The future

8. Classification is only one of many activities which would need to be standardised in a national information network for the health services. Cataloguing, bibliographic references, terminology, communications hardware, literature selection policies; these are a few more factors which would need careful consideration. Nevertheless, if good progress can be maintained in spreading the use of a common classification scheme, a strong foundation will be laid upon which these other cooperative activities can be constructed.

9. The whole of BC is in process of being revised and brought up-to-date through a project at the Polytechnic of North London School of Librarianship. This project, which has benefited from some financial support by the King's Fund, should be completed in 1973, when a complete new edition of BC will be published. This will make Bliss the most up-to-date general classification available and, it is hoped, will reinforce the already high opinion of the scheme held by many users and classification experts.

Keith Morton
Assistant Director
April, 1972

THC 72/270

GLOSSARY OF HOSPITAL PLANNING TERMS

Origins

1. This project originated in February 1967 from a suggestion by M. Pierre de Premorvan that the Hospital Centre should compile a glossary of terms that would establish a common language that could be used by all specialists involved in hospital project teams. It was agreed that a specimen glossary be compiled and that this draft would become the basis for an approach to Development Committee for funds to continue to develop the project.
2. At its meeting in May 1967, Development Committee agreed to allocate the sum of £1800 for the preparation of the glossary under the control of the Director of the Hospital Centre (Dev. Min. 67/27).
3. In June 1967, Miss L. Moser was appointed as research assistant with the task of selecting, compiling and interpreting the terms in most common use in planning and project teams. In this she was guided by a steering group consisting of:

Mr. W. Bowring	Secretary, Leeds R H B
Dr. Hugh Gainsborough	General Practitioner, London N W 8
Mr. J.R.B. Green	Senior Architect, Ministry of Health
Mr. S.E. Harrison	Management Services Officer, North East Metropolitan RHB
Mrs. J. Heyward	Nursing Officer, Ministry of Health
Dr. J.K. Hunter	Director, Scottish Hospital Centre
Mr. F.S. Johnstone	Wakeman Trower & Partners, Quantity Surveyors
Mr. W.K.E. Jones	Andrews, Kent & Stone, Consulting Engineers
Mr. W.G. Wilson	Assistant Secretary, Ministry of Health

Objectives

4. The objective of the project was to provide definitions, agreed by the steering group, to terms in common use between the different professions involved in hospital planning and that were used in planning guidance material published in Great Britain.

Progress

5. A draft of the glossary was produced in May 1968, and was circulated for comment to the steering group. A corrected draft was then circulated to Development Committee and at a later meeting the Committee approved the publication of the glossary (Dev. Min. 68/38) subject to certain amendments.
6. Early in 1969 a small editorial group was set up to check the glossary before publication. This group consisted of:

Mr. K. Baynes	Consultant Designer
Mr. B. Brookes	Assistant Director, The Hospital Centre
Miss C. Collier	Public Relations Officer, King's Fund
Mr. K. Morton	Assistant Director, The Hospital Centre

7. During this process it became clear to the editorial group that the glossary needed considerable revision and editing and at its meeting in May 1970, Development Committee approved the allocation of a further sum of £1000 to cover the completion of the work (Dev. Min. 70/54).

9. The task of revising and editing the glossary was completed in December 1970, and the new final draft submitted to the Fund's Editorial Panel at its meeting in January 1971. The Editorial Panel agreed that the glossary should be published and in October 1971 the glossary was produced in 'British Hospital Journal and Social Service Review'.

Evaluation

9. 3000 reprints (No. 563) of the glossary were ordered and the main indication of the value of the project lies in the number of these that have been distributed since its first appearance in 'British Hospital Journal'. 700 copies of the reprint have been sold (150 to the Department of Health and Social Security) and a further 700 have been distributed by other means.

The future

10. There are no immediate plans for the revision or extension of the glossary.

B. Brookes
Assistant Director
April 1972

THC 72/271

INFORMATION SERVICE FOR THE DISABLED

Origins

1. The Information Service for the Disabled (ISD) came into being at the end of 1964, as part of the Disabled Living Activities Group of the Central Council for the Disabled. The King's Fund supported the service until 1967, by which time, due to the fact that a large number of hospital authorities and local authorities had agreed to become subscribers, the service had become financially self-supporting. When, in March, 1970, the Disabled Living Foundation (DLF) was established, the ISD was transferred to it and is now housed, with the Foundation's exhibition, at 346 Kensington High Street, London W14.

2. The ISD set out to collect and collate information about many aspects of disabled living in hospitals and in the community, and to make the information available to people who are professionally concerned with the treatment and care of the disabled in hospitals, local authority health care units, and at home. The main subjects covered by the service are:

- aids to mobility and movement;
- aids to assist functions (such as toilet, eating and drinking, dressing);
- educational and training facilities;
- employment (both sheltered and normal);
- accommodation;
- recreation, holidays, handicrafts, and social centres;
- the provision of special services by government, local authorities and voluntary organisations.

3. From its inception, the ISD has worked very closely with the Hospital Centre. Perhaps the most demonstrable evidence of the cooperation is the information retrieval system used by the service. This is a coordinate indexing system, using field-punched cards, which enables users to isolate relevant information about very narrowly defined topics within the broad categories listed above. As far as is known, this was the first application of the system to this subject field, and the procedures and the official language of the system were the outcome of over a year's cooperative effort between the Information Officer of the ISD and senior library staff at the Centre.

Objectives

4. The primary objective of the service is to improve and enrich the environment of disabled people. Subordinate to this overall aim, the objectives are those described in paragraph 2. Information and facilities which can assist in resolving problems of handicapped people do exist, and the ISD's objectives are all concerned with facilitating optimum use of existing resources.

Progress

5. The service has gone from strength to strength; for its first five years under the control of Mrs U M A King, and now under Miss Sarah Spence. Both of these Information Officers are qualified occupational therapists and it seems that their status and capacity have provided completely acceptable links, both with professional users of the service and with the many disabled people who approach the ISD themselves.

6. The main stages in progress were marked by the achieving of financial independence through the attracting of an impressive number of subscribers, and by the move to the present accommodation, where the information collections and the extensive exhibition of equipment and accessories are able to offer an impressively comprehensive service to users.

Evaluation

7. The service is now well established, well known, and as far as can be judged by observation at the Hospital Centre, very much appreciated by users. Perhaps the best evaluation is that subscribers, in the main, are continuing to pay for the service. These subscribers include regional hospital boards, hospital management committees, and local authorities. Properly used by these kinds of subscriber, the ISD can supplement, and even help to limit, local information collecting activities.

8. As far as the Hospital Centre's library and information services are concerned, the growing efficiency of the ISD has been an important factor in planning. A stage has now been reached where the Centre can confidently redirect to the ISD many enquirers who are seeking information about specific aids for disabled living, design of accommodation, and the availability of services and facilities. With this load-shedding in mind, the Hospital Centre have recently become subscribers to the ISD. This demonstrates an interesting cycle of events; the King's Fund, having done a great deal to initiate the service, then having assisted with the development of the systems and methods, finally joins the body of users. It is also worth recording that the information retrieval system devised for ISD has since been adopted by other organisations working in the same fields, notably the Nuffield Orthopaedic Centre in Oxford and the Spastics Society. It is anticipated that a projected information service for the disabled in Scotland will also use the same retrieval system.

The future

9. The greater responsibilities towards disabled people placed upon local authorities by the Chronically Sick and Disabled Persons Act, 1970, allied to the ever-increasing awareness of the possibilities of improving and enriching the lives of the handicapped people, will probably continue to accelerate the already growing demand upon the ISD. To be able to respond adequately to such growth, the administrators of the service should be prepared to expand both staffing and methods, and they should also be constantly seeking to cooperate with other organisations which are involved in activities related to their own.

Keith Morton
Assistant Director
April, 1972

COMMUNITY INNOVATIONS REGISTER

Origins

1. In July 1968, Dr Michael Young, Director of the Institute of Community Studies (and President of the Consumers' Association and Chairman of the Advisory Centre for Education) wrote to the Hospital Centre asking for support for a new organisation to be launched that autumn under the name National Suggestions Centre (NSC). Subsequently the Fund's Management Committee (Minute 7729, Oct. 1968) gave a grant of £1000 for each of two years for this project. In 1970 the Fund's Development Committee (Minute 70/43) allocated £5000 for each of three years towards the cost of establishing a Community Innovations Register (CIR) in conjunction with the National Suggestions Centre.

Objectives

2. In his original application, Dr Young wrote that "it all arose from the thought that maybe a body is needed that is the reverse of the Consumers' Association and the Advisory Centre for Education, also launched from the Institute, i.e. that will not give information to users of services and consumers of products but receive it from them - not complaints (for which there are plenty of channels already) but constructive suggestions about ways in which service might be improved."

3. The following were considered to be amongst the prime functions of the NSC:

- i) to gather in suggestions and follow up those that seemed worthwhile
- ii) to pass on to organisations who might promote research or investigations promising ideas from the public for possible improvements
- iii) to produce a journal that would publicise good ideas and suggestions

Progress

4. The NSC gained support from industry and government sources, as well as from voluntary organisations (the Department of Health, Gas Council, Electricity Council, Post Office, Lloyds Bank, Marks and Spencer, Unilever and the National Coal Board were amongst the Foundation subscribers) and the first issue of the NSC's journal WHAT? appeared in 1969. The first director of the NSC was Mr Richard Luce, who held that post until he was elected MP for Arundel in 1970. Dame Elizabeth Ackroyd then succeeded Mr Luce as director.

5. In the period between October 1968 - April 1971, about 10,000 suggestions were received, the chief categories being concerned with products and servicing, traffic management and road safety, housing, postal services, leisure and amenities, and crime prevention. Amongst the ideas that were successfully put into action were National Heritage (for improvement of museums), WAM (Working Association of Mothers) and decimal braille. A very noticeable feature of many suggestions was that they advocated ideas and practices that were already in use somewhere else.

6. Following the experience gained in 1968/70, the NSC decided to concentrate its efforts upon improving communications about innovations in the field of health and welfare which have already been put into practice by voluntary bodies and statutory authorities,

but which are not known about generally. The NSC therefore decided to change its name to National Innovations Centre (NIC), to run down the suggestions side of its work and to focus its resources on activities relevant to the CIR. This has, amongst other things, meant ceasing publication of WHAT? and replacing it with special reports and leaflets on selected topics in the health and welfare field. The NIC is now working to the following programme:

- (a) the recording of data about innovatory social welfare schemes, using information from published sources or from other organisations;
- (b) the selection for detailed study of innovatory schemes which appear to make a unique contribution to the welfare of particular groups of people, especially the elderly;
- (c) the publication of the results of these special surveys on an adhoc and individual basis;
- (d) the organisation of local projects to test out, on a small scale, innovations in the social services which, if successful, might then be adopted on a wider scale.

Evaluation

7. It is still too early to evaluate the work of the NIC and CIR. The establishment of an organisation like National Heritage certainly seems to be a worthwhile achievement, but it is difficult to measure to what extent other lesser suggestions or innovations have been put into practice locally. The present concentration of effort in the health and welfare field may well lead to more positive and measurable results.

The future

8. For the future the NIC believes that, given its very limited budget, the best way of achieving impact for its findings is to publish leaflets about them, as well as preparing reports giving the factual background and the conclusions and recommendations based on it. The Centre may also produce a periodical newsletter. Special studies are now being made of, amongst other things, welfare rights stalls, old people's employment bureaux and pre-retirement training schemes. These subjects were chosen because the indications were that the few shoestring schemes in existence were meeting needs for which the routine social welfare machinery does not provide.

M C Hardie
Director

April 1972

HEALTH CENTRE DIRECTORY

Origins

1. This project originated in a conference at the Centre in January 1969 at which Mr. M.P. Curwen pleaded for more factual and up to date information on the health centre building programme to be made readily available. The paper by Mr. Curwen was revised and updated by Mr. Curwen and Mr. B. Brookes, Assistant Director, the Hospital Centre, and subsequently published in the Lancet*.
2. At the same time a small meeting of representatives of local health authorities, executive councils, the Department of Health and Social Security and others was held to discuss the need for information on health centres, but whilst it was agreed that more information would be welcome, there was no consensus of opinion on the type of information that would be most useful.
3. As a result of this meeting it was decided that a 'directory' containing basic information about all the health centres in the United Kingdom should be produced and circulated in an attempt to discover, on a national scale, what extra information the planners of health centres needed.
4. At its meeting in February 1971 Development Committee approved a grant of £450 (Minute 71/16) towards the preparation and circulation of this working paper.

Objectives

5. The objective of the working paper was to present limited information about each health centre, not only to satisfy an immediate need for data but also, and more importantly, to act as the first stage in a much more comprehensive collection of information.

Progress

6. The working paper was prepared by Mr. M.P. Curwen and Mr. Brookes and circulated in June 1971 to all county and county borough medical officers, all executive councils, all regional hospital boards in the United Kingdom together with the Departments of Health of the four countries, and selected university departments, professional organisations and general practitioners.
7. Following this, each recipient was asked by questionnaire whether the document was useful in its present form, what additional information should be collected and whether an expanded version would be commercially viable.

Evaluation

8. From the replies to the questionnaire received (400 out of 500 circulated) it appears that the majority of recipients found the working paper useful and would be prepared to buy future editions.

* The Lancet, vol. II for 1969, no. 7627. 1st November, 1969. pp.945-948.

The future

9. From replies to the questionnaire it has been possible to propose that the directory be expanded in 1972 including more information requested by recipients of the original working paper.

10. Accordingly, at its meeting in November 1971, Development Committee agreed to allocate a sum of up to £1000 for the preparation of a revised and expanded directory in 1972 (Minute 71/54).

11. In January 1972 the Fund's Editorial Panel agreed that this next issue would be published by the Fund. Publication in future years is still a matter for discussion but it is hoped that another authority would be prepared to take over the project.

12. The preparation of the new work will be guided by a small steering group:

Miss E. Barnes	Assistant Secretary, King's Fund
Mr. M.P. Curwen	Department of General Practice, Guy's Hospital
Mr. N.W. Chaplin	Institute of Health Service Administrators
Mr. K.F.G. Day	Executive Councils' Association (England)
Dr. P.N. Dixon	Society of Medical Officers of Health
Mr. B. Brookes	King's Fund Hospital Centre
(Secretary)	

B. Brookes
Assistant Director
April 1972

SCHOOLS OF NURSING DIRECTORY

Origins

1. This project originated from a proposal submitted by Mr P H Constable to Management Committee in March, 1970. The proposal itself was a result of earlier discussions, at the Hospital Centre and elsewhere, and suggestions put forward in the nursing press. Particularly involved in those early discussions with Mr Constable, were Mrs K M Bennett (Nursing and Hospital Careers Information Centre), Dr G Maguire (GNC Research Unit), Miss J B Craig (Hospital Centre) several senior nurses from teaching hospitals, and nursing representatives from some regional hospital boards. At that time it was hoped that a directory would be the first practical step towards setting up a central admissions system to nurse training, but that part of the proposal has not yet been promulgated.

2. At a meeting on 28 May, 1970, Management Committee discussed Mr Constable's proposal which, broadly speaking, was a request for the King's Fund to support the preparation and publication of a directory giving details of all schools of nursing in the United Kingdom. At the request of Management Committee, a small committee was formed to report back to them with details of how the work would be conducted. Having received the report, Management Committee, on 23 July, 1970, duly approved the proposal and agreed that a grant of £1,000 should be allocated to pay the salary of a research assistant whose job would be to collect and analyse information for the directory. Further grants of £375 (in April, 1971) and £1,500 (in May 1971) were made to facilitate completion of work leading up to publication of the first edition, and for a start to be made on preparatory work for a second edition. So far a total of £2,875 has been allocated to this project.

3. The small 'reporting committee' mentioned above was enlarged slightly and reconstituted as a 'project committee' with the task of guiding the project. This committee, which is still in existence, held its first meeting on 25 November, 1970; its membership is:

Mr P H Constable	Chairman
Miss E Barnes	Assistant Secretary, King's Fund
Mrs K M Bennett	Nursing and Hospital Careers Information Centre
Mr M W Cuming	King's Fund College of Hospital Management
Mr K Morton (Convener)	Assistant Director, King's Fund Hospital Centre

4. The Lady Paulina Pepys was appointed Research Assistant to the project and took up her duties on 1 October, 1970.

Objectives

5. The primary objective was to publish a directory of schools of nursing which would give information to potential recruits to the nursing profession. It was envisaged that the directory would be bought mainly by organisations - nurse training schools, libraries, secondary schools, and so on - but also by some of the potential recruits themselves.

6. A secondary objective was to make the directory self-supporting. With this end in view it was decided to produce a much larger number than is usual with King's Fund publications, and not to subsidise the selling price. This meant that if sales were successful the King's Fund would be repaid the full amount of money invested in the project.

Progress

7. The task of collecting information started with the appointment of the Research Assistant on 1 October, 1970. Despite inevitable early delays caused by a national strike of postal workers, the work proceeded very much according to programme.

It was decided to use the questionnaire method of collecting information and, after a preliminary pilot scheme, copies were sent to every school of nursing in the United Kingdom. As the postal strike was then at its most effective stage, the questionnaires were delivered in bulk to RNO's at all RHB headquarters. The RNO's were most cooperative and succeeded in getting nearly all the questionnaires, duly completed, back to the Hospital Centre by the required date. Analysis of data and transferring the required information to printer's copy, particularly arduous and exacting tasks, were also completed on time. A proof copy of its proposed entry was sent to each school for verification, and corrected copies were sent to the printer by the end of July. A first edition of 10,000 copies was published on 6 December, 1971 at a retail price of £1.50 each. 1,402 copies had been sold by the end of February, 1972.

Evaluation

8. It is rather early to evaluate the first edition, but three main indicators - press reviews, sales, and user reaction - have been encouraging. During the preparation phase of the directory and since publication, there has never been any suggestion that a directory was not needed; the usual reaction has been to welcome the development as long overdue. What now remains to be seen is whether or not the contents are those which will assist recruiting and whether or not the price, layout, format and binding are right for the purpose.

The future

9. If the first edition proves successful it is hoped that some other organisation, such as DHSS, or a professional nursing organisation, or a commercial publishing house, will feel encouraged to carry on the work of producing this directory as an annual. Realising that it will take some time to prove the success or failure of the first edition, Management Committee of the King's Fund have authorised the preparation and production of a second edition; this will probably be published in mid 1973. In any case, it is planned to start working on this second edition in March this year.

Keith Morton
Assistant Director
April, 1972

HOSPITAL HOUSE JOURNALS

Origins

1. This project started in 1968 when a survey of current hospital magazines and newsletters was undertaken. At this time copies of 23 publications were received and studied. The results were published in an article in the Hospital (M. Dorothy Hinks "House Journals - an aid to management?" The Hospital, Vol 62, No 10, October 1966, pp 490-493). It was felt that a valuable tool of management and means of improving communications awaited development.

Objectives

2. (a) To help hospitals to improve their staff relationships, communications and public relations by encouraging the establishment of house journals, newsletters or bulletins.
- (b) To help hospitals to improve the standards and efficiency of their publications by means of conferences, annual workshops for editors, advisory and information service for enquirers and editors, biennial national competition.

Progress

3. Details of the various activities carried out during the year are as follows:

- i) Annual workshops for editors
The first workshop was held in 1967 with 40 members. In 1971 it was necessary to run two workshops for a total of 123 editors and editorial assistants; this was an increase of 27 on the previous year. For 1972 three workshops have been arranged to meet the growing need.
- ii) Conference
A conference was held in June specifically for hospitals which at that time had no house journal. Several new journals have appeared as a result.
- iii) Biennial national competition
The Development Committee allocated £300 every other year for this project. The second national King's Fund competition was held this year. A total of 76 entries was received - an increase of 12 over the first contest in 1969. Twenty-seven journals were entered for both competitions. The 1971 winner of the Silver Rosebowl Trophy (Brighton Bulletin) was started as a result of the first conference on house journals held in 1966. In each of four classes one first prize and two commendations were awarded with certificates for the hospitals and cheques for the editors.
- iv) Exhibition
An exhibition which included all the competition entries and a large number of British and overseas house journals and news-sheets was mounted for several weeks during the summer.

v) Information service

An information "package" has been prepared for all enquirers and samples of existing journals are also supplied. An information service for editors has been started during the year and so far two issues of reports, notes etc have been provided. The response from editors seems to indicate that this service fulfils a useful purpose.

vi) Research

(a) During the year a readership survey of 12 hospital house journals has been undertaken. Questionnaires were sent to all "outside" readers of the journals in question and to a one-in-ten selection of all staff. A total of 102 hospitals employing 25,450 staff has been involved. Analyses of the questionnaires returned have been prepared and forwarded to the editors concerned. A report will be published shortly. Several editors have already made use of the results to effect improvements in their publications. In two cases the reports were discussed in detail with the editorial staff concerned - at Hull 'A' Group HMC and at Hollymoor Hospital, Birmingham, where a house journal "talk-in" was held.

(b) Questionnaires completed by 105 of the editors at present known to the Centre are being analysed and a report will be published.

Evaluation

4. In 1966 when the first survey was undertaken, the Centre knew of only 23 news letters or magazines for hospital staff in this country. At the beginning of 1971, this had increased to 162; the total at the moment is 235. Enquiries of some sort connected with such publications are received by the Centre every week.

The future

5. Plans for the future include a continuation and extension of the present activities - information, advice and training. In addition it is hoped to publicise the use of house journals by means of published articles, particularly the result of the national survey. Plans also include a possible handbook of guidance for editors. It is hoped that eventually responsibility for encouraging the introduction of house journals and the training of editorial staff will be carried out at regional level by the Regional Information Officers now being appointed.

M D Hinks
Research Officer
April 1972

EQUIPMENT ADVISORY SERVICE

Origins

1. The post of Equipment Adviser was added to the establishment of the Fund's Division of Hospital Facilities in 1960, and was created to meet the growing demand for information about hospital equipment. Mr S G Wakeling was appointed to the post and has held it ever since.

Purpose

2. The original purpose of the appointment was to provide a focal point within the Fund for the collection and dissemination of information about equipment and supplies, engineering and technical services for health services and other organisations concerned with care of the sick and disabled. There have been changes of direction and emphasis in the work of the Equipment Advisory Service (EAS) since it was first established, particularly in light of the growing involvement of the Department of Health and Social Security (DHSS) over a very wide field of hospital and medical supplies and equipment. The aim of the EAS is not to duplicate or compete with the DHSS, but rather to provide such help as it can in subject areas that are not as yet adequately covered by other sources of information.

Progress

3. The work of the EAS may best be described by relating it to the various activities shown in following paragraphs.

i) Enquiries

4. Most of the enquiries are by telephone, others by correspondence and some by personal visits to the Centre. A very large proportion of questions concern sources of supply and they come mainly from supply departments of hospitals and local authorities, but a fair number come from hospital suppliers, who are asked to provide items outside their normal stocks. Architects and consulting engineers ask for technical details of equipment they have to include in their schemes, while manufacturers and designers seek information on other types of equipment available in the field in which they are concerned.

5. No distinction is drawn between types of enquirers and providing that the information is intended for the ultimate benefit of the sick and disabled, no request is refused, although some are redirected to other organisations where more detailed information is available.

6. Liaison is maintained with other information services including, DHSS Supply Division, and other technical divisions, the Disabled Living Foundation, B.M.A. Dept of Audio-Visual Communication, Institute of Health Service Administrators, Central Public Health Laboratories, trade and technical publications serving the health services, and professional and trade organisations. The Hospital Centre also receives enquiries from the above organisations on a reciprocal basis. A considerable number of enquiries from overseas are also dealt with by the EAS and help is often given to the British Hospitals Export Council with enquiries that they receive.

ii) Collection of Information

7. This entails the collection, filing and indexing of trade literature and press cuttings of all types of equipment and materials, excepting drugs and pharmaceutical preparations, of potential use in health care situations, ranging from the large hospital to the domestic household. At present, some 5,600 companies are listed as manufacturers or suppliers and about 2,000 are represented in the catalogue library. In addition, an index of trade names is maintained, as often this is the only means of identifying a particular product. About 6,000 trade names are indexed, giving the name of the suppliers and details of the product.

iii) Information retrieval

8. A numerical coincidence system is used, by which each separate item of information is logged when received and subsequently posted on individual term cards. Reference to the appropriate term cards and identifying coincident numbers gives a log reference by which the information can be traced. The range of terms is necessarily large to cover the very wide range of products and subjects on which information is required. Since this system was started two years ago over 7,000 products have been indexed. As an example of the system and the way in which it is operated, a typical log entry is shown below.

" MINIFETON - Foetal Heart Monitor - TE-16 - 6213 "

9. The log number 6213 is entered on term cards 'foetal', 'heart' and 'monitor'. Reference to these three cards would also indicate, by other coincident log numbers, all other foetal heart monitors on which information had been received. " MINIFETON " is a trade name and, as such, is entered in the trade names index, together with the log number and the code number TE-16 which gives the identity of the company supplying the equipment.

10. Code numbers are used to identify companies in order to obviate the necessity of writing the full name and address of the company at each stage of recording, and also to safeguard the possibility of changes of title or address. Each company has a separate card which carries their last known address and telephone number. Commercial mergers, rebuilding and direction of industry to other areas cause a great deal of change in addresses and titles of companies and quite a number lose their identity in larger amalgamations. Reference to a single point where current data is recorded saves the embarrassment of giving out of date information. Lists of companies supplying a particular type of equipment are also prepared and about 350 of these are available.

iv) Maintenance of information services

11. Additions and revisions to the information index are made daily, and although this constitutes the bulk of the work of this section, its value is reflected in the speed in which enquiries can be answered. Telephone enquiries generally are answered during the initial call, or within the same day; letters are generally answered within 24 hours of receipt.

v) Sources of information

12. A large number of journals which carry advertisements or articles on items of potential interest are scanned. Exhibitions of products within these broad interests are visited and occasional visits are made to hospitals or manufacturers premises where new products are in use or being made. Liaison is maintained with other information sources on a reciprocal basis.

vi) Disposables index

13. One of the most popular subjects of enquiry is the availability of disposable products and for the past ten years an index has been produced every two years. The 1971 edition of 36 pages contains references to over 500 different classes of products, over 200 companies and some 360 trade names. Preparation of this involved production of the questionnaire circulated to the companies concerned and collating of their replies, which amounted to well over 10,000 bits of information. The index is sent free of charge to hospitals and health service authorities but commercial establishments are charged 20p to cover printing and postage. So far approximately 500 copies have been distributed, mainly to health service authorities, including Department of Health Supply Division, Regional Supplies Officers and Area Supplies Officers and about 100 copies have been sold to commercial establishments.

vii) Conferences & exhibitions

14. Although there are relatively few conferences on technical or equipment subjects in which the Equipment Adviser can usefully take part, there is a responsibility for the provision of audio - visual aids for the meetings and conferences which take place at the Centre. Generally, day to day operation of the equipment is in the hands of other staff, but all technical matters, special arrangements, breakdowns etc, are referred to the Equipment Adviser, who is also called on in the absence of operating staff. The Equipment Adviser is also required at times to help in the preparation of exhibitions and demonstrations at the Centre.

viii) Outside activities

15. Membership of various committees involves days away from the Centre and probably an equal amount of time at the Centre for work on documents in preparation for meetings. The present main commitments are listed below.

Chairman	- British Standards Committee	- Hospital Castors
Chairman	- British Standards Committee	- Bedside Lockers
Convenor	- British Standards Committee	- Incinerators
Member	- British Standards Committee	- Tubular Equipment
Member	- British Standards Committee	- Sanitary Equipment
Member	- British Standards Committee	- Modular Society Forum 5
Member	- D O H S S	- Steering Committee - Trolleys
Member	- Disabled Living Foundation	
	Steering Committee	- Hoists
Observer	- D O H S S	- Codification of Supplies

Attendance at conferences and exhibitions; visits to hospitals and manufacturers premises and other establishments necessary to maintain topical interest in subjects related to the supply of equipment and materials for health care.

Evaluation

16. It is rather difficult to evaluate the work of the EAS other than in the terms of the demands made upon the knowledge and experience of the Equipment Adviser, both inside and outside the Centre. In that sense, the appointment can fairly be claimed to be meeting a need and providing a service that appears to be useful to many people.

The Future

17. The aims of the EAS will be to continue providing a service that is responsive to the demands made upon it. Flexibility is perhaps the keynote for the future as it has been in the past. The EAS will maintain contact with the DHSS and other organisations involved in the rapidly developing world of supplies and equipment, and will continue to adapt its role to meet changing circumstances.

S G Wakeling
Equipment Adviser

April, 1972

CAREERS IN HOSPITAL

Origins

1. These conferences were planned to meet an expressed need arising from a conference organised by Miss Craig in 1970 at which head mistresses and careers teachers had the opportunity of meeting nurse tutors. A number of those attending requested information on other suitable hospital careers for their pupils.

Objectives

2. The purpose of the meetings was to enable teachers and youth employment officers to meet representatives of the various hospital professions.

Progress

3. Two conferences for careers teachers and youth employment officers in the Greater London area were held in November 1970 and February 1971. At each conference, representatives of nine different careers spoke briefly about their work and later spent a considerable time in discussion with small groups of teachers. The careers so treated were as follows:

November 1970	dietetics, physiotherapy, remedial gymnastics, speech therapy, pharmacy, orthoptics, radiography, medical social work
February 1971	chiropody, operating theatre technicians, medical laboratory technicians, catering, librarianship, domestic management, medical records, administration

At the November meeting, the film "Day out day in" was shown. At the February meeting, two special items were included: Mrs K Bennett spoke on "a shop with a difference" thus publicising the Nursing and Hospital Careers Information Centre which was to open shortly, and Mrs K Nye on "a club with a difference" - the Insight Club for school pupils run by Brook Hospital.

Evaluation

4. The professional organisations involved seemed to be particularly pleased to have an opportunity for such close contact with school staff. Mrs Nye reports that following the publication of reports on the conferences, she has received a number of enquiries from hospitals interested in starting similar clubs to attract local school pupils to hospital work.

The future

5. By agreement the Nursing and Hospital Careers Information Centre will be taking the initiative for any further action in this field.

Publications

Hinks, M D	<u>Careers in hospital</u>	THC conference report no 508 December 1970
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Hinks, M D	<u>Careers in hospital</u>	THC conference report no 553 March 1971
Hinks, M D	<u>Careers in hospital</u>	Conference report. British Hospital Journal and Social Service Review. Vol LXXX, no 4236, 26 June 1971. (THC reprint no 586)
Hinks, M D	<u>101 careers in hospital</u>	The School Leaver 1972

M D Hinks
Research Officer
April 1972

TEACHING AIDS PROJECT

Origin

1. This project started with a visit of Mr St John, a Director of Heinemann Training Services Limited, to the King's Fund Staff College, December 1967, where he met Mr Cuming and Mr Hardie. Mr St John's object in going to the Staff College was his interest in the preparation of package training systems for which some research was required. Mr Hardie therefore continued the contact through the Hospital Centre and suggested there may be some area of study within the nurse training field. After much discussion with relevant nurses, it was decided to examine the training of pupil nurses in two or three hospitals as a preliminary to recommending where Heinemann's particular type of package system could best be used.

2. A paper was put to the Development Committee on 22 March 1968, Dev 68/9 (THC 68/62). We asked for £1,500 to investigate the methods of training nurses for State enrolment, to be conducted by Heinemann Training Services Limited. In December 1968 the report of the research officer's findings was presented to the committee with a request for £8,712 to assist Heinemann Training Services Limited in developing a training package suitable for pupil nurses to learn the art of lifting patients. After some delay while attempting to find other financial backing for this project, it was eventually supported by the King's Fund who invested in it £8,500 (Dev Committee, 10 October 1969, 69/49). The hope was that the package, once published, would sell sufficient copies for the Fund's contribution to be repaid. It was recommended by the committee that the package when finished should be suitable for training other staff as well as the pupil nurse training for enrolment.

Objectives

3. The objective of Heinemann Training Services Limited was finally to develop a series of media to teach any one having to lift patients in hospital, or in the community, the art of lifting and carrying patients. The media to be developed and sold as one package were:

- i) a sound film
- ii) film cinettes
- iii) wall charts
- iv) slides
- v) programmed text for the learner and
- vi) tutor's manual

Progress

4. Heinemann Training Services Limited set up a steering committee to:

- a) be general advisers collectively, or separately
- b) approve methods of lifting
- c) approve intermediate stages of package development
- d) approve the final production

The members of the committee are:

Mr M C Hardie (Chairman)
Mr J St John, Managing Director, Heinemann Training Services Limited (Secretary)
Miss J B Craig (Assistant Secretary)
Miss B Kettle, Hospital Nursing Officer, Department of Health and Social Security
Miss R Martin, Ward Sister, United Manchester Hospitals, representing the General
Nursing Council for England and Wales
Miss A Michim, Principal Physiotherapist, King's College Hospital, representing
the Chartered Society of Physiotherapy

5. Some preliminary studies were undertaken at Whittington Hospital with the permission of Mr T Clay, Group Nursing Officer. Most of the filming and other photographic work was carried out at Barnet General Hospital, with Barnet Hospital nurses demonstrating, by the permission of Mr H Roberts, Group Secretary and Miss M E Kingdom, Chief Nursing Officer. All the components of the package have now been completed and approved by the steering committee.

Evaluation

6. No evaluation can be made until the package has been put into use in training schools and elsewhere.

Future

7. The package is due to be launched in the spring of 1972 and it is hoped that it will be widely sold to schools of nursing and other training institutions in this country and abroad.

J B Craig
Assistant Director
April 1972

THE LANGUAGE BARRIER

Origins

1. This project started as a result of the meetings of "shop window" staff who felt that difficulties of adequate communication with foreign patients was one of their major problems. Enquiries revealed that the British Red Cross Society (BRCS) language cards were insufficiently known and, where used, not always found to be adequate.

2. A quick survey showed that in some areas in Great Britain with a high immigration rate, hospitals are experiencing difficulties in communicating adequately with non-English speaking patients. Equally, some hospitals face a similar problem resulting from the employment of staff of all grades (professional, ancillary and student status) with inadequate or restricted knowledge of the English language. The problem, however, is not only one of language, but also of differing cultures, habits and outlook, and involves nationalities from all parts of the world from Europe to the Far East. It is not restricted to patient-staff relationships but also includes staff-to-staff contact.

Objectives

3. The aims of the project, which was started in the autumn of 1971, are to try to discover the main areas of difficulty and possible solutions, and to publicise good ideas and practices that have been found helpful.

Progress

4. The matter was first discussed with the headquarters staff of the BRCS, who were most anxious to co-operate and to improve their present language cards. An explanatory letter and accompanying questionnaire was widely circulated to hospital authorities, organisations and interested individuals throughout the country and publicised in the relevant professional journals. The response has been most gratifying. A large number of suggestions for additions and improvements to the BRCS cards and a smaller number of good ideas and specific problems have been received. These have been sorted and analysed. At the same time, contact has been made with a number of individuals and organisations and some valuable material collected.

5. Although this project started with the main purpose of improving existing language cards, it was felt that the wider implications of the problem could not be ignored. Consequently a meeting was held on 31 January to consider the whole subject. The wide range of interests and expertise of the 26 people attending this meeting, by invitation, enabled members to take a broad view of the field before discussing in more detail practical plans for future action. A report of this meeting has been published (M D Hinks, The Language Barrier THC reprint no 636. February 1972).

6. An exhibition of language cards, instruction sheets, explanatory leaflets and booklets in a variety of languages was on show at the Hospital Centre in February.

7. As a result of decisions made at this meeting, two sub-committees have so far been set up; one to consider the problem of the overseas student nurse and the other to discuss the preparation and use of language cards and leaflets.

Evaluation

8. This is scarcely possible at this early stage. The study has, however, already revealed the now familiar problem of making known to enquirers the answers to their problems that already exist. It is felt that if this project did no more than publicise adequately the solutions that have already been found, it would be well worth while.

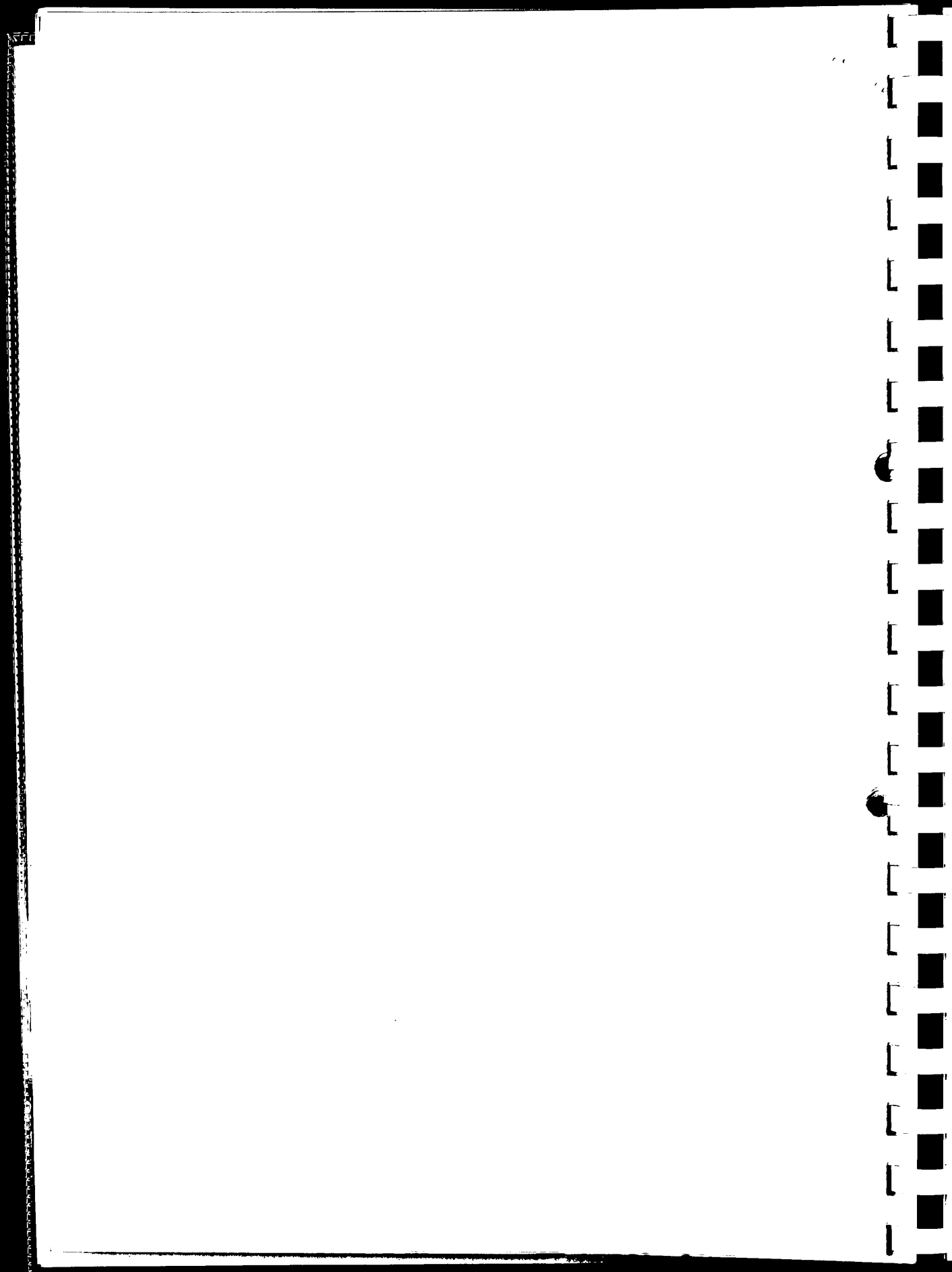
9. It should be mentioned that the Rcn's Institute of Advanced Nursing Education has asked that the subject of the language barrier should be adopted as one of the special projects to be studied by members of their current course in teaching methods for overseas students.

The future

10. Plans for the future include the preparation by the Hospital Centre of lending folders containing samples of language material already available both for patients and staff. It is also hoped to produce some form of publication containing details of the many good ideas and practices that have been collected. A separate booklet providing information concerning national food and diets is also planned. Two conferences have been planned to take place in the autumn.

M D Hinks
Research Officer
April 1972

OTHER PROJECTS AND ACTIVITIES



ASSESSMENT OF STUDENT NURSES BY MEANS OF PROGRESS REPORTS

Origins

1. This project was the natural development of a previous project undertaken during 1964-7. The original project was a study of the current situation in respect of the types of progress reports for student nurses in use and the general attitude to the subject during that period. The survey resulted in the publication of two reports:

- i) A Study of student nurses' progress reports: interim report.
August 1965 (M D Hinks)
- ii) Study of student nurses' progress reports: final report.
November 1967 (M D Hinks)

2. Following the publication of these reports, the General Nursing Council asked the King's Fund to continue with the investigations and accordingly a Joint King's Fund/GNC Working Party was appointed.

3. The membership of the Working Party at its inception in January 1968 was as follows:

<u>Group</u>	<u>Post at time of appointment to Working Party</u>
<u>Representing Matrons</u>	
Miss A J Billimore	Matron, King's College Hospital
Miss E Haigh	Matron, Kent and Canterbury Hospital
<u>Representing Tutors</u>	
Mr O J Barnes	Director of Nurse Education, Chelmsford School of Nursing
Miss J E Parnell (Chairman)	Principal Tutor, University College Hospital
<u>Representing Ward Sisters</u>	
Mrs L P Arnott	Edgware General Hospital
Mrs J Black	St Thomas' Hospital
<u>Representing Staff Nurses</u>	
Miss I Leith-MacGregor	The London Hospital
Mrs C Read	Queen Elizabeth II Hospital, Welwyn
<u>Representing Student Nurses</u>	
Miss J S Plummer	Watford General Hospital
Miss N Rashley	The Middlesex Hospital
Miss B K Ishmael	St Mary's Hospital, Paddington
<u>Representing the GNC</u>	
Miss B N Fawkes	Education Officer
Miss P Sayer	Inspector of Schools
Dr J McGuire	Director of Research Unit

Representing the King's Fund Hospital Centre

Miss J B Craig Assistant Director
Miss M D Hinks (Secretary) Research Officer

4. Since the Working Party was formed, a number of the members have changed post: Miss Billimore is now CNO, Bromley Group; Miss Haigh is CNO, Guy's Hospital and Mr Barnes is CNO, Chelmsford Group HMC. Mrs Arnott is no longer nursing and Mrs Black is now Clinical Teacher at St Thomas' Hospital.

Objectives

5. The object of the Working Party was to "study the results of the original King's Fund survey and to explore the possibility of designing a suitable form for student assessment".

Progress

6. The Working Party held meetings from 1968-70 and produced its first report in July 1969 (Student Nurse Assessment. Nursing Times, vol 65, no 30, 24 July 1969: Occasional Papers. pp 119-120). It then produced (November 1969) a trial guide for the use of trained nurses responsible for reporting on the progress of student nurses, which has been widely circulated free of charge. Members of the Working Party have spoken on the subject of assessment at courses and study days all over the country.

7. The Working Party concluded its work in 1970 and activities during 1971 have been limited to arrangements for the publication of the final draft of the guide book on assessment approved by the King's Fund and the GNC last year.

8. In an individual capacity, the Research Officer has continued to supply information including free copies of the trial guide to the many enquirers who contact the Centre. Talks on the findings of the project and the work of the Working Party have been given as follows:

Examiners' Course	Royal College of Midwives (2) Filton Technical College, Bristol (4) Basingstoke Technical College Rcn, Birmingham (2) Ipswich Civic College Luton Technical College
Hospital Study Days and Courses	Central Middlesex Hospital (2) Hackney Hospital King's College Hospital (2)

9. An invitation was received to join a committee set up by the GNC to consider the preparation of a temporary standard national report form to be used voluntarily by schools of nursing pending further investigations into the subject. The recommendations of this committee were accepted by the GNC and this interim report form will be published by the GNC at the same time as the guide book by the King's Fund.

Evaluation

10. The value of the first report lay in uncovering the need for reform in the use of report forms. The value of the second report, which was a survey of the improvements estimated in the hospital nursing schools involved in the original survey, lay in showing the recognition of the need to change but a lack of understanding as to how this could be undertaken. The setting up of

the King's Fund/GNC Working Party related the difficulties in a) designing a report form and b) proving the need for such a form. The difficulties in the latter brought the working party to an end, half the team being involved in helping the GNC to continue its search for a national report form while one or two members of the other half continued their search for some appropriate research to indicate what it was the report forms were meant to be demonstrating. During the course of the full Working Party's term of office they undertook to engage as many in the nursing world as possible in discussing the problems of completing the existing report forms and ways of tackling this particular problems afresh. To do this they had two conferences (THC reprint no 403, 5 January 1970). The conferences revealed again the recognition of the problem and the need for help in solving it. The committee therefore designed the guidelines mentioned above, the draft of which was circulated in very large numbers and is still very much in demand as a learning tool. The use of the King's Fund publication of the revised version will need further evaluation as a hand book for nurses responsible for reporting on nurses in training.

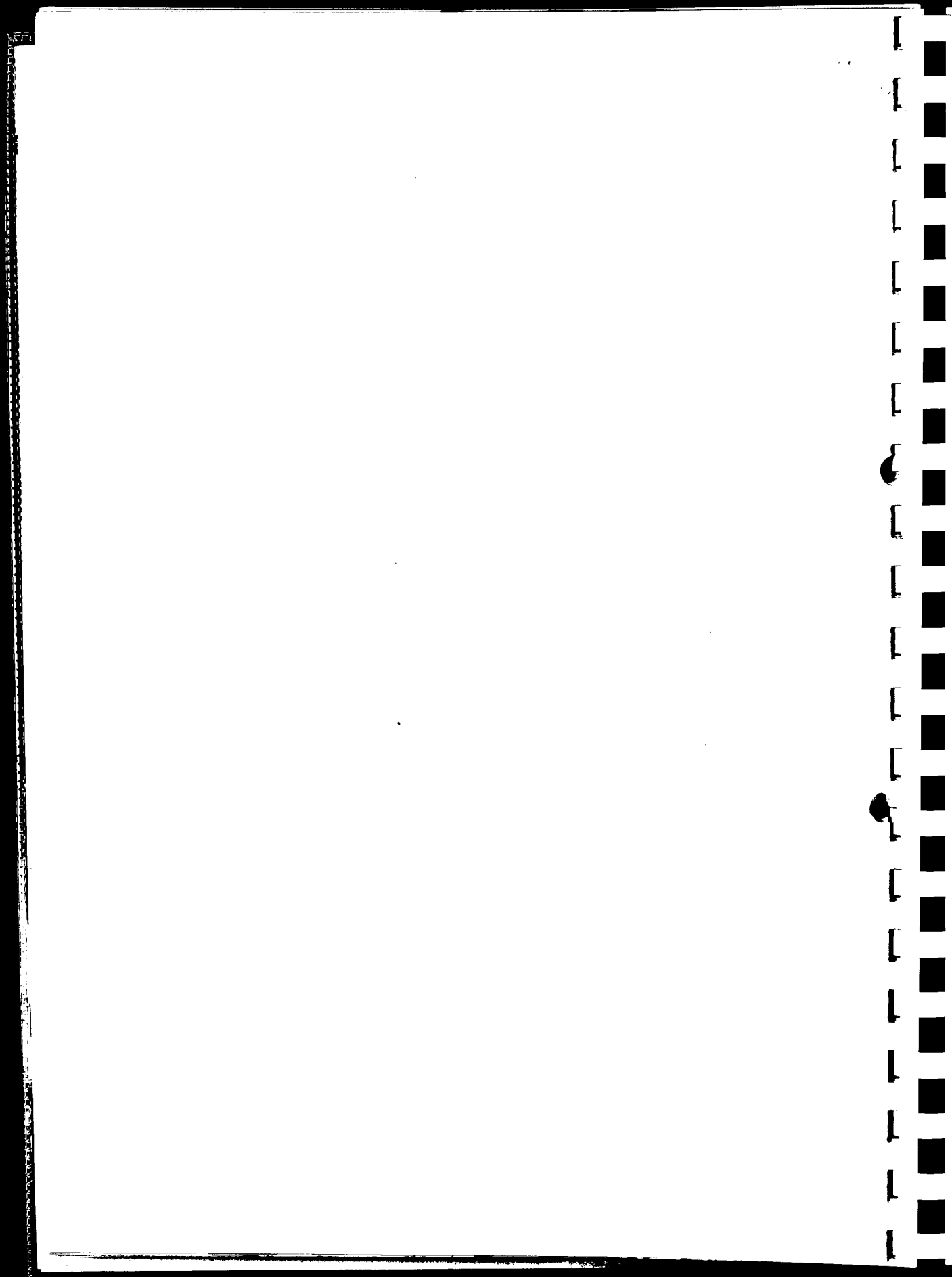
Many changes are taking place in the methods of teaching and learning for nurses. We feel that the King's Fund study followed by the King's Fund/GNC Working Party helped to start the mood of change as expressed in the British Hospital Journal:

"The King's Fund has once more turned up a stone in the hospital service, found moss underneath and set about cleaning up operations... the situation needed the push, which the Fund has now given, to start something moving". (British Hospital Journal Vol LXXVI, no 3993, October 28 1966, page 2027)

The future

11. Future action by the Hospital Centre will depend upon the reception of the King's Fund booklet and the GNC decision about the national report form, also whether or not they undertake further research into the whole question of the assessment of nurses in training.

M D Hinks
Research Officer
April 1972



ASSESSMENT OF PROGRESS IN NURSE TRAINING IN CLINICAL AREAS

Origin

1. The origin of this project is based in the project described by Miss M D Hinks on a study of Student Nurses Progress Reports. It takes on a life of its own from the summer of 1970 when the King's Fund GNC working party on the study of progress reports was disbanded. At this time, a conference announced for October 1970 in the Hospital Centre newsletter, was later cancelled for lack of further information to give the audience. About 21 nurses, ranging from Chief Nursing Officer to nurses in training, asked for places at the conference and instead were offered the opportunity of discussing among themselves some of the factors relating to trained nurses reporting progress of nurses in training.

Objectives

2. The objective of this study was to find some research which would give us the answer to what it is we expect a nurse to be and do. If this could be discovered, then at what stage in her training should we expect her to show improvement in professional manner and skills thought about. This could perhaps then lead to the relevant questions to be answered by the trained nurse when judging the progress of the nurse in training. No report form to date shows progress, only the personal opinion of one person upon another at a given time. By inviting Professor Revans and the medical guests from the West Middlesex Hospital to the opening session of the nurses' study, we were demonstrating our hope that the nurses would adopt the action research and self-enquiry approach to the study for which they were to design the brief.

Progress

3. At the discussion on 21 October 1970, the nurses were invited to join Miss Craig and Dr J MacGuire in a three day residential session at the King's Fund Staff College to design a research brief in order that a research worker should, through action research, help the nurses to find for themselves some description of what the nurses task in the ward is and how improvement or progress can be demonstrated. Demonstrated that is, in two main fields - growth as a professional person and growth in clinical expertise. In December 1970, the residential discussion began under the leadership of Dr J MacGuire, with the assistance of Professor R W Revans, Dr Nelson Coghill, Dr J S Stewart and Miss M M Veale, CNO from West Middlesex Hospital, who were present at the first session. Those taking part were:

Mrs L Arnott, Senior Nursing Officer, Watford General Hospital
 Miss B Astbury, Principal Tutor, Southmead Hospital
 Mrs J Black, Clinical Instructor, St Thomas' Hospital
 Mr M Burns, Deputy Principal Tutor, Princess Alice Memorial Hospital
 Lt Col H Cattnach, Royal Army Medical College
 Miss M Cole, Assistant Matron, Southmead Hospital
 Miss J B Craig, Assistant Director, The Hospital Centre
 Miss P Harrison, Student Nurse, The Hospital for Sick Children
 Miss Hassell, Student Nurse, St Peter's Hospital, Chertsey

Major D F Liddington, Royal Army Medical College
 Miss G Morgan, Ward Sister, Copthorne Hospital
 Miss S Mulvie, Staff Nurse, Watford General Hospital
 Miss S Pembrey, Ward Sister, St Thomas' Hospital
 Miss M Paider, Clinical Teacher, Southlands Hospital
 Miss H M Probin, Student Nurse, Copthorne Hospital
 Miss A Rattee, Matron, St Peter's Hospital, Chertsey
 Mr H Rose, Principal Tutor, Broadgreen Hospital
 Mr M Ross, Ward Charge Nurse, St Mary's Hospital, Eastbourne
 Mr D H Rye, Principal Tutor, Orpington Hospital
 Miss B J Smith, Principal Tutor, Copthorne Hospital
 Mr M Tute, Tutor, Orpington Hospital
 Miss M White, Student Nurse, Princess Alice Memorial Hospital

4. The brief, when completed, was presented to the King's Fund Development Committee, THC 71/45 - 47, THC 71/71, 12 February 1971. The Development Committee did not feel able to give the research the financial backing required. The project was then put to the Department of Health and Social Security, who decided in the autumn of 1971, to support the project financially, provided it received the approval of Dr W D Wall on educational grounds.

Evaluation

5. The Development Committee's inability to support this research was a disappointment but as Dr W D Wall of the Institute of Education and Dr D A Pidgeon of the National Foundation of Educational Research both approve the brief and recommend its use through the Research Unit of the GNC, this improves the prospect. It demonstrates also, the ability of the nurses concerned to examine their own situation and distil the real essence of the problem as well as to recommend a method of study.

Future

6. The Department of Health have agreed to finance the project to be managed by the GNC Research Unit starting in 1972. A member of the King's Fund Hospital Centre workshop responsible for the brief will be invited to be a member of the project committee appointed to oversee the research.

J B Craig
 Assistant Director
 April 1972

THC 72/69

NURSING WITHIN THE SALMON STRUCTURE

Origins

1. These meetings were prompted by a Department of Health and Social Security Nursing Officer who said she felt the Principal Nursing Officers were having difficulty in settling into their new appointments within the experimental Salmon structure* in the selected hospitals. Nearly a year elapsed before it was possible to arrange a meeting at the Hospital Centre for the Principal Nursing Officers.

2. The first meeting was held on 13 December 1970. The Principal Nursing Officers found the discussions helpful and asked to meet again, which they did on 22 February 1971. At this meeting the nurses felt perhaps they had aired their views enough and were anyway feeling more secure in their posts, and although not able to meet as a separate group, they did have the opportunity of meeting with the Chief Nursing Officers through the Royal College of Nursing. They suggested the senior nursing officers were not so well placed and might find the Hospital Centre style of discussions helpful.

3. The senior nursing officers met on 14 April 1971 and then split into two groups to meet on 18 June and 1 July. Apart from such difficulties of changing one's title and authority while still working from the same office with the same people, the senior nurses felt they could manage without further separate discussions. They would like, they said, the Nursing Officers in charge of units to have the opportunity they had had to meet at the Hospital Centre.

4. The Nursing Officers met for discussion about their work on 5 November and 21 September 1971. At their first meeting it became apparent that the Nursing Officers were the link between administration and clinical work. Some were working more or less as pure administrators where others were working with the patients most of the time. Each appeared to be cat'vng out his/her post to suit their abilities and were content. It was put to them at the end of the day's discussion that unless they could show some unity in their work they were not going to do very much to support the success of the Salmon nursing structure. It was not going to help to win the medical staff over to accept the nursing staff structure if those working in it were unable to agree what they should be doing. This stung the nurses and they asked to meet again to try and find some common element in the work they were all engaged upon.

Objectives

5. By the time the senior nursing officers had met for the second time, it became clear to myself and the nurses from the Department of Health and Social Security, that the discussions were of considerable value:

- i) to the nurses taking part, helping them to think more deeply about their own

* Ministry of Health
Scottish Home and Health Department (Report of the Committee on Senior Nursing Staff Structure, HMSO, 1966)

work and learn from each other, and

- ii) to the team from the Department of Health and Social Security responsible for the experiment in implementation of the Salmon recommendations (they were able to have new insight into some of the problems by listening to the nurses talking informally among themselves).

6. It was decided therefore that whereas the original objective had been to help the Principal Nursing Officers to understand their role within the Salmon structure, the objective now should be to offer the same facilities for all grades of nurses working within the structure. Finally, it was agreed once all the grades had met as a peer group, we would invite mixed groups to discuss the results of their individual discussions with each other.

Progress

7. The meetings for charge nurses and then for staff nurses have been planned for 1972. They will be followed by meetings for mixed groups in the autumn of that year.

8. Although the first meeting was planned for nurses working within the experimental scheme, some Chief Nursing Officers from outside the experiment have asked that their nurses should be allowed to attend this meeting to learn for themselves from those more experienced with this structure. Invitations have been issued in response to these requests.

9. In late 1970 and early 1971 a great deal was spoken about inservice training. The Hospital Centre was receiving enquiries from nurses who said they were being made responsible for the service training. They knew little about what their job was supposed to entail or where their appointment placed them with the Salmon structure. To help them we had two meetings in 1971/2, each for two separate groups of nurses with these responsibilities. They helped each other in their confusion at the first meeting and were able to report progress when meeting for the second time.

10. In the summer of 1971, again the Hospital Centre seemed to attract nurses who were worried about their position within the Salmon structure and the way in which appointments were being made within their own hospital. The only way the Hospital Centre could help these nurses through their anxieties was for us to again offer them the opportunity to discuss among themselves, what their grievances were and what they could do about it. Some Principal Nursing Officers responded to the invitation for members of their staff by sending nurses well and happily integrated into the structure. These people added meaning to the meeting.

11. To these meetings, appropriate nurses from the staff of the Royal College of Nursing, the Department of Health and Social Security, the Department of Home and Health for Scotland, the Welsh Board and HM Defence Services have been invited.

12. The following accounts of the discussions are available:

Reprint No 522	Salmon Nursing Staff Structure	THC December 1970
Reprint No 540	Salmon Nursing Staff Structure	THC March 1971
Reprint No 556	Salmon Nursing Staff Structure	THC May 1971

Reprint No 590	Salmon Nursing Staff Structure	THC July 1971
Reprint No 608	Salmon Nursing Staff Structure	THC October 1971
Reprint No 623	Salmon Nursing Staff Structure	THC December 1971
Reprint No 626	Salmon Nursing Staff Structure	THC January 1972
Reprint No 580	Inservice Training for Nurses	THC July 1971
Reprint No 600	Inservice Training for Nurses	THC September 1971
Reprint No 625	Inservice Training for Nurses	THC January 1972
Reprint No 588	Fitting into the Salmon Structure	THC July 1971

Evaluation

13. The first of these meetings was held at the suggestion of a nursing officer in the Department of Health who was at that time (early 1970) heavily involved in the implementations of the recommendations in the Salmon Report. The fact that one meeting leads to another at the request of the nurses involved, may show some element of worth. If the nurses, having met at the suggestion of their immediate superiors, find no need to ask for further meetings, they are not pressed to come again. The nurses from the Department of Health make every effort to be represented at these meetings because they find the free and frank discussion useful to support their more formal findings. The freedom with which the nurses are able to speak is aided by the neutrality of the King's Fund and the fact that no hospitals and no persons working in them are ever mentioned in the report. We simply aim to record the essence of what nurses are thinking about the work they are engaged upon.

The Future

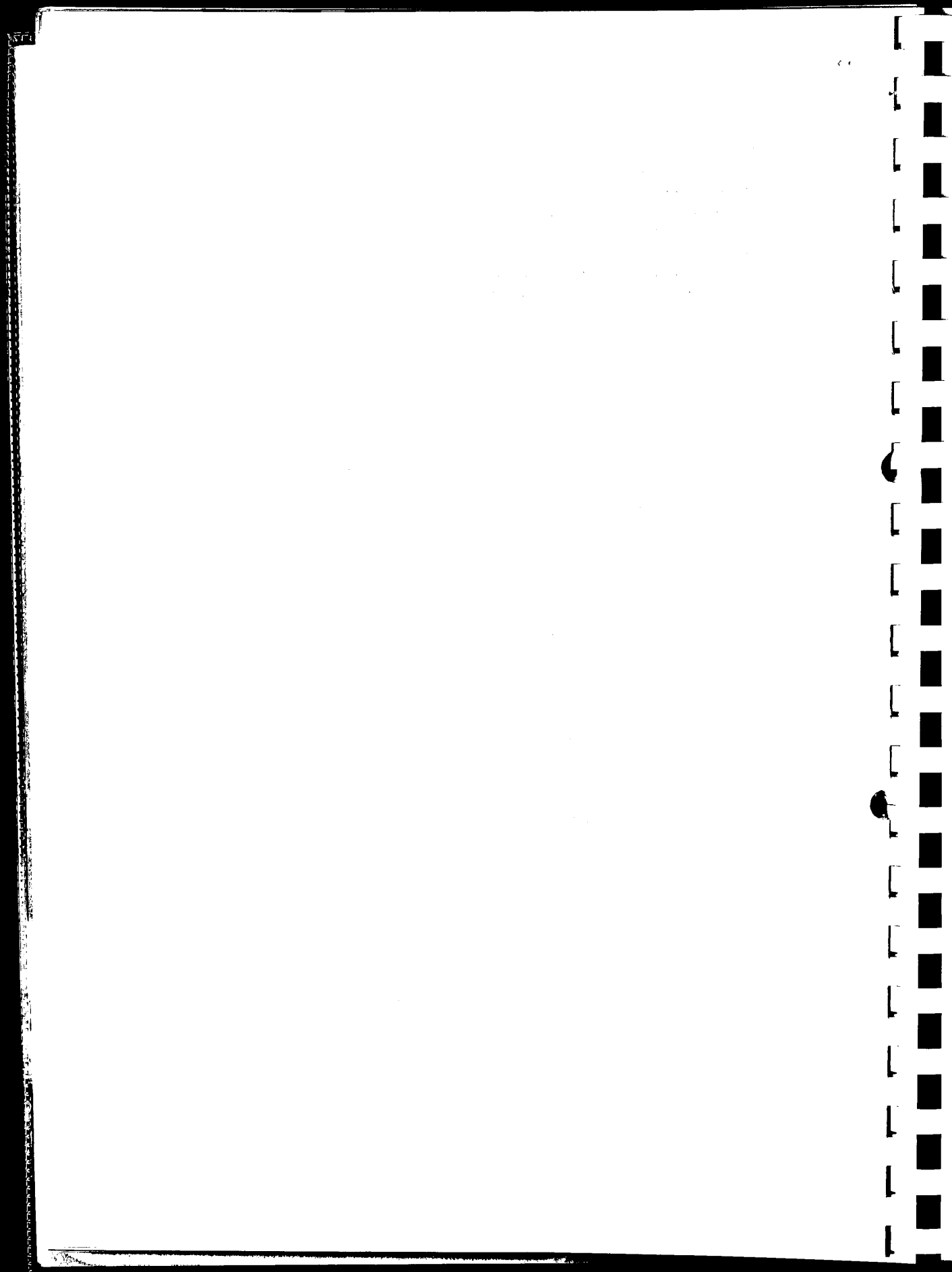
14. As mentioned above, it is planned that representatives of all the peer groups within the Salmon structure (mainly from the hospitals involved in the experiment) should have the opportunity of meeting. They will then be given the opportunity of meeting as a mixed group.

The charge nurses will meet in February 1972 and again if they wish. The staff nurses will meet for the first time in the summer of 1972 and the mixed meetings will take place in the autumn.

Any further work would be considered at the request of the nurses.

J B Craig
Assistant Director
April 1972

THC 72/67



ALLOCATION OF NURSES IN TRAINING TO WARDS AND DEPARTMENTS FOR PRACTICAL EXPERIENCE

Origins

1. The study of allocating nurses in training to wards and departments has continued since at least 1953 but comparatively few nurses responsible for this task have mastered the art of planning ahead, especially planning for the whole school of nurses throughout their three or four years training. This prompted the Hospital Centre to invite a few nurses known to have planned fairly successful programmes to explain their methods. They did this in a series of meetings between 1966 and 1969. Attending some of these meetings were Dr Jillian MacGuire, Director of the Nursing Research Unit and Ian Banks, then a student of mathematics at the University of Aston in Birmingham. Ian Banks distributed copies of his thesis on nurse allocation to nurses who had assisted him and he gave four copies to the Hospital Centre.

Objectives

2. Dr MacGuire, impressed by this thesis, suggested that the Hospital Centre have a small working party of nurses knowledgeable in the art of planning for training, to meet and discuss the use of Ian Banks thesis and distil what was essential or common to all training schools. Also, to attempt to produce guide books for those starting to learn about allocating nurses in training.

Progress

3. A workshop of selected nurses met for three days in May 1970. They were the guests of the King's Fund Staff College. By the end of the three days under the leadership of Dr J MacGuire, they had completed the first draft of the work book on Allocation which was subsequently published by the King's Fund in 1971. Members of the workshop were:

Catherine A Asher, SNO (Education), Glasgow Royal Infirmary
 Bessie Brewster, Assistant Matron, Selly Oak Hospital
 Jo Brown, SNO (Services), Charing Cross Hospital
 June Cheese, SNO (Services), Middlesex Hospital
 Janet B Craig, Assistant Director, The Hospital Centre
 Joan Darwin, PNO (Education), Redhill and Netherne Hospitals
 Hilda I Lambeth, SNO (Allocation), Charing Cross Hospital
 Moira L Parham, SNO (Allocation), Redhill and Netherne Hospitals
 Leslie Reeve, SNO (Education), Farnborough Hospital
 Kathleen Scrivener, Allocation Officer, Farnborough Hospital
 Elizabeth M Welsh, PNO (Education), Glasgow Royal Infirmary
 Margaret Whittingham, PNO (Education), South Birmingham Hospitals
 Barbara Hartmann, Observer, Hospital Nursing Officer, DHSS

Relevant references are:

Development Committee Paper

7 May 1971, Item 16. Allocation of Nurses in Training. THC 71/~~272~~
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Reprints and Publications

THC No 182	Planning Nurse Training Programmes.	Nursing Times, 31 Mar 1967
258	Planned Allocation for Nurses in Training - occasional paper	Nursing Times, 12 April 1968
261	Planning Nurses Training	Nursing Mirror, 7 June 1968
370	The Allocation of Nurses in Training to Wards and Departments	27 August 1969
	Nurse Allocation (unpublished Thesis of Ian Banks. MSc Industrial Mathematics & Statistics	October 1969
	Allocation - Guidelines for developing planned programmes of education and training for student and pupil nurses	King Edward's Hospital Fund for London, 1971

Evaluation

4. There seems to be no end to the desire of nurses to understand better the art of this particular task. Meetings and conferences throughout 1966 - 1969 were always over-subscribed. Judging by the sales of the King's Fund book on Allocation, the need for practical help is still being demonstrated. Also demonstrated perhaps is the lack of any help in this field offered in the majority of management courses - middle management in particular.

Future

5. Through the King's Fund, the Department of Health are giving financial aid to enable William Heinemann's Medical Books Limited to publish Ian Banks' thesis on Allocation. Publication is expected in August 1972.

6. The publication of the Briggs' Report on Nursing will no doubt recommend changes in the current methods of training nurses and the study in planned programmes of training will need to be studied afresh.

J B Craig
Assistant Director
April 1972

THC 72/68

NURSES ATTITUDES TO PATIENT CARE

Origin

1. This project was first talked about early in 1968 and a request for £500 put forward to the Development Committee in June 1968 (Dev 68/34) THC 68/402. This original proposal suggested that nurses should be invited to the Hospital Centre to discuss their attitudes towards their patients. To do this, it was suggested that we should seek the help of the nursing press to spread the idea of talking about attitudes and also, for example, from the Tavistock Institute to guide the nurses in the examination of their attitudes. The Development Committee were dubious of this type of approach and asked that the Hospital Centre rethink the method and in the meantime empowered the Chairman to cover any interim expenditure.

2. A careful sample of nursing staff working at the bedside in 24 psychiatric and 24 general hospitals were invited to attend six monthly meetings. The method of controlling the meetings for these nurses once every month for six months was changed. It was agreed not to have the nursing press involved and to avoid any high-powered or particularly qualified group leaders in the discussion groups. We decided simply to let the nurses, with a little prompting from tapes and anecdotes, etc, to control their own discussions and to ask David Boorer, a nurse (and at that time, a free-lance journalist), to write his own account of the meetings.

3. The meetings for the selected nurses (about 82 out of a possible 96) were started October 1968. The Development Committee, reassured by the response from the hospitals, in January 1970 granted £700 to cover project expenses for one year (68/56 (i) (d) THC 69/777)

Progress

4. The six meetings took place as planned. A collective report was written, circulated to those attending the meetings and to the senior nursing officers from the hospitals involved. The senior nurses were invited to the Hospital Centre in November and December 1969, to give their views of the project and the impact if any, it had had in their own hospitals. An account of these meetings were circulated to the nurses involved in the project and they met in January 1970 with the senior nurses. The whole group were asked to consider:

- i) what could be done within each or any Metropolitan Hospital Board Area ?
- ii) what should be the outcome of this series of meetings ?
- iii) what could be done within each hospital involved ?
- iv) what should the Hospital Centre do next ?
- v) had the organisers any further role within the regions, the hospitals, or the Hospital Centre ?

5. The outcome of this meeting was the decision to run a similar, but not identical, series of meetings at the Hospital Centre from April - September 1970, for hospitals of any description within easy travelling distance from the original project hospitals. The object of this was to encourage inter-hospital meetings at local level. The Regional Hospital Boards and Hospital Management Committees were written to, asking for support for the nurses

wishing to take on these inter-hospital studies.

6. The major differences in the group of nurses attending the second series, were:

- a) those attending the meetings from each hospital were picked from CNO to nursing auxiliary level
- b) the hospitals chosen included mental subnormality and other specialist hospitals
- c) some observers from other hospitals and from the Metropolitan Board Regional Offices
- d) some of the original nurses involved in the first series of meetings helped to organise the second. The nurses attending this series of meetings had their expenses met by the hospital authorities and so, no grant from the Development Committee was necessary.

7. After the second series of meetings were over and a collective report had been circulated, the Hospital staffs were invited back in two groups in 1971 to review what had been achieved and recommend further action. Little was recommended by the hospital staffs present at the meetings. It seemed to those of us who had done the organisation that perhaps we had reached as far as we could at the Hospital Centre in involving nurses in talking about attitudes. Our attention was therefore turned to involving nurses and perhaps other staff in holding discussions or taking other action within their own hospitals.

8. Dr Tom Caine, Consultant Psychologist at Claybury Hospital, who had helped throughout both series of meetings, invited nurses who had attended either series to join him in an Attitude Study Group. About 15 nurses volunteered and we met monthly from April to December 1971. To start the meetings we were grateful to be given the opportunity of a three-day residential session at the King's Fund Staff College. The nurses attending these meetings include CNOs, PNOs (teaching and administrative) right through to nursing auxiliaries.

9. Two of us decided to write some guidelines for hospital staff who wished to start discussions on their own. We simply wrote from our experiences in the Hospital Centre meetings. The guidelines were sent for comment and then amended before 500 copies were printed by the Hospital Centre for limited circulation. The intention was to learn from those receiving copies whether or not these guidelines were of any use to the outside, and if not, was there anything which they could recommend us to try in its place.

10. In order to persuade hospital nurses to discuss attitudes to their patients within their own setting, we decided to start a new series of meetings in 1972 and through 1971 were planning the method of doing this. We have chosen more or less at random, six hospitals beyond the fringe of those whom we had previously given the opportunity to attend meetings on this topic. All chosen agreed to take part in the project. We have one psychiatric, one mental, one subnormality, and one teaching hospital group represented. The other three are district general hospitals embracing all specialties. All the CNOs have appointed a senior nurse to be the key person to whom a team of six bedside nurses (ie from nursing officer through to and including nursing auxiliaries), can turn for assistance if they wish. The teams of six nurses from the six hospital groups are to decide upon some project they wish to take up relating to nurses attitudes to patients or to each other. Having become a team working within their own hospital, they will come to the Hospital Centre one day each month for six months to compare progress and discuss problems with themselves and the Centre

team. The Centre team, as well as coordinating and recording the meetings, will be available should the hospital teams wish to have help at the hospital.

11. It is the intention of the Centre team that the hospital senior nurses should be as committed (if not more so) as we are ourselves, to supporting the six teams on their home ground. In December of 1971, therefore, we held a meeting of the two supporting groups to try and form some common policy of assistance.

Reprint No 463	A Question of Attitudes (First series)	The Hospital Centre, Nov 1970 2nd Reprint, Aug 1971
Reprint No 519	A Question of Attitudes (Second series)	The Hospital Centre
Reprint No 603	The Study of Attitudes A vital problem for all nurses	Nursing Times, 26 Aug, 1971
Reprint No 69/794	What the Senior Nurses Said	The Hospital Centre
Reprint No 430	The Final Meeting and the Results	The Hospital Centre
	A Question of Attitudes (Second series)	
Reprint No 443	Report of first meeting	The Hospital Centre
Reprint No 452	Report of second meeting	The Hospital Centre
Reprint No 462	Report of third meeting	The Hospital Centre
Reprint No 479	Report of the fourth meeting	The Hospital Centre
Reprint No 492	Report of the fifth meeting	The Hospital Centre
Reprint No 518	Report of sixth meeting	The Hospital Centre
Reprint No 555	Attitudes South A meeting with nurses from the Southern Metropolitan Regions	The Hospital Centre
Reprint No 559	Attitudes North A meeting with nurses from the Northern Metropolitan Regions	The Hospital Centre
	Assessment of Nurses in Training	
Reprint No 639	Meeting, 10 December 1972	The Hospital Centre, Dec 1971
Reprint No 638	Meeting, 28 January 1972	The Hospital Centre, Jan 1972

Evaluation

12. The two series of meetings at the Hospital Centre have been of value to many of the nurses present. They will claim that discussion at the meetings has enabled them to think about what they are doing and the effect it has on other people. They recognise that attitudes between nurse and patient are closely linked with inter-staff relationships and cannot be considered in isolation. Not so many, but at least some nurses have been able to take action to improve relationships. In my opinion, where it is the senior nurses who have teamed, they have been more beneficially placed for initiating change within their own hospital, but they could not have teamed without junior colleagues working with them. It is those who have gained most who are asking for more and it is the senior nurses who ask us in the Centre to continue in any way we can to open up the subject of nurses

attitudes to patients. Examples of individual gains are time-consuming and of doubtful value to trace and record, but some evidence could be collected given the wherewithal to do it.

13. The two series of meetings have been written up as Hospital Centre reprints. As such they have been in fairly steady demand. In February 1972 we have perhaps 100 copies left of each out of 1,230. It is these reprints which are used to start discussions up and down the country and often those of us responsible for the meetings are invited to talk in management courses and professional gatherings. Evidence is only now coming to light of the way in which these reports are sparking off other studies, both in and out of hospitals. It will be more valuable to give details in the 1972 evaluation of the project.

14. The Guidelines of which the Hospital Centre printed 500 copies in the Summer of 1971 have been circulated sparingly. As yet, we have no evidence of their usefulness and will hope to review the situation later in 1972 or 1973.

15. The Attitudes Study Group has had a steady attendance of its members, ten to twelve appearing each month. The nurses each describe some gain from these meetings and voted unanimously to continue in 1972. They have brought colleagues from their own hospitals as guests and they too sometimes decide to be regular attenders. A means of proving the worth of the meetings to those outside the group has yet to be found.

16. The Central Team responsible for the third series of meetings for the six hospital teams consists of David Boorer, Journalist; Janet Craig and Hazel Edwards, from the Hospital Centre; Bill Kirkpatrick, from the North West Metropolitan RHB. We have three new recruits who have asked to join us and by so doing, give us the feeling that the venture must, in their judgment, be worth while. Eileen Skellern, CNO, The Royal Bethlem and Maudsley Hospitals; Lucienne Arnott, a nursing officer, retired, to look after her family; and Paul Sommerfeld, Post-graduate student of Organisational Change, are the three valuable additions.

The Future

- a) The use to which groups of people are putting David Boorer's reports of the first series of meetings needs to be assessed.
- b) The use of the Guidelines also awaits assessment.
- c) The small Attitude Study Group will continue to meet for half a day each month until June 1972. By then, we hope to have some way of demonstrating its value and to have decided whether or not the Group should continue to meet.
- d) Those of us working in the Centre will continue to help on request in hospitals and other organisations, or at meetings.
- e) The project involving six hospitals will continue through 1972. The planned monthly meetings will end in July. The six hospitals will be asked to present their separate projects at a conference in the Autumn of 1972. After this, any new plans to continue with the Group will be put forward for discussion.

J B Craig
Assistant Director
April 1972

RETURN TO NURSING

Origins

1. This project was proposed in 1970 by Mr R J E Wilcox, Assistant Secretary and Chief O and M Work Study Officer of the Welsh Hospital Board. It is based on the idea that there are a considerable number of trained nurses who have given up nursing, for instance on becoming married, but who would welcome the opportunity to return to nursing from time to time, working for hospitals or other health authorities on the recognised terms and conditions of service. This would be of particular value in exceptional circumstances such as epidemics or major accidents. There was already random evidence in support of this idea and the proposal was to make a survey to obtain more precise information. One of the cardinal points in the scheme is that assuming a potential reserve were found to exist, the arrangements for drawing up a register and keeping it up to date would be based on a network of local groups, each drawn from a small neighbourhood.
2. Development Committee received the proposal at its meeting in May 1970 and made a grant of £900 (minute 70/52). The project was undertaken by Mr Wilcox with the help of two members of the O and M department of the Board, Mr R Morgan and Mr G Baker.

Objects

3. These were:
 - i) To ascertain the number, experience and geographical distribution of trained nurses not employed in nursing and to register them.
 - ii) To explore by means of questionnaire and discussion their attitudes with regard to nursing, in particular on an ad hoc but paid basis.
 - iii) To examine the administrative and financial implications of organising them as 'ever readies' to cover certain nursing, neo-nursing or other duties in the Health Service, including possibly work for executive councils and local health authorities.
4. The area to be covered in the initial survey was Glamorganshire and Monmouthshire and the estimated number of nurses to be involved was 600.

Progress

5. About 1,000 former nurses with last known addresses in the counties of Glamorgan and Monmouthshire were individually informed about the survey and invited to participate in discussions with senior nursing and administrative staff of certain hospitals in the areas covered. The scheme was also publicised via the offices of executive councils and local health authorities, and by the mass media, including press releases, radio and local television. It proved necessary to stress that 'the scheme is not a desperate bid to get nurses back at all costs as some have erroneously inferred, but a realistic attempt to utilize expensively trained resources for the mutual benefit of patients and nurses alike'.
6. As a result of the campaign, some 500 nurses replied, about half of these expressing interest in the aims of the survey. The rest consisted mainly of those who had left the area or who had already returned to nursing, presumably without the knowledge of their previous employing hospital authority who had originally provided the addresses. This served to confirm the need for the first element of the survey, a register of former nurses living in the community but not employed as nurses.

7. By June 1971, the team had written to about 1,000 nurses whose names were obtained from matrons and from other sources : about 500 replied, of whom 250 or so expressed interest in corporate meetings with matrons. Meetings of this kind were held and attended by more than 50 former nurses in each case, at Cardiff and Swansea, and the team then began the next stage, consisting of interview with former nurses interested in participating either in registers or in trial schemes employing the concept.

8. A report on the project at this stage was prepared by Mr Wilcox for discussion at the Health Service Management Course, Department of Social Administration and Social Work, University of York, which he attended.

9. Certain nurses undertook the task of visiting other former nurses in their neighbourhood to tell them about the scheme and, if they were interested in it, to tell them to whom they should apply. In the belief that former nurses often meet socially, their next task would be to maintain an up-to-date register of potential nurses as they come into a neighbourhood or leave it.

10. A number of former nurses who, on attending the meetings, realised that arrangements for part-time work in nursing had become more flexible than before, subsequently attended for individual interviews. Some then took regular part-time work as nurses, but outside the scope of the scheme envisaged. Others attended refresher courses and unpaid sessions as observers in order to become familiar with changes in techniques.

11. An interim report on the project, prepared by Mr Wilcox, was approved by the Nursing Advisory Committee of the Welsh Hospital Board on 22nd February, 1972, and is to be offered for publication in a professional journal.

Evaluation

12. It is too early to make an evaluation of the project. Much will turn on whether it will prove possible to persuade groups of nurses to organise themselves to provide the kind of service envisaged.

The Future

13. When sufficient numbers have accumulated to form 'matched' teams, i.e. with similar experience and prepared for similar duties, teams will be formed to cover agreed hours for a trial period. These can be highly flexible, ranging from one nurse taking on regular hours but with authority to arrange a relief when required, to teams of several covering several days a week, on an internal but flexible roster.

14. The hope is that former nurses will be attracted by the flexibility of hours to return as soon as this can be reconciled with their prime responsibility to their families: this without necessarily waiting for hospitals to build creches and take similar measures which cost money, and are bound to take time.

15. It is hoped that the project, if successful, would serve as a pattern to be generally applied in the United Kingdom.

STAFF FROM ALCOHOLIC UNITS

Origins

1. This series, which started in May 1967, arose out of discussions between nursing officers at the Hospital Centre and the then Ministry of Health. It was intended that nurses working in mental hospitals should be given an opportunity to share their views together with other members of the hospital team on the designs for new units particularly the newly formed alcoholic units.

Objectives

2. To bring together medical and nursing staff working with alcoholics to discuss the planning and design of new units, and the organisation of effective systems of care.

Progress

3. Twelve meetings have been held since the series started in 1967. The group, after having been initially extremely resistant to taking responsibility for their own meetings (about four a year), have now elected their own Steering Committee to plan future meetings, not necessarily at the Hospital Centre. They are thinking more actively about linking up with other people outside the hospital and have actually elected an occupational health nurse to the committee.

4. An active participant in a number of the meetings has been the architect Mr Paul James. In 1968, the Fund's Development Committee made a grant of £1000 (minute 68/44c) to enable Mr James to conduct a study of the design of units for alcohol and drug dependency.. This report is being published by the King's Fund in 1972 under the title Alcohol and drug dependence - treatment and rehabilitation.

5. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 199	No 337	No 464
No 220	No 365	No 474
No 245	No 394	No 562
No 263	No 410	No 581

Evaluation

6. The readiness of this group to plan and organise their own meetings in the future is an indication that they have proved of value.

Future

7. The Steering Committee decided to have the first large meeting in June 1972 when the topic of the "Problems of alcoholism and work" will be discussed.

H G Edwards
Nursing Officer
April 1972
THC 72/90

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STAFF FROM RENAL DIALYSIS UNITS

Origins

1. This series began in July 1966 at the request of sisters of Renal Units, together with nurse planning officers from the then Ministry of Health. The intention was that planners and users should get together in the early stages of designing the new units, in order to produce appropriate settings for effective patient care.

Objectives

2. To bring together nursing staff and others concerned with the care of patients having renal dialysis, to discuss problems and new ideas and to promote the development of good practices.

Progress

3. This series started in 1966 and some fifteen meetings have been held so far; most of these have been attended by 30-40 people, with a few larger meetings of up to 100. Early meetings consisted of staff from Hospital units only, but later meetings have included local authority staff responsible for home dialysis and also some patients. Nevertheless this remains a very specialised and close-knit group.

4. Two meetings have been held outside London; one was a nationwide meeting held at Lodge Moor Hospital in March 1971, the other arose out of a suggestion at that meeting, that there should be local inter-regional meetings; subsequently one was held at Portsmouth for members of the South Western region, Oxford, and South Wales.

5. The group has also elected representatives to compile a handbook for nurses working in renal units and this is nearly ready for publication.

6. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 135	No 341	No 446	No 503
No 247	No 344	No 457	No 542
No 252	No 391	No 463	No 634
No 290	No 435	No 465	

Evaluation

7. Several regions have shown interest in running local meetings including Aberdeen and the Manchester region. This indicates that the meetings are felt to be valuable. The group's enthusiasm fostered by the Hospital Centre for producing the handbook is also an indication that these meetings seem to have been of value.

Future

8. One large meeting yearly at the Centre when all disciplines involved in the care of patients in renal units will be invited.

9. The regional meetings to be continued with the aim that they should become either linked with the Intensive Care Unit meetings of the Royal College of Nursing, or maintained as inter-regional multidisciplinary meetings.

H G Edwards
Nursing Officer
April 1972

ADOLESCENT UNIT STAFF DISCUSSION GROUP

Origins

1. At many of the meetings held at the Centre to discuss continuity of care for psychiatric patients attention had been drawn to the special needs of staff working in adolescent units. The Hospital Centre was subsequently approached by staff working in these units with requests that an opportunity should be provided to share with others similarly placed some of the problems and achievements associated with this work. Suggested topics for discussion included the difficulties of recruiting and training of appropriate staff for this very demanding kind of nursing; the place of the family in the treatment of disturbed young people, and the creating and maintaining of good working relationships with the rest of the hospital and the local community.

Objectives

2. To discuss problems and exchange information about good ideas and practices by bringing together the people who are concerned about the care of emotionally disturbed adolescents, including ward sisters and charge nurses, psychiatrists, psychiatric social workers, health visitors, probation officers, clergy, volunteers, teachers, youth employment officers and police liaison officers.

Progress

3. So far four meetings have been held. These groups are very popular and usually exceed the number allowed at small meetings. Interest has been shown in starting local inter-regional meetings; the first of this kind for the Northern Counties took place in October 1971, and it is hoped that this particular group will act as hosts to each other for subsequent meetings - perhaps having some initial help from the Hospital Centre.

4. A report of each meeting has been prepared and given wide circulation through the THC newsletter and by other means. The following reprints of the relevant conference-reports are available.

No 529
No 548
No 584
No 624

Evaluation

5. As in the series the Child in Hospital, participants are invited to share their particular problem at the beginning of the day. Time is allowed at the end for important after-thoughts which often provide a jumping off point for the next meeting. The interest shown in the idea of regional meetings suggest that this group is likely to become self-sufficient and self-supporting.

Future

6. Two meetings will be held at the Hospital Centre and two outside inter-regional meetings in 1972. Although there is a National Association for the Psychiatric Study of Adolescence members of this association have stated that they feel there is still a need for the smaller meetings convened by the Hospital Centre, because more people feel able to contribute significantly to these discussions.

H G Edwards
Nursing Officer
April 1972

THC 72/93

DRUG DEPENDENCY DISCUSSION GROUP

Origin

1. In the spring of 1968, a psychiatric social worker from All Saints Hospital, Birmingham, asked the Hospital Centre if they could hold a series of meetings for psychiatric social workers and psychiatric nurses working with drug addicted patients. The meetings, it was suggested, should be for staff working in the newly opening drug addiction units in the London hospitals. These meetings were to be run as a series of discussions, as were the meetings for those nurses working in alcoholic units which had been running for a year or more at the Hospital Centre.

Objectives

2. The objectives of the meetings were to allow nurses and social workers from the London hospitals' drug units the opportunity to discuss and learn from each other ways and means of treating and caring for those who would, through the new legislation concerning the prescribing of heroin, be attending for treatment either as day or residential patients.

Progress

3. The Department of Health and Social Security furnished the Hospital Centre with a list of the London hospitals where drug addiction clinics were to be held and units set up. It was hard to locate the nurses and the social workers in these early days as most 'shop window' hospital staff were unaware that their hospital had been designated as one where a clinic was to be held.

4. The Department of Health were then asked if they would be kind enough to give us the names of the consultant psychiatrists in charge of each of the units. In writing to the psychiatrists in charge about the meetings planned for nurses and social workers, it seemed only fair to offer them the chance of attending too, so it was that the first meeting was attended by psychiatrists, social workers and nurses and became more of a conference than an informal discussion.

5. Mr Hardie chaired the meeting on 10 May 1968. Dr Owens from All Saints Hospital, Birmingham, spoke about the containment of the problem in Birmingham. Dr Baker, then a principal medical officer of the DHSS, spoke of the reasons for setting up the London heroin addiction clinics. Mr Jeffery, HM Chief Inspector of the Home Office Drugs Branch, explained the problems of controlling the country's intake of heroin and the hopes that legal prescribing would bring a more accurate picture of those who are addicted, many of whom were at present unknown. Many questions about containing the problem of heroin takers and legal prescribers and the management of the new London units or clinics were raised and those at the meeting agreed on the need to meet again.

6. The reporting of the early meetings by the Nursing Times attracted attention outside London and as the meetings progressed, clinics all over the United Kingdom and Eire were asking to be represented. The type of people requesting to come also broadened to

THC Reprint No 670	Drug Dependency Discussion Group.	7.11.69
389	Drug Dependency Discussion Group.	19.12.69
418	Drug Dependency Discussion Group.	9.2.70
440	Drug Dependency Discussion Group.	23.4.70
472	Drug Dependency Discussion Group.	30.6.70
502	Drug Dependency Discussion Group.	1.11.70
534	Drug Dependency Discussion Group.	15.2.71
565	Drug Dependency Discussion Group.	27.5.71
582	Drug Dependency Discussion Group.	15.6.71
607	Conference of Liaison Committees,	28.9.71
	concerned with drug dependent people	

Evaluation

14. The object of the meetings, as stated early in 1968, was that nurses and social workers from drug addiction units should meet to discuss their common problems. They have met, but in company with all others from the thousands of people showing concern for this particular group of dependent people. From time to time there has been a feeling that the meetings are too dominated by psychiatrists and the other professions and organisations do not have their share of the discussion. Whenever this has come before the steering committee, fresh efforts to share the interest and discussion more liberally have been made. For example, a whole day's meeting was devoted to the social worker's point of view, another to voluntary organisations, one to the legal aspects of drug dependency and education. As mentioned before, the interests of Liaison Committees also receive consideration. Two meetings have been held for nurses attending the discussion group meetings, to meet with their colleagues from the general hospitals to discuss the problems of caring for the drug addict in several casualty departments, and wards. A considerable antipathy towards this type of patient was expressed. Accounts of those meetings can be read in:

THC Reprint No 319	The Nurse and the Drug Addict.	Nursing Times, 20.2.69
327	The Drug Addicted Patient in Casualty.	27.3.69

15. From 1969 onwards, the suggestion has been made to the Group that they no longer require the services of the King's Fund Hospital Centre. They have endless topics for discussion and only need the Hospital Centre as a meeting place. The vocal members of the Group resist being independent of the King's Fund on the grounds that they are so divided among themselves and there is no other suitable organisation. No other organisation they say, was involved with the health services and yet as impartial as the King's Fund manages to be. In their indecision, they need such background support as we are able to give. The amount of work involved in organising the meetings is growing and has been particularly heavy in 1971 with the increasing number of people wishing to belong to the group and the organisation of meetings in the provinces as well as in London.

Future

16. The meetings for 1972 have been decided by the Steering Committee which meets after each general meeting. The London meetings -

- i) January, to discuss Cannabis, Hallucinogens and the problem in the world of education

- ii) July, to review the work of the working parties and to discuss what organisations there are in the London boroughs to compare with the provincial liaison committees

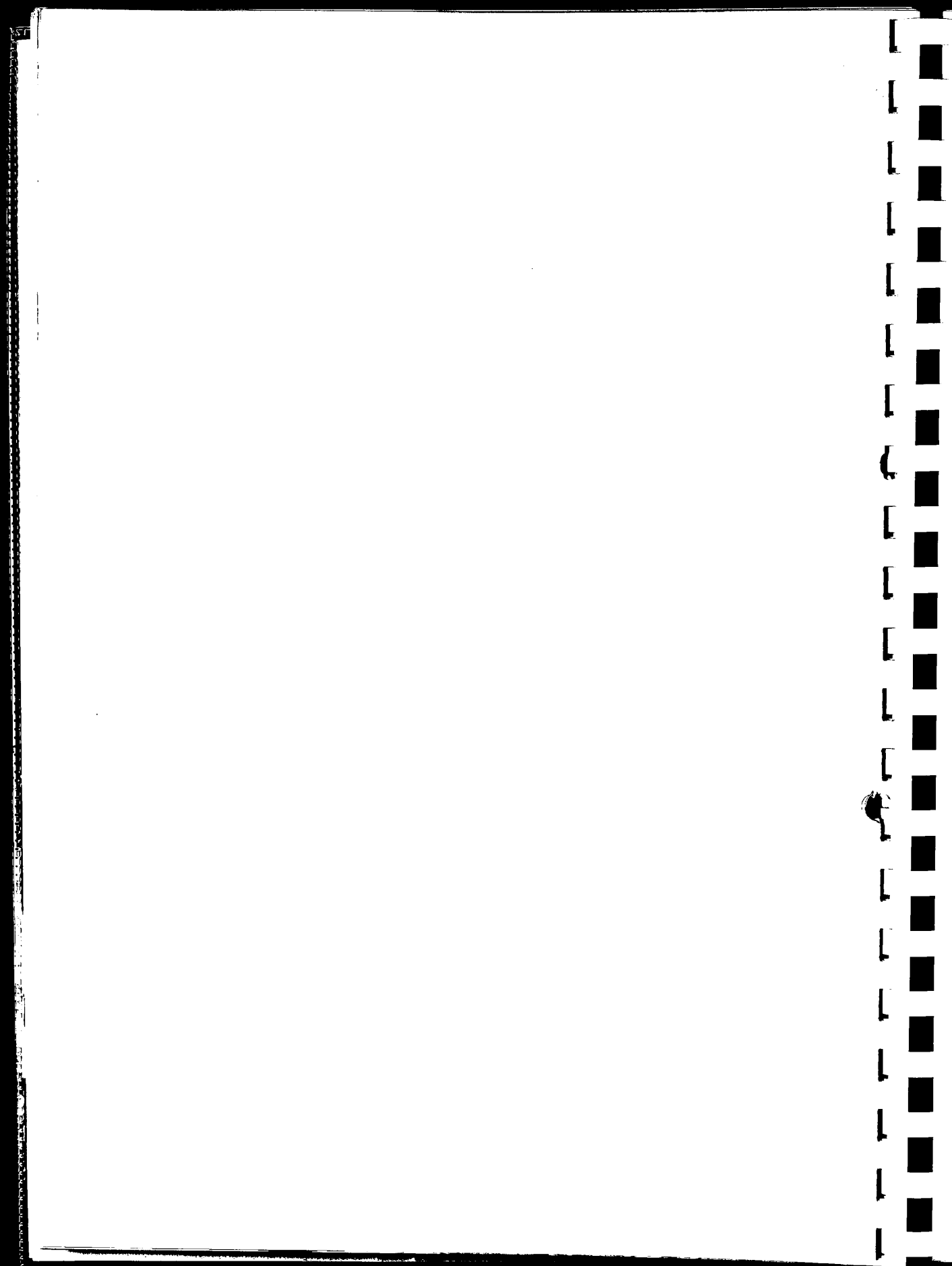
The out-of-London meetings will be in:

- i) April, at Birmingham, where we will be the guests of All Saints Hospital while we discuss the outsider's view of what those of us caring for the addict are a) attempting, and b) achieving
- ii) Autumn, in Brighton, where the Herbert Hone Clinic under the direction of Dr Parr, will be suggesting a programme for us

17. The meetings, whether they are in or out of the Hospital Centre, have an attendance fee to cover the cost of catering and speakers' honoraria. The Hospital Centre has therefore to date not asked the Development Committee for a grant towards the cost of running what is now talked of as the King's Fund National Drug Dependency Discussion Group. A great deal of work is attached to organising and running the quarterly meetings, the steering committee and the several working parties. The clerical work also is considerable, filing, distributing reports of general and steering committee meetings and working parties, as well as correspondence with speakers and members of the group. If the Hospital Centre is to continue responsibility for the Drug Dependency Discussion Group, it is suggested we ask the Development Committee for some allocation of money to cover part-time assistance with the organisation involved in managing this.

J B Craig
Assistant Director
April 1972

THC 72/64



"SHOP WINDOW" STAFF

Origins

1. Following a series of conferences held during 1970 on various aspects of hospital public relations and communications, it was felt that in the past insufficient attention had been paid to one section of the staff which is deeply involved in communication both within and outside the hospital and which also frequently forms the public's first point of contact with the hospital. With the active support and approval of the Secretary of the North West Metropolitan RHB, HMCs in this area were invited to send a team of one receptionist, one telephonist and one gate or hall porter to a series of four all-day meetings and one follow-up meeting to discuss their work and common problems.

Objectives

2. It was hoped that "shop window" staff would be encouraged by discussion with colleagues and would obtain a greater understanding of the work and problems of their hospitals and their own roles and responsibilities. It was also hoped that published reports of the meetings would make management more aware of the value and problems of this particular group of staff and bring about improved relationships and understanding.

Progress

3. Three series of four monthly meetings and a follow-up meeting have been held at the Hospital Centre involving all but one HMC in the NW Met RHB and seven of the 15 teaching hospitals in the same area.

4. Reports of each series of meetings have been published:

Hinks, M D From the shop window The Hospital, vol 67, no 1, January 1971,
pp 9-12. (THC reprint no 527)

Hinks, M D More news from the shop window THC conference report no 560,
May 1971.

Hinks, M D Shop window calling! THC conference report no 639, February 1972.

5. At the request of members of one of the groups who were anxious to know how the problems of London hospitals compared with those of provincial hospitals, an approach was made to the Oxford RHB for permission to run similar meetings in that region. A series of discussions was held at Littlemore Hospital, Oxford, attended by teams from all but one HMC in the region. A report of the meetings has been published:

Hinks, M D Another look at the shop window THC conference report no 641,
February 1972.

6. So far 50 hospitals have been involved in the four series. Enquiries have been received from different parts of the country from both hospital and HMC level. Several hospitals in one Metropolitan RHB area have been advised to suggest to their Board that the Centre should be asked to organise a further series for hospitals in that particular region. Hollymoor Hospital, Birmingham, requested details and have started to organise their own discussion groups not only for "shop window" staff but also for medical secretaries and general clerical staff. A very encouraging report has been received from this hospital which corresponds very closely to the findings of the THC series of meetings.

Evaluation

7. "This is the first time we have been able to air our views" was the comment of one member at the close of the series. "It has helped us to help ourselves" and "it makes you more tolerant to other people" were other comments. It is felt that, as a result of these meetings, members of a valuable but often forgotten sector of the hospital team have been able to discuss their work and problems with colleagues; they have helped each other towards solutions of some of their problems; they have gained a greater realisation of the wider problems of the hospital as a whole and they have begun to realise that as members of the hospital team they have both a right and responsibility to make their voices heard in a positive and creative way. The greater number have set themselves "modest objectives" to bring about improvements in their day-to-day work and all have found their fellow-workers extremely interested in their reports of the meetings. Some have been well supported by management but others have found little or no help in this direction. The meetings have produced what can almost be called a manager's check-list of pressure points and problem areas where this group of staff have a very real and positive contribution to make to improving the services for patients.

The future

8. At the request of members of three of the groups, follow-up meetings with their respective senior officers have been arranged.

9. A request has been received from an HMC Training Officer to run a similar series of meetings for hospitals in the SW Met RHB area, and this will start shortly.

10. Further reports on future meetings will be published and it is hoped that the idea may be adopted by other Regional Boards.

It is hoped to publish further articles pinpointing certain aspects that have been specially noted and it has also been suggested that a handbook listing the major points of interest that have emerged might be helpful.

M D Hinks
Research Officer
April 1972

COURSE FOR HOSPITAL ADMINISTRATORS FROM OVERSEAS

Origins

1. This course had its origins in the time that Mr Hardie spent as secretary of the Government Medical Department in Bahrain in the Arabian Gulf in 1956-58. Part of his work on this 2-year contract was to arrange for further training of Bahraini administrators to enable them to take over responsibility for the administration of the Medical Department. Considerable difficulty was experienced in finding suitable training facilities in England. On his return to England in 1958 to take up an appointment with the King's Fund, Mr Hardie initiated discussions with the King's Fund, British Council, Ministry of Overseas Development and other organisations with a view to arrange a training course for hospital administrators from overseas. Thanks to the support of the King's Fund, and of the Hospital Administrative Staff College in particular, it was possible to arrange a 12-week course for overseas administrators in 1961, attended by 12 officers from 9 countries. Since then, a similar course has been held each year, and since 1964 the course has been organised under the auspices of the International Hospital Federation.

Objectives

2. The aim of the course is to provide for senior hospital administrators from overseas further experience and training in administration. The course is designed to provide those who take part with a general background of the origin, introduction and development of the National Health Service in Britain, together with more detailed information and some practical experience of the current organisation and work of the Department of Health and Social Security and hospital boards, committees and related authorities.

Progress

3. By the end of the eleventh course in 1971, over 220 hospital administrators from 67 different countries had attended. A twelfth course has been arranged for 1972. The numbers attending each year vary between 23-27. The course consists partly of academic work and partly of attachments to different hospital and health service authorities, as indicated below:

- 2 weeks introductory sessions at the Hospital Centre
- 1 week attachment to the Department of Health and Social Security
- 4 weeks attachment to a Regional Hospital Board, two visits to Local Health Authorities and other organisations
- 1 week attachment to Boards of Governors
- 1 week attachment to Hospital Management Committees
- 1 week attachment to College of Hospital Management
- 2 weeks final sessions at the Hospital Centre

4. Mr Irfon Roberts, Assistant Director at the Hospital Centre, gives considerable help to the International Hospital Federation in making the arrangements for the course. The help given by many statutory and voluntary organisations, and by individual lecturers, is very much appreciated.

Evaluation

5. For people living and working overseas, basic training is probably best given in training institutions in their own countries. The purpose of the IHF course is to provide further experience for people who have already completed their basic training and are holding senior posts. For this purpose, the course does seem to be meeting a definite need, as evidenced by the fact that there are invariably more applicants than there are vacancies. There are no formal examinations at the end of the course, but comments from members certainly indicate that the course is valuable to them, and modifications to the course are made in the light of suggestions for improvement offered by the members.

Future

6. It is hoped and intended that this course will continue, with the help and support of the British Council, Overseas Development Administration and hospital and health service authorities.

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Publication: Overseas Hospital Administration reprinted from World Hospitals,
Vol.6, No.4, pp.231-235. 1970. THC Reprint No.507

M C Hardie
Director
April 1972

THC 72/275

THE ROLE OF SOCIAL WORKERS IN PSYCHIATRIC HOSPITALS

Origins

1. This project was instigated in 1969 by Professor J H Smith, Professor of Sociology at the University of Southampton, and a member of the Education Committee of the King's Fund. Professor Smith was closely connected with the project that led to the publication in 1968 of the King's Fund report, 'Industrial therapy in psychiatric hospitals', and its supplementary reports. His University department is actively engaged in the training of social workers and about three years ago it came to be thought there that a survey of staff engaged in social work in psychiatric hospitals was urgently needed: these social workers were faced with radical changes on the implementation of the Seebohm report on local authority and allied personal social services, but the detailed information required as a sound basis for action was lacking on several issues. Mr R Wright, Chief Professional Adviser on Social Work Training to the Council of Social Work Training, who was informally approached, confirmed that the proposed study would be welcomed by social workers themselves and by their employing authorities.
2. Development Committee subsequently received an application in May 1969 from Professor Smith for a grant of up to £15,040 over a period of three years for a study under his supervision of the role of social workers in psychiatric hospitals. (Minute 69/32).
3. A decision was deferred to allow for several points raised in discussion to be explored, and the proposal was reconsidered at the meeting on 10th October, 1969, when a grant of £15,040 was made for the project, to extend for three years. (Minute 69/42).
4. The project was guided by a steering committee consisting of:

Professor J H Smith : Chairman :	Professor of Sociology University of Southampton
Mr M C Hardie	Director, the Hospital Centre
Dr Agnes Miles	Senior Research Fellow, Department of Sociology and Social Administration, University of Southampton
Mr I Roberts : Secretary :	Assistant Director, the Hospital Centre
5. Dr Agnes Miles started as full-time research worker on the project on 1st September 1969.

Objects

6. The study was initially intended to be carried out in three stages:
 - i) The first phase was to be a national survey of all social workers in psychiatric hospitals and in the psychiatric wings of general hospitals in England and Wales.

- ii) The second stage would be a study of the 'status' of social workers in psychiatric hospitals, to discover their relationship to their colleagues in medicine, nursing, psychology etc and their relative positions in the hospitals. It was hoped to throw light on communications, social workers and others working in hospital, and on the effects of the social workers' position on their functions in the hospitals.
- iii) The third part would be a study of 'public response' to social workers. It was hoped to discover whether patients and their families are aware of the social workers, and if so what they expect of them and the degree of satisfaction obtained.

Progress

7. A pilot study was carried out between September and December 1969, and during 1970 a national survey was conducted, which included all social workers employed in hospitals for the mentally ill and mentally handicapped in England and Wales. The response to the questionnaires sent to social workers and hospital secretaries was most encouraging; about 90% were returned, partly as a result of a thorough process of reminder and of the interest generated among social workers. Towards the end of 1970 a complementary survey was carried out among social workers employed in the psychiatric units of general hospitals. In October 1970, Mrs J Causer, a full-time research student, joined the project, with a view to writing a PhD thesis on the responses of psychiatric patients and their families to social workers. The pilot stage of this study (Phase III) was carried out in the Wessex region. Dr Miles is engaged at present in carrying out six case studies about the role of social workers and writing a report on the survey results.

8. A progress report by Dr Miles was published in Social Work Today on 10th February 1972 (THC reprint number 646): Social Workers in Psychiatric Hospitals.

Evaluation

9. Until the final report is completed, it is not possible to evaluate this project, but in view of the implementation of the Seebohm report, the project has generated wide interest and has been generally welcomed by social workers.

The Future

10. The research is due to be completed in September 1972, and when the final report is published it is hoped that it will be of service to the profession and of practical value to all those engaged in it. Summary descriptions of the project are in preparation for publication in the professional press, and a conference has been arranged for social workers in psychiatric hospitals, to be held at the Hospital Centre in June 1972, when Professor Smith will take the chair.

ADMISSION OF PATIENTS TO HOSPITAL

Origins

1. This study can be traced back within the Fund to several points where it had previously been given attention, as shown in the reports: 'Some observations on hospital admissions and records', 1948; 'Hospital bed occupancy', 1954, and 'Red warning', 1968. The work of the Emergency Bed Service loomed large in the last of these reports, and it was from the E B S that the impetus came for a fresh study. Sir Francis Avery Jones became Chairman of the Emergency Bed Service Committee in 1968, and in the following year he put forward the proposal for a study of admissions to hospital.

2. Management Committee approved the proposal at its meeting in July 1969, making a grant of £3,000 (minute 7815). A steering committee was formed but in the event it was not found possible to make an immediate start on the project, and the committee first met on 2 April 1971. Its membership is now as follows:

Sir Francis Avery Jones	Consultant Physician, Central Middlesex Hospital
Chairman	
* Dr H Baderman	Consultant Physician, University College Hospital
* Miss Christine Corless	Project Officer, The Hospital Centre
* Mr M J Fahey	Deputy House Governor, The London Hospital
Mr M C Hardie	Director, The Hospital Centre
* Dr M Modell	General Practitioner, James Wigg Centre, London N W 5
Mr G A Phalp	Secretary, King Edward's Hospital Fund
* Mrs Y Ramsden	Principal Nursing Officer, Royal Northern Hospital
Mr Irfor Roberts	Assistant Director, The Hospital Centre
Secretary	

Those shown with an asterisk form the project team led by Dr Baderman. All are part-time except for Miss Corless, who joined the team as full-time project officer in July 1971.

Objects

3 The purpose of the study is to undertake a survey of problems and possible solutions in the organisation of efficient and humane procedures for the admission of patients to hospital, concentrating largely on hospitals that have already established good practices in this field.

Progress

4 Pilot study

A draft questionnaire (THC 71/236) was drawn up and distributed to three hospitals, the London, the Whittington and University College, under the aegis of the three members of the team associated with these hospitals. In the light of the results it was decided

that the draft was too long and complicated to produce an encouraging response on a national scale, and so the questionnaire was simplified accordingly.

5 Distribution of questionnaire

The revised questionnaire (THC 71/480) was distributed to H M Cs on 28 July 1971 for completion by the appropriate hospital or hospitals in each group. The survey was initially limited to those general hospitals with more than 500 beds having major accident and emergency departments. A copy of the abbreviated questionnaire was also sent to the Senior Administrative Medical Officer of each Regional Hospital Board and their comments were invited.

6 Analysis

At the meeting of the steering committee on 8 October 1971, the project officer was able to report that replies had been received from 17 out of 20 Regional Boards (85%), 9 of which gave detailed information. Of 60 questionnaires distributed, 55 (92%) have now been returned, with one hospital asking to be excused from taking part. The questionnaires have now been fully analysed; close attention has been given to the final question asking for examples of good practice; as hoped, this has brought in some useful and interesting examples. The project officer has also examined files and other material on the subject available at the Hospital Centre.

7 Visits

In preparation for the next meeting of the steering committee, a number of visits were made by members of the team in the light of information given in the questionnaire, and as a result more information has been gained on many aspects of admissions. The project officer has visited the Department of Health and the E B S. The visits are now almost completed and the working party has met several times to discuss the framework of the report which is now being drafted and will be presented to the next meeting of the steering committee.

Evaluation

8 Although at this stage it is not possible to evaluate the project, the need for such a study has been emphasised by the cooperation and interest shown by the hospitals participating in it, and the number of hospitals which are dissatisfied with their admission procedures and considering change in the near future who may find the report of immediate practical help.

The future

9 The team hopes to produce a report, focussing attention on good practice, that could be of immediate practical help to hospital and health service authorities.

Irfon Roberts
Assistant Director
March 1972

THC 72/263

PATIENTS' SATISFACTION STUDIES

Origins

1. These studies were started in 1965 by Mr A C Dale, then a senior tutor at the King's Fund College. He pointed out that the information collected as a matter of routine in hospitals, such as cost accounts and statistics, threw little light on the quality of the service given to patients. While there were not yet any effective ways of measuring the results of different patterns of clinical care, in other aspects of hospital care which had an effect on the recovery of patients, it might well be possible to make some assessment of their views. 'What hospital authorities require', Mr Dale suggested, 'is a simple and inexpensive system of sampling the opinion of patients at regular intervals and expressing the results in a way which will be an inducement to positive administrative action.' The study has so far been run in three parts:- A general hospitals, B psychiatric hospitals, and C psychiatric units of general hospitals.

A GENERAL HOSPITALS

2. For these, Mr Dale prepared a questionnaire and put forward a proposal to run a pilot study in about ten general hospitals.

3. Development Committee approved the scheme in October 1965, with a grant of £500 (Minute 367 (h)).

4. A project committee was formed in 1967; membership was later extended for the studies with psychiatric patients, and it now consists of:-

Mr A C Dale	Chairman	Group Secretary, Doncaster Hospital Management Committee
Miss E Barnes		Assistant Secretary, King's Fund
Dr R K Freudenberg		Physician Superintendent, Netherne and Fairdene Hospitals
Mr J C Hayward		Research Department, Royal College of Nursing and National Council of Nurses of the United Kingdom
Mr Irfon Roberts	Secretary	Assistant Director, The Hospital Centre
Mr E W C Seccombe		Senior Tutor, King's Fund College
Miss H M Simpson		Nursing Officer (Research), Department of Health and Social Security

Objects

5. The objects of the study were to obtain the opinions of patients about the standard of care, apart from clinical care, received in hospital, as a basis for remedial action as required, to provide a means of comparison among hospitals, and to devise a method for use by hospitals themselves in periodically conducting surveys for these purposes.

Progress

6. The pilot study in general hospitals was run from January to December 1966, with encouraging results, and it was then proposed to extend the project.

7. In May 1967, a grant of £750 for each of two years was made by Development Committee (Minute 67/25). Mr Dale left the College to take an appointment as a group secretary and the Fund invited Mrs Winifred Raphael, formerly Assistant Director of the National Institute of

Industrial Psychology, who had been associated with the enquiry, to be the survey organiser. It was run at ten general hospitals and completed early in 1969. 2,171 questionnaires were distributed, and of these 1,348 were completed and returned, an average rate of response of 62%. Steps were taken to see that the results were made widely known among the hospital staffs concerned, and to encourage appropriate action. The report on the study, entitled 'Patients and their hospitals' was published by the Fund in November 1969. It has been one of the best-selling of King's Fund reports. 3,000 copies were printed, 950 being distributed free of charge, mainly to hospital authorities. Of the remaining 2,050, 1,840 have been sold.

8. As an immediate sequel to the project, surveys were run at six hospitals where the staffs were given a set of detailed instructions prepared by Mrs Raphael so that they could conduct the studies themselves, and on 18 November 1969 a conference was held at the Centre with the emphasis on the practical task of running surveys of this kind. The conference was repeated on 18 February 1970, again with a full attendance. The subsequent response has been good. By the end of 1971, more than fifty groups had run their own surveys, two or three for the second time. The Fund provides the set of instructions free of charge, and questionnaires at cost price. Copies of the reports from hospitals are received at the Centre, and used by Mrs Raphael to revise the tabulated results to which hospitals can refer for sake of comparison. At several hospitals the idea of these studies has been applied for special purposes such as studies of a clinical unit or of an outpatients' department, and the Centre has normally been consulted in these developments. University departments and other establishments have taken part in several surveys.

Evaluation

9. A summary of the action taken as a result of the main survey is shown in section 5 of 'Patients and their hospitals'. All the hospitals except one had taken a fair amount of action, some a great deal, and long lists of changes introduced or planned were submitted. Some changes were said to be wholly due to information gained from the study, others were said to have been already under consideration but had been given an impetus or increased priority from the study. The table on pages 37 to 38 shows some details of these, with an average of over six specific items for each hospital implemented within six months. The effect of the survey may be illustrated by the following typical comment received by Mrs Raphael:- 'the above (eight) changes have been made wholly as a result of the satisfaction study. Matron feels that your report has been of great value to the ward sisters and they appreciated your discussion with them. She is sure that participation by the senior nursing staff in these discussions has resulted in the improvement in the staff-patient relationship in the hospital and suggests that the survey might be repeated after an interval'.

10. Similar results, both specific and in general effect, have been typical of the surveys subsequently run by hospitals themselves. Expressions of gratitude to the Fund for its guidance have frequently been included in their reports.

B PSYCHIATRIC HOSPITALS

Origins and Objects

11. Development Committee, at its meeting on 30 May 1969, approved a grant of £750 a year for two years (Minute 69/30). The objects were the same as for those in general hospitals, and Mrs Raphael continued to be the survey organiser. From May 1970 she had the assistance of Mrs Valerie Peers, who had had considerable experience of hospitals both from the Emergency Bed Service and as a committee member.

Progress

12. The survey began in the autumn of 1969. Since little work had been done on surveys of

attitudes among psychiatric patients, three methods were tried out in comparable wards in each of three hospitals. A simple written questionnaire, answered anonymously, was found to be satisfactory except for geriatric wards. The questionnaire was then tried out by six other large psychiatric hospitals and the results obtained from 2,148 patients were analysed. About two-thirds of the patients participated in the wards included in the survey and of these there were only 2% whose questionnaires had to be discarded, their answers being irrational. The points of satisfaction and of dissatisfaction were noticeably different from those raised in general hospitals.

13. Similar steps were then taken to those of the study in general hospitals, including the preparation of a report 'Psychiatric hospitals viewed by their patients'. This was approved by the project committee on 4 November 1971 and by the Editorial Panel of the Fund on 21 January 1972. It is due to be published as a King's Fund report in June 1972. A summary of the report, and descriptive leaflets, will be issued at the time of publication, as recommended in the project 'Putting research to good use'; please see report THC 72/291.

Evaluation

14. A note on the action taken appears in the report; the process of collecting information from the six hospitals involved in the second phase is still in hand. Of the three hospitals involved in the preliminary survey, two have given details of some changes that had been made afterwards, sometimes as a direct result and some which had been considered before but had been given priority because of the survey findings. Action included the provision of better lockers, more armchairs and seats in the garden, installing cubicles in the larger dormitories, increasing privacy in the bathing arrangements, providing locks on lavatory doors and giving emphasis to the need for increased social activities. All three hospitals stressed the important influence the survey had exerted on the ward sisters and charge nurses: for example 'The whole hospital has benefited through having pinpointed some of its weak points and I hope we shall continue to make improvements where this is possible'. The results so far, including the specific steps taken, suggest that the effects will be as valuable as those for general hospitals. Perhaps they will be even more important, since less is known about the views of patients in psychiatric than in general hospitals, and they remain in hospital longer. As for the effect beyond the nine hospitals taking part, this will depend on the impact of the report when it is published. The signs are that there will be no less interest than for general hospitals.

The future

15. When the report is published, a conference will be held at the Hospital Centre to encourage hospitals to run their own surveys. Mrs Raphael has already prepared instructions which are obtainable free of charge from the Centre, and copies of the questionnaire will be on sale to hospitals, as for the surveys at general hospitals. It is hoped that the response will be as great.

C PSYCHIATRIC UNITS OF GENERAL HOSPITALS

Origins

16. It is understood that the policy of the Department of Health and Social Security is increasingly that short stay psychiatric patients shall be treated in psychiatric units of general hospitals rather than in large psychiatric hospitals, and many general hospitals plan to open such units within the next few years. This seemed to point to the value of a survey. Development Committee, at its meeting on 7 May 1971, approved the proposal and made a grant of £1,000 a year for two years, the project to be conducted by Mrs Raphael with the help of Mrs Peers.

Objects

17. A major purpose of the survey will be to find out the views of patients about conditions in existing units in order to help hospitals faced with planning new units. It may also be useful

to compare the attitudes of similar patients in psychiatric units of various types with those of patients in the more traditional psychiatric hospitals. One feature distinguishing it from the previous studies is that the opinions of the staff will also be sought.

Progress

18. The study began in September 1971. Pilot surveys at three units have been completed.

Evaluation

19. About ten more units are to be studied, and an evaluation can then be made.

The future

20. When the results of the survey are available, they will be brought to the attention not only of the staff of existing units but also to that of planning teams concerned with new units, in the hope that the lessons learned from the studies may then be applied.

The future

21. In all these studies, the project committee has been confirmed in its original view that there is a place for surveys of this kind in the normal process of management, especially if reinforced by a service from the Fund in the form of advice and the regular publication of comparative results. It is hoped that they will become accepted as a normal process of management.

INDUSTRIAL THERAPY IN PSYCHIATRIC HOSPITALS

Origins

1. This project started in 1966 from the initiative of Mrs. N. Wansbrough, who was at that time a member of a psychiatric hospital management committee. Concerned at the lack of facts about the development of industrial therapy units, she approached the King's Fund and the Department of Sociology and Social Administration at the University of Southampton for support for a fact-finding survey. In July 1966, the Hospital Grants Committee of the King's Fund made a grant of £4,000 for this project (minute 753) and this was followed by further grants of £3,450 in July 1967 (minute 834) and of £5,500 in January 1968 (minute 869).

Objectives

2. The objectives of the project were firstly to survey the development of industrial work as therapy in psychiatric hospitals in England and Wales, and secondly to attempt to assess its effectiveness.

Progress

3. The project commenced in October 1966, when Mrs. Wansbrough started work, and she was joined in December 1966 by Mrs. Agnes Miles (who was awarded a PhD in June 1967). They worked as members of Professor J.H. Smith's Department of Sociology and Social Administration at the University of Southampton, and were under the general supervision of a steering committee whose members were:

Mr. J.M. Hargreave (Chairman)	King's Fund Hospital Grants Committee
Mr. M.C. Hardie	The Hospital Centre
Lt. Col. K.B. Hicks	King's Fund Hospital Grants Committee
Professor J.H. Smith	University of Southampton
Dr. G. Somerville	Consultant Psychiatrist
Mr. Irfon Roberts (Secretary)	The Hospital Centre

Dr. Peter Sainsbury, Director of Research of the MRC Clinical Psychiatry Research Unit at Graylingwell Hospital, acted as adviser to the project.

4. The survey was designed to include all psychiatric hospitals of England and Wales within the National Health Service and also the large private psychiatric hospitals. The main method was the use of a postal questionnaire, supplemented by many visits to hospitals. Personal interviews were also sought with a number of people having an interest in industrial therapy. Following a pilot survey in ten hospitals, the final questionnaire was despatched in March 1967 to 122 Mental Illness hospitals having over 100 beds, and to a number of private hospitals, although it transpired that one of these only has an industrial unit. The Regional Hospital Boards were also informed. The response rate of just on 80%, including 75 completed questionnaires, was considered to be encouraging and indicative of the keen interest prevailing on the subject. The survey covered such matters as overall policy; the number and types of patients engaged in industrial therapy; methods of payment; staffing and supervision; types of work; condition of work.

5. The first report on the survey, Industrial Therapy in Psychiatric Hospitals, was published by the King's Fund in 1968, and this was followed in 1969 by a Supplement on Patient Data. These two reports completed the first phase of the project. The second phase of the project, an assessment of the value to the patient of industrial therapy, consisted of a comparative study of matched groups of patients working in the industrial therapy and occupational therapy departments of a single hospital. After work on these two phases was completed, the remaining time was spent on a fuller investigation of three technical aspects of the operation of industrial units: the possibility of obtaining work from government or hospital service sources; methods of payment in the units; and the pricing of contracts.

6. The study on assessment was conducted by Dr. Agnes Miles and resulted in 1970 in a detailed report Work Therapy for the Mentally Ill that is obtainable from the Hospital Centre. A shortened version of this report Long-stay Schizophrenic Patients in Hospital Workshops was published in the British Journal of Psychiatry in December 1971 and copies of the article (THC reprint 605) are available from the Hospital Centre.

7. The study of the three technical aspects of the operation of industrial therapy units was conducted by Mrs. Wansbrough and was published by the King's Fund in 1971 under the title Contract and Pay Questions in Industrial Therapy Units. The publication of the reports by Mrs. Wansbrough and Dr. Miles in 1971 completed the project so far as the King's Fund was concerned.

Evaluation

8. The survey report published in 1968 received a good press and the initial print order of 1,200 copies was sold out in a comparatively short space of time. The later reports were on more specialised and technical aspects of industrial therapy, appealing to a more limited audience, but there has been a steady sale of these publications as well. It can probably be fairly claimed that the project, and the reports arising from it, have provided valuable - and previously unavailable - information for all those concerned with policy-making, planning and management of industrial therapy.

The future

9. The King's Fund involvement in this particular project is now completed, but Mrs. Wansbrough is continuing with further studies in this field with financial support from the Department of Health. The Hospital Centre has been giving help in the establishment of the National Association of Industrial Therapy Managers, and it is hoped that this Association will do much to maintain and improve the standard of industrial therapy in this country.

M.C. Hardie
Director
April 1972

ASPECTS OF MANAGEMENT
(CONFERENCES ON MANAGEMENT TOPICS)

Origins

1. During 1971 a series of conferences was held on various management topics. These owed their origin to the fact that from time to time the Fund is made aware of fresh ideas and practices in management in the health services which seem to merit wider application. One of the declared purposes of the Hospital Centre is to focus attention on these subjects, and the topics were chosen for these conferences which seemed to lend themselves to this way of fostering good practice. They were arranged in cooperation with the King's Fund College. The Chairman for the whole series was Mr P H Constable, formerly a member of several King's Fund committees and former Secretary of the Teaching Hospitals Association.

Objects

2. As Mr Hardie explained in the notices of these conferences distributed with the Newsletter for November 1970, 'The purpose of the series is not to offer instant training in management, nor to provide an alternative to formal training, but rather to provide an opportunity for the description and discussion of some of the more interesting developments and experiments in hospital management, several of which have been initiated or supported by the King's Fund'.

3. The following list shows the subjects covered, and the reports available as THC reprints.

1 MANAGEMENT ACCOUNTING - Wednesday, 6th January

Experiment in presenting hospital management with comprehensive and up to date information relating the functional aspect to expenditure monthly instead of annually, so that informed decisions on future policy can be made.

No 538 Accounting for Managers

British Hospital Journal 27.2.71

11 MANAGEMENT CONTROLS IN MEDICAL CARE - Tuesday, 16th February

(a) Making the best use of resources with the help of systems of information.

(b) Progress of project at St James' Hospital, Portsmouth, for a hospital-based information service to enable doctors to identify overall aims of hospital and departmental objectives.

No 599 Management Controls in Medical Care

- 111 MANAGEMENT IN TEACHING HOSPITALS - 1 - Tuesday, 22 June
Advantages and disadvantages of the approach adopted by McKinsey's management consultants who were asked by the Board of Governors of the United Oxford Hospitals 'to examine the use and misuse of resources and to make suggestions for improving the management structure'.
No 601 Management Integration and the Oxford Experiment British Hospital Journal 28.8.71
- IV MANAGEMENT IN TEACHING HOSPITALS - 2 - Wednesday, 6th October
The application of functional management and the implementation of the Cogwheel, Salmon and Farquharson-Lang reports in the United Manchester Hospitals.
No 622 Management at Manchester : A Hospital Centre Conference The Hospital November 1971
- V OPERATIONAL RESEARCH IN HOSPITAL MANAGEMENT - Wednesday, 3rd November
Operational Research by Wessex RHB in the application of a policy of building hospitals with 120-bed floors and the management of patient areas of that size.
No 619 Large Nursing Units : A Hospital Centre Conference The Hospital December 1971
- VI MANAGEMENT AUDIT - Tuesday, 14th December
A method of reviewing the administrative situation in a hospital or group, based on the King's Fund management audit document.
No 647 Management Audit British Hospital Journal 22.1.72

Progress

4. The demand for places usually exceeded the hundred or so available, but at first the applications were from too narrow a range of professions. This may have been partly because of the titles given to these conferences. For example, the words 'management accounting' which accurately described the subject of the first conference could well have given the impression that it was for Treasurers only, whereas in fact the subject was of equal interest and practical value to others, including medical and nursing staff. An attempt is usually made to forestall this difficulty by suggesting in the covering letter which groups of staff might attend, but a more effective way tried in this series was to offer a second place only for a specified category of staff. Thus for the first conference, on management accounting, though it was suggested that, 'the day will be of particular interest to hospital administrators, medical heads of services where the Cogwheel or similar systems apply.....', not a single doctor or nurse attended. For the second conference, on management controls in medical care, two places were offered to each hospital authority on the understanding that one would be for a member of the medical staff: as a result, of the eighty people present, thirty three were doctors. No doubt the title of the conference also helped on this occasion, but similar

arrangements, with places offered for doctors or nurses, were made for subsequent conferences, with the following results:

	Total number attending	Number of: a) Medical b) Nursing
Management in teaching hospitals - 1	90	a) 14 b) 17
Management in teaching hospitals - 2	89	a) 16 b) 17
Operational research in hospital management	80	a) 2 b) 36
Management Audit	87	a) 4 b) 17

Evaluation

5. The kind of action which could be taken afterwards varied from one conference to another. For example, a decision on policy would have to be taken by the Department of Health before there could be any widespread change in practice along the lines advocated at the conference on management accounting. Management audit, on the other hand, offers a ready-made method of management which could be put into practice by practically everyone who attended. There can therefore be no single way of judging the value of the conferences as a whole. Each seemed to go well on the day; the speakers were of a high standard, often drawing a lively response from the audience, while a measure of continuity and a style of proceedings favourable to a good understanding of the subject were but two of the many advantages gained from having Mr Constable in the chair.

6. Questionnaires were issued to obtain comment from those attending the conferences of 22nd June and 14th December, who were asked to indicate whether they thought the conference had been 'very useful', 'useful', 'fair', 'poor' or 'very poor'. The ratings given were:

Management in teaching hospitals - 22nd June

30% response

Very useful 30% (9)

Useful 70% (21)

Management audit - 14th December

50% response

Very useful 20% (7)

Useful 68% (23)

Fair 12% (4)

7. However well these conferences seem to have gone on the day, it is their impact which really matters and this is far more difficult to measure. Even those who leave a conference full of enthusiasm and with every intention of putting some of its ideas into practice might well lose their impetus without some later stimulus. One group secretary recently wrote, 'In regard to the 'Management Audit' conference I was a little surprised to gather that so few people had in fact made use of this document'. This was a reference to the 'check list' on the subject issued by the Fund about five years ago. The people who can most effectively take action can usually be identified for each conference: hospital treasurers, for instance, for management accounting. This points to the benefit of having more than one conference on the same subject, the first primarily for the benefit of those on whom the initiative for action would rest, and the second to bring in other grades and types of staff who would need to cooperate. Meanwhile, opportunities will be taken to consolidate and extend what might have been gained already. For example, a meeting was held at the King's Fund College on 29th February when representatives of the College and of the Centre discussed with the speakers at the conference held last December on management audit what part the Fund might continue to play in the teaching and adoption of management audit in the health services. Several specific steps were decided upon.

The Future

8. A similar series has been arranged for 1972. The first conference, on ASSESSING GERIATRIC NEEDS, has already been held on Tuesday 8 February: a practical method of assessing the needs for geriatric services in a region, devised by the long-stay survey team of the Welsh Hospital Board.

The others are:

HEALTH INFORMATION SERVICES AND THE MEDICAL RECORD

Thursday, 22 June

To discuss progress in medical records following the report of the Tunbridge Committee and the subsequent work of the Advisory Committee of the Department of Health and Social Security on Hospital Medical Records.

JOB DESCRIPTIONS FOR HOSPITAL STAFF

Wednesday, 19 July

The preparation of job descriptions for hospital staff as illustrated in the folder of examples supplied by hospital authorities, to be published by the King's Fund in April 1972.

RESOURCES FOR MAINTENANCE

Tuesday, 12 September

To discuss problems and progress in the management of hospital maintenance services and the allocation of resources for this purpose.

HOME FROM HOSPITAL

Thursday, 26 October

A review of steps taken to apply the recommendations of the report 'Home from Hospital' by Miss Muriel Skeet, published by the Dan Mason Nursing Research Committee.

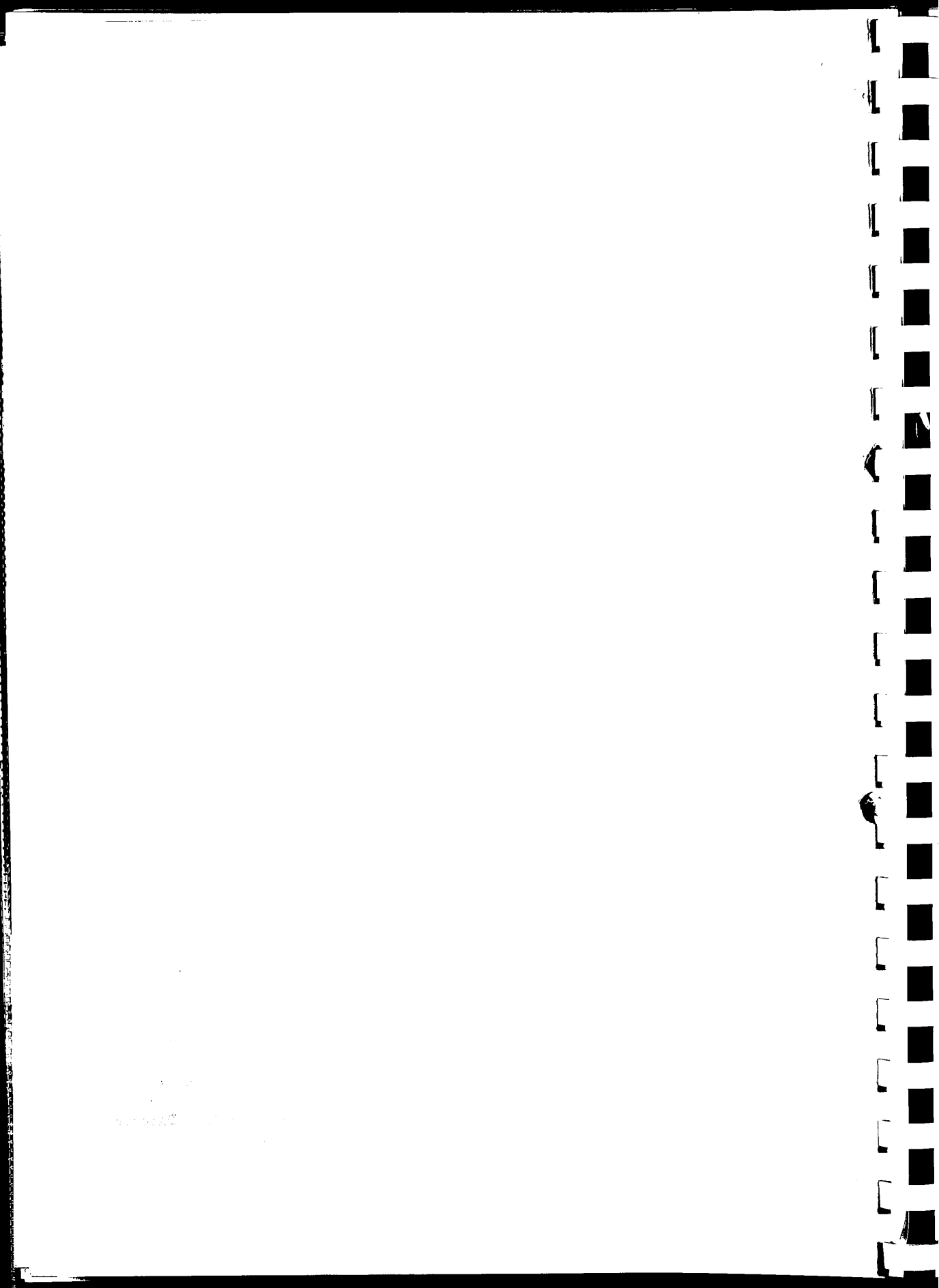
PLANNING AND ALLOCATION OF RESOURCES IN AN INTEGRATED HEALTH SERVICE

Wednesday, 13 December

A discussion of how the National Health Service should determine its priorities, plan to use its financial manpower and other resources to greatest effect and evaluate its success in doing so. The roles and relationships of different authorities and different professions within authorities will also be considered.

Irfon Roberts
Assistant Director
April 1972

THC 72/99



MANAGEMENT ACCOUNTING

Origins

1. The idea for the investigation arose from discussion on the subject at the one-day conference on "Better management from costing" organised by the Hospital Centre in February 1968, in conjunction with the Association of Hospital Treasurers, and from an article written by Mr S Baddeley and Mr T A J Tagg on the subject, and published in The Hospital for August 1968.

Objectives

2. The purpose of the project is to present management with more up-to-date and comprehensive information from which to make informed decisions on future policy, relating the functional aspect to expenditure regularly instead of annually, and in addition to obtain from management committees, group secretaries, hospital secretaries and heads of departments their views on this form of presentation of financial and statistical information. It is hoped that the experiment may lead to the swifter provision of better information from which management can make more informed decisions at a much earlier date.

Progress

3. The project involved close co-operation between the treasurers of three hospital management committees - Mr Tagg of South Warwickshire HMC, Mr Baddeley of Cheltenham HMC, and Mr Hall of Birmingham (Dudley Road) HMC - with the main burden of the work falling upon Mr Tagg. The theories advocated were put into practice in the South Warwickshire HMC, and later in the other two HMCs as well. The results were described in a further article in The Hospital in October 1970. This was followed by a conference at the Centre in January 1971, at which the system was described and discussed with a large audience that included representatives of the DHSS and numerous hospital authorities. The following reprints are available:

No.253	Better management from costing	British Hospital Journal 23 February 1968
No.274	Better financial management in hospitals	The Hospital August 1968
No.498	Experiment in management accounting	The Hospital October 1970
No.538	Accounting for managers	British Hospital Journal 27 February 1971

Evaluation

4. The project certainly seems to have succeeded in promoting useful discussion about ways of providing better financial information for management. The DHSS is known to have been following the progress of the experiment with interest and took an active part in the conference in 1971. It is understood that the DHSS is considering the possibility of amending the financial accounting system and it is hoped that the ideas advanced as a result of this experiment will be taken into account in any such review.

The future

5. This project is now completed, and any further follow-up really rests with the DHSS, who have been given full details of the whole experiment.

M C Hardie
Director

April 1972

MANAGEMENT AUDIT

Origins

1. The work of the Fund on management audit may be traced back to a visit paid in 1960 to the United States by Mr A C Dale, when he studied the work of the American Hospitals Association in developing it on a consultancy basis. Later, as a senior tutor at the King's Fund College, he continued with the help of a small working party and as a result a check list for use in taking stock of management practices in a hospital group was issued at the College in January 1966. The subject was defined as 'a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management'.

Objects

2. It was envisaged that the list would be used jointly by group and hospital secretaries; that together they would reappraise the policies, the systems, and the relationships and communications within their hospitals. Such a review could well be linked to a system of 'management by objectives' and in this way gradual and methodical progress might be made towards new and better ways of managing the human and material resources of the hospital.

Progress

3. The subject was included in the curriculum at the College and, when Mr Dale left in 1966, Mr Aubrey Keep became the senior tutor most closely concerned. In 1967 he ran a survey from the College on a sample basis in an attempt to ascertain where it had been put into practice by those who had attended courses there. In 1969, a survey for the same purpose was made from the Hospital Centre on a broader basis as part of the project 'Putting research to good use': please see report THC 72/291. About 500 questionnaires were sent to hospital authorities in the United Kingdom, and 172 were completed and returned. 160 of these were valid for the purpose, and the answers were:-

A	Applying the check list in whole or in part	94
B	Not aware of the King's Fund study	28
C	Aware of the study but not applying the check list	38

19 in group B and 23 in group C said they regarded management audit as part of their routine of management. The general attitude to the idea of management audit on the part of practically all those replying was favourable, and was well expressed in the words of one group secretary who wrote 'It is probably true to say that the check list prepared by the King's Fund College of Hospital Management formalised for the first time the sort of administrative examination of conscience which senior administrators had from time to time carried out in a less systematic fashion'. The check list as it stood, three years after being drawn up, was generally regarded as well suited for the purpose. Where the need for alteration was suggested, it was usually to meet local conditions, or to keep pace with one or two general changes in hospitals. The main difficulties said to be encountered were the pressure of more immediate demands on the administrator's time, and shortage of staff of the calibre required. It was evident that management audit could well be of value not only to group and hospital secretaries, but to others such as the nursing staff and the heads of professional and service departments.

4. These findings were used by Mr Keep in giving the subject a fresh impetus. Both the College and the Centre kept in touch with hospitals which had shown interest, and with other places such as the William Rathbone College where it had been taken into the curriculum.

5. On 14 December 1971, a conference was held at the Hospital Centre in the series on management topics: please see report THC 72/99. The speakers included Mr Dale and Mr Keep; and accounts were given of management audit in practice, including its part in the administration of the new Southampton University Hospital Group, and in the nursing administration of the Doncaster Group.

6. The following articles have been published:-

'Management audit' by A C Dale	British Hospital Journal	25 3 66			
'Management audit' by A G Keep	"	"	"	26 9 69	THC Reprint 384
'Management audit' (report on conference, 14 12 71)	"	"	"	22 1 72	" " 647

Evaluation

7. The consensus of opinion of the conference seemed strongly in favour of management audit as an integral part of hospital administration, and it was evident that many still look to the Fund for leadership.

8. When the check list was first issued, management audit was seen primarily as an aid to diagnosis in management. Since then it has been shown that it could extend from a scrutiny of the organisation to that of the individual working in it, with all that this entails in job descriptions and so on. Developments of this kind are, however, the exception, and it seems that there are still relatively few hospitals where it has been applied even in its original form.

The future

9. On 29 February 1972 a meeting was held at the King's Fund College with Mr F R Reeves, Director of Education, in the chair, when representatives of the College and of the Centre discussed with the speakers who had taken part at the conference in December 1971 what the future contribution of the Fund might be. The following conclusions were reached:-

- i) The Fund should continue to foster the application of management audit, for instance presented at the College as one of several valuable aids to good management.
- ii) The conference seems to have stimulated fresh interest, from the National Nursing Staff Committee for instance. A fresh initiative on the part of the Fund might now be opportune. One way would be to help one or two hospital groups showing an interest: these could then serve as patterns for others to follow. If this suggestion were to be adopted, it would probably be best to arrange it as a specific project with a grant for the purpose.
- iii) The Fund should continue to be on the lookout for fresh developments and encourage their application as appropriate. When those evolved in the Doncaster Group have been revised in the light of experience, probably by the end of 1972, they might be released for publication as examples for the guidance of others, and the Fund might find it appropriate to play a part in this.
- iv) Many hospitals could still benefit from using the check list as it stands even if only as a guide in the preparation of their own, and it should therefore continue to be available on request. To put it into its present perspective, a fresh introduction and notes about the conference of December 1971, should be added.
- v) Whatever developments there may be, it seems likely that for some time to come it will be in something like its original form, with the accent on simplicity, that management audit will be of most practical value to hospitals.

Irfon Roberts
Assistant Director
April 1972

THC 72/292

EFFECTIVE COMMUNICATION FOR THE SENIOR EXECUTIVE

Origins

1. As part of the Centre's 1970 project on Communications, entitled "The Hospital and its Relationships", an experimental course in TV and radio training was run with the help of MJM Communications Ltd for a group of seven group secretaries from the North West Metropolitan RHB area. For this the Fund's Development Committee gave a grant of £250 (min 70/45).

Objectives

2. Recent developments in broadcasting and television indicate that there will be an increasing need in the Health Service for senior officers to be prepared to present the 'image' of their hospital clearly and concisely both in public speaking and in TV and radio appearances, and that they may be called upon at very short notice to make public statements on very difficult subjects.

3. The results of this one-day concentrated course can be summed up in the comments of one member who said "I would recommend a similar course as a 'must' to all group secretaries and other senior officers who are likely to be involved with these communications media".

4. As it would be physically impossible for the limited resources of the Hospital Centre to provide training for senior staff throughout the Health Service, further grants were obtained from Development Committee to run similar courses for secretaries of regional boards and SAMOs, or their deputies, in the hope that, having experienced the value of the training themselves, they would consider the organising of similar courses in their own areas.

Progress

5. Development Committee gave a grant of £500 (min 70/45) for the organising of two courses for Regional Board senior officers. Training was undertaken by Mrs Jean Martin, LRAM, with the assistance of Brian Sharpe and Alan Watson of the BBC. The courses were attended by the following officers representing eleven of the RHBs in England and Wales:

- 7 secretaries
- 1 SAMO
- 2 deputy secretaries
- 1 assistant secretary

6. A further grant of £500 was received from Development Committee (min 71/48) to extend the offer of training to include medical officers of health and directors of social services as well as representatives of two Regional Boards who were unable to attend the earlier courses. These courses have been attended by:

- 4 medical officers of health
- 5 directors of social services
- 1 RHB secretary
- 1 RHB deputy secretary

Evaluation

7. The following are some comments made by participants:

"I cannot remember any occasion on which I have derived so much practical instruction from a single day exercise..... I would readily concede that this was one of the more traumatic of my experiences since I joined the staff of this Board; it was nonetheless one of the most rewarding."

"I personally found it a most traumatic experience to see one's own performance coldy reproduced in sound and picture and I would like to see this part of the training of anyone who has to speak or take a chair, including members!"

"I certainly think all of our colleagues liable to appear on TV or radio would benefit from such a course."

"I am sure that it was a well worthwhile experiment and I hope that you will agree to repeat it for other chief officers in the hospital service."

The future

8. It is hoped and intended that Boards and local authority organisations may be encouraged to arrange their own courses in future. A follow-up study has shown that one Board has already run two courses for group secretaries and Board members, using the services of MJM Communications. Four other Boards have indicated their intention of organising courses in the near future.

Publication

Hinks, M D Into Battle? The Hospital, vol 65, no 5.
May 1971. pp154-5.

M D Hinks
Research Officer
April 1972

INDUSTRIAL DESIGN BURSARIES

Origins

1. The suggestion was made about five years ago that there should be a section on hospital equipment in the industrial design bursaries awarded each year by the Royal Society of Arts. These bursaries, awarded by competition, are intended to encourage young British designers to travel abroad in order to study design overseas at first hand. The idea of a section on hospital equipment came as a sequel to the King's Fund project on the design of hospital bedsteads. The underlying purpose of that project was to encourage a systematic approach to the design of hospital equipment. Success in this direction would involve more industrial designers than before, hence the value of arousing their interest in their formative years.

2. In July 1967 Management Committee of the Fund made a grant of £200 a year for three years (minute 7612). Subsequent grants were £240 for the 1970 competition (minute 7888), and finally £250 for the 1971 competition (minute 8008).

3. The Industrial Design Bursaries Board of the Society, under the chairmanship of Lord Hayter, sets up a jury for judging entries in each section. For hospital equipment it consists of:

Sir Selwyn Selwyn-Clarke
Mr K M Agnew

Chairman
Senior Research Fellow, School of Industrial Design
(Engineering), Royal College of Art
Assistant Director, The Hospital Centre
Head of Department of Mechanical Engineering,
Queen Mary College, University of London
Industrial designer

Mr Irfon Roberts
Professor M W Thring

Mr Robert Welch

Objects

4. The competitions are intended to bring potential abilities to light rather than to evoke designs which could be put into production as they stand, and the mere fact that there is a section on hospital equipment serves to arouse the interest of young designers.

Progress

5. The description 'hospital equipment' has been interpreted broadly to include items which would also be of value to patients and to the disabled in other establishments or in their own homes. The competition itself has so far attracted the following numbers of entries, which compare favourably with those in other sections of about the same degree of speciality:

	<u>Subject</u>	<u>No. of entries</u>	<u>No of schools of design</u>
1967	Geriatric chair	10	7
1968	Bath hoist	8	4
1969	Clothes storage	11	8
1970	Bedside locker	14	9
1971	Vending machine for hot drinks	18	12

6. The subject of the 1971 competition was suggested by Mr J F Harvey, Deputy Catering Adviser to the King's Fund, who helped in the preparation of the brief for competitors, and Mr W E D Skinner, Chief Executive of the Automatic Vending Machine Association of Britain, joined the jury.

7. The Royal Society of Arts publishes a report annually on all sections of the bursary competitions, and the winning entries are put on display in London and elsewhere. For several weeks each year, those in the hospital equipment section have been exhibited at the Hospital Centre. The following articles have been published and are available as THC reprints:

No 256	Equipment for the disabled	British Hospital Journal	17 5 68
393	Design of bath hoists		31 10 69
500	Clothes storage for the disabled and Design for living with disablement		12 6 70 17 10 70
602	RSA bedside locker contest		25 9 71

Evaluation

8. Though the main purpose is to foster the talents of the competitors, in practice the benefits seem to go well beyond that. The competition is made known by various means such as articles in the professional journals and the displays at the Centre. These have drawn many enquiries from this country and abroad, often from people asking where they could obtain the items of equipment. So far they have had to be disappointed, but one or two of the more promising designs may yet be taken forward into production. Opportunities for this have constantly been sought from the Hospital Centre and after some setbacks two of the winning entries are now on the stocks, John Barden's clothes storage units under trial at the Spastics Society's Coombe Farm Centre at Croydon, shown in THC Reprint No 500, and David Ames's design for a bath hoist, shown in THC Reprint No 393, which it is hoped to develop with the help of Professor Thring's Department of Mechanical Engineering at Queen Mary College.

9. An interesting development in 1971, and another sign of growing interest, was that the annual bursary of the RSA given at the more senior level was awarded to a lecturer in industrial design who has a special interest in hospital equipment. Similarly, one of the four travelling scholarships of £700 each for industrial design awarded in 1971 by the Leverhulme Trust went to somebody who was commended in the RSA bursary competition and also has a special interest in hospital equipment.

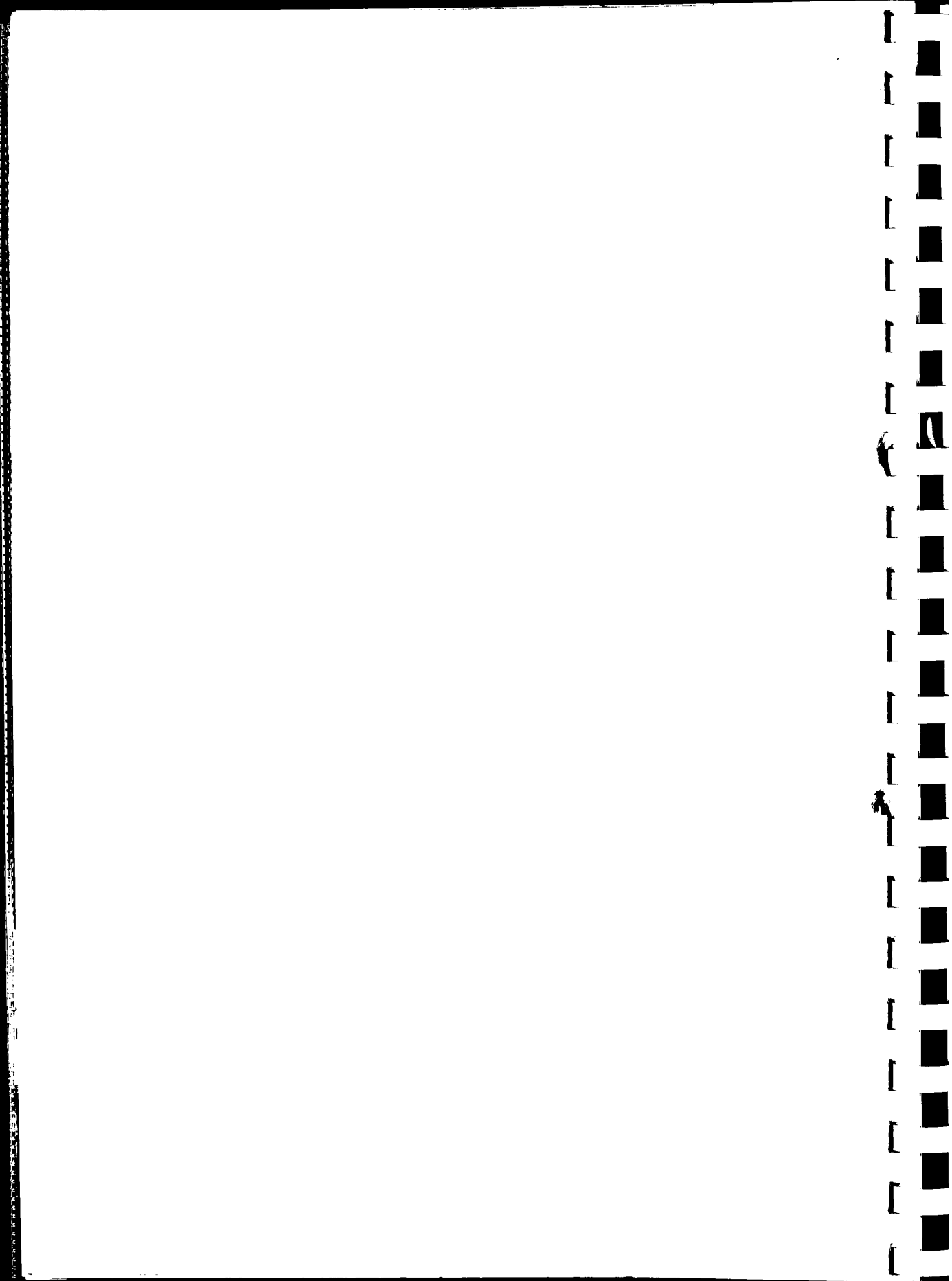
10. As for a wider interest in the subject, it has all gained momentum, as shown by the examples mentioned on page 6 of THC Reprint No 500. Over the past two or three years, hardly a week passes without some fresh enquiry on the subject reaching the Hospital Centre or some work coming to our notice for the first time, and during the year, as time permits, I have been compiling a register of these to help us in answering enquiries and in putting people in touch with each other.

The future

11. The original grant from the Fund was for three years to establish the section, in the hope that, as with the other sections, money would then be forthcoming from elsewhere, especially industry. A grant toward the 1970 bursaries was in fact made by Messrs Vickers Limited, but the Fund was also asked to contribute and did so. In 1971, it made a final grant, to pay for the competition that year and to give time for the RSA to find other sources of money.

Irfon Roberts
Assistant Director
March 1972

THC 72/267



DRUGS IN SMALL HOSPITALS

Origins

1. This project originated from a conference held at the Centre in February, 1967, on the subject of drugs in hospitals. One of the participants at that conference, Mr D W Carrington, then Chief Pharmacist at the Royal Cornwall Hospital, later wrote to the Centre to say 'I wonder how you would view the possibility of Cornwall being used as an area for the investigation, and possible resolution, of the problems concerned with the prescribing, distribution and administration of drugs in the smaller hospital. . . . The scheme outlined at the conference were based on the large central or district general hospital; however a high percentage of the total beds in the country must still be concentrated in smaller hospitals, and the problems in drugs prescribing, distribution and administration are just as acute as in the larger hospitals.'

2. Subsequently, Development Committee approved a grant of £750 (Minute 67/24) for a survey of the problems concerned with the prescribing, distribution and administration of drugs in the smaller hospital. Further grants of £2,750 (Minute 68/64) and £2,400 (Minute 70/12) have been made to extend, follow-up and implement the findings of the original survey, making a total of £5,900 allocated for the project.

3. The project has been guided by a steering committee at present consisting of:

Mr M C Hardie	Chairman
Mr R Beckton	Deputy Group Secretary, Cornwall HMC
Dr T G Booth	Senior Lecturer in Pharmacy, Postgraduate School of Studies in Pharmacy, University of Bradford
Mr D W Carrington	Group Chief Pharmacist, Norfolk & Norwich Hospital (formerly Chief Pharmacist, Royal Cornwall Hospital, Treliske, Truro)
Mr J Greene	Chief Nursing Officer, Cornwall HMC
Mr D Higgins	Group Chief Pharmacist, Royal Cornwall Hospital, Treliske, Truro
Miss L M Macpherson	Senior Nursing Officer, West Cornwall Hospital, Penzance
Mr G Raine	Group Chief Pharmacist, St George's Hospital, London (Representative of the Guild of Public Pharmacists)
Dr W H St John-Brooks	Consultant Physician, West Cornwall Hospital, Penzance

4. The research workers involved in the project have been:

Miss Patricia Stone	Deputy Chief Pharmacist, Whipps Cross Hospital
Miss Shirley Ellis	formerly Chief Pharmacist, Royal Halifax Infirmary

Objectives

5. The objectives of the original survey were to ascertain the nature of the problems involved in the prescribing, distribution and administration of drugs in the Cornwall clinical area, which includes 22 hospitals, and to make recommendations for dealing with these problems. The objectives of the subsequent stages of the project were based upon the recommendations made in the survey and were designed to improve the situation by:

- i) The introduction of improved design of prescription sheets for acute and long stay hospitals into all the smaller hospitals without pharmacists in the West Cornwall Clinical Area.
- ii) The production of procedural booklets for medical, nursing and pharmaceutical staff in connection with the prescribing, distribution and administration of drugs, in all the smaller hospitals without pharmacists in the West Cornwall Clinical Area.
- iii) The setting up of a Pilot Visiting Pharmacist System in a selected area of West Cornwall.
- iv) The improvement of the distribution of pharmaceutical preparations from the parent hospital to the associated smaller hospitals, without a pharmacist, in the area selected for the Pilot Visiting Pharmacist Scheme.
- v) The measurement of the success of the Pilot Visiting Pharmacist Scheme by conducting experiments to determine ratio of error before and after introducing the scheme in the selected area.
- vi) An additional aim has been to prepare and publish information that could be of value on this subject to others inside and outside the NHS who are concerned with the problems of drugs in small hospitals - at present there are in the country over 900 hospitals with less than 50 beds, and a further 1,000 with between 51-250 beds.

Progress

6. The original survey by Miss Stone was published by the King's Fund in 1968 with the title 'Drugs in small hospitals'. This had a good press, and over 600 copies have been distributed or sold. A number of conferences have been held to discuss the progress of the project, and the following reprints of the relevant conference-reports are available:

No 186	Drugs in hospitals	British Hospital Journal 17.3.67
No 221	Drugs in hospitals	Nursing Times 27.10.67
No 294	Whose drug cupboard?	Nursing Mirror 22.11.68
No 298	Drugs in psychiatric hospitals	Nursing Times 22.11.68
No 312	More drug problems	Nursing Mirror 10 & 17.1.69

7. A progress report by Miss Ellis was published in the Nursing Times on 20 August, 1970 (Reprint No 485 'Drug rounds in small hospitals'). The final report on the project is now nearing completion, and it is hoped that this will be published by the King's Fund later in 1972.

Evaluation

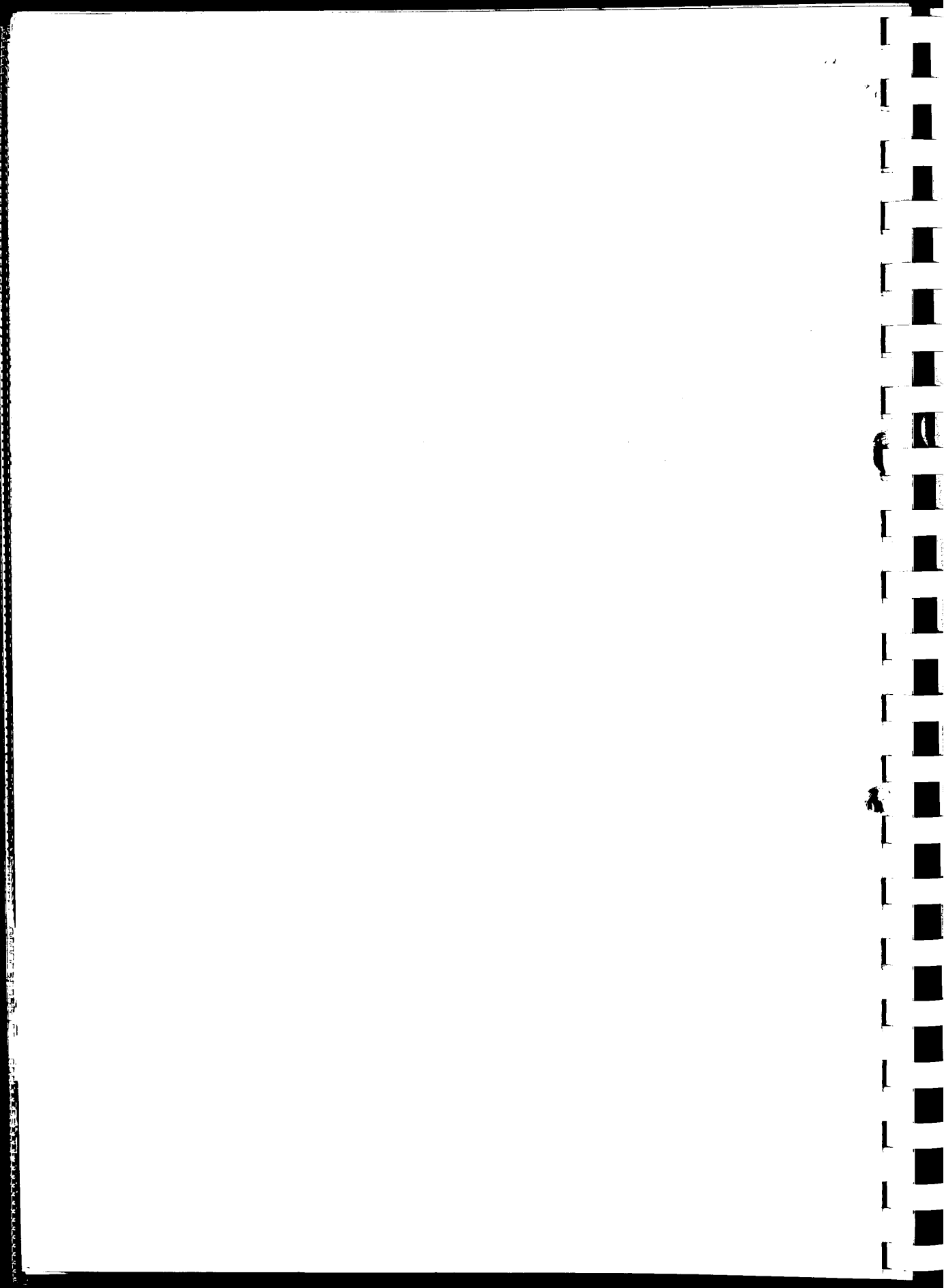
8. Until the final report on the project is completed, published and discussed, it will not be possible to evaluate the project. At this stage it can be said that:

- i) the project has aroused great interest in many different parts of the country, as evidenced by the numerous enquiries received both at the Centre and in Cornwall,
- ii) a number of improvements have been made in drugs procedures in the Cornwall area, particularly as regards the design of prescription sheets, the introduction of procedural booklets and the visiting pharmacist scheme, and the general arrangements for the storage, distribution and administration of drugs,
- iii) the effectiveness of these improvements has been demonstrated by a marked drop in error rates since the start of the project,
- iv) the Department of Health have, at their request, been kept informed of the progress of the project. A number of the recommendations and improvements arising from the project are reflected in the guidance offered in the Department's circular HM(70)36 'Measures for controlling drugs on the wards'.

The future

9. When the final report is published later in 1972, it is hoped that it will prove of value to small hospitals throughout the country, and perhaps to large hospitals as well. Summary descriptions of the project are being prepared for publication in the professional press. It is also intended to arrange a number of meetings to discuss the conduct and findings of the project, with the aim of encouraging other hospital authorities to study and improve their own arrangements for the prescribing, distribution and administration of drugs in small hospitals.

M C Hardie
Director
April 1972



DISPOSAL OF HUMAN WASTE

Origins

1. This project came into being as a result of discussions about five years ago between the National Research Development Corporation, and the Research Unit of the School of Industrial Design at the Royal College of Art. The task of the Corporation is to seek genuine innovation from which it can help to develop new products where it is in the public interest: these in turn are then put on the market on terms which allow the Corporation to recover its expenditure. It has therefore to consider the potential market, and it was this factor that pointed to the development of furniture or equipment for the elderly. The Research Unit, for its part, had had occasion to consider the care of the elderly sick in their own homes, and, when approached by the Corporation, suggested possible lines of enquiry. These were approved and the Corporation commissioned the Unit to conduct a preliminary study which ran from April to June 1968; this confirmed the urgent need for improved equipment to help in the care of incontinent patients. The Corporation decided on a full-scale study and the Fund was invited to join in.

2. A grant of £1,000 was made by Hospital Development Committee in January 1969 (minute 69/6) as a token contribution to the project. The main grants were to come from the Department of Health and the National Research Development Corporation, with the Reabilities Trust as another sponsor.

3. The total grants so far are:

	£
King's Fund	1,000
Reabilities Trust	4,000
DHSS: granted	17,000
additional grant likely	19,000
NRDC	19,350
TOTAL	<u>£45,350</u>

4. A steering committee was formed to direct the project : it first met in August 1969 and held its twenty-first meeting on 15th March 1972. It now consists of the following:

Mr J F Hunt : Chairman	Under-Secretary and Controller of Supply (retired), DHSS.
Mr R E Pearson	Principal, Supply Division, DHSS.
Mr K Grossfield : Secretary	Executive, Planning Department, NRDC.
Mr I Roberts	King's Fund Hospital Centre.
Dr J B Stewart	Consultant in Physical Medicine, Princess Margaret Hospital, Swindon.
	Reabilities Trust.
Mr M Wagstaff	Executive, Scientific Equipment Group, NRDC.
Professor L Bruce Archer	Head of Department, Industrial Design (Engineering) Research Unit, RCA.

Two more representatives of the DHSS are shortly to join the committee.

5. The project team is part of the Research Unit of the School of Industrial Design at the Royal College of Art. It consists of:

Mr K Agnew	Senior Research Fellow & Project Leader
Miss P Rogers	Research Fellow
Miss D Tomkin	Research Fellow
Miss L-C Berge	Secretary

Objects

6. The purpose of the project is to devise improved equipment for disposal of human waste products from patients in hospitals and other institutions and in their own homes.

7. The steering committee approved the following as the main items to be devised:

- i) a commode suitable for both hospital and home use;
Note : the work 'commode' is used to describe an item of equipment devised for the purpose described in para 1, though the equipment expected to evolve from the project is likely to be radically different from the conventional pattern of commode.
- ii) a means to incorporate existing disposable receivers such as disposable bedpans.
- iii) a) a more advanced system of receiver embodying sealing and storage, possibly employing foam;
and/or
b) a means of incorporating a suitable receiver unit from an existing chemical commode.

There are also subsidiary lines of study and experiment, to be followed as time allows; they include the development of 'wipes' and of a female urinal.

Progress

8. Mr Agnew was a member of the team at the Royal College of Art which took part in the King's Fund study of the design of hospital bedsteads, and he designed the prototype bedstead used in the trials in a hospital ward. The lessons learned in that project have been applied in the planning and control of this one, which follows a similar sequence of design by systematic methods. First came a definition of need and a survey of present knowledge and existing equipment; next, specifications of performance were prepared and then sketch designs; these have led to the production of a prototype commode.

9. Last May, a fresh impetus was given to the part played by the DHSS when the Secretary of State, in replying to a debate in the House, somewhat unexpectedly announced his intention of providing about 1,000 chemical closets for local health authorities to issue to patients for use in their own homes, and to help these authorities to see whether this would improve life for the disabled who are not within easy reach of a lavatory. The steering committee took the initiative in seeing that steps would be taken to ensure co-ordination with this proposal.

10. As part of this project, the opportunity was taken to apply an idea drawn from the inquiry on putting research to good use, namely to hold a conference before the final outcome of a project when there is enough material available to provide a substantial basis for discussion. This stage had been reached by last autumn, and a conference was held at the Hospital Centre on 11 November 1971. Miss Pamela Rogers had been at pains to draw up a list of people known or expected to be specially interested in the subject, each of whom was sent a personal invitation to attend. There was an admirable response, and as the conference became known, there was a demand for more places than could be made available. The programme for the day was designed to provide a free exchange of information and opinion, and prototype equipment was presented and discussed. Useful comment was obtained, and though some was not as well-informed as might have been expected, this in itself was probably a good reason for holding the conference at that point. An important purpose which seems to have been achieved was to foster a sense of participation among many people on whom success may well depend when the time comes to put the equipment into general use.

Evaluation

11. Three prototype commodes are now under test in Fulham Hospital. The results from these tests and those of other prototypes yet to be installed should become available in June.

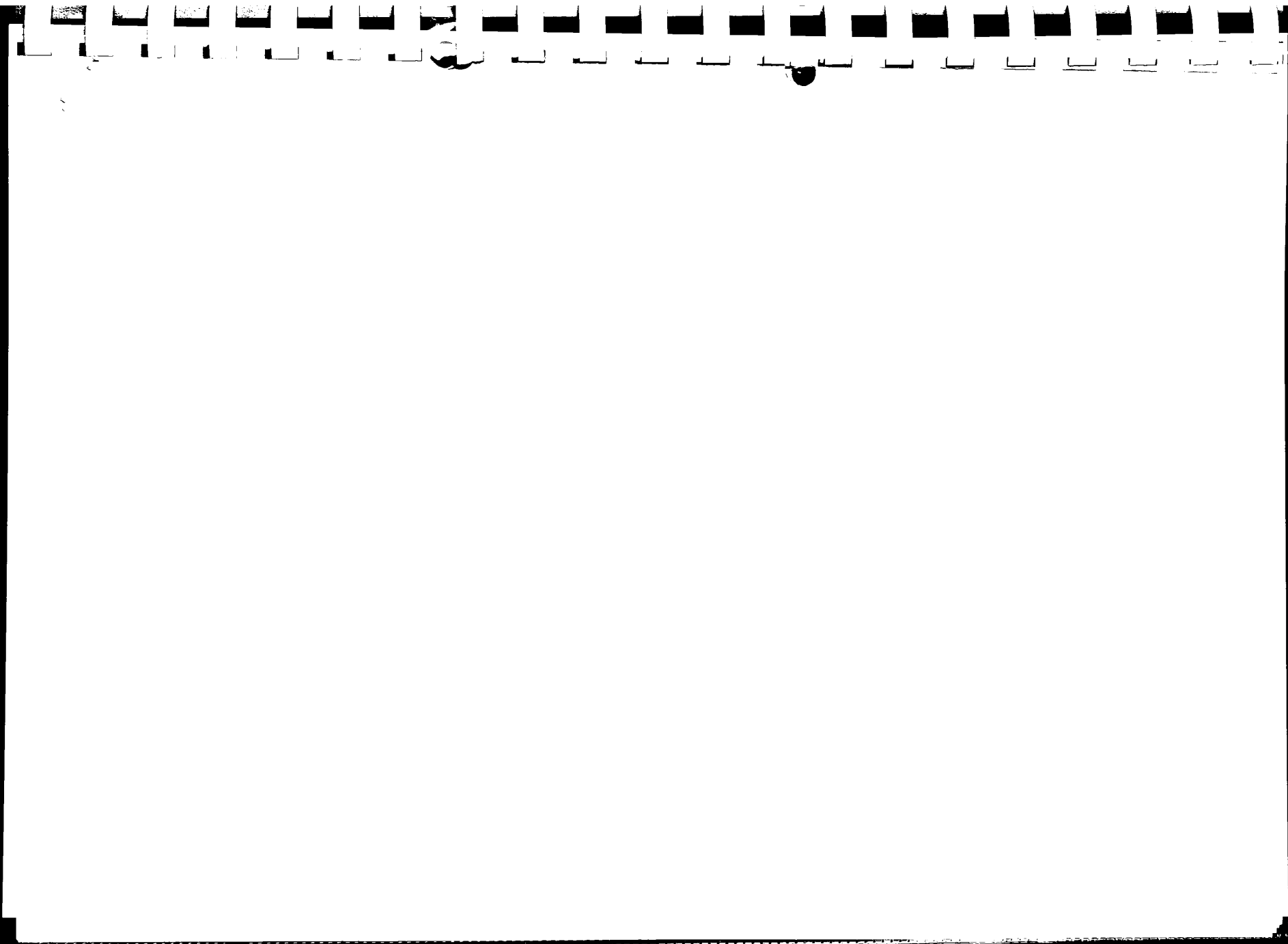
12. As a small separate study, the project team has also developed a detachable WC seat; the prototype of this seat is now available and trials are to be completed by June or possibly earlier.

The Future

13. The DHSS has agreed in principle to place contracts through NRDC to continue the development of the commodes for home use. It is hoped that these developments and subsequent trials will be completed by early summer. The NRDC intends to license the commode for manufacture when positive results have been obtained from the evaluation; with account taken of any modifications which might be required for the processes of manufacture, the commode should become available for sale late in the autumn or early next year.

14. It is likely that the detachable WC seat will become commercially available in the autumn or at the beginning of next year.

Irfon Roberts
Assistant Director
April 1972



EVALUATING NEW HOSPITAL BUILDINGS

Origins

1. In 1962, the King's Fund received an invitation from the Treasurer of Guy's Hospital to take part in an evaluation of the new surgical block of Guy's Hospital, which had been opened with 378 beds in March 1961. The Fund's Development Committee approved this project (Minute 97 of 30.3.62). This was the first major hospital evaluation study to be carried out since the start of the health service, and the results were published by the King's Fund in 1963 in the report An evaluation of new Guy's House.

2. In subsequent years, the Fund agreed to help finance the evaluation studies at Addenbrooke's Hospital and the Royal Marsden Hospital (Minute 383 of 11.2.66). The Fund continued to maintain its interest in this subject and during 1968/9 supported the preparation of a report reviewing evaluations carried out since 1962.

Objectives

3. The overall aim of the King's Fund in these studies, was to help towards the development of sound methods of evaluating new hospital buildings. The aim of the report published in 1969 was to review the major hospital building evaluations so far carried out by the Fund and other organisations; to analyse the methods used; and to make recommendations for a future programme of studies relating to the growing complexity of hospital planning and design problems.

Progress

4. A team of three people prepared the report: Mr Ken Baynes, consultant graphic designer, together with Mr Brian Langslow and Dr Courtenay Wade, who at that time were working with the King's Fund Hospital Centre. The report was published in 1969 under the title Evaluating new hospital buildings and by the end of 1971, over 800 copies had been sold. The report considered the question under five main headings: Why evaluate? What to evaluate? When to evaluate? How to evaluate? and The Future of evaluation. In May 1970, a conference was held at the Centre to discuss the report and consider what action might most usefully be taken next. As a result of that meeting, the chairman of the conference (Mr W G Wilson) wrote to the Secretary of State for Social Services summarising the discussion and setting forth the conclusions of the meeting which were, put simply, as follows:

- i) It is in the future highly desirable that a significant proportion of the resources available for capital works to the Hospital Service should be devoted to the institution and operation of systems for the evaluation of recently completed new hospital buildings. The amount involved might well be of the order of £½m to £1m per annum, but it is probable, - experience in Scotland confirms this - that the return in tangible saving alone (whether of manpower or material) would rapidly exceed this amount and increased efficiency in operation would be an unconvenanted bonus.

ii) Although we were aware of the difficulties inherent in the Department's structure and relationship with Boards and Boards of Governors, it seemed to us that only the Department could institute and manage arrangements which, if they are to achieve these results, must be applied uniformly throughout the country and the results of which must be correlated, distilled and issued as pointed guidance at a single source.

iii) We felt that the concept of evaluation solely as a study of the physical attributes of a new hospital building was too narrow. What is needed today as well is evaluation of particular aspects of hospital functioning, ie, studies made on a comparative basis of new departments in a number of hospitals exhibiting different planning, design and administrative contexts. This feeling recognises that the word 'hospital' no longer calls up the imagination of a physical building but represents a complex of functions and relationships which must be provided with the optimum environment and protection. In short, evaluation should firstly be concerned with functional efficiency by reference to the operational objectives of the hospital and secondly, with the evaluation of physical attributes by specialist studies.

iv) Although we are convinced that the arrangements thus envisaged should be framed and managed by the Department itself, there are many aspects of successful evaluation to which experience and methods developed in the universities will be of value, so that the whole operation should be based on continuing dialogue between the Department and the appropriate faculty in those universities which have applied staff, time and money to this sort of problem as it affects the National Health Service.

5. So far as the King's Fund was concerned, it was felt that following the conference and letter to the Secretary of State, the initiative for promoting further the development of evaluation studies should be taken by the Department of Health.

Evaluation

6. The Fund's contribution in this field has been firstly to undertake some pilot evaluation studies, secondly to review the studies carried out by the Fund and other organisations, and thirdly to help promote discussion and action about the future of evaluating new hospital buildings. No one would claim that the Fund has perfected a methodology of evaluation, but it has helped to identify some of the main problems and to outline some of the options for future action.

Future

7. As indicated earlier, it is felt that any further major initiative on the development of evaluation of new hospital buildings should come from the Department of Health.

M C Hardie
Director

April 1972

THC 72/286

PUTTING RESEARCH TO GOOD USE

Origins

1. This project originated some four years ago, when it was reported to Development Committee in March 1968 that: 'It is common experience at the Centre to find that many research projects are not even known in hospitals and other health services, let alone understood, and even less applied. This was amply revealed also in the project financed by the Fund to establish a regional information service. The task of applying the results of research in the social sciences is therefore a problem worthy of attention in itself. Unless this is tackled, much of the effort spent in research will continue to run into the sand.' This was also one of the main conclusions which had been reached by the Heyworth Committee on social studies, which had led to the formation of the Social Science Research Council.

2. It was proposed to run a study of the problem, and at its meeting in March 1968 Development Committee gave approval to this project with a grant of £2,000 for one year from 1 January 1969. (Minute 68/23)

3. Mr Irfon Roberts, one of the Assistant Directors of the Centre, was released early in 1969 from most of his normal duties to concentrate on this project, with Miss Rosemary Stewart, of the Oxford Centre for Management Studies, as consultant. From 1 April the team included Miss Rosalind Pinder, a graduate in social science, who had taken part in the project on internal communication in hospitals and subsequently in a study of the attitudes of senior hospital medical staff to their role in hospital management.

Objects

4. The project was to take the form of a survey of selected items of research relating to hospitals and health services. The purpose was to determine what effect they had had and to devise ways of strengthening the impact which research in this field should have on the management of hospitals and other health services.

Progress

5. Steps were first taken to make the project known by such means as letters to hospital authorities and others concerned both in this country and abroad. From the start the response was distinctly encouraging, typical comment being 'It's about time someone looked at what happens to all this research'. The study was run in two phases. First, with the help of the King's Fund College, a pilot study was conducted at eight hospitals, at which a cross section of the staff were asked questions about a dozen or so King's Fund projects. This was completed in May 1969, and an interim report, THC 69/348, presented to Development Committee at the end of the month. This included the comment 'The onus of applying recommendations must rest with hospitals themselves, but they need to draw to full effect on each other's experience, and also to keep the original sponsor of the project informed'. The findings, which confirmed the original

impression that the studies were not well known, were used in the preparation of a revised questionnaire for the second phase of the project. Copies were distributed at the end of August to all teaching hospitals and to six hospital groups in each region in the United Kingdom. In each group a copy was sent to the Chairman of the Medical Committee, the group secretary, and the matron and secretary of one of the hospitals, making a total of about 550 recipients. This survey was completed by the end of October 1969, with 60% of the questionnaires completed and returned.

6. The statistical information was analysed by computer and separate reports were produced and distributed within the Fund setting out all the answers obtained to each question.

- | | | | |
|----|--------------------|----------------------------------|--|
| 7. | THC Reprint No 335 | Putting research to good use | Nursing Mirror and
Midwives Journal
7 March 1969 |
| | 389 | You are the change makers | Hospital World
October 1969 |
| | 392 | Research into action | British Hospital Journal
7 November 1969 |
| | 506 | Putting research findings to use | World Hospitals
Vol 6 No 4
October 1970 |

8. A report, THC 69/740, 'A course of action for the Fund to consider', which gave a summary of conclusions, was completed and submitted to the Fund by the end of November 1969. This was received by Development Committee at its meeting in January 1970 with the supplementary reports THC 69/732-738 giving all the answers obtained to each question.

Evaluation

9. In its immediate effects, the project itself evidently helped to focus attention on the need to put research to good use, provided some measure of the situation, and showed that the Fund was concerned to know what impact it makes. It was run as 'action research', to use a fashionable term: opportunities were taken in the course of the project itself to make the work of the Fund better known and to encourage action. Some of the consequences of the project are mentioned in the following paragraphs.

10. In March 1970, a meeting was held within the Fund, with Mr Phalp in the chair, to discuss the steps then to be taken. It was suggested in the report that the Fund should concentrate its efforts on seeing that its recommendations were known and understood, and this seemed to point to the need for improvements in the flow of information within hospitals and groups. Discussions continued within the Fund and with others interested, and one of the results is the project sponsored by the Department of Health and Social Security which began in February 1972 in the Wessex region: please see separate report, THC 72/56, Wessex Regional Hospital Board: Library and Information Services.

11. The information obtained was made known within the Fund. For example, one of the questions asked was, 'have you any suggestions to make for improving the content or format of King's Fund reports?' A copy of all the answers obtained was given in 1969 to the publications department of the Fund. Among the suggestions offered was the

distribution of leaflets and summaries about King's Fund reports. These suggestions have recently been adopted; leaflets each describing a recent report have been distributed in large numbers, and a summary of the impending King's Fund report, Psychiatric hospitals viewed by their patients, has been prepared to be distributed at the time of publication in June 1972. Questions were asked about management audit, and the answers were used at the King's Fund College and at the Centre to give the subject a fresh impetus. Please see report THC 72/292, Management Audit.

12. Another idea put forward was to hold conferences in the course of projects as a means of maintaining interest and drawing on informed opinion rather than on completion. This idea was successfully tried out for the project on the disposal of human waste, when a conference was held at the Hospital Centre in November 1971: please see report THC 72/96, Disposal of Human Waste.

13. It was suggested that 'the Fund should consider taking the initiative in bringing together other sponsors of research', and this was put into practice when a meeting for this purpose was held on 24 November 1971 at the Hospital Centre in association with the Science Policy Foundation.

14. An attempt was made to see the problem in its full context from the moment when a project is no more than an idea in somebody's mind until the time when its recommendations have been applied wherever appropriate. This has led to a closer examination of the task of selecting and controlling research projects, and in November 1971 a report, THC 71/689, The Hospital Centre and Research, including some recommendations on this subject, was received by Development Committee which gave its consent for action to be taken along the lines suggested. A note for guidance on selecting and controlling projects is now in preparation.

15. Since the project began, opportunities have been taken to include aspects of it in conferences and in training courses at the King's Fund College and elsewhere, such as the Queen's Institute of District Nursing, the Department of Health and Social Security, and regional training centres.

16. The idea of making full use of the graphic presentation of research findings was put forward as an integral part of the project and Mr Roberts was granted a sum of £335 for this purpose by the Kodak Educational and Charitable Grants Committee. A display to illustrate the project itself was put on view at the Hospital Centre and at the Queen's Institute of District Nursing. During the past year, the use of slides with recorded commentary has proved its value in exhibitions at the Centre, such as the one on the mental handicap project and one on the King's Fund project on the design of hospital bedsteads.

The future

17. The project has come increasingly to be recognised not so much as one in isolation but rather as bearing on many aspects of the work of the Centre and of the Fund as a whole. It would therefore seem best to see future action

as a merging of this project into the work of the Fund as opportunities occur. There are still several recommendations from the project which have not yet been adopted.

18. When the project itself was completed, there was ample material for publication either as a King's Fund report or as articles in the professional journals. It seemed best, however, first of all to take some action within the Fund itself in the ways described. Now that the Fund can point to the steps it has itself taken in the light of the project, the time would be more propitious to suggest to others what they for their part might care to do. In this context the material collected would still be topical and relevant enough for publication.

Irfon Roberts
Assistant Director
March 1972

THC 72/291

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14. An attempt was made to see the problem in its full context from the moment when a project is no more than an idea in somebody's mind until the time when its recommendations have been applied wherever appropriate. This has led to a closer examination of the task of selecting and controlling research projects, and in November 1971 a report, THC 71/689, The Hospital Centre and Research, including some recommendations on this subject, was received by Development Committee which gave its consent for action to be taken along the lines suggested. A note for guidance on selecting and controlling projects is now in preparation.

15. Since the project began, opportunities have been taken to include aspects of it in conferences and in training courses at the King's Fund College and elsewhere, such as the Queen's Institute of District Nursing, the Department of Health and Social Security, and regional training centres.

16. The idea of making full use of the graphic presentation of research findings was put forward as an integral part of the project and Mr Roberts was granted a sum of £335 for this purpose by the Kodak Educational and Charitable Grants Committee. A display to illustrate the project itself was put on view at the Hospital Centre and at the Queen's Institute of District Nursing. During the past year, the use of slides with recorded commentary has proved its value in exhibitions at the Centre, such as the one on the mental handicap project and one on the King's Fund project on the design of hospital bedsteads.

The future

17. The project has come increasingly to be recognised not so much as one in isolation but rather as bearing on many aspects of the work of the Centre and of the Fund as a whole. It would therefore seem best to see future action

as a merging of this project into the work of the Fund as opportunities occur. There are still several recommendations from the project which have not yet been adopted.

18. When the project itself was completed, there was ample material for publication either as a King's Fund report or as articles in the professional journals. It seemed best, however, first of all to take some action within the Fund itself in the ways described. Now that the Fund can point to the steps it has itself taken in the light of the project, the time would be more propitious to suggest to others what they for their part might care to do. In this context the material collected would still be topical and relevant enough for publication.

Irfon Roberts
Assistant Director
March 1972

THC 72/291

CENTRE LUNCH TALKS

Origins

1. The idea of holding Centre Lunch Talks came as a direct result of Mr. Hardie's attendance at some of the New Thinking Lunches, now called New Action Lunches, that the Industrial Society has been arranging for some years. It was felt that it might be worthwhile arranging at the Centre a similar series of lunch-time talks related to the health and social services. As a result, the first Centre Lunch Talk was given on 18 December, 1968, by Mr. John Garnett, Director of the Industrial Society.

Objectives

2. The purpose of each talk has been to invite some distinguished person to speak for half an hour on a topic related to the health and welfare services with the aim of stimulating new thought or action. As often as not, the speaker has come from outside the immediate world of the National Health Service. Again, this choice of speakers has been deliberate: the purpose has been to widen our horizons and to prompt thoughts about ways in which we can change things for the better. Often, too, the talks have given us a chance to see ourselves as others see us - 'us' in this context being those working in statutory and voluntary organisations directly concerned with the health services. At times these insights may not have been too flattering.

Progress

3. The talks have been held about once every 6 weeks since December 1968 and speakers have been drawn from a wide field. A list of the 24 talks given up to December 1971 is attached. A report of every talk has been published in the British Hospital Journal and nearly every one has been written by Mr. Leslie Paine, House Governor and Secretary of Bethlem Royal and Maudsley Hospitals. A collection of these reports is available from the Hospital Centre in a booklet "Twenty-four Talks", price 25 p.

Evaluation

4. It is of course very difficult to measure the effect of one 30-minute talk in terms of action taken or results achieved. The talks have proved popular in the sense of often being over-subscribed, and they have generally received good publicity in the professional press. One might reasonably hope that they have helped to draw attention to current problems or innovations, and perhaps to influence the general climate of opinion on some topics. One feature that is worth noting is that by having the talk given before lunch, rather than after, those attending are able to discuss the talk amongst themselves or with the speaker over lunch.

The future

5. It is intended to continue arranging talks at intervals of about 6 - 8 weeks.

M.C. Hardie
Director

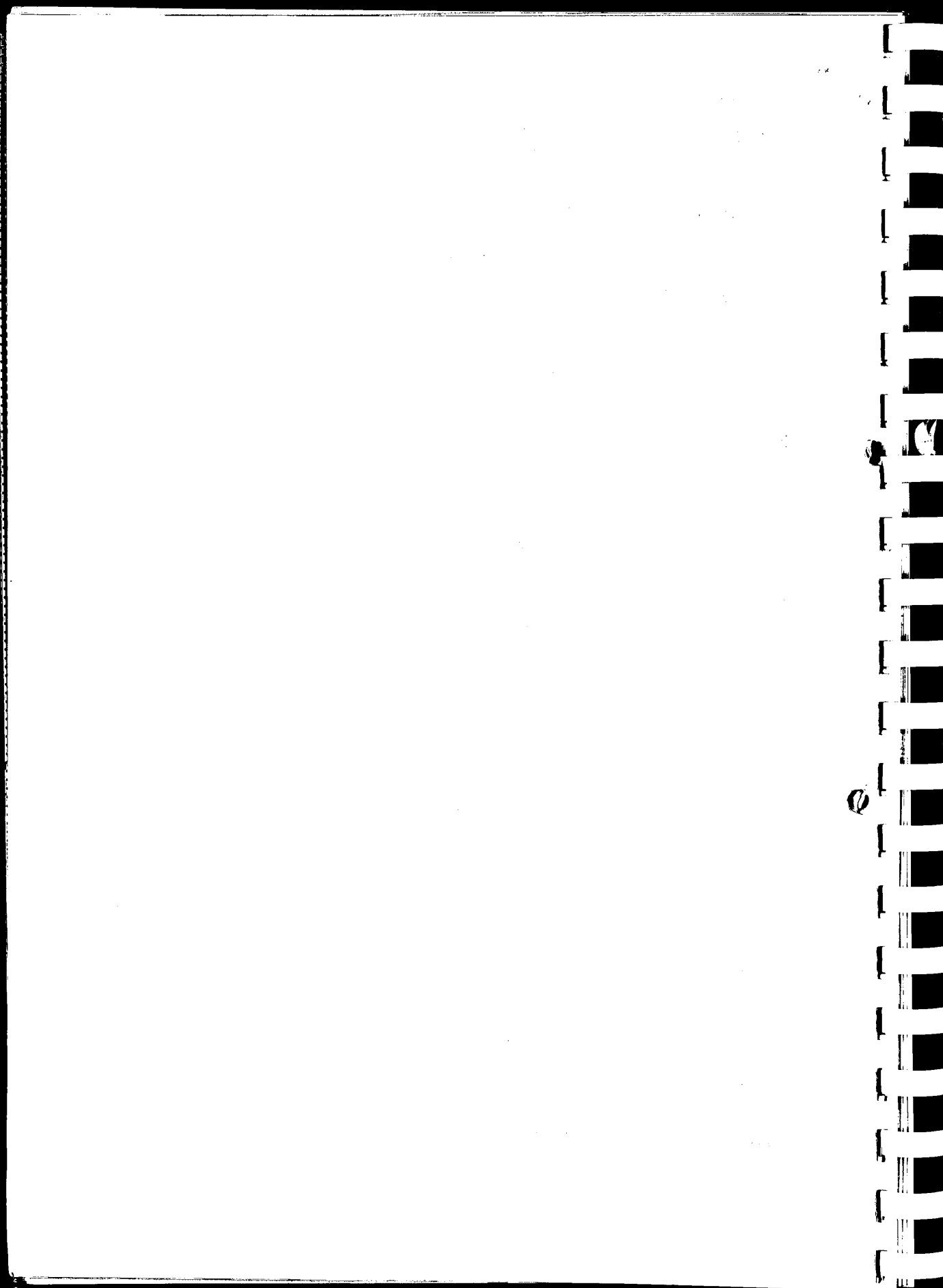
April 1972

THC 72/85

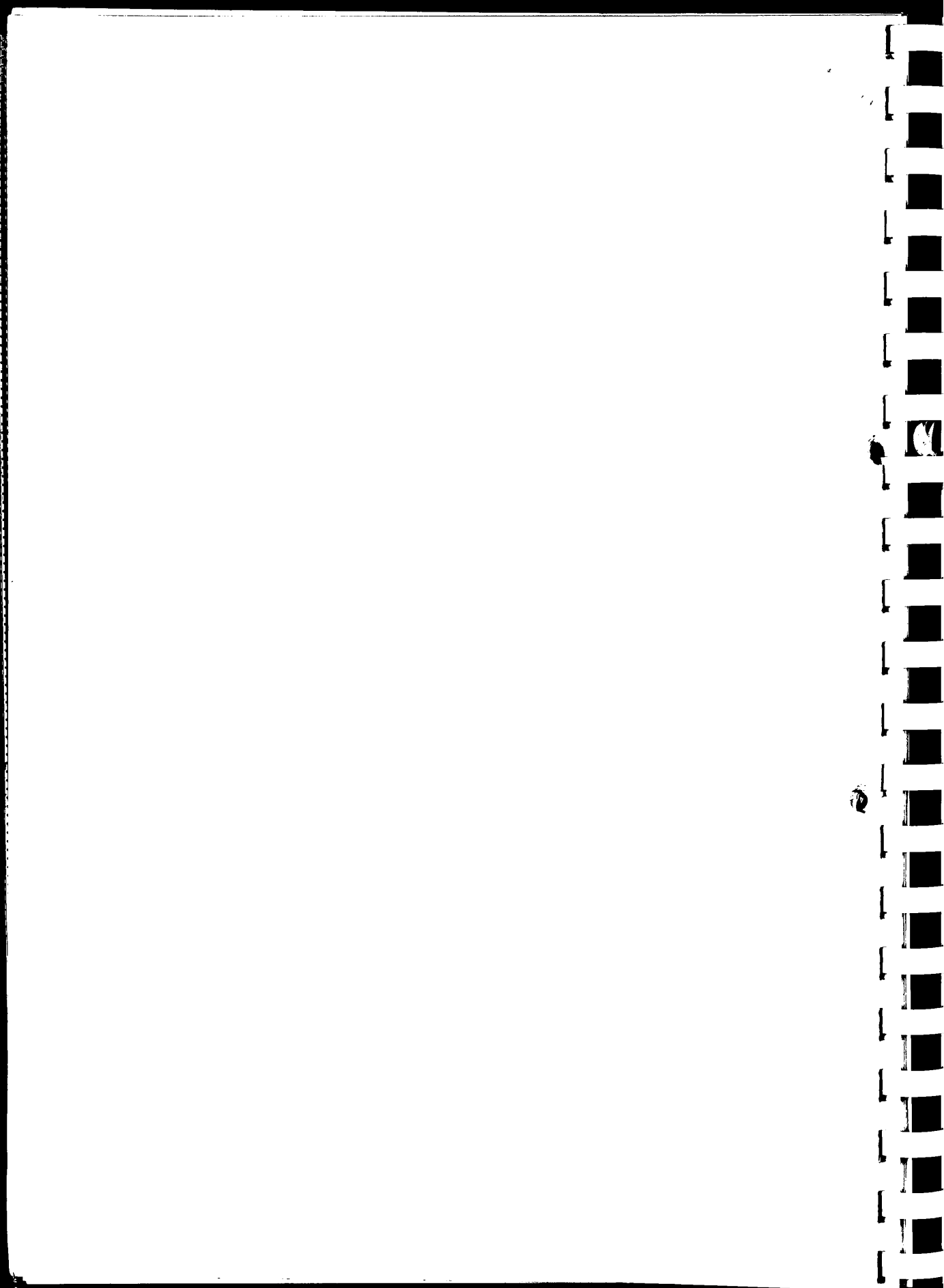
CENTRE LUNCH TALKS

<u>Date</u>	<u>Speaker</u>	<u>Talk</u>
18 December 1968	Mr. John Garnett Director, The Industrial Society	Achieving high performance in large-scale organisation
22 January 1969	Dr. Bernard Benjamin Director, GLC Research & Intelligence Unit	The Greater London Council's Research and Intelligence Unit
22 March 1969	Mr. Harold Young Director, J. Lyons & Co. Ltd.	Achieving high performance in large scale catering
5 May 1969	Dr. Michael Young Director, Institute of Community Studies	What? and the National Health Service
25 June 1969	Mr. Anthony Steen Director, Young Volunteer Force Foundation	The Young Volunteer
31 July 1969	Mr. George Teeling-Smith Director, Office of Health Economics	Targets for Tomorrow
21 October 1969	Professor W.J.H. Butterfield Guy's Hospital Medical School	Priorities in Health Care
18 December 1969	Mr. Jimmy Savile Disc-jockey and volunteer porter at Leeds General Infirmary	A porter's picture of the hospital
15 January 1970	Miss Rosemary Stewart Fellow, Oxford Centre for Management Studies	The inquiring mind
3 March 1970	Miss Geraldine M Aves Chairman of the Committee on Voluntary Worker in the Social Services and formerly Chief Welfare Officer at the Ministry of Health	The future of voluntary help in the health and social services
28 April 1970	Mr. John Wren Lewis ICI Research and Development Organisation	The old order changeth
9 June 1970	Sir Bruce Fraser Comptroller and Auditor- General and a former Permanent Secretary of the Ministry of Health	Hospitals and their money

<u>Date</u>	<u>Speaker</u>	<u>Talk</u>
14 July 1970	Mr. Lewis Waddilove Member, Social Science Research Council	Social science research and the health service
15 September 1970	Mr. Caspar Brook Director, The Family Planning Association	The future of family planning in Britain
27 October 1970	Mr. Paul de Berker Principal Psychologist, Civil Service Department and Associate Fellow of Oxford Centre for Manage- ment Studies	Motivation of managers
25 November 1970	Professor Stafford Beer President, Operational Research Society	Operational research and the health service
16 December 1970	Mr. Mickey Stewart Captain, Surrey County Cricket Club	SPARKS
27 January 1971	Mr. Frank Field Director, Child Poverty Action Group	Poverty in the welfare state
9 March 1971	Dr. John Roger Ellis Dean, The London Hospital Medical College	Medical education and the future of primary medical care
29 April 1971	Mr. Glyn Picton Vice-Chairman, National Staff Committee	Manpower policy in the health service
10 June 1971	Mr. Christopher Mayhew MP for Woolwich East and Chairman, National Association for Mental Health	An MP looks at mental health
6 July 1971	Professor Thomas McKeown Department of Social Medicine, University of Birmingham	Priorities in health care
5 October 1971	Miss Ann Shearer Free-lance journalist	The press and the professional
16 December 1971	The Rev. Michael Wilson, MD Research Fellow, Theology Department, University of Birmingham	The primary task of the hospital



APPENDICES



DEVELOPMENT COMMITTEE

The following are the members of the Development Committee of the King's Fund, as from 1 January 1972:

Rt. Hon. Lord Cottesloe, GBE, TD, DL (Chairman)

Mrs. C. Bicknell, BA

Miss I.C.S. Brown, SRN, RSCN, RNT

R.H.L. Cohen, Esq., CB, MA, MRCS

J. Fry, Esq., MD, FRCS, LRCP, FRCGP

R. Gedling, Esq., CB

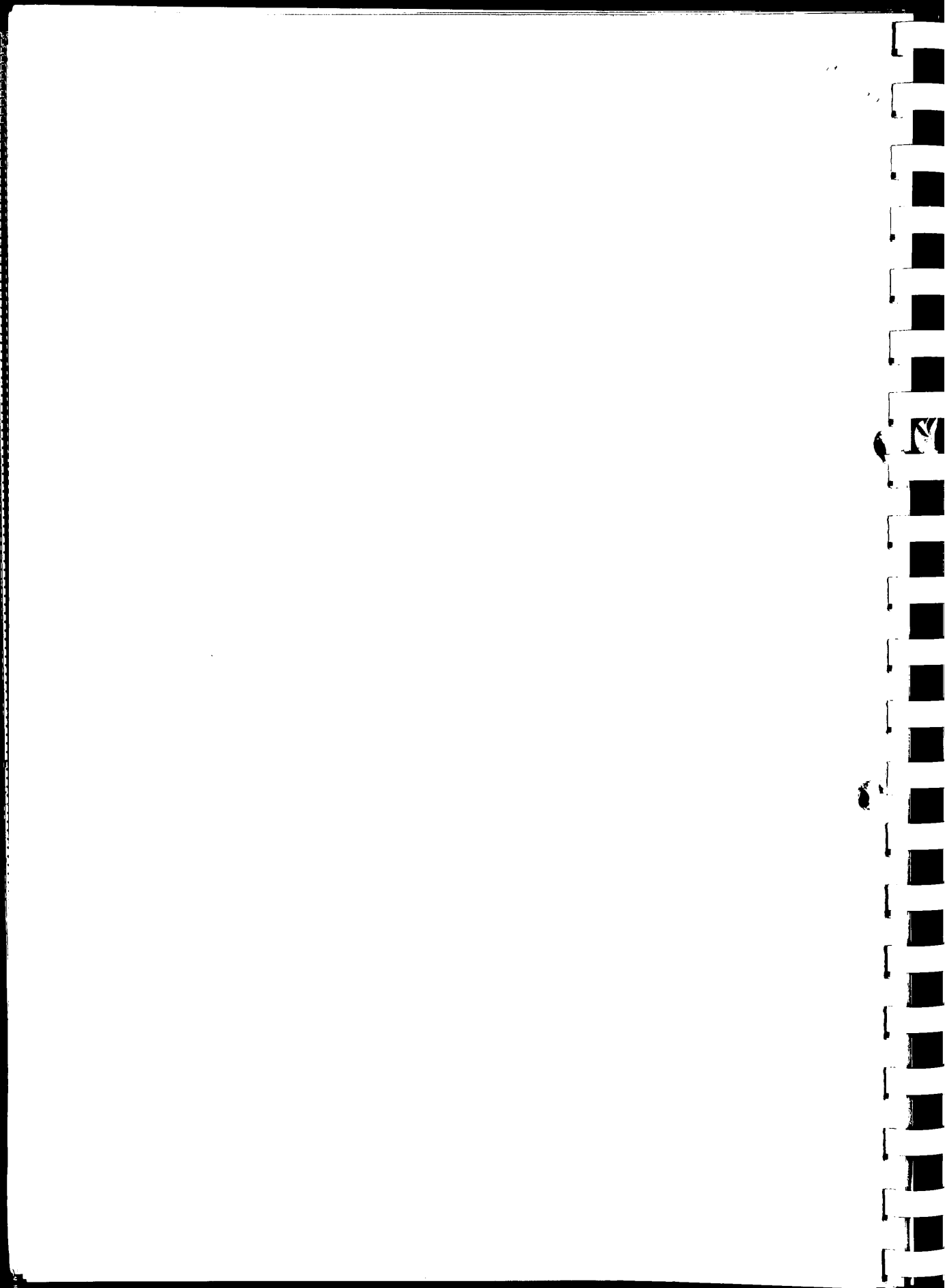
Robin Huws Jones, Esq., CBE

R.L. Lindon, Esq., MRCS, LRCP, DPH, DCH

L.C. Phipps, Esq., OBE, DPA, FHA

K.R. Porter, Esq., MBE, MRCP, MRCS, LDSRCS, DPH

Miss Rosemary Stewart, PhD, MSc(Econ)



STAFF OF THE CENTRE

The following are the staff on the establishment of the Hospital Centre as at 29 February 1972.

Executive and specialist staff (11 staff)

Mr M C Hardie MA FHA
Mr B Brookes Dipl Arch ARIBA
Miss J B Craig SRN RSCN
Mr K Morton
Mr I Roberts MA FHA
Mr A F J Chidgey
Mrs H Edwards SRN
Mr D G Ewbank
Miss M D Hinks FHA
Mrs B H Osborne SRN
Mr S G Wakeling

Director
Assistant Director
Assistant Director
Assistant Director
Assistant Director
Administrative Officer
Nursing Officer (Part-time)
Designer-Draughtsman
Research Officer
Conference Secretary (Part-time)
Equipment Adviser

Library (7 staff)

Mrs J M Hurst ALA
Mr R G Bennett
Miss A H Fache ANZLA
Miss J M B Freeman
Miss J M Lamyman
Mrs C J Fogden
Miss B A Harris

Head of Library and Information Services
Information Officer
Official Reader
Librarian
Information Assistant
Library Assistant
Library Typist

Exhibition (2 staff)

Mrs W M Arnett-Rayson SRN RFN
Vacant

Exhibition Officer
Secretary/Exhibition Assistant

Clerical and secretarial (14 staff)

Mrs B Baker
Miss H Hamilton
Mrs R Crawford
Miss M Lewis
Miss C Lindey
Mrs M Aston
Miss R Barnett
Mrs S Bridgman
Miss E Camille
Miss E Carnahan
Mrs A Henderson
Mrs S McRobert
Miss N Turner
Mrs A Wong

Receptionist-telephonist
Assistant Receptionist-telephonist/Typist
Multilith Operator
Mailing List and Publications Clerk
Accounts Clerk
Secretary-shorthand typist
" " "
" " "
" " "
" " "
" " "
" " "
" " "

Maintenance (2 staff)

Mr J Mullins
Mr E Neaves

Assistant Engineer
Porter-Messenger

Catering and domestic (8 staff)

Miss E Kydd AMIMA	Catering Officer
Miss S Sherwood AMIMA	Assistant Catering Officer
Miss A Ollennu	Head Cook
Mrs E Milicevic	Catering Assistant
Mr J Tyson	Kitchen Assistant
Miss M Halley	" "
Mrs J Groves	Waitress (Part-time)
Mrs I Vaughan	" "

The cleaning of the Centre is done by contract and there are therefore no cleaning staff on the establishment

Catering Advisory Service (5 staff)

Mr G J Stormont FHCIMA	Catering Adviser to the King's Fund
Mr J F Harvey MHCIMA FCFA	Deputy Catering Adviser
Vacant	Assistant Catering Adviser
Mrs E Horrocks	Secretary-shorthand typist
Vacant	Shorthand typist

Special projects (11 staff)Mental handicap project

Mr J R Elliott MBE FHA	Associate Director
Mrs J Rush SRN DipSoc	Project Officer
Miss A Whittaker	Project Assistant

Co-ordination of services for mentally handicapped

Mr S A Baquer MA DPSA	Research Officer
Vacant	Secretary-shorthand typist

Voluntary service information office

Mrs E M C King AIMSW	Voluntary Service Information Officer
Mrs J Feather	Project Assistant (Part-time)
Miss M Raeburn	Secretary-shorthand typist

Library project

Mr R E Lingard FHA	Project Officer (Part-time)
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Admission of patients to hospital

Miss C Corless BA	Project Officer
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Health service planning research & development

Mr K Barnard MA	Research Officer
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Other organisations

In addition there are based at the Centre the following organisations:

British Hospitals Export Council	5 staff
Cardew-Stanning Foundation	2 "
Centre on Environment for the Handicapped	4 "
International Hospital Federation	8 "

March 1972

THC 72/230

The Hospital Centre

CONFERENCES, MEETINGS AND VISITS, 1971

The statistics below give details of visitors who have come to the Centre in organised groups, as distinct from individual visitors, since the opening of the Centre on 23 April, 1963. The attached papers give further information about the conferences and meetings held in 1971 and about the groups of visitors who came to the Centre during the year.

	<u>Working Days</u>	<u>No of Groups</u>	<u>No of People</u>
1963 (Apr-Dec)	170	159	3,790
1964	252	392	9,729
1965	253	441	10,393
1966	251	443	13,475
1967	252	495	12,559
1968	250	437	14,026
1969	255	480	13,904
1970	253	525	16,137
1971	254	546	13,757
Total	2,190	3,918	107,770

Below is shown a broad classification of the groups who made use of the Centre during 1971.

<u>Large conferences and meetings</u> organised by the Centre	44
<u>Small conferences and meetings</u> organised by the Centre	45
<u>Working parties, committees and projects</u> with which the Centre is directly concerned	58
<u>Groups of nurses</u> visiting the Centre on study days	80
<u>Groups of other staff and students</u> visiting the Centre on study days	59
<u>Groups of overseas visitors</u>	40
<u>International Hospital Federation</u> overseas course on sessions at the Centre	39
<u>Other organisations</u> using the facilities of the Centre for their own purposes	181
Total	546

Detailed figures have not been recorded for individual visitors, but there have been about 3,000 in each full year. Overleaf there is shown the list of groups visiting the Centre during a typical month.

Conferences, visits and meetings: September 1971

Date	Time	Organisation	Number
2nd	11.00	Association of Hospital Management Committees	35
6th	11.00	Planning Steering Committee	12
	5.30	Exhibition press conference - Learning to live	47
7th	10.00	Attitudes study group	11
	10.00	Voluntary help organisers induction course	10
	2.30	Medical students from Argentina	30
	3.00	Exhibition working party	7
8th	10.00	Mental handicap conference - the international scene	63
	10.45	Hammersmith Hospital staff nurses	12
	2.30	Hammersmith Hospital student nurses	11
9th	10.00	Mental handicap study group	31
	10.00	Social services committee	8
	2.00	Joint committee on mobility for the disabled	30
10th	10.00	NE Metropolitan RHB course for HMC members	36
	11.00	Pre-conference meeting - patients' clothing	6
13th	10.30	Visitor's from Norway	7
	12.30	British Hospitals Export Council	16
14th	10.00	Physiotherapy course on work measurement	35
	10.30	HCA executive committee	9
	2.30	King's College Hospital student midwives	15
15th	10.00	SESAME conference - sharing drama with the handicapped	88
	3.00	Nurses from Japan	16
16th	12.00	Student nurses assessment	15
	2.00	Quantity surveyors	15
17th	10.00	DHSS and RHB Quantity Surveyors	35
	10.30	Comprehensive health planning	8
	11.00	Dorset House Occupational Therapy students	16
	12.15	London Boroughs' Association	7
	2.30	Dorset House Occupational Therapy students	16
21st	10.00	Conference: Salmon nursing structure	70
	2.30	Royal Free Hospital radiographers	34
	3.30	National trainees	16
	2.00	Drugs in small hospitals steering committee	11
22nd	10.00	Comprehensive health planning seminar	21
	10.00	Shop window staff	32
	11.00	Visitors from Japan	21
23rd	10.00	Catering advisers study group	10
	2.30	Barking General Hospital nurses	5
24th	10.30	Rcn nursing administration course	15
	11.30	British Hospitals Export Council	24
	2.30	Rcn nursing administration	15
27th	10.00	Integrated care of the psychiatric patient	23
	12.00	In-service training	12
28th	10.00	Conference: Home from hospital	83
	10.30	Social Science students from Dusseldorf	10
	2.30	Friern Hospital nurses	20
29th	10.00	Mental handicap study day	36
	2.30	Rcn nursing administration course	15
30th	10.00	NE London Executive conference: Health Centres	90

(49 groups - 1,210 people)

The following were amongst the topics discussed at conferences and meetings organised by the Centre during 1971:

Large conferences

Catering

Conference for South East Metropolitan RHB
Conference for Hotel Catering Industry training board
Presentation of fish (2 conferences)

Drug Dependency Discussion Group

Drugs and the law
Drug dependency in London

Management topics (organised in association with the King's Fund College of Hospital Management)

Management accounting
Management controls in medical care
Management in teaching hospitals I (Oxford)
Management in teaching hospitals II (Manchester)
Operational research in hospital management
Management audit

Mental handicap

Mental handicap and normalisation
Decentralisation of large hospitals
Is quality measurable?
The cultural theme I - Mime and drama
The cultural theme II - Music
The international scene

Voluntary help (a series of five conferences)

Community Service Volunteers in hospitals
IVS work camps and hospitals
The volunteer's contribution to the newly constituted
Social Service Departments in the Greater London area
Mental health and community care
Maximising the contribution of CSVs to Cheshire Homes

Other topics

Allocation of nurses
Attitudes to patient care
Directory of nurse training schools
Health and welfare services research
Hospital careers
House journals
Patients' clothing, in conjunction with Disabled Living Foundation
Portable conveniences for health care, in conjunction with NRDC and RCA
Renal dialysis units

Other topics (continued)

Shoes for the handicapped, in conjunction with Disabled Living Foundation
 Smoking and the hospital, in conjunction with ASH
 Stoma Care, in conjunction with the Ileostomy Association
 The future of the Hospital Centre
 The Salmon Structure in nursing

Centre Lunch Talks

Mr Glyn Picton - Manpower policies for the health service
 Dr John Ellis - Medical education and the future of primary medical care
 Professor Thomas McKeown - Priorities in health care
 Mr Frank Field - Poverty in the welfare state
 Miss Ann Shearer - The press and the professional
 The Rev Michael Wilson - The primary task of the hospital

Small meetings

Alcoholic units - staffing and structure	3 meetings
Adolescent units - staffing and structure	4 "
Allocation of nurses	
Assessment of nurses	
Communication and cooperation in general practice	1 "
Communication courses - radio and television	
Comprehensive health planning	6 "
Coordination of services for the mentally handicapped	
Geriatric services	4 "
In-service training for nurses	
Integrated care of the psychiatric patient	5 "
Mental handicaps study groups	10 "
Nurses and volunteers	1 "
Renal units	
Shop window staff	
The child in hospital	3 "
Training project officers in mental handicap	
Voluntary work organisers induction courses	

Visits from outside groups, 1971

Groups of nurses

Groups of nurses from the following hospitals visited the Centre on study-days to see the exhibition and learn about the activities of the Centre:

Barking Hospital	Leybourne Grange Hospital
Borocourt Hospital	Little Plumstead Hospital
Cane Hill Hospital	London Hospital
Charing Cross Hospital	London Jewish Hospital
Chase Farm Hospital	Long Grove Hospital
Coldeast Hospital	Manor Hospital, Epsom
Eastern Hospital	Millbank Military Hospital
Edgware General Hospital	Moorfields Eye Hospital
Enfield Hospital	Netherne HMC
Friern Barnet Hospital	Redhill HMC
Fulham Hospital	Royal Free Hospital
Goddard's Green Hospital	St Charles Hospital, Ladbroke Grove
Greenwich District Hospital	St Crispin's Hospital
Hammersmith Hospital	St Mary's Carshalton
Harperbury Hospital	St Mary's, Harlow Road
King's College Hospital	St Mary's, Praed Street
Leavesden Hospital	The Hospital for Sick Children
	Tooting Bec Hospital

Also groups of nurses attending courses organised by:

Northern Polytechnic
 Midwives Teachers Training College
 QARANC
 Rcn
 Trained Nursery Nurses Association

Groups of other staff, students and school children

College of Hospital Management Catering students
 Dorset House, Oxford, Occupational Therapy students
 Ealing Teachers Training College
 Gas Council trainees
 Guildford Technical College catering students
 Harrow Borough Council, Councillors
 Kingsway College of Further Education
 Lewes Technical College
 Manchester Polytechnic, Department of library studies
 Northern Polytechnic
 North London College of Further Education
 North East London Polytechnic
 Red Cross
 Robert Gordon's Institute, Aberdeen

District nurses and social workers from:

The London Boroughs of Islington, Lambeth, Merton, Newham and Tottenham,
and from the Isle of Wight, Leeds and Northern Ireland

School children from:

Ashburton School
Godolphin and Latymer School
King Alfred School
Peckham School
St Aloysius' Convent
St Thomas More's School
Viners Grammar School

Groups of overseas visitors

Medical students from:

Argentina
Brazil

Nurses from:

India
Japan

Students studying administration, from France

Social science students, from West Germany

Health service visitors from:

Australia
Argentina
Brazil
Egypt
France
Finland
Germany
Holland
Hungary
India
Iran
Israel

Italy
Japan
Korea
New Zealand
Norway
Singapore
Sweden
Uruguay
USA
Vietnam
Yugoslavia

International Hospital Federation Course for hospital administrators from overseas

Department of Health & Social Security - international architects

International Hospital Federation - executive council

" " " - hospital institutes

International Standards Organisation - working groups (anaesthetists and
manufacturers from 12 different countries)

Polytechnic of the South Bank overseas council

UNICEF/WHO senior teachers of child health

Other organisations using the facilities of the Centre for their own meetings

Action on Smoking and Health
Association of Charity Officers
Association of Health Service Personnel Managers
Association of HMC Group Secretaries
Association of Hospital Secretaries
Association of Hospital Supplies Officers
Association of Hospital Treasurers
Association of Independent Hospitals
Association of Integrated and Degree Courses in Nursing
Association of Occupational Therapists
Association of Religious Nursing Sisters
Association of Renal Dialysis Administrators
Bath Institute of Medical Engineering
British Standards Institution
CARE
Chartered Society of Physiotherapy
Chartered Society of Physiotherapy in Industry
CIMEX
College of Speech Therapists
Community Service Volunteers
Council for the Training of Health Visitors
Department of Health & Social Security
Disabled Living Foundation
Drug Dependency Group
Free Lance Programmers Ltd
Geriatric Care Association
Greater London Home Help Organisers
Hand Crafts Advisory Association for the Disabled
Head Medical Social Workers
Hospital Caterers Association
Hospital Supplies Officers
Institute of Hospital Engineering
International Federation of Library Associations
International Hospital Federation
Joint Committee on Mobility for the Disabled
London Boroughs Association
London Boroughs Training Committee
Maternity Medical Social Workers
Medical Practitioners Union
Metropolitan Regional Hospital Boards
National Association for Mental Health
National Association and Guild of Hospital Head Porters
National Research Development Cooperation
National Society for Mentally Handicapped Children
National Institute of Social Work Training
North East London Executive Council
North West Metropolitan Paediatric Association
Nuffield Nursing Home Trust
Nursing Research Discussion Group
Orthopaedic Nursing Association

Other organisations using the facilities of the Centre (continued)

Pre-retirement Association
Polytechnic of the South Bank
Post Office and Civil Service Sanatorium Society
Provincial Teaching Hospital Treasurers
Regional Architects
Regional Engineers
Regional Librarians
Regional Quantity Surveyors
Regional Supplies Officers
St Peter's Research Trust into Kidney Disease
SCODA
SESAME
Science Policy Foundation
Shirley Institute
Standing conference of Amateur Music
Standing conference of Voluntary Help Organisers
Social Services Committee
Teaching Hospitals Association

Press conferences

ASH
Catering Exhibition
Learning to Live Exhibition
St Peter's Research Trust for Kidney Disease

Receptions

Finnish Mission
Overseas Course
Paintings in hospitals
ISO/TC 21 Working Group (anaesthetists and manufacturers
from different countries)

The Hospital Centre

INVESTIGATIONS AND RESEARCH

The following is a list of the main studies sponsored by the King's Fund in recent years, classified under a number of broad headings:

CATERING ADVISORY SERVICE PROJECTS

Catering for staff	Journal report: British Hospital Journal, Sep '67
Crockery washing	King's Fund Report, 1967
Disposable tableware	King's Fund Report, 1964
Frozen foods	In progress
Ganymede tray service in hospital	King's Fund Report, 1966
Hot-air circulation ovens	King's Fund Report, 1968
Modern British hospital catering	Journal report: Hospital Management, Dec '68
Peripheral finishing kitchen	King's Fund Report, 1967
Regethermic food service	Completed
Stellex tray service	King's Fund Report, 1968
Twin-tray service	King's Fund Report, 1967

DOMESTIC SERVICES

Central vacuum cleaning	King's Fund Report, 1966
Filmstrips on cleaning	
i) bed area	Filmstrips issued, 1966
ii) sanitary annexes	Filmstrips issued, 1967
iii) ward-kitchen	Filmstrips issued, 1968
Flooring and floor maintenance	Journal reports:
i) floor seals in hospital wards	The Hospital, Feb 1961
ii) hospital corridor flooring	The Hospital, Nov 1961 and Feb 1966
iii) floor maintenance in hospital wards	The Hospital, Aug 1962
iv) flooring for geriatric wards	The Hospital, Feb 1963
Survey of hospital domestic services	Report published by Hospital Domestic Administrators Association, 1968
Toilet cleaning service	Journal report: The Hospital, Dec 1963
Training of domestic administrators	King's Fund Report, 1963
Training of head porters	Training scheme in progress
	King's Fund Report, 1963
Ward housekeeping services	Journal reports: Nursing Times, July 1963
	Nov 1964, May 1966; The Hospital, Nov '66
	British Hospital Journal, Dec 1967
	The Hospital, Jan 1968
	Hospital Management, Mar/Apr '70 (supplement)

EQUIPMENT

Bed elevators	Hospital Centre memorandum, 1964
Bursary in design of hospital equipment	Journal report
Royal Society of Arts: first competition '67-68	British Hospital Journal, May 1968
second " '68-69	June 1970
Design of hospital bedsteads	King's Fund Report, 1967
	Journal reports: Nursing Times, May 1966
	Hospital Management, May 1967
	British Hospital Journal, May & Jun 1967
	Hospital Management, Nov 1967
	Bedsteads now in commercial production

EQUIPMENT (contd)

Carpeting in patients' rooms
Disposable goods in hospitals

Equipment for the disabled

Linen trolley exchange service
Medicine trolley design
Plastic foam mattresses
St Peter's boat
Urine drainage bags

In progress

Journal reports:

Interim report, The Hospital, Feb 1964

Final report, The Hospital, May 1965

Hospital Centre memorandum/schedule, '69

Journal reports: British Hospital Journal

Jan 1968; Apr 1969; Mar 1970; Apr 1970

Journal report: Hospital Management Apr '67

Journal report: Nursing Times, Nov 1963

In commercial production

In commercial production

In commercial production

GENERAL PRACTICE

Admissions and doctors enquiry service
Emergency admissions (EBS red warning)
General practitioners - involvement in hospital care
Kentish Town health centre: seminar room and library
Relationship of GPs to hospitals
Radio-communications systems for GPs
Health centres directory

Journal report: The Hospital, Aug 1963
King's Fund Report, 1968

In progress

In planning stage

King's Fund Report, 1963

In regular use

King's Fund Report, 1971

INFORMATION SERVICES

Bliss classification system
Hospital library services
Hospital Centre library
Information service for the disabled
Glossary of hospital planning terms
Management research and information services
Design for the handicapped - information service
Community innovations register

In progress

King's Fund Report, 1959

Journal report: The Hospital, Apr 1967

Service established

British Hospital Journal: Oct 1971

Journal report: The Hospital, May 1967

In progress

In progress

MANAGEMENT

Putting research to good use

Nursing Mirror, March 1969

Hospital World, Oct 1969

British Hospital Journal, Nov 1969

Completed: Journal report:

The Medical Officer, Feb 1971

Journal report: Nursing Mirror, Mar 1969

King's Fund Report, 1969

The Hospital, Oct 1970

King's Fund Report, 1966

Journal report: Nursing Times, May 1968

In progress

Completed

King's Fund Report, 1969

Consultant's role in hospital management

Forward manpower planning

Joint consultation in hospitals

Management accounting

Management audit

Management by objectives in a psychiatric hospital

Management research: appointment of social scientist

Personnel function in a large hospital group

Productivity and training

MANAGEMENT (contd)

The shape of hospital management in 1980?
Effective communication for the
senior executive

King's Fund Report 1967

Journal report: The Hospital, May 1971

NURSING

Attitudes of staff to patient care
Brochures for schools of nursing
Completion rate of nurses in training
Implementation of nursing research

Progress reports, 1969, 1970, 1971

King's Fund Report, 1965

In progress

In progress. Journal reports:

Nursing Times, Feb & Mar 1969

Hospital Centre Report, Oct 1970

In progress

King's Fund Report, 1968

Joint report with Rcn, 1966

In progress

In progress

Journal report: Nursing Times, Oct 1968

Nursing Times, Nov 1970, Apr 1971

Programmes published, 1967

Journal report: Nursing Times, Apr 1968

King's Fund Manual 1971

King's Fund Reports, '66, '68; Manual '72

Nursing Times, July 1969

In progress

Nurse training - St Thomas' Hospital

Nurse tutors - survey

Nursing establishments

Nursing organisation - Charing Cross Hpl

Nursing organisation - Middlesex Hpl

Nursing administration: office accommodation

Prevention of bedsores

Programmed learning

Planned allocation for student nurses

Student nurse assessment by progress reports

Systems analysis of nurses' record procedures

Teaching aids: assessment of needs in

pupil nurse training schools

Video-tape for nurse training

In progress

Report by St Bartholomew's Hospital, 1968

Nursing Times, Jan 1970

Return to nursing - survey of potential resources

In progress

Incontinence in the home

In progress

Role of the health visitor

Completed

PATIENTS' WELFARE & VOLUNTARY SERVICES

Appointment of organiser of hospital and
community voluntary services

Background music in hospitals

Journal report: Mental Health,
winter 1968

Journal report: Hospital and Health
Management, July 1962

King's Fund Report, 1966

King's Fund Report, 1960

King's Fund Report, 1962

In progress

King's Fund Reports, 1958, 1960

King's Fund Report, 1968

Tape-recording issued, 1966

King's Fund Reports, 1969, 1971

King's Fund Report, 1971

In progress

In progress

Filmstrips issued, 1967

In progress. Journal report:

Mental Health, spring 1968

Issued by Women's Royal

Voluntary Service, 1969

Hospital chaplains

Hospital visiting

Information booklets for patients

Information service on voluntary help

Noise control in hospitals

Paid organisers of voluntary services - survey

Patients and their hospitals

Patients' satisfaction study

Reference manual for voluntary help organisers

Regional organiser of voluntary services

Safety in hospitals

Use of volunteers

Young volunteers in mental health

Voluntary work in hospitals - film

PATIENTS' WELFARE & VOLUNTARY SERVICES (contd)

Social Responsibility Centre	Journal report: Nursing Times, Jul 1970
Clothing for the long-stay and handicapped patient	In progress
Young volunteers in community care	In progress

PLANNING

Addiction units - design	Completed: report to be published
Commissioning of new hospitals	King's Fund Report, 1966
Description of new hospitals - Phase I	King's Fund Report, 1968
- Phase II	In progress
Evaluating new hospital buildings	King's Fund Report, 1969
Evaluation of Addenbrooke's and Royal Marsden Hospitals	King's Fund Reports, 1967
Evaluation of New Guy's House	King's Fund Report, 1963
Guy's Hospital: survey of outpatients	Journal reports: Medical Care, Apr/Jun'66
Health services planning research	In progress
Hospital traffic and supply problems	King's Fund Report, 1969
Integration of health services	In progress
Landscape architecture for new hospitals	King's Fund Report, 1967
Opening ceremonies and official visits	Journal report: Hospital Management Sep/Oct 1963
Outdoor overhead heating	Hospital Centre memorandum, 1964
Royal Victoria Hospital, Belfast: survey and evaluation of outpatient department	King's Fund Reports, 1967, 1970
Wall finishes in a central sterile supply dept	Hospital Centre memorandum, 1967
Ward conversion: partitioning	Journal report: Hospital Management, Aug'66
X-ray departments - function and design	Journal reports: Radiography, Jan/Oct '68

PSYCHIATRIC SERVICES

Co-ordination of services for the mentally handicapped	In progress
Industrial therapy in psychiatric hospitals	King's Fund Reports, 1968, 1969 and 1970
Role of psychiatric social workers in hospitals	In progress
Young volunteers in mental health	Journal report: Mental Health, spring 1968

STAFF ORGANISATION & WELFARE

Changing accommodation for non-resident staff	Journal report: Hospital Management, 1965
Communication flow in hospitals	In progress
Hospital house journals	Journal report: The Hospital, Oct 1966
Hospital internal communications	Final report in preparation
	Journal reports:
	British Hospital Journal, Dec 1964
	British Medical Journal, Dec 1964
	The Lancet, Nov 1965
	Nursing Times, May'66, Jul'67, Mar'68
Occupational health of hospital staff	Journal report: The Hospital, Mar 1968
Residential accommodation for staff	In progress
Supervision of nurses' health	King's Fund Report, 1963
Social centres and recreation halls	Journal report: Hospital Management, May'66

STAFF ORGANISATION & WELFARE (contd)

Staff suggestion schemes

Journal report: British Hospital Journal,
May 1967

Staff job satisfaction

In progress

'Shop window' staff

In progress

Journal report: The Hospital, Jan 1971

Return to nursing- survey of
potential resources

In progress

OTHER STUDIES

Assessment of art therapy

In progress

Control of infection: role of control of
infection officer

Completed

Co-ordination of health services

King's Fund Report, 1968

Cost of provisions

Journal report:

Hospital Service Finance, July 1967

Dietary of elderly women living alone

King's Fund Report, 1965

Drugs in small hospitals

King's Fund Report, 1968

Journal report: Nursing Times, Aug'70

Films for hospitals

King's Fund Report, 1961

Geriatric day hospitals - survey

King's Fund Report, 1970

Hospital pathology laboratories -
management and equipment

In progress

Human waste disposal

In progress

Improving care for the elderly

Hospital Centre Report, 1970

King's Fund essay competition

First competition, 1967

Journal reports: The Hospital, Jan 1967

Hospital Management, Jan 1967

Nursing Times, Mar 1967

British Hospital Journal, Feb, Aug'67

British Medical Journal, Jun, Aug'69

King's Fund essay - second competition

In progress

Mechanised report production

In progress

Medication system for psychiatric hospitals

King's Fund Report, 1971

Nutrition and health of old people

In progress

Prescribing and use of drugs

King's Fund Report, 1960

Shortage of dietitians

In progress

Terminal care and the relief of pain

In progress

The language barrier

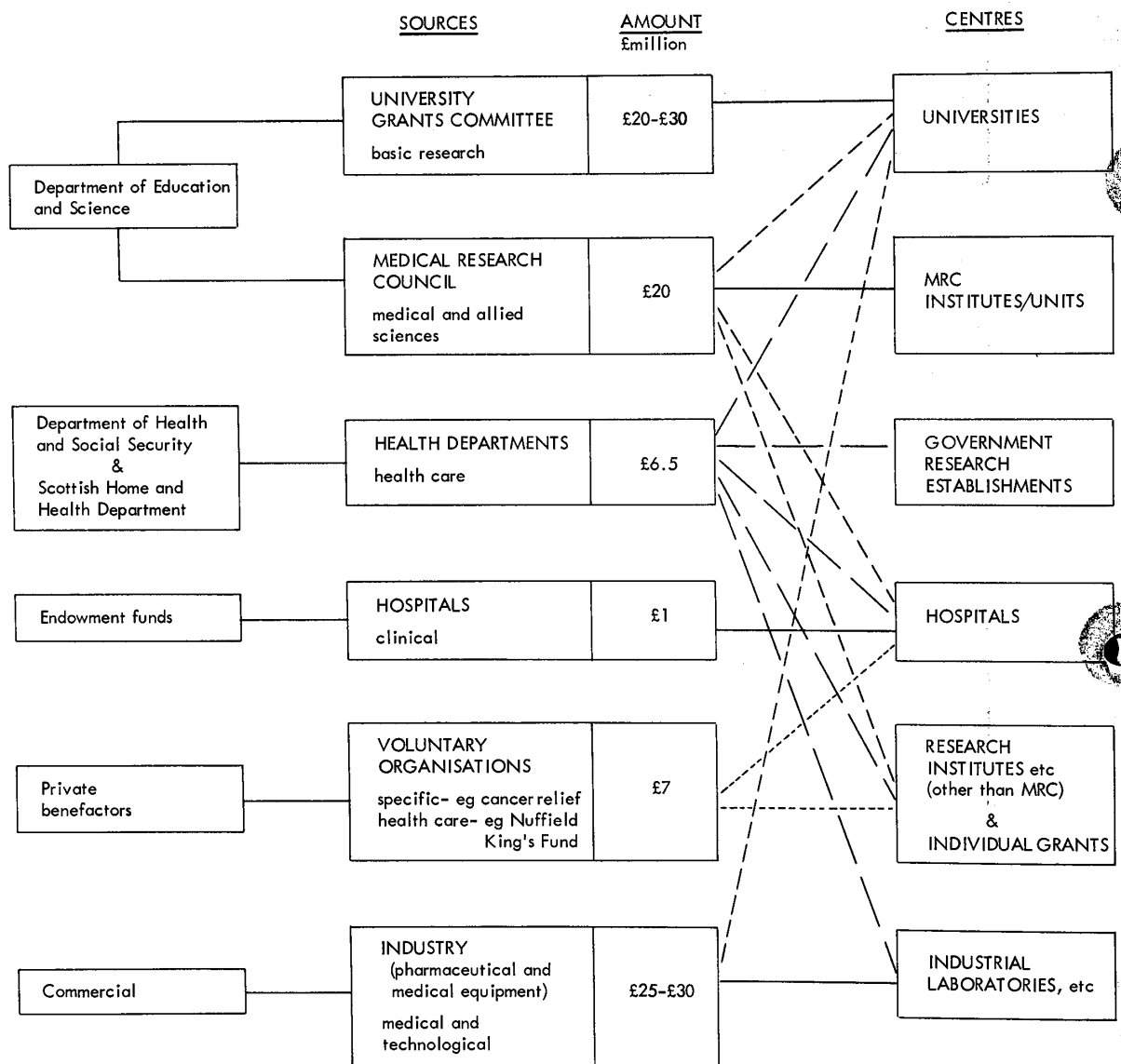
RESEARCH & DEVELOPMENT?

About £100 million was spent on medical and health care research and development in 1970 by government, industry and voluntary organisations

Is this enough?

Is it being spent on the most useful projects?

Is enough attention paid to implementing the results of research?



(Source: Funds for research come from a variety of different public and private organisations. There is no one simple source of information, and the figures shown above can therefore be considered only as rough estimates)

EXHIBITIONS

The following are the topics on which the Centre's exhibitions have been based during the past eight years:

Aids for the disabled	House journals
Anaesthetic room design	Hydrotherapy departments
Art therapy for the elderly	Intensive therapy units
Beds and bedside equipment	Laboratory services
Brochures for schools of nursing	Maternity units
Charity Christmas cards	Medical records equipment
Children's units	Mental handicap
Cleaning equipment	New ways towards learning
Clothing for the disabled	Nurse training school equipment
Comprehensive mental health services	Operating theatres
Consulting room design	Paintings for hospitals
Convenience foods	Patients' booklets
Dental departments	Patient monitoring
Disposable goods	Putting research to good use
Equipment for export	Staff accommodation
Food service for patients	Teaching machines
Food service for staff	Value for money
Gardening for the handicapped	Voluntary organisations
Geriatric services	Ward design
Health centres	Ward equipment
Hospital libraries	75 in '72 (75th anniversary of King's Fund)

In addition the Centre has occasionally made the exhibition floor, or part of it, available for special short-term displays of services or equipment by individual manufacturers or by such organisations as the British Hospitals Export Council, the Hospital Domestic Administrators Association, etc.

100

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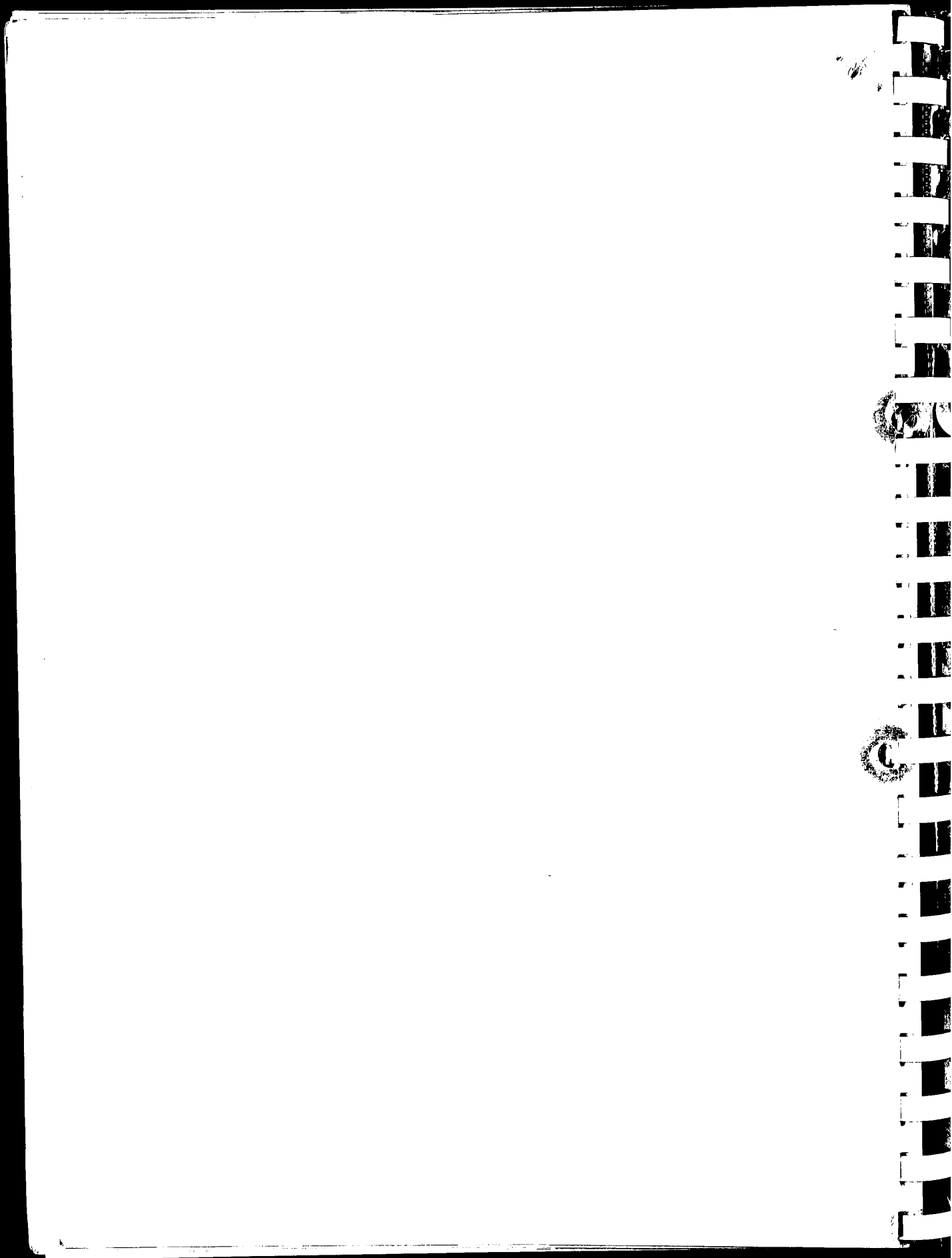
RUNNING COSTS OF THE CENTRE

The following is a summary of the estimates approved for the Centre by the Fund's Development Committee and Management Committee for the year to 31 December 1972

1.	<u>Salaries and wages</u>		
	Hospital Centre	91,510	
	Catering Advisory Service	<u>19,100</u>	110,610
2.	<u>Lecture fees</u>		2,000
3.	<u>Maintenance of premises</u>		
	Rent and rates (net)	41,500	
	Heating and lighting	4,250	
	Household supplies and repairs	3,000	
	Cleaning and laundry	<u>4,200</u>	52,950
4.	<u>Catering</u>		
	Provisions	9,600	
	Bar	<u>1,400</u>	
		11,000	
	Less: Conference and meal tickets	6,400	
	Bar	<u>1,100</u>	3,500
5.	<u>Office and conference expenses</u>		
	Office supplies	6,000	
	Telephone and postage	6,500	
	Travelling expenses	2,750	
	Office and lecture hall equipment and furniture	<u>1,500</u>	
		16,750	
	Less: Mailing-list receipts	250	
	BHEC	400	
	Cardew-Stanning Foundation	<u>500</u>	15,600
6.	<u>Periodicals and publications</u>		3,750
7.	<u>Exhibition</u>		
	General expenses (excluding cost of preparing and mounting special exhibitions)		<u>1,000</u>
			189,410
	Less: Contribution from DHSS		<u>50,000</u>
			<u>£139,410</u>

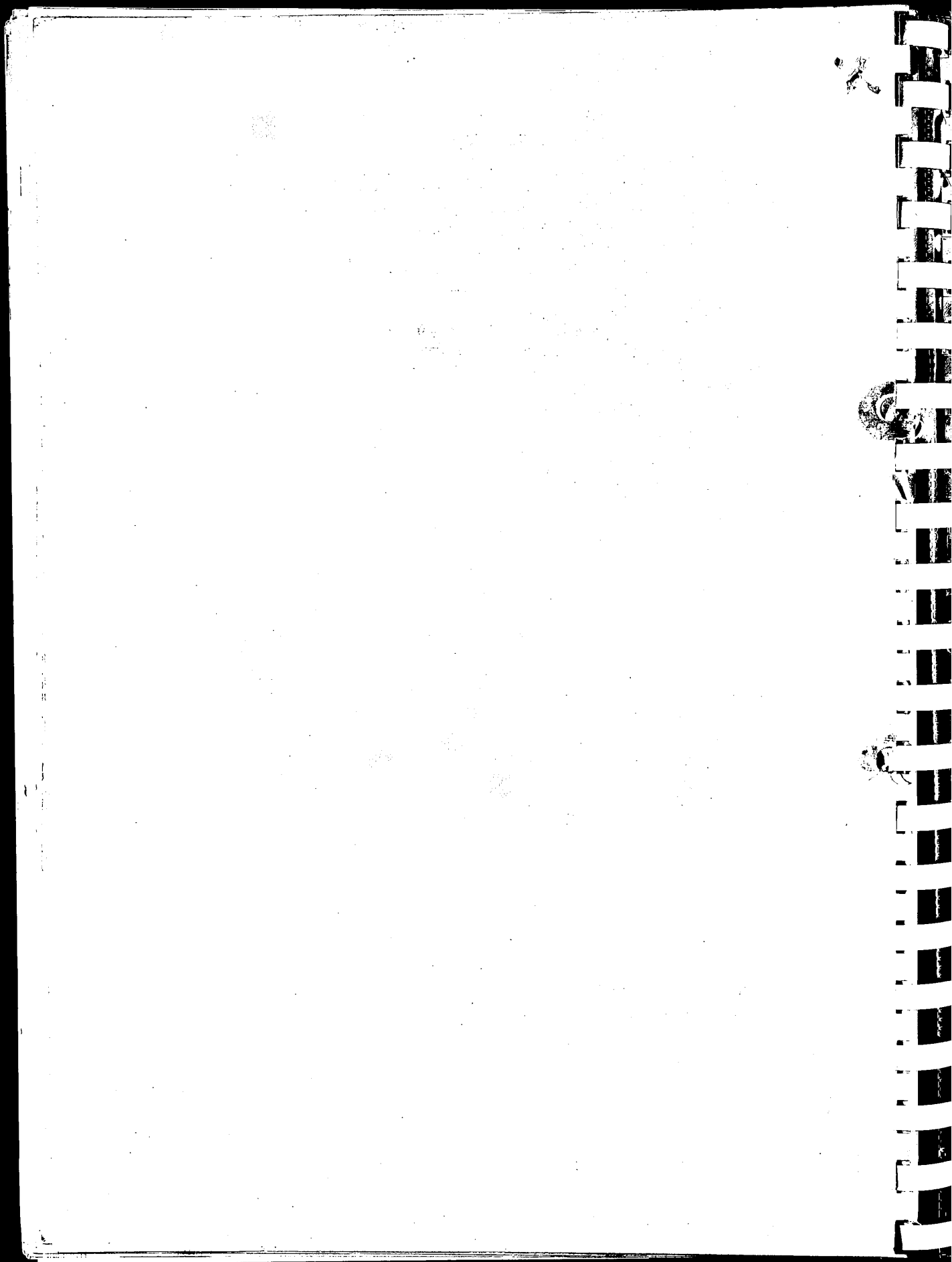
March 1972

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PUBLICATIONS

1965	£0.20	Investigations into the dietary of elderly women living alone
1966	£0.75	Commissioning new hospital buildings
1967	£0.30	Crockery washing (second edition)
	£0.30	Design of hospital bedsteads
	£0.87	Landscape architecture for new hospitals
	£0.43	Therapeutic diets in hospitals
1968	£0.30	Drugs in small hospitals
	£0.75	Factors affecting recruitment of nurse tutors
	£0.87	Hospital description: Wycombe General Hospital
	£1.17	Hospital traffic and supply problems
	£0.57	Organisers of voluntary services in hospitals
	£0.13	Reducing the odds
	£0.13	Study of student nurses' progress reports
	£0.40	Working together
1969	£1.17	Evaluating new hospital buildings
	£0.47	Industrial therapy in psychiatric hospitals: supplement on patient data
	£0.63	Patients and their hospitals
	£0.43	Productivity and training
1970	£1.10	Geriatric day hospital
	£0.40	Longitudinal study of the dietary of elderly women
	£0.90	Resources in medicine
1971	£0.80	Allocation - guidelines for developing planned programmes of education and training for student and pupil nurses
	£0.50	Care for the elderly
	£0.70	Contract and pay questions in industrial therapy units
	£0.15	Do we spend enough on health care?
	£1.75	Hospital research and briefing problems
	£0.25	King's Fund house style
	£0.25	Learning to live - the mentally handicapped and their needs
	£0.80	Meals for the elderly
	£0.13	Nurses' attitudes to their patients
	£1.50	Schools for nursing directory, 1972
	£1.10	Volunteers in hospitals - a guide for organisers
1972	£0.50	Directory of convalescent homes serving Greater London
	£1.50	Alcohol and drug dependence - treatment and rehabilitation
	£0.25	Assessment - a guide for the completion of progress reports on nurses in training
	£2.00	Job descriptions for hospitals
	£0.25	Twenty-four talks



King's Fund



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