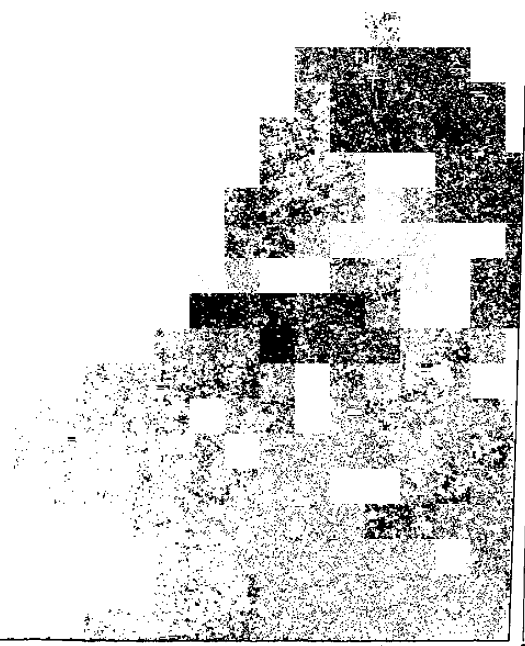
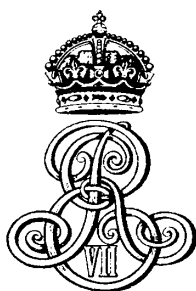
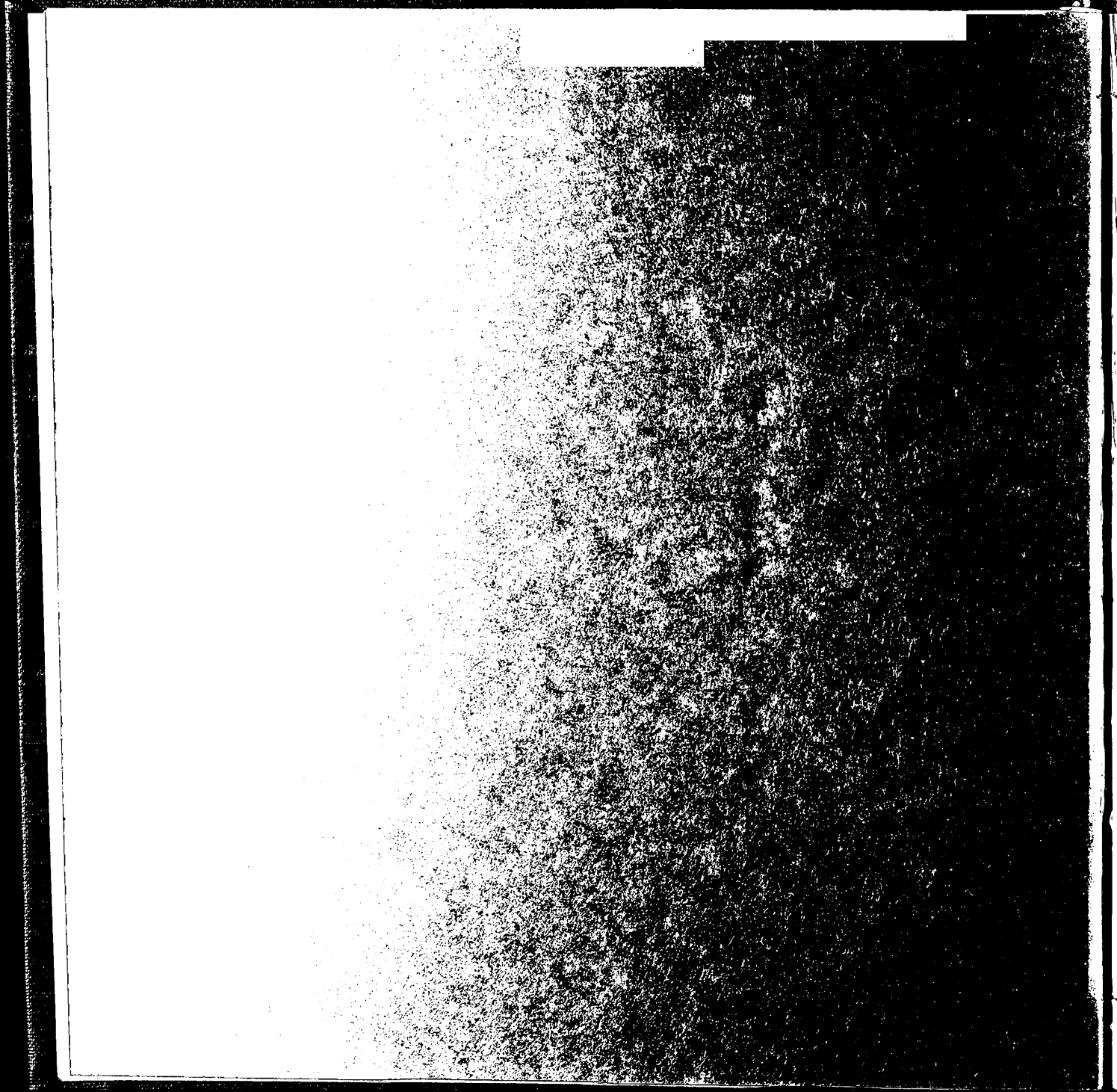


King Edward's Hospital Fund
for London
Annual Report 1984





**KING EDWARD'S HOSPITAL FUND
FOR LONDON**

KING'S HOSPITAL FUND

Patron: Her Majesty The Queen

Governors: HRH Princess Alexandra,
The Hon Mrs Angus Ogilvy GCVO
Sir Andrew H Carnwath KVCO DL
Lord Hayter KVCO CBE

Treasurer: R J Dent

Chairman of the Management Committee:
The Hon Hugh Astor JP

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The King's Fund its origins and history

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

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

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

Although set up initially to make grants to hospitals, which it continues to do, the Fund's brief, as stated in the Act and printed at the head of this page, has allowed it to widen and diversify its activities as circumstances have changed over the years since its foundation. Today it supports research and

development in all aspects of health care and management, except clinical; publishes books and reports, some stemming from work supported by the Fund; provides education for management in health care at its College; and facilities for research and discussion at its Centre.

Grant-making ranges from sums of a few hundred pounds to major schemes costing more than £1m, such as the Jubilee Project which was the Fund's commemoration of the Silver Jubilee of Queen Elizabeth II. That project helped ten London hospitals to renovate some of their oldest wards. The problems of health care in the inner-city areas is the concern of the London Programme, for which, to date, some £715 000 has been made available. Another new venture concerns the assessment and promotion of quality in health care.

The King's Fund Centre, which dates from 1963, is in purpose built premises in Camden Town. The Centre offers extensive conference facilities, and a library and information service which are available to anyone concerned with health and handicap in the United Kingdom and overseas.

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

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Her Majesty The Queen has appointed His Royal Highness The Prince of Wales as President of the Fund from 1 January 1986. Prince Charles will be the fourth Prince of Wales to hold the office since the Fund was established by HRH Prince Edward (later His Majesty King Edward VII) in 1897.

As prescribed by the Fund's Act of Incorporation the appointment is made by the Sovereign on the nomination of the Lord Chancellor, the Prime Minister and the Governor of the Bank of England. The nominee must be the Sovereign's son, brother or grandson.

The President plays an active part in the Fund's affairs, for its direction and management are vested in the President and General Council. He appoints all committees and officers of the Fund.

Since 1971, when HRH The Duke of Gloucester resigned through ill-health, the Fund has been without a President, as it also was between 1910 and 1918. When there is no President, the Sovereign appoints three Governors to act in his place. Our three Governors have included HRH Princess Alexandra throughout the period since 1971. We are deeply grateful to her and to Sir Andrew Carnwath and Lord Hayter for all that they have done for the Fund.

REPORT 1984

For readers of George Orwell's *1984*, it is strange to realise that a year selected by him to represent the remote future has now come and gone. The State that he foresaw was one so involved in people's personal lives that they could not escape its constant surveillance, interference and direction. Paradoxically, 1984 in Britain was actually a year when the Government was trying (not wholly successfully) to be less involved in the individual lives of its citizens, including their health and welfare.

It was a busy year for the King's Fund, and not an easy one for the National Health Service or the other statutory and voluntary bodies with which the Fund works. In this report we first review the Fund's main activities and then (as last year) have selected a handful of topics for discussion. This year they are:

- Implementing the general management (Griffiths) concept in the National Health Service.
- Nursing leadership in the shadow of the Griffiths report.
- Long-term care: the transfer from hospital to community.
- Financial cuts and problems of adjustment in London's hospitals and medical schools.
- Assessing and promoting quality in health care.
- Health policy analysis and the proposed King's Fund Institute.

First, however, let us review the Fund's activities.

KING'S FUND CENTRE

A cardinal feature of many of the activities at the Centre is working with those who in one way or another provide care for patients or are in direct contact with them. This fairly simple generalisation ties in with the purposes for which the Fund was established, and it is gratifying that, even excluding visitors to the library, during 1984 over 16 300 used

our services in one way or another, an increase of 2000 over last year.

The work of the **Long Term and Community Care Team** in the field of mental handicap, or with those who provide psychiatric services, or who plan ways to overcome physical disability, makes it plain that it is the clients themselves, their relatives and those who are in the 'front line', who so frequently attend meetings, workshops and seminars.

There has been a recent acceleration of the hitherto slow but steady movement of care for disabled people from segregated environments to the community. As a result, many health and local authorities are confronted with the urgent need to plan services for those with more severe long-term handicaps.

But the difficulties of financing local services, of agreeing joint policies and managing contracting institutions remain. In these circumstances it is not surprising that service planners and providers continue to seek assistance from the Centre's Long Term and Community Care Team. Since the Team shares a common approach to services for people with all kinds of disability and handicap, it is uniquely capable of transferring and sharing experience of creative and innovative services in several fields.

It has been a major concern to foster the interest and participation of disabled consumers from all disability groups to express their needs and to have a say in shaping the new services.

Whilst most people agree that care in the community is preferable to care in large isolated and understaffed institutions, there is a continuing need to monitor the quality of care wherever it is given to make sure, too, that the quality of the disabled person's life is safeguarded.

In **Education and Training** the work on the training needs of ward sisters has produced and is still producing important material which is used by and for this vital and neglected group of hospital staff.

The King's Fund financial involvement in the project to examine the role of the ward sister and to identify the needs for training ward sisters ceased in December 1983. The research findings have, so far, received only a limited circulation, but it was agreed by the DHSS in November 1984 that the report from the Nursing Education Research Unit, Chelsea College, was good and a press launch was held at the King's Fund Centre early in 1985.

Mrs Jennifer Robinson has been appointed director of the **Nursing Policy Studies Centre** at the University of Warwick. Mrs Robinson, who comes from the Department of Economics and Social Studies at Wolverhampton Polytechnic, started work in January 1985. The Study Centre was established with the help of a grant from the King's Fund Management Committee. It is hoped that a substantive research study will be started by May.

The **Library Services** attract an enormous variety of professionals and others. Two surveys of the library were conducted during 1984. The first by Aslib (The Association for Information Management) examined the possibilities of future diversification of the library's activities; the second one, by Kent-Barlow Information Associates, looked into the potential uses of technology.

The Aslib survey produced no strong arguments for radical changes in the overall scope of services, although there was a fairly widely expressed view that the library should become more involved in the formalised training of people in the use of libraries and information services. There was also suggestion that greater use could be made of technology, and Kent-Barlow were commissioned to help identify activities which could benefit from the application of mechanisation. Some of the library's routine work will be reviewed in the light of recommendations made by Kent-Barlow.

Reflecting a growing professional and public interest in **Quality Assurance**, and its own view of current

needs, the Management Committee in 1983 set up a working party to advise on how the Fund might stimulate the measurement of standards and improvement of quality in health services. This led in 1984 to the establishment of a new Fund initiative in this field, as described in the section on quality in health care which follows later in this report. The project is based at the King's Fund Centre.

The **London Programme**, which is particularly concerned with health in the poorest neighbourhoods of the city and among the most disadvantaged groups, continued in 1984. While its scope is not necessarily confined to primary care and community health, that is where its main focus lies. The programme works partly through grant-making, and partly through developing networks of information and support among those intimately involved with primary health care in the inner city. By the end of 1984 the Fund had committed £715 000 in total to the programme.

KING'S FUND COLLEGE

The College continued to grow and develop at a sharp pace during the year, with over 20 Fellows in post in addition to the Director. The expanded Faculty has a broad range of skills and experience and an extensive network in the field and in related agencies on which to draw. The purpose of recruiting such a broadly-based Faculty has been, in part, to ensure that the College can sustain a broad portfolio of work, not only in terms of subject, but also in the methods and approaches used in management development. This is particularly important in implementing the College's manager-centred philosophy, which emphasises working with managers to develop their own capabilities. The evolution of the College and its mission has been accompanied by changes in its relationships with the NHS, expanding its role as a resource for management development to include field-based development consulting, and forging its relationship with the new National Health Service Training Authority.

The three main strands of the College's activities – teaching, consultancy and research – are not separate, but are intertwined and enhance each other. Consultancy, which grew substantially in 1984, informs teaching as well as being a resource to the NHS. Teaching brings the College into contact with a wider range of people than could be expected through consultancy. Research into management issues is a way of furthering knowledge so that the College has more to offer in teaching and consultancy.

The College's programme continued the integration of courses in the College with work in the field. A number of workshops have been held in the College which have emerged from and formed part of consultancy projects. Similarly, the College's educational programmes have focused increasingly on work in the field. Specifically the **National Management Training Scheme** has developed much closer integration between teaching material and attachment fieldwork, the **Administrators' Development Course** has developed a new approach focused on field-based project work, and the **Corporate Management Programme**, as well as being redesigned to emphasise general management perspectives even further is also to include fieldwork in the private sector or other service sector organisations. The **Senior Management Development Course** continues to concentrate on personal development, to sharpen senior managers' skills and to broaden their horizons. The importance of constantly renewing these mainstream contributions to management education, to ensure that they are as relevant to the NHS as possible, was well demonstrated during 1984, when many of the individual programmes or courses were again over-subscribed.

There have also been developments in the courses aimed at improving the managerial performance of doctors. The **Doctors and Management in the NHS** programme continued in 1984, as did management education for **Senior Registrars in Community Medicine**. Two Thames regions commissioned

courses specifically tailored for their consultants. The College's practice management course for recently appointed principals in general practice has earned a wide reputation. The College also conducted two courses for GP course organisers of the training scheme and intends to develop a programme for regional advisers during 1985. This work is being fully reported in professional journals with the aim of stimulating and informing the management education activities of others.

Treasurers were also identified as another professional group with management development needs, and in 1984 three courses on **Strategic Financial Management** were run. These courses were financed initially by the four Thames Regions and the South Western Region, and the success of the programme has led to the course being extended nationally in 1985.

The College contributed fully to the public discussion and debate on matters pertaining to general management and the implementation of the Griffiths management inquiry, and the Faculty took part in discussions about its implementation at the district and regional levels. The latter part of 1984 saw the planning and detailed preparation of quite new programmes to be launched in 1985, in response to the NHSTA initiatives for the development of general managers. These include the **General Management Development Programme** for groups of five district or regional general managers and their organisations, **Workshops for Chairmen and Members** and the **Unit General Managers' Programme**.

The King's Fund has a long record of working to improve the management and performance of the 'Cinderella services' and this concern led to expansion of specific educational programmes in the College. Special programmes in this area in 1984 included **Psychiatric Services in Transition** and **Management in Accident and Emergency Departments**. The College is also exploring the joint management and planning concerns of health

authorities, local authorities and family practitioner committees, with the purpose of developing teaching, consultancy and research which can contribute positively to the shift to community care.

Despite its recent growth, the College is still quite small. It cannot seriously address the management development needs of the several thousand managers who can be found even within the Thames regions and Wessex, let alone the rest of the country. As one of the five education centres designated for management training, it is important that the College should build a resource in collaboration with the other centres rather than separately, and should use its resources to stimulate and support other bodies in their management development activities, for example the regional training centres, medical schools and Royal Colleges, to name only some of the agencies with which the College already has links. One of the College's major roles should be to act as a 'product champion' for management development and to be a resource for others involved in this field.

The College has contacts with a wide variety of organisations, both because of its history and through the Faculty. Particularly because of the range of backgrounds of the Faculty there is a large network which can be drawn upon to share ideas, to develop joint working activities and to use as a resource in teaching and consultancy.

The College aspires to become a leader in ideas about health service management and management development, and an authoritative and stimulating resource for the NHS. This position depends upon an entrepreneurial spirit within the College, but also requires underpinning by practical knowledge derived from research, from consultancy, from the insights brought by part-time members of the Faculty who are active elsewhere, and from those who serve on health authorities, community health councils and so on. It is of fundamental importance that the

College's work should be not only relevant but of high quality; hence the continuing obligation to explore the means of evaluating the impact of the College's work, whatever form that work takes, and of monitoring its quality.

GRANT-MAKING

There has been some change in approach, and the planning of more change, as the Fund has sought to shape its grant-giving policies and structure to the needs of the mid-80s.

Our main concerns remain the promotion of standards, the better management of health services and the delivery of health care in and for Greater London. In our grant-making we exclude medical research and medical equipment and we try to decipher whatever line it is that divides health care from social welfare. We do not usually respond to general appeals. Nor, except as short-term pump-priming grants for innovative pilot projects in the way health services are delivered, does the Fund make contributions to running costs. When it does, it requires beforehand as strong a guarantee as possible of future funding once the pump-priming period is over, if the project has proved successful.

Within these guidelines, much of the traditional grant-giving has continued. Indeed, Fund support has become the more keenly sought as the financial climate for public services has worsened.

This has been particularly true in that area of grant-giving that most directly continues HM King Edward VII's own intentions in setting up the Fund. Within the acute sector, the **Hospital Grants Committee** has supported essential though unsensational projects to upgrade facilities for patients and for staff, always seeking to ensure that these are strategically important projects, that work done is of a model but realistic standard, and that the Fund's own contribution encourages from statutory authorities

an appropriate share of the costs. The **Auxiliary Hospitals Committee** too, by grants selectively timed as well as directed, has helped keep in working order some of the voluntary enterprises on which both institutional and community health care now increasingly depend.

All this has, we hope, not been to the exclusion of support for innovative or pilot projects. The **Hospital Grants Committee** enabled the Camberwell Health Authority to finance a two-year experiment in one way of assuring the quality of residential care and nursing homes – by the appointment of an assessment officer to monitor the homes, necessarily outside the District, to which people from Camberwell go. The same committee provided the equipment with which an occupational therapist of Barnet Social Services is investigating the value of computers in the care of people with physical handicaps. The **Auxiliary Hospitals Committee** provided £20 000 to fund for two years a coordinator for an imaginative London project, begun by medical students, that links them as helpers to families or individuals with special needs. A further grant of £25 000 to the Westminster Association for Mental Health brought to £108 000 the allocation made to establish a mental health resource centre in Westminster, an area much affected by the closure of two mental hospitals, and to cover the evaluation being done on the project by a member of the King's Fund College Faculty. At joint meetings of these grant-making committees, £45 000 was allocated towards setting up in the Bloomsbury Health Authority an experimental community psychiatric action and support service, £10 000 towards funding for one year a coordinator/education worker for a migrants' resource centre in Pimlico, and £25 000 to help fund for three years two development workers and an administrator for the Southwark Mental Handicap Consortium that brings together statutory and voluntary organisations in a new and promising way.

As part of the endeavour to keep the Fund sensitive and responsive to current needs, thought continues to be given to new approaches and to new structures. The **Hospital Grants Committee** has been particularly anxious to stimulate a larger flow of good quality applications from statutory health services in general and acute hospitals in particular. One method envisaged is to invite applications for a grant of up to £250 000, either as a lump sum or spread over several years, to fund a major innovative scheme. The **Auxiliary Hospitals Committee** has investigated the possibility of sharing with the Association of Independent Hospitals the concern for convalescent homes that now forms only one segment of its wider range of activities. Above all, the joint meetings of these two committees have expressed our recognition of the irrelevance nowadays of considering statutory and voluntary health care independently of each other. A single **Grants Committee** in this field is likely to prove more innovative and more adaptable to new functions devolved to it by the Management Committee. Accordingly, the two committees have now been formally merged. The **Grants Committee** will start life with a budget of about £700 000 per annum.

Changes were meanwhile also in train in the **Project and Centre Committees**. The **Project Committee** has for some years been the Fund's principal mechanism for supporting what has come to be called health services research and development (as distinct from clinical research). The amount of money that the Fund could contribute to this field was not large by today's standards. On the other hand, the number of applications has grown very fast in recent years, across so wide a field that it was hard to assess them properly, let alone make a worthwhile impact with the Fund's limited financial contribution. We therefore decided, with the understanding and support of the **Project Committee** itself, that the time had come to lay this committee down at the end of 1984. Part of its function will pass to the **Centre Committee**, so that

it can support through external grants projects closely linked to the Centre's own work in selected fields of health policy and practice. This should sharpen the focus of our grant making. Among the new grants made by the **Project Committee** in its final year were some £16 000 to help develop guidelines for health authorities on procedures to be followed when staff make complaints on behalf of patients, and £8500 for a review of research in local authority social services departments. The **Centre Committee** made its usual range of small grants, and will develop its larger grant-making role in 1985.

The **London Project Executive Committee** makes grants in connection with the London Programme, to which brief reference has already been made. Among its principal grants during the year was £54 600 to Haringey District Health Authority to fund for three years a development worker concerned with the interests of ethnic minorities, in employment and in services. This was, we believe, the first such post in health services in London. The LPEC also commissioned a study by the Policy Studies Institute of the impact of the Acheson report on primary health care in Inner London, and the preparation of a handbook for members of family practitioner committees, soon to become independent statutory bodies with enlarged powers. At the project level, grants included support for a development worker in the field of housing for the homeless in Lambeth, Southwark and Lewisham, and a study of the Chalkhill health visitor project in Brent.

The Fund continued a number of forms of grant-making support for education and training. This included (through the **Education Committee**) a North American Study Tour of the type that has now benefited many mixed, multidisciplinary groups of young people working in the NHS. Other educational schemes include bursaries to enable nurses and others to undertake further qualifications, and travelling fellowships for registrars, senior registrars and newly appointed consultants to gain experience at medical centres abroad.

Overall responsibility for the Fund's grant-making lies with the **Management Committee**. Besides determining the budget allocations for grants to the other committees, and the balance among the various programmes, the **Management Committee** makes a certain number of grants itself. These include major projects initiated or supported by the Fund, and (on occasion) help to national or London organisations at an early, experimental stage of their development. Grants of this second type made in 1984 included help to Action for the Victims of Medical Accidents, support for SCOSAC (a new group in South London concerned with sexual abuse of children) and further assistance to Action on Alcohol Abuse. Grants of the first type, to support major new initiatives, included several nursing projects, a national review of hospital catering, an updating of national strategy on health promotion and disease prevention, and the first instalment of support for the proposed King's Fund Institute, mentioned later in this report in connection with health policy analysis.

PUBLISHING

Fewer titles than usual were published in 1984. Most of the manuscripts accepted arrived too late for publication during the year and will appear in 1985, which is likely to set a record for new King's Fund books.

Short-term residential care services for children who are mentally handicapped is the subject of Maureen Oswin's *They keep going away*. The main theme of her book is the grief, so often unrecognised, caused to some of the children by this form of care. *Race and employment in the NHS* describes the ways racism operates to exclude black people from the more desirable jobs and offers practical steps towards equal opportunities for them. The case for effective public participation in health – much less fashionable than it might have been a decade ago – is argued in *Public participation in health*, a collection of articles edited by Robert Maxwell and Nigel Weaver.

Seven new project papers appeared in 1984. They deal with accidents to hospital patients, domiciliary care for the elderly, vocational services for people with mental handicap, joint clinical-teaching appointments in nursing, the work of accident and emergency departments, sources for the history of nursing, and the need for lay advocates to represent the interests of mentally handicapped people.

Making data credible is the fifth discussion paper we have published for the NHS/DHSS Health Services Information Steering Group. The two titles planned for publication in 1985 will bring this series to an end. It has been a successful venture which has also produced a book on the use of statistics in the NHS, to be published in 1985.

Titles accepted for publication and in course of preparation include three for the Fund's history series, a public relations handbook, and books concerned with the education of psychiatrists and with aspects of management in the NHS.

SELECTED ISSUES

Following the precedent of recent years, we have again selected for comment a number of topics that seem to us important in the current context of health and health services in Britain. This year we have selected six issues. Their importance for us is partly inherent and partly lies in their relevance to the Fund's own work.

Implementing the general management concept in the NHS

Last year's report noted the findings of the NHS Management Inquiry, led by Mr Roy Griffiths, and the Government's acceptance that general management in the National Health Service should be simplified and strengthened. Despite misgivings on the parts of the nursing and medical professions, the DHSS announced, in Health Circular HC(84)13 in June 1984, the Government's decision that general managers would be appointed in sequence in regions, districts and units, and that Supervisory and

Management Boards would be set up centrally for the National Health Service. By the end of 1984, almost all the regional general manager appointments had been made and approximately 130 of the 204 district appointments in England, Wales and Northern Ireland. Mr Victor Paige had been named as the first Chairman of the NHS Management Board in December 1984 and took up post early in the New Year. The formidable task of determining new management structures within districts and selecting hundreds of unit general managers continues in 1985. Centrally, the Supervisory and Management Boards are gradually turning from shadow into substance.

To date, the process of confirming the new general manager appointments has been quite strongly centralised. Moreover, because of the lateness in establishing the Management Board on a firm basis, the onus for delays and for controversial decisions has fallen directly on Ministers. Ministers then run the risk of appearing to make decisions about individuals on party political grounds and of allowing little scope for managerial discretion in the way the service is to be run at region and district. There is, however, no point in dwelling on this seeming over-centralisation in the early rounds of appointments, except to try to ensure that it is not repeated in the forthcoming unit appointments. It is now up to the new Management Board and the regions to show that the unit appointments can be made in a different way, beginning to set a distinctive management style for the future. Part of that style in a large public service (in which there will always be tensions between centralisation and decentralisation, and between politics and public administration) should be to give chairmen, authorities and senior managers discretionary space, even if they inevitably sometimes make mistakes. An essential element of the role of the NHS Management Board must be to create and defend that space for managerial action at region, district and unit.

By the time this report appears, most districts will be far advanced in deciding their management

structures. Hard thought should first be given to the main challenges facing each district in the future maintenance and development of services, and in safeguarding health, since it is only in that strategic context that management structures can sensibly be chosen. Structures will greatly influence the way people perceive and tackle their jobs.

Thus, one great danger in designing management structures within districts is to do so in too static ('that is the way things have always been') or too narrowly technical a way. The other danger, perhaps even greater, is to breathe an enormous sigh of relief once the business of appointing unit general managers is completed. At last the 1984 reorganisation is behind us. But changes in jobs and titles achieve little by themselves. The new arrangements must prove their value in action. This means that the structural changes are a beginning not an end. Most people will need help developing into the new roles, as will those at all levels (including chairmen and members of authorities) who are affected by them. Moreover speed and clarity of decision-making was by no means all that the Griffiths Inquiry emphasised. Closeness to the customer and professional awareness of resource limits were also rightly seen as fundamentally important. Both will require better information, systems changes and, above all, changes in attitudes.

Perhaps in the end attitudes will count for more than any other single factor. Districts that are determined to provide good care, despite the difficulties and financial constraints, will demonstrate in time that quality of management can make a useful contribution.

Maintaining nursing leadership in the shadow of Griffiths

Many nurses were immediately alarmed by the implications of the Management Inquiry Report for the nursing profession. The strength of feeling engendered may have surprised Mr Griffiths himself, for his team certainly did not intend its findings as an attack on nursing. But a general management model

does have far-reaching implications for the health professions, particularly nursing. Prior to 1984 the position in the NHS was that nurses were managed by nurses, at all levels from ward to district. There was a direct reporting line from the most junior nurse, through the various levels of nursing management, to a district nursing officer, who was a chief officer of the authority and a member of the district management team. The other health professions likewise had their own management hierarchies. Changing from this professional, consensual model to one where all the threads join in the hands of a general manager, who may come from any professional discipline or none, is far more radical than simply superimposing a district general manager on top of the professional pyramids. For it implies that the managerial threads must come together, across professional boundaries, at a whole series of levels below district: certainly at the unit, and quite possibly at the level of the clinical service. Thus, in line management terms, the line of command from junior nurse to chief nursing officer comes under stress at a whole series of intermediate points, not simply at the top.

There are, of course, gains as well as losses in the recommendations that Roy Griffiths and his team made. One can nevertheless understand why nurses were concerned at so fundamental a change. In particular, nursing in Britain has set an example for nurses throughout the world. Part of this example is its status among the health professions, including its place at the 'top management table'. It is natural enough that nurses should see loss of top management status as a major setback for nursing.

In an attempt to help nurses think through the new situation, the King's Fund established a Working Party of senior nurse managers and of leaders in the main nursing professional organisations. The Working Party, which was chaired by Lady McCarthy, met late in 1984 and reported early in 1985. The report is entitled, *The professional role of nurses in the new management structures in England*. It differ-

entiares between managerial and professional responsibilities, commenting that this distinction is imperfectly understood. Nurse managers within units must be managerially accountable to their unit general manager. Professional responsibilities nevertheless remain. The Working Party defined three groups of responsibilities of this kind. First, to ensure compliance with statutory obligations and regulations governing nursing, such as the statutory requirements for nursing education. Second, to lay down standards of sound nursing practice and clinical nursing judgment, to advise the authority about them and to ensure that these standards are observed. Third, to advise the authority and the general manager on all other activities where they influence, or are influenced by, nursing.

The Working Party strongly recommended that the ultimate responsibility for the provision of professional advice to the authority should be vested in one named nurse, who can be held accountable for the nature and quality of the advice given. This named nurse would also monitor the nursing service throughout the district in terms of professional standards.

Several different structures can be devised that would respect these general principles. Some structures would continue to contain a district nursing officer, albeit with a change in role, away from simple and direct executive authority. Other structures might combine the district nursing adviser post with a major general management responsibility, such as marketing, quality assurance or consumer relations.

In the end, however, the development of the nursing profession is at least as important in its own way as the strengthening of general management. The performance of a hospital or community service in the patient's eyes often depends most of all on the standard of nursing, and next on medical standards. Everything else, including administration, rightly

takes a poor third place. Irrespective of the thrust towards general management, professional leadership in clinical nursing, nurse education and nursing research must therefore remain fundamental to the quality and effectiveness of the National Health Service. Accordingly, the King's Fund will give a high priority to support for professional excellence in British nursing, as it has done in critical periods in the past.

Managing transition in long-term care

One of the most significant challenges currently facing the NHS and associated local authority and independent services is that of securing appropriate community-based provision for people with long-term disabilities. The rhetoric of 'community care' has, of course, been popular for nearly thirty years, during which gradual changes in services have been achieved. In the case of people with long-term disabilities arising from mental illness and mental handicap, however, there remain in the NHS in the United Kingdom more than 140 000 places in hospitals, most of which were established in the last century. Indeed, no major institution has yet been wholly replaced by local services.

The cumulative impact of incremental change in the past, together with the current need to provide new services without extra money to pay for them, has now led to a marked increase in the pace of transition. More than a score of the larger institutions have already been scheduled for closure, and this number is likely to grow substantially in the next few years. London is particularly dependent on a distant circle of relatively isolated institutions, some of which will be among the first to be replaced.

The House of Commons Social Services Committee has recently completed a detailed investigation of these trends (Second Report from the Social Services Committee, Session 1984-5: *Community care with special reference to adult mentally ill and mentally handicapped*

people. HMSO, 1985). While strongly commending the development of services that enable people with disabilities to lead as normal an existence as possible within the community, the Committee expresses grave doubts about how the transition away from large institutions is being managed and about the quality of the new, locally-based alternatives.

The Fund's own programme of work on long-term and community care has anticipated this critique. Through a variety of initiatives, the Fund has long been using its influence and resources to assist the statutory services, relevant independent bodies, and ultimately the consumers of these services, to find the most promising ways forward in the development of community care.

For several years the focus of these efforts at the King's Fund Centre has been on clarifying the principles which should inform the design of community-based services, and describing new models of comprehensive local provision which reflect these principles. Particularly influential has been the 'An Ordinary Life' initiative in the field of mental handicap. Parallel work is also underway in relation to services for people with mental illness and people with physical disability. In the latter field, the Fund has contributed to the work of the Prince of Wales' Advisory Group on Disability in production of *Living Options*, a set of guidelines published early in 1985 on planning services for people with severe physical disabilities.

In its London grant-giving role the Fund has supported a number of imaginative projects which draw on these principles and offer practical demonstration of how statutory and voluntary organisations can work together to provide services of recognised quality (as the list of grants, pages 23-30, well illustrates).

Complementing these activities and particularly relevant to the Social Services Committee's critique, an important new initiative at the King's Fund

College concentrates on how the NHS and local authorities can best manage the transition from institutional to community-based services. With financial support from the NHS Training Authority, this work combines different kinds of development activity in order to help local networks of managers, providers and consumer representatives who are committed to changing services for the better. The core of this programme is a series of College workshops to bring together representatives of these local networks so that they can share experiences and explore strategies for managing transition. Members of the College Faculty are also working more intensively in a consultancy role with a few authorities where substantial progress has already been made, both to assist on the ground in tackling implementation problems, and to build a more detailed understanding of the requirements for successful change. This work in turn provides a basis for writing case studies and guidance documents which, when disseminated, can be used by a much wider range of people in local leadership positions.

There is already evidence from this programme that the shift from institutional to community-based services is a more radical move than is usually appreciated. Successfully developing services to meet the requirements of individual community-based clients involves significant changes in public and professional attitudes, new management practices based on community care principles, and creative approaches to joint planning among all the relevant agencies.

Through systematic analysis of the progress made in addressing these issues, this programme also aims to feed back insights into the policy debate which the Social Services Committee's report has stimulated.

Responding to funding cutbacks in London

The London hospitals and the people whom they serve lie at the heart of the Fund's historic Trust. The hospitals have to be seen today in the context of the

whole complex network of health and social services, statutory and independent, in the London health districts, and of medical education. The people to be served include some of the most deprived and poorest in the land, and patients from all over the world.

Last year we commented briefly on some of the urgent problems that confront medical education and acute hospital services in London. These problems remain unresolved. Indeed, health services and medical education in London probably now face a more puzzling set of dilemmas than at any time in their difficult history. Within the National Health Service, the London teaching districts are faced year by year with substantial budget cuts, in real terms, as the national policy to redistribute resources in line with population (the RAWP formula) takes cumulative effect. Yet each and every major hospital seeks to advance its techniques and to maintain the quality of its services to patients. Meanwhile in many parts of London, particularly the inner city boroughs, there continues to be a relative lack of primary health care and community health services. This weakness in basic health provision becomes increasingly worrying with the proposed closure (described above) of large mental illness and mental handicap institutions around London. Community-based care is in principle better for most people with long-term disability and handicap, but unless such care exists, the closures are simply a new form of betrayal.

The RAWP policy needs to be rethought at the sub-regional level, where its impact on existing services and institutions can be extremely destructive. Hospital services do need to be rationalised in London, but not in a simplistic, doctrinaire way. All too often at present, the London district health authorities and their general managers are faced with a situation where they have no chance of achieving sensible solutions within the constraints that are imposed on them, and are therefore likely to be forced into resistance to changes or into cuts that simply do not make sense in terms of their impact on patients in

the broader metropolitan and national context.

In medical education, London University has been wrestling with the problems for some considerable time and is pursuing its preferred option to link most of the undergraduate medical schools in pairs and to encourage closer ties between the postgraduate and undergraduate schools. The pairing of undergraduate schools achieves nothing unless the enlarged institutions make better use of their resources than they would have done separately. Even if they do, there are some major and urgent problems that can only be tackled by others: for example, the blockage in medical career paths in the training grades in the more popular specialties. What is more, medical education on the scale that it currently takes place in London, imposes substantial strains not only on the University, but also on the hard-pressed NHS. Districts are finding it ever more difficult to maintain the quality of their support to clinical education. To relieve some of the pressure it seems certain that more radical steps are needed than have yet been taken, for example to reduce the numbers in training, or to move more clinical education out of London, or to revise teaching methods.

In this complex set of interlocking problems in London – urban deprivation and great human need, loss of NHS funding, the need to continue to advance in specialist medical services and in research, the relative weakness of basic primary health care and community services, the stresses and strains within medical education – it is frustratingly difficult to see how best the King's Fund can help. We continue to pursue a number of related initiatives, most obviously the London Programme aimed at strengthening primary health care and community health services in the inner city. We are always willing to consider grant applications to tackle these problems, to the extent that our relatively slender resources allow. We can help to define principles and to develop strategies, and to assess how they work out in practice. For example, it seems sensible to take a selective approach

rather than trying to do everything, and to cut out some services or even whole institutions so that others can develop. Most valuable of all, perhaps, we can help people to look more broadly at the situation so that their view is not limited by the perspective, interests and experience of a single institution, district or even region, nor by a narrowly medical approach. There are times when the metropolis needs to be seen as a whole in health and social welfare terms, and there is no one agency to do this. At the end of the day, London faces a baffling set of challenges, where there are no easy or obvious answers, and where people who achieve some measure of success in providing appropriate services deserve all the recognition and support that we can give them.

Assessing and promoting quality in care

As foreshadowed in last year's report, the Management Committee has now launched a new Fund initiative concerned with assessing and promoting quality of care in health services. There is a small project steering committee, initially chaired by Dr Richard Himsforth (now Regius Professor of Medicine at Aberdeen) and subsequently by Dr Tom Meade, Director of the MRC Epidemiology and Medical Care Unit at Northwick Park Hospital. The Fund has also appointed Dr Charles Shaw, a Specialist in Community Medicine with Cheltenham Health Authority, on a part-time basis to coordinate the project. The steering committee has an initial budget of £50 000 to support its work, by grants and other means.

By the end of 1984 the committee was just settling into its stride after a good deal of preliminary thinking about how best to approach this complicated and elusive topic. Dr Shaw is contacting the main professional bodies and the Department of Health to map what is already being done and to ascertain what further developments are likely. Meanwhile a Library Project Officer, Mrs A H Stodulski, has been appointed to plan and develop an information system

on quality assurance, probably to be based at the King's Fund Centre, but implemented in collaboration with the Department of Health and other organisations. It seemed clear to the steering committee that one thing that was undoubtedly needed was a better database and information network, so that people could find out much more readily what has been published and what is currently happening overseas and in this country.

The other principal initiative of the committee at this stage is to educate itself, by consulting people who have practical experience in this field. Seminars are therefore being organised on specific quality assurance projects and on methods of assessment and measurement.

After this fact-gathering phase, the committee will consider in what direction to move next. So far as one can tell at this point, it will want to support further project work and other types of practical initiative, besides contributing a better national information base. The early signs are that at least part of its attention will turn to projects within acute hospitals, while recognising that quality assessment and promotion in other fields are equally important, and that many people move into and out of hospital during treatment for the same condition. The problems often come at the point of transition. Moreover, quality assessment is *both* a professional matter, in which the professions have a fundamental ethical responsibility, *and* a matter for the customer to judge. The Fund is therefore concerned to support professional initiatives and at the same time to encourage careful listening to consumers.

What lies behind the Fund's strong interest in quality is not simply that this is a topic of increasing international importance, where the UK has dropped somewhat behind. It is also as a counterweight to the very proper attention being given to greater efficiency and to expenditure control, not only in this country but also overseas. Important as these are, they must

never be all-important, nor distract attention from the quality and effectiveness of care that people actually receive.

Analysing health policy: the proposed King's Fund Institute

For some time the Management Committee has been considering the case for a new independent unit concerned with health policy analysis. The stage now reached is that (as reflected in this year's accounts) £250 000 has been set aside to provide initial funding for this venture. The Management Committee has undertaken to sustain this level of support for a five year experimental period, provided that a director of outstanding calibre can be recruited. A search committee has therefore been set up and will be seeking to appoint the director in 1985.

The Institute's objective will be to provide detached, even-handed analyses of important and persistent policy issues in the health field. It will set out broad policy options, examine their merits, and review the pros and cons of feasible courses of action. Its findings should be incisive, carefully researched and argued, and non-partisan. Reports and statements will be so expressed that the informed non-specialist can understand them.

As a relatively small unit, with an initial staff of five or six analysts, the Institute will need to work closely with other organisations. It is in any case essential that it should do so, since it will be in no position to determine policy, nor will it have the expertise required on a whole range of specialist subjects. What we hope it will do, from a position of independence, is to work with and help all those who seek sensible ways forward in health policy matters, particularly those who (like central Government and the health authorities) carry responsibility for action.

The approach and initial agenda will be developed in consultation with the first director. We envisage that at any time the Institute will be engaged on a variety

of tasks, some long-term and some short, including, for example:

examination in depth of one or two big issues (for example: the future needs and care of the elderly; accidents and their prevention; technology assessment)

reaction, in the form of analysis and commentary, to Government and other current policy initiatives

analytic review of statistical series, major research findings on their publication, and so on.

The idea behind all this is that, for a whole range of reasons, health policy currently tends to be short-term and somewhat narrow in focus. Not only in Britain but also in other countries, there is much less political, professional or public unanimity about health services than there was in the quarter century from, say, 1950 to 1975. This is not the fault of the Government: financial stringency, complex issues within medicine, and the public mood, all make it unlikely that a strong national consensus about health policy will emerge. The narrowness of current approaches (in the sense that health policy tends to be defined as health care, to the exclusion of other major influences on health) is perhaps less easy to explain than the emphasis on short-term, quick-fix 'solutions'. Our hope is that an independent King's Fund Institute, devoted to health policy analysis, will help to lengthen the time horizon, broaden the perspective, and improve the analytic foundations on which health policies are based.

* * *

It is clear that 1984 was not an easy year for health services in London, in the United Kingdom nor, indeed, internationally. Nor are the next few years likely to be much easier. At the same time we have, individually and as a nation, much in the health field for which to be grateful and much of which to be proud. The fundamental questions are how to encourage and protect what is good, improve what is not, and keep the service supple, flexible and

responsive. The King's Fund will try to help in the future, as it has in the past. Because we are a small organisation, in a highly privileged position of independence, we have to choose where, when and how to intervene in the vast, complex field of health-related activities. This brings with it dilemmas and paradoxes of the kind faced by all independent foundations. We have to pick up new concerns and lay down old ones, yet not abandon people and stay with complex problems for long enough to make a worthwhile contribution – which may mean for decades, as with problems of mental handicap, mental illness and physical disability. We have always found the value of getting as close as we can to those who carry real responsibilities and do real work, whether in the health care professions, in management or indeed in families, and at the same time we need to retain objectivity and try to clarify concepts and ideas. Most of all, perhaps, we have to keep people's trust in and affection for the Fund, while being determined also to take risks and adopt unpopular causes and points of view. When we make mistakes, as we will, we hope people will remember that if the Fund ever simply plays safe, and does what is uncontroversial and non-threatening, it is likely to be well on the way to obsolescence.

FINANCE

The following pages (20 and 21) contain abridged financial statements extracted from the full accounts of the King's Fund, which are available on request. The statements show that at 31 December 1984 the total market value of the Fund's assets was £61 million (1983 £53.6 million) and the income for the year £3 003 000 (1983 £2 513 000).

In 1984 the income of the Fund reached £3 million for the first time, in part reflecting the increased level of dividends and interest received on the investment of monies arising from the sale of certain properties towards the end of 1983 and during the following year.

The net general expenditure of the Fund in 1984, before the allocation of grants, was £1 406 000 compared with £1 362 000 in 1983.

In 1984 a further sum of £75 000 was made available for the London Programme, making a total so far of £715 000 for this special project. Additionally, an amount of £250 000 had been set aside towards the development costs of an Institute of Health Policy Analysis, for which the Management Committee had agreed to provide core funding over the next 5 years. This is referred to in the Annual Report on page 17.

After allocating £1 214 000 (1983 £1 033 000) for other grants, a surplus of £78 000 for the year was transferred to General Fund.

The Treasurer gratefully acknowledges the contributions which have been made to the Fund during the past year. The Fund remains a very suitable object for charitable legacies and new sources of finance will always be welcome.

Forms for use in connection with donations and payments under deed of covenant will be found enclosed with this report.

Bankers: Bank of England
Baring Brothers & Co Limited
Midland Bank PLC

Auditors: Deloitte Haskins & Sells

Solicitors: Turner Kenneth Brown

KING EDWARD'S HOSPITAL FUND FOR LONDON

ABRIDGED STATEMENT OF ASSETS AND LIABILITIES AT 31 DECEMBER 1984

	Book Value 31 December		Valuation 31 December	
	1984	1983	1984	1983
	£	£	£	£
Capital Fund				
Investments				
Listed securities	11 253 000	9 473 000	17 953 000	14 329 000
Unlisted securities	420 000	564 000	730 000	776 000
	<u>11 673 000</u>	<u>10 037 000</u>	<u>18 683 000</u>	<u>15 105 000</u>
Net current assets (liabilities)	(206 000)	373 000	(206 000)	373 000
	<u>11 467 000</u>	<u>10 410 000</u>	<u>18 477 000</u>	<u>15 478 000</u>
 General Fund				
Investments				
Listed securities	13 750 000	9 012 000	20 160 000	14 395 000
Unlisted securities	245 000	441 000	342 000	482 000
Properties	4 155 000	5 261 000	17 390 000	19 605 000
King's Fund premises	2 896 000	2 936 000	4 475 000	4 130 000
	<u>21 046 000</u>	<u>17 650 000</u>	<u>42 367 000</u>	<u>38 612 000</u>
Net current assets (liabilities)	150 000	(497 000)	150 000	(497 000)
	<u>21 196 000</u>	<u>17 153 000</u>	<u>42 517 000</u>	<u>38 115 000</u>
 Special Funds				
Investments				
Listed securities	23 000	23 000	16 000	15 000
	<u>23 000</u>	<u>23 000</u>	<u>16 000</u>	<u>15 000</u>
Net Assets	<u>£32 686 000</u>	<u>£27 586 000</u>	<u>£61 010 000</u>	<u>£53 608 000</u>

ABRIDGED INCOME AND EXPENDITURE ACCOUNT YEAR ENDED 31 DECEMBER 1984

		1984		1983	
	£	£	£	£	£
Income					
Securities		1 906 000		1 569 000	
Properties		1 075 000	2 981 000	928 000	2 497 000
Donations		14 000		10 000	
Legacies allocated to income		8 000	22 000	6 000	16 000
			£3 003 000		£2 513 000
Expenditure					
Grants allocated		1 214 000		1 033 000	
<i>Less grants lapsed</i>		20 000	1 194 000	18 000	1 015 000
London Programme			75 000		50 000
Institute of Health Policy Analysis			250 000		—
			1 519 000		1 065 000
King's Fund Centre		928 000		878 000	
<i>Less contribution from DHSS</i>	325 000				
<i>from Thames RHAs</i>	96 000				
<i>conference fees, etc</i>	109 000	530 000	398 000	492 000	386 000
King's Fund College		1 144 000		936 000	
<i>Less course and consultancy fees</i>	700 000				
<i>service charges, etc</i>	19 000	719 000	425 000	522 000	414 000
Publications		21 000		28 000	
<i>Less sales</i>		26 000	(5 000)	25 000	3 000
Total grants and services			2 337 000		1 868 000
Other expenses:					
Remuneration of staff at Head Office		253 000		243 000	
Establishment		60 000		53 000	
Pensions – Supplementary payments		59 000		116 000	
Professional fees, etc.		100 000		88 000	
King's Fund premises					
Maintenance		63 000		59 000	
Depreciation		53 000	588 000	—	559 000
Excess of Income over Expenditure for the year transferred to General Fund			2 925 000 78 000		2 427 000 86 000
			£3 003 000		£2 513 000

CONTRIBUTORS IN 1984

Her Majesty The Queen
Her Majesty Queen Elizabeth The Queen Mother
Gloucester Charitable Trust

Hon Hugh Astor JP

Barclays Bank PLC
Baring Foundation Ltd

A H Chester
N Clutton
Coutts & Co

Miss V Dodson
K Drobig

Miss W Edwards
Equity & Law Charitable Trust

Trustees of the Lady Hamilton Educational Trust
Lord Hayter KCVO CBE
Miss V Howells

Mrs G Inchbald

Jensen & Son
Jersey Society for Mentally Handicapped Children

R Klein

R G Lane
Lloyds Bank PLC

R J Maxwell
Merchant Taylors
Metropolitan Bonded Warehouses Ltd
Midland Bank PLC
Morgan Grenfell & Co Ltd

National Westminster Bank PLC

Dr G Pampiglione
P F Charitable Trust

Albert Reckitt Charitable Trust
Sir T B Robson

O N Senior
Mrs R M Simon
Sussman Charitable Trust

The Wernher Charitable Trust
Williams and Glyn's Bank PLC

LEGACIES RECEIVED IN 1984 (£113 104)

Miss I Mackenzie Cameron
Mrs C C Cross Will Trust
W Cross Will Trust
Sir J R Ellerman Bt Will Trust
Paul Cremieu-Javal
G E Pearson
C W Puryer
G W H Richmond
Mrs A M Vaughan
A B Warboys

GRANTS MADE IN 1984

£

MANAGEMENT COMMITTEE

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

Action on Alcohol Abuse

towards support of this group 25 000

Action on Smoking and Health

towards cost of a microcomputer 7 417

Action for the Victims of Medical Accidents

towards cost of an assistant to the Director 15 000

Aslib

for a study of the King's Fund Centre library 3 500

Assessment of Quality in Care

allocation for the first year of this new King's Fund project 50 000

Association to Combat Huntington's Chorea

to help fund an education and advice service 6 000

Department of Nursing Studies, Chelsea College

to help furnish a seminar room 6 500

Development of a standard for alternating pressure mattresses

towards the cost of developing a new manufacturers' standard 2 500

East Sussex Consultancy and Training Agency (ESCATA)

to make a videotape on the client's perspective in mental health services 7 000

Educational bursaries

to assist nurses and others to take further educational qualifications 20 658

English National Board for Nursing, Midwifery and Health Visiting

to support workshops for directors of nurse education 5 000

History of the King's Fund

towards the cost of research 12 500

Hospital Caterers' Association

to commission a review of NHS catering 5 000

Impact of health promotion strategies

to sponsor (with the Health Education Council) an interdisciplinary study visit to North America 8 000

Institute of Family Therapy

to provide training bursaries 5 000

International Seminar for Administrators

towards preparatory costs for a King's Fund seminar on strategic management, to be held in 1985 3 250

International Seminar for Nurses

to sponsor (with the Royal College of Nursing) a seminar on nursing leadership 5 000

Mencap Homes – Foulkes House

to fund an evaluation, using the PASS evaluation method 1 000

Medical Architecture Research Unit

towards support for this group 5 000

Murals for Hospitals

to continue to provide grants for arts projects in London hospitals 10 000

National Association for Deaf-Blind and Rubella Handicapped

towards the cost of a home teaching service 10 000

National Council for Voluntary Organisations

to promote more effective support for self-help groups 10 000

£

	£
Nursing Policies Study Unit, Warwick University	
to provide initial funding for this new unit	40 625
Nursing Research Fellowship at Northwick Park Hospital	
to fund a training fellowship in research	10 000
Open University	
to provide bursaries for NHS personnel on selected courses	2 300
Prevention and Health: Ten years on	
to sponsor (with the Health Education Council and the London School of Hygiene) a review of national policy	15 000
Publications Panel	
for preparation of a book on visual arts in hospitals	5 000
to provide small grants for external publications	5 000
Royal Institute of Public Administration	
towards the cost of a health studies officer	11 250
Royal Society of Arts	
for a research and development grant for medical equipment design	4 000
Standing Committee on Sexually Abused Children	
towards support for this group in South London	10 000
The Health Services	
to test the feasibility of continuing this publication as a subscription newsletter	3 500
Travelling Fellowships	
to enable registrars, senior registrars and young consultants based in London to gain experience in overseas centres	20 000
	<hr/> £350 000

	£
Institute of Health Policy Analysis	
to establish this new unit	250 000
	<hr/> £600 000
AUXILIARY HOSPITALS COMMITTEE	
Gives financial assistance and advice to hospitals and homes in or serving the Greater London area but outside the NHS.	
Association of Independent Hospitals	
towards conference on convalescence	350
Bell Memorial Home, Lancing	
towards fire precautions	3 500
British Red Cross Society (London Branch)	
towards training equipment	6 000
Catherine House, St Leonards-on-Sea	
towards new service lift at this convalescent home	3 500
City Roads (Crisis Intervention) Ltd	
towards a mother and baby unit at this short-stay facility for young drug abusers	39 318
Dedisham School for Autistic Children, Slinfold	
towards conversion works	10 000
Dominican Convalescent Home, Kelvedon	
towards fire precautions	4 500
Hamilton Lodge, Great Bromley	
towards fire alarm and nurse call systems in geriatric wing	3 430
Haringey Greek Cypriot Women's Health Group	
towards furnishing and refurbishing new accommodation	3 579

	£		£
Havens Guild, N3		St Elizabeth's School, Much Hadham	
towards upgrading kitchen at this home for elderly, physically handicapped people	9 000	towards provision of new toilet block at this special school for children with epilepsy	10 000
Homefield, Bickley		St Joseph's Hospital, W4	
towards installation of fire escape at this nursing home for the elderly	5 000	towards laundry equipment and/or double glazing	2 500
House of St Barnabas-in-Soho		St Luke's Hospital for the Clergy, W1	
towards carpeting	1 500	towards roof repairs	5 000
John Grooms Association for the Disabled		South West Essex Cheshire Home, Chigwell	
towards new boiler and alterations to boiler house at HOPE project, Cheshunt	5 000	to provide physiotherapy room	3 500
KIDS		SPECTRUM, Hampstead	
towards computer to help in planning teaching programmes	2 000	to fund, for two years, a coordinator for a project linking volunteer health students to families or individuals with special needs	20 000
Lambeth Sickle Cell Information Centre		Thamesmead Day Centre	
to fund a media resources officer post for one year and buy materials	14 000	towards salary of a coordinator for community for psychiatrically disturbed people (final instalment of grant of £22 500 paid over three years)	7 500
Lulworth Court, Westcliff-on-Sea		Theatre Girls Club	
towards building works at this holiday home for severely physically handicapped people	12 000	towards furniture and equipment for renovated hostel for women	2 000
MIND in Ealing		Turning Point	
towards furnishings and equipment for The Ivy Club	900	towards replacement minibus for Suffolk House, a home for the rehabilitation of drug addicts	6 000
National Council for One Parent Families		West London Mission	
to buy a printing machine	6 300	towards equipment for West London Day Centre for single homeless people	2 000
Nazareth House, Southend-on-Sea		Westminster Association for Mental Health	
towards conversion works at this home for the elderly	10 000	as supplementary grant towards establishment of mental health resource centre	25 000
North London Hospice Group		Westminster Under Fives' Working Party	
towards office equipment for headquarters of home care service	1 400	towards publication of self-help booklet for parents of young children in Westminster	600
Partially Sighted Society			£229 440
towards funding three-year development worker post for Greater London	4 063		

EDUCATION COMMITTEE	£				£
Overseas travel					
study tour to North America		22 816			
Director to North America		1 357			
European Association in Health Service Studies		3 000			
		<u>£27 173</u>			
HOSPITAL GRANTS COMMITTEE					
Gives grants to improve conditions for patients and staff in NHS hospitals and to support innovative developments there and in community-based statutory services in Greater London.					
Barking, Havering and Brentwood Health Authority					
HIGH WOOD HOSPITAL					
to provide day care facilities for geriatric patients		25 000			
LITTLE HIGH WOOD HOSPITAL					
to help upgrade occupational therapy department		25 000			
Barnet Social Services Department					
to provide equipment for investigation into therapeutic value of computers in health care of people with physical handicaps		6 648			
Camberwell Health Authority					
to fund a home assessment officer post as a two-year pilot scheme		17 500			
City and Hackney Health Authority					
HACKNEY HOSPITAL					
for interior design work in upgraded accommodation for elderly patients		2 000			
ST BARTHOLOMEW'S HOSPITAL					
to enable experimental admissions ward project to be written up		750			
ST MARK'S HOSPITAL					
towards improvements to nurses' home		20 000			
Dulwich Kidney Patients' Association					
as supplementary grant towards new kidney unit at Dulwich Hospital		7 726			
Hammersmith Special Health Authority					
HAMMERSMITH HOSPITAL					
towards improvements to kitchen facilities in nurses' home				10 000	
Hampstead Health Authority					
ROYAL FREE HOSPITAL					
for minor structural alterations in the department of child psychiatry				2 400	
Islington Health Authority					
WHITTINGTON HOSPITAL					
towards upgrading south wing of nurses' home				50 000	
Merton and Sutton Health Authority					
ST HELIER HOSPITAL					
towards equipment for Postgraduate Medical Centre				5 000	
National Heart and Chest Hospitals					
BROMPTON HOSPITAL					
towards conversion of premises for a scanner				10 000	
Paddington and North Kensington Health Authority					
ST MARY'S HOSPITAL					
towards providing, within the bioengineering services department, a unit for special services to disabled people				5 504	
to upgrade a labour ward on the Aleck Bourne Unit				7 000	
				<u>£194 528</u>	
HOSPITAL GRANTS AND AUXILIARY HOSPITALS JOINT COMMITTEE					
Bloomsbury Health Authority					
towards setting up COMPASS project (Community Psychiatric Action and Support Service)				45 079	
Brixton Circle Projects					
to provide furniture and equipment for new centre for people with mental health problems				5 321	

	£
Chest, Heart and Stroke Association to help establish a volunteer stroke scheme in Paddington	6 000
Coronary Prevention Group to help fund a projects/information officer for London	15 000
Dulwich Kidney Patients' Association towards new kidney unit at Dulwich Hospital	50 000
Guideposts Trust to help set up a group home for patients discharged from psychiatric hospital	6 973
Handicapped Children in Hackney towards conversion works at Huddleston Centre	5 000
Migrants Resource Centre Health Project towards funding, for one year, a coordinator/education worker	10 000
Phobic Action to provided car for use by volunteers organiser of self-help group	6 000
Project for the Mentally Handicapped, Southwark to establish an experimental model of health care for people who, in addition to their mental handicaps, have serious mental or other health problems	13 032
RADAR to establish a bank of communication aids at Charing Cross Hospital	12 000
St Mungo Housing for a preventive medicine unit at Torquay House for single homeless men	43 500
St Vincent's Orthopaedic Hospital towards alterations to orthopaedic ward	10 000
Soho Housing Association Ltd towards health care facilities in new Family Centre in Soho	10 000

	£
Southwark Mental Handicap Consortium towards funding, for three years, two development workers and an administrator	25 000
Springboard Housing Association Ltd towards furniture for Caplin House, a hostel for single homeless men recently discharged from hospital	7 657
Steel an' Skin towards concerts in psychiatric hospitals serving London	4 000
Expenses of Workshop on Rehabilitation	1 470
	£276 032

KING'S FUND CENTRE COMMITTEE

Makes small grants for work which is relevant to the activities of the King's Fund Centre.

Attitudes of Bengali women to pregnancy, labour and infant rearing, Susan Vincent towards a study of local attitudes aimed at the better provision of English classes in North Islington	200
British Association for Counselling towards the production of a training directory	500
Caesarean support group, Mrs L Hallett towards printing and mailing costs of this newly formed patient's association	100
'Cultural Perspectives in Women' to Dr S Fernando towards the provision of this conference	200
Ealing MIND towards the production of a report in connection with the GPMH project	440
Future employment issues, Management College, Henley towards research workshops and the participation of 56 district health authorities	1 000

Grouplinks	£	Patient information service	£
towards operation expenses of a self-help support group for people suffering from withdrawal from psychotropic drugs	300	towards the costs of evaluating this project	500
towards the setting up of a self-help support group for menopausal woman suffering from mental stress	450	'People First'	
Health education against smoking by student nurses		towards the attendance of a CMH representative at this international self-advocacy conference	500
towards the preparation of the report of this investigation	75	Planning for the elderly, Manchester North CHC	
'Living with Dying', Mrs M Fisher		towards research to examine ways of improving services for the elderly in a deprived urban area	300
to enable the Matron of St Catherine's Hospice, Crawley, to attend this conference	60	'Practical Diabetes'	
London Borough of Lewisham		provision of prize money for literary competition	350
towards the costs of a study tour in Copenhagen for eight disabled teenagers	200	Provision of aids and adaptations, Ursula Keeble	
London Hospital Stroke Club		preparation of manuscript	200
towards the cost of equipment and furnishings	50	Renal dialysis and transplantation in France, Dr P West (Bloomsbury HA)	
'Meeting the Needs of Families with Deaf Members'		towards the publication of a report on this subject	150
towards the attendance costs of a clinical psychologist from the Royal National Throat, Nose and Ear Hospital at this US seminar	300	Research and Theory in Mental Retardation	
Microcomputer-based psychiatric case register		towards attendance costs of Dr B Remington at US conference	200
towards development	250	Role of the community hospital	
Neonatal Unit Survey		towards this research project carried out at Townlands Hospital, Henley	750
funding of shortfall to meet the costs of circulating the survey report	300	St Christopher's Hospice	
North East Thames - disease prevention project		towards social workers' counselling conference	200
towards mailing costs	400	St Thomas' Hospital	
Ormiston Road Centre, Greenwich MIND		towards production and distribution of a booklet on hysterectomy and vaginal repair	400
to help meet costs of advertising the post of a research worker into the mental health needs of Asian women in Greenwich	200	Study of health needs of Kent's travelling population	
		towards this pilot project	500

	£
Training course on stress encountered by health professionals, Hammersmith and Fulham HA	
towards the provision of this in-service training course	400
Twins Clubs Association	
Towards production costs of report of conference 'Register of Hospitals with Special Facilities for Babies'	500
	<u>£9 975</u>

LONDON PROJECT EXECUTIVE COMMITTEE

Makes grants for projects designed to improve the quality of care in London.

	£
Amount not previously allocated (at 31.12.83)	159 701
1984 allocation	<u>75 000</u>
	<u>234 701</u>

Barnet Home Tutor Scheme
to part-fund a project to encourage women whose first language is not English to use antenatal services

	2 000
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Brent Health Authority/ Mrs H Sachs
to study the role of health visitor in the Chalkhill Neighbourhood Project

	28 150
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Haringey Health Authority
to employ a development worker to improve services to ethnic minority groups

	54 600
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Policy Studies Institute
to investigate the reception and impact of the Acheson report

	26 240
--	--------

Polytechnic of the South Bank
to compile a booklet on effective FPCs

	9 255
--	-------

	£
Dr John Robson	
to buy computer equipment for a trial of anticipatory care in an inner city general practice	8 685
South East London Consortium	
to part-fund a health worker	16 324
Salaries and other expenses	33 468
Amount not allocated	55 979
	<u>234 701</u>

PROJECT COMMITTEE

Grants money for the development of new ideas and practices in health management. The *italic* figure in brackets is the total allocation.

Avery Hill College

	£
for a retrospective study of people with spinal cord injuries (<i>£19 389</i>)	16 334

Cambridge University, School of Clinical Medicine
to investigate GPs' retirement intentions and factors affecting these

	6 556
--	-------

City and Hackney Health Authority, Community Health Services
to study factors correlated to referral for speech therapy of children aged 2½ in Hackney

	7 500
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Disabled Living Foundation
to develop a specific training resource for community nurses

	3 280
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Islington District Health Authority
to assess patients for day-care surgery (*£3 874*)

	1 874
--	-------

The London Hospital, Department of Speech Therapy
to assess the language development in children of Bengali speaking parents (*£21 889*)

	7 000
--	-------

	£		£
The London Hospital Medical College		University of Oxford, Centre for Criminological Research	
for a longitudinal study of patients with cancer pain at home (£11 850)	6 100	to review the provision of secure care and detention for seriously mentally disordered people (£18 075)	478
MIND (The National Association for Mental Health)		University of Surrey, Department of Educational Studies	
for a research project on the prevention of mental illness	7 068	to research into preparation, implementation and evaluation of a course for ward sisters	1 839
National Association of Health Authorities in England and Wales		University of York, Institute for Research in the Social Sciences	
to draw up guidelines of procedures to be followed when staff make complaints on behalf of patients	16 060	research into the economic aspects of orthopaedic services (£33 022)	16 790
Oldham Social Services Department			£127 216
to review research carried out by third parties in local authority social services departments	8 500	Total of grants made in 1984	£1 539 364
Polytechnic of the South Bank, Department of Social Sciences			
to undertake an exploratory study of discharged long-stay psychiatric patients	5 048		
Mr David Tuckett			
for a retrospective study of sharing understanding in medical consultation	4 730		
University of Bath, Centre for the Analysis of Social Policy			
to produce data on private nursing homes (£36 749)	7 948		
University of Bristol, School of Advanced Urban Studies			
to examine the role of DHA members (£19 886)	10 111		

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