



King's Fund

11-13 Cavendish Square
London W1G 0AN

INFORMATION LINE: 020 7307 2568
SWITCHBOARD: 020 7307 2400
PUBLICATIONS: 020 7307 2591

www.kingsfund.org.uk

The King's Fund is an independent charitable foundation working for better health, especially in London. We carry out research, policy analysis and development activities, working on our own, in partnerships, and through grants. We are a major resource to people working in health, offering leadership and education courses; seminars and workshops; publications; information and library services and conference and meeting facilities.

Registered charity: 207401

Ideas into action

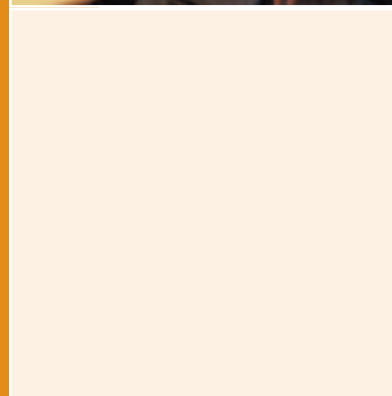
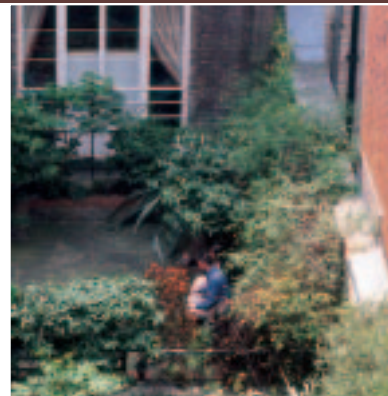
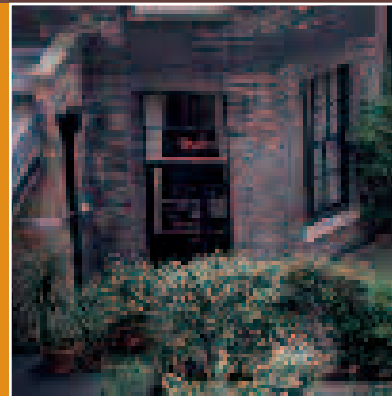
King's Fund

ANNUAL REVIEW 2003/04

Overview

In 2003/04, we:

- **invited** nearly 2,000 policy-makers, thinkers and practitioners to our programme of breakfast debates
- **helped** 1,500 people develop personally and professionally through our leadership programmes
- **invested** £2.2 million in grants for projects to improve health and health care in London and beyond
- **welcomed** 60,000 people to some 4,000 events hosted at our building in central London
- **answered** 10,000 inquiries about health and social care issues from organisations and individuals
- **published** 12 policy reports and more than 90 articles in newspapers, journals and magazines
- **offered** information, resources and free publications to 65,000 people visiting www.kingsfund.org.uk



The King's Fund's Prevention rather than Cure discussion paper is a major contribution to the current debate on public health and I'm very happy to welcome it. The work programme it launches is addressing crucial issues that I raised in my two reviews on NHS spending for the Treasury.

Derek Wanless, Former Chief Executive, NatWest Bank

It was a privilege to take part in an executive development programme at the King's Fund – the quality of design and delivery was exceptional. The impact and learning for me, both personally and professionally, have been significant. It left me better able to do my job and better able to survive in it.

Nancy Hallett, Chief Executive, Homerton Hospital

The funding and support I received from King's Fund enabled me to reach out to people I knew needed help in my community. London is full of voluntary organisations with impressive ideas, energy and contacts. Together, we can do great things to improve health and health care in the capital.

Daisy Byaruhanga, Director, Innovative Vision Organisation

There's a wealth of services to use at the King's Fund – excellent meeting and catering facilities, a café on the ground floor for informal meetings, a top-class library with really knowledgeable staff, plus access to their full range of publications – and all within walking distance of Oxford Circus.

John Buckeridge, Training and Development Officer, Lewisham Council

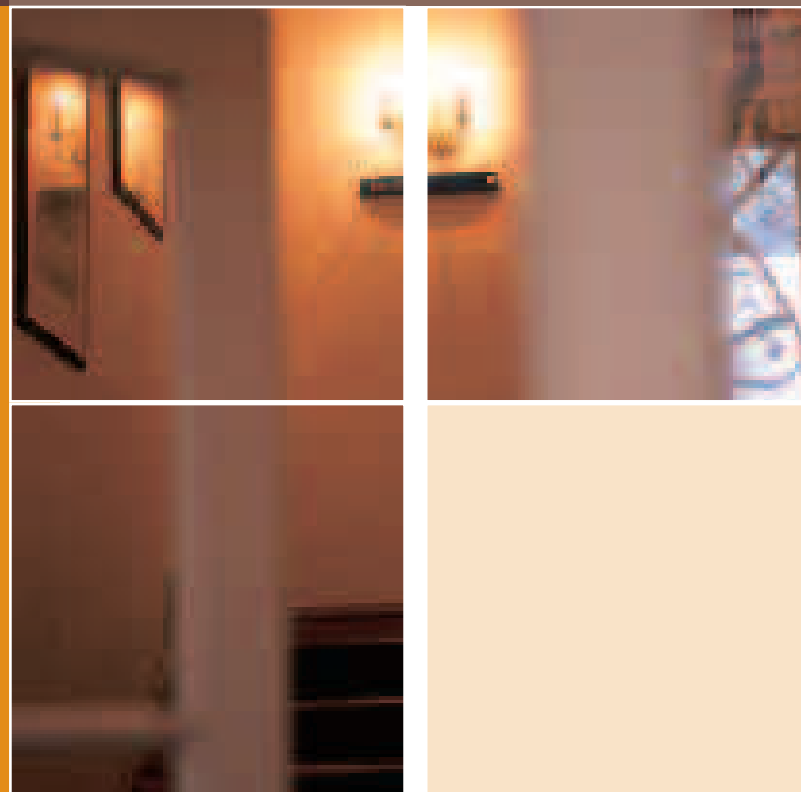
Contents

Overview	1 – 3
Shaping informed policy	4 – 7
Developing effective people and services	8 – 13
Managing our finances	14 – 15
Offering essential resources	16 – 19
Listings	20

Overview

The King's Fund, an independent charitable foundation with a mission to improve health, started over a century ago as an organisation supporting hospital care for poorer Londoners. Today, we continue to tackle health inequalities and work for better health and health care, in London and beyond. Our goals are to:

- **shape informed policy** through research, analysis and debate
- **develop effective people and services** by building skills, capacity and leadership
- **offer essential resources** to people working in health and social care.



Chairman's Review

Ideas into Action, our annual review for 2003/04, records another year of significant achievement for the King's Fund. Although we had to reduce our spending, we did so with minimal disruption to our work. This is very much to the credit of staff.

We maintained our position as an influential commentator on health and health service issues. Our Shaping the New NHS programme anticipated widespread interest in the potential for market forces, choice and devolution to play a more central role in developing health services. We provided an independent analysis of opportunities and threats that fed directly into the Government's 2003 Health and Social Care Bill. We continue to influence debates about foundation trusts, NHS governance and the role of patient choice.

We completed major studies into London's mental health care and NHS workforce, working in partnership with NHS managers, clinicians and policy-makers across the capital to identify issues and model practical ways ahead. With support from NHS Estates, we launched the national roll-out of our pioneering Enhancing the Healing Environment programme, which has made remarkable improvements to areas such as wards, corridors and gardens in 43 London hospitals, through medium-scale projects designed and managed by nurse-led teams.

Thousands of individuals and organisations working to improve health and social care made use of our facilities and services. We offered practical support to NHS and community leaders through our development programmes and grants, while increasing access to our information and library service, conference facilities and other resources.

I pay tribute to the contribution made by Rabbi Dame Julia Neuberger, who left the King's Fund at the end of 2003 after six successful years as our chief executive. I too am moving on in 2004 as my period of office as chairman comes to an end.

It has been a privilege and an honour to help lead the King's Fund through changing times. There will undoubtedly be more change to come, but I am confident that it will go from strength to strength under the new leadership of Chief Executive Niall Dickson and Chairman Professor Sir Cyril Chantler.

Sir Graham Hart
Chairman, the Management Committee



Chief Executive's Report

In an ever-changing world, our independence and expertise remain at the heart of all we do. In working to secure better health and health care for all, these qualities enable us to play a special role in shaping policy, developing effective practice, and supporting individuals and organisations.

We continue to exercise influence at all levels – from national policy-makers, to those working alongside some of London's most disadvantaged communities. Our strength lies in breadth.

Sometimes this wide range of activities can make it seem hard to sum up what we do. But it is simple. We develop ideas, people and organisations. Our task for the future is to bring some of these strands closer together – so that our 'thinking' and our 'doing' activities have greater influence on each other.

For example, we are at the forefront of new ideas that are shaping the management of chronic disease. But, in partnership with NHS organisations in London, we are also putting these ideas into action, testing out new ways of working that should mean more independent lives for patients and fewer hospital admissions.

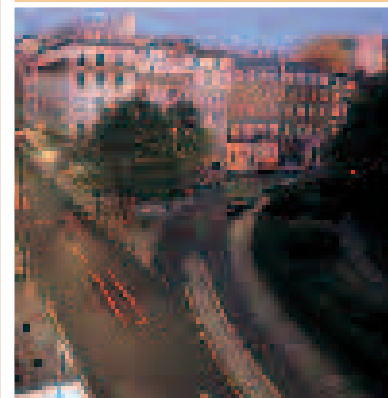
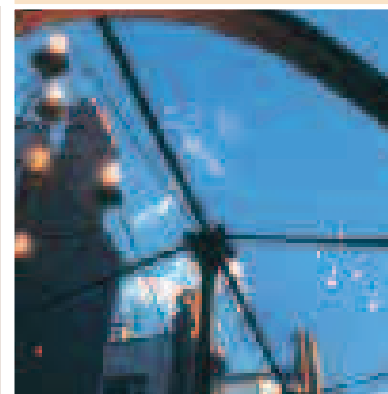
Wherever we can, we seek to help break new ground. We have been supporting the Prince of Wales's Foundation for Integrated Health in its efforts to build a more integrated health care system that recognises the value of complementary and conventional traditions alike. That work looks set to bring about statutory regulation for those practising acupuncture, herbal remedies and traditional Chinese medicine.

We are also taking forward a new inquiry into the quality and appropriateness of care services for older Londoners with long-term illness or disability. A great deal of public attention is focused on NHS performance, but the health and wellbeing of older people remains a major challenge and we shall continue to work to bring about real improvements in this area.

In common with many other endowed foundations, we have been affected by the vagaries of stock markets. However, we have adapted well in a tight financial climate. We are determined to ensure we make the best possible use of our charitable funds, not least by widening access to our knowledge and services.

These are exciting times. In the run-up to a general election, all the signs are that the political parties are open to discussing new ways of trying to improve the health of the nation and deliver effective services. I believe we are well positioned to play a vital role in that debate.

Niall Dickson
Chief Executive



Shaping informed policy



With the NHS still firmly in the political spotlight, we continued to work at the forefront of policy development. We responded to topical issues including the advent of foundation hospitals and a growing awareness of the challenges posed by long-term illness.



Our independence – and our ability to test out ideas through action on the ground – enabled us to act as a source of practical expertise, identifying solutions as well as problems. We took forward research into areas such as the role of patient choice in driving up NHS standards, and published a comparative study into more effective ways of managing long-term illness, following this up with pilot projects in the capital.

We seek to stimulate new thinking and approaches in relation to old problems. The period saw mounting concern about avoidable health risks – most notably, obesity – and the launch of a widespread government consultation on public health. Our programme Putting Health First is working with a wide range of partners to develop new mechanisms and levers that ensure individuals, communities, government and health organisations, and public and private institutions can all play a role in improving population health.

The future of the NHS

The year saw unprecedented increases in funding for the NHS, but continuing debates about where decision-making power should lie, and how effectively the money was being spent.

We welcomed the new concept of foundation hospitals when the first ten came into being on 1 April 2004, but expressed concern about evaluation plans. The financial and governance freedoms that foundation status bring are an opportunity for more innovation, accountability and local responsiveness. But rigorous evaluation is needed to ensure they realise their potential. Unintended, detrimental impacts remain a concern, despite the Government's promises of a review by autumn 2005.

We prompted widespread debate with our proposals for greater devolution. A wide range of public services are now either funded, delivered or regulated through agencies working at arm's length from government. Our October 2003 discussion paper *Government and the NHS: Time for a New Relationship?*

argues the case for a newly constituted NHS, set free of inappropriate political interference, and able to get on with the job of delivering care within a broad, agreed policy framework.

We probed the value of market disciplines as a lever to create a more responsive NHS. Published in May 2003, *Can Market Forces be used for Good?* highlights the tensions between highly centralised management of the NHS and a market-led approach. It asks whether market forces can respond effectively to complex challenges such as managing chronic conditions, and argues the need to combine the best of market disciplines with planned provision.

Our June 2003 discussion paper *What is the Real Cost of More Patient Choice?* took the debate further. It shows that while Government initiatives such as the London Patient Choice project are helping drive down waiting times, greater choice must be balanced carefully against a key NHS objective – equal access to health care for equal needs.

Targets are clearly an important management tool, but can be a blunt

instrument for managing complex human services. In July 2003, we expressed concerns about the former Commission for Health Improvement's hospitals star ratings system, arguing that a 'blanket' categorisation system has limited practical use for patients and staff, and fails to give an adequate picture of particular services. In February 2004, the Government announced that star ratings would be replaced by new core standards, capable of more flexible local interpretation.

The NHS is a robust, popular and much-loved creation that is vigorous, durable and more necessary for people today than ever before. We must work to drive up performance for all patients, as many others, including the King's Fund, have made clear.

Rt Hon Dr Jack Cunningham
MP

Shaping informed policy

Putting health first

Better living standards and medical breakthroughs have led many people in the UK to expect ever longer, healthier lives. But lifestyle changes, whether triggered by social, economic or environmental factors, are bringing new kinds of health risks.

Levels of obesity, diabetes and sexually transmitted disease are up, and drug and alcohol misuse among young people is growing, with disadvantaged groups most at risk. Failure to address avoidable ill health will put huge pressures on the future NHS while deepening health inequalities. Yet until recently, health – as distinct from health care – has been a second-order issue for most policy-makers and professionals.

But things are changing. In February 2004, Derek Wanless's second report for the Treasury on future health spending warned that the huge sums invested in the NHS will be wasted if resources have to be poured into tackling high levels of preventable illness in the future. In the same month, the Department of Health launched a widespread consultation on public health issues.

Our March 2004 discussion paper *Prevention rather than Cure: Making the case for choosing health* argues that the time is right for a radical shift

We need to develop a vision of a future in which people actively engage with their own health as 'co-producers' – especially those who are most disadvantaged – within a widely owned and understood framework for health development and improvement.

Dame Yve Buckland
Chair, Health Development Agency

towards a new health 'system' geared towards keeping people healthy – not just treating them when they are unwell. We already know a great deal about the extent and causes of ill health. The real challenge is to turn ideas into action. Individuals, community organisations, national and local government, as well as public and private institutions, all have a role to play.

Our Putting Health First programme, set to run until 2005, will explore these themes. It will commission new work aimed at changing the climate of opinion, developing local health organisations that actively promote health, and building stronger incentives for NHS staff to focus on preventing illness. We will continue our work to help NHS trusts implement sustainable policies in areas such as on food procurement, local employment and new buildings.

We have commissioned a major new survey of public attitudes to health, and are helping develop a standards framework for local advocates working as a bridge between health professionals and some of London's disadvantaged black and minority ethnic communities. We are also supporting the London Health Commission's initiatives to integrate employment into wider health strategies in the capital.

Managing chronic conditions

Sixty per cent of adults in England are now living with some kind of chronic health problem – such as asthma, diabetes, hypertension or heart failure. These kinds of long-term health difficulties cannot be cured, and many are progressive.

The impacts are far reaching – for individuals, families and friends. Patients must come to terms with

The King's Fund's expertise in helping us analyse data about managing patients with chronic diseases at primary care level in West London, and their advice on strategies about how we might make improvements for the future, have been invaluable.

Lise Llewellyn
Chief Executive, Brent Primary
Care Trust

their situation socially and emotionally, while clinicians must work with them to control complex, often multiple symptoms, and help them achieve the best quality of life possible. As the population ages, growing numbers of patients will face these challenges. Quite apart from the price paid by those affected, managing chronic conditions incurs significant costs to the NHS.

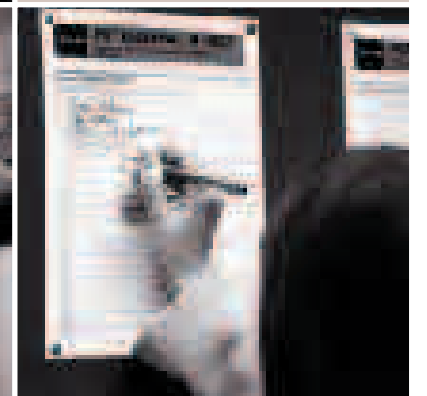
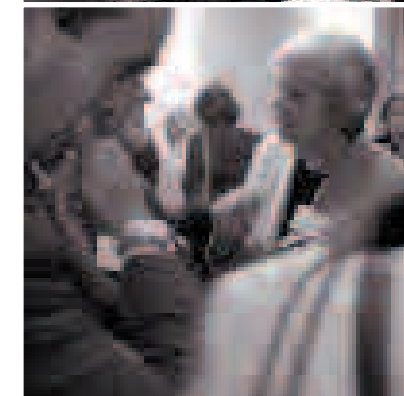
Until recently, Government policies and targets have focused heavily on hospital care and issues such as tackling waiting lists. Published in January 2004, *Managing Chronic Disease: What can we learn from the US experience?* seeks to stimulate wider thinking. It asks how the NHS can help patients and health care professionals to manage chronic conditions more effectively in the community, and reduce the need for preventable and expensive hospital treatment.

The report offers an in-depth study of five high-performing health organisations in the US, all successfully commissioning and managing care for patients with chronic disease, but making far less use of hospital services than the NHS. It argues that their approach, while rooted in a very different context, can offer the NHS valuable lessons about how to encourage clinicians and managers actively to target and treat patients most at risk of future ill-health.

We are now working with several primary care trusts across London to pilot practical ways forward. These include analysing hospital data, testing new ways of managing risks and care, and developing new links between primary care, social and other services to manage individual cases. In March 2004, the Government launched a pilot programme to improve chronic disease case management in all 28 strategic health authorities.

On a wider front, we are working to establish a clearer picture of the cost of managing chronic disease. We have also formed a coalition with other organisations interested in helping build a new, co-ordinated national approach in the UK.

For full publication details and linked web downloads, see inside back cover.



Other policy highlights

Government progress In March 2004, we carried out an independent review for the BBC. This assessed Government progress against the public's top five priorities for the NHS – from free long-term care for older people to cleaner hospitals – as voted for during the 2002 BBC NHS Day. It was used as the basis for a series of films for the BBC's 2004 'Your NHS' Day, and published on our own website and that of the BBC.
Download at www.kingsfund.org.uk/free

Public attitudes In December 2003, we researched changing public attitudes to the NHS for the annual British Social Attitudes survey. *The NHS: Keeping up with public expectations?* found that, while levels of public satisfaction had declined over the last 20 years, opinions fluctuated in line with funding levels and media coverage. When people had made recent contact with the NHS, however, satisfaction levels were significantly higher, and there was steadfast support for universal provision and funding from general taxation.
Download at www.kingsfund.org.uk/free

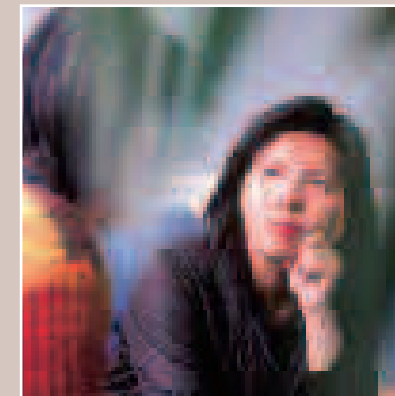
Pharmaceutical research Since its beginnings, the NHS has had close links with government and the UK pharmaceutical industry. In December 2003, our paper *Getting the Right Medicines?* argued that that this implicit partnership has skewed research towards developing profitable new medicinal drugs at the expense wider health improvement. We called for a new government task force to champion public interests and ensure that publicly funded research is focused on the creation of health, not just wealth.
Download summary at www.kingsfund.org.uk/summaries

An agenda for action In June 2003, we identified our key priorities for John Reid as newly appointed Secretary of State for Health. These included more funding for neglected areas such as mental health services and long-term care for older people, and a stronger focus on managing chronic disease. We urged him to champion the nation's health, not just health care services, and to reduce detailed performance targets to allow frontline staff more flexibility and discretion in providing care.

Developing effective people and services



Building the best possible health and social care services – and ensuring they are available to everyone – remain central to our work, in London and beyond. We launched a major review of care services for older people in the capital, and completed an 18-month inquiry examining how mental health care has changed since our earlier 1997 inquiry raised cause for concern.



We continued to reach out to those frontline workers on whose skills effective, innovative services depend. Our leadership development activities and our grants programme brought us into direct contact with the insights of health care professionals, community leaders and voluntary bodies, adding huge value to our policy and research work. Our annual review of London's health care labour market called for future recruitment and retention strategies to build on the rich diversity of the capital's workforce, from international workers to refugee doctors.

We demonstrated London's value as a test-bed where new ideas can be piloted and developed into schemes for wider adoption. In 2003, our pioneering programme to improve the look and feel of London hospitals, through design projects devised and managed by nurse-led teams, was extended to all strategic health authorities outside the capital.

Care services in London

Concern about the quality, availability and affordability of care services for the nation's growing numbers of older people with long-term illness or disability is now widespread.

The last decade has seen a sharp decline in the role of the public sector as a direct provider of care services. Commercial and voluntary organisations, both reliant on adequate funding, now supply the majority of residential and home care services.

In effect, a 'market' has developed – but is it offering older people the type of care they want and need? How can

Our inquiry will take a close look at the successes and failures of London's care market – and identify the kind of changes needed to ensure that older Londoners get the care and support they have every right to expect, now and in the future.

Julia Unwin OBE
Chair, King's Fund Care Services
Inquiry Committee, and
Senior Associate

local authorities make sure that enough services of the right quality are available? Can commercial or charitable providers, who must operate on business principles if they are to survive, be expected to drive up standards?

In 2001/02, we warned of a looming crisis in care services due to chronic under-funding, and pointed to serious staff shortages. Since then, the Government has boosted investment in social services, and encouraged the development of new services to help frail older people stay in or return to their own homes, including intensive home care services, intermediate care and very sheltered housing.

But major problems remain. Many care homes have closed. Care staff continue to be poorly paid and in short supply. In London, extremes of wealth and poverty, the high cost of land, property and labour, and a culturally diverse population all pose challenges.

In February 2004, we launched a major programme of evidence-based research into how London's local authorities, in co-operation with health and housing organisations, are working to overcome problems affecting care services for older Londoners.

Set to report in spring 2005, our inquiry will scrutinise the extent to which commissioners are influencing the supply and quality of services, and how older people and their carers experience using them. It will examine the impact of national and local government policies, funding and workforce patterns.

Above all, it will examine how older Londoners – including those from black and minority ethnic communities, and vulnerable groups such as people with dementia – are faring under the current system.

Developing health leadership

Knowledgeable and skilled leaders are needed at all levels in health. Within the NHS, staff working at clinical and senior management levels typically operate in complex, challenging environments, where strong self-awareness and understanding of others can be the key to releasing high-quality performance.

We have a long history of providing distinctive, challenging professional

Developing effective people and services

and personal development programmes for people in the NHS and beyond. Many of them forge links with us and with fellow participants that last for many years.

In 2003/04, we helped 1,500 people – mainly from the NHS, but also the public and voluntary sectors – build their personal and professional effectiveness. In all our programmes, the most important learning derives from the participants themselves – and the knowledge, perceptions and assumptions they bring to problem-solving processes and interactions with others.

Formal courses, informal networks and learning sets are all approaches we use to encourage people to reflect and develop their leadership qualities, and so contribute to lasting improvements in the managerial capacity of their organisations.

We run three kinds of programme. Many chief executives and senior leaders in the health service and wider public sector have attended our executive development courses, including our Top Manager, Senior Manager and Athena programmes.

Feedback on our wide range of courses for clinicians – including doctors, nurses and allied health professionals, working in single-discipline and mixed groups – suggests that they consistently effect long-term changes in how participants tackle challenges back in their workplaces.

Doing the Athena programme allowed me to take a step back and think about my workplace roles and context, so I could see how making some changes to both could improve patient outcomes and service delivery. I never realised how much I would learn from the other participants.

Alison Holmes
Consultant, Infectious Diseases,
Hammersmith Hospital NHS Trust

Our commissioned programmes – several of them provided for the NHS Leadership Centre – reached significant numbers of NHS chief executives, directors, chairs and non-executive directors.

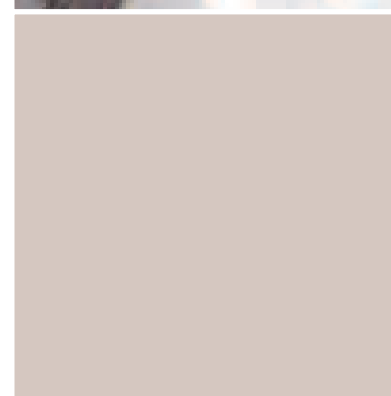
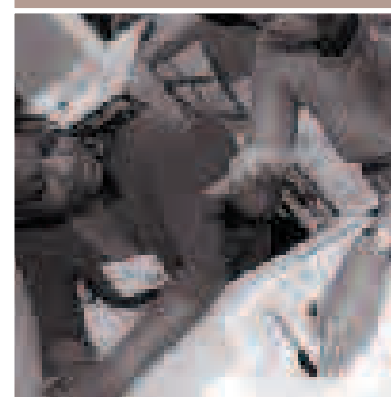
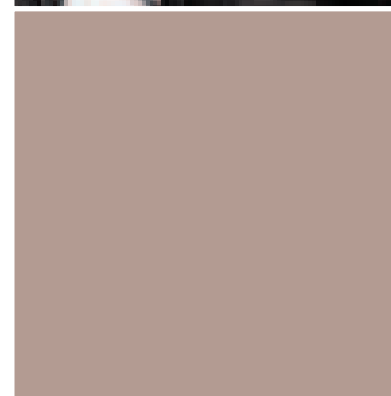
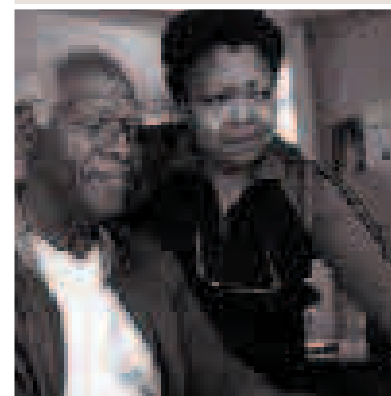
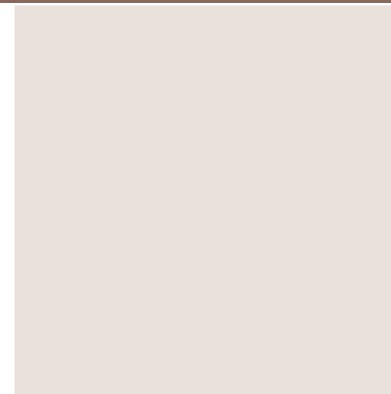
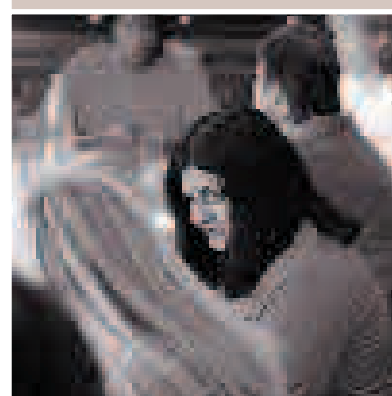
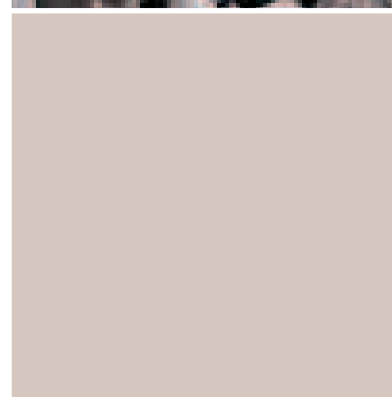
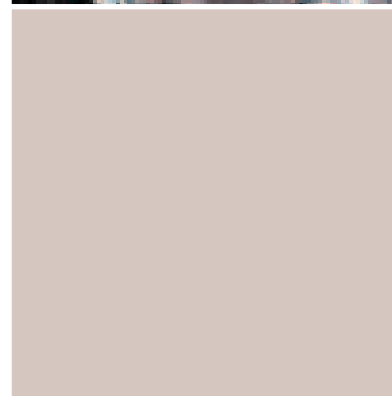
We built on seven years' successful experience of running an overseas study tour to Canada for chief executives with a further tour to South Africa. By enabling participants to work with a group of peers in a very different environment, these programmes have proved highly effective in helping them find powerful new insights into the issues they face at home.

London's mental health services

In November 2003, we published *London's State of Mind* – the findings of our major 18-month inquiry into mental health care in a big, culturally diverse city with pockets of intense deprivation. The report looked at what had changed since our 1997 inquiry reported services for Londoners with mental health problems under extreme pressure, including long delays and gaps in crisis support, and whether the Government's pledge to modernise NHS mental health services had made a difference.

We learned that many of the challenges noted earlier persist. There is evidence of progress – such as new outreach teams in all 33 London boroughs. But the capital remains reliant on admitting people with mental health problems to hospital rather than helping them stay in the community. Numbers of mental health hospital beds remain high, with compulsory admissions double those of any other NHS region in England.

Acute services are still under pressure. A growing proportion of people admitted to hospital for mental health problems also have drug or alcohol misuse problems, and there are serious staff shortages. Community services are on the increase, but progress is slow. Local mental health teams have high caseloads, and GP



With support from the King's Fund, the London acute care collaborative will help project teams improve safety and response to substance misuse by people with mental health problems using in-patient services. Working in partnership, like this means we can do far more than a single organisation can achieve alone.

Gemma Hughes
Head of Policy, London Development
Centre for Mental Health

services are patchy. Housing and job opportunities for people with mental health problems are not meeting needs.

Since 1997, expenditure on the NHS as a whole has increased by 28 per cent, but in London, spending on mental health services has increased by only half that amount. In the capital, much of the initial investment of an extra £700 million released by the Government for mental health care nationally appears to have focused on services for people with severe illness.

In 2004/05, we will develop practical solutions, including working with the London Development Centre for Mental Health to tackle challenges such as drug and alcohol abuse on acute wards, and building capacity in smaller voluntary-sector mental health organisations across London.

We will research London's wide variations in acute care admission rates and bed usage, and conduct a survey of users, to find out what they want from mental health services in the future. We will continue to work closely with pan-London groups, including the London Mental Health Promotion Group and the Mental Health Alliance.

Supporting community action for health

Over a century ago, we started as a charity supporting London's poorer hospitals. Now, our grants programme takes forward our commitment to tackling health inequalities across London – with its huge range of diverse communities and wealth of innovative organisations working for better health.

In 2003, we spent £2.2 million in grants, allocating £1.8 million to community-based projects for people living and working in the greater London area. Our aim is support effective new approaches that can be applied more widely, and act as a catalyst to long-term improvements in health and health care.

People with mental health problems are among London's most vulnerable groups. We funded national charity Rethink to help mental health service users play a more active role in developing services. We helped London-based charity Derman offer advocacy, counselling and welfare services to members of the Turkish and Kurdish communities. We funded a 'link workers' scheme developed by Revolving Doors, giving practical support to people with mental health problems in contact with the criminal justice system at police stations, courts and prisons.

Most of the migrant domestic workers we help have little idea of what health services they can access, or how – and health care staff are often unaware of their needs and rights. The King's Fund grant helped us work with both sides to improve access arrangements.

Fiona Luckhoo
Projects Co-ordinator, Kalayaan

Developing effective people and services

We aimed to strengthen Londoners' involvement in health. For example, we funded a project run by Nubian Life – a resource centre for African-Caribbean elders – to give members practical health advice and help them to get more involved with local primary care services. We funded work by Kalayaan to make sure migrant workers, especially those newly arrived in London, understand their health rights, and to help NHS staff become more aware of their needs.

We funded over 40 small London-based organisations to take forward a wide range of initiatives, including health improvement and communications activities. We completed our Millennium Awards programme, which has helped 255 individuals committed to improving the health of Londoners put their ideas into action. It has acted as a catalyst to a new professional development course for community leaders working for social change in London.

Our grants programme also helped fund work linked to our wider priorities, including a major programme to strengthen the role of health advocates – local people working as a bridge between health professionals and some of London's disadvantaged minority ethnic communities. Activities spanned developing accredited training and a standards framework – all part of our ongoing work to mainstream health advocacy as an important route to greater local involvement in health, and more equitable, responsive NHS services.

Developing London's NHS workforce

NHS staff shortages are a recognised problem, and there are many national initiatives looking at family-friendly working, career paths and pay. But London faces particular challenges, including hard-to-manage shortages among nurses and family doctors, and the highest overall vacancy and turnover levels in the country.

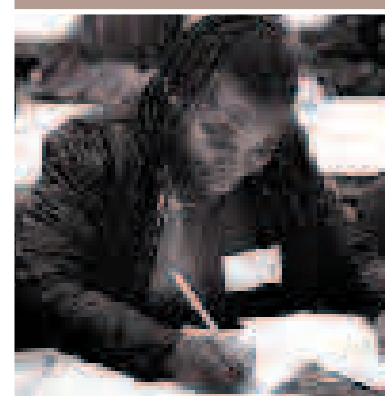
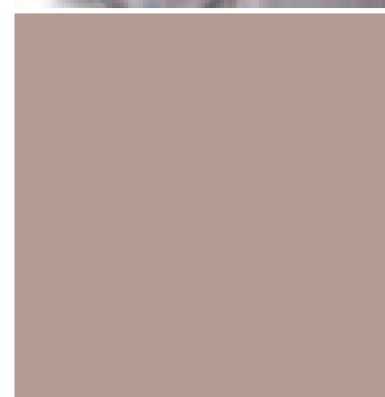
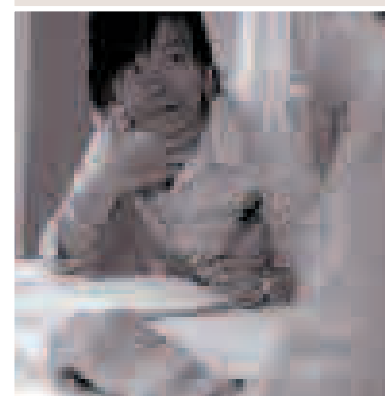
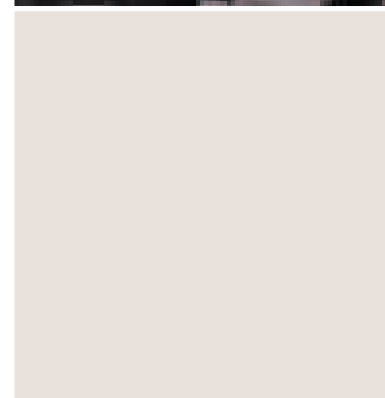
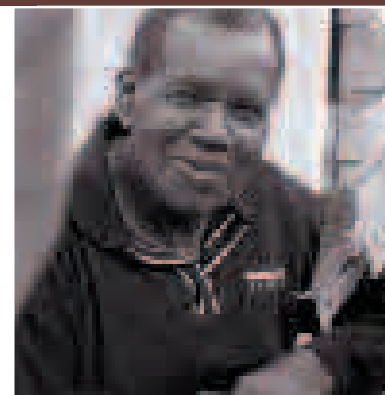
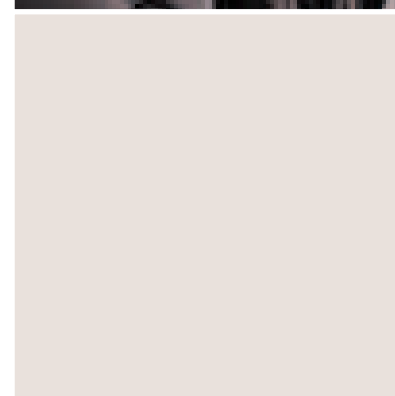
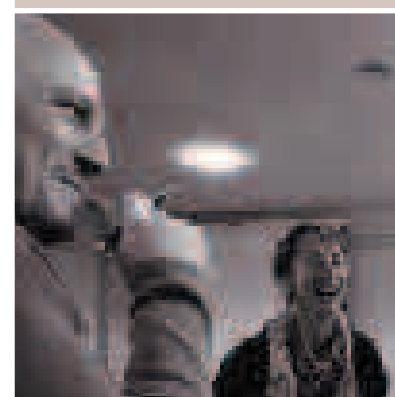
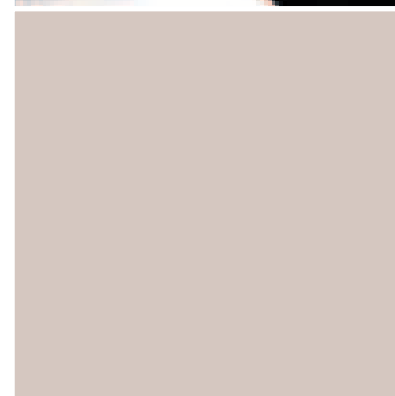
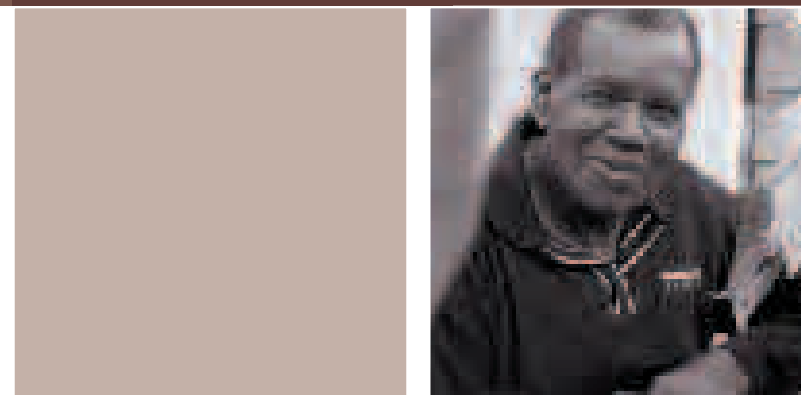
Working in partnership with the King's Fund, we want to highlight the huge opportunities that London's NHS managers and policy-makers have to improve the working lives of some 75 thousand local health care staff through sharing creative new thinking and approaches.

Matthew Batchelor
London Relations Manager,
NHS Confederation

London's health care policy-makers and managers must plan for a city where the population is set to rise by 700,000 people by 2016. They will need to retain, deploy and grow skilled, flexible staffing capable of meeting the needs of many diverse communities – and tackling major health inequalities between them.

Our July 2003 report *In Capital Health? Creative solutions to London's NHS workforce challenges* draws on inputs from health professionals, human resource managers and NHS workforce planning chiefs across London to argue the case for taking a fresh look at the dynamics of the capital's health care workforce. These include a large proportion of staff from overseas and elsewhere in the UK, a heavy reliance on temporary staff, and problems with recruiting and retaining new and experienced staff, due to the high cost of living.

The scale of the challenge facing the NHS workforce in London is huge, but so too are its resources. It has some of the best health care training and career opportunities in the world, the most ethnically diverse workforce in the UK, and a generally younger workforce. It is home to many skilled refugee health professionals, who could be targeted for refresher training and clinical attachments.



At the frontline, many creative solutions are already being developed – many of them capable of wider application. These include encouraging local applicants and students from non-traditional backgrounds to enter the health service, co-ordinated recruitment campaigns, and career structures that work with the grain of a workforce with high turnover.

In 2004/05, we will continue to work with partnerships including London's network of NHS human resource managers (SHRINE), its five workforce development confederations and its strategic health authorities. We are publishing further analysis of London's health care workforce data in autumn 2004, and taking forward a major study of work patterns among the capital's nurses and other health care workers recruited from outside the UK.

Enhancing the healing environment

The trouble with hospitals is that they are not always very hospitable. Even simple things like finding your way around on arrival, holding a private conversation, or being away from home can feel daunting, especially if you are feeling anxious or unwell.

But there is growing evidence that attractive and sensitively designed

We are delighted to help the King's Fund extend its successful Enhancing the Healing Environment programme beyond London. The national scheme will encourage wider awareness of the very real impact that improvements to health care environments can have for both patients and staff.

Jane Riley
Director of Policy and Development,
NHS Estates

hospital environments that respond to patients' perceptions and needs – as well as the practical requirements of clinicians and other workers – offer significant therapeutic benefits, as well as giving staff a workplace they can enjoy and take pride in.

In November 2003, HRH The Prince of Wales announced the national extension of our Enhancing the Healing Environment programme, with funding from NHS Estates (the agency responsible for NHS buildings), the Burdett Trust and the Gulbenkian Foundation. Run by the King's Fund, the £1 million programme will enable hospital teams across England to transform the settings in which they deliver care.

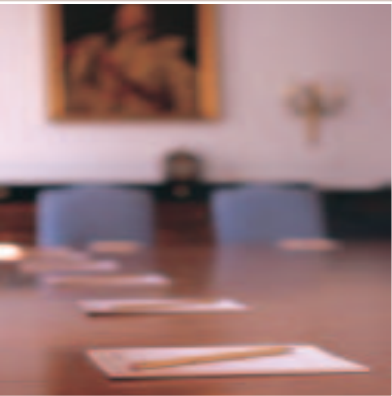
All 23 strategic health authorities outside London have now nominated one acute, mental health or primary care trust to identify a nurse-led team to take forward a design project. Each team will receive a £35,000 grant, plus support to plan and manage a project to be completed by early 2005.

The national extension builds on the success of a £2 million King's Fund programme, launched in 2001, which has produced dramatic improvements in the look and feel of 43 of London's hospitals through medium-scale design projects led by nurses. Its pioneering mix of inputs from clinical and non-clinical staff, patient involvement, and project-management training has produced impressive results, ranging from refurbished corridors, waiting areas and wards, to the creation of gardens, artworks and quiet spaces.

In April 2004, we published *Enhancing the Healing Environment: A guide for NHS trusts*, in partnership with NHS Estates. Our aim was to enable staff in hospitals and clinics beyond the programme see that it is possible and feasible to apply top-class design principles to existing buildings, even if they are old or run-down, simply by making better use of existing resources.

For full publication details and linked web downloads, see inside back cover.

Managing our finances



In 2003, we successfully worked within a reduced budget while retaining our focus on key objectives, through a combination of efficiency savings and increased earnings. We also saw a welcome increase in the value of our assets, after three years of negative stock market values.

Like most other charitable foundations, we have had to respond to stock market falls by reducing net expenditure. While markets appear to be rallying, the impact of lower returns over a period of years continues a factor. We have reduced net expenditure again for 2004, and early indications suggest we will again meet our target and deliver on an ambitious programme of policy analysis, research and development.

Ensuring that our independence is drawn from a sound financial base and never compromised are cornerstones of our corporate policy. The revised investment strategy we put in place in 2003 is beginning to yield benefits. Capital investment made in our headquarters in Cavendish Square has enabled us to encourage more people to make use of our buildings, while offering additional opportunities for generating income.

Income, expenditure and assets

1 January to 31 December 2003

Total **income** amounted to £7.6 million (£8.3 million in 2002), of which £4.9 million (£4.8 million in 2002) was generated from activities in furtherance of our charitable objects, and £2.7 million (£3.5 million in 2002) was derived from our investment portfolio. Income arising from our charitable objectives rose by £0.1 million, mainly due to increased conference and catering services for clients in the health and social care sector. Leadership development income was marginally down, in what is becoming an increasingly competitive market. Income from publications and information services fell sharply, as a result of a strategic decision to end sales of non-King's Fund titles. Investment income from securities fell by £0.8m, reflecting the reduced investment yields available worldwide.

Total **expenditure** was £12.7 million (£13.9 million in 2002), with a reduction of expenditure across almost all activities. Investment management costs were up, reflecting a one-off payment for exceptional performance by our investment managers. Support costs rose slightly due to essential investment in IT and infrastructure. The overall reduction was part of our 2003 budgetary strategy to bring annual expenditure into line with available

resources, triggered by a significant decline in stock market values. The average number of **staff** employed, expressed as full time equivalents (FTE), was 115 (131 in 2002). This reduction was a major component of the savings put in hand in 2003.

The **outcome** for the year – namely, expenditure exceeding income by £5.1 million (£5.6 million in 2002) – was in line with the budgetary strategy approved by our Trustees at the start of the year.

After meeting net expenditure for the year, the net value of our **assets** at 31 December 2003 was £124.0 million – an increase of £12.0 million over the year. This increase reflected the upward movement of stock markets worldwide, but was also enhanced by good performance by our investment managers. The value of fixed assets held for our own use increased by £0.2 million in the year, reflecting additional capital investment in our Cavendish Square building. Net current assets held at the year-end increased by £0.6 million during the year.

In relation to **investment management**, the Investment Committee has implemented its revised strategy throughout 2003 and into 2004. A feature of that strategy is that 'asset allocation' decisions are now taken, with appropriate advice, directly by the committee. The revised portfolio includes a number of 'alternative assets' (such as absolute return funds

and private equity). Although these investments are less liquid than conventional investments, the Investment Committee members view the potential for greater, more consistent total returns as being an important component of their strategy. To date the committee is satisfied with its strategy and the performance of its appointed managers.

The current year

From 1 Jan 2004

The approved budgetary strategy is holding up well. We are already planning for how best to reduce net expenditure further in 2005 to ensure we protect our assets, and the independence they help bring, for the future.

Donations and legacies

The Treasurer gratefully acknowledges donations and legacies received from the following during the past year: Her Majesty the Queen, HRH The Duke of Gloucester, W and D Backhouse, The Bawden Fund, V Dodson, The Forrester Trust, KM Halton, A Heilbron, DJ Knowles, G Pampiglione, D and KL Welbourne, and other anonymous donors.

Anthony McGrath

Summary statement of financial activities

for the year ended 31 December 2003

	Restricted funds £000	Endowed funds £000	Unrestricted funds £000	2003 Total funds £000	2002 Total funds £000
Incoming resources					
Donations and legacies	–	–	8	8	10
Activities in furtherance of the King's Fund's objects					
Programmes and projects	397	–	512	909	917
Leadership development	–	–	2,713	2,713	2,790
Publication and information services	–	–	146	146	234
Other charitable activities	–	–	1,102	1,102	837
Activities in furtherance of objects	397	–	4,473	4,870	4,778
Investment income					
Income from securities and cash assets	–	–	2,536	2,536	3,340
Income from properties	–	–	163	163	160
Activities for generating funds	–	–	2,699	2,699	3,500
Total incoming resources	397	–	7,180	7,577	8,288
Resources expended					
Cost of generating funds					
Cost of investment management	–	–	1,013	1,013	478
Charitable expenditure					
Activities in furtherance of the King's Fund's objects					
Grants payable	–	–	2,234	2,234	2,566
Programmes and projects	405	–	1,573	1,978	2,852
Leadership development	–	–	2,295	2,295	2,610
Publication and information services	–	–	1,139	1,139	1,151
Other charitable activities	–	–	575	575	740
Activities in furtherance of objects	405	–	7,816	8,221	9,919
Support costs					
Support costs and depreciation	–	–	2,997	2,997	2,895
Management and administration					
Senior management and professional services	–	–	447	447	591
Total resources expended	405	–	12,273	12,678	13,883
Net incoming/(outgoing) resources	(8)	–	(5,093)	(5,101)	(5,595)
Net gains/(losses) on investment assets	–	7,663	9,477	17,140	(23,154)
Net movement in funds	(8)	7,663	4,384	12,039	(28,749)
Balances brought forward at 1 January	245	47,473	64,259	111,977	140,726
Balances carried forward at 31 December	237	55,136	68,643	124,016	111,977

Treasurer 1 July 2004

These summarised financial statements may not contain sufficient information to allow for a full understanding of the financial affairs of the King's Fund. For further information, please consult our *Trustees' Report and Financial Statements: Year ended 31 December 2003*.

For copies:

t: 020 7307 2591

e: publications@kingsfund.org.uk

w: kingsfund.org.uk/pdf/trusteesreport2003.pdf

The full annual financial statements, from which these summary financial statements are derived, and on which the auditors gave an unqualified opinion, were approved on 1 July 2004 and will be submitted to the Charity Commission.

Anthony McGrath, Treasurer
1 July 2004

Offering essential resources

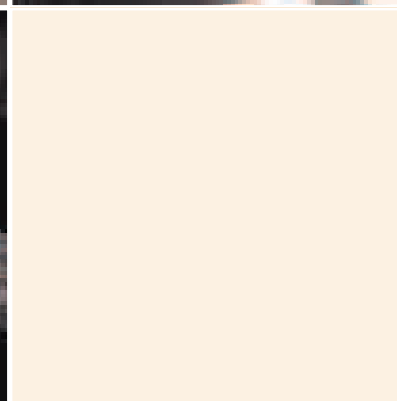
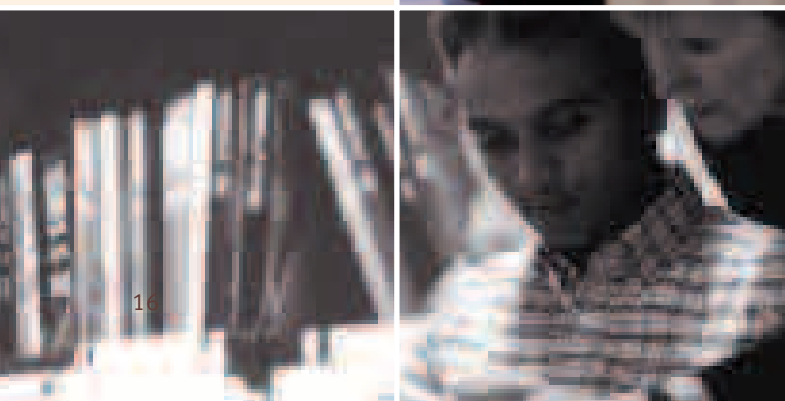
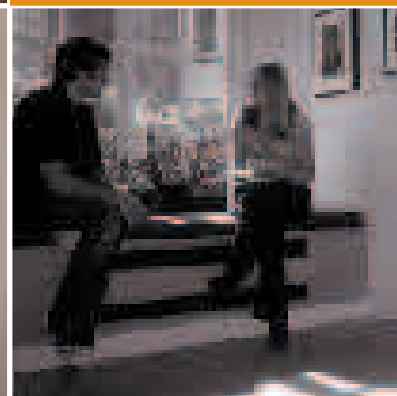
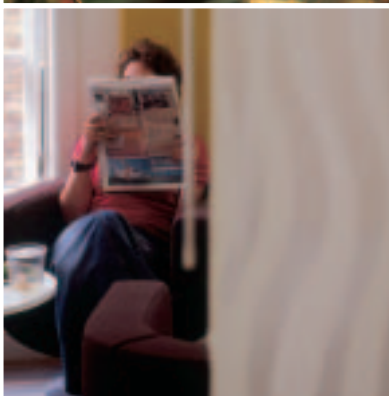
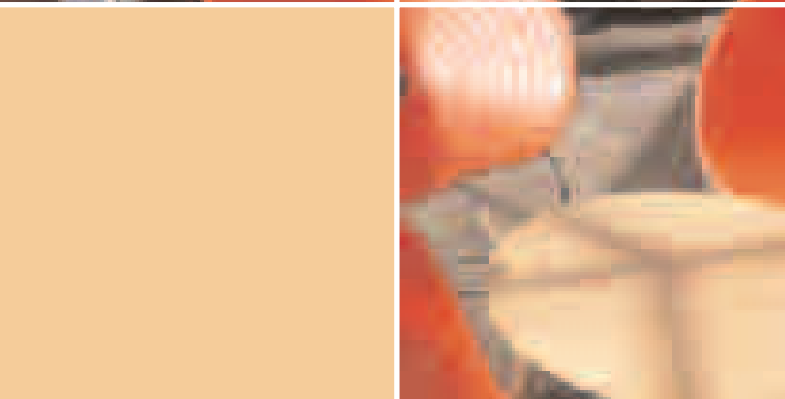


As part of our wider development activities, we offer services and resources designed to support a wide range of people working in the health and social care community in London and beyond – including those involved in shaping health policies, delivering health care, or improving communities' health and wellbeing.

We made substantial improvements to our public spaces, and invested in developing our central London building as a convenient and attractive place to meet. Our ground-floor café, conservatory, library, and sales and information point are all open to the public. Our conference spaces can be hired at affordable rates for meetings ranging from small seminars to full-scale conferences.

Our leadership programmes and learning sets have a strong track record in building managerial capacity among NHS executives and clinicians, while our grants programme reaches out to community-based organisations working to improve health in London.

Our specialist information and library service, extensive publishing programme and comprehensive website all seek to make accurate, independent information, research and analysis widely available.



A place to meet

Every year, some 60,000 people attend almost 4,000 events hosted at our buildings in central London – from small meetings and seminars, to formal conferences and presentations. We also hire out space for special occasions, such as launches, annual general meetings and receptions.

As a charity seeking to promote health and health care debates, and to foster professional networks, we offer special rates to health-focused voluntary and public-sector organisations. Our services include:

- **A professional conference services team** We hire out 14 rooms (including theatre-style spaces, executive boardrooms and small meeting rooms) and can arrange sit-down lunches, finger-food and buffets for delegates. The team can advise on all aspects of organising an event, and offers dedicated support on the day.
- **A ground-floor café** Open to conference delegates and members of the public, our café serves drinks, soup, sandwiches and snacks throughout the day, and is a pleasant place to meet or work, with seating areas and laptop plug-ins. It can be hired for evening events.
- **A first-floor restaurant** Open to all conference delegates, our restaurant offers an extensive menu prepared and served by our professional catering company. It can be booked for morning and evening events.

All our facilities are fully accessible to people with disabilities. The ground floor is level throughout, and our lifts have automatic announcements and Braille buttons.

Our delegates greatly appreciated the excellent food and facilities at the King's Fund, its central location in London's West End, and the helpfulness of staff. It all went really smoothly – I would certainly hold another event here in future.

Carly Nicholls
Conference Organiser, Charities Aid
Foundation

Information and library service

We run the only free, publicly accessible reference library in the country specialising in health and social care resources, staffed by a team of experts. Our services are designed for anyone with an interest in health and social care, including NHS, social services and local-government staff, researchers, and voluntary sector workers.

Our focus is on providing information about health management and policy issues, rather than clinical care, and on materials not usually found elsewhere. We offer a growing number of online resources, alongside our well-stocked library. Our services include:

- **Database searches** Our database has over 75,000 bibliographic records, catalogued using over 11,000 indexing terms developed with the Department of Health.
- **Reading lists** We research and publish online and printed reading lists on a wide range of health and social care management and policy topics.
- **A subscription-based email bulletin** This lists all new journal articles, books, reports and Department of Health circulars added to our database.
- **Free email news alerts** Offered as part of our link-up with the National electronic Library for Health, these cover a wide range of UK health management issues.
- **The latest literature** We stock a wide range of current materials on issues such as health inequalities, urban health and regeneration, social care and NHS management.
- **Useful web links** Our website offers links to over 500 organisations, databases, and resources in areas such as service development, health reference and good practice.

Situated on the ground floor, the library is fully accessible to wheelchair users.

The King's Fund library provides an oasis of calm in which to access its excellent resources – including a unique collection of specialist print and online materials – plus help from its unfailingly knowledgeable staff.

Kathy Howarth
User Involvement Manager, King's College
Hospital

Offering essential resources

Grant funding

Families, friends and communities play a key role in helping people stay healthy – or cope when they are unwell, vulnerable or isolated. In London, a city with a wide range of communities, local people committed to improving health for all and tackling health inequalities can act as a real force for change.

We provide grants to a wide range of London-based community organisations working to improve health and health care. In particular, we seek to help people pilot and evaluate new approaches. If these prove successful, we work to get them adopted more widely.

In 2003/04, we invested around £2.2 million in grants. We make:

- **Small grants** These are grants of up to £5,000 to voluntary organisations in London with an income of under £250,000 – often to support small-scale projects and events.
- **Development grants** Averaging £25,000 a year for up to three years, these grants support voluntary organisations in London taking forward innovative health improvement projects.
- **Strategic grants** These grants fund large-scale commissioned projects, often developed and delivered in partnership with others, linked to our wider programmes of work.

In addition to offering funding, we encourage our grant-holders to use other King’s Fund resources such as our meeting rooms, and information and library service.

Advocating for people with dementia is one of the most rewarding jobs I've ever done. When things go in their favour, I have the satisfaction of knowing that I've helped to influence decisions for the better, and improved their quality of life.

Irene Kohler
Co-ordinator, Westminster Advocacy Service for Senior Residents

Leadership development

Our core aim is to help people working at all levels of the NHS – from clinicians and nurses, to NHS chairs and chief executives – develop their ability to lead, and manage themselves and others. In 2003/04, we also worked with community leaders seeking to improve health and health care in London.

All our programmes are focused on helping participants follow a journey shaped by their personal needs and experiences, and structured to mirror the kinds of challenges they face in their workplace or community, in a setting where they can reflect and change. We seek to foster new insights that enable participants to develop themselves, and their contribution to their organisation or community, long after the programme ends.

Our leadership development activities include:

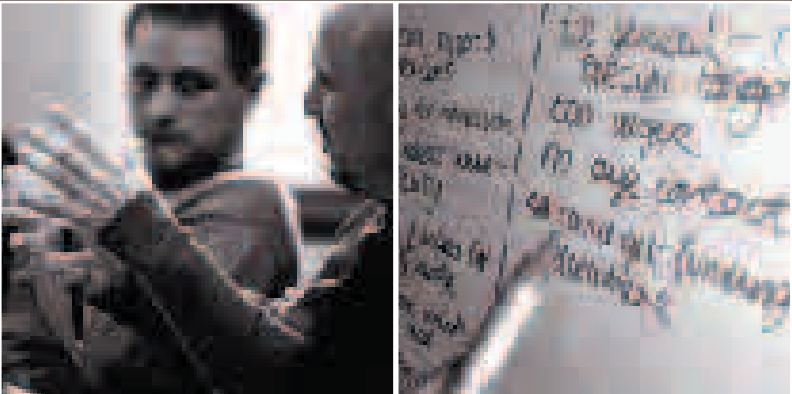
- **Executive programmes** These intensive modular programmes for senior NHS and public-sector staff run over a period of months. They are designed to help participants probe their understanding of themselves and others at a deep level, so that they emerge with new insights and significantly enhanced managerial capacity.
- **Clinicians’ programmes** These shorter programmes are for nurses, doctors and allied health professionals, especially at points in their career when they are seeking to make the transition to new levels of responsibility and performance. Some programmes work with groups made up of a single clinical specialisms, while others are multi-disciplinary.
- **Commissioned programmes** Working with clients including the NHS Leadership Centre and all the NHS strategic health authorities

I found the King’s Fund nursing leadership programme a completely life-changing experience. It gave me the support I needed to reach new heights professionally, and feel confident in myself as a person, plus networks and friendships that will always be important to me.

Mandy Wood
Senior Nurse, South Stoke Primary Care Trust

and trusts in London, we offer programmes for groups such as NHS chairs, chief executives and non-executive directors.

- **Learning sets** Our staff facilitate learning sets for groups of peers who agree to support each other’s learning over a period of time. Some emerge from our own programmes, while others are made up of people who wish to work with new contacts tackling similar issues.



Leadership programmes 2004/05

Programme	Format	Dates	
Athena programme	Days: 12 Modules: 4	8–10 Sep 22–24 Nov 2004 16–18 Feb 27–29 Apr 2005 9–11 Feb 13–15 Apr 6–8 Jul 28–30 Sep 2005 7–9 Sep 23–25 Nov 2005 15–17 Feb 26–28 Apr 2006	
Experienced Chief Executives	Days: 15 Modules: 3	8–12 Nov 2004 24–28 Jan 11–15 Apr 2005	
Leadership for Social Change	Days: 25 Modules: 5	26–30 Jul 8–10 Sep 9–16 Oct 10–12 Nov 2004 19–21 Jan 2005	
Management for Clinical Directors	Days: 9 Modules: 3	15–18 Jun 21–23 Sep 6–7 Dec 2004 4–7 Apr 27–29 Jun 19–20 Sep 2005 14–17 Jun 21–23 Sep 5–6 Dec 2005	
Management for Consultants	Days: 9 Modules: 3	30 Mar–1 Apr 20–21 Jun 6–7 Sep 2005 22–24 Jun 26–27 Sep 7–8 Dec 2005	
Management and Leadership for Clinicians	Days: 5 Modules: 1	5–9 Jul 2004	4–8 Jul 2005
		13–17 Sep 2004	12–16 Sep 2005
		29 Nov–3 Dec 2004	28 Nov–2 Dec 2005
		28 Feb–4 Mar 2005	
Management for Specialist Registrars	Days: 5 Modules: 1	19–23 Jul 2004	25–29 Apr 2005
		25–29 Oct 2004	18–22 Jul 2005
		6–10 Dec 2004	24–28 Oct 2005
		31 Jan–4 Feb 2005	5–9 Dec 2005
NHS Directors	Days: 20 Modules: 5	15–18 Nov 17–21 Jan 7–10 Mar 2–5 May 27 Jun–1 Jul 2005	
Senior Manager programme	Days: 25 Modules: 5	13–17 Sep 20–24 Sep 25–29 Oct 15–19 Nov 6–10 Dec 2004 21–25 Feb 28 Feb–4 Mar 11–15 Apr 16–20 May 13–17 Jun 2005 19–23 Sep 26–30 Sep 24–28 Oct 14–18 Nov 12–16 Dec 2005	
Canada Study Tour for Chief Executives	Days: 6 Modules: 1	19–24 Sep 2004 18–23 Sep 2005	
Seattle Study Tour for Senior Clinicians and Managers	Days: 6 Modules: 1	12–17 Sep 2004	
South Africa Study Tour for Chief Executives	Days: 11 Modules: 1	5–15 Feb 2005	
Successful Nurse Leader	Days: 5 Modules: 1	4–8 Oct 2004 14–18 Mar 2005	3–7 Oct 2005
Top Manager programme	Days: 26 Modules: 4	3–13 May 11–15 Jul 3–7 Oct 28 Nov–2 Dec 2005	

For full details, see www.kingsfund.org.uk/leadership. Some dates may be subject to change.

Listings

Governance and management

Patron
Her Majesty the Queen

President
HRH The Prince of Wales KG KT PC GCB

General Council
The King's Fund's General Council was established in 1907 as part of governance arrangements agreed by Act of Parliament. It managed the organisation until 1996, when it delegated its responsibilities to the Management Committee. It remains the King's Fund's overseeing body and meets once a year under the chairmanship of the King's Fund President, HRH The Prince of Wales.

Honorary Member
HRH Princess Alexandra, The Hon Lady Ogilvy GCVO

Ex-officio members
The Lord Chancellor
The Speaker of the House of Commons
The Rt HonThe Lord Mayor of London
The Archbishop of Westminster
The Lord Bishop of London
The Chief Rabbi
The General Secretary of the Free Churches' Group
The Keeper of the Privy Purse
The President of the Community Practitioners and Health Visitors Association
The President of the Faculty of Public Health Medicine
The Director of the institute of Public Health
The President of the Royal College of Anaesthetists
The President of the Royal College of General Practitioners
The President of the Royal College of Midwives
The President of the Royal College of Nursing
The President of the Royal College of Obstetricians and Gynaecologists
The President of the Royal College of Ophthalmologists
The President of the Royal College of Paediatrics and Child Health
The President of the Royal College of Pathologists
The President of the Royal College of Physicians
The President of the Royal College of Psychiatrists
The President of the Royal College of Radiologists

The President of the Royal College of Speech and Language Therapists
The President of the Royal College of Surgeons
The President of the Institute of Healthcare Management
The Chairman of the Academy of Medical Royal Colleges
The London Regional Commissioner, NHS Appointments Commission

Other members
Sir Donald Acheson KBE
Dr Dwoma Adu
Professor Elizabeth Anionwu CBE
Mr William Backhouse LVO
Sir Roger Bannister CBE
Sir John Batten KCVO
Major Sir Shane Blewitt GCVO
Dame Ann Bowtell DCB
Dr John Bradfield CBE
Professor Sir Kenneth Calman KCB
Sir Tim Chessells
Sir Michael J Colman Bt *(to 31 May 2004)*
Baroness Cox of Queensbury
Mr Michael Dobson
Sir William Doughty
Professor Charles Easmon
Professor Adrian Eddleston
Professor Howard Glennerster
Mr Marius Gray
Professor Andrew Haines
Sir Graham Hart KCB
Professor Richard Himsworth
Sir Donald Irvine CBE
Professor Sir Brian Jarman OBE
Lady Jane Lloyd of Berwick
Dr Stephen Lock CBE
Mr Strone Macpherson
Lord McColl of Dulwich
Mr Anthony McGrath
Professor David Neal
Ms Mary Ney
Professor Sir Duncan Nichol CBE
Mr Leslie Paine OBE
Professor Dame Lesley Rees
Mr Bryan Sanderson CBE
Ms Angela Sarkis CBE
Sir Maurice Shock
Dr Richard Thompson
Mr Max Ward
Professor Albert Weale
Sir William Wells
Professor Dame Jenifer Wilson-Barnett

Management Committee
The members of the Management Committee are the King's Fund's trustees, appointed for a five-year renewable term, and meeting four times a year. Their role is to agree the organisation's overall strategic direction, in line with its charitable objectives, and to scrutinise management functions delegated to a

Board of Directors. The Management Committee also delegates some of its work to sub-committees.

Chairman Sir Graham Hart KCB *(to 1 July 2004)*
Chairman Professor Sir Cyril Chantler *(from 2 July 2004)*
Vice-chairman Professor Adrian Eddleston
Treasurer Mr Anthony McGrath
Professor Elizabeth Anionwu CBE
Dame Ann Bowtell DCB
Professor Howard Glennerster
Professor Andrew Haines
Ms Mary Ney
Ms Angela Sarkis CBE
Mr Bryan sanderson
Sir William Wells

Executive Committee
Chairman Sir Graham Hart KCB *(to 1 July 2004)*
Chairman Professor Sir Cyril Chantler *(from 2 July 2004)*
Professor Adrian Eddleston
Mr Anthony McGrath
Sir William Wells

Membership of the King's Fund's Investment, Audit, Remuneration and Grants Committees is given in our Trustees' Report and Financial Statements: Year ended 31 December 2003. For copies, call 020 7307 2591, or download at www.kingsfund.org.uk/pdf/trustees2003.pdf

Senior Associates (as of 1 July 2004)

Mr Stuart Bell
Professor John Billings
Mark Britnell
Baroness Cumberlege of Newick
Dr Michael Dixon OBE
Lord Hunt of King's Heath
Sir Donald Irvine CBE
Dr Chai Patel CBE
Ms Claire Perry
Ms Julia Unwin OBE
Ms Melba Wilson

Board of Directors
Chief Executive Niall Dickson
Director of Resources Frank Jackson OBE
Director of Development Steve Dewar
Director of Policy Jennifer Dixon
Director of Communications Michelle Dixon
Director of Leadership Development David Knowles

Publications highlights

June 2003
What is the Real Cost of More Patient Choice? £6.50
Details at www.kingsfund.org/publications

July 2003
In Capital Health? Creative solutions to London's workforce challenges £8.00
Download free summary at www.kingsfund.org/summaries

August 2003
Ethnic Diversity and Mental Health in London Free
Download at www.kingsfund.org/free

September 2003
Health in the News: Risk, reporting and media influence £6.50
Download free summary at www.kingsfund.org/summaries

Community Renewal and Mental Health: Strengthening the links £10.00
Details at www.kingsfund.org/publications

October 2003
Government and the NHS – Time for a New Relationship? £6.50
Details at www.kingsfund.org/publications

November 2003
London's State of Mind: King's Fund mental health inquiry 2003 £20.00/
Download free summary at www.kingsfund.org/summaries (£10.00)

December 2003
Getting the Right Medicines? Putting public interests at the heart of health-related research £8.00
Download free summary at www.kingsfund.org/summaries

January 2004
Linking Children's Health and Education: Progress and challenges in London Free
Download at www.kingsfund.org/free

Managing Chronic Disease: What can we learn from the US experience? £8.00
Download free summary at www.kingsfund.org/summaries

March 2004
Prevention rather than Cure: Making the case for choosing health £6.50
Download free summary at www.kingsfund.org/summaries

April 2004
Enhancing the Healing Environment: A guide for NHS trusts £15.00
Details at www.kingsfund.org/publications

To order, call Sales and Information on 020 7307 2591.

Further information

Visit www.kingsfund.org.uk for:

- **Information** Free downloads of a wide range of briefings, fact sheets, summaries and web papers, plus reading lists and useful links
- **News** Updates on our policy, leadership development and grants activities
- **Publications** Details of our full range of over 150 health and social care publications, plus online orders

Useful contacts

Conference services
t: 020 7307 2474
e: conference@kingsfund
w: kingsfund.org.uk/conferencing

Information and library service
t: 020 7307 2568
e: library@kingsfund.org.uk
w: kingsfund.org.uk/library

Grants
t: 020 7307 2495
e: grants@kingsfund.org.uk
w: kingsfund.org.uk/grants

Leadership development
t: 020 7307 2582
e: leadership@kingsfund.org.uk
w: kingsfund.org.uk/leadership

Sales and information
t: 020 7307 2591
e: publications@kingsfund.org.uk
w: kingsfund.org.uk/publications

Produced by *the Communications Department*
Photographs *Sara Hannant and Robert Aberman*
Edited by *Bo Priestley*
Designed by *Vertigo Design Consultants Ltd*
Printed by *Sussex Litho Ltd*
© King's Fund, July 2004

For further copies, call 020 7307 2591, or download at www.kingsfund.org.uk/pdf/annualreview2003-04.pdf