



King's Fund

ANNUAL REPORT 1999

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King's Fund

ANNUAL REPORT 1999

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CHAIRMAN'S STATEMENT

The King's Fund is focused on the health needs of London and Londoners. The UK's biggest and wealthiest city also contains its largest areas of deprivation, and Londoners experience very wide inequalities in health.

It is right therefore that we should devote significant resources to an attack on inequalities and on some of the fundamental causes of ill health. We recognise that social and economic conditions underlie many health problems. We are taking the opportunity provided by the creation of the GLA and the London Mayor to underline the health implications of a whole range of factors, such as economic development, law and order and transport. We have stimulated debate on these issues and published our *Declaration for Health* outlining priorities for the Mayor and GLA. We are also developing a major programme of work aimed at improving the health of the public by making links with such areas as housing and urban regeneration.

Another aim of the Management Committee is to make the King's Fund an attractive place for people to visit and use, a place where ideas and experiences are freely exchanged. In 1999, we made a further significant investment in our splendid building in Cavendish Square and our hope is that more and more people will use it as a place to meet, to debate and to learn. Moreover, in 1999 our Education and Leadership Development (ELD) programme made significant progress. It provided more programmes and events than for many years past, giving refreshment and opportunities for development to many hundreds of people during the year. Among ELD's outstanding achievements

was securing, in conjunction with Lancaster University, the contract to provide high level programmes for the most senior of the NHS's chief executives.

At the end of 1999, HQS 'floated off' from the King's Fund to become an independent charity in its own right. I should pay tribute to the many people within the King's Fund and outside it who, in 1989, played a part in setting up what was then called the King's Fund Organisational Audit. It was a far-sighted move, filling a real gap by providing some quality assurance for NHS and private health services. We decided that the time had come for this well established system to become independent, so leaving the King's Fund free to develop new interests that will, we hope, be equally well targeted on the needs of tomorrow. We have given HQS much help to get started and we send them every good wish for the future.

Graham Hart



CHIEF EXECUTIVE'S REPORT

This has been a year of building at the King's Fund. Having established the new programmes of work and brought a new focus to the King's Fund's work, we are beginning to see the fruits of our labour.

One of the key issues for the King's Fund is how much impact we have on the world 'out there'. As a charitable foundation, we want to see that the money we use is making a difference to Londoners. But as an organisation whose work is about education, research, development and values, there are no simple measures of effectiveness available to us.

Nonetheless, I am convinced that if we pull together and work towards the same ultimate goals, we will be able to see just what contribution this organisation makes to the health of Londoners. Whether our work is developing the leadership capacity of people working in the NHS, directly funding local projects that tackle social exclusion or trying to calculate how much money is in the NHS, it all adds up to the same thing. It is about breaking down the boundaries that impede progress in health improvement, tackling the inequalities that cause so much avoidable ill health, recognising and celebrating the diversity of our society and getting the public involved more closely with decisions about their health.

That does not happen automatically, of course. It happens because we give a clear voice to the messages we create. Over the last year, some of our key messages have resonated across the spectrum of public debate. Policy-makers, practitioners and the public alike have heard about the importance of a more open and honest system of rationing in

the NHS, about the need for the Greater London Authority to take an active role in improving people's health and about the need for a fair and sustainable system of long-term care funding. It is my hope that we have been able to bring an informed and authoritative voice to those debates, combining a passion for better health with a practical understanding of how to make change.

This year we have also made great progress with our work on values. Across the King's Fund, colleagues have been working to go beyond the surface of the health system and look at why it exists. We have probed what makes the NHS such an important institution in our society and how it can tackle tough choices ahead in a way that fits with society's values.

The year ahead promises to bring with it some major challenges, both for the King's Fund and the NHS. The way the NHS is funded is coming under increasing scrutiny. The need for a better system of funding long-term care is painfully evident and the importance of more joined-up action to tackle health inequalities, mental ill health and social exclusion has never been greater.

At the King's Fund, we will continue to move our work forward to meet those challenges, focusing our energies on the contributions we are best able to make to tackle the problems that cause unnecessary suffering and stop people from realising their full potential in life.

Rabbi Julia Neuberger
Chief Executive





KING'S FUND EVENTS & PUBLICATIONS IN 1999

Main events and selected publications organised and produced by, or involving, the King's Fund in 1999

- 14 January** International seminar for the World Health Organisation, addressed by Director-General Dr Gro Harlem Brundtland
- 15 January** Launch of two publications on citizens' juries, *Healthy Debate* and *Ordinary Wisdom*, at a breakfast discussion addressed by Anna Coote and Rudolf Klein
- 3 February** Publication of *Health and the London Mayor*, a report examining the possible role of the Greater London Authority in public health
- 12 February** Publication of *Healthy Neighbourhoods*, showing how communities can take action locally to improve their own health
- 1 March** Royal Commission on Long-Term Care for the Elderly launches its report, *With Respect to Old Age*, at the King's Fund
- 16 March** Conference *Help! Does my patient know more than me?*, to assist health professionals in dealing with increasingly informed patients
- 30 March** Announcement that the Health Quality Service will become an independent non-profit-making company from 1 January 2000
- 5 April** Publication of *A New Era for Community Care?*, outlining the experiences of users, carers and staff in long-term care services
- 13 April** Publication of *The Arts in Health Care*, examining the powerful role creative arts can play in health services
- 4 May** A survey of Londoners' views about primary care services, organised by the King's Fund, is published in the *Evening Standard*
- 5 May** The Bill for the Greater London Authority is amended to include a responsibility for promoting public health, following a King's Fund campaign to incorporate such a role
- 20 May** Publication of *Experience, Evidence and Everyday Practice*, the final report of the Promoting Action on Clinical Effectiveness (PACE) programme

- 8 June** Publication of *Clinical Governance Under Construction*, a survey of the progress made in implementing the new quality agenda in the NHS in London
- 14 June** Publication of *Homeless Families in Exile*, a short report on the work of a grant-funded Children's Society project to support refugee families in Newham
- 17 June** HRH The Prince of Wales meets a group of carers at the King's Fund to mark the completion of the Carers Impact programme
- 30 June** Publication of the grant-funded *City Harvest report* by food charity Sustain, showing the potential for growing more food in London

- 1 July** Publication of *Healthy Relationships?*, a report commissioned jointly with the Charities Aid Foundation, London Boroughs Grants and Kensington & Chelsea and Westminster Health Authority on voluntary sector funding by London's NHS
- 12 July** Publication of *Developing Health Improvement Programmes*, an analysis of their first year in London

- 1 September** First *New Leaders for London* summer forum for future leaders in London's health and social care sectors

- 6 October** Launch of *Changing our Days*, a book/audio CD combination, at eponymous conference for people with learning difficulties, and their relevant support professionals, to discuss how they themselves can gain access to more educational, leisure and employment opportunities in the community
- 20 October** Publication of *Visions of Primary Care* on behalf of New Health Network, presenting views of the future from a variety of health professionals
- 28 October** Publication of *Transforming Primary Care*, arguing that current changes to family doctor services will soon make the single national contract a thing of the past

- 8 November** *Manifesto for Refugee Health* launched by the King's Fund, warning of the dangers to health implicit in the Immigration and Asylum Bill
- 17 November** Publication of *Health Care UK 1999/2000*, the King's Fund health policy review, examining the effects of Labour's current reforms on the NHS
- 24 November** Launch of a series of briefing papers for Greater London Authority mayoral and assembly candidates
- 26 November** The King's Fund and the Royal College of Paediatrics and Child Health publish *The Health of Refugee Children*, a guide for health professionals

- 8 December** The Secretary of State for International Development, the Rt Hon Clare Short MP, addresses the King's Fund on her strategies for tackling global inequalities in health



HEALTH, REGENERATION & SOCIAL EXCLUSION

Reducing health inequalities has always been at the heart of the King's Fund. It was for this reason that I was delighted to accept Julia Neuberger's invitation, when I retired as chief executive of the Peabody Trust in June 1999, to help the King's Fund to better fulfil its mission by participating in regeneration partnerships currently tackling social exclusion in the most deprived areas of London.

The health and well-being of hard-pressed communities and vulnerable individuals are as important as the improvement of housing and environmental conditions and the local economy. But too often, even in the most successful resident-led regeneration partnerships, health organisations are absent and health needs are not recognised or met. The King's Fund is ideally placed to take the lead to redress this, both by demonstrating how a health agency can add value substantially to the brave attempts now being made to tackle social exclusion, and by acting as a catalyst for health service providers being seen as natural regeneration partners.

In order to prepare for this enhanced role the King's Fund has now:

- mapped out and analysed those of its activities that are relevant to regeneration and social exclusion in order to give them the coherence and strategic direction necessary for effective participation in regeneration partnerships
- embarked on a limited number of demonstration projects with the purpose of showing how a

health agency can contribute substantial added value to regeneration partnerships.

This will equip the King's Fund to gain the experience to:

- make the case for an integrated approach over the long term to health and regeneration, and particularly to generate evidence through research and evaluation of what makes a difference to the health of deprived communities
- broker the involvement of health service professionals and organisations in regeneration initiatives
- develop local lenders and build capacity for health advocacy and community empowerment
- communicate the lessons from good practice within London and nationally, thereby identifying policy implications both for health service providers and partners in the regeneration process.

George Barlow
Senior Associate





POLICY & DEVELOPMENT

In a fast-changing policy environment, the King's Fund focused its attention on changes needed to improve the lives of some of the most disadvantaged people in our society, recognising new opportunities to tackle health inequalities. We also kept a close watch on the way the NHS and local government responded to new policy initiatives and maintained our interest in some long-standing problems in the funding of health and social care services.

Helping vulnerable people

The King's Fund continued to promote better services for vulnerable people. The *Working Together in London* initiative supported assertive outreach teams in three areas of the capital as they began to reach out to seriously mentally ill people who have, in the past, tended not to engage with services.

Our concerns about inadequate services for older people were discussed in the report *When we are very old*, which showed that professionals and other staff working in health, housing and social care are very critical of the services they themselves provide, and want to see improvements. Recognising that older people need more opportunities to regain their independence following illness or injury, we have provided information and practical guidance on developing rehabilitation to a large network of health and social services.

Work exploring how day services can be improved for people with complex disabilities came to an end during the year. Meanwhile, quality of services came under the spotlight as we worked with

voluntary and statutory agencies to set new standards for carers' support. We also set up a national inquiry into the quality of care provided by care and support workers.

The modernisation agenda

The King's Fund monitored what was happening on the ground as the NHS and local authorities responded to the Government's new policy initiatives. A series of studies was undertaken to investigate what local agencies were doing to implement policy and the extent to which they were working together to plan, commission and provide services. Four studies are tracking progress made by primary care groups in improving health, involving the public and developing services for older people. We also published a review of progress and problems arising as health and local authorities in London worked together to develop their first Health Improvement Programmes.

A stock-take of clinical governance in all London NHS trusts was undertaken in co-operation with the London Region Office and plans were made to investigate how primary care groups, primary care trusts and trusts are tackling their responsibilities.

We have not been content to stand on the sidelines, watching and commenting; on the contrary, we have been keen to help local agencies that are responsible for implementing policy. This has been done through briefings (like the popular report *Clinical Governance Under Construction*), through learning networks, conferences and workshops. These activities have all sought to synthesise and simplify a complex policy agenda, pinpointing opportunities and dangers, and offering practical

suggestions for ways forward. Reports on new service developments in primary and intermediate care have also helped commissioners and providers to exploit opportunities to create a more balanced system of care.

Financial challenges

The King's Fund has continued to look at the way the NHS may need to develop in the medium to longer term. This has meant tackling some of the great challenges facing the health service. Dilemmas concerning funding and organisation were examined during the year, culminating in the book, *The NHS: Facing the future*, which was published in January 2000. We also embarked on two new studies tackling controversial issues. The first focused on public and private funding of health services, investigating GPs' attitudes towards private health care. The second centred on the vexed question of long-term care finances, taking a fresh look at the inquiries that have already taken place and identifying options for moving the debate on. Finally, we began looking at how the public can get involved in determining priorities for the NHS and in judging performance year on year. This analysis was subsequently used by Channel 4 in its programme, *The Sick List*, broadcast in February 2000.

Improving health

We recognise that health is affected by the activities of local government and many other agencies, including the NHS. We have therefore played a key role in getting health onto the agenda of the Greater London Authority, leading a campaign to amend the London Bill to include a clear duty to promote the health of Londoners. A series of seminars, followed by published briefings, also explored new opportunities for regeneration programmes to promote better mental health and well-being in disadvantaged communities and groups. Building on this work, plans were made to develop a major King's Fund health and regeneration initiative in 2000.

Janice Robinson

Acting Director of Policy & Development



GRANTMAKING

In 1999 grantmaking meshed strongly with the King's Fund's corporate agenda, initiating, leading and contributing to a wide range of programmes addressing the King's Fund's corporate priorities.

Three proactive Programme Grants were in operation during the year. These are programmes arising from the King's Fund's decision to target a substantial investment in specific areas of need.

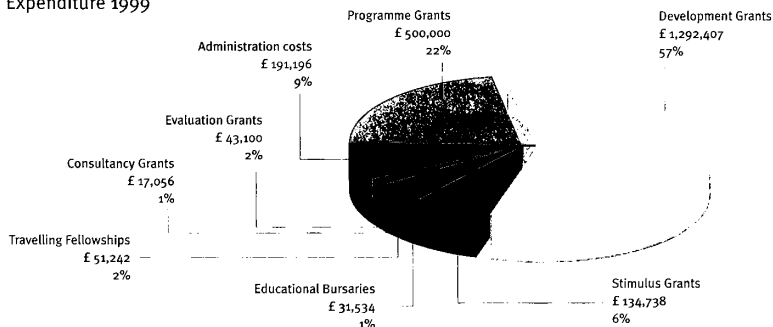
The *Under One Roof* project is exploring new models of inter-agency working and more integrated responses to the needs of homeless people. It seeks to go beyond the rhetoric about joined-up working and into real experiences on the 'frontline'. Much is being learned about the challenges of changing patterns of service delivery, about the incentives within agencies that work against collaboration with others and the difficulties of turning the enthusiasm of individual practitioners into sustained changes in organisational policy. As 1999 drew to a close, the project completed a mid-way reflections

document, launched at a lively seminar at the King's Fund in early 2000.

Working Together in London went live in 1999. This programme focuses on the needs of people with severe and enduring illness, who are not making use of existing services. Funding has been provided in three London sites for an assertive outreach team, alongside development funds to build a network of agencies and services to meet the full range of health and social needs of this client group. Again, the aim is to promote more integrated patterns of service for people with complex needs and on providing pathways to social inclusion. Funding partners are the Department of Health and the Gatsby Charitable Trust.

The theme for the new 1999 Programme Grant was *Health Advocacy for Minority Ethnic Communities*, building on the support given in recent years to refugee health issues through our Development Grants programme. The initial phase of this programme was commissioned in 1999 and took the form of the first comprehensive mapping of

Figure 1: Expenditure 1999



health advocacy services in the capital. Wider interest in the programme has been significant, with the NHS London Region joining as a funding partner in the mapping exercise. In early 2000 we will be reflecting on the findings of this initial phase and considering how to target our longer-term £1 million investment in this field. Early indications are that there may be a number of key streams for future investment: work to develop training, education and accreditation of advocacy skills; the development of a network for practitioners; the development of quality standards for advocacy provision and work on improving the commissioning of services.

The King's Fund's reactive grant-giving, through its Development Grants and Stimulus Grants programmes, remained vibrant throughout the

year. £1.4 million was distributed to organisations working on the priority themes adopted by the King's Fund: equal access to health care, strengthening the voice of the user, improving patients' experiences and the arts in health. Particular highlights were a cluster of grants given to explore aspects of support available to people who are dying, which led to a decision to undertake a London-wide survey of the psycho-social support available to dying people; the establishment of a National Network for the Arts in Health, to fill a key gap in the support of this rapidly expanding field; and a substantial growth in the number of grants given to explore new models of integrated working for people with long-term, complex health needs.

Susan Elizabeth
Director of Grants



GRANTS AWARDED IN 1999.

PROGRAMME GRANTS

Health Advocacy for Ethnic Minority Communities in London	£ 475,000
Health & Housing	£ 25,000
	£ 500,000

DEVELOPMENT GRANTS

Equal access to health care

Afiya	£ 52,000
An Nisa Society	£ 20,000
The An Viet Foundation	£ 32,088
Centre for Armenian Information and Advice	£ 17,000
Charterhouse in Southwark	£ 30,000
Evelyn Oldfield Unit	£ 5,000
Guy's, King's and St Thomas' Medical School	£ 25,000
London School of Hygiene and Tropical Medicine	£ 24,951
Medical Foundation for the Care of Victims of Torture	£ 13,000
Naz Project	£ 56,630
PACE	£ 52,100
Refuge	£ 6,600
Sickle Cell Society	£ 2,750
Tower Hamlets Women's Health and Family Services	£ 8,000
Women in Secure Hospitals	£ 30,000

Arts and health

Community Groundwork	£ 38,000
Gateshead Central Library	£ 4,500
National Network for the Arts in Health	£ 40,000
Rosetta Life	£ 35,000

Strengthening the voice of the user

National Centre for Social Research	£ 28,000
University of Newcastle/CREUE	£ 50,000
Westminster Mental Health Advocacy Project	£ 55,643

Improving the patient's experience

The Befriending Network	£ 70,000
Citizen Advocacy Information and Training	£ 75,957
Homeless Network	£ 10,000
Kingston Voluntary Action	£ 33,966
The North Middlesex Hospital	£ 50,000
St Giles Trust	£ 32,067
The Terrence Higgins Trust	£ 53,960
Under One Roof (START Team)	£ 65,000
University of Westminster	£ 3,668

Open category

Carbon Monoxide Support	£ 11,200
CompMed Bulletin	£ 40,000
Haggerston Tenants Association	£ 21,000
National Funerals College	£ 36,109
Open Door	£ 76,578
The Pesticides Trust	£ 36,640
The Place To Be	£ 50,000
	£ 1,292,407

STIMULUS GRANTS

19 Beaumont Street Medicine Practice	£ 4,913
African Churches Council for Immigration & Social Justice	£ 1,000
African Culture Promotions	£ 1,000
African Well Woman's Clinic	£ 2,319
Age Concern - Enfield	£ 1,250

Alzheimer's Disease Society,		
South West London Branch	£	4,750
Art in the Park	£	2,000
Arts Inform	£	3,600
Artsline	£	1,500
ASPIRE	£	3,800
The Association of London Government	£	5,000
Bedford Hill Gallery & Work Shops Ltd	£	2,000
Bethlem and Maudsley Hospital School	£	1,000
The Cancer Resource Centre	£	1,500
The Centre for Research into Economic		
& Social Trends Ltd	£	3,500
Centre for the Advancement of		
Interprofessional Education	£	3,000
Chelsea & Westminster Hospital		
Arts Project	£	1,000
Children's Express	£	3,750
CompMed	£	3,000
Debate of the Age London Task Group	£	4,600
Educational Link Advisor Project	£	2,500
Ethnic Minority Centre	£	1,000
Family Support Network	£	1,400
Futures Theatre Company	£	3,000
Greek and Greek Cypriot Community		
of Enfield	£	3,500
Green Adventure	£	4,500
Health and Housing	£	500
Hounslow & Spelthorne NHS Trust	£	800
Imperial College School of Medicine	£	1,000
INPUT Pain Management Unit	£	2,000
Jagonari Women's Educational		
Resource Centre	£	4,970
Kimia Health Clinic	£	2,500
Kingston & District Welfare Association	£	2,500
Lesbian and Gay Bereavement Project	£	2,500
London Guildhall University,		
The Chaplaincy	£	2,069
The Long-Term Medical Condition Alliance		
(For: London Voluntary Service Council)	£	3,000
Making Waves Media Project		
Partnership	£	1,500
Mental Health User's Development		
Project	£	2,400
Mind the Gap Ltd	£	4,000
Queen Mary and Westfield College	£	3,000
Race on the Agenda	£	3,000
Statham Grove Surgery	£	2,000
SUSTAIN	£	1,255
Tower Hamlets Health Strategy Group	£	3,000

Turkish Elderly Group	£	2,000
University College London	£	4,700
Voluntary Action Waltham Forest	£	2,000
The Who Cares? Trust	£	3,000
Women in Secure Hospitals	£	4,000
Youth Action 2000	£	5,000
	£	133,076

Crisis & WISH – Wintershelters	£	1,662
	£	134,738

OTHER GRANT FUNDS

Educational Bursaries (26 awards)	£	31,534
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Travelling Fellowships (22 awards)	£	51,242
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CONSULTANCY GRANTS

CAIPE	£	2,450
Kingston Voluntary Action	£	412
National Network for the Arts in Health	£	2,941
StartHere	£	5,000
Under One Roof	£	6,253
	£	17,056

EVALUATION GRANTS

Beckton Community Health Project	£	3,500
Healthy Bromley – Crays Community		
Arts Project	£	7,000
Under One Roof	£	12,600
University of Westminster – Evaluation		
of Kingston Voluntary Action	£	20,000
	£	43,100

Total grants awarded in 1999

Programme Grants	£	500,000
Development Grants	£	1,292,407
Stimulus Grants	£	134,738
Educational Bursaries	£	31,534
Travelling Fellowships	£	51,242
Consultancy Grants	£	17,056
Evaluation Grants	£	43,100
	£	2,070,077



LEADERSHIP DEVELOPMENT

My report for 1998 highlighted the substantial changes that had occurred within the Leadership Development directorate of the King's Fund. A refocusing on the provision of high quality personal and management development programmes, along with a significant reduction in the numbers of Faculty, were mainly implemented in that year.

Following those major changes, 1999 was a year of consolidation, but with some important new initiatives. During the year, there were 45 programmes, with a total of over 950 participants. The majority of these programmes were between three and five days in duration, with a particularly important suite of short programmes for clinicians in management. There were seven longer programmes:

- Top Manager Programme
- Senior Manager Programme
- Leadership 2000
- UK Nursing Leadership (Johnson & Johnson)
- European Clinical Leadership (Johnson & Johnson)
- West Midlands Nursing Development
- London Region – Preparation for Board Membership

The partnership with Johnson & Johnson remains highly valued. The UK Nursing Leadership Programme is now in its fourth year and during 1999 Johnson & Johnson confirmed its continuing sponsorship of this programme for a further three years, taking it to 2003. Its value is increasingly evident, as graduates from the early programmes are successful in taking up senior managerial roles in nursing and more generally within the NHS.

The Equal Opportunities Unit of the NHS Executive provided financial support for Leadership 2000, which is the programme for women in board level managerial posts within the NHS. That programme, which has been outstandingly successful over a six-year period, will, from 2000, be provided at cost.

Through much of 1999, discussions were held with the Management School of King's College, London, about the possible accreditation of the Nursing Leadership Programme (NLP) and Senior Manager Programme (SMP) as contributions to a new MSc in Health Sciences Management. The University of London has now approved that degree. Participants in the NLP and SMP in 2000 will be eligible, subject to assessment of their work, for 33 per cent of the credits necessary to achieve this degree. The balance will be received following successful completion of courses of study at King's College, which have been designed to complement the work undertaken at the King's Fund.

With the Management School of the University of Lancaster, the King's Fund successfully tendered to the NHSE's Leadership in the NHS Unit for the delivery, over three years, of six programmes for NHS senior chief executives. There will be 16 chief executives on each programme and the first of these began in January 2000. That constituted a major achievement for the King's Fund, not least because it reinforced the validity and perceived value of the suite of executive programmes, which remain the major strength of this directorate.

From 23 members in 1997, a Faculty of 11 people now manages our wide range of programmes, strongly supported by a small team of committed administrators. The directorate is able to work

flexibly and efficiently in the delivery of high quality and relevant programmes.

The challenge for Leadership Development staff in 2000 is to sustain that range of programmes, while working more generally within the King's Fund with other colleagues. There will be at least two major new initiatives during the year, with the provision of a range of development options for chairs and non-executive directors in the London Region of the NHS and the extension of the range of work undertaken in support of primary care groups and the new primary care trusts, again primarily in London.

David Knowles

Director, Education & Leadership Development





RACE & DIVERSITY

Cultural diversity and the health outcomes of black and minority ethnic communities continue to be one of the key integrating themes of the King's Fund's work. London's unique position as one of Europe's most multicultural cities (almost 50 per cent of the UK's black and minority ethnic population and a majority of refugees and asylum seekers live in London) presents a huge challenge for the health and social care system to deliver culturally sensitive and effective health care as well as ensuring that the system practises fair and equal employment practices.

Two issues dominated our work in 1999. The first was the publication of the Macpherson report following the public inquiry into the murder of the black teenager, Stephen Lawrence. The second was the new Asylum and Immigration Bill, which became law in November 1999.

Institutional racism

The Macpherson report raised awareness of the racial discrimination, prejudice and inequality that exist in Britain today and provided a working definition of institutional racism, which has become a framework for all public sector organisations to adopt.

Numerous NHS organisations consulted us and sought support and advice in taking this agenda forward. Many London trusts, as employers, are keen to address and prevent racism, racial harassment and prejudice and we have provided practical guidelines on promoting and valuing ethnic and cultural diversity.

All King's Fund Leadership Development programmes incorporate discussions and seminars on cultural awareness and ways of making racial equality a key part of the leadership and managerial agenda for change.

Health of refugees and asylum seekers

A growing number of refugees and asylum seekers have sought refuge in Europe and the UK; 1999 saw Europe as a refugee-producing continent with the evacuation of the Kosovan people and families and young adolescents from neighbouring Albania and Eastern Europe. The Government's controversial policy of dispersing asylum seekers around the UK in an attempt to ease pressure on London has resulted in new demands on health services outside London, with many health professionals having little experience of the needs of this vulnerable group of people.

The King's Fund's concerns about dispersal and the lack of adequate services resulted in two publications directed at clinicians: *The Health of Refugees: a guide for GPs* and *The Health of Refugee Children: Guidelines for Paediatricians*, a joint publication with the Royal College of Paediatrics and Child Health.

The King's Fund also hosted a major conference on the Health of Refugees for health and social care policy/decision-makers, highlighting the need for 'joined-up thinking' and collaborative working between Government departments, especially the Home Office, the Department of Health and local government. This will continue as a significant area of work in 2000.



Developing the potential of clinicians from black and minority ethnic communities

Continuing our positive action programmes, the King's Fund, together with the Department of Health, sponsored a Leadership Development programme for GPs from minority ethnic communities. Twenty GPs completed the programme and all found it to be hugely beneficial.

Regeneration programmes in London

The King's Fund recognises that the health and social care needs of minority communities form key components of any regeneration programme in London. The focus and language in this area need to shift radically, from 'tolerating' minority groups to seeing them as integrated partners for co-creating appropriate services. With almost 30 per cent of the capital's population being from minority communities, it is essential to incorporate race

equality and the valuing of cultural diversity into service design and delivery.

The King's Fund is committed to making London a more equal society where skin colour or cultural/religious beliefs will not affect access to health or employment. We will endeavour to continue to work in partnership with the wider health system and support organisations to tackle racial discrimination and ensure that local communities are healthier, fairer and safer places for all the people who live there.

Naaz Coker

Director of Race and Diversity

IMAGINE LONDON

This was the second year of Imagine London, the innovative five-year multimedia programme run by the King's Fund. It aims to give voice to young people's concerns about, and hopes and aspirations for, their London and to provide them with a unique opportunity to explore what health means to them, to build and articulate visions of a healthy city, and to put proposals for action to policy- and decision-makers across London and beyond.

Imagine London comprises various projects, developed and run in partnership with different groups and organisations. The Imagine London 'network' continues to grow and more than 70 schools, youth groups, local authorities, health bodies and voluntary sector organisations are now involved in the programme.

During the year, two local initiatives, the *Young Refugees' Arts Project* and the *Health and Homelessness Project*, came to successful conclusions. The *Young Refugees' Arts Project* took place in Bromley and Hillingdon and was run in partnership with London Borough Grants, the two local health authorities and Magic Me, an arts education organisation. Young refugees from various countries, many of whom had quite recently arrived in London, were helped to explore their experiences and communicate their ideas about health through visual art and drama. As part of the *Health and Homelessness Project*, students at the London Guildhall University interviewed homeless people at the St Botolph's drop-in centre in Aldgate about their attitudes to life in London. The work

has spawned a follow-on project, part of which will air health issues in videos and on a web site.

The *Planning for a Healthy Environment Project* continues in schools and youth groups in Newham and Southwark, with young people of various ages exploring, for instance, the impact of traffic and pollution on health. A new project has been set up with the Jagonari Women's Centre in Whitechapel, in which two groups of Somali and Bengali women, one comprising younger and the other older women, are using photography as a way of promoting an inter-generational dialogue about ways of improving health in their neighbourhoods. New projects are also being developed with the Children's Society (focusing on urban regeneration), Youth Clubs UK (exploring mental health issues) and the London Borough of Merton (tackling the issue of drugs).

Imagine London has gained new momentum with the arrival of a dedicated programme manager. The creation of an interactive web site is now underway, with the aim of facilitating a lively exchange of views between young people across London about health issues and action that would make the city healthier. Young people in three London schools are working with a team of web designers on a pilot site, which will be launched at a major event at the King's Fund in the first half of 2000.

The year will also see the results of work done to 'map' other initiatives that engage London's young people in thinking about health issues, including the publication of a report highlighting the most

interesting initiatives; the production of a series of one-minute videos that will enable young people to broadcast their views on health issues to a large London audience; and the first in a series of events aimed at giving young people an opportunity to communicate directly with opinion-formers and policy-makers in London about ways of improving

health. The culmination of the events series and the whole Imagine London programme will be a Young People's London Assembly in 2002.

Steve Manning
Special Projects Director



HEALTH VALUES PROJECT

The Health Values project aims to explore the complex patterns of personal, professional and institutional values that prevail in our health system and to try to narrow some of the gaps between values and individual and organisational behaviour.

In the project's first year, the main focus was on the values of individuals – of NHS staff and users; in the second year, more emphasis has been placed on examining the values of the NHS as an institution. Early work has taken place on exploring values issues in some depth with a network of five NHS trusts and a primary care group (PCG). Interest in becoming involved in the project continues to grow amongst NHS organisations.

In July the King's Fund and the Institute for Public Policy Research jointly published a book by health policy analyst Bill New, entitled *A Good-Enough Service: Values, Trade-offs and the NHS*. This book explored the meaning of 'values' in a public service context, set out a taxonomy of values that underlie the NHS and discussed various conflicts between them. It pointed out that the NHS cannot satisfy absolutely all of the values it is expected to uphold and that trade-offs between values are inevitable. It argued that one of the difficulties faced by the NHS as an institution is that its inability to uphold absolutely its values is perceived by the public and politicians as failure and that it is therefore seen to be in perpetual crisis. The book argued for a change in expectations and for the NHS to be encouraged to strive for 'good failure' rather than 'unachievable success', that is to say, achieving a satisfactory balance, or trade-off, between its various values.

The book has provided the foundation for a series of seminars, led by prominent speakers from the UK and abroad. Some speakers are health experts and/or NHS leaders; others are public policy experts from a variety of disciplines. There is a high demand for participation in the seminars, and the discussion of values issues in the NHS and in a wider societal context has proved to be highly stimulating. The first seminar focused on the conflict between the values of universalism and efficiency maximisation and posed the question: 'the NHS... church or garage?' Seminars will continue throughout the year 2000.

The year will also see in-depth work on values with the newly established network of NHS trusts and one PCG, led by the Director of the King's Fund's Effective Practice programme, and work with current and future NHS leaders to develop values-centred leadership, led by the King's Fund's Director of Education & Leadership Development. The focus of the network will be on exploring how the institutional values of the NHS are enacted and the tensions, conflicts and trade-offs between them that emerge in practice; exploring the interplay between personal, professional and institutional values and those of service users; and attempting to align more closely articulated and enacted values.

The whole project will culminate in 2002, with the publication of a book and a major conference drawing together what has been learned about health and health service values from the various strands of work.

Steve Manning
Special Projects Director





CORPORATE AFFAIRS

In both 1997 and 1998, the King's Fund began the New Year with high-profile events. This tradition continued in January 1999, when the new Director-General of the World Health Organisation, Dr Gro Harlem Brundtland, spoke at the King's Fund in her first public engagement in the UK. Dr Brundtland outlined the new public health programme of WHO before an invited audience, which included the Minister for International Development Clare Short, Public Health Minister Tessa Jowell, Nobel prize-winning economist Professor Amartya Sen and the former chief medical officer of England Sir Kenneth Calman.

The seminar was the prelude to a busy year of King's Fund events, including the popular breakfast discussions and a launch debate for the new programmes of the King's Fund in May. It was also the busiest year to date for visitors to Cavendish Square. The increased activity in the building and its popularity as a venue are a tribute to the hard work of staff in portering, catering, conference and office services.

The King's Fund published a large number of reports and books, developing new formats and new series to respond to Policy & Development programmes and projects. The relaunch of *King's Fund News* as a tabloid newsletter was well received and it is now distributed to 18,000 recipients. Sales of publications and courses again exceeded projections, leading to a healthy surplus at the end of the year.

A major project was the redevelopment of the ground floor entrance and public area of the

building, to create a larger Bookshop, new Café and central reception/information point. The work was completed in December and has been widely praised for developing the King's Fund as an accessible public area for all those concerned with the future of health and health care.

Another large project was the redesign and expansion of the King's Fund's web site. The new site is designed to represent the diverse activities of the King's Fund in a way that allows visitors to the site to gain information and to join in discussions, ask questions and order services. This complex project involved staff from across the King's Fund and was co-ordinated and completed by a small project team under the leadership of the Head of Information Technology & Telecommunications. The IT team had a particularly eventful year, successfully completing preparations for year 2000 compliance and upgrading the IT network.

The King's Fund's profile as a leading health care charity continued to develop over the year, as senior staff commented publicly on matters of public concern and media interest. A new series of short briefings has proved popular to commentators, advisers and opinion-formers and has stimulated interest in issues of broader health and health care concern.

In the autumn, the Director of Corporate Affairs, supported by the external agency Hobsbawm Macaulay Communications, initiated a new project to ensure that the King's Fund's work is reaching key opinion-formers. With new priorities for the Government, for the Mayor and Greater London



Assembly, and for the King's Fund itself, it is essential that the work of the King's Fund is known and understood by all those involved and concerned with the health and health care of Londoners.

Ian Wylie

Director of Corporate Affairs



LIBRARY & INFORMATION

The King's Fund Library & Information Service is often cited as being, in the words of one reader, 'a wonderful library', offering ready access to a wide range of books, reports and journals, which are up-to-date and often not easily found elsewhere. During 1999 we therefore focused particularly on developing the *information service* part of our remit. For instance, we helped in the organisation of two major seminars at the King's Fund during 1999, on:

- the information needs of primary care groups
- areas that NHS managers would like to see covered by the National electronic Library for Health. (Work on this was further pursued, and the King's Fund is now to be a partner in a project – starting spring 2000 – to develop a prototype National electronic Library for Managers.)

Formal training sessions and presentations were undertaken, externally and as part of Leadership Development programmes, on such topics as electronic health information resources and knowledge management. Members of the Library team contributed articles to *Health Libraries Review* and *The Health Summary*, as well as papers to symposia. They also gathered data for an information audit of the King's Fund in February. The aim of this project was to create a snapshot of potential content for the new web site, but it also pointed to a broader picture of the King's Fund's information foundation. We began to build on these findings in the autumn, exploring how the King's Fund can make more strategic use of information. To this end also, in March the Library & Information Service launched its new electronic information

service, Webcat, which allows colleagues to search the Library database from their own desktop, use it as a starting point to search full-text information on the web and search major bibliographical CD-ROMs.

The Library's collection development policy was substantially revised, particularly taking into account the King's Fund's new areas of work. The reconstituted Library User Group played an important part in this revision process, as it did in helping shape thoughts on the results of the second, again very positive, impact study on the use of the Library by King's Fund colleagues.

A project was undertaken to reclassify stock to enable more effective access to ethnic health materials and a major donation of reports on ethnic health projects was received, which will enrich this area of the Library collection.

The Library's external links were strengthened during 1999: members of the team now serve on the steering groups of five different library/information organisations and the Library has taken the lead role in HMIC, the Health Management Information Consortium. Sales of the HMIC CD-ROM continued to grow, as well as maintaining an 83 per cent renewal rate.

Options for income generation were explored in detail during 1999, and it was decided that 'value-added' services to external users, such as literature searches undertaken by Library staff, should become priced services. The new system took effect in October. Income also came from external training opportunities and from a pilot link with the

University of North London, whose students make substantial use of the Library & Information Service.

Finally, the Library team enjoyed taking the lead on a highly successful Bring a Book to Work Day, the King's Fund's contribution to the National Year of Reading.

Lynette Cawthra
Library & Information Service Manager



HEALTH QUALITY SERVICE

As the foremost independent quality improvement and assurance programme for health services in the UK, HQS had another very busy and successful year in 1999. The more quality focused Government agenda for health care has established an environment where organisations such as ours can flourish. The following have been particular features of our work throughout the year.

NHS trusts

In addition to our work with whole organisations, we now encompass working specifically with directorates and/or particular clinical and support services. We also have been making a contribution in trust merger situations, where reviewing and bringing together often quite different approaches to quality policy and systems is an important element for successful merger. The HQS standards framework also complements the imperatives being placed on trusts by national management executives around issues such as controls assurance and clinical governance. The HQS work is therefore being seen as more and more helpful to trusts as they respond to ever increasing demands arising from external regulation, inspection and performance management.

Primary care

The development work initiated in 1998 and completed in 1999 around standards for primary care groups (PCGs) has been a success, making a significant contribution to the successful establishment of PCGs and to preparing them for primary care trust status in future. The new Primary Care Team programme has been equally successful

and work with primary care teams has, in a number of instances, been commissioned by primary care groups or health authorities on behalf of all practices within a primary care group area.

Independent and voluntary sector

HQS continues to be the major accreditation organisation for independent hospitals, accrediting over 50 per cent of such organisations throughout the UK. For the first time in February 1999 a specific accreditation programme for the independent sector was launched. Whilst this programme uses the same core standards as NHS trusts, the newly published programme takes account of the differences in corporate governance arrangements between the independent and public sectors.

International programme

It is increasingly important that our national standards embody good practice and that we acquire more direct experience of operating in a European environment. To that end, we have signed a five-year contract with the Government of Portugal to help them develop an accreditation service for their hospitals. Initially hospitals will be accredited by HQS but that will lead to accreditation by a Portuguese accreditation agency by the end of the contract period.

We continue to be members of all relevant international organisations, such as ISQua (the International Society for Quality in Health Care) and the Wellington Group (national health system accreditation bodies) and contribute to and learn from such exchanges.



Independence

The King's Fund's Management Committee have agreed that as from 1 January 2000 HQS will become a charity in its own right, although we will continue to work closely with the King's Fund – particularly around the King's Fund's interests in improving the quality of health services in London. The HQS Board of Trustees will be Sir Leslie

Turnberg (Chair), Barry Jackson, Sir Brian Jarman, Christine Hancock, Catherine McLoughlin, Alison Guy, Allister Stewart, Nick Ross and Frank Jackson OBE (co-opted from the King's Fund).

Peter Griffiths
Chief Executive

TRUSTEES' REPORT 1999

ORIGIN, OBJECTS, DIRECTION & MANAGEMENT OF THE KING'S FUND

The King's Fund began its existence in 1897 from an initiative of the then Prince of Wales to allow for the collection and distribution of funds in support of the hospitals of London. The current organisation is governed in accordance with the King Edward's Hospital Fund for London Act 1907, which stipulates both the Objects and Management of the King's Fund, namely: '*The objects of the Corporation are to administer ... moneys or property held or obtained by the Corporation ... towards the support benefit or extension of the hospitals of London ... and to do all such things as may be incidental or conducive to the attainment of the foregoing objects*' and '*The direction and management of the affairs of the Corporation and the administration and distribution of property and income thereof shall ... be vested in the President and General Council*'. Furthermore, '*A majority of the members of the General Council present at a meeting of the President and General Council may ... delegate the power of the General Council ... to any committee constituted under this Act...*'.

President

HRH The Prince of Wales KG KT PC GCB

Honorary Member

HRH Princess Alexandra, The Hon Lady Ogilvy GCVO

General Council

The Lord Chancellor
The Speaker of the House of Commons
The Lord Bishop of London
The Chief Rabbi
The General Secretary of the Free Churches' Council
The Governor of the Bank of England
The President of the Royal College of Physicians
The President of the Royal College of Surgeons
The President of the Royal College of Obstetricians
& Gynaecologists
The President of the Royal College of
General Practitioners
The President of the Royal College of Pathologists
The President of the Royal College of Psychiatrists
The President of the Royal College of Radiologists
The President of the Royal College of Anaesthetists
The President of the Royal College of
Ophthalmologists
The President of the Royal College of Nursing
The President of the Royal College of Midwives
The President of the Royal College of Paediatrics
& Child Health
The President of the Royal College of Speech
& Language Therapists
The President of the Institute of Health
Services Management
The Chairman of the London Regional Office
The Chairman of the South East Regional Office
Sir Donald Acheson KBE
Dr Dwoma Adu
William Backhouse
Sir Roger Bannister CBE
Sir John Batten KCVO
Major Sir Shane Blewitt GCVO
Dr John Bradfield CBE
Dr Anthony Bryceson
Professor Sir Kenneth Calman KCB

Sir Timothy Chessells
Professor Anthony Clare
Sir Michael Colman Bt
Baroness Cox
Michael Dobson
Sir William Doughty
Professor Charles Easmon
Professor Adrian Eddleston (*from 1.1.00*)
Marius Gray
Professor Andrew Haines (*from 1.1.00*)
Christine Hancock
Sir Graham Hart KCB
Professor Richard Himsworth
Sir Raymond Hoffenberg KBE
Lord Hussey of North Bradley
Sir Donald Irvine CBE
Dr Bobbie Jacobson
Professor Sir Brian Jarman OBE
The Countess of Limerick CBE
Lady Lloyd
Dr Stephen Lock CBE
Strone Macpherson
Lord McColl of Dulwich
Professor David Neal
Mary Ney
Professor Sir Duncan Nichol CBE
Leslie Paine OBE
Professor Sir John Pattison
Sir Michael Peat KCVO
Baroness Usha Prashar CBE
Professor Lesley Rees
Sir John Riddell Bt CVO
Sir Maurice Shock
Dr Richard Thompson
Max Ward
Professor Albert Weale FBA
Professor Jenifer Wilson-Barnett

At its meeting on 15 May 1996, the General Council adopted the following resolution: '*Subject to the approval of the President and until the General Council shall otherwise direct, with effect from and including 1 January 1997, all the powers of the General Council in relation to King Edward's Hospital Fund for London be delegated to the Management Committee of the said Fund, which shall duly report its activities to the President and General Council from time to time*'. Membership of the Management Committee and those committees reporting to it directly are shown overleaf.

Committee Members

Management Committee

Chair*	Sir Graham Hart KCB
Vice-Chair*	Professor Sir John Pattison (to 1.9.99) Sir Donald Irvine CBE (from 1.10.99)
Treasurer*	William Backhouse
Dr John Bradfield CBE	(to 31.12.99)
Professor Adrian Eddleston	(from 1.12.99)
Professor Andrew Haines	(from 21.10.99)
Christine Hancock	
Lord Hussey of North Bradley	(to 31.6.99)
Dr Bobbie Jacobson	
Professor David Neal	
Mary Ney	
Baroness Usha Prashar CBE	
Professor Albert Weale FBA	
Sir William Wells	

* *Members of The Executive Committee.*

Investment Committee

William Backhouse, Chair
Dr John Bradfield CBE
Sir Michael Colman Bt
Michael Dobson
Valentine Fleming
Marius Gray
Strone Macpherson
Max Ward

Audit Committee

William Backhouse, Chair
Michael Dobson
Valentine Fleming
Strone Macpherson

Remuneration Committee

Sir Graham Hart KCB, Chair
William Backhouse
Christine Hancock
Sir Donald Irvine CBE
Sir William Wells

Grants Committee

Professor Albert Weale FBA, Chair
Ziggi Alexander
William Backhouse
Dame Ann Bowtell DBE
Dr Muriel Buxton-Thomas
Sheila Hewitt
Sir Raymond Hoffenberg KBE (*to 31.12.99*)
Dr Bobbie Jacobson
Mercy Jeyasingham (*to 31.12.99*)
Professor Roger Jones
Anne Milner
Dr Parva Nayer
Professor Jenifer Wilson-Barnett

Educational Bursaries Panel

Professor Jenifer Wilson-Barnett, Chair
Judy Anderson
Wilma MacPherson
Sue Studdy
Sally Thompson

Travelling Fellowships Panel

Dr Muriel Buxton-Thomas, Chair
Dr Brendan Hicks
Hugh Phillips
Dr Richard Thompson

Senior Staff

Chief Executive
Rabbi Julia Neuberger
 Director, Resources
Frank Jackson OBE
 Director, Policy & Development
Angela Coulter (*to 31.12.99*)
Janice Robinson
 (*Acting Director from 1.1.00*)
 Director, Corporate Affairs
Ian Wylie

Director, Education & Leadership
Development
David Knowles
Director, Health Quality Service
Peter Griffiths (*to 31.12.99*)
Director, Grants
Susan Elizabeth
Director, Race & Diversity
Naaz Coker
Director, Special Projects
Steve Manning

Director, Community Care
Janice Robinson
Director, Effective Practice
Alison Hill
Director, Primary Care
Steve Gillam
Director, Health Systems
John Appleby
Director, Public Health
Anna Coote

FINANCIAL REVIEW 1999

The following pages contain the full audited accounts of the King's Fund. They have been completed in accordance with the Statement of Recommended Practice for charity accounts. As a result of detailed examination of the format of the King's Fund's accounts, some changes have been made in 1999 and the comparative figures for 1998 have therefore been restated where appropriate.

Outcome for the year

Following the major restructuring exercise in 1998, the year under review (1999) was a period of consolidation within the King's Fund. Total income was only marginally below that of the preceding year, although there were variations within that sum. Income from grants fell during the year but the amount held as Restricted Funds, i.e. the balance of these grants not yet spent, increased by 30 per cent – providing a firm base from which to work in the forthcoming year. Total income from activities also dropped marginally but the income generated by the King's Fund's investments was greater than in 1998.

Expenditure in 1999 was very similar to that in 1998 after excluding the one-off costs of restructuring (£1 million) in that year. There was a further reduction in the average number of staff employed, most notably in the higher earning bracket, thereby reducing the total wage bill by £0.5 million after excluding the restructuring costs. About one half of

that sum was spent on additional external advisers as newly funded projects got underway.

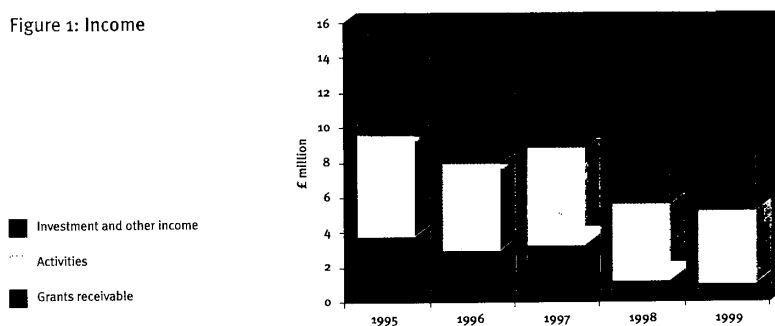
The final outcome for the year, namely outgoing resources exceeding income by £1.9 million, was in line with budget and £0.8 million less than in 1998. Once again the shortfall was more than adequately covered by the increase in the market value of the King's Fund's investment portfolio. Net assets at 31 December 1999 were 13.4 per cent higher than at the end of the previous year.

A key event for 2000 is the demerger on 1 January of the Health Quality Service (HQS) into a separate charitable company limited by guarantee, which is not part of the King's Fund nor a subsidiary. To facilitate reporting on this discontinued activity in the accounts for the current year (2000), as required by FRS 3, the Statement of Financial Activities separately identifies the income and expenditure of HQS for both 1998 and 1999.

Income

Total income for the year amounted to £10.5 million, of which £5.3 million was investment and other income and £5.2 million was received as grants from other organisations or was generated as fees for services provided by the King's Fund. This compares with total income in 1998 of £10.8 million, of which £5.1 million represented investment and other income. A comparison of income for the past five years is shown in Figure 1.

Figure 1: Income

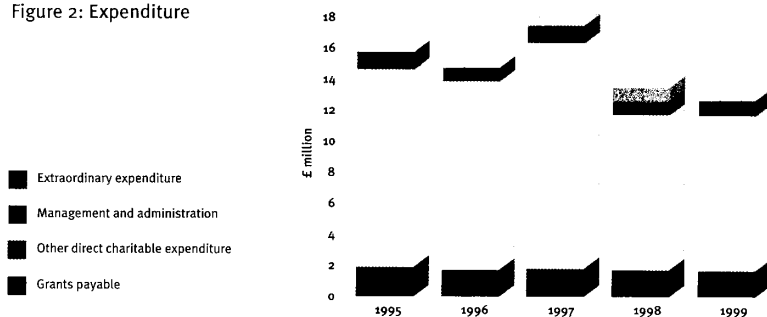


Expenditure

Total expenditure of the King's Fund was £12.5 million, compared with £13.5 million in 1998. A comparison of expenditure over the past five years is shown in Figure 2. An analysis of the King's Fund's

expenditure by directorate is shown in Note 3 to the Annual Accounts on page 43 of this Report. Details of grants awarded in 1999 are shown on pages 12 – 15.

Figure 2: Expenditure

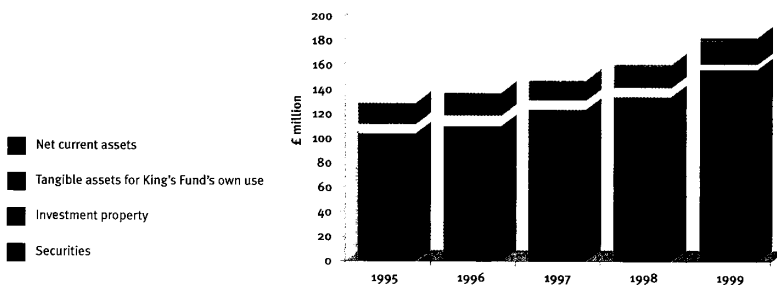


Assets

In order to preserve the capital base whilst allowing for increases in annual expenditure, the investment policy of the King's Fund seeks to maximise total return over the long term, rather than focusing on short-term income. This policy will mean that

annual expenditure is likely to exceed total income, resulting in the spending, on a planned basis, of a part of the realised capital appreciation held within the General Fund.

Figure 3: Assets



At 31 December 1999, the value of the King's Fund's net assets was £182.6 million, an increase of £21.5 million over the year. This increase was due to another notable improvement in stock markets worldwide, particularly in the last quarter. The composition of the King's Fund's total net assets over the past five years is shown in Figure 3.

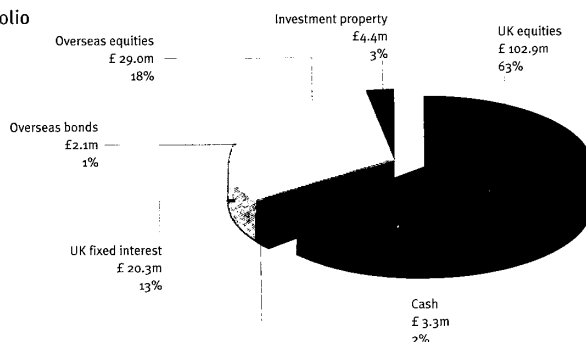
Tangible assets held for the King's Fund's own use increased from £18.0 million to £18.4 million, largely as a result of the development of the Bookshop/Café on the ground floor of Cavendish Square. The King's Fund's investment securities increased in value over the year by £22.3 million to £157.6 million. The two remaining commercial

properties held by the King's Fund were sold during 1999. The portfolio of agricultural property was valued at £4.4 million at 31 December 1999, an increase in the year for these properties of £0.75 million.

At the year end current assets exceeded current liabilities by £2.3 million.

The composition of the King's Fund's investment portfolio at the year end is shown in Figure 4.

Figure 4: Investment portfolio



Other

The average number of staff employed by the King's Fund during the year was 160, compared with 170 in 1998, of whom 15 (13 in 1998) were funded by grants from other bodies.

The Treasurer gratefully acknowledges all donations, including legacies, received by the King's Fund during the past year.

The Treasurer is delighted to report that the King's Fund is able to mark the Millennium by making a series of major grants for projects that will contribute in different ways to health care in London and more widely, and to the health of Londoners.

STATEMENT OF GENERAL COUNCIL RESPONSIBILITIES

The General Council is responsible for the preparation of financial statements for each financial year, which give a true and fair view of the King's Fund's incoming resources and application of resources during the year and of its state of affairs at the end of the year. In preparing those financial statements the General Council is required to:

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The General Council's responsibilities include keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the King's Fund and enable the General Council to ensure that the financial statements comply with the UK Charities Act 1993. The General Council is also responsible for safeguarding the King's Fund's assets and hence for taking reasonable steps for the prevention and detection of fraud and breaches of law and regulations.

REPORT OF THE AUDITORS TO THE GENERAL COUNCIL AS TRUSTEES OF THE KING'S FUND

for the year ended 31 December 1999

We have audited the financial statements on pages 38 – 48.

Respective responsibilities of trustees and auditors

The Trustees of the charity are responsible for preparing the Annual Report. As described on the opposite page, this includes responsibility for preparing the financial statements in accordance with applicable UK accounting standards. Our responsibilities, as independent auditors, are established in the UK by statute, the Auditing Practices Board and our profession's ethical guidance. We have been appointed as auditors under section 43 of the UK Charities Act 1993, and report in accordance with regulations made under section 44 of that Act.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the UK Charities Act 1993. We also report to you if, in our opinion, the Trustees' Report is not consistent with the financial statements, if the charity has not kept proper accounting records or if we have not received all the information and explanations we require for our audit.

We read the other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements.

Basis of audit opinion

We conducted our audit in accordance with Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and

judgements made by the Trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations that we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of the charity's affairs at 31 December 1999 and of its net outgoing resources and cash flows for the year then ended, and have been properly prepared in accordance with the UK Charities Act 1993.

PricewaterhouseCoopers
Chartered Accountants and Registered Auditors
No 1 London Bridge
London SE1 9QL

12 May 2000

STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31 December 1999

						1999	1998
						Total	Restated
	Note	£000	HQS (note a) £000	Continuing Activities £000	Capital Fund £000	Restricted Funds £000	Total Funds £000
INCOMING RESOURCES							
Income from grants			—	115	—	886	1,286
Income from Health Quality Service		1,165					
Less: Income received in advance		5	1,160	—	—	—	1,090
Income from continuing activities		3,510					
Less: Income received in advance		460	—	3,050	—	—	3,257
Donations and legacies			—	21	—	—	75
Investment income	4		—	3,028	2,271	—	5,299
Other income			—	6	—	—	6
TOTAL INCOMING RESOURCES	3		1,160	6,220	2,271	886	10,537
RESOURCES EXPENDED							
Grants payable		1,581					
Other direct charitable expenditure		7,148	—	8,729	—	820	9,549
Restructuring costs			—	—	—	—	1,016
Health Quality Service			2,056	—	—	—	2,056
Management and administration			—	499	375	—	874
TOTAL RESOURCES EXPENDED	3		2,056	9,228	375	820	12,479
NET INCOMING/(OUTGOING)							
RESOURCES BEFORE TRANSFERS							
Transfers between funds	10		(896)	(3,008)	1,896	66	(1,942)
			896	771	(1,896)	229	—
NET INCOMING/(OUTGOING)							
RESOURCES AFTER TRANSFERS							
				(2,237)	—	295	(1,942)
Other recognised gains							
Realised gains/(losses) on disposal of investments				82	(259)	—	(177)
Movement in market value of investments				13,829	9,806	—	23,635
NET MOVEMENT IN FUNDS FOR YEAR				11,674	9,547	295	21,516
Balances brought forward at 1 January				102,102	57,969	—	160,071
Prior Year Adjustment	11			72	—	984	1,056
RESTATED FUNDS AT 1 JANUARY				102,174	57,969	984	161,127
FUNDS AT PERIOD END				113,848	67,516	1,279	182,643

NOTES

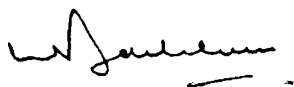
- HQS Limited was established as a separate charitable company limited by guarantee on 1 January 2000. The activities of the Health Quality Service are discontinued as part of the King's Fund from that date and have, therefore, been separately identified above to facilitate future year on year comparisons.
- For details of prior year adjustments for support cost income see Note 3 and for Restricted Funds see Notes 2 and 11.

BALANCE SHEET

as at 31 December 1999

		1999	1999	1998	1998
				Restated	Restated
	Note	£000	£000	£000	£000
FIXED ASSETS					
Tangible assets held for the King's Fund's own use	5	18,426		18,045	
Investments	6	161,964	180,390	141,935	159,980
CURRENT ASSETS					
Debtors	7	2,732		2,210	
Stocks		166		221	
Cash at bank and in hand		967	3,865	699	3,130
CURRENT LIABILITIES					
	8		(1,612)		(1,983)
NET CURRENT ASSETS					
			2,253		1,147
TOTAL NET ASSETS					
			182,643		161,127
FUNDS					
	9 & 10				
RESTRICTED FUNDS			1,279		984
CAPITAL FUND			67,516		57,969
UNRESTRICTED FUNDS					
Designated Funds		2,453		2,799	
Other General Funds		111,395	113,848	99,375	102,174
			182,643		161,127

Approved by the Audit Committee on 28 April 2000 under the delegated authority of the Management Committee, and presented to the General Council on 15 June 2000.



William Backhouse, Treasurer

CASHFLOW STATEMENT

for the year ended 31 December 1999

	1999	1999	1998	1998
	£000	£000	Restated £000	Restated £000
Operating activities				
Net cash outflow from operating activities		(2,384)		(1,965)
Capital expenditure and financial investment				
Payments to acquire tangible fixed assets	(777)		(489)	
Purchase of investment securities	(74,460)		(58,061)	
Sale of investment securities	72,173		59,400	
Receipts from sale of investment properties	3,429		(2)	
Net cash inflow from capital expenditure and financial investment		365		848
Decrease in cash in the year		(2,019)		(1,117)

NOTES TO THE CASH FLOW STATEMENT

	1999	1998
	£000	Restated £000
Reconciliation of net outgoing resources to net cash outflow from operating activities		
Net outgoing resources	(1,942)	(2,731)
Depreciation of tangible fixed assets	396	339
Decrease in stocks	55	-
Decrease/(increase) in debtors	(522)	662
Decrease in creditors	(371)	(235)
Net cash outflow from operating activities	(2,384)	(1,965)

	At 1 January 1999 £000	Movement £000	At 31 December 1999 £000
Analysis of changes in cash during the year			
Investment cash	5,555	(2,287)	3,268
Cash at bank and in hand	699	268	967
	<u>6,254</u>	<u>(2,019)</u>	<u>4,235</u>

NOTES TO THE ACCOUNTS

for the year ended 31 December 1999

1 Basis of preparation

The accounts have been prepared in accordance with the historical cost convention as modified by the revaluation of listed investments and investment properties. They have been prepared in accordance with applicable accounting standards and the Statement of Recommended Practice (SORP) *Accounting by Charities* published in October 1995.

2 Accounting policies

Grants receivable

Grants receivable are accounted for in full in the year in which they arise. In cases where conditions attaching to their receipt have not yet been met they are deferred to future accounting periods.

Income from activities

Income from activities is accounted for in full in the year in which it arises. Income for future activities is deferred and matched to expenditure in the period to which it relates.

Grants payable

Grants payable are included in the financial statements when paid. Grants awarded but not yet paid are disclosed in Note 14.

Donations and legacies

Donations and legacies are included in the Statement of Financial Activities when they are reliably reported as receivable. Those without restrictions are credited to the General Fund, permanent endowments are credited to the Capital Fund and those with conditions on the manner in which they might be expended are credited to Restricted Funds.

Investment income

Income from investments and securities is accounted for when dividends and interest are receivable and includes recoverable taxation.

Resources expended

Resources expended include support costs that are reallocated using formulae derived from consumption and similar appropriate measures. These are shown in Note 3.

Pension costs

Pension costs are accounted for on the basis of charging the expected cost of providing pensions over the period during which the King's Fund derives benefit from the employees' services.

Tangible assets held for the King's Fund's own use

Tangible assets held for the King's Fund's own use are held at cost less depreciation.

Depreciation is calculated so as to write off the cost of the tangible assets, excluding freehold land, on a straight line basis, over the expected useful economic lives of the assets concerned, which are taken as:

Computer hardware and software	3 years
Office equipment	3 years
Plant and machinery	5 to 30 years

The expected useful economic life of each item of plant and machinery is determined by the King's Fund's independent consulting quantity surveyors.

The King's Fund's buildings are not depreciated because they are maintained in a condition such that any depreciation charge for the year, or depreciation accumulated to date, would be immaterial. See also Note 5.

Investments

All investments are stated on the Balance Sheet at market value based on mid-market prices at the Balance Sheet date.

Investment properties are stated at their estimated value on an open market basis at the Balance Sheet date.

Valuations are updated annually by the King's Fund's professional advisers.

Realised and unrealised gains and losses on investments are included in the Statement of Financial Activities and are calculated in relation to their holding valuation at the end of the previous accounting period or their cost if bought in the current accounting period.

Stocks

Stocks are stated at the lower of cost and net realisable value.

Foreign currencies

Transactions denominated in foreign currencies during the year are translated at prevailing rates. Assets and liabilities are translated at rates applying at the Balance Sheet date.

Funds

Capital Fund: The King's Fund has no power to spend the capital sum, which is required to be held in perpetuity to generate income to further the objects of the King's Fund. Income generated from the Capital Fund is transferred to the General Fund.

General Fund: This is an unrestricted fund. The Trustees have the power to use it for the general purposes of the King's Fund.

Restricted Funds: The King's Fund receives grants from a range of bodies, including the Department of Health and a number of grant giving organisations, to fund much of its work in Policy and Development. Attached to each grant are restrictions on the manner in which it is to be spent, usually associated with a project brief and tender submission. See also Notes 9, 10 and 11.

In prior years, grants received for specific purposes that were not expended during the year were accounted for as deferred income within the General Fund. To better reflect the treatment required by the SORP, these are now recognised as restricted income in the year of receipt. See Note 11 for the impact of this adjustment.

Designated Funds: To recognise the longer-term nature of some of the projects undertaken, the Trustees have chosen to designate elements of the General Fund for these specific purposes. See also Note 10.

3 Analysis of income and expenditure

	Total Income	Direct Costs	Support Services	Total Costs	1999 Net Cost/ (Income)	1998 Net Cost/ (Income) <i>Restated</i>
	£000	£000	£000	£000	£000	£000
CHARITABLE EXPENDITURE						
Grants payable	40	1,466	115	1,581	1,541	1,503
Leadership Development	2,014	1,914	523	2,437	423	685
Policy & Development: Core	61	1,410	727	2,137	2,076	1,876
Policy & Development: Projects	886	820	—	820	(66)	266
Information Services	332	1,093	513	1,606	1,274	684
Special Projects	75	253	72	325	250	210
Centenary	—	—	—	—	—	21
	3,408	6,956	1,950	8,906	5,498	5,245
Health Quality Service	1,160	1,459	597	2,056	896	786
	4,568	8,415	2,547	10,962	6,394	6,031
SUPPORT SERVICES INCOME	643	—	643	643	—	—
OTHER EXPENDITURE						
Restructuring costs	—	—	—	—	—	1,016
MANAGEMENT AND ADMINISTRATION						
Investment activities	5,299	475	—	475	(4,824)	(4,573)
Other income	21	—	—	—	(21)	(75)
Chief Executive's Office	6	293	106	399	393	332
	5,326	768	106	874	(4,452)	(4,316)
1999	10,537	9,183	3,296	12,479	1,942	2,731
RESTATED 1998	10,770	10,224	3,277	13,501	2,731	

Support Services income, which in previous years (£814,000 in 1998) was netted off against Support Services expenditure, has been included gross in 1999. Comparative figures have been adjusted accordingly.

Included in the above expenditure are the following sums:

	1999 £000	1998 £000
Trustees' indemnity insurance <i>[Direct cost]</i>	6	6
Auditors' remuneration – audit fees <i>[Direct cost]</i>	23	23
– other services <i>[Support Services cost]</i>	107	71

4 Investment income

	1999	1998
	£000	£000
Listed securities and cash assets	5,026	4,805
Properties	273	257
	<u>5,299</u>	<u>5,062</u>

5 Tangible assets held for the King's Fund's own use

	Land and Buildings	Plant, Machinery & Office Equipment	Computer Hardware & Software	1999 Total Assets	1998 Total Assets
	£000	£000	£000	£000	£000
Cost					
At 1 January	14,573	4,160	2,096	20,829	20,340
Additions	216	434	127	777	489
Disposals	—	(66)	(1,937)	(2,003)	—
At 31 December	14,789	4,528	286	19,603	20,829
Less Depreciation					
At 1 January	—	743	2,041	2,784	2,445
Charge for the year	—	331	65	396	339
Disposals	—	(66)	(1,937)	(2,003)	—
	—	1,008	169	1,177	2,784
Net Book Value					
At 31 December	<u>14,789</u>	<u>3,520</u>	<u>117</u>	<u>18,426</u>	<u>18,045</u>
Previous Year	<u>14,573</u>	<u>3,417</u>	<u>55</u>	<u>18,045</u>	

The King's Fund's own use property, 11–13 Cavendish Square, London W1M 0AN, is included in the Balance Sheet at its historic cost (£18,309,000) in accordance with the SORP. As required by FRS11 (Impairment of Fixed Assets and Goodwill), the King's Fund has obtained an appropriate open market valuation of the property and the Trustees have taken the view that any difference between the market valuation and cost is not material. The King's Fund has also determined from that same valuation that the estimated remaining life of the building is at least 100 years and in accordance with FRS15 (Tangible Fixed Assets) no depreciation charge is made on the grounds that it would be immaterial.

6 Investments at market value

	Securities	Property	1999	1998 <i>Restated</i>
	£000	£000	£000	£000
Investment properties	—	4,436	4,436	6,681
Securities: Listed	153,797	—	153,797	129,236
Unlisted	463	—	463	463
Cash	3,268	—	3,268	5,555
	157,528	4,436	161,964	141,935
Investments in the UK	126,475	4,436	130,911	119,621
Investments outside the UK	31,053	—	31,053	22,314
	157,528	4,436	161,964	141,935
Capital Fund	67,516	—	67,516	57,969
General Fund	90,012	4,436	94,448	83,966
	157,528	4,436	161,964	141,935
Market value at 1 January	135,254	6,681	141,935	131,154
Profit/(loss) on disposals	(606)	429	(177)	722
Net proceeds of property disposals	—	(3,429)	(3,429)	—
Other movements including revaluation				
at Balance Sheet date	22,880	755	23,635	10,059
Market value at 31 December	157,528	4,436	161,964	141,935

7 Debtors

	1999	1998 <i>Restated</i>
	£000	£000
Trade debtors	1,718	1,506
Other debtors	371	111
Prepayments and accrued income	643	593
	2,732	2,210

8 Current liabilities

	1999	1998 <i>Restated</i>
	£000	£000
Creditors and accruals	1,070	1,933
Income received in advance	492	50
Grants received in advance	50	—
	1,612	1,983

9 Net assets representing funds

	Restricted Funds	Capital Fund	General Fund	1999 Total Funds	1998 Total Funds <i>Restated</i>
	£000	£000	£000	£000	£000
Tangible assets for the					
King's Fund's own use	–	–	18,426	18,426	18,045
Investments	–	67,516	94,448	161,964	141,935
Net current assets	1,279	–	974	2,253	1,147
	<u>1,279</u>	<u>67,516</u>	<u>113,848</u>	<u>182,643</u>	<u>161,127</u>

10 Analysis of funds

	Balance at 1 January 1999	Incoming resources	Outgoing resources	Balance at 31 December 1999
	£000	£000	£000	£000
RESTRICTED FUNDS				
Community Care programme projects	373	873	433	813
Effective Practice programme projects	190	22	58	154
Health Systems programme projects	32	–	21	11
Primary Care programme projects	103	233	227	109
Public Health programme projects	–	184	57	127
Non-programme specific projects	286	3	224	65
	<u>984</u>	<u>1,315</u>	<u>1,020</u>	<u>1,279</u>
CAPITAL FUND	£000	£000	£000	£000
Movements	57,969	2,271	375	59,865
Transfers to General and Restricted Funds	–	–	1,896	(1,896)
Realised and unrealised gains	–	9,547	–	9,547
	<u>57,969</u>	<u>11,818</u>	<u>2,271</u>	<u>67,516</u>
UNRESTRICTED FUNDS	£000	£000	£000	£000
<i>Designated Funds</i>				
Working Together: Mental Health in London project	973	–	236	737
Grants awarded	1,826	1,169	1,279	1,716
<i>Other General Funds</i>				
Movements	99,375	7,380	11,284	95,471
Transfers from Capital Fund and to Restricted Funds	–	1,896	229	1,667
Transfers from Designated Funds	–	346	–	346
Realised and unrealised gains	–	13,911	–	13,911
	<u>102,174</u>	<u>24,702</u>	<u>13,028</u>	<u>113,848</u>

11 Prior year adjustment

As stated in Note 2, grants received for specific purposes are now recognised as restricted income in the year of receipt. Previously grants received for specific purposes that were not expended during the year were accounted for as deferred income. The 1998 figures have been adjusted to provide for direct comparisons under this new policy. The impact on the King's Fund's accounts is to increase restricted funds by £1.1million (£1.3million in 1998) and reduce General Fund creditors (deferred income) by the same amount.

12 Employees

	1999	1998
	£000	£000
Wages and salaries	4,302	5,331
Social Security costs	441	459
Pension costs	371	436
Total emoluments	5,114	6,226

	1999	1998
Average number of employees	160	170
The numbers of employees with remuneration exceeding £40,000 were:		
£40,000 – £49,999	5	10
£50,000 – £59,999	14	18
£60,000 – £69,999	3	3
£70,000 – £79,999	1	–
£80,000 – £89,999	–	2
£90,000 – £99,999	2	–
£100,000 – £109,999	1	1

The above figures exclude salaries paid to eight employees of the King's Fund, whose employment costs are borne by CASPE Research, totalling £289,000 (£284,000 in 1998).

13 Pension schemes

The King's Fund operates a funded defined benefits scheme that is contracted out of the State scheme and provides no other post-retirement benefits.

For those staff in the King's Fund Staff Pension and Life Assurance Plan the pension cost is assessed in accordance with the advice of an independent qualified actuary using the projected unit method. The latest of the triennial actuarial valuations of the scheme was at 1 April 1998. The assumptions that have the most significant effect on the valuation are those relating to the rate of return on investments and the rates of increase in salaries and pensions. The actuary assumed that the investment return would be 8 per cent per annum, that salary increases would average 6.5 per cent per annum and that present and future pensions would increase at the rate of 4 per cent per annum.

At the date of the latest actuarial valuation (using the traditional approach), the market value of the assets of the King's Fund Staff Pension and Life Assurance Plan was £20.8 million. The actuarial value of those assets was sufficient to cover 115 per cent of the benefits that had accrued to members, after allowing for expected future increases in earnings. The contributions of the King's Fund and employees for 1999 were 10 per cent and 5 per cent respectively. The employer's contribution will increase to 11 per cent from 1 April 2000 and to 12 per cent from 1 April 2001.

The King's Fund has delegated authority to allow members of the NHS Pension Scheme to remain in that scheme and some current staff took up that option on joining the King's Fund. The current rates of contribution for the NHS scheme were set by the Government Actuary at 4 per cent and 6 per cent for the employer and employee respectively. The former is to increase to 5 per cent from 1 April 2000 and to 7 per cent from 1 April 2001.

The pension costs for the period were £370,531 (£435,662 in 1998).

14 Commitments

At 31 December 1999, the unpaid balance of grants awarded by the Grants Committee was £1,716,000 (£1,826,000 in 1998). These sums have not been included as liabilities as the conditions for payment had not been met at 31 December 1999. The King's Fund has designated an amount within its General Fund to meet these commitments. Details of grants awarded during the year are shown on pages 12 – 15.

15 Trustees' expenses

A total of £1,222 (£2,687 in 1998) was reimbursed to five (six in 1998) Trustees in respect of travel and subsistence expenses incurred during the year. No Trustee received any remuneration during the year.

16 Post Balance Sheet event

The Management Committee, at its meeting on 2 December 1999, agreed to make certain commitments to the Health Quality Service on its establishment as a separate charitable company limited by guarantee, HQS Limited, on 1 January 2000. These commitments are summarised below:

- a) The former King's Fund staff who are now employed by HQS Limited were transferred on 1 January 2000 under the TUPE Regulations with their terms and conditions of employment unchanged. Although they ceased at that date to be the responsibility of the King's Fund, there are circumstances under TUPE law in which a continuing liability could theoretically arise. In this event, the King's Fund could be obliged to resume its employer obligations towards its former staff. TUPE case law is still developing and the prospects of a claim succeeding would depend heavily on the timing and precise circumstances. In the interests of prudence a term of two years has been placed on potential claims.
- b) The King's Fund will purchase work from HQS Limited in 2000 and 2001, the content of which is to be in line with the King's Fund's Corporate Strategy.
- c) The King's Fund will provide continuing support to HQS Limited, by way of a loan at an agreed interest rate, for 2000 and 2001.
- d) The King's Fund will act as guarantor for contracts entered into by HQS Limited in respect of premises and office services.

It is not practical to make estimates of the value of these commitments and therefore no provisions have been made in the accounts.



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National Westminster Bank Plc

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PricewaterhouseCoopers

Solicitors

Nabarro Nathanson
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Property:

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Donations

Her Majesty The Queen

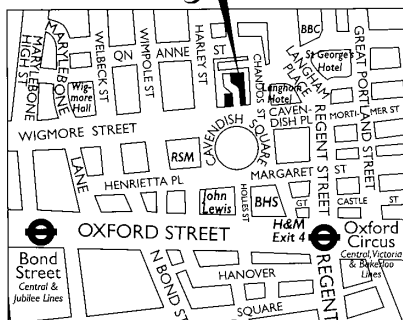
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HR Arnold, A Heilbron, G Roland

King's Fund



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