

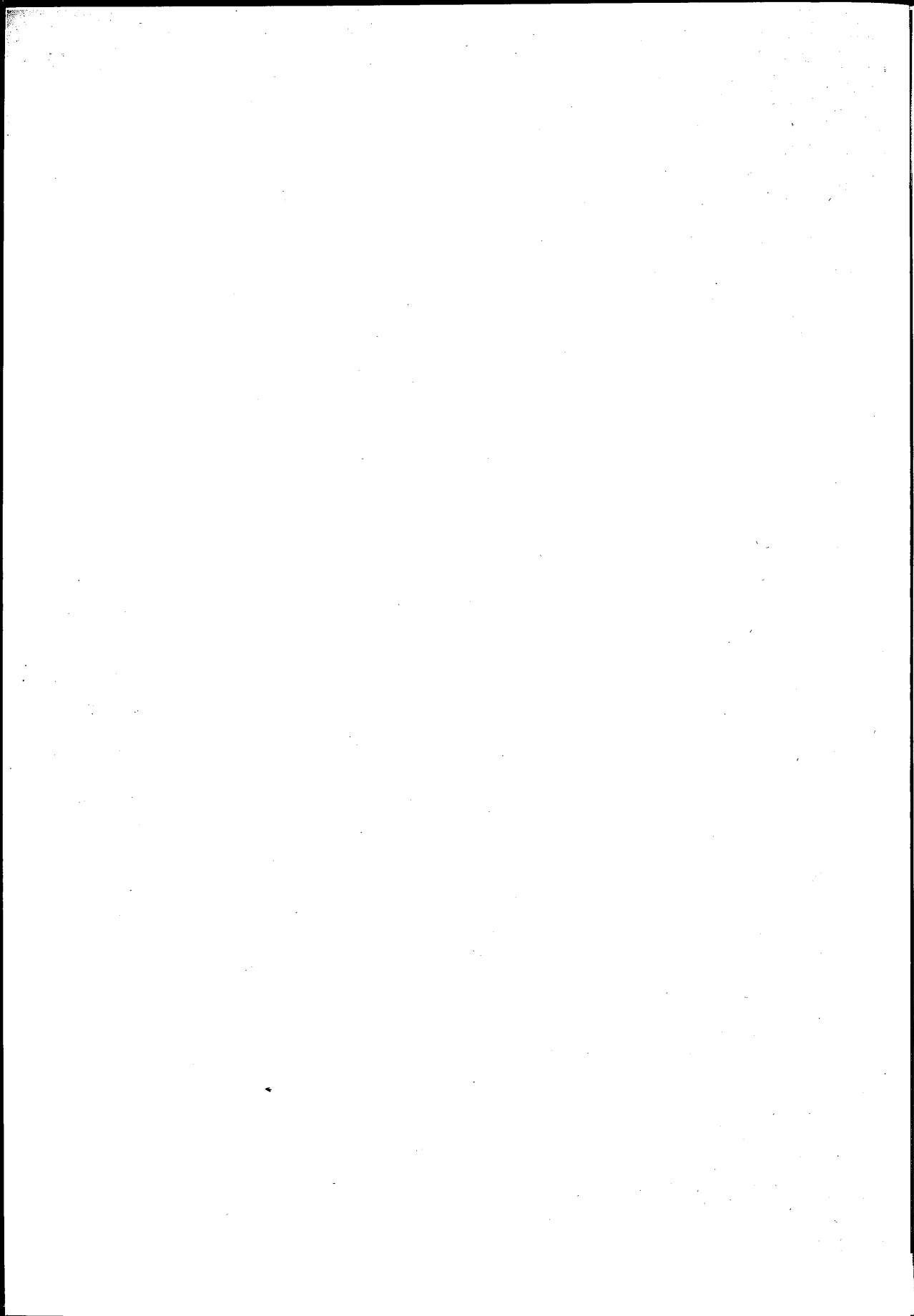
*King's* Fund

Annual Report  
1997

100  
YEARS  
SUPPORTING  
PEOPLE'S  
HEALTH



1897~1997



*King's* Fund

# Annual Report 1997

**Patron**

Her Majesty The Queen

**President**

HRH The Prince of Wales KG KT PC GCB

**Treasurer**

William Backhouse FCA

**Chairman of the Management Committee**

Marius Gray FCA

**Chief Executive**

Rabbi Julia Neuberger

King's Fund  
11-13 Cavendish Square  
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100  
YEARS  
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1897~1997

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# Chairman's Statement

Nineteen ninety-seven was the Fund's Centenary Year. It represented an occasion for looking backward over what has been achieved and forward to the way the Fund should adapt to meet the challenges of its next century and the new millennium. By coincidence, it was also the year in which Robert Maxwell retired as chief executive and Rabbi Julia Neuberger was appointed as his successor.

Robert, during his eighteen-year tenure, transformed the standing of the Fund and brought to it new thinking and values. We are all indebted to him and I wish

him well in his retirement. Julia instigated change from the first day of her appointment and introduced a new vision and enthusiasm, refocusing the Fund on its prime objective to raise the health and health care of Londoners and, in the changes she has made to the structure of the Fund, ensuring it speaks with a single and influential voice. This is manifest both in the Chief Executive's Report on page 10, and in the account of the new work programmes which are being established in 1998, on pages 32-3.

Last year, I referred to the fact that recurrent expenditure

was running at a higher level than was prudent. I am able to report that, following vigorous steps taken by the Fund's executives during the year, this has been brought under control and recurrent expenditure is now running well within the financial guidelines agreed by Management Committee. Inevitably, the action taken to reduce expenditure and to bring about the changes instigated by the new chief executive has resulted in significant exceptional expenditure, the majority of which has been provided for in this year's accounts but some will occur in the new year. The Financial Report on

pages 35-50 reviews this process in more detail and demonstrates the financial well-being of the Fund.

Later in the year, I will be retiring as chairman and so I would like to use this opportunity to thank all those who work in the Fund for making it such a unique institution, for their hard work and dedication which have made it such an exciting place to be part of and most importantly, furthering our objectives to help improve health care in London.

*Marius Gray*

# The Centenary Year

One hundred years ago, on 6 February 1897, the national newspapers carried the letter from Edward, Prince of Wales, announcing the establishment of a subscription fund for all classes, to be known as 'The Prince of Wales's Hospital Fund for London, to commemorate the 60th anniversary of the Queen's reign'.

Nineteen ninety-seven, the centenary year of the King's Fund, proved to be one of the most eventful in recent memory, with change outside as well as within the Fund.

A century on, the King's Fund remained true to its founding principles. It continued to tackle the issues of the day, by hosting an early morning discussion on 6 February 1997 entitled, 'Has the internal market benefited patients?' That was followed by an evening reception at which Christine Hancock, President of the Royal College of Nursing, and a member of the Management Committee of the Fund, paid tribute to the women and men who had contributed to the extraordinary and diverse achievements of King Edward's Hospital Fund for London.

A month later, at St Martin-in-the-Fields, a multi-faith service of thanksgiving for the work of the Fund was held, in the presence of HRH Princess Alexandra, Governor of the King's Fund until 1985.

As the fourth and final consecutive term of the Conservative Government ran its course in the early part of the year, the King's Fund turned to concentrate on the future once more, developing a detailed strategy to inform all the major political parties of the issues relating to good health care, both in the capital and in the country as a whole, and preparing a set of briefings for journalists for the forthcoming General Election campaign. The Fund was thus in a good position to be able to brief the incoming team of health ministers about the issues that lay ahead, particularly on long-term care, public health, the affordability of health care, and the boundaries between health and social care.

These briefings were strengthened by the publication throughout the first half of the year (interrupted only by the election campaign) of the five reports to the second London Commission and, in July, the Commission's own final report and recommendations, *Transforming Health in London*.

The Commission painted a bleak picture of services for older people, and particularly for mental health patients. Reviewing the undoubted progress that had been made on London's health services since the last Commission, the final report called for far greater understanding of the overall health system in London, and much greater co-ordination between constituent parts of the health services, and between the NHS and other statutory and voluntary agencies. In particular, the Commission and the King's Fund see the new Government's proposals for a Greater London Authority and a directly elected mayor for London as potentially transforming the governance and delivery of many services to Londoners.

The year was also notable for several highly successful collaborations and partnerships between the King's Fund and related organisations. A joint conference with the *British Medical Journal* on the issue of health care rationing and priority setting came shortly after the Fund's sponsorship of the first NHS Confederation annual conference. These were followed by a joint seminar with the European Health Management Association, and seminars on home support services with the Nuffield Institute; on 'time as currency' with the New Economics Foundation; and

on race and health with the Commission for Racial Equality. A seminar with the Royal College of General Practitioners on health and the environment was followed, in October, by a three-day international conference on mental health in the city, with the Bethlem and Maudsley NHS Trust.

One of the highlights of the year was the inauguration by HRH The Prince of Wales, President of the King's Fund, of the first President's Lecture, which was held in St James's Palace in October.

Introduced by The Prince of Wales, in front of an invited audience, the lecture by three eminent speakers was on the subject of complementary medicine and its role within modern health care. The event attracted a great deal of media interest, and raised the issues that had been discussed for two years with the Foundation for Integrated Medicine, of which The Prince of Wales is the patron.

The year, which had begun with a discussion on the internal market, one of the cornerstones of the 1990s NHS, ended with another public discussion, hosted by the King's Fund, on whether the NHS should be run by local authorities. As 1997, the centenary year of the Fund, moved towards 1998, the half-century of the NHS,



23<sup>rd</sup> April 1997  
 Eden Ward.

Centenary General Council Meeting, 23 April 1997

the topic was reminiscent of earlier discussions in 1946 about the organisation and governance of the new health service. It reinforced the Fund's ability to question and challenge, while drawing on long experience of difficult issues, with the audience at this particular discussion equally divided on the question.

**S**hortly after the election of the new Government,

the Fund appointed Rabbi Julia Neuberger to succeed Robert Maxwell as chief executive, and Julia Neuberger took up her post on 1 December. This day also saw the abolition of the functional directorate structure in the King's Fund, which had been a feature of its post-war organisation, building on the staff training colleges of the early 1950s. In its place, the Management Committee agreed a new

corporate management, to respond to the changing world of charitable governance and to new demands in health care. This change led to the announcement of new work programmes. The structure of this annual report therefore follows the new management arrangements and responsibilities which came into effect on 1 December, and the reports from the new directorates

look at the work of the Fund within these areas, as well as looking to the plans and activities at the present time.

*Robert Maxwell, Secretary  
 & Chief Executive  
 to 30 November 1997  
 Julia Neuberger,  
 Chief Executive  
 from 1 December 1997*

# King's Fund Centenary Year Events

Main events organised by or involving the King's Fund during 1997

## January

- 14 'Identifying alternative explanations of health services'.  
Joint conference with Royal Society of Medicine and CASPE Research
- 29 'Are mental health institutions bad for black people?' Breakfast Discussion

## February

- 6 'Has the internal market benefited patients?' Breakfast Discussion
- 6 King's Fund 100th Birthday Party

## March

- 4 King's Fund Centenary Service of Celebration and Commemoration at St Martin-in-the-Fields
- 14 Rationing Agenda Group debate on rationing by age
- 24 'Integrated health and social care organisations'. Community Care Debate

## April

- 23 King's Fund General Council AGM

## May

- 23 Rabbi Julia Neuberger appointed as new chief executive

## June

- 3-4 'Interventions to reduce social variations in health'. International conference
- 11 'Is support to carers really on the NHS agenda?' Breakfast Discussion
- 16 'Celebrating 100 years of the King's Fund'.  
Meeting at the Royal Society of Medicine
- 24-26 King's Fund sponsorship of NHS Confederation annual conference, Brighton

## July

- 10-11 'Rationing in the NHS'. Joint conference with *British Medical Journal* at Kensington Town Hall
- 16 Launch of the final report of the London Commission, *Transforming Health in London*
- 21-25 'The International Seminar at the King's Fund'.  
A biennial conference of health leaders from around the world



**September**

- 2-6 'Making It Happen'. King's Fund and European Health Management Association seminar on management of change (France)
- 8 'Diverse Cultures, Diverse Minds'. Conference run by MIND and the Afiya Trust
- 25 King's Fund debate on the availability of genetic testing for cancer on the NHS

**October**

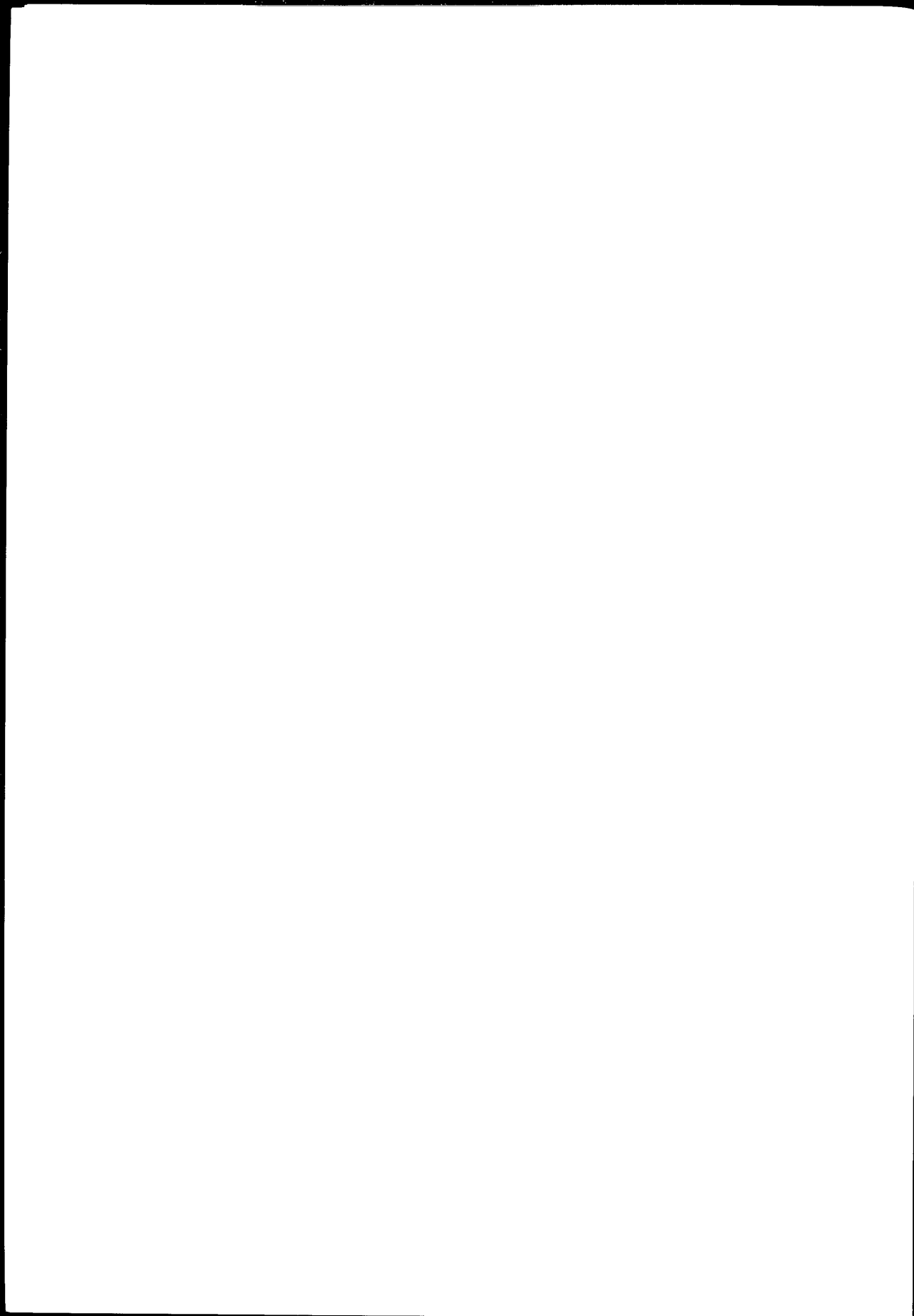
- 6 'A fresh look at the future of home support services'. Seminar organised with Nuffield Institute at the Royal Institute of British Architects, London
- 6-7 Whole systems event in Tower Hamlets on the care of older people
- 15 'Time as currency: valuing the hidden resource'. Conference organised by London Health Partnership and New Economics Foundation
- 21 'The leadership challenge'. Joint seminar on health and race with NHS Confederation and Commission for Racial Equality
- 21 'Interventions to reduce social variations in health'. International conference
- 21 'Integrated health care – a way forward for the next five years'. King's Fund President's Lecture at St James's Palace
- 22 Publication of *Health Care UK 1996/7*
- 27-29 'Mental health in the city: shared learning and meeting diverse needs'. International conference at the London Metropole Hotel, hosted by King's Fund and Bethlem and Maudsley NHS Trust
- 30-31 'Promoting Patient Choice Together'. International conference at the Royal Institute of British Architects, London

**November**

- 19 'The solution to health and social services working together is to give responsibility to GPs'. Breakfast Discussion
- 20 *Health Service Journal* 1997 Health Management Awards, sponsored by King's Fund, at the Tate Gallery, London
- 20 'The environment and health: opportunities in primary care'. Joint conference with Royal College of General Practitioners

**December**

- 1 Rabbi Julia Neuberger starts work as new chief executive
- 8 Official launch of King's Fund Web site on the internet
- 12 'Should the NHS be run by local authorities?'. Breakfast Discussion



# Directorate

## Reports



# Chief Executive

**I**t is important for any organisation to review its work periodically and to consider the need for change. The King's Fund is no exception. A review of our work priorities and organisational structure was launched in November 1995 with the publication of a discussion paper entitled *Modern Aims of the King's Fund*.

This initiated a wide-ranging debate on the aims and objectives of the Fund and produced a large number of helpful responses from people inside and outside the organisation.

The discussion led to a restatement of the aims and values of the King's Fund and a decision to restructure the organisation to bring together work that was previously being done in different parts of the Fund.

The Fund has an important role to play in taking forward the agenda for London which was set out in *Transforming Health in London*, the report of the King's Fund London Commission published in summer 1997.

It has already embarked on some ambitious new strategies, both on its own and in partnership with other organisations, such as the Sainsbury Centre for Mental Health and the

Millennium Debate of the Age.

The way ahead is to see where the Fund, with its considerable talent and traditional influence, can make a real difference. For elderly people in London, and for people with mental health problems, the Fund is better placed than any other institution to be a safe place where people can say the unsayable, think the unthinkable, and help to get everyone working together to make things better. But the Fund must not forget its traditional role in relation to hospitals.

One of the conclusions of the London Commission was that more work was needed on understanding how health systems operate, at the local level of communities, as well as in large urban or regional areas. The Fund needs to be able to take an overview. It needs to work with the new primary care agenda, the new nurse-managed beds that we will see in the future, while making sure that the needs of those who need referral to the acute sector are not ignored. It needs to work with health professionals, doctors, nurses, professions allied to medicine, and others.

**O**nly by looking at the quality and effectiveness of care, and at the way that decisions are made, can it have an impact on how patients are treated, and where they get hospital

treatment when they need it. The Fund will be working with others to ratchet up the standards of care delivered to Londoners across the board.

The past few months have seen the new Government issue a series of papers and reports which will set the direction of health and social care over the next few years. It is thus timely that the work of the Fund will be focused in five main areas over the next few years.

**P**rogrammes will be established concerned with people, especially mentally ill and older people; services, especially primary care and the interface with secondary care; professionals, and the quality of the care they deliver; systems, monitoring London's health care system and how resources are allocated; and public health, examining inequalities and beginning projects to encourage community regeneration. There will be policy analysis and research, organisational development and leadership development, grant-giving and dissemination of ideas, in all five. Angela Coulter's article on pages 32-3 discusses these in more detail.

**W**e remain committed to the values of social justice, cultural diversity and equity of opportunity, collaboration across boundaries, and participation and user involvement. We will work to ensure that

each of our new programmes incorporates these values into all our work. The King's Fund has jealously guarded its independence, and it will remain paramount that where we seek change and influence, we do this on the basis of evidence, working impartially and in line with our aims and values.

The Fund will speak with one voice, and that voice will be authoritative, imaginative, with a considered view. But the Fund will also listen to those working with patients and the public, so that it can represent their views to decision makers in the NHS and beyond, and so that it is able to start projects that will have an impact on Londoners' lives when those outside tell us it is essential to do so.

There will be projects involving young people in thinking about their city as a healthy city, projects where we ally with other influential organisations, projects where we pull together key players from different schools of thought.

The King's Fund will teach, lead, influence, comment and give grants to empower others to make London a better place, and to help those in London's health care and social care arenas to get the results they want for their patients, clients and the wider public.

*Julia Neuberger,  
Chief Executive*



# King's Fund Grantmaking

In many respects, 1997 can be looked back on as the year in which the changes in the Fund's grantmaking since 1993 came to maturity. Allocation of funds across the various grantmaking programmes is shown in Figure 1.

**Two Major Grants Programmes** were in operation during the year. Our investigation of citizens' juries in health authorities went 'live' at the start of the year and fieldwork in the three selected health authorities continued until Easter. The summer was spent in active reflection on the work among the project team and the autumn in preparing a book *Ordinary Wisdom: reflections on an experiment in citizenship and health*. The independent

evaluation commissioned from the Health Services Management Centre at the University of Birmingham continued throughout the year, with both publications due to come out in spring 1998. Our Major Grant Programme on health and homelessness completed its development phase and the project 'Under One Roof', an innovative one-stop approach to the needs of homeless people in South London, was chosen to receive a grant for implementation, over a period of two years. By the end of the year a project coordinator had been appointed, operational preparations were under way and an official launch at the end of February 1998 was being prepared.

At the same time that these two programmes were active, discussions were ongoing about how to shape the

Committee's 1997 Major Grant Programme on Mental Health in London, within the context of a wider programme of work on mental health across the Fund.

Within our **Main Grants Programme** we completed a review of the five priority themes. This led to the replacement of two earlier themes (Developments in Primary and Community Care and Improving the Quality of London's Acute Health Services) with a new theme, *Improving the Patient's Experience: easing the transition across service boundaries*, which recognises that really entrenched difficulties lie at the interfaces between services, sectors and professional groupings. This new priority area will be implemented from 1998. The expenditure within the Main Grants Programme is shown in Figure 2 sub-divided by

priority themes. The key trends to note are:

- *Equal Access to Health Care* accounted for the largest proportion of the Main Grants Programme, for the fourth year running. At 41 per cent of the total, it had increased substantially from 1996, when it had accounted for 28 per cent of the total, but did not match the 1995 peak of 48 per cent of the total sums allocated;
- *Strengthening the Voice of the User* remained a strong theme, accounting for 21 per cent of the grants allocated. This has been a broadly consistent level of activity since 1994;
- *Arts in Health* grants accounted for only 4 per cent of the total this year, a decline from the

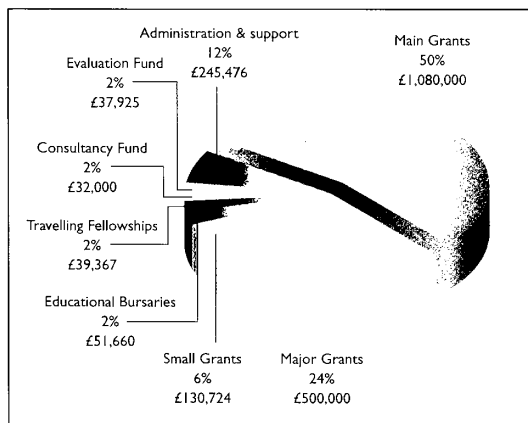


Fig. 1 Expenditure 1997

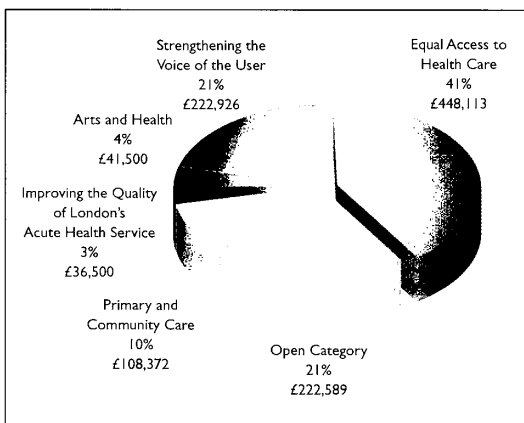


Fig. 2 Main Grants Programme 1997 - Priority Themes



Professor Albert Weale, Chair of Grants Committee, speaking at Centenary General Council meeting

previous year's peak of 10 per cent;

- *Developments in Primary and Community Care and Improving the Quality of London's Acute Health Services* together received only 13 per cent of the sums allocated. This was the same level as in 1995, though lower than the immediately preceding year. This reflects that 1997 was a year of transition in which we were seeking to close our commitment to these two themes and bring a new priority theme on stream in their place.
- *The Open Category* remained buoyant,

accounting for 21 per cent of the sums allocated, a small rise on the previous year, when the equivalent figure had been 19 per cent.

The **Small Grants Programme** came under increasing pressure for funds as the year progressed, evidence that it is becoming better known among its target audience – a fact which is borne out by the 70 per cent increase in applications received since the scheme was reviewed and revised in 1995. Our two educational grants programmes, **Travelling Fellowships** and **Educational Bursaries**, consolidated after changes in their operation in the preceding two years. The

Travelling Fellowships panel held their first evening forum, providing an opportunity for past and aspiring fellowship holders to meet and share experiences.

The Educational Bursaries panel held their first advisory seminar for applicants for the five larger bursaries which are offered each year and which have a research focus. It was generally agreed that the offer of one-to-one advice had substantially improved the quality of the applications which eventually came before the panel.

An important new initiative for the department in 1997 was our collaboration with SmithKline Beecham, to develop, launch and manage

the **Community Health IMPACT Awards**, a national scheme recognising excellence on the part of small-to-medium-sized voluntary organisations working in health. The success of the scheme in its inaugural year has been widely acknowledged and plans are in hand to establish it as an annual awards scheme. The ability to use our grantmaking infrastructure to support the development of new sources of grant aid, consistent with the Fund's own objectives, is another indicator of the maturity of current systems and capacities in the Grants Department.

Susan Elizabeth,  
Director

# Grants awarded in 1997

## MAJOR GRANTS PROGRAMME

	£
Citizen Participation in Decision Making	50,000
Mental Health in London	450,000
	<b>500,000</b>

## MAIN GRANTS PROGRAMME

### Arts and Health

Art in Hospitals Forum	16,500
Public Art Development Trust	25,000

### Strengthening the Voice of the User

Bloomsbury Community Health Council	46,000
British Lung Foundation	51,746
Carers National Association	29,074
Citizen Advocacy Information and Training	9,232
Hackney Patients Council	40,000
St Bartholomew's & The Royal London	
School of Medicine	31,874
Women in Special Hospitals	15,000

### Equal Access to Health Care

Afiya	50,000
An Nisa Society	35,400
Beckton Community Health Project	53,400
Centre for Armenian Information and Advice	26,500
The Children's Society	11,500
Foundation for the Study of Infant Deaths	42,650
HM Prison Service	50,000
HM Prison Service Grant Steering Group Costs	20,000
SANE	46,000
Streetwise Youth	34,630
Turning Point	50,000
Uplift Limited	25,000
Yad Voezer Helping Hands Society	3,033

### Developments in Primary and Community Care

Institute of Community Studies/KF Communications Unit	4,900
Princess Royal Trust for Carers	35,524
St Bartholomew's and The Royal London School of Medicine	28,159
The Manic Depression Fellowship	39,789

## Improving the Quality of London's Acute Health Services

British Epilepsy Association	17,500
Cleft Lip & Palate Association	19,000

### Open Category

Breast Cancer Care	11,220
Enuresis Resource and Information Centre	26,610
Health Service Journal	23,500
National Food Alliance	25,000
Nigel Clare Network Trust	16,000
Post-Adoption Centre	53,009
Publication costs for <i>From Cradle to Grave</i>	10,000
She UK	5,500
University College London Medical School - CHIME	30,000
University of Birmingham	21,750
	<b>1,080,000</b>

## SMALL GRANTS PROGRAMME

Action for the Education and Advancement of Social Responsibility	1,000
Action Group for Irish Youth	2,000
Arab Women's Group	1,000
Association for Improvements in Maternity Services	925
Association of Charitable Foundations	3,500
The Befriending Network	750
BRIJ	500
British Agencies for Adoption & Fostering	1,000
Buckinghamshire Health Authority	4,995
CAIPE	2,000
Camden Age Concern	500
Cancer Black Care	2,000
Celebratory Arts for Primary Health Care	2,210
Centre for Accessible Environments	500
Citizen Advocacy Information & Training	1,500
Community Practitioners' & Health Visitors' Association	1,000
Consumers for Ethics in Research	750
Ealing Travellers Project	2,500
Eastwards Trust (Hostels)	2,500
Elfrida Society	2,400
Female Prisoners Welfare Project	4,800
Finsbury Park Homeless Families Project	2,000



	£
Freeform Arts Trust	1,000
Futures Theatre Company	1,000
Germaine Stanger	2,500
Headway National Head Injuries Association	2,500
Health Action for Homeless People	5,000
Health Economics Consortium	1,500
International Centre for Health and Society	2,500
K97 Human Rights Conference	1,200
Lifestories	2,500
London Boroughs Grants Unit	5,000
London Lectures in Contemporary Christianity	1,000
The Maternity Alliance	1,000
MediCinema	3,420
MENCAP	750
National Association for the Education of Sick Children	1,500
National Back Pain Association	1,000
National Centre for Independent Living	1,000
National Information Forum	4,000
New Economics Foundation	1,224
NHS Management Training Scheme	1,000
The Patients' Association	3,000
People First	500
Public Health Trust	3,000
Rationing Agenda Group	2,500
Refugee Support Centre	3,000
Roehampton Institute London	4,500
The Royal Society of Medicine	1,500
Service Access to Minority Ethnic Communities	2,000
Somerset Total Communication	500
St Ann's Hospital	1,000
St George's Hospital Medical School	500
St John's Hospice	1,500
St Martin-in-the-Fields	2,000
Transcultural Psychiatry Society	1,000
UK Breast Cancer Coalition	5,000
Unclassified Mime	1,000
University of Birmingham	2,000
University of Birmingham	2,500
The University of Nottingham	1,500
The Wells Park Health Project	1,000
Whittington Hospital	300
Y Touring	5,000
Zacchaeus 2000 Trust	5,000
	<b>130,724</b>

# Leadership Development

The change of title from Management College to Leadership Development marks the mid-point in a process of refocusing of work and reduction in the numbers of staff that began in early 1997.

During the past 12 months, the number of Faculty and support services staff was reduced by 40 and 50 per cent respectively. That process will continue in 1998 with the object of stabilising the Faculty of Leadership Development at nine members of staff. That compares to 23 members at the beginning of 1997.

From the late 1980s, the work of the College has been a combination of management and personal development programmes, and organisational development done mainly on a consultancy basis. During 1997, the scale of consultancy work has been reduced, and there is increasing focus on delivering high quality leadership development programmes, which now represent the core work of the department. This strategy is proving effective: for the first time in five years, there have been no programme cancellations by this stage of the year.

Our Senior Registrars programmes are now regularly sold-out three months in advance, and the success of the Management for Consultants programme in achieving accreditation

points from the Centre for Medical Education gives impetus to the achievement of one of our priorities for 1998, accreditation for all our doctors' programmes.

The Johnson & Johnson Nursing Leadership programme was also very successful in 1997, with the ongoing first ever two year development programme for nurses aiming at board level, and the beginning of the second intake. The programme also underwent an independent evaluation and a similar scheme was set up in the West Midlands. There was also a European needs assessment, studying whether a programme of this nature would work using cross-cultural learning. Over 60 health care leaders across Europe were interviewed, and this has led to Johnson & Johnson, in partnership with INSEAD, funding a pilot programme for strategic clinical leaders from eight countries in Europe in 1998.

The Top Manager Programme (TMP) goes from strength to strength. It has filled all available places for three successive years and for 1998, there are more applicants than ever before. It is widely regarded within the NHS as a highly innovative and distinctive programme, and the numbers of people wishing to participate seem to confirm its perceived value. The Senior Manager Programme (SMP) continues to fill all of its places, now running twice a year instead of once, and continuing its association with the Roy J. Griffiths Memorial Award,

which subsidises one free place each year for readers of the *Health Service Journal*. Both programmes are currently being evaluated by a specialist unit from Lancaster University.

Our programmes for nurse executives, consultants, medical directors and non-executive directors are filling up, as are our one-day White Water events, which take place either in the Fund or in host organisations to foster team working and a group approach to problem solving.

GP Choices is now well established and will run at least twice in 1998. Funded directly by health authorities, this programme is for approximately 15 general medical practitioners who wish to explore the implications of new macro policies in the development of primary care. With the publication of the Government's White Paper, GP Choices will be a starting point for the development of other programmes during 1998 which will address the primary care management and leadership agenda. One of our strongest new programmes is BEL, the Black and Ethnic Leadership programme. Won through a tender process, the programme brings together senior managers from eight community trusts in London to develop their leadership skills and look at issues of cultural competency within their own organisations. This dovetails with programme leader Naaz Coker's new, wider role in the Fund as the Senior Adviser on Race and

Diversity, monitoring the Fund's own cultural competency and the impact of its work on race issues on health care in London. We are also piloting an educational programme for public health professionals in London, which will look at the particular problems they face. Managing the City is another new programme, which will focus on urban characteristics of health care, and the issues of collaborative planning and co-operation across professional boundaries.

As well as running the 34 main programmes which currently make up the core work of Leadership Development (not including learning sets, one-to-one mentoring, and the organisational development work which leads directly from programmes), Faculty will also spend 1998 becoming much more integrated with the theme work now central to the Fund's activities.

However, 1998 will see other substantial changes. Leadership Development will both sustain and develop the existing portfolio. With the much reduced core of Faculty, we will look to staff within the Policy and Development Directorate to work with us on the established leadership development programmes, and also to develop new educational programmes which will apply and disseminate the learning derived from the new and challenging work programmes.

David Knowles, Director



# Policy & Development Directorate

**T**he Policy and Development Directorate was created in December 1997 by merging the Development Centre and the Policy Institute. This was the first step towards integrating the work of the King's Fund around a small number of core themes (see pages 32-3 for a discussion of future plans). During 1997 the work programmes of the Policy Institute and the Development Centre were planned and managed independently of each other, although there were some areas of overlap and examples of joint working on common topics.

## Development Centre

Achieving improvements in the quality of health services requires a long-term commitment and strenuous efforts to ensure that good ideas are widely disseminated and taken up.

Staff of the Development Centre worked hard during 1997 to raise the profile of the service development programmes by increasing the number of conference presentations, workshops, training events, publications, journal articles and media coverage.

Conferences were organised on a variety of topics, including nursing

development, information for patients, shared decision-making, evidence-based clinical practice, race and health, time as currency, multidisciplinary public health, health and the environment, community care organisation, carers, primary care development, hospital discharge, cancer care, intermediate care and rehabilitation.

Staff provided advice to government ministers and senior civil servants on a wide range of health policy issues, and much time was spent briefing journalists on topics related to the work.

Meanwhile, the five service development programmes continued to work with people in health and local authority services and statutory and voluntary organisations to develop and evaluate innovative ways of delivering care and treatment.

## Community care

As primary care begins to assume a more central role in the organisation and commissioning of health care, there is a need to help primary care staff to work in collaboration with social services to co-ordinate care for patients whose needs span health and social services boundaries.

Two of our projects have been working with primary care pilot sites in London and elsewhere to develop joint commissioning plans for elderly people and those with mental illness.

People with learning disabilities are another group

who have complex and long-term needs. The Changing Days project has been working with service providers to enable people with multiple disabilities to take up opportunities in employment, education and social activities in ordinary community settings.

## Clinical change

The Promoting Patient Choice project organised a major international conference to look at patients' information needs and strategies to encourage clinicians to take account of patients' preferences in planning treatment or care. Examples of good and bad practice were discussed and the conference helped to raise awareness within the health service of the scope for greater involvement of patients in all aspects of health care.

**F**or six years the King's Fund had organised SHARE, a resource centre and information exchange on the health needs of people from black and minority ethnic groups. As well as developing a telephone advice service with two databases of information on relevant activities and publications, staff of the SHARE project, which was funded by the NHS Executive, organised conferences, workshops and training events, and published a regular newsletter. Funding for this work came to an end during 1997, but the databases will be maintained in the King's Fund library for public use.

## Primary care

Staff of the Primary Care Programme have devoted most of their time to the London and Northern Health Partnerships. An alliance of charitable foundations, government and the private sector, the Partnerships' work has focused on the well-being of older people living in cities. Groups in different parts of London, Newcastle and Liverpool have come together to look at the whole system of care as it impacts on older people. A novel feature of this work is the high level of involvement of older people themselves in looking for new and better ways of meeting their needs.

The programme involves people from diverse cultural backgrounds living in three different cities, yet sharing very similar concerns – affordable transport, safety, independence in the home, information about available services, and discharge from hospital. Experience shows that much can be achieved when professional groups bury their differences and work together with users to improve the quality of these services.

## Nursing development

As resource constraints have tightened and services have become more focused on acute health care needs, facilities to help people recover from illness have been squeezed. London is particularly ill served in this respect. The lack of intermediate care services means that patients are

often forced to languish in hospital beds when they no longer need the high-tech treatment facilities of an acute ward. During 1997 we organised a series of workshops to discuss ways of addressing this problem and worked with a number of groups to support the development of new intermediate care facilities. Other projects supported by staff of the Nursing Developments Programme have included the Nursing Practice and Research Network – an information resource to support new initiatives in nursing, a programme of multidisciplinary training for evidence-based practice, and research into new clinical roles plus the training and supervision needs of people working in these new posts.

### **Medical development**

The work on Promoting Action on Clinical Effectiveness (PACE) is now into its third year so the emphasis is on sharing the learning from the 16 development sites and evaluating their progress. The interim report, *Turning Evidence into Everyday Practice*, was widely disseminated and has stimulated debate about how to ensure that clinical effectiveness becomes a priority within health service organisations. Experience points to the need for better integration of clinical audit, education and information services, and a strong steer from senior clinicians and managers to ensure that practice is based on the best available evidence.

The NHS (Primary Care) Act 1997 opened up opportunities to experiment with new forms of organisation in primary care

by allowing the suspension on an experimental basis of various regulations. The King's Fund is working with the National Primary Care Research and Development Centre to support and evaluate eight of the pilot sites – four in London and four elsewhere. Our particular interest is in seeing whether the new primary care organisations will be able to deliver high quality care for people in deprived inner city areas whose needs have been poorly catered for in the past.

### **Policy Institute**

Staff of the Policy Institute were much in demand from the media to comment on a variety of topical issues during the year, including NHS funding levels and rationing, the merits and disadvantages of the internal market, fundholding, waiting lists and health inequalities.

As the principal policy analysis and research arm of the Fund, the Policy Institute worked on four well-established areas during 1997.

### **Evaluating health service reforms**

Staff continued to review, synthesise and comment on the evidence of change following the internal market reforms of 1991. A report was prepared for the Department of Health on the effectiveness of different models of purchasing including GP fundholding and locality commissioning to be used by the team preparing the Government's White Paper on the internal market, *The New NHS*.

Similarly, the King's Fund-led national evaluation of total purchasing pilot projects, in which groups of general

practices take on a wide responsibility for purchasing hospital and community health services for their patients, provided interim findings which were highly relevant to the debate concerning the replacement of single-practice fundholding by more collective, locality-based forms of health care commissioning. The evaluation team was much in demand to provide briefings and commentary since the total purchasing pilots bear a close resemblance to the Primary Care Groups envisaged in the White Paper.

### **Inequalities in health**

Although health and health services policy paid relatively less attention to the traditional NHS values of equity and equal access to health care in the period from 1991 to 1997 than hitherto, the King's Fund, in collaboration with other research centres both in the UK and abroad, continued to promote these values throughout the period. A major investment was made in establishing unique databases to enable monitoring of the situation in the UK together with international comparisons, and practical policy proposals were advanced.

During 1997 this investment began to pay off. Staff were asked to advise government ministers, civil servants and other agencies about policy development to remedy health inequalities. For example, Margaret Whitehead, visiting fellow, became a member of the Steering Group for Sir Donald Acheson's official, independent inquiry into health inequalities.

### **Wider health policy**

There was continued support for the work of the Rationing Agenda Group, which is sponsored by the Fund, but involves a wide range of people from other organisations. During 1997 the group organised a debate on the question of whether age is a legitimate criterion for health care rationing and also gave increased attention to the practicalities for health care professionals of rationing decisions as well as to ethical and other principles.

A special survey of public opinion on the NHS was carried out to compare with earlier findings from 1991–92. This showed a significant increase in public dissatisfaction with the overall running of the service and with the quality of hospital inpatient services. Levels of dissatisfaction were greatest among people who live in London.

### **London's health care**

Staff continued to support the King's Fund London Commission, particularly through analytic work on London's health care viewed as a system rather than a series of separate services. Staff also contributed their skills to the development of a computer model, to be used by managers and planners, which simulates the effects of changes in emergency admissions on the health care system of the capital as a whole. Since emergency admissions continue to rise, the model should help the service to respond more appropriately.

Angela Coulter,  
Executive Director

# Library & Information Service

**T**he King's Fund Library and Information Service is a resource publicly available to all those involved in the development and management of health and social care services.

Enquiries are welcomed in person or by telephone, letter, fax or e-mail. The collection is unique both in its emphasis on informally published literature within the UK health care field and in its coverage of government documents, books and journals. Particular subject strengths include: NHS management, health policy, primary care, community care, user involvement, health and race and London health care.

Library staff are also well-briefed on current work going on in the Fund, and on the work of other organisations, since callers will often be interested in contacting someone with expertise in a particular area, rather than in receiving a list of relevant books and reports on the topic from our database.

During 1997 we dealt with well over 18,000 enquiries, an increase of more than 13 per cent compared with 1996. Both fax and e-mail enquiries showed particular increases; there were also two months in the year when, for the first time to our knowledge, statistics showed that visitors to the Library outnumbered phone enquirers. Library staff

undertook over 2,500 searches of our database, processed more than 500 requests for inter-library loans, and fulfilled over 2,000 photocopy requests; the self-service photocopiers in the library showed a 24 per cent increase in use in 1997 over 1996.

During 1997 the Library undertook several surveys on different aspects of our services to external users, to find out more about their needs and how we are meeting these. One interesting finding was that 69 per cent of respondents had tried other sources of information before coming to us, adding weight to previous, more anecdotal evidence that the Library is a unique source of up-to-date information about health care and about the health and social care interface. Within the Fund, a Library User Group was established during the year, and proved an excellent means of two-way communication with colleagues on library issues.

The Library and Information Service, together with the IT Department, successfully managed the process of creating and structuring the Fund's internet site. By the time this was formally launched in December 1997, it already consisted of 500 pages of information about various King's Fund activities. The site is set to develop in a range of innovative ways over the next year. An intranet site, viewable on computer screens only within the Fund, was developed at the same time, and offers staff across the Fund swift and

structured access to relevant internal information.

**W**e used information technology to further advantage during the year in producing a CD-ROM, commercially available, containing the databases of the Fund's Library and those of the Department of Health and the Nuffield Institute for Health; in upgrading our database from version 7 to version 9 of the Unicorn software (in a year which also saw the 50,000th bibliographical record put onto the system); and in automating our inter-library loan procedures, a process which has speeded up delivery of books to colleagues by at least a week.

**N**ational Libraries Week in 1997 took health as one of its themes, and the Library ensured its participation in various ways, including working jointly with the Royal College of Nursing and Royal Society of Medicine Libraries to offer free internet access to library users. We also hosted two receptions, as well as a talk by Julia Neuberger, the National Libraries Week Patron, to an audience drawn from social services and the voluntary sector (two groups we identified as under-represented in our enquiry statistics).

The Library aims to play an active role in the wider information world, and to this end has a representative on such bodies as the Executive of the Health Panel of the Library and

Information Co-operation Council, the Health Management Librarians' Forum and the National Information Forum.

The Library and Information Service was pleased to take a lead in providing training in electronic information resources and search techniques to participants in some of the Fund's 1997 educational programmes, as well as training in the use of the internet to a substantial proportion of Fund colleagues.

Enquiries were received during the year from a range of institutions both from within the NHS and from the voluntary sector, asking for our professional input into topics such as the setting-up of a library service and the development of existing collections. We are confident that the Library team's expertise in researching, collating and structuring information can be put to particularly good use in the coming year within the Fund, as the organisation develops new work programmes.

*Lynette Cawthra,  
Manager*



# Corporate Affairs Directorate

The year began with a significant amount of planning for events to mark the centenary of the Fund.

A centenary display for Cavendish Square commemorated the achievements of the Fund with ten large posters from significant moments in each decade and was visited by the President of the Fund, after the General Council meeting. A commemorative issue of *King's Fund News* was published for the centenary itself, describing London in the 1890s, and reporting the House of Lords 1891-2 Committee of Inquiry into the hospitals of London, which was one of the stimuli for the establishment of The Prince of Wales's Hospital Fund for London.

At a breakfast discussion on 6 February, centenary day, notable figures from the political world, together with senior clinicians, managers, academics and development specialists, came to the Fund to debate the effect of the internal market in the NHS of the 1990s. Breakfast discussions at the King's Fund have now become a regular feature of health policy debate.

The publishing division was busy throughout the year, achieving a record of some 140 separate productions and publications. The most notable publication of this

period, published in the first week of 1998, was Geoffrey Rivett's *From Cradle to Grave: 50 years of the NHS*, which was greeted enthusiastically. This authoritative history of health care over the past 50 years has been written for the interested lay reader as well as the specialist, and contains a foreword by the Prime Minister, the Rt. Hon. Tony Blair, MP.

Other notable publications from the Fund during 1997 included: *Helping Doctors Who Manage*, by fellow of the King's Fund, Judith Riley; *An Unplayable Hand*, by Robert Maxwell, which looks at the political response to the BSE crisis of March 1996; and *The Quest for Excellence*, essays by 13 distinguished health commentators in honour of Robert Maxwell.

However, the most influential publications of 1997 were the five reports to the second London Commission: on mental health services, older people's services, the health system of London, the health economy of London, and the management of change in London. These were followed, in July, by the London Commission's final report, *Transforming Health in London*. These reports together with a number of supporting research papers, were a major undertaking by the publications staff of the Fund, and each was published to an extremely

tight deadline to meet the timetable set by the changing political world into which the reports were issued.

Marketing activities contributed to a significant increase in interest in the Fund's products and services, particularly publications, leadership and educational programmes and courses, organisational audit programmes, and bookshop sales. A new newspaper, *Health Link* was launched in June to bring the work of the Fund to our many audiences who may only know one aspect of the Fund's work.

A new database was developed throughout the year. When implemented early in 1998, this will transform the ways in which staff at the King's Fund can contact the thousands of people across the country and abroad, who have an interest in our work. In addition, the IT Department completed a major overhaul of the computers which support the work of staff at the Fund.

The year was particularly successful in the number of conferences and seminars held both at Cavendish Square and elsewhere. Our own conference suites were busier than at any time since the move to Cavendish Square in 1995, while a number of highly publicised events were held at major

venues across London. The most popular was undoubtedly the first President's Lecture on complementary therapy, which was held at St James's Palace in October.

The largest event was the Fund's sponsorship of the first NHS Confederation conference in Brighton in June, at which several Fund staff spoke and which was attended by nearly 2000 of the most senior people in the health service. However, the most complex event of the centenary year was the 'Mental Health in the City' conference, which was jointly hosted by the King's Fund and the Bethlem and Maudsley NHS Trust. The three-day event brought representatives of ten cities from around the world to discuss their experiences of caring for mentally ill people in an inner city environment.

From its earliest days the King's Fund has seen the value of good external relations. The first meeting of what was then known as the Fund's 'propaganda committee' took place in February 1897, two weeks after the formation of the Fund itself, and discussed a range of fund-raising strategies, including use of media, advertising, publicity, marketing, lobbying and public relations. The sole difference between that meeting and today is that terms such as 'media relations' and 'marketing'





# King's Fund Organisational Audit

**T**he past twelve months saw a number of changes in King's Fund Organisational Audit (KFOA).

Its original founder, Tessa Brooks, left to start an exciting new post at the NHS Executive. Peter Griffiths, former Director of the King's Fund Management College, has taken up the challenge of managing Organisational Audit as it takes stock of its achievements and looks at new ways of improving quality in health care organisations for the future.

## New products

1997 saw the launch of some new approaches. Accreditation UK was published during the year. This is a combined programme for reviewing and accrediting quality development in acute hospitals, community, mental health and learning disabilities trusts. With the successful introduction of an acute accreditation programme in 1994, and the changing structures of health care organisations, a more flexible product was required to meet the needs of health providers. The new manual is more patient-focused than its predecessor, with specific standards reflecting the patient's journey.

The Nursing and Residential Homes pilot project was successfully completed in September. This had drawn heavily on the expertise of health professionals, residents' groups and managers in order to develop standards that allow both staff and residents to become involved in the development of their service. The new manual was launched in November. Unlike other KFOA programmes, Nursing and Residential Homes has developed different models for homes to use from the outset. It has become clear that a more locally managed approach is appropriate for this sector, particularly as many homes are privately owned, making resources for development scarce. A series of training workshops have begun, which aim to introduce homes to both the standards and possible approaches to developing their service.

**N**ew models have also been tested for the Primary Care Programme in conjunction with GP practices as well as health authorities. The evaluation of this work will be completed in 1998, and it is hoped that an adaptable and affordable product will result.

Another pilot project completed in 1997 was the development of standards for evidence-based clinical practice. Following some

initial work and consultation with clients and colleagues in the PACE project and Management College, draft standards were piloted in five sites. The standards cover organisational arrangements for responding to evidence; prevention of thrombo-embolism following surgery; management of acute myocardial infarction; the prevention and management of pressure sores; and the management and treatment of benign prostatic hyperplasia.

The initial response to the standards has been good, and work is currently under way to decide how the standards could be used within the framework of the KFOA process.

## Computerisation

The end of 1997 saw the development of a prototype of an information management information system which will help clients cope with the complexities of preparing for and undertaking a peer review survey. The system will also allow more in-depth analysis of the information generated on the change process both within organisations and in comparisons across organisations that are using KFOA standards. This is an exciting development which will have a significant impact on the way we work with clients and our ability to comment on quality improvement generally.

## Strategic review

During the autumn we undertook an in-depth review of the focus and scope of our work. KFOA has played and continues to play a major role in the field of quality assurance and improvement in health services. It is widely recognised as the leading health care accrediting body in the UK.

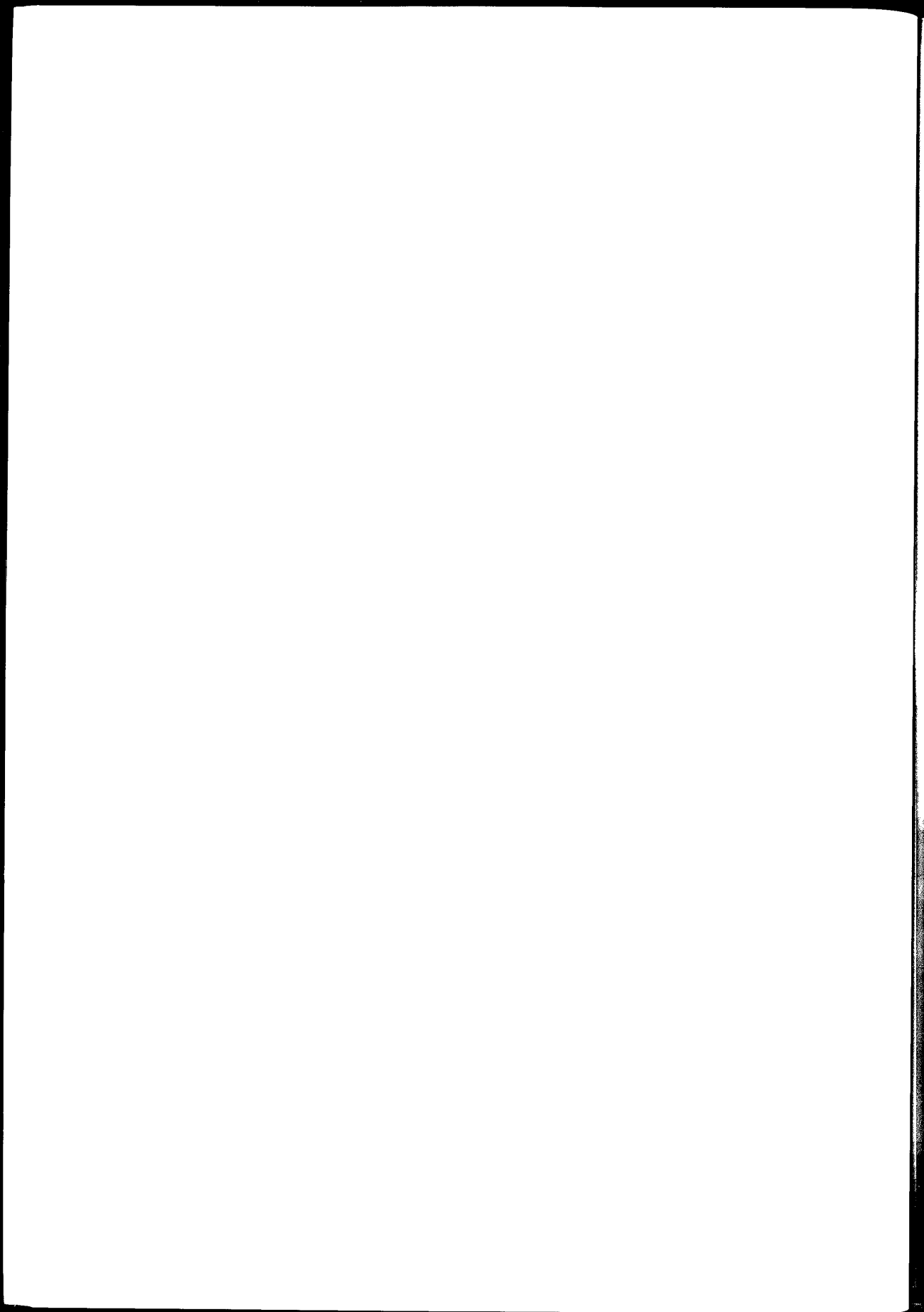
**H**owever, KFOA does need to continue to grow and develop new ways of both promoting and measuring quality in health care provision. Emphasis will be placed on adapting the way we currently work to become more patient-focused in future, and we will continue to develop new products that build on the bedrock of standards and 'add value' for our clients.

## The challenge for 1998

The publication of the White Paper, *The New NHS*, in December challenges health care organisations to develop new ways of measuring quality and performance. KFOA is ideally positioned to help the health sector meet these challenges, and this will be reflected in the continued development of our approach during 1998.

Peter Griffiths,  
Executive Director





# Changing Health Care



# London Commission

The second London Commission reported on 16 July 1997. The objective of the Commission was to suggest a comprehensive pattern of health services to serve London well in the 21st century, and to make proposals on how to move towards that pattern.

To do this, the Commission determined to consider what had happened in London since the first London Commission report in 1992, the capacity of the NHS to handle these changes, and where they seemed likely to lead.

The Commission was thus concerned with the management of change as well as with the desired pattern of services. Research reports were commissioned which formed the main analytic basis for the conclusions of the Commission. These included *London's Mental Health*, *The Health Economy of London*, *The London Health Care System*, *The Health and Care of Older People in London* and *London Health Care: Rethinking Development*.

Thus, the Commission had before it a comprehensive analysis of health and health care in London. This enabled the Commission to produce its own authoritative final report, *Transforming Health in London*, in which it reported clear signs of strain within London's health and social care system.

The Commission suggested the need for a fundamental change in the political culture of the NHS claiming that 'success depends on moving away from both 'market' mechanisms and traditional 'command-and-control' systems to ones based on negotiation within clear policy frameworks'.

Health authorities, trusts and primary care agencies must collaborate effectively with other interests to develop co-ordinated service systems. This can be achieved within 'local health economies' – that is, collaborative groupings involving the statutory authorities, clinicians, service users and other interested parties within different sectors of London.

At the same time the Commission identified a central role for government in defining key parameters – notably finance – and setting policy directions; together with enhanced efforts to ensure the consistency of strategic priorities, human resources policies and access to capital. Moreover, policy frameworks, incentive structures and monitoring arrangements are required which reward joint action by local agencies – in particular, the NHS and local government. Finally, the Commission claimed there should be a new emphasis on the service design and development capacities of health authorities.

The Commission recommended a service development programme in six key areas:

- improving population health by linking health care for individuals and communities with a strong public health strand within modern urban planning and community development;
- strengthening primary care as a coherent set of services;
- rationalising and networking hospital services so that there are clear links between primary, secondary and tertiary services;
- enhancing the availability of intermediate care, such as rehabilitation, intensive home nursing and nursing homes, by developing these across organisational boundaries in collaboration with local government;
- developing better balanced patterns of mental health provision by a sustained programme of service development with special emphasis on aligning the contributions of health and local government;
- providing better support and care for older people by concentrating on helping older Londoners to remain fit, well and self-sustaining, and on securing continuity of care across the service system if they become ill or disabled.

The Commission's recommendations centred on creating the right policy framework to support this service development programme and to mobilise the contributions of local agencies, clinicians and the

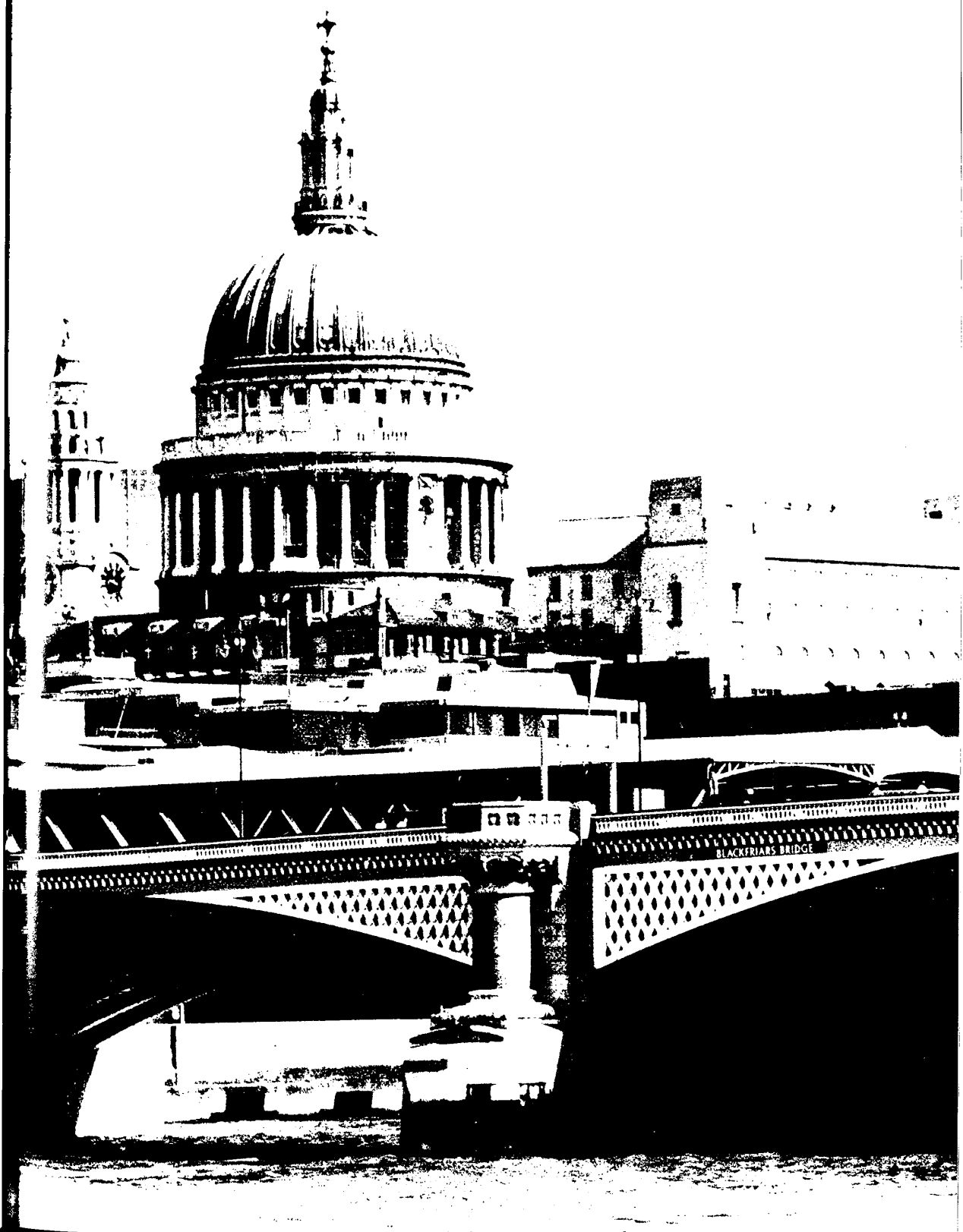
public. The Commission went on to make specific recommendations in four areas:

- public health policies;
- a new strategic framework for health services development;
- new mechanisms for resource allocation;
- policies to promote the better use of human resources.

The Commission launched these messages and started a wider debate about ways forward through an intensive series of meetings and seminars in late July and early August. Meetings were held with the Minister of State for Health, the London Review Team and the Thames regional offices. Seminars were held with health authority and trust chairs and chief executives, local authority chief executives and social services directors, clinical leaders, voluntary and community organisations and MPs.

There was a warm welcome for the Commission's work and for the Fund's continuing contribution in London, with particular enthusiasm from the voluntary sector. The success of the Commission must now be judged by how its recommendations are taken up and developed by London agencies with an interest in health, whether statutory or voluntary, professional groups or users, NHS or local government.

Seán Boyle,  
London Office



# Political Change

**P**lans for the General Election campaign started at the Fund in October 1996. We decided to use the campaign to promote issues we felt were important to the health debate, both currently and in the future.

Because of our expertise, we were well qualified to provide factual, objective information, based on the best possible evidence; because of our independence, we were able to offer our own views in the health debate.

## Issues

We regarded the following issues as the most important:

- equity and public health – inequalities, access to health care, resources
- future of the NHS – funding, rationing, evidence-based medicine, primary care, internal market
- democracy – user involvement, patient information, patient choice, citizen accountability
- community care – long-term care, mental health, carers, disability.

We also agreed to comment on other subjects affecting health policy, including hospital closures, privatisation of the NHS, fundholding, waiting lists, emergency admission, ethnic health issues, nursing and NHS employment.

## Staff

Robert Maxwell, the Chief Executive, introduced the election strategy to all Fund staff in January. Teams of staff then met to prepare written briefings, 13 of which were finalised in February. These were: inequalities, rationing, purchasing, NHS trusts, NHS funding, PFI, internal market, long-term care, community care, emergency care, GP fundholding, mental health and management costs. The briefings were to be sent to health and political journalists, current and prospective MPs in the three main parties, the Health Services Select Committee and MPs with a health brief in the then Government. King's Fund experts were nominated as lead spokespeople and given media training. They were also briefed for interviews.

## Media

Momentum for the election started to build up in March. The Fund held a press briefing on 6 March, attended by over 40 leading health and political journalists. From then on, key staff were interviewed on leading radio and TV programmes including BBC2's *Newsnight*, Radio 4's *Today*, LWT's *Jonathan Dimbleby Programme*, Channel 4 News, BBC TV News; and were invited to participate in broadcast debates. Many were commissioned to write articles for national newspapers, such as *The Independent* and *The Guardian*. They were also called upon to comment for other written media.

*The Guardian* commissioned Fund staff to act as an independent panel of experts in the run up to the election and published the Fund's view of health issues facing a future government after the publication of the parties' health manifestos.

## Impact

Working towards the General Election was the start of significant collaborative cross-Fund working. Since the election, many groups have been established to work on responses to government consultative documents on health and social care.

There was a 50 per cent increase in telephone enquiries to the press office in the run-up to the election. The Fund was able to provide information, an expert opinion, an interviewee or a referral to another organisation.

The Fund's General Election campaign made sure that health featured prominently in the public debate and put the Fund back on the map as an authoritative, independent source of comment, with high-quality analysis and well-informed staff. We used our position of influence to lead the debate, especially on topics such as rationing and inequalities, which politicians had consistently avoided discussing. Many journalists told us how much they valued our factual briefings and quick responses.

## Post-election

As soon as the new Government's health ministers were announced,

the Chief Executive wrote to invite them to contact the Fund for information or briefings. In the period from May to December staff prepared written or verbal briefings for ministers and their advisers on London, PFI, public health, waiting lists, mental health, and NHS charges. We contributed to government consultation papers on public health, inequalities, the internal market, London review, London government, long-term care, efficiency, government spending review, social exclusion, primary care commissioning, and health and social care interface. Journalists have continued to contact us for expert knowledge and opinion, and we have developed strong relationships with the media.

## The future

The Fund plans to promote even further its views on health policy through media coverage, parliamentary liaison, public debate and events. Since the election, we have responded to the White Paper, *The New NHS*; the Green Paper on public health, *Our Healthier Nation*; the *Strategic Review of Health Services in London* (Turnberg Report) and the *New Leadership for London* Green Paper. We have established good relations with ministers and government departments and continue to provide independent briefs for all parties.

*Alison Forbes,  
Head of Press  
and Public Relations*



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# New programmes at the Fund

The purpose of the King's Fund is to promote the health and health care of Londoners. For this reason, the central focus of concern is the institutions that make up the National Health Service, but this is not exclusive, for the Fund is also concerned with the boundary with social care, particularly for people who are mentally ill or elderly. We are also concerned with measures of public policy and social behaviour that have a major impact on health and health care, particularly for disadvantaged groups.

Londoners include those who work as well as those who live in the city. For practical purposes we take the current boundaries as extending to the M25 ring. We can act outside this limit provided that we are thereby pursuing benefits to London's health institutions and those they serve. To avoid parochialism and special pleading, we set London and its health and social care institutions in their national and international context, acknowledging that comparisons are often illuminating and relevant. However, the purpose of being active elsewhere is to bring lessons for London and to benefit Londoners.

## Selecting priorities

Much of the discussion about priorities for the King's Fund suggested a need for greater focus, to concentrate the Fund's resources of people, expertise and money on a smaller number of activities where they can make the greatest impact and to co-ordinate the work of people with different skills but similar interests. At the same time, there was a desire to retain the breadth of the Fund's interests in factors influencing the health and health care of Londoners. In order to combine breadth of coverage together with a more focused approach, we plan to co-ordinate our activities around five dimensions of the health system, each of which will

define the boundaries and scope of the work programmes. Within each of these broad dimensions we have selected a few priority areas, which will be the focus of the Fund's work over the next few years.

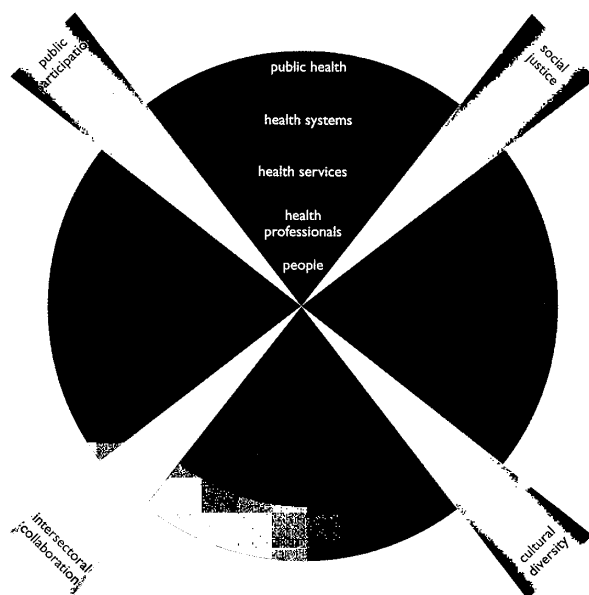
## New work programmes

At the centre are the *people* of London. This programme will focus on those people who have complex and long-term needs which transcend organisational and professional boundaries, specifically *older people* and those suffering from *mental illness*. The needs of these groups span health and social care and the aim will be to develop and evaluate ways of improving co-ordination between these services to

benefit these groups of users.

When people have health needs, their first point of contact is with *health professionals*. This programme will have the *quality of clinical care* as its focus, working with multidisciplinary groups of health professionals to ensure that the care they provide is appropriate, effective, efficient and responsive to patients' needs and preferences. It will also be concerned with the *workforce and training* needs of London's health services.

Professionals and patients interact within an organisational system which is not always well adapted to their needs. The organisation of *health services* is the subject of the third



programme, which will focus on the *organisation of primary care* in London and the role of primary care groups in *commissioning secondary care services*.

The wider policy context which shapes *health systems* will be the focus of the fourth programme. This programme will develop an overview of the health system, looking in particular at *funding constraints and resource allocation* decisions. We will also establish the means to continuously *monitor trends in London's health services*, looking in

particular at interactions between different parts of the service.

The fifth programme will focus on *public health* and the socio-economic and environmental influences on the health of Londoners, in particular the effects of social exclusion and *strategies to tackle inequalities in health*. The particular problems of health in cities, and London in particular, will be addressed, and attempts to promote *urban regeneration and public participation*, through initiatives such as Health Action Zones or community development

programmes, will be supported and evaluated.

### Integrating themes

The programmes will each make a contribution to four principles to which the King's Fund is committed. These are:

- public participation and user involvement in health and social care;
- collaboration across professional, service and organisational boundaries;
- social justice;
- responsiveness to cross-cultural diversity and the needs of minority ethnic groups.

These integrating themes will run across all programmes and will be used as benchmarks against which to evaluate progress and impact. We believe that these changes will strengthen the work of the King's Fund, making it a more coherent and focused organisation with a greater chance of having a real impact on health policy and of achieving its main goal of promoting the health and health care of Londoners.

Angela Coulter,  
Executive Director

### New Programmes at the King's Fund

People	Older people Mental illness
Health professionals	Clinical quality & governance Multidisciplinary team working, workforce needs
Health services	Primary care organisation Commissioning secondary care
Health systems	Monitoring London's health care Funding and resource allocation
Public health	Tackling inequalities, living in cities Community development & participation



William Backhouse, Treasurer of the King's Fund, speaking at Centenary General Council meeting

# Programs at the Fund

The programs will each  
write a commitment to work  
principles to which the  
King's College is committed.

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# Financial Report



Fig 1

## FINANCIAL REVIEW 1997

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.

### Income

Total income for the year amounted to £13.9 million, of which £5.0 million was investment and other income and £8.9 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 1996 of £13.4 million, of which £5.4 million represented investment and other income. The decline in investment income resulted from the sale of higher yielding investment properties and the tendency of companies to buy in shares or make capital distributions rather than increase dividend payments. This decline was compensated by increases in fee and grant income. However, it must be recognised that fee income is earned in an increasingly challenging marketplace. A comparison of income for the past two years is shown in Figure 1.

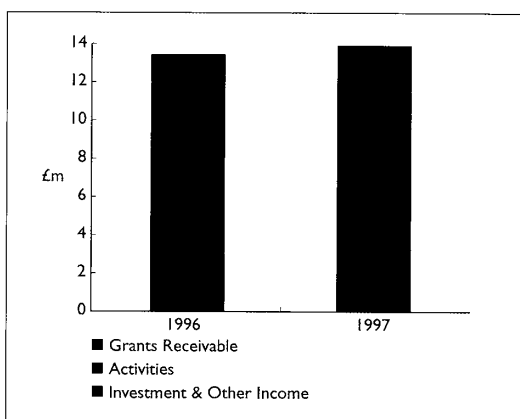


Figure 1

### Expenditure

Total expenditure of the King's Fund was £17.5 million, compared with £14.6 million in 1996, including grants payable of £1.8 million. A comparison of expenditure over the past two years is shown in Figure 2. A summary of charitable expenditure other than grants is shown in note 3 to the Annual Accounts on page 47 of this Report and details of grants given in 1997 are shown on pages 14–15.

Total net expenditure in 1997 was £2.1 million more than budget but this was largely due to changes in the King's Fund's practice for depreciating information technology equipment and in redundancy and other exceptional costs. The excess over income was well covered by gains in the King's Fund's investment portfolio and, once again, the net assets overall increased significantly.

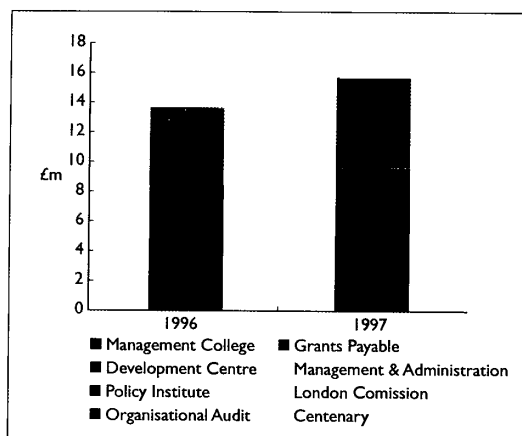


Figure 2

### Assets

At 31 December 1997, the valuation of the King's Fund's net assets was £150.0 million, an increase of £11.8 million over the year. This increase was due to another significant improvement in stock markets worldwide.

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 use decreased from £18.7 million to £17.9 million, largely due to the change in depreciation practice referred to above. The King's Fund's investment securities increased in value over the year by £14.8 million to £124.9 million. Rationalisation of the King's Fund's property portfolio has continued and it had a value of £6.3 million at the year end.

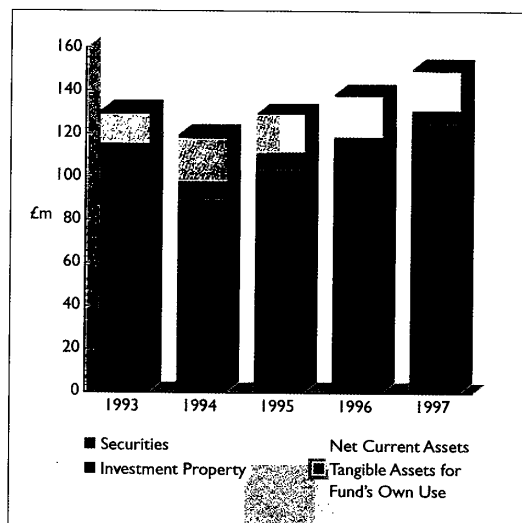


Figure 3



At the year end current assets exceeded current liabilities by £1.0 million.

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

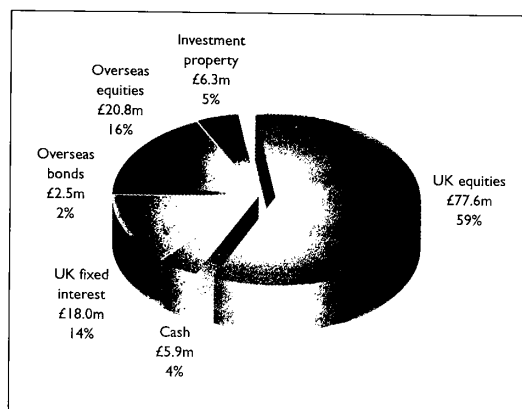


Figure 4

#### Other

The average number of staff employed by the King's Fund during the year was 208, compared with 211 in 1996, of whom 22 (23 in 1996) 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.

### **Bankers**

Bank of England  
Barclays Bank plc  
Midland Bank plc

### **Auditors**

Coopers & Lybrand

### **Solicitors**

Nabarro Nathanson

### **Investment Managers**

#### *Securities:*

Baring Asset Management Ltd  
Schroder Investment Management Ltd

#### *Property:*

Cluttons Daniel Smith  
Hillier Parker

### **Quantity Surveyors**

Burke Hunter Brown

### **Actuaries**

Buck Consultants Ltd

### **Insurance Brokers**

Lambert Fenchurch UK Group Ltd



### **Contributors**

Her Majesty The Queen

HRH The Duke of Gloucester

D & W Backhouse, A H Chester, Cluttons,  
Deutsche Morgan Grenfell Group plc, V Dodson, K N Drobig,  
S M Gray, J M Hargreave (Holdings) Ltd, Lord Hayter, Elizabeth Lewis,  
R J Maxwell, R J Miller, Nuffield Provincial Hospitals, G Pampiglione,  
Albert Reckitt Charitable Trust, Royal Institute of Public Health & Hygiene,  
R C Smith, University of Sydney, D & K L Welbourne,  
J Weill Trust, Wernher Charitable Trust



### **Legacies**

L A Culliford, Mrs G E Gosse,  
A Heilbron, H A Macaulay

## REPORT OF THE AUDITORS TO THE GENERAL COUNCIL OF THE KING'S FUND

*for the year ended 31 December 1997*

We have audited the financial statements on pages 42 to 50.

### **Respective responsibilities of Trustees and Auditors**

As described below, the General Council is responsible for the preparation of financial statements. It is our responsibility to form an independent opinion, based on our audit, on those statements and to report our opinion to you.

### **Basis of 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 General Council in the preparation of the financial statements, and of whether the accounting policies are appropriate to the King's Fund's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which 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 financial statements.

### **Opinion**

In our opinion the financial statements give a true and fair view of the state of affairs of the King's Fund at 31 December 1997 and of its incoming resources and application of resources and cash flows for the year then ended and comply with the requirements of Regulation 3 of the Charities (Accounts and Reports) Regulations 1995.

Coopers & Lybrand, Chartered Accountants and Registered Auditors  
London, 20 April 1998

### **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; and
- 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 which 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 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.

# STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31 December 1997

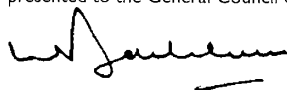
	Note	£000	General Fund £000	Capital Fund £000	1997 Total Funds £000	1996 Total Funds £000
<b>INCOMING RESOURCES</b>						
Grants receivable		3,563				
Less: Grants received in advance		284	3,279	—	3,279	2,935
Income from activities		5,953				
Less: Income received in advance		358	5,595	—	5,595	5,056
Donations and legacies			19	—	19	64
Investment income	4		2,864	2,101	4,965	5,238
Other income			27	—	27	97
<b>TOTAL INCOMING RESOURCES</b>	3		11,784	2,101	13,885	13,390
<b>RESOURCES EXPENDED</b>						
Grants payable		1,820				1,686
Other direct charitable expenditure		14,468	16,288	—	16,288	12,060
Management and administration			1,069	168	1,237	888
<b>TOTAL RESOURCES EXPENDED</b>	3		17,357	168	17,525	14,634
<b>NET INCOMING/(OUTGOING) RESOURCES BEFORE TRANSFERS</b>						
			(5,573)	1,933	(3,640)	(1,244)
Transfers between funds			1,933	(1,933)	—	—
<b>TRANSFERS</b>			(3,640)	—	(3,640)	(1,244)
<b>Other recognised gains</b>						
Realised gains on disposal of investments			759	539	1,298	4,066
Movement in market value of investments			8,438	5,728	14,165	4,406
<b>NET MOVEMENT IN FUNDS FOR YEAR</b>			5,556	6,267	11,823	7,228
<b>FUNDS AT 1 JANUARY</b>			91,626	46,586	138,212	130,984
<b>FUNDS AT 31 DECEMBER</b>			97,182	52,853	150,035	138,212

## BALANCE SHEET

as at 31 December 1997

	Note	1997 £000	1997 £000	1996 £000	1996 £000
<b>FIXED ASSETS</b>					
Tangible assets held for the King's Fund's use	5	17,895		18,720	
Investments	6	131,154	149,049	119,191	137,911
<b>CURRENT ASSETS</b>					
Debtors	7	2,842		2,329	
Stocks		221		337	
Cash at bank and in hand		1,433	4,496	1,362	4,028
<b>CURRENT LIABILITIES</b>					
NET CURRENT ASSETS	8		(3,510) 986		(3,727) 301
<b>TOTAL NET ASSETS</b>			<b>150,035</b>		<b>138,212</b>
<b>FUNDS</b>					
CAPITAL FUND	9		52,853		46,586
GENERAL FUND	9		97,182		91,626
			<b>150,035</b>		<b>138,212</b>

Approved by the Audit Committee on 9 April 1998 under the delegated authority of the Management Committee, and presented to the General Council on 29 April 1998.



William Backhouse, Treasurer

## CASH FLOW STATEMENT

*for the year ended 31 December 1997*

	1997 £000	1997 £000	1996 £000	1996 £000
<b>Operating activities</b>				
Net cash outflow from operating activities		(3,035)		(3,931)
<b>Capital expenditure and financial investment</b>				
Payments to acquire tangible fixed assets	(394)		(1,654)	
Purchase of securities	(51,267)		(33,371)	
Sale of securities	54,887		31,044	
Receipts from sale of investment properties	3,262		81	
Net cash inflow/(outflow) for capital expenditure and financial investment		6,488		(3,900)
<b>Increase/(decrease) in cash in the year</b>		<b>3,453</b>		<b>(7,831)</b>

### NOTES TO THE CASH FLOW STATEMENT

<b>Reconciliation of net outgoing resources to net cash outflow from operating activities</b>	<b>1997 £000</b>	1996 £000
Net outgoing resources	(3,640)	(1,244)
Depreciation of tangible fixed assets	1,219	460
Decrease/(increase) in stocks	116	(113)
(Increase)/decrease in debtors	(513)	486
Decrease in creditors	(217)	(3,520)
<b>Net cash outflow from operating activities</b>	<b>(3,035)</b>	<b>(3,931)</b>

	At 1 January 1997 £000	Movement £000	At 31 December 1997 £000
<b>Analysis of changes in cash during the year</b>			
Investment cash	2,556	3,382	5,938
Cash at Bank	1,362	71	1,433
	<b>3,918</b>	<b>3,453</b>	<b>7,371</b>

# NOTES TO THE ACCOUNTS

for the year ended 31 December 1997

## 1 Basis of Preparation

The accounts have been prepared in accordance with the historical cost convention modified by the revaluation of fixed assets, applicable accounting standards and the Statement of Recommended Practice 'Accounting by Charities' which was published in October 1995.

## 2 Accounting Policies

### *Grants receivable and income from activities*

Grants receivable and income from activities 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.

### *Donations and legacies*

Donations and legacies are included when they are reliably reported as receivable and are credited to General Fund unless they are permanent endowments, in which case they are credited to the restricted Capital Fund.

### *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 which are re-allocated using formulae derived from consumption and similar appropriate measures. These are shown in Note 3 on page 47.

### *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 use*

The King's Fund changed its depreciation practice with effect from 1 January 1997. A minimum threshold of £5,000 was set for capitalisation of assets (there was no minimum threshold in 1996); the useful economic life of all computer hardware and software and office equipment was set at three years (four years in 1996) and depreciation is now charged in the year of acquisition (charged from the first full year of ownership in 1996). The effect of these changes was to increase expenditure in the year by an estimated £700,000 as compared with previous accounting practice.

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

Depreciation is calculated so as to write off the cost of the tangible assets, excluding freehold land and buildings, 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.

Freehold land and buildings held for the King's Fund's use are not depreciated. The King's Fund's buildings are maintained in a condition such that any depreciation charge would be immaterial.

#### *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 capital monies. Income from the Capital Fund is transferred to General Fund to offset expenditure.

General Fund: The King's Fund has the power to spend capital monies from the General Fund as well as income from investments.



### 3 Income and Expenditure

	Income £000	Direct Costs £000	Support Costs £000	Total Costs £000	1997 £000	1996 £000
<b>MANAGEMENT AND ADMINISTRATION</b>						
Investment management	4,965	415	—	415	(4,550)	(4,853)
Other income	46	—	—	—	(46)	(161)
Secretariat	65	520	302	822	757	446
	<b>5,076</b>	<b>935</b>	<b>302</b>	<b>1,237</b>	<b>(3,839)</b>	<b>(4,568)</b>
<b>CHARITABLE EXPENDITURE</b>						
Management College	3,709	3,768	1,496	5,264	1,555	1,283
Development Centre	2,945	3,121	1,365	4,486	1,541	1,329
Policy Institute	564	882	511	1,393	829	735
Organisational Audit	1,449	1,573	1,080	2,653	1,204	809
London Commission	44	153	93	246	202	—
Centenary	51	385	41	426	375	—
	<b>8,762</b>	<b>9,882</b>	<b>4,586</b>	<b>14,468</b>	<b>5,706</b>	<b>4,156</b>
<b>GRANTS</b>						
Grants payable	47	1,643	177	1,820	1,773	1,656
<b>TOTAL 1997</b>	<b>13,885</b>	<b>12,460</b>	<b>5,065</b>	<b>17,525</b>	<b>3,640</b>	<b>1,244</b>
<b>TOTAL 1996</b>	<b>13,390</b>	<b>10,747</b>	<b>3,887</b>	<b>14,634</b>	<b>1,244</b>	

Total income of £13,885,000 (£13,390,000 in 1996) comprises: £4,965,000 (£5,238,000 in 1996) from investments; £3,279,000 (£2,935,000 in 1996) from grants receivable from government and other public bodies; £5,595,000 (£5,056,000 in 1996) from activities; and £46,000 (£161,000 in 1996) from donations and other income.

Included in the above expenditure are the following sums:

	1997 £000	1996 £000
Trustees' indemnity insurance	6	5
Auditors' remuneration — audit fees	27	25
— other services	61	83

### 4 Investment Income

	1997 £000	1996 £000
Listed securities and cash assets	4,598	4,729
Properties	367	509
	<b>4,965</b>	<b>5,238</b>

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

	Land and Buildings	Plant Mach. & Off. Equip.	Computer Hardware & Software	1997 Total £000	1996 Total £000
<b>Cost</b>					
At 1 January	14,410	3,497	2,039	19,946	18,292
Additions	251	135	8	394	1,654
Disposals	—	—	—	—	—
At 31 December	14,661	3,632	2,047	20,340	19,946
<b>Depreciation</b>					
At 1 January	—	205	1,021	1,226	766
Charge for the year	—	252	967	1,219	460
Disposals	—	—	—	—	—
	—	457	1,988	2,445	1,226
<b>Net Book Value</b>					
At 31 December	14,661	3,175	59	17,895	18,720
Previous year	14,410	3,292	1,018	18,720	

## 6 Investments at market value

	1997 £000	1996 £000
Investment properties	6,267	9,114
Securities: Listed	118,501	107,245
Unlisted	448	276
Cash	5,938	2,556
	131,154	119,191
Investments in the UK	107,805	93,027
Investments outside the UK	23,349	26,164
	131,154	119,191
Capital Fund	52,853	46,586
General Fund	78,301	72,605
	131,154	119,191
Market value at 1 January	119,191	111,661
Profit on disposals	1,298	4,066
Other movements including revaluation at Balance Sheet date	10,665	3,464
Market value at 31 December	131,154	119,191

The investment properties were valued on 31 December 1997 by the King's Fund's professional advisers on an open-market valuation. At the year end, the cost of investment properties was £3,581,000 (£4,502,000 in 1996).

## 7 Debtors

	1997 £000	1996 £000
Trade debtors	2,084	1,888
Other debtors	362	398
Prepayments and accrued income	396	43
	<u>2,842</u>	<u>2,329</u>

## 8 Current Liabilities

	1997 £000	1996 £000
Creditors and accruals	1,571	1,695
Grants received in advance	1,581	1,654
Income received in advance	358	378
	<u>3,510</u>	<u>3,727</u>

## 9 Funds

	Capital Fund £000	General Fund £000	1997 £000	1996 £000
Tangible assets for the King's Fund's use	—	17,895	17,895	18,720
Investments	52,853	78,301	131,154	119,191
Net current assets	—	986	986	301
	<u>52,853</u>	<u>97,182</u>	<u>150,035</u>	<u>138,212</u>

## 10 Employees

Total emoluments (£000)	1997 7,358	1996 7,369
Average number of employees (including externally funded)	208	211
The numbers of employees with remuneration exceeding £40,000 were:		
£40,000—£49,999	13	25
£50,000—£59,999	18	14
£60,000—£69,999	2	2
£70,000—£79,999	—	1
£80,000—£89,999	2	1
£90,000—£99,999	—	—
£100,000—£109,999	1	1

## **11 Pension Schemes**

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

For those staff in the King's Fund Pension Scheme 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 1995. 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. It was 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, the market value of the assets of the King's Fund Pension Scheme was £14.2 million and the actuarial value of those assets was sufficient to cover 105 per cent of the benefits which had accrued to members, after allowing for expected future increases in earnings. The contributions of the King's Fund and employees have been set at 10 per cent and 5 per cent respectively.

Certain staff are members of the NHS Pension Scheme where the financing and rates of contribution are calculated by the Government Actuary. The current rates of contribution for the NHS scheme are set at 6 per cent and 4 per cent for the employer and employee respectively.

The pension costs for the period were £484,696 (£472,044 in 1996).

## **12 Commitments**

At 31 December 1997, the King's Fund had potential grant commitments of £2,245,000 payable in 1998 and later.

## **13 Contingent Liabilities**

A legal claim has been made against the King's Fund in relation to a 'Rights of Light' dispute. Having regard to legal and professional advice received, the King's Fund's professional advisers are of the opinion that this claim will not give rise to liabilities which will have a material effect on the accounts.

## **14 General Council Members' Expenses**

A total of £5,695 was reimbursed to five General Council members in respect of travel and subsistence expenses incurred during the year.

## General Council

### President

HRH The Prince of Wales KG KT PC GCB

### Honorary Member

HRH Princess Alexandra, The Hon Lady Ogilvy GCVO

- The Lord Chancellor  
The Speaker of the House of Commons  
The Bishop of London  
His Eminence The Cardinal Archbishop of Westminster  
The General Secretary of the Free Church Federal Council  
The Chief Rabbi  
The Rt Hon The Lord Mayor of London  
The Governor of the Bank of England  
The President of the Royal College of Physicians  
The President of the Royal College of Surgeons  
The President of the Royal College of Obstetricians and Gynaecologists  
The President of the Royal College of General Practitioners  
The President of the Royal College of Pathologists  
The President of the Royal College of Psychiatrists  
The President of the Royal College of Radiologists  
The President of the Royal College of 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 and Child Health (*from 1.1.1998*)  
The President of the Royal College of Speech and Language Therapists (*from 1.1.1998*)  
The President of the Institute of Health Services Management  
The Chairman of each of the two Thames Regional Offices  
Sir Donald Acheson KBE DM DSc FRCP FFCM FFOM  
D Adu MD FRCP  
Baroness Amos of Brondesbury  
The Hon Hugh Astor JP  
William Backhouse FCA  
Sir Richard Baker Wilbraham Bt  
Sir Roger Bannister CBE DM FRCP  
Sir John Batten KCVO MD FRCP  
Sir Douglas Black (*to 31.12.1997*)  
Baroness Blackstone (*to 31.12.1997*)  
Major Sir Shane Blewitt KCVO  
J R G Bradfield PhD MA  
Anthony Bryceson MD FRCP  
Sir Kenneth Calman KCB  
Lord Catto  
Sir Timothy Chessells  
Professor Anthony Clare MD FRCPI FRCPsych  
Sir Michael Colman Bt  
J P Cooper (*to 31.12.1997*)  
Baroness Cox BSc (Soc) MSc (Econ) SRN  
Sir Anthony Dawson (*deceased*)  
Sir Robin Dent KCVO  
Brendan Devlin CBE MD FRCS  
Sir William Doughty MA CBIM  
Professor Charles Easmon  
V P Fleming (*to 31.12.1997*)  
S M Gray FCA  
Christine Hancock BSc (Econ) RGN  
J M Hargreave (*to April 1997*)  
Lord Hayter KCVO CBE  
Professor R L Himsworth MD FRCP  
Sir Raymond Hoffenberg KBE MD PhD  
Lord Hussey  
Sir Donald Irvine CBE  
Dr Bobbie Jacobson  
Professor Brian Jarman OBE PhD FRCP FRCGP  
Sir Francis Avery Jones (*to 31.12.1997*)  
The Countess of Limerick CBE MA  
Lady Lloyd MA  
Stephen Lock MD FRCP  
Lord McColl MS FRCS  
Professor David Neal  
Sir Duncan Nichol CBE MA AHSM  
L W H Paine OBE MA AHSM  
Professor Sir John Pattison  
Sir Michael Peat KCVO FCA  
Professor Lesley Rees  
Professor Philip Rhodes MA FRCS FRCOG FRACMA  
Sir John Riddell Bt  
Baroness Serota (*to 31.12.1997*)  
Sir Maurice Shock MA  
Richard P H Thompson DM FRCP  
Professor Sir Bryan Thwaites MA PhD FIMA  
Lord Walton of Detchant Kt TD MD DSc FRCP  
Max Ward (*from 1.1.1998*)  
Lord Wardington  
Professor Albert Weale  
Sir William Wells  
Professor Jenifer Wilson-Barnett PhD SRN FRCN  
Sir Henry Yellowlees (*to 31.12.1997*)

## Committee members

### Management Committee

S M Gray FCA, Chairman  
William Backhouse FCA, Treasurer  
Professor Sir John Pattison, Deputy Chairman  
J R G Bradfield PhD MA  
Christine Hancock BSc (Econ) RGN  
Lord Hussey  
Sir Donald Irvine CBE  
Dr Bobbie Jacobson  
Professor Brian Jarman  
Professor David Neal  
Professor Lesley Rees  
Professor Albert Weale  
Sir William Wells

### Investment Committee

William Backhouse FCA, Chairman  
The Governor of the Bank of England (to 31.12.1997)  
Sir Richard Baker Wilbraham Bt  
J R G Bradfield PhD MA  
Lord Catto  
Sir Michael Colman Bt  
J P Cooper (to 31.12.1997)  
V P Fleming  
S M Gray FCA  
S MacPherson (from 1.1.1998)  
Max Ward (from 1.1.1998)

### Audit Committee

William Backhouse FCA, Chairman  
Lord Catto  
VP Fleming  
S MacPherson (from 1.1.1998)

### Pension Fund Trustees

Sir Richard Baker Wilbraham Bt, Chairman  
A B Chappell CPFA  
Paul Drake  
Ken Judge  
R J Maxwell (from 1.1.1998)  
P Norton FIA

### Grants Committee

Professor Albert Weale, Chairman  
Ziggi Alexander (from 1.1.1998)  
William Backhouse FCA  
Muriel Buxton-Thomas (from 1.1.1998)  
Chris Heginbotham  
Sir Raymond Hoffenberg KBE MD PhD  
John James MSc LHSM  
Professor Brian Jarman OBE PhD FRCP FRCGP  
Mercy Jeyasingham  
Anne Milner (from 1.1.1998)  
Parva Nayer (from 1.1.1998)  
Professor Jenifer Wilson-Barnett PhD SRN FRCN

### Educational Bursaries Panel

Professor Jenifer Wilson-Barnett PhD SRN FRCN, Chair  
Judy Anderson  
Wilma MacPherson  
Sue Studdy  
Sally Thomson

### Travelling Fellowships Panel

Norman Johnson MD FRCP, Chairman (to 31.12.1997)  
Muriel Buxton-Thomas (from 1.1.1998)  
Nigel C Cowan MA BChir FRCS  
Brendan Hicks  
Hugh Phillips  
Richard Thompson DM FRCP  
Professor Thomas Treasure MD MS FRCS

### Senior staff

Chief Executive **Rabbi Julia Neuberger**  
Director of Resources **Frank Jackson**  
Director of Policy & Development **Angela Coulter**  
Director of Corporate Affairs **Ian Wylie**  
Director of Organisational Audit **Peter Griffiths**  
Grants Director **Susan Elizabeth**  
Leadership Development Director **David Knowles**  
Programme Director, People Programme **Janice Robinson**  
Programme Director, Health Services Programme **Steve Gillam**  
Programme Director, Health Systems Programme **Nick Mays**  
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