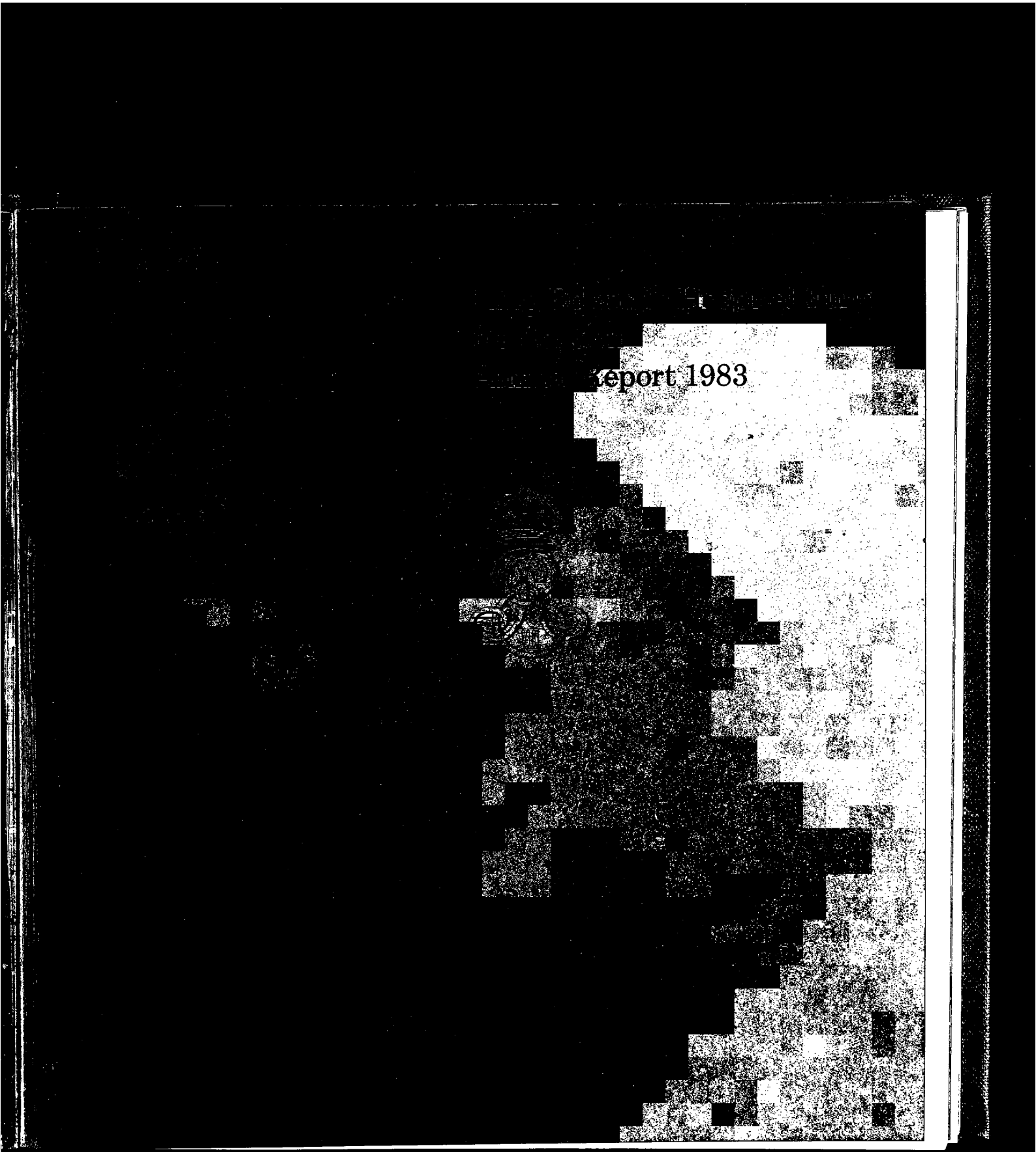
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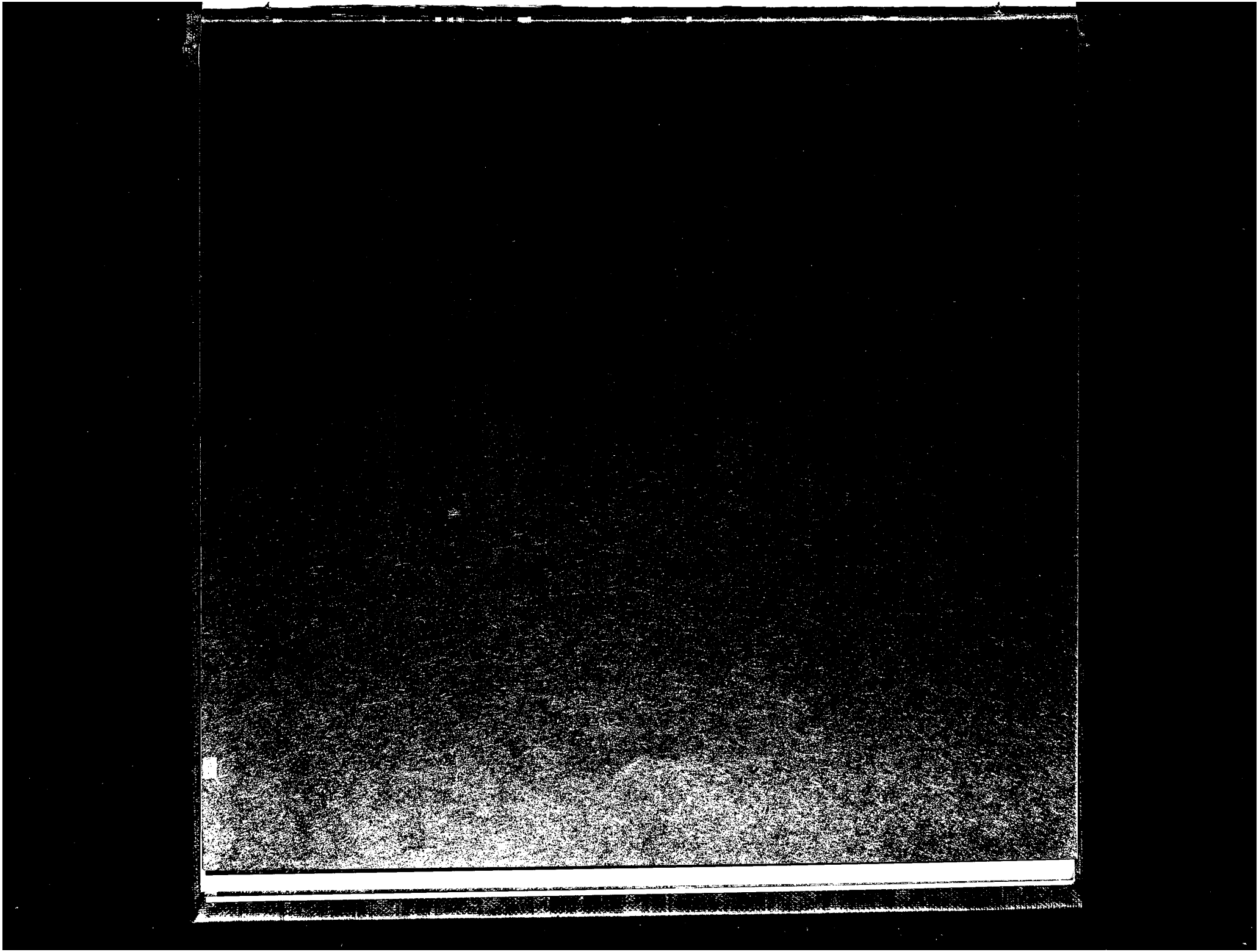

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KING EDWARD'S HOSPITAL FUND FOR LONDON

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CONTENTS

The King's Fund its origins and history

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

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

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

Although set up initially to make grants to hospitals, which it continues to do, the Fund's brief, as stated in the Act and printed at the head of this page, has allowed it to widen and diversify its activities as circumstances have changed over the years since its foundation. Today it supports research and development in all aspects of health care and management, except clinical; publishes books and reports, some stemming from work supported by the Fund; provides education for management in health care at its College; and facilities for research and discussion at its Centre.

Grant-making ranges from sums of a few hundred pounds to major schemes costing more than £1m, such as the Jubilee Project which was the Fund's commemoration of the Silver Jubilee of Queen Elizabeth II. That project helped ten London hospitals to renovate some of their oldest wards. The problems of health care in the inner-city areas is the concern of the newly formed London Programme, for which, to date, some £600 000 has been made available.

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

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

REPORT 1983

Each year the annual report provides the opportunity to review the Fund's recent activities and current plans in the broader context of national events. It enables us to give a public account of what the Fund is doing and to discuss selected issues of health policy and practice.

This year, after the usual account of the Fund's work, we have picked the following topics for brief comment:

- The Griffiths report and its implications for action.
- Community health councils and the problems facing them.
- Medical education and acute hospital services in London.
- Ethnic minorities: health and race.
- Quality of care and its assessment.

At the end of the report, we return to the Fund itself and its strategy, against the background of its history and evolution.

KING'S FUND CENTRE

The Centre's job is to help accelerate the introduction of good ideas and practices in the health field, paying special attention to those who need care and those who provide it. Once again in 1983 a large number of conferences and other meetings (563) were held at 126 Albert Street and more than 14 000 people visited the premises. The year's work is described in the *King's Fund Centre Review 1983,* available on request from the Centre.

About half the conferences and meetings held at the Centre during the year were in response to requests from external organisations, and were in many cases organised by them. We are glad to provide this service, keeping our charges to the users as low as we can. The other half of the activities at the Centre were directly linked to themes and projects that the Fund is itself pursuing, though always in close consultation with people in the field. In relation to these themes, 1983 was a year of both continuity and transition. For example the Centre's work on **Education and Training** continued, although the Ward Sister Training Project (which has for some years been a principal initiative of the Fund) was coming towards an end in its present form. In June the Fund ceased to be formally involved in the project at Guy's and Whipps Cross Hospitals. At Guy's the project continues along similar lines, and Centre staff are still informally involved. Several publications arising from the Fund's work in this area were published during the year, and the ripples from it will spread, within the National Health Service and outside it, at home and overseas. There will, we hope, be many other versions of ward sister training besides the one pioneered in this project, since there is room for many different approaches. Where there is no room for argument is the crucial importance of the ward sister's role, as a leader and manager of others, and the totally inadequate arrangements in most places to prepare nurses for this responsibility.

As reported last year, the Fund has made a major grant to help found a Nursing Policies Study Centre, which will be based at Warwick University, to comment objectively on nursing policies stemming from government, the new statutory bodies and the professions. We hope that the first Director will be appointed in 1984. There will be close, continuing liaison between the Fund and this new policy centre, and between the Fund and the new statutory bodies themselves. Out of these relationships will no doubt stem new initiatives by the Fund in relation to nursing. Meanwhile the established programme of development activities for nurses and other members of the health professions continues.

The **Long Term and Community Care Team** is concerned with standards of care for some of the most vulnerable members of society, people with mental handicap and mental illness, physical handicap, and

disabilities arising in old age. For all these people the objective must be to help them lead as independent and full a life as possible, with the maximum scope for personal choice. The Team's complex range of activities is devoted to this end. One of the principal themes of its current work is transition from long-stay institutions to various forms of care in the community. For more than a decade national policy has been towards the ultimate closure of large, long-stay institutions. Such a policy takes time to gather momentum. After a reduction, year by year, in the number of long-stay patients, actual closures of large institutions are now a matter for action in the relatively short-term, rather than for lengthy debate. This is particularly so around London, which is the Fund's home territory, because of the large number of relatively isolated hospitals that ring the metropolis and the financial pressure for closures, as resources are withdrawn from the Thames Regions of the National Health Service. The Team is very much concerned to help with the issues raised by this transition, such as the management of change, the creation of community services where no adequate services exist, and the maintenance of morale and standards in the long-stay institutions. Links within the Fund have been helpful, with people in the College interested in the management of change and of community care, with the grant-making committees (which can sometimes help with the establishment or expansion of community care schemes) and with the London Programme.

External links are of course even more vital, as in all the Fund's work, since that is where the problems and the action are. At the end of the day what matters is not what is said or written, but the effect on the lives of people who have long-term disability and handicap, whether they are in hospital, in hostels or at home.

The Fund's **London Programme,** which began in 1980, is concerned with primary health care and the relationship between primary and secondary care in London. By primary care we mean not only general practitioner services but also the full range of nursing and community health services. The special problems of primary care in Inner London were well-documented by the Acheson report (May 1981). They are complex and will not be quickly resolved. Gradually the focus of the Fund's activity has shifted from simply responding to requests for funds for a wide range of research and other isolated projects, to trying to support networks and centres that show promise. For example, many of the people charged with managing community health services in London have found it helpful to meet from time to time at the Centre, with the Fund's project officers, to exchange information and ideas. Through the London Community Health Resource Unit at the London Voluntary Service Council, the Fund has also encouraged links among community-led health projects. And as part of the Fund's programme, conferences have been held at the Centre for members of district health authorities and others to discuss policies and standards in specific services, such as services for children, for the elderly and (most recently) for people suffering from mental illness. The Fund is taking a special interest in issues of health and race, both in their service aspects and in their employment aspects in the health field. We are also trying to help (by what for us are relatively large grants) selected centres of primary care (such as Steels Lane Health Centre in Tower Hamlets, and the Department of General Practice at King's College Hospital in Camberwell) to extend their contacts and influence in their surrounding neighbourhoods.

The other principal Fund programme based at the Centre, which concerned the management and planning of health services, came to an end in 1983 when David Hands, the assistant director concerned, moved to a senior NHS post in the West Midlands and his team disbanded. We wish them all well and are grateful for their service at the Fund.

It now seems clear, after lengthy discussion in 1983, that the Fund's next initiative will be a range of activities concerned with the **Quality of Care,** ranging from conceptual definition and discussion, to projects and consumer surveys, but always with the accent on the practical, on voluntary peer review rather than imposed assessment, and on the care that individuals actually receive. We look forward to launching this activity in 1984.

The **Library and Information Services** once again faced increased demand during the year: enquiries rose, for example, by 25 per cent to 15 000. The increase is a tribute to the staff, although in the longer run it obviously presents some problems. While the Department of Health has a larger library than the Centre, access to it is difficult for external users. Hence the Centre library is a national resource for those seeking information about health services, and health and handicap. From within the National Health Service there has been an upsurge of interest in making better use of information, associated in part with the work of the Steering Group on this subject, chaired by Mrs Körner. Outside the health professions also, there is no doubt about the degree of public interest in this field. The library makes no distinction among users and makes no charges, other than for copying. We regularly review the 'no charge' policy but to date have always decided that it is correct. Currently we are embarking on a much broader review, with the help of outside consultants, to consider what directions the library's future development might take within the broad context of national need.

KING'S FUND COLLEGE

The College's task is management development in health services, particularly (but not solely) in the National Health Service. It is concerned with management in the broad sense, meaning the way in which services are run and policy is formed. Thus the College seeks to help members of all the health professions in their management roles, and also chairmen and members of health authorities. Events within the College, particularly courses and seminars, are one means. Another, which is equally valid, comprises activities in the field, including training and consultancy. In both cases we are working with individuals, many of whom have very substantial management experience, and all of whom want to develop their ideas and skills. Formal instruction is rarely appropriate. It is much more a matter, for events within the College, of giving people opportunity to explore ideas, concepts and tools, through reading, thought and discussion. Outside the College the accent is even less on instruction, and even more on problem-solving – or, if problem-solving is too much to claim, at least on tackling together situations that have to be tackled.

The College's staple courses now include the **Corporate Management Programme** (CMP), a modular six to eight week course primarily for chief officers in all disciplines. Besides an opening core of two weeks and a closing core of one week, participants choose from among five options of a week each, ranging in content from health policy and politics to health economics or organisational analysis and design. Up to 20 members join each course, from all parts of Britain and from overseas. During 1983 we have been glad to have our first health authority chairman and our first consultant member of a management team as guinea pigs on the course. The past difficulty in recruiting community physicians and finance officers to the Programme is disappearing and it is expected that the 1984 programmes will not only be over subscribed, but also well balanced in terms of professional disciplines.

At the next level of seniority are the **Senior Management Development Course** and the **Unit Management Programme**. Both, like the CMP, are multidisciplinary. The SMDC is a four-week course, with an accent on personal development, helping participants to think a little more broadly about health care and management than on the job, to extend their range of skills, and to grow in confidence. The UMP,

which was introduced during the year, is a three-week modular course, aimed specifically to help managers of all disciplines to work together at the unit management level.

The College also continues, as for many years past, as one of the national centres for the **Administrators' Development Course** (ADC) and the **National Management Training Scheme**. Both are for administrators. The latter is primarily for selected graduate entrants to the NHS, comprising a combination of supervised learning on the job, in a variety of different NHS posts spread over a two-year period, and work at the College. The ADC is a personal development course for administrators at the middle level, which concentrates on developing individual skills. It is another modular course, including two residential periods of three weeks each.

Besides these relatively long programmes, the College also runs a number of more specialised short courses. Among these are general management courses for doctors, particularly GPs and consultants on management teams, and several specialty-based courses such as Management Skills in Geriatric Medicine, Applied Management for Senior Registrars in Psychiatry and courses for general practitioners and for senior registrars in community medicine. A different type of specialised course focuses on specific skills, such as planning or investment appraisal, or psychiatric services in transition.

Another constructive use of College resources is to enable groups to come together for a day or two to explore issues and ideas with College Faculty and among themselves. Chairmen of health authorities are an example. It is particulary gratifying and productive when such groups come not just once, but at intervals on a continuing basis.

Since the College's concern is not with courses as an end in themselves, but with management in the real world, it is appropriate that the Faculty should undertake consultancy projects in the field. There was a rapid build-up of such projects during 1983, not only in and around London. We had hoped that there would be demand for such work and this has proved to be the case. We now have to demonstrate that for the health authorities concerned such projects provide value for money, and the College Faculty intends to do so. The range, content and specific circumstances of these consulting assignments vary across an enormously broad spectrum. At one extreme, a project may involve a single seminar, with quite limited objectives. At the other it can extend over several years and require searching analyis of an authority's entire strategy and performance. The common factor across this whole spectrum is that we are not simply trying to resolve a particular set of issues, but to help people develop their capacity to manage complex systems. Hence consultancy is integral to the work of the College, not merely an interesting extra, and should have at least as enduring a place as residental courses in the partnership between Faculty members and managers.

The Fund's financial contribution to the College (£414 000 in 1983) is substantial, but has been sharply reduced as a proportion of the College's total budget, as earned income has increased. Meanwhile a glance at the Faculty list in the current report, compared with the 1981 report, will show that a teaching staff of seven (of whom five were part time) has increased to over twenty, nearly all of whom are full time. Growth on this scale has brought stresses and strains, to which supporting staff have responded magnificently. An interesting question is how to structure what is no longer a small or simple undertaking. Conventional academic departments are inappropriate in an organisation where people's academic disciplines are far less important than the shared focus on helping managers to manage. What has emerged is a series of twelve overlapping interest

groups or programmes, representing themes of work that members of the Faculty want to explore together. For example, stategic management is one such theme, community care is a second, and quality assessment and evaluation is a third. Each individual will work on several such themes, with varying groupings of colleagues, and will also take organising responsibility for specific courses and for consultancy and other assignments. We shall be developing and testing this very fluid (and rather ambitious) structure in 1984.

These are exciting times in the College, with a very strong sense of common purpose, complementary skills and shared effort. There is no lack of work to be done in health services management. Nor is there much doubt that the College can make a level of contribution to justify the impressive collection of people now gathered in it.

GRANT-MAKING COMMITTEES

Grant-making continues to be a major function of the Fund, as it has always been. In 1983 grants again totalled some £1·1 million, in addition to the Fund's contributions of £800 000 to the running of the Centre and the College. The grants are fully listed on pages 19 to 26 of this report.

Of the total expenditure on grants, over £600 000 was direct assistance to services for Londoners. Thus the **Auxiliary Hospitals Committee** and the **Hospital Grants Committee** between them gave £485 000 to hospital and community projects, either based in the metropolis or, if based outside it, providing services primarily to Londoners. Both committees gave particular attention to the needs of exceptionally vulnerable groups, and to community-based developments. The King's Fund is first and foremost a hospital fund so this community focus perhaps requires explanation. The explanation is, first, that the hospitals cannot do their job well if primary and community care are weak and, second, that the London hospitals are under exceptional financial pressure to turn long-stay patients back to the community: these people will suffer unless care in the community improves rapidly. The largest grant made by these committees during the year was £83 000 to the Westminister Association for Mental Health to help fund the formation of a new centre for preventive and continuing care from a community base where, for historical reasons, almost no such services exist. The size of the grant was both a recognition of the importance of this type of scheme and a reflection of a decision to undertake one or two large projects each year of a kind that simply would not happen without quite substantial external funding.

Because projects of this kind do not always correspond to the traditional split between voluntary projects (dealt with by the Auxiliary Hospitals Committee) and applications from statutory authorities (considered by the Hospital Grants Committee), these two committees decided that they would on occasion meet jointly. The first such joint meeting occurred in December 1983, when grants totalling just under £89 000 were made. One or two similar meetings will be held in 1984.

The **London Programme Executive Committee** is, like these two committees, specifically concerned with London. Its remit is to improve standards of primary and community care. For this purpose it received a further allocation of £50 000 in 1983, bringing its total funding to date to £640 000. The work of the London Programme has already been briefly described in reviewing the year's activities at the King's Fund Centre, where the two project officers are based.

Of the grants made by the **Management Committee** itself, totalling £279 000 in 1983, several (accounting between them for some £65 000) specifically related to hospitals and services in London. The remaining

Management Committee grants were for projects that for one reason or another did not fit into the remit of any of the other committees. A common example is the help that the Fund sometimes gives to national organisations in the field of health and handicap, particularly in their early years when they are not yet sufficiently well known to be financially independent. Help of this kind from the Fund is always for a strictly limited period, since otherwise we simply would not be able to help other innovative organisations in their turn.

Of the remaining grant-making committees, the **Centre Committee** (£10 000 approximately) makes small grants, rarely exceeding £500, for applications that are closely linked, in one way or another, to the King's Fund Centre's role of identifying and promoting good practice. The **Education Committee**, on the other hand, is principally the body that oversees the work of the King's Fund College: its grants (some £39 000 in 1983) are for projects that are linked fairly closely with the College's own programme. A typical example is the Fund's decision in principle to help finance a new unit based on the College to develop management accounting in the NHS.

Finally, among the grant-making committees, the **Project Committee** (£220 000 in 1983) receives a wide range of research applications. These are not necessarily London based, nor solely concerned with London problems. To qualify for a grant, they must have solid merit in themselves and must have implications for health and health care in London.

PUBLISHING

This year the Fund published six new books, eight new project papers and three new papers for the NHS/DHSS Health Services Information Steering Group. Two books were about health surveys: *Health surveys in practice and in potential* by Ann Cartwright and *General practitioners and consultants: a study of outpatient referrals* by Robin Dowie.

In *Working with people*, papers from a King's Fund international seminar dealt with important aspects of working with people in the context of health services administration.

Consent in medicine was concerned with the relationship between doctor and patient influenced by three ethical traditions, the Hippocratic, the Jewish and the Christian.

Living independently by Ann Shearer, published in conjunction with the Centre on Environment for the Handicapped, was about nine severely disabled people who have established homes of their own and rejected the idea of living in a residential institution.

Members of the Faculty of the King's Fund College cooperated in the writing of *Effective unit management* which is expected to be the first of a number of publications from the College – either written collectively or by individual members of the Faculty.

Subjects covered by project papers during the year included the role of the ward sister, pay determination in the NHS, the use of medicines by elderly people, the training of staff for mental handicap services, incontinence, the phonetic representation of disordered speech and young workers in the NHS. The first of a projected fifteen discussion papers published on behalf of the NHS/DHSS Health Services Information Steering Group (chaired by Mrs Körner) appeared in 1982. This year a further three were published: *Introducing IT* in the district office, Developing a district IT policy* and *Piloting Körner*. The response has been very encouraging and some titles have been reprinted already.

The publishing policy of the Fund was reviewed during the year. As a result, we are somewhat more likely than in the past to commission authors to write on subjects of special interest to the Fund, rather than wait for the submission of suitable manuscripts.

*Information Technology

Four new titles for the history series are being considered, as well as a guide to public and press relations and a study of NHS computer projects. Books about management of health care remain an important category, as do those concerned with caring for patients, particularly long term care, the needs of the disabled, and the needs of ethnic minorities. New subjects under discussion include private medicine and its links with the Health Service; the place of high technology medicine in the NHS; the role of the health authorities; the provision of community care; and the attitude of the Service to preventive medicine and health education.

SELECTED ISSUES

We have selected five topics for comment this year, because of their inherent importance and their relevance to the Fund's work.

The Aftermath of the Griffiths Report

The NHS Management Inquiry, led by Mr Roy Griffiths, submitted its conclusions to the Secretary of State early in October 1983. At the end of that month the Secretary of State published the report and his response to it, announcing that he accepted the recommendations that applied directly to his Department, and that he would be consulting the health authorities urgently, with a view to their starting to implement their share of the recommendations in April.

Thereafter consultation and comment proceeded at a feverish pace, in the Department and the NHS, among the professions, and in the Social Services Committee of the House of Commons. People have found it more than usually difficult to get the report into perspective, partly because it is markedly unlike most official reports. Its strength is as a critique: the impressions that a group of experienced, successful managers, principally from business, have formed of the way that the NHS is run. They were concerned about such matters as the scale and complexity of DHSS activity, combined with the lack of coherent management of the NHS at the national level; the slow pace, at least on occasion, of management decision-making in the NHS and the difficulty of pinpointing precisely who is responsible for what; the failure to involve the professions providing care sufficiently in the management of scarce resources; and the lack of management data about consumer views.

Exactly what will happen as a result of the report is still unclear. After an initial numbed acquiescence, many people have had second thoughts and a substantial amount of opposition has formed, at least to some of the recommendations. In any case the specific recommendations made by the Griffiths team are less important than the critique. The responsibility for what happens now lies not with the team but with the Government and the National Health Service.

The National Health Service is not about management, but about doctors, nurses and others providing care to patients, and about health care for the whole community. Management is rightly subordinate, providing a supporting framework for the delivery of services. That it is subordinate does not, however, mean for a moment that it is unimportant or simple. On the contrary it is both important and subtle.

Resource scarcity is the nub of the matter. If everything could be done that patients wanted and physicians thought offered some benefit, the general management task would be minimal. But all the time hard choices have to be made between one good and another, affecting care not just today but also long term. The members of the health care professions individually and collectively must have discretion to act in the best interests of those in their care. It is, surely, a principal task of general management to give them as much space as possible for that purpose, and at the same time to be accountable to them and

to the public for the resource choices that constrain what they can do.

At bottom the Griffiths recommendations are that such choices should not simply happen as a result of professional and political bargaining within a somewhat confused management structure, but that (at all levels from unit to national) a clearer and simpler management framework should be developed in support of professional practice.

If the decision is to move in that direction the temptation will be to make the relatively easy changes and ignore the difficult ones. The most difficult are not about new titles and job descriptions, or the introduction of new clinical budgeting systems, but about behaviour and management competence. Bringing such changes about is a long term development task, which must itself be managed if it is to happen. Since management development has been grossly neglected in the NHS, the establishment in 1983 of the new NHS Training Authority is timely, to build and sustain a more discriminating approach than in the past, to stimulate demand for and a proper use of training resources, and to see that the resources required are in place.

It is incidentally a great mistake to see a strengthening of general management as a weakening of the role of health authorities. Public oversight is essential and it is through authorities that this must happen. There is still a large development job to be done in helping chairmen and members reach the stage where accountability to them is real, and where difficult political choices can be made and sustained, with a sense of long term purpose. Research is needed on how chairmen and members actually discharge their role in different authorities and the Fund has been glad to finance some of it (for example, one grant made in 1983 by the Project Committee to Mr C J Ham of the School of Advanced Urban Studies at Bristol). It is also a theme that recurs at Fund seminars for chairmen and members and in some of the Fund's consultancy work.

Community Health Councils

These are very difficult times for community health councils. *Patients First*, the consultative document issued by the Government before the 1982 reorganisation of the National Health Service, expressed doubt about their continuance. In the event the decision was that they should continue, but they have remained very much under threat. The creation of more numerous, smaller health authorities at the district level has made it possible for health authority members to have closer contact with the services for which they are responsible and with the community. The reductions in membership of CHCs have increased the load on their most active members. Finance has in many cases been very tight, since most regional health authorities, which are responsible for CHC budgets, have not seen them as a high priority. Consequently CHCs have little staff support – two full time equivalents would be typical – and almost no money for non-staff items such as consumer surveys. The national organisation of CHCs is in financial difficulty and its newsletter, CHC News, has been forced to close.

Yet there is a real case for CHCs, and the best of them have a track record that deserves respect. As watchdogs for consumers and for the community, they can ask questions about how services are actually working, and about their relevance. Through their composition they have extensive contact with organisations outside the NHS and can therefore help to offset its inherent parochialism: health is, after all, about much more than health services. They can, and often have, promoted a whole range of community activities (such as voluntary projects, advocacy schemes and community development) that complement the work of the statutory authorities.

Whatever one's views, it is wrong to seek to discredit

the CHCs by starving them into submission. The Griffiths report called attention to the need for the National Health Service to be more aware of consumer views. That is a concern that health authorities and CHCs can properly share. So long as CHCs exist, they must be enabled and encouraged to do the job that they have been given.

Medical Education and Acute Hospital Services in London

There are signs throughout the western world of an actual or incipient overproduction of medical manpower. The United Kingdom is not immune, although medical school numbers are not as high, relative to population, as in most other developed countries, and there are uncertainties about such critical elements in the puzzle as medical immigration and future career patterns among women doctors.

What is clear in the immediate future is that all the many inquiries and debates that have taken place in Britain on this topic have left a number of increasingly urgent problems unresolved. One is the career structure of hospital doctors: in the popular specialities there are too many doctors in training and the safety valves of emigration or of exit into general practice are no longer available. Another is the content of medical education which, for all its undoubted strengths, is crammed with factual instruction (on the false assumption that upon qualifying a physician must have comprehensive knowledge to be safe to practice), while neglecting such crucial aspects of medical practice as communication skills and the political and social context of medicine. Thirdly, and more specific to London, medical schools are increasingly short of resources to do their job, through the combined effects of financial cuts in the universities and the NHS.

Within London, attempts to close one or more medical schools have so far failed. Instead, following the Flowers report*, joint schools were established. Making these marriages a real partnership is something at which several schools have worked hard and successfully in the last few years. That, however, is only a preliminary to the management tasks that now need to be tackled so that the scarce resources available to the new joint schools are used wisely, and so that the quality and relevance of medical education are as high as possible. London hospitals are closing on an unprecedented scale, partly as a logical reflection of population movements out of London, and partly as a result of changes in national policy. There is therefore an urgent need for innovative attempts to respond to this changed situation, not simply in a defensive way, but in a way that also attempts to raise standards. We in the Fund do not pretend to know the answers, but we are more than willing to try to respond positively to ideas and calls for help.

Ethnic Minorities: Health and Race

The United Kingdom is now, far more than in the past, a community of more than one colour. Although the ethnic minorities are quite small as a percentage of the total population, they are by no means evenly spread. There are large parts of the country in which a black face is a rarity. There are others, including some of the London boroughs which are the heartland of the Fund's territory, where the minorities form at least half the population, and (because of age distribution) a much higher proportion of births.

The National Health Service has been slow to adjust to this situation, as have many other institutions of British society. Interestingly the NHS has in many ways been slower to adjust than local government, although a number of attempts have been made to adjust to new needs (for example in the work by Alix Henley and others on Asian culture and language, which the King's Fund helped to support).

**London medical education – a new framework,* report of a working party chaired by Lord Flowers, University of London, February 1980.

While many people may claim (at least initially) that there is no discrimination in the NHS on the basis of race, that is not the experience of the minorities themselves. It may be the case – one certainly hopes so – that discrimination is never publicly authorised, which means, among other things, that proof of discrimination is hard to obtain. But to many people discrimination against them in NHS employment and in the delivery of services appears to be a fact of life. Consciously and unconsciously white supremacy in the more desirable jobs perpetuates itself. Services are often unequal, in that the most deprived sections of the population (including a disproportionate number of blacks) frequently receive a less good service, and that there is little adjustment to different cultural norms and expectations.

The white majority may well argue that putting right these inequalities has to be slow. One need only talk to members of the minorities, however, and study the events of 1981 in Brixton and elsewhere, to appreciate the increasing frustration, bitterness and alienation.

Trying to tackle these problems is likely to rebound on those who try. Nevertheless the attempt has to be made, and sustained through difficulty over the long term. The Fund is keen to help those who do make the attempt, particularly in London, and has therefore been glad to finance an attempt by Haringey Health Authority to move forward in this field. This project was under active discussion in 1983 and has since been finalised.

Quality of Care and its Assessment

As indicated in last year's report, this is another topic of major current concern to the Fund. During 1983, the Management Committee set up a small working party to consider whether and how the Fund should undertake a new initiative on quality of care. Our concern is not simply with the definition of quality in an abstract sense, nor in its measurement, but in what the Americans have come to call quality assurance – making a positive impact upon the quality of health care actually received. Because of the enormous expenditures involved in medicine today, and the difficulties of financing them, there is an understandable tendency to become preoccupied almost exclusively with questions of cost, ignoring the more fundamental elements of quality and effectiveness. In the Fund's view it is crucial that the balance be redressed.

By the time this report appears the first steps will have been taken towards launching a new venture in the field, somewhat similar in its organisation and funding to the London Project. There will be a small committee, with staff support and a budget for funding external work. It is likely to need to work at three different, related levels: developing useful definitions and concepts; establishing and supporting a national network of people interested in contributing in this field; and encouraging a variety of experimental projects aimed at raising quality in practical ways, in selected aspects of health care.

* * *

The problem for the King's Fund, as for other grant making trusts, is how to use relatively modest financial resources to make a worthwhile impact on important, complex human needs. There is no single right way to do this. Clearly, however, the King's Fund should never act in isolation. We have to try to be skilled at diagnosing in what ways we can help most, and on what issues. Moreover the networks of those who advise and work with us are our greatest single resource. Putting together the full range of the Fund's modes of operating, to make a combined impact on the same major issues, is what we must always try to do: not money alone, nor staff work alone, but both of these in conjunction with external assistance, is the way that we are most likely to fulfill our charge to support – in difficult times – hospitals and those whom they serve.

FINANCE

The following pages (16 and 17) contain abridged financial statements extracted from the full accounts of the King's Fund, which are available on request. The statements show that at 31 December 1983 the total market value of the Fund's assets was £53·6 million (1982 £46·1 million) and the income for the year £2 513 000 (1982 £2 353 000).

The net general expenditure of the Fund in 1983, before the allocation of grants, was £1 362 000 compared with £1 283 000 in 1982.

The resources of the King's Fund continue to increase, both in terms of capital and income. However, the Fund, like similar organisations, has to contend with the problem of increasing costs, and at the same time endeavour to maintain the level of grants which it distributes in support of health care and practice.

In 1983 a further sum of £50 000 was made available for the London Programme, making a total so far of £640 000 for this special project. After allocating £1 033 000 (1982 £954 000) for other grants, a surplus of £86 000 for the year was transferred to General Fund.

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

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

Bankers:	Bank of England Baring Brothers & Co Limited Midland Bank PLC
Auditors:	Deloitte Haskins & Sells
Solicitors:	Turner Kenneth Brown

KING EDWARD'S HOSPITAL FUND FOR LONDON

ABRIDGED STATEMENT OF ASSETS AND LIABILITIES AT 31 DECEMBER 1983

	Book Value 31 December		Valuation 31 December	
	1983	1982	1983	1982
	£	£	£	£
Capital Fund				
Investments				
Listed securities	9 473 000	8 546 000	*14 329 000*	*12 294 000*
Unlisted securities	564 000	172 000	*776 000*	*286 000*
	10 037 000	8 718 000	*15 105 000*	*12 580 000*
Current assets	373 000	148 000	*373 000*	*148 000*
	10 410 000	**8 866 000**	***15 478 000***	***12 728 000***
General Fund				
Investments				
Listed securities	9 012 000	8 799 000	*14 395 000*	*12 662 000*
Unlisted securities	441 000	262 000	*482 000*	*295 000*
Properties	5 261 000	5 367 000	*19 605 000*	*17 860 000*
King's Fund premises	2 936 000	2 936 000	*4 130 000*	*3 670 000*
	17 650 000	17 364 000	*38 612 000*	*34 487 000*
Net current liabilities	(497 000)	(1 063 000)	*(497 000)*	*(1 063 000)*
	17 153 000	**16 301 000**	***38 115 000***	***33 424 000***
Special Funds				
Investments				
Listed securities	23 000	23 000	*15 000*	*15 000*
	23 000	**23 000**	***15 000***	***15 000***
Net Assets	**£27 586 000**	**£25 190 000**	***£53 608 000***	***£46 167 000***

ABRIDGED INCOME AND EXPENDITURE ACCOUNT YEAR ENDED 31 DECEMBER 1983

		1983		1982	
Income	£	£	£	£	£
Securities		1 569 000		1 482 000	
Properties		928 000	2 497 000	859 000	2 341 000
Donations		10 000		11 000	
Legacies allocated to income		6 000	16 000	1 000	12 000
			£2 513 000		**£2 353 000**
Expenditure					
Grants allocated		1 033 000		954 000	
Less grants lapsed		18 000	1 015 000	31 000	923 000
London Programme			50 000		150 000
			1 065 000		1 073 000
King's Fund Centre		878 000		839 000	
Less contribution from DHSS	300 000				
from Thames RHAs	89 000				
conference fees, etc	103 000	492 000	386 000	457 000	382 000
King's Fund College		850 000		688 000	
Less course and consultancy fees	393 000				
service charges, etc	43 000	436 000	414 000	304 000	384 000
Publications		28 000		33 000	
Less sales		25 000	3 000	19 000	14 000
Total grants and services			1 868 000		1 853 000
Other expenses:					
Remuneration of staff		243 000		235 000	
Establishment		53 000		48 000	
Maintenance of King's Fund premises		59 000		36 000	
Pensions – Supplementary payments		116 000		108 000	
Professional fees, etc		88 000	559 000	76 000	503 000
Excess of income over expenditure			2 427 000		2 356 000
For the year transferred to General Fund			86 000		(3 000)
			2 513 000		**2 353 000**

CONTRIBUTORS IN 1983

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

E Backman
Barclays Bank PLC
Baring Foundation Ltd

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N Clutton
Coutts & Co

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Equity & Law Charitable Trust

Group Health Plan

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P F Charitable Trust
Miss V Pike
Prudential Assurance Co Ltd

Albert Reckitt Charitable Trust
Sir T B Robson

O N Senior
Mrs R M Simon

The Wernher Charitable Trust
Williams and Glyn's Bank PLC

LEGACIES RECEIVED IN 1983 (£21 499)

W W Collins
Mrs A E Emerson Trust
Mrs A Jakes
C E Marshall
Mrs E M Robinson
Mrs A M Vaughan

GRANTS MADE IN 1983

£

MANAGEMENT COMMITTEE

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

Action on Alcohol Abuse
towards support of this group 50 000

Action for the Victims of Medical Accidents
towards cost of an assistant to the Director 15 000

Association of Health Service Unit Administrators
towards expenses incurred by 1982 NHS reorganisation 500

Bethlem Royal and Maudsley Hospitals
for chaplaincy fellowship 5 000

Consensus Development Conference
towards cost of organising conference in autumn 1984 10 000

Council and Care for the Elderly (Elderly Invalids Fund)
towards running costs 4 232

Disabled Living Foundation
towards relocation of the library and information services 10 000

Educational bursaries for members of the health professions to undertake further training 5 000

History of the King's Fund
to continue support of the working party 2 260

£

Manor Gardens Centre
towards project at the Stroke Club 3 500

Murals for hospital decoration
for completion of current projects 2 500

National Association for Deaf-Blind and Rubella Handicapped
towards running costs 20 000

Nursing Policies Study Centre, Warwick University
towards establishment 48 750

Open University
bursaries for health service personnel to attend courses 2 000

Queen Mary's Hospital, Roehampton
towards setting up postgraduate medical centre 25 000

Royal Society of Arts
design bursaries competition (hospital equipment section) 1 080

St Bartholomew's Hospital
towards cost of appointment of senior lecturer in nursing education (first instalment of two year grant) 4 700

Society for the Study of Medical Ethics
to provide further financial assistance 10 000

Stillbirth and Perinatal Death Association
to establish an efficient administrative base 7 000

Travelling Fellowships for medical staff 25 000

United Kingdom Central Council for Nursing
towards seminar for newly appointed members and officers 5 000

	£
University of Bath	
towards project to investigate the implications of information technology	22 500
	£279 022

AUXILIARY HOSPITALS COMMITTEE

Gives advice and financial assistance to hospitals and homes in or serving the Greater London area but outside the NHS.

	£
Alzheimer's Disease Society	
towards first year's expenses of a regional coordinator for the London area	5 000
Athol house, Dulwich	
towards improvements to electrical installations	3 350
Bell Memorial Home, Lancing	
towards cost of exterior decoration	1 700
Bow Mission	
towards floor coverings and soft furnishings for a new bedsit hostel	2 550
Caldecott Community, Ashford	
to provide a sick room in a new unit for emotionally disturbed six to ten year old children	5 000
Cheam Invicta Club	
to provide a 'controlled comfort bed' at a holiday bungalow for handicapped people and their families	760
Crabhill House, Redhill	
towards provision of a crafts room	9 000
Delia Grotten Home, Highgate (Hill Homes)	
towards converting ward into single rooms	5 000
Fonthill, Reigate	
towards cost of renewing roof	2 000
Foxholm, Bognor Regis	
towards cost of building works	7 815
Garden House Project for Mentally Handicapped Young Adults	
to buy a transit van	6 400
Greater London Association for Disabled People	
towards a study to ascertain disabled people's transport problems and the level of unmet need	5 000
Handicapped Adventure Playground Association (HAPA) Ltd	
towards cost of rebuilding playground in the grounds of the Royal Hospital, Chelsea	10 000
Harrison Homes	
to provide a physiotherapist at Newell Hall rest home	683
Hospital of St John and St Elizabeth, London NW8	
towards cost of extending continuing care unit	20 000
Interlink	
towards providing a sound playground for mentally and physically handicapped children in Islington	1 500
Kensington Housing Trust	
towards cost of developing sheltered housing for elderly people in West London	5 000

	£
King's House, Bournemouth	
towards cost of extending the laundry and improving the kitchen and staff room	5 000
Partially Sighted Society	
towards first year's expenses of a development worker for Greater London	5 303
Phoenix House, London SE23	
towards cost of toilet conversion work	1 457
Pony Riding for the Disabled Trust	
towards the cost of an outdoor manège for the Riding Centre at Grange Farm, Chigwell	5 715
St John Ambulance Brigade, London (Prince of Wales's) District	
towards provision of a cardiac facility in an ambulance	5 000
St Joseph's Hospital, London W4	
towards dishwasher	1 895
St Michael's Convalescent Home, Clacton	
towards works necessary to provide accommodation for men and married couples	6 250
Servite House, Ealing	
towards cost of a computer	2 914
Shaftesbury Society	
towards improvements to accommodation at Dovercourt, a holiday centre for the elderly	10 000
Thamesmead Day Centre	
towards salary of a coordinator for community scheme for psychiatrically disturbed people (second instalment of grant of £22 500 to be paid over three years)	7 500
Theatre Girls' Club	
towards cost of moving to an interim hostel while their own premises were upgraded	4 000
West London Mission	
towards cost of a doctors' consultation room and medical/drugs store at St Luke's and St Mary's Alcoholic Rehabilitation Centre	1 750
Westminster Association for Mental Health	
towards establishment of a mental health resource centre	83 000
Study day at St Thomas' Hospital for convalescent homes' representatives	245
Expenses of annual conference on convalescence	1 713
	£232 500

EDUCATION COMMITTEE

Corporate management development programme	
course development	9 909
International seminar	6 152
European health forum	3 000
Overseas Travel	
study tour to North America	16 801
trainees in Europe	1 851
Oxford Management Centre	
role of the administrator	1 334
	£39 047

HOSPITAL GRANTS COMMITTEE

Gives grants to improve conditions for patients and staff in NHS hospitals and to support innovative developments in community-based statutory services in the Greater London area.

	£
Barking, Havering and Brentwood Health Authority	
SAINT FRANCIS HOSPICE	
to provide furniture for seminar room	2 350
Bexley Health Authority	
PSYCHIATRIC DAY HOSPITAL	
towards setting up	10 000
Bloomsbury Health Authority	
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL	
for three members of the spinal injuries unit team to visit rehabilitation centres in the USA	7 000
Brent Health Authority	
SHENLEY HOSPITAL	
towards cost of minibus	3 500
Camberwell Health Authority	
JAY PROJECT	
towards providing a survey worker for a scheme to design and implement a range of services for people with mental handicap	8 000
KING'S COLLEGE HOSPITAL	
for first two years' costs of a self-help project for visually impaired people	11 058
City and Hackney Health Authority	
ST BARTHOLOMEW'S HOSPITAL	
to provide social work support for an experimental admissions ward	14 000
Haringey Health Authority	
NORTH MIDDLESEX HOSPITAL	
towards cost of equipping a new hospital radio studio	2 930
Harrow Health Authority	
NORTHWICK PARK HOSPITAL	
towards new hydrotherapy pool	20 000
Hounslow and Spelthorne Health Authority	
WEST MIDDLESEX UNIVERSITY HOSPITAL	
to help redevelop the postgraduate medical centre	10 000
Islington Health Authority	
HARINGTON SCHEME	
to buy a transit van for Harington Gardeners – an enterprise designed to provide employment for mentally handicapped young people	8 500
WHITTINGTON HOSPITAL	
to furnish new multidisciplinary library for the district	9 500
Richmond, Twickenham and Roehampton Health Authority	
ST JOHN'S HOSPITAL AND BARNES HOSPITAL	
to provide wardrobe/lockers for the geriatric patients' own clothes	10 000
Tower Hamlets Health Authority	
PRE-SCHOOL UNIT	
to provide suitable clinical facilities	11 150
THE LONDON HOSPITAL MEDICAL COLLEGE	
to help establish postgraduate training in the dental care of the elderly	7 000
THE LONDON HOSPITAL (MILE END)	
to buy two washing machines for the geriatric patients' own clothes	3 683
Wandsworth Health Authority	
BOLINGBROKE HOSPITAL	
towards conversion to single-room accommodation for long-term elderly patients	25 000
	£163 671

HOSPITAL GRANTS AND AUXILIARY HOSPITALS JOINT COMMITTEE

	£
Alison House, London NW8 towards buying freehold of this short-stay home for mentally and physically handicapped children and young people	5 000
Choices Project (District Services Centre, Bethlem Royal and Maudsley Hospitals) to evaluate courses to promote the rehabilitation in the local community of people who have been mentally ill	2 000
Coalition for Community Care towards cost of a community mental health development project	25 000
Hamilton Trust towards cost of furnishing and equipping a home for adults suffering from autism	6 025
Kingston and Esher Health Authority, Mental Aid Projects towards purchase of a property to be used as a residential hostel for mentally handicapped adults	20 000
Lady Margaret Hall Settlement for research into the employment needs of women with disabilities	3 900
The Passage, London SW1 towards cost of redeveloping the premises of this day centre for single homeless people	6 904
Wood Lodge Housing Association towards establishment of a special community, Wood Lodge Gardens, for families with a disabled member, the elderly and others	20 000
	£88 829

KING'S FUND CENTRE COMMITTEE

Makes small grants, rarely more than £500, for work which is relevant to the activities of the King's Fund Centre.

	£
Burford Nursing Development Unit towards the cost of a series of workshops for training nurses, general practitioners and health visitors in the techniques of team care of special categories of patients	500
Centre on Environment for the Handicapped towards cost of a conference about access to public buildings by the disabled	450
Ceramic Tile Pictures in Hospitals towards a survey of illustrated tiles in hospitals	100
Child Accident Prevention Trust towards an investigation of childhood accidents in ethnic minority groups	600
Church of England Children's Society, North London Branch towards mounting a money-raising fair for the benefit of physically handicapped young people	250
Community Mental Handicap Education and Research Association (CMHERA) towards the cost of a visit by the Associate Director to the USA to study techniques of service education in mental health	250
Croydon College towards the costs of a second multidisciplinary workshop on work with the elderly and handicapped	270
Ealing Coordinating Committee for the Elderly towards production of a new edition of information handbook	300

	£
Exploring Living Memory	
towards the cost of an exhibition organised by a London based society to record the memories of people about hospitals, homes for the elderly and day centres in the community	250
Leicester Polytechnic, School of Speech Pathology	
towards devising a diagnostic procedure for sufferers of developmental articulatory dyspraxia	150
Lewisham School of Nursing	
towards cost of nine workshops for ward sisters on the improvement of clinical care	400
Dr Christopher Maggs, Bristol Polytechnic	
towards work on sources for the history of nursing	400
National Association for Patient Participation	
towards running expenses	500
National Association for the Welfare of Children in Hospital	
towards costs of publishing papers of a conference on the needs of adolescents in hospital	370
Mrs Helen Orton, Principal Lecturer, Sheffield City Polytechnic	
to part-fund a study tour on the role of the ward sister in Australia	250
John Payne, Director of the Welsh branch of MIND	
towards expenses of attending the World Congress on Mental Health in Washington DC to give a paper	150
Dr Douglas Pett, Chaplain of St Mary's Hospital, Praed Street	
to help organise a series of lectures on 'Sickness and Society'	300
Pre-Eclamptic Toxaemia Society	
towards cost of circulating newsletter	100
Dr Peter Pritchard	
towards cost of producing a booklet on patient participation in general practice	270
Psychiatric Inpatient Information Project	
towards cost of a training course for psychiatric ward staff on helping patients claim social security benefits	500
Dr Barry Reedy, Newcastle	
towards expenses of visiting Rochester, New York to give a paper at a conference	200
Register of Housing Care Schemes	
towards production of a questionnaire	380
Royal National Orthopaedic Hospital	
to enable the Superintendent Occupational Therapist to attend a conference on rehabilitation engineering in Ottawa	200
to enable the Superintendent Physiotherapist to present a paper at a conference on shoulder pain in Tokio	500
'Seminar on the move'	
to enable a social worker to attend a study tour in Denmark about care for mentally handicapped people	200
Dr Mike Sheldon, Department of Community Health, University of Nottingham	
towards administrative costs of a seminar on decision making in general practice	400
Substance abuse in the UK	
to enable a senior social worker of the Victoria Health Authority to attend a congress in Hong Kong on drugs and alcohol to present a paper	250
James Thomson, Dean of St Mark's	
towards administrative costs of running a day course on social and communication problems of intestinal disease	300
Voluntary Services Coordinators	
towards publication of a pamphlet on the role of voluntary services coordinators	300

	£
Whittington Hospital	
to enable the Superintendent Occupational Therapist to visit European centres of occupational therapy and rehabilitation	500
Workshop on Drug Treatment Centres	
towards cost of this workshop at the Centre	500
University of Nottingham, Department of Community Health	
towards a small study on the effects of introducing patient participation groups in general practices	100
	£10 190

LONDON PROGRAMME EXECUTIVE COMMITTEE

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

	£
Amount not previously allocated (at 31.12.82)	279 984
1983 allocation	50 000
	329 984
Academic Department of General Practice and Primary Care, St Bartholomew's Hospital Medical College	
to improve a system of computerisation of medical records in an inner city general practice	1 197
Department of General Practice Studies, King's College Hospital Medical School	
to establish a primary medical care development project	20 000
Department of Social Studies, South Bank Polytechnic	
to investigate the problems of telephone access to GPs	2 700
London Voluntary Service Council	
continued funding for London Community Health Resource Project	51 450
London School of Economics and St Mary's Hospital Medical School	
to identify areas in the UK with greater needs for general practitioner services (part funded by DHSS)	(10 000)
National Council for One Parent Families	
to produce an information pack for primary care workers	3 485
Sick bay provision for the young homeless	
to help establish a sick bay in central London	15 000
Tower Hamlets Health Authority	
to employ a development worker in primary health care	52 000
Women's Health Information Centre	
to part-fund worker for a year	4 489
Salaries and other expenses	29 962
Amount not allocated	159 701
	329 984

PROJECT COMMITTEE

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

	£
Advocacy Alliance	
to train volunteer 'advocates' for mentally handicapped people *(£12 000)*	6 000
Avery Hill College	
for a retrospective study of people with spinal cord injuries *(£19 389)*	3 055

	£
Bristol Polytechnic, Department of Nursing, Health and Applied Social Sciences	
to identify the causes of job-related stress in nurse managers	13 021
Dr Hugh K Ford, Group Surgery, Heacham, Norfolk	
to study the care of the dying patient in the community	2 649
Islington District Health Authority	
to assess patients for day-care surgery	2 000
The London Hospital, Department of Psychiatry	
to develop a model preventive psychiatric service *(£38 999)*	27 861
The London Hospital, Department of Speech Therapy	
to assess the language development in children of Bengali speaking parents *(£21 889)*	14 889
The London Hospital Medical College	
for a longitudinal study of patients with cancer pain at home *(£11 850)*	5 750
Middlesex Hospital Medical School, Academic Department of Obstetrics	
for an outpatient audit *(£14 963)*	301
MIND (The National Association for Mental Health)	
for a research project on the prevention of mental illness *(£30 000)*	20 000
National Association for the Welfare of Children in Hospital (NAWCH)	
for a survey of neonatal units	8 040
National Institute for Social Work	
project to find out how residential care staff acquire their skills, education and training *(£20 000)*	4 000
Paddington and North Kensington Health Authority, St Mary's Hospital	
to obtain information on costs by patient, disease and case-mix	7 500
Dr P R V Tomson	
to assess the clinical advantages and disadvantages of a family record card	2 300
University of Bath, Centre for the Analysis of Social Policy	
to produce data on private nursing homes *(£36 749)*	28 801
University of Birmingham, Department of Social Administration	
towards preparing training material based on pilot scheme	4 500
University of Bristol, School of Advanced Urban Studies	
to examine the role of DHA members*(£19 886)*	9 775
University of Exeter	
to evaluate continuing education for remedial therapists *(£52 834)*	6 000
University of Oxford, Centre for Criminological Research	
to review the provision of secure care and detention for seriously mentally disordered people *(£18 075)*	1 948
University of York, Institute for Research in the Social Sciences	
research into the economic aspects of orthopaedic services *(£33 022)*	16 232
Ward Sisters' Training Scheme	
to develop training wards *(£114 094)*	18 094
Welsh National School of Medicine	
to implement changes in diagnostic radiology *(£33 940)*	17 284
	£220 000
Total of grants made in 1983	**£1 083 259**

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