

LEAVESDEN & ABBOTS LANGLEY HOSPITALS JOURNAL

I N S I G H T

J U N E 1 9 7 4

EDITOR

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C.SPANSWICK

COLLATED BY

SHELTERED WORKSHOPS

PRIORITIES

Ask any Service Manager or Senior Nursing Officer from where his problems stem.

Bill Robinson

Without hesitation the answer will be shortage of staff. Then how can we recruit and encourage staff to remain at our hospitals.

The number one priority is housing followed by creches, nursery schools and play groups.

First of all, how can we improve our staff accommodation within our hospitals? I would suggest that we stress the urgency of the housing problem to the Area Health Authority. They are already aware that there is a considerable amount of land at Nascot Grange and around the perimeter of our hospital which could be sold for housing development.

What type of housing do we require? There is a great need for three storey town houses and single flats which would have a bed-sitting room, kitchen, shower and toilet.

If our own land were used for building purposes at least £3000 per plot could be saved on the initial outlay of any building project. I am sure that the town houses could be constructed for £12000 each and the flats for £7000. This should give us at least eighteen town houses and eighteen single flats. I am basing my assumption on the fact that the sale of land should bring in the sum of £300,000. If this method were used it would in no way embarrass the Ministry of Health by our having to ask for extra grants.

The suggestion of a creche, nursery school and play groups is not as far fetched as it sounds. We have buildings on the hospital estate which could be put to better use than they are at the moment. A good deal of initial conversion of these buildings could be carried out with a minimum of skilled labour. It is time we seriously thought about how our patients in the Security Workshop are employed. Providing we do not return to the workhouse attitude I see no reason why they should not assist in unskilled tasks associated with the building and construction industry.

Anything we can do to improve the staffing of the hospitals must, indirectly, improve the quality of life for the patients, therefore any suggestion of exploitation of patient labour can be ruled out!

DEMOCRACY AND THE
NEW MANAGERS

Dr. Eric Shepherd

I welcome the return of this excellent journal to the bookstalls of Leavesden and Abbots Langley Hospitals. Its second series will, I hope, maintain the high standards of its predecessor and will be of greater importance because of the reorganisation of the Health Service. We do not know yet if any real advantages will accrue to the patients for whom, after all, the N.H.S. is all about.

At this stage I would like to refer to the effects - possibly disadvantageous in regard to the staff. Our employers are now more distant and bureaucracy intervenes. We have, as individuals, more responsibility when we are "managers" of a department and this more direct professional involvement in managing the Service is clearly welcome to those who felt restricted by the requirement that H.M.Cs. etc., had to confirm many apparently minor or obvious recommendations.

But - and I feel it necessary to emphasize this risk - our employers and the Area Health Authority are now far away. It is most necessary, therefore, that decisions, reasons for them and who takes them should be known. Democratic attitudes at times seem to be more concerned with how many people are involved in decision taking and making, at the expense of responsibility and authority for those who are appointed and paid to "manage". In my opinion what is necessary is that we should all be able to know who has taken a decision and I earnestly hope the staff will be kept fully informed of activities within the group - and elsewhere.

The hospitals will be managed "on the spot" by its "chief officers" - Messrs. Hughes, Balthazar, Pugsley, and myself, and locally by a District Management Team. We are in the South West Herts District of the Herts Area Health Authority, and the District Management Team is responsible for all health matters around Watford, including all the Watford area hospitals. District Management Teams consist of six people - an Administrator (Mr. Treharne for us), a District Community Physician (Dr. A. Shaw), a District Nursing Officer (Miss J.N. Sanford) and a District Finance Officer (Mr. Balthazar) - all wholtime professionals. The other two members are elected from the local doctors; one has to be hospital based and is likely to be a local surgeon, the other has to be a general practitioner.

(They are the Chairman and Vice Chairman of the District Medical Committee - about 12 of us at Leavesden having a reserved place as a "Special Unit".)

The "managers" or Area Health Authority have additional and special duties under the Mental Health Act in connection with compulsory detention of patients who require care and treatment but are unwilling to remain in hospital. We have already seen three of the managers at work (at Leavesden) in this connection.

Leavesden goes forward into the second phase of the N.H.S. with a vast reduction in beds compared to its 1948 potential (2,327 reduced to 1800), more staff and many new departments that were not even planned in 1948.

Modernisation of wards, reduction of beds will continue and the new Dental Unit (near to Fir Villa) and Occupational Therapy department will soon be under construction.

In future notes I will comment upon Sectorisation, Security and other clinical problems, but I would like to end this contribution on a personal note - with my thanks to Rev. Gerald Shaw, the Domestic Department, volunteers and all others who helped to prepare the Chapel for the first marriage held there on 6th April 1974. My wife and I are most grateful for the use of the Chapel and all the work that went into the preparation for our daughter's wedding, thank you all.

TO THE LATE
BILL BARNES

We were all saddened by the recent death of Bill Barnes and extend our deepest sympathy to his widow and two sons.

It was way back in December 1939 that I first met Bill. He was to be over the years a great personal friend and colleague. In those days we were both resident in the Male Staff Quarters and I well remember how helpful he was to us 'youngsters'.

He was a great sportsman both on and off the field. He was always there to help, advise and encourage us in all our sporting activities. I know some people will say he didn't quite make the grade in cricket and football at Leavesden, but for me he was the equal to any of them on the football field.

Time was to prove me right for while doing military service during the war we spent quite some time together again at Talgarth. It was there that he really showed his class; such was his ability while playing with the local side that nearly all the Welsh counties wanted him in their respective footballing sides. I vividly remember too in those days his very high standard at cricket. It was a pleasure to be included in his team.

After Talgarth we went our separate ways and apart from an occasional visit he and his wife and family made to Leavesden we had little contact. Then after some years in his beloved Wales he brought his family back to Leavesden and how pleased we were to welcome Bill back in the fold. We were all older now and Bill's playing days were over, but what a contribution he made to football and cricket through his keen interest and active support behind the scenes and on the touchline. He will be sadly missed by all those who came into contact with him. Leavesden has lost a great sportsman and character.

Thanks for the memories Bill.

God Bless You. Ron.

GOODBYE TO
GEORGE TAYLOR

Catherine Spanswick

George Taylor, Senior Nursing Officer, retired on the last day of May after 40 years service. His career at Leavesden began in October 1934, when difficult times and few prospects made him leave Norfolk where he had been employed as a farmworker.

In many respects, he was fortunate to obtain a post at Leavesden at a time when work was scarce; but in that particular year, the Annexe - until then, part of the St. Pancras boys' school - was being assimilated into the hospital and thirty new nurses were being recruited to staff it.

He began as a Probationer Nurse, then the equivalent to Student Nurse. There was no formal School of Nursing at that time, but nurses were taught during their 3 years' probation through a series of lectures which led to examinations of the R.M.P.A. After obtaining this qualification, students could then take the R.N.M.D. - now R.N.M.S.

Mr. Taylor qualified as a Staff Nurse in 1938, but promotion was not so rapid in those days, so it was not until after the war that he became a Charge Nurse. After 15 years in charge of Kingfisher Ward he was promoted to Assistant Chief Male Nurse in 1961, rising later to Senior Nursing Officer.

The questions which instantly spring to mind when talking to a man who has seen so many years pass at Leavesden, naturally centre around the many changes that have taken place in the lives of both patients and staff. When I talked to Mr. Taylor, I left his office clutching a copy of the London County Mental Hospitals Regulations - the "orange rule book" - which defined the duties of all "officers and servants" of the hospital: from glancing at this, I feel quite sure, that most members of staff would be pleased that some changes at least, have taken place!

During his first five years at Leavesden, Mr. Taylor lived in resident staff accommodation, in the quarters at the top of the Annexe main building. Board and lodging cost 23/11d, deducted from his wages of 50 shillings, for which he worked a 52 hour week. All staff clocked in and out, not only in the morning and evening, but, if they left the premises, at breakfast and lunch time too: and any employee who was found to be late more than three times in one year was in very serious danger of dismissal.

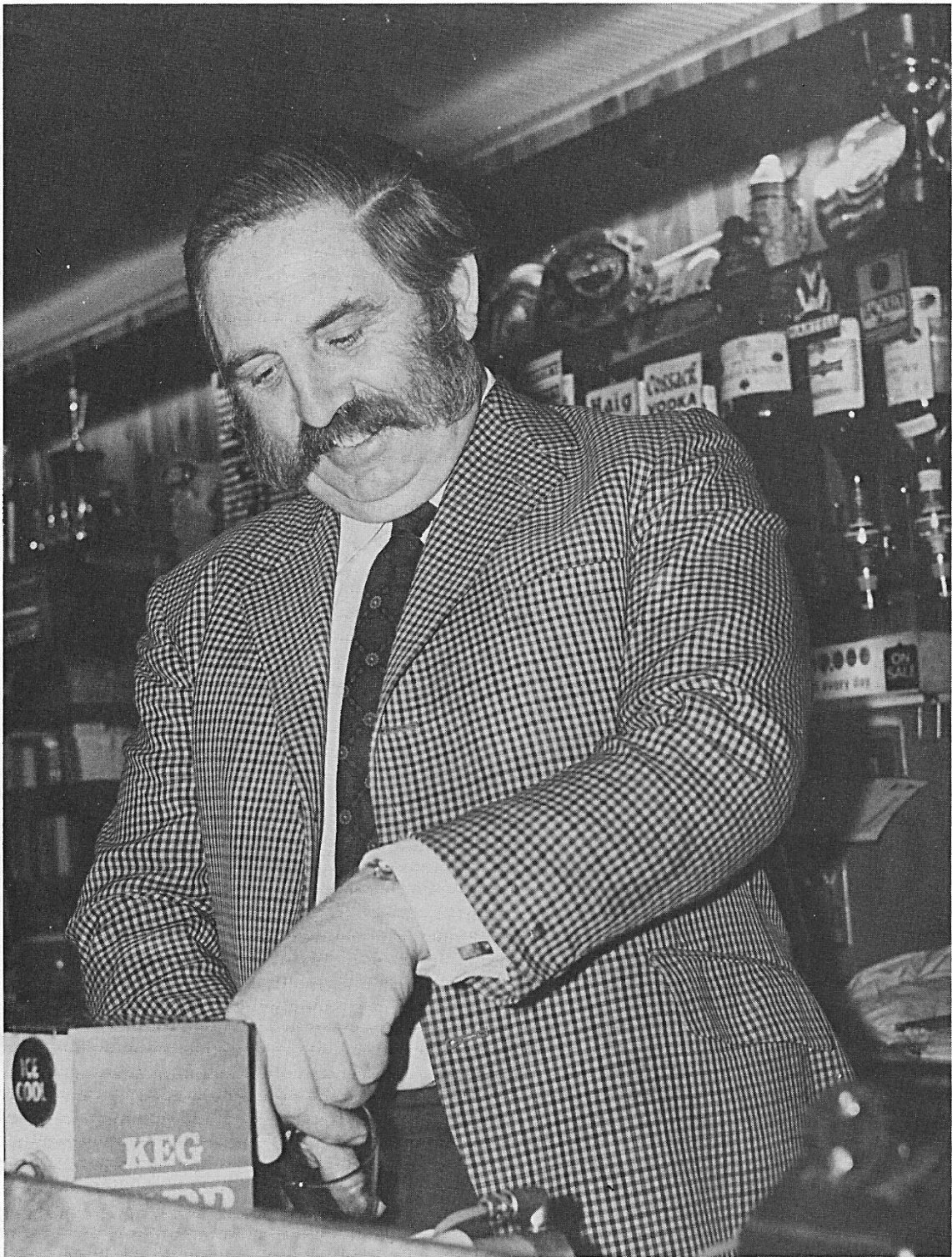
Mr. Taylor has seen many changes in the administration of the hospital, especially in recent years with the advent of Salmonisation, Sectorisation and now the re-organisation of the Health Service: but generally, he believes that these changes, although they have taken place rapidly, have been changes for the better, adding new stimulus to the lives of both patients and staff. Life was perhaps less complicated following the pattern established by the rule book, but more frustrating in that there was little room for initiative.

When asked what period of his life at Leavesden has given him happiest memories, Mr. Taylor replied without hesitation, that he thought Leavesden was "a happy place throughout" and that it had, at all times, been most kind to him. To hear such a superlative testimonial from a man like George Taylor, confirms my growing suspicion that Leavesden Hospital is not so much a place of work as it is a way of life.

I feel sure that all the staff - those who have known Mr. Taylor for years, together with relative newcomers, such as myself, wish him wholeheartedly, every happiness in his retirement.



George Taylor, Senior Nursing Officer,
who retired on the last day of May
after 40 years service.



MINE HOST!

H.W.Baxter B.E.M., formerly Domestic Superintendent at Leavesden Hospital, now pulling pints in the Sports and Social Club as the newly appointed Club Manager.

A HARASSED AMERICAN

I hope the over zealous editor will excuse the American style and edit this to make it entertaining. After threat and harassment I'm giving this a try.

The two questions asked most of me are "Why are you here?" and "How do you like it?" Simple questions, but Oh! so amusingly difficult to answer honestly. Perhaps we should back track to discover why I have the wanderlust.

I am one of 200 some odd Americans whose great, great grandparents came from one or other part of the world and who failed to pass on the culture, heritage and traditions of the homeland. I am told I am German, but I love Chinese food, Spanish architecture, one certain Italian man and French fashion (on models), so who knows my origin. I cannot say I'm a typical American, although I'd like to be able to say it: there just isn't such a thing, which I'm sure you've heard before. Don't misunderstand, Americans have several general styles and manners that seem to permeate enough of the population to allow them to be called American. Such as a 'take me as I am' attitude, which includes offending people while they are tourists because they usually are what they are. But if I'm not typical, I am really an American so I'll chat a little about the America I know.

I was born right smack in the middle of the States, which accounts for the basic speech pattern that eventually turns into an accent. My childhood was spent playing American football in the autumn, snow games in winter, softball (a version of Babe Ruth's Game) in the spring and in summer I swam in any water, no matter how deep or shallow, dirty or pure, I could find. The mid west is full of farms, animals, country, caves, rivers, trees and hay rides. One day I was told I was moving to California and I thought my heart would break. I'd miss the creek most of all, and off we chugged for three days and nights toward California.

We passed plains, the most beautiful canyon, towering snow capped mountains, sweltering deserts, lush valleys of fruit trees in perfect rows. We even stopped in Las Vegas but my mother would hardly let us look out the window for fear we would see some sin right out there on the train platform. I forgot to say I was a product of the Southern Baptist Community.

California wiped out my yearning for the creek, gave me a whole different style of life to look forward to, and let me fall in love with her all in a day's greeting. You can imagine my thrill (as a water baby) when I saw the ocean for the first time. As a child of 10, I loved San Diego for her oranges in my backyard (garden to you), her constant sunshine, her patios and Spanish food, her clean beaches and smooth bays for water skiing, her endless hills for hiking and her schools with outdoor corridors and tether ball poles.

Then one day I was told I was moving to Hawaii for a few years and that move sounded interesting. And at 17 I fell in love all over again with another life style and beautiful land. A teenager's interpretation of Hawaii is a bit different from the tourist brochure's. By this time I

was part fish and found the clear waters off Oahu's undeveloped, tree swept shores my playland. I surfed competitively, skin dived and spear fished, sailed, catamaraned and played volleyball in the sand when I wasn't taking hula lessons or learning to drive. My accent now became a combination of the mid west, Southern California and the local Hawaiian pidgin English. In other words I was barely understandable. I was there when Hawaii became the 50th state and Elvis Presley did a special concert for the "Arizona" a ship that was sunk when Pearl Harbor was attacked. I got into the habit of kicking my shoes off at the front door, eating with chopsticks and wearing muu muus. So when I was told we were moving back to California after 3 years of not owning a coat, I thought my heart would break and, of course, everyone laughed at our strange habits when we arrived. We were too casual for words and lived for warm days and Hawaiian music on the radio. By the way, all this travelling around had nothing to do with our cup overflowing - my stepfather was in the navy.

This is far too long, but I guess I am a bit homesick writing about old times and loves. I think you get the picture of Southern California. I went to college there, which was difficult. There is too much fun to have and it interferes with studies - or visa versa.

For some reason, known only to me, I signed a contract to teach in San Francisco. What a dynamic place! A small, friendly city that introduced me to opera, theater, art, music, stimulating clubs, lectures, museums, brunch and snow skiing, the next best thing to surfing though nowhere near as difficult, and cross country touring or flat skiing, which is the most demanding sport I've participated in. San Francisco is a must if you ever come our way. It's the most well rounded location offering city life, beach life, redwood forests, rivers, skiing, mountains, gambling, gliding, and I could go on, but I'll have mercy.

So, with this background, when people ask "Why did you come to England?" what can I say. To walk the footpaths, visit old pubs, do brass rubbings, meet people, have tea, and take advantage of winter travelling rates to otherwise unaffordable places. And Yes, I do like it.

P.S. Thank you Karen. I must apologise for my overzealousness, but after having read your article, the harassment was worthwhile.

Editor.

BRIGGS REPORT TO
BE IMPLEMENTED

Ken Harrison

"The Briggs Committee on Nursing was set up by Richard Crossman in 1970 to review the role of the nurse and midwife and the education and training required for that role. The Committee reported to my predecessor in October 1972. Its report has been widely welcomed by the profession who have been anxiously awaiting the pronouncement of government policy and the government have been giving urgent consideration to the recommendations in the report. I am happy to announce that we accept the main recommendations, in particular that there should be a new pattern of education and training and a new structure of statutory bodies for the nursing and midwifery professions".

This is the opening paragraph of a statement made by Barbara Castle, Secretary of State for Health and Social Services, concerning the implementation of the Briggs Report. The other main points of the statement were as follows:-

- 1) The proposed new pattern of nurse education, which comprises an 18 month basic course, followed by a further 18 month course leading to Registration, should be established.
- 2) The age of entry to nursing should be reduced from 18, firstly to 17½ and later to 17.
- 3) A new statutory body, comprising a central council for Great Britain, should be established to replace the General Nursing Council.
- 4) The present pattern of nurse education must be restructured and expanded, beginning with the building up of teaching staff. The numbers of nurse tutors and clinical teachers must be increased and the career structure at the level of nurse tutor, ward sister and staff nurse must be strengthened. As a first step towards this end, an additional expenditure of £18m has been advanced to enable improvements in pay to be brought into effect for the categories concerned.

It would be of great interest to hear the views of nursing staff concerning the implementation of the Briggs Report aired on the pages of "Insight". How will Briggs affect those of us who work in the mentally handicapped field? Have we had our "last chance?" What is the future for our learners? What is the future in the mentally handicapped field?

Editor Your answers to these questions are invited and will certainly be of interest to other readers: perhaps a correspondence could be established on this subject.

MENTAL HANDICAP -
A MOONSHOT IN THE DARK?

I was having difficulty starting this article until I found myself watching a television programme concerned with investigating the indirect benefits of the Apollo moon programme. Roger Ramsden . . . The discussants who were seen publicly casting verbal blows at each other could be split roughly into three groups. The protagonists, the antagonists and the "don't knows". Surprise, surprise! It seems puzzling that there should be any differences of opinion when faced with the facts. But the dissention is a consequence of what different individuals believe to be valuable and speculation about what might have been.

There can be little argument that some inventions shown in the programme were of tremendous value from anyone's point of view. Examples: pocket computer calculator, simpler and more reliable cardiac pace-maker, light-weight fireproof material, non-stick frying pan. Some of them were admittedly trivial, but others were real life-savers. One dissenter argued that the inventions could have been made in any case without going to the moon. But they had not been invented before the moon programme so who can say for sure. It is a matter of opinion.

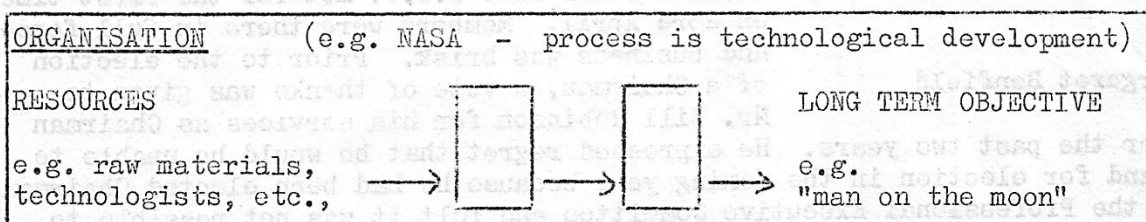
Indirect technological advantages aside, the moon project was one which captured the imagination of the world. And I suspect it was only the old, bewildered cynics who did not watch the box with some awe as the life supported spacemen bounced around on the lunar dust. Whether the Apollo programme was morally justified is a matter of politics and debate. I think I could probably defend it in the face of arguments about famine and poverty in the underdeveloped countries, but not in this short article. Some people would say that the reason I lost several hours sleep just to keep track of it all was just a need for escapism. On the other hand, perhaps I was undertandably fascinated by an event that seemed incredible even though I have believed it inevitable ever since reading the adventures of Dan Dare; fantasy becoming reality.

But what's all this got to do with Leavesden and mental handicap? Perhaps we can learn something from the study of successful projects such as Apollo. The elements of success could be summarised as follows:-

- 1) The statement of a tangible but ambitious LONG TERM OBJECTIVE. Perhaps this can only come from a man of vision (e.g. John F. Kennedy)
- 2) A determination to reach the stated objective and a belief in its feasibility.
- 3) Resources, raw materials for the job. This includes money, men and applied knowledge.
- 4) Organisation - not a rigid, bureaucratic system but one that is flexible enough to meet complex problems. The essence of this is the pulling together for greater efficiency.
- 5) Definition of short-term objectives: the ultimate or long-term objective cannot be reached in one go.
- 6) Solving problems as they arise without shelving them.

Surely it is feasible to apply this to problems of progress in the field of mental handicap. Despite the complexity of these problems and the care we must take to recognise individual needs and differences it seems to me to be a useful and challenging analogy.

These elements can be arranged into a diagram thus:-



"Key" = DETERMINATION (or human energy spent)

We also need a "tangible but ambitious long term objective". Have we got one? Do we all agree? Perhaps it is the achievement of the maximum amount of independence, and by implication, happiness, of which each individual is capable. Or maybe it's giving the individual trainee skills enabling him to survive in the community setting. Perhaps it's neither of these. It's certainly not so easy to define and achieve long-term objectives for individual patients/trainees as it is to define and achieve organisational objectives such as reducing the number of beds. One thing is certain - if we do not all agree with what we are trying to achieve our organisational efficiency will be so reduced that we may never arrive! And what of our determination to succeed and our belief in its feasibility?

The analogy becomes difficult but not impossible when it comes to resources or "raw materials". These of course, are the patients or trainees and their individual needs; otherwise described as the genetically determined potential of the individual as inherited and the specific handicaps of the individual or his environment. By definition a handicap is only identifiable as such in the individual by comparison with others without it and in theory at least any handicap can be overcome by suitable environmental modification. The other resource is, of course, our own knowledge or expertise (!): society pays us to have it.

And what about "organisation?" No organisation should exist for its own sake. Everyone must have heard of the terms "patient-orientated" and "institution-orientated" by now. Can we honestly say that all our decisions and activities are patient/resident orientated?

The process of our organisation could be defined as the carrying out of training or educational programmes designed or tailored to suit individual needs. These comprise short-term objectives - fairly easily defined as say the acquisition of skills of self-help, communication, work and recreation; and long-term objectives which are not so easily defined. Some educationists believe that we should aim at enabling our trainees to make decisions for themselves - surely this is what freedom and independence is all about. This would certainly be a tangible and long-term objective for any training programme. Do we want to accept the challenge? Are we knowledgeable enough to cope with the problem? I believe we are. But I would like to leave one question for you to answer. Is our organisation flexible enough to meet the complexity of the problem?

The multidisciplinary principle can probably help us overcome many of the complex problems we have to face. It should work, experiments have proved it. But it depends for its success on each of us accepting the equalities and inequalities of true democracy. It might seem like a shot in the dark, but, as we have seen, this can pay off in one way and another.

JOINT CONSULTATION

Margaret Benfield

The new Staff Side J.C.C. met for the first time on 23rd April. Members were there in full force and business was brisk. Prior to the election of a Chairman, a vote of thanks was given to Mr. Bill Robinson for his services as Chairman over the past two years. He expressed regret that he would be unable to stand for election in the coming year because he had been elected Chairman of the Professional Executive Committee and felt it was not possible to serve the best interests of the J.C.C. and the P.E.C. at the same time.

The first item was, of course, the election of a Chairman, a position now carrying far greater responsibilities than previously, as the Chairman of each of the two Staff Sides meets with the Chief Officers (Chairman of the Medical Executive Meeting, "Group" Secretary, Chief Nursing Officer and Treasurer) each week to discuss day-to-day business of the two hospitals. Mr. Andy Dempsey was elected as Chairman, and brings with him his great knowledge of the hospital and staff gained in his union work. Mrs. Benfield was re-elected Secretary and Mrs. Sheila Jones was elected the Vice-chairman.

One of the first items of discussion was the playgroup arranged during the Easter holiday for children of staff members. It had been a success - certainly as far as the children were concerned! The parents, too, had been glad to know their children were properly looked after, a matter which can be a worry when it cannot be organised efficiently. Financially (the final figures were not known) it probably broke about even, although no charges had been made for the use of the room or other facilities. A sub-committee was suggested, with members from both Staff Sides and Springfield School. Mrs. Morgan and Mr. Monks were chosen to serve from Leavesden.

A discussion once again arose about the problems of car parking (or, rather, of getting people to park where they should and not where they shouldn't!) Notices, warning that cars parked in the places where parking can be dangerous (that is, where the fire engine or ambulances would be impeded) are liable to be towed away, are on order - and have indeed been erected since the J.C.C. meeting. The Staff Side have felt very strongly for a long time about the way in which some irresponsible people are careless of where they leave their cars, particularly when there is ample parking space provided, and were very glad when the Management Committee agreed that it would be legally possible for them to have cars towed away, and agreed to make arrangements first for the notices and secondly to enforce them. Due warning is now being given, yellow lines (where applicable) are being re-painted. Stickers are being placed on the cars wrongly parked in the first instance, but the time will come when it will be necessary to tow away offenders' cars. YOU ARE WARNED.

The question was raised as to the replacement of items damaged by a patient, spectacles, for instance; a member felt that some junior members of staff might find it difficult to afford to pay for them and to wait for the reimbursement. The Secretary found out that, if such a position arises, the bill may be paid directly by the hospital, but each case is treated separately.

One important item raised was the allocation of staff houses, as one member of staff felt that her case had been overlooked. Mrs. Morgan was able to enlarge on the position as far as the general list is concerned, in that applications for housing are accepted, applicants interviewed, and a decision made by a sub-committee of the H.M.C. (None of these houses had

been available for some months so no new procedure had been worked out.) As a general rule, only male members of staff were considered for the tenancy of general houses. Some houses were, of course, set aside for particular members of staff who were required to live on the premises. However, a large number of houses and rooms had been allocated to the nursing staff and Mrs. Morgan had no idea of the priorities they used in making decisions. It was agreed that a sub-committee of the Staff Side (Messrs. Jinks, Silva and the Chairman) should try to find out from the appropriate nursing staff the arrangements they had, report back to the meeting and, if necessary, ask for better definition or wider knowledge of the criteria for allocating staff housing.

The Chairman reported on the area basis for Joint Consultation and was very glad to be able to say that two members of our Staff Side (Mrs. Jones and himself) were members of the Area Staff Side as members of COSHE. (It has later been reported that a third member, Mr. Walter, has been elected as a member of EETU.) It is obvious that the continued interest of hospital members in the work of the J.C.C., and indeed the work of the Committee, is bearing fruit in the wider applications of joint consultation now arising with the area pattern of organisation. The Area Staff Side will consist of 15 members, but each are representative of and presumably nominated by some trades union; this is different from the hospital Staff Side, where members, while having to be members of a negotiating body, are not restricted to specific ones, nor are they instructed by them - they represent their members (staff by whom they were elected) rather than a union. It will be interesting to see how the different pattern of Joint Consultation works, in particular as the Leavesden Hospital Staff Side Committee last year felt very strongly that, in the end, each individual hospital would have to be concerned and consulted if the consultation was to be seen to be meaningful to the individual members of staff.

It may be worth reminding staff of the representation:-

| | | |
|-----------------------------------|---|--|
| Administration and Clerical Staff | Mrs. J.Morgan Mr. W.D.Robinson | (Group Office) (Estate Manager) |
| Nursing Staff | Mr. C.Hardy Mr. A.Jinks Mrs. S.Jones Mr. Silva | (Dianthus Ward) (Night Staff) (Heather Ward) (Reception Office) |
| Technical and Professional Staff | Mrs. M.Benfield Mr. Monks | (Pharmacy) (Social Worker) |
| Domestic, Farm and Garden Staff | Mr. T.Isaacs Mr. A.Dempsey | (Portering Staff) (Laundry) |
| Artisan Staff | Mr. A.Hockey Mr. J.Walter | (I.T.U.) (Engineering Staff) |

While members are expected to represent their own section of the staff, any of them will be very willing to help anyone who needs advice. It is to be remembered that the J.C.C. cannot (by its Constitution) discuss wages, salaries or conditions of service (which are union matters), but this leaves a very wide field in which the J.C.C. can have an influence on the hospital for the good of all, patients and staff alike.

HOSPITAL ACTIVITIES It is said "time waits for no one" - this has certainly been true since joining the staff of this hospital. It has really been like "Bingo" - Bill Titley "eyes down" (not even time for "legs eleven"!)

Full "steam-ahead" has gone into the work of a newly-planned Recreation Department - "D" day being 26th MAY 1974.

It was felt that there were no communications between wards - other disciplines - and the Recreation Department. In fact the Recreation Department was not "selling" itself (this not being due to inflation!) The residents' activities seemed to lack "atmosphere", not "casual" enough. Much more thought, planning and organisation was required.

The newly-planned Recreation Department will consist of 4 sections

SECTION 1 ADMINISTRATION The leader of this section will be Charge Nurse Roy Perham. This section will be responsible for the complete administration of the Recreation Department office working in complete conjunction with all "sections" within the department.

SECTION 2 INDOOR AND OUTDOOR ACTIVITIES The leader of this section will be Charge Nurse Ben Nahaboo. This section will be completely responsible for all indoor/outdoor activities etc., hospital and ward level. Many activities will be organised under this section catering for ALL types of residents.

SECTION 3 DAILY ACTIVITIES The leader of this section will be Sister Mary Sayer. This section will specialise in residents of "high dependance", because of their degree of subnormality cannot be employed within departments of the hospital. As well as residents attending the Recreation Hut and Recreation rooms, this section's activities will also take place on "ward level" by recreation staff employed within this section.

SECTION 4 PHYSICAL TRAINING INSTRUCTION The leader of this section will be Miss Karen Landwehr. This section will be responsible for general physical training adapted for all types of residents. Will also include educational rhythmic, sports (indoor/outdoor).

Staff employed within the department will be allocated to the various sections (as above).

Advantages of the newly-planned Recreation Department

SECTION 1 This will relieve Nursing Officer (Recreation Department), thus enabling him to participate directly with all Sections - advising, instructing, etc., in all activities appertaining to each section, in order that sections are being correctly maintained for the benefit and happiness of all residents. Also will enable the Nursing Officer to visit wards, departments and attend Unit meetings, thus involving a two-way relationship with all concerned.

SECTION 2 Incorporating in this section - indoor/outdoor activities. Will have a much better control; will increase the number of activities and ensure complete involvement by all concerned.

SECTION 3 Incorporating "Daily Activities" - specialising in the more dependant residents who are not accommodated in other areas of the hospital. This will include "ward level" participation.

SECTION 4 Participation by residents not only in the Recreation Hall but on "ward level" also.

Section leaders will be responsible direct to Nursing Officer. Staff in particular sections will be responsible to section leaders.

In conclusion - I am sure that the newly-planned Recreation Department will be successful because, even though I have only been at Leavesden Hospital for a very short period I have been met with such friendliness by nursing staff and other disciplines and from this will stem the "happiness" of the Recreation Department.

Announcing a GREAT HOLIDAY ATTRACTION!

S U M M E R F E T E

and

C A R N I V A L

To Be Held On The Hospital Recreation Ground

Saturday 22 June

Commencing at 2.15 p.m. with a CARNIVAL PARADE OF DECORATED VEHICLES

LED BY THE CARNIVAL QUEEN AND WATFORD SILVER BAND

LADIES FOOTBALL MATCH

DODGEM CARS

THE STRATHSPEY HIGHLAND DANCERS

FIRE--FIGHTING
DEMONSTRATION

PADDY'S MARKET

ROUNDABOUTS

KNOCK THE LADY OUT OF BED

TOMBOLA

HELTER SKELTER

FLORAL ART

BOWLING FOR THE PIG

COUNTRY PRODUCE

HANDICRAFT EXHIBITION

LUCKY CHANCE

PHOTOGRAPHIC EXHIBITION

HOOP-LA

MANY, MANY OTHER GRAND HOLIDAY ATTRACTIONS

ADMISSION BY PROGRAMME AT GATE - 5p

(Children half-price)

PHOTOGRAPHIC SECTION SLIDES
AND PRINTS COMPETITION

Tom Jones

A competition, arranged by the photographic section, was held on 6th May in the Sports and Social Club. The theme for entries was "Transport" and in all 47 slides were put forward ranging in subject from the moped to the steam engine.

The winning entry, depicting a Helium Balloon, was taken by Harry Baxter while on holiday in the Swiss Alps. Second prize was won by Mrs. Peggy Jones, wife of Tom Jones, her slide showing mopeds passing through flooded streets in Italy. Third prize was won by Jim Webster, whose entry, taken locally, showed two narrow boats on the Grand Union Canal.

The black and white prints section was overwhelmed by the high quality of prints put forward by Malcom Gladman of the Bonus Office, whose entries, enlarged by himself, won first, second and third prizes. The judges complimented Mr. Gladman on the excellent quality of his prints, which, in subject matter, ranged in extremes - from a close-up of a Mercedes car to a shot of childrens' tricycles on a rubbish dump.

The photographic section has no further meetings planned for the summer but will meet again in the autumn. New members are always welcome and should contact Ken Harrison for information.

FOOTBALL SECTION

Harry Baxter

It is with a note of victory that we end the season, for on the last day, the reserve side won the Herts County Reserve Cup, which has eluded us for the past ten years. The final was played against Sun Sports Reserves on the Rolls Royce pitch on Saturday 11th May, in what can only be described as windy conditions: the only goal of the match was scored by Andy Gimplinger.

This win has added to our enthusiasm for next season, when we hope to improve on our placings this year. The first team ended fourth in the Herts County Premier Division and the reserves ended fifth in Division one. This success is mostly due to the expertise of Gil Latchford and Roy Moulton who are, respectively, the first and second team managers and, of course, to the training sessions conducted by Bobby Bell our trainer/player, who shares his skills between both teams; Bobby is a former Watford professional as some of you will remember.

It is sad to recall that since February 1973, we have lost three of the stalwarts of the football committee, namely Harry Lucas, Charlie Brown and Bill Barnes. While not wishing to dwell on these sad moments in our past, we are proud to remember the vital contribution which they made to our present position in the County League by awarding the following trophies in their names:-

| | |
|---------------------------------------|-----------------------------------|
| <u>CLUBMAN OF THE YEAR</u> | The Charlie Brown Memorial Trophy |
| <u>FIRST TEAM PLAYER OF THE YEAR</u> | The Bill Barnes Trophy |
| <u>SECOND TEAM PLAYER OF THE YEAR</u> | The Harry Lucas Trophy |

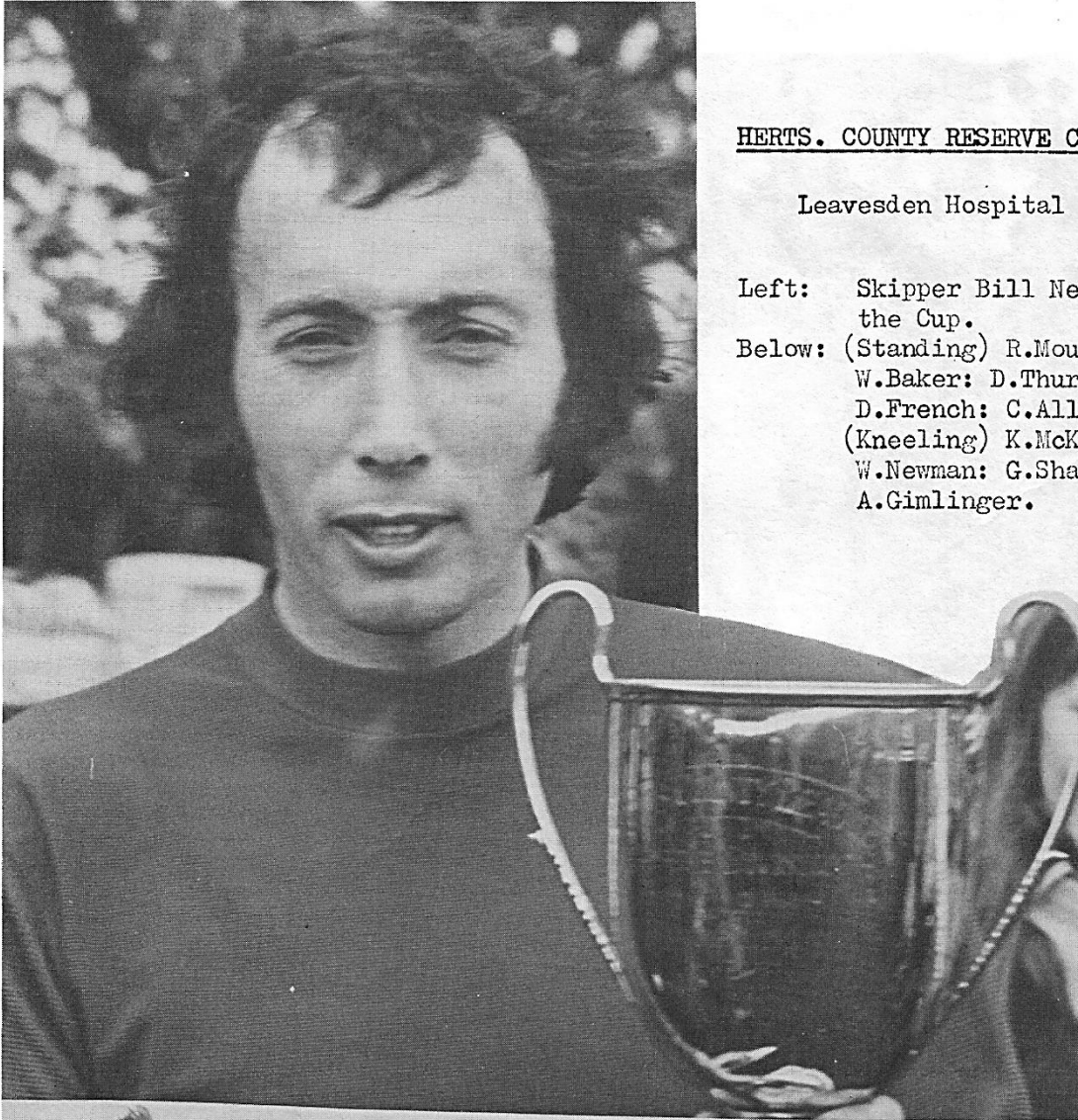
These trophies will be awarded during the Annual Football dinner on 7th June.

In conclusion, we hope that you will continue to support us next season, which we are sure will be even more successful for all teams.



Bill Titley, Nursing Officer, joined the Recreation Department on 22nd April; he replaces George Watson, who is now Nursing Officer for Unit 11.

Mr. Titley came to Leavesden from Cell Barnes where he trained and where he worked for 12 yrs. founding the patients' entertainments section 3 years ago.



HERTS. COUNTY RESERVE CUP WINNERS

Leavesden Hospital Reserves.

Left: Skipper Bill Newman with the Cup.

Below: (Standing) R.Moulton(Manager)
 W.Baker: D.Thurstans: Ron Brimson:
 D.French: C.Allan: R.Rickard:
 (Kneeling) K.McKenna: D.Sills:
 W.Newman: G.Shannon: L.Cornock:
 A.Gimlinger.

