

A sunburst graphic consisting of a central yellow circle with numerous thin black lines radiating outwards to the edges of the page. The word "Insight" is printed in a bold, black, serif font across the center of the sunburst.

Insight

LEAVESDEN GROUP HOSPITAL JOURNAL

JUNE 1973

----- L E A V E S D E N -----
G R O U P
H O S P I T A L
J O U R N A L

EDITOR..... F. T. WARN
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-----CONTENTS-----

DR. E. W. SHEPHERD.....	1
THE NATIONAL HEALTH SERVICE 1974.....	4
MEET JIM GARDNER.....	6
KINGSBURY KINGDOM.....	9
THE WORK OF THE JCC.....	10
UNDER NEW MANAGEMENT.....	15
FIRE PREVENTION AT NIGHT.....	17
NURSING OFFICER WITH SPECIAL DUTIES.....	21
WINTER HOLIDAYS ABROAD.....	22
FISHING - FOR MEMBERS.....	22
KNOW YOUR WARDS.....	25
THE FETE IN STORE FOR YOU.....	26
THE ROLE OF THE EDUCATIONIST.....	27
PATIENTS RELIGIOUS PERSUASION.....	28
PLEASE AND THANK YOU.....	29

PATIENT CARE ..
SECTORISATION .
CONFIDENTIALITY

Dr. E. W. Shepherd

PATIENT CARE In recent months there has been a considerable reorganisation of wards associated with two things, firstly the modernisation programme and secondly the desire to sectorise the hospital. Regarding modernisation, this has proceeded at an astonishingly low rate and we are months behind schedule.

Dahlia ward has been finished and has now been reoccupied and Nightingale, Mavis and Gladiolus should be completed within the next three or four months. Work is also proceeding with Forsythia splitting it into two wards for male adolescent patients.

Forsythia itself will continue with the small group of patients who were originally in the ward. The other half will be renamed Hawthorn ward and will be used for the care of disturbed adolescent patients, mentally retarded and suffering from autistic symptoms which create behaviour difficulties for them and management problems.

Meanwhile, we continue to use Kingsbury to prevent overcrowding the other wards. When all the work has finished the patients will return from Kingsbury and it will then re-open with staff provided by the Hendon Group as a small hospital for the mentally handicapped providing a local service. Half the patients for this hospital will come from Leavesden and the other half from Harperbury. All will have to have origins in Brent and contacts with the community.

Further plans for hospitals of this nature are still very much under discussion and not even yet on the drawing board.

SECTORISATION This the modern name for converting areas of large psychiatric hospitals into the equivalent of District General Hospitals - in other words - each part of the hospital will provide facilities for patients needing in-patient treatment from a limited area of the catchment area for which the whole hospital is responsible.

The difficulty is that patients do not necessarily remain or become friendly only with individuals from their own areas. They have formed attachments to staff and likewise the staff form attachments to them, despite the geographical complications. Secondly, three-quarters of the patients at Leavesden do not come from our present catchment area - only a quarter come from the area which we serve.

What we are trying to do is to enable each consultant to have an area of work which will be adequate in terms of variety of beds for them to admit patients from the Boroughs in which they work. For example, Dr. Bavin works in the Hammersmith/Hounslow area; Dr. Heller in Harrow/Brent; Dr. Finn, who is only part-time at Leavesden, works in Hillingdon and will work in Kensington and Chelsea when they can replace him at Church Hill House; and I am responsible for providing a service for Ealing. 1974 will make no difference to the catchment area - it will not provide extra beds or result in extra money.

Because there was a tendency for the hospital to be sexually segregated in the past, this meant that some of us had too many beds for one sex and not enough for the other sex. We have recently exchanged groups of patients between Gloxinia and Nightjar and Crocus and Mallard wards.

It is therefore inappropriate - and I hope that the Builders and other departments who do not realise this will please note - to call the two long corridors 'male' and 'female'. They are not and they have never been, since, as far as I know, they are sexless, but it is no longer true to regard the wards leading from them as being related to one particular sex.

I suggest that in future they be known as the 'East' (formerly male) and 'West' (formerly female) corridors. If my geography is wrong, or if anyone has any better suggestions, please let me know. I do not think there is any need to name the intervening corridors or to describe them in any way.

By the time you read this, the Nurses Prize-giving with all the anxieties, heart-searchings, complaints, parking difficulties and excitement over a Royal Visit, will be over. There was one small matter which was not made clear in the programme, and I feel it is only fair to the medical staff that I should explain that the fact that there was only one prize awarded by the medical staff this year did not relate to our lack of affluence or interest. It was purely and simply because three of us, having spent many hours setting and marking papers, did not feel that the candidates came to a sufficiently high level to justify receiving a prize - it is as simple as that! At least one of us has made a donation to the Nurses' Library in lieu of giving a prize.

CONFIDENTIALITY The patients of this hospital - and I make no apology for using the word 'patient' - because it is a hospital and those who receive treatment in a hospital are customarily known as patients - have as much right to privacy and to confidentiality as any other person. If you or I go into a General Hospital, we

do not expect to see our photographs or names in local or national newspapers without our knowledge and consent. A national Sunday newspaper breached this rule recently, and I have already written a letter of complaint to them. I was sorry to see that another publication in the hospital made the same error. The procedure is that where the consultant responsible for the treatment of a patient feels that publicity would not be harmful to that patient, he may authorise it, subject to the patient's consent being obtained where reasonable, and the next-of-kin when possible.

Under no circumstances should any member of the staff, head of department, or otherwise, disclose names of patients or details of their treatment to the press or to any other body without having obtained full authority for this. It is not fair on the patients and so often the information is distorted or is used in a misleading manner.

It is a rule that no recognisable picture of a patient may be taken and used for publicity purposes without consent being obtained beforehand. It is unfortunate that the journalist from the newspaper concerned, who was allowed round the hospital in order to collect background information for a general article on the National Health Service, picked up some gossip and took a photograph, and named patients without our knowledge or consent. I hope that no members of the staff will themselves make this mistake.

From time to time complaints are made by many departments about over-burdening, under-staffing, lack of resources etc. etc. so much so that it has almost become a disease - certainly it is a habit. For the record I accept that the clientele of the hospital has become in greater need of care, far more dependent and far less able to contribute in the way of helping in domestic work or working in the service departments, but also for the record, can we make it clear that there are more staff than ever, and more money is being spent than ever in the history of running this hospital, and at the same time the patients' numbers are dramatically going down - probably more than in any other hospital of a like nature in the country.

At one time I used to be able to boast - if that is the right term - that we were the largest hospital in England and Wales dealing with the mentally defective. We had a theoretical bed total of 2310. One can still say we have one of the largest potentials, but that the figure of 2337 has gone down to 2106 at the end of 1968; 2056 at the end of 1969; 2000 at the end of 1970; 1909 at the end of 1971; 1783 patients in residence at the present time. There are fewer patients in all wards than there ever has been in the last 102 years of Leavesden's history.

Thirdly, the people who will be most affected by the change are those at present with Group appointments, since all Groups in an Area will be replaced by one AHA. An Area is usually a county or a metropolitan region.

In Hertfordshire there are seven Groups and parts of two others so this will mean a considerable reduction of posts at this level.

The work will still have to be done; Hospitals administered, drugs given out, meals arranged and rooms cleaned and a post in charge of these duties in each hospital will be a necessity. How much authority will be left with these officers will depend presumably on Area policy. It is possible that one Area authority would prefer everyone to work to a uniform pattern while another would advise delegation in all possible matters.

It appears almost certain that the Social Workers will all come under the Local Authorities in 1974 instead of there being two separate sections as at present. Again, whether they will in practice remain two separate sectors, hospital and domiciliary, or whether it will be so integrated that social workers will find themselves moving round the field will probably depend on the outlook in individual Areas.

However, for most people at present employed in the NHS April 1974 is unlikely to bring many changes. Patients will still be there to be nursed, people fed, crockery ordered, leaks stopped, chairs mended and staff paid. The order may be different, the pay may come from Hertford instead of Watford, the departmental heads may be three grades further off than he used to be, but the Health Service will still have to be run.

One more thing - information IS being sent out about the change, which is more than can be said of what happened in 1948. One of the problems is that, as with the Salmon re-organisation, you cannot start at the bottom where the preponderance of people are. The Regional Authorities have to be appointed first, and they cannot be approved until the Bill becomes law.

Until they are appointed the shadow Area Health Authorities cannot be appointed and until the AHAs are appointed the Districts cannot be fixed and until the Districts are fixed very few decisions affecting the majority of staff can be made.

By the time the next edition of Insight comes out a great deal more will be known.

MEET JIM GARDNER
Chief Nursing Officer

Joined us from the Regional Staff Committee of the Birmingham Regional Hospital Board.
Former Royal Marine Commando who commenced nurse training in 1950. Has studied the problems of mental handicap in Denmark, Sweden, Canada and America and at hospital and regional levels in this country. He writes.....

It is difficult coming to an organisation as large as Leavesden. Difficult to get to know people and difficult to get to know places. Time alone will remedy this. It is difficult also inasmuch as people will have certain expectations of me and I of them. If they match up it will be a miracle - obviously they won't and the best that can be hoped for, initially at least, is an uneasy approximation.

Again, Leavesden, in common with all hospitals for the mentally handicapped, has problems, all sorts of problems, and it would be presumptuous of me to even attempt to participate in seeking solutions without first of all absorbing something of the traditions, the attitudes, the personalities and the constraints and strengths of the organisation and the people involved in it.

It is very easy when coming in a new set-up to produce a load of platitudes and cliches, 'Join the team', 'All working towards a common goal' and all that sort of codswallop. There will be times when the gloves will come off and everyone is going to be terribly uncivilised. Let's hope it doesn't happen too often.

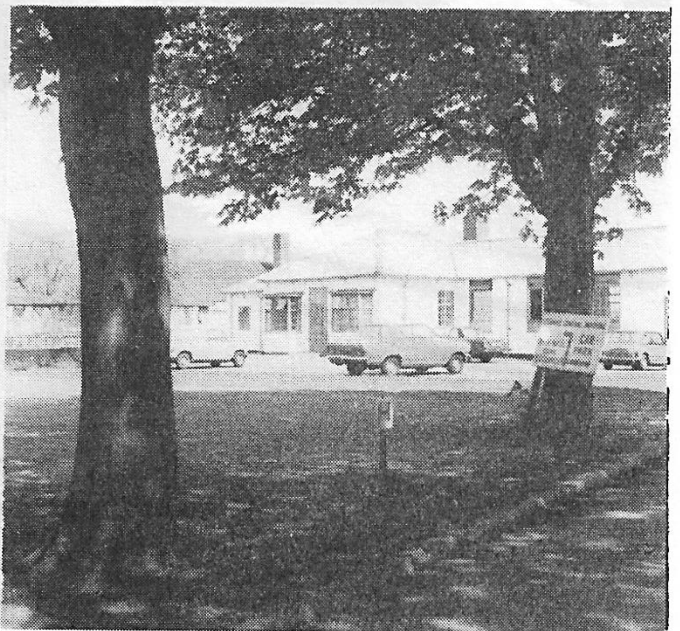
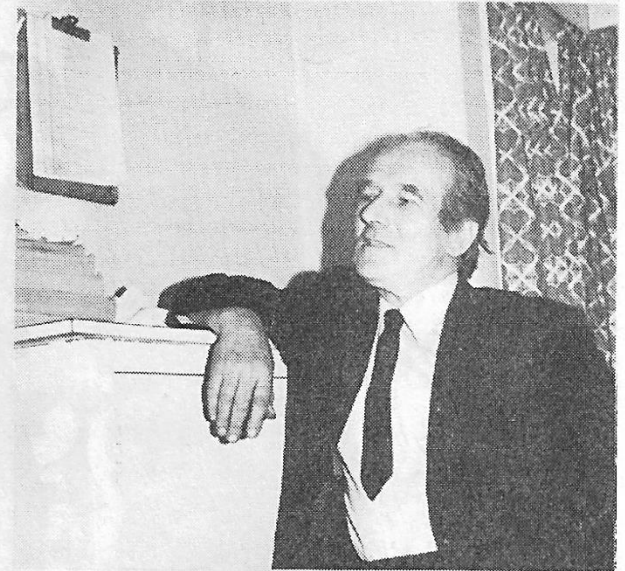
For example, it is the treasurer's job to balance his budget and it is my job to provide a nursing service. There are those of us who would argue that these objectives are incompatible. We'll see.

It is difficult to assess how all the current changes are going to affect people. With Salmon, the Re-organisation and Briggs, it looks as though the way ahead is best described as 'interesting'. There's no point in closing one's eyes and hope they will go away. Hopefully what can be done is to make information fully available. To explain, if required, to re-assure, and to eliminate the despairing cry of the disillusioned - 'Roll on my bl..dy pension! Incidentally I've quite a way to go to mine.

It is difficult at this stage to determine objectives and priorities except in general terms. Immediately would mean that there are shortages and there is no doubt there are all sorts of shortages in Leavesden. However, to generalise - it is up to us to continue to improve the quality of life of our residents and to accord them the rights, dignities and rising expectations that we seek for ourselves. If between us we achieve this it will be a good start.



Mr. J. C. GARDNER
Chief Nursing Officer



KINGSBURY KINGDOM

Top left.....Mrs. Pat Maple, telephone operator
Top right.....Hospital Secretary, Mr. F.E.J.Humphries
Middle left.....Sister McGowan
Middle right.....Charge Nurse Garvey
Bottom left.....Sister Duncan
Bottom right.....A view of Kingsbury Hospital.

It's over six months since about seventy patients went from Leavesden to Kingsbury Hospital to allow for upgrading to be carried out on their wards and although they took their own nursing staff with them and some of their furniture and bits and pieces, it must have been a bit of an upheaval in their sheltered lives. How did they take the move and what sort of time are they having there? We asked Fred Garvey and this is what he said.

For the first week or so one could sense a slight air of apprehension amongst the established local employees. Now all these groundless fears are overcome both residents and ancillary staff get along fine and the residents themselves have adapted to their new surroundings and made a happy and contented community.

Weather permitting, we take groups on shopping expeditions to Kingsbury and there is a good trolley service laid on at the hospital for the residents each Monday.

Some prefer to ramble round the extensive pleasant grounds, while others enjoy a game of football, but with the weather that we have been having the television seems to be the most popular form of recreational activity. Not forgetting the various forms of recreational therapy supplied by the Recreational Department at Leavesden.

All denominations are amply catered for by the local churches. Services are held weekly and attended by all residents. We also have regular visits by various voluntary organisations, not forgetting our old faithfuls the Friends of Leavesden, whose Tuesday visits are so constantly maintained, and who are so well known and liked by the former residents of Nightingale Ward.

Christmas was excellent and here one must thank the Hospital Secretary, Mr. Humphries for his untiring efforts to make it a Happy Christmas. The Ice Show at Wembley was thoroughly enjoyed by residents and staff.

Kingsbury Hospital is the forerunner of things to come, when small units will operate to cater for the needs of the various catchment areas, and the Leavesden Hospitals will become extinct. As for the caring for the mentally sub-normal, this is what I would call progress.

THE WORK OF THE JOINT
CONSULTATIVE COMMITTEE

It was suggested recently that if the minutes of the Joint Consultative Committee were circulated to all wards and departments more staff would

know what was going on in this committee which is empowered to deal with all matters of interest to staff except pay and conditions of service.

Much of the minutes, however, is merely continuing procedures and it was felt that a copy each month might prove so boring that they would not be read, thereby defeating the object. A resume of the quarter in each copy of Insight was thought to be more realistic and would ensure that every member of staff would have a chance to read it. This particular article covers a longer period in order to catch up with all important issues.

A change was made last year in the arrangements for meeting the Management side. To avoid them having to attend two separate meetings and because so many matters concern both Leavesden and Abbots Langley Hospitals the full Joint Consultative Committee meetings now take place with both staff sides present - though staff side meetings still take place separately. The agenda is so planned that neither hospital could, even if it wished, dominate the meetings. As matters are discussed but not voted on the number of members of the two staff sides and the management is not relevant. So far only one of these joint full meetings has been held.

After items had been raised at meetings the Leavesden staff side has been asked by the management side to be responsible for two working parties, on which other interested parties were also present. One on staff uniforms and protective clothing and the other on the shift system for nurses. The reports of these working parties and their recommendations were accepted by the HMC and are now being worked out in practice.

Two hospital departments came in for strong criticism during the year and the heads of those departments were asked to present reports to the full JCC meeting. Watch will be kept on improvements or lack of progress.

Nurse-patient ratios, particularly on night duty, came in for comment, but these were improved with additional revenue. It was made quite clear that staffing is largely at the mercy of the employment situation locally and of the amount of accommodation available.

Some changing in banking arrangements have been made because it appeared that staff had been forced to waste time or even be turned away because of the official banking of hospital monies,

from the shops for example, took so much time. Some delay has been due occasionally to the late arrival of the Securicor van. In a small branch bank such as we have in the hospital it is not easy to arrange all the facilities to everyone's advantage.

Enquiries are going on at the moment into the general appearance of the Staff Common Room. In addition to the rather grubby state of the walls and windows it is made largely unusable for many people by the spent matches, cigarette ends and ash scattered about the floor together by the occasional tin can, sweet wrapper or newspaper.

As this room may be used for groups of official visitors at any time this presents a poor image of the hospital and staff who use it are asked to keep it pleasant and tidy. In addition the excess noise coming from some of the staff groups make it virtually impossible for those concerned to make themselves heard by the visitors.

A matter of continual concern has been over vehicles in the hospital grounds. Various suggestions have been made for means of preventing speeding, since patients may appear from anywhere without warning, often with unsteady gait which hinders any rapid change of motion. The staff too are at risk sometimes, particularly at night.

Changes in ground plans need watching also. The lawn at the beginning of the Annexe blocks looks much nicer without the railings but patients are much more at risk without their protection. Throughout the grounds drivers should never travel at a speed greater than consistent with stopping immediately should a patient appear unexpectedly.

Lack of pavements has also been commented on - the roads within the hospital were originally planned long before the common use of motor cars.

It has also been noticed that some people attempt to learn driving in the hospital grounds, occasionally without even an L-plate. This, besides being illegal, is indefensible. The patients are far less able to protect themselves from lack of driving skill than are the general public.

However, the greatest problem has been with the parking of cars in unauthorised places. The hospital is well provided with car parks and the NO PARKING areas have been designated for good reasons. For instance, the fire engine must have access to all parts of the building and coaches and delivery vans must have room to manoeuvre.

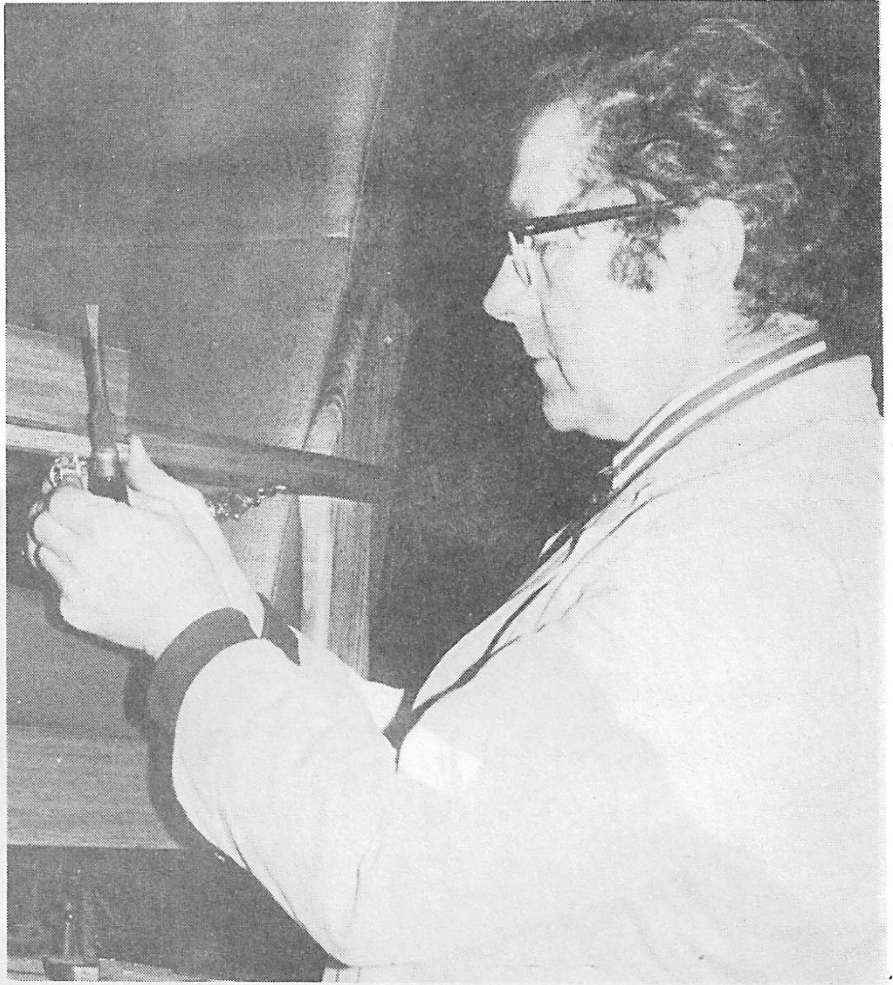


KENNETH R. PUGSLEY, Principal Nursing Officer ' A ' Division. Native of Devon, served in the RAMC in Berlin, began training at Darenth Park Hospital in 1956 and completed it at Edgware General Hospital in 1962. Held appointments in Wales and after at Todmorden, Yorkshire, where he was Senior Nursing Officer.

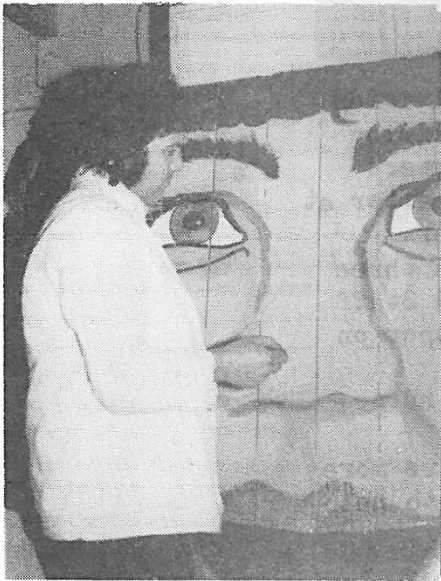
Is a Churchill Fellow of 1972, having been awarded up to three months to study the Care of the Mentally Handicapped and Staff Training Methods in Sweden and Denmark. Has written a paper on his studies.

Married, with three young children and wife, Jean, is a nurse.

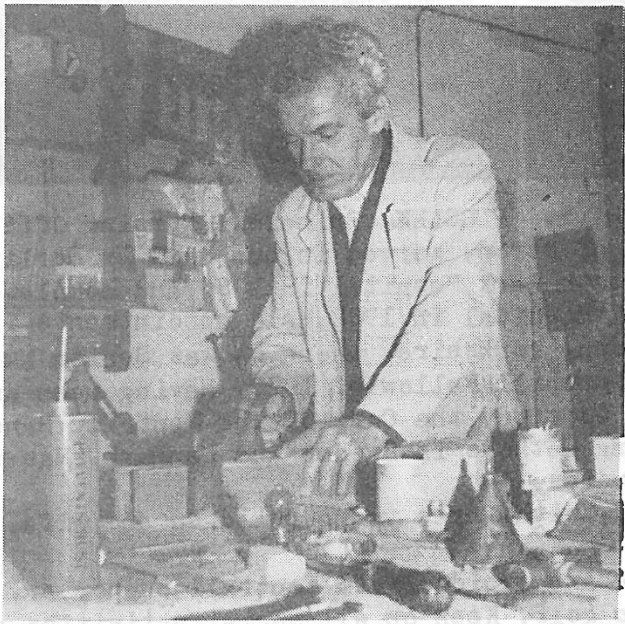
Known - and avoided as a football supporter, hopes to give more time to golf. Keen on all social activities and willing to help in any way - other commitments permitting.



Above Bill Lyon
Left Don Goodchild



Above Doug Bramley
Left Ron Proctor



UNDER NEW MANAGEMENT

BUSINESS AS USUAL...

F. T. Warn

One of the consequences of the Salmon revolution is the transfer of the administration of the trainers to the Supplies Department. I refer to the Instructor Carpenters, Messrs. Lyon and Goodchild at Leavesden and Mr. Bramley at Leavesden Annexe with Mr. Proctor the Instructor Painter. These are all that remains of the once larger staff of trainers in this group.

Hitherto the trainers came under the jurisdiction of the Chief Male Nurse and his staff. The workshops were visited by him three times weekly and by his deputy twice weekly and indeed by an Assistant Chief Male Nurse twice daily.

Although the majority of their work and naturally their materials and equipment came via the Supplies Department, in theory, the permission to execute these jobs came from the Chief Male Nurse.

Obviously this arrangement invited many anomalies which were becoming more apparent with the diversity and the domestication of the furniture being supplied throughout the group.

Let's take the carpenters, Bill Lyon, Don Goodchild and Doug Bramley - all qualified and experienced tradesmen whose skills have been so valuable in designing and adapting special furniture for the special needs of our patients. With few exceptions there is no furniture especially made for the requirements of our patients. So we have to rely on standard production stuff and in view of the excessive and exceptional use it gets in the wards - and sometimes in the staff quarters - this furniture has to be chosen with extreme care.

From the glossy brochures or the exhibition stand all furniture looks good - but an expert who spends most of his time repairing the goods can pick out their weak points and see their good ones. As they say in Suffolk 'Ask the bloke who cuts the hay'.

With this in mind it is now the practice of the Supplies to consult - professionally consult - the carpenters whenever furniture is to be purchased. In fact Bill Lyon has accompanied me on visits to several factories and seen the furniture made from planks to despatch before placing any orders.

I might add that on more than one occasion he has had some good advice to pass on to the designers of very well-known brands of chairs, with resulting modifications.

Where production furniture cannot be used by special patients, other chairs, including leisure furniture, have been purchased and adapted by the carpenters to the personal needs of these patients, thus increasing their comfort and bringing them out of the dormitories and in to the sitting room areas.

As you know, the trend in the hospital is to de-institutionalise the wards using modern domestic chairs, tables, settees and sideboards. But what of the chairbound patient, particularly the ladies - must they stay tied to their ugly angular metal invalid chairs all day? Fortunately, no longer.

Visiting a factory at Bradford last year Bill Lyon spotted a type of armchair which offered a solution to this problem which has worried the nursing staff for so long. A chair so constructed with flat wide wooden arms for which he could make a stable, adjustable matching tray and provide a daytime situation for the chairbound patient but one which was modern, bright and comfortable wherein to relax and be 'just like the others'.

With larger than usual allocations of money last year we were able to buy many of this type of chair and already some have gone out to the wards with the tray adaptation. They are highly successful.

Although repairing furniture takes up much of the time of the trainer carpenters the variety of their work is infinite. From farm trailers to kiddies runabouts, from cricket screens to presentation plaques, from stage sets to pill counters and from sideshows to shelves, curtain track to picture frames.

What about the Ron Proctor then. Well, Ron paints. He paints anything from presentation labels to stage sets, from plaques to park benches and from Christmas decorations to Summer sideshows. He letters - and that is something which is slowly and painfully acquired and now his signs, posters and facias are everywhere on the hospital scene.

His equipment varies from a $\frac{1}{8}$ " sable writer to a 4" paint brush and he works in poster paint, casein paint, oil paint and emulsion and all the interesting paraphernalia of stains and varnishes.

Being trainers, there are always patients in the workshops and fortunate they are to be in such interesting and instructional environments.

We have now learned that Doug Bramley is leaving us and moving up to Ilkeston, Derbyshire. Thanks Doug for all your work at the Hospital and the best of luck for the future.

FIRE PREVENTION AT NIGHT

D. BAGLEY

Fire Prevention Officer

Any building is more vulnerable to fire at night than at any other time and a hospital, particularly one such as ours with old buildings and our type of patients is more at risk than any other type of hospital.

There are some hidden dangers of fire which staff on duty can do little about - electrical wiring behind wall for example - but by far the greatest risks, and risks one can do something about, are without a doubt - PEOPLE.

A very famous Chief Fire Officer was once asked which are the three most dangerous elements in fire prevention and his reply was 'Men, women and children'.

The first thing to do is to forget the phrase 'FIRE PROOF' as there is no such thing. Everything in this world will either burn or undergo a change of state which will render it unstable. The terms which apply are Fire resistant, Fire retardent or Flame retardent.

The partitions, wired glass and doors in the up-graded wards are Half-hour FIRE RESISTANT. This means that they will resist the passage of a fire for half an hour providing that the doors are shut. The paint used is FIRE RETARDEMENT, meaning that the paint will not burn as readily as ordinary paint. Curtains are made from FLAME R TARDEMENT materials, meaning that the fabrics will only burn while a flame is applied.

Under heat conditions brick and concrete will expand and powder leading to the collapse of walls. Steel will expand under heat and then contract rapidly leaving walls and floors and ceilings with no support.

So you can see that all we can do is to hold a fire for a certain time to enable escape to be made and this is where you can play your part in fire prevention.

Permit NO SMOKING at all in dormitories and don't smoke yourself. Half the fires in hospitals are caused by smoking, especially in the dormitories. Two of the biggest fires in hospitals recently which have resulted in heavy losses of life have been put down to smoking or smoking materials. Shelton Hospital, 1968, 24 patients died by a fire caused by a cigarette end. Coldharbour, 1972, when 30 patients died in a fire caused by a patient making a flame, a flame from a lighter left on the ward by a member of the staff, possibly.

Don't smoke when making or stripping beds. It is all too easy for a glowing ember from a pipe or cigarette to fall un-noticed on to the bedding and to burn away until it shows itself.

Remove matches, lighters and cigarettes, etc., from patients before they retire for the night.

Check chairs in dayrooms after patients have retired for the night as a lighted cigarette end may have been left on the arm of the chair or fallen down between the arm and the seat. Check ashtrays and waste bins. Check in all rooms where patients may have been.

Withdraw the plugs from the wall sockets of all electrical appliances and it is not enough just to switch off television sets. etc.

Do keep night lights on in dormitories. This will enable you to see any tell-tale wisps of smoke, such as somebody having a surreptitious cigarette.

Do keep all doors closed at night. This will prevent smoke and flame spreading should fire break out.

If you go into a room and find it full of smoke, or on fire, this is what you do...COME OUT, CLOSE THE DOOR BEHIND YOU AND RAISE THE ALARM BY SMASHING THE GLASS OF THE NEAREST FIRE ALARM POINT. Then if your patients are in any danger start moving them to a place of safety. In any case start waking them up. Then if after doing all this you can tackle the fire without exposing yourself to any danger, by all means do so.

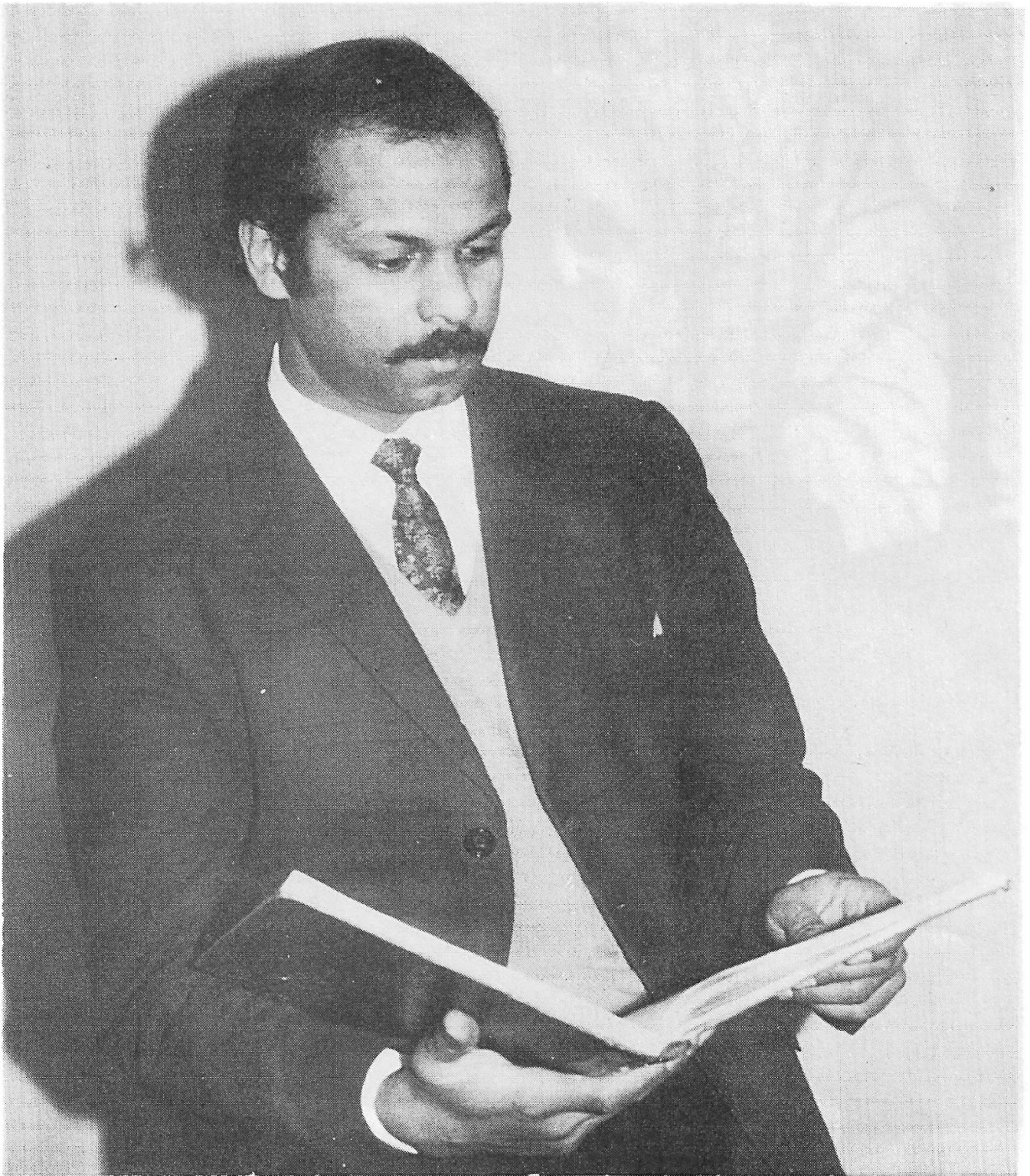
Keep all doors, fire exits, stairs, passageways etc., free from obstruction at all times. You never know when you may need them.

On taking over duty on a ward make sure that you know where the fire alarm points are, where the fire exits are and where your nearest hose reel and/or fire extinguisher is located.

Finally be aware at all times that fires, like accidents, don't just happen - they are caused by people.



H.E. 'Nobby' CLARKE has been at Leavesden Hospital for only six years and for the past four has been gate porter, where his pleasant manner and ever-present buttonhole have brightened many an entry..... Served 26 years in the Regular and Territorial Armies finishing WO II. Later was the full-time steward of Officers, Sergeants and OR's messes in Croxley Green and Watford Drill Halls.



Mr SAID NAMDARKHAN

NURSING OFFICER WITH SPECIAL DUTIES

H.E. 'Nobby' OLANKE has been posted to the hospital for only six years and for the past four has been late porter, where his pleasant manner and ever-present but not overbearing smile has endeared him to all. He served 26 years in the Regular and Territorial Army finishing WO II. Later was the full-time steward of Officers. Sergeant and OR's career.

NURSING OFFICER WITH
SPECIAL DUTIES

Mr. SAID NAMDARKHAN

Nursing Officer Said Namdarkhan is based in the Nursing Office which used to be the Assistant Chief Male Nurses Office at Leavesden.

His telephone extension is 218.

His duties are threefold.

One. The control and running of the operating theatre and assisting in the examinations and operations conducted by visiting surgeons. He sends his thanks to Unit officers for their assistance in this sphere by allocating nursing staff to participate in these theatre appointments.

Two. The Out-patient Department. In other words our residents who attend consultants' clinics at other hospitals and other appointments such as with opticians are his responsibility. In this connection it is pertinent to repeat the memo sent to all ward sisters and charge nurses from Mr. Namdarkhan recently It ran...

May I remind Ward Sisters and Charge Nurses that patients who attend consultants clinics at other hospitals that the escorting nurse should report to the OUT-PATIENT Appointment desk; to arrange for a further appointment.

On arrival back to Leavesden, the escorting nurse should hand the appointment card or slip to the Physician Superintendents secretary, who, in turn will inform other departments.

I shall be grateful for the Ward Sisters and Charge Nurses co-operation.

Three. The control of infection. This is a new section of this department with the function of registering all cases of infection, at one central point where they can be dealt with totally.

Ward staff, in the event of such an emergency, are asked to notify the laundry manager forthwith, who has introduced a system to ensure the minimum handling of infected laundry.

WINTER HOLIDAYS ABROAD

George Watson

The holiday to Majorca with the residents in November 1972 was such a success that there will be another one in January 1974.

During this holiday it was suggested by the staff that I arrange a holiday for staff friends and other groups such as Garston Fire Brigade and Shrodells Hospital. This I did for February of this year and it proved very popular.

The purpose of these holidays is to introduce the hospital staff to outside groups and November and February were chosen because it was felt that at these particular times of the year the staff were at their lowest ebb and a holiday would act as a stimulant.

Garston Fire Brigade, Shrodells Hospital, Garston Police and Westminster Bank have all shown interest, so two holidays are now being arranged. The first from November 24th to December 1st to Palma Nova at a cost of £31.50 inclusive - now fully booked, and the second to Benadorn from February 9th - 16th 1974. Names are being taken now for this holiday and the cost is also £31.50 inclusive.

If any member of the staff and friends wish to participate in a community holiday please contact me for full details.

Why not come with us and meet the people.

FISHING...for members

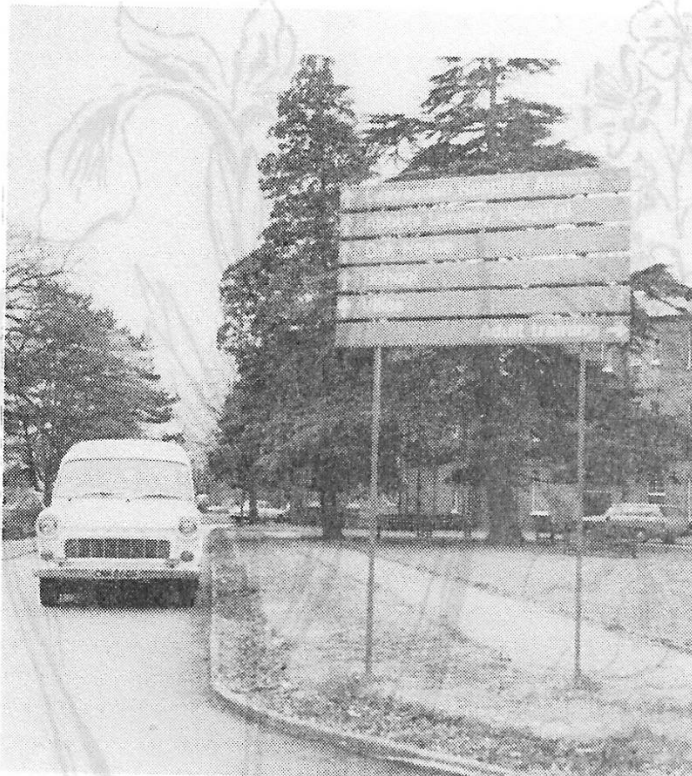
Harry Baxter
Hon. Sec.

Since it was last reported that the Angling Section had won the LMHSA trophy we have now joined the London Angling Association which gives us access to lots of local water, some of which is for members only.

Ron Jones, Nursing Officer, made his mark and won all three club trophies - these damn nurses again - but it has been made clear that he will have to be much better in the coming season.

Why not think of joining our section and enjoying the odd day out. No doubt someone will instruct you on the basic craft. Actual fishing is easy, really, it's catching the damned fish that's so difficult.

So come with us and dangle your line in the water.....



IMPROVEMENTS to the Annexe environments by the removal of the old iron railings and the ramblers round the gardens of Daphne and Elm Wards have been welcomed and admired by all. The borders have now been turved and the copse of trees opposite has been thinned out.

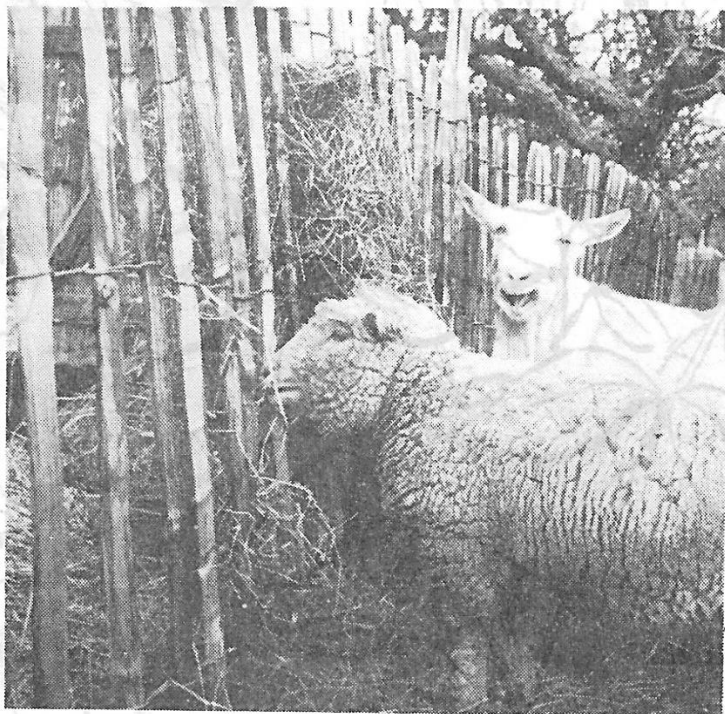
But a note of warning. To all drivers - please take extra care and look out for residents and staff and especially at the two blind corners.

Also take care not to drive over the grass verges. To the pedestrians - this is a very busy thoroughfare so take special care and keep a wary eye to help any resident who may be in danger.

SPRING is here and the long winter is behind us. The Pets Corner has been kept going by its small band of dedicated helpers and is now being put into shape to receive its many visitors.

Sunshine, the goat, is telling George, the ram, his latest funny story, but George has evidently heard it before.

They and the rabbits and the ducks, geese, guinea-pigs, doves, budgies and all the other pets are waiting to see you all in the lovely orchard picnic area.



HEATHER

IRIS

JASMINE

BRAMBLE

Warn.



KNOW YOUR WARDS...

HEATHER WARD (15B)

Heather, of the family *Erica*, the most common being *Ling*, *Calluna vulgaris*.

Is a stiff, twiggy and much-branched evergreen shrub growing on heaths, moors, banks and in open woodland in parts of the country.

Has pale purple bell-shaped flowers from July to October. Cultivated varieties come in many colours from white to yellows, pink, purple and scarlet.

BRAMBLE (Monitors Dormitory)

Bramble, blackberry, *Rubus fruticosus* is in fact a member of the very large family, *Rosaceae*, which includes the rose. Stems usually angled, prickly and becoming woody. Often roots at the tips. Flowers white to pink in terminal clusters, producing green fruit which ripens to red and finally black about September. Fruit is edible and is used for jams, preserves and wine-making. Grows everywhere in hedges, woods banks and heaths. Leaves have five oval, toothed leaflets with prickles on the underside stems and stay over winter.

JASMINE (19)

Jasmine, shrubs or woody climbers with green branches and alternate compound leaves. Flowers yellow or white. Common jasmine is *Jasminum officinale* has clusters of white, very scented flowers which are used in perfumery.

IRIS WARD (17)

Iris, is a flower on its own. The showy blooms appear on strong, erect stems, surrounded by sword-shaped leaves. The flower consists usually of three segments containing the outer petal - fall and the inner petal - the standard.

The falls sometimes have a tuft of hairs on the upper surface and are then said to be 'bearded'. Grow from creeping rhizomes, or bulbs.

The common wild iris, the yellow flag, *Iris pseudacorus*, can be seen in flower during June and July in marshland, swamps, ditches and in waterside situations generally.

Once used medicinally but harmful to cattle. From *Iris florentina*, *Fleur-de-lis*, a native of Central Europe, comes orris root, from the dried roots and is used in perfumery and cosmetics.

Cultivated, the iris produces a whole range of large showy flowers of many colours from white, yellow, violet, not forgetting soft warm browns. The spikes vary from one to three feet high.

THE FETE IN STORE FOR YOU

SATURDAY JUNE 23rd

The Annual Summer Fete and Carnival takes place on Saturday June 23rd and this year promises to be a real holiday occasion.

Starting with the usual Carnival Procession of decorated vehicles at 2 pm, the afternoons festivities will be officially opened by TV and Recording Star, Clodagh Rodgers. Miss Rodgers, if time permits also visiting several wards.

Another old friend of Leavesden Hospital, disc jockey Bob Holness will also be with us and will kick-off the Ladies Football Match at 3 pm.

Thanks to the enthusiasm of our friends Bill Lyon and company the customary attractions will be on hand. Visitors this year will find something entirely new in the Moon Walk, which is designed to attract all age groups, particularly the young in heart and for those who have ever had a yen to visit the moon this is an opportunity not to be missed.

The Ladies Football Match - Leavesden Staff v The Volunteers, will combine sporting skill with a good laugh and the Tug-of-war under Andy Dempsey's expert direction should produce admiration from the ladies and encouragement from the gentlemen.

This year the Leavesden Hospital Fire Brigade under Dave Bagley's direction will have something new to present in the way of demonstrations.

The Fete has been planned as a jolly holiday occasion to suit all tastes and a day to be enjoyed by residents and visitors together. The Occupational Therapy stall will doubtless attract many and the Tombola will offer a splendid selection of prizes to be won. Harry Baxter will be introducing another new side-show this year - Bowling for the Pig. There will be cash prizes to be won and all the fun-fair attractions.

The Carnival Procession, which will be led by the Watford Town Silver Band, will assemble at the far end of the Recreation Ground at 2 pm and after the official opening will tour the grounds. Apart from our own Carnival Queen and Attendants it is hoped that Clodagh Rodgers and Bob Holness will also take part in the procession and that the staff on duty will make every effort to enable patients who are unable to leave the wards to see the parade from the windows.

On the preceding Friday, June 22nd, the Recreation Ground with all the side-shows will be open to the patients entirely free, but on the Saturday all stalls and side-shows, which will be offering prizes, will make a charge.

A Refreshment Marquee will be open throughout the afternoon.

THE ROLE OF THE EDUCATIONIST AND
NURSE IN THE APPLICATION OF THE
PRINCIPLES OF BEHAVIOUR MODIFICATION

A lecture given by
Dr. C. C. Kiernan in the
Springfield School
(formerly Leavesden
Hospital School) on
Monday, 14th May 1973.

Dr. Kiernan is a research psychologist at the Institute of Education, University of London and a member of the Psychiatric Sub-Panel of the Joint Board of Clinical Nursing Studies. His informative lecture was based mostly on his research activities in F6, a children's ward at Queen Mary's Hospital, Carshalton.

It was quite evident from what he said that the behaviour modification technique is essentially a teaching technique and provides a useful way of conceptualising any educational or training programme.

But it was also clear from what he said that anyone endeavouring to take on such a programme in a particular setting must take account of the physical layout of the ward, the attitudes of the staff, staff/resident ratios, duty rotas, communications between day staff and night staff and short-term and long-term objectives, before starting. A ward newsletter is one way of overcoming communication difficulties and bringing everyone together.

Dr. Kiernan stressed that the behaviour modification technique can provide us with a series of teaching aids or ways of systematically organising the educational/training process. But it does not tell us what to teach. This must be decided by consensus within a particular social setting. We must be very clear about our educational (long-term) objectives before undertaking to teach anything using the behaviour modification technique. Education should aim at helping the individual (resident, patient) to make decisions for himself. Parents might be able to give us some ideas for goals for individuals not to mention the patient/resident himself.

About sixty people attended the lecture - mostly teachers and nurses. The nursing staff were particularly appreciative and raised several pertinent and controversial issues. On the whole, Dr. Kiernan was able to answer comprehensively and constructively and showed considerable insight into the sorts of practical, everyday problems that are likely to arise.

R. C. Ramsden

PATIENTS' RELIGIOUS PERSUASION We are informed by the Free Church Federal Council that as a result of the union of the Congregational Church in England and Wales with the Presbyterian Church of England, all patients and staff normally listed as Congregational or Presbyterian should now be listed as United Reformed Church.

As a number of Congregational Churches felt unable to join the United Reform Church, some patients and members of the staff may continue to call themselves Congregationalists or members of the Congregational Federation, and their wishes should be respected.

Whether they belong to either the United Reform Church or the Congregational Federation they should be regarded as the responsibility of the Free Church Chaplains in accordance with HM(63) 80.

HOW HOBBS HILL JUNIOR SCHOOL HELPS OUR RESIDENTS.

George Bennett
Recreation Section

Over the years we in the Health Service have become accustomed to the many people, well meaning it's true, who often tell us 'what to do and how to do it' and leave it at that.

But to learn to swim one must first get into the water and it usually follows that results are achieved by those who do something positive and the efficiency of the results usually produces the minimum of splashing.

One such body of voluntary workers is surely the pupils of the Hobbs Hill Junior School, Hemel Hempstead, under the guidance of the headmaster, Mr. Crawford and his very capable staff.

Arising from visits of the ladies of the Wesley Methodist Church to this hospital over the past two years there evolved the idea of pupils communicating with the residents here. The headmaster and staff co-operated in this and many and varied letters, items of interest, drawings and paintings of high merit have been received and distributed around the appropriate wards to the delight and pleasure of all concerned.

Apart from these activities there has been fund-raising functions such as discos and sums of money ranging from £3 to £12 have been received from the pupils and we have been able to buy records and tapes to enhance the existing hospital library and equipment.

P L E A S E

have you any old toys which you would like to see go to a good home rather than the local jumble sale.

We require articles to renovate such as dolls houses, toy garages, wooden toys, dolls prams etc.

If you have anything you think we could use, please bring it in or telephone me on Extension 355, to have it collected.

Mrs. J. Korczak

O.T. Dept. Abbots Langley Hospital.

P L E A S E

have you any bits and pieces of lace, leather, fringe, braids, ribbons, cord, odd buttons, embroidery silks, felt, colourful materials, silks, beads, sequins etc. etc.

If so the Recreation Department at Leavesden Hospital would welcome them.

THANK YOU

For your generous response in sending in your Christmas cards which have been passed on to the Sheltered Workshops were they were much appreciated.

THIRD NATIONAL COMPETITION
FOR HOSPITAL HOUSE JOURNALS

Insight drops to 13th place

Insight, which came first in the Class B Duplicated two years ago, came 13th out of a field of 31, with a total of 180 marks out of a possible 250 this year

Judges commented on the lack of hard news which confined the journal to feature articles, often in too official language, and remarked on the lack of reports from the sports and social activities.

They were very keen on the photographs and illustrations but as many journals do not find the use of illustrations possible, no marks are awarded for them.

It was noted that some spelling mistakes got through the editor but as the paragraph in the judge's comments reporting this contained five corrected typing errors and one un-corrected one the rap across the knuckles didn't hurt quite so much.

