The 'new' Grey's Hospital in an era of transformation: 1985–2005

The buildings of the 'New' Grey's Hospital, overlooking central Pietermaritzburg from the north, were ready for occupation at the end of March 1984, a year behind schedule. When the transfer of services, equipment and patients at last got under way the 'Old' Grey's had occupied its original site (on the corner of Commercial Road and Prince Alfred Street) for nearly 130 years — far longer than any similar institution in the country.[1]

Rationalisation

Following its opening on 5 June 1985 the many advantages of the Hospital's imposing new premises soon became evident. By April 1986 the problems associated with settling in had been sufficiently overcome to disband the Commissioning Committee established to co-ordinate the transfer from the old to the new buildings. Additional facilities and subsequent improvements helped to maintain those levels of excellence which had always been associated with Grey's. Even so, increasing budgetary constraints and staffing difficulties called for the elimination of any unnecessary duplication of services and pointed to the need for the Grey's/Northdale Hospital complex to operate as one unit. By 1986 it was already regarded as a 'satellite' of the University of Natal and a part of its Faculty of Medicine. Grey's could not have achieved this status on its own because only 20% of its admissions were 'state patients' and therefore accessible for teaching purposes. Yet 'satellite' status was vital to the maintenance of high medical standards as it attracted consultants and trainee registrars.[2]

By 1988 the Grey's Hospital Board, chaired (since 1984) by Brian Edwards and comprising voluntary community representatives, was campaigning for the institution to be recognised as 'A Regional Specialist Referral Hospital for all population groups.' The Board was convinced that 'the wider use' of Grey's facilities would improve its cost-effectiveness, that it was the only hospital in the Natal Midlands with the facilities (including a heliport) to deal with major disasters and that its 'irreplaceable' specialist

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services and provision for nurse training should be maintained. Initial concern as to how some white patients might react to multi-racial change was soon forgotten with the steady influx of black patients who had previously only been admitted to Grey's for specialised treatment not available elsewhere. By 1993 patient admissions were increasing by 3.5% a year, boosted in part by the presence of HIV/AIDS and TB cases in all wards. Private patients became a far less important source of income following the establishment of two private hospitals in Pietermaritzburg.[3]

By the mid-1990s, as the strain on the region's public hospital services became critical, the rationalisation of all three local institutions was envisaged — Grey's, Northdale and Edendale — though the process had to await the formulation of a new national constitution and the holding of democratic elections in 1994. In November of that year, Dr Z.L. Mkhize, KwaZulu-Natal's Minister of Health, visited Grey's and acknowledged that it had already become 'a totally multi-racial hospital'. Broader changes were also taking place following the establishment of a national Transitional Nurses' Committee in January 1994 to unite the existing South African Nursing Association with other nursing organisations and transform the South African Nursing Council. In addition, all existing health departments were abolished to make way for a unified health service at both national and provincial levels.[4]

These dramatic changes made the apparent lack of progress towards the amalgamation of local hospital resources all the more frustrating and had a detrimental effect on staff morale. Two important senior appointments helped to improve the situation. Dr B. M. Nyembezi assumed the post of Director of Region B, including Pietermaritzburg, with responsibility for reviewing all hospitals in that zone. Dr L. Ramiah became Chief Medical Superintendant of Edendale, Grey's and Northdale Hospitals and headed a strategic task team to determine the appropriate rationalisation of these institutions and formulate a four-year strategic plan for them. The Provinicial Bargaining Chamber, in collaboration with the Department of Labour Relations and the labour unions and staff associations concerned, drew up guiding principles upon which subsequent decisions were to be taken. These eventually included the identification of Grey's as a Provincial Tertiary Hospital, Northdale as a District Hospital and Edendale as a Regional District Hospital. The latter two institutions would continue to operate General Outpatients Departments while this was to be phased out at Grey's by the end of January 1999 and replaced by a specialist Outpatients facility. Despite concern to the contrary, it was anticipated that very few employees would have to be redeployed in a process that was expected save R15 million a year.[5]

Unfortunately, the sense of insecurity felt by some staff members was fuelled by delays which extended the rationalisation process beyond its intended completion in early 1999. Structural alterations and new appointments to enable Grey's to perform its tertiary role were postponed due to insufficient funds, the transfer of necessary equipment from Northdale was slow and many patients were inappropriately referred to Grey's instead of to district hospitals. In July 1999 a new task team assumed control of the rationalisation process which had made some progress by the end of 2001 despite more demoralising delays. Interns and community service doctors were now expected to rotate among the three hospitals and medical staff was also subject to transfer in order to establish an equitable distribution of expertise. Some unnecessary duplication of services remained, with Grey's still performing 'district level' surgery and unable to

close its General Casualty ward as the public took time to grasp that patients would only be accepted there on a referral basis. Grey's Hospital gradually changed in accordance with the new restructuring programme from being a one-third Tertiary and two-thirds Regional institution in August 2001 to 53% Tertiary and 47% Regional by mid-2003 and 70% Tertiary and 30% Regional in 2005.[6]

Finance

The financial implications of this transition were considerable. In 1992 it was estimated that health services accounted for almost 50% of KwaZulu-Natal's budget but after the 1994 democratic elections hospitals, among other public institutions, were severely affected by financial cutbacks in all government departments as part of a broad strategy to restructure the national economy and its administration. Grey's budget for 1996/7 was R84.9 million and despite a shortfall of R33 million in that year it remained unchanged for 1997/8. The provincial Department of Health's auditors helped to reduce expenditure by assessing all systems from stock levels and ordering patterns to wastage and security. Grey's established its own Professional Technical Committee to make tough decisions about cutting services as well as a 'Cash Flow' Committee to control orders and payments.[7]

These measures, coupled with gradual budgetary increases, helped to ease the financial crisis but the fact remained that Grey's was expected to maintain its high level of service to the community with insufficient financial resources. By 2004, for example, the budget had increased to R207 million but only R1.4 million could be allocated towards the estimated R7.8 million which the maintenance division required to effect all necessary repairs. By then the 'New' Grey's was nearly twenty years old and, in addition to refurbishing, various items of equipment needed to be replaced. An additional R120 million was requested for the 2004/5 financial year on the understanding that hospital budgets were henceforth to be based on service needs instead of being provided, as in the past, according to the funds made available by the National Treasury. The provisional budget for 2005/6 was a more impressive R234 million, but this was subsequently reduced to R229.4 million.[8]

Security

A financial burden which Grey's could ill-afford was expenditure on tighter security measures in the interests of patients and staff members. This was necessitated by the ongoing socio-political violence which characterised the 1980s and early 1990s in and around Pietermaritzburg. By June 1992 it was deemed necessary to establish a high security area for patients at risk of attack and in 1994 three hand-held metal detectors were acquired to screen hospital visitors although the much more expensive walk-through variety was preferred. The significant decline in violence levels following the 1994 democratic elections reduced but did not eliminate the need for expenditure on security. A new threat to patients, staff and visitors emerged in the form of vehicle theft and hijacking. The Hospital itself lost no less than five vehicles in December 1998 and a total of eleven by August 2002, necessitating an investment in tracking devices.[9] The ongoing loss of doctors and nurses constituted an even greater challenge to Grey's effectiveness.

Medical Staff

It was to be expected that there would be periodic losses of experienced staff due to retirement, medical boarding, death and promotional transfers. At the highest level the departure of Dr I.S. du Toit (1982–91) and Dr J. Thompson (1991–1995) from the post of Medical Superintendant was sorely felt, followed in quick succession by Dr L. Ramiah (1995–96), Dr M.L.B. Simelane (1996–2000) and by Deputy Medical Superintendants Dr S.S.S. Buthelezi (1999–2000) and Dr G.D. Nzanira (2000–03).[10] The appointment of Dr K. Naidu as Hospital Manager (previously designated Medical Superintendant) in August 2003 offered the prospect of some continuity but there was also a serious shortage of senior medical staff, especially at specialist level, due to the non-availability of funds and/or of applicants to create new posts and fill existing positions. Between 1984 and 1995 Grey's establishment increased by only eight medical officers and several posts stood vacant for long periods after some staff members left for better paid jobs abroad or moved to Edendale Hospital where working conditions and night duty rosters were considered more favourable. There was increasing concern that, due to an insufficiency of local specialists to staff all three of Pietermaritzburg's public hospitals, Grey's might be reduced to little more than a clearing station with specialist medical services being based at Edendale Hospital, near the highest concentration of population in the region.

As it was, the Department of Surgery was so short-staffed that from October 1993 all major surgical and trauma emergencies, which were increasing due to the violence in the Midlands, had to be diverted to Edendale. In November 1995 Grey's Cranio-facial Unit was closed after functioning for twenty-five years and transferred to Wentworth Hospital in Durban. Meanwhile Out-Patients and Casualty, together with Paediatrics and Obstetrics/Gynaecology, experienced an exponential increase in patients following government's decision to provide free health care for all pregnant women and for children under six years of age. The consequent admission of increasing numbers of children suffering from HIV-related illnesses put all departments under increasing pressure and led, of necessity, to less attention being given to elderly patients.[11]

It was also feared that the loss of specialists and part-time consultants, who were in increasing demand in their private practices, might deprive Grey's of its eligibility to have the interns who had always constituted a significant part of its medical staff. Those full-time and part-time specialists who continued to make themselves available helped Grey's to survive the critical mid-1990s when staff morale sagged in the face of numerous vacancies and spiralling workloads. These, for example, produced delays of up to 16 hours in Casualty. By 1997 Grey's had 47 medical officer posts of which 18 were officially 'borrowed' from Edendale, supported by 13 interns, six part-time medical officers and 27 part-time specialist consultants.[12]

By the end of 1999 the situation had improved with the filling of 50 medical officer posts, as well as the appointment of a full-time gynaecologist, urologist, paediatrician, obstetrician and a surgeon, for whom there had been a two-year vacancy. A new crisis emerged with the realisation that 94% of the doctors at Grey's were foreigners whose work permits would not be renewed unless they held contracts. The Department of Health was reluctant to offer these because it favoured the appointment of local doctors, few of whom actually applied for posts or occupied them for long periods. Three Cuban doctors eventually absconded from their posts and there were ongoing vacancies in most

departments to the extent that by November 2003 Grey's was functioning with only 57% of its establishment. Yet it continued to be overloaded with patients who should have been treated in other hospitals in view of its status as a Tertiary Regional Hospital. By 2004 the staffing situation was much improved with several new appointments which increased Grey's complement to 73 full-time doctors, 27 interns and nine community service doctors. There was still dissatisfaction about inadequate remuneration and some departments continued to be short-staffed. A moratorium on any further non-clinical appointments from April 2005 had adverse affects throughout the Hospital, not least upon its nursing staff.[13]

Nursing Staff

In the mid-1980s Grey's nursing complement was considered satisfactory, though a careful rationalisation of staff allocations was necessary to compensate for the reduced hours that student nurses would spend working in the wards as part of the new four-year training course implemented in January 1986. Salary revisions and the creation of additional nursing posts also helped to improve the situation but at the beginning of 1990, for the first time, there were as many as 20 vacant posts for professional nurses. Both experienced and newly-qualified sisters were being lost as private hospitals opened in the region and more attractive opportunities lured them overseas. Retirement, medical boarding and transfers to other public hospitals also took their toll on the nursing staff as they did among doctors. The strains of mounting workloads expressed themselves in the need to implement in-house stress management courses, in strikes by general assistants in 1988 and 1991 and in increasing numbers of resignations.[14]

The standardisation of working hours in June 1990 introduced a 40-hour working week without providing any extra posts to compensate for the consequent loss of wo(man) hours and all departments were adversely affected by the reduced working hours of general assistants and ward housekeepers. Between mid-1990 and mid-1995 three wards, previously occupied by private patients, were closed and additional beds were allocated to ante-natal, post-natal, paediatric and convalescent cases. Despite the redistribution of nursing staff into those departments, by mid-1995 there was a desperate need for more assistance in Casualty, Out-Patients, Theatre and on night-duty. Some wards had to be closed so that those in more urgent demand could be re-opened. During 1994/5 the CCU (Cardiac Catheterisation Unit) had to be closed temporarily for six months due to the loss of experienced ICU (Intensive Care Unit) nurses to the private sector.[15]

By 1996 Grey's nursing staff was stretched beyond its limits. This was reflected in a high instance of sick leave which was aggravated in mid-1998 by a 'flu epidemic. The long-awaited salary increases implemented in July 1996 did not improve the situation, raising the basic pay of all nursing categories but making no allowance for previous service or experience in determining the starting salaries of new staff, or the salary notches of in-service staff. By contrast, the transfer of 15 registered nurse and as many enrolled nurse posts on loan to Grey's from other hospitals greatly alleviated the staff shortage and helped to boost morale but as many as 30 additional posts were still needed to cope with the increasing patient load. The creation of extra nursing posts in late 1996/early 1997 provided some relief and facilitated the re-opening of a medical ward and the Oncology day ward.[16]

There was still a serious shortage of established supervisory posts at Matron and at Ward/Unit Manager level but the long-awaited appointment of Assistant Nursing Manager posts at last got under way in November 2003 with another seven added to the three previously filled. Posts in the nursing management structure at professional nurse and senior professional nurse level continued to remain vacant due to the inability to attract suitable recruits or to the lack of funds with which to employ them. Early in 2000 another 15 nurse posts and 35 nursing assistantships were unfrozen and filled but Grey's lost 57 registered nurses that year, 28 of whom emigrated. Meanwhile, the HIV/AIDS pandemic, the closure of district surgeon services, increased referrals from clinics and the general aging of the patient population all added to the workload. The staff shortage in Theatre and ICU became so severe that the nurses asked for a reduction in the number of surgical cases in the interests of patients' safety.[17]

Indeed, it was increasingly difficult to keep all wards fully operational with the Paediatric ICU and Obstetrics High Care Units not functioning properly and the opening of the Midwifery High Care Unit and Neuro-Surgical Services being delayed. The ongoing re-deployment of beds and staff among the various wards simply emphasised that Grey's had become a referral hospital in crisis with insufficient staff to operate its specialised units and develop the tertiary services that were expected of it. By 2002 it was estimated that 350 nurses were leaving South Africa each month, imposing further hardship on the diminishing number who remained in local service. In July 2004 an Employee Assistance Programme (EAP) was launched at Grey's to provide a confidential counselling service for nursing staff with personal or work-related difficulties. At national level it was eventually decided that the critical shortage of nurses would have to be met, in part, by henceforth obliging all trainees to complete a period of public service equivalent to their years of training. By the end of 2005 this proposal had not yet been implemented.[18]

Nurse Training

Grey's had always been oversubscribed with applications for training but by 1990 these were declining due to adverse publicity relating to the HIV/AIDS pandemic and unattractive salary scales. News of the violence in the Natal Midlands was discouraging potential recruits from further afield and many successful applicants were withdrawing in favour of other career options. During the early 1990s the number of applicants did increase, producing a waiting list of aspirant trainees as 'White Affairs' hospitals passed into history and recruits could be drawn from all population groups. By 1994 the ethnic transformation of Grey's nursing staff was already under way with all population groups represented, including 20 African registered nurses.[19]

By then the new nurse training regulations implemented in January 1986 were well established. Grey's Nursing College was now known as 'Grey's Campus', one of five former provincial training schools that had become closely associated with the University of Natal through a co-ordinating Natal College of Nursing. The tutorial staff had all become employees of this College instead of Grey's and were under the authority of a Campus Principal in place of the Matron. Further rationalisation of nursing education in the province included the amalgamation of the Grey's and Northdale campuses with all teaching henceforth to take place at the former. This cost-containment measure, completed by June 1999, was the first step towards a completely unified structure and a

common core-curriculum for all the Natal College of Nursing Campuses as well as the KwaZulu Colleges. The first Grey's-Northdale joint graduation ceremony took place in October 2002 and, after various options were considered, it was eventually decided that, as from July 2005, all of the province's Colleges of Nursing were to be merged on the site of the Iris Marwick College at Town Hill Hospital in Pietermaritzburg.[20]

Despite the many changes taking place in the training of nurses, examination results at Grey's were mostly 'very good' to 'excellent' with some exceptional individual performances among them. During the mid-1980s Grey's students won the South African Nursing Association's E.C. Lotz Award on three occasions within five years. In October 1989 and May 1990 they filled four and then three of the top six positions in the Natal College of Nursing examinations. In1986 Antje Maria van Stelten won the Kenneth Gloag Award (the highest honour for student nurses in South Africa) as well as the South African Nursing Council Gold Medal for achieving the highest marks in the 1985 final examinations for general nurses. In 1995 and again in 1996 Grey's could boast four recipients of Provincial Gold Medals.[21]

In 1997 another Grey's student, Lisa Gannon, won the Annual Metropolitan Life Award for the highest average in Fundamental Nursing Science and General Nursing Science. In June the following year she became the first student in the history of the Natal College of Nursing to pass all four years of her training with honours. Poor examination results in 2002 indicated the need for a remedial English course to overcome the language handicap suffered by some Grey's trainees. Other concerns in recent years have been an apparent lack of motivation among trainees who regarded nursing primarily as a means to an income as well as the financial hardships suffered by those from poor circumstances prior to the receipt of their first pay cheques.[22]

Equipment and Facilities

The provision of appropriate equipment and facilities was just as vital as an adequate staff complement in ensuring that Grey's was able to provide the services demanded of a tertiary referral hospital. In January 1986 the CAT Scanner began operating, greatly reducing the need to transport patients to Durban and the nursing hours spent accompanying them. In the same year the Midwifery Unit's operating theatre was opened to deal with emergency caesarian sections while by 1987, after functioning for ten years, the Haemodialysis Unit had expanded its capacity to deal with nine patients simultaneously.[23]

Despite ongoing financial constraints the Paediatric, Urology, Diabetic, Endocrine and Cerebral Palsy Clinics were all developed in response to growing patient demand. In 2002 the Cardiology Department acquired a state-of-the-art Ultrasound Unit and a Spiral CT Scanner, capable of examining all parts of the body, was also installed. ERCPs (Endoscopic Retrograde Cholangiograms) could now be performed with the use of a new videoscope (duodenoscope), obviating the need for patients to travel to other hospitals or, in many cases, to undergo surgery. Tele-conferencing equipment strengthened the link between Grey's and the University of Natal's Medical School in Durban. During 2003 the 20-year-old Casualty X-Ray Unit was replaced, an Occupational Health Centre was established, an expanded ICU was created and a new Paediatric ICU and High Care Unit was opened. Before the end of that year an Ear, Nose and Throat Department was established, together with a Cataract Surgery Unit.[24]

Grey's acquired further important facilities in 2004, including an MRI (Magnetic Resonance Imaging) Scanner with which some 400 patients were examined within the first few months of installation at the rate of about eight a day, with each scan taking an hour. Two Acuson Ultra-Sound machines were donated from the USA, greatly strengthening the hospital's Ultra-Sound Division. A Cardiac Catherisation Laboratory was commissioned in November, performing its first Coronary Angiogram in January 2005 which was followed by numerous lower ventricular grams and pacemaker installations.[25]

In August 2004 an urgently needed Antiretroviral Clinic was opened and in the same month the roll-out of ARV drugs began at Grey's which subsequently became one of the pilot sites for the computerisation of the whole roll-out programme. The Communicable Disease Central Clinic was accommodated in a renovated Family Health Care Centre and a new Oncology Unit was established in its own building in March 2005. In April a new Mammography Unit was added to the Radiology Department, which also acquired a SOMATOM Sensation 64-slice CT Scanner. Indeed, Grey's was the first provincial hospital in South Africa to be equipped with this highly efficient technology which is capable of producing superb image quality in a variety of applications.[26]

Quality and Accreditation

An important indicator of the quality which Grey's sought to maintain in all its services was the attainment of 'Accreditation' in December 2001. This involved the attainment of certain predetermined standards of quality-care and was initiated by the KwaZulu-Natal Department of Health in 30 provincial hospitals. Representatives of the Council for Health Service Accreditation of Southern Africa (COHSASA) offered advice and monitored progress from time to time during the two years that Grey's was given to prepare for its first external survey in October 2000. This was conducted by an independent team of health care consultants who awarded the hospital intermediate Pre-Accreditation status on the strength of achieving the required percentage in 29 of the 33 elements surveyed. Only three other hospitals (Ladysmith, R.H. Khan and Eshowe) attained this level at the first attempt and only one (Murchison) achieved full Accreditation.[27]

Preparations for the survey served to strengthen inter-departmental links and promote team spirit towards that objective which Grey's attained for the first time in 2001. Full Accreditation was celebrated together with the launch of Grey's *Batho Pele* (People First) campaign in June 2002 with more than 2000 invited guests. In November 2002 this was followed by 'Quality Day' to coincide with National Quality Week and 'International Quality Day' — a United Nations Initiative. Staff members took the opportunity to impart knowledge which they had acquired in Quality Assurance, an ongoing programme which had started with Accreditation's 'Quality Improvement' standard. Posters and flip files were used to display the 140 Quality Impovement Programmes (QIPs) conducted at Grey's and four were featured in oral presentations.[28]

The Hospital Board developed a 'Vision Mission and Objectives' statement which its Vice-Chairman, Dr Terence Rockey, was instrumental in compiling. Other efforts to maintain service excellence as part of Grey's *Batho Pele* campaign included the implementation of a 'Code of Conduct For Customer Care' a 'Charter of Patients' Rights' and a 'Patients' Responsibility Charter'. Further attention was given to improving efficiency, cost effectiveness and transparent accountability to patients, reducing

the delays in Outpatient Clinics and recognising outstanding effort by staff members. Quality Day was repeated in November 2004, by which stage the Quality Improvement Programme was well established.[29]

Grey's was the first institution to feature on COHSASA's website and was nominated by the Department of Health as one of six hospitals to participate in a 'Promotion of Health in Hospitals' project which required the constant ongoing monitoring of standards. It was also the first hospital in the Pietermaritzburg region to be short-listed among the top-ten public service organisations competing in the KwaZulu-Natal Premier's Price Waterhouse-Cooper's and Standard Bank Good Governance Awards Scheme. Towards the end of 2004 Grey's won the Silver Excellence Award after a six-month assessment process involving all departments and staff members. A year later it won the Gold Excellence Award, a fitting crown to Grey's 150th Anniversary celebrations in November 2005.[30]

ENDNOTES

1. Accounts of the earlier history of Grey's Hospital can be found in A.F. Hattersley *A hospital century; Grey's Hospital, Pietermaritzburg 1855 – 1955* (Cape Town, 1955) and in J. Duckworth (compiler) and A. Rose (editor) *Grey's Hospital Pietermaritzburg 1855 – 1985 Commemorative Brochure* (Pietermaritzburg 1986). This article is based on research undertaken by the author towards the completion of a revised *Brochure* to celebrate the Hospital's 150th Anniversary (1855 – 2005) and is intended to further publicise that milestone.
2. Grey's Hospital Board Minutes (GHBM) 1985/6; Grey's Hospital Matron's Reports (GHMR) 1985 p.1 and 1986 p.8.
3. GHBM 1988/9/90.
4. GHBM August and October 1993, January 1995, January and April 1996; GHMR 1994 pp.3,11 and 1996 p.14.
5. GHBM January and April 1997, February, April and July 1998; GHMR 1996 p.1 and 1998 p.3.
6. GHBM February, April, July and October 1999, February, May, August and October 2000, August 2001 and September 2002, May and November 2003, August 2004 and May 2005; GHMR 1999 pp.2/3, 2000 p.3 and 2001 p.3; *The Greype-Vine* (Grey's In-House Newsletter) February 2000 p.2, February 2001 p.1, August 2001 pp.12 – 15, November 2001 p.18, November 2003 p.3 and November 2004 pp.9/10.
7. GHBM July 1997, April 1999; GHMR 1998 p.4 and 1999 p.6.
8. GHBM May 2003, February, May and August 2004, February and May 2005; *The Greype-Vine* November 2001 p.20, November 2002 pp.10/11, May 2003 pp.12/13, November 2003 pp.10/11 and May 2005 pp. 16/17.
9. GHBM August 1993, April 1994, February 2001, February and August 2002 and May 2005; GHMR 1992 p.6, 1993 pp.2, 7,11 and 1997 p.10.
10. GHMR 1992 p.2, 1995 p.2, 1996 p.1 and 2000 p.1; *The Greype-Vine* May 2003, p.18.
11. GHBM January 1992, April 1993, August and October 1995, April and July 1996; Memorandum (attached to GHBM August 1995), Dr S. M. Muir, Acting Chief Medical Superintendant, 'Crisis in Medical Staffing at Grey's' 27 June 1995; GHMR 1987 p.9, 1993 p.4, 1995 p.2 and 1996 pp.2/3; *The Greype-Vine* November 2003 pp.4/5.
12. GHBM October 1994, January and April 1995, October 1996 and April 1997; GHMR 1997 p.4.
13. GHBM October 1999, May 2000, August 2001, September and October 2002, May and November 2003, February 2004 and May 2005; *The Greype-Vine* November 2004 p.32.
14. GHBM October 1986, January 1987, January, July and October 1988, October 1989, January and October 1990; GHMR 1986 p.8, 1987 p.9, 1988 pp.1 – 3, 1990 pp.2 – 8, 1991 p.9, 1992 pp.4/5, 1993 p.8 and 1994 pp.4/5.
15. GHBM October 1995; Memorandum (attached to GHBM August 1995) H. Findlay, Chief Matron,'Nursing Division' 27 June 1995; GHMR 1990 p.8, 1993 pp.3 – 5, 1994 p.4 and 1995 pp.2/3.
16. GHBM October 1995, January, April and July 1996; GHMR 1996 pp.3 – 5, 1997 pp.4/5 and 1998 p.4.
17. GHBM April 1997, April 1999, February and August 2000, August 2004; GHMR 1999 pp.3 – 5, 2000 p.2 and 2001 pp.4 – 7.

18. GHBM May and August 2001, February, May, August and October 2002, February, May, August and November 2003, August and November 2004, February and May 2005; *The Greype-Vine* February 2004 pp.4/5 and August 2004 p.8.
19. GHBM January, July and October 1990, January 1991, January, May, August and October 1992, August 1993 and April 1994; GHMR 1990 pp.3/4 and 1994 p.8.
20. GHMB April and July 1994, April 1998, February and November 2000, August 2001, February and May 2005; GHMR 1985 p.6, 1986 pp.4 – 6, 1990 p.3 and 2002 p.1.
21. GHBM April 1986, January 1987, July 1991, August 1993, April 1994, April 1995 and January 1996; GHMR 1986 p.4, 1987 pp.4&8, 1988 p.3, 1990 pp.3 – 5, 1991 pp.7/8, 1992 pp.11/12, 1993 p.13, 1994 p.8, 1995 p.6 and 1996 p.7.
22. GHBM July 1998, August 2001, August and October 2002, November 2003 and August 2004; GHMR 1997 pp.2 and 12, 1988 p.2, 1999 pp.8/9 and 2002 p.1.
23. GHMR 1986 p.9 and 1987 p.6.
24. GHBM October 1999, February and November 2000, August 2001, May 2002, August and November 2003; GHMR 2000 p.2; *The Greype-Vine* May 2002 p.17, August 2002 p.9, May 2003 p.8, August 2003 pp.19/20, November 2003 p.8 and August 2004 p.24.
25. GHBM May and August 2004, February and May 2005; *The Greype-Vine* May 2004 p.28, August 2004 p.11, November 2004 pp.13/14 and 28, February 2005 pp.17/18.
26. GHBM August and November 2004, May 2005; *The Greype-Vine* February 2004 pp.8/9, 24/25, 27 and May 2005 pp.8/9.
27. GHBM October 1998; GHMR 2000 p.3 and 2001 p.5; *The Greype-Vine* February 2000 p.1, August 2000 pp.1/2 and November 2000 pp.1/4, May 2001 p.1, August 2001 p.6 and November 2001 p.12.
28. GHBM May 2002 and February 2003; *The Greype-Vine* February 2002 pp.1/10, May 2002 p.2, August 2002 p.2 and November 2002 pp.2,16/17.
29. GHBM August 2004 and May 2005;*The Greype-Vine* August 2004 p.13 and November 2004 pp.1/2, 26.
30. GHBM August 2004, February and May 2005; *The Greype-Vine* August 2004 pp.2, 31/32, November 2004 pp.23/24, February 2005 pp.8,15 and May 2005 pp.22 – 24, 32; 'Grey's Hospital: 150 years of healing' in *The Witness* 10 November 2005 pp.8/9 and 'Grey's hospital turns 150' in ' UnWele Olude' p.6, supplement to *The Witness* 9 December 2005; Mrs J Dixon (Grey's Hospital Board Member) Personal Information 2 March 2006.

BILL GUEST