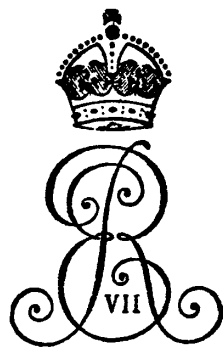


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KING EDWARD'S HOSPITAL FUND
FOR LONDON

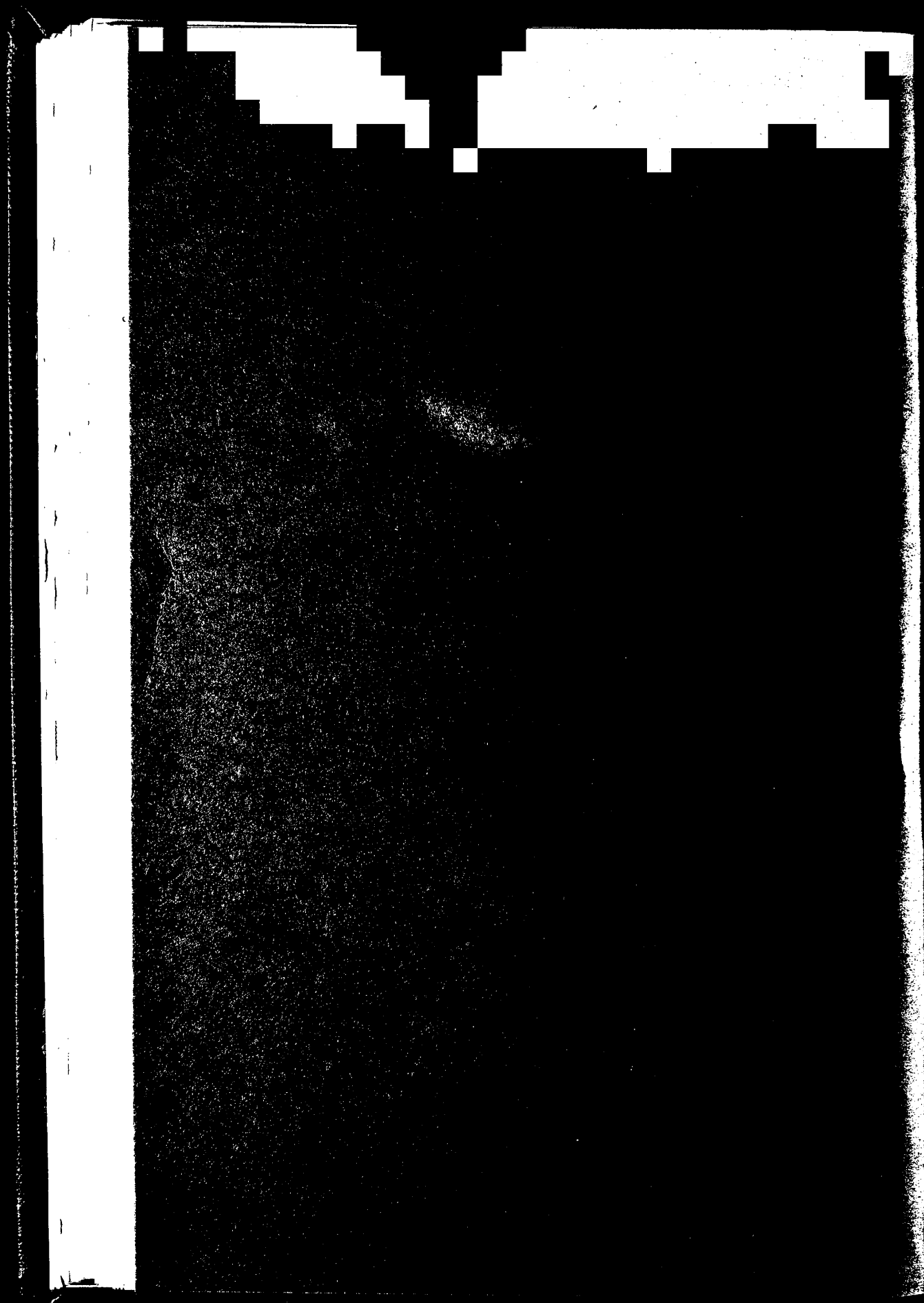


SIXTY-FOURTH
ANNUAL REPORT

1960

34 KING STREET

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON:
HER MAJESTY THE QUEEN

PRESIDENT:
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER:
LORD ASHBURTON, K.C.V.O.

CHAIRMAN OF THE MANAGEMENT COMMITTEE:
LORD MCCORQUODALE, P.C.

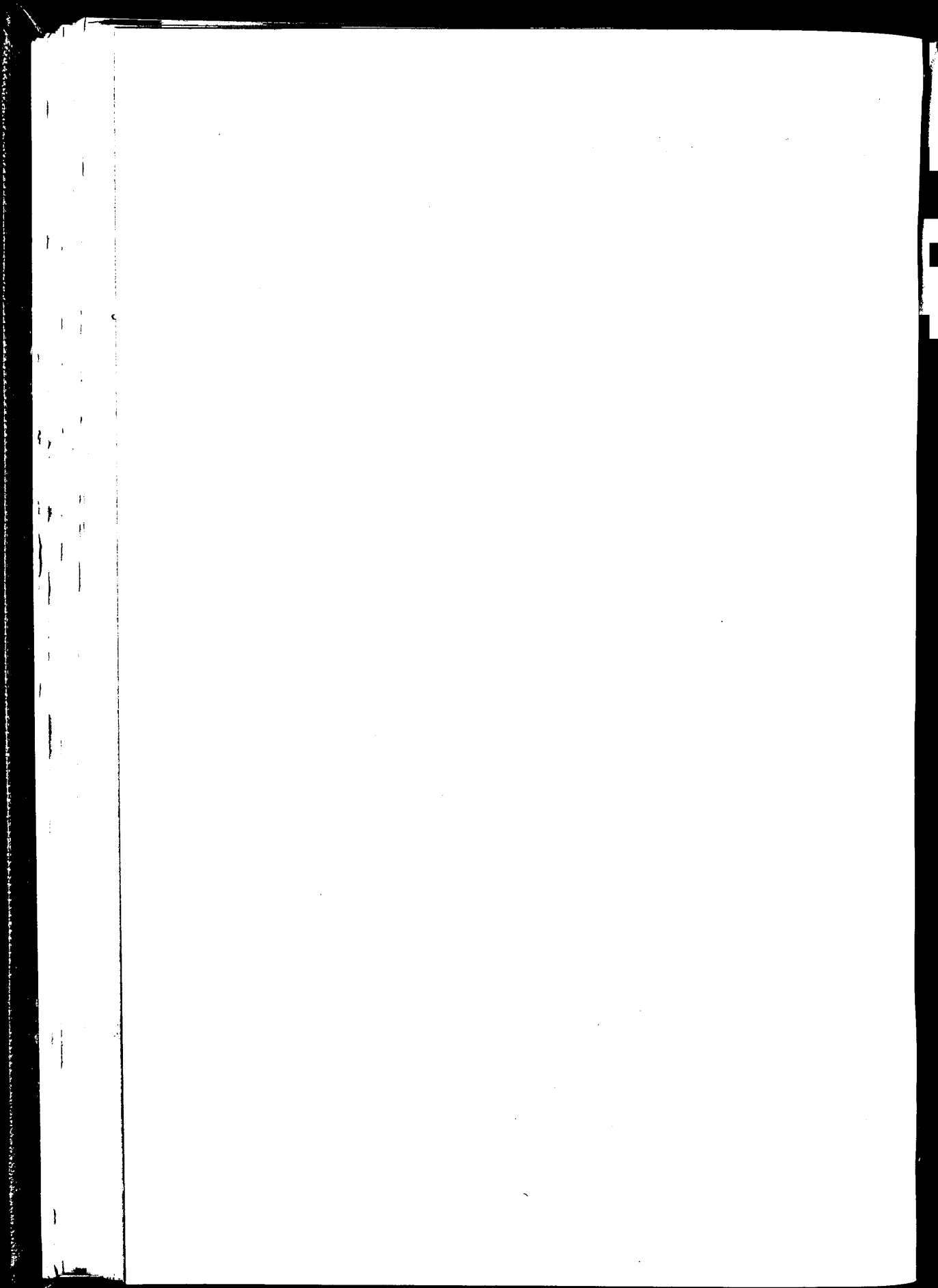
SECRETARY:
R. E. PEERS

The Fund was founded in 1897 by His Majesty King Edward VII (when Prince of Wales) for the "support, benefit or extension of the hospitals of London."

It was incorporated by Act of Parliament in 1907, and is not directly affected by the provisions of the National Health Service Act of 1946.

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Annual Report for the Year 1960

THE HOSPITAL SERVICE AS IT AFFECTS INDIVIDUALS

THE number of patients leaving the hospitals of England and Wales exceeded 4,000,000 for the first time in 1959, the last full year for which figures are available. This figure compares with 2,900,000 twelve years ago. In addition there were the many thousands who remained in hospital throughout the year—the average length of stay of the mentally disordered and the mentally sub-normal, who made up some 48 % of the hospital population, was still more than a year and there were also the many patients in chronic wards.

The marked increase in the numbers using the hospitals might be discussed from many points of view—medical, economic and social. Here it is proposed to discuss briefly the hospital service as it affects individuals. Leaving aside questions of medical and surgical treatment, any changes in the general standard of hospital care offered (and new standards become general much more quickly now than they did before the advent of the National Health Service) are liable to affect the well-being, the happiness and the future mental and physical health of vast numbers of people from all walks of society.

It was in a very different world that the responsibilities of the King's Fund were first defined as the support, benefit or

INTRODUCTION

extension of the hospitals of London. Many hospitals were in urgent and recurring need of financial assistance, and this was forthcoming through the desire of the public to help the "sick poor", at that time practically the only people using the hospitals.

As the concept of the welfare state becomes more fully realised, "charity" to the "poor" in its old form is needed less urgently. But voluntary effort can still do much to ensure that the various services provided nationally are personal in character rather than standardised, that they are recognised as existing only in the interests of those needing help, that inefficiency and indifference are seen as injustice done to individuals, and that efficiency is esteemed as the servant of human happiness and not pursued as an end in itself.

Of the Fund's three functions referred to above, *support* in the sense of maintaining the hospitals has been taken over by the whole community through taxation and insurance contributions, except in the case of the few hospitals remaining outside the National Health Service. But if support can and need no longer be interpreted in terms of annual maintenance or rescue from financial crisis, there is still a special need in a unified service to provide hospitals with the means to experiment, and to make innovations which may lead to widespread improvements once their value has been demonstrated. This is a field particularly suitable for the use of charitable funds in that they can back promising but unproven ideas involving a certain element of risk which would not be justifiable in government expenditure. Throughout the community it can be seen that the things regarded as startling innovations or luxuries in one decade may be accepted as a matter of course in the next, and looked upon as essentials before very long. If this tendency is desirable anywhere it is surely in the hospital world, where it cannot be claimed that progress in living conditions for the patients has always kept pace with that in their homes or (in some respects) in industry. It is therefore important that pioneering efforts should be encouraged and

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fostered. Many improvements can be made without great expenditure.

The second of the Fund's functions—to act for the *benefit* of the hospitals—is perhaps now discharged most fully through the courses it provides for many different categories of hospital staff of all degrees of seniority. If the various activities of the Fund's three Staff Colleges and its School of Catering help present or future members of hospital staff to give better service, to maintain better relationships and to keep more clearly in mind the sole purpose for which the hospitals exist, the patients cannot fail to benefit. Indeed there are many encouraging signs that this is already taking place.

As regards the third function, the *extension* of the hospitals of London, it is no longer the duty of the Fund to provide additional beds. One of the first Annual Reports of the King's Fund claimed that the Fund had in its first two years of work made 242 more beds available in London, with the comment "This in itself is equivalent to building and maintaining another large hospital." It is true that even since the inauguration of the National Health Service the Fund has made 358 additional beds available in the homes it has provided for those leaving geriatric units and for other elderly invalids. But in recent years extension of hospital accommodation has been interpreted rather in terms of reducing the demand for in-patient beds. This has been done by fostering day hospitals, by supporting the district nursing service, through the activities of the Hospital Personal Aid Service, and in various other ways. The recruitment of additional nursing staff, whether by planned propaganda for nursing or by personal guidance for the individual interested in nursing, has its effect on the availability of beds, so many of which have had at one time or another, even up to the present day, to be closed for lack of nursing staff. Again the new arrangements at the Hospital Administrative Staff College for training in work study should mean that in the course of time the work of hospital staff will be economised and their usefulness extended, so that

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“productivity” in terms of patient care will be increased without a proportionate increase in numbers of staff.

Thus the Fund aims at fulfilling the duties laid upon it over sixty years ago in the ways most appropriate to a changed social pattern and a very different hospital world. Some instances of the ways in which it attempted to do this in 1960 are outlined briefly in this Report.

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Such success as the King's Fund has attained in the metropolitan hospital world has been due at least in part to its financial capacity for sustained effort. There have been no large fluctuations, but indeed a steady increase, in the volume of assistance given either directly through grants or indirectly through the maintenance of the three Staff Colleges and the Catering School, of which full advantage is being taken by the hospitals.

Since the Fund was founded in 1897, it has been gradually expanded by further subscriptions, a steady flow of legacies, and a consistent policy regarding its finances to a point where its capital resources total some £9,500,000 with an income of around £485,000 per annum. During this period the Fund's total expenditure in the aid and support of the hospitals has amounted to over £18,000,000, of which some £15,688,000 has taken the form of grants and the remainder, largely in the last ten years, used for the maintenance of its staff colleges and other activities.

Her Majesty The Queen, Patron of the Fund, and other members of the Royal Family, continue to give it their consistent and generous support, as do many distinguished individuals and institutions. The year 1961 will be the last in which the Fund receives a contribution from the Nuffield Trust for the Special Areas. Over the last seventeen years benefactions from this source will have totalled over

FINANCE

£1,900,000. This makes the Trust by far the largest supporter in the history of the King's Fund, and all connected with the Fund are most sincerely grateful to Lord Nuffield and the Trustees.

There is still a strong tradition in this country that hospitals are among the most deserving of destinations for a legacy, and many have felt, with the advent of the health service, that the King's Fund makes a very strong appeal in this respect. Legacies to the Fund are usually treated as accretions to capital and can therefore be regarded as of enduring benefit to hospital patients in years to come.

From the Accounts at the end of this report it will be seen that for the year 1960 income amounted to £487,012, together with legacies at £153,385, while expenditure amounted to £584,249. This exceptionally heavy expenditure was due partly to a considerable amount of non-recurrent capital expenditure incurred in setting up the Work Study Unit at the Hospital Administrative Staff College.

REORGANISATION OF COMMITTEES

The upsurge of interest in hospital planning and organisation, arising largely from the prospect of increased capital monies, together with the Fund's widening responsibilities in the training and further assistance of hospital staff, seemed to call for some measure of re-organisation of the Fund's committee structure. The three grants committees—Hospitals Committee, Auxiliary Hospitals Committee and Mental Hospitals Committee—will continue their work of investigating applications for grants, visiting hospitals and making recommendations to the Management Committee of the Fund as to the direct financial help to the hospitals which may be given most usefully.

Two new committees have been set up to give guidance in relation to the changing functions of the Fund to meet the changed conditions and opportunities in the hospital world, as set out in the introduction.

GRANTS TO HOSPITALS

pavilion and social club to replace a derelict wooden hut. It will contain a hall, a small kitchen and serving hatch, a bar, and a billiards room, in addition to lavatories and changing rooms. Runwell Hospital also is being provided with a brick-built sports pavilion and club house, at a cost of £8,000, to take the place of a "temporary" wooden pavilion erected 30 years ago.

A grant of £13,600 was made to Napsbury Hospital for an extension to the staff club house which was built in 1953. This grant included the amount required for furnishing and equipping a tea lounge with a kitchen, an indoor games room, a television room and a bar. Leybourne Grange Colony for the mentally subnormal was given £10,500 for a staff social centre. The Royal Eastern Counties Hospital Management Committee received £10,000, being approximately half the cost of a patients' assembly and recreation hall at Bridge Home, Witham. The hall is to provide seating accommodation for 300, with a stage, dressing rooms, lavatories and a small canteen. Until this new building is ready the only place where patients can meet their visitors is in a small occupational therapy hut which has to be cleared every weekend, while entertainments have to be given in a small hall which cannot seat more than 50.

A grant of £3,550 was made to provide a music therapy centre for the patients at Horton Hospital. Smaller grants ranging from £1,000 to £3,500 were made towards such objects as: a hostel for psychiatric patients leaving hospital, the adaptation of two wards to be used for psychotic and maladjusted children, a motor-coach for patients' outings which help so much to prevent them from becoming "institutionalised", equipment for a children's playground, a scout hut at a hospital for the mentally sub-normal, and accommodation for occupational therapy.

CENTRE FOR DIAGNOSIS AND TREATMENT OF PSYCHOPATHS

At the end of 1960 news was received that a final grant from the Nuffield Trust for the Special Areas, amounting to about £100,000, would shortly be forthcoming. With the

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approval of Lord Nuffield this is to be devoted to mental health work and to be used to set up a centre in the North West Metropolitan Region for the diagnosis, out-patient treatment and short-term in-patient treatment of psychopaths and for the "sorting" to appropriate institutions of those who need to become in-patients for longer periods. The problems connected with this most difficult condition are still largely unresolved but the investigations which will form an integral part of the work of the centre will, it is hoped, lead to general advances in treatment.

GENERAL AND SPECIAL HOSPITALS

In the field of general and special hospitals it is clear that the public money expended since 1948 has raised material conditions to a point at which it is difficult to recall what many of them were like thirteen years ago. The appearance of the wards has undergone a radical change. The old institutional colours have gone so completely that it seems almost a pity that an untouched ward cannot be preserved somewhere just to show what the conditions were when the National Health Service began. More public money is becoming available to improve kitchens, to enlarge out-patient departments, to provide more adequate X-ray departments and laboratories and for many other objects. The effect of these improvements has been to alter to some extent the grant-giving policy of the Fund. No longer is it a matter of urgency for the Fund to give grants for new sanitary annexes and for equipping new kitchens. These things are now done from exchequer funds, if not at once then at least within a reasonable time. Now the Fund thinks more in terms of grants that are not only immediately useful but also contain an element of innovation or experiment.

ACCOMMODATION FOR NON-RESIDENT STAFF

One relatively new object is to provide changing and rest-room accommodation for non-resident staff. The large increase in the number of these is well known. Domestic and kitchen staff have always included many non-residents, but the proportion is increasing and now the nursing staff

REORGANISATION OF COMMITTEES

1. The Hospital Development Committee, under the chairmanship of Lord Cunliffe, has been appointed to give guidance in matters of policy to the Division of Hospital Facilities and the Hospital Catering Advisory Service. It will look into projects for investigation or research coming forward from the various divisions and branches of the King's Fund or from outside sources, will set up working parties where these seem appropriate and will advise the Management Committee on the financing of pilot schemes, on the publication of reports of working parties or on other steps which may seem appropriate.

2. The Colleges Committee, under the chairmanship of Lord McCorquodale, will be responsible for the general guidance in matters of policy of the:

Hospital Administrative Staff College;
Staff College for Ward Sisters;
Staff College for Matrons;
School of Hospital Catering;
Nursing Recruitment Service.

A member of the Colleges Committee has been appointed Visitor to each of the Colleges and to the School of Hospital Catering. Each visitor will keep in close touch with his or her College or School so as to speak with full knowledge at meetings of the Committee, and will be able between meetings to give advice and counsel to the respective Principals.

The establishment of these committees has rendered unnecessary the continuance of the Hospital Catering and Diet Committee, and the individual Committees of the Colleges and the School of Catering. These Committees have rendered most valuable services, and the Fund is very grateful to the many distinguished men and women who served upon them for several years.

The activities of the Grant Committees of the Fund are as various as ever. Some idea of the range covered and of hospitals helped can be gained by running the eye down the list of grants on pages 58 to 62.

GRANTS

The hospitals are grouped in three categories and their applications for grants considered by three separate Committees: Mental Hospitals Committee, Hospitals Committee and Auxiliary Hospitals Committee, in order that specialised attention may be given to each. The first Committee considers the needs of hospitals for the mentally sub-normal as well as those for the treatment of mental disorder. The second deals with applications from almost all other hospitals. The Auxiliary Hospitals Committee looks after a large number of homes (many of them run by voluntary effort) for elderly invalids and those suffering from chronic and terminal illness as well as convalescent homes and others meeting a wide variety of needs that do not fit neatly into a national service.

In the mental field grants have for the most part followed the lines laid down in the last ten years. When the National Health Service began, the mental and mental deficiency hospitals were so far behind others that tremendous efforts have been and still are needed to bring them up to a standard appropriate to the sixties, as regards both living conditions and facilities for modern advances in treatment.

All this is obviously to the good of the patients, and it is a privilege for the Fund to be able to play a small part in the work now in progress. Much still needs to be done, but at least much has been achieved, and to visit one of the renewed and reinvigorated hospitals after an interval of eight years or so is a quite astonishing experience.

PSYCHIATRIC HOSPITALS

Grants amounting to £101,750 were made to this group of hospitals in 1960. Many of the larger grants were given in pursuance of the Fund's sustained effort to provide better accommodation for social and recreational facilities among the patients and staff.

A grant of £20,000 was given for a patients' social centre at Claybury Hospital, to include the hospital shop, a tea lounge, a recreation room, a quiet room and a music room. Springfield Hospital received a grant of £10,000 for a sports

GRANTS TO HOSPITALS

are becoming mainly non-resident in many districts. This trend is welcomed officially but practically nowhere have arrangements been made to deal adequately with the problem presented by a large daily influx of people from outside who have to change into uniform before going on duty. Even when this means only exchanging a wet overcoat for overalls it becomes a real problem where hundreds of people are concerned. In the case of nursing staff it is particularly important that their uniform should be stored in hygienic conditions, and that with their split hours of duty they should have a suitable place in which to rest as well as to change. There are various ways of dealing with the question of custody of the clothing and other possessions of individual members of the staff. It may be best in some large hospitals to have cloakroom attendants but in that case they will be needed to cover a very long day. Other hospitals may rely on individual locked steel cabinets. The size and the circumstances of each hospital have a bearing on this question and so far there is no clear guide. The Fund has therefore financed three different schemes which will be watched. Grants of £17,500 have been made to Hammersmith Hospital, £12,500 to St. Stephen's Hospital and £9,750 to Wanstead Hospital to set up accommodation for non-resident staff. After due experience it should be possible to record some practical observations for the use of others.

GENERAL PRACTITIONERS AND THE HOSPITALS

Another problem is the lack of contact between the general practitioners and the local hospitals. They are all part of the same health service, but in practice owing to pressure of work there is far too little contact. One indication of this lack of direct contact comes from the experience of the Emergency Bed Service. The service receives some 70,000 urgent requests from general practitioners for the admission of their patients to hospital. The great majority are in fact admitted to their local hospital. Why then do the doctors call in the aid of the Emergency Bed Service? Surely a direct conversation with the hospital doctor would

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be better, and greatly in the interest of the patient. In 1959 the Fund asked its Visitors to enquire about the relationship between hospitals and the local doctors. The replies were various and illuminating. Amongst others it was found that Kingston Hospital had a strong desire to improve its relations with its local doctors, and furthermore had ideas on how to do it. This resulted in the promise in 1960 of a grant of £37,700 for the construction of a doctors' centre in the grounds of the hospital. This will be in the nature of a club providing meals for all doctors on the staff of the hospital, general practitioners, medical officers of health, factory doctors, or any others practising in the district. There will be a lecture room and library, and it is hoped that the centre will provide a meeting place where friendships will be made and problems can be discussed on an informal basis. Some years must elapse before the value of this idea can be assessed but it seemed a project well worth supporting.

The Fund is thus helping to encourage closer relationships between general practitioners and hospitals as recommended in the report of the Working Party on the Medical Staffing Structure in the Hospital Service, published in March, 1961.

OTHER PROJECTS

Apart from these semi-experimental projects, money has been given for schemes which although most desirable must inevitably come low on any regional board's list of priorities. A grant of £6,500 was made for a sports pavilion at Queen Mary's Hospital for Children, Carshalton; another of £5,000 for a recreation hall at St. Giles' Hospital, and one of £4,000 towards the cost of a swimming pool at Joyce Green Hospital, Dartford. Local effort had raised nearly all the cost of a much-needed chapel at East Ham Memorial Hospital and a grant of £700 from the Fund made up the deficit. A grant of £1,700 was given for the renovation of the organ at St. George's Hospital, where a much larger sum is being made available from investment funds for the restoration of

GRANTS TO HOSPITALS

the chapel. As in previous years, grants have been given towards improving hospital gardens and grounds where often, with the expert advice available, a relatively small sum can effect a transformation in the surroundings.

Among catering projects assisted, two were for the improvement of catering facilities for staff. A grant of £10,000 has been made to St. Nicholas Hospital, Plumstead, to provide a common service and dining area. This will include a cafeteria service counter suitable for the display of several dishes, hot and cold, for each course of a meal. A grant of £7,500 was made to St. Ann's Hospital, Tottenham, for similar purposes.

AUXILIARY HOSPITALS

Fewer requests for help were received from convalescent homes, but applications for grants from other institutions have been more numerous and larger amounts have been involved. This has been the case with the homes for the aged and chronic sick and for handicapped patients of all ages. The problems of caring for the patients in these particular groups are now receiving more attention from all quarters than in years gone by and they are indeed pressing. Frequently these patients do not need the services of acute hospitals but rather some kind of residence where there is a homely atmosphere with others of their kind and where some medical supervision and nursing care can be provided. This is exactly the kind of thing that voluntary societies can and do provide so well. It is therefore natural that the King's Fund should turn more and more to this work, and endeavour to give all practical help.

The increase year by year in the number of these patients is reflected in the establishment of new homes and the enlargement of existing ones. There is also the constant need to modernise and improve homes to meet present-day requirements. Grants for work of this nature included £7,000 to Athol House at Dulwich, a new home of the Cheshire Foundation for physically handicapped patients. This is an

GRANTS TO HOSPITALS

interesting venture which has close ties with King's College Hospital. There is to be a balanced community so that some patients can help with the work of the home and thereby, it is hoped, find new interest and satisfaction in life. Another new home to receive help was Halford House, at Ealing, to accommodate adult chronic sick, and a grant of £5,000 was made towards its establishment. Among grants for extensions, one was made to Fonthill, Reigate, a home for elderly nurses. A new wing was urgently needed for the sick and also for those who through age and infirmity needed more nursing care than the ordinary residents in the home, and who would otherwise have to be sent to some other institution. A grant of £3,125 was made by the Fund, the other half of the cost of the new sick bay being met by the Nuffield Provincial Hospitals Trust.

While statutory bodies can pay the whole or some part of the maintenance cost for patients, voluntary institutions seldom have money in hand for modernisation and improvements or for major repairs. Help has been given in this field and among those who received grants were Delves House, (a home for old people in Queen's Gate Terrace) for oil-fired boilers, and St. Joseph's Home, Chiswick, for much needed redecorations and repairs. A close watch is being kept on these particular problems, because of the changing pattern of the work in these homes and the new demands that are being made on them.

A grant of £20,000 was made for a project of particular interest, to provide hostel accommodation for young deaf children where they can undergo intensive and long-term training to develop their residual ability to hear, as distinct from learning lip-reading. This is an extension of pioneer work showing great promise which has been going on for some years at the Audiology Department of the Royal National Throat, Nose and Ear Hospital, which will be responsible for the new hostel and training centre at Ealing. The dividend that this work pays in the relief of deaf children needs no stressing and its progress will be followed with much interest.

GRANTS TO HOSPITALS

Owing to the work involved in investigating these applications, the Committee was obliged to cut down the number of visits to convalescent homes, but it is hoped to undertake more again in 1961 as the personal contacts made during the visits are so greatly valued. The welfare of convalescent homes is still very much in mind and it was satisfactory that so many of their representatives were able to attend the tenth annual Convalescent Homes Conference in 1960. Because of the value of meetings of this sort, a short conference was held in April at the Hospital Administrative Staff College, to which were invited representatives of the eleven Halfway Homes (Homes for Aged Sick) founded by the King's Fund. This conference was the first of its kind, and after an address there was an interesting and lively discussion on many aspects of the work.

PUBLICATIONS IN 1960

For many years memoranda of general interest to hospitals and others have been published and distributed very widely. Four new memoranda have been published this year, and the normal annual publications have been revised and reissued.

MEMORANDUM ON THE SHORTAGE OF DIETITIANS

This includes the findings of the Sub-committee set up in 1957, their recommendations on measures to help meet the shortage, and the report of an investigation into the work of therapeutic dietitians made jointly by the King's Fund and the Ministry of Health.

An appendix to the Memorandum sets out the recommended duties of a group dietitian. Comments are made in the report on the need for diet kitchens or diet bays and the necessity for careful study before a hospital authority sets up a dietetic department.

PUBLICATIONS IN 1960

MEMORANDUM ON SPECIAL DIETS

(Revised edition, 1960)

Since the first edition of this memorandum was published in 1953, several thousand copies have been sold. The present edition includes many new features, e.g., a section of recipes for both diabetic and low-salt diets and a short section on the controversial subject of the type and amount of fat suitable in diets for certain heart diseases.

NOISE CONTROL IN HOSPITALS, 1960

A report of a study on noise control in hospitals was published by the Fund in 1958. The present memorandum is a report of the follow-up enquiry made principally in the same hospitals. It includes many comments made by patients and shows which categories of noise were most noticed by them.

HOSPITAL VISITING

The Fund first published a manual for hospital visitors in 1950. This has been out of print for some time but there has been a continuing demand for such a manual. The new memorandum is re-written and enlarged. It is intended mainly to help newly appointed members of hospital management committees, boards of governors, house committees and others to know what to look out for when going around hospitals, what they should hope to find, and what questions may usefully be asked.

The following annual publications were re-issued in 1960:

Directory of Convalescent Homes serving the Greater London Area.

Timetable of Out-Patient Clinics of Hospitals in the Greater London Area.

For particulars as to the prices of these new publications and of all current publications of the Fund, please see list on pages 72 to 75.

DIVISION OF HOSPITAL FACILITIES

The expansion of the hospital building programme and the increased attention given to promoting efficiency in the health service have led to much greater use of the Division. There can be few hospitals and hospital authorities in the United Kingdom that have not contributed to, or received help from, the wealth of information built up in the department over the past twelve years.

CENTRAL INFORMATION BUREAU AND ADVISORY SERVICE

In 1960 for the first time, the number of enquiries received from the provinces exceeded those from London. This is evidence of the widening scope of the activities of the department as a central clearing house of information on hospital matters. Enquiries involving a detailed reply numbered over 1,000, a figure much higher than that of any previous year. This expansion of the work is of the greatest help in promoting the exchange of ideas and experience, which not only adds value to the information and advice given but enables current trends to be assessed.

The enquiries received cover a wide range of subjects and in nearly all cases individual letters are sent, but with some subjects the number of requests makes it worth while to prepare duplicated memoranda to support the written replies. The question of distributing prepared memoranda of this kind to all hospitals has been considered from time to time but so far has not been adopted, largely because of the disadvantage that the material is so soon out of date; even so, with increasing requests for information, further thought is being given to this and alternative ways of making the material available to hospitals generally. Subjects on which memoranda have been prepared include: patient-lifting devices, towels for hand-drying, waste disposers, cubicle curtains, mattresses, and the washing and sterilising of bed-pans.

The re-classification of the library books in a manner more convenient to the general work has now been completed, a task which was made more difficult by the fact that the

DIVISION OF HOSPITAL FACILITIES

library is used continuously by the staff and by hospital officers, architects and others. The development of the package library service has proved a great success, and there is no doubt that most of those who have made use of this service have found it helpful to be able to borrow a folder containing assembled cuttings from journals, copies of extracts from different publications, plans, photographs and other relevant material. These folders are lent for fourteen days; the subjects dealt with have included central sterile supply, trends in hospital design, operating theatres, laboratories, stores organisation and progressive patient care.

SPECIAL STUDIES AND INVESTIGATIONS

(i) Disposable items

The use of disposable items continues to be an important matter in the interests of economy and also of avoiding cross-infection. The Division has remained in close touch with the principal paper and plastic manufacturers in this country, and with some abroad. The range of paper items continues to expand: for example, paper crockery, and containers for medicines and food; paper towels and tissues, table mats, bath mats, face masks; central sterile supply packaging; bags for refuse collection, for soiled and fouled linen, and for dirty dressings; sputum containers, bed-pan covers, pads for the incontinent, etc. Paper caps, cuffs and collars have been used already in some hospitals in this country. In the United States and elsewhere paper aprons and X-ray gowns, and paper sheets and blankets, are being produced and tested. The possibility of their use in this country is being investigated. In some instances, the prices are not economically attractive, although this situation may change if large-scale production can be encouraged. This is a very large subject with considerable scope for development, and rapid progress is being made in many directions. It seems clear that paper will be used increasingly in hospitals. Attention has been drawn to this trend, and to its influence on procedures and planning (particularly as

regards storage and disposal), when answering many of the requests for information and advice.

(ii) Noise control in hospitals

In 1958 the Fund published a report on noise control in hospitals. A follow-up enquiry on the same subject was made in 1960. The results of the enquiry indicated that many of the patients who completed and returned the questionnaire were not unduly bothered by noise, and in fact one patient stated "I don't think there is enough noise. Music would be suitable." Nevertheless it is evident that noise causes much suffering to those who normally lead a quiet life. The irritating noises could be divided fairly evenly between two categories: those caused primarily by outside traffic, and those caused primarily by people and by equipment in the hospital. There is of course little to be done about the former, but the latter needs the constant attention of all members of the hospital staff. A report on the enquiry was published in booklet form at the end of the year (see page 19.) Perhaps its main value has been to focus attention upon the frequently-occurring noises which pass unnoticed by the hospital staff who live and work with them, and to show that it is quite practicable to reduce the amount of noise in hospitals. Noise-control is not something that can be achieved by an all-out attack over a short period of time; it is rather a matter of constant vigilance. As one hospital put it: "In the initial surge of enthusiasm quite a lot can be done, but with the pressure of day-to-day running of a hospital it is all too easy for lessons learned soon to be forgotten."

(iii) Other subjects

Special study has been given to flooring and floor maintenance, hospital blankets, plastic foam mattresses, improved types of mattress covers, cubicle curtain tracks, comparative trials of cubicle curtain materials, laundry packaging, stores control, polypropylene equipment, baths and showers for the aged and disabled, and wireless staff location systems.

DIVISION OF HOSPITAL FACILITIES

In some instances the trials must necessarily be somewhat protracted, but it is intended that reports should be prepared and published in due course.

CHARITIES ACT, 1960

A substantial contribution to consolidating and simplifying the law and practice of charities is made by the Charities Act, 1960. It may well be that some of the smaller charities will require to adjust their book-keeping to meet the accounting provisions of the new Act. So far as this may concern hospitals, convalescent homes and other institutions for the sick, the services of the Division are available.

OTHER ACTIVITIES

Visitors from hospitals and organisations in this country numbered 185. Thirty-one visitors from fifteen other countries also came to the department. Sixteen study tours were arranged for overseas or British visitors wishing to see hospitals in this country or abroad, and the Director made a tour of hospitals in the United States. Forty-two lectures or talks were given, many of them followed by discussions that led to valuable exchanges of information. A paper entitled "The Hospital Service: to-day and to-morrow" was presented by the Director at the Annual Conference of the Chartered Institute of Secretaries.

DIVISION OF NURSING

Important changes in the arrangements for selecting and training nurses were announced in 1960. For many years one school of thought within the nursing profession has desired and worked for a minimum educational standard for entrance to all training schools for the State register. The reasons given have been that this would raise the status of nursing in relation to other professions, and that it would reduce that part of the wastage of student nurses which is due to inability to follow the theoretical part of the course and to pass the State examinations.

New requirements of the General Nursing Council, circulated in 1960 to become compulsory in 1962, provide for a minimum entrance standard in the form of a test devised for the Council by the National Institute of Industrial Psychology. Simple as it is, it is intended to be a test of intellectual ability or of educability. In other words the candidate whose score in the test reaches a level yet to be fixed should be able to profit by the teaching given in hospital and to pass the State examinations. The test will be given at the various hospital training schools and many are giving it already. Exemption from the test is given to those who have passed at ordinary level in two subjects in the general certificate of education examinations (one being English or Welsh language) and fulfil certain other scholastic requirements—a modest educational standard but sufficient to satisfy those who feel that scholastic preparation and nursing ability do not always correspond. Indeed neither test nor educational standard should take the place of the careful selection by the matron of candidates whose character, temperament and attitude appear to fit them for nursing.

Training schools which can set a higher entrance standard, as many already do, will of course be free to maintain that standard and to regulate the pace and range of the theoretical work accordingly. Some fear has been expressed that the new requirements will mean loss of potential nurses but this need not be the case if those who do not reach the necessary score in the test but seem suitable for some nursing duties are encouraged and are passed on to what

DIVISION OF NURSING

have until now been known as training schools for pupil assistant nurses.

It is timely that by recent legislation the word "assistant" (required by the 1943 Nurses Act) has been dropped and those who have taken the two-year practical course will be known as State enrolled nurses. The Nursing Recruitment Service has been working for this for some years, as experience showed that the word "assistant" was a real deterrent to recruitment as well as being less than just to those so urgently needed as nurses.

Other requirements of the General Nursing Council published in 1960 are that from 1964 complete training schools should have a minimum of 300 beds and should provide comprehensive experience. As a result, probably more hospitals will be grouped for training purposes and there will be a reduction in the number of training schools for the State register, with possibly an increase in the number training for the State roll.

These three important changes taken together should mean that the dividing line between the two inter-dependent groups—registered nurses and enrolled nurses—will be placed higher in future, and that there will be far more enrolled and pupil nurses and a more teachable and successful, if less numerous, body of student nurses.

NURSING RECRUITMENT SERVICE

The changes outlined above will have important repercussions on the work of the Nursing Recruitment Service.

By permission of the General Nursing Council, the Nursing Recruitment Service, as the only body in the country whose work is devoted entirely to recruitment and to giving advice to potential candidates for training, is to be allowed to administer the test. This, while adding to the work of the service, should assist in giving candidates the

right advice at the outset and guiding each to the type of training for which she is best suited. It is very important that those for whom the two-year practical course for enrolment is most suitable should be sent to appropriate training schools at the outset rather than apply first to schools for the register and perhaps, when not accepted there, be lost entirely to nursing through a sense of failure.

The personal advisory work, of which the testing would form part in appropriate cases, continued at its usual level in 1960. Again some 5,000 new candidates consulted the service; many thousands more heard talks given by the staff, or joined in the discussions afterwards. This total of new candidates does not include nearly 900 applicants from the colonial and independent territories who were given information and passed on to their appropriate authorities, by agreement with the Colonial Office. Nor does it include the very young, who are encouraged by the schools to write in ever-increasing numbers. They are given full information and encouraged to write again later, but candidates are not now usually "adopted" by the service, given their own files and included in the above total, until they are over 15. From this age upwards they are given individual advice (at interview or by correspondence) on the best preparation for nursing, educational and otherwise. They are followed up at estimated school-leaving age in case they need help in "bridging the gap", and when they are over 17, with offers of help in choosing a suitable training school. This work entails some 18,000 letters and over 2,500 interviews annually, all the advisory work being the responsibility of the nurses on the staff. Whenever possible, candidates are followed through to their acceptance by hospitals (over 1,800 in 1959 and again in 1960). Parents write with appreciation of the continued interest shown and it seems clear that this shepherding saves many girls for nursing.

The public relations work has been maintained and there is no lack of opportunities to give lectures on nursing in the larger schools, many of which have asked for a speaker from the service again and again over the years. Talks are

NURSING RECRUITMENT SERVICE

also given at careers conferences and to groups of parents and careers advisers. In all, 185 talks were given in various parts of the country in 1960.

Over 600 general enquiries on nursing subjects were dealt with. These varied from requests for advice from hospitals or groups, involving one or more visits, to questions on a wide range of subjects. Many of these came from journalists asking for nursing statistics and information on training allowances, salaries, etc. One wanted a 300-word editorial on nursing to be provided for use on the same day (and got it!). One publisher sought comments and help in preparing a revised edition of a book on nursing. Writers of articles on nursing come for information about present-day conditions. Scripts for radio and television (generally by no means connected with recruitment) are sent for comment which may be needed at very short notice. Advice is sought on standards of staffing, particularly in the institutions outside the National Health Service, or having special staffing patterns of their own.

STAFF COLLEGE FOR WARD SISTERS

The year's programme at the Staff College for Ward Sisters included two training courses (one of eleven weeks' and one of twelve weeks' duration), and four refresher courses, each of four weeks. Two of these were for sisters and male charge nurses from psychiatric hospitals and hospitals for the mentally sub-normal, the other two for staff from any hospitals approved as training schools. The total number of students was 116.

During the current year the same number of courses is being given and for many months the waiting list has extended as far ahead as the last course in 1961. It is greatly regretted that candidates nominated by the hospitals have to wait so long, particularly for the preparatory courses. The opening of the larger Staff College, to be

STAFF COLLEGE FOR WARD SISTERS

built in Holland Park to replace the present building in Cromwell Road, will make it possible to offer more courses each year.

To meet the changes taking place under the Mental Health Act, sisters and charge nurses from psychiatric units in general hospitals are being invited to join the two refresher courses for psychiatric hospital staff. An interesting development is a request that the College should give some help to ward sisters in general hospitals who have patients with some degree of mental disorder in their wards. Many sisters feel that their general training did not prepare them for the management of these patients and they want to know more about modern methods of psychiatric nursing.

Thus from year to year the College aims at meeting new needs as they arise, by special study groups or by introducing new subjects or experience in the existing courses. The basic aims of all courses, however, remain, *viz*: to help towards more and better teaching by the ward sisters, to stress the importance of good personal relationships, and to teach good principles of management, while enabling the members to gain a wider knowledge of the health service as a whole and of the facilities it offers to patients.

STAFF COLLEGE FOR MATRONS

During 1960 eleven students completed the one-year training course and returned to hospital posts, and a group of twelve were selected and admitted for the eighth course. Of the 80 former students who have completed their training at the Staff College since 1953, 77 are still holding posts within the National Health Service. Twenty-eight former members of these courses are now holding posts as matrons. Eighteen are deputy matrons in large hospitals and most of the remainder are assistant matrons.

In the spring, a four-week refresher course for matrons and deputy matrons, and another of the same length for matrons and chief male nurses from psychiatric hospitals

STAFF COLLEGE FOR MATRONS

and hospitals for the sub-normal, were given. A ten-day refresher course was again given for matrons of convalescent homes. This appeared to be greatly appreciated and many problems associated with the management of convalescent homes came to light, but as so many matrons seem unable to leave their homes for this course it is not proposed at present to offer a third.

During 1961 two refresher courses are being given in addition to the training course, and two one-day reunions for former members of courses have already taken place and have been well attended.

The one-year training course, which already gives a wide range of experience in hospitals and in industry, will benefit from the fact that the students will now take a week's appreciation course in work study at the Hospital Administrative Staff College. Former students who have taken appreciation courses have found them very enlightening. The spread of knowledge about the nature and results of work study should help to remove apprehension on the part of the various professional groups as to its value in hospital and particularly perhaps in the wards.

As always, the valuable and disinterested help given by the well-known firms who take the students from the Staff College for their industrial field work is very greatly appreciated. For nurses, who may have spent most or all of their adult life living and working in hospital, industry presents a new world. It has many lessons to teach and the students are quick to appreciate how much is done in some firms for the welfare and training of all staff and to provide incentives, to ensure that communications are good, and to give tangible recognition of long service. Very comprehensive programmes are arranged by many firms and much time is cheerfully given up to the students, particularly by the various personnel officers. In addition to gaining a clear picture of the work of the personnel department and its various responsibilities, and perhaps taking some part in it, a student may have opportunities of joining the workers on the production line (where sometimes the work is found to

be unexpectedly exacting), of meeting foremen and forewomen, junior and senior managerial staff, attending joint consultative meetings, and studying the administrative pattern of the organisation as a whole. It is an enlightening and often a maturing experience. The students identify themselves remarkably quickly with their various firms and are able to see that the traditional hospital procedures are not necessarily the last word in management practice. There is no doubt that many lessons learnt in industry are being put into effect in hospitals where those who have taken the course in earlier years are now working.

Equally, the ready co-operation of the matrons and hospital administrators who take the students for practical experience within their own field, and give them so comprehensive a picture of the administration of a hospital group as well as the responsibilities and day-to-day work of the matron and her administrative staff, is greatly valued by the Fund. This experience, time-consuming as it is for those who receive students, is also helping to spread good administrative methods and a wider understanding of hospital problems outside the nursing sphere as the former students become matrons in their turn.

The responsibilities of matrons are probably more clearly defined now than they were some years ago, but in some ways they become more exacting. There are still many hospitals suffering from serious shortage of nursing and domestic staff and real difficulties in recruitment. In addition new problems have arisen through the decrease in hours of duty and the need to employ many more part-time nurses and other workers. There are many difficulties in maintaining a twenty-four hourly nursing service, including weekends, on duty rotas acceptable to both the part-time and the full-time staff, resident and non-resident. But clearly ways must be found of making the fullest possible use of married nurses part-time and full-time now that the supply of unmarried staff is diminishing so rapidly and at such an early age. Again, the large increases in the numbers of auxiliary nursing staff and of nurses returning after many

STAFF COLLEGE FOR MATRONS

years of home life call for more supervision and the arrangement of inservice and refresher courses within the hospitals.

These are some of the problems of staff management which the Staff College aims at enabling the matrons of the future to meet, in addition to their traditional range of responsibilities as head of the nursing service and of the training school.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

The development and improvement of the hospital service, especially stimulated at the present time by an extensive building programme, is a challenge to hospital administration. After ten strenuous years the Hospital Administrative Staff College is conscious of the need for renewed efforts to meet fresh demands in ever-changing circumstances.

The first ten years' work has clearly demonstrated that special training and studies are needed if hospital administration is to make the most of the human, professional and technical skills at its disposal. Learning "on the job" alone is now rightly considered insufficient.

The senior administrative officers in the hospital service, who play a less direct part in the treatment and care of the patients than do the doctors and nurses, are largely unknown to the public. Yet they are the men responsible both for seeing that the policies of the governing bodies are carried out and for the general administration of the hospitals.

Hospital administration today offers a satisfying and worthwhile career to men of ability. The need to work happily with many different professions, as well as with doctors and nurses, coupled with problems raised by technical advances, constitutes a challenge which is attracting an ever-increasing number of men and women to this work.

The Staff College, which evolved from the King's Fund bursary scheme in hospital administration, has been able to

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

play an important part in the pioneer work of "refreshing" and training. The objectives have included a continuous study of techniques of training, of the problems of hospital administration and of the development of aids to management efficiency. Residential courses varying in duration from one week to three years have been held for all grades of administrative staff. Special courses have been held to study management efficiency, personnel relations, work study and for the training of the younger men and women.

WORK STUDY

As envisaged in the last report, a special feature of 1960 was the arrangement of training courses for work study officers in the hospital service, of appreciation courses for those responsible for introducing and maintaining work study in their hospitals, and for the study of the best means of adapting work study itself to meet the special needs of the hospital service. It was at the request of the Ministry of Health that the Fund undertook this new work and it was decided to make these facilities an integral part of the work of the Staff College.

As manpower becomes more costly it is generally recognised that it must not be wasted. Work study methods aim at achieving the same results with less expenditure of energy, or at achieving increased productivity without increase of staff.

In hospitals, with their high proportion of staff who have taken long professional or technical training, this economy in work is particularly important. And the fact that some 62 % of the total annual maintenance expenditure of the hospitals goes on salaries and wages also points to the need to conserve manpower.

Two types of course in work study are being given. Firstly, sixteen-week training courses in work study for those who are to become work study officers to regional boards and hospital groups, and secondly, a number of one-week appreciation courses to be attended by hospital administrators,

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

doctors and nurses, to enable them to gain some understanding of the aims and methods of work study. Lectures will be given in all the King's Fund Colleges by the newly appointed staff. The first two appreciation courses were held before the end of the year and the first work study training course began in January, 1961. To accommodate the extra number of students an extra house has been purchased and the College itself has been adapted to meet the new requirements.

The Staff College has been fortunate in obtaining the services as leader of the work study project of Mr. P. J. Torrie, who was head of the work study training department of Imperial Chemical Industries. Considerable help in the start of the new project has been given by Mr. Russell Currie, head of the work study department of I.C.I., and members of his staff, by the Oxford Regional Hospital Board and by Mr. Geoffrey Weston who was seconded to the Staff College for a few weeks from the Reading and District Hospital Management Committee. The College has been encouraged by the support and help given by regional hospital boards and hospitals to the new project.

TRAINING AND REFRESHER COURSES

The national training courses under the Ministry of Health selective recruitment and training scheme have progressed satisfactorily. The Staff College is responsible for three concurrent groups in their first, second and third years of training respectively. During 1960 the second group completed their three-year course and found satisfactory posts at hospital secretary or junior administrative level. The fifth national training course, consisting of eight men, began in October. The Ministry of Health has now decided that in future years the number will be increased to twelve and there will be a similar number at the University of Manchester.

In addition to the normal refresher courses, new courses lasting a week in personnel relations and in progressive

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

management were held during the year. The course for middle grade administrative officers was arranged specially for those who were members of regional hospital board in-service training schemes, the College accepting nominees of the four Metropolitan and the East Anglian Regional Hospital Boards.

OVERSEAS STUDIES

When the Principal visited the United States and Canada in 1959 he found a number of activities which he thought might profitably be explored further. Accordingly, it was decided to invite two group secretaries to visit the United States and Canada to undertake particular assignments. Mr. W. E. Bardgett, secretary of the Uxbridge Hospital Management Committee, went to the University of Toronto to study the training programme in hospital administration. This programme is the subject of a special research project financed by the W. K. Kellogg Foundation. It is the nearest approach in the United States and Canada to what is being done at the Staff College and Mr. Bardgett brought back an effective and useful report. At the same time he was able to study some aspects of building and planning which were of particular value to him in connection with the development work then in hand in the Uxbridge group.

Mr. A. C. Dale, secretary of the Woking and Chertsey Hospital Management Committee, accepted the Fund's invitation to visit the American Hospital Association in Chicago in order to study a long-term research project financed by the Henry Ford Foundation, called "Management Audit." This is an attempt to appraise the efficiency of American hospitals which may be of considerable interest to hospital administrators in this country. He has returned with an extremely useful report and the subject is undoubtedly worth further enquiry and experiment. At the same time Mr. Dale studied administration and management in American hospitals and has brought back information of great value.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

GUESTS AND VISITORS

Guest nights have been held frequently when many distinguished guests who are associated with the work of the Staff College, or interested in the National Health Service, have been brought together to exchange information and to meet the Staff College students. Enjoyable receptions have also been held for previous members of courses.

As in previous years there were very many visitors from home and overseas who came to enquire about the work. The Staff College thus has contacts with many parts of the world and the exchange of information is stimulating and of great value to the tutorial work. It is apparent that hospital administrators in an increasing number of overseas countries are turning to the United Kingdom for information and assistance.

OTHER ACTIVITIES

The Staff College Recruitment Advisory Service receives each year a large number of enquiries about hospital administration as a career. The service does not undertake to find openings for those who enquire but it is able to advise on the opportunities of direct entry into the hospital service or through the Ministry of Health selective recruitment and training scheme.

The Staff College Medical Records Advisory Service which has been operating for some years is very often asked for advice by hospital authorities. Last year several surveys were undertaken. Advice was also given to applicants by the panel of practising records officers who operate the service under the direction of one of the members of the tutorial staff.

The Hospital Discussion Group, which consists of ex-King's Fund bursars and others, maintains a close liaison with the Staff College and has continued to meet regularly on the College premises. The group has been of continued assistance to the College and its discussions, in which the tutorial staff are able to join, have been valuable.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

During the year a Steering Committee was formed to consider the production of a book on hospital administration and a good deal of progress has been made with this important project.

The Minister of Health (the Rt. Hon. J. Enoch Powell), the Parliamentary Secretary (Miss Edith Pitt) and also the Permanent Secretary visited the Staff College in November and met the members of courses in residence. Their interest and support gave much encouragement.

SCHOOL OF HOSPITAL CATERING

Five of the courses originally planned for 1960 had to be cancelled as the new Principal and Assistant could not take up duty until some months after their predecessors had left. To offset this, attendance on the remaining courses was increased to deal with the large number of applications. As a result 180 students (as against 215 in 1959) attended courses and 80 (86 in 1959) attended one-day catering sessions.

TRAINEE CATERING OFFICERS' COURSE

The first of the shortened courses (27 weeks) for seconded trainee catering officers took place during the year and the twelve students, who were all awarded the certificate of the School, have subsequently obtained posts as catering officers or assistant catering officers in hospitals. Half of these students were from provincial hospitals and received help from the Nuffield Provincial Hospitals Trust. The mingling of provincial and London students proved to be extremely helpful to both categories. Each student spent eighteen weeks on attachment in three separate hospitals and the School gratefully acknowledges the valuable co-operation of the 33 hospitals which took part in this scheme. Some measure of the value of this training is indicated by the fact that of the twelve students, eight who were recruited from the grades of head cook and cook have obtained posts as assistant catering officers. Three of these were posts

SCHOOL OF HOSPITAL CATERING

specially created by the seconding hospital in order to take advantage of the training their nominee had received. A further course is arranged for 1961, in which the Nuffield Trust is again collaborating.

REFRESHER COURSES

Six refresher courses were held, being four less than the previous year, with an attendance of 15 catering officers, 27 head chefs and 30 cooks and assistant cooks.

SPECIAL COURSES

The course for dining room supervisors introduced the previous year was again heavily overbooked and all other special courses were repeated with excellent attendance at each. In all 77 students attended these courses.

A part-time course of instruction in public speaking and demonstrating for hospital dietitians was arranged in conjunction with the British Dietetic Association. The course, which was of one week's duration, afternoons and evenings only, was so successful that it is proposed to repeat it in 1961 on a whole-day basis. Applications received were nearly three times as many as the places available. The members' comments emphasised not only the value of the course to them personally, but also the necessity for instruction and experience in this important aspect of the hospital dietitian's work.

REVISION OF SYLLABUS

During the year considerable attention was given to the syllabus of practical cookery courses at the School and as a result the programme for 1961 shows a change of emphasis from refresher work to more specific instructional courses with examinations. The cooks' refresher course has been lengthened from four to six weeks to help the assistant cooks needing instruction before being upgraded. A new course of four weeks' duration in advanced cookery and kitchen management provides for the cook suitable for promotion. A short but intensive two-week course in

SCHOOL OF HOSPITAL CATERING

catering administration is also being introduced to meet the requirements of the many assistant catering officers who have not had an opportunity of detailed study in the administrative aspects of hospital catering.

DIETITIANS

In 1957 the Hospital Catering and Diet Committee felt that there was pressing need for an enquiry into the present state of diet therapy in hospitals and the effect on it of the acute shortage of dietitians. These questions have since been fully investigated by a sub-committee under the chairmanship of Dr. F. Avery Jones, and their findings are set out in the first part of a Memorandum published by the Fund in 1960 (see page 18). Investigation undertaken jointly by the King's Fund and the Ministry of Health into the work of therapeutic dietitians has also been completed and reported on in the same Memorandum.

Much of interest to hospitals came to light in these investigations. It is clear that there is an unequal distribution of dietitians between teaching and non-teaching hospitals and between those in the four metropolitan regions and the provinces. Dietitians congregate in teaching hospitals and seem unwilling to "break fresh ground" in non-teaching hospitals. The reason for this appears, from the survey, to be due partly to the fact that the work in these hospitals may be considered less interesting, and the dietitian's duties and station less clearly defined and understood, than in long-established dietetic departments in teaching hospitals.

In many non-teaching hospitals the dietitian may be regarded primarily as a special cook whose only sphere is the diet kitchen, and she is not given full opportunity for out-patient work, for teaching or lecturing to nurses or advising on the nutritive value of the patients' dietary as a whole.

HOSPITAL CATERING ADVISORY SERVICE

During 1960, 29 hospital management committees in the four metropolitan regions received reports on surveys in hospitals made at their request. There were also seven surveys in London teaching hospitals and the survey team was lent to the Nuffield Provincial Hospitals Trust to make a survey in Edinburgh.

In addition there have been further discussions on twelve previous investigations. The surveys have principally been on planning and have covered thirteen main kitchens, ten dining rooms and thirteen serveries. Others have included staff establishment, standard of feeding and costs. Perhaps one of the more important facts to emerge from these surveys is the growing tendency towards common service and dining areas for staff. The adoption of this principle makes it easier to provide a choice of several dishes for all categories of staff. Certain privileges such as waitress service may be granted to senior staff.

NEW HOSPITALS

Advice has been sought on the new catering departments of seven hospitals. Subjects discussed have ranged from basic areas to fully developed plans showing the detailed layout of equipment in the kitchens, dining rooms and serveries. In some cases this has been followed by the preparation of specifications for equipment.

CATERING FOR PATIENTS

The standard of feeding for patients has gradually improved over the last fifteen years until to-day on the whole a reasonably good standard is offered. Nevertheless, a certain amount of repetitiveness in the menus has gradually crept in. Generally, light diet menus in most hospitals are well balanced and of a reasonable standard. Unfortunately when several weeks' menus are examined, a great deal of repetition becomes apparent as the same dishes occur on the menu week after week.

It should not be asking too much for the medium-sized and larger hospitals to provide a three-course meal beginning

with a thick or clear soup, followed by a choice of four meat dishes or entrées, whose base might be meat, fish or egg, together with a choice of potatoes cooked in two or three ways and two or three kinds of vegetables, finishing with a choice of three or four sweets including cheese and biscuits. Offering these choices should create no more work in the medium-sized and large hospitals and possibly may not make too great demands even in the smaller hospitals.

Most of the larger hospitals are already providing four menus, i.e., one for patients on general diets, one for light diets, and a choice of hot and cold dishes for a staff menu, all of which are different. On this basis, therefore, the kitchen work should not be increased; indeed, it might be eased. The basic difference is that under the old arrangement one section of the community can only have the general diet menu, another section only the light diet and the third section only the staff menu. There seems no reason why this choice should not be available to the whole of the hospital population. It also gives a more even distribution of work in the kitchen.

It seems from experiments now being carried out that the amount of food wasted in the wards is reduced considerably when a choice is given. There is also the greater satisfaction for the patient in being able to choose those dishes which he or she likes. The intrinsic value of this is beyond assessment. The staff could participate in this and might be given an even greater choice.

The cost does not necessarily increase when providing choice, as it has been observed that on many occasions patients will frequently choose the cheaper dish, and indeed the same is happening with choice of dishes for staff.

Further indirect benefits may accrue from the provision of a choice for everybody in the hospital—for example in the design of new hospital kitchens and dining rooms. In the kitchen the equipment is used to greater effect. The long row of fish fryers in many large hospitals which lie idle for three or four days a week could be reduced to a quarter of the number, but they would be used once or twice

HOSPITAL CATERING ADVISORY SERVICE

every day. Instead of planning a large kitchen to hold many ovens so as to provide everyone on Sunday with roast beef, yorkshire pudding, roast potatoes, etc., less area need be allowed for the smaller ovens. This reduction in the total capacities and the number of pieces of equipment, has the direct benefit of reducing the required overall size of the kitchen and it is common knowledge that the smaller the kitchen the more efficient it is, as less time is spent in moving from one area to another.

OPERATION OF CHOICES FOR PATIENTS

The way in which choices are provided for patients will depend entirely on the hospital and its personnel. In some hospitals it might be thought advisable to send the following day's menu for all meals to the ward in the middle of the morning, to be returned by lunchtime. In other hospitals it might be considered adequate if the returns from the wards are sent to the catering department some two to three hours before each meal. The time at which the ward requisitions must be sent to the catering department will also depend on the method of service; for instance, whether food is sent in bulk to the wards for sisters to serve out or whether there is a plate service from the kitchen. It must not be thought that this choice of dishes can be given only in general and similar hospitals. Choices are now being provided in some of the mental hospitals, but it is usually on the basis of the patients attending the dining room or restaurant where a cafeteria service is arranged similar to that for staff. Whatever the system of service a choice of food will be found of benefit to the patients in all hospitals.

HOSPITAL PERSONAL AID SERVICE

SURVEY OF WAITING LISTS

In previous reports the Fund has from time to time referred to the inaccurate picture presented by waiting lists of chronic sick at London hospitals. Domiciliary assessment shows each year that some 50% of patients on these lists are, for various reasons, not in need of hospital care. Others are already receiving it although through some oversight their names have not been removed from the lists.

With a view to examining this situation over a wide area the Fund, with the agreement of the Ministry of Health, certain regional hospital boards and hospital management committees, undertook to survey waiting lists of chronic sick in thirteen hospital groups in the metropolitan hospital regions including groups outside London. This survey has not yet been completed, but so far of 454 cases visited, 183 were removed from the waiting lists. The remaining 271 cases included 110 patients already occupying hospital beds but awaiting transfer to other wards and hospitals. Thus, between them the thirteen groups had to find accommodation for 161 patients and not 454 as at first appeared to be the case. To say at this stage that each group of hospitals had only to find about twelve beds in order to have no waiting list is, of course, to oversimplify the situation; there are other factors to be considered, not least the demand for beds for other specialties. Nevertheless these results may help to bring the general picture into better perspective. In order to ensure that the survey shall include areas well away from London, the National Corporation for the Care of Old People is making arrangements for certain provincial groups to be surveyed by the staff of the service.

DOMICILIARY ASSESSMENT

The service has continued to assess the social needs of cases on behalf of twelve hospital groups. The number of groups and the number of patients visited (2,190) are slightly less than in 1959. This is due to the decision to cease work in three groups outside the metropolitan police district.

HOSPITAL PERSONAL AID SERVICE

The results of the year's work are now being examined and statistical summaries are being made with a view to publishing a detailed report. The present indications are that the results follow those of previous years and about half the number of patients visited are not in need of hospital admission.

INFORMATION SERVICE

Large numbers of enquiries and requests for advice in connection with chronically ill patients generally are continually received. Most of these requests are from almoners who often want names of private homes that would be suitable for their patients.

At the request of several hospital groups, the service began to compile and circulate quarterly statistical information concerning geriatric and chronic sick units in London. All groups were asked whether they would like to send quarterly figures under such headings as number of beds, admissions, deaths, discharges, waiting lists, etc. and if they would like to receive the summary which would enable them to make some comparison between their situation and activities and those of other groups. Obviously, circumstances vary from area to area and too close a comparison might be harmful. It is felt that this quarterly statement not only helps to produce accurate figures but also creates wider interest in the geriatric position, as some groups are now asking for additional copies for members of their Committees.

YOUNG LONG-STAY PATIENTS

In the report for 1959 brief reference was made to the problem of young chronically ill patients. That it is undesirable for them to be in wards with the elderly and senile is perhaps the only aspect on which there is unity of opinion. There is certainly not general agreement that young long-stay patients should all be together.

Several useful surveys have been made and towards the end of the year it was decided that further investigation should be undertaken in an endeavour to show more clearly

HOSPITAL PERSONAL AID SERVICE

what accommodation was needed and how it might be provided in certain areas. The Fund has had the willing co-operation of the authorities—hospital, health and welfare—and has already made considerable progress in the preliminary stages of its plan.

CO-ORDINATION OF SERVICES FOR THE ELDERLY

Last year's report stated that the Borough of Lewisham had been chosen as the area for a special scheme. This was to discover what could be accomplished with full co-operation between all services for the elderly, to ascertain whether any gaps existed and how they could best be filled.

The scheme is in the hands of a Committee composed of representatives of the Lewisham Hospital Management Committee, London County Council Health and Welfare Departments, Lewisham Borough Council, Lewisham Old People's Welfare Association and general practitioners, with an independent chairman nominated by the Fund. This Committee meets monthly and has, amongst other work, investigated the adequacy of the present services, considered activities in other areas and the possibility of their establishment in Lewisham, discussed the many kinds of housing and the means by which more could be provided, examined the value of a central welfare agency for the use of general practitioners, and prepared a pamphlet as a guide to local services and activities.

The Committee considered that a house-to-house survey should be made, in order to discover if there were elderly people living in distress or need of some kind and why appropriate help had not been given them. It has been arranged for this to be made by the Social Survey Division of the Central Office of Information and the Fund has agreed to pay the cost of £5,000. The Committee hopes to report on its work by the end of 1961.

OTHER ACTIVITIES

The service continues to receive visitors from other parts of the country and from abroad. Most of them are

HOSPITAL PERSONAL AID SERVICE

physicians in charge of geriatric units or others interested in the health and welfare of the elderly. It was a great pleasure to have visits from two medical students, who were appalled to find how little they knew of the problems of and services for the elderly and chronically ill patients they would encounter in general practice.

The staff have many invitations to give lectures, address meetings and attend committees on the many and varied aspects of work among the elderly and chronically ill. The opportunities that these give to exchange ideas and to learn what developments are taking place are extremely valuable.

EMERGENCY BED SERVICE

Since the winter of 1959/60 was abnormally quiet it was only to be expected that a greater volume of work, and more difficulty in finding beds, would be experienced this winter, and the expectation was fulfilled. Requests for beds totalled 63,461, compared with 55,847 during the previous year.

Throughout most of the summer and autumn, applications to the service for the admission of general acute cases were at a slightly higher level than in the previous year, and they never reached a figure which caused embarrassment.

The first sign of impending trouble was the unusually small fall in the number of applications immediately before Christmas. Nearly always there is a marked drop at this season, and experience has shown that its absence always heralds a sharp increase in the new year. This increase duly occurred, and by January 3, 1961, weekly applications for general acute admissions reached 1,739. This constituted the first peak of the season, after which requests for beds declined until January 19, when a further rise set in with weekly applications reaching a maximum of 1,826 on February 8. From this date pressure gradually eased and by the end of the month requests for beds were at about the normal level for the time of year.

KING EDWARD'S HOSPITAL

BALANCE SHEET as at 31st December 1960

FUND ACCOUNTS:	£	£	£
FUNDS TO BE RETAINED AS CAPITAL:			
As at 31st December, 1959	2,183,032		
Add: Receipts during 1960	1,516		
	<hr/>	2,184,548	
GENERAL FUNDS:			
As at 31st December, 1959	4,835,003		
Add: Special Receipts Account	153,129		
„ Grants lapsed, etc.	1,797		
	<hr/>	4,989,929	
Less: Amount transferred to Income and Expenditure Account	97,237		
	<hr/>	4,892,692	
SPECIAL FUNDS:			
per Schedule		24,156	
		<hr/>	7,101,396
GRANTS RETAINED:			
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment		417,745	
Balance of £305,000 Grants allocation not yet expended		357	
Balance of amounts received for allocation to Homes for Aged Sick, etc.		39	
„ (Special Legacy)		79	
		<hr/>	418,220
LIABILITIES:			
Administration and Other Expenses			35,747
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES):			
Amount received for dilapidations		540	
Sinking Fund Appropriations		9,657	
		<hr/>	10,197
			<hr/> <hr/>
			£7,565,560

REPORT OF THE AUDITORS TO KING EDWARD'S HOSPITAL

We have obtained all the information and explanations which to the best of our proper books of account have been kept by the Fund so far as appears from our annexed Income and Expenditure Account which are in agreement with the books of explanations given us the Balance Sheet gives a true and fair view of the state of the Account gives a true and fair view of the excess of expenditure over ordinary income for

5, London Wall Buildings,
London, E.C.2.

15th June, 1961

EDWARD'S HOSPITAL FUND FOR LONDON

as at 31st DECEMBER, 1960

	£	£	£
SECURITIES AND INVESTMENTS:			
STOCKS AND SHARES, etc., held for:—			
Capital Account	2,534,744		
Less: Realised net profits	379,018		
		2,155,726	
General Account	3,768,027		
Less: Realised net profits	32,331		
		3,735,696	
		5,891,422	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital		20,000	
		5,911,422	
Special Account		24,090	
		5,935,512	
Valuation of Investments			
Quoted Investments at Market Value	7,177,120		
Unquoted Investments at Treasurer's Valuation	189,091		
	<u>£7,366,211</u>		
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES	1,533,022		
Less: Realised profits	775,928	757,094	
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of		1	6,692,607
<i>Assets received or acquired before 31st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.</i>			
CURRENT ASSETS (including £66 for Special Accounts):			
Balances at Banks and Cash in hand		40,220	
Cash at Call and on Short Notice		772,507	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400)		60,226	
		872,953	
		<u>£7,565,560</u>	

NOTES:—

- The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.
- The total cost of properties for Staff Colleges and Homes for Aged Sick is £538,718. Of this amount £528,191 and the cost of furniture and equipment owned by the Fund has been written off to Income and Expenditure Account or to Special Appropriation Fund as and when such expenditure has been incurred.
- In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.

ASHBURTON, Treasurer

EDWARD'S HOSPITAL FUND FOR LONDON.

Our knowledge and belief were necessary for the purposes of our audit. In our opinion examination of those books. We have examined the above Balance Sheet and the account. In our opinion and to the best of our information and according to the Fund's affairs as at the 31st December, 1960, and the Income and Expenditure the year ended on that date.

DELOITTE, PLENDER, GRIFFITHS & CO.,
Chartered Accountants.

EMERGENCY BED SERVICE

As always, the extra demand was mainly confined to respiratory and cardiac cases, and a high proportion of patients were over 60 years of age. In general, it can be said that although the demand for beds was at times heavy, the winter was not a particularly bad one in so far as the number of applications was concerned.

The Minister of Health visited the Emergency Bed Service on February 17, 1961, and expressed much interest in its work.

INFECTIOUS CASES

For many years now, the number of fever cases dealt with by the service has been falling steadily, apart from slight checks to this trend in the alternate winters when measles epidemics occur. Even in these periods, however, there has seldom been any difficulty in finding beds for all who needed them.

A reversal of this falling trend first became apparent in October, 1960, and was continuing when the year's figures were made up in March, 1961. During the first three months of 1961 applications for the admission of infectious cases totalled 2,557, compared with 1,875 in the corresponding period for 1959, when measles was last prevalent.

During these three months considerable difficulty was experienced in finding beds for fever patients, and 116 could only be admitted through the operation of the medical referee system. In recent years the use of this procedure for the admission of infectious cases has only rarely been necessary. So it is evident that the fever hospitals were under great pressure. Had the measles epidemic coincided with that of any other infectious disease it seems likely that the fever hospitals would have been unable to cope with the situation with the much reduced number of beds now available for such cases.

MATERNITY CASES

The qualified optimism regarding the maternity problem expressed in the last report has not fulfilled its promise.

EMERGENCY BED SERVICE

Since July, 1960, the number of cases dealt with by the service has shown a steady rise, and in the year under review numbered 3,263, as compared with 2,693 in the year ended March 31, 1960.

It should be emphasised that the service is happy to deal with genuine obstetric emergencies, and also with those patients who are too ignorant or feckless to seek advice when pregnant. It is reasonable that the service should be asked to find beds for these patients when in labour. An analysis of maternity cases handled during the year, however, shows that in no less than 52% of cases the patient had attended her general practitioner or local ante-natal clinic, as a result of which it was known well beforehand that hospital confinement would be necessary on social grounds. It is unfortunate that for so many of these patients it should have proved impossible to book a bed in advance, and that they should in consequence have had to be admitted as "emergencies" after labour had started.

As has been stated previously, this situation is most unfair to the patient and to her general practitioner, both of whom suffer a great deal of unnecessary anxiety and inconvenience. Furthermore, there have been occasions when the baby has been born in the ambulance, or at home before it has been possible to find a bed in hospital. The solution to this problem does not, of course, lie with the Emergency Bed Service. All it can do is to draw attention to an undesirable state of affairs.

PERSONAL

Mr. A. G. L. Ives retired in the summer of 1960, after more than 30 years' work with the Fund. His Royal Highness The Duke of Gloucester, commenting on his retirement at the Annual Meeting of Council, said: "He has been the main architect of what we might call the 'new look' of the Fund. He it was who had to face the completely new situation created by the National Health Service, and the present admittedly high prestige of the Fund is proof as to how well he faced the challenge."

Mr. R. E. Peers, who was appointed to the Fund's staff in 1936, succeeded Mr. Ives as Secretary.

At the Annual Meeting His Royal Highness also referred to the loss sustained by the Fund on the retirement of Sir Wilson Jameson after ten years' service. "He joined us", he said "shortly after the nationalisation of the hospitals in what already seems a distant past, and has played an invaluable part in helping the Fund in those days of changing circumstances, and in the establishment of our Staff Colleges."

In the spring of 1961 the Fund suffered a further loss by the retirement of Miss M. M. Edwards, the Director of the Division of Nursing. In 20 years' service Miss Edwards had played a leading part in the successful establishment and development of the Nursing Recruitment Service, the Staff College for Ward Sisters and the Staff College for Matrons.

FINANCIAL STATEMENTS

AND

LIST OF GRANTS

The Fund is fortunate in possessing substantial capital resources amounting to between nine and ten million pounds. This great asset it owes largely to the firm determination of King Edward VII fifty years ago to build up a permanent fund. Many large estates have been left to the Fund as residuary legatee and trustee on behalf of the hospitals of London, in confidence that the income would be wisely administered and used in those directions in which it would be of the utmost benefit to the hospitals. Its finances are managed by the Treasurer and Finance Committee, which has always included the Governor of the Bank of England and others well-known in the banking world.

The subscription list is headed by Her Majesty The Queen, followed by many other members of the Royal Family. It includes, too, many of the City Companies, Banks and commercial houses, besides personal subscriptions.

INCOME AND EXPENDITURE ACCOUNT FOR

								£	
GRANTS made 1960	...	...	...	...	...	...	...	306,065	
Less: Amount brought forward from 1959	...	...	...	...	...	...	...	1,422	
								<u>304,643</u>	
Add: Amounts under consideration 31.12.60	...	...	...	...	...	...	...	357	
									305,000
EXPENDITURE ON SPECIAL SERVICES, ETC.:									
Division of Hospital Facilities	...	...	...	...	...	...	...	14,508	
Division of Nursing:									
Nursing Recruitment Service	...	...	...	...	...	...	£	12,508	
Staff College for Ward Sisters	...	...	...	...	...	...	£	11,734	
New premises	...	...	...	...	...	...	...	39,207	
								<u>50,941</u>	
Staff College for Matrons	...	...	...	...	...	...	...	9,067	
Addit. Equipment	...	...	...	...	...	...	...	120	
Capital Alterations	...	...	...	...	...	...	...	2,320	
								<u>11,507</u>	
Hospital Catering and Diet Committee:									74,956
Catering Advisory Service	...	...	...	...	...	...	...	12,848	
School of Hospital Catering	...	...	...	...	...	...	...	11,422	
Bursaries	...	...	...	...	...	...	...	685	
Additional Equipment, etc.	...	...	...	...	...	...	...	133	
Capital Alterations	...	...	...	...	...	...	...	178	
								<u>12,418</u>	
Hospital Administrative Staff College	...	...	...	...	...	...	...	44,471	25,266
Additional Equipment, etc.	...	...	...	...	...	...	...	4,873	
New premises	...	...	...	...	...	...	...	60,155	
								<u>109,499</u>	
Hospital Personal Aid Service:									
Administration Expenses	...	...	...	...	...	...	...	9,264	
Less: Amount contributed by the Metropolitan Regional Hospital Boards	...	...	...	...	...	...	...	2,000	
								<u>7,264</u>	231,490
EMERGENCY BED SERVICE:									
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards	...	...	...	...	...	...	...		6,500
PUBLICATIONS, MAPS, ETC.:									
Cost of printing, etc., less Sales	...	...	...	...	...	...	...		1,500
									£544,570
								Carried forward	

FOR THE YEAR ENDED 31st DECEMBER, 1960

						£	£
COME from:							
Securities and Investments	...	...	...	...	...	379,444	
Freehold and Leasehold Properties	...	...	...	...	...	<u>97,402</u>	476,846
SUBSCRIPTIONS:							
Annual	...	...	...	...	...	3,461	
Under Deeds of Covenant for a stated number of years	...	...	...	...	...	<u>3,407</u>	
						6,868	
DONATIONS:							
Annual and other	...	...	...	...	...	<u>3,298</u>	10,166
Carried forward							<u>£487,012</u>

INCOME AND EXPENDITURE ACCOUNT FOR H

	£	£
Brought forward		544,57
ADMINISTRATION EXPENSES:		
Salaries, Pensions, Allowances, and Superannuation		
Contributions	23,699	
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc.	4,022	
Printing and Stationery	1,460	
Sundry Miscellaneous Expenses	4,246	
		33,427
OTHER EXPENSES:		
Office Furniture and Equipment	548	
Legal and Other Professional Fees	4,079	
Visiting Expenses	847	
		5,474
APPROPRIATION to Leasehold Sinking Fund		77
		<u>£584,247</u>

	£	£
SPECIAL RECEIPTS		
SPECIAL APPROPRIATION from General Legacies		250
TRANSFER TO GENERAL FUND:		
Special Receipts		153,129
		<u>£153,389</u>

						£
					Brought forward	487,012
					TRANSFER FROM GENERAL FUND :	
					Excess of Expenditure over Ordinary Income	97,237

TRANSFER FROM GENERAL FUND :

Excess of Expenditure over Ordinary Income	97,237
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84 74 £584,249

PTS DURING 1960

£										£
25	GENERAL LEGACIES—per Schedule	153,385

£153,385

SPECIAL FUNDS 31st DECEMBER, 1960

	£	£
SPECIAL ANONYMOUS TRUST (1930):		
CAPITAL ACCOUNT	20,000	
INCOME ACCOUNT:		
Balance at 31st December, 1959	34	
Add: Income 1960	680	
	<u>714</u>	
Less: Payments made o/a building	713	
	<u>1</u>	
MRS. L. L. LAYBORN TRUST (1943):		20,001
CAPITAL ACCOUNT at 31st December, 1959	4,090	
INCOME ACCOUNT:		
Balance at 31st December, 1959	36	
Receipts during 1960	185	
	<u>221</u>	
Less: Paid to St. Luke's Nursing Home for the Clergy	185	
	<u>36</u>	
J. R. CATLIN, DECEASED, TRUST:		4,126
Balance at 31st December, 1959	28	
Add: Receipts during 1960	1	
	<u>29</u>	
		<u>£24,156</u>
NOTE:		
The Special Funds are represented by assets maintained in separate designated accounts made up as follows:		
Investments	24,090	
Debtors and Balances at Banks	66	
	<u>£24,156</u>	

RECEIPTS FROM LEGACIES IN 1960

					£
GENERAL:					
Mrs. Ethel Kate Burnege	...	...	...	...	12,500
Mrs. Emily Burrows	...	...	...	...	41,799
Charles Hubert Cooper	...	...	...	...	3,361
Mrs. Marion Bancroft Cox	...	...	...	...	2,000
Mrs. Gertrude Ellen Crosse	...	...	...	...	15,247
Robert Cooper Drury	...	...	...	...	1,578
Mrs. Annie Elizabeth Emerson	...	...	...	...	2,842
Miss Rosa Good	...	...	...	...	295
Mrs. Louisa Goode	...	...	...	...	1,424
Miss Eliza Frances Herriot	...	...	...	...	50
Miss Rowena Lindsey Junius-Stallard	...	...	...	...	300
Sir Arthur Levy	...	...	...	...	104
Charles Louch	...	...	...	...	4,731
Rt. Hon. George Baron Mount Stephen	...	...	...	...	9,350
Robert Palgrave Page	...	...	...	...	19,850
Ronald Edwin Prodgers	...	...	...	...	181
Justin Strauss	...	...	...	...	3,334
Charles Herbert Taylor	...	...	...	...	110
Alexander Benedictus van Raalte	...	...	...	...	406
Frederick William Zurhorst	33,923
					<u>£153,385</u>

CAPITAL:

Rt. Hon. Charles Cheers, Viscount Wakefield of Hythe	<u>£1,516</u>
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GRANTS MADE IN 1960

	£
Athol House, Dulwich	
Establishment of home	7,000
Bow H.M.C.	
St. Andrew's Hospital—Lay-out of new garden ..	3,125
Camberwell H.M.C.	
St. Giles' Hospital—Recreation hall	5,000
Cane Hill H.M.C.	
Cane Hill Hospital—Female rehabilitation facilities ..	5,700
Catharine House for Gentlewomen, St. Leonards	
Furnishings	270
Catisfield House, Hove	
Kitchen improvements	280
Cell Barnes and Harperbury H.M.C.	
Cell Barnes Hospital—Scout hut	2,300
Chelsea H.M.C.	
St. Stephen's Hospital—Non-resident staff changing accommodation	12,500
Claybury H.M.C.	
Claybury Hospital—Motor coach for patients' outings ..	1,400
Patients' social centre	20,000
Crowhurst Home of Healing	
Extension	600
Dartford H.M.C.	
Joyce Green Hospital—Swimming pool	4,000
Dedisham Convalescent Nursery School	
Laundry equipment	856
Delves House Trust, Kensington	
Oil firing	1,300
Epsom H.M.C.	
Epsom District Hospital and Epsom & Ewell Cottage Hospital—Capital improvements	3,400
"Fonthill," Reigate	
Sick bay wing	3,125
Forest H.M.C.	
Wanstead Hospital—Non-resident staff changing accommodation	9,750
Fountain and Carshalton H.M.C.	
Queen Mary's Hospital for Children—Sports pavilion ..	6,500

GRANTS MADE IN 1960

	£
Friendly Societies' Convalescent Home, Herne Bay	
Kitchen alterations	500
Fulham and Kensington H.M.C.	
Western Hospital—Renovation of tennis court	427
Hackney H.M.C.	
Eastern Hospital—Repairs to tennis court	250
Hailsham H.M.C.	
Hill House Hospital—Equipment for children's play-ground	1,000
Halford House, Ealing	
Establishment of home	5,000
Hammersmith Hospital—Non-resident staff changing accommodation	17,500
"Hart's Leap," Sandhurst	
Laundry equipment	791
"Homefield," Bickley	
Lift	600
Homes for Ladies with Limited Incomes, Wimbledon	
Sick bay	200
Horton H.M.C.	
Horton Hospital—Music therapy centre	3,550
Hospital of St. John & St. Elizabeth—New X-ray apparatus ..	3,500
House Beautiful, Bournemouth	
Equipment	78
Ilford and Barking H.M.C.	
Barking and Dagenham Hospitals—Recreation halls ..	2,000
John Howard Convalescent Home, Brighton	
Furnishings	500
King George VI Memorial Club, Camberwell	
Shower bath	1,700
Kingsbury Convalescent Home, Woking	
Extension of sitting room	500
Kingston H.M.C.	
Kingston Hospital—Doctors' centre	37,700
Leybourne Grange H.M.C.	
Leybourne Grange Hospital—Staff social centre ..	10,500

GRANTS MADE IN 1960

Limpsfield Convalescent Home for Women	£
Sanitary arrangements	50
Lingfield Hospital School	
Equipment	863
London & Ascot Priory, Ascot	
Overbed tables	149
Lulworth Court, Westcliff-on-Sea	
Special maintenance	1,000
The Manor H.M.C.	
The Manor Hospital—Staff social centre. (supplementary grant)	2,000
Maitland House, Frinton-on-Sea	
Repair to refrigerator	60
Meath School, Ottershaw	
Kitchen alterations	523
Mental After Care Association	
Hill House, Esher—To complete conversion as hostel for discharged mental patients	1,400
Metropolitan Convalescent Home for Women, Bexhill	
Clothes lockers	300
Moorfields Eye Hospital—Cubicle curtains	400
Napsbury H.M.C.	
Napsbury Hospital—Extension of staff social club ..	13,600
New Victoria Hospital, Kingston—Capital improvements ..	1,000
Oak Bank Open Air School, Sevenoaks	
Equipment	370
Royal Cambridge Home for Soldiers' Widows, East Molesey	
Sick bay	300
Royal Earlswood H.M.C.	
Farmfield—Extension to occupational therapy centre ..	1,800
Royal Eastern Counties H.M.C.	
Bridge Home, Witham—Assembly hall	10,000
Royal National Throat, Nose & Ear Hospital	
Hostel for training deaf children	20,000
Runwell H.M.C.	
Runwell Hospital—Combined sports pavilion and club house	8,000
St. Bernard's Convalescent Home, Hove	
New boiler	260

GRANTS MADE IN 1960

	£
St. Bernard's H.M.C.	
St. Bernard's Hospital—Office block for psychiatric social workers	3,000
St. George's Hospital—Renovation of organ	1,700
St. Joseph's Hospital, Chiswick	
Modernisation and repairs	2,100
St. Joseph's Nursing Institute, Edmonton	
New boiler	600
St. Joseph's Hospice, Hackney	
Occupational therapy centre	500
St. Luke's Nursing Home for the Clergy—Television set ..	70
St. Patrick's Open Air School, Hayling Island	
Improvements	300
South West Metropolitan Regional Hospital Board	
Adaptation of two wards at St. Ebba's Hospital for psychotic and maladjusted children	3,500
South West Middlesex H.M.C.	
West Middlesex Hospital—Architect's fees for proposed new library	150
Lecture room	700
St. Mary's Cottage Hospital—Out-patient department ..	1,300
Springfield H.M.C.	
Springfield Hospital—Sports pavilion and social club ..	10,000
Tottenham H.M.C.	
St. Ann's General Hospital—Installation of cafeteria service	7,500
Electrical fittings for heated food containers	373
Wandsworth Peace Memorial Home, Whitstable	
Repairs and equipment	150
West Ham H.M.C.	
East Ham Memorial Hospital—Chapel	700
Plaistow Maternity Hospital—Garden alterations	1,605
Whittington Home, Highgate	
Lift	750
Wimbledon Guild of Social Welfare	
Rathbone House—Lift guard	14
Windsor H.M.C.	
Church Hill House Hospital—Occupational therapy building	4,000

GRANTS MADE IN 1960

	£
Woolwich H.M.C.	
St. Nicholas Hospital—Provision of communal dining room and cafeteria service	10,000
Association of Independent Hospitals	200
Central Council for District Nursing in London:	
Furnishing of new accommodation for Ranyard Nurses ..	1,500
Maintenance	5,000
Council for Music in Hospitals	250
Division of Hospital Facilities:	
Plastic foam mattresses for trial purposes	30
Flooring investigations at St. Peter's Hospital	1,400
Wireless call system at Friern Barnet Hospital	750
Cubicle curtains at Ashford Hospital	2,000
Elderly Invalids' Fund	1,000
Expenses of Convalescent Homes' Conference	231
Lewisham Co-ordination Survey	5,000
Maintenance grants to Convalescent Homes	3,180
National League of Hospital Friends	300

The following have received token grants of 50 guineas as an expression of the Fund's appreciation of their work:—

Catholic Nursing Institute
 Florence Nightingale Hospital
 French Hospital
 Hospital of St. John & St. Elizabeth
 Italian Hospital
 King Edward VII's Hospital for Officers
 Manor House Hospital
 New Victoria Hospital, Kingston
 Royal Masonic Hospital
 St. Andrew's Hospital Dollis Hill
 St. Anthony's Hospital, Cheam
 St. Luke's Nursing Home for the Clergy
 St. Teresa's Maternity Hospital
 St. Vincent's Orthopaedic Hospital

735

£306,065

CONSTITUTION, COUNCIL AND COMMITTEES

The Governing Body under the Act (7 Edw. 7, Ch. lxx) consists of the President and General Council. The work of the Fund is carried on under the General Council and by the standing Committees and Staff as set out in the following pages.

The Fund is empowered to obtain from public benevolence by means of subscription, donation, bequest or otherwise "a continuance of the Fund," and to apply the capital and income of the funds and property of the Corporation or any part thereof "in or towards the support, benefit or extension of the hospitals of London or some or any of them (whether for the general or any special purposes of such hospitals) and to do all such things as may be incidental or conducive to the attainment of the foregoing objects."

PRESIDENT AND GENERAL COUNCIL

PRESIDENT:
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER:
LORD ASHBURTON, K.C.V.O.

GENERAL COUNCIL

THE LORD HIGH CHANCELLOR	SIR ZACHARY COPE, M.S., F.R.C.S.
THE SPEAKER OF THE HOUSE OF COMMONS	LORD COTTESLOE, G.B.E.
THE BISHOP OF LONDON	LORD CUNLIFFE
CARDINAL GODFREY	J. A. M. ELLISON-MACARTNEY
REV. SIDNEY M. BERRY, D.D.	LORD EVANS, G.C.V.O., M.D., F.R.C.P.
THE CHIEF RABBI	L. FARRER-BROWN, C.B.E.
THE RT. HON. THE LORD MAYOR	PHILIP FLEMING, D.L., J.P.
THE RT. HON. THE CHAIRMAN OF THE LONDON COUNTY COUNCIL	ARTHUR FRANKS, O.B.E.
THE GOVERNOR OF THE BANK OF ENGLAND	G. F. GODBER, C.B., D.M., F.R.C.P., D.P.H.
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Notes on Diets for Old People, 1956. 1s. post free.

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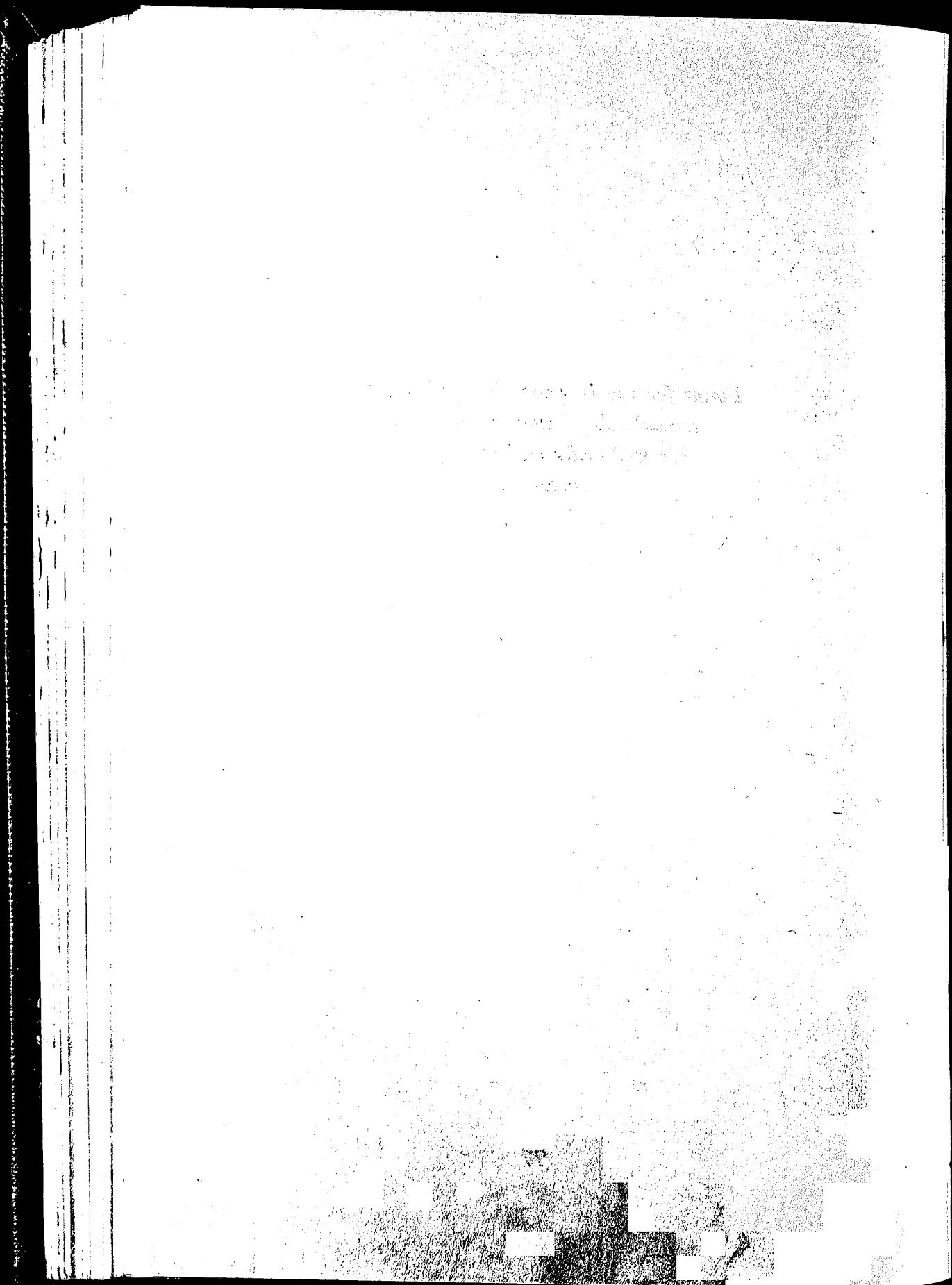
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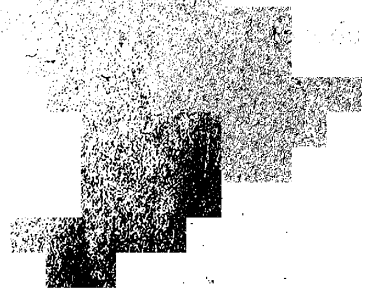
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INCOME TAX ON ANNUAL SUBSCRIPTIONS

Annual subscribers, by filling up the following form of agreement for seven years, enable the Fund to recover income tax on their subscriptions.

For example, if a contributor who now subscribes £30 per annum, enters into an agreement in the form below, filling in the figure £30, the result will be

- (i) the subscriber sends a cheque for £30, with a certificate that he has paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 7s. 9d. in the £48 19s. 7d.); the Fund can supply forms of certificate if desired;
- (ii) the King's Fund recovers the income tax from Somerset House;
- (iii) the contributor appears as a subscriber of £48 19s. 7d.

The Fund would be pleased to give further information if desired. It is sometimes possible to furnish alternative forms of agreement to meet special circumstances.

I,
of

HEREBY COVENANT with KING EDWARD'S HOSPITAL FUND FOR LONDON that for a period of seven years from the date hereof or during my life whichever period shall be shorter I will pay annually to the said Fund such a sum as will after deduction of income tax leave in the hands of the Fund the net sum of £.....(.....)

(words) the first of such annual payments to be made on the (a).....day of19.....and the six subsequent annual payments to be made on the same day in each of such subsequent years all such sums to be paid from my general fund of taxed income so that I shall receive no personal or private benefit in either of the said periods from the said sums or any part thereof.

IN WITNESS whereof I have hereunto set my hand and seal this (b).....day of19.....

SIGNED, SEALED AND DELIVERED by the above-named in the presence of

Signature

Address

.....L.S.

(Signature)

Occupation.....

(a) The date must be later than the date of signing (b).

NOTES AS TO COMPLETION OF AGREEMENT

- (1) *The term of seven years commences from the date of signature.*
- (2) *The directions for filling in the dates at (a) and (b) should be carefully observed.*
- (3) *If the seven annual payments are to be made under Bankers' Order the date at (a) should be furnished to the Bank.*
- (4) *The agreement duly completed as above should be forwarded to the King's Fund as soon as signed, in order that it may be stamped within the allotted time.*

