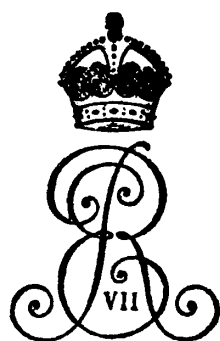


Y1

19 AUG 1964

KING EDWARD'S HOSPITAL FUND
FOR LONDON



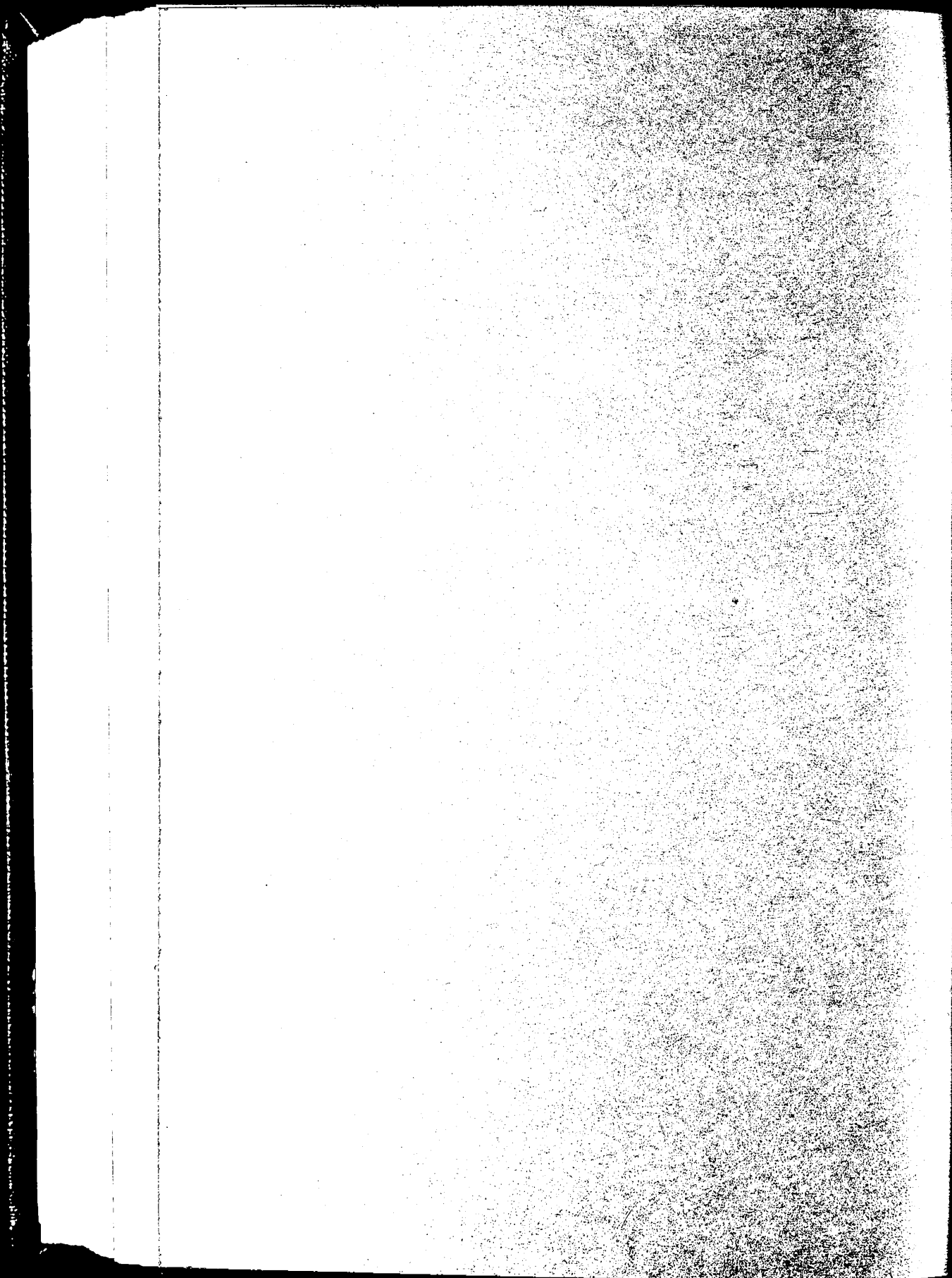
SIXTY-SEVENTH
ANNUAL REPORT

1963

34 KING STREET

LONDON, E.C.2

THE HOSPITAL CENTRE



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON:
HER MAJESTY THE QUEEN

PRESIDENT:
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

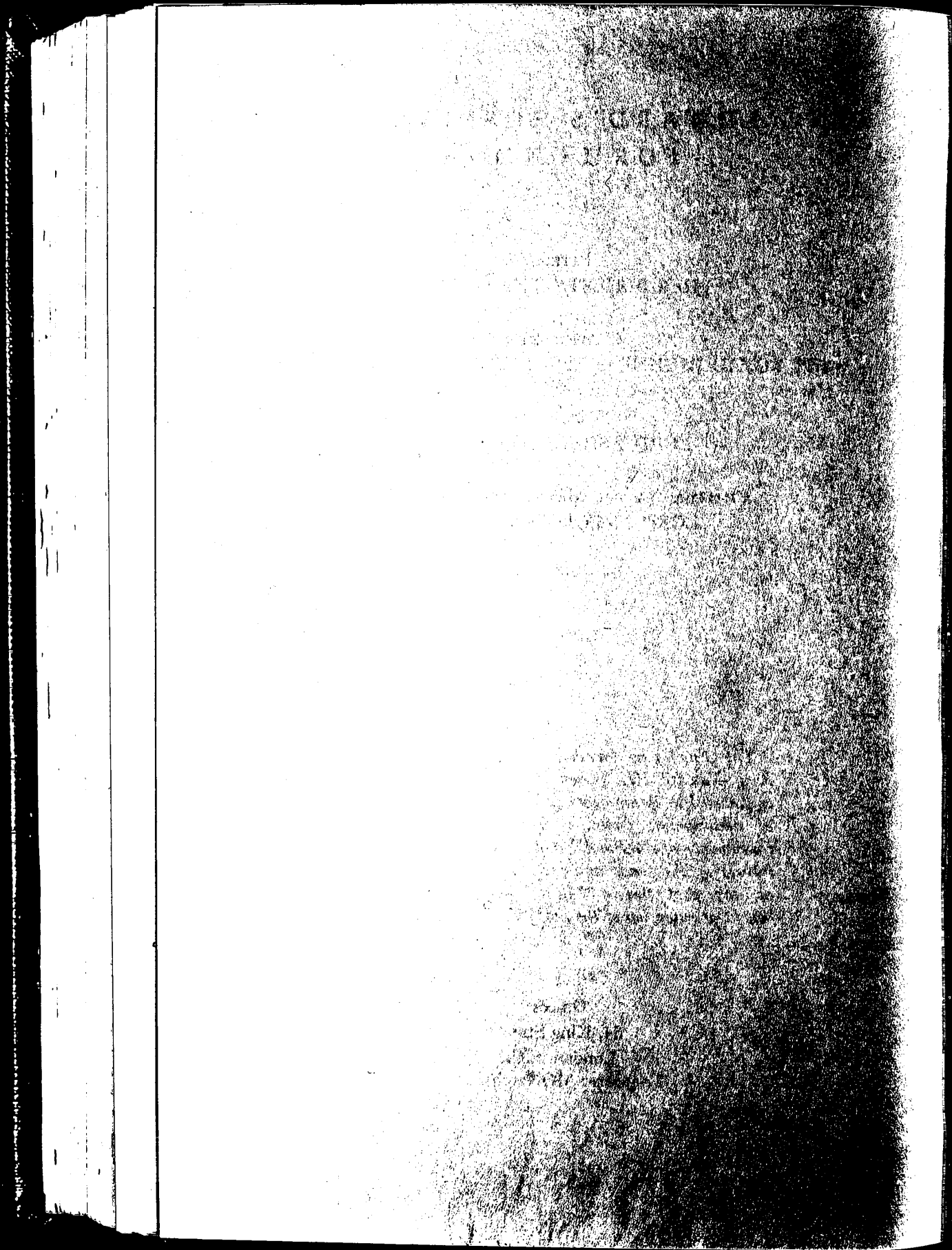
TREASURER:
LORD ASHBURTON, K.C.V.O.

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). It 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."

Offices:
34, King Street,
London, E.C.2
Telephone: MONarch 2394



Contents

	PAGE
INTRODUCTION	5
THE HOSPITAL CENTRE	6
RESEARCH AND ENQUIRIES	12
THE STAFF COLLEGES AND SCHOOL OF HOSPITAL CATERING	16
NUTRITION AND DIETETICS	22
NURSING	23
GRANTS TO HOSPITALS	26
EMERGENCY BED SERVICE	28
FINANCE	31
OBITUARY	33
LIST OF STUDIES	34
ACCOUNTS AND LEGACIES	37
LIST OF GRANTS FOR 1963	44
COUNCIL AND COMMITTEES }	50
HOSPITAL VISITORS .. } as at 1st June, 1964 ..	54
STAFF	55
PUBLICATIONS	57

INTRODUCTION

THE HOSPITAL COMPLEX

RESEARCH AND INQUIRY

THE STATE POLICE

INVESTIGATION AND DETECTION

MISSING

GRANTS TO HOSPITALS

EMERGENCY AND SERVICE

FINANCE

CULTURAL

LIST OF STUDIES

ACCOUNTS AND RECORDS

LIST OF GRANTS FOR 1961

BOOKS AND DOCUMENTS

HOSPITAL VISIONS

STAFF

PUBLICATIONS

Annual Report for the Year 1963

INTRODUCTION

THE HISTORY of the King's Fund has been rather like the growth of a fruit tree. Sixty-seven years ago, a sapling was planted by a royal husbandman. It took root and bore fruit for the nourishment of London's voluntary hospitals. For many years it was carefully tended and pruned, so that it grew in strength and stature and each year gave forth bigger and better fruit, until its harvest had multiplied and was refreshing all the voluntary hospitals in London.

Then it was seen that there was room for outward growth and it was allowed to grow off-shoots, soon to develop into sturdy branches. The first of these, the Emergency Bed Service, in twenty-six years has multiplied eightfold. Another was the Nursing Recruitment Service—quite different in purpose but growing steadily in strength for the support of the nursing service.

In 1948 came a change of climate, which affected not only the tree itself but the health and needs of those whom it supplied. Drastic surgery had to take place; the main stem that provided the running expenses of the voluntary hospitals was cut right out. However, new shoots appeared and grew—the colleges, the Division of Hospital Facilities, the Catering Advisory Service, research, experiment—which developed into branches each taking its own form and bearing its own fruit. The tree is now growing well but its shape has changed.

Here the allegory ends—except in one vital respect. All these branches, though they have grown in their own way

INTRODUCTION

to fulfil their own individual functions, are still essentially the same tree, drawing their sap from the same parent trunk. And it is in the light of this simile that we should look at what is by far the most important development in 1963—the opening of The Hospital Centre which, with the Colleges, grants and other activities, completes the symmetry of the tree.

It is through the colleges that the King's Fund has made its contribution to education, and it has been no small contribution. Some 6,000 students have carried their messages into hospitals big and small. But to teach and inspire those who are able to attend full courses at the colleges is a straightforward problem when compared with that of carrying information of change and progress to the huge majority who can never attend. It has long been believed, too, that the work of education should run hand in hand with that of research, experiment and investigation, for these are interdependent.

THE HOSPITAL CENTRE

It was with these thoughts in mind that the Hospital Development Committee in 1961-2 conceived the idea of developing the Division of Hospital Facilities and the Catering Advisory Service into a Hospital Centre, freely accessible to the hospital world. Here information could be collected and disseminated, views and experience could be exchanged, and research and inquiry could be initiated and carried out.

The first step was to find premises suitable for their expansion, for the reception of all who sought knowledge and for social and professional colloquy. By 1963 such a property had been found, on the corner of Edgware Road and Nutford Place, in the west end of London, and on 21st June of the same year, The Hospital Centre was formally opened by the then Minister of Health, Mr. Enoch Powell, in the presence of a distinguished company, which included the

Presidents of the Institute of Hospital Administrators, the International Hospital Federation, the American Hospital Association and the Royal College of Nursing, as well as representatives of the professional associations of every type of worker which go to make up the complex staff of a hospital.

Mr. Powell said : *"It comes easily to us, to think of the hospital service as a big physical effort, the devotion to a certain purpose of a large slice of the physical resources and effort of the community; but I think that the magnitude of the undertaking of the hospital service is relatively much greater if we see it in intellectual and moral terms. This £800 million of capital, this £500 million of current expenditure, is devoted to no ordinary productive purpose, whether it be the manufacture of screws or of plant; it is devoted to discharging the supreme responsibilities of the community towards its own members, very often in the crises of existence—birth, danger and death—devoted to those sections of the community above all whose treatment by the rest is the touchstone of whether a nation is truly civilised or not; and the manner in which, to this task, a nation devotes this great element of its effort and resources is a tremendous intellectual challenge; in fact the buildings, the administrative organisation, really only have their significance in so far as they reflect the ideas with which the community approaches the discharge of this duty.*

"The hospital service is not a physical or a material undertaking, it is a moral and an intellectual undertaking which only clothes itself in physical and material form. Now, to discharge this duty, the hospital service stands in need of something which it cannot provide for itself, and that something which it needs, I would sum up in one word by saying that it needs a university.

"This afternoon, though so far as I can see no one in the audience is either clad in a brocaded gown or wearing a fur-trimmed hat, we are in fact opening a new and major extension of the university of the hospital service—which is how I like to think of King Edward's Fund. The essential quality of a university is independence; the past, the organisation

THE HOSPITAL CENTRE

and the wealth of the Fund give it that independence, and independence is necessary if a university is to do its essential tasks. Those essential tasks are the fearless pursuit of the truth and the facts to whatever consequences they may lead or however uncomfortable may be the outcome; it is also the free and encouraging communication and sharing of knowledge; and finally it means devotion to the laborious, patient and often humble investigation of the facts—often in the shape of quite unattractive and unpromising material. Acceptance of established methods and ideas and procedures because they are established is totally contrary to the spirit of a university, and I know that it will be foreign to the spirit of this Hospital Centre. Here, what is known will be discussed, examined and made available without limit, without stint, to all who can benefit from it. Here, anything which bears upon the hospital service, whether it be some profound subject like the relationship between staff and patients or some apparently humble subject like the washing of bedpans, will be the subject of thought, investigation, criticism, discussion; this will be the sense in which I am using the word—part of a true university of the hospital service.

“There is a unique relationship—indeed it is the only justification, my Lord Chairman, for my presence here this afternoon and the honour that you have done me—there is a unique relationship between this Fund, this Centre, on the one hand and the Ministry of Health and the hospital service on the other hand, because in this country the application of the results of this Centre, the application of all that the Fund achieves, rests on responsibilities which have been placed upon the Ministry of Health.

“I have quite frequently observed that if the King's Fund had not existed it would have been necessary to invent it. Well, it does exist and now it has given us this Hospital Centre, a Centre which will be the common possession not only of the hospital service in this country, but of all here and elsewhere who care for the work of hospitals, and I have been grateful and honoured that as the person respon-

THE HOSPITAL CENTRE

sible for the time being for the hospital service in this country you have given me the opportunity, as I now do, to declare it open."

That a Hospital Centre was needed, and that it should be a vital part of the King's Fund's activities, was clear to the Development Committee. What was not so clear was how precisely it should develop. Development must inevitably depend on the demands and requirements of the great and varied hospital public who would use the Centre, and this could only be indicated by practical experience. This in turn means that its existence and facilities must be made widely known—a problem in public relations. From the moment of opening of The Hospital Centre demands for its services were immediate, and put a sudden and severe pressure upon the staff, who stood up valiantly to the strain and never allowed themselves to be defeated.

The functions of The Hospital Centre are, broadly, three-fold. It is, first, a centre of information; secondly, it is a forum for the interchange of experience and new ideas; and thirdly, it is a centre for research.

Information, covering the building, equipping, maintaining and managing of hospitals, is made available in two forms—through the library and in the continuous, but changing, exhibition. The library, again, is in two main sections—the library of volumes, periodicals and some 5,000 subject files which can be studied on the spot and the package library folders, which can be borrowed either directly from the Centre or sent on request through the post. In these folders is collected the latest available information on their subjects, in the form of typescripts, press cuttings and photographs, together with bibliographies indicating sources for further study.

The rapidly increasing demand for this service is at once satisfying and rather alarming. The service was started some years ago, not without fears that the folders would, like library books, tend to stay away for long periods or, indeed, to get lost. So scrupulous, however, are hospital staffs that a delayed return is exceptional and even the most

THE HOSPITAL CENTRE

popular folders can be re-issued without subjecting applicants to long waits. During the six months of 1963 in which the Centre was open, 725 folders were issued and this demand increases month by month.

The information provided visually by the exhibition is on themes selected to meet the predominant needs of the time or to show recent developments. Three widely differing subjects were chosen for the opening exhibition. One showed the progress in building and equipping new hospitals. Scale models were on display and the actual bedsteads and bedside furniture of ten new hospitals, together with plans and photographs of the wards in which they had been installed. A second was provided partly by the Ministry of Health to demonstrate planning procedures, and partly by the Nuffield Provincial Hospitals Trust, the International Hospital Federation and the Institute of Hospital Administrators to demonstrate their work. The third demonstrated the Fund's recognition of the importance of catering and of food service for patients.

Special exhibitions have been staged to illustrate conferences. These have included a display of teaching machines and visual aids to accompany a conference on programmed learning; frozen foods and equipment for a catering symposium; and cleaning equipment for a conference on cleaning.

The second function, the interchange of ideas, is effected by visits, meetings and conferences. One of the most valuable contributions which the Centre has made is in providing a common ground upon which all branches of the health services are equally welcome and all can discuss common problems without inhibition. Doctors, administrators, nurses, members of boards and management committees and Ministry officials who, on their own territory, might feel bound to take the official line, can and do discuss freely in the Centre's informal atmosphere—and get to know each other on equal terms.

The extent to which the facilities have been grasped can be judged by the greatly increasing numbers of visits and meetings since the Centre formally opened. In the first

THE HOSPITAL CENTRE

month the Centre was used by 16 organisations, totalling 297 people. In the month of November there were 39 organisations, totalling 1,240 people. During the seven months ending on the 31st January 1964, 169 groups used the Centre, consisting of:

Nursing Groups	42
Outside organisations	57
Hospital authorities	40
Trainees	30

Amongst the groups who have either held meetings or visited the Centre to look round the exhibition have been the Hospital Discussion Group, the Hospital Caterers' Association, the Association of Medical Records Officers, the International Hospital Federation, Regional Hospital Board Secretaries, Treasurers, Nursing Officers and Architects, the Association of Hospital Matrons, the Hospital Domestic Administrators' Association and many groups of nurses, some sponsored by the Royal College of Nursing and some from hospitals. These visits are valuable not only to the visitors, who learn from the Centre, but to the Centre staff, who continually get first-hand opinions from those who are working in hospitals. These opinions are recorded and used to swell the information available at the Centre.

The third function of the Centre—research—is also developing rapidly, and there is a formidable list of hospital studies which have been or are being conducted at or through the Centre. These include such major projects as the evaluation of the new Guy's House, the 'Ganymede' plate service, the design of hospital bedsteads and the supervision of nurses' health, down to examining a particular design of a laundry bag. There is no doubt that, whether big or small, these researches and the conclusions reached from them are of real value to the hospital service.

RESEARCH AND ENQUIRIES

It is not possible to touch on more than a few research projects without extending this report to undesirable length. These projects are listed on page 34 and a few samples are described here.

Disposable Goods. The staff of the Centre have been responsible for a major trial in the use of disposable goods. The idea is to see what problems and economies arise from really widespread use of disposables. Could they, for instance, be used to such an extent that the hospital laundry could be closed, thus making a considerable economy? How does a hospital dispose of large quantities of paper and other disposable matter? How much storage space is required for the needed stocks? What is the effect on cross infection? on the comfort of the patients? on the work of the nurses? There are many problems still unsolved. The trial has been run first in single wards of two large hospitals—the Royal Northern Hospital and Bedford General Hospital—and, secondly, by “taking over” Acton Hospital (85 beds) and equipping and organising the whole hospital for the trial. It is right that tribute should be paid to Mr. D. K. White, the Hospital Secretary at Acton, who has taken great pains to make this trial a fair and workmanlike experiment.

Meals service to patients. There is much interest now focused on catering in hospitals. This includes not only actual cooking, but, equally important, the service of meals to the patient. Clearly no meal, however well cooked, can survive a slow and chilling journey to the patient. So various alternative methods of providing hot freshly cooked meals at the bedside have been explored. The most important of these has been the installation of the Ganymede system at Bethnal Green Hospital (302 beds). This system, where the meal is plated in the kitchen, kept piping hot by a heated metal ‘pellet’ attached to the plate of the main course, is in use at many hospitals abroad and at a few on a small scale in England. The object in setting up this system at Bethnal Green was to try it out in a medium sized old-fashioned

RESEARCH AND ENQUIRIES

hospital. The system is worked in conjunction with a patient choice system so that the patient can order his own meal from an à la carte menu and receive on a tray just what he has fancied, so no more of any dish is cooked than has been ordered, thus reducing waste to a minimum. The installation was completed at the end of the year and, during 1964, it will be possible to test it thoroughly. It is too soon to say whether this is a wholly satisfactory system but evidence soon will become available for the benefit of new hospitals about to be built. Other trials and investigations are being made into the French tray system, peripheral kitchens and mobile service trolleys.

Evaluation of new Guy's House. The building of new hospitals today and for many years to come is a major item of national expenditure. Every effort is being made to see that they are well designed and well built, but once they are in use it is difficult to assess whether the new ideas incorporated in them are fully satisfactory for all hospitals. For this purpose, Guy's Hospital, under the chairmanship of the late Lord Cunliffe, invited the Fund to join with them in making an objective and impartial evaluation of the new Guy's House. A working party was set up under the Chairmanship of Mr. P. H. Constable and a most exhaustive investigation was made. The work of the hospital was watched at all hours of day and night, the use of all equipment was recorded and as far as possible the reaction of patients was ascertained. The result was a sizeable book which has been widely purchased by those who are about to build new hospitals. It is to be hoped that the good points revealed can be repeated in new hospitals and the less good points avoided.

The Design of Hospital Bedsteads. On the suggestion of the Ministry of Health, the Fund set up a small working party under the Chairmanship of The Hon. Mrs. Campbell-Preston, to consider the design of hospital bedsteads. It appears that there are over 350 different types now in use and this inevitably increases costs and raises difficulties about replacements. It seems desirable therefore to see whether the

RESEARCH AND ENQUIRIES

essential requirements of a standard bed can be ascertained and set down. This is not so simple as it sounds as it involves defining comfort, nursing convenience, disinfection, adaptability for special purposes and deciding what weight is to be given to each of these sometimes conflicting needs. With the assistance of the Engineering Department of the Royal College of Art, much progress has been made and it is hoped to reach conclusions during 1964.

The Role of the Hospital Chaplain. As mentioned in the 1962 Report, a Working Party under the Chairmanship of Mr. Selwyn Taylor, F.R.C.S., is still engaged on an enquiry into the Role of the Hospital Chaplain, and the Reverend A. E. Barton has continued his personal researches in a number of hospitals throughout the country. It had originally been hoped that his work would have been completed by the end of June 1964, but the Working Party feel that the value of the Report will be considerably enhanced if his enquiries are further extended, particularly in the field of psychiatric hospitals. It is not therefore expected that the Report of this Working Party will be ready before the end of 1964.

Other experiments and enquiries are being carried out by hospital staffs with the support of money provided by the Fund. Notable amongst these are:

Guy's Outpatient Survey. With the great improvement in hospitals all over the country since the Health Service started sixteen years ago, the need for patients to travel long distances to the great London teaching hospitals has been reduced. An attempt to assess the present and future effect of this change on Guy's Hospital is being carried out by a team led by Professor W. J. H. Butterfield.

Medical Automation. It is generally accepted that the use of computers in hospitals will gradually increase for the great benefit of both doctors and administrators. But for what purposes computers can best be used, and how, is still far from clear. University College Hospital is staging a major experiment in the use of computers in many different

RESEARCH AND ENQUIRIES

branches of the hospital and towards the cost of this the Fund has provided £5,000.

CO-OPERATION BETWEEN HOSPITALS AND GENERAL PRACTITIONERS

1962 saw the first efforts by the Fund to assist hospitals and doctors to work in a more harmonious relationship for the benefit of their patients. The need for keeping doctors in the field up to date with the advances in medicine which arise from research is now generally accepted. Likewise, it is accepted that there is too little personal contact between the doctors in the three branches of the Service. To remedy this, the Fund in 1963 set aside £30,000 for each of three years to assist in the construction of group medical centres where all doctors can meet and discussions, formal and informal, can take place. By January 1964 the first £60,000 had been allocated and schemes for providing medical centres were proceeding at the North London, Forest, Central Middlesex, Lewisham and Romford Groups. To all these the Fund gave a large part, but not all, of the money needed and the remainder is being raised locally. This was done, not only to spread the Fund's money more widely, but to encourage local people to support and take an interest in the medical centre which would thereby become a part of the community.

When a patient comes into hospital he leaves the care of his family doctor and, on completing his hospital treatment, the reverse takes place. To what extent do the hospital and doctor keep each other advised on the patient's condition and needs? There is no one answer to this question and it varies from hospital to hospital and doctor to doctor. Dr. Maurice Shaw, on behalf of the Fund and assisted by an ad hoc committee under the Chairmanship of Mr. P. H. Constable, made a detailed enquiry on the subject from a number of hospitals and doctors throughout the country. This showed that although much was done to see that useful knowledge followed the patient closely, there were some most unfortunate gaps in the system in many hospitals.

RESEARCH AND ENQUIRIES

A description of Dr. Shaw's experiences was published in order to show how easily faults in communication can occur and to give hospitals a guide to the sort of weakness they should look for in their own methods. The "Report on Communications and Relationships between General Practitioners and Hospital Medical Staff" has proved a most popular publication and 2,500 copies were sold in six months, in addition to a free distribution to every Board and Management Committee. There can be no doubt but that many hospitals will have had their attention drawn to defects in their procedure which call for remedies.

ADMISSIONS AND DOCTORS' INQUIRY SERVICE

This service has now been running at Whittington Hospital for over a year and has shown that it is possible greatly to speed up the telephone arrangements for admitting urgent cases. The main point is that the lay staff of the service have proved their competence to admit patients at the general practitioner's request, without reference to the hospital doctors. They cannot refuse an admission without reference to the hospital's medical staff, to whom the general practitioner may speak if he wishes. This has happened only in five per cent. of cases. One result of this procedure has been to reduce drastically the time spent by general practitioners in trying to obtain admissions for their patients with consequent improvement in the relations between these doctors and the hospital.

THE STAFF COLLEGES

The forthcoming moves of the Staff College for Ward Sisters from Cromwell Road to new premises almost opposite the Matrons' Staff College, and of the School of Hospital Catering from St. Pancras to 27 Palace Court will give geographical emphasis to the Fund's intention to integrate, more closely than ever, the work and aims of the four Colleges. Opportunities for both formal and informal discussions between members of the various courses attending them will

THE STAFF COLLEGES

be further facilitated with the object, as Mr. Enoch Powell said last year, of trying to ensure "that the resources of which, in our respective ways, we dispose are applied to the best benefit of the hospital patient."

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

During the year there were a number of changes in the staff of the College: Mr. Mickelwright, who for twelve years had successfully built up the College, retired at the end of July, and in tribute to his valuable work the Council of the Fund decided to invite him to become a member of the General Council. The best wishes of all associated with the College go with him in his retirement. To fill the vacancy the Fund is fortunate in having been able to secure the services of Mr. F. R. Reeves, formerly the distinguished group secretary of the Winchester H.M.C. Other changes included the retirement of Mr. A. C. Stuart Clark, senior tutor, after twelve years' valuable service, and the appointments of Mr. A. C. Dale, until recently Group Secretary of the Woking and Chertsey H.M.C., and Mr. M. W. Cuming.

The event of greatest significance in hospital administration during 1963 was the publication of the 'Report of the Committee of Enquiry into the Recruitment, Training and Promotion of Administrative and Clerical Staff in the Hospital Service' under the Chairmanship of Sir Stephen Lycett Green. So far as the Staff College is concerned, the main recommendations in the Report, which are likely to affect its work and aims, are those for the appointment of an independent National Staff Committee to supervise administrative training within the Health Service, the introduction of a single training scheme for hospital administration throughout the country (instead of the two existing at present), and the institution of a three month residential management course at a Staff College for the purpose of equipping selected officers for higher responsibilities.

The proposals regarding training deeply concern the

THE STAFF COLLEGES

Staff College since it is responsible at present for the complete training of half the annual intake of candidates under the Ministry of Health National Training Scheme and for the theoretical training of one third of the annual intake of candidates under the Regional Training Scheme. As to the proposed Staff College Management course, the Report says that *"for a service as large as the hospital service, and particularly having regard to the establishment of similar institutions in other large scale organisations, it would seem reasonable to expect that the hospital service would ultimately have its own staff college. But we are well aware of the great contribution which King Edward's Hospital Fund for London through its Hospital Administrative Staff College has already made towards the training of hospital administrators. The Staff College has become a recognised centre, both nationally and internationally, and we hope that the wealth of experience which it has might be devoted, in part, to the proposed management course, and that the King's Fund will agree to provide such additional facilities at the Staff College as might be necessary for the purpose."*

The College had already proposed, before the publication of the Report, to give more emphasis to the training in advanced management of senior officers in the hospital service—lay, nursing, and (so far as possible) medical; the publication of the Report therefore gives a further incentive to this proposal.

The Report's recommendations have yet to be implemented, if indeed they are adopted, but whether or not the Staff College is invited to "provide the additional facilities" for the mounting of a national management course on behalf of the Health Service it is likely to concentrate more on higher management training in the future than it has done in the past. Such concentration will not, however, mean the exclusion of other objectives, and the training of future administrators will continue to occupy a prominent place in the College's work programme. As the result of planning discussions it was decided, in the autumn, to abolish separate Work Study Appreciation courses and incorporate them in

THE STAFF COLLEGES

courses dealing with general administration and management. This merger brought the two sections of the tutorial staff closer together and enabled the planning of programmes to be more of a joint venture.

During 1963 obligations in respect of training reached their peak as far as the College was concerned; the second Regional Training Course began in July, and this together with the first Regional Training Course and the 6th, 7th and 8th National Training Courses gave a continuing responsibility for training five separate groups of trainees. This situation will last throughout 1964 and until a change takes place in national training arrangements.

The pressure on tutorial staff has been steadily increasing over the years and the difficulty has been to find sufficient time for adequately supervising the work of the lecture rooms, or for engaging in outside activities and research work. It is moreover essential for the senior staff to keep themselves up to date in hospital practice and avoid drifting too much into the academic field. It was therefore decided at the close of the year to appoint an additional tutor to assist in carrying the load.

Reference was made in last year's Report to the first West European Conference held at the Staff College in November 1962. Its success gave rise to the suggestion that, in order further to promote international collaboration in the training of hospital administrators, it should be repeated in 1964. At the 1963 Paris Conference of the International Hospital Federation the use of Palace Court was offered to the Federation if they wished to hold a Second European Conference and this was warmly accepted.

The College does not confine itself to the training of hospital administrators, as such. It has long been recognised that administration, in the hospital context, deeply concerns doctors and nurses, and that much of the training given to lay administrators is equally valuable for others. In this light, several members of the nursing profession have attended courses at the College, and this is being increasingly encouraged. If doctors, matrons and administrators take

THE STAFF COLLEGES

part in courses together, they are enabled more fully to understand each others' points of view. This has been especially noticeable at courses arranged to discuss the planning of new hospitals.

STAFF COLLEGE FOR MATRONS

Developments in medical science and technology, in opportunities for higher education and in new ideas and designs for new hospitals all increase the complexities of nursing administration. One of the most complex and pressing of the problems that face nurse administrators is that of utilising nursing staff in new hospitals to the best advantage. It is in this light that the main work of the College continues to centre round the Preparatory Course in nursing administration, one of the most important objectives of which is to help those who are to be the matrons of the future to acquire a fuller appreciation of their own functions and responsibilities, and of those who are their colleagues both in the field of nursing and in other spheres of hospital work.

During 1963, the College was, however, able to extend its activities to include a new course for a group of principal tutors. This was at the suggestion of the South East Metropolitan Area Nurse Training Committee, and proved a success. Plans had also been made, after discussions in the middle of the year with the Medical Officer of Health and Chief Nursing Officer of the L.C.C., to hold another new type of course—in Public Health Administration—early in 1964. The course is to be a pilot one, the main object of which will be to instil an interest in administration and administrative problems into Health Centre Superintendents, to whom the L.C.C. looks to fill future promotion posts as Divisional Nursing Officers. Its success, or otherwise, will be assessed in next year's Report.

In addition, a number of refresher courses for senior midwives and for deputy and assistant matrons of general and psychiatric hospitals were held as usual.

Valuable help has been given to the College by former

THE STAFF COLLEGES

students now holding matrons' posts who have returned to give talks and lectures to new students.

STAFF COLLEGE FOR WARD SISTERS

The main aims of this College continue to be the guidance and help of present and future ward sisters in problems which always confront them, such, for example, as how to give student nurses the ward teaching they ought to have, how to manage their wards efficiently and how to get the best out of the staff for whom they are responsible.

In this light, the preparatory and refresher courses for ward sisters and charge nurses from general and psychiatric hospitals continue to be filled to capacity, and the demand for places invariably exceeds the places available. It is not perhaps always fully realised that, for many hospitals, the attendance on a course of a member of their staff throws additional work on the nurses left behind, and it is a measure of the value placed by nurses themselves on these courses and on the need for further "education" that this burden is so willingly borne.

With the forthcoming move of the College from Cromwell Road to larger premises now nearing completion in Holland Park it is hoped to meet, to a greater extent than before, the demand for places on courses. The new College will be able to accommodate thirty resident students, and has been designed in such a way that it will be possible to hold two separate courses concurrently.

The future work of the Staff College may well undergo some change in the light of the recommendations of the Salmon Committee which has been set up to consider senior nursing staff structure in the hospital service, but with new and larger premises this exciting challenge is confidently awaited.

SCHOOL OF HOSPITAL CATERING

The last of the series of practical cookery courses was held during the year. During the fourteen years of the School's existence, 76 such courses have been held and over

THE STAFF COLLEGES

600 hospital kitchen staff have received training in various aspects of cookery. The value of this contribution to the importance of hospital catering cannot be factually assessed, but the popularity of the courses can be gauged to some extent by the fact that there was still a long unsatisfied waiting list when the last course ended. The decision to abandon this type of course was taken in recognition of the fact that many technical colleges and schools throughout the country can now provide ample facilities for practical cookery training.

It was therefore felt that the School could profitably give more attention to other spheres of hospital catering. For example, during the year discussions took place with the Ministry of Health as to how the School could best assist in meeting the growing need for more trained catering officers in the hospital service. As a result it has been decided that, in addition to continuing the annual trainee catering officers course, the School should participate in a new national scheme for training hospital caterers, which is expected to begin in 1964. This will be a "post-college" training scheme involving periods of practical and administrative training in various parts of the country. All trainees, as part of their training, will spend two periods of a month at the School for theoretical training.

An interesting request was received during the year from the Air Ministry to provide assistance in giving Royal Air Force hospital caterers a wider knowledge of dealing with special diets, and a special one month sandwich course is expected to take place at the School during 1964, at the expense of the Air Ministry.

NUTRITION AND DIETETICS

DIETITIANS AND NUTRITION IN HOSPITAL CATERING

There are still comparatively few dietitians in the hospital service. Many general hospitals and even hospital groups are without the benefit of dietetic advice. The Fund realises this and has done much to help catering staffs towards a

NUTRITION AND DIETETICS

greater knowledge and understanding of nutrition through courses held at the School of Hospital Catering. The Fund has also given advice to individual caterers on general nutrition and therapeutic diets.

All grades of catering staff attending the School have been asked to fill in a simple questionnaire about nutrition. An analysis of the answers will shed light on:—

- (a) the general level of nutritional knowledge in the hospital catering service, and
- (b) how many hospital caterers have attended any nationally recognised courses in nutrition.

Facts gained from (a) and (b) will help in planning future courses at the School of Catering and could form the basis of useful advice for teachers of nutrition.

As a means of keeping in touch with dietitians and influencing and helping their work, meetings and discussions have been arranged. In 1963 one such meeting considered the work of group dietitians and a second discussed work study and its use in everyday organisation.

Teaching nutrition to patients, nurses in training and catering staffs is one of the most important aspects of a dietitian's job. To help her to do this better, a week's course in speaking in public was again held in 1963. The course combines theoretical sessions on voice production and control; demonstrating and teaching techniques; and Committee procedure with practical sessions when the dietitians talk to different audiences, for example cooks, school girls and expectant mothers in hospital.

NURSING

NURSING RECRUITMENT SERVICE

The work of the Nursing Recruitment Service continues to show the need for steady public relations work in the recruitment of nurses and impartial and unbiased advice to those who wish to become nurses. There has been a growing

NURSING

tendency for such advice to be sought at an early age, which is in large measure due to the fact that more children, in all types of schools, are taking external examinations, and are anxious to choose subjects which will be useful when the time comes for them to apply to hospitals. They, and their parents and teachers, are often relieved, and not a little surprised, to learn that the entry requirements for nursing are flexible and that it is possible to become a nurse, provided that temperament and health are satisfactory, even if academic attainments are not very high.

Many enquiries are also received about courses for which passes at advanced level in the General Certificate of Education are necessary. This indicates that, if the entry standards for training for state registration were raised, far from being a deterrent, it might provide a challenge which would be an asset to recruitment.

During the year the Service received nearly 6,000 applications from girls wishing to consider a career in nursing. Many of these were from young girls who could not be accepted for training for some years. The number accepted for training, including a few young ones for pre-nursing courses, was 1870, which is about one third more than in the previous year.

GRADUATE NURSES

It was stated in the previous Annual Report that the Fund had undertaken to finance a shortened nurse training course at St. Thomas' Hospital especially designed to train graduates and other women who, having some professional qualification, wished to change to nursing. The first course, consisting of eight women, started in October 1963 and these students are making satisfactory progress. Applications for the second course are coming in satisfactorily.

Fears were expressed in the nursing press that these students might form a sort of "superior class" of nurse who would get priority of promotion over the heads of those who entered nursing through the normal channels. This is not the intention and, in any case, the number of graduate entrants

NURSING

is tiny in relation to the annual intake to the profession. It is hoped, however, that the experiment will open the door to a small number of women who, having continued their education beyond school, discover in themselves a desire to nurse.

PROGRAMMED LEARNING

In many walks of life the use of teaching machines has been found to be helpful. Can they help in the teaching of nurses? Jointly with the Royal College of Nursing, the Fund is running trials in the writing of teaching programmes and their use for teaching in an endeavour to see whether this technique may be useful for training nurses and if so for what sections of knowledge.

NURSES' HEALTH

A Committee under the Chairmanship of Dr. Neville Goodman completed the task of revising the Fund's *Memorandum on the Supervision of Nurses' Health*, published in September 1963. The Fund offers sincere thanks to this committee, who spared no effort in making their report comprehensive. The most noticeable change was that the great emphasis which was given in the previous report to protection from tuberculosis was replaced by advice on how to fortify the young nurse against the emotional strains inherent in her work. That the Committee was able to look at the problem from many aspects is evident from its membership:

Chairman: Dr. N. M. Goodman, C.B., PH.D., M.D., F.R.C.P., D.P.H., lately a Deputy Chief Medical Officer, Ministry of Health.

Miss M. Bell, M.B.E., Matron, Lewisham Hospital.

Miss W. Hughes, Matron, St. James's Hospital, Leeds.

Dr. C. L. Joiner, M.D., M.B., B.S., M.R.C.P., Consultant Physician to Guy's Hospital. Physician in charge of Nurses' Health.

Miss K. Raven, Chief Nursing Officer, Ministry of Health.

Miss A. J. Thompson, Deputy to the Matron, Welwyn and Hatfield Hospital; lately Sister-in-Charge of Nurses' Health, The London Hospital.

NURSING

Dr. Elizabeth Tylden, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P.,
Psychiatric Assistant, University College Hospital, Obstetric
Hospital and Physician in Psychiatry, Bromley Hospital
(Stepping Stones Club).

Dr. Andrew Verney, M.R.C.S., L.R.C.P., D.OBST. R.C.O.G., Doctor
to the Nurses, Westminster Hospital Group.

Miss B. J. Wylie, Sister Matron, King's College Hospital.

GRANTS TO HOSPITALS

The Fund has maintained its tradition of giving grants to hospitals, but applications from state hospitals seem to be growing fewer. It was decided during the year to amalgamate the Hospitals Committee and the Mental Hospitals Committee into a single Hospital Grants Committee. The Auxiliary Hospitals Committee, which deals with the Independent Hospitals and homes for the convalescent and for the aged or dying, carries on as before.

The Chairman of the old Hospitals Committee, Mr. J. A. M. Ellison-Macartney, had served on that committee as a member or chairman for thirteen years, and the Fund is most grateful to him for the time and care he has given to this work.

One of the most important grants of the year was that of £30,000 to buy a site for the future St. Christopher's Hospice. The concept of this Hospice springs from the work and enthusiasm of Dr. Cicely Saunders, who is at present working at St. Joseph's Hospice for the Dying. She has been studying the application of drugs for the alleviation of pain so that the patient may be maintained in a state of balance, free from pain on the one hand and from insensibility on the other. Dr. Saunders has found that the solace of the Christian faith can be accepted by patients in this state, who can then face death without fear. That the new Hospice is to be run on a non-sectarian basis is most appropriate at a time when the Christian churches are striving for unity. Over

GRANTS TO HOSPITALS

£100,000 has been promised to Dr. Saunders from other sources and it is hoped that building may begin in 1964.

Another grant of unusual importance has been one of £25,000 to St. Bernard's Hospital to set up an industrial therapy factory to be run by the Industrial Therapy Organisation (Thames) Limited. It is difficult in a psychiatric hospital, to prepare a patient for a return to full industrial life. The step from the protected life of the hospital to life in a hard and competitive world is great. The new factory is to be built outside the hospital grounds and the patients will be gradually worked up to normal industrial standards. This will, at the same time, reduce the number of long term patients in the hospital.

A similar but smaller grant was made to the Industrial Therapy Organisation (Epsom), which serves a number of hospitals in that vicinity.

Other grants are listed on pages 44-48. Those for Social Centres for both patients and staff have been predominant, and include a grant of £15,000 for a club-house at Goodmayes Hospital and one of £12,000 for a patients' social centre at Tooting Bec Hospital.

GARDEN ADVISERS AND LANDSCAPE ARCHITECT

The Fund's garden advisers were first appointed in 1952 and, since then, they have continually visited gardens in need of assistance and their recommendations have been backed with grants. Some seventy gardens have benefited from their help and the demand for their services continues. In addition, a new call for advice has arisen in the need for effective landscape gardening at new hospitals. At some of these, no attention has been paid to the layout of grounds at the planning stage, with the result that sums running into thousands of pounds have had to be provided later, to turn wildernesses into gardens. The Ministry of Health have sought the assistance of the Fund's garden advisers in this problem, and have been advised to call in landscape architects at the planning stage. It will also be necessary to prepare a document on landscape architecture (similar to a Building

GRANTS TO HOSPITALS

Note) to guide those about to build hospitals and to offer practical advice. The Fund has therefore decided to appoint a professional adviser in landscape architecture for a trial period of two or three years. Mr. J. St. Bodfan Gruffydd, who is a landscape architect of great distinction, has been appointed to this post and is available to assist Regional Boards or Management Committees in the landscaping of the grounds of new hospitals. Experience suggests that his advice should ensure the best use of the hospital grounds and also save substantial sums of money.

EMERGENCY BED SERVICE

GENERAL REVIEW OF THE YEAR ENDED 31st MARCH, 1964

For each of the first 7 months of the year under review applications for the admission of general acute cases exceeded those for the corresponding month of the previous year. The winter was however one of the quietest ever experienced by the Service, and requests for beds remained around 1,200 a week throughout except for a short period in late December and early January when they reached 1,600. This situation is in accordance with the general experience of the Service that severe winters, or those in which epidemic conditions prevail, tend to be followed by those in which applications are below normal. The following figures for the first three months of three 'bad' and three 'good' winters illustrate this point:

Jan/Mar. 1953—21,197 applications.	1954—17,309 applications.
„ „ 1959—20,125	„ 1960—15,498
„ „ 1963—21,136	„ 1964—16,168

The total number of cases dealt with during the year was 60,927, compared with 65,972 in the previous year.

INFECTIOUS CASES

The maximum demand for the admission of infectious cases was 442 (in April 1963). During the rest of the year requests

EMERGENCY BED SERVICE

for beds were well below this level and no difficulty was experienced in admitting cases. There appears, however, to have been a further reduction in the number of beds available for these cases, and the anxiety expressed by the Service in its Annual Report for the year 1962-63 persists. Unless provision exists for a rapid expansion of infectious diseases beds, a comparatively small scale epidemic is likely to cause great difficulty.

MEDICAL REFEREE PROCEDURE

The extent to which the Medical Referee procedure has to be employed in order to arrange the admission of patients has been the subject of comment in many previous reports. During the latter part of the summer and autumn, and with admissions running at much the same level as in the previous year, there was an improvement. In November 1963, for example, 7.4 per cent. of patients were admitted through the Referees, compared with 9.0 per cent. in November 1962. During the winter, however, the referee rate was again high. Figures for the first three months of the last five years are given below:

<i>Jan/Mar.</i>	<i>Admissions</i>	<i>Med. Refs.</i>	<i>% admitted via Med. Refs.</i>
1960	14,665	1681	11.4
1961	17,168	2616	15.2
1962	17,083	2766	16.2
1963	20,181	4309	21.3
1964	15,688	2169	13.8

Taking into account the much smaller number of cases dealt with in 1964, it is evident that no great improvement has occurred, and there seems no doubt that many hospitals are refusing cases when they have empty beds. There is an evident "prejudice" against abortions; in March 1963, 136 out of 498 (27.3 per cent.) were admitted through the Referee procedure, as compared with 13 out of 85 (15.3 per cent.) for other gynaecological cases. For the year 1963 as a whole it was necessary to employ the Referee procedure for 17.5 per cent. of abortions.

EMERGENCY BED SERVICE

It is important to consider why hospitals should refuse cases when they have empty beds. Doubtless the fear of having beds blocked with long-stay cases plays its part, but a large number of patients admitted through the Referees are young people suffering from acute surgical conditions. Such cases are sometimes refused on the grounds that the hospital must keep beds available for 'emergencies'. Since however the patient being offered by the Service is an emergency, such an argument is illogical.

MATERNITY CASES

The number of maternity cases dealt with increased steadily for the first nine months of the year under review, and for the twelve months ending 31st December, 1963, totalled 4,202 compared with 3,714 in 1962. During the first quarter of 1964, however, the situation improved and requests for beds totalled 846 compared with 1,140 in the first three months of the previous year. As before, the majority of these patients required a hospital confinement for social reasons and neither the ante-natal clinics nor the family doctor had been able to book a bed in advance. As a result, it was necessary to admit these women as emergencies after labour had started.

In August 1963, the Ministry of Health initiated steps which it is hoped will prevent the continuation of this unsatisfactory state of affairs. Arrangements are now being made under which each maternity unit—or group of maternity units—will be responsible for all obstetric cases arising within a specified area. A woman needing a hospital confinement, whether for medical or social reasons, will then be booked by the unit or group of units concerned. This scheme is expected to be fully effective in the autumn, and it is to be hoped that thereafter requests to the Service in respect of maternity cases will be confined to genuine medical emergencies, plus those patients who for one reason or another do not seek advice until labour has started.

Pending the full implementation of the new scheme, the Service put forward a proposal to the Regional Hospital

EMERGENCY BED SERVICE

Boards and Teaching Hospitals that the number of vacant beds should be reported to the E.B.S. each evening. It was felt that, despite the rapidity with which the bed situation in a unit can change, the possession of this information would materially reduce the time taken in admitting maternity cases and help to reduce the number of cases admitted through the Referee procedure.

The proposal was accepted by the Regional Hospital Boards and by a number of the Teaching Hospitals, and has proved an outstanding success. Not only has the time taken to find a bed been reduced from an average of about 30 minutes to about 15 minutes, but the proportion of cases in which it was necessary to use the Referee procedure in March 1964 was only 3.8 per cent., compared with 20.7 per cent. in March 1963.

FINANCE

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 over £10,000,000 with an income of around £575,000 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 £16,000,000 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

FINANCE

members of the Royal Family, continue to give it their consistent and generous support, as do many distinguished individuals and institutions.

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 an 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 1963, income amounted to £568,514 together with legacies at £46,034, while expenditure amounted to £699,587.

In view of the heavy expenditure expected in 1964 on acquiring and equipping the new premises for The Hospital Centre, the Staff College for Ward Sisters and the School of Hospital Catering, it was thought advisable to set aside £135,000 out of last year's income towards the anticipated cost, and of this sum £50,000 has been made available this year.

OBITUARY

The Fund has suffered three severe losses in the deaths of Lord Cunliffe and, in 1964, of Mr. J. Chadwick Brooks and Dr. the Hon. W. S. Maclay.

Lord Cunliffe had been a Visitor since 1933 and a member of the Management Committee since 1960. When the Hospital Development Committee was established in 1961, Lord Cunliffe's profound knowledge of hospital matters pointed to him as the obvious choice for Chairman of the new Committee. He filled the post with conspicuous success for two years, until illness prevented him from continuing. He was therefore unable to attend the opening of The Hospital Centre which he had done so much to establish. On his death, Dr. Avery Jones was appointed Chairman of the Hospital Development Committee.

Mr. Chadwick Brooks joined the Fund soon after the War and was an original member of the Convalescent Homes Committee, on which he served until his retirement at the end of 1963. His genial and friendly manner made him a welcome visitor to many convalescent homes, and he will be sadly missed. He also served on the Hospital Catering and Diet Committee and in this capacity played a major part in establishing the School of Hospital Catering. His deep interest in the School and its students was so much appreciated that, on his retirement, he was presented with a most generous mark of their affection for him.

Dr. Maclay was one of the first members of the Mental Hospitals Committee and in 1962 he became its Chairman and at the same time a member of the Management Committee. His deep knowledge of mental hospitals and his kindly wisdom combined to make him a most respected member of both committees and ensured that his advice was always followed. The interests of the mentally ill and the staffs who served them were never absent from his mind and he made sure that they were never overlooked. By his untimely death both the King's Fund and the mental hospitals have suffered a most severe loss.

LIST OF STUDIES

(excluding those mentioned on pages 12-14)

Bedside Lockers.

Testing the designs of bedside lockers with special reference to the storing of patients' clothes.

Bedpan Washers.

Testing an experimental model incorporating a steriliser and conveyor belt.

Central Sterilising.

Central sterilising of ward prepared packs following the removal of boilers from wards.

Changing Accommodation.

The design and equipment of changing rooms for non-resident hospital staff.

Crockery Washing.

1. An assessment of the usefulness of detergents, dispensers, additives and injectors, and a report on crockery washing in general.
2. An analysis of the comparative efficiency of centralised and ward crockery washing.

Cross Infection.

To determine whether the incidence of cross infection in a ward can be reduced by air conditioning.

Films for Hospitals.

An enquiry into the provision of film shows for the entertainment of patients and the instruction of staff.

Flexible Doors.

To investigate improvements in the design of flexible doors for use in hospital.

Flooring.

To investigate and compare different flooring material and floor maintenance procedures.

Food Trolleys.

A report on the distribution and service of meals to patients when a choice of menu is provided.

Hospital Equipment.

An experiment in the selection and design of equipment for a new hospital.

Laundry Bags.

To test whether the plastic Ulstron is a suitable material for the manufacture of laundry bags for hospital use.

Lavatory Cleaning Services.

An investigation into the cleaning of lavatories by contract service.

Linen.

An investigation into the distributing and storing of ward linen stocks by means of special trolleys exchanged daily.

A test of packaging and distributing clean laundry in paper containers.

Microwave Ovens.

The use of these ovens to provide a choice of meals for night staff when there is no night cook.

New Hospital Buildings.

A study to produce patterns of brochure, giving information about new hospitals, in a form devised for ease of comparison.

Performance of a Hospital.

A study of a hospital's performance as revealed by statistics and costs.

Plastics.

Plastic Foam Mattresses.

An investigation to assess the value of plastic foam mattresses for general use in hospital wards.

Plastic Mattress Covers.

A test of different types for durability.

Plastic Sinks.

A study to assess the use of plastic sinks in the ward servery.

Pre-Cooked Food.

A study of the use of pre-cooked foods in hospitals to determine if improvements in the standard of catering can be made by this means.

Staff Trolley.

To determine whether the self propelled trolley designed and made to take the Night Sister of the Royal Victoria Infirmary, Newcastle on her rounds would be suitable for use elsewhere.

Tray Service.

A test to decide the acceptability of the French Tray Service to patients in this country and its effect on food.

Wall Finishes.

A test and comparison of different types of wall finish in a C.S.S.D.

Wards.

Heating of Open Balconies.

An investigation and comparison of different methods of providing overhead heating by gas or electricity.

Housekeepers.

A study of the use of ward housekeepers to relieve the ward sisters of housekeeping duties.

ACCOUNTS, LEGACIES
AND
LIST OF GRANTS

KING EDWARD'S HOSPITAL

BALANCE SHEET as at

	£	£	£
FUND ACCOUNTS:			
FUNDS TO BE RETAINED AS CAPITAL:			
As at 31st December, 1962		2,237,403	
GENERAL FUNDS:			
As at 31st December, 1962	4,967,003		
Add: Sale of Radium	4,740		
	<u>4,971,743</u>		
Less: Amount transferred to Income and Expenditure Account	35,039		
		<u>4,936,704</u>	
SPECIAL FUNDS:			
per Schedule		23,191	
			<u>7,197,298</u>
GRANTS RETAINED (awaiting appropriate time for payment):			
Hospitals and Convalescent Homes		325,340	
Development Committee projects		68,548	
Amount appropriated from Nuffield Trust for the Special Areas		90,000	
LEGACIES RECEIVED FOR SPECIAL PURPOSES:			
Homes for Aged Sick	132		
Emergency Bed Service	2,500	2,632	
			<u>486,520</u>
LIABILITIES:			
Administration and Other Expenses			37,733
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES):			
Amount received for dilapidations		540	
Sinking Fund Appropriations		11,982	
			<u>12,522</u>
SPECIAL RESERVE:			
Balance of Amount (£135,000) set aside towards cost of acquiring and equipping properties ...			85,000

£7,819,073

REPORT OF THE AUDITORS TO KING

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 income for the year

5, London Wall Buildings,
London, E.C.2.
10th June, 1964

HOSPITAL FUND FOR LONDON

31st DECEMBER, 1963

	£	£	£
SECURITIES AND INVESTMENTS:			
STOCKS AND SHARES, etc., held for:—			
Capital Accounts	2,819,646		
Less Realised net profits	614,881		
		2,204,765	
General Account	4,255,967		
Add Realised net losses	162,112		
		4,418,079	
		6,622,844	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital		20,000	
		6,642,844	
Special Account		23,158	
		6,666,002	
Valuation of Investments			
Quoted Investments at Market Value	9,429,088		
Unquoted, at Treasurer's Valuation	205,337		
	<u>£9,634,425</u>		
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND			
RENTS AND MORTGAGES	1,614,577		
Less Realised profits	775,928	838,649	
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of		1	
		7,504,652	
<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 £33 for Special Accounts):			
Balances at Banks and Cash in hand		38,052	
Short Term Deposits		170,000	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400)		106,369	
		314,421	

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 £683,668. The cost of the furniture and equipment owned by the Fund and £673,141 of the above amount have been written off to Income and Expenditure Account or to the 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

£7,819,073

EDWARD'S HOSPITAL FUND FOR LONDON.

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, 1963, and the Income and Expenditure ended on that date.

DELOITTE, PLENDER, GRIFFITHS & Co.,
Chartered Accountants

INCOME AND EXPENDITURE ACCOUNT FOR

	£	£	£
GRANTS made 1963		312,249	
<i>Less: Grants lapsed during 1963</i>		4,622	307,627
EXPENDITURE ON SPECIAL SERVICES, ETC.:			
The Hospital Centre	62,368		
Rent	43,954		
Commissioning Expenses	67,034	173,356	
Nursing Recruitment Service		13,377	
Staff College for Ward Sisters	13,331		
Capital Expenditure	54,370	67,701	
Staff College for Matrons	9,967		
Capital Expenditure	806	10,773	
School of Hospital Catering		13,902	
Hospital Administrative Staff College	56,585		
Capital Expenditure	798	57,383	
			336,492
EMERGENCY BED SERVICE:			
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards			6,500
ADMINISTRATION EXPENSES:			
Salaries, Pensions, and Superannuation Contributions		27,269	
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc.		5,703	
Printing and Stationery, Telephone and Postage		2,998	
Sundry Miscellaneous Expenses		3,633	
			39,603
OTHER EXPENSES:			
Office Furniture and Equipment		90	
Legal and Other Professional Fees		5,509	
Visiting Expenses		555	
Publications: Cost less Sales		2,436	8,590
APPROPRIATION to Leasehold Sinking Fund			775

£699,587

THE YEAR ENDED 31st DECEMBER, 1963

	£	£
INCOME from:		
Securities and Investments	449,887	
Freehold and Leasehold Properties	110,452	560,339
SUBSCRIPTIONS:		
Annual	3,418	
Under Deeds of Covenant for a stated number of years	2,477	
	5,895	
DONATIONS:		
Annual and other	2,280	8,175
		568,514
SPECIAL RECEIPTS (Legacies per Schedule)		46,034
AMOUNT TRANSFERRED from:		
SPECIAL RESERVE set aside in 1962 towards cost of acquiring and equipping properties	50,000	
GENERAL FUND—Balance of excess of Expenditure over Income	35,039	85,039

£699,587

SPECIAL FUNDS 31st DECEMBER, 1963

	£	£
SPECIAL ANONYMOUS TRUST (1930):		
CAPITAL ACCOUNT:	19,068	
INCOME ACCOUNT:		
Balance at 31st December, 1962	1	
Add: Income 1963	780	
	<u>781</u>	
Less: Payments made o/a building	780	
	<u>1</u>	
		19,069
MRS. L. L. LAYBORN TRUST (1943):		
CAPITAL ACCOUNT:	4,090	
INCOME ACCOUNT:		
Balance at 31st December, 1962	1	
Receipts during 1963	185	
	<u>186</u>	
Less: Paid to St. Luke's Nursing Home for the Clergy	185	
	<u>1</u>	
		4,091
J. R. CATLIN, DECEASED, TRUST:		
Balance at 31st December, 1962	30	
Receipts during 1963	1	
	<u>31</u>	
		<u>£23,191</u>
NOTE:		
The Special Funds are represented by assets maintained in separate designated accounts made up as follows:		
Investments	23,158	
Balances at Banks	33	
	<u>£23,191</u>	

SPECIAL RECEIPTS — LEGACIES RECEIVED IN 1963

							£
GENERAL:							
Charles Ansell	...	...	...	...	...	...	9,000
Hugh Brown	...	...	...	...	...	...	83
Alfred James Burchill	...	...	...	...	...	...	3,500
Mrs. Ethel Kate Burnege	...	...	...	...	...	...	1
Miss Bessie Ada Charles	...	...	...	...	...	...	3,518
Miss Rosina Davey	...	...	...	...	...	...	596
Joseph Fletcher	...	...	...	...	...	...	2,300
Miss Jean Forbes	...	...	...	...	...	...	800
Miss Eliza Francis Herriot	...	...	...	...	...	...	1
Robert James Belcham Hoare	...	...	...	...	...	...	4,095
Isaac Horton	...	...	...	...	...	...	16,386
Mrs. Ada Frances Jennings	...	...	...	...	...	...	29
Percy Morris	...	...	...	...	...	...	5,535
Miss Edith Dorothy Paterson	...	...	...	...	...	...	112
Miss Annie Elizabeth Rait	...	...	...	...	...	...	23
Mrs. Maud Ellen Kirby Skinner	...	...	...	...	...	...	55
							<u>£46,034</u>

GRANTS MADE IN 1963

Athol House, Dulwich.	£
Improvements to lift, central heating, workshop and kitchen	490
✓ Banstead H.M.C.	
Banstead Hospital—Staff sports club	6,500
Barnet H.M.C.	
Potters Bar & District Hospital—Chapel	750
Battersea & Putney H.M.C.	
St. John's Hospital—Improvements to grounds and tennis court	1,000
Bermondsey & Southwark H.M.C.	
New Cross Hospital—Improvements to entrance hall and gardens	1,500
Bow H.M.C.	
St. Andrew's Hospital—Garden Improvements	500
Brook Lane Rest House, Brighton	
Conversion of central heating system to oil firing	617
Catharine House, St. Leonard's	
New Service lift	500
Catholic Nursing Institute, Bromley	
Heating in winter garden room	100
Catisfield House, Hove	
Improvements to bathroom and lavatory	500
Cell Barnes and Harperbury H.M.C.	
Harperbury Hospital—Patients' club room	8,000
Central Council for District Nursing	5,600
Chelsea & Kensington H.M.C.	
St. Mary Abbot's Hospital—New entrance and assembly hall	7,000
Children's Home, East Grinstead.	
Kitchen equipment and decorations	64
Convalescent Hospital for Officers, Brighton.	
New sink and drainer	100
Council for Music in Hospitals	250
Deidisham Convalescent Nursery Home, Slinfold.	
New playroom	2,000
Derwent House, Chislehurst.	
Improvements to staff quarters	310
Elderly Invalids Fund	3,500

GRANTS MADE IN 1963

Forest Group H.M.C.	£
Medical Centre	10,000
✓ Fountain & Carshalton H.M.C.	
Queen Mary's Hospital—Improvements to recreation hall	2,100
Friendly Societies Convalescent Home, Herne Bay.	
New fire hoses	130
Goodmayes H.M.C.	
Goodmayes Hospital—Staff Club house	15,000
Hackney & Queen Elizabeth H.M.C.	
Hackney Hospital—Kitchen equipment	2,300
German Hospital—Out Patients' waiting hall	2,000
Harrison Homes, W.11.	
Furniture for Rest Home	267
Hart's Leap, Sandhurst.	
Conversion of central heating to oil firing.. .. .	750
Hendon H.M.C.	
Edgware General Hospital—Interdenominational chapel	1,500
Hertfordshire Seaside Convalescent Home, St. Leonards-on-Sea.	
Conversion of central heating to oil firing.. .. .	695
✓ Holloway Sanatorium.	
New occupational therapy unit	1,400
Homefield, Bickley.	
Re-planning and re-equipment of kitchen	924
Hospital of St. John & St. Elizabeth.	
Replacement of boilers	2,000
Conversion of general ward to private rooms	5,000
House Beautiful, Bournemouth.	
New gas cooker	50
✓ Industrial Therapy (Epsom) Ltd.	
Factory for the rehabilitation of mental patients of West Park, Long Grove, Horton and Manor Hospitals	6,340
Invalid Childrens Aid Association.	
John Horniman School—Washing Machine	} 400
Pilgrims School —Electric gravity feed slicer	
Brentwood School —Motor mower	
Italian Hospital.	
General improvements	5,500
King Edward VII Sanatorium, Midhurst.	
Accommodation for occupational therapy unit, library and shop	500

GRANTS MADE IN 1963

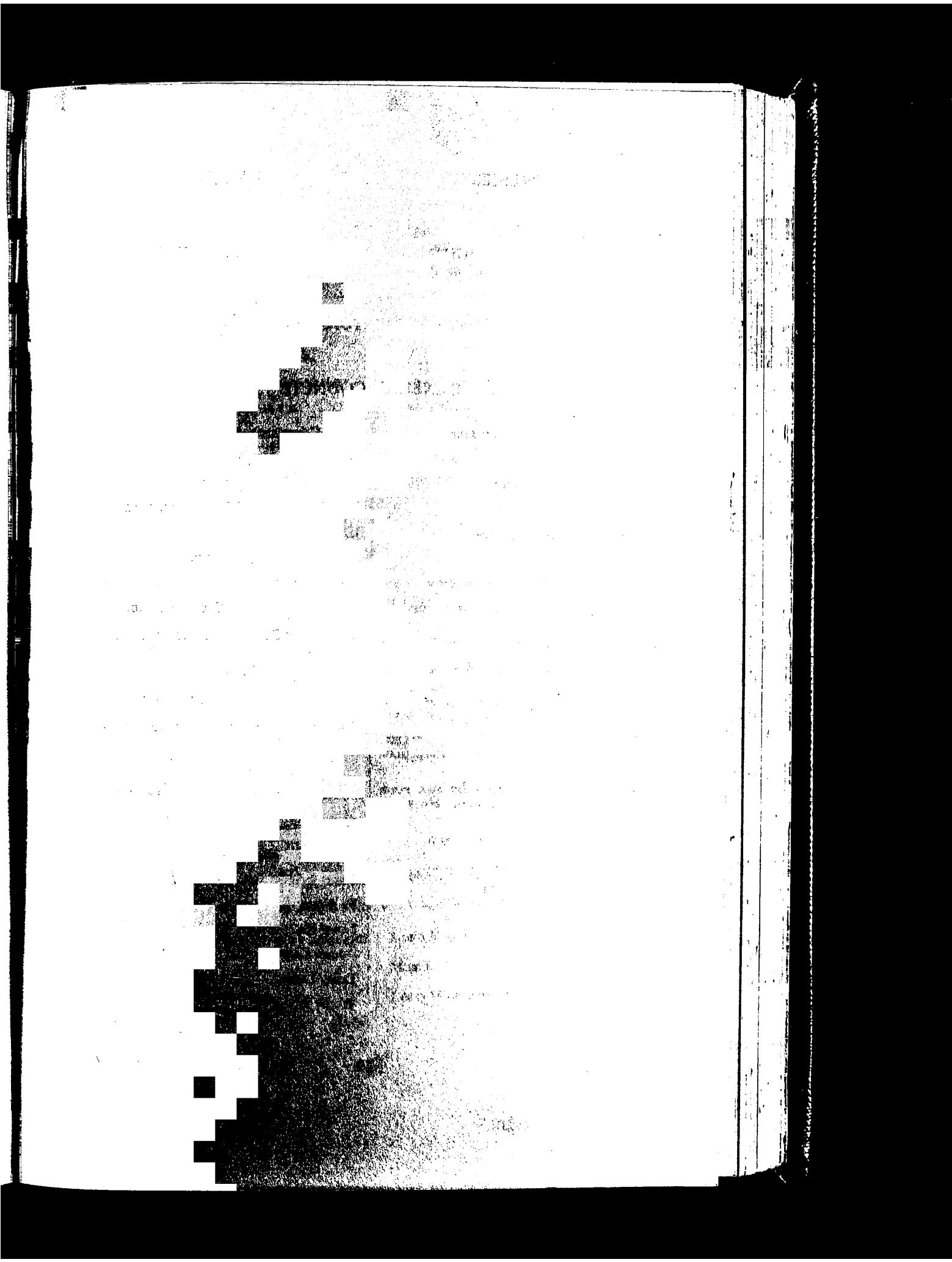
Kingston Group H.M.C.	£
Kingston Hospital—Group bed bureau	1,500
Limpfield Convalescent Home for Women, Limpfield.	
Exterior decorations.	160
New curtains and loose covers	228
Lulworth Court, Westcliff-on-Sea.	
Building for staff quarters, extension of patients sitting room and wheel chair store.	3,000
Maitland House, Frinton.	
Equipment, fittings and furniture	175
Marillac Hospital, Warley.	
Equipment for occupational & physiotherapy departments	2,295
Meath School, Ottershaw.	
Repairs to summer house	88
Mid Herts H.M.C.	
Hill End Hospital—Hairdressing salons	3,000
National Association for Mental Health.	
Course for Matrons of Convalescent Homes	70
Convalescent Home Information Service	2,000
National Association of Leagues of Hospital Friends	600
National Heart Hospital	
Rebuilding Nurses' Home	1,000
North London H.M.C.	
Whittington Hospital Post Graduate Centre	20,000
Admissions & Doctors' Inquiry Service	3,455
Paddington H.M.C.	
Paddington General Hospital—New nurses' garden	1,000
London Foot Hospital—Equipment for Students' laboratory	1,000
Perseverance Trust.	
New Sick bay for Howard House	2,000
Psychiatric Rehabilitation Centre.	
Establishing groupwork centre	6,000
Queen Elizabeth Hospital for Children.	
Mothers' Accommodation at Banstead Woods	1,750
Romford H.M.C.	
Victoria Hospital—Interdenominational Chapel	2,000
Royal Cambridge Home for Soldiers' Widows, East Molesey.	
Lift	650
Royal National Orthopaedic Hospital.	
Improvement of catering services	2,300

GRANTS MADE IN 1963

St. Bernard's H.M.C.	£
St. Bernard's Hospital—Ground improvements	200
Industrial Therapy factory	25,000
St. Cecilia's Home, Bromley.	
Extension of building for patients' dining room and rest room for nursing staff	1,500
St. Christopher's Hospice.	
Site for Building	30,000
St. Helen's Convalescent Home, Letchworth.	
Electrical rewiring and new armchairs	60
Conversion of central heating and hot water systems to gas firing	100
✓ St. Helier H.M.C.	
St. Helier Hospital—Wireless facilities	5,000
Cumberland Hospital—Garden improvements	600
St. Joseph's Hospital, Chiswick.	
General improvements	1,000
St. Joseph's Nursing Institute, Edmonton.	
Bedroom furniture and Kitchen equipumt for New Nurses' Home	1,750
St. Mary's Home for Children, Broadstairs.	
Electric deep fryer	160
St. Michael's Convalescent Home, Clacton.	
Kitchen equipment	1,000
St. Teresa's Hospital, Wimbledon.	
Electric food trolley	160
St. Thomas' Hospital. Post Graduate Nurses' Course.. ..	5,000
St. Vincent's Orthopaedic Hospital, Pinner.	
Rebuilding Babies' ward	7,500
Samuel Lewis Home, Walton on Naze.	
Additional single rooms	3,500
Seligman Convalescent Home, Eastbourne.	
Conversion of ground floor sitting room to two bedrooms	328
Southern Convalescent Homes (Inc.) Lancing.	
Sun Lounge	2,000
South West Middlesex H.M.C.	
King Edward Memorial Hospital—Recreational Hall ..	5,000
West Middlesex Hospital—Central Stores	379
Spelthorne St. Mary, Thorpe.	
New oil fired boiler	657

GRANTS MADE IN 1963

	£
Springfield H.M.C.	
Springfield Hospital—Chalet	400
✓ Staines H.M.C.	
Ashford Hospital—Staff canteen	3,000
Stepney H.M.C.	
Mile End Hospital—Covered way and pram shelter ..	1,600
Surrey Convalescent Home for Men, Seaford.	
Furnishing improvements	328
Tooting Bec H.M.C.	
Tooting Bec Hospital—Patients' social centre	14,000
Victorian Home for Women, Bognor.	
Furnishing improvements	270
Voluntary Hostels Conference.	
Consultative service for accommodation of the homeless	1,000
Wandsworth H.M.C.	
St. James's Hospital—Food trolleys	2,000
Wandsworth Peace Memorial Home, Whitstable.	
Linen replacements & fire precautions	203
Warlingham Park H.M.C.	
Warlingham Park Hospital—Art therapy building ..	6,000
✓ West Park H.M.C.	
West Park Hospital, Nurses' accommodation	6,000
Patients' social centre	4,000
Expenses of Convalescent Homes Conference	254
Experiments & Enquiries.	
Bed Elevators	150
Bedpan Washers	1,000
Bedsteads Design	500
Central Middlesex H.M.C. (Staff communications) ..	600
Disposable Items	13,000
Guy's Out Patients' Enquiry	5,750
Laundry Bags	400
Mechanical Packaging	100
Medical Automation Centre	6,000
New Hospital Buildings Brochure	500
St. Peter's Boats	700
Teaching Machines	500
Wall Surfaces	60
Token Grants to Hospitals and Convalescent Homes	2,635
	<u>312,249</u>



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	P. H. CONSTABLE, O.B.E.
THE SPEAKER OF THE HOUSE OF COMMONS	LORD COTTESLOE, G.B.E.
THE BISHOP OF LONDON	MISS M. M. EDWARDS, M.V.O.
ARCHBISHOP HEENAN	J. A. M. ELLISON-MACARTNEY, C.B.E.
Rev. A. R. VINE, D.D., B.SC.	L. FARRER-BROWN, C.B.E.
THE CHIEF RABBI	PHILIP FLEMING, D.L., J.P.
THE RT. HON. THE LORD MAYOR	ARTHUR FRANKS, O.B.E.
THE RT. HON. THE CHAIRMAN OF THE LONDON COUNTY COUNCIL	HON. SIR GEOFFREY GIBBS, K.C.M.G.
THE GOVERNOR OF THE BANK OF ENGLAND	SIR GEORGE GODBER, K.C.B., D.M., F.R.C.P., D.P.H.
THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS	ADMIRAL J. H. GODFREY, C.B.
THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS	SIR ERNEST GOWERS, G.C.B., G.B.E.
THE PRESIDENT OF THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS	SIR ARCHIBALD GRAY, K.C.V.O., C.B.E., M.D., F.R.C.P.
THE CHAIRMAN OF EACH OF THE FOUR METROPOLITAN REGIONAL HOSPITAL BOARDS	S. C. HARRIS, O.B.E., J.P.
G. F. ABERCROMBIE, V.R.D., M.D.	HON. SIR ARTHUR HOWARD, K.B.E., C.V.O., D.L., J.P.
LORD ASHBURTON, K.C.V.O.	G. P. E. HOWARD
SIR GEORGE AYLWEN, BT.	VISCOUNT INGLEBY, P.C.
LORD BICESTER	LORD INMAN, P.C., J.P.
HON. MARGARET BIGGE	F. AVERY JONES, M.D., F.R.C.P.
A. H. CARNWATH	LORD KINDERSLEY, C.B.E., M.C.
HON. G. C. H. CHUBB	EDGAR LAWLEY, C.B.E.
LADY CLITHEROE	LORD LUKE, T.D., D.L., J.P.
	W. G. MACKENZIE, V.M.H.

E.K. MARTIN, M.S., F.R.C.S.
SIR ALEXANDER MAXWELL, K.C.M.G.
LORD McCORQUODALE, P.C.
SIR FREDERICK MESSER, C.B.E., J.P.
R. A. MICKELWRIGHT, O.B.E.
SIR FREDERICK MINTER, G.C.V.O., J.P.
GEORGE MITCHELL, J.P.
LORD MORAN, M.C., M.D., F.R.C.P.
HON. MRS. JOHN MULHOLLAND, C.V.O.
MARQUIS OF NORMANBY, M.B.E.
MAJOR R. O'BRIEN, M.V.O., T.D.
MICHAEL PERRIN, C.B.E.
G. L. PILKINGTON

SIR ERNEST POOLEY, BT., G.C.V.O.
KENNETH ROBSON, C.B.E., M.D., F.R.C.P.
SIR JAMES PATERSON ROSS, BT., K.C.V.O.,
F.R.C.S.
HON. PETER SAMUEL, M.C., T.D.
VISCOUNT SIMONDS, P.C.
MISS M. J. SMYTH, C.B.E.
ERNEST TAYLOR, C.B.E.
RT. HON. SIR GODFREY THOMAS, BT.,
G.C.V.O., K.C.B., C.S.I.
LORD TRYON, K.C.B., K.C.V.O., D.S.O.
E. L. TURNBULL, C.B.E.
SIR HAROLD WERNHER, BT., G.C.V.O., T.D.
MAJOR SIMON WHITBREAD, J.P.

MANAGEMENT COMMITTEE

LORD McCORQUODALE, P.C., Chairman

G. F. ABERCROMBIE, V.R.D., M.D.
LORD ASHBURTON, K.C.V.O.
A. H. CARNWATH
HON. G. C. H. CHUBB
LORD COTTESLOE, G.B.E.

G. P. E. HOWARD
F. AVERY JONES, M.D., F.R.C.P.
HON. MRS. JOHN MULHOLLAND, C.V.O.
SIR JAMES PATERSON ROSS, BT., K.C.V.O.,
F.R.C.S.

FINANCE COMMITTEE

LORD ASHBURTON, K.C.V.O., Chairman

THE GOVERNOR OF THE BANK OF ENGLAND
LORD BICESTER
A. H. CARNWATH
PHILIP FLEMING, D.L., J.P.

LORD KINDERSLEY, C.B.E., M.C.
MAX RAYNE
LORD WARDINGTON

COLLEGES COMMITTEE

G. P. E. HOWARD, Chairman

P. H. CONSTABLE, O.B.E.	MISS M. B. POWELL, C.B.E.
CAPTAIN A. LADE, O.B.E., R.N. (RETD.)	MISS M. J. SMYTH, C.B.E.
MICHAEL FERRIN, C.B.E.	

Visitors:

<i>Hospital Administrative Staff College</i>	.. ..	P. H. CONSTABLE, O.B.E.
<i>Staff College for Ward Sisters</i>	.. ..	MISS M. J. SMYTH, C.B.E.
<i>Staff College for Matrons</i>	.. ..	MISS M. B. POWELL, C.B.E.
<i>School of Hospital Catering</i>	.. ..	.. .. Vacant

Adviser on Hospital Law to the Colleges of the King's Fund

S. R. SPELLER, O.B.E., LL.B.

HOSPITAL DEVELOPMENT COMMITTEE

F. AVERY JONES, M.D., F.R.C.P., Chairman

P. H. CONSTABLE, O.B.E.	SELWYN TAYLOR, D.M., M.CH., F.R.C.S.
SIR WALTER DRUMMOND	PETER WAKE
ARTHUR FRANKS, O.B.E.	MAJOR SIMON WHITBREAD, J.P.

HOSPITAL GRANTS COMMITTEE

HON. G. C. H. CHUBB, Chairman

G. F. ABERCROMBIE, V.R.D., M.D.	THE LADY NORMAN
SIR JOHN CONYBEARE, K.B.E., M.C., D.M., F.R.C.P.	W. REES THOMAS, C.B., M.D., F.R.C.P., D.P.M.
PETER EVANS	KENNETH ROBSON, C.B.E., M.D., F.R.C.P.
PROF. ALAN KEKWICK, M.D., B.CH., F.R.C.P.	GEORGE SOMERVILLE, M.D., CH.B., D.P.M.
R. W. NEVIN, T.D., M.B., F.R.C.S.	MAJOR SIMON WHITBREAD, J.P.

Garden Advisers:

J. C. KENNEDY	W. G. MacKENZIE, V.M.H.	LANNING ROPER
---------------	-------------------------	---------------

HOSPITAL CENTRE COMMITTEE

P. H. CONSTABLE, O.B.E., Chairman

G. P. E. HOWARD	S. C. HARRIS, O.B.E., J.P.
F. AVERY JONES, M.D., F.R.C.P.	

AUXILIARY HOSPITALS COMMITTEE

E. L. TURNBULL, C.B.E., Chairman

MISS K. G. LLOYD-WILLIAMS, C.B.E., M.D., F.F.A.R.C.S.	JOHN ROSS, C.B.
MAJOR R. O'BRIEN, M.V.O., T.D.	MISS M. J. ROXBURGH, O.B.E.
RICHARD PARKER	R. H. SANDFORD SMITH
CMDR. R.W. PEERS, R.N. (RETD.)	H. PHILIP VEREY
MISS A. B. READ, M.B.E.	MISS U. B. WEBB
	F. H. YOUNG, O.B.E., M.D., F.R.C.P., D.P.H.

EMERGENCY BED SERVICE COMMITTEE

G. F. ABERCROMBIE, V.R.D., M.D., Chairman

H. ALEXANDER, M.B., CH.B., D.P.H.	BRIG. G. P. HARDY-ROBERTS, C.B., C.B.E
LORD AMULREE, M.D., F.R.C.P.	S. C. HARRIS, O.B.E., J.P.
F. J. FOWLER, O.B.E., T.D., M.D., CH.B.	CAPTAIN A. LADE, O.B.E., R.N., (RETD.)
A. J. GARDHAM, F.R.C.S.	J. A. SCOTT, O.B.E., M.D., F.R.C.P.
	SIR EDMUND STOCKDALE, BT., J.P.

At the Council Meeting in July, 1963, H.R.H. the President said:

"You are aware that there is no age limit for membership of any of the Fund's committees: indeed, we have benefited greatly from the long experience of our senior members. Nowadays, however, changes in the hospital world are succeeding each other with increasing rapidity and I have been wondering whether the time for introducing an age limit for the membership of what one might call the "operational" committees has not arrived. It is normal nowadays for the retiring age to be between 60 and 65 and it occurs to me that after ten years in retirement most people will tend to lose touch with the current problems connected with their former work."

Members of committees over the age of 75 will not, therefore, be re-appointed.

HOSPITAL VISITORS

- | | |
|--|--|
| G. F. ABERCROMBIE, V.R.D., M.D. | F. C. ARMITAGE, J.P. |
| A. DOYNE BELL, D.M., F.R.C.P. | SIR ROBERT BLUNDELL |
| LORD BRAIN, D.M., F.R.C.P. | DAME BARBARA BROOKE, D.B.E. |
| PROFESSOR W.J.H. BUTTERFIELD, O.B.E., M.D., F.R.C.P. | SIR JOHN CAMERON |
| F. S. COOKSEY, O.B.E., M.D., F.R.C.P. | HON. MRS. R. CAMPBELL-PRESTON |
| O. P. DINNICK, M.B., F.F.A.R.C.S. | HON. G. C. H. CHUBB |
| SIR STEWART DUKE-ELDER, G.C.V.O., M.D., F.R.C.S. | LADY CLITHEROE |
| C. W. FLEMMING, O.B.E., F.R.C.S. | SIR EDWARD COLLINGWOOD, C.B.E., D.SC., J.P. |
| R. SAMPSON HANDLEY, O.B.E., F.R.C.S. | F. M. CUMBERLEGE |
| J. B. HARMAN, M.D., F.R.C.P. | SIR WALTER DRUMMOND |
| CHARLES HARRIS, M.D., F.R.C.P. | J. A. M. ELLISON-MACARTNEY, C.B.E. |
| KENNETH HARRIS, M.D., F.R.C.P. | ARTHUR FRANKS, O.B.E. |
| M. I. A. HUNTER, M.D., F.R.C.P. | S. C. HARRIS, O.B.E., J.P. |
| PROFESSOR ALAN KEKWICK, M.B., B.CH., F.R.C.P. | LT.-COL. K. B. HICKS, O.B.E. |
| FRANCIS LESLIE, C.V.O., M.R.C.S., L.R.C.P. | HON. SIR ARTHUR HOWARD, K.B.E., C.V.O., D.L., J.P. |
| W. N. MANN, M.D., F.R.C.P. | VISCOUNT INGLEBY, P.C. |
| SIR RALPH MARNHAM, K.C.V.O., M.CHIR., F.R.C.S. | K. MILLER JONES |
| PROFESSOR P. J. MOIR, M.C., M.B., CH.B., F.R.C.S. | R. J. KIRTON |
| S. P. MEADOWS, M.D., F.R.C.P. | EDGAR LAWLEY, C.B.E. |
| R. W. NEVIN, T.D., M.B., F.R.C.S. | SIR FREDRICK LAWRENCE, O.B.E., J.P. |
| PROFESSOR F. C. ORMEROD, M.D., F.R.C.S. | H. J. LESTER, F.C.A., J.P. |
| PROFESSOR E. A. PASK, O.B.E., M.D., F.F.A.R.C.S. | C. J. MALIM |
| SIR ARTHUR PORRITT, K.C.M.G., K.C.V.O., C.B.E., F.R.C.S. | FRANK MILTON |
| SIR JOHN RICHARDSON, M.V.O., M.D., F.R.C.P. | VISCOUNTESS MONCKTON, C.B.E. |
| KENNETH ROBSON, C.B.E., M.D., F.R.C.P. | H. R. MOORE |
| SIR JAMES PATERSON ROSS, BT., K.C.V.O. F.R.C.S. | SIR DESMOND MORTON, K.C.B., C.M.G., M.C. |
| SIR HERBERT SEDDON, C.M.G., D.M., F.R.C.S., F.A.C.S. | HON. MRS. JOHN MULHOLLAND, C.V.O. |
| A. H. M. SIDDONS, M.CHIR., F.R.C.S. | ALDERMAN HORACE NEATE, C.B.E., D.L., J.P. |
| J. F. STOKES, M.D., F.R.C.P. | MARQUIS OF NORMANBY, M.B.E. |
| NORMAN TANNER, CH.B., F.R.C.S. | LORD NORTHBROOK |
| SELWYN TAYLOR, D.M., M.CH., F.R.C.S. | H. M. O'CONNOR, O.B.E., T.D. |
| E. G. TUCKWELL, M.CH., F.R.C.S. | MICHAEL PERRIN, C.B.E. |
| BRIAN WARREN, M.R.C.S., L.R.C.P. | EARL OF ROTHES |
| | ERNEST TAYLOR, C.B.E. |
| | SIR HERBERT THOMPSON, C.I.E. |
| | LT.-COL. R. P. TONG, O.B.E. |
| | PETER WAKE |
| | MAJOR SIMON WHITBREAD, J.P. |
| | SIR REGINALD WILSON |

STAFF

ADMINISTRATION

34, King Street, E.C.2.

Telephone: MON 2394

R. E. PEERS	..	..	..	..	..	..	..	..	Secretary
SIR PETER GUNNING, C.M.G., M.A.	..	..	..	..	..	..	..	..	Deputy Secretary
E. D. HALTON	..	..	..	..	..	..	..	..	Assistant Secretary
B. G. SWEET	..	..	..	..	..	..	..	..	Accountant
MISS A. M. MILLER	..	..	..	..	..	..	..	..	Assistant Accountant
N. F. MOLLE	..	..	..	..	..	..	..	..	Estates Officer
MISS B. R. STANTON, S.R.D.	..	..	..	..	..	..	..	..	Dietetic Adviser
C. HARCOURT KITCHIN	..	..	..	..	..	..	..	..	Public Relations Adviser
J. ST. BODFAN GRUFFYDD, F.I.L.A.	..	..	..	..	..	..	..	..	Landscape Architect

THE HOSPITAL CENTRE

24, Nutford Place, W.1.

Telephone: AMB 2641

W. E. HALL, F.C.I.S., F.H.A.	..	..	..	..	..	..	..	..	Director
M. C. HARDIE, M.A., F.H.A.	..	..	..	..	..	..	..	..	Deputy Director
MISS J. B. CRAIG, S.R.N., R.S.C.N.	..	..	..	..	..	..	..	..	Assistant Director (Nursing)
I. ROBERTS, M.A., A.H.A.	..	..	..	..	..	..	..	..	Special Enquiry Officer
S. G. WAKELING	..	..	..	..	..	..	..	..	Equipment Adviser
D. G. EWBANK	..	..	..	..	..	..	..	..	Designer-Draughtsman
A. F. J. CHIDGEY	..	..	..	..	..	..	..	..	Administrative Assistant
A. R. MACRAE	..	..	..	..	..	..	..	..	Administrative Assistant
MISS D. L. THOMAS, G.C., S.R.N.	..	..	..	..	..	..	..	..	Exhibition Officer

Catering Advisory Service

G. J. STORMONT, F.H.C.I.	..	..	..	..	..	..	..	..	Catering Adviser
F. J. MERRITT, M.H.C.I.	..	..	..	..	..	..	..	..	Assistant
A. J. BEAVAN, M.H.C.I.	..	..	..	..	..	..	..	..	Catering Advisers

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

2, Palace Court, W.2.

Telephone: BAY 9361

Principal:

F. R. REEVES, F.C.A., F.H.A.

Tutorial Staff:

E. L. F. HOLBURN, F.H.A. (Registrar)

P. J. TORRIE, F. INST. W. S. (Management Studies)

A. C. DALE, M.A., F.H.A. (Training)

S. BATTEN, M.B.I.M. (Operational Services)

M. W. CUMING, M.A.

P. COOPER, F.H.A.

Administrative Assistant:

MISS R. V. SHARPE

STAFF COLLEGE FOR WARD SISTERS

1A, Holland Park, W.11.

Telephone: PAR 2641

MISS MADELEINE HENRY, S.R.N., R.S.C.N., S.C.M.	Principal
MISS J. BURR, S.R.N., R.M.N.	Deputy Principal
MISS M. E. McWILLIAM	Warden

STAFF COLLEGE FOR MATRONS

22, Holland Park, W.11.

Telephone: PAR 4139

MISS I. G. WARREN, S.R.N.	Principal
MISS M. R. SIMPSON	Domestic Bursar

NURSING RECRUITMENT SERVICE

6, Cavendish Square, W.1.

Telephone: LAN 4362

MISS L. M. DARNELL, S.R.N., S.C.M.	Secretary
MRS. K. M. CARVER, S.R.N., S.C.M.	Travelling Secretary
MISS G. F. GRIFFIN, S.R.N., S.C.M., H.V. CERT.	Assistant Secretary

SCHOOL OF HOSPITAL CATERING

St. Pancras Hospital, 4, St. Pancras Way, N.W.1.

Telephone: EUS 5671

(Moving to:—27, Palace Court, Bayswater, W.2.)

R. T. WHATLEY, F.H.C.I.	Principal
MISS E. H. WHITE, M.I.M.A.	Assistant Principal

EMERGENCY BED SERVICE

Fielden House, London Bridge Street, S.E.1.

Telephone: HOP 7181

Secretary:

CMDR. J. R. E. LANGWORTHY, R.N. (RETD.)

Training Officer:

MRS. D. I. STURGES

Senior Watchkeepers:

MISS M. E. CRAIG

MRS. D. M. MACLEAN

MISS A. KELLY

MISS T. PARK

PUBLICATIONS

Care of Catering Equipment.

A guide to the maintenance required by various types of kitchen equipment. 2s. *post free*.

Crockery Washing.

A report on the use of detergents in crockery washing and on the use of crockery washing machines. 1s. 6d. *post free*.

Directory of Convalescent Homes 1964.

A directory containing details of 135 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions. The information is comprehensive and there are classified indices. 7s. 6d. *post free*.

Domestic Administrators, 1963.

A report of a Working Party on the duties and training of domestic administrators. 1s. 6d. *post free*.

Films for Hospitals, 1961.

An enquiry into the provision of film shows for the entertainment of patients and for the instruction of staff. 1s. *post free*.

Head Porters, 1963.

A report of a Working Party on the duties and training of head porters. 1s. 6d. *post free*.

Hospital Administrative Staff College.

Pamphlet entitled *The Career of Hospital Administration*, giving information about the hospital service as a career.

Hospital Bed Occupancy, 1954.

Report of a study group at the Hospital Administrative Staff College on bed occupancy problems. Obtainable from the Hospital Administrative Staff College. 2s. *post free*.

Information Booklets for Guidance of Patients, 1962.

A report on methods of providing information for patients before admission to hospital. 1s. *post free*.

Manual for Hospital Visitors, 1960. 2s. post free.

Memorandum on Special Diets (revised edition, 1960).

With an introduction concerning the nutritional value of hospital dietary. 2s. *post free*.

Memorandum on the Supervision of Nurses' Health, 1963.

Recommendations for the establishment of a minimum standard of health care for nursing staff. 1s. *post free*.

Menu Book for Convalescent Homes and Similar Institutions.

Revised Edition, 1959. 2s. 6d. *post free*.

Noise Control in Hospitals, 1958.

An enquiry into noise in hospital wards and suggestions for its control. 1s. *post free*.

Noise Control in Hospitals, 1960.

A follow-up enquiry. 1s. *post free*.

Report on the Cleaning and Sterilisation of Hospital Blankets, 1959.

This Report presents available information and an assessment of the problem of cleaning and sterilising hospital blankets of various materials. 2s. *post free*.

Shortage of Dietitians.

A report by a Sub-committee set up in 1957, together with a joint report by the Ministry of Health and the King's Fund on the work of therapeutic dietitians, 1960. 2s. *post free*.

Third Memorandum on Hospital Diet, 1959.

An assessment of the standard of catering in hospitals and recommendations for improving patients' and staff meals. 2s. *post free*.

Time-Table of Out-Patient Clinics at Hospitals in the Greater London Area, 1964.

1s. post free. (free to general practitioners).

REPRINTS FROM TECHNICAL JOURNALS

(The reprints listed below are issued free on request).

Conference for Nurses on Hospital Planning Procedures.

A conference held at The Hospital Centre. "Nursing Times", January, 1964.

Disposables in Hospitals.

Trials at Acton Hospital. "The Hospital", February, 1964.

Flexible Doors.

An Investigation at Ancoats Hospital. "The Hospital" May, 1963.

Flooring for Geriatric Wards.

An investigation at West Middlesex Hospital. "The Hospital", February, 1963.

Floor Maintenance in Hospital Wards.

Trials of floor maintenance methods and equipment. "The Hospital", August, 1962.

Floor Seals in Hospital Wards.

A study on the use of floor seals on wood block floors in hospital wards. "The Hospital" in February, 1961.

Head Porters and Porters in Hospitals.

An article in "The Hospital", January, 1964.

Hospital Corridor Flooring.

Trials of different flooring materials for use in hospital corridors. "The Hospital", November, 1961.

Medicine Trolley Design—Report of a recent study.
“Nursing Times”, November, 1963.

Opening Ceremonies and Official Visits.

Advice on the arrangements for these occasions. “Hospital and Health Management” September—October, 1963.

The Influence of Ward Ventilation on Hospital Cross Infection.
An Investigation at Poplar Hospital. “The Journal of Applied Bacteriology”, December, 1963.

Toilet Cleaning Service.

An Investigation at the City of London Maternity Hospital. “The Hospital”, December, 1963.

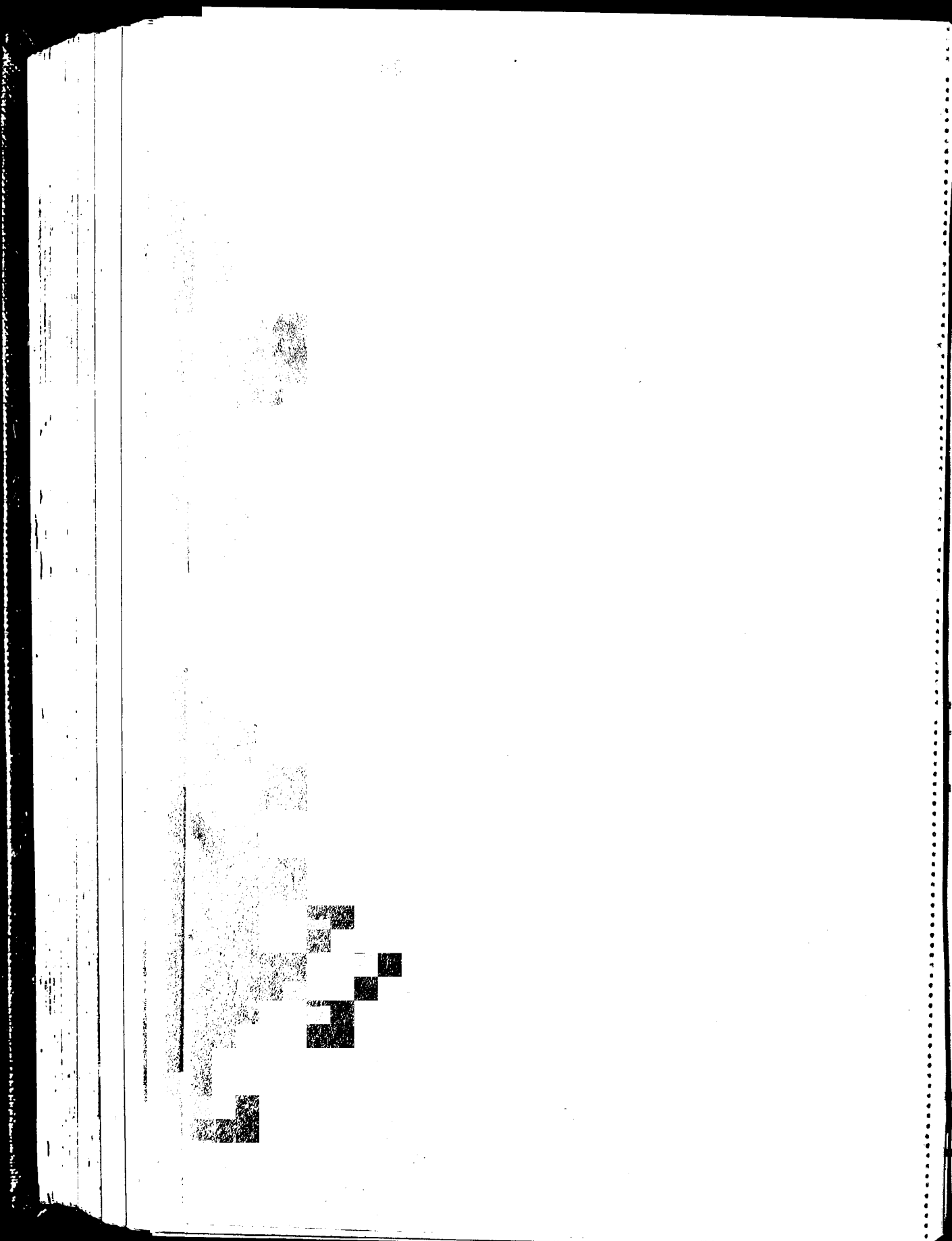
Trends in Flooring and Floor Maintenance.

Paper presented to The Hospital Domestic Administrators' Association. “Hospital and Health Management”. Summer Conference Number 1963.

Ward Housekeepers.

An Experiment at Whittington Hospital. “Nursing Times”, July, 1963.

*Forms for use in connection with legacy,
annual subscription or donation,
bankers' order and seven-year
covenant.*



LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

LEGACY

"I give free of duty to KING EDWARD'S HOSPITAL FUND FOR LONDON the sum of £.....to be either expended in such manner or invested from time to time in such investments (whether authorised by the law for the time being in force for the investment of Trust Funds or not) or partly expended and partly invested as the President and General Council for the time being of the Fund shall in their absolute and uncontrolled discretion think fit. And I direct that the receipt or receipts of the Treasurer or Treasurers or acting Treasurer or Treasurers for the time being of the Fund shall be a good and sufficient discharge to my Executors."

Residue

"I give all my property not otherwise disposed of by this my Will subject to and after payment of my funeral and testamentary expenses to KING EDWARD'S HOSPITAL FUND FOR LONDON, to be either expended, etc., etc. (as above)."

... ..
... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

... ..

FORM FOR ANNUAL SUBSCRIPTION OR DONATION

Date.....19.....

To the Secretary,

KING EDWARD'S HOSPITAL FUND FOR LONDON

34, KING STREET, LONDON, E.C.2.

I herewith enclose cheque for the sum of £.....:.....:
as an Annual Subscription/Donation to the Fund.

Kindly acknowledge receipt to the following address:—

Name

Address

.....

.....

Cheques and Postal Orders should be made payable to
"KING EDWARD'S HOSPITAL FUND FOR LONDON"
and crossed "Bank of England."

STANDING ORDER FOR BANKERS

Date.....19.....

To (Name of Bank.....
and Branch).....

Please pay on the.....day of.....19.....to
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of
"KING EDWARD'S HOSPITAL FUND FOR LONDON,"
the sum of.....and continue to
pay the same amount on the.....in each future
year until further notice.

£	s.	d.

Signature

Name
(for postal purposes)

Address

.....
.....
.....

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 income tax from the Inland Revenue;
- (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 of.....19.....

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

Signature

AddressL.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.

