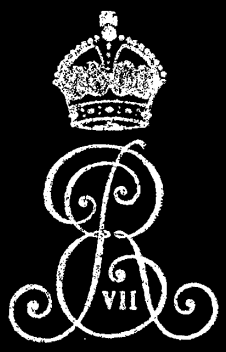
KING EDWARD'S HOSPITAL FUND FOR LONDON



SIXTY-SIXTH
ANNUAL REPORT

1962

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

KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON:
HER MAJESTY THE QUEEN

PRESIDENT:
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

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

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

SECRETARY:
R. E. PEERS

The Fund was founded in 1897 *by His Majesty King Edward VII (when Prince of Wales). 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."*

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Annual Report for the Year 1962

INTRODUCTION

THE need to create a unified Health Service, which was indicated a year ago in the Hospital Plan for England and Wales, is so generally recognised that it does not need stressing. To achieve a unified, smooth-running service must necessarily take time and will require much experimental work, and in this we are determined that the Fund should play its full part.

King Edward's Hospital Fund, by its Act of Parliament, must devote its activities to the "support, benefit or extension" of hospitals, and thus its line of approach towards closing the gaps must be through the hospitals. The hospitals will receive great support and benefit if the whole service runs in harmony. This means in practice that we must try to bring to life the concept of a district hospital as the medical centre of its district. The hospital must in fact have two separate but interlocking purposes: first, to care for the patients in its wards and clinics ; and secondly, to lend all assistance possible to the general practitioners and medical officers of health. It must not only provide technical assistance through its pathological and X-ray departments, but personal assistance and welcome, so that local doctors can be sure not only of prompt information about the admission or discharge of their patients but also of friendly and readily obtainable advice from hospital colleagues in cases of difficulty.

Several experiments are in progress now in order to try out various methods of approach. At St. Georges', Tooting Grove, where the new St. George's Hospital will eventually

be built, the Fund, which some years ago provided a small library and meeting room, has now added a dining room where general practitioners can come in for lunch and meet members of the hospital staff whether consultant or resident. This has all been done on a fairly modest scale and for contrast a much larger project with the same object in view has been undertaken at Kingston. Here a complete new building with lecture rooms, library, dining room, kitchen, etc., was opened by Mr. Enoch Powell, Minister of Health, on December 4th, 1962. In the course of his opening speech, the Minister said:

> **"The family doctor must be made free of the hospitals which serve his patients. He must enjoy the freedom of the hospital, and this cannot fully be so unless there are the physical means to express that place for him, that welcome for him, that fellowship for him, which exists in the hospitals. This Medical Centre will exist to provide precisely that physical setting and I think we all in the hospital service owe a debt to the King's Fund for having recognised that here was a key point at which they could successfully exert their influence."**

These two projects are now in operation. Whatever may prove to be their virtues or weaknesses, which time alone can tell, their experiences will be of value to the designers of the new hospitals.

ADMISSIONS AND DOCTORS INQUIRY SERVICE

Quite a different project for helping general practitioners has arisen out of the aspirations of the Whittington Hospital. Here, with financial help from the Fund, an Admissions and Doctors Inquiry Service has been set up. It was launched by Sir George Godber in November and is intended to expedite the admission of urgent patients and to provide information for doctors as to other kinds of help for their patients. In order to speed up admission procedures, the doctors of Whittington Hospital have given to the lay staff of the service authority to admit patients direct. The hospital doctors are only called to the telephone if the

general practitioner specially asks to speak to them or in case of difficulty. This service was immediately put under strain by the December fog but survived, whilst admitting patients at an average rate of one every ten minutes throughout the 24 hours. The Enquiry side has been mainly concerned in continuing the work of the Hospital Personal Aid Service in visiting old people in their homes and arranging to provide them with such domiciliary assistance as they may need, or for their admission to hospital. This service is much appreciated, particularly as the visits are normally made on the day of application. A report on this service will be issued in 1963 so that its experiences may be available to designers of new hospitals.

As was foreshadowed last year, an enquiry has been carried out by Dr. Maurice Shaw which was aimed at finding out the various ways in which the actual communications between doctors and hospitals fall short of a sufficient standard, and indeed to try to indicate what that standard should be. This has been deliberately kept to a simple basis intended to spot examples of good and bad practice but not to assess their statistical incidence. Dr. Shaw has been successful in identifying many practices and procedures that hospitals would do well to watch if they are to maintain a happy relationship with their local doctors.

POST GRADUATE EDUCATION FOR G.P.S

Another opportunity to help to close the gap between hospitals and general practitioners has arisen through the activities of the Nuffield Provincial Hospitals Trust which in October, 1961, called a Medical Conference at Oxford under the Chairmanship of Sir George Pickering to discuss both postgraduate education and the continuing education of general practitioners. This has resulted in an upsurge of interest in this subject and in the suggestion that district hospitals should provide lectures for general practitioners so that they may have full opportunity to keep up to date with medical progress. In the past, doctors have kept themselves up to date by reading the medical press. The

rate of progress in new treatments and new drugs has, however, accelerated so much in recent years that the conference has recommended a great extension of training facilities for doctors and in particular that such facilities should be available locally.

The Nuffield Provincial Hospitals Trust has set aside £250,000 to further the establishment of such training centres throughout the country except London, and the British Postgraduate Medical Federation asked if the Fund could help in London. The Fund has taken no part in medical education since 1905 when a resolution was passed prohibiting the distribution of any of the Fund's money to medical schools, in order that every penny should be reserved for the "sick poor". However, since, in 1962, poverty is no bar to admission to hospital, the Management Committee decided that they could accept in principle the proposal to help establish training centres and be prepared to consider applications from individual hospitals on their merits. By the end of the year applications were being prepared for submission in 1963.

HOSPITAL CENTRE

The foregoing paragraphs are concerned with efforts to close the gaps between the three branches of the Health Service, but there are also considerable gaps within the hospital service itself. In this respect, there is a lack of communication both of information and ideas and there is no neutral place where those working in all the branches of the hospital service can meet freely to discuss their ideas for the future or study the information available. To meet this requirement, the Fund is establishing the Hospital Centre where all can meet whether they be voluntary workers or paid and whether they work in independent hospitals, management committees, boards, or the Ministry of Health. This venture is indeed a major experiment and its success will depend on the willing co-operation of large numbers of workers in the Health Service. The idea has been much welcomed in the service and it seems probable that it will fulfil an essential role and

have the full support of the service. The Centre should have been opened by the time this report is published. It is as yet too early to give a full description of the working of the Centre but this will appear in next year's Report.

HOSPITAL PERSONAL AID SERVICE

The Hospital Personal Aid Service, which was started in 1955 as an experiment in the handling of waiting lists of old people, has proved conclusively that these waiting lists could be kept to a manageable length if sufficient effort were made to check the needs of the patients and to provide them with domiciliary or other help where this was suitable. However, the service had reached a point where it was no longer experimental and its remarkable results were recognised by the Minister himself, who, speaking at the Institute of Hospital Administrators Conference in May, 1962, said:

> **"King Edward's Hospital Fund for London have done one of their many great services by their work in recent years on the vetting of waiting lists, particularly for geriatric patients. They have provided, so to speak, a consultant service on waiting lists and have brought order out of chaos in many areas and hospitals. Under this treatment waiting lists have been found to melt away in the most dramatic fashion, to the great benefit of all concerned. The pioneer phase of this operation is now over, however, and the hospital service ought now to be able itself to produce similar results and then to maintain its waiting lists efficiently, intelligently and currently.**
>
> **"I am therefore issuing shortly a memorandum which calls upon all hospital authorities to put their waiting lists, starting with those for chronic and geriatric treatment, on to a uniform and up-to-date basis. Thereafter it will be the duty of hospital authorities to police their waiting lists continuously on simple standard principles."**

It was therefore decided to wind up this service as its objects had been accomplished, and our thanks go out to Mr. Graham and all those who made the experiment such a success.

HOSPITAL ENQUIRIES

The hospital service contains a great number of people, both management and staff, who are keen to probe all sorts of problems whether they concern equipment, staff, building or management. The publication of the Hospital Plan, with its promise of new buildings, has increased the desire for trials and experiments and added a sense of urgency as results must be ready for incorporation in the new hospitals.

The urgent need to make the best use of staff, which is also referred to later in the section headed "Nursing", has given rise to three major enquiries, two of which were completed at the end of the year. These two enquiries concerned the training of Head Porters and of Domestic Administrators. Working parties were set up to undertake these enquiries and they were run simultaneously under one Chairman, Major Simon Whitbread, Chairman of the Bedford H.M.C., to whom the Fund is greatly indebted. The Committees were as follows:—

HEAD PORTERS

Mr. C. H. Beckett, Secretary, Staff Side, Ancillary Staffs Council, Whitley Councils for the Health Services.

Mr. D. J. McCarthy, Secretary, Whittington Hospital.

The Hon. J. L. C. Scarlett, House Governor, The London Hospital.

DOMESTIC ADMINISTRATORS

Mr. C. H. Beckett, Secretary, Staff Side, Ancillary Staffs Council, Whitley Councils for the Health Services.

Mrs. B. A. Cleaver, General Secretary, Institutional Management Association.

Brigadier G. P. Hardy-Roberts, C.B., C.B.E., Secretary-Superintendent, The Middlesex Hospital.

Miss L. R. S. Titley, S.R.N., S.C.M., Matron, St. Charles' Hospital.

Evidence of present practice and opinions as to needed improvements were collected from over a hundred hospitals in the United Kingdom by the Secretary of the Working Parties, Mr. Irfon Roberts, who spent many weeks travelling and making personal enquiries. Suggestions for the necessary training were agreed and published.

THE HOSPITAL CHAPLAIN

At the same time a third working party under the Chairmanship of Mr. Selwyn Taylor, F.R.C.S., has been continuing its consideration of the role of the Hospital Chaplain. Here again it has been necessary for the Secretary, the Reverend A. E. Barton, to make personal enquiries in all parts of the United Kingdom. These so far show that surprisingly little is known about this most important subject and that the conditions and opportunities of work vary greatly. The mere fact that there are some 4,300 part-time and 107 whole-time chaplains indicates that further investigations must be made before the working party can safely reach any conclusions. Information is, however, steadily being accumulated and it should be possible to publish a report by the summer of 1964.

NEW SURGICAL BLOCK AT GUY'S HOSPITAL

Whilst these enquiries concerning staff have been in progress, a large number of enquiries and trials of equipment have been in progress. Perhaps one of the most interesting studies has been the evaluation of the new surgical block at Guy's Hospital, in which the Fund was invited to play a considerable part. The group undertaking this investigation had the benefit of Mr. P. H. Constable, House Governor of St. George's Hospital, as Chairman, with representatives of Guy's, the Ministry of Health, the South East Regional Hospital Board and the Fund. The investigators were subdivided into groups to study various aspects of the working of the new block. The work was carried out mainly by personal investigation, which necessitated visits to the hospital by both day and night. The new surgical block at Guy's is the first major hospital building to be completed in London and the results of the evaluation, which should be available by the summer of 1963, will be of the greatest value to the designers of the new hospitals.

DISPOSABLE GOODS

Since the war there has been a strong tendency to increase the use of disposable goods. The public are quite used to

paper towels but it is not generally known that a great number of other disposable items are available for use in hospitals. Plastic syringes, paper sheets, even nurses' uniforms can now be made in disposable materials and thrown away after use. A list of about 170 items now being manufactured has been compiled. Some of these have obvious advantages in reducing the danger of infection. Others must be considered from the point of view of economy. It seems, however, that major economies can only be achieved if disposable goods are almost exclusively used so that, for example, it would be possible to eliminate laundries altogether. Whether such a wholesale change is either desirable or practicable from the point of view of both patients and staff—for it raises questions of comfort as well as difficult problems of storage and disposal—can only be decided by staging a large scale experiment and this the Fund has undertaken to do. Already experiments on the scale of a whole ward have been completed and in 1963 trial will be made in applying this technique to a 100-bed hospital, which should be sufficient to provide some useful conclusions.

CATERING PROBLEMS

At the same time, the Fund's interest in catering problems continues and trials are in progress or projected in this field also. A system by which the patients' food is plated in the kitchen and conveyed automatically to the wards is to be installed at Bethnal Green Hospital at a cost of £40,000. This system is already in use in one or two hospitals on a small scale, where it is satisfactory, but there is a need for a trial on a large scale before any decision can be made to incorporate it in any of the large new hospitals. This installation should be completed in 1963 but will need to run some time thereafter before a reliable report on its efficiency, cost and suitability can be made.

The Fund has consistently fostered the provision of a choice of menu for both patients and staff as against the old system where the same meal was provided for all. The system has been widely adopted to the benefit of all and has

proved to cost no more than the table d'hôte system. Furthermore, experience shows that waste of food is greatly reduced. However, every change brings difficulties in its wake and this change has shown that the old type of heated trolley which hitherto was satisfactory is not adequate for a choice of dishes. To meet this difficulty, the Fund's Catering Adviser has designed and built at the Fund's expense three mobile serving counters which are in fact heated trolleys redesigned to carry a varied menu and to serve as a counter from which the meals can be served to the patients in the wards. The kitchen will receive from the wards a request for so many servings of each dish and will send the right quantity to the wards, where it will be put on to plates by the nursing staff. Preliminary trials in hospitals have been made with these counters and the reports are most encouraging.

INFORMATION BOOKLETS FOR PATIENTS

On entering hospital the patient can easily feel strange and even lost amidst unfamiliar circumstances. To a certain degree this is inevitable but much can be done to put him at his ease by supplying him with a little book which explains what is going on around him. Who are all these people in white coats or blue or green dresses? How do I send off a letter to my wife? Can one use a telephone? and so on. The issue of booklets for the guidance of patients is recommended by the Ministry of Health. Some hospitals already issue booklets giving factual information to patients but many do not. In an effort to encourage the production of such booklets the Fund has studied a number of those already issued and compiled a pamphlet giving guidance to hospitals as to the desirable contents of such a publication. This publication has been commended to hospitals by the Ministry.

HOSPITAL STATISTICS

The provision of financial information and advice to hospitals was combined during the year with two particular

studies of topical concern in hospital administration; first, how best to organise and prepare the considerable volume of financial and other statistics that are required for the day-to-day administration and direction of a hospital's work; and secondly, how to make the best use of the facts that are available and to revise or augment them so that hospitals may acquire an acceptable standard with which to review their own performance. Both studies follow up similar work initiated by the finance officers of the London Teaching Hospitals.

A solution to the problem of statistics is considered to depend upon being able to use modern methods and equipment in the hospital field. A study was initiated into the possible economical use of electronic computers, adopting the stores, wages, costs and other accounting work of hospitals as the most suitable testing-ground. The fundamental problems are to apply up-to-date electronic devices to such intricacies as hospital pay-rolls and the interpretation of data, and to achieve general agreement upon a standard procedure. However, it is impossible to obtain the benefits of routine computer operation without heavy initial expenditure, i.e., in plans, equipment, training and general preparatory work. To reduce the cost, it is proposed to accept help from the finance staffs of the interested hospitals, to make use of consultant advice at suitable stages, and to hire the equipment when this is possible. Although accounting work is perhaps the obvious choice for testing the use of computers, it is probable that the ability of these machines to perform extremely rapid calculations and assembly of data, will prove to have much wider usefulness in hospitals.

NURSING

Since hospitals depend so greatly on nurses, the Fund naturally keeps nursing problems very much in mind. In addition to the nursing colleges whose reports are to be found on other pages, the Fund has endeavoured to give help

wherever it can. For example, a number of enquiries and experiments have been put in motion and the Nursing Recruitment Service has helped over 1,000 girls to take up nursing. There have been some 5,000 enquiries for information about nursing careers and over 2,500 interviews have been given.

The year has seen many changes in the rules governing nurse training. These changes inevitably have an effect on recruitment, and the re-introduction of minimum educational standards which came into being in July, 1962, is a case in point. It is encouraging to see that many hospitals for mental and mentally sub-normal patients have also adopted this minimum standard for entry to their training schools, notwithstanding that it is not yet compulsory for them. It is too soon to say whether this higher standard for entry will have the desired effect of reducing the number of nurses who fail their final examination, but it seems reasonable to assume that this will be the case. For candidates who cannot produce proof of a satisfactory educational standard the General Nursing Council have devised an entrance test. By obtaining authority to administer this test, the Nursing Recruitment Service is now able to assess some border-line candidates more accurately and therefore is in a better position to suggest the most suitable type of training for them.

The work of the Nursing Recruitment Service has also been affected by the Mental Health Act, 1959, and the Immigrants Act, 1962. The former raised some doubts as to the necessity for special training in the care of the mentally ill and mentally sub-normal. It has never been easy to arouse interest in training for mental nursing, but fortunately it has been possible to reassure candidates as to the value of such training. Shortly before the latter came into force there was an increased number of enquiries from potential overseas candidates, but the number of these received fell from 2,354 in 1961 to 1,325 in 1962.

Men who wish to become nurses have to face many diffi-

culties, such as lack of residential accommodation, inadequate salaries on which to maintain a family and the lack of opportunities for promotion. Nevertheless a number of men have consulted the Nursing Recruitment Service and been placed in hospitals.

The advent of new regulations in 1964 governing the amount and variety of experience to be offered by hospitals in order to qualify as student nurse training schools has caused a number of hospitals to change over to pupil training. A hospital which cannot provide the great variety of work needed for the complete student nursing course can nevertheless provide excellent experience for those taking the pupil training. It has been appreciably easier this year to interest candidates in the latter type of training. Some have been influenced by the removal of the word "assistant" from the qualification, others by the variety of special post-enrolment courses available and again others, anticipating early marriage, have been attracted by the shorter course. Whatever the reason, this trend is welcome and has been encouraged.

GRADUATE NURSES

The normal work of the Nursing Recruitment Service concerns candidates whose education ceases on leaving school, but there has always been a wish that more of those who go on to universities would become nurses after graduation. Early in the year, this question was discussed with various University Appointments Boards and with the Vice-Chancellor of Nottingham University. In most cases the aspect that chiefly deterred potential graduates was the length of further training required, since no reduction in the normal three year course for state registration has hitherto been allowed. It is true that financial and other considerations came into the picture, but the length of training nevertheless appeared to be the principal deterrent.

The Fund, being aware of the need to encourage graduates to take up nursing, was happy to be asked by St. Thomas's Hospital for financial assistance in running a shortened

course specially designed to train graduates. The basic assumption of the new course is that girls who have undergone three years' university training will be able to absorb the theoretical aspects of nurse training much faster than their sisters who did not have this advantage. On this assumption, St. Thomas's Hospital has designed a 26-month course leading to registration. This course is intended not only for newly fledged graduates but also for other women who, having some professional qualification, wish to abandon it in favour of nursing. After careful discussions it was agreed that the Fund would provide some £40,000 during the six years beginning 1963, in order to run a full scale experiment. This experiment will be watched as it progresses and if successful it is hoped that it will be adopted as a normal training procedure to be financed by the Exchequer. However successful it may be in attracting women of high academic standard, it can never seriously affect nursing recruitment. Indeed, many people hold the view that the total number of nurses in the hospitals is never likely to increase dramatically. What is needed then is to make the best possible use of the time and abilities of trained nurses.

WARD HOUSEKEEPERS

In pursuance of this idea the Fund is giving financial support to an experiment in the use of ward housekeepers at the Whittington Hospital. The experiment is designed to see whether there can be a lessening of the sister's burden, an improvement in the care of the patients in the wards and an increase in the nursing skill available to the really sick.

The management of the ward and the care of the patients are divided between a nursing team and a housekeeping team. The ward sister must naturally retain an overall responsibility for the ward and the patients with a staff nurse as her deputy. She can, however, delegate some of her duties to the ward housekeeper who is in charge of the non-nursing team. The patients are grouped according to the amount of nursing care required. Those needing total nursing care are looked after by the nursing team and those needing only home care

by the housekeeping team. Some patients form a middle group and require the services of both teams. This experiment started in the autumn of 1962 and must run for at least a year before its result can be considered. Experiments with the same aim, to conserve nursing skill, are proceeding in many places and whatever their various virtues or defects may prove to be, they should gradually point the way to a more efficient use of hospital nurses.

NURSES' HEALTH

Whatever may prove to be the best use of nurses in hospitals, the maintenance of their health is of first importance. This is a subject in which the Fund has been interested for many years, having produced the first pamphlet on the Supervision of Nurses' Health in 1943. It is intended that a new edition should be published in the summer of 1963. For this purpose a committee under the chairmanship of Dr. Neville Goodman, lately Deputy Chief Medical Officer of the Ministry of Health, is now at work. The history of this memorandum is quite interesting. The first edition was published for the use of voluntary hospitals, before the National Health Service existed. The second came out in the aftermath of the war, when the service was still grappling with its initial troubles. The third comes when the service is fully established, but nevertheless it is still edited and published by an independent organisation albeit in the closest co-operation with the Ministry of Health. The publication of this pamphlet is, of course, a small matter, but its history shows clearly the typically English flexibility of the National Health Service.

ROYAL COLLEGE OF NURSING LIBRARY

The Fund's experiments and enquiries concerning nurses have always been of a strictly practical character but 1962 saw an unusual departure from the normal course in a grant of £5,000 to the Royal College of Nursing for the establishment of a bibliography of nursing. The Royal College has perhaps the finest library of nursing literature in the world,

but there is no complete bibliography in the English language available for students or research workers. The proposed work includes not only the literature in the Royal College library but will cover the whole English-speaking world, including university libraries in Western America which happen to be particularly rich in this respect. It is anticipated that its compilation will take three years.

GRANTS TO HOSPITALS

After fourteen years of the National Health Service, the grant-giving side of the Fund is still of great service to many hospitals. All governments, even in times of steady prosperity, must keep a check on their expenditure or it will grow until it is an intolerable burden on the taxpayer. Thus, the amount available for the Health Service must be finite and this inevitably means the establishment of a system of priorities in order to ensure that the most vital needs are met first. Unfortunately, a list of priorities is not like a bus queue where the man at the end of the queue is sure to catch a bus if he waits long enough. The priorities queue is constantly added to at the head as well as the tail and in consequence there are some things which may never reach the head, however long they wait.

Projects which have to wait may nevertheless mean a great deal to the hospital and its staff. While essential services are being provided, projects for the entertainment of the staff or for their spiritual refreshment, which could be met by building a recreation hall or a chapel, must wait and the staff suffers not only from hope deferred but also from the frustration that comes in its wake. It is in this sphere that the Fund's grants can play a most important part. We have, for example, helped in the provision of six recreation halls and three chapels as well as three gardening projects. Between them, they account for £30,000. In many cases Leagues of Friends and free monies will have provided as much again.

Since the Fund's grants are confined to London hospitals, it may at first sight seem odd that there should be such a demand for recreation halls in a huge city that contains facilities for every type of recreation, entertainment or instruction that anyone could want. But the fact is that many hospitals are inconveniently situated. In consequence it is essential that the staffs should be able to provide their own recreation on the spot and thus avoid having to spend much of their precious free time in travelling. These halls provide a wide variety of entertainment—dances, film shows, theatricals or social club facilities—all of which appeal to various sections of the hospital community. In addition, they provide a meeting ground for all staff and tend to foster the corporate spirit of the hospital.

The provision or improvement of gardens is one of the Fund's most rewarding tasks and for the hospitals in wholly built-up areas a most important function. The £1,000 grant to St. John's Hospital for Diseases of the Skin is a stage in quite a long story. This hospital took over a part of the Eastern Hospital after the war. The buildings are externally of the old institution type and are surrounded by the drab landscape of Homerton. When the Fund first interested itself in providing gardens there was available to the patients of the hospital an asphalt airing court partially used for the storage of coal. In 1952 the possibility of turning this into a garden was considered by the Fund's garden advisers and a grant of £430 was made to provide both soil and plants. Ten years later there is a well grown and pleasant garden in which the patients sit in summer. Smaller grants have since been made and in 1962 a further substantial area which mainly was too barren even to grow weeds has been taken over, and it can be expected that in due course a second garden will develop and will provide refreshment for the staff.

HOSPITALS FOR THE MENTALLY ILL AND THE SUB-NORMAL

Naturally, the same difficulties about priorities apply to mental hospitals as to general hospitals and this accounts for the fact that of the £100,000 granted to mental hospitals

no less than £63,200 has been given for the building of social centres and clubs, mainly for the benefit of the staff. Traditionally, mental hospitals were built far away from towns and in consequence their staffs are remote from centres of entertainment, and it is doubly necessary to provide them with clubs and recreation halls within the hospitals. Shenley Hospital (£20,000), St. Lawrence's, Caterham (£14,500) and Friern Hospital (£9,500) are some of the beneficiaries and constitute an addition to the long line of such grants that the Fund has made in the last ten years.

AUXILIARY HOSPITALS

This group includes convalescent and rehabilitation homes, as well as institutions providing care for the chronic sick, physically handicapped and the dying. For the most part they are small units with slender reserves, run by voluntary committees, for which the Fund's advice and help are essential in overcoming the difficulties in operation which arise from time to time. In the past year this work has gone on steadily and some fifty visits have been made, partly to give advice and partly to investigate applications for grants, which in the event amounted to about £35,000. The homes are constantly needing to give more care to the patients in order to enable them to be discharged from hospital sooner. At the same time there is a requirement for greater comfort for the patients and these together result in frequent appeals for help from the Fund. An example of this is Holmhurst Halfway Home at Wimbledon, to which a grant of £1,800 was made to extend the old people's sitting room. When the home was established by the Fund ten years ago it was considered large enough, but by present standards, which require so much more to be done for the patients in the way of rehabilitation, it has become too small for their needs. Another example is Scio House, Putney, run by the British Red Cross Society, where extensive rebuilding and modernisation of an old house were necessary. To help meet this, a grant of £2,500 was given, mainly for the improvement of the kitchen.

The last Annual Report mentioned an investigation into the dietary of old people. This work has been continued and the nutritional field work is now complete, although it will be some time before the medical investigation under the direction of the geriatrician at Whittington Hospital, is finished. An investigation is being made as to the effect on the diet of old people of "meals-on-wheels" and other supplementary forms of feeding. The results are being calculated and analysed and it is hoped to publish a report on the whole investigation in due time.

The twelfth annual Convalescent Homes Conference was again held in London, and was particularly well attended. The subject of the conference was "Bronchitis and other chronic diseases of the Lungs", this being a problem with which many convalescent homes are closely associated. A valuable aspect of the conferences is the opportunity which they give for the people who run isolated homes to meet together and discuss their various problems.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

One of the essentials of a staff college should be a constant appraisal of current problems combined with a freshness of approach. The Hospital Administrative Staff College is fortunate in having a panel of nearly 200 part-time lecturers, each of whom is an authority in his own sphere, and in receiving a continual flow of fresh information brought in by members of courses and by visitors. Since the College opened in 1951 a total of 140 courses have been held. The wide variety of the courses has substantially reduced the danger of monotony.

New types of courses were introduced during 1962. The first advanced management course in hospital administration brought together four doctors, four nurses and four administrators, all of senior level, to discuss as a combined group

some of the problems of management. A one-week's course on selection of staff also emphasised some of the selection techniques which need to be more widely used in the hospital service. These courses clearly indicated that the direction towards which the College is steadily moving is management at the higher levels.

Most regional hospital boards have recently appointed training officers whose first responsibility has been to develop training for hospital administration. The new Regional Training Officers were invited to a one-week conference at the Staff College at which all regions in England, Wales, Scotland and Northern Ireland were represented. This was the first occasion when the training officers had met together as a body and they were thus provided with an opportunity to exchange views on the development of training for hospital administration, and to develop the spirit of co-operation which will be essential for the good of the service.

The new Regional Training Scheme inaugurated by the Ministry of Health started in July and is complementary to the National Training Scheme, which is the responsibility of the University of Manchester and the Hospital Administrative Staff College. The regional scheme is the responsibility of the Regional Staff Advisory Committees, but the Universities of Leeds and Manchester and the College are responsible for providing the theoretical content of the course. For this purpose the Staff College is responsible for the theoretical training of the students of the four metropolitan regions and the Wessex Region in conjunction with their respective training officers. A series of discussions with these officers has enabled effective working arrangements to be established and the scheme is running satisfactorily.

The 7th National Training Course began the three-year course in July and, at the same time, the members of the 1st Regional Training Course commenced their two and a half-year course. The Staff College now carries a responsibility for three groups of national trainees together with a

group of regional trainees. This year saw the completion of the 4th National Training Course, the members of which found satisfactory permanent posts.

EUROPEAN CONFERENCE

Another new enterprise was a Western European Conference lasting one week and opened by Lord McCorquodale. This brought together for the first time representatives of twelve European countries to discuss matters of hospital organisation with special emphasis on administrative staffing and training for hospital administration. The participants included Directors General of Medical Services, University professors, senior hospital administrators and representatives of the Ministry of Health, the Scottish Home and Health Department, the World Health Organisation, the International Hospital Federation, the Nuffield Provincial Hospitals Trust and the Institute of Hospital Administrators. A participant from each country had been asked to write a paper on the administration of the health service in his country and each paper was debated in turn. These debates showed that although no other country has a service based on a single Act of Parliament, each country has evolved its own method of ensuring that no one shall lack medical assistance. The papers and a summary of the debates will be published as soon as possible.

The Minister of Health and senior officers of the Ministry attended the Conference Dinner. The Minister congratulated the King's Fund upon the great success of their initiative in organising the conference and expressed the appreciation of the Ministry of Health and of the National Health Service for the co-operation of the King's Fund in so many of their vital concerns. He referred to the need for research in every form and at every level, and to the problems of hospital administration. He hoped that the study projects at present in hand in this country might be of some interest in Europe, and he concluded by saying that:

> **"Efficiency in hospital administration is directly in the interest of the hospital patient and that the reason why all**

of us pursue it is not for its own sake, not for some economic advantage, but because only so can we be sure that the resources of which in our respective ways we dispose are being applied to the best benefit of the hospital patient."

At the end of the conference there was a strong feeling among the participants that it should be repeated by the King's Fund in conjunction with the International Hospital Federation, and that the ideas developed should be further pursued.

OTHER COURSES

Other courses held during the year included a course at which architects, engineers, doctors and administrators, and representatives of the Ministry of Health, came together for a week to consider some of the aspects of the development and management of a hospital building project. This was the third of three experimental courses, one of the aims of which was to review the reasons for delays in developing and carrying out a building programme. The importance of this subject is such that further courses are being held during 1963 and 1964.

The work study training and the appreciation courses are now established on a firm basis and it has been possible to devote some time to research and development,, particularly in respect of statistical methods and management indices. There has also been continual development of training methods, exercises and material.

In addition to the training and appreciation courses, a one-week experimental refresher course for work study officers was held in December. This was intended to give experienced work study staff an opportunity of discussing mutual problems, and of learning of developments in work study techniques. The success of this course justifies the provision of two further similar courses in 1963.

Mr. Mickelwright, who was honoured by the award of the O.B.E. in the 1963 New Year Honours, has played the

major part in the growth of the College from its foundation. His unremitting efforts, first as Vice-Principal and since 1955 as Principal, have been vital to the building up of the College to its present stature. It is therefore with great regret that his forthcoming retirement in August, 1963, has to be recorded. When the College was founded, the Health Service had only recently been established and it had not been possible for the Regions or the Ministry to give any attention to the problems of training apart from encouraging the courses already provided by the Institute of Hospital Administrators. The situation today is radically different and the Fund will have to give much thought to the part to be played by the College in the changed circumstances. An inspiring task will fall on the shoulders of Mr. F. R. Reeves, now Group Secretary of Winchester H.M.C., who has been appointed the new Principal.

The whole hospital world, and the King's Fund in particular, are indebted to Mr. Mickelwright for his admirable work at the Staff College and he carries into retirement the thanks and affection of all associated with the hospital service.

STAFF COLLEGE FOR WARD SISTERS

The original purpose of the College—the oldest established in the King's Fund—was to hold courses for newly-appointed ward sisters and staff nurses, to help them consider and discuss problems of ward administration and ward teaching and gain a wider knowledge of the Health Service. The demand for places on these courses is still as keen as ever. Even busy hospitals suffering from shortage of nurses contrive to arrange, several months in advance, to send some of them on these courses.

As there are only 44 places available for the two twelve-week preparatory courses during the year, a number of suitable applicants have, unfortunately, to be turned away and have to take up their appointments as ward sisters or charge nurses

without going through this valuable preparatory course. It seems to be a matter for serious consideration whether the courses should not be regarded as an essential part of a ward sister's training rather than being available only for a privileged few as is now the case. The number of candidates to be considered would be so large, however, that their training could not be undertaken by the Fund.

During the year six courses have been held, some preparatory and some refresher; the refresher courses, for senior ward sisters and charge nurses from general and psychiatric hospitals, are of four weeks duration. Their purpose is to provide the participants with the opportunity of meeting their colleagues in a calm atmosphere away from the urgent demands of the ward, so that those taking part can consider problems objectively and discuss with leaders of the nursing profession some of the far reaching proposals now under consideration which will directly affect nursing care given to patients both in the hospital and in the home.

The Minister of Health has indicated that, in matters such as progressive patient care and the type and size of new hospital wards, the leaders of the ward team should in future always be consulted. The College fulfils a valuable function in providing a place in which discussion of this kind can take place.

STAFF COLLEGE FOR MATRONS

The main work of the College centres round preparatory courses in nursing administration and the courses given during 1962 were filled to capacity. Experience during the last ten years appears to emphasise the value of residential, as opposed to non-residential, courses—the reason probably being that, if students live as a community, they have more time to discuss shared experiences than would otherwise be the case and that such discussions leave a more lasting impression than those in the classroom.

A matron is constantly concerned with exercising her judgment and making decisions; her ability to exercise these faculties obviously affects the standard of nursing care given in a hospital. One of the most important aims of the College has always been to inculcate into the minds of students the necessity for, and the capacity to, think imaginatively and not merely within departmental confines. It is for this reason that much emphasis is laid on "field" assignments, since they give students the opportunity to associate with highly experienced administrators both in hospitals and industry who help to stimulate thinking, as well as produce new ideas.

There appears to be plenty of evidence, too, that those who hold senior appointments in hospitals also welcome the attachment of students and that the latter are able to make a considerable contribution, during their stay, to hospital life. As one matron wrote: "We are very pleased indeed to welcome students from Holland Park at any time. We enjoy having them here and the opportunity for the exchange of views which such visits provide. It is important that there should be a two-way traffic and the students always make a real contribution to the life of the hospital while they are with us."

Of considerable interest at present, in the context of the costs of nursing care, is the greater use being made of part time and married staff in wards and departments. This is raising considerable problems for the nursing administration of a hospital, and the provision of new types of disposable and central sterilising equipment necessitates alterations in nursing technique and the re-education of staff.

SCHOOL OF HOSPITAL CATERING

During the year all courses were well supported and there were a number of people on the waiting list for the 1963 programme. Eighteen courses were held; six in practical cookery and twelve in refresher and special subjects. One hundred and seventy-three students attended. In addition

two hundred and thirty-eight students attended particular one-day and half-day sessions on various catering subjects. Two symposia were held on the subject of "Catering for the Smaller Hospital"; one for matrons from the South East Metropolitan Region and the other for those from the North East Metropolitan Region.

TRAINEE CATERING OFFICERS' COURSE

The third seven-months' course for selected students seconded from hospitals ended in October and certificates were presented by Lord Newton, Joint Parliamentary Secretary to the Ministry of Health. The students completed their training successfully and, as in previous years, the co-operation of the Nuffield Provincial Hospitals Trust made it possible for a number of hospitals outside London to participate. Some 27 hospitals co-operated in providing attachments for these students, which was much appreciated. There is a great demand within the service for caterers holding the School's certificate and the students have all obtained suitable posts.

COOKERY AND OTHER COURSES

In September Mr. H. C. Jupp, who had been Chef Instructor since the School opened, took up an important post in a College of Further Education and was succeeded by Mr. A. H. Kyiet, a former trainee catering officer at the School. Forty-six students attended courses during the year and very good reports have been received from the hospitals concerning the value of this training. Thirteen catering officers, twelve head chefs and twenty-four dining room supervisors attended refresher courses. The demand for this type of course continued to be heavy and, in particular, the dining room supervisors' course still carries a waiting list from year to year. Seven special courses, attended by sixty-six students, included a new one for nurse caterers and a five-day full-time "repeat" of a former part-time course in public speaking for dietitians, both of which were well received and were valuable to the participants. Courses were also held in

staff management and nutrition for catering officers, in catering administration for assistant catering officers, and for the national trainees and prospective matrons from the Fund's Staff Colleges.

OTHER ACTIVITIES

In addition to the symposia already mentioned, special sessions were arranged for students from the Royal College of Nursing, hospital and group secretaries, overseas administrators and ward sisters from the Fund's Colleges. Among the other gatherings held was a successful meeting of group dietitians, which was of great value to these officers in the discussion of their problems with the Nutritional Advisers of the Ministry and the Fund.

FUTURE OF THE SCHOOL

When the School was established in 1951 one of the most urgent needs was to provide practical cookery courses because many hospitals were unable to obtain such training for their staff. Since that time the number of technical colleges providing practical cookery training has so increased that reasonable facilities are now available to the majority of hospitals throughout the country, and the need for the School to supplement these facilities is no longer a matter of urgent concern.

During the year a re-appraisal of the work of the School has been undertaken by a special committee which obtained the views of all parties concerned with hospital catering. In the light of the evidence received, this committee felt that the changing needs of the hospitals could best be met if the School concentrated on training in catering administration rather than, as at present, dividing its resources between administrative and cookery courses.

Considerable difficulties are being experienced by the hospitals in the recruitment of catering officers and supervisors who are properly trained in the special administrative requirements of hospitals, not only to replace normal wastage

but to provide for newly established posts. So far the only specialist training in this connection has been through the School's busary and trainee catering officers courses, amounting to a maximum of twelve students per annum. The School has endeavoured to supplement this by short special courses, but it has not yet been able to meet the need for this type of training.

Accordingly, the Fund has decided that practical cookery courses shall be discontinued after the completion of the 1963 programme, so that the School may extend the scope of its training in the special administrative requirements of hospital catering. Consideration is now being given to the revision of existing courses and the provision of new courses and training schemes, so that the School can continue to contribute towards the needs of a modern hospital service.

EMERGENCY BED SERVICE

The total number of cases dealt with during the year was 65,972, compared to 64,407 during the preceding year. The extra demand was wholly confined to the winter months, and the fear that the introduction of Subscriber Trunk Dialling would cause more doctors to use the service has not so far been realized.

The first sign of the winter's impending troubles occurred in early December. On the 3rd, dense fog with a high degree of atmospheric pollution again settled on London. This resulted in a flood of applications to the service and on December 5th, 394 requests for general acute beds were received. The only occasion on which this figure has been exceeded was on December 9th, 1952, when in similar conditions applications numbered 492. Fortunately the fog lifted during the 6th and, though it formed again for the next night or two, requests for beds rapidly fell to normal. As far as the service was concerned, the chief differences between this fog and that of 1952 were the shorter duration

and the absence of influenza. Hence the hospitals were probably under less pressure during the period immediately preceding this fog, and applications were some 300 a week below the figure for 1952.

At the end of December the usual sharp rise began a prolonged period of stress caused by the exceptionally cold weather, which starting on Boxing Day persisted for the remainder of the winter. By January 26th, weekly applications had climbed to 1,800, and remained above this figure almost continuously until March 8th, after which they fell rapidly to normal. The peak figure was 2,058 for the week ending January 29th. Although the weekly figure has been exceeded on several previous occasions, so long a continuous period of stress has never before been experienced. The situation was aggravated by the occupation of many hospital beds by patients who had recovered and were fit for discharge, but who could not be sent back to frozen-up and flooded homes. Towards the end of the winter a number of hospitals also reported a high incidence of sickness among the nursing staff, and the E.B.S. also suffered more than usual in this respect.

To sum up—the winter was one of the most difficult in the experience of the service and Red Warnings were in force from December 5th to 9th and again from 25th January to 21st February.

INFECTIOUS CASES

In its Annual Report for the year ended 31st March, 1961, the service expressed anxiety about beds for infectious cases, and put forward the view that the decrease in the number of these beds might have proceeded too far. This opinion is supported by the experience of the year under review. During the winter there was a minor epidemic of gastro-enteritis, mainly among young children and babies. Such cases are almost always unacceptable to general hospitals, and in February, 1963, 139 out of 759 fever admissions were admitted through the Medical Referee procedure. In

addition, there was a number which it proved impossible to admit. These patients, mostly from L.C..C welfare homes, were not seriously ill, and their admission was requested mainly for public health reasons.

It seems that the maximum number of infectious cases that can conveniently be admitted to the existing fever beds is about 650-700 a month, and that applications in excess of this cause much difficulty. While it is true that monthly applications are substantially below this figure most of the time, small epidemics can easily cause serious trouble.

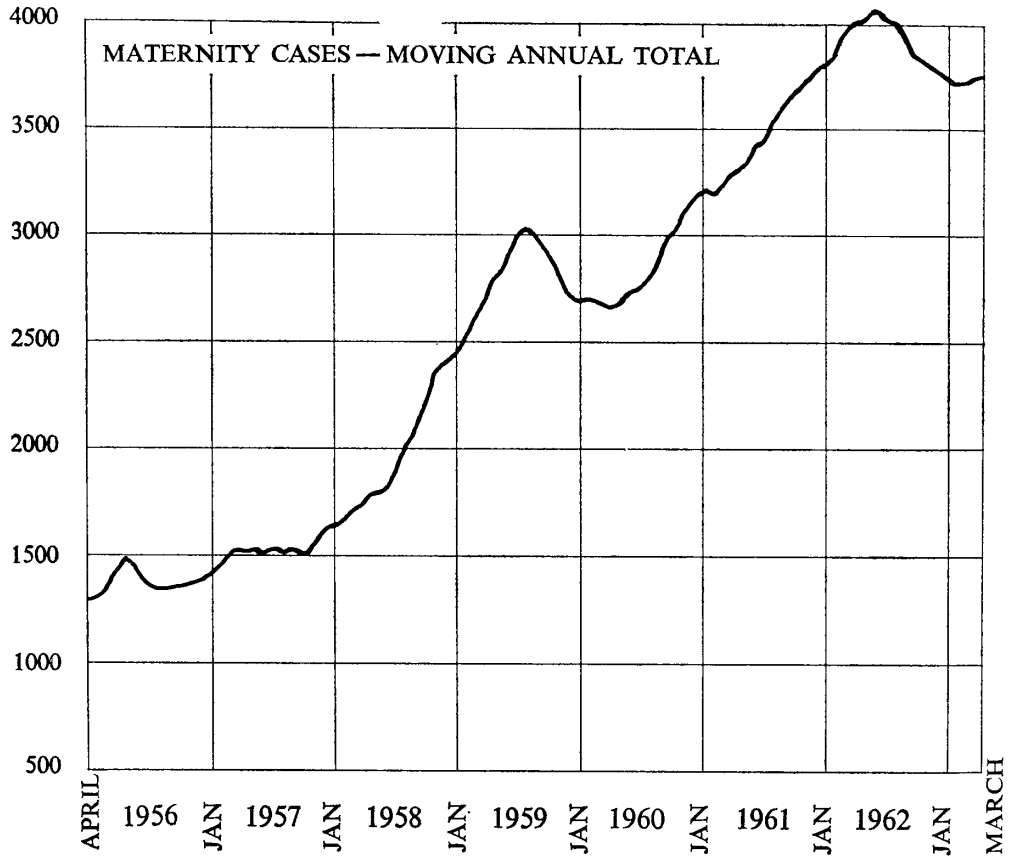
MATERNITY CASES

From June 1962 to January 1963 the maternity situation showed some signs of improvement, and in each month during this period there was a modest decrease compared to the corresponding month of the previous year. In February, however, this trend was reversed and in March the service was asked to find beds for 504 women in labour—the highest monthly figure ever recorded. The graph on page 34 shows the moving annual total number of maternity cases dealt with by the service from April 1956 to March 1963.

As before, the majority of these patients needed a hospital confinement for housing and not obstetric reasons and in most cases it was known well in advance that a hospital bed would be required. This undesirable state of affairs was first mentioned in the Report for 1957, when it was pointed out that a last minute rush to obtain an "emergency bed" for a patient, who only became an emergency through failure to provide a bed in advance, was unfair to the patient, to her family doctor, and to the service. Since this time the Emergency Bed Service has continued to protest at having to deal with "deliberate emergencies". *

Of the 489 admissions in March 1963, it was necessary on 103 occasions to employ the Medical Referee procedure, each of which presumably entailed erecting an extra bed in

* *Lancet—14 Oct., 1961, P. 861 and 11 May, 1963, P. 1038.*


MATERNITY CASES — MOVING ANNUAL TOTAL
4000
3500
3000
2500
2000
1500
1000
500
APRIL
1956
JAN
1957
JAN
1958
JAN
1959
JAN
1960
JAN
1961
JAN
1962
JAN
MARCH

the receiving hospital. In addition to this, there were two cases for whom, despite all efforts including the use of the Referee procedure, it proved impossible to find a bed and the women had to be delivered at home. The dangers inherent in a breakdown of the Medical Referee system are obvious, and the general position regarding the admission of unbooked maternity cases has become worse than ever before. It is difficult to reconcile these persistent difficulties with the fact that in the County of London over 80% of confinements already take place in hospitals, but the position appears to require urgent action.

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

year that the final instalment of the contribution from the Nuffield Trust for the Special Areas had been received during 1961, a further unexpected gift of £11,517 was received this year bringing the final total to £1,911,517. This makes the Trust by far the largest supporter in the history of the King's Fund, and all connected with the Fund are most sincerely grateful to Lord Nuffield and the Trustees.

There is still a strong tradition in this country that hospitals are among the most deserving of destinations for a legacy, and many have felt, with the advent of the Health Service, that the King's Fund makes a very strong appeal in this respect. Legacies to the Fund are usually treated as accretions to capital and can therefore be regarded as 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 1962 income amounted to £574,953, together with legacies at £50,319, while expenditure amounted to £501,297.

In view of the heavy expenditure expected in 1963 on acquiring and equipping the new premises for the Hospital Centre, the Staff College for Ward Sisters and the School of Hospital Catering, it has been thought advisable to set aside £135,000 out of this year's income towards the anticipated cost.

ACCOUNTS, LEGACIES

AND

LIST OF GRANTS

KING EDWARD'S HOSPI

BALANCE SHEET as at

	£	£	£
Fund Accounts:			
Funds to be retained as Capital:			
As at 31st December, 1961	2,219,105		
Add: Receipts during 1962	18,298		
		2,237,403	
General Funds:			
As at 31st December, 1961	4,966,560		
Add: Balance of Grant made prior to 1960, lapsed	7		
„ Amount transferred from Income and Expenditure Account	436		
		4,967,003	
Special Funds: per Schedule		23,191	
			7,227,59
Grants Retained (awaiting appropriate time for payment):			
Hospitals and Convalescent Homes		409,867	
Development Committee projects		71,241	
Amount appropriated from Nuffield Trust for the Special Areas		90,000	
Amounts received for allocation to Homes for Aged Sick (Special Legacy)		71	
Special Donation for other purposes		100	
			571,279
Liabilities:			
Administration and Other Expenses			24,189
Suspense Accounts (Leasehold Properties):			
Amount received for dilapidations		540	
Sinking Fund Appropriations		11,207	
			11,747
Special Reserve:			
Amount set aside towards cost of acquiring and equipping properties (see page 36)			135,000
			£7,969,812

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 income over expenditure for the year

5, London Wall Buildings,
London, E.C.2.
14th June, 1963

TAL FUND FOR LONDON

31st DECEMBER, 1962

	£	£	£
ECURITIES:			
STOCKS AND SHARES, etc., held for:—			
Capital Funds	2,773,219		
Less Realised net profits	554,827		
		2,218,392	
General Funds	4,201,774		
Add Realised net losses	198,548		
		4,400,322	
		6,618,714	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital		20,000	
		6,638,714	
Special Funds		23,158	
		6,661,872	
Valuation of Securities			
Quoted, at Market Value	8,756,634		
Unquoted, at Treasurer's Valuation	197,948		
	£8,954,582		
REEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES	1,689,677		
Less Realised profits	775,928	913,749	
EVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of		1	7,575,622

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.

URRENT ASSETS (including £33 for Special Funds):			
Balances at Banks and Cash in hand		150,200	
Deposit at short notice		175,000	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400)		68,990	394,190
			£7,969,812

NOTES:—

(a) *The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.*

(b) *The total cost of properties for Staff Colleges and Homes for Aged Sick is £578,405. Of this amount £567,878 and the cost of furniture and equipment owned by the Fund has been written off to Income and Expenditure Account or to Special Appropriation Fund as and when such expenditure has been incurred.*

(c) *In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.*

ASHBURTON, *Treasurer*

EDWARD'S HOSPITAL FUND FOR LONDON.

nowledge and belief were necessary for the purposes of our audit. In our opinion kamination of those books. We have examined the above Balance Sheet and the ccount. In our opinion and to the best of our information and according to the und's affairs as at the 31st December, 1962, and the Income and Expenditure nded on that date.

DELOITTE, PLENDER, GRIFFITHS & Co.,
Chartered Accountants

	£	£	£
GRANTS made 1962		285,912	
Less: Balance of Grants made after 1959, lapsed		9,060	276,852
EXPENDITURE ON SPECIAL SERVICES, ETC.:			
The Hospital Centre	349		
Division of Hospital Facilities	19,793		
Catering Advisory Service	10,543	30,685	
Nursing Recruitment Service	11,019		
Capital Expenditure	111	11,130	
Staff College for Ward Sisters	13,486		
Capital Expenditure (including £ 13,594 on new premises)	13,682	27,168	
Staff College for Matrons	9,737		
Capital Expenditure	6,125	15,862	
School of Hospital Catering	13,259		
Capital Expenditure	120	13,379	
Hospital Administrative Staff College	60,109		
Capital Expenditure	909	61,018	
Hospital Personal Aid Service	10,287		
Less: Amount contributed by the Metropolitan Regional Hospital Boards	2,000		
		8,287	
			167,529
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, Allowances, and Superannuation Contributions		27,399	
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc.		3,865	
Printing and Stationery, Telephone and Postage		3,681	
Miscellaneous Expenses		2,546	
			37,491
OTHER EXPENSES:			
Office Furniture and Equipment		563	
Legal and Other Professional Fees		10,052	
Visiting Expenses		674	
Publications: Cost less Sales		861	12,150
APPROPRIATION to Leasehold Sinking Fund			775
			501,297
AMOUNT SET ASIDE towards cost of acquiring and equipping properties			135,000
TRANSFER TO GENERAL FUND:			
Balance of Excess of Income over Expenditure			436
			£636,733

THE YEAR ENDED 31st DECEMBER, 1962

	£	£
INCOME from:		
Securities	461,046	
Freehold and Leasehold Properties	104,235	565,281
SUBSCRIPTIONS:		
Annual	3,386	
Under Deeds of Covenant for a stated number of years	2,881	
	6,267	
DONATIONS:		
Annual and other	3,405	9,672
		574,953
SPECIAL RECEIPTS (Balance per Account on next page)		61,780
		£636,733

SPECIAL RECEIPTS

	£
SPECIAL APPROPRIATION from General Legacies	56
TRANSFER TO INCOME AND EXPENDITURE ACCOUNT:	
Balance of Special Receipts	61,780
	£61,836

SPECIAL FUNDS 31st DECEMBER, 1962

	£	£	£
SPECIAL ANONYMOUS TRUST (1930):			
CAPITAL ACCOUNT:			
Balance at 31st December, 1961		20,000	
Less: Loss on realisation of investment		932	
		19,068	
INCOME ACCOUNT:	£		
Balance at 31st December, 1961	1		
Add: Income 1962	679		
	680		
Less: Payments made o/a building	679		
		1	
			19,069
MRS. L. L. LAYBORN TRUST (1943):			
CAPITAL ACCOUNT:			
Balance at 31st December, 1961		4,090	
INCOME ACCOUNT:			
Balance at 31st December, 1961	72		
Add: Income 1962	150		
	222		
Less: Paid to St. Luke's Nursing Home for the Clergy	221		
		1	
			4,091
J. R. CATLIN, DECEASED, TRUST:			
Balance at 31st December, 1961		30	
Add: Income 1962		1	31
			£23,191

NOTE:

The Special Funds are represented by assets maintained in separate designated accounts made up as follows:

Securities	23,158
Balances at Banks	33
	£23,191

DURING 1962

	£
General Legacies—per Schedule	50,319
Nuffield Trust for the Special Areas (Final payment)	11,517
	£61,836

RECEIPTS FROM LEGACIES IN 1962

	£
General:	
Edward Skelton Bellasis	3,230
Mrs. Alice Ann Bishop	4,987
Mrs. Ethel Kate Burnege	8
Miss Alice Maud Cannington (Discretionary)	500
Viscount Devonport	250
Mrs. Annie Elizabeth Emerson	552
George Hunt Heigham	6,400
Robert James Belcham Hoare	6,068
Mrs. Emma Jane Jay	569
Charles Louch	450
Dr. Edward Charles Masser	19
Ernest Tom Nethercoat	21,824
Miss Annie Elizabeth Rait	360
Frank Samuel	146
Mrs. Maud Ellen Kirby Skinner	4,753
Alexander Carmichael Stewart	192
Mrs. Alice Mary Vaughan	11
	£50,319
Capital:	
Henry William Marshall	1,374
Mrs. Anne Marshall	14,443
Mrs. Florence Mary Hames	2,481
	£18,298

	£
Archway H.M.C.	
Whittington Hospital—tennis court	735
Bermondsey and Southwark H.M.C.	
St. Olave's Hospital—central crockery wash	2,500
Botley's Park H.M.C.	
Swimming pool for patients and staff	6,700
Bromley H.M.C.	
Stepping Stones House—extension	13,500
Farnborough Hospital—social centre	5,000
Carter Foundation	50
Catherine House for Gentlewomen, St. Leonard's	
Extension of central heating..	548
Catisfield House, Hove	
Food trolley	75
Central Council for District Nursing	5,250
Central Middlesex H.M.C.	
Leamington Park Hospital—day block	3,500
Willesden General Hospital—recreation hall	1,000
Charing Cross Hospital	
Charing Cross Hospital—ward lavatories and bathrooms	850
Fulham Hospital—re-equipping and furnishing of geriatric wards	2,250
Chelsea and Kensington H.M.C.	
St. Stephen's Hospital—chapel organ	810
Spastic children's unit in Cheyne Walk	2,500
Children's Home, East Grinstead	
Decorations	75
Claybury H.M.C.	
Bowling green and patients' cricket pavilion	3,500
Council for Music in Hospitals	250
Croydon H.M.C.	
Queen's Hospital—improvements to garden and building of summer house	475
Dedisham Convalescent Nursery School, Slinfold	
Dishwashing machine	150
Derwent House, Chislehurst	
Recreation hut	2,000

GRANTS MADE IN 1962

	£
Edith Priday Home, Blackheath	
Decorations and kitchen improvements	1,736
Elderly Invalids' Fund	4,500
Epping H.M.C.	
St. Margaret's Hospital—club house for all grades of staff	3,000
Epsom League of Friends	
Community centre	2,000
Essex County Association for the Blind Nursing Home	
Laundry equipment	1,200
Fairfield House Open Air Residential School, Broadstairs	
Improvements to kitchen premises	460
Fallowfield Halfway Home, Chislehurst	
Lift	1,100
Finchley Convalescent Home	
Sun lounge	775
Foxholm, Bognor Regis	
Interior decorations	700
The Gables Halfway Home, Blackheath	
Lift	1,200
Greenwich and Deptford H.M.C.	
Miller General Hospital—extension of children's ward ..	3,000
Hackney H.M.C.	
Hackney Hospital—improvements to chapel	2,000
Hailsham H.M.C.	
Hill House Hospital, Rye—new school building and extension to occupational therapy buildings	6,000
Harefield and Northwood H.M.C.	
Harrow Hospital—recreation hall	5,000
Wembley Hospital—prefabricated building as changing room for non-resident staff	500
Harrison Homes	
New rest home	1,500
Hertfordshire Seaside Convalescent Home, St. Leonard's	
Furnishings	385
Holloway Sanatorium	
Accommodation for industrial therapy	3,000
Garden improvements and shelter	584
Holmhurst Halfway Home	
Enlargement of sitting room	1,800

	£
Homes of St. Giles for British Lepers	
Building accommodation for two more patients	3,500
House Beautiful, Bournemouth	
Television	50
Ilford and Barking H.M.C.	
Dagenham Hospital—improvements to patients' television service	750
—garden chalet	300
Independent Hospitals Association	300
Invalid Children's Aid Association	
Brentwood School—washing machine	123
John Horniman School—equipment	212
Meath School—washing machine	114
Pilgrims School—kitchen equipment	68
John Howard Convalescent Home, Brighton	
Decorations	750
Interior improvements	2,000
Lambeth H.M.C.	
South London Hospital—3 food trolleys	700
—non-residents' changing rooms etc.	2,000
Lulworth Court, Westcliff-on-Sea	
Kitchen improvements	1,600
Mental After Care Association Home, Westgate	
Establishment of home	100
Middlesex Hospital	
Noise abatement	5,000
Mildmay Convalescent Home, Worthing	
Central heating	1,000
National League of Hospital Friends	600
Netherne H.M.C.	
Extension of staff social club	5,000
New Southgate H.M.C.	
Friern Hospital—refreshment pavilion and patients' club house	9,500
Halliwick Hospital—art therapy department	4,000
New Victoria Hospital, Kingston	
Kitchen improvements	600
Theatre improvements	4,000

GRANTS MADE IN 1962

	£
Queen Elizabeth H.M.C.	
Hackney Hospital—non-resident staff dining room ..	422
Ranyard Memorial Home, Lewisham	
Loss on opening	2,000
Romford H.M.C.	
Oldchurch Hospital—recreation hall for staff	8,000
Royal College of Nursing—Bibliography of Nursing	5,000
Royal Earlswood H.M.C.	
Lift	7,000
St. Bernard's H.M.C.	
Improvements to grounds	850
St. Ebba's and Belmont H.M.C.	
St. Ebba's Hospital—supplementary grant for staff social club	2,000
St. George's Hospital, Tooting Grove	
Dining and common rooms for medical staff and general practitioners	5,000
St. John's Hospital for Diseases of the Skin	
Homerton Hospital—garden	1,000
St. Joseph's Hospice	
Towards rebuilding	2,757
St. Joseph's Institute, Edmonton	
Foul washing machine	815
St. Lawrence's H.M.C.	
Staff social centre	14,500
St. Michael's Convalescent Home, Westgate	
Improvement of bedrooms	500
Samuel Lewis Convalescent Home, Walton-on-Naze	
Kitchen improvements	150
Scio House	
Kitchen improvements	2,500
Shenley H.M.C.	
Staff social centre	20,000
Patients' clothing shop	1,000
Spelthorne St. Mary, Thorpe	
Converting boilers to oil firing and repairs to laundry and roof	1,618

GRANTS MADE IN 1962

	£
South West Middlesex H.M.C.	
Perivale Hospital—recreation hall	2,500
West Middlesex Hospital—new central stores	3,000
—outings for patients and equipment for psychiatric day hospital	1,100
Stepney H.M.C.	
Mile End Hospital—improvements to chapel	1,300
Surrey Convalescent Home for Men, Seaford	
Improvements to central heating	1,000
Whittington Halfway Home, Highgate	
Fitting washbasins in bedrooms	269
Expenses of Convalescent Homes Conference	320
Token grants to Hospitals and Convalescent Homes	3,035
Survey of Dietary Needs of the Elderly	1,000
Experiments and Enquiries:	
Bedside lockers for patients' clothes	400
Detergent dispensers	70
Disposable items	2,000
Equipment and design	5,700
Establishment of kitchen on Ganymede system	40,000
Evaluation of surgical block at Guy's Hospital	250
Films for hospitals	1,800
French tray system	100
Linen replacement service	2,450
Microwave oven	500
Noise control posters	2,172
Use of frozen foods	110
Toilet cleaning services	424
Visitors' exchange system	250
Wall surfaces	1,625
Ward design	3,000
Whittington Hospital experiment in organisation of ward work	2,000
	£285,912

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Background Music in Hospitals

A report of trials of background music services in different hospital departments. Reprint of an article published in "Hospital and Health Management" in July, 1962. *Free.*

Directory of Convalescent Homes, 1963

A directory containing details of nearly 200 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions is published annually. The information includes types of patient accepted, treatment, diets, charges and daily routine. There is an easy-reference index. 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

A report of an enquiry into the provision of filmshows for the entertainment of patients and for the instruction of staff. 45 pp. 1s. *post free.*

Flexible Doors

A report of trials of PVC and rubber flexible doors. Reprint of an article published in "The Hospital" in May, 1963.

Floor Maintenance in Hospital Wards

A report of trials of floor maintenance methods and equipment. Reprint of an article published in "The Hospital" in August, 1962. *Free.*

Floor Seals in Hospital Wards

A report of a study on the use of floor seals on wood block floors in hospital wards. Reprint of an article published in "The Hospital" in February, 1961. *Free.*

Flooring for Geriatric Wards

A report of trials of different flooring materials for use in geriatric wards. Reprint of an article published in "The Hospital" in February, 1963. *Free.*

General Hospital Diets

A guide to the cost of feeding patients, with menus and recipes (third edition December, 1959). 2s. *post free.*

Head Porters, 1963

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

Hospital Corridor Flooring

A report of trials of different flooring materials for use in hospital corridors. Reprint of an article published in "The Hospital" in November, 1961. *Free.*

Information Booklet for Patients, 1962

A report on methods of providing information for patients before admission to hospital. 24 pp. 1s. *post free.*

Interim Report on the Cleaning and Sterilization of Hospital Blankets, 1959

This Report presents available information together with an assessment of the problem of cleaning and sterilizing hospital blankets of various materials. 59 pp. and tables. 2s. *post free.*

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

Map of Hospitals within the London Area

Revised edition, 1962. 20s. *post free.*

Menu Book for Convalescent Homes and Similar Institutions

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

Memorandum on Special Diets (revised edition 1960)

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

Memorandum on the Supervision of Nurses' Health

Third edition to be published in 1963. Recommendations for the establishment of a minimum standard of health care for nursing staff. 1s. *post free.*

Noise Control in Hospitals, 1958

A report of an enquiry into noise in hospital wards together with suggestions for its control. 1s. *post free.*

Noise Control in Hospitals, 1960

A report of a follow-up enquiry. 1s. *post free.*

Third Memorandum on Hospital Diet, 1959

The Memorandum refers to improvements which have been effected in many hospital kitchens, and deals with dining room arrangements and the type of meals provided for resident and non-resident staff. 2s. *post free.*

Time-table of Out-Patient Clinics at Hospitals in the Greater London Area

January, 1963. 1s. *post free.* (free to general practitioners).

OTHER PUBLICATIONS

Catering Circulars

From time to time circulars on hospital catering and diet are published by the Fund's Hospital Catering Advisory Service. At present the following circulars are available:

Care of Equipment. 2s. *post free.*

Layout and Design. 1s. *post free.*

Hospital Administrative Staff College

Pamphlet entitled *The Career of Hospital Administration*, intended to provide information about the hospital service for those who may be desirous of taking up hospital administration as a career.

Hospital Bed Occupancy, 1954

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

Map of Hospitals and Convalescent Homes in N.E. and N.W. Metropolitan Hospital Regions, 1951. 15s. *post free.*

Map (in two parts) of Hospitals and Convalescent Homes in S.E. and S.W. Metropolitan Hospital Regions, 1951. 21s. *post free.*

Notes on Diets for Old People, 1956. 1s. *post free.*

Recovery Homes, 1954

A report of an enquiry into the working of recovery homes and their value to the hospital service. 1s. *post free.*

Report on Costing Investigation for the Ministry of Health, 1952

This Report contains a Statement of Principles, together with worked examples, of a Departmental System of Accounting for Hospitals. 7s. *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.*

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)."

[illegible] have played an important part in the [illegible]
[illegible] transmitted one of the main sources of [illegible]

LEGACY

"I give free of duty to KING [illegible]
FUND FOR LONDON the sum of [illegible]
either expended in such manner or [illegible]
in such investments (whether [illegible]
time being in force for the investment [illegible]
or partly expended and partly invested [illegible]
General Council for the time being of the [illegible]
absolute and uncontrolled discretion [illegible]
that the receipt or receipts of the [illegible]
acting Treasurer or Treasurers for the [illegible]
shall be a good and sufficient discharge [illegible]

Residue

"I give all my property not [illegible]
this my Will subject to and after payment [illegible]
testamentary expenses to KING [illegible]
FUND FOR LONDON, to be [illegible]
absolutely."

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 of .....19.....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 .....

Address ....L.S.

..... (*Signature*)

Occupation.....

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

Notes as to Completion of Agreement

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