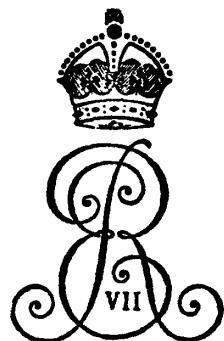
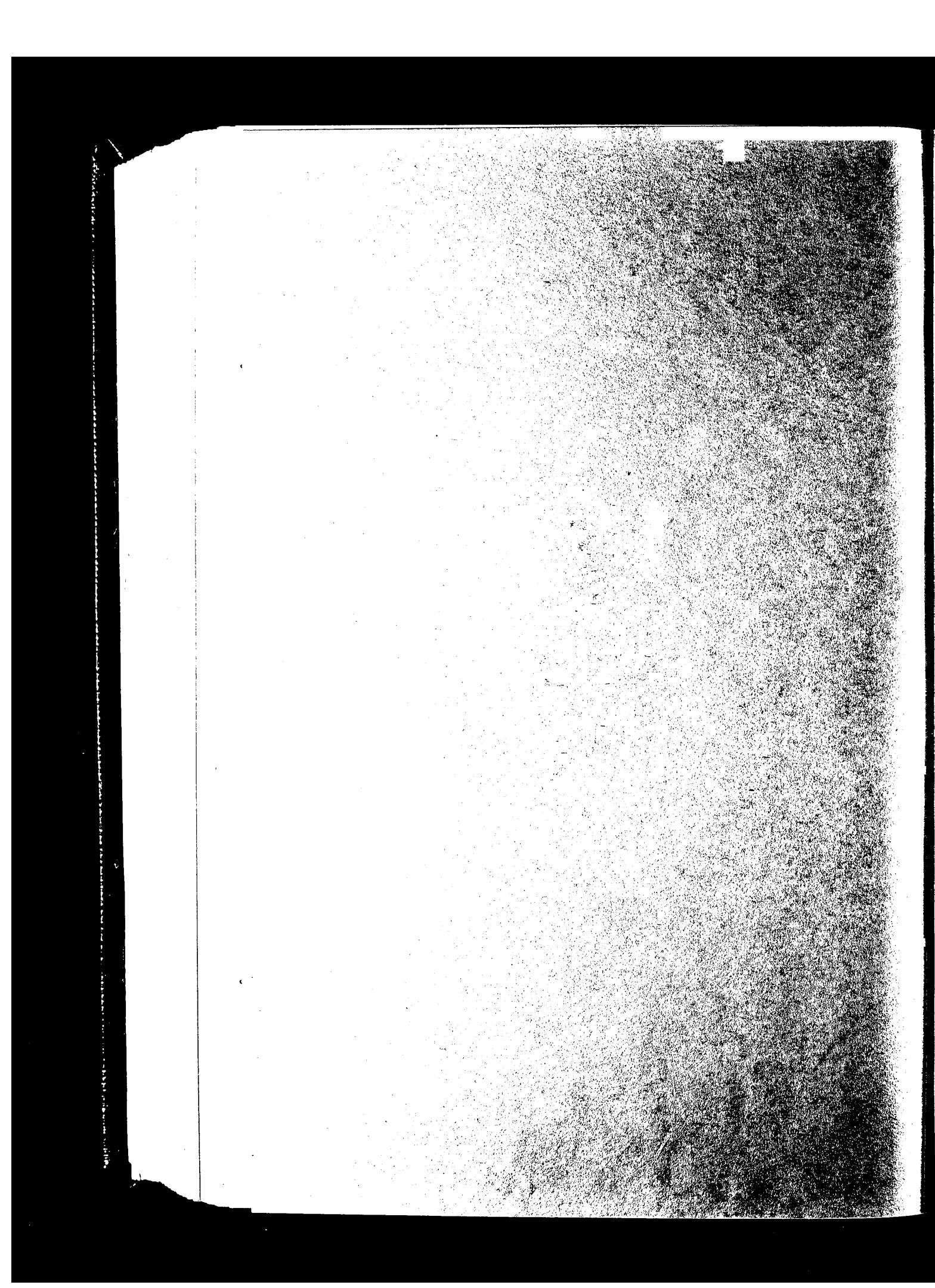


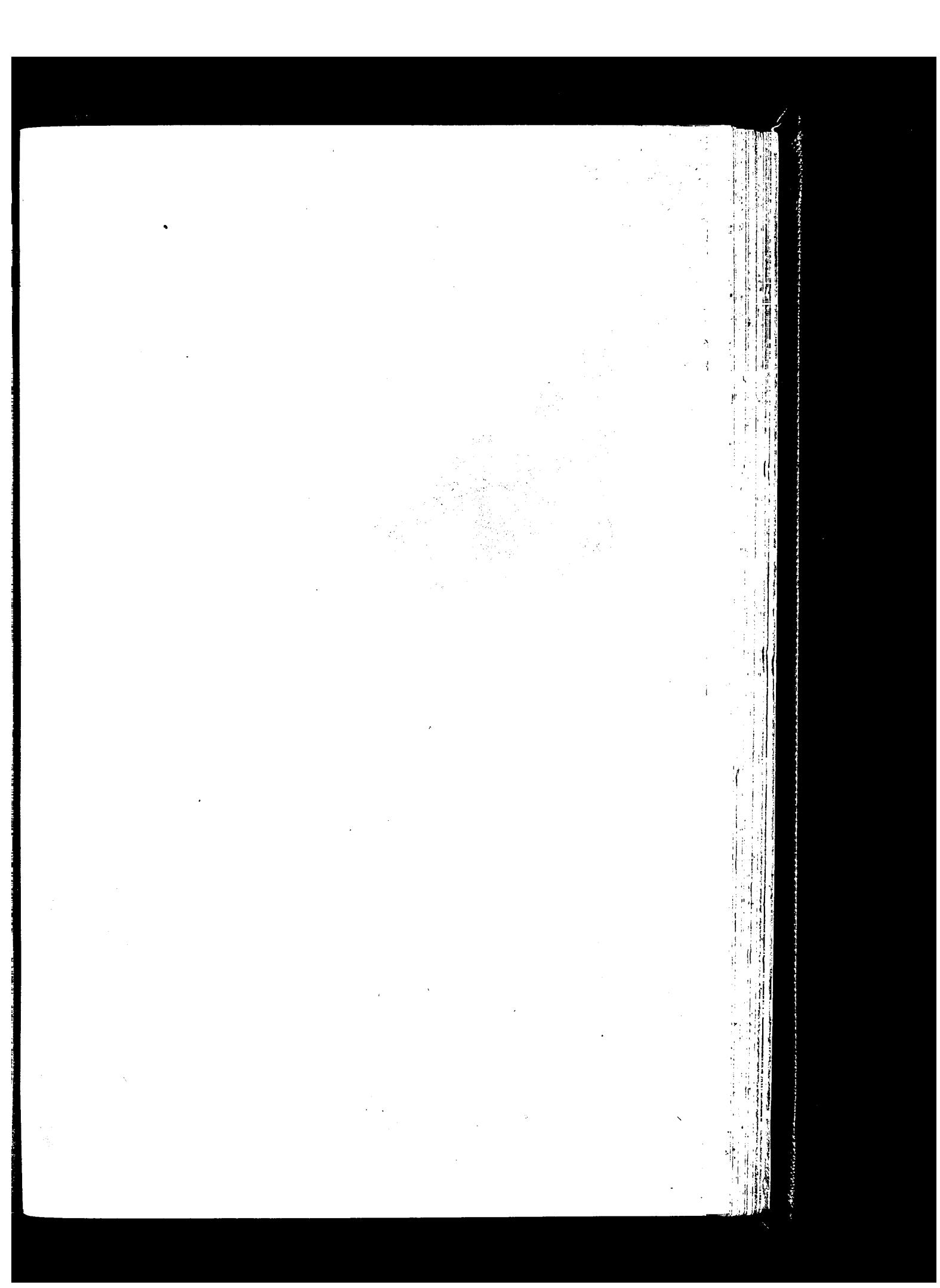
KING EDWARD'S HOSPITAL FUND
FOR LONDON



SIXTY-NINTH
ANNUAL REPORT

1965







[Photo: *Elliot & Fry.*]

SIR ERNEST POOLEY, Bt., G.C.V.O.

OBITUARY

Sir Ernest Pooley served the Fund for 38 years. His service started in 1928 when the Fund was still organised on the lines established in the time of King Edward VII. Under that regime he held the central post of Honorary Secretary. With the arrival of the National Health Service, the office of Honorary Secretary was abolished and Sir Ernest became Chairman of the Management Committee. Whilst holding this key position he was responsible for the total reorganisation of the Fund to meet the new situation. The staff colleges of the King's Fund were founded under his wise guidance and they have grown to be important features of the hospital service. These colleges form part of the memorial to an old and steady friend of the Fund.

KING EDWARD'S HOSPITAL FUND
FOR LONDON

PATRON:

HER MAJESTY THE QUEEN

PRESIDENT:

H.R.H. THE DUKE OF GLOUCESTER, K.G.

TREASURER:

A. H. CARNWATH

CHAIRMAN OF THE MANAGEMENT COMMITTEE:

HON. G. C. H. CHUBB

SECRETARY:

R. E. PEERS, C.B.E.

14, PALACE COURT, LONDON, W.2.

Telephone: PARK 0581

EXPO 1970

卷之三

卷之三

January, 1899. Vol. V.

General Information

... and for 38 years. The
united was still known as
the King Edward VII. Royal
Society of Humane Society
and Royal Humane Society. The
and Sir Ernest Rutherford
united. When Rutherford
for the Royal Humane
Society.

1880 TREATMENT

Contents

							PAGE
THE KING'S FUND	..	..	..	..	..	..	5
EDUCATION	..	..	..	..	..	..	9
DEVELOPMENT	..	..	..	..	..	..	18
GRANTS	..	..	..	..	..	..	27
SPECIAL SERVICES	..	..	..	..	..	..	30
ACCOUNTS AND LEGACIES	..	..	..	..	..	..	35
LIST OF GRANTS MADE IN 1965	..	..	..	..	..	..	42
GENERAL COUNCIL AND COMMITTEES	..	..	..	..	..	..	47
HOSPITAL VISITORS	..	..	..	..	..	..	51
STAFF	..	..	..	..	..	..	52
LIST OF EXPERIMENTS AND ENQUIRIES	..	..	..	..	..	..	54
LIST OF PUBLICATIONS AND REPRINTS	..	..	..	..	..	..	58

АДРЕС

ПРИЧИНОВАЛА

ЗРОДИ

ПРИЧИНОВАЛА СТРЕМЛЕНИЯ

ПРИЧИНОВАЛА СТРЕМЛЕНИЯ

The King's Fund

RETROSPECT AND PROSPECT

EVEN now, with recognition of the Fund's work spreading more and more widely throughout the hospital service, the question is still asked, 'What is the King's Fund and what does it do?' The introduction to the Fund's Annual Report for 1965 is a good place to give the answer.

The Fund is a charity which uses its income to help hospitals improve the effectiveness and efficiency of their service to patients within an economy restricted by limited resources. It gives this help in essentially practical terms as it has done throughout its history.

In the past the help given to hospitals had two limitations; geographical—the hospitals of London: and type—grants of money towards the running costs of voluntary hospitals. These limitations have almost gone. While direct grants of money are still confined to hospitals in the Greater London area, they have been made since 1948, when the National Health Service started, for specific projects and not as a contribution towards running costs and not restricted to any particular type of hospital. But grants account for only a part of the Fund's resources. The annual income is divided at the discretion of the Management Committee between the Fund's several major activities: providing education for hospital staffs through its four colleges; sponsoring experiment and enquiry, and providing information through its various experts and through The Hospital Centre; administering special services to hospitals, that is, the Nursing Recruitment Service and the Emergency Bed Service;

THE KING'S FUND

and making grants to hospitals both within and without the National Health Service.

The King's Fund has tried to be flexible and progressive in answering the needs of the hospital service and has had continually to change the form and content of its activities. It has never hesitated to pioneer. It has had the financial strength and the complete independence so to do. It can undertake projects which a government department answerable to the Treasury might find embarrassing. In other words, the Fund has the freedom to risk making a mistake. It has, therefore, the special function of initiating enquiries or starting projects on an experimental basis which, if proved successful, can be taken over by the appropriate body in the health service. It is a useful, possibly essential, adjunct to the National Health Service.

Certainly, the Fund enjoys a sound working relationship with the Ministry of Health. On occasion the Fund undertakes studies at the suggestion of the Ministry. This was the case in 1965 when the Fund set up a working party to produce a report on the commissioning of new hospitals. The need for such a report had been recognised by the Ministry as being urgent in the light of the increasing number of new hospital buildings and the lack of a comprehensive and authoritative guide. The Ministry asked the Fund to undertake this work, not only because of its intimate knowledge of the day to day working of hospitals but also because the Fund has held courses on the planning, building, and commissioning of hospitals at the Hospital Administrative Staff College, and conferences on the subject at The Hospital Centre. This is a particularly happy example of co-ordination of work and effort within the Fund itself and with the hospital service as a whole. The guidance report will be published in 1966.

There can be no doubt that any success that the King's Fund has attained in the hospital world has been due largely to the strength of its financial resources. Since the Fund was started in 1897 its finances have increased through

THE KING'S FUND

subscriptions, legacies, deeds of covenant, and as a result of shrewd investment. Its capital totals some £11 millions with an annual income of about £600,000. The Fund's income is now fully committed and this has meant a reappraisal during the year of the Fund's policy. It is clear that, unless further benefactions of considerable size are forthcoming, the King's Fund will only be able to undertake new activities in the future by dropping existing ones.

The activities of the King's Fund are numerous and diverse. Their value to the hospital service is diminished if they are insufficiently known and understood. Policies and projects which the Fund has proved effective are more likely to be adopted for use in hospitals everywhere if a favourable climate of opinion has been formed about them, not only by hospital officers but by members of hospital management committees and boards and, indeed, by the general public. It cannot be overlooked also that the hospital service has been under increasing fire—press, radio, and television make frequent comment on the subject and much of the comment is critical. This was recognised in the report of the Scottish Home and Health Department, *Administrative Practice of Hospital Boards in Scotland* which stressed 'the importance of developing a constructive policy on public relations, so that the Press will report improvements and new developments within the service, and not solely unfortunate mishaps.' In this critical atmosphere, publicity about projects sponsored by the Fund can help the hospital service in two ways: by alerting hospitals and their committees to better methods of doing things to meet criticism that is justified; by making known to the public what has been done in the way of improvement and progress to counteract criticism that is not justified. It was felt, therefore, that an increase of knowledge and opinion about the work of the Fund should be fostered and a public relations programme was launched in 1965. In establishing this programme the King's Fund hopes to reinforce the public relations policy it advocates for hospitals.

Barriers do exist at present between the hospital and the

THE KING'S FUND

patient, a situation which has produced both responsible and irresponsible comment from time to time. One way of helping to eliminate these barriers is to enable the subject to be discussed fully. With this in mind the Fund plans to hold a conference at The Hospital Centre in 1966 when the points of view of both patient and hospital can be presented and discussed. It should help hospitals and patients understand each other's needs more imaginatively.

The Fund believes that patients' views regarding the quality of their care in hospital, excluding medical treatment, should be sought and analysed. A comparative study of patient satisfaction is to be conducted during the next two years in ten hospitals differing in location, also in social and economic background. The data resulting from the study will be processed on a computer. The method used may produce a simple and inexpensive system for sampling patient opinion at regular intervals in a way which will encourage hospitals to take positive management action to improve their service.

Both projects illustrate the manner in which the work of the Fund has progressed and changed. It began by improving the lot of the hospital patient in London by direct means of financial aid. It can now help all hospital patients by indirect means.

Education

In 1965 attention was focused more sharply than ever before on the need for improvement in the quality of hospital management. No critics of the hospital service are more severe than its own responsible officers. A strong and healthy current of opinion in the hospital service has developed urging the need for education in the principles of management. The complexity of the present day hospital is such that wisdom and skill in management are necessary at various levels whether in the administration of a group of hospitals, or of the individual hospital, ward or department. The King's Fund has continued to follow and strengthen its educational policy in providing courses to develop these qualities in the different levels and categories of hospital staffs.

Concentration on good management may have increased but it is not new to the King's Fund. At the meeting of the General Council in 1904, H.R.H. The Prince of Wales spoke at length on the subject. 'If the expenditure of the hospitals can be decreased, without impairing the extent or the efficiency of the work they do, the result would be even more satisfactory than an increase in the money subscribed to support the hospitals. Waste of all kinds is a bad thing, and, as I have before pointed out, some of the hospitals certainly fail in the point of economy. This is a matter of the utmost importance, and one with which this Fund most properly concerns itself. Our object, however, is to help, not to hinder, to encourage, not to chill, the work of charity; and to do this by offering friendly assistance to those hospitals which, as we think, might save money by a few slight alterations in their arrangements.' His Royal Highness went on to define how the Fund was giving this 'friendly

EDUCATION

assistance', resulting in resources being used to better advantage, success depending upon the ingenuity of the controlling hospital officers.

It must be emphasised that the Fund has at no time, either now or in the past, advocated an increase in efficiency at the expense of warmth and human understanding towards patients. As a health correspondent of a national newspaper wrote early in the year, it is 'the peculiarly English notion that clinical efficiency and human understanding must necessarily be found in inverse proportion.' Surely first-class management can only result in first-class care for patients, such care including provision for the needs of both mind and body.

The Fund believes, however, that problems of hospital management are by no means unique but have much in common with those of industry, commerce, banks, the armed services, the civil service, and local government. The principles of management are common to all. With this in mind the Fund sponsored the attendance of Miss Phyllis Friend, matron of The London Hospital, on a ten weeks' course at the Administrative Staff College, Henley. This proved a valuable experiment, showing that a course designed primarily for senior business executives could profit a matron and, therefore, the hospital service. But the benefit of Miss Friend's attendance at the course was two-fold. The aim at Henley is to ensure that the membership of any course is representative of management in the entire national economy. By including a matron who has responsibility for the nursing service in a large hospital, the nature of hospital management and its importance to the community has been recognised more widely.

The structure of management, as well as quality of management, has given rise to considerable discussion and fresh thought. The King's Fund and the Institute of Hospital Administrators set up a joint working party in 1965 to consider the future pattern of hospital management with particular reference to district general hospitals. It is

EDUCATION

approaching the end of its deliberations. It will be interesting to compare the findings of the working party with other current reports on the subject.

The King's Fund does not confine its concern with education to its own staff colleges. In October, for example, the Chairman of the Fund's Management Committee officially opened Oaklea, the Regional Staff Training Centre of the North East Metropolitan Regional Hospital Board. Previously the Fund had made a grant to the Board of £20,000, half the cost of converting and furnishing the building. In this project a state and a voluntary body joined together in the common aim of providing training in management. There are 28,000 persons employed in the hospital service in the North East Metropolitan Region. Of these, 3,000 have managerial responsibilities and the programme of courses to be held at the centre has been planned mainly for these officers. It is hoped that some 800 people will attend courses at Oaklea each year.

The Fund has been particularly glad of the opportunity to play some part in medical education. During the past three years it has contributed £90,000 towards the building of new medical centres in eight London hospitals to enable them and the general practitioners in their areas to work more closely together. In addition to this link between the family doctors and the hospitals to which they send their patients, the centres will do much to improve postgraduate medical education. In October one of these medical centres was opened at the Whittington Hospital. The Whittington is justly proud of the fifteen years of postgraduate teaching which it has undertaken, mostly in extremely difficult circumstances. The new building has a lecture theatre, several demonstration rooms, a library, and a common room where meals are served. The centre was built and equipped at a cost of approximately £40,000. Half this sum was provided by the King's Fund.

In September the Royal Commission on Medical Education invited the King's Fund to submit evidence on postgraduate

EDUCATION

education in administration for doctors. The Fund is convinced that in addition to any proposed university courses in medical administration, there is need for shorter courses designed to give clinicians an insight into the problems and principles of management, particularly in relation to the health service. The Hospital Administrative Staff College of the Fund has continued to provide places for doctors on all its management courses. The majority of courses held at the college, whether on management or other subjects, have places allocated to members of the medical profession. It is the policy of the college to organise courses which bring together as many senior officers as possible from the hospital service, in particular those in medical, nursing, and general administration.

A hospital is an intricate organisation and likely to become more so as medical treatment gets more complicated. If the patient is to receive proper care, management of a hospital must be of a high order. Education in management is, therefore, essential and on this the King's Fund will continue to concentrate.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

The college extended its programme for management training during the year. In the autumn, by arrangement with the National Staff Committee, the first of four experimental management courses was held, lasting eight weeks. The courses are for senior officers of the hospital service representing different disciplines; officers who have had little opportunity, if any, for formal training in management. They are in addition to the shorter management courses for chief officers. The college programme included three-day conferences in management appreciation also for chief officers to keep them in touch with developments in management training and proposals for future courses.

The college has introduced a completely revised syllabus for the students it is training under the National Training Scheme in hospital administration. The syllabus has,

EDUCATION

among other things, brought the basic training into line with hospital management training as a whole. It places importance on the need for trainees to see the hospital service as a part of the entire health and welfare services of the country. It attempts also to relate the theoretical side of training to the practical realities of work in hospital.

Courses were held during the year on planning, building, and commissioning new hospitals; personnel management; supplies; the use of network analysis; and work study. A short course was held for consultant medical staff; another for regional hospital board secretaries; and, the first of its kind, for board treasurers. All the courses pointed the way to better use of resources.

Once again there was an increase in the variety of courses held, five new ones being added during the year. However, variety is not necessarily the best yardstick for measuring the college's success. With the establishment of a definite policy and programme for education in hospital management there will probably be less need to introduce so many different new courses in the future.

STAFF COLLEGE FOR MATRONS

Management of nursing services, no less than other forms of hospital management, is changing and making increased demands upon senior nurses. The changing pattern has been demonstrated recently by the number of nursing administrators appointed to manage the nursing service for a group of hospitals. Most of these group appointments carry the title, Director of Nursing. Similarly, the change is seen in some psychiatric hospitals where Principal Nursing Officers have been appointed. These appointments call for people of unusual ability and wide vision; people who have the mental and physical resilience necessary to face the problems of making the best use of limited nursing resources. To meet the current development, the college is holding courses for these new types of officers.

EDUCATION

All courses held at the college aim to give senior nurses some of the skills which will help them to become more effective in their work. At the same time the courses are designed to encourage a sense of perspective with regard to management. In other words, management is concerned with the development of people and not simply the manipulation of things. Particular emphasis is placed on this question of perspective in the one-year preparatory course for potential matrons held at the college.

In addition to the preparatory course, the college has held refresher courses for senior nursing staff from the hospital field, general and psychiatric, and from the public health field. A new type of refresher course was held for previous students of the college.

The project which has been sponsored by the Ministry of Health on the subject of Hospital Internal Communications (see page 20) was launched at the college in July with a three-day seminar. The Rt. Hon. Kenneth Robinson, Minister of Health, opened the seminar and in describing the project said, 'It is partly a research project, partly experiment in education, partly a management adventure, but like a hospital, so much more than the sum of its parts. Enterprise, in both senses of the word, seems most fitting.'

These words are especially relevant when considering the educational needs of those responsible for the future management of nursing services in hospital; in helping senior nurses to formulate policy and organise its implementation. The college has no doubt that only with the use of research, an analytical approach to the problems involved (particularly those concerned with the deployment of nursing staff), and the provision of continued education, can these nurses make their contribution to an area of hospital management which is both difficult and demanding.

It is essential that those engaged in nursing administration should feel that they are part of and are supported by efficient hospital management. Without this sense of participation and achievement, young and able nurses will not be attracted

EDUCATION

to the responsibilities of senior appointments. Such nurses are needed in quantity and quality. And it must be remembered that posts in nursing administration should be made more easily available to married women for they will form the greater number of our nursing force in the future.

STAFF COLLEGE FOR WARD SISTERS

Two experimental courses were held at the college in 1965 to prepare experienced ward sisters for the work of clinical instruction. The courses differed from those held elsewhere on clinical instruction in content, in length, and in the fact that they were residential.

If an experiment is to be of use to others, it must be evaluated. Since the completion of the second course both groups who attended have been attempting this major task. It was decided that the best way to carry out the evaluation was for the clinical instructors themselves to examine their rôle and from this decide what the content of a course of preparation should be. They would then compare it with the preparation they had received. This was a decision reached by the advisers to the courses, the tutors, and the members. The process of evaluation will take a long time involving frequent meetings. These should provide much useful information and give support to the members who are working in a new situation. The Education Officer of the General Nursing Council and a nurse representative from the Ministry of Health have both given valued help throughout.

When the new building was opened the previous year, one aim of the college was to experiment: firstly, by having two different groups of nurses resident in the college at the same time so that each could learn from the other; secondly, by introducing new courses; thirdly, by trying out new methods, for example, examining group interactions, interpersonal relationships, communications both within the hospital itself and between the hospital and the community.

EDUCATION

In this way each student gains a better understanding of the many problems that must be overcome to achieve the right environment in which patients can be nursed adequately.

It is too early to talk of success in any one of the three fields, but enough knowledge is now available to show that a sound foundation has been laid. The college has continued to provide preparatory and refresher courses for ward sisters and charge nurses from general and psychiatric hospitals.

STAFF COLLEGE FOR HOSPITAL CATERERS

Sir George Godber, Chief Medical Officer, Ministry of Health, officially opened the Staff College for Hospital Caterers at 27, Palace Court, W.2, in November. The ceremony not only marked the change of location from St. Pancras Hospital to Palace Court but also marked the end of the life of the School of Hospital Catering. The new Staff College for Hospital Caterers can now take its place alongside the other three staff colleges of the King's Fund. The new title underlines the changed nature of its work. It is now a college providing education in catering management and no longer a school dealing in the techniques of cooking and catering.

The study week for regional catering advisers held in October proved to be of value to college and students alike. Similar courses will be held for other categories of hospital caterers. Those attending can derive benefit from discussion and comparison of hospital catering problems, and the exchange of views with senior staff from the catering industry as a whole, local government, and the Ministry of Health. Other short courses were held during the year: in nutrition for all classes of officers in charge of catering; in teaching methods for dietitians; and for nurse caterers from small hospitals.

The college has continued to hold courses for trainee catering officers. Since 1951 when the School of Hospital

EDUCATION

Catering opened, 13 certificate courses have been held attended by 123 members. Of these, 90 are still in the hospital service in posts ranging from assistant catering officers to catering advisers to regional boards and to the Ministry of Health. In addition to its own training course, the college is providing the theoretical part of the programme for regional board trainee catering officers.

The courses in supervision held for head chefs and dining room supervisors continue to attract applicants. Indeed, there are long waiting lists for these courses which undoubtedly fulfil a need in the hospital service. However, the college can only deal with numbers which are small in relation to the demand for places. The demand is growing larger every year. This form of refresher training could probably be dealt with more suitably at regional level, both as to the number of places available and in content of syllabus. Some regions have already started such training. In view of the increasing need for the college to provide senior courses, it has been decided to discontinue courses in supervision after July 1967.

In looking toward the future it should be borne in mind that district general hospitals with around 1,000 beds will be cooking and serving approximately 5,000 main meals a day. This figure is comparable with the number of main meals served daily in any large hotel in London. In hospital, however, the meals must be suitable in dietary for extremely ill patients at one end of the scale and for staff with healthy and vigorous appetites at the other end, all diets having to be correctly balanced and under strict financial control. The new district hospital will, in fact, be providing extensive hotel services in addition to medical and nursing services. Control of the hotel side of the hospital may be in the hands of a 'Hospital Hotel Manager' in the future. If this trend does develop then the Staff College for Hospital Caterers could well be the place to provide suitable training for such managers.

Development

Hospitals need information. A sound, steady flow of information is vital for growth and development of the hospital service. There are problems to be solved in relation to changing hospital management and in relation to new hospital building. The King's Fund looks on the provision of information, closely allied to education, as one of its major functions. It aims to help development by the collection and collation of existing material; by undertaking investigation and research; and by holding exhibitions and conferences. This work may be done by members of the Fund's staff who are experts in their own field, or in conjunction with experts outside the Fund, and often in collaboration with hospitals and other health authorities. Participation by the hospitals themselves in the quest for information is important. It is a dynamic process to which the exchange of ideas is essential.

Much of the work involved is undertaken by The Hospital Centre of the King's Fund. The Centre is a meeting place and source of information for all those interested in hospital matters: administrators, doctors and nurses, other professional and technical staff, members of hospital boards and committees, architects and engineers, manufacturers of equipment and furniture. The Centre, which was opened in 1963, has enabled a complete cross-section of the hospital world to be brought together to study subjects of current interest which will affect future development.

The King's Fund is, of course, only one of the organisations involved in helping development of hospitals. It viewed the opening of the Scottish Hospital Centre in December with particular warmth and interest. The Fund wishes this new Centre every possible success.

DEVELOPMENT

Research into the function and design of hospitals is of particular importance at present. With this in mind the King's Fund is carrying out the evaluation of several new hospitals. The object is to advise the hospitals concerned on items of structure or use which might be altered to better effect and on matters relevant to the building of subsequent stages of the hospitals. It is hoped that information will emerge from these evaluations that will benefit all hospital planning teams. On the basis of this work a report will be produced, a companion to that on the commissioning of new hospitals (see page 6), which may help others evaluate new hospital buildings. A number of people will need to develop this skill as more new hospitals and departments are completed so that the success of their design in use can be measured.

Studies connected with hospital management are no less important than those connected with hospital planning. For some time it has been accepted that computers have their place in the management of hospitals and are not confined to financial control. In 1965 the King's Fund completed part of its investigation into the application of computers to the hospital service. Study was started on this subject in 1962 when a grant of £8,000 was made for the purpose. The teaching hospitals of London added further sums of money to the project so that the field of study could be widened. Now the Ministry of Health has agreed in principle to the establishment of a Hospitals Computer Centre for London for which it will make the necessary capital available. Two of the metropolitan regional hospital boards have joined the teaching hospitals in the scheme.

This is an example of the King's Fund undertaking experimental work which can be handed over to the hospital service when the case has been made for its general application. Although the practical use of computers in hospitals is not the Fund's responsibility there is still much investigation needed as to their potential use not only in hospital management but also in providing medical and technical

DEVELOPMENT

information. The Fund has made another grant of £8,000 for further study.

The Fund has been aware for some time of the urgent need to co-ordinate the many and various studies undertaken by hospitals and other bodies. In particular there is a wealth of undocumented information to be tapped. In February the King's Fund appointed a management research officer for a trial period of two years in association with the North East Metropolitan Regional Hospital Board. He has been concerned with management studies undertaken in the region and has published a reference handbook containing information about experiments, trials, and research into methods of management. Part of his work is to plan projects for the future and ensure that the results of such projects are published in suitable form. The work done by this officer has already shown the value of having someone at a regional board who can draw together studies taking place within that region and act as a link with other hospital authorities, voluntary bodies, universities, and the Ministry of Health.

THE HOSPITAL CENTRE

A research librarian was appointed in February to review the Centre's library and information services and to make recommendations for their development. One result of this study is that the library stock is being reclassified according to a scheme based on the Bliss Classification, a type of classification in use in the libraries at the Ministry of Health, the Scottish Hospital Centre and the Oxford Regional Hospital Board. It is hoped that close co-operation between these libraries in the development of the scheme will result in a common method of classification of information on hospital planning and management. The package-library service of The Hospital Centre has been in increased demand. A total of 1,723 folders was sent out on loan in 1965, a 50% increase on the previous year.

A conference on Hospital Internal Communications held

DEVELOPMENT

at The Hospital Centre led to the Ministry of Health financing a project on the subject. It aims to assist hospitals identify and solve their own internal problems on the basis of fact-finding and analysis. Ten hospitals are participating. Each hospital sent representatives to two residential courses: a three-day appreciation course for a group or hospital secretary, a matron, and a consultant; and a month's course for a deputy group or hospital secretary, an assistant matron, and a registrar or junior consultant. The month's course was designed to equip the team with methods of social analysis, the ability to apply elementary statistics, and the technique of group discussion. The hospitals taking part are to meet at intervals to discuss progress and current research relevant to their work. They are assisted by a small team based at The Hospital Centre. The project is linked now with Guy's Hospital Medical School.

Prototype bedsteads designed by the Hospital Equipment Group of the Royal College of Art to meet the specification approved by the Fund's working party, were used in field trials carried out in a surgical ward at Chase Farm Hospital, Enfield. The trials were conducted for five months by the Work Study Unit of the North East Metropolitan Regional Hospital Board in conjunction with The Hospital Centre. The evidence obtained from these studies will be used in revision of the specification. Meanwhile, the prototype bedstead is to be exhibited at the Design Centre. This particular prototype should not be regarded as the final solution of the problem of bedstead design. Several manufacturers are engaged in developing their own designs to meet the specification. It is probable that more than one satisfactory pattern will result from this research project. A conference on the design of hospital bedsteads is to be held at the Centre in 1966, accompanied by an exhibition of material illustrating the enquiry.

Conferences held at the Centre cover a wide range of topics and may be either explanatory or exploratory. Sometimes a conference takes place during or at the end of a particular study; sometimes it is the first step of a particular

DEVELOPMENT

study. In October, for example, a conference was held on the evaluation of new hospital buildings which proved useful to the teams now undertaking this work (see page 19). A conference on occupational health in hospitals inspired a study on the subject. A grant of £1,200 has been made for a survey of the health of hospital staff at the Royal Victoria Infirmary, Newcastle, and £1,300 for another survey in hospitals of the Eastbourne Hospital Management Committee. Subjects of conferences are also linked whenever possible with the themes of accompanying exhibitions. Such was the case in 1965 with anaesthetic room design, maternity units, intensive care units, and hydrotherapy departments. During the year over 440 groups visited the Centre, totalling well over 10,000 people. In addition, there were some 3,000 individual visitors.

The Hospital Centre has an international as well as a national impact on hospitals. The Swiss Hospitals Mission, which was here in June at the invitation of the Export Council for Europe, visited the Centre as part of the programme to study methods, techniques and equipment used in hospitals in the United Kingdom. In the same month the professor of hospital administration, University of Michigan, addressed a conference on current problems in the provision of hospital care in the United States. Earlier in the year three senior officers of the hospital and health service department in Paris (l'Assistance Publique de la Ville de Paris) spoke at a conference, when ideas were exchanged on the planning of teaching hospitals in Britain and France.

CATERING ADVISORY SERVICE

An exhibition of convenience foods, that is, foods which are marketed ready for cooking, eliminating all or most of the need for preparation, was held at The Hospital Centre by the Fund's Catering Advisory Service for the benefit of hospital catering officers and others concerned with the purchase and cooking of food in hospitals. It lasted for three months. During the course of the exhibition a series

DEVELOPMENT

of symposia were held for catering officers of the metropolitan regions. It was felt that hospitals might not be fully aware of the extent to which these foods are available.

There are a number of advantages to be gained from the use of convenience foods: maintenance of quality, portion control, the provision of selective menus, among others. Used with care and discrimination they can result in a higher standard of catering without increasing overall cost. While convenience foods cost more than raw and unprepared foods, their use means a saving of time and labour. Many hospitals suffer a labour shortage in their catering departments. With modification of the hospital costing system, the increase in cost of food could be balanced against a decrease in wages.

Assistance has been given by the Catering Advisory Service to a number of hospitals both to improve the food service in existing catering departments and to help plan departments for new hospitals. Meanwhile, exploration into new methods of preparing and serving meals continues.

Final assessment of the Ganymede tray service installed by the Fund at Bethnal Green Hospital was completed in conjunction with the Work Study Unit of the North East Metropolitan Regional Hospital Board. The report is to be published in 1966. The experiment at Bethnal Green showed that the Ganymede service could be applied successfully to a large general hospital; that the quality of meals served to patients was higher than before; and that nurses' time and that of domestic staff could be saved. It became clear that the system demanded an unusually high quality of catering management with increased co-operation necessary between kitchen and wards. As introduction of the system will tend to raise capital and revenue costs, hospitals would be well advised to examine the expected benefits carefully in relation to the extra costs involved.

The Catering Advisory Service, together with a manufacturer, designed a food trolley incorporating heated and refrigerated cupboards. This trolley and another similar

DEVELOPMENT

one already on the market have been used experimentally. Both were found to work well and could be considered suitable alternatives to any form of central tray service.

Building started in October on the experimental peripheral finishing kitchen at St. James' Hospital, Balham. It will cost about £16,000, of which £12,500 will be provided by the King's Fund. It will serve four wards with a total of approximately 120 patients. There will be a dining-room attached to it for ambulant patients. All food will be prepared in the central kitchen but those foods which deteriorate when cooked centrally will be cooked in the peripheral finishing kitchen, for example, vegetables, fried fish, eggs and bacon. These foods will go straight from pan to plate in the most palatable condition.

The future of hospital catering may lie in the introduction of a 'food factory' for a group of hospitals using automatic continuous cooking apparatus and deep-freezing with re-heating of food near the point of consumption. A system based on these principles is being studied for the hospitals on the Foresterhill site in Aberdeen. The North-Eastern Regional Hospital Board has consulted the Catering Advisory Service on the subject.

NUTRITION AND DIETETICS

There is a current trend in hospitals for therapeutic diets to be adapted from the normal hospital menu. This can be done with a little modification and the minimum use of special foods. The number of dietitians employed on a group basis to assist with planning and adapting menus for therapeutic diets is growing. If this principle be followed more dishes can be cooked in the main hospital kitchen which previously had to be cooked specially in the diet kitchen.

The idea that therapeutic or 'special' diets cost more than ordinary diets is still prevalent. The Fund has been investigating the matter in two ways: by compiling a series of

DEVELOPMENT

diets which have been costed at current prices; by taking a sample of diets as served in a variety of hospitals and costing them in comparison with the normal diet in the same hospital. Results have shown that on average therapeutic diets cost approximately the same as the normal diet; diabetic and reducing diets costing less, but high protein, gluten-free, and convalescent-stage gastric diets probably costing more. The Fund is to continue investigating the adaptation of the ordinary hospital menu to provide therapeutic diets, paying regard to nutritive value and cost.

The Report of an Investigation into the Dietary of Elderly Women Living Alone was published in 1965. As the precise nutritional needs of old people are unknown this pilot study was an important step towards formulating a nutritional policy for the elderly.

In the main, the sixty women who took part in the survey, ate good and varied meals. The popular idea that most old people living alone exist on bread and jam and cups of tea was not borne out by the enquiry. Indeed, it came as something of a revelation to the investigators that these women, many of whom were forced to live in squalid conditions, were gallant and courageous in maintaining a nutritious diet.

However, the investigators found that there was a remarkable decrease in calorie intake among the 70 to 80 year-olds. Although it is common knowledge that people eat less with advancing age, this marked fall in calorie intake during one decade was unexpected and was found to be due to the women eating less protein and fat. In old age it may be that the balance of foods eaten needs to be changed. The evidence of this study suggests that as appetite decreases the amount of carbohydrate foods consumed should be decreased while the amount of meat, fish, eggs, milk and cheese in the diet should be maintained. Further study is needed to find out not only why appetite drops so sharply after the age of 70 but also its effect on health.

DEVELOPMENT

LANDSCAPE ARCHITECTURE

The Fund's landscape architect was initially concerned with research into the development of new hospital grounds. Research was extended in 1965 into landscape maintenance and design in existing hospitals. In many hospitals this has become an acute problem. Out-of-date layouts, some of which were designed in the 19th century for horse-drawn traffic and when labour was cheap and plentiful, have to be maintained uneconomically or not at all.

A study, commissioned and financed by the Fund, was undertaken by staff and students of the School of Architecture and Landscape, Gloucestershire College of Art, in collaboration with the Fund's landscape architect. The purpose of the study was to survey existing situations, analyse the problems concerning maintenance and use, then suggest modifications and proposals for improvements in order to reduce maintenance costs to suit present requirements. Four aspects of hospital layouts were selected for attention: grass; planting; circulation of traffic and parking; landscape amenity. Two hospitals were chosen which provided a wide range of problems in each of the four aspects. The hospitals studied were Queen Mary's Hospital for Children, Carshalton, and Tooting Bec Hospital. It is hoped that the conclusions drawn may be of use to other hospitals with similar problems.

Grants

Why should it be necessary for charitable organisations to make grants of money to hospitals eighteen years after the start of the National Health Service? The answer is simple. For so long as the percentage of national resources expended on the health service remains at its present level, there is not enough money to provide the standard of hospital care that is demanded in this country. The King's Fund has watched with interest the recent swing of opinion in favour of increased voluntary support for the hospital service.

The inauguration of the Oxford Hospital Services Development Trust in October was a landmark in the history of hospital development. The Trust has been established to raise funds from people interested in assisting the Oxford hospitals to improve the quality of treatment and care they give their patients. The Oxford hospitals, like many others, receive insufficient funds from the state to undertake developments or provide facilities which, although not of compelling urgency, are highly desirable. The new Trust has attracted wide and munificent support from industry, from the university, and from the town.

The need for local voluntary effort in support of the hospital service was emphasised by Sir John McMichael, Professor of Medicine, Postgraduate Medical School at Hammersmith, when he gave the inaugural address at the Academic Centre of the Whittington Hospital. 'Now that general provision is made for the treatment of the sick by the National Health Service, it does not mean that the place of charity and voluntary self-help has been superseded. Unless the (medical) profession and the public continue to throw themselves wholeheartedly into the task of keeping abreast of developments and effecting improvements by their own

GRANTS

efforts, our health services could decline to a low standard and the advancement of skill and competence within the profession could grind to a halt. We do not owe any of this development to state support and the British public in general need a constant reminder that their help is continually needed both in the provision of local facilities and in the promotion of national needs in the advancement of medicine for the general good.'

The place of voluntary support to hospitals was underlined by Lord Inman at the dinner given on his retirement as chairman of the Charing Cross Hospital. 'I believe', he said, 'we shall be increasingly dependent upon free giving if we are to do the work we want to do.'

In making grants to hospitals within the National Health Service the King's Fund has continued to look for an element of experiment when deciding between the merits of the many applications it receives. Nevertheless, on occasion it makes grants to hasten essential improvements. In order to improve morale of both patients and staff, the Fund has decided to make comparatively small grants to an increasingly large number of hospitals: in other words, to spread the benefit of these grants as widely as possible. While the rate of building new hospitals remains slow, the demand for grants will grow as existing buildings age and deteriorate.

In addition to the grants made to hospitals within the National Health Service, the King's Fund helps to support a number of voluntary institutions with grants of money: independent hospitals, convalescent homes, homes for the aged, the dying, the physically handicapped, and various specialised institutions. The Fund also makes grants to other bodies, for example, a grant was made to the National Association for Mental Health to establish an information service regarding convalescence for patients suffering mental illness.

Money is allocated by the Hospital Grants Committee, which deals mainly with applications from NHS hospitals, and by the Auxiliary Hospitals Committee, which deals

GRANTS

mainly with applications from independent establishments. The list of grants made in 1965 is shown on pages 42-46. It can be seen from this list that a number of grants were made for improvement of accommodation, for patients on the one hand or for nurses on the other. Several hospitals received amounts varying from £4,000 to £11,000 for the establishment of social centres. Two major projects illustrate an experimental element: a grant of £10,000 was made to Bexley Hospital towards the cost of a patients' rehabilitation centre taking the form of a workshop; a grant of £10,000 was made to Broadmoor Hospital towards the construction of a hostel for patients' visitors—it is hoped that the provision of this hostel will make it possible for patients' relatives and friends to visit them more often than is possible at present, such visits being of therapeutic benefit to the patients.

The two grants committees of the King's Fund have continued to keep in close contact with the hospitals and homes they help support by means of periodic visits. These visits are welcomed by the institutions concerned, being looked on as a form of 'friendly assistance', the hallmark of the Fund's work as established by its founder.

Special Services

NURSING RECRUITMENT SERVICE

In April the Nursing Recruitment Service celebrated its silver jubilee. The Rt. Hon. Kenneth Robinson, Minister of Health, was the guest of honour at a dinner to mark the occasion. In paying tribute to the NRS he spoke of the fact that, in spite of a total nursing strength that was higher than ever before, the hospital service remained anxious about future prospects for nurse recruitment. This was because the demand for nurses was increasing to meet the requirements of new and extended hospitals and of the many 'speciality' departments which need more nursing staff, and also to enable nurses' hours to be shortened to a 42-hour week. 'We must take a close look at present arrangements for recruiting staff.' He went on to say that the task of recruitment was an intolerable burden for the individual matron. The Ministry of Health was to review recruitment and publicity methods.

In this situation of increased demand for nurses set alongside fierce competition between employers for the services of the young, the Nursing Recruitment Service has sought ways of working in close co-operation with the Regional Nursing Officers. There has been a tendency in the past for duplication of effort between the various people concerned with nurse recruitment. The work of the service is complementary to that of the regional nursing officers and matrons.

The Nuffield Provincial Hospitals Trust published a report, *Focus on Nurse Recruitment*, in 1965, the result of surveys undertaken by the Department of Social Science

SPECIAL SERVICES

of the University of Nottingham. It is an important piece of work, the first of its kind, and will be of marked value to the future of nurse recruitment in this country. It points the need for similar surveys to be carried out elsewhere.

Apart from its function of maintaining a good public relations service for the profession of nursing, the Nursing Recruitment Service has the special function of giving personal, individual advice to prospective candidates, either by interview or by letter, so that the right girl or boy can be matched to the right hospital. In trying to match the candidate to the training and needs of a particular hospital, the NRS hopes to effect reduction in wastage.

Not only does each hospital have different needs but so does each candidate. Faced with many different hospitals and different forms of nursing, the prospective nurse can become bewildered. The youngster reluctant to study or sit for examinations wonders whether there is an alternative training to that for State Registration. The disappointed candidate who has applied to train at a particular hospital only to find it has a long waiting list is worried and needs advice. The university graduate wants to know the scope and prospects she can expect if she becomes a nurse. The older woman whose family has grown up leaving her free to follow a career that has long interested her questions whether it is too late. All these, and many more, seek advice from the Nursing Recruitment Service.

The work of the service has grown and become more complex since it started in 1940 in one office with one nurse and one clerk. On average the service receives 5,000 new enquiries a year. Some 8-10% of all nurses training in England and Wales have been advised by the NRS. In the past year the number of personal interviews has increased from 2,283 to 2,977. The interview may be as short as ten minutes or as long as an hour. The personal contact so established is invaluable.

The increase in interviews may be due partly to a change in the type of service given to schools. Over the years the

SPECIAL SERVICES

Nursing Recruitment Service has maintained such close contact with schools that they are better informed about training conditions and prospects for nurses. The trend now is for the NRS to be invited to take part in careers conventions when preliminary information can be given to the children and parents, followed later by interview. Nevertheless, the value of talks given to schools by the staff of the NRS remains an important part of its work.

The NRS booklet, *Nursing Today*, was redesigned in 1965. It has become more and more popular with those seeking information on nursing as a career: candidates, parents, teachers, and youth employment officers. It describes living and working conditions in a modern training school. Salary scales and training allowances are set out clearly. It also draws attention to the wide choice of work available to those who have undergone nurse training and the range of educational achievement that is acceptable for entry into the profession.

EMERGENCY BED SERVICE

The number of cases passed to group medical referees in 1965 was almost double that of the previous year. The Emergency Bed Service offers each case to six or more hospitals before resorting to the medical referee procedure. The increase in the number of cases so referred is due in part to a shortage of hospital beds especially during the winter. The shortage is made worse in some instances by the closure of wards for maintenance and repair. Such closures exacerbate an already difficult situation when they occur in the winter months. Unfortunately, there is a growing practice among hospitals to refuse a patient when first offered by the Emergency Bed Service, knowing that other hospitals will be tried and possible admission for the patient obtained. It should be remembered that if none of the hospitals can admit then the patient will be 'refereed' to the first hospital asked. The patient is admitted in the end but has had to suffer delay. While it is realised that the

SPECIAL SERVICES

situation is due to heavy pressure on hospitals, the King's Fund hopes that the number of cases passed to the medical referee can be reduced. Certainly, hospitals should be urged not to close wards during the difficult winter months.

In recent years the teaching hospitals in London have begun to assume the responsibilities of district hospitals. Although they are not bound to accept the obligations of the medical referee system, as are the hospitals under the control of the metropolitan regional hospital boards, they are now willing to do so. In return, the regional hospital boards have offered, where necessary, to allow transfer of long-stay cases to their hospitals from the teaching hospitals.

The catchment area scheme which puts the responsibility for admission of maternity cases on to the hospitals concerned has been in operation for over a year. Consequently, there has been a sharp decline in the use of the EBS for emergency admissions of maternity cases. These admissions fell from 4,202 in 1963 to 929 in 1965. The reduction demonstrates the result of improved management. With few exceptions cases now referred to the EBS are genuine obstetric emergencies.

A report issued by the Medical Research Council covering the period, October 1963 to March 1965, gives details of the work carried out by the Air Pollution Research Unit. 'The Unit is concerned primarily with the investigation of the clinical aspects of air pollution as it affects general and industrial populations. Studies are being made on the physical and chemical characteristics of pollutants and on the significance of polluted air, especially in relation to lung cancer and chronic bronchitis.' The EBS has noted that an increase of air pollution seems to be linked to an increase in the number of applications for emergency admission of patients suffering from bronchitis, pneumonia, and congestive cardiac failure. Further statistical study may make it possible to forecast increases in these applications.

visceral organs, particularly the liver, lungs, heart, kidneys, and brain. The disease is characterized by a marked increase in the number of white blood cells, particularly neutrophils, and a marked decrease in the number of red blood cells. The disease is often fatal, particularly in the elderly and in those with underlying medical conditions.

directo. Dijo el doctor
que el paciente no
sufre de hipertensión
ni de diabetes, pero
que tiene una enfermedad
que lo hace latir el corazón
desacordado con el ritmo
de su pulso. El doctor
explicó que el paciente
nunca ha tenido ataques
de dolor en el pecho, ni
sufre de mareos ni de
dolor de cabeza.

卷之三

ACCOUNTS, LEGACIES
AND
LIST OF GRANTS

KING EDWARD'S HOSPITAL
BALANCE SHEET as at 31st December 1965

	£	£	£
FUNDS TO BE RETAINED AS CAPITAL:			
As at 31st December, 1964 ...	2,237,423		
Add: Receipts during 1965 ...	547		
	<hr/>	2,237,970	
SPECIAL FUNDS:			
Per Schedule	23,235		
GENERAL FUNDS, LIABILITIES etc:			
General Funds:			
As at 31st December, 1964... ...	4,944,235		
Add: Legacy (per Schedule) ...	78,767		
Grants lapsed during 1965 ...	6,921		
	<hr/>	5,029,923	
Less : Amounts withdrawn to meet:			
Contribution to Pension Fund ...	75,000		
Special Grant (Radiotherapy Fund) ...	5,653		
	<hr/>	80,653	
Add: Amount transferred from Income and Expenditure Account ...	4,949,270		
	<hr/>	7,781	
	<hr/>	4,957,051	
Grants Retained (awaiting appropriate time for payment):			
Hospitals and Convalescent Homes... ...	261,009		
Development Committee projects... ...	50,274		
Amount appropriated from Nuffield Trust for the Special Areas	90,000		
	<hr/>	401,283	
Legacies received for Special Purposes:			
Homes for Aged Sick	132		
Emergency Bed Service	1,586		
	<hr/>	1,718	
Liabilities:			
Administration and Other Expenses	37,718		
Deposits from tenants	39		
	<hr/>	37,757	
Leasehold Amortization Account	14,072		
	<hr/>	5,411,881	
		£7,673,086	

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 the Fund. The explanations given us the Balance Sheet gives a true and fair view of the state of the Fund. The Account gives a true and fair view of the excess of income over expenditure for the year.

128, Queen Victoria Street,

London, E.C.4.

10th June, 1966

HOSPITAL FUND FOR LONDON

31st DECEMBER, 1965

		£	£	£
ASSETS REPRESENTING FUNDS TO BE RETAINED AS CAPITAL:				
Stocks and shares (see note 3) ...	...	...	...	2,804,856
Less : Realised profits	...	...	...	666,838
				2,138,018
Cash at Bankers	...	...	...	49,952
Short term Deposit	...	...	...	50,000
				2,237,970
ASSETS REPRESENTING SPECIAL FUNDS:				
Stocks (see note 3) ...	...	...	...	23,158
Cash at Bankers	...	...	...	39
Income tax recoverable	...	...	...	38
				23,235
OTHER ASSETS:				
Stocks and shares (see note 3) ...	...	...	...	4,258,270
Add : Realised losses	...	...	...	153,817
				4,412,087
Freehold and Leasehold Properties, Ground				
Rents and Mortgages	...	...	...	1,638,346
Less : Realised profits	...	...	...	775,928
				862,418
Reversionary Interests, taken for book-keeping purposes at a nominal value of	...	...	...	1
Current Assets:				
Cash at Bankers and in hand	...	...	...	20,422
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400)		116,953	137,375	5,411,881
NOTES:—				
(1) The total cost of Properties for Staff Colleges and Homes for Aged Sick is £834,246. The cost of the furniture and equipment owned by the Fund and £828,896 of the above amount have been written off as and when such expenditure has been incurred.				
(2) 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.				
(3) Stocks and Shares held at 31st December, 1965 amounting in total to £7,086,284 were valued as follows:—				
Quoted Investments at Market Value		8,948,549		
Unquoted, at Treasurer's Valuation		208,857		
		£9,157,406		
A. H. CARNWATH Treasurer				£7,673,086

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, 1965, and the Income and Expenditure ended on that date.

DELOITTE, PLENDER, GRIFFITHS & Co.
Chartered Accountants

INCOME AND EXPENDITURE ACCOUNT FOR

	£	£	£
GRANTS made 1965	...	...	233,218
EXPENDITURE ON SPECIAL SERVICES, ETC.:			
The Hospital Centre	...	...	78,692
Rent, Rates, etc.	...	...	39,348
Capital Expenditure	...	...	7,472
Nursing Recruitment Service	...	...	19,270
Capital Expenditure	...	...	950
Staff College for Ward Sisters	...	...	20,712
Capital Expenditure	...	...	14,204
Staff College for Matrons	...	...	11,271
Capital Expenditure	...	...	81
Staff College for Hospital Caterers	...	...	15,345
Capital Expenditure	...	...	25,590
Hospital Administrative Staff College	...	...	78,795
Capital Expenditure	...	...	15,046
			<u>93,841</u>
			326,776
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 Contribu- tions	...	...	36,801
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc.	...	...	2,825
Printing and Stationery, Telephone and Postage	...	...	3,489
Sundry Miscellaneous Expenses	...	...	2,143
New Premises and Removal Expenses	...	...	7,536
			<u>52,794</u>
OTHER EXPENSES:			
Office Furniture and Equipment	...	...	247
Legal and Other Professional Fees	...	...	7,226
Visiting Expenses	...	...	333
Publications: Cost less Sales	...	...	1,882
			<u>9,682</u>
SPECIAL CONTRIBUTION TO PENSION FUND	...	...	75,000
APPROPRIATION TO LEASEHOLD AMORTIZATION ACCOUNT	...	...	775
			<u>704,753</u>
TRANSFER TO GENERAL FUND:			
Excess of Income over Expenditure	...	...	7,781
			<u>£712,531</u>

THE YEAR ENDED 31st DECEMBER, 1965

	£	£
INCOME from:		
Securities and Investments	488,259	
Freehold and Leasehold Properties	115,491	<u>603,750</u>
SUBSCRIPTIONS:		
Annual	2,955	
Under Deeds of Covenant for a stated number of years	2,534	<u>5,489</u>
DONATIONS:		
Annual and other	<u>2,669</u>	8,158
SPECIAL RECEIPTS (Legacies per Schedule)	19,971	
AMOUNTS WITHDRAWN FROM GENERAL FUNDS to meet:		
Contribution to Pension Fund	75,000	
Special Grant (Radiotherapy Fund)	5,653	<u>80,653</u>
		<u><u>£712,532</u></u>

SPECIAL FUNDS 31st DECEMBER, 1965

										£	£	£
SPECIAL ANONYMOUS TRUST (1930):												
CAPITAL ACCOUNT:	...	...	...	...	...	...	...	...	...		19,068	
INCOME ACCOUNT:												
Balance at 31st December, 1964	...	...	...	...	...	...	...	...	...	7		
Add: Income 1965	...	...	...	...	...	...	...	...	...	971		
										978		
Less: Paid to Greenwich and Deptford H.M.C.	...	...	...	...	...	...	...	...	...	974		
										4		
											19,072	
MRS. L. L. LAYBORN TRUST (1943):												
CAPITAL ACCOUNT:	...	...	...	...	...	...	...	...	...		4,090	
INCOME ACCOUNT:												
Balance at 31st December, 1964	...	...	...	...	...	...	...	...	...	72		
Add: Income 1965	...	...	...	...	...	...	...	...	...	186		
										258		
Less: Paid to St. Luke's Nursing Home for the Clergy	...	...	...	...	...	...	...	...	...	218		
										40		
J. R. CATLIN, DECEASED, TRUST:												
Balance at 31st December, 1964	...	...	...	...	...	...	...	...	...		32	
Add: Income 1965	...	...	...	...	...	...	...	...	...	1		
											33	
												£23,235

SPECIAL RECEIPTS — LEGACIES RECEIVED IN 1965

							£
GENERAL:							
Charles Ansell	...	...	...	...	...	...	160
William Benfield	...	...	...	...	...	...	255
Mrs. Leah Primrose Blackwell	...	...	...	...	...	...	633
Robert Cooper Drury	...	...	...	...	...	...	10
Godfrey George Halsted	...	...	...	...	...	...	33
Lionel Wormser Harris	...	...	...	...	...	...	3,230
Lord Mount Stephen	...	...	...	...	...	...	6,352
Henry Nathan	...	...	...	...	...	...	311
Miss Matilda Charlotte Osborne	...	...	...	...	...	...	5,173
Edward William Pritchard	...	...	...	...	...	...	28
Stewart Whitwell Rogers	...	...	...	...	...	...	1,400
Dr. Percy Edwin Spielmann	...	...	...	...	...	...	1,668
Walter Ernest Zobel	...	...	...	...	...	...	1,000
							<hr/> 20,253
<i>Less : Payments made re estate of George Hunt</i>							
Heigham	...	...	...	...	...	...	282
							<hr/> £19,971
CAPITAL:							
Mrs. Ann Marshall	...	...	...	...	...	...	<hr/>£547
PLACED TO RESERVE :							
Percy Johnson	...	...	...	...	...	...	<hr/>£78,767

GRANTS MADE IN 1965

						£
Association of Independent Hospitals	..	..	..	..	..	150
Bexley H.M.C.						
Bexley Hospital—Rehabilitation centre	..	..	..	..	..	10,000
Broadmoor Hospital, Crowthorne						
Hostel for patients' relatives	..	..	..	..	..	10,000
Camberwell H.M.C.						
St. Giles' Hospital—Improvements to nurses' home	..	..	..	..	..	3,000
Catharine House, St. Leonard's-on-Sea						
Repairs to roof	..	..	..	..	..	420
New gas fires in bedrooms	..	..	..	..	..	324
Catisfield House, Hove						
Solarium	..	..	..	..	..	500
Central Middlesex H.M.C.						
Central Middlesex Hospital—Extension of group sports and social club house	..	..	..	..	..	3,000
Chelsea and Kensington H.M.C.						
St. Mary Abbots Hospital—Changing room for non-resident staff	..	..	..	..	..	550
Furniture and equipment for general practitioners' room	..	..	..	..	..	200
Churchill Court, Sevenoaks						
Kitchen equipment	..	..	..	..	..	1,090
Convalescent Police Seaside Home, Hove						
Sick bay and kitchen equipment	..	..	..	..	..	1,000
Council for Music in Hospitals	..	..	..	..	..	750
Dedisham Convalescent Nursery Home, Slindon						
Larger hot water boiler	..	..	..	..	..	400
New playroom	..	..	..	..	..	500
Derwent House, Chislehurst						
Various improvements to the building	..	..	..	..	..	1,000
Ealing Association for Mental Health						
Hostel for homeless patients	..	..	..	..	..	2,000
Edith Cavell Home of Rest for Nurses, Haslemere						
Fire precautions	..	..	..	..	..	193
Edith Priday Home, Blackheath						
Improvements to laundry and washing-up arrangements	..	..	..	..	..	333
Elderly Invalids Fund	..	..	..	..	..	4,250
Florence Nightingale Hospital, N.W.1						
Alterations to ward kitchens	..	..	..	..	..	500

GRANTS MADE IN 1965

Fountain and Carshalton H.M.C.		£
Queen Mary's Hospital for Children—League of Friends Centre	.. .. .. .. .. .. ..	650
The Gables, Blackheath		
Improvements to lavatories and laundry arrangements ..		4,000
Giles House, Camberwell		
Setting-up expenses		2,000
Guy's Hospital Group		
New Cross Hospital—Chapel		5,240
Hackney and Queen Elizabeth H.M.C.		
Queen Elizabeth Hospital for Children—Extension of physiotherapy department		1,322
Harefield and Northwood H.M.C.		
Harefield Hospital—Bungalow for patients' visitors ..		1,500
Hayes Grove, Hayes		
Conversion to oil-fired central heating		800
Hendon H.M.C.		
Edgware General Hospital—Shelving for library for medical and paramedical staff		460
Hertfordshire Seaside Convalescent Home, St. Leonard's-on-Sea		
Provision of single rooms		1,619
Holy Cross Hospital, Haslemere ..		
Modernisation of sluice room		500
Homes of St. Giles for British Lepers, near Chelmsford		
New surgery		2,500
Horton H.M.C.		
Horton Hospital—Fitting of basins in nurses' bedrooms		6,000
Hospital of St. John and St. Elizabeth, N.W.8		
Replacement of an X-ray machine and an autoclave ..		2,000
Invalid Children's Aid Association		
John Horniman School, Worthing—Utilicon van ..		250
The Kensington Day Centre, W.11		
Construction of a garden		600
Kingsbury, Woking		
Extension of building		2,500
Kolbe House, Ealing		
Oil-fired central heating and hot water system		3,000
Lewisham H.M.C.		
St. John's Hospital—Improvements to sanitary annexes in two wards		1,000

GRANTS MADE IN 1965

Limpsfield Convalescent Home for Women		£	600
Additional bedroom			
London and Ascot Priory, Ascot			625
Central heating boiler			
Lugano, Buckhurst Hill			5,897
Various improvements			
Maitland House, Frinton			237
Extension and enclosure of dining room verandah			
Manor H.M.C.			4,053
Manor Hospital—Experimental training unit			
Mildmay Convalescent Home, Worthing			500
Extension of building			
Moorfields Eye Hospital			1,438
Roof garden for nursing staff at City Road branch			
National Association of Leagues of Hospital Friends			500
National Association for Mental Health			2,000
Convalescent Service—Index of information			
Courses for matrons of convalescent homes			259
North East Metropolitan R.H.B.			1,800
Research officer			
Paddington H.M.C.			
Paddington General Hospital—Improvements to main			5,000
kitchen and main dining hall			
St. Charles' Hospital—Medical centre			6,000
Pilgrims School, Seaford			80
Vitalograph machine			
Romford H.M.C.			
Oldchurch Hospital—Enclosure of verandahs to make			3,000
ward day rooms			
Royal Earlswood H.M.C.			2,000
Royal Earlswood Hospital—Museum			
Royal Marsden Hospital			5,653
Equipment for low background laboratory			
Royston, S.W.15			750
Conversion of heating system to oil firing			
Runwell H.M.C.			11,000
Runwell Hospital—Patients' social centre			
St. Helen's Convalescent Home, Letchworth			300
Redecoration of home			

GRANTS MADE IN 1965

	£
St. Helier H.M.C.	
St. Helier Hospital—Construction of, and furniture for, medical centre	2,000
Wandle Valley Hospital—Renovation of nurses' tennis court	600
St. Joseph's Convalescent Home, Bournemouth	
New block providing single rooms	500
St. Joseph's Hospital, Chiswick	
Holiday annexe	277
St. Joseph's Nursing Institute, Edmonton	
Equipment for physiotherapy department	1,370
St. Michael's Convalescent Home, Clacton	
Covered way between dining room and kitchen	1,000
St. Michael's Convalescent Home, Westgate	
Fire precautions	505
South Ockendon H.M.C.	
South Ockendon Hospital—Chapel	2,000
South West Middlesex H.M.C.	
West Middlesex Hospital—Medical centre	12,000
Spelthorne St. Mary, Thorpe	
Fire precautions	1,500
Staines H.M.C.	
Normansfield Hospital—Staff recreation centre	7,500
Star and Garter Home, Richmond Hill	
New boiler installation	3,750
Thomas Banting Memorial Home, Worthing	
Staff bathroom	49
The Towers, Bexhill	
Alterations to kitchen premises	600
Verulam H.M.C.	
Harperbury Hospital—Extension of the staff club and canteen building	4,360
Welfare Service for Colostomy Patients	
Pilot scheme	2,000
West Park H.M.C.	
West Park Hospital—Staff social centre	4,000
Whittington, N.6.	
Construction of staff cloakrooms and improvement of sluice rooms	511

GRANTS MADE IN 1965

Woolwich Group H.M.C.						£
Brook Hospital—Medical centre	..	..	..	..	..	12,000
Yarburgh, East Grinstead						
Carpeting and redecoration of staff quarters	..	..	..	..	..	175
Expenses of Convalescent Homes Conference	..	..	..	..	..	289
Experiments and Enquiries:						
Analysis of Expenditure on Drugs	..	..	..	..	..	1,159
Commissioning New Hospital Buildings	..	..	..	..	..	1,500
Comparative Study of Patients' Satisfaction	..	..	..	..	..	500
Disposable Milk Containers	..	..	..	..	..	525
Design of Equipment	..	..	..	..	..	2,500
Evaluation of New Hospital Buildings	..	..	..	..	..	2,950
Film Strip on Hospital Cleaning	..	..	..	..	..	600
Health Services Co-ordination	..	..	..	..	..	2,000
Henley Staff College Course	..	..	..	..	..	500
The Hospital Centre Library	..	..	..	..	..	4,775
Hospital Laundries	..	..	..	..	..	750
Information Service for the Disabled	..	..	..	..	..	1,300
Landscape Architecture	..	..	..	..	..	4,800
Visiting American Lecturer	..	..	..	..	..	500
Occupational Health of Hospital Staff, Eastbourne	..	..	..	..	..	1,300
Occupational Health of Hospital Staff, Newcastle	..	..	..	..	..	1,200
Peripheral Finishing Kitchen	..	..	..	..	..	12,500
Prize Essay Competition	..	..	..	..	..	500
Shortage of Nurse Tutors	..	..	..	..	..	2,000
Ward Housekeepers, Greenwich	..	..	..	..	..	2,583
Ward Housekeepers, Mile End	..	..	..	..	..	1,424
Token Grants to Hospitals and Convalescent Homes	..	..	..	..	..	2,573
						<u>£233,218</u>

PRESIDENT AND GENERAL COUNCIL

PRESIDENT:

H. R. H. THE DUKE OF GLOUCESTER, K.G.

TREASURER:

A. H. CARNWATH

GENERAL COUNCIL

THE LORD CHANCELLOR

A. H. CARNWATH

THE SPEAKER OF THE HOUSE OF COMMONS

HON. G. C. H. CHUBB

THE BISHOP OF LONDON

LADY CLITHEROE

CARDINAL HEENAN

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

THE REVEREND A. R. VINE, D.D., B.SC.

LORD COTTESLOE, G.B.E., T.D.

THE LORD MAYOR

MISS M. M. EDWARDS, M.V.O.

THE CHAIRMAN OF THE GREATER LONDON COUNCIL

J. A. M. ELLISON-MACARTNEY, C.B.E.

THE GOVERNOR OF THE BANK OF ENGLAND

PETER F. EVANS

THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS

ARTHUR FRANKS, O.B.E.

THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS

HON. SIR GEOFFREY GIBBS, K.C.M.G.

THE PRESIDENT OF THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

SIR GEORGE GODBER, K.C.B., D.M., F.R.C.P.,
D.P.H.

THE PRESIDENT OF THE COLLEGE OF GENERAL PRACTITIONERS

ADMIRAL J. H. GODFREY, C.B.

THE PRESIDENT OF THE INSTITUTE OF HOSPITAL ADMINISTRATORS

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.,

LORD ASHBURTON, K.C.V.O.

D.L., J.P.

SIR GEORGE AYLWEN, BT.

G. P. E. HOWARD

LORD BICESTER

VISCOUNT INGLEBY, P.C.

HON. MARGARET BIGGE

LORD INMAN, P.C., J.P.

F. AVERY JONES, C.B.E., M.D., F.R.C.P.

LORD KINDERSLEY, C.B.E., M.C.

EDGAR LAWLEY, C.B.E.

LORD LUKE, T.D., D.L., J.P.

W. G. MACKENZIE, V.M.H.

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, C.B.E., 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.
COMMANDER R. W. PEERS, R.N. (RETD.)
MICHAEL PERRIN, C.B.E.
MAX RAYNE
MISS A. B. READ, M.B.E.
KENNETH ROBSON, C.B.E., M.D., F.R.C.P.
LANNING ROPER

SIR JAMES PATERSON ROSS, BT., K.C.V.O.,
F.R.C.S.
MISS M. J. ROXBURGH, O.B.E.
HON. PETER SAMUEL, M.C., T.D.
VISCOUNT SIMONDS, P.C.
MISS M. J. SMYTH, C.B.E.
GEORGE SOMERVILLE, M.D.
ERNEST TAYLOR, C.B.E.
RT. HON. SIR GODFREY THOMAS, BT.,
P.C., 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.
LORD WARDINGTON
SIR HAROLD WERNHER, BT., G.C.V.O., T.D.
MAJOR SIMON WHITBREAD, J.P.

MANAGEMENT COMMITTEE

HON. G. C. H. CHUBB, Chairman

G. F. ABERCROMBIE, V.R.D., M.D.
BARONESS BROOKE, D.B.E.
A. H. CARNWATH
LORD COTTESLOE, G.B.E., T.D.
PETER F. EVANS

G. P. E. HOWARD
F. AVERY JONES, C.B.E., M.D., F.R.C.P.
HON. MRS. JOHN MULHOLLAND, C.V.O.
COMMANDER R. W. PEERS, R.N. (RETD.)
SIR JAMES PATERSON ROSS, BT., K.C.V.O.,
F.R.C.S.

FINANCE COMMITTEE

A. H. CARNWATH, Chairman

THE GOVERNOR OF THE BANK OF ENGLAND
LORD BICESTER
G. J. A. JAMIESON

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

COLLEGES COMMITTEE

G. P. E. HOWARD, Chairman

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

BRIAN FRANKS, D.S.O., M.C.

CAPTAIN A. LADE, O.B.E., R.N. (RETD.)

MISS M. B. POWELL, C.B.E.

SIR JOHN RICHARDSON, BT., M.V.O.,
M.D., F.R.C.P.

MISS M. J. SMYTH, C.B.E.

PROFESSOR R. E. TUNBRIDGE, O.B.E., M.D.,
F.R.C.P.

Visitors :

Hospital Administrative Staff College	...	...	...	P. H. CONSTABLE, O.B.E.
Staff College for Ward Sisters	...	...	...	MISS M. J. SMYTH, C.B.E.
Staff College for Matrons	...	...	...	MISS M. B. POWELL, C.B.E.
Staff College for Hospital Caterers	...	...	...	BRIAN FRANKS, D.S.O., M.C.

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

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

HOSPITAL DEVELOPMENT COMMITTEE

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

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

ARTHUR FRANKS, O.B.E.

R. W. NEVIN, T.D., M.B., F.R.C.S.

C. E. NEWMAN, C.B.E., M.D., F.R.C.P.

PETER WAKE

MAJOR SIMON WHITBREAD, J.P.

HOSPITAL GRANTS COMMITTEE

PETER F. EVANS, Chairman

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

F. DENNY, M.D., F.R.C.O.G.

MICHAEL HARGRAVE, V.R.D.

LIEUT.-COLONEL K. B. HICKS, O.B.E.

C. R. JOLLY, O.B.E.

PROFESSOR ALAN KEKWICK, M.B., B.C.H.,
F.R.C.P.

LADY NORMAN, C.B.E., J.P.

MARTIN PATERSON

KENNETH ROBSON, C.B.E., M.D., F.R.C.P.

GEORGE SOMERVILLE, M.D., CH.B., D.P.M.

G. C. TOOTH, M.D., D.P.M.

MISS A. M. WALTON, S.R.N., R.S.C.N.,
S.C.M.

Garden Advisers :

J. C. KENNEDY

W. G. MACKENZIE, V.M.H.

LEANNING ROPER

HOSPITAL CENTRE COMMITTEE

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

G. P. E. HOWARD

F. AVERY JONES, C.B.E., M.D., F.R.C.P.

AUXILIARY HOSPITALS COMMITTEE

COMMANDER R. W. PEERS, R.N. (RETD.), Chairman

H. C. BELK	JOHN ROSS, C.B.
R. J. KIRTON, C.B.E.	MISS M. J. ROXBURGH, O.B.E.
MISS K. G. LLOYD-WILLIAMS, C.B.E., M.D., F.F.A.R.C.S.	R. H. SANDFORD SMITH
PROFESSOR SIR ALAN MONCRIEFF, C.B.E., M.D., F.R.C.P., F.R.C.O.G., J.P.	MISS U. B. WEBB
MISS A. B. READ, M.B.E.	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

LORD AMULREE, M.D., F.R.C.P.	G. B. HOLLINGS, M.D.
F. J. FOWLER, O.B.E., T.D., M.D., CH.B.	CAPTAIN A. LADE, O.B.E., R.N., (RETD.)
BRIGADIER G. P. HARDY-ROBERTS, C.B., C.B.E.	GEORGE S. R. LITTLE, M.R.C.S., L.R.C.P.
S. C. HARRIS, O.B.E., J.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.	LADY BRAIN
PROFESSOR W. J. H. BUTTERFIELD, O.B.E., M.D., F.R.C.P.	BARONESS BROOKE, D.B.E.
F. S. COOKSEY, O.B.E., M.D., F.R.C.P.	SIR JOHN CAMERON, BT.
O. P. DINNICK, M.B., F.F.A.R.C.S.	HON. MRS. R. CAMPBELL-PRESTON
SIR STEWART DUKE-ELDER, G.C.V.O., M.D., F.R.C.S.	LADY CLITHEROE
C. W. FLEMMING, C.B.E., D.M., F.R.C.S.	SIR EDWARD COLLINGWOOD, C.B.E., F.R.S., J.P.
R. S. HANDLEY, O.B.E., F.R.C.S.	LADY COMPTON
J. B. HARMAN, M.D., F.R.C.P.	F. M. CUMBERLEGE
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.	LIEUT.-COLONEL K. B. HICKS, O.B.E.
SIR FRANCIS LESLIE, K.C.V.O., M.R.C.S., L.R.C.P.	VISCOUNT INGLEBY, P.C.
W. N. MANN, M.D., F.R.C.P.	K. MILLER JONES
SIR RALPH MARNHAM, K.C.V.O., M.CHIR., F.R.C.S.	R. J. KIRTON, C.B.E.
S. P. MEADOWS, M.D., F.R.C.P.	SIR FREDERICK LAWRENCE, O.B.E., J.P.
PROFESSOR P. J. MOIR, M.C., M.B., CH.B., F.R.C.S.	H. J. LESTER, J.P.
R. W. NEVIN, T.D., M.B., F.R.C.S.	C. J. MALIM
PROFESSOR F. C. ORMEROD, M.D., F.R.C.S.	THE DOWAGER VISCOUNTESS MONCKTON OF BRENCHLEY, C.B.E.
SIR ARTHUR PORRITT, BT., K.C.M.G., K.C.V.O., C.B.E., F.R.C.S.	H. R. MOORE
SIR JOHN RICHARDSON, BT., M.V.O., M.D., F.R.C.P.	HON. MRS. JOHN MULHOLLAND, C.V.O.
KENNETH ROBSON, C.B.E., M.D., F.R.C.P.	ALDERMAN HORACE NEATE, C.B.E., D.L., J.P.
SIR JAMES PATERSON ROSS, BT., K.C.V.O., F.R.C.S.	MARQUIS OF NORMANBY, M.B.E.
SIR HERBERT SEDDON, C.M.G., D.M., F.R.C.S.	LORD NORTHBROOK
A. H. M. SIDDONS, M.CHIR., F.R.C.S.	MAJOR R. O'BRIEN, M.V.O., T.D.
J. F. STOKES, M.D., F.R.C.P.	H. M. O'CONNOR, O.B.E., T.D.
NORMAN TANNER, CH.B., F.R.C.S.	MICHAEL PERRIN, C.B.E.
SELWYN TAYLOR, D.M., M.CH., F.R.C.S.	EARL OF ROTHES
E. G. TUCKWELL, M.CH., F.R.C.S.	ERNEST TAYLOR, C.B.E.
BRIAN WARREN, M.R.C.S., L.R.C.P.	SIR HERBERT THOMPSON, C.I.E.
	LIEUT.-COLONEL R. P. TONG, O.B.E.
	PETER WAKE
	MAJOR SIMON WHITBREAD, J.P.
	SIR REGINALD WILSON

STAFF ADMINISTRATION

14, Palace Court, W.2.

Telephone : PAR 0581

THE HOSPITAL CENTRE

24, Nutford Place, W.1.

Telephone: *AMB* 2641

M. C. HARDIE, M.A., F.H.A.	Director
MISS J. B. CRAIG, S.R.N., R.S.C.N.	Assistant Director (Nursing)
B. LANGSLOW, F.H.A.	Assistant Director (General)
I. ROBERTS, M.A., F.H.A.	Assistant Director (General)
S. G. WAKELING	Equipment Adviser
D. G. EWBANK	Designer-Draughtsman
A. F. J. CHIDGEY	Administrative Assistant
MISS D. M. HINKS, F.H.A., M.R.S.H.	Administrative Assistant
A. R. MACRAE	Administrative Assistant
K. MORTON	Research Librarian
MISS D. L. THOMAS, G.C., S.R.N.	Exhibition Officer
MRS. E. V. MILLAR, M.B.E., M.I.M.A.	Warden

Catering Advisory Service

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

2, Palace Court, W.2.

Telephone: BAY 9361

Principal :

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

Tutorial Staff:

P. J. TORRIE, F. INST.W.S.

P. V. LOWE, M.C.

E. W. C. SECCOMBE, B.Sc. (SOC.), F.H.A.

M. W. CUMING, M.A.

LIEUT. COMMANDER C. BARRETT, M.B.E., A.M.B.I.M., R.N., (RETD.)

Registrar :

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

Bursar:

MISS R. V. SHARPE

STAFF COLLEGE FOR WARD SISTERS

1A, <i>Holland Park, W.11.</i>	<i>Telephone : PAR 2641</i>
MISS MADELINE HENRY, S.R.N., R.S.C.N., R.N.T., ..	.. .. .. Principal
Diploma in Admin. McGill University.	
MISS H. KNIGHT, S.R.N., O.N.D. ..	.. .. .. Tutor
MISS M. NEVELL, B.A., S.R.N., R.N.T. ..	.. .. .. Tutor
MISS M. E. McWILLIAM, M.I.M.A. ..	.. .. .. Bursar

STAFF COLLEGE FOR MATRONS

22, <i>Holland Park, W.11.</i>	<i>Telephone : PAR 4139</i>
MISS I. G. WARREN, S.R.N. ..	.. .. .. .. Principal
MISS D. M. DEAN ..	.. .. .. .. Bursar

STAFF COLLEGE FOR HOSPITAL CATERERS

27, <i>Palace Court, W.2.</i>	<i>Telephone : PAR 0581</i>
R. T. WHATLEY, F.H.C.I. ..	.. .. .. .. Principal
MISS E. H. WHITE, M.I.M.A. ..	.. .. .. .. Assistant Principal
J. C. FORD ..	.. .. .. .. Tutor
MISS A. COX ..	.. .. .. .. Bursar

NURSING RECRUITMENT SERVICE

6, <i>Cavendish Square, W.1.</i>	<i>Telephone : LAN 4362</i>
MISS L. M. DARNELL, S.R.N., S.C.M. ..	.. .. .. .. Secretary
MRS. K. M. CARVER, S.R.N., S.C.M. ..	.. .. .. .. Deputy Secretary
MISS S. J. HOOK, S.R.N., O.N.C. ..	.. .. .. .. Travelling Secretary
MISS G. F. GRIFFIN, S.R.N., S.C.M., H.V. CERT. ..	.. .. .. .. Assistant Secretary

EMERGENCY BED SERVICE

Fielden House, London Bridge Street, S.E.1. *Telephone : HOP 7181*

Secretary :

K. S. MORFEY

Training Officer :

MRS. D. I. STURGES

Senior Watchkeepers :

MISS M. E. CRAIG	MRS. D. M. MACLEAN
MISS A. BINGE	MISS T. PARK

EXPERIMENTS AND ENQUIRIES

Bedstead Design

To evolve patterns of bedstead suitable for the majority of patients in general wards.

**Central Vacuum Cleaning Systems*

To study the advantages and disadvantages of these systems compared with those of other methods.

**Changing Accommodation*

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

Commissioning New Hospital Buildings

To help hospital authorities in tackling the problems of equipping, staffing and commissioning new hospital buildings.

Computers

The application of electronic computers to hospital practice.

Co-ordination of Health Services

To study the problems and possibilities of improving the co-ordination of hospital, public health and general practitioner services.

Equipment for the Disabled

To prepare and collate reports on equipment for the disabled.

Evaluation of New Hospital Buildings

To study some new hospitals in use in order to make recommendations on future planning, functions and design, and upon evaluation methods.

Filmstrips on Hospital Cleaning

To produce filmstrips for use in training hospital domestic staff.

**Studies completed during 1965.*

EXPERIMENTS AND ENQUIRIES

Hospital Chaplains

An enquiry into the rôle of the hospital chaplain.

Hospital Equipment

An enquiry into the selection and design of equipment for a new hospital: finally merged with enquiry into bedstead design.

Information Service for the Disabled

To assemble, classify and make available welfare information of value in hospitals and elsewhere.

Internal Communications in Hospitals

To help hospitals to solve their problems of internal communication.

Landscape Architecture

1. To study the development of new hospital grounds.
2. To study the maintenance and design of grounds of existing hospitals.

Laundry Bags

To test soiled-laundry bags of various materials.

Linen

An investigation into distributing and storing ward linen stocks by means of an 'exchange-trolley' system.

Management Audit

*To ascertain whether criteria of good hospital management can be devised for use in examining hospital management structure and practice.

Milk Kitchens

To collate information on planning and equipment.

Nurse/Patient Record System

To devise means of improving the system of recording nursing notes and daily reports on patients in a hospital ward.

**Studies completed during 1965.*

EXPERIMENTS AND ENQUIRIES

Nurse Training

To investigate the possible advantages of a shortened course of nurse training.

Occupational Health of Hospital Staff

To ascertain the causes, nature and extent of illness and absence from duty among hospital staff.

Outpatients

- *1. Outpatient department at Guy's Hospital; analysis of attendances and of the needs of the local community.
- 2. New outpatient building at a teaching hospital; preparation of functional analysis and operational policies for department under construction.

Patients' Satisfaction Analysis

To measure the degree of satisfaction given to patients in general care and comfort apart from medical treatment, for comparison at broadly similar hospitals.

Programmed Learning

Programmed learning and teaching machines; their possible use in schools of nursing.

Regional Inquiries and Information

To collate and co-ordinate management research and information services for a particular region.

Service of Meals

- *1. Heated tray service of meals to patients.
- *2. Food trolleys for distribution and service of meals to patients.
- 3. To assess the Ganymede tray service of meals to patients.
- 4. To study the service of meals to patients from a peripheral finishing kitchen.

**Studies completed during 1965.*

EXPERIMENTS AND ENQUIRIES

Shortage of Nurse Tutors

An enquiry into the reasons for the shortage of nurse tutors in hospitals.

Standards of Staffing

*To identify the facts to be taken into consideration in determining nursing staff establishments.

Wall Finishes

A test and comparison of different types of wall finish in a central sterile supply department.

Ward Housekeepers

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

**Studies completed during 1965.*

PUBLICATIONS

Brochures for Schools of Nursing (1965)

Report of an enquiry by The Hospital Centre. 1s. 6d. *post free.*

Care of Catering Equipment (Second Edition, 1963)

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

Directory of Convalescent Homes (1966)

A directory containing details of 120 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.*

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 Light Diets (1960) 1s. *post free.**

Memorandum on Nursing Establishments (1966)

Report of a joint working party of the Rcn and The Hospital Centre. 1s. 6d. *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 of an Investigation into the Dietary of Elderly Women Living Alone (1965) 4s. *post free*.

Report on Communications and Relationships between General Practitioners and Hospital Medical Staff (1963) 1s. 6d. *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*.

The Ganymede Tray Service in Hospital (1966)

A joint report by the Catering Advisory Service of the King's Fund and the Work Study Unit of the North Eastern Metropolitan Regional Hospital Board on the use of the Ganymede tray service at Bethnal Green Hospital. 7s. 6d. *post free*.

REPRINTS FROM TECHNICAL JOURNALS

(The reprints listed below are issued free on request)

(a) Reports on Studies with which the King's Fund has been associated:

Flexible Doors

J. H. Dafforne, *The Hospital*, May, 1963.

Toilet Cleaning Services

B. J. Warner, *The Hospital*, December, 1963.

Head Porters and Porters in Hospitals

I. Roberts, *The Hospital*, January, 1964.

Disposables in Hospitals

D. K. White, *The Hospital*, February, 1964.

Films for Hospitals

G. H. Chapman, *The Hospital*, July, 1964.

Admissions and Doctors Inquiry Service

D. J. McCarthy, *The Hospital*, August, 1964.

Medicine Trolley Design

K. Agnew, *Nursing Mirror*, 8 November, 1964.

Ward Housekeepers

Nursing Times, 20 November, 1964.

Internal Communications in Hospitals

British Medical Journal, 5 December, 1964.

Disposables in Hospitals

D. K. White, *The Hospital*, May, 1965.

Nursing School Brochures

British Hospital Journal, 4 March, 1966.

Bed Warming in Hospitals
P. B. Fallows, *Nursing Times*, 4 March, 1966.

Management Audit
A. C. Dale, *British Hospital Journal*, 25 March, 1966.

Ward Housekeepers
J. B. Craig, *Nursing Times*, 6 May, 1966.

Design of Hospital Beds
I. Roberts, *Nursing Times*, 13 May, 1966.

Hospital Internal Communications: A Progress Report
J. B. Craig, *Nursing Times*, 20 May, 1966.

Social Centres and Recreation Halls
Hospital Management, May, 1966.

(b) Reports of Conferences and Meetings held at The Hospital Centre:

Residential Accommodation
Nursing Times, 21 February, 1964.

Sterilisation and Disinfection Techniques
J. C. Kelsey, *Hospital and Health Management*, August, 1964.

Design of Maternity Units
Hospital Management, April, 1965.

Intensive Therapy Units
Hospital Management, September, 1965.

The Ward of the Future
British Hospital Journal, 31 December, 1965.

Planning of Hydrotherapy Departments
Hospital Management, December, 1965.

The Ward of the Future
Hospital Management, January, 1966.

Non-Nursing Duties in Wards
Nursing Times, 28 January, 1966.

Non-Nursing Ward Staff
The Hospital, February, 1966.

Hospital Libraries
British Hospital Journal, 25 February, 1966.

Hospital Dental Services
Hospital Management, March/April, 1966.

Planning of Training Schools
Nursing Times, 4 March, 1966.

Management Services Departments
British Hospital Journal, 22 April, 1966.

Industrialised Hospital Building
British Hospital Journal, 6 May, 1966.

Cleaning Week at The Hospital Centre
British Hospital Journal, 13 May, 1966.

(c) Reports of Meetings for Nurses at The Hospital Centre
published in the *Nursing Times* :

Ward Design—10 April, 1964.

Nurse Planners—24 April, 1964, 14 August, 1964,
4 December, 1964, 8 January, 1965,
4 June, 1965, 18 March, 1966.

Casualty, Accident and Emergency Departments
12 June, 1964.

Children's Wards—17 July, 1964

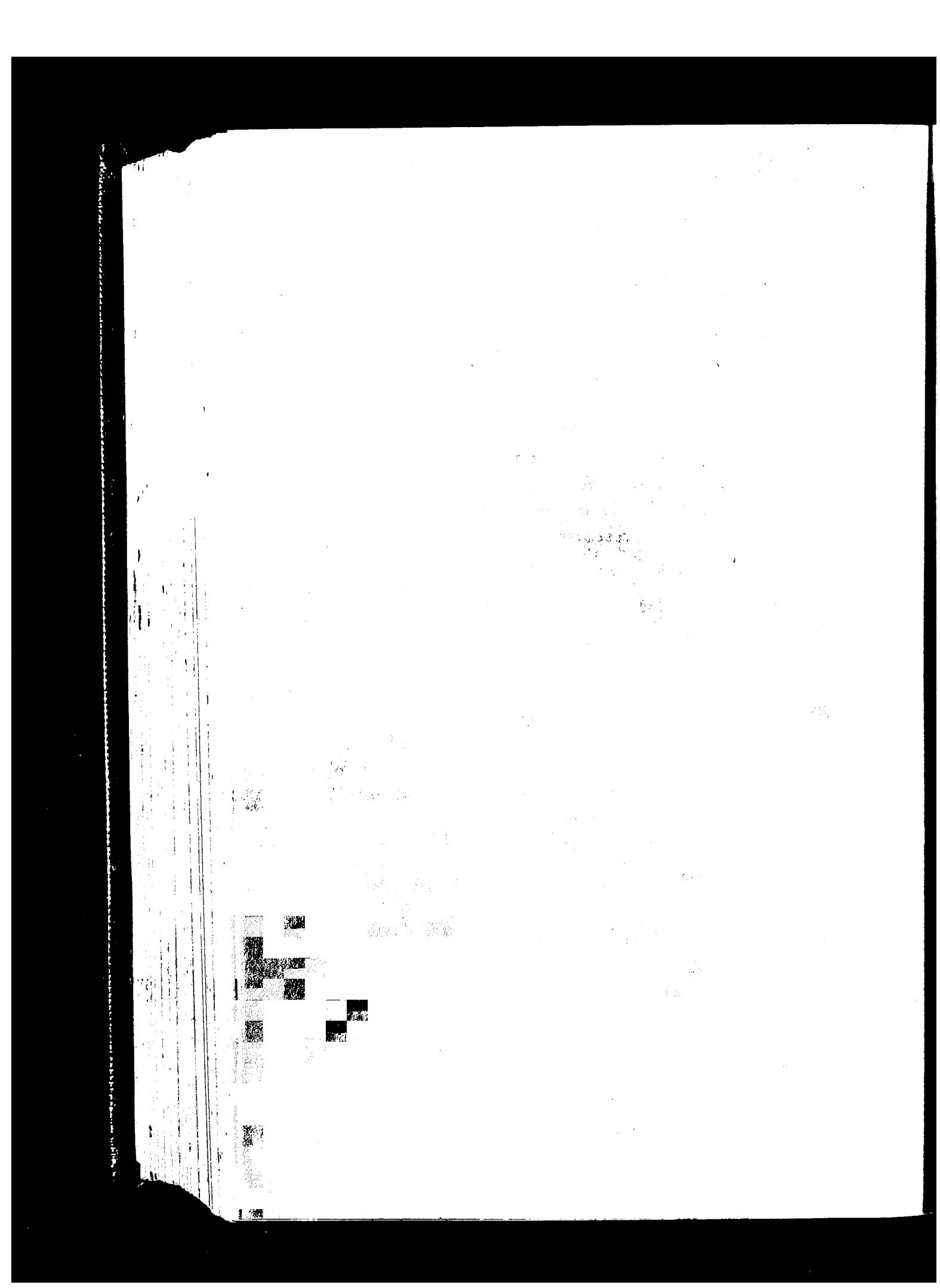
Isolation Units—30 October, 1964.

Geriatric Units—6 November, 1964.

Maternity Units—3 March, 1965.

Intensive Care Units—25 March, 1966.

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



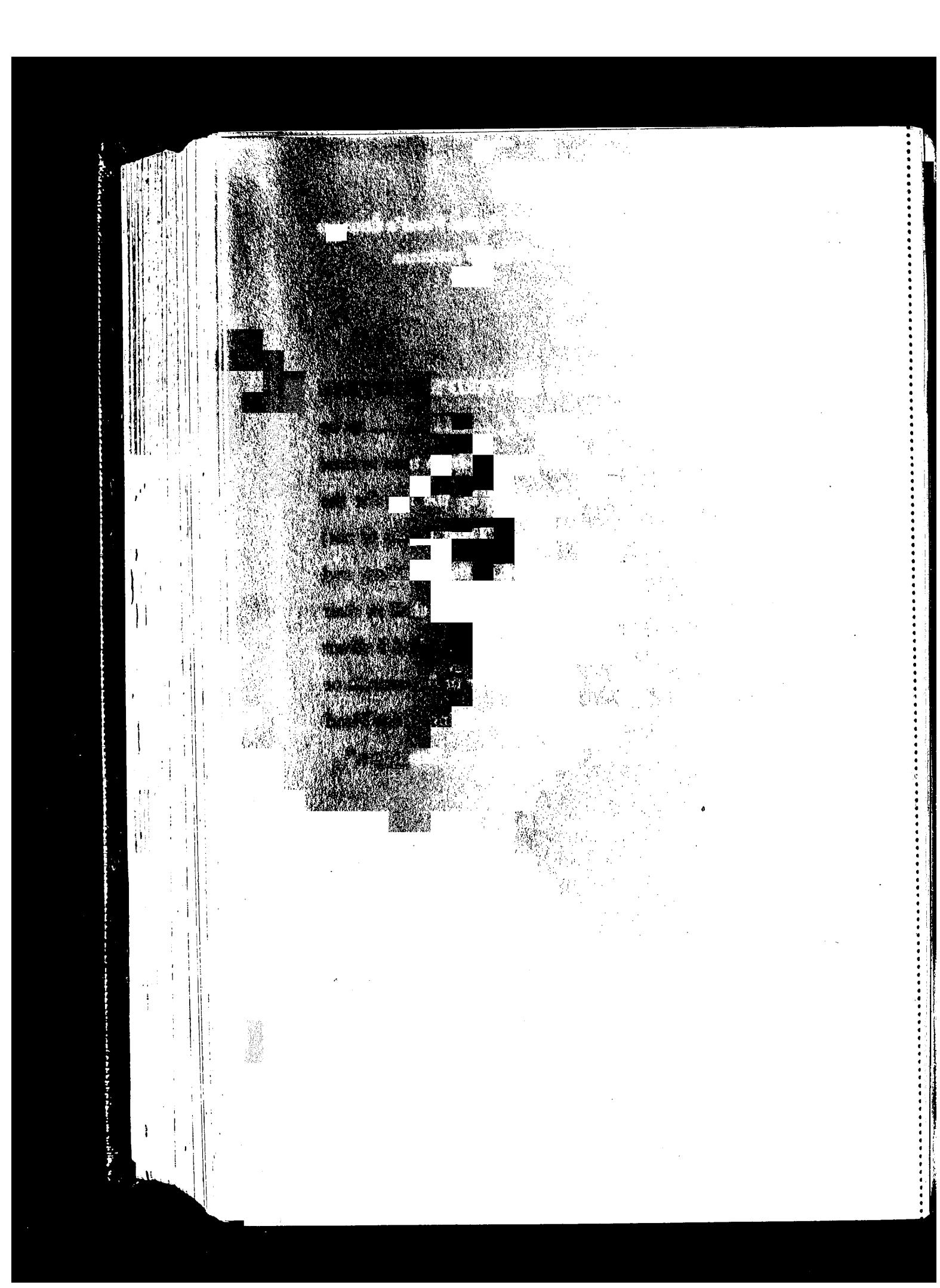
LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

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
14, PALACE COURT, LONDON, W.2.

I 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."

1970-07-10 10:00 AM - 1970-07-10 10:00 AM

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.

Signature

£	s.	d.

Name

(for postal purposes)

Address

COLLECTOR'S GUIDE

TO THE CLOTHESLINE

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 8s. 3d. in the £ £51 1s. 3d.); 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 £51 1s. 3d.

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.*

S

