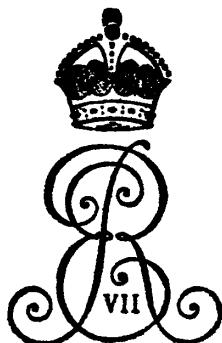
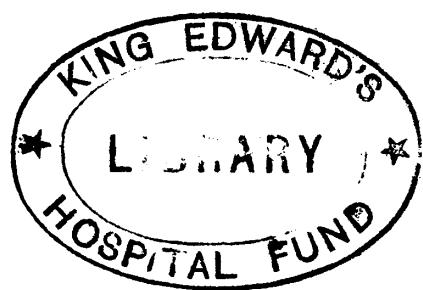


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KING EDWARD'S HOSPITAL FUND
FOR LONDON

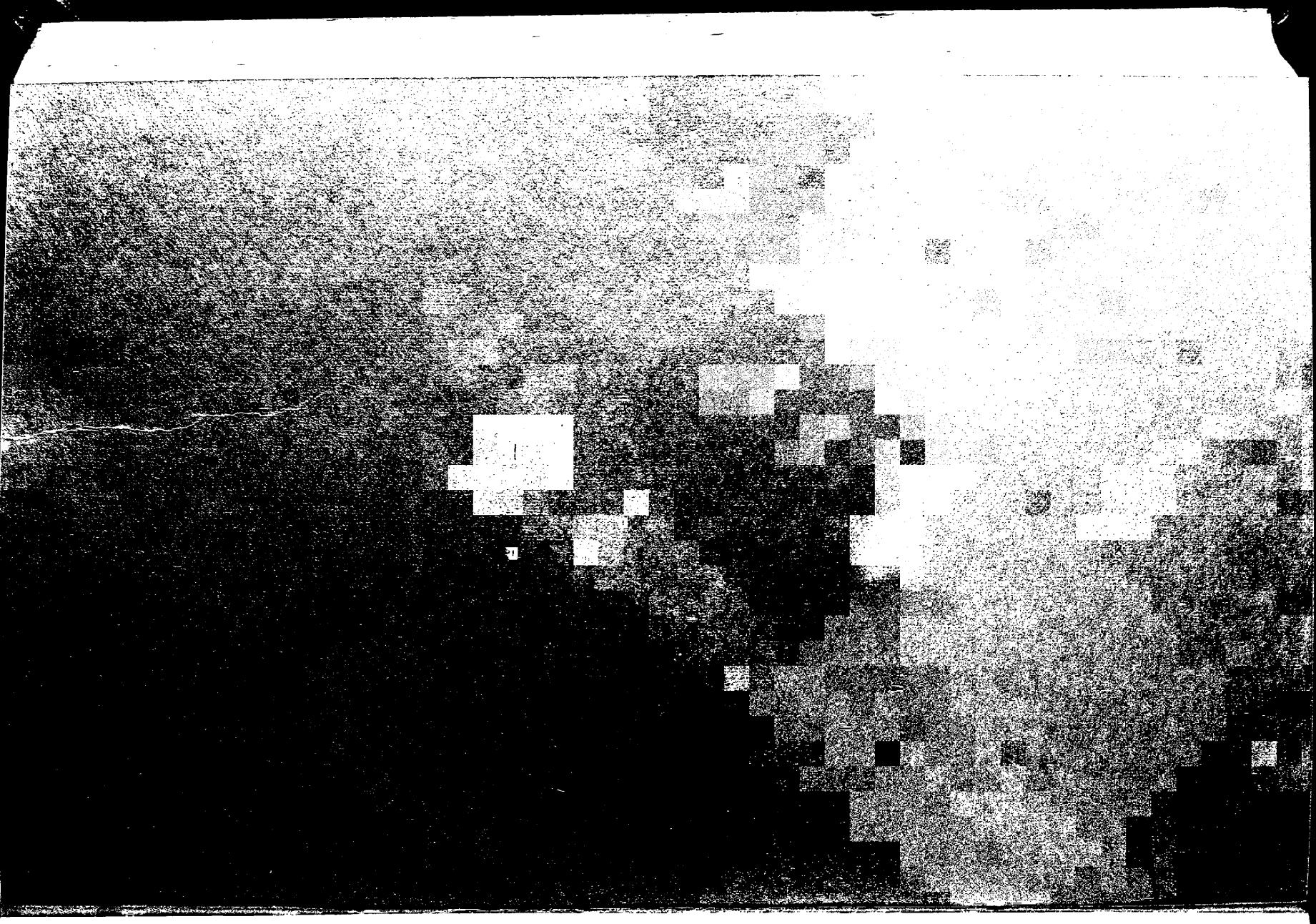


SIXTY-FIRST
ANNUAL REPORT

1957

34 KING STREET

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND
FOR LONDON

PATRON :
HER MAJESTY THE QUEEN

PRESIDENT :
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :
LORD ASHBURTON, V.L., J.P.

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

SECRETARY :
MR. A. G. L. IVES, C.V.O.

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

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

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

BANKERS :
Bank of England, E.C.2.

THE circumstances of the Fund's foundation in 1897 were such that it has always enjoyed a wide discretion as to the use that it may make of its resources. It was from the first intended that it should :

- (a) be a permanent Fund as distinct from a mere agency for the distribution of monies received ;
- (b) concern itself with efficiency as well as with the need of hospitals for monetary assistance.

Moreover, it was in the minds of those associated with the foundation of the Fund that it should exercise a co-ordinating influence over hospital affairs in London, and enlist the help of all in the search for solutions to the problems of the metropolitan hospitals. It cannot be said that the fundamental problems have yet all been solved ; they have but changed their form, and still call for the united efforts of all who can make a contribution towards their solution.

It is due to the fact that the Fund is a permanent one with large capital investments that it has been able to continue its work and even expand in many directions since the establishment of the National Health Service.

In earlier days the promotion of "efficiency" was regarded by the Fund as mainly concerned with such things as ensuring uniformity of accounts, publishing comparative statistics of the work of the voluntary hospitals of London, drawing up an adequate code of fire precautions, building on sound architectural principles, and so on.

The last half-century has witnessed a growing recognition throughout the community of the value of training for almost all kinds of work and of good principles and practice in the management of staff. As the Fund's resources were released from the demands of annual maintenance it became clear that they could be invested to good effect in "people" as well as in "materials". Hence the development of the Fund's bursaries and later the establishment of its training centres, first for ward sisters, then for hospital administrators, later for hospital caterers and cooks, and finally for matrons.

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Annual Report for the Year 1957

RETROSPECT

THIS country has now had ten years' experience of the National Health Service, and it is interesting to recall the dread with which well informed and responsible persons regarded the position of the voluntary hospitals after the first World War. In 1921 the Cave Committee, discussing the probable effect on these hospitals of State intervention, gave it as their opinion "that the money loss to the State would be a small matter compared with the injury which would be done to the welfare of the sick for whom the hospitals are provided, the training of the medical profession, and the progress of medical research." Again, "that personal relation between the patient and the doctor and nurse which is traditional in voluntary hospitals, and which in many cases renders the time spent in the wards the happiest period of a patient's life, would be difficult to reproduce under an official regime." Finally, "the infinite care and time which is given to the management and support of the voluntary hospitals by boards of management, hospital aid services and other bodies could hardly be reproduced under a State system."

Fortunately these fears have not been realised and it is worth recalling that, in 1956, the Guillebaud Committee,

RETROSPECT

after pointing out certain weaknesses in the Health Service, mainly in co-ordination, went on to say, "allowing for the manifold shortcomings and imperfections inherent in the working of any human institution, we have reached the general conclusion that the Service's record of performance since the Appointed Day has been one of very real achievement." As evidence of this they mentioned, "in particular the up-grading of many hospitals, the expansion of in-patient treatment, the increase in the number and the better distribution of consultants, the development of the health visiting, home help and ambulance services, and the improved care of the aged." They added, "what the Service now requires is a period of stability during which all the various authorities and representative bodies will be able to plan ahead on the basis of the experience gained in the last seven years."

During these years hospital waiting lists have been much reduced, hospital beds have been put to better use and 29,000 additional staffed beds have been made available in the country as a whole, while the demand for accommodation in children's wards, isolation hospitals and sanatoria has greatly declined. The country's vital statistics, too, have shown continued improvement in many respects. Infant mortality and maternal mortality rates have reached record low levels, tuberculosis deaths have fallen to one quarter of what they were in 1948, and diphtheria has practically disappeared. It is noteworthy that the whole pattern of disease as seen in hospitals is changing and much of this is due to the provision, through the Service, of better methods of diagnosis and of new, potent, and often costly, drugs and other forms of treatment.

The coming of a National Health Service enabled the Fund to plan new uses for its resources and during the past ten years the Management Committee have endeavoured to bring such aid to the hospitals as was not likely to be readily available from official sources. While continuing to make grants to hospitals for the provision of much-needed amenities, and to maintain a Nursing Recruitment Service and an

RETROSPECT

Emergency Bed Service, they entered into a series of new commitments. Notable among these have been the award of bursaries for the training of staff, the establishment of residential staff colleges and the opening of homes for the aged sick. Through a Division of Hospital Facilities advice on such matters as hospital accounting and finance and hospital planning and equipment have been given to large numbers of enquirers. Much help has been given to hospitals in respect of catering; convalescent homes have been rehabilitated; and, latterly, special attention has been paid to the needs of mental and mental deficiency hospitals.

Grants to hospitals have amounted to some £1,490,000, including £187,000 for improvements in catering arrangements and £366,000 for mental and mental deficiency hospitals. In addition, convalescent homes have received £405,000 and homes for the aged sick £390,000. The total sum so distributed during the ten-year period has been about £2,285,000.

Some fifty bursaries have been provided for the training of hospital administrators, twenty-one for record officers, eight for domestic supervisors and forty-five for catering officers.

The Staff College for Ward Sisters has been attended by 953 sisters, charge nurses and staff nurses, and the Matrons' Staff College (opened in 1953) by 57 prospective matrons and 105 matrons and chief male nurses and deputies. The Hospital Administrative Staff College has arranged courses for regional board secretaries, group secretaries, hospital secretaries, finance officers, trainee administrators, chaplains and physician superintendents of mental hospitals—596 persons in all, of whom 207 have attended additional "follow up" courses of one week's duration. The School of Hospital Catering has had no fewer than 1,179 members of catering and kitchen staffs attending courses varying in length from a week to a year, and special lectures and demonstrations have been arranged for nearly as many.

The Catering Advisory Service has made comprehensive surveys of the catering arrangements in 47 hospitals and has reported on more specific catering problems in 117 cases.

RETROSPECT

The Nursing Recruitment Service has advised some 49,000 applicants and 18,630 of these have been traced through to their acceptance for training. About 1,400 talks on nursing have been given, thus reaching many scores of thousands of schoolgirls, parents and teachers. The Fund's recommendations on the supervision of nurses' health and the health record forms for nursing staff are used in most hospitals throughout the country.

The Emergency Bed Service has dealt with 615,000 requests for admission to hospital and has succeeded in securing admission in 556,000 instances. This service is now supported by all four Metropolitan Regional Hospital Boards and is regarded officially as an essential part of the hospital service for greater London.

Over 8,150 patients, mostly elderly and some of them nurses, have been able to leave hospital because of the facilities afforded to them in twelve homes for the aged sick set up by the King's Fund.

This brief summary may serve to give some idea of the wide range of the Fund's activities during the past ten years. Many of the matters referred to are dealt with in greater detail in the following sections of the Report.

FINANCE

The Fund's income is mainly derived from the capital funds, now amounting to between seven and eight million pounds, built up on the policy instituted by its founder King Edward VII, who refused to allow large sums to be frittered away in meeting transitory difficulties.

Total ordinary income for the year 1957 amounted to £400,535 and legacies to £14,949. Expenditure amounted to £323,955. The subscription list again included generous gifts from Her Majesty The Queen and from other members of the Royal Family. The Management Committee are again glad to be able to record the receipt during the year of a number of new subscriptions, and it is gratifying to note the confidence expressed in the Fund by the support of the banks and a number of well-known companies.

During the year the Fund received a further instalment of £50,000 from the Nuffield Trust for the Special Areas, bringing the total amount received from this source in recent years to £1,750,000. The support received from the Trust has played an important part in enabling the Fund to make a large number of grants without depleting its capital reserves, and the Management Committee desire once again to place on record their sense of gratitude to Lord Nuffield.

The possibility of continuing disbursements on the scale of recent years obviously depends upon the continued confidence of the public in the Fund. There is in this country a strong tradition that hospitals are the best of all ultimate destinations for a legacy. To all those who feel hesitation in leaving legacies to individual hospitals the Fund makes a strong appeal. Legacies to the Fund will be used in the best possible way, with one aim in mind—the benefit of the patient.

HEADQUARTERS

Mr. A. G. L. Ives, the Secretary of the Fund, was gravely injured in the Lewisham train disaster in December, 1957, when he sustained multiple fractures. He was admitted to the Brook General Hospital and transferred the same day to the Memorial Hospital, Woolwich, where he was looked after with the greatest skill and devotion for four months. He was then able to return home, where his progress towards recovery continues. The innumerable enquiries and messages of sympathy and good wishes received at the Fund give some indication of the regard in which Mr. Ives is held in the hospital world.

This year has seen the completion of the new office building which the Fund has been erecting in the City, partly as an investment and partly to avoid the increasingly heavy expenditure on the former offices, in which the Fund was a tenant only. The new offices, which occupy the third, fourth and fifth floors, are light and airy. The remaining floors are let to good tenants and it is hoped in this way substantially to reduce overheads.

In his presidential address to the Council of the Fund in December, 1957, His Royal Highness the Duke of Gloucester said : "I think we can feel that, although the Fund has just entered its sixty-first year, it shows no signs of diminishing activity or of retiring from the very prominent place it occupies in hospital affairs. The move into the new premises built by the Fund on a bombed site in the City is now completed and while there were some regrets about leaving Old Jewry, which had been the headquarters of the Fund for nearly twenty-five years, we hope that 34, King Street, will become equally well known as a place to which hospitals can look for assistance and encouragement."

Through the kindness of Viscountess Mountbatten of Burma, the present owner, it was possible to borrow a portrait of His Majesty King Edward VII by Sir Arthur Cope R.A. A copy of this portrait of the Founder of the Fund has been made by Mr. Theodore Ramos and placed in the new boardroom.

MENTAL AND MENTAL DEFICIENCY HOSPITALS

The far-reaching recommendations of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency, published in June, 1957, have underlined the sweeping changes which have been taking place in the treatment of all forms of mental illness and deficiency. These have been reflected in the applications made to the Fund for help in providing the new types of accommodation and facilities needed in mental and mental deficiency hospitals to-day. So far, these needs have fallen into five categories: occupational therapy, recreational and social facilities for patients, equipment and amenities in wards and dayrooms, improvements in catering, and amenities for staff. Current applications indicate that all these needs persist, but more and more priority is now being given, in hospitals' plans, to the provision of social centres, club rooms, sports pavilions and cafés, day hospitals for the treatment of early cases, and residential annexes where newly discharged patients can remain for a time under hospital care while they re-establish themselves in society and in their employment.

It is now seven years since the Fund's first grants to mental and mental deficiency hospitals were made. The list for 1951 contained six entries, including furniture, mattresses, refrigerators, a tennis court and a centrifuge, and totalled £5,720. Since then, more than £366,000 has been given. During 1957 grants amounting to £33,897 were made to thirteen hospitals, thus completing the distribution of the £250,000 which had been set aside for 1955, 1956 and 1957. The grants made in 1957 included £8,000 to Oakwood Hospital for a new occupational therapy building so that many more patients might benefit by this treatment; £5,000 to Long Grove for a new staff social centre; £4,615 to West Park and £4,000 to Claybury for equipment for the ward kitchens. In the case of Claybury this was the second grant, £4,800 having been given for a similar purpose two years previously.

It may be remembered that out of this first quarter-million for mental hospitals, £100,000 was put aside for three pioneer

MENTAL AND MENTAL DEFICIENCY HOSPITALS

schemes, in the hope that they would not only prove of great value in themselves but would also serve as prototypes which might lead to similar developments in other mental hospitals. All three schemes were completed in 1957, and all are working satisfactorily. In December Her Majesty Queen Elizabeth the Queen Mother performed the opening ceremony at the social centre at Warlingham Park. In October His Royal Highness the Duke of Gloucester opened the occupation centre at Goodmayes. In November Lord McCorquodale, as Chairman of the Management Committee, opened Stepping Stones, the house at Bromley given and equipped as a community centre and psychiatric out-patient clinic within the Bromley group. The work has expanded very rapidly in the new building.

In June, the General Council of the Fund allocated a further sum of £250,000 for grants to mental and mental deficiency hospitals during the years 1958, 1959 and 1960. The first grant has already been made from this new allocation—a sum of £40,000 for a social centre at Warley Hospital, Brentwood. This centre will contain a tea lounge for patients and their visitors, a shop, a recreation hall for social functions and physical training, changing rooms, a kitchen which will serve both for cookery classes and for the preparation of refreshments to be available in the tea lounge, an office for a social therapist and finally, on a higher floor, a library and reading room.

Although much has been made in this and previous reports of the grants which the Fund has given, money has not been the Fund's only contribution in this field. During 1957 alone, no fewer than 137 members of the staffs of mental and mental deficiency hospitals attended courses at the Fund's various colleges. Forty of these were at the School of Hospital Catering, and six holders of the School's certificate for the year's training course are now catering officers in mental and mental deficiency hospitals. Other courses for staff from these hospitals are referred to in the reports of the various Staff Colleges.

HOSPITAL AND OTHER GRANTS

It is always difficult to make the public realise that hospitals, even within a National Health Service, are very glad to receive additional money and can put it to good use. The time when Exchequer funds will be ample enough to meet all requirements easily is not likely to arrive in the foreseeable future. In consequence the Fund's grants to hospitals within the National Health Service are as much appreciated as are those to the independent hospitals. The lists of grants on pages 68 to 71 give some idea of the range of improvements and additions made possible thereby.

Among the larger grants made to hospitals (other than those for the improvement of catering facilities referred to elsewhere in this report) were : one of £5,900 to the Leytonstone Hospital Management Committee for the installation of a lift at Langthorne Hospital; £3,500 to St. Helier Hospital Management Committee for a lift at the Nelson Hospital; £3,000 to the South West Middlesex Hospital Management Committee for improvements in the nurses' home at the West Middlesex Hospital; and £2,000 to the Woolwich Hospital Management Committee for equipment in the geriatric ward at the Brook Hospital. Two grants of £1,500 and £1,300 were made to the Lewisham Hospital Management Committee for cloakroom facilities for non-resident staff at Lewisham Hospital and for a wireless system at Hither Green Hospital, respectively.

All the foregoing grants were given to aid hospital management committees to carry out projects for which they were unable to obtain Exchequer money. In addition, some grants have been made to encourage and to supplement the efforts of Leagues of Friends or others who have raised money on their own. For instance, Hornsey General Hospital in the Archway Hospital Management Committee group has a long tradition of local support, which carries on to the present day. In consequence it has a strong League of Friends and it recently received a considerable legacy. Local opinion has long felt that the hospital should have a better out-patient department. By using the legacy and raising further money

HOSPITAL AND OTHER GRANTS

most of the necessary sum for improvements was obtained, but there was still a gap to be bridged. This the Fund was able to do by making a grant of £3,000.

INDEPENDENT HOSPITALS

There is still an important group of hospitals which were not taken over by the State. The Fund continues to give them help and on a proportionately more generous basis than is usual with hospitals within the National Health Service. Sixteen of these hospitals were helped during the year. Among these the following received the more important grants: £1,300 went to the British Hospital and Home for Incurables for the construction of a sitting-room for patients and for equipment; and £5,000 was given to the French Hospital, which attends to the wants of the French-speaking population of London, for the first stage of its rehabilitation. This is no small task and the Chairman of the Hospital has decided that he must bring the hospital up to the best possible standard to enable it to discharge its task satisfactorily. The scheme will cost some £30,000, which is a formidable sum to raise. However, emboldened by the support of the Fund the hospital is determined to carry out its self-imposed task. The Hostel of God, which does such devoted work for the dying, received £1,000 for the purpose of buying an adjoining building; £6,000 was given to Lingfield Hospital School for epileptic children, to modernise a home for children; £1,000 to St. Anthony's, Cheam, towards the cost of a new nurses' home; and £2,000 to St. Joseph's, Chiswick, to improve the nurses' home and for the extension of the patients' sitting-room.

RADIOTHERAPY

Two grants were made from the Radiotherapy Fund in 1957. The first, amounting to £20,500, was given to the Royal Marsden Hospital to finance new work in connection with radio-activity in the hospital laboratories at The Downs, Sutton. To quote from the original application: "Just as the King's Fund played a notable part in the encouragement

HOSPITAL AND OTHER GRANTS

"of the safe use of radium in its early days, so it is hoped that the Fund might be interested in assisting the safe development of the newer therapeutic and diagnostic methods dependent upon the vast range of radioactive substances now available."

The second grant—£3,000—was a contribution to the cost of providing equipment for a new method of radiotherapy with high pressure oxygen at St. Thomas' Hospital.

EXPERIMENT IN WORK STUDY

A grant of £5,000 was given towards the cost of a three-year experiment in work study at the Westminster Hospital. As a result of a lecture given at the Hospital Administrative Staff College, some of the administrative staff at Westminster became interested in the subject and the board of governors proposed to appoint three additional members to the staff to investigate the extent to which the principles of work study are applicable to hospitals and should in the future form part of the training of hospital administrators. The scheme is now working well and interesting results are expected.

GARDENS

It is remarkable that while so much has been done in recent years to brighten the interior of hospitals, the external appearance of some in this country would seem to be regarded as either beyond hope or not worth doing anything about. There are still many with gloomy approaches, large iron gates, high walls, and tracts of bare earth where even a few trees or shrubs, or some turf, would make as welcome a transformation as the brighter interior decorations have done. Those who have visited hospitals abroad will be able to recall some, even in large towns, which seem to be surrounded by both a "green belt" and a zone of silence.

The Fund's interest in hospital gardens has continued and grants have been made to improve the surroundings of six hospitals, at a total cost of £2,810. With this small expenditure much has been done. In particular, a portion of the grounds of Whittington Hospital has been newly laid out.

HOSPITAL AND OTHER GRANTS

The new garden is in the grounds of St. Mary's Wing and adjoins Dartmouth Park Hill. A path leading from St. Mary's to Highgate Wing runs through it and there is a constant movement of staff between the two. Formerly it was bounded by a high wall which shut out the light and air and was in a dangerous condition. This has been replaced by a low wall surmounted by an open railing, and the Fund has supplied a garden on the previously abandoned site. The President of the Royal Horticultural Society, the Hon. David Bowes-Lyon, opened the garden in April and planted a tree to mark the occasion.

REDUCTION OF NOISE IN HOSPITALS

The investigation into the causes of undue noise in the wards and its cure has now reached a stage at which it is possible to write with some conviction: a great deal of noise that is heard in the wards is unnecessary and would not occur if the hospital staff were determined to stop it.

Some is unavoidable—noise coming from the street, for example, can be greatly deadened but it cannot be stopped at source. But opinions expressed by many hundreds of patients show that it is the unnecessary noises made within or near the ward that cause most distress. The squeaky wheel, the heavy footstep, the slamming door, these are the main sources of irritation, and these are all within the power of the hospital to stop.

Surveys of the patients' views on noise have been carried out with the willing co-operation of a number of hospitals. One experiment took place at Paddington Hospital. All patients were asked to send, in a prepaid envelope addressed to the Fund, a statement on the noises that worried them most. A large number sent in replies that when analysed showed clearly which were the noises that mattered. The hospital secretary was asked to deal with all sources of noise mentioned and see if he could eradicate them. This in the course of several months he did. He found a simple method of stopping the bed screens from rattling and banging. He had all the doors oiled and all the automatic shutting devices

HOSPITAL AND OTHER GRANTS

repaired. Every trolley wheel was cleaned, oiled and, if necessary, retyred; a new material for dressing-trolley tops was discovered which deadens the rattle of equipment. Arrangements were made for all new student nurses to be visited in the hospital by a shoe manufacturer who fitted them with quiet comfortable shoes. A dozen other cheap and simple devices which cut out noise were adopted. As a result of all this, unnecessary noises have been largely eliminated and perhaps even more important the staff are fully aware of the need for, and the possibility of, avoiding all noise that will harm the patients. The cost of all this was trivial, since the work was done by the hospital maintenance staff and very little material had to be bought.

Although our evidence shows that the noises mentioned above are the main irritants there are, of course, others which are much more difficult to handle. The noisy patient, and, far worse, the snoring patient—for whilst people are sorry for the former, the latter is irritating in an extreme degree—these are both problems to which no solution as yet seems probable except the installation of cubicles. This is both expensive to do and liable to make extra demands on the nurses. Some quite new idea is needed here and with the Fund's encouragement some experimental work is being undertaken.

The question of external noise is one that needs much attention. To render any room comparatively noise-free is possible if sufficient money can be spent. But money is scarce and so the Fund has concentrated on trying to find cheap methods of noise exclusion. A trial scheme is being tested at New End Hospital where street noises have been most disturbing to patients in the thyroid wards. The Fund is paying for this scheme and in due time tests will be made to show its efficacy. Other schemes are under consideration but will not be ready for testing for some time yet.

HOSPITAL AND OTHER GRANTS

HOMES FOR THE AGED SICK

The past year has seen the completion of the eleventh home in the series to be provided out of the special allocation of £390,000. This home—"Rame"—serves the Wandsworth group and is situated within the grounds of St. Benedict's Hospital. It is managed by the British Red Cross Society (County of London Branch) and there is accommodation for 32 men and women, the normal population varying in age between seventy and ninety-odd years.

"Rame" differs from the other homes in that it has been planned and built for the purpose, whereas all the earlier ones have been adaptations of existing buildings. As a result, the residents have various advantages. All their rooms, toilet facilities etc., are on one level, and all bedrooms and day rooms get the maximum of sunshine. There is easy access to the grounds so that even those who are not very active can go out in the fresh air. In both the planning and the equipping the aim was to secure the maximum comfort and convenience for the residents. The varying colour schemes in the different rooms are an attractive feature. The home is also more convenient and labour-saving for the staff than any of the adapted homes—a point which was carefully considered in its design. The resident staff have pleasant rooms on a higher floor. It is hoped that this home will give long and useful service under the competent management of the British Red Cross Society.

The other ten homes continue to admit elderly patients from hospital for a period of rehabilitation on their way to life outside, and to take others during a temporary remission, who may return to hospital later. The total bed complement of the eleven homes provided out of the special allocation is 358, and the series of patients who have passed through the homes must have made a substantial reduction in the demand for hospital beds, now so urgent in the case of elderly people.

HOSPITAL AND OTHER GRANTS

DISTRICT NURSING

The Fund has long been aware of the value to the public and to the hospitals of the district nursing service. In the County of London, the district nurses make something over 2,000,000 domiciliary visits a year. This vast amount of nursing care must make it possible for many patients to remain at home throughout their illness, and many others to return home from hospital earlier than they could otherwise have done. In other cases, the skilled care of the district nurses may have prevented the development of serious illness. In all these ways the district nursing service is not only complementing the work of the hospitals but is also easing the strain on them, and helping to ensure that hospital beds are available for those whose condition calls for 24-hourly nursing care. As in previous years, the Fund has given a grant of £5,000 to the Central Council for District Nursing in London.

CONVALESCENT HOMES

This year it has been possible to discern more clearly the new type of service which hospital authorities require from convalescent homes as a result of recent advances in medicine and modern methods of treatment and nursing care. Homes are now asked to accept patients at an earlier stage of recovery than they were a few years ago. This necessarily makes greater demands on the matrons and nursing staff. The general shortage of nurses for this type of work, together with limitation on salaries, makes it very difficult for homes substantially to increase their nursing staff, and some are often working under considerable strain.

On the material side, buildings and equipment need to be modernised if homes are to fulfil their obligations. In this sphere the Fund has been able to help with grants to provide lifts, ground floor accommodation and hot and cold water in bedrooms, thus making it a good deal easier for homes to discharge their new duties. The Convalescent Homes Committee keep in close touch with developments and are represented on the Ministry of Health Working Party which is engaged in investigating these and other problems as they concern both National Health Service and independent homes serving the London area.

Further investigations have been made into the problem of convalescence for patients suffering from some degree of physical handicap and it is evident that this group is a good deal larger than it was originally thought to be. Usually homes have insufficient staff and lack the necessary equipment for this type of work and the placing of these patients is exceedingly difficult. It seems most desirable, therefore, for a home to be established to receive them.

GRANTS

Of the £25,000 at its disposal in 1957, the Committee devoted about two thirds to capital grants, including a grant of £1,500 towards the cost of installing a lift and enlarging accommodation for elderly and infirm patients at the Edith Priday Home, Blackheath. Among other important grants

CONVALESCENT HOMES

were: £1,000 to St. Michael's Home, Westgate, for central heating, and £1,350 to the Hermitage Home, Hastings, for a lift. Capital grants were made to 37 homes in all. Maintenance grants, which amounted to £7,750, were made to 46 homes, some of which were in urgent need of help to tide over temporary financial difficulties.

CONFERENCE OF MATRONS OF CONVALESCENT HOMES

As in previous years, the annual conference was held during April at Queen Elizabeth College, Campden Hill. It was well attended, and once again the value of bringing together people concerned with the operating of convalescent homes was evident.

Two sets of visits to convalescent homes were arranged for almoners and ward sisters from London hospitals, one in the spring and one in the autumn. On each occasion a party was conducted from London by motor coach and each individual member was taken to see three different homes. These visits of inspection are much valued by the almoners and ward sisters, and the homes are glad to meet representatives of hospitals to discuss their work and problems.

EMERGENCY BED SERVICE

The first and most obvious effect of the National Health Service on the work of the Emergency Bed Service was a large increase in the number of cases handled by the Service. In pre-National Health Service days, applications to the Emergency Bed Service numbered some 13,000 per annum. In the first full year of the National Health Service over 50,000 cases were dealt with and this figure continued to rise until 1951, since when it has remained at between 60,000 and 75,000 per annum, the latter figure applying to years in which there were major winter epidemics. A further feature has been the steady decline in the number of requests received for the admission of infectious cases. In the early years of the Health Service these varied between about 1,000 and 2,000 monthly while in recent years monthly applications have rarely reached 1,000 and have mostly been between 500 and 800. In all, 615,098 cases have been handled by the Service between 5th July, 1948, and 31st March, 1958. Of these, immediate admission was arranged in 556,091 cases.

Another change resulting from the establishment of the Health Service was that the Emergency Bed Service became agent for the four Metropolitan Regional Hospital Boards, and medical officers were appointed by the Boards to act in conjunction with the Service. These doctors (known as the Regional Medical Admissions Officers) were armed with the power to insist on the admission of a patient if the Service had failed to find a bed by normal means and admission was deemed essential on medical grounds. Such a case is passed to the medical referees of the hospital management committee groups for admission. The Service owes a great debt of gratitude to all these officers for their help and kindness in dealing with difficult cases.

EMERGENCY BED SERVICE

GENERAL REVIEW OF THE YEAR

During the year the Service received 65,491 applications for admission to hospital. This is 4,518 more than in the previous year which was unusually quiet. The average time taken to secure the admission of a patient without the aid of the medical referee procedure remained the same (26 minutes). The time taken to deal with very urgent cases is, of course, much less.

The winter was marked by a number of unusual features. The first was the outbreak of Asian influenza in October, during which month 6,408 applications were received for the admission of general acute cases, compared with a normal figure of about 4,000 at this time of the year. This situation did not cause the Service any undue difficulty, perhaps because the hospitals had ample warning beforehand, and also because the victims were mostly young and healthy and their stay in hospital consequently short. Since a number of hospitals were themselves hit by sickness among the nursing staff, they must have been working under considerable difficulty, and it is greatly to their credit that they continued to admit patients in spite of this. The epidemic waned rapidly and applications were at normal level in November.

In December, requests for admission increased very quickly to a level not usually expected until the new year and applications continued at a high level throughout the month of January. The usual "Christmas slump" was small—indeed the number of requests for admission during Christmas week was almost the same as the highest weekly peak of the previous year. In the week ending January 2nd, the Service received 1,989 applications, the highest figure ever reached except in the winter 1952-3 when the great December fog was followed in the new year by a severe epidemic of influenza. The chief feature of the winter was, therefore, the arrival of the winter peak of work one month earlier than is normal.

EMERGENCY BED SERVICE

In the middle of January there was a rapid rise in the number of applications for the admission of babies suffering from acute respiratory disease. Requests for cots for these patients increased steadily until mid-February when a decline began. In the worst week 256 cases were dealt with in the 0-4 age group, the great majority being babies. This figure was 45% of all requests for the admission of respiratory cases whereas it is normally about 15%.

In the last report, concern was expressed at the growing proportion of cases in which it was necessary to invoke the medical referee procedure. It is satisfactory to note that the proportion fell considerably during the year despite an increase in the number of applications. It is to be hoped that this trend will continue, since a wide use of the referee system impairs good relations between the Service and the hospitals.

Although the total number of cases handled by the Service has not altered greatly since 1951, maternity cases have shown a steady increase throughout the past two or three years. This increase is not evident from a study of the total figures since such cases form only a small proportion of the total, and their effect is masked by the decrease in applications in respect of infectious cases which has gone on concurrently. The Service is now receiving over 1,600 maternity cases annually compared with about 950 in 1955. It seems that, especially in certain areas, the ante-natal clinics are finding it increasingly difficult to book patients for a hospital confinement, even when it is evident at the outset that a home confinement is undesirable for social reasons. Many clinics now instruct patients to call in their family doctor when labour starts and to ask him to arrange admission through the Service. This appears to be a most inadvisable procedure; it results in a last-minute rush to obtain an "emergency bed" for a patient who should never have become an emergency, and it cannot but have an unfortunate effect on the patient.

EMERGENCY BED SERVICE

During the summer of 1956 the warning system was revised in order to improve its efficiency, but it was not needed in the winter 1956-7 which was abnormally quiet. The past winter was, therefore, the first test of the effectiveness of the new system, which was used six times between October and February. It appears to have worked smoothly and the co-operation of the hospitals ensured that all patients for whom admission was essential were admitted without an undue use of the medical referee procedure.

On February 14, 1958, the Service was honoured by a visit from Her Royal Highness Princess Alexandra of Kent, who was keenly interested in what she saw and spent some $2\frac{1}{2}$ hours at Fielden House.

On January 6, 1958, the Minister of Health, the Rt. Hon. Derek Walker Smith, Q.C., M.P., visited the Service and saw it at work during a busy period.

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

The problems of the elderly have received much thought in the last ten years. There has been considerable improvement in the provision for them, but much remains to be done. In many areas old people who can no longer be adequately cared for at home, and are too incapacitated to be suitable for welfare homes, have little hope of obtaining the treatment or nursing they need, except perhaps after a long wait. Even where beds have been specially allocated the prospects of admission are often little better, for if no active treatment is provided for the patients there will be few discharges and the rate of admission will depend almost entirely on deaths.

The experience of the Hospital Personal Aid Service in 1957 has shown that in the parts of the London area where it has been working there is a marked and steady improvement in the ability of hospitals to admit patients quickly. The Service visited 1,765 patients in 1957, bringing the total visited since 1951 to 9,178. In every case application had been made for their admission to hospital, but as in previous years, approximately half the number could be taken off the waiting lists, since for various reasons it was unnecessary to arrange for their admission. Of 227 patients who were considered to need admission with some urgency, 149 (66%) were admitted within a week of their being visited at home. Only five (2%) waited over two months. In previous years an average of 42% were admitted within a week and 14% had to wait over two months.

It may be asked why such large numbers can be taken off the waiting lists when the doctors who apply for their patients to be admitted must surely consider hospital care to be necessary. Elderly people's needs arise as much from unsuitable domestic circumstances as from medical reasons, and these needs can often be met in ways other than by hospital care. The family doctor may not have time to explore these other ways. He may be new to the district and be unaware of the services that are available. If he knows that there is an active geriatric unit in his area he will probably apply

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

for his patient to be considered for admission though he may be prepared for a refusal. If the hospital is one which asks the Service to visit all such cases, various alternative arrangements may be made. Some are comparatively simple, such as applying to the welfare authority for admission to one of their homes or for home helps or a meals service to be made available. Other cases call for much time and patience. If an old person wants to enter a private home he will probably have to be taken to several before he decides which he prefers and then it may be necessary to raise money from various charities to help him pay fees. The Service may sometimes have to find a private nurse for a patient, or someone to light fires on Sundays when the home help does not attend. If help such as this is given, it may mean that hospital admission will no longer be required. Others are removed from the waiting lists because they are found to have recovered sufficiently to remain at home, or because they refuse admission or other help, or have been admitted elsewhere, or have died at home meanwhile.

DIVISION OF HOSPITAL FACILITIES

DEPARTMENTAL ACCOUNTING

The Departmental Costing Schemes recommended by the Ministry of Health's Working Party on Hospital Costing came into operation on April 1, 1957. There are two schemes. First, a main scheme is applied initially as an annual operation to hospitals of the acute and mainly acute types, with an estimated expenditure on hospital maintenance of £150,000 or more in the year 1956-57. For the time being, however, no hospital management committee or board of governors will be required to operate the scheme in more than one hospital. The costing of types of wards, of operating theatres and staff residences is excluded from the main scheme although this may be undertaken at the discretion of the hospital. Secondly, there is an alternative scheme which is applicable to all hospitals not undertaking the main scheme. This provides for the production of unit costs for certain departments based upon the principal prime costs and, where appropriate, for the separation as far as possible of in-patient and out-patient costs on an estimated basis and under subjective headings.

Through the co-operation of finance officers the Division has been in close touch with the working of the schemes in a number of London hospitals. It has had the opportunity to discuss the problems which have arisen, and ways and means whereby these are being overcome. It has been impressed by the initiative shown by finance officers in adapting their original systems to allow of the introduction of departmental costing. Many have not been content merely to put the main scheme into operation at one hospital but have extended this to include other hospitals or other departments of interest to their boards and committees. Furthermore, there is an active interest in future developments and improvements both of the scheme itself and of the methods employed. With regard to the latter, a deep interest is displayed in the practical experiments in electronic accounting being carried out in the provinces, and a number have closely studied these possibilities in relation to the requirements of their hospital groups in London. The Division has been privileged to

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receive copies of periodic internal costing returns of some hospitals. These provide information of considerable value to active managements bent on securing the efficient and economical administration of their hospitals.

HOSPITAL SUPPLIES

The Interim Report of the Ministry of Health's Committee on Hospital Supplies, published during the year, contains *inter alia* the following recommendation : "We strongly advise that all hospital authorities (both management committees and boards of governors) should consider the adoption of joint contracting schemes, such as those we have briefly described, and not be discouraged by apparent difficulties at the outset or by any feeling of prejudice which may exist against them. Although in the schemes we have considered it has been the regional hospital boards who have taken the initiative, there seems no reason why such schemes should not be initiated or proposed by groups of hospital authorities or by their officers". In support of this recommendation the Committee says : "From the reports made to us by our sub-committees and from the other evidence we have considered we have reached the general conclusion that joint contracting among management committees and teaching hospital groups provides the only practical method of combining the advantages of large-scale buying with the existing autonomy of hospital groups, and of avoiding the Minister being placed in the position of having to impose a much greater degree of central purchasing or contracting, which would not only be unwelcome to hospital authorities but would also be inconsistent with the Minister's general policy of delegation to the group level of day-to-day hospital administration."

During the year the Division has examined a number of purchasing schemes and it endorses the opinion of the Committee. It is true that individual hospitals may have special problems of their own (the reason usually given for rejecting proposals for joint contracting schemes). Nevertheless, the

DIVISION OF HOSPITAL FACILITIES

major problems of the purchase of supplies are common to all hospitals.

Closely connected with the subject of the purchase of supplies is that of their safe custody in stores, the charging out of issues, and the maintenance of an effective system of stores records and accounts. This is a matter to which the Division has devoted much attention; it plays an important part in an effective system of departmental costing.

INFORMATION AND ADVISORY SERVICES

The enquiries received have been as numerous and varied as in previous years, ranging from requests for simple factual information to those involving the preparation of memoranda. It is not possible to refer to all the matters dealt with; there were, for example, several enquiries for information on the planning of geriatric units, occupational therapy units, and recreational facilities for patients and staff. Other items of special interest were ward incinerators, terylene blankets, cold sterilization using ethylene-oxide gas, and centralised arrangements for sluicing fouled linen. In answering questions on new procedures, methods, equipment and materials, it is important to be able to assess the practice and experience at other hospitals and the Division gratefully acknowledges the help it receives from the very many hospital officers who are asked for their comments.

PLANNING AND CONSTRUCTION

Much of the information on new building work, both in this country and abroad, is obtained from architectural and other technical journals and is recorded in an index of proposed schemes, and of buildings either in course of construction or completed within recent years, all of which are analysed according to types of hospitals and departments. Further information is available in the form of text-books, press-cuttings and copies of plans. In this way the Division is able to assist those concerned with the development of new hospital buildings or departments, and the conversion and

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modernisation of existing buildings, and, where necessary, to suggest recent examples of hospital planning and construction to be visited in this country and abroad.

GENERAL

During the year the Division was pleased to welcome a number of overseas visitors and to discuss with them different aspects of hospital and health services; for some of these visitors it was possible to arrange hospital visits or study tours.

To make time for other work, only one hospital investigation was undertaken—an enquiry into the organization, staffing and routine work of the social service department of a special hospital. During the coming year it is hoped that it may be possible to extend the visits made by the staff to hospitals, manufacturers, etc., the most satisfactory way of keeping in touch with hospital progress, and with problems and their solutions.

The move to new premises was bound to interrupt the work of the Division and the opportunity was taken to introduce improvements to the filing system so that the increasing volume of material could be handled to greater advantage. The task is not yet completed but it is already clear that the new system will greatly facilitate the working arrangements of the department.

Captain J. E. Stone, who has been a member of the Fund's staff since 1939 and became Director of the Division of Hospital Facilities on its inception as well as Consultant on Hospital Finance, retired in May, 1958. His successor as Director of the Division is Mr. W. E. Hall, who was formerly Deputy Secretary at St. George's Hospital and who has been with the Fund since 1951.

DIVISION OF NURSING

INTRODUCTION

Over the country as a whole, the supply of nursing staff for the hospitals shows mixed trends. On the one hand, the total of new entrants to training was 20,265 in the last twelve-month period for which figures are available, as against 18,984 in the previous year, an increase of 6.7% on an intake already recognized as high. This is indeed encouraging. On the other hand, the numbers leaving their training schools without qualifying increased from 9,147 in the previous year to 11,442, a formidable total. The number of nurses completing training—11,611—showed no great increase over the total for the previous year. Of those leaving without completing training, 1,877 began again elsewhere (some with the help of the Nursing Recruitment Service), and 1,799 left on marriage. But there remain 7,766 who gave up for other reasons.

It is difficult to believe that all of this very large total were in fact unsuitable for the nursing profession, or that a more rigorous selection of candidates would solve all the problems of wastage and shortage. While some unsuitable candidates are admitted, there is little or no evidence that good candidates are eliminated by the present methods of selection, as the number of training places is in excess of those applying. It may be that some who give up are capable of becoming good nurses, but decide for one reason or another that the conditions offered in other occupations are preferable. It would be well if attention could be concentrated, not simply on the negative aspects of selection and wastage, but on the positive factors likely to lead to a more satisfactory completion rate. This might involve looking again at the present arrangements for training. It might call for renewed efforts on the part of some hospitals to provide, as far as is practicable, the kind of life on duty and off duty which the young people now going into nursing can reasonably expect.

The King's Fund has in the past devoted a considerable proportion of its grants to improving living conditions and providing amenities for the nursing staff in the hospitals in

DIVISION OF NURSING

its area. Probably even more important factors than material conditions are the maintenance of a friendly atmosphere within the hospital, the feeling that the hospital is a "happy ship" and a well-run organization, that the student nurses' work in the wards and in the classrooms is well planned and co-ordinated. Through the courses for trained nurses of all degrees of seniority at its two Staff Colleges, the Fund has endeavoured to promote good relationships, easy communications between the various hospital departments and also between the various ranks, and administrative methods which make for the most effective use of staff of all categories. In addition to this, the Fund's Nursing Recruitment Service has over many years worked to recruit candidates of good type for training in general, mental, and mental deficiency nursing, and as assistant nurses, and to guide those so recruited to the most suitable training schools, having regard to their aptitudes and circumstances. In all these ways the Fund aims at making its contribution towards the building up of a stable hospital nursing staff, adequate in numbers and well-trained, and at reducing in some measure the high wastage rate.

STAFF COLLEGE FOR WARD SISTERS

The Staff College for Ward Sisters, the first of the Fund's residential centres for the training and refreshing of hospital staff, has now entered upon its tenth year. The Annual Report of the Fund for 1948 expressed the belief that courses which would prepare trained nurses for work as ward sisters might be an effective remedy for the loss of newly qualified staff from the hospital service. A survey made by the Fund's Nursing Recruitment Service early in 1948 had shown that at that time only 32% of all those completing general training in London hospitals remained in hospital employment as staff nurses or ward sisters, and 15.5% gave up the practice of nursing immediately after completing training. "It should be possible", the Report stated, "for a nurse to achieve at least as much distinction in actual ward work as in any other

STAFF COLLEGE FOR WARD SISTERS

"branch of nursing. It should also be possible to give guidance and help to those who lack confidence for the full responsibilities of a ward sister." Ever since that time there has been a full programme of courses for junior ward sisters and staff nurses, and for senior sisters, and there is always a waiting list extending many months ahead.

Comments that those who have taken courses at the Staff College (now some 953 in all) are as a result more confident, more skilled in creating and maintaining a friendly atmosphere, and readier to try new ventures, come from so many and such different hospitals that it would be unreasonable to discount them as merely polite phrases. They indicate the fulfilment of some of the Fund's main aims in founding the Staff College. Further, if the courses have these effects they should be the means of reducing that part of the wastage rate of student nurses which is said to be due to discouragement and anxiety in the wards.

During 1957 there were two preparatory courses of eleven and twelve weeks respectively, and four senior courses, each of four weeks. Two of these were for sisters and male charge nurses from mental and mental deficiency hospitals. The total membership was 123.

The College was asked towards the end of last year to undertake an entirely new project: the arrangement of a study group of tutors, to consider the implications of the new schemes for the training of mental and mental deficiency nurses, recently published by the General Nursing Council. Tutors from twelve hospitals were invited to join the study group, which met early in 1958. There are great hopes that where the new syllabus can be adopted, both the theoretical work and the examinations will be much more closely related to the student nurses' practical experience in the wards, and to what is the proper task of the psychiatric nurse at the present day. This in itself, and also the fact that the student nurse trained under the new scheme will not be required to sit for the preliminary State examination, should help to reduce the very high wastage rate in mental and mental deficiency hospitals.

STAFF COLLEGE FOR WARD SISTERS

Miss E. West, who had been on the staff of the College since 1951, left at the end of 1957 on appointment as Hospital Nursing Officer at the Ministry of Health. She has been succeeded by Miss J. Burr, who is qualified in both general and mental nursing, and who took the one-year course in nursing administration at Holland Park in 1954-55.

STAFF COLLEGE FOR MATRONS

The Staff College admitted in September, 1957, its fifth group for the one-year training course. Both that course and the one which finished in July, 1957, were fully booked, and more than half the candidates who had been nominated by their hospital authorities for secondment to the College had to be refused.

Of the 45 who have taken the training course in previous years, nine are now matrons, seven are deputies and twenty-one assistant matrons, and one is a night superintendent. All the remainder are in administrative posts in hospitals, with the exception of one who has since married, one who has gone abroad, and one who has joined the Fund's staff. Many say how much they are helped in their new responsibilities by all that they learned at the Staff College. Two recent appointments suggest that the course may be valuable also to candidates coming before Selection Committees: one member of the 1955-56 course who held ward sister's rank when she came to the College has now been appointed matron of a 350-bed hospital, with training schools for student nurses and for pupil assistant nurses. Another of the same year, who was an administrative sister, has now at the age of 34 been appointed matron of a well-known London hospital. The College keeps a register of those of its former students who are ready to go on to new work, and is often asked to suggest suitable candidates when administrative posts fall vacant.

The five-week term of experience in industry or in other large organizations continues to be a most valuable part of

STAFF COLLEGE FOR MATRONS

the course. Students have had opportunities of observing management practice and personnel work (including recruitment, induction, training schemes, promotion and welfare arrangements) in well-known firms, and have also learnt something of the importance of work study as a means of saving the time of staff. The King's Fund appreciates the great and disinterested help given to the College and through it to the hospitals by those firms who take students and arrange excellent programmes for them.

It is also a great privilege for the students to have the still longer terms of field work in hospitals, where again much care is taken by hospital administrators and by matrons and tutors to provide well-planned experience. In several cases students have later been appointed to the hospitals to which they were sent for practical experience.

One member of last year's course was sent on a visit of observation in Scandinavia during the three-week individual assignment arranged for each student at the end of the year.

Two refresher courses, each of four weeks, were also held in 1957, and these again were fully booked. One was for matrons and chief male nurses from mental and mental deficiency hospitals. The other—the first of its kind—was for deputy and senior assistant matrons. The value of residential courses, in giving increased opportunities for informal discussion and the interchange of ideas, among people from a wide range of hospitals, becomes more and more evident.

Several reunions for members of earlier courses were arranged during the year. In the early autumn Miss Warren, the Principal of the College, was sent on a short study tour in Sweden and Finland, where she met many of the leading nurses and was able to discuss with them the various methods of preparing nurses for senior administrative posts.

The two Staff Colleges acknowledge once again a debt of gratitude to the many lecturers and leaders of discussions who give such excellent sessions, and also to those in the hospitals and elsewhere who give of their time, thought and hospitality, in receiving groups on visits of observation.

NURSING RECRUITMENT SERVICE

Over the last ten years the annual "turnover" of the Nursing Recruitment Service has increased from some 3,880 new candidates in 1948 to 5,935 in 1957. One satisfactory trend is that year by year a higher proportion of candidates (or their parents) come for advisory interviews, some 2,700 of which were given last year. Detailed information and advice are sent to the many who apply from a distance and therefore cannot come for interview. Sometimes a dozen letters or more may go to a candidate before her arrangements are satisfactorily completed, and in fact the total number of letters sent out last year was about 18,000. The number of candidates traced through to their acceptance by training schools has risen from 1,375 in 1948 to 1,751 last year. An additional 265 applicants were accepted for nursing work other than training, bringing the total number of known acceptances for the year to well over 2,000.

Recruitment for mental and mental deficiency nursing presents special problems, and the numbers coming forward for training as assistant nurses are still not large enough, but the Service regards the recruitment of suitable candidates for all these courses as a most important part of its work.

Last year the public relations work for nursing, as distinct from the personal advisory service (though naturally one leads to the other), included talks on nursing in 138 schools—generally the larger grammar schools and public schools for girls—and about 15 talks to other groups such as Parent-Teacher Associations, Youth Clubs, and Women's Institutes. The staff in the schools at which talks are being given are often glad to seek advice on the most suitable work to arrange for their sixth-form girls who hope to become nurses, and on the entrance requirements at different hospitals.

HAYES GROVE

In November Her Royal Highness the Duchess of Gloucester visited Hayes Grove, the Queen Anne house which the Fund gave as a permanent home for elderly nurses who

NURSING RECRUITMENT SERVICE

would otherwise have to remain as patients in hospital. It is administered and staffed by the London Hospital and since its opening in 1953 some 90 nurses have found a home there.

GENERAL

Members of the staff of the Division of Nursing serve on a number of committees where nursing policy and nursing questions are discussed, including the Standing Nursing Advisory Committee of the Central Health Services Council, the National Consultative Council on the Recruitment of Nurses and Midwives, the Inter-Departmental Nursing Publicity Committee, the Careers Advisory Sub-Committee of the Youth Employment Service (L.C.C.), and various others. Evidence was prepared, in co-operation with the Division of Hospital Facilities, for the Committee on Laundry Arrangements of the Central Health Services Council. The Director was asked to join an advisory committee which is promoting an international study of psychological problems in general hospitals, on the initiative of the International Council of Nurses, the International Hospital Federation and the World Federation for Mental Health.

Miss M. B. Adams retired from the staff of the Division of Nursing in the summer of 1957 on leaving London, and Miss L. P. Smith, previously Deputy Matron at the Middlesex Hospital, was appointed in her place.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

The Hospital Administrative Staff College, seven years old on April 2, 1958, followed the Fund's bursary scheme which operated between 1945 and 1951 and provided training in hospital administration and medical records for officers leaving H.M. Forces. Through the lecturers and the several hundred members of courses, and ex-bursars who have made substantial contributions to the tutorial work, information about hospital practice and progress has flowed steadily into the Staff College.

Administration alone can see that existing assets in men and materials are utilised to the best advantage and few will claim that the present standard of efficiency leaves no room for improvement. The present time would appear to mark another stage in the evolution of hospital administration and the experience so far gained can be no more than a preparation to meet the challenge of the next ten years. Indeed, the Noel Hall Report could be the start of a revitalised approach.

It is, perhaps, a corollary of this emergence of interest and desire for better results that the demands upon the Staff College have increased to a steady pressure. The needs have not been wholly met though much has been done, and the programmes for 1958 and 1959 provide for even more intensive work. The general objectives of the Staff College remain the same : refresher courses for the most senior administrative hospital service officers; training courses for the younger men and women; enquiry and research into matters of hospital administration and the bringing together for purposes of discussion and exchange of information many of those interested in, or associated with, the National Health Service.

The increase in the activities of the Staff College has necessitated the purchase of an adjoining property, No. 10 Palace Court, which was brought into use in 1957. During the same period two valuable additions to the staff have been made on a part-time basis and with the ready assent of their employing authorities : Mr. S. C. Merivale, Secretary to the

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

Board of the United Bristol Hospitals, and Mr. A. J. Bennett, Secretary to the North West Metropolitan Regional Hospital Board.

REFRESHER COURSES

A series of residential courses varying from one to four weeks in duration has been held and the four-week period has finally been established as the most satisfactory length for this type of course. Four-week courses held during 1957 included those for physician superintendents of mental hospitals, group secretaries of mental hospitals, hospital secretaries and finance officers. One-week extension courses have also become well established for those senior officers who attended a Staff College course some three years previously. Up to the end of 1957 no fewer than 207 of these had returned for such a course.

PHYSICIAN SUPERINTENDENTS OF MENTAL HOSPITALS

The experimental course for physician superintendents of mental hospitals, held early in the year, lasted four weeks and was residential. At the request of the members, it was followed by a two-day conference in the autumn, to discuss the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency, and other topics. The conference amply demonstrated the value of the original course, which the members indicated they had found to be most rewarding. As a result, a second course, consisting of eleven physician superintendents of mental and mental deficiency hospitals, was held from January 27 to February 21, 1958. These two courses have been of considerable value to the Staff College itself in bringing to the fore the special problems of the mental hospitals. In the light of the experience gained from these senior medical administrators it is proposed to hold, early in 1959, a course for senior medical officers of mental hospitals who may be expected to become physician superintendents.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

TRAINING IN HOSPITAL ADMINISTRATION

During recent years young and potential senior officers have not entered the hospital service in sufficient numbers to meet the needs of the future, and at present there is little attraction at the junior level to bring in the type of young man needed. Staff establishments in general are not sufficiently balanced to provide a satisfactory ladder of promotion and hospital organization is not always adjusted to the better practices of administration. A concerted effort will have to be made to provide the right kind of training and encouragement if the future administrator of ability is to be found. While the value of the Staff College courses for the most senior officers is beyond dispute, the training of the younger men and women must be one of the most important aspects of the Staff College work.

THE BURSARY SCHEME

The King's Fund has, of course, already made a considerable contribution in respect of training. Between 1945 and 1951, 50 bursaries in hospital administration and 21 in medical records were awarded and arrangements made by the Fund for training. Some of the bursars have been attracted to industry where they have found a financial advantage. Of the 56 who remain in the hospital service or in complementary activity 10 are now chief administrative officers, 19 are deputies or assistant chief officers, 10 are medical records officers and the remainder are at or above hospital secretary level. In all, 28 are employed in teaching hospitals, 25 in non-teaching hospitals and 3 in complementary activities. Ten of those trained as medical records officers are now engaged in general administration.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

STAFF COLLEGE TRAINING COURSES

The Administrative Staff College grew from the bursary scheme. After the inauguration of the refresher courses, training was started with a course of two years' duration consisting of seven men taken from junior posts in the hospital service. So far all have done well. One is a chief administrative officer, four are deputy chief officers and two are hospital secretaries.

This course was followed by several three-month courses and a two-month course, attended by a total of 56 younger hospital officers. Almost all have since obtained higher posts and a number are now hospital secretaries or the equivalent.

SELECTIVE RECRUITMENT AND TRAINING SCHEME

The first eight members of the three-year national training course in hospital administration entered in October, 1956, a similar number being allotted to the University of Manchester. One, a woman, resigned after marriage at the end of the first year. The course has progressed satisfactorily and the trainees have had the benefit of practical work with many hospital employing authorities and officers, all of whom have taken an immense amount of trouble to meet the trainees' needs. The Staff College is most grateful for this invaluable assistance so readily given.

The second national training course started in October, 1957. As in the case of the first course, eight trainees (of whom one is a woman) were allotted to the Staff College and eight to the University of Manchester. This course is also proceeding satisfactorily. Of the 15 trainees now in the two courses, 10 are university graduates and 5 have come from within the hospital service. Both groups of trainees are taking advantage of the opportunities offered to them, and at this stage it is not unreasonable to expect progress to be maintained and to hope that a good proportion will reach eventually a high administrative level.

The third national course will start in October, 1958, from which date the Staff College will be carrying responsibility for three such courses running concurrently.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

VISITORS TO THE STAFF COLLEGE

As in previous years there has been a steady stream of visitors to the College from Great Britain and from overseas.

The guest nights and the receptions are a distinctive feature of the courses. The Minister of Health, the Rt. Hon. Derek Walker-Smith, Q.C., M.P., dined with the members of the second course for physician superintendents of mental hospitals, as did his Chief Medical Officer and other senior officers of his department and the President of the Royal College of Physicians. The numbers of those associated with the National Health Service who have seen something of the Staff College work are now counted in thousands; there can, in fact, be few hospital management groups which have not had association with the College in one way or another.

The continued support of the Minister and his officers, of hospital service employing authorities and their officers and of lecturers has ensured the success of much of the work of the College. This valuable assistance so freely given is acknowledged with much appreciation, as are the regular contributions to the work by the other branches of the Fund.

HOSPITAL CATERING

COST OF CATERING

It is a surprising fact that during 1957, despite a 7% Bank rate and increases in the cost of many goods and services, there was only a 2% rise in the cost of an average diet. For example, a hospital which spent 28/- per head per week on feeding patients and staff in 1956 should have had to find only about 6d per head per week more in 1957. This welcome exception to the general trend of prices was of course due to the big drop in the cost of certain items which figure prominently in the week's menu, such as cheese, butter, bacon, pork and at some periods of the year, sugar. These decreases were nearly sufficient to offset rises in other items like milk, flour, vegetables and fruit.

CATERING ADVISORY SERVICE

In previous reports mention has been made of the Fund's investigation into the cost of feeding patients in an acute hospital, which resulted in the publication of two editions of "General Hospital Diets". It is now proposed to take this a stage further and to ascertain what effect therapeutic diets have on the overall cost of feeding in a general hospital. A few years ago it was the accepted view that therapeutic diets cost appreciably more than general, but with the better standard of feeding now provided in many hospitals, the difference between the cost of the two diets may perhaps have been reduced to the point where it is of little significance.

To judge by the fifty requests received during 1957 from hospitals in the four metropolitan regions for the assistance of the Fund's Catering Advisory Service, there is still a great deal to be done before the majority of hospital catering departments are properly equipped and efficiently administered. These requests have covered a wide field in which kitchen planning predominated, as it did in 1956. In actual fact, no less than 22 main kitchens were surveyed, while seven sets of plans for dining rooms and serveries were prepared. The ward kitchens of three mental hospitals were replanned and in one instance this involved the preparation of 41 separate

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drawings, as each kitchen differed in shape, dimensions or equipment from every other. Six hospitals asked for reports on the general functioning of their catering departments, which of course included both the standard and the cost of feeding. Advice has also been given in the initial stage of planning the kitchens of the new hospitals to be built at Welwyn and Hillingdon and it is hoped that further opportunities will occur of designing new, as opposed to improving old, kitchens as the programme for building new hospitals gets under way.

Experiments in improved methods of distributing meals have continued and during the year drawings of a new type of mobile heated container or trailer with insulated food containers and with a capacity for supplying meals to twelve wards of average size were prepared in consultation with the hospital concerned. Three of the new units complete with containers are now being made, and their cost is being met by a grant from the Fund.

GRANTS

The Fund's grants are of course available only to hospitals in London or taking London patients and in 1957 £36,670 was distributed for catering schemes in thirteen hospitals in this group. Among these grants was one of £6,500 to the Fulham and Kensington Hospital Management Committee as part of the cost of a big scheme for modernising the whole catering department at St. Mary Abbots Hospital. Similarly £5,000 was offered to the Greenwich and Deptford Hospital Management Committee as part of the expenditure to be incurred in reorganising the kitchens and dining rooms at St. Alfege's Hospital. Two grants of £4,000 were given, the first to the Staines Hospital Management Committee for the re-equipment of the main kitchen at Ashford Hospital and the second to Claybury Hospital for refrigerators for the ward kitchens. This was Claybury's second grant for ward kitchens of which there are no less than 42, £4,800 having been given in 1955. Three of the grants were to independent hospitals: £575 to Edenhall (Marie Curie Foundation),

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£490 to St. Francis, Buntingford, a home for mentally deficient children, and £225 to St. Teresa's Maternity Hospital, Wimbledon. With these thirteen grants made in 1957, the total of the Fund's financial support of catering schemes amounts to £186,922 in the last seven years.

Last year reference was made in this report to the need for catering advice at regional board level. Evidence that this need has been realized within the hospital service has been forthcoming in the recent appointment of catering advisers in two of the provincial regions. The success of these appointments will inevitably depend as much on the terms on which they have been made, as on the degree to which hospital management committees are willing to seek and follow the regional catering officer's advice.

SCHOOL OF HOSPITAL CATERING

The extension and alterations to the premises of the School of Hospital Catering, begun in December, 1956, were completed in time for the first of the 1957 courses to start on March 4. In the remaining ten months of the year 202 students passed through the School, bringing the total of attendances since the School was opened in 1951 to 1,179. Of these, 46 were members of the one-year courses for prospective hospital catering officers, begun in 1953. There were eleven students on the fifth course, which was still in progress at the close of the year, and of the previous thirty-five, twenty-five were still employed in hospital catering. Four failed to complete the course for medical or family reasons, and six left the hospital service, four of them (all women) on marriage. A sixth course is being held in 1958 which, like its predecessors, will have up to eight places for students from outside the hospital service who will be assisted with bursaries from the Fund, and also at least four places for seconded students from hospitals within the four metropolitan regions. An innovation will be a reduction in the length of the course from 52 to 42 weeks, which, among other advantages, should make it easier for hospitals who wish to release members of their catering staff for secondment.

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The courses in special subjects — pastry-making, staff management and nutrition—continued to attract more applications than the number of available places. The 8-week preparatory course in cookery for kitchen assistants was also well supported, and the practical and theoretical tests held at its conclusion showed that, with further experience in their hospitals, all the members should be fit for promotion to posts as assistant cook. The nutrition course, which lasts a week, is primarily intended for catering officers who come from hospitals where there is no therapeutic dietitian and who, in consequence, are responsible for the preparation of special diets.

SHORTAGE OF DIETITIANS

The shortage of dietitians, which was mentioned in last year's report, is as acute as ever. The enquiries which the Fund has been making into its causes have not yet reached the stage when it is possible to suggest any solution, but it is hoped that by next year there will be some definite conclusions to report.

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

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

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MR. D. G. EWBANK	Designer-Draughtsman
MR. S. G. WAKELING	Equipment Specialist
MR. G. F. WILLIAMS	Buying and Costing Specialist
MR. V. H. DIXON ...	...	...	...	...	...	...	...	Travelling Instructor
MISS B. R. STANTON	...	...	...	...	...	...	...	Dietetic Adviser

School of Hospital Catering :—

St. Pancras Hospital, 4, St. Pancras Way, N.W.1 Telephone : EUSton 5671

MR. C. C. A. GIBBS	...	...	...	...	...	...	...	Principal
MISS J. M. DANDO...	...	...	...	...	...	...	...	Assistant to Principal
MR. H. C. JUPP ...	...	...	...	...	...	...	...	Chef Instructor

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

Office:

*c/o New Cross Hospital,
Avonley Road, S.E.14* Telephone : NEW Cross 3635

MR. W. L. GRAHAM	...	...	...	...	...	...	...	Secretary
MISS J. M. H. OWEN	...	...	...	...	...	...	...	Assistant

EMERGENCY BED SERVICE

As agent for the four Metropolitan Regional Hospital Boards, the Emergency Bed Service is available to doctors for the admission of acute and urgent patients throughout Greater London at all times.

Director

MR. R. E. PEERS

Secretary

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

Training Officer

MRS. E. M. WILLIAMSON

Senior Watchkeepers

MISS M. E. CRAIG

MISS J. E. M. HINTON

MISS B. G. HARRIS

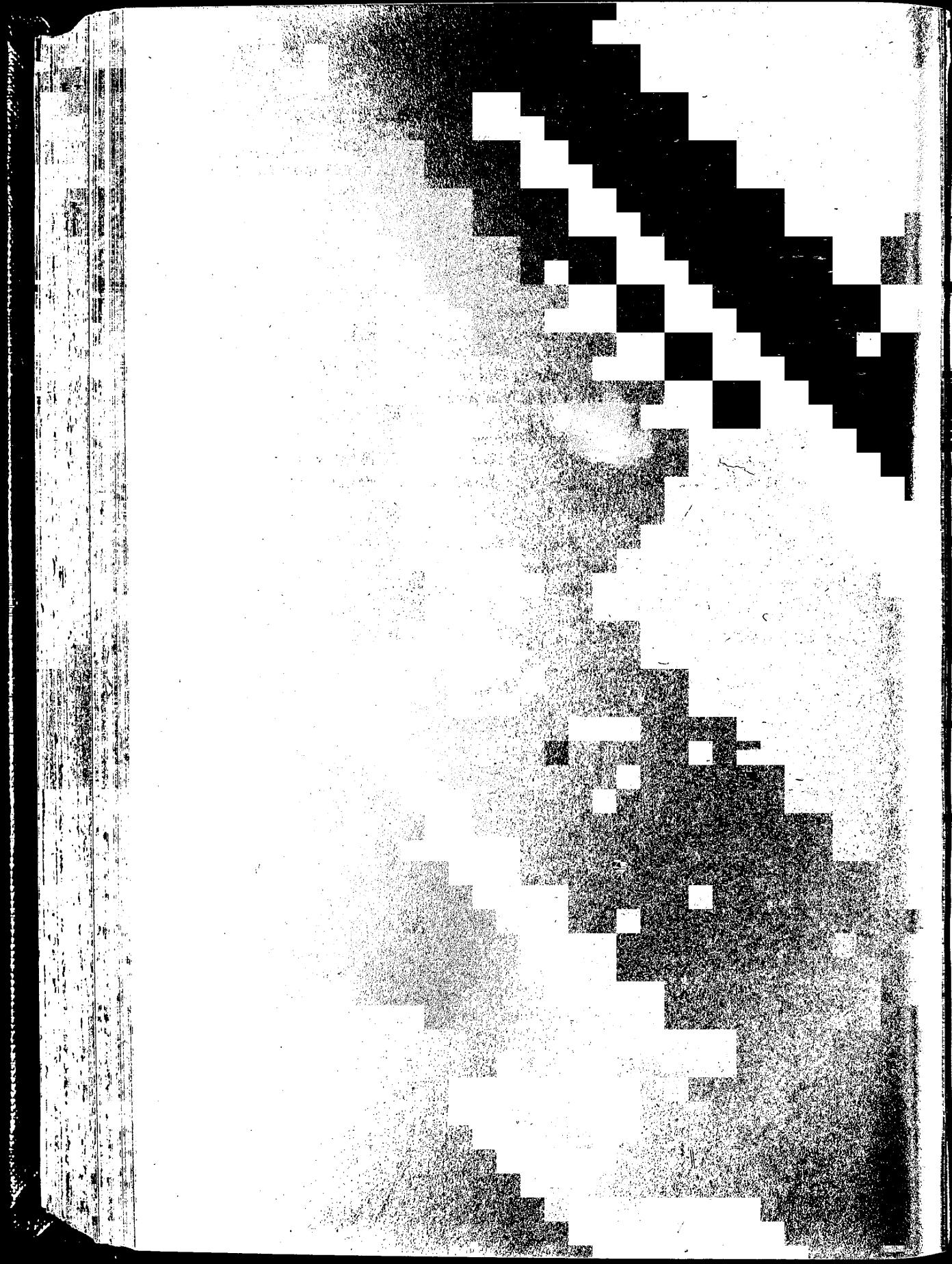
MRS. D. M. MACLEAN

Office

Fielden House,

London Bridge Street, S.E.1.

Telephone : HOP 7181.



FINANCIAL STATEMENTS

AND

LISTS OF GRANTS

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

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

KING EDWARD'S HOSPI
BALANCE SHEET as at

	£	£	£
FUND ACCOUNTS :			
FUNDS TO BE RETAINED AS CAPITAL :			
As at 31st December, 1956	2,177,960		
<i>Add</i> : Receipts during 1957	2,763		
	<hr/>		
	2,180,723		
GENERAL FUNDS :			
As at 31st December, 1956	4,354,034		
<i>Add</i> : Special Receipts Account	64,865		
" Lapsed Grants	223		
" Amount transferred from Income and Expenditure Account	76,580		
	<hr/>		
	4,495,702		
SPECIAL FUNDS :			
per Schedule	416,546		
SPECIAL APPROPRIATION FUND :			
Balance as at 31st December, 1956 of £350,000 earmarked by General Council out of Income for the Provision of Additional Accommodation for Aged Sick	9,339		
<i>Less</i> : Net amount appropriated for expenditure during 1957	3,397		
	<hr/>		
	5,942		
	<hr/>		
	7,098,913		
GRANTS RETAINED :			
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment, viz. :			
Ordinary Distribution	139,470		
Special Distribution	71,877		
Radiotherapy Fund Distribution	28,500		
	<hr/>		
Appropriations for Homes for Aged Sick not yet expended	2,342		
	<hr/>		
	242,189		
LIABILITIES :			
Administration and Other Expenses	16,771		
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :			
Amount received for dilapidations	540		
Sinking Fund Appropriations	7,332		
	<hr/>		
	7,872		
	<hr/>		
	£7,365,745		

REPORT OF THE AUDITORS TO KING

We have obtained all the information and explanations which to the best of our proper books of account have been kept by the Fund so far as appears from our annexed Income and Expenditure Account which are in agreement with the books of explanations given us the Balance Sheet gives a true and fair view of the state of the Account gives a true and fair view of the surplus for the year ended on that date.

5, London Wall Buildings,
London, E.C.2.
11th June, 1958.

TAL FUND FOR LONDON

31st DECEMBER, 1957

	£	£	£
SECURITIES AND INVESTMENTS :			
STOCKS AND SHARES, etc., held for :—			
General Account	5,347,478		
Special Account	395,658		
		<u>5,743,136</u>	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital		20,000	
		<u>5,763,136</u>	
<i>Valuation of Investments</i>			
Quoted Investments at Market Value	5,569,275		
Unquoted Investments at Treasurer's Valuation	229,340		
		<u>5,798,615</u>	
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES		1,460,273	
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of		1	<u>7,223,410</u>
<i>Assets received or acquired before 31st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.</i>			
CURRENT ASSETS (including £8,831 for Special Accounts) :			
Balances at Banks and Cash in hand	82,933		
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £7,150)	59,402		
		<u>142,335</u>	
NOTES—			
(a) The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.			
(b) The total cost of properties for Staff Colleges and Homes for Aged Sick is £430,883; of this amount £420,356 and the cost of furniture and equipment owned by the Fund has been written off to Income and Expenditure Account or to Special Appropriation Fund as and when such expenditure has been incurred.			
(c) In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.			
(d) The King's Fund holds £,2000 in a separate banking account in the Fund's name, as collateral security in respect of a Lessee's covenant to reinstate dilapidations.			
ASHBURTON, Treasurer		<u>£7,365,745</u>	

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, 1957, and the Income and Expenditure

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

INCOME AND EXPENDITURE ACCOUNT FOR

	£	£	£
GRANTS :			
DISTRIBUTION COMMITTEE :			
Hospitals and Branches—	92,500		
" " —Catering	7,500		
	<hr/>		
		100,000	
MANAGEMENT COMMITTEE :			
Mental Hospitals—	22,227		
" " —Catering	11,670		
	<hr/>		
		33,897	
Other Grants	5,500		
	<hr/>		
		139,397	
CONVALESCENT HOMES COMMITTEE :			
Convalescent Homes	25,000		
	<hr/>		
		164,397	
EXPENDITURE ON SPECIAL SERVICES, ETC. :			
Division of Hospital Facilities :			
Information Services	5,460		
Hospital Accounting and Costing	7,550		
	<hr/>		
		13,010	
Division of Nursing :			
Nursing Recruitment Service	9,697		
	<hr/>		
Staff College for Ward Sisters ..	10,768		
" " Addit. Equipment ..	40		
	<hr/>		
		10,808	
Staff College for Matrons ..	7,727		
" " Addit. Equipment ..	47		
	<hr/>		
		7,774	
	<hr/>		
		28,279	
Hospital Catering and Diet Committee :			
Catering Advisory Service ..	14,301		
School of Hospital Catering ..	11,844		
Bursaries	2,961		
Additional Equipment, etc. ..	339		
Capital Alterations ..	5,550		
	<hr/>		
		20,694	
	<hr/>		
		34,995	
Hospital Administrative Staff College	27,325		
Additional Equipment, etc.	2,573		
Capital Alterations	2,655		
	<hr/>		
		32,553	
Hospital Personal Aid Service :			
Administration Expenses	6,042		
Less : Amount contributed by the Metropolitan Regional Hospital Boards	2,000		
	<hr/>		
		4,042	
	<hr/>		
		112,879	
EMERGENCY BED SERVICE :			
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards	6,500		
	<hr/>		
PUBLICATIONS, MAPS, ETC. :			
Cost of printing, etc., less Sales	728		
	<hr/>		
		£284,504	
Carried forward			

FOR THE YEAR ENDED 31st DECEMBER, 1957

INCOME AND EXPENDITURE ACCOUNT FOR

	Brought forward	£	£
			284,504
ADMINISTRATION EXPENSES :			
Salaries, Pensions, Allowances, and Superannuation			20,520
Contributions			
Establishment, including Rent, Rates, Heating and			9,000
Lighting, Cleaning, Insurance, etc.,			
Printing and Stationery			1,498
Sundry Miscellaneous Expenses			3,770
			34,788
OTHER EXPENSES :			
Office Furniture and Equipment			362
Legal and Other Professional Fees			3,106
Removal Expenses			420
			3,888
APPROPRIATION to Leasehold Sinking Fund			775
			323,955
TRANSFER to GENERAL FUND :			
Excess of Ordinary Income over Expenditure ..			76,580
			£400,535

SPECIAL RECEIPTS

	£	£
SPECIAL APPROPRIATION from General Legacies		256
TRANSFER TO GENERAL FUND :		
Special Receipts		64,865
		£65,121

THE YEAR ENDED 31st DECEMBER, 1957 (*continued*)

Brought forward £ 400,535

400,535

£400,535

DURING 1957

£65,121

SPECIAL FUNDS 31st DECEMBER, 1957

	£	£
SPECIAL ANONYMOUS TRUST (1930):		
CAPITAL ACCOUNT	20,000	
INCOME ACCOUNT : Balance at 31st December, 1956	5,821	£
Add : Income 1957	900	
	<hr/> 6,721	
Less : Payments made o/a building	600	
	<hr/> 6,121	
		26,121
MRS. L. L. LAYBORN TRUST (1943):		
CAPITAL ACCOUNT at 31st December, 1956	4,090	
INCOME ACCOUNT : Income 1957	184	
Less : Paid to St. Luke's Nursing Home for the Clergy	145	
	<hr/> 39	
		4,129
J. R. CATLIN, DECEASED, TRUST :		
Balance at 31st December, 1956	25	
Add : Income 1957	1	
	<hr/> 26	
RADIOTHERAPY FUND :		
Balance at 31st December, 1956	34,667	
Add : Income 1957	890	
	<hr/> 35,557	
Less : Grants	23,500	
	<hr/> 12,057	
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947):		
Balance at 31st December, 1956	361,263	
Add : Income 1957	12,950	
	<hr/> 374,213	
		<hr/> £416,546
NOTE :		
Of the Special Funds, £404,489 is represented by assets maintained in separate designated accounts made up as follows :		
Investments	395,658	
Debtors and Balances at Banks	8,831	
	<hr/> 404,489	
The balance of Radiotherapy Fund—£12,057—is included in the general assets of the Fund	12,057	
		<hr/> £416,546

RECEIPTS FROM LEGACIES IN 1957

GENERAL :

	£
*Gerard Blakeman Atkins	100
Major Leonard Eustace Clarke	1,000
Colonel Henry Doughty	52
William Eichholz	1,468
Joseph Fletcher	1,876
Mrs. Laura Griffiths	57
*Spencer Hooker	100
Miss Elise Darling Helena Hosack	14
William Hurst	668
Miss Helen Sophia Lacon	19
Miss Mary Isabel Metcalfe	1,822
Miss Alice Mary Morley	85
 Percy Morris	 7,600
*Mrs. Minnie Mary Nathan	23
George Powle	29
Mrs. Alice Mary Vaughan	3
Alderman Walter Morgan Willcocks, J.P.	117
	<hr/> 15,033
 Less: Further amount due from the estate of the late Mrs. M. L. F. Rogers towards War Damage Contributions	 84
	<hr/> £14,949

CAPITAL :

Sir Julius Wernher	£2,763
	<hr/>

*Given at Executors' discretion.

GRANTS TO HOSPITALS, 1957

	£
Archway H.M.C.	
Hornsey Central Hospital—New out-patient department ..	3,000
New End Hospital—Exclusion of street noise from King Edward Ward	420
Whittington Hospital, St. Mary's Wing—Improvement to gardens	1,000
Banstead H.M.C.	
Banstead Hospital—Staff social club	1,466
Battersea and Putney H.M.C.	
St. John's Hospital—Electrically heated food trolleys and equipment for main kitchen	2,000
Bermondsey and Southwark H.M.C.	
Bermondsey Medical Mission—New boiler and building work ..	120
St. Olave's Hospital—Improving kitchen in nurses' home ..	1,500
British Hospital and Home for Incurables	
Construction of sitting room for patients, and provision of 3 bedpan washers	1,300
British Student Tuberculosis Foundation	
Converting Mottingham Hall into students' sanatorium ..	10,000*
Carshalton H.M.C.	
Queen Mary's Hospital for Children—Improvements to grounds ..	250
Special food trolleys and containers	3,700
Central H.M.C.	
St. Leonard's Hospital—Laying out and planting new garden ..	335
Central Council for District Nursing in London	
Expenses of Central Office and District Associations ..	5,000
Central Middlesex H.M.C.	
Central Middlesex Hospital—Laying out large area adjacent to maternity block in a park-like manner	200
Charing Cross Teaching Hospital Group	
Harrow Hospital—Cubicle curtains for three wards ..	600
Chelsea H.M.C.	
Centre for Spastic Children—New lift to electro-encephalograph department on second floor	600
Claybury H.M.C.	
Claybury Hospital—Modernisation of ward kitchens ..	4,000
Croydon H.M.C.	
Croydon General Hospital—Ward lockers	1,000
Queen's Hospital—Furnishings for re-built chapel	485
Edenhall (Marie Curie Foundation)	
Renovation of main kitchen	575
Florence Nightingale Hospital	
Maintenance	250

*This scheme has since been abandoned, and the grant has accordingly lapsed.

GRANTS TO HOSPITALS, 1957

				£
Forest H.M.C.				
	Harts Hospital—New occupational therapy hut	..	..	1,000
French Hospital				
	First stage of rehabilitation of hospital	..	..	5,000
Fulham and Kensington H.M.C.				
	Fulham Hospital—Cubicle curtains	..	..	200
	St. Mary Abbot's Hospital—Major scheme for re-organising catering department	..	..	6,500
Goodmayes H.M.C.				
	Goodmayes Hospital—Occupational therapy centre (third grant), making a total of £47,892	..	..	1,500
	Goodmayes Hospital—Improvements to main kitchen	..	..	2,565
Greenwich and Deptford H.M.C.				
	St. Alfege's Hospital—Major scheme for re-organising catering department	..	..	5,000
Homes for the Aged Sick				
	Set aside towards items of new equipment and extensions required by the homes	..	..	500
Homes of St. Giles for British Lepers				
	Maintenance	..	..	100
Hospital of St. John and St. Elizabeth				
	Maintenance	..	..	1,000
Hostel of God				
	Purchase of adjoining house	..	..	1,000
Invalid Meals for London				
	Purchase of two delivery vans	..	..	1,500
Isle of Thanet H.M.C.				
	Royal Sea Bathing Hospital, Margate—Recreation hall	..	..	500
Italian Hospital				
	Maintenance	..	..	500
King Edward VII's Hospital for Officers				
	Maintenance	..	..	1,000
Kingston H.M.C.				
	Thames Ditton Hospital—Operating theatre suite	..	..	500
Lambeth H.M.C.				
	South London Hospital—Enlarging and re-equipping nurses' dining room	..	..	1,500
Lewisham H.M.C.				
	Hither Green Hospital—wireless system	..	..	1,300
	Lewisham Hospital—Cloakroom facilities for non-resident staff	..	..	1,500
	Mattresses for patients and staff	..	..	265
Leybourne Grange H.M.C.				
	Leybourne Grange Colony—Layout of grounds	..	..	1,141
Leytonstone H.M.C.				
	Langthorne Hospital—Lift for psychiatric block	..	..	5,900

GRANTS TO HOSPITALS, 1957

	£
Lingfield Hospital School	
Modernising one home for children	6,000
Long Grove H.M.C.	
Long Grove Hospital—Staff social centre	5,000
Noise in Hospitals	
Expenses of noise surveys in hospitals	100
Minor schemes for reducing noise	500
Oakwood H.M.C.	
Oakwood Hospital—Occupational therapy centre	8,000
Orpington and Sevenoaks H.M.C.	
Orpington Hospital—Staff location system	900
Paddington H.M.C.	
Paddington General Hospital—Improvements to grounds	575
Romford H.M.C.	
Oldchurch Hospital—Tennis court for nursing staff	350
St. George's Hospital—Layout of grounds adjacent to nurses' home	425
St. Andrew's Hospital Dollis Hill	
Maintenance	750
St. Anthony's Hospital, Cheam	
Towards cost of new nurses' home and extensive improvements	1,000
St. Bernard's H.M.C.	
St. Bernard's Hospital—Patients' canteen	475
St. Cecilia's Home, Bromley	
Building new wing	2,000
St. Ebba's and Belmont H.M.C.	
St. Ebba's and Belmont Hospitals—Cinema equipment	2,395
St. Francis School (Buntingford)	
Kitchen and dining-room equipment	490
St. Helier H.M.C.	
Nelson Hospital—Installation of lift	3,500
Wandle Valley Hospital—Dual control wireless and bedside lights in chronic wards	1,000
St. Joseph's Hospital	
Improvements to nurses' home and extension of patients' sitting room	2,000
Maintenance	200
St. Saviour's Hospital	
Towards cost of new operating theatre and private wards	1,000
St. Teresa's Maternity Hospital	
Equipment for main kitchen	225
St. Vincent's Orthopaedic Hospital	
Alterations to wards	500

GRANTS TO HOSPITALS, 1957

	£
South Ockendon H.M.C.	
Leytonstone House—Sports facilities (second grant), making a total of £2,500	500
South West Middlesex H.M.C.	
West Middlesex Hospital—Installation of wash-basins in bedrooms of nurses' home	3,000
Staines H.M.C.	
Ashford Hospital—Scheme for improving main kitchen ..	4,000
Normansfield—Film projector	250
Stepney H.M.C.	
Mile End Hospital—Non-resident nurses' accommodation ..	2,000
Tottenham H.M.C.	
Prince of Wales' Hospital—Increased cost of recreation hall ..	875
Warlingham Park H.M.C.	
Warlingham Park Hospital—Social centre (third grant), and layout of grounds, making a total of £38,637	1,500
Westminster Hospital	
A project for Work Study	5,000
West Park H.M.C.	
West Park Hospital—Re-equipment of twelve ward kitchens	4,615
Woolwich H.M.C.	
Brook General Hospital—Equipment for geriatric ward ..	2,000
Council for Music in Hospitals	200
National League of Hospital Friends	300
	<hr/> <u>£139,397</u>

For Summary of Grants see Income and Expenditure Account, page 62

GRANTS TO CONVALESCENT HOMES, 1957

		£
All Saints' Convalescent Hospital, Eastbourne		
Maintenance	.. .. .. .. .. .. ..	200
Conversion of mattresses	.. .. .. .. .. ..	200
Armitage Convalescent Home, Worthing		
Maintenance	.. .. .. .. .. ..	100
Beau Site Convalescent Home, Hastings		
Maintenance	.. .. .. .. .. ..	100
Bermondsey Medical Mission :		
Brook Lane Rest House, Brighton		
Maintenance	.. .. .. .. .. ..	100
Foxholme, Bognor Regis		
Maintenance	.. .. .. .. .. ..	50
Replanning kitchen and new boiler	.. .. .. .. .. ..	940
British Legion Churchill Court, Sevenoaks		
Maintenance	.. .. .. .. .. ..	50
British Red Cross Society		
Beech Hill Children's Convalescent Home, Mortimer		
Maintenance	.. .. .. .. .. ..	850
Motor vehicle	.. .. .. .. .. ..	650
Capesthorne Children's Home, Mudeford		
New verandah	.. .. .. .. .. ..	670
Snow guard on verandah	.. .. .. .. .. ..	47
Edith Priday Home, Blackheath		
Maintenance	.. .. .. .. .. ..	200
Extension of home	.. .. .. .. .. ..	1,500
Catharine House, St. Leonard's		
Maintenance	.. .. .. .. .. ..	150
House repairs	.. .. .. .. .. ..	182
Catisfield House, Hove		
Maintenance	.. .. .. .. .. ..	200
Refrigerator and interior decorations	.. .. .. .. .. ..	215
House repairs	.. .. .. .. .. ..	117
Caxton Convalescent Home, Limpsfield		
Maintenance	.. .. .. .. .. ..	50
Children's Convalescent Home, Beaconsfield		
Maintenance	.. .. .. .. .. ..	250
Children's Convalescent Home, East Grinstead		
Maintenance	.. .. .. .. .. ..	150
Dedisham Convalescent Nursery School, Slindon		
Interior decorations	.. .. .. .. .. ..	640
Dominican Convent, Kelvedon		
Maintenance	.. .. .. .. .. ..	200
Edith Cavell Home of Rest for Nurses, Haslemere		
Maintenance	.. .. .. .. .. ..	200
Electric re-wiring	.. .. .. .. .. ..	450

GRANTS TO CONVALESCENT HOMES, 1957

						£
Fairfield House, Broadstairs						
Equipment	..	..	..	..	..	117
Friendly Societies Convalescent Home, Herne Bay						
Maintenance	..	..	..	..	..	100
Hahnemann Convalescent Home, Bournemouth						
Carpets	..	..	..	..	..	328
Hart's Leap, Sandhurst						
Maintenance	..	..	..	..	..	250
New water main	..	..	..	..	..	240
Special maintenance	..	..	..	..	..	300
Henry Radcliffe Convalescent Home, Limpsfield						
Maintenance	..	..	..	..	..	50
Hermitage Convalescent Home, Hastings						
Maintenance	..	..	..	..	..	100
Lift	..	..	..	..	..	1,350
Hertfordshire Seaside Convalescent Home, St. Leonards						
Maintenance	..	..	..	..	..	200
Structural improvements	..	..	..	..	..	500
Invalid Children's Aid Association						
Brentwood School, St. Leonard's						
Equipment	..	..	..	..	..	150
John Horniman Home, Worthing						
Maintenance	..	..	..	..	..	500
Meath School of Recovery, Ottershaw						
Equipment	..	..	..	..	..	100
Pilgrim's School, Seaford						
Equipment	..	..	..	..	..	100
St. Michael's Home, Southbourne						
Maintenance	..	..	..	..	..	150
Jewish Board of Guardians :						
Antony and Annie Muller Home, Broadstairs						
Maintenance	..	..	..	..	..	100
Samuel Lewis Seaside Home, Walton-on-Naze						
Maintenance	..	..	..	..	..	100
John Howard Home, Brighton						
Maintenance	..	..	..	..	..	350
Equipment	..	..	..	..	..	348
Lennox House, Southsea						
Maintenance	..	..	..	..	..	100
Equipment	..	..	..	..	..	298
Limpsfield Convalescent Home for Women						
Maintenance	..	..	..	..	..	100
Replanning of kitchen	..	..	..	..	..	253
London and Ascot Priory, Ascot						
Maintenance	..	..	..	..	..	100

GRANTS TO CONVALESCENT HOMES, 1957

									£
Maitland House, Frinton-on-Sea									
Maintenance	..	..	..	..	..	..	..	..	100
Equipment	..	..	..	..	..	..	..	..	88
Merlynn Home (Eastbourne H.M.C.)									
Curtains	..	..	..	..	..	..	..	..	223
Mildmay Convalescent Home, Ramsgate									
Maintenance	..	..	..	..	..	..	..	..	50
Moor House School, Oxted									
Kitchen improvements	..	..	..	..	..	..	..	..	500
Alterations and washing machine	..	..	..	..	..	..	..	..	272
Speech therapy room	..	..	..	..	..	..	..	..	240
Further kitchen improvements	..	..	..	..	..	..	..	..	55
National Sunday School Union :									
Broadlands, Broadstairs									
Maintenance	..	..	..	..	..	..	..	..	100
Gas cooker	..	..	..	..	..	..	..	..	83
House Beautiful, Bournemouth									
Maintenance	..	..	..	..	..	..	..	..	50
Modernisation of kitchen	..	..	..	..	..	..	..	..	355
Netley Castle Convalescent Home, Netley Abbey									
Billiard table	..	..	..	..	..	..	..	..	33
Oak Bank Open Air School, Seal									
Drying room and decorations	..	..	..	..	..	..	..	..	500
Queen Alexandra Hospital Home, Worthing									
Maintenance	..	..	..	..	..	..	..	..	200
Residential Open Air School of Recovery, Banstead									
Structural repairs	..	..	..	..	..	..	..	..	700
St. Bernard's Convalescent Home, Hove									
Maintenance	..	..	..	..	..	..	..	..	50
Bedside lamps	..	..	..	..	..	..	..	..	83
St. Catherine's Home, Ventnor									
Beds and bedding	..	..	..	..	..	..	..	..	1,250
St. Cecilia's Convalescent Home, Westgate									
Maintenance	..	..	..	..	..	..	..	..	100
St. Helen's Convalescent Home, Letchworth									
Maintenance	..	..	..	..	..	..	..	..	100
Painting and repair work	..	..	..	..	..	..	..	..	180
St. Joseph's Convalescent Home, Bournemouth									
Maintenance	..	..	..	..	..	..	..	..	100
St. Mary's Home, Broadstairs									
Maintenance	..	..	..	..	..	..	..	..	50
St. Michael's Convalescent Home, Westgate									
Maintenance	..	..	..	..	..	..	..	..	250
Central heating	..	..	..	..	..	..	..	..	1,000

GRANTS TO CONVALESCENT HOMES, 1957

	£
St. Peter's Convent, Woking	
Maintenance	300
Seligman Rest Home, Eastbourne	
Maintenance	100
Shoreditch Holiday and Rest Home, Copthorne	
Maintenance	350
Repairs and redecoration	1,300
Southern Convalescent Homes, Lancing	
Maintenance	100
Spelthorne St. Mary, Thorpe	
Maintenance	250
New boiler	164
Surrey Convalescent Home for Men, Seaford	
Equipment and decorations	650
Wordsworth Home of Rest, Swanage	
Maintenance	50
Wyndham House, Aldeburgh	
Maintenance	100
Conference expenses	179
	<hr/> <u>£25,000</u>

PRINCIPAL PUBLICATIONS OF THE FUND

ACCOUNTS AND STATISTICS

Report on Costing Investigation for the Ministry of Health, 1952.

This Report contains a Statement of Principles, together with worked examples, of a Departmental System of Accounting for Hospitals, and is based on the conclusions arrived at following practical experiments with various systems at a number of representative hospitals on the invitation of the Ministry of Health. 7s. *post free.*

Statistical Summary, containing detailed comparative tables of Income, Expenditure, Work and Costs of the London Voluntary Hospitals. This, the last issue of the Summary, contains classified figures for the year 1947. The Summary was published every year from 1904 to 1948. 1s. *net*, 1s. 6d. *post free.*

Revised Uniform System of Hospital Accounts. Fourth Edition, extended and revised, January, 1926 (with Appendices on Methods of Internal Control of Expenditure and other matters), and Supplements Fiii 1/29 and Fiii 1/31. 5s. *net*, 5s. 4d. *post free.*

Index of Classification of Items of Expenditure (for use with Revised Uniform System of Hospital Accounts). New Edition, 1926, 1s. *net*, 1s. 2d. *post free.*

Memorandum on Quantity Statistics. 6d. *net*, 7d. *post free.*

Accounts for Small Hospitals, based on the Revised Uniform System of Hospital Accounts, 1928. 2s. *net*, 2s. 2d. *post free.*

VOLUNTARY SERVICE

Voluntary Service and the State, 1952—Report prepared by Mr. John Trevelyan for the National Council of Social Service and the King's Fund. The report studies in some detail the administration of the new service as an interesting and novel experiment in public administration. It emphasises that there is a great need for more voluntary workers, and advocates a partnership in which the State provides and yet calls upon its citizens to play their part to the full. The report also expresses the belief that in this way freedom can be preserved within an ordered structure under central direction. 2s. 6d. *post free.*

NURSING

Memorandum on the Supervision of Nurses' Health, Second Edition, 1950. Recommendations for the establishment of a minimum standard of health care for nursing staff, including such matters as regular medical examination, health records, living conditions, care of sick nurses, and the prevention of tuberculosis and other infections. 3d. post free.

Health Record Forms for Nursing Staff. Designed to fulfil the requirements of the above Memorandum. They provide an easily handled system of ensuring that methodical note is kept of every nurse's health and sickness record.

	s. d.	s. d.
Record Forms ..	12 6	per 100 6 6 per 50
Continuation Sheets ..	9 6	,, 5 0
Manilla Folders ..	12 0	,, 6 3

Above prices include Purchase Tax.

Nursing Staff. Considerations on Standards of Staffing, 1945. A review of the factors involved in determining an optimum ratio of staff to patients, with recommendations as to hours of duty, off-duty times, and an appendix containing samples of charts for use in arranging duty rotas. 6d. post free.

Recruitment and Training of Nurses—Comments on the Report of the Working Party, 1947. The Working Party Report was closely studied by the Fund in the light of its wide experience of nursing problems, and its comments submitted to the Minister of Health. Free.

Nursing at the Present Day. A leaflet giving information on training for the nursing profession. Free.

"A Career for You". A leaflet on mental deficiency nursing. Free.

Domestic Staff in Hospitals, 1946. A survey of the considerations affecting the recruitment, employment and supervision of domestic staff (including ward-orderlies) in hospitals. 9d. post free.

Staff College for Ward Sisters. 1. *Prospectus*—Outline of the preparatory and senior courses for ward sisters and of the conditions for entry. Free.

2. *Notes on Practical Experience* (for students at the Staff College).

Free.

Staff College for Matrons and Prospective Matrons. Prospectus—Outline of the aims of the College, with particulars of the preparatory and refresher courses. Free.

HOSPITAL ADMINISTRATION

Hospital Administrative Staff College. Report on the first five years' work of the College, 1956. Free.

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

Hospital Bed Occupancy, 1954. Report of a study group at the Hospital Administrative Staff College on the problems relating to hospital bed occupancy. Obtainable from the Hospital Administrative Staff College, 2s. post free.

Some Observations on Hospital Admissions and Records, 1948. A report incorporating the conclusions and recommendations resulting from a course on Admissions and Records arranged by the Fund for hospital administrators. The organisation of various London hospitals was studied and discussed in detail and the experience of administrators pooled in an effort to lay down some fundamental rules governing such matters as Appointments, Casualty, Out-patients, Waiting Lists, Emergency Beds, In-patient Registration, Medical Records. 1s. post free.

HOSPITAL CATERING

Catering Circulars. From time to time circulars on hospital catering and diet are published by the Fund's Hospital Catering Advisory Service whose offices are at 24, London Bridge Street, S.E.1. At present the following circulars are available :

Care of Equipment	..	..	..	..	1s. post free
Layout and Design	..	..	..	..	1s. post free
Memorandum on Special Diets (second edition) with an introduction on the nutritional value of hospital dietary	..	..			2s. post free
General Hospital Diets (second edition) : a guide to the cost of feeding patients, with menus and recipes	..	..	..	..	5s. post free

HOSPITAL CATERING—*continued*

School of Hospital Catering at St. Pancras Hospital. Prospectus—
Outline of the different courses offered by the School, conditions of entry, etc. *Free.*

CONVALESCENT HOMES

Directory of Convalescent Homes, 1958. A directory containing details of nearly 200 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions is published annually. The information is all that is normally required and includes types of patient accepted, treatments, diets, charges and daily routine. There is an easy-reference index. *7s. 6d. post free.*

Convalescence and Recuperative Holidays. A report of a detailed survey of convalescence carried out between February and July, 1950. *1s. post free.*

Convalescence for Mothers and Babies, 1954. A report of an enquiry into the need for convalescent accommodation for mothers accompanied by babies or young children. *6d. post free.*

Recovery Homes, 1954. A report of an enquiry into the working of recovery homes and their value to the hospital service. *1s. post free.*

Menu Book for Convalescent Homes and Similar Institutions, with 52 blank sheets, one for each week of the year, conveniently ruled so as to facilitate the planning and recording of daily menus. *5s. post free.*

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

MISCELLANEOUS

Report of Sub-committee on Mental and Mental Deficiency Hospitals in the London Area, 1955. Free.

Care of the Aged Sick. An account of the King's Fund experiment in providing homes for the aged sick within the National Health Service, July, 1954. *Free.*

Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1958. 1s. post free. (Free to general practitioners).

Map of Hospitals and Convalescent Homes in the Metropolitan Police District, revised edition 1954, with booklet giving details of each hospital. 12s. 6d. post free.

Map of Hospitals and Convalescent Homes in N.E. and N.W. Metropolitan Hospital Regions—Showing Teaching and Regional Board hospitals, sanatoria, convalescent homes, etc.; also disclaimed hospitals and voluntary convalescent homes, but excluding those shown on the Metropolitan Police District Map. With descriptive booklet. 15s. post free.

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

The Dawson Report, 1920. Recent developments in the regional planning of hospital services have revived interest in the Dawson Report of 1920 on the Future Provision of Medical and Allied Services, and since it has long been virtually unobtainable the Fund has reprinted a limited number of copies with the permission of H.M. Stationery Office.

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

FORM FOR ANNUAL SUBSCRIPTION OR DONATION

Date 19

To the Secretary,

KING EDWARD'S HOSPITAL FUND FOR LONDON,
34, KING STREET, LONDON, E.C.2.

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

Kindly acknowledge receipt to the following address :—

Name.....

Address.....

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Cheques and Postal Orders should be made payable to
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“ 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.”

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“ 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).”

STANDING ORDER FOR BANKERS

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

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

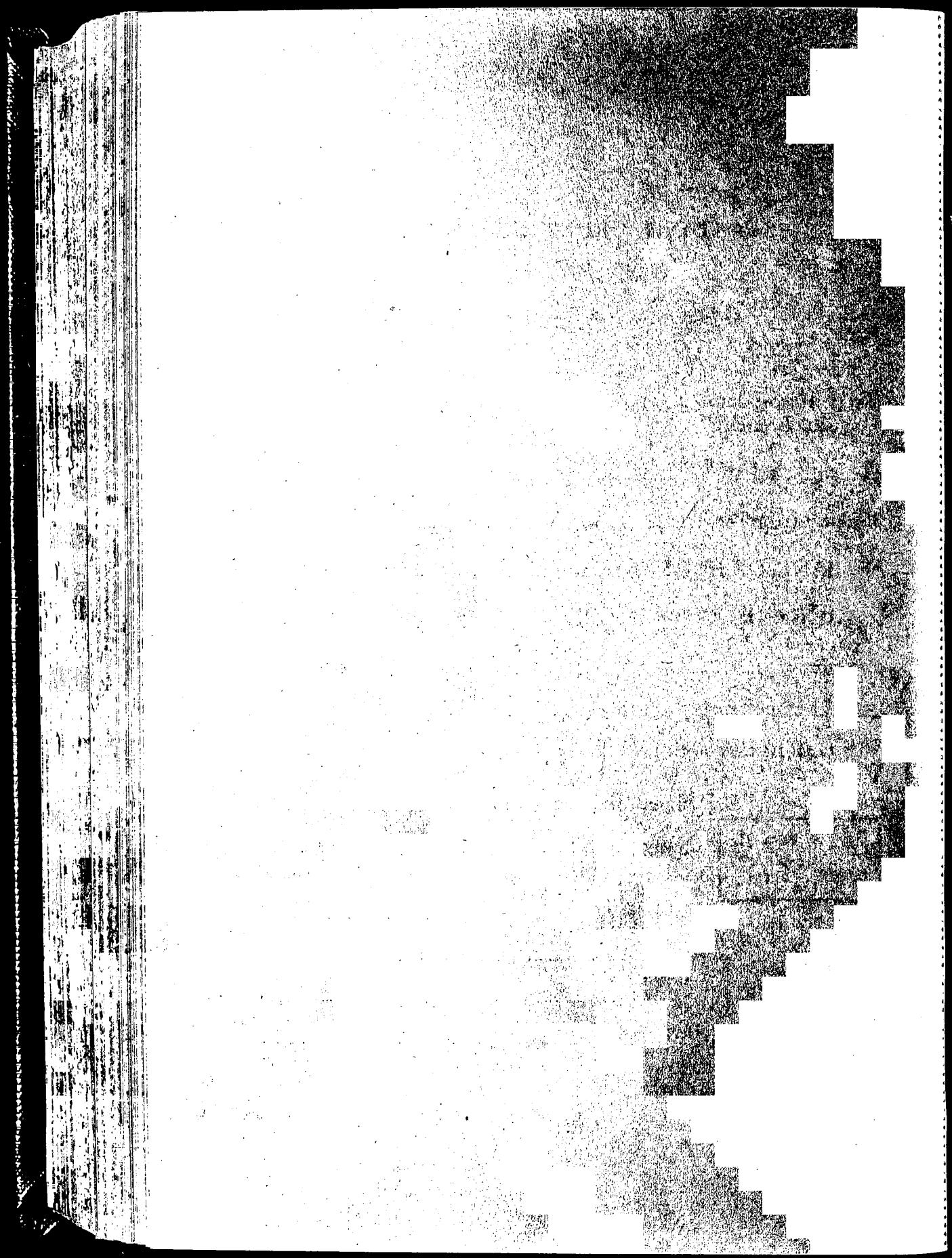
Please pay on the.....day of.....19..... to
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of
"KING EDWARD'S HOSPITAL FUND FOR LONDON,"
the sum of.....and continue to
pay the same amount on the.....in each future
year until further notice.

Signature.....

£	s.	d.

Name.....
(for postal purposes)

Address.....



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.

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- (ii) the King's Fund recovers the income tax from Somerset House ;
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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

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.*

