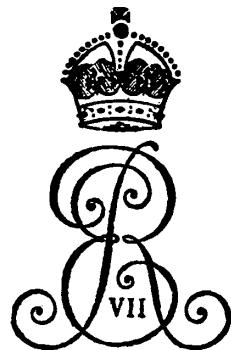


KING EDWARD'S HOSPITAL FUND
FOR LONDON

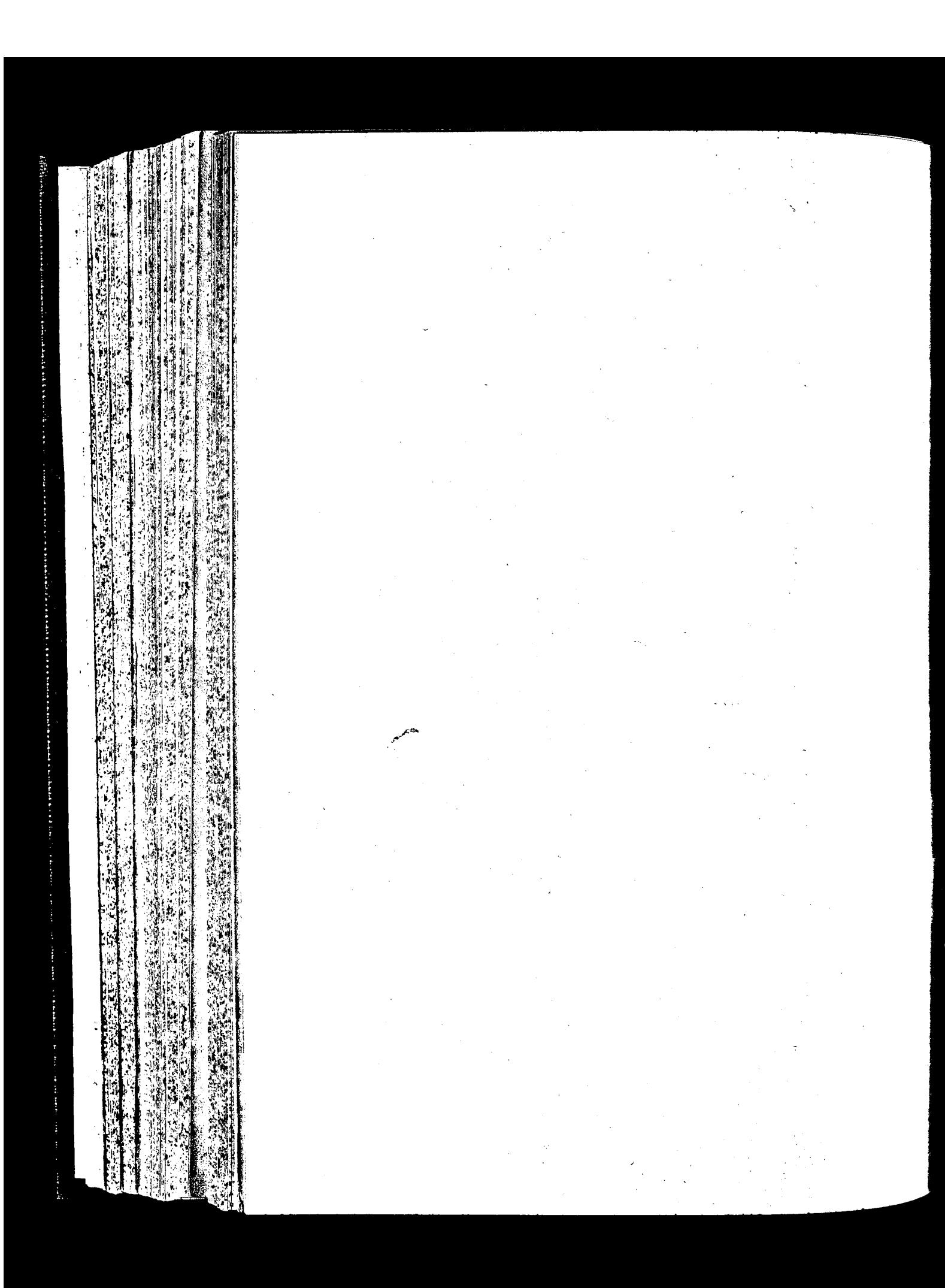


FIFTY-EIGHTH
ANNUAL REPORT

1954

10 OLD JEWRY

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 :
SIR ERNEST POOLEY, Bt., K.C.V.O.

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 :
10, Old Jewry, London, E.C.2
Telephone : MONarch 2394
Telegrams : Engarrison Stock London

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

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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 promoting 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 demand 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 cooks and caterers, and finally for matrons.

Annual Report for the Year 1954

THE years 1953 and 1954 will perhaps go down to history as marking a turning point in the life of the nationalised hospitals in this country. Seen from the standpoint of the King's Fund there can be little doubt that the grave anxieties that hung over the early years of the Service have ceased to look as menacing as they did. It is no longer generally felt that the cost of the hospitals is getting out of hand, nor is it felt that restraint upon expenditure must inevitably lead to frustration.

Many visits have been paid on behalf of the Fund to the hospitals in the Metropolitan area in the last few years and the general picture lends no support to the pessimists. On almost every hand progress and a spirit of initiative are in evidence. Difficulties, many of them real and serious, are of course inevitable in a hospital service, perhaps inseparable from a good service. It was Miss Nightingale who defined administration as the "enforcement of economy", so far as it is consistent with the requirements of the sick. It was she, too, who spoke of the collision of interests and the publicity resulting therefrom as being in the present imperfect state of the world the best safeguard of the interests of the patient. It seems not too fanciful to think that she would find it possible to approve equally of the stern attitude of the financial authorities and of the conflict of opinion in the medical and hospital world as to which are after all the most urgent needs that remain unsatisfied.

An important factor is the revival of voluntary effort in the hospital world. Leagues of Friends are multiplying, and a tangible contribution to the work of the hospitals has

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already been made. It seems not unlikely that much more will be done in the future and that subsequent Ministers may be able to count upon increasing support from voluntary sources. This is also a happy development.

The voluntary interest in hospital work has roots that go back into the eighteenth century, and beyond into the work of the older religious foundations. The almost complete isolation from this warm human tradition imposed during the nineteenth century upon the institutions of the poor law as they developed into hospitals, and the sharp distinction between the voluntary and the municipal hospitals of more recent times, can now be seen as an historical accident. The regrouping of the hospitals under the National Health Service has already gone a long way to promote a happier state of affairs. In 1951 the report on voluntary service prepared by Mr. John Trevelyan observed :

“ The partnership of the State and voluntary service in the administration of hospitals is, in our view, a courageous and imaginative experiment. We believe that it will succeed if the voluntary partners, the Regional Hospital Boards and Hospital Management Committees, and the Boards of Governors of teaching hospitals, are given a full share of administrative responsibility and authority and are trusted to exercise ‘ enlightened economy ’ and if the boards and committees will themselves delegate real responsibility and authority so that the hospitals themselves are not excluded from the administration which affects them so vitally but take their part in it. Above all we believe that voluntary service has something vital to give to the administration of the hospital service, something that administration by the professional, however efficient, can never give.”

If there were already clear signs three years ago that this would be true of our hospital service, there is to-day ample evidence that voluntary effort has returned in full force and is likely to remain a permanent feature of the hospital scene.

The need for this sense of partnership between the official and voluntary elements was emphasised in the statement submitted by the Fund to the Committee established by the Minister of Health under the chairmanship of Mr. C. W. Guillebaud. In that statement the belief was expressed that as time went on increasing recognition would be accorded to

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the part that voluntary effort and initiative could play in partnership with the State. It is a sound principle in hospital affairs that the greater part of the burden should be borne by the State and the minor part by voluntary gifts. The latter can be an important factor in avoiding any sense of final frustration such as may develop in a service wholly financed by public monies. The Fund referred also to the importance which it attached to departmental costing and to the training of hospital personnel and to progress in the art of hospital administration in its widest sense. The main subject of the enquiry however—the cost of the National Health Service and the steps that can be taken to increase incentives to efficiency—is the concern of those who carry direct responsibility within the service, and upon many of the topics which have been raised with the Committee the Fund has refrained from expressing opinions.

The report of the Committee on Internal Administration* was issued during the year. This is an important report. When the new service was inaugurated in 1948 there was danger that fundamental principles of hospital administration which were formerly taken as axiomatic might be lost sight of or be overlaid by the new logical, and to some extent mechanical, structure. Thus the principles governing the relations between the lay authority responsible for financial control in the hospital and the professional medical and nursing staff are nowhere rehearsed in the Act, nor are they self-evident to the new member of a hospital board or committee. The latter may naturally assume that practices drawn from the world of business or of local government can be applied with little modification to the administration of hospitals. The Fund, therefore, welcomed the setting up of an official body to advise upon the matter and submitted evidence to it in 1950. This evidence was subsequently printed, and some extracts were included in the Annual Report for 1950. It has been much used in discussions

* The Report of the Central Health Services Council on the Internal Administration of Hospitals (obtainable from H.M. Stationery Office, York House, Kingsway, W.C.2., price 3s. 0d. net).

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among groups of hospital administrators and others at the staff colleges and elsewhere. The report of the Committee which sat for some three and a half years does generally endorse the principles which the Fund believes to be essential in hospital affairs.

FINANCE

The Fund's income is mainly derived from the capital funds, now amounting to between six and seven 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 this past year amounted to £337,717 and expenditure totalled £331,476. Legacies for general purposes amounted to £24,204. 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 "the Hospital" is 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.

The subscription list has never provided more than a modest proportion of the Fund's income, for since its early days the Fund has refrained from active competition with the hospitals in the search for subscribers. In recent years there has naturally been some drop in the receipts from this source. But a number of staunch supporters, headed by Her Majesty The Queen, have maintained their subscriptions. They include the Bank of England and a number of the leading banks who have been at some pains to inform themselves fully as to the work being done by the Fund. It is encouraging to report that during the year under review a number of former subscribers renewed their subscriptions and for the first time for some years the graph of receipts from this source showed an upward curve.

FINANCE

During the year the Fund received a further instalment of £200,000 from the Nuffield Trust for the Special Areas, bringing the total from this source to £1,600,000. After careful consideration and at the suggestion of Lord Nuffield the Fund decided to allocate £175,000 towards meeting the cost of the Nuffield College of Surgical Sciences.

Sir Edward Peacock retired from the office of Treasurer at the end of the year. He had held this office with distinction for twenty-five years and had guided the financial affairs of the Fund through a period of great national economic stress. The Management Committee have reason to be grateful to him for his wise advice on the changing policies of the Fund rendered necessary first by the creation of the Emergency Medical and Hospital Service during the late war and then by the introduction of the National Health Service.

His Royal Highness the President appointed Lord Ashburton to be Treasurer in his stead.

HOSPITALS AND THE AGED SICK

No form of voluntary service to the community can afford to leave out of account the fact that we have an ageing population. In 1901 there were only two-and-a-quarter million people of pensionable age. The 1951 census showed that there were six-and-three-quarter million, while the number of people of working age remained constant at about twenty-two million.

To a hospital foundation such as the King's Fund, as well as to all three sections of the National Health Service—general practitioners, domiciliary services under the local authorities and the hospitals—the problem of caring for the aged is rendered more urgent by the fact that there are now fewer opportunities of family life and care for the far greater

HOSPITALS AND THE AGED SICK

numbers of old people. The reasons for this are to be found in the housing shortage, in the greatly increased employment of women outside the home and in the weakening of the ties of relationship between different generations.

If one looks at the problem as a whole, the fact that in the National Health Service responsibility is shared between the three branches leads to borderline cases and the possibility that the individual may fail to receive care at the time or in the precise form that he or she most needs it. As Lord Beveridge said in a recent debate in the House of Lords :

" If we let the needs go unattended it will be a failure of our civilisation. The needs of the aged are very different, ranging from complete hospital treatment to some nursing treatment, from living in their homes with home-helps, to needing perhaps nothing more than occupation and companionship and an interest in life. Because they are so varied, we have to deal with them by a number of different agencies, but all those agencies should work together. There must be concerted action at the centre . . . Secondly, there needs to be concerted action locally, between the hospitals, the general practitioners, the National Assistance Board, the local authorities with their many different services, and the voluntary agencies of all kinds. Let there be no jealousy about getting anyone else in to help in this matter ; the whole task is too big for anyone to refuse help of any kind."

At the outset of the new Service, most of the hospital management committees of greater London were faced with the double problem of caring for numbers of elderly long-term patients so large as to strain their capacity to find nursing and other staff, and a formidable waiting list of patients at home, where the strain on the relatives had already reached or was reaching breaking point. In some areas the waiting lists ran into hundreds and beds were blocked to the detriment of the other activities of the hospital. The marked improvement in the position, now quite perceptible, is the result of an attack on the problem by several different lines of approach, in which many individuals and organisations have played a part. Notable among them have been three movements with which the Fund has been associated.

HOSPITALS AND THE AGED SICK

HOSPITAL CARE FOR THE AGED SICK

As regards the hospital service itself, one of the most satisfactory features of recent years has been the progress made in the treatment of the aged sick. While the advance of medicine has multiplied the numbers of those who survive into the eighties and nineties, the advance of geriatric treatment is in fact substantially reducing the number of bedfast and chronic sick. There is, however, no room for complacence and there is no assurance that even the present numbers of nursing staff for this special work will be maintained.

In many hospitals the care of elderly long-term patients has been reorganised, and geriatric units have been formed with special physicians in charge. In these, patients have been given a new lease of active life, which has allowed for a far greater turnover of cases. The spartan character of the accommodation in the older units has been modified by comforts and amenities well up to modern hospital standards. Wards have been redecorated and comfortable mattresses provided. When the International Gerontological Congress met in London in 1954, it was possible to arrange visits to many hospital units where the physical amenities left little room for criticism.

In this advance the King's Fund is glad to have been able to play a part. Many grants made in recent years have been directed towards hospitals which inherited the heaviest of these burdens. Outstanding perhaps is the case of Langthorne where some six grants totalling over £5,000 have been made for a variety of purposes ranging from filling in a bomb crater to upgrading ward blocks.

The Fund's visitors find, however, plenty of material for comment as they go from one hospital to another :

"... All the wards are clean and have been repainted in the last few years. They are unusually broad for a former workhouse. The annexes are inadequate, there are few bedpan washers, and these do not work owing to insufficient water pressure. There are very few baths—in one ward there is 1 bath to 34 patients, and in

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another 1 to 52. The wards are nearly all overcrowded, in one the beds being only a foot apart. The bedside lockers are small and old-fashioned, and Matron would like something that would hold clothes as well as small belongings, but no such thing seems to exist."

"... The wards are quite deplorable, with painted brick walls and inadequate annexes, no bedpan washers or washbasins. Heating is solely by open coal fires. One ward block of 58 beds has been renovated as far as possible. The ground floor has been repainted and the floor renewed by removing the floorboards from the ward above and laying them the other way up to get a smooth surface. The top floor has been refloored with parquet and provided with a bedpan washer, a new bath, two basins and two lavatories. Nevertheless the hospital could not afford to plaster the walls."

It is, of course, only here and there that the Fund is able to help. That the effect can be considerable is shown by such a case as this :

"... The long-stay male patients have one real and justified complaint. They are completely surrounded by a 'workhouse type of place' and there is little beauty in their lives. If the wall which separates the existing bleak and dreary courtyards from the front garden could be demolished and the garden extended to the courtyards it would be a great joy to these old people."

Here the Fund was able to make a grant of £450 for the demolition of the wall and the extension of the garden. The example is only one of many. The Fund hopes to be able to continue to help in remedying defects of this kind.

As described in last year's Report, the West Middlesex Hospital was chosen for a special grant to meet the whole cost of the modernisation of a large old-fashioned ward. Comfortable, warm and cheerful day-rooms were provided, beds were curtained, and bath-rooms and furniture were specially planned to meet the needs of the infirm. It has now been in use sufficiently long for the arrangements to be proved satisfactory and many visitors in large and small parties have been to see it.

HOSPITALS AND THE AGED SICK

THE PROVISION OF KING'S FUND HOMES

This has been a major interest of the Fund since the first large allocation was made for the purpose in 1949. Ten homes offering accommodation for 331 patients are now functioning in different parts of London to the great satisfaction of those hospital management committees to which they have been allocated. The way in which the homes are run has been described in previous reports. In the autumn of 1954 the tenth home was opened by Her Majesty Queen Elizabeth the Queen Mother. Known as Highwood House and situated at Mill Hill, this home is attached to the Central Middlesex group and its management has been undertaken by the Middlesex branch of the British Red Cross Society. Plans for two more homes—one to serve the Wandsworth group and one the Central group—are now in hand, and it seems that in these two cases it may be possible to proceed by erecting buildings for the purpose on land already belonging to the hospital authorities. They will be the first of the Fund's homes constructed specially for the purpose and it will be interesting to compare the results with those achieved in properties acquired and adapted.

In all, some 2,000 patients have passed through the ten homes already opened. There has been a perceptible change in the ways in which they are being used. When the first homes were opened five years ago the cases admitted were nearly all long-stay patients from chronic wards, who found the life of the home valuable in preparing them for life outside an institution. Many of them quite literally found their feet in the home ; a few relapsed and had to go back to hospital, and a very few (most of whom had passed their ninetieth birthday) hovered between sickness and health in a way that prevented another move. This is now changed. No longer have the patients been in hospital for many years, they have not forgotten what home life was like, nor have they pessimistically given up their homes on going into hospital. Naturally they take longer to get well than a younger person, but for some part of that recovery time they are able to dispense with the full nursing care of a hospital and can

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do a good deal for themselves at the home, while remaining under the medical supervision of the hospital geriatrician.

One problem, however, remains to be solved. The wards lose their ambulant patients very quickly and are left with a considerable residue of patients needing active treatment, and of bedridden patients often senile and with a physical disability as well who need much nursing care, for whom there is no hope of cure and whose stay in hospital will be terminated only by death. The most satisfactory method of caring for the latter group of patients has yet to be found.

REDUCTION OF THE WAITING LISTS BY CO-ORDINATION OF EXTRA-HOSPITAL CARE

The third approach to the problem of the aged sick with which the Fund has been specially concerned has been by way of personal enquiry into the cases on the hospital waiting lists, and by bringing all other available sources of help to the aid of those who cannot or need not be admitted immediately to hospital. The local health authority and certain voluntary agencies provide various forms of domiciliary relief, but these are not always known to the patient or his doctor. The variety of these services is in itself somewhat baffling to the general practitioner. Help can be obtained at home in nursing, domestic help, meals on wheels, nursing requisites, laundry, shopping, sitters-up, and so on. It is by visiting each patient, treating him or her as an individual and bringing to his or her assistance the right services that it has been possible to maintain many patients successfully without admission to hospital.

For the past few years the King's Fund has made a series of grants to the South-East Metropolitan Regional Hospital Board to enable this special service to be developed. The value of close enquiry into cases may be clearly seen from a study of the work done from the start in August, 1951 to 31st December, 1954. During this time 3,866 patients for whom application for admission to hospital had been made were visited in their own homes ; and 1,449 (37%) were removed from the hospital waiting lists, as it was found

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possible to maintain them at home, place them in old people's homes or bring them help in some other way so as to make admission to hospital unnecessary. The value is greater than these figures show, because it was discovered during the visits that a further 606 patients had died or been admitted to hospital already and their names had not been taken off the waiting lists. The work has continued to show good results, and with the ready co-operation of the South East Metropolitan Regional Hospital Board the Fund has arranged that from the beginning of August 1955 it will be carried on by the Fund on behalf of all four Metropolitan Regional Hospital Boards. Each Board has undertaken to contribute £500 p.a. towards the cost, and the Fund, instead of making a grant to the South East Metropolitan Regional Hospital Board, will itself carry the balance of the cost.

Theoretically, perhaps, no such service should be needed, and "co-operation" between general practitioners, local authorities and hospitals should ensure that each individual patient is admitted to hospital when his or her condition requires it. Much has been heard of the difficulties arising from what are felt to be artificial distinctions created by the National Health Service Act. But no Act providing for such an extensive service could conceivably avoid some degree of departmentalism, and it is surely not in the least surprising that in a great area like Metropolitan London there should be room for a voluntary agency which can watch the danger points where the boundaries fall between the different subdivisions of the service and can work for the fullest co-ordination in the interests of all. The problem is certainly not one created by the National Health Service Act, and it is of interest to recall that as long ago as 1892 the need was pointed out for some agency which could "bring about co-operation between all the various organisations administering medical relief." The Fund believes that by arranging for some modest expansion of this work (so that in all some six or seven persons will be employed for the whole of the Metropolitan area) a considerable economy in the use of hospital beds will be achieved.

GRANTS TO HOSPITALS

Are direct grants to hospitals still really needed now that the new hospital service is finding its feet and funds are supplied from the Exchequer ?

The question is often asked, as is only to be expected. It is obvious that the hospitals in the National Health Service are no longer, as the old voluntary hospitals used to be, dependent upon gifts from the public and grants from the Fund. But to conclude that voluntary help is now beside the point is to adopt a very superficial view of what is really happening. Any close knowledge of the hospitals at once shows that gifts and grants can still make a most worthwhile contribution, and that in relation to many aspects of hospital work they can make " all the difference ". It is a common experience for the Fund to hear from hospital authorities to whom a grant has been made that it has really done this.

In arriving at its own conclusions and deciding how far it is right and proper for it to go on making grants to the hospitals, the Fund has a great volume of evidence at its disposal. This is built up by the numerous applications for help received from the great majority of the hospitals serving the Metropolitan Police District, and also from the reports of the visitors. The resumption of the visiting of hospitals in recent years has given the Fund a clear picture of just where the shoe pinches. There has been in the last few years among the hospitals, and there still is, a sense of acute financial stringency. It would be untrue to say that the hospitals are thereby paralysed, but practically every hospital authority has on its books a number of improvements which would be carried out tomorrow if the Exchequer could meet the cost or the necessary finance could be provided from free monies. These projects vary widely. Some are plainly outside the scope of a voluntary body such as the King's Fund, and must await the day when Exchequer money eventually becomes available. Others fall into a different category and lie heavy on the conscience of those who are responsible for the administration of the individual hospitals. With many

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of the latter the Fund has been able to help with its grants and in so doing to give real encouragement.

The Fund is satisfied that there does exist a real need for a continuance of help and encouragement of the kind given by these grants. Towards the end of 1954 it was decided that it would be appropriate to plan ahead in terms of larger allocations spread over a period of years, and a sum of £200,000 was set aside for the years 1955 and 1956 for the purpose of grants to hospitals other than mental hospitals, in respect of which a separate series of grants are being made. The Fund believes that this arrangement may permit of a number of grants on a somewhat larger scale than has hitherto seemed right within an allocation on an annual basis, and that this greater degree of latitude may help the Distribution Committee in its work.

COMFORT IN THE WARDS

A few extracts taken at random from the reports of the visitors will show how inextricably entangled are the improvements which have already been effected in the hospitals, and the further steps which obviously need to be taken :

“ . . . The wards in the new block are excellent, each ward contains 25 beds and is divided across the middle with a glass partition. They are provided with ward kitchen, sterilizing room, linen cupboard, bedpan washers, sister's office and three side wards. One of them has been curtained and the hospital authorities would like to curtain more but at £600 per ward they have not the money.

“ The old wards are strongly constructed with good windows, but the annexes are small and ill-equipped. The hospital authorities would like to improve the annexes but there seems to be no definite plan worked out. They would like, too, to replace the present hair mattresses with interior spring mattresses but the money is not available.”

In some, substantial improvements have been effected :

“ . . . The wards are large and airy and could be very pleasant ; many of them, however, still have the old-fashioned dado round the walls although this is now light green instead of dark. The women's wards have recently been fitted with curtains on silent runners. All the beds have interior sprung mattresses. The

GRANTS TO HOSPITALS

sanitary annexes are cramped and inadequate but some of them have bedpan washers."

In practically all hospitals visited wards have in recent years been redecorated in light colours and pastel shades. The old fashioned institutional atmosphere is now much less in evidence.

Many hospitals are fitting bed curtains and in a good many cases these have been paid for from non-Exchequer sources. Something like 70% or 80% of the mattresses in general, as distinct from mental, hospitals must now be modern interior sprung or rubber. Many grants have been made by the Fund in recent years for this purpose. But in far too many cases the sanitary annexes are cramped and inadequate and often not yet fitted with bedpan washers. This is a more difficult matter and usually more than the Fund can tackle. In some cases, however, grants have been made and have greatly eased the work of the nurses in the wards.

PROVISION FOR RELATIVES OF DANGEROUSLY-ILL PATIENTS

Often the visitors' attention is drawn to the lack of accommodation for patients' relatives:—

"... there is no proper way of helping visitors who have to stay for long periods when their relatives are on the danger list. It is left to nurses and sisters to make what arrangement they can to find them somewhere to be at night. The hospital would much like to provide accommodation but there is neither space nor money . . ."

"... There is nowhere for relatives of seriously-ill patients to rest.

They can sit in the waiting room or sometimes a chair can be provided in the ward sister's room. In the surgical ward where the most serious cases are to be found there is nowhere for them to go. The problem is particularly important in this hospital because the patients come from far afield. There is, however, a space on a flat roof adjoining a corridor where a small room could be built, but there is no money to do it."

REMEDIABLE DEFICIENCIES OF ACCOMMODATION FOR NURSING AND OTHER STAFF, ETC.

Many hospitals do, of course, find it difficult to recruit and retain nurses in sufficient numbers. This is especially true of some of the older units, which are often also the hospitals

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which carry the heaviest burden of caring for the old and infirm. These difficulties are quite sufficient without any additional hardships arising from lack of due amenities. In some hospitals there is still little real comfort in the nurses' home, and an almost total lack of recreational facilities. In one case where the official complement of nurses was 160 there were at the time of the visit 131 only, and the visitors were told :—

“. . . The matron attributes her inability to recruit a full staff to the rather gloomy nurses' home, consisting of two houses, one shared by the medical staff, and two huts, and to the lack of amenities, e.g., no recreation hall or tennis court. The hospital is a training school for assistant nurses and has a preliminary training school for these girls.”

And in another case :—

“. . . We cannot close this report without a reference to the hospital's application for a grant towards a recreation hut for the nurses. The matron brought up this matter again in connection with the lack of sitting-room and recreational accommodation for her nurses. Apart from the rather small sisters' and staff nurses' sitting-rooms in the West home, the only other sitting-rooms available to the nurses are a fairly large and unattractive room near the nurses' dining-room in the main hospital building, which is meant for the use of the student nurses, but which in fact tends, owing to its proximity to the dining-room, to be overcrowded by the staff nurses.”

Many such instances come to the notice of the Fund. It would obviously absorb too large a proportion of the Fund's resources to meet all, but here and there the Fund has been able to afford assistance. In 1954 several grants were made towards improving nurses' homes. Camberwell Hospital Management Committee received £1,875 towards installing washbasins in the nurses' home at St. Giles' Hospital. A grant of £1,200 was made to Croydon Hospital Management Committee towards central heating for the nurses' home at Queen's Hospital, and Epping Hospital Management Committee received £1,000 towards improvements to two nurses' homes at St. Margaret's Hospital.

GRANTS TO HOSPITALS

RECREATION HALLS

A number of grants have been made for the provision of recreation halls at various hospitals. These halls, particularly in the case of isolated hospitals, become the centre of the social life of the hospital, where dances, theatricals and indoor sports can be carried on. In many cases it has been found that provision of such amenities helps materially to recruit nurses to hospitals, and the list of grants for 1954 contains several examples of grants given for this purpose.

An example is the new hall at Mile End Hospital towards which grants totalling £6,127 have been made. The hospital authorities took considerable pains to see that the hall should be both aesthetically and practically excellent. They were determined not to have a prefabricated building for fear of spoiling the appearance of their grounds, and they contrived to have a building designed by their own architect which met all their requirements at no greater cost than if it had been mass produced. This hall was opened in January 1955, and has since been in constant use.

CANTEEN FACILITIES FOR NON-RESIDENT STAFF

The amenities due to the non-resident staff—porters, cleaners, laundry maids etc.—have in the past sometimes received scant attention. In industry, works canteens of a high standard have become wellnigh universal, and of course help industrial concerns to attract and retain staff who might otherwise seek employment in the hospital. Although the work of these members of the hospital staff has not so immediately obvious a bearing on the welfare of the patient as has that of the doctor and nurse, it is no less essential to the smooth running of the hospital.

Major schemes for the improvement of canteens and their equipment have been carried out with the Fund's money at the North Middlesex, Lewisham and Hillingdon Hospitals.

An important series of grants have been made towards improvements to kitchens, where the benefit to the patient is obvious. These grants in support of the Fund's work for catering in hospitals are described on pages 57 and 58.

GRANTS TO HOSPITALS

GARDENS

A substantial endeavour is being made to introduce flowers and grass around the hospitals, particularly in the industrial areas of London. Fifteen grants totalling £8,417 were made during the year and the benefits will be visible to all by the time this report is printed. There were formerly many hospitals in areas where, once the patient was convalescent or the nurse off duty, there was nowhere for them to go for peace and quiet in the open air. Largely as a result of the Fund's grants there are now few cases left where this applies.

Many of the major gardening schemes which have been fostered in the last year occupy areas of bomb damage. St. Clement's, Bow, for example is reported as receiving a grant of £600. This is the end of a long story. Early in 1952 the Fund's visitors saw the sad remains of a burnt-out ward block abandoned in the midst of the hospital grounds. This depressing relic was constantly in view of patients and staff. The visitors saw that the hospital would be greatly improved if the building were to be removed and the ground laid out with a lawn and flower beds. In 1952 the Hospital Management Committee asked for £900 to demolish the building and in 1954 for a further £600 to turn the resultant empty space into a lawn and gardens. This was done and since last summer the patients and staff have been able to enjoy the new garden.

The South Eastern Fever Hospital was put completely out of action in 1941. Renamed New Cross Hospital, it is being re-opened partly as a general hospital of the Bermondsey group and partly as a recovery annexe for Guy's Hospital. The gardens were abandoned in 1941 and when the Fund's garden advisers were called in in 1953 large areas had gone wild. The neglect of twelve years could not be set right in a moment, but grants in 1953 and 1954 have resulted in the restoration of the major part and it was a pleasure for the Committee to receive a photograph of nurses sitting on a pleasant lawn surrounded by flowers beside their restored tennis court, where previously there had only been thistles.

GRANTS TO HOSPITALS

In the middle of Langthorne Hospital, where much progressive work is being done for the aged sick, there was a huge crater caused by a bomb, leaving exposed ruined foundations of the kitchen and a mass of rubble. This scar of war ruined any attempt to make the hospital look pleasant and friendly and lay right in the centre where many paths crossed. The crater has been filled in. Grass, flowers and a broad path complete the lay-out of the hospital, and the scene is scarcely recognisable.

EXTENSION OF THYROID UNIT AT NEW END HOSPITAL, HAMPSTEAD

The new unit was opened by H.R.H. The Duke of Edinburgh in March 1955. A reference to the scheme and a brief description of the work being carried out in the hospital appeared in the Annual Report of the Fund for 1953.

Speaking at the opening ceremony His Royal Highness described the scheme as an excellent example of the way the results of research may be applied so that the right help reaches the right people at the right time :—

“There are many hospitals with more patients, many institutes with more impressive names and sometimes more money, but I doubt if there is another place where there is such a wealth of talent and experience in the management of diseases of the thyroid gland.”

The scheme was wholly financed by the King’s Fund out of the Radiotherapy Fund at a cost of some £50,000, and was therefore the largest single project of the kind ever undertaken by the Fund. The work involved gutting an out-of-date building and installing an operating suite, a ward floor with 27 beds in single rooms or small wards, biochemical and isotope laboratories, consulting rooms, a diet kitchen and a lift. The exceptional grant the Fund was able to make has undoubtedly provided excellent working conditions, and made the unit worthy of the international reputation which it has achieved.

GRANTS TO MENTAL HOSPITALS

A substantial proportion of the Fund's grants were given to the mental hospitals serving the Metropolitan area. Expenditure by the regional hospital boards on mental hospitals is also being actively encouraged by the Minister of Health, and indeed in many of these hospitals a remarkable transformation is in progress. But so much remains to be done that grants from the King's Fund do make a very great difference to human comfort.

GRANTS ON AN INCREASED SCALE

Grants made in the last two years have amounted to over £90,000 and have been the means of affording great encouragement to these hospitals. In the course of 1954 the Management Committee appointed a Sub-committee to consult with representatives of some of the mental hospitals and of the Ministry of Health, and to advise upon ways in which the Fund's help could be of the maximum benefit to the mental hospitals as a whole. Already by the end of the year it was clear that the Sub-committee was likely to recommend a substantial allocation. It was clear, too, that if such an allocation were to be made without undue disturbance of the Fund's finances it would have to be spread over a period of perhaps three years. Such an allocation would include both special grants for pioneer projects put forward by mental hospitals, and smaller grants of the kind which have been given to many of the mental hospitals in the last few years.*

A few extracts from the report made during 1954 by representatives of the Fund on their visits will perhaps show the value of the Fund's help more clearly than generalisations over such a wide field as that of the mental hospitals of London. Most of the hospitals to which reference is made below provide accommodation for upwards of 2,000 patients, and they are doing their best to remedy defects. The quotations given are not intended to reflect in any way on their management, but simply to bring out the urgent character of needs which are constantly being placed before the King's

* The Report of the Sub-Committee was presented to the Council at its meeting in June, 1955, and the Council then approved an allocation of £250,000 spread over three years for the purpose of grants to mental and mental deficiency hospitals.

GRANTS TO MENTAL HOSPITALS

Fund. Paradoxical though it may seem, the effect of the National Health Service has been to enhance rather than to diminish the impact of a grant given by the King's Fund. Pound for pound a grant often means more now in terms of comfort for the patient than could possibly have been the case in former days when the Fund's resources were largely absorbed in meeting the maintenance needs of the voluntary hospitals.

"... a brief tour of the wards soon demonstrated the fact that there are still scarcely any modern mattresses. A good deal of money has been spent in other ways, painting and generally modernising the wards, but there are large numbers of the more difficult old chronic type of patient for whom modern mattresses would be a great comfort and they would be warmly welcomed by the nursing staff. It was suggested that about 240 would really be most welcome. This would be a matter of £1,920."

A grant was subsequently made by the Fund.

"... there were a good many poor quality mattresses in circulation. They were made of hair and are remade from time to time, but many of those we noticed, both for patients and in the nurses' quarters, were below current standards. In one nurse's bedroom we were shown, the old-fashioned iron bedstead and the inferior mattress were as uninviting as any seen in hospital visiting in recent years. The hospital has some modern rubber mattresses in the acute wards and is apparently getting a few more now and again, but considerable expenditure would be needed if the beds and mattresses as a whole are to be modernised."

"... there are some hundreds of long-stay patients who are up and about during the daytime and who return to their wards to sleep at night. The wards are unadorned dormitories, and there is no place for the patient to put the day clothes that he or she takes off for the night. Clothes are wrapped up into a bundle by the patient and tied up with a piece of cord. This absence of any personal locker leads to confusion and it is a common thing for patients to appropriate garments allocated to another patient. The whole system is said to be Dickensian and to militate against the build-up of self respect on the part of the patients. If lockers could be provided as has been done at a number of other hospitals it would be much easier for patients to be sure of retaining their own clothing, and those who took care of their clothes would not constantly lose them to others."

GRANTS TO MENTAL HOSPITALS

In this instance the Fund was able to make a grant amounting in all to £3,400.

"... there is a minimal provision of television sets, attributed to lack of funds. Several of the less acute and chronic wards contained numbers of old ladies sitting about listlessly of just the kind to whom a television set would be an immense boon."

"... in the other mental hospitals we have visited television has already begun to play an important part. At this hospital sets were hired for the Coronation and were a success, but there is no permanent provision. The hospital authorities would obviously be very glad if some four or six sets could be made available, which would be used for the older and chronic type of patients who were unable to leave their wards."

A number of television sets were provided for this hospital out of the Fund's grant.

At some hospitals facilities for occupational and social therapy have been developed to a greater extent than elsewhere. Occupational therapy is largely conducted in buildings originally erected for other purposes and adapted, or in huts specially erected for the purpose. In most hospitals the accommodation is inadequate for the numbers who could benefit by it.

Warley Hospital, until recently known as Brentwood Mental Hospital, is one of these hospitals. It is hampered by buildings constructed at various dates since the 1850's, but there is a progressive atmosphere and the hospital claims that occupational and social therapy have been developed to a greater extent than at most other mental hospitals. Both the male and female occupational therapy departments are cramped for lack of space, and the hospital drew the Fund's attention to the great benefit that would result by erecting an extension to the present male occupational therapy department.

The Fund made a grant of £3,000 for an additional occupational therapy unit for male patients, and the hospital was informed that it might apply again later for a grant towards the provision of another hut which would relieve the congestion on the female side.

GRANTS TO MENTAL HOSPITALS

At Springfield Hospital, in Tooting, much of the building also dates from the mid-nineteenth century and it now accommodates nearly 2,000 patients. Here, too, much has been done since the appointed day to effect improvements. The hospital has been largely redecorated. Heavy doors provided with holes through which to view the patients have been replaced by ordinary doors with glass panels, and so on. Every effort is being made to provide occupations for the patients. Difficulties of accommodation are, however, particularly acute on the female side. Five instructresses are employed all of whom are young, keen and energetic, but the work has had to be developed in such rooms as can be made available in different parts of the premises, and are widely distributed over extensive hospital territory. This means that the instructresses with the best will in the world can only oversee what amounts to a handful of patients. A great deal of time is dissipated on walking from one building to another. The total number of women patients is upwards of a thousand so that

“the crust of our occupational problem is at present barely penetrated.”

What is required is a fairly large centre suitably placed wherein some 240 patients could be instructed and employed—

“we could add enormously to our occupational possibilities without increase of trained staff.”

It was felt that the need could be met by a suitable building at a cost of just over £7,000, and towards the end of the year the Fund made a grant of this amount. With the help of these new facilities the outlook for occupational therapy at this hospital will be transformed.

At Shenley Hospital a similar problem arises. On both male and female sides there is a serious shortage of workshop accommodation. It was said that there were some 200-300 women patients quite suitable for occupational therapy who were sitting about idle in the wards, whilst for the men the workshop provision was sufficient only for some 40 persons

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and this was wholly occupied by patients from the acute wards.

The hospital believed that quite simple buildings could readily be constructed which would ease the position and the Fund decided to make a grant of £2,500 to provide materials for one such unit in the first instance. The hospital gladly accepted the offer and it may be that before long the Fund will be able to make a further grant for a second unit.

The hospital provided an interesting note on the beneficial effects upon the patients of participating in building work. Two years ago a male nurse was appointed to give his whole time to supervising patients' occupations. He had been in the building trade before he became a nurse, and on his initiative some 18 patients drawn from wards accommodating a disturbed and refractory type of patient were given overalls and employed on building work. Less than a year after the start of the experiment 12 of the 18 had so improved mentally that they could be moved to non-observation wards, and all 12 were fit to be granted parole.

GRANTS TO HOSPITALS FOR THE MENTALLY DEFICIENT

The Fund is glad to have been able to afford some help during the year to the hospitals which carry the burden of coping with mental deficiency. There are some eight or nine large institutions serving the Metropolitan area with which the Fund has in recent years been concerned.

Among those which have received grants this year are Leavesden and St. Lawrence's, Caterham. Each of these great institutions caters for upwards of 2,000 patients. Both were erected in 1870-1 by the Metropolitan Asylums Board, and they are of similar construction. The wards are in three-storey blocks of a somewhat gaunt and forbidding appearance, and considerable expenditure will be needed as time goes on to mitigate their institutional character. Almost all the

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walls, corridors and wards alike, have been left unplastered since 1870-1. Both hospitals, too, have much difficulty in obtaining and retaining a sufficiency of nursing staff.

Each hospital has put much the same problem before the Fund. Each possesses a large recreation hall which is put to excellent use, but this great single hall is quite inadequate for the newer methods of handling the patients, which includes giving the higher-grade patients some form of social life away from the wards. Both hospitals have expressed to the Fund their belief that the building of a suitable hall of moderate size which could be used for recreational purposes would be a very great asset to them.

At St. Lawrence's, Caterham, it was decided that a really adequate building would cost not less than £7,720 and grants to this amount have been made.

At Leavesden it was considered that a suitable brick building could be provided for £4,200. Visiting the hospital in connection with this grant the Fund's representatives made the following comment :—

“ In going around the hospital we were impressed by the good standard of care which appeared to be given to the patients, in spite of shortage of staff.

“ It is evidently of first importance that as far as it is practicable these patients should be kept occupied in suitable ways, in some cases with a view to habit-training and rehabilitation and in others for the purpose of maintaining some sort of order without the use of restraints. We were told for instance that television had been found very helpful, as even low-grade patients who cannot understand what they see will sit and watch the movements on the screen.

“ Many of the younger patients are capable of enjoying games and dancing. We appreciate that a group of perhaps 150 adolescents need a special place where their singing or other noisy recreation will not constitute a nuisance to the infirmary wards or staff quarters. The hospital has ample grounds, of which good use appears to be made, but again we feel that a place apart from the wards is needed when the weather is unsuitable for outdoor recreation.”

EMERGENCY BED SERVICE

The Emergency Bed Service moved to new offices at Fielden House by London Bridge Station on June 1st and now enjoys an operations room and set of offices specially designed for it.

The Service was honoured by an informal visit on June 3rd by H.R.H. The Duke of Gloucester, President of the Fund.

The year presented no unusual features and passed without any particular period of stress. The only unusual month was December 1954 when there was a remarkable lack of cases as compared with other Decembers. On January 24th, 1955, the 500,000th application was received and the patient admitted to hospital.

Each case is a little story in itself with its own background of strain and anxiety for the doctor, the patient and his relatives. To the busy general practitioner the existence of the Emergency Bed Service is a great boon. A doctor on his rounds or in his surgery is often confronted with a case requiring speedy admission, and it is most convenient for him to have at hand a ready means of solving his problem. What happens? The doctor picks up the telephone, calls the E.B.S., and gives the necessary particulars and can then go on with other work. The E.B.S. does the rest, and in a short time unless there are special difficulties the doctor will be informed at which hospital there is a suitable bed available and when the ambulance will arrive to take the patient there.

What visitors to the operations room hear is something like this—

A doctor with a patient with an acute abdomen has tried his local hospital without success. He rings up the E.B.S., and the operator begins to take down particulars. "What is his name . . . how old did you say . . . and it's an acute abdomen . . . how long has he been ill, doctor? . . . only this afternoon? . . . he never had anything like this before? . . . No, and has the pain localised at all? . . . nausea, you say, but no vomiting . . . can you give me

EMERGENCY BED SERVICE

his temperature and pulse? . . . he is shocked?" The operator will assure the doctor that every effort will be made to deal with the case at once. "We'll work on it straight away. Can we get you at this 'phone number? . . . No, but there will be somebody there? . . . You have tried your local hospital? . . . Yes, they had extra beds up yesterday. We'll ring you back as soon as possible."

The E.B.S. then tackles the hospitals, guided partly by geographical considerations, partly by returns from the hospitals, and partly by its long experience. Contact is quickly established with the doctor at the hospital in charge of admission by the E.B.S. "Can you take a man of 48, with an acute abdomen, the doctor queries the cause? . . . No, he collapsed about an hour ago. It is quite impossible to-day? All right then, we'll try somewhere else. Goodbye."

Another hospital. ". . . Is the doctor in charge of admissions there? . . . I'll hold on, you won't be long, will you? . . . Can you take a man of 48 with an acute abdomen, query cause, he is shocked? . . . You can't, thank you."

And a third. ". . . Could you take a man of 48 with an acute abdomen, query cause; he is shocked? . . . Yes, everybody has, you're the third hospital I've tried? . . . I've more details here, I'll read them to you? . . . Will you? an extra one? Thank you very much."

Next time the call is to the ambulance. ". . . You are still very busy? . . . John Smith, from 24 Downhill Street, S.W.28? . . . We have checked the address? . . . to St. Hilda's, acute abdomen, any delay? . . . Good, thank you."

And back to the general practitioner whose patient it is. "Dr. X? . . . This is the E.B.S.; Mr. John Smith is going to St. Hilda's and we have ordered the ambulance? . . . No, they are going right away. Thank you, goodbye."

It is not easy to arrange for visitors in the operations room, but the Service is always glad to receive parties of doctors, matrons, ward sisters and administrators who are actually concerned with the hospital end. Many such parties do in fact visit the E.B.S. and see for themselves the little indications of difficulties and shortcomings which are so apt to become obscured by the press of hospital routine.

CONVALESCENT HOMES

During the year under review the Convalescent Homes Committee continued to visit, advise and help convalescent homes, and they in turn have received encouragement by many messages indicating what a tonic the help from the Fund had been to the recipients. The Fund is often consulted by individual homes as well as by many bodies concerned with the convalescent service.

CHILDREN'S CONVALESCENT HOMES

The particular problem that has caused anxiety to a number of children's convalescent homes during the past 18 months has been the marked reduction in the demand for children's beds. This has resulted in serious financial losses which have obliged a number of independent homes to close.

The Convalescent Homes Committee accordingly appointed a sub-committee to enquire into the bed occupancy of Children's convalescent and recuperative holiday homes. Evidence was obtained from Local Health Authorities, voluntary associations connected with Children's convalescent homes, the British Paediatric Association, the Institute of Almoners, individual homes and other sources, and a report was finally accepted by the Committee in July, 1954.

The conclusions reached were summarised as follows :—

"The Committee are satisfied from the statistics and information before them that there is a general reduction in the number of children now being recommended by the responsible authorities for convalescence and recuperative holidays and that this reduction applies practically to all age groups and particularly to children of pre-school age.

"The Committee accepts the views put forward by their paediatric advisers that the progressive reduction in the demand for children's convalescent beds is chiefly caused by the following :—

- (i) Modern medical treatment has controlled many prevalent diseases and shortened their course.
- (ii) The health of school children has improved in recent years, largely due to the free, or cheap, dinners and milk at school.
- (iii) There is a prevailing medical opinion against separating young children from their mothers unless it is absolutely essential for

CONVALESCENT HOMES

the child's health, because of the possible psychological and emotional harm this might do. There is a move to encourage family affection and parental responsibility at the cost of some material gain such as better hygiene and country surroundings.

- (iv) Improved housing conditions.
- (v) The present arrangements for holidays with pay has resulted in parents taking the children away on holiday with them."

The Convalescent Homes Committee, after considering all the information and expert opinion before them inclined to the view that :

- "(a) The demand for recuperative holidays (a two-week change of air at the seaside or in the country) will continue to decrease.
- (b) The demand for comparatively mild convalescence (ambulant and needing 4-6 weeks) will also gradually decrease.
- (c) The demand for longer periods of convalescence for children who have been seriously ill and need careful attention shows no sign of decreasing, and may even increase."

It was noted that there was still a need for convalescent homes that will accept special and difficult clinical conditions and also for good recuperative holiday homes, but they are no longer needed in the quantity that they were in the past. During the year and a half preceding the conclusion of the report, it was noted that five independent children's homes, comprising 138 beds, and four National Health Service children's homes, comprising 196 beds, had ceased to operate.

RECOVERY HOMES

The investigation into the working of recovery homes was completed. A report was published in March, 1954, and has been widely circulated. Much interest was shown, and a project put forward by the Middlesex Hospital for the equipment of a large house near Hampstead Heath for this purpose subsequently received a substantial grant. It is not possible to forecast whether any further schemes will be put forward or whether existing recovery homes will stand in need of grants for equipment.

CONVALESCENT HOMES

CONFERENCE OF MATRONS OF CONVALESCENT HOMES

The fifth annual conference was held on April 1st and 2nd 1955, at Queen Elizabeth College, Campden Hill. Following previous practice, there were lectures and discussions which provided an opportunity for an exchange of views and much interesting information came to light. Each year the attendance has increased and there were more than 200 representatives at this meeting, which besides being instructive, provides an opportunity for social contacts and fosters a corporate spirit among those concerned with the running of all types of convalescent homes.

The Committee believes that hospital nurses should have the opportunity to know and visit the convalescent homes available for their patients, and a party of 32 ward sisters from 16 London hospitals was taken to visit convalescent homes in Surrey and Kent on March 22nd. The visits were very much appreciated both by the convalescent homes and by the ward sisters, and beneficial results have already been noticed.

CATERING AT CONVALESCENT HOMES

The importance of good food and correct diet for convalescent patients is now widely recognised and appropriate steps have been taken to bring this to the notice of convalescent homes. A qualified cook instructor is employed, who has the duty of visiting homes for a few weeks in order to advise and instruct in all matters concerned with the buying, cooking and service of meals. Furthermore, at least one special lecture and a demonstration of cooked foods are given at the annual conferences. A number of grants for kitchen equipment have received sympathetic consideration during the past year.

DIVISION OF HOSPITAL FACILITIES

HOSPITAL ACCOUNTING

Reference was made in last year's report to the establishment by the Minister of Health of a Working Party on Hospital Costing the terms of reference of which are :—

" To devise a system of costing the departments and services of a hospital, within the framework of a subjective accounting system, which is likely to be of permanent value to hospital administration with full regard to the present need to limit the cost in money and manpower of introducing and operating such a system to the minimum ; to advise whether different systems are appropriate for different types or sizes of hospitals ; and to make recommendations as to the implementation of their proposals."

It is hoped that the report may be published in the course of 1955. The study of hospital statistics was not included in the terms of reference of the Working Party, but this subject is of such vital importance that it cannot be ignored if the departmental system is to produce results which can be relied upon for both managerial and comparative purposes.

The Division was concerned with work arising out of the activities of the Working Party ; the examination of a number of costing systems, and with advising hospitals and finance officers on re-organisations, machine accounting, methods and procedures. A considerable amount of work in this connection is going on in hospitals all over the country.

Special interest was taken in the first Finance Officers' course at the Staff College, an innovation which it is hoped will eventually lead to a better understanding on the part of finance officers of the relationship between finance and administration. This relationship is all important. Without the proper functioning of the present dual system, hospital administration will never be efficient. This aspect of hospital finance was dealt with in the evidence submitted by the Fund to the Committee on the Internal Administration of Hospitals set up by the Central Health Services Council and it is obvious from the Report that the Fund's evidence was considered of value.

DIVISION OF HOSPITAL FACILITIES

Among the sections quoted at length in the Report were the following :—

“ The Fund suggests that the finance officer’s responsibility may be divided into three sections :

- (1) routine control ;
- (2) financial information ; and
- (3) financial advice.

The first has as its aim to secure purity of administration. There must be machinery for ensuring that expenditure is properly sanctioned, that the collection of monies is conducted with diligence and honesty and that no precautions for the protection of financial interests are overlooked. The second section is equally important but it is less developed. Broadly, the objective is to keep the Board or Committee informed on the financial aspect of its work . . . The third and perhaps most important aspect of financial control is the giving of advice . . . Financial control thus conceived exhibits nothing of the coercive element sometimes associated with this term. It will be seen that we have here differentiation of function—finance and administration—and the relationship between the administrative department and the finance department depends for its smooth and efficient working upon a mutual understanding of the functions and responsibilities of each. It is the function of the finance department to supply the administrative department—and, indeed all other departments—with information and financial advice : it is the duty of the administrative department to absorb the information and to consider the advice . . .

“ This conception of the relationship which should exist between the administrative and the financial functions is not a new one ; it has been expressed in different ways many times before. There are two totally different conceptions of financial control. The first and more or less traditional one, based on constitutional analogies, is that administrative departments are to be distrusted, watched and checked. The practical tendency of such a theory when put in force is towards the creation of twin rival antagonistic powers ; administrative departments seeking to spend ; the finance department to criticise and check. Efficiency and economy are thus at war, or rather the expenditure which should be directed solely to secure efficiency tends to exaggerate into extravagance and an economy which should check waste to result in incomplete efficiency. The second and more modern notion of financial control means the union of finance and administration so that financial considerations may attend and determine administrative policy from its inception as well as control it during its progress and review it in anticipation of each financial year. Unfortunately . . . too often the finance department is

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looked upon as necessary and useful only so long as it keeps to the performance of the functions of cashier and paymaster . . . On the other hand, there is a tendency on the part of the finance departments to imagine that no one can be genuinely interested in economy but themselves.

“ Dealing more specifically with the relation between the officers concerned, the King’s Fund says :

‘ Finance is definitely an integral part of hospital administration and it cannot be divorced therefrom without impairing the efficiency of the administration. At the same time finance officers must have the necessary authority to carry out their statutory responsibilities. They must not be regarded as assistants in the secretary’s department ; they are executive officers in charge of an essential function of management and any attempt on the part of secretaries to belittle their standing in this connection will sooner or later re-act unfavourably on the administration.’

“ The observations we have quoted from the King’s Fund seem to us wholly sound and practical.”

The subject of departmental accounting is also attracting more attention abroad and during the year a number of hospital officers visited the Division and were given introductions to hospitals where the Fund carried out its Costing Investigation for the Ministry.

REFERENCE LIBRARY AND INFORMATION BUREAU

Approximately, some 200 authorities and individuals asked for assistance and 175 subjects were dealt with during the year. It is impossible to detail all the matters dealt with. They range from requests for simple factual information to inquiries involving the preparation and submission of memoranda :—staff location and patient/nurse call systems ; flooring and wall coverings ; bed lights and ward lighting ; sterilisers and central linen service are examples. Comprehensive information has been built up on these and other subjects (cubicle curtaining ; scrubbing and polishing machines ; bedside lockers and overbed tables ; laundry equipment) as a result of the frequency and variety of the enquiries received. In anticipation of further requests, other subjects, such as cinematograph apparatus, types of bed-pan washers and prefabricated buildings, were selected for detailed study so as

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to bring the Division's files up to date. Special investigations carried out included the equipment, layout, staffing and efficiency of a hospital laundry and preparing alternative sketch plans of recreation huts and new casualty departments. One hospital was concerned with the cost of metallic opaque thread for dressing-swabs and asked if a satisfactory substitute was available. As the result of enquiries the Division was able to persuade a manufacturer to undertake experiments which led to the invention of a new type of opaque thread. This was found satisfactory under hospital tests and the hospital in question estimates that it is now saving £330 per annum.

A number of additions to the Library, particularly the Plan Section, and the Information Bureau were made during the year. Information on new building work, both in Britain and abroad, is obtained from architectural and other technical journals and requests for plans meet with a very generous response not only from architects and regional hospital board architects in this country but also from architects and hospitals abroad. These plans and relevant information on planning and construction provide hospital officers, architects and others with material not hitherto available, certainly not in one centre. They are well used, particularly by architects commissioned by hospitals to plan alterations and extensions and by architects entering competitions for hospitals. They are also of value to student architects. The Fund has the advantage of close contact with the Planning and Construction Study and Research Committee of the International Hospital Federation and, through this organisation, with the leading hospital architects in the world.

Increasing use of these facilities was made during the year in connection with the planning of extensions and new departments and in bringing equipment up to date. The former involved numerous and often prolonged interviews with architects and hospital officers, the examination of plans, and in many cases visits to sites. Unfortunately, time was often insufficient to investigate some matters to the extent

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that might be wished. This has the disadvantage in restricting the opportunities to originate detailed research into fresh problems associated with planning, construction and equipment. On the other hand, the information prepared for one hospital is readily brought up to date when a similar enquiry is received from another source, and this repetition of enquiries has played some part in making it possible to meet the growing demand for the services the Fund is able to offer.

There is every indication that those making use of the service appreciate the saving of their time. Indeed, in many instances it may be doubted whether hospital officers, already fully occupied with their day-to-day duties, could have spared the time to make similar investigations themselves. The introduction of new equipment and of new materials has led to requests for information on the experiences of those using them. An enquiry of this nature may be spread over a number of hospitals, and for several weeks, before all the information is collected and compiled. In this and other ways the Division has not hesitated to seek help from other sources and it is happy to be able to record the ready and willing manner in which assistance has been forthcoming.

To facilitate the examination of laundry problems and to give additional advice on hospital laundries, a comprehensive questionnaire was issued towards the end of the year. Some 30 hospitals agreed to co-operate by completing the questionnaire and it is hoped that the replies will yield most useful data on turnover, staffing, machine capacity, floor area, cost, etc.

PURCHASE OF HOSPITAL SUPPLIES

In its report on the Internal Administration of Hospitals the Committee of the Central Health Services Council recommended the setting up of a Committee to consider the important subject of "The Purchase of Hospital Supplies". This recommendation was adopted by the Ministry and Capt. J. E. Stone, Director of the Division of Hospital Facilities, was among those appointed to the Committee.

DIVISION OF NURSING

Since the first days of the National Health Service, there has been an increase of over 25,000 in the number of hospital beds available, and the Minister of Health pointed out in 1954 that the annual total of in-patients had increased by one-sixth. It is not surprising that, as the public becomes more and more "hospital-minded", the old problems of demand for and supply of nurses remain topics of perennial interest. Probably no other factor has such a directly limiting effect on the amount of hospital care available as does the supply of nursing staff, since hospitals are nursing institutions as well as medical centres, and many patients are admitted simply because they need that twenty-four-hour nursing care which very few can now obtain outside hospital. Moreover, it is increasingly recognised that a period in hospital can be made or marred by the quality of the nursing care available. A letter contributed to *The Times* on the aims of nurse training brought a response which was some indication of the lively interest in the subject.

No one now expects the problems to be solved by increased recruitment to keep pace with constantly increasing demand. The last annual report of the General Nursing Council for England and Wales suggested that the present annual intake of between 17,000 and 18,000 student nurses is not likely to be appreciably increased in future. In 1949 it was 22,363 and for some years it was well over 20,000. Even within the last three years, the number of student nurses entering all training schools has dropped by almost 20%. It must be emphasised that these figures do not imply a decline in the prestige of nursing as a career. Indeed it may be regarded as an achievement that the numbers of hospital nursing staff are at their present level, in face of the diminished supply on which to draw. There are now about 100,000 fewer girls reaching the age of eighteen each year than there were before the war, there is full employment and intense competition from the innumerable occupations now open to women, many of them offering to girls still in their teens attractive

DIVISION OF NURSING

salaries and short hours, with all week-ends free. Moreover, the much younger marriage age, due to present social conditions and to the virtual equality in the numbers of each sex up to the age of thirty, means that a three-year training, formerly accepted as a necessary preparation for a career and for independence, does not make the same appeal to the many girls who expect to marry by the time they are twenty-one.

A realistic attitude towards the limitations on recruitment leads to a fuller recognition of the importance of other factors. These might perhaps be summed up as ensuring that each nurse, whatever her rank and degree of seniority, is helped to make the best possible contribution and that her services are retained as long as possible—in other words that wastage of students, of trained staff, and also of skill on work not requiring that skill, is eliminated as far as is practicable.

The Fund aims at helping the hospitals, through the various activities of its Division of Nursing, to maintain the best possible nursing service. The Nursing Recruitment Service seeks to guide each candidate to her most suitable course of training, whether as a student nurse or as a pupil assistant nurse. The courses for ward sisters and for present and future matrons at the two Staff Colleges give special emphasis to management principles and practice, to the delegation of duties and to the maintenance of good relationships. By its information service and by special studies undertaken from time to time, the Division is able to spread knowledge about the best current practice from hospital to hospital.

NURSING RECRUITMENT SERVICE

An active recruitment policy is no less necessary to maintain the existing numbers, in these days of full employment and competition, than it was in the days when an increased intake was expected year by year. Many changes have taken place in the fifteen years since the Service was founded by the Fund, a great deal of prejudice against nursing has disappeared

NURSING RECRUITMENT

and many hospitals have improved their methods of recruitment. Nevertheless, the outstanding needs which led to its inauguration still exist: to direct attention regularly to the merits and satisfactions of nursing as a career, in the schools, among parents, and wherever careers are being considered, and to ensure by personal advisory work that potential recruits are not "wasted" through not knowing how best to prepare for nursing or how to bridge any gap there may be between school and hospital, and are not discouraged by applying to a hospital for which they are not eligible and being refused.

It is encouraging to find that the work of the Nursing Recruitment Service does not follow the general downward trend in recruitment to nursing. On the contrary, the number of new applicants in 1954 was, at 4,700, 200 higher than the annual average for the previous six years. The number of candidates whom it was possible to trace through to their acceptance for training by the hospitals—1,683—was the highest since 1951 and the second highest since 1946. For the personal advisory work, 2,501 interviews were given in the course of the year, and over 15,000 letters sent out.

Perhaps some idea of the advisory work may be given by a brief account of the applicants dealt with on a typical day—possibly twelve by interview and thirty or forty by letter. Of these, ten are schoolgirls. One, the head girl of her school, writes anxiously that her only qualification for nursing is six passes in the general certificate of education! Another must leave school at sixteen for family reasons, and wants to know how she can prepare for nursing. Another is leaving school at fifteen and would like to "bridge the gap" by some work with children. Two others have heard talks at their schools given by speakers from the Fund. Another has had her interview arranged by her head-mistress as there is a question whether a slight physical handicap will prevent her from fulfilling her ambition to nurse, and make it wiser to direct her interest to some other profession in which she can still "work for people." Two others ask what and how many subjects they should

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take in the general certificate of education, to be eligible for well-known hospitals, and another asks whether it would be a good plan to leave school and join a hospital cadet scheme, as her friend has done. Another applicant is a woman of forty-three who asks whether she has a chance of becoming a student nurse or a pupil assistant nurse (as indeed she has at certain hospitals). Another is an ex-teacher and yet another a young widow seeking to re-make her life on new lines. The mother of a schoolgirl wants advice, before attending a parents' meeting at the school, as to whether her daughter should stay on in the sixth form for an additional year or enter an orthopaedic hospital at seventeen. Another mother is worried by a difference of opinion with the careers mistress at her daughter's school (a note is made by the Travelling Secretary to get in touch with the school when she is next in the neighbourhood).

Six have been referred to the Nursing Recruitment Service by the teaching hospitals to which they have first applied—three in order that they may be told of hospitals where the waiting list is not so long, two because it is thought that they would do better in smaller hospitals, and one, a Dutch girl who has just left school at nineteen, because her father, a surgeon, has wisely said that she must see something of the world before taking up nursing in her own country. She wants an immediate vacancy and advice about her permit. An Irish girl on a short visit to London needs to choose her hospital and have her interview with Matron arranged before she leaves. Three girls in France have been given the address of the Service at the British consulate near their home—an attempt will be made to interest them in mental nursing. An ex-student nurse who gave up training after two years to marry now wants to know in how short a time and where she could complete the course for State registration. Another young married woman thinks that she could train while her schoolmaster husband is working for a degree, provided the Nursing Recruitment Service can suggest a hospital sufficiently near their home which would allow her to be non-resident throughout training. A man who has had nursing

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experience in the R.A.M.C. wants to know where he can take the additional training he will need to qualify and whether he can support his wife on the training allowance. Another man would like work in a mental hospital, but says he cannot study for examinations and he does not want to be an orderly. A nurse trained in Holland wants to know where she can apply for the three months' special experience needed to make her eligible for State registration in this country. A girl who was educated in the United States has failed in the preliminary training course at two hospitals and wants to know whether she still has a chance of nursing—she is sent to one of the few hospitals which train both student nurses and assistant nurses, in order that she may be given every chance. The list might be prolonged indefinitely—every day brings different problems—but perhaps enough has been said to show that a central source of information and encouragement may be the means of avoiding "wastage" of candidates and of saving the time of matrons in advising candidates whom they cannot accept.

Year by year the number of applicants from overseas increases. Some of these may already have qualified as nurses in their own countries but are required to have certain further experience and perhaps to take either or both State examinations before being admitted to the Register, while others may wish to take the complete training here. Some warnings are necessary, especially as to the standard of English required for training, and as to the extent to which State registration is recognised outside the British Commonwealth: then there are the formalities of obtaining working permits from the Ministry of Labour to be explained to non-British candidates.

The principle of trying to match the candidate and the hospital still holds good, but the procedure is necessarily more complicated. The Nursing Recruitment Service endeavours to collect full particulars, a photograph and one or two testimonials or names and addresses of referees, and then sends the candidate's dossier to a matron for consideration. If there is no vacancy at the first training school, a second or

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a third may be tried. Many of these candidates have at least two reasons for wishing to train in this country : they want to qualify as nurses here, and at the same time to improve their knowledge of English and to learn something of our way of life. While no one would regard selection at a distance as the ideal method, it is felt to be an important part of the work of the Nursing Recruitment Service to put suitable candidates from overseas in touch with hospitals which need their services. In addition to many enquiries from the Colonies, the Service dealt during the year with enquiries from the following countries :—Austria, Belgium, Brazil, Denmark, Egypt, Estonia, Ethiopia, Finland, France, Germany, Greece, Haiti, Holland, Hong Kong, Hungary, Iran, Ireland, Israel, Italy, Latvia, the Lebanon, Norway, Portugal, Spain, Sweden, Switzerland, Syria, Turkey, the Ukraine, the United States of America and Yugoslavia.

During the year talks on nursing were given in 121 schools (50 of which had not previously had a speaker from the Service) and to ten other groups of young people or parents, and several discussions on methods of recruitment were held.

STAFF COLLEGE FOR WARD SISTERS

In 1954 the Staff College held three preparatory courses and one senior course. In addition, the first "special course" was arranged, for sisters working in hospitals which are training schools for assistant nurses. Many of these hospitals are mainly if not entirely for the chronic sick ; the actual nursing work is very heavy and there is an acute shortage of staff. In order to provide the necessary nursing care and also to give good practical training to the pupil assistant nurses, problems have to be solved which are little known in the more favoured general hospitals. The members appeared to be helped, encouraged and stimulated by discussion of their common difficulties. Through this course alone, contact was made with eight hospitals which had not previously been in touch with the Staff College. In all, ninety-seven students passed through the College in the year.

STAFF COLLEGE FOR WARD SISTERS

Subsequently, a special course of four weeks' duration for twenty ward sisters and male charge nurses working in mental and mental deficiency hospitals was arranged. This was undertaken at the request of the Ministry of Health, in the hope that the provision of courses for staff from mental hospitals would not only be of value to those attending but would also help to emphasise the importance of their work. In August 1954 the Ministry had issued a circular drawing attention to the Fund's courses for prospective ward sisters, senior ward sisters and matrons, and urging mental hospitals to bring them to the notice of their staff. The circular also contained the comment, "It is thought that there would be great advantage to the mental hospital service and to the trained staff if refresher courses could be provided for a substantial proportion of the trained nurses of all grades".

This new departure, the first planned entirely for mental-hospital staff and the first mixed course, was felt to be an outstanding success, thanks to the ready co-operation of the members and of all who took part in it, in any capacity. Lectures and discussions ranged over hospital and ward administration, the care of patients, the teaching of nurses in the classroom and in the ward, good relationships within the hospital team, ways of putting new ideas across to colleagues, and many other subjects connected with the day-to-day work in mental hospitals, as well as over the wider aspects of the mental health service, the advance of medicine, and the National Health Service as a whole. Visits to mental and mental deficiency hospitals, a rehabilitation centre, and the psychiatric out-patient department of a general hospital, were found to be valuable.

The group, several of whom had worked for over twenty years in one hospital, were found to be receptive and appreciative. While members were diffident of making any comment which might reflect adversely on their own field of work, the following suggestions were put forward as urgent requirements in the mental hospitals: provision for the regrouping of patients in smaller units, some degree of privacy when this is compatible with the patient's mental condition, better

STAFF COLLEGE FOR WARD SISTERS

toilet and washing facilities, and arrangements for the storage of clothes and personal belongings.

It was thought that the establishment of a State Roll of Assistant (Mental) Nurses would help to meet the grave problems caused by shortage of staff.

The members seemed well versed in all modern methods of treatment. They felt, however, that there was sometimes a lack of appreciation of the true role of the qualified mental nurse and that here and there this was reflected in the attitude of medical staff, psychiatric social workers and occupational therapists. On their visits they were keen observers and at all times they were most appreciative of the interest shown in them and in their work by the lecturers and other professional people they met during the course.

STAFF COLLEGE FOR MATRONS

The first year's preparatory course for junior administrative nursing staff and a month's refresher course for matrons of some years' experience were completed in 1954. A second preparatory course and two refresher courses, each for twelve matrons, were arranged for the current academic year. Experience gained during the courses, and the comments of those who took part in them, seem to justify the belief that they were successful and that the lines laid down in these pioneer efforts are the right ones to follow in the future. It is the aim to send out every member of a course fully aware and lastingly convinced that her first responsibility as an administrator is in the development of people rather than in the direction of things.

For the second one-year course, which began in September 1954, eleven candidates were selected out of twenty-five, all of whom were nominated by their boards of governors or hospital management committees. Many additional enquiries were received which did not result in nominations. It is clear that the hospitals find difficulty in seconding candidates for the long course and that many who would like to take it are unable to do so.

STAFF COLLEGE FOR MATRONS

The experiment of devoting five or six weeks of the long course to field work in carefully selected firms or other organisations where the students may observe methods of management and personnel work outside the hospital world with which they are familiar has now been repeated twice. It appears to have justified itself completely. Valuable programmes have been arranged for the students by the organisations to which they were sent, and their reports on their experiences are of absorbing interest. The students have been impressed with the care given to the induction and training of new workers of all categories, with the comprehensiveness and indeed benevolence of the personnel and welfare services in some firms, with the arrangements for consultation and for spreading information about new developments, and with the accessibility of management to the workers. In some, though not all, the standards of hygiene were found to be very high, and the firm's own provision for the health care of its workers, convalescence, and so on, very generous.

It would appear that as a rule the students' nursing training enabled them (as indeed it should) to fit easily into the new environment and to gain acceptance from workers and management. It was remarkable how completely most of them identified themselves with the organisations to which they were sent. At the same time, the fact that they were observing an unfamiliar world enabled them to pick out the salient features and assess them objectively.

One student, after listing seven reasons for the success of the large chain-store to which she went, concluded, "The kindness and consideration of one employee to another was the most striking feature of my experience. This is probably due to the attitude that all work done is respected for its own contribution. The Company have succeeded in destroying any sign of patronage both to staff and customer, and I was reminded time and time again of the rather superior attitude many doctors, surgeons and nurses have for their patients by the remarks passed about hospitals and out-patient departments.

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"Frankness and honesty about wages, profits, chances of promotion, and sales competition, were a constant surprise to me. No figures were considered too secret for me to see, and I thought there was a tremendous advantage in this openness about all matters. Every employee is kept in the picture, and proposed staff changes are printed immediately in the Daily Notes. Why are we so secretive in hospital? Is it because we think it adds to our own importance? Is it that we are afraid to admit frankly that we do not know a diagnosis or cure? I do not know the answer, but I am convinced that this frankness not only prevents rumours circulating, but is the right atmosphere in which to work.

"I have seen much to admire during the last five weeks, and although I am not unaware of the strain of competition and the difficulties of running so large an organisation, I do not feel these are so important as the good and wise methods I observed, and I hope that I may have the wisdom to adapt some of their primary precepts regarding staff to my future work in hospital."

Another was impressed with the recognition that a happy working atmosphere must be created, if the worker is to give of his best and take a pride in his work. "I was impressed by the fact that no expense was spared if a machine or gadget could save time or labour, *or make the work easier*. I think that there are too many hospitals which lag behind in this matter, particularly in departments not so much on show, such as bathrooms, sluices, and ward kitchens; even some nurses' homes could be made more attractive by a little more thought and imagination."

Finally, one noted "As I now realise that a factory worker is not paid whilst he is attending hospital, his irritation at being kept waiting for several hours in the out-patient department is more easily understood. Industry has given me another set of values by which to judge hospital standards. On returning to hospital life, I shall be able to look at problems from an entirely new standpoint."

STAFF COLLEGE FOR MATRONS

The experience of progressive management policies in other spheres not only widens the students' outlook ; it enables them to gain more from their longer subsequent period of field-work in hospital administration, to understand more fully the principles of administration on which the course is based, and to bring to the consideration of hospital staff problems a less stereotyped outlook than they might otherwise have had, and better judgment.

In hospital also, the students have had very valuable experience arranged for them, by administrators as well as by matrons. The unique opportunity of observing, over several weeks, the work of the hospital administrator and his staff, and of the organisation of a group under one hospital management committee or of a teaching group, has given them an insight into problems of the hospital group as a whole and a recognition of the need for co-operation between all who carry responsibility and authority, which should enable them to play their part worthily in the future in that threefold partnership of administrative, medical and nursing interests to which the Fund has drawn attention for many years.

The same considerations are brought before the matrons on the refresher courses, but here there is a basis of long experience on which to build, and the members learn very much from their discussions with one another, in the atmosphere of comparative leisure made possible only by "study leave" and by a resident course.

It is the aim of the College to keep in touch, by reunions and other means, with all those who have attended courses there, and also to maintain the closest possible contact with the day-to-day conditions in hospitals. A prospectus of the Staff College was issued last year.

Both Staff Colleges acknowledge a debt of gratitude to the many who have contributed to the courses, as lecturers and leaders of discussions, by taking students for practical work or groups for visits and by showing their interest and giving their support in varied ways. It is valuable for the students to have opportunities of meeting leaders in the hospital and

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health sphere, in education and also in management. The ready co-operation and the detailed help given by many whose time is already over-taxed afford additional evidence that the courses are felt to meet a real need.

OTHER WORK OF THE DIVISION OF NURSING

In addition to the personal advisory work for future student nurses and pupil assistant nurses, the Division dealt with general enquiries from 517 organisations and individuals in 1954.

Information is sought on a very wide range of subjects. To give a few examples only, enquiries range over such subjects as standards of staffing, methods of recruitment, the preparation of articles, lectures, broadcasts and films on nursing, and of training school prospectuses, the health care of nurses, post-registration work for nurses, details of salary rates and conditions of service, nursing in other countries, and time-saving forms for nurses' ward reports.

It appears that more enquiries are coming from hospital management committees or their nursing committees, possibly as a result of contacts made at the Hospital Administrative Staff College. In dealing with these general enquiries and in initiating special studies from time to time, it is very valuable to be in direct touch with current conditions and practice in the hospitals, through the Staff Colleges for Ward Sisters and Matrons.

As regards the supervision of nurses' health, it is evident that very great progress has been made by the hospitals since the Fund first made a study of this subject and issued recommendations twelve years ago, and that many hospitals can take pride in the standard of care given to their resident staff. The Fund's health record forms for nursing staff seem to be used more widely every year. The annual sales are now in the region of 60,000. The increase of non-resident and part-time staff, who are on the lists of their own general practitioners, affects the comprehensiveness of the hospital system, and even in some cases the rate at which a

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sick nurse is admitted for treatment, since the general practitioner may feel that he has other patients requiring admission more urgently, and may not realise that sickness absenteeism among nurses may limit the work of the hospital and delay the admission of his other patients. One solution is to have sufficient beds and staff in the nurses' sick-bay for non-resident as well as resident staff. A possible weakness in the present system of health care which was not envisaged when the Fund's recommendations were drawn up, and which is causing the Division some concern, is that since the growth of cadet schemes girls of sixteen and seventeen may be admitted to hospital duties without preliminary medical examinations and in some cases without Mantoux testing, B.C.G. vaccination and other immunisations. It is felt that where this occurs it must be due mainly to oversight and that once attention is drawn to it, steps will be taken to put the matter right. There seems no reason why the Fund's health record forms should not be used for cadets as well as for student and trained nurses.

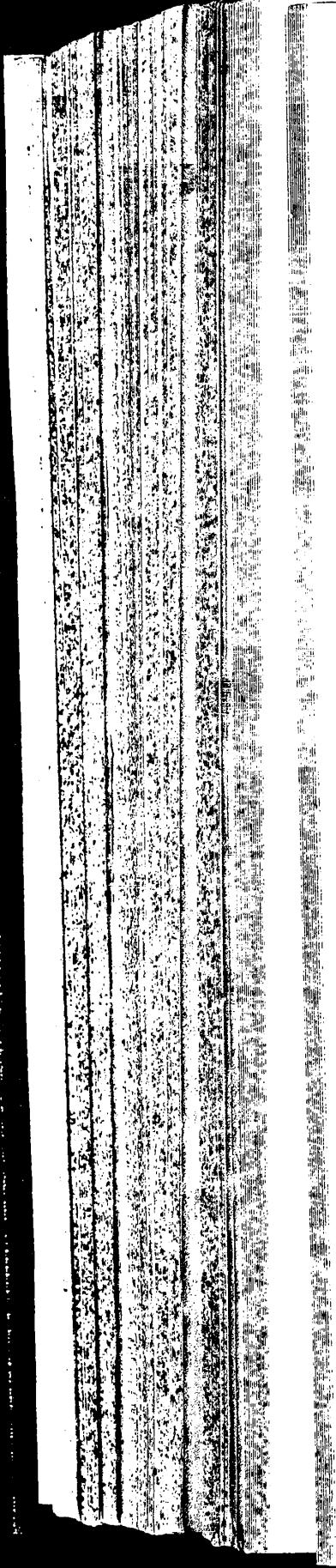
HOSPITAL ADMINISTRATIVE STAFF COLLEGE

At its foundation in 1951 three main aims were set before the Hospital Administrative Staff College : to provide training and refresher courses to assist those in the hospital service, to undertake research which will be of value in hospital administration and to provide a meeting place for those engaged in hospital work.

The year 1954 has seen the steady development of the work along these lines. In addition, however, this year has seen the start of certain experiments which have proved of great interest and, to judge by the support they have received, are achieving a fair measure of success.

REFRESHER COURSES

At the time of writing, well over three hundred senior officers have attended refresher courses at the Staff College, some seventy of whom came during 1954. The refresher



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courses for group secretaries and hospital secretaries have followed, in general, the pattern which had been found successful on earlier occasions, though the course in administration for finance officers has, in 1955, been extended from two weeks to three. It would appear that this has been an improvement as it has allowed of a far wider scope in the subjects considered, and, an equally important point, has allowed the members of the course a greater length of time to reap the full benefit of association with their colleagues in a residential institution.

The applications from senior officers for inclusion in refresher courses continue and the appreciation of former members of courses is most encouraging, as is illustrated by the following extracts from letters :—

“ The opportunities given by the Staff College to senior administrators to consider in an atmosphere removed from the distraction of day-to-day routine, the general framework and progress of the Service, and the informed lead given by the several lecturers and speakers were of the utmost value.”

“ My experiences and those of my colleagues were outstanding and for myself I can say that it is many years since I have been able to spend such a fruitful and profitable month learning about so much and finally appreciating how little I really know beforehand. The wisdom and humour of those who lectured combined to teach me many things one does not find in books and upon which I shall rely a good deal in the future.”

TRAINING COURSES

The experimental three-month training course held in the autumn of 1953 proved successful, and two further courses were held in 1954 and one will take place in 1955. The experience gained from the two-year training course has been used in planning a programme for the students on the three-month courses. These courses provide as broad a study of the health service in general as is practicable, some detailed study of the techniques of administration, practical work on attachment for short periods in hospitals, together with some original research or syndicate work on a problem of importance in the field of hospital administration.

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REUNION CONFERENCES

Three reunion conferences took place during 1954 and three are planned for 1955. These conferences, lasting one week, are organised for those who attended refresher courses three years earlier and so provide an opportunity for those who attended the Staff College in its early days to meet each other and discuss hospital problems.

In these conferences, as in all its courses, the Fund has cause to be most grateful to the many lecturers for their invaluable help.

RECRUITMENT, SELECTION AND TRAINING

The pamphlet on "The Career of Hospital Administration" continues to be in considerable demand and the Recruitment Advisory Service provides information regularly to those who are seeking a career in hospital administration. Unfortunately, however, the conditions offered to the able young men and women in the junior grades of the hospital service remain such that comparatively few recruits of high calibre find themselves able, for financial reasons, to enter the hospital service.

The whole problem of a suitable system of recruitment and training in the hospital service has been the subject of long and detailed consideration by several individuals and bodies who are deeply concerned. In this the Staff College has been invited to play a part and the Ministry of Health and all other interested bodies have ensured that the College is kept fully informed of developments.

With the co-operation of the hospital employing authorities in England and Wales the Staff College undertook a survey of the training schemes already in existence. It is not proposed to publish the detailed results of this survey but it seems clear that there are comparatively few such schemes, that they vary widely in type and that general opinion appears to favour the organisation of training on a considerably wider basis than that of a group.

HOSPITAL ADMINISTRATION

The Staff College has also undertaken a general investigation into methods of selection as practised in a number of large industrial organisations and in the Civil Service, as well as in hospitals. It is hoped shortly to produce the results of this investigation in some form which might be of assistance to hospital employing authorities.

MEDICAL RECORDS

Advisory work in medical records and out-patient arrangements has been continued actively throughout the year. On request, visits have been paid to Records departments in a considerable number of hospitals in the Metropolitan region and suggestions have been made for improving the organisation and for the redesign of case-notes and other record forms.

Two short courses were devoted to this important side of administration, the first being for hospital secretaries and the second for senior records staff recently promoted within their own hospitals.

PUBLICATION OF REPORT ON HOSPITAL BED OCCUPANCY

A report on Hospital Bed Occupancy, prepared by a Committee of which the Hon. Mrs. Campbell-Preston was Chairman, was published during the year. This report has made a contribution of great value to the hospital service. A critical analysis of common practice based on adequate information is always useful but in this case is accompanied by sound practical advice.

The report falls into four sections. The first propounds a new formula for the more accurate assessment of bed occupancy, which shows a great improvement on the former percentage ratio of all beds and emphasises the importance of a departmental basis of assessment. The second section on the machinery of admission follows naturally, and practical hints and suggestions are given. The third section illustrates the steps which hospitals can take to anticipate the nature of the demands on beds and to ensure their maximum avail-

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ability. A final section places the moral responsibility squarely on the hospital authorities, both medical and lay, to take the initiative more actively in the matter of waiting lists which is of paramount importance and which has in some cases been allowed to degenerate into a somewhat ill-organised routine.

The report has had a wide circulation, nearly 4,500 copies having been sent on request to regional board and hospital management committee members, and to medical and administrative officers throughout the United Kingdom. Despite the limitation of the study to problems of the non-teaching general hospitals of London, the demand has been heavy in the Midlands and North, particularly in Scotland.

It is difficult to assess the adequacy of the provision of hospital beds until a reasonably full use is being made of all the present resources. As an important move in this direction, adjustments to the allocation of beds have been made in a number of hospital groups largely as a result of the interest aroused by this publication. Bed allocations that had remained unmodified since 1930 and before, despite progressive changes in the pattern of hospital demand, have now been revised in the light of the turnover interval and length-of-stay figures. The booklet should find its way into the hands of all those, members of committees, doctors, matrons and administrators, to whom the proper management of hospitals is entrusted. There is much to be learnt and much to be done, and it is most encouraging to hear of its wide circulation and the ready response of its readers.

STUDY GROUPS

The College is undertaking a detailed study of out-patient departments (in all aspects of the problem) and requests are frequently made to the College to undertake investigations into other hospital problems. These requests are being carefully considered in the light of the facilities available.

HOSPITAL CATERING

The seal was set on a very full year's work, during which five major surveys and thirty-two sectional reports on hospitals' catering departments were made, by the announcement at the Council meeting on 8th December that for the next two years special emphasis would be placed on grants in aid of hospital catering and that the Fund would set aside a sum of £50,000 for grants to general hospitals for this purpose. In addition, grants would also continue to be made towards the improvement of the catering departments in mental hospitals.

Many hospitals are unable in any other way to find the money to bring their catering departments up to date, so as to ensure the provision of good, well-cooked food and to facilitate the recruitment and retention of competent staff. The number of grants of three to five thousand pounds that the Fund has given in cases of this sort in recent years has been enough to establish beyond doubt that help on this scale can be of great value, particularly when the grant has been coupled with detailed recommendations and plans prepared by the Catering Advisory Service.

HOSPITAL CATERING ADVISORY SERVICE

The kind of difficulty that the grants have helped to resolve is illustrated by the following extracts from reports by the members of the Hospital Catering and Diet Committee, on whose recommendations the grants were subsequently made :—

“About twenty wards received their meals in uninsulated metal containers which have a compartment at the bottom for hot water ; not only does the water make these containers very heavy to handle, but also it is not effective as a means of keeping the food warm, and we were not surprised to learn that more often than not containers leave the kitchen without any hot water at all. There are no proper containers for custards or gravies which are loaded on the trolleys in open seven-pound jam jars. In the course of the long journey of several hundred yards to the various wards these jars lose not only much of their heat but much of their contents as well.”

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And from another report: ". . . the hospital is also faced with the urgent need to improve the present system of distributing food to the villas. At present food for the villas is loaded into insulated, but not pre-heated, metal containers, which in turn have to be carried out of the kitchen into an open yard, and stacked on to a trolley which is towed round to the villas by an ancient tractor. The containers are off-loaded on to the ground outside each villa, and it is left to the villa nursing staff with the help of any patient labour that may be available, to carry the heavy containers into the ward kitchen, where, to save transportation, all potatoes are prepared and cooked. Any cold food has either to be loaded alongside the heated food within the same container, or else is put on separate dishes which are balanced precariously on top of the containers.

"Work in the main kitchen is being carried out under many handicaps ; some of the equipment is obsolete and should be scrapped, other items are in the wrong places, while yet others that are necessary, if a properly varied menu is to be provided, are lacking altogether. Changing-rooms and lavatories for the kitchen staff are needed, and the siting of the pastry kitchen, larder, store and diet bay requires to be altered. All these difficulties have been remedied in the plan prepared by the Advisory Service and which has been accepted enthusiastically by the H.M.C. and hospital staff."

A third report states: "The central kitchen feeds 220 staff as well as the 130 patients in the main block.

"Some idea of the congested state of this kitchen can be gathered from the fact that the improvement scheme had its origin in an attempt to find a place in the kitchen for a fish-fryer. As we saw for ourselves, there is literally nowhere in the kitchen where a fryer could be installed. Among the other defects in this cramped kitchen are (1) lack of ventilation, (2) absence of any wash-basin or lavatory, (3) no separate room or even area for the preparation of special diets (a table of microscopic dimensions is used), (4) no milk room, (5) no direct access to the vegetable preparation area, (6) overcrowded store, (7) inadequate wash-up, and perhaps greatest handicap of all (8) no space for loading food trolleys which have to be kept and loaded in a narrow corridor outside the kitchen that also serves as one of the main traffic arteries of the hospital."

In 1954 grants amounting to £32,110 were made ; of this sum £7,500 went to two mental hospitals and the balance of

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£24,610 to nine general hospitals. These grants have helped the hospitals concerned to alter and re-equip out-of-date or overcrowded kitchens and dining-rooms, and have also provided food conveyors and containers as well as equipment for staff canteens.

CATERING CIRCULARS

Last year's report gave details of two new circulars "General Hospital Diets", a guide to the cost of feeding patients, with menus and recipes, and "Memorandum on Special Diets", which is for the use of catering officers and ward sisters in those hospitals where there is no therapeutic dietitian. The demand for these two circulars during 1954 exceeded expectations, and by the end of the year close on 5,000 copies had been distributed on request.

"General Hospital Diets" contains three sets of twelve weekly menus, based on simple recipes, that are intended as a guide to hospitals in deciding on the standard of feeding to be expected in relation to the amount of money allotted for the purchase of provisions. The menus are costed at both wholesale and retail rates, on the basis of the average price prevailing during 1953. The circular emphasises that there are other factors besides the actual amount spent on the purchase of provisions which influence the overall cost per head, as calculated by different hospitals. One of these factors is the proportion of patients on general to special diets. Special diets, particularly high protein diets, usually cost more. Another factor is the proportion of maternity, tuberculosis, and chronic sick beds, etc. As a rule maternity and tuberculous patients cost more than those on general diet; conversely, chronic sick cost less. The ratio of staff to patients could also affect the cost. Usually a day's meals for staff cost more than for patients on general diet. However, resident staff frequently do not have all their meals in hospital, particularly on their days off duty. Therefore, whether the staff cost more or less than the patients will depend on the method of costing.

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The increases that have taken place since have necessitated a recalculation which is being issued in May 1955, in the form of a supplement to the circular that also contains up-to-date figures of the cost of a suggested menu for maternity patients.

The end of the year also saw the publication of a short circular entitled "Financial Management of the Catering Department". Its purpose is to offer hospitals guidance in the financial management of their catering departments by defining the respective roles of finance and catering officers in the preparation of the figures required for ascertaining and controlling the cost of feeding patients and staff. It was not without some hesitation that a circular on such a controversial subject was published, but first reactions have been favourable and in some instances even enthusiastic, as in the following letter from a group secretary:—

"I am very grateful for the booklet. This is so important that I should be most grateful if I could have 24 copies, one for each administrator in the group and for the members of my Catering Committee."

SCHOOL OF HOSPITAL CATERING

A feature of the School programme in 1954 was the increased number of courses for hospital officers—administrative, nursing and catering. There were two courses of a week's duration each for the administrative officers attending three-months' training courses at the Hospital Administrative Staff College. A week's course in catering was held for the members of the first one-year course at the Staff College for Matrons, and a special course in nutrition for catering officers, also of a week's duration, was held in November. The nutrition course was arranged in response to many requests from former students, and nine of the twenty members had in fact been to the School before. The interest shown by this group of lively students was ample reward for all the effort that had gone into the planning of this week's programme.

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It is proposed to repeat all these courses during 1955, and in addition, two new special courses, of three to four days' duration, are to be run: one in butchery and one in staff management. It will not be the aim of the butchery course to give students practice in jointing, but rather to teach them something of the identification, selection, preservation and nutritive values of meat, by means of demonstration and lectures.

The year's course for prospective hospital catering officers from candidates outside the hospital service was repeated in 1954, when eight bursaries were awarded. Five bursars completed the course successfully and within a few weeks they had all obtained posts as catering or assistant catering officers in the London area. Towards the end of the year applications for a third course in 1955 were invited, and seven candidates were selected, four men and three women. In addition a fifth man was taken on secondment from the hospital where he was employed as a kitchen superintendent. This was made possible by the Ministry of Health's acceptance of the Fund's offer of four places on this course, in addition to the bursaries, for seconded candidates to be selected from assistant catering officers, kitchen superintendents, head cooks, and other members of hospital catering staff who are considered likely to qualify for catering officers' posts after further training.

Details of this new scheme, which in this instance was only open to hospitals in the four Metropolitan regions, could not be circulated before the end of November, and in these circumstances it was, perhaps, fortunate that even one suitable candidate was obtained in the short time available. It is hoped that on the next occasion it will be possible to fill all the places offered; in the meantime the Ministry's support has encouraged the hope that it may lead to a close association with the Fund in any future "trainee" scheme for assistant catering officers, the need for which, as an essential rung in the ladder of promotion within hospital catering departments, was stressed in last year's report.

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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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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

MISS W. M. COX

Senior Watchkeepers

MISS M. E. CRAIG

MISS J. E. M. HINTON

MISS B. G. HARRIS

MISS E. M. MANLY

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 six and seven 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, and his refusal to allow the large gifts which he was able to attract to be frittered away in meeting transitory difficulties. 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 HOSPITAL
BALANCE SHEET

FUND ACCOUNTS :	£	£
FUNDS TO BE RETAINED AS CAPITAL :		
As at 31st December, 1953	...	2,168,763
<i>Add :</i> Receipts during 1954...	...	703
Legacies for Capital	...	49
	—	752
		2,169,515
GENERAL FUNDS :		
As at 31st December, 1953	...	4,070,830
<i>Add :</i> Amount transferred from Income and Expenditure Account...	...	6,241
Special Receipts Account	...	49,754
	—	4,126,825
SPECIAL FUNDS :		
per Schedule on page 76	...	420,411
SPECIAL APPROPRIATION FUND :		
Balance of sum earmarked by General Council out of Income for the Provision of Additional Accommodation for Aged Sick as at 31st December, 1953	...	60,522
<i>Less :</i> Net amount appropriated for expenditure during 1954	...	6,637
	—	53,885
GRANTS RETAINED :		
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment, viz. :		
Ordinary Distribution	...	75,125
Special Distribution	...	62,197
Radiotherapy Fund Distribution	...	32,085
	—	169,407
Appropriations for Homes for Aged Sick not yet expended	...	1,545
LIABILITIES :		
Calls on Investments (since paid)	...	3,010
Administration and Other Expenses	...	9,212
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :		
Amount received for dilapidations	...	540
Sinking Fund Appropriations	...	5,007

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

5, London Wall Buildings,
London, E.C.2.
8th June, 1955.

FUND FOR LONDON

DECEMBER, 1954

	£	£	£
PROPERTIES AND INVESTMENTS :			
STOCKS AND SHARES, etc., held for :—			
General Account 5,191,892			
Special Account 375,097			
	<u>5,566,989</u>		
INVESTED GIFT of His late Majesty, King George V, to be retained as Capital 20,000			
	<u>5,586,989</u>		
<i>The market value at 31st December, 1954, of the quoted securities (£5,454,120 —i.e., 97·62 per cent. of the total) was £6,793,166.</i>			
FREESHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES 1,302,259			
REVERSIONARY INTERESTS , taken for book-keeping purposes at a nominal value of 1			
	<u>6,889,249</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>			
RENT ASSETS (including £45,314 for Special Account) :			
Balances at Banks and Cash in hand 27,856			
Debtors 42,252			
	<u>70,108</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 £380,837 ; of this amount £370,310, 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 as collateral security in respect of a Lessee's covenant to re-instate dilapidations :			
(a) £2,000 which is held in a separate banking account in the Fund's name.			
(b) A lien on certain securities and cash held by a bank.			
ASHBURTON, Treasurer		<u>£6,959,357</u>	

WARD'S HOSPITAL FUND FOR LONDON.

Knowledge and belief were necessary for the purposes of our audit. In our opinion a 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, 1954, and the Income and Expenditure

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

INCOME AND EXPENDITURE ACCOUNT

	£	£
GRANTS :		
DISTRIBUTION COMMITTEE :		
Hospitals and Branches—Grants per Report ...		100,000
CONVALESCENT HOMES COMMITTEE :		
Convalescent Homes not attached to Hospitals— Grants per Report		30,000
MANAGEMENT COMMITTEE :		
Special Grants—per Report		64,412
EXPENDITURE ON SPECIAL SERVICES, ETC. :		
Division of Hospital Facilities :		
Information Services	8,922	
Hospital Accounting and Costing	6,763	
Alterations to Premises, etc.	27	
Division of Nursing :	£	15,712
Nursing Recruitment Service	8,185	
Staff College for Ward Sisters ...	11,804	
Additional Furniture, etc. ...	33	
Staff College for Matrons ...	6,139	
Alterations to Premises, etc. ...	1,047	
	7,186	
Hospital Catering and Diet Committee :		27,208
Catering Advisory Service	11,505	
School of Hospital Catering	10,017	
Bursaries	2,673	
Additonal Equipment, etc. ...	39	
	12,729	
Hospital Administrative Staff College		24,234
Additional Furniture, etc.	26,381	
	198	
	26,579	
Convalescent Homes Committee :		
Administration Expenses		2,056
EMERGENCY BED SERVICE :		
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards		6,500
Cost of additional Furniture and Equipment at new Headquarters at Fielden House		1,110
PUBLICATIONS, MAPS, ETC. :		
Cost of printing, etc., less Sales		
		Carried forward

YEAR ENDED 31st DECEMBER, 1954

		£	£
from :			
securities and Investments	...	261,952	
Leasehold and Leasehold Properties	...	67,687	
			329,639
OPTIONS :			
Annual	...	1,999	
Under Deeds of Covenant for a stated number of years	...	2,946	
		4,945	
LIQUIDATIONS :			
Annual and other	...	3,133	
			8,078
Carried forward			<u>£337,717</u>

INCOME AND EXPENDITURE ACCOUNT

		£
	Brought forward	
ADMINISTRATION EXPENSES :		
Salaries, Pensions, Allowances, and Superannuation Contributions	...	17,618
Establishment, including Rent, Rates, Heating and Lighting, Cleaning, Insurance, etc.	...	8,634
Printing and Stationery	...	702
Sundry Miscellaneous Expenses	...	2,818
		<hr/>
OTHER EXPENSES :		
Office Furniture and Equipment	...	143
Legal and Other Professional Fees	...	1,032
		<hr/>
APPROPRIATION to Leasehold Sinking Fund	...	...
TRANSFER TO GENERAL FUND :		
Excess of Ordinary Income over Expenditure	...	63

SPECIAL RECEIPTS

SPECIAL APPROPRIATION from General Legacies	...	...	...
TRANSFER TO GENERAL FUND :			
Special Receipts	...	...	...

YEAR ENDED 31st DECEMBER, 1954 (*continued*)

	£
Brought forward	337,717

£337,717

ENDING 1954

	£
ITION	750
 ELD TRUST FOR THE SPECIAL AREAS :	
Entalment received for 1954...	200,000
ess Grant to the Royal College of Surgeons towards the cost of the Nuffield College of Surgical Sciences	<u>175,000</u>
	25,000
AL LEGACIES—per Schedule on page 77	24,204
	<u>£49,954</u>

SPECIAL FUNDS 31st DECEMBER, 1954

SPECIAL ANONYMOUS TRUST (1930) :	£
CAPITAL ACCOUNT	20,000
INCOME ACCOUNT :	
Balance at 31st December, 1953	£ 3,731
Add : Receipts during 1954	678
	<u>4,409</u>
MRS. L. L. LAYBORN TRUST (1943) :	
CAPITAL ACCOUNT	5,000
INCOME ACCOUNT :	
Receipts during 1954	150
Less : Paid to Hostel of St. Luke... ...	150
	<u>—</u>
J. R. CATLIN, DECEASED, TRUST :	
Balance as 31st December, 1953 ... ...	...
MRS. D. M. WILLEY, DECEASED, TRUST :	
Amount received during 1954 ... ...	...
RADIOTHERAPY FUND :	
Balance at 31st December, 1953	48,480
Add : Receipts during 1954	2,236
	<u>50,716</u>
Less : Grant to Archway H.M.C.	6,500
do. Royal Cancer Hospital	3,670
Other Grants	1,743
	<u>11,913</u>
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947) :	
Balance at 31st December, 1953	340,562
Add : Income received during 1954	11,587
	<u>352,149</u>
<i>Represented by :—</i>	
Investments	£ 37
Debtors and Balances at Banks	4
	<u>£ 41</u>

RECEIPTS FROM LEGACIES IN 1954

							£
GENERAL :							
Ernest Frederick Angell...	...	...	...	...	...	...	115
Alfred Charles Cosher Bates	...	...	...	...	...	...	1,667
Miss Emily Sarah Bisdee	...	...	...	...	...	...	1,177
Chilton Richard Corbould	...	...	...	...	...	...	9,319
Frederick William Ellis ...	...	...	...	...	...	...	5
Mrs. Lizzie Sarah Fisher	...	...	...	...	...	...	9
Mrs. Laura Griffiths ...	...	...	...	...	...	...	1,709
Robert James Belcham Hoare	...	...	...	...	...	...	26
Mrs. Ada Frances Jennings	...	...	...	...	...	...	33
David Dishington Keay	...	...	...	...	...	...	2,552
Alexander Michael Levy	...	...	...	...	...	...	94
Miss Edith Macgillivray	...	...	...	...	...	...	4,500
Frank Allan McMinn (Discretionary)	...	...	...	...	...	...	1,000
Brigadier-General William Frederick Mildren	...	...	...	...	...	...	465
Alan Freeman Walker Ogilvie	...	...	...	...	...	...	50
Miss Florence Stevens ...	...	...	...	...	...	...	200
Mrs. Alice Mary Vaughan	...	...	...	...	...	...	1,270
Alderman Walter Morgan Willcocks, J.P.	13
							24,204

CAPITAL :

Lady Wakefield	49
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£24,253

GRANTS TO HOSPITALS

NAME	AMOUNT	OBJECT
GRANTS BY MANAGEMENT COMMITTEE, 1954	£	
(i) <i>To Mental and Mental Deficiency Hospitals</i>		
Banstead	3,400	Patients' lockers, television sets and pictures for the wards.
Botley's Park, Chertsey ...	2,900	Recreation ground improvements.
Darenth & Stone, Dartford	641	Renewal of radio installation at Stone House Hospital.
Friern, New Southgate ...	4,200	Two goods lifts.
Goodmayes	973	Additional grant for 35 mm. cinema apparatus.
Leavesden, Abbotts Langley	4,000	Hut as social centre.
Horton, Epsom	3,000	Various items of equipment.
Netherne, Coulsdon ...	787 10s.	Towards investigation into staff relationships.
Orpington and Sevenoaks H.M.C.	2,500	Kitchen improvements at Sundridge Mental Hospital.
St. Lawrence's, Caterham	2,000	Various items of equipment.
Severalls, Colchester ...	2,720	Additional grant for recreation hut.
	5,000	Structural alterations and new equipment for central kitchen.
Shenley	2,500	Occupational therapy hut.
Warley, Brentwood ...	3,000	Occupational therapy hut.
Springfield, Tooting ...	7,000	Occupational therapy centre.
Staines H.M.C.	210	Equipment for children's playground at Normansfield Mental Hospital.
	44,831 10s.	
(ii) <i>Other Grants</i>		
Middlesex Hospital ...	13,000	Furnishing and equipping recovery home at Highgate.
National League of Hospital Friends	300	Donation towards work of League.
Co-ordination of extra-hospital care	4,000	Grant to South East Metropolitan Regional Hospital Board for year to August, 1955.
	500	Additional grant in respect of work in other areas.
South West Middlesex H.M.C.	1,780	Further grant for geriatric unit at West Middlesex Hospital.
	£64,411 10s.	

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
GRANTS BY DISTRIBUTION COMMITTEE, 1954	£	
Barnet H.M.C.	5,000	Improvements to kitchens, dining-rooms and canteen at Barnet General Hospital.
Bermondsey and Southwark H.M.C.	3,000	Improving main kitchen at St. Olave's Hospital.
	560	Wireless for patients at New Cross General Hospital.
	830	Renewing gardens at New Cross General Hospital.
Bermondsey Medical Mission	238	Interior spring mattresses.
	1,340	General redecoration and construction of new sanitary annexe.
Bow H.M.C.	600	Garden at St. Clement's Hospital.
Bromley H.M.C.	5,500	Improvements to kitchens and dining-rooms at Bromley Hospital.
Brook Lane Medical Mission	206	Installation of dormer windows for two staff rooms at "Greenhill."
Camberwell H.M.C. ...	750	Garden at St. Giles' Hospital.
	1,875	Washbasins in nurses' bedrooms at St. Giles' Hospital.
Central H.M.C.	240	Improvements to garden at St. Leonard's Hospital.
Central Middlesex H.M.C.	2,000	Wireless for patients at Neasden Hospital.
	200	Improving gardens at St. Monica's Hospital.
Charing Cross Teaching Hospital Group	200	Bedside lockers for Harrow Hospital.
Chelsea H.M.C.	3,000	Centre for spastic children (additional grant).
Cheshire Foundation Home for the Sick	235	Garden at Princess Beatrice Hospital.
	1,000	Furniture and fittings for new building.
Croydon H.M.C.	280	Bedside lockers for Waddon Hospital.
	1,250	Enclosure of four open bridges between ward blocks at Mayday Hospital.
	40	Sunblinds for ward verandah at Norwood Hospital.
	450	Extension of garden at Queen's Hospital.
	1,200	Central heating for nurses' home at Queen's Hospital.
	420	Enclosure of balconies to provide day-room accommodation at St. Mary's Maternity Hospital.

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
Dartford H.M.C.	3,000	Wireless for patients at West Hill and Southern Hospitals.
	740	Enclosing open corridors at Bow Arrow Hospital.
Edmonton H.M.C.	1,500	Improvements to canteen for non-resident staff at North Middlesex Hospital.
	700	Construction of treatment and waiting rooms for pathological department at Chase Farm Hospital
	4,000	Verandahs for three T.B. wards at South Lodge Hospital.
Enfield H.M.C.	850	Improvement of gardens at South Lodge Hospital
	210	Improvement of kitchens at Enfield War Memorial Hospital.
	260	Renovation of hut to be used as assistant nurse training school.
Epping H.M.C.	1,000	Improving two nurses' homes for St. Margaret's Hospital.
	300	Night-call system for patients at Honey Lane Hospital.
Florence Nightingale Hospital for Gentlewomen	600	Renewing electrical wiring.
Fulham and Kensington H.M.C.	723	New garden near T.B. wards at Western Hospital.
	694	Wireless for patients at St. Mary Abbots, Western and Fulham Hospitals.
Greenwich and Deptford H.M.C.	750	Wireless for patients at Miller General Hospital.
Hackney H.M.C.	740	Garden for T.B. patients at Eastern Hospital.
	440	Wireless for patients at Eastern Hospital.
	225	Cubicle rails for ward at Hackney Hospital.
Hastings H.M.C.	2,000	Adaptations to recreation hall at Darvell Hall Sanatorium.
Hendon H.M.C.	5,000	Improvements to surg.cal block, kitchen and dining-room servery at Edgware General Hospital.
Hertford H.M.C.	535	Wireless for patients at Ware Park Hospital.
Hospital of St. John and St. Elizabeth	1,000	Towards cost of new children's department.

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
Hospital for Diseases of the Chest	524	Improving gardens at Brompton and Victoria Chest Hospitals.
Ilford and Barking H.M.C.	570	Reorganisation of occupational therapy department at Dagenham Hospital.
King Edward VII Sanatorium	3,000	Towards cost of new dining hall for staff and extension of nurses' home.
King Edward VII's Hospital for Officers	2,000	Towards extension and improvement scheme.
Kingston H.M.C. ...	130	Revolving chalet for T.B. patients at Tolworth Hospital.
Lambeth H.M.C. ...	600	Garden on derelict site at South Western Hospital.
	900	Garden on derelict site at Lambeth Hospital.
	150	Occupational therapy equipment at Grove Park Hospital.
	175	Steriliser for occupational therapy department at Grove Park Hospital.
Lewisham H.M.C. ...	500	Adaptations to recreation hut at Park Hospital.
	3,000	Food trolleys and equipment for non-residents' mess-room at Lewisham Hospital.
Leytonstone H.M.C. ...	600	Furniture, furnishings, carpets, etc., for Langthorne and Whipps Cross Hospitals and Wilfred Lawson Nurses' Home.
Lingfield Epileptic Colony	2,000	Waiting accommodation, matron's office, two casualty rooms, and small kitchen and canteen.
North London (Islington) D.N.A.	35	Film projector and screen for training home for Queen's Nurses.
Pictures in Hospitals ...	7	—
Queen Elizabeth H.M.C. ...	350	Steaming oven for Queen Elizabeth Hospital for Children, Hackney.
Ranyard Nurses ...	250	Furniture for headquarters.
Redhill H.M.C. ...	500	Chapel for Redhill County Hospital.
Romford H.M.C. ...	600	Wireless for patients at Victoria Hospital.
Royal London Homoeopathic Hospital	2,040	Reorganising sanitary annexes in Bayes and Hahneman wards.
St. Joseph's Hospital for Incurables	1,350	Towards extension scheme.
St. Pelagia's Home ...	130	Maintenance repairs at St. Joseph's Maternity Home.
St. Peter's, St. Paul's and St. Philip's Teaching Hospital Group	500	Curtained cubicles at St. Peter's and St. Paul's Hospitals.

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
St. Vincent's Orthopaedic Hospital	£ 2,500	Sliding doors for two open-air wards, six food trolleys, and operating table and lamp.
Southwark, Newington and Walworth D.N.A.	1,440	Furniture for headquarters.
Stepney H.M.C.	1,127	Recreation hall for Mile End Hospital (additional grant).
	1,050	Improvements to staff canteen at Hillingdon Hospital.
Uxbridge H.M.C.	90	Improvements to out-patient department.
	870	Curtain rails and curtains for two female surgical wards at Hillingdon Hospital.
Wandsworth H.M.C. ...	2,000	Increased cost of hydrotherapy unit at St. Benedict's Hospital.
West Ham H.M.C. ...	1,000	Towards new chapel for Queen Mary's Hospital.
Westminster and Chelsea D.N.A.	26	Film projector and screen for Queen's nurses' home.
	300	Gang motor mower for Memorial Hospital.
Woolwich H.M.C.... ...	230	Records system for nurses at Memorial, Brook and St. Nicholas' Hospitals.
	475	Gardens at St. Nicholas' Hospital.
86,700		
MAINTENANCE GRANTS		
Central Council for District Nursing in London ...	5,000	
Florence Nightingale Hospital	250	
French Hospital	300	
Homes of St. Giles for British Lepers	100	
Hospital of St. John and St. Elizabeth	1,000	
Hostel of God	400	
Italian Hospital	300	
Royal Hospital and Home for Incurables	5,000	
St. Andrew's Hospital, Dollis Hill	750	
St. Joseph's Hospital for Incurables	200	
£100,000		

GRANTS TO CONVALESCENT HOMES, 1954

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
All Saints' Convalescent Hospital	200	500	Modernising scullery.
Armitage Home, Worthing	100	—	
Beau Site Convalescent Home	100	440	New mattresses.
Brabazon Home, Redhill ...	200	—	
British Legion, Churchill Court.	50	200	New boiler.
British Red Cross Society : Beech Hill Convalescent Home	500	{ 113 138	New motor mower. Drying cabinet.
Brooklyn Babies' Home	300	—	
Capesthorne Children's Home	—	375	Alterations to house.
Edith Priday Convalescent Home	200	120	Interior decorations.
Brook Lane Rest House	200	182	New sinks and refrigerator.
Catherine House for Gentle- women	200	350	Oil-fired boiler.
Catisfield House	250	370	Furnishings and decorations.
Caxton Convalescent Home	50	—	
Children's Convalescent Home, Beaconsfield	250	—	
Children's Home, East Grinstead	200	200	New carpets and linoleum.
Convalescent Home for Mental Defectives, Wal- mer, Kent	300	—	
Dedisham Convalescent Nursery School	500	—	
Dominican Convent, Kelvedon	200	—	
Eastbourne H.M.C. for Merlynn Convalescent Home	—	150	New staircarpets.
Edith Cavell Convalescent Home for Nurses	250	—	
Effingham House, Copthorne	350	—	
Friendly Societies Home, Herne Bay	100	—	
Handcross Park	200	—	
Hart's Leap	200	600	Repairs and decorations.
Henry Radcliffe Home for Merchant Seamen	50	—	
Hermitage Convalescent Home	100	200	Mattresses.

GRANTS TO CONVALESCENT HOMES, 1954

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
Hertfordshire Seaside Convalescent Home	100	£ 550	Outside painting and roof repairs.
Home for Invalid Children, Hove	50	—	
Invalid Children's Aid Association:			
Brentwood Children's Home	— {	127	Various items.
John Horniman Home	800	1,000	Repairs to central heating.
Meath Children's Home	—	1,670	Furnishings and decorations.
St. Michael's Home, Southbourne	300	209	Various items.
Isle of Thanet H.M.C. for Princess Mary's Hospital, Margate	— {	264	Various items.
Jewish Board of Guardians:			
Samuel Lewis Home ...	100	1,000	Adapting existing building as gymnasium and physiotherapy room.
Zachary Merton Home...	100	166	
John Howard Convalescent Home	100	—	
Kingsleigh Convalescent Home	25	—	
Limpsfield Convalescent Home	150	—	
London and Ascot Priory	150	—	
Maitland House	250	150	Television set.
Merebank, Musicians Rest Home	50	190	Central heating.
Musicians' Benevolent Fund:			
St. Cecilia's Convalescent Home	250	50	New ground floor bedrooms.
National Sunday School Union:			
Broadlands Convalescent Home	200	—	
House Beautiful Convalescent Home	100	25	Serving hatch.
Oak Bank Open Air School	—	600	Repairs to drive and new motor vehicle.
Ogilvie School of Recovery	— {	1,850	New staff quarters.
Pawling Home-Hospital ...		75	Kitchen equipment.
		50	Various items.

GRANTS TO CONVALESCENT HOMES, 1954

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
Queen Alexandra Hospital Home	£ 200	£ —	
Rosemary Home, Herne Bay	100	—	
Royal National Throat, Nose and Ear Hospital for Dame Gertrude Young Memorial Convalescent Home	—	150	Playground and gardens.
Sailors' and Soldiers' Convalescent Home	50	—	
St. Bernard's Convalescent Home	50	270	Alterations to kitchen.
St. Catherine's, Ventnor ...	—	{ 550 400	New mattresses. New boiler.
St. Dominic's Open Air School	—	350	New rest room.
St. Helen's Toddlers' Convalescent Home	350	—	
St. John's Home, Brighton	—	700	Repairing roof.
St. John's Open Air School, Woodford Bridge	—	400	New mattresses.
St. Joseph's Convalescent Home	100	—	
St. Mary's Home, Broadstairs	100	—	
St. Michael's Convalescent Home, Westgate	250	335	Exterior painting.
St. Peter's Convent, Woking	300	400	Alterations and equipment.
Seligman Convalescent Home	100	—	
Southern Convalescent Homes, Lancing	100	—	
Spelthorne St. Mary, Thorpe Victorian Convalescent Home	250 —	280 430	Repairs to front drive, porch. Interior decorations and central heating.
Wandsworth Peace Memorial Home, Whitstable	—	100	Linoleum and wash basins.
Woking & Chertsey H.M.C. for the Metropolitan Convalescent Home Walton-on-Thames	—	1,500 21	Furniture and furnishings. New steaming ovens.
Woodclyffe Convalescent Home	150	350	Repairing roof.

GRANTS TO CONVALESCENT HOMES, 1954

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
Wordsworth Home of Rest, Swanage	150	£ 175	
Wyndham House, Alde- burgh	50	—	
	10,075	19,275	
		29,350	
Conference expenses ...		150	
Set aside for Cook Instructor at Convalescent Homes		500	
		<u>£30,000</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 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 Hospitals and the State, 1952—Report prepared by Mr. John Crevelyan 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 ..	9 6	per 100
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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.

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 for Ward Sisters taking students for practical work. 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. Prospectus—Outline of the different courses offered by the College, with a brief account of its aims.

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 free of charge.

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 Visitors' Manual, 1950. A guide to current hospital practice designed primarily for members of Boards and Committees. Arranged in the form of questions appropriate to an informal visit to a general hospital. Among the subject headings are: Casualty Department, Out-patients, Wards, Chronic Sick, Almoner's Department, Medical Records, Catering, etc. 6d. *post free.*

HOSPITAL CATERING.

Catering Circulars. From time to time the Hospital Catering Advisory Service of the Fund at 24, London Bridge Street, S.E.1., publishes circulars on catering and diet matters of current interest.

The following circulars are available :—

HOSPITAL CATERING—*continued.*

Care of Catering Equipment	1s. post free
Layout and Design	1s. post free
Memorandum on Special Diets	1s. post free
General Hospital Diets—	
A guide to the cost of feeding, with menus and recipes	3s. 6d. post free
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Catering in Convalescent Homes, 1948. Designed to aid those responsible for catering in small institutions, particularly convalescent homes. The basic principles of nutrition are explained with observations on staffing, equipment, cooking and service. The Appendices contain suggestions on menu-planning, a selection of recipes applicable to present-day conditions, and details of the priorities allowed for adult and children's convalescent homes. 6d. post free.

Menu Book for Convalescent Homes and Similar Institutions. Contains 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.

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, 1955. 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.

MISCELLANEOUS.

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. Free.

Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1955. Free.

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,
10, OLD JEWRY, 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
“KING EDWARD'S HOSPITAL FUND FOR LONDON”
and crossed “Bank of England”.

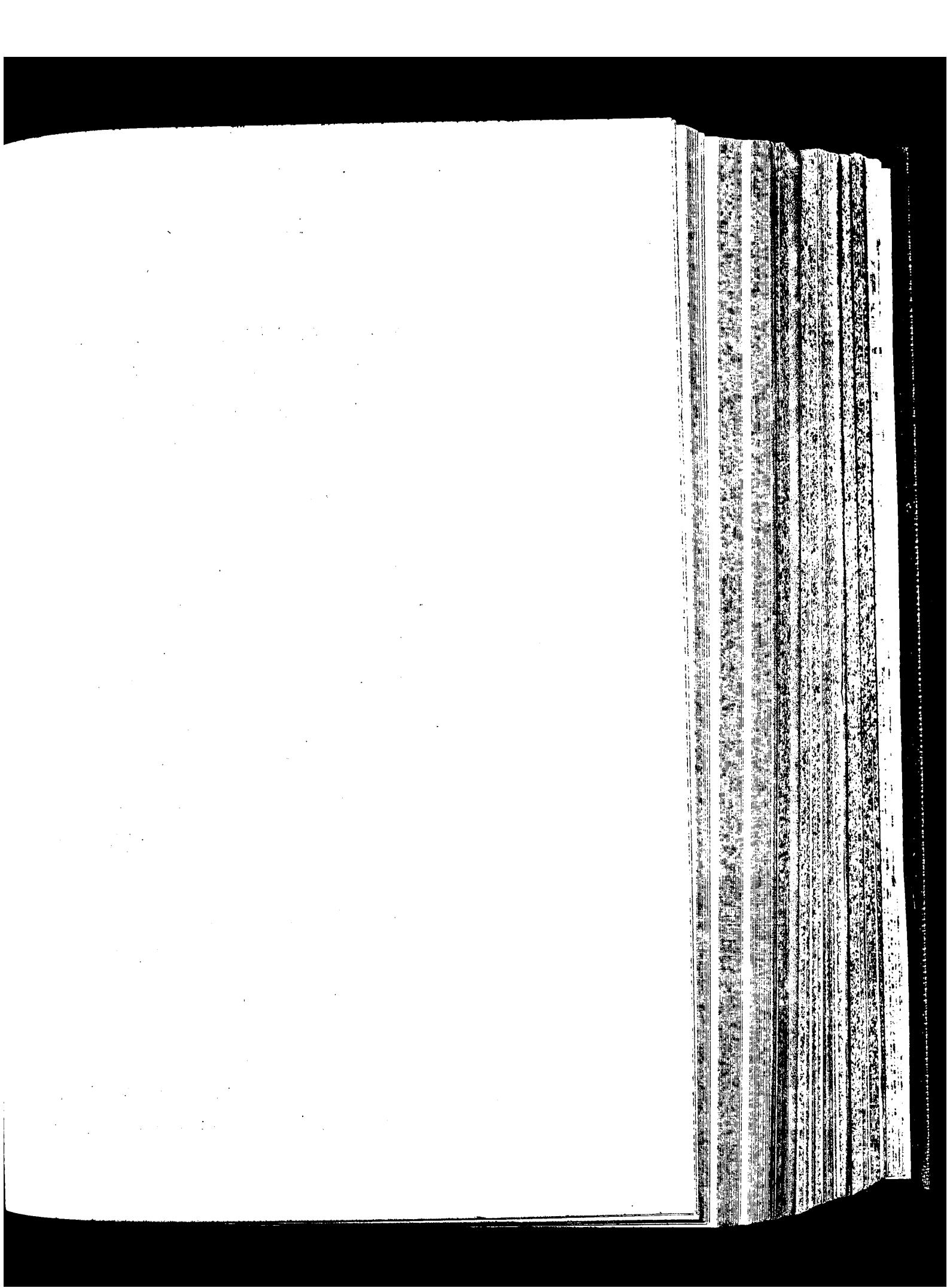
LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

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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.....

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

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

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I,

of

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

(words) the first of such annual payments to be made on the (a)..... day of 19..... and the six subsequent annual payments to be made on the same day in each of such subsequent years all such sums to be paid from my general fund of taxed income so that I shall receive no personal or private benefit in either of the said periods from the said sums or any part thereof.

IN WITNESS whereof I have hereunto set my hand and seal this (b)..... day of 19.....

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

Signature

Address L.S.

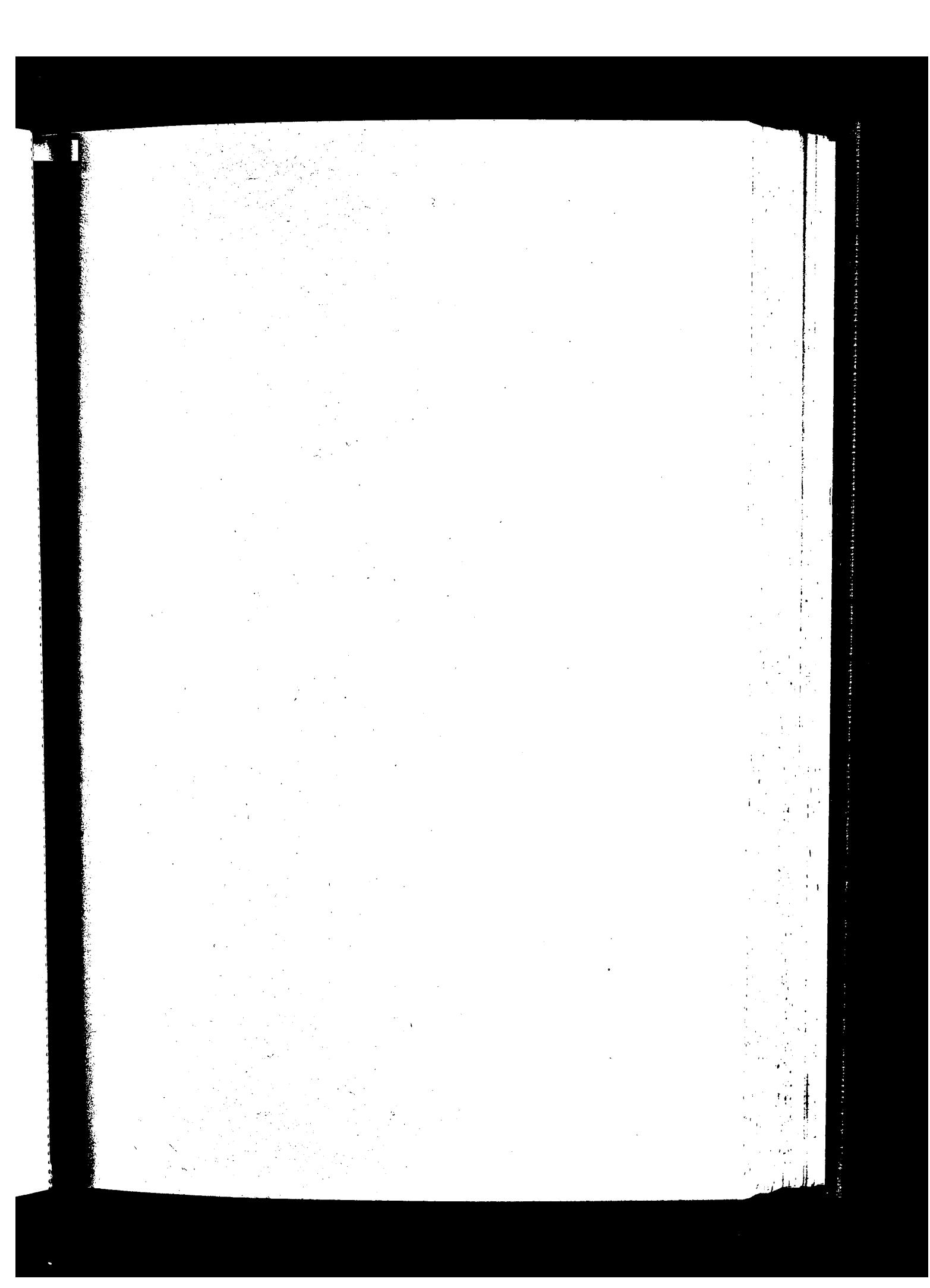
..... (Signature)

Occupation

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

NOTES AS TO COMPLETION OF AGREEMENT

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





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