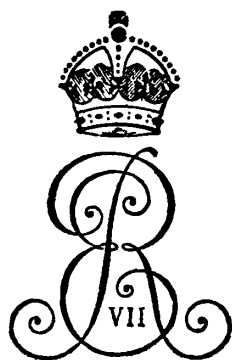


KING EDWARD'S HOSPITAL FUND
FOR LONDON

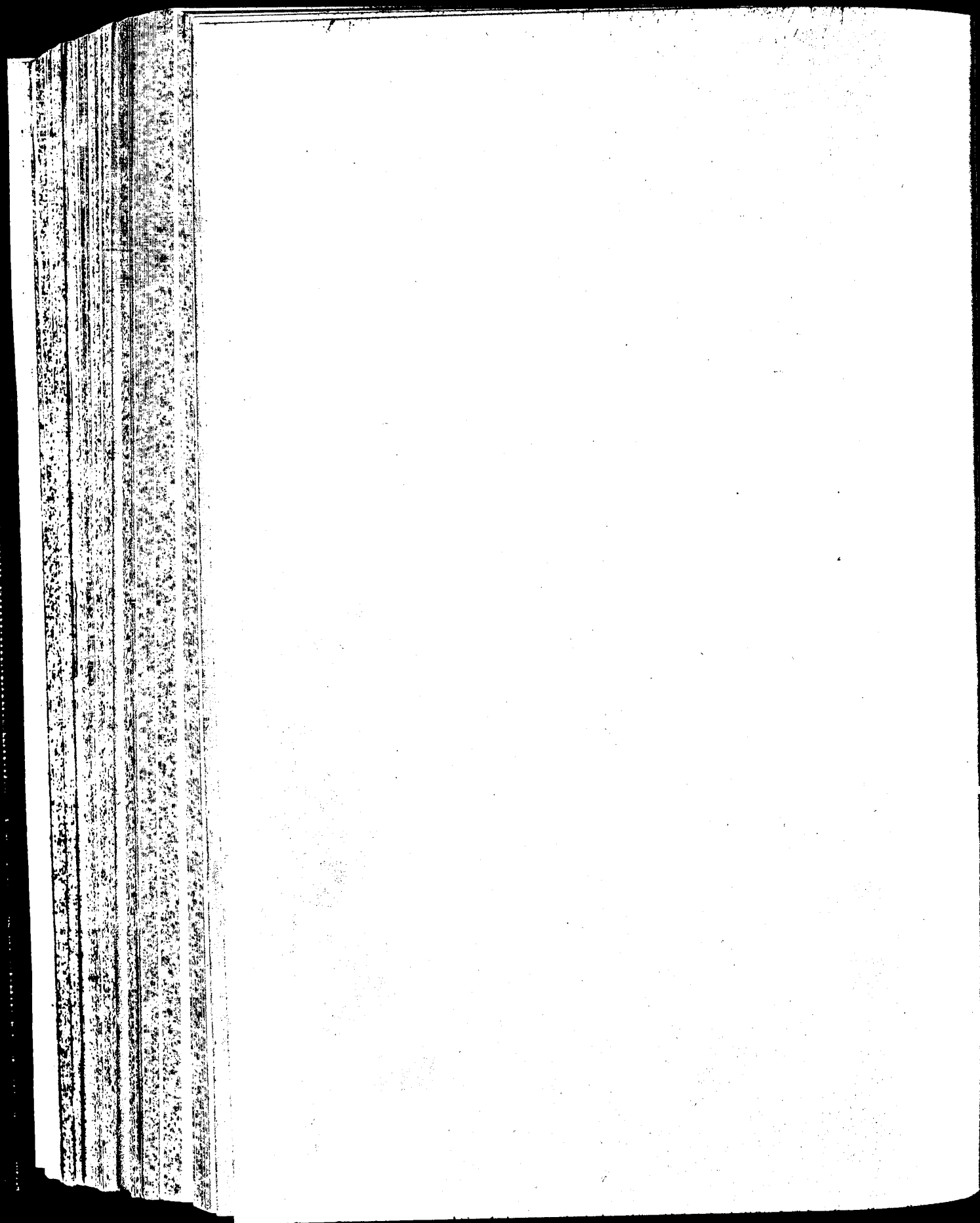


FIFTY-NINTH
ANNUAL REPORT

1955

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.

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Contents

	Page
INTRODUCTION	5
FINANCE	7
MENTAL AND MENTAL DEFICIENCY HOSPITALS.. ..	8
<i>Allocation of £250,000</i>	8
GRANTS TO HOSPITALS	14
<i>Recreational facilities for nursing staff</i>	15
<i>Hospital visitors</i>	16
<i>Comfort in the wards</i>	17
<i>Gardens</i>	17
<i>The King's Fund homes for the aged sick</i>	19
CONVALESCENT HOMES	20
<i>Children's convalescent homes</i>	20
<i>Convalescent homes for old people</i>	21
<i>Catering at convalescent homes</i>	22
EMERGENCY BED SERVICE	24
HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY ..	26
DIVISION OF HOSPITAL FACILITIES	29
<i>Hospital costing</i>	29
<i>Electronics in hospital accounting</i>	30
DIVISION OF NURSING	32
<i>Staff College for ward sisters</i>	32
<i>Staff College for matrons</i>	33
<i>Nursing recruitment service</i>	37
<i>Courses for those responsible for domestic management</i>	39
HOSPITAL ADMINISTRATIVE STAFF COLLEGE	41
<i>National training scheme</i>	41
<i>Refresher courses</i>	43

CONTENTS (continued)

	Page
HOSPITAL CATERING	45
<i>Catering advisory service</i>	45
<i>Catering in mental hospitals</i>	45
<i>School of hospital catering</i>	50
CONSTITUTION, ETC.	
<i>General Council</i>	54
<i>Committees</i>	55
<i>Visitors</i>	58
<i>Staff</i>	59
FINANCIAL STATEMENTS	
<i>Balance Sheet</i>	62
<i>Income and Expenditure Account</i>	64
<i>Special Funds</i>	68
<i>Legacies received in 1955</i>	69
<i>Lists of Grants to Hospitals</i>	70
<i>List of Grants to Convalescent Homes</i>	76
PUBLICATIONS, ETC.	79

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 1955

IN the opening sentences of last year's Report the view was expressed that in the years 1953-4 the grave anxieties which hung over the early years of the National Health Service had ceased to look as menacing as they had formerly done. These sentences were quoted in the recent report of the Committee over which Mr. Guillebaud presided, and a similar view was expressed :

" We have the feeling that all the levels of management now have a much deeper knowledge of each other's problems than they had perhaps four or five years ago, and that they are learning to live together with a due regard for each other's rights and responsibilities."

This trend continued in 1955.

Besides giving the *coup de grace* to much discussion of controversial issues, Mr. Guillebaud's report contains emphatic encouragement of certain positive movements which may play an important part in the future. Two of these are movements with which the King's Fund has been concerned—the promotion of departmental costing, and a furtherance of the training of hospital administrators. These are both large subjects. The discussion of departmental costing is still attended by some degree of controversy and misunderstanding, but the Fund remains confident that once the initial difficulties have been overcome the long-term

INTRODUCTION

benefits to the hospital service and the stimulus to increased efficiency of administration will become ever more apparent (see pages 29 and 30).*

The work done in the last five years at the Hospital Administrative Staff College has helped to point the way towards a national training programme. Throughout the year the Ministry of Health was engaged in discussion with various interested parties. When the Council of the King's Fund met in December, 1955, the Duke of Gloucester was able to give some indication of the nature of the scheme contemplated, whereby the Fund's Staff College would be invited to play an important part in sponsoring the training of those selected under the scheme. Further references to this scheme will be found in the section of the report dealing with the work of the Hospital Administrative Staff College (see pages 41 to 43). Work of this kind is bound to lay down tracks for the future and the responsibility is keenly felt by all associated with the Administrative Staff College. Its work interlocks with that being done at the Staff Colleges for Matrons and Ward Sisters, which has also received the warm encouragement of the Ministry of Health.

The report of Mr. Guillebaud's Committee touches also on many other topics of concern to the Fund—the special needs of the mental hospitals (towards which a sum of £250,000 was voted by the Fund in 1955, see pages 8 to 13), the great value of voluntary help in the hospital service (on which much emphasis has been placed in these Reports in recent years) and on the need for the development of statistical and other forms of research as opportunity offers.

* The Minister has since announced that a new system of analysing the cost of running hospitals will come into effect on April 1, 1957, based on the main recommendations of the working party on hospital costing, whose report was published in July.

FINANCE

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

Total ordinary income for the year 1955 amounted to £360,699 and legacies to £52,448. Expenditure amounted to £402,510. The subscription list again included generous gifts from Her Majesty The Queen and from other members of the Royal Family. The Management Committee are glad to be able to record the receipt during the year of a number of new subscriptions. Although the total receipts from this source have never provided more than a modest proportion of the Fund's income, it is a matter of great encouragement that so many subscribers support the Fund's work.

During the year the Fund received a further instalment of £50,000 from the Nuffield Trust for the Special Areas, bringing the total amount received from this source in recent years to £1,650,000. The support received from the Trust has played an important part in enabling the Fund to make a large number of grants without depleting its capital reserves, and the Management Committee desire once again to place on record their sense of gratitude to Lord Nuffield.

The possibility of continuing disbursements on the scale of recent years obviously depends upon the continued confidence of the public in the Fund. There is in this country a strong tradition that "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.

MENTAL AND MENTAL DEFICIENCY HOSPITALS

ALLOCATION OF £250,000

The year 1955 was notable in the history of the King's Fund for an exceptionally large allocation for grants to mental hospitals, the first of its kind. Following upon the recommendations of a Sub-committee of the Management Committee, the Council at its meeting in June set aside £250,000 for grants to mental and mental deficiency hospitals to be used over the three-year period 1955-6-7, and thus opened a new chapter in the relationship between the Fund and the mental hospitals.

In the last year or two public interest has been increasingly focused upon the mental hospitals, and scarcely a week now passes without headlines in the newspapers drawing attention to shortages of nursing and other staff, to the "barrack-like" conditions in which patients are housed, or to highly coloured incidents upon which the searchlight of publicity happens to fall. Valuable as is the positive aspect of this publicity as a sign of new-found interest in the plight of the mentally ill, it is not easy to avoid falling into hasty and ill-founded generalisations. The Fund has had an exceptional opportunity of collecting its own data, and forming its own impressions of the measures needed to ensure steady and uninterrupted progress.

Until 1948 the mental hospitals lay outside its scope, but very soon the Fund began to take a practical interest in helping them. Visits were paid, and gradually the Fund has acquired a first-hand knowledge of the conditions prevailing and of the more obvious needs of the thirty-six or so large mental hospitals which serve the London area. The reports accumulated have been concerned with a great variety of topics—ranging from "amenities" in the narrow sense, such as the modernisation of cinematograph apparatus, to the overhaul of catering arrangements and larger propositions such as the provision of huts for the expansion of occupational therapy.

It was obvious that help from the Fund offered on a comparatively small scale could be a great encouragement to hospitals in whose experience help from any outside source was something altogether new. It was obvious too that adaptation of the old buildings to the more progressive outlook on treatment that has been gaining ground recently presented a problem of such magnitude that the Fund could not hope to offer more than pointers towards its solution. Among the projects mentioned to the Fund were, however, two or three that seemed to offer real promise for the future. Thus at Warlingham Park, a hospital which has become widely known for its progressive policies, Dr. T. P. Rees outlined his conception of a building which would help to gather the scattered dormitory and day-room blocks into something more like a village community and provide a focal point, where patients might congregate naturally whenever opportunity offered. Dr. Rees' graphic conception of the kind of social or community centre for which he would like to stipulate in any mental hospital thus offers hope of evolving a model scheme, which if adopted elsewhere might go a long way towards remedying a failing inherent in practically all mental hospitals. Similarly at Goodmayes Hospital, Dr. G. Somerville was impressed with the need for a new approach to the various activities which should together make up occupation therapy in the widest sense—a more constructive approach, with much more adaptation of occupations to the needs of normal life. This Dr. Somerville felt was all but impossible until a building designed for the purpose was made available.

Faced with such possibilities the Fund appointed a sub-committee under the Chairmanship of Sir Ernest Pooley to go more closely into them, and into the needs of mental hospitals generally. It was fortunate in enlisting as a co-opted member of the sub-committee, Dr. Rees Thomas, lately Senior Medical Commissioner of the Board of Control. The sub-committee met nine times, and consulted with Dr. the Hon. W. S. Maclay, Senior Medical Commissioner of the Board of Control, Sir Geoffrey Vickers, V.C., Treasurer

the patient at the more acute stage but also to prepare him for his return to the community.

Warlingham Park—a social centre with shops, hair-dresser, bank, library, and café for patients, visitors and staff, in order to help the patients back to normal social activities—this centre to serve as a prototype.

Bromley—a house adapted, furnished and equipped for the expansion of the activities of a community centre and day hospital in connection with the psychiatric out-patient department of a general hospital.

A sum of not more than £100,000 was suggested for these purposes. By the end of the year good progress had been made with the projects at Goodmayes and Warlingham Park. It is expected that both will be opened some time in 1957 and further information will be included in the Fund's Report for 1956. At Bromley difficulties were encountered in finding accommodation for the community centre and day hospital, but a suitable house was bought early in 1956.

(ii) Continuance of the help that the Fund had already been giving to the mental hospitals for a variety of purposes.*

A sum of £100,000 was suggested for this purpose and a large part of it has already been allocated. Some of the projects supported have objectives similar to those mentioned above, viz. the provision of social centres and development of occupational therapy in various ways.

(iii) Continuance, and some stepping up, of the help already being given to the improvement of catering facilities in mental hospitals.

* Grants given prior to the allocation of £250,000 may be analysed as follows :—

IMPROVEMENT OF CATERING (kitchen equipment and lay-out, electrically heated trolleys, food lifts, refrigerators for ward kitchens, tea urns, etc.).....	£29,699
ACCOMMODATION AND EQUIPMENT FOR OCCUPATIONAL THERAPY.....	£17,190
RECREATIONAL, SOCIAL AND EDUCATIONAL FACILITIES FOR PATIENTS (recreation halls, cinema projectors, bowling green, tennis courts, playground, shelters etc.)	£51,553
WARD AMENITIES (television, wireless installations, mattresses, lockers, curtains, pictures, etc.)	£14,577
RECREATIONAL FACILITIES AND OTHER AMENITIES FOR STAFF (tennis courts, mattresses, furniture for nurses' homes, changing room accommodation, improved classrooms, etc.)	£17,028
MISCELLANEOUS (equipment, gardens, etc.)	£4,750
Total ...	<u>£134,797</u>

A sum of £50,000 was earmarked for this purpose and is being handled by the Hospital Catering and Diet Committee with the help of the Fund's Catering Advisory Service (see pages 45 to 51).

There remain many directions in which help could be given were funds available. There is for example at some of the mental hospitals shortage of accommodation for nursing and other staff and particularly of married quarters ; and the Fund is considering whether any means could be found whereby it could help to meet this difficulty without placing too heavy a strain on its resources.

Contact with the hospitals is maintained not only through the visits paid in connection with schemes submitted to the Fund for its consideration, but also through the three Staff Colleges and the School of Hospital Catering. Special courses have been arranged for matrons and chief male nurses, and for sisters and charge nurses, both of which have been felt to be well worth while, and to have afforded those who took part not only real refreshment but stimulus of a kind that can only be obtained by seeing for oneself what is going on elsewhere (see pages 32 to 36). Special courses are being planned for secretaries of mental hospital management committees and the Fund has recently been approached about the possibility of arranging a course in which medical superintendents and their deputies might participate, and enjoy the opportunities afforded by the Administrative Staff College for discussion and exchange of opinion. Taken together these courses seem to hold out the possibility of much enhanced co-operation between doctors, nurses and administrators and between one hospital and another in making the adjustments needed to-day. Great diversity of approach is apparent among the mental hospitals with whom the Fund is in touch and much can certainly be learned by detailed comparison between one hospital and another.

of the Medical Research Council and Chairman of the Research Committee of the Mental Health Research Fund, some of the leading psychiatrists and physician-superintendents of mental hospitals, the Chairman of the Management Committee of a mental hospital, and others.

The sub-committee sat through the winter of 1954-5 and its report was laid before the Council in June 1955. It traced briefly the background of the mental hospitals of the metropolitan area, and quoted many instances of conditions which could certainly not be regarded as satisfactory by the standards of to-day :

" These few instances of conditions that were accepted generally, and that exist in some places today, have been selected from many which might be quoted. They have been brought forward, not with the thought of casting any slur over all the work accomplished in the nineteenth and early twentieth century in tackling the vast problem of the care of the insane and still less of failing in recognition of the great work of the Board of Control in requiring certain minimum standards, but rather to indicate what difficulties face the present generation in bringing buildings and material conditions in line with modern standards of patient care and of amenities for staff. During the war the interests of the mental hospitals were often subordinated to the requirements of the Emergency Medical Service, and when the war was over the imminence of the transfer of the mental hospitals from the County Councils to the Regional Hospital Boards delayed a start upon the accumulated arrears of maintenance. The regional authorities were faced with a difficult task in allocating limited resources among the many urgent claims. Since 1948 much progress has been made. In the course of visits we have been impressed with the efforts that have been made at some hospitals, such as Warley and Friern, to modernise the old buildings, and particularly to brighten them by plastering the brick interior walls, by redecorating in varied colours and by providing pictures. Much has been spent, but it represents only a fraction of what is needed to modernise buildings of this size and age, let alone to provide them with amenities. Even if the Government and the regional authorities prove able to increase the priority accorded to the mental hospitals, new needs and higher standards will quickly absorb whatever may become available. Against such a background the possibility of some help from outside sources such as Leagues of Hospital Friends, or from a body like the King's Fund, provides a stimulus and encouragement out of all proportion to the actual amount given. There is still an immense field for voluntary help, and the Fund would like to see active Leagues of

Friends attached to all hospitals ; even if in most cases they cannot afford financial help on a large scale, they can be very valuable in enlisting and maintaining local interest and support."

The report laid much emphasis on the change now taking place in the attitude towards the mentally ill and their treatment ; and pointed out how inextricably this factor was mingled with the limitations imposed by the accommodation inherited from the past :

"In the meantime, all who have advised us on the needs of the mental hospitals have emphasised the importance of giving the patient an environment and regime much more like the conditions of ordinary life than has been customary in mental hospitals. It is claimed that by providing useful occupations in which the patient can take an interest, and social activities which break down the old conception of being set apart and isolated by mental illness, recovery is more rapid and more complete, so that relapses and re-admissions are cut down. Further, the same principles applied in day hospitals or in psychiatric out-patient departments may reduce substantially the demand for in-patient beds and check cases of psychiatric illness at the early stage. In addition to providing more effective treatment and ultimately reducing the demand for beds, these methods must do much to ameliorate the lot of the mental patient, who probably suffers more from the old regime even than from the legacy of old buildings. They are said also to prevent deterioration among those who cannot be cured, and they should in time help the acute staffing problem, since they make the work of the nursing staff (male and female) more interesting and in a sense more responsible.

Clearly, the legacy of old buildings and of the old regime, coupled with financial stringency, has not admitted of changes in the patients' environment to keep pace with the great transformation in the principles of treatment in the last twenty years, and indeed in the type of patient now admitted to mental hospitals. But here and there pioneer work has been undertaken to provide, within the existing framework of the hospital, a more normal way of life and a much more cheerful environment for the patients."

The report endorsed to the full the belief that there was no more urgent claim that could be made on the Fund in present circumstances than helping on the movement already in progress in the mental hospitals. It recommended :

(i) support of the three pioneer schemes, viz :—

Goodmayes—an occupation centre to provide much more than occupational therapy—not only to treat

GRANTS TO HOSPITALS

If the needs of the mental hospitals are for the moment uppermost in the public mind, this is not to say that the need for grants to general and special hospitals has receded into the distance. Practically every hospital authority has on its books a number of improvements which would be carried out forthwith 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 of the latter the Fund has been able to help with its grants and in so doing to give real encouragement. A sum of £200,000 was made available to the Distribution Committee to cover the years 1955-56. During the year 1955 the Fund continued to receive a steady stream of applications, and was faced with considerable difficulty in deciding how the monies available could be allocated to the best advantage. The Committee have tried to achieve a balance between the help and encouragement they can give by a wide spread of the grants, and the obvious advantage of concentrating on the occasional project of a rather more ambitious character which may serve as a model for others.

OUT-PATIENT ACCOMMODATION

An example of this latter more ambitious project is the grant made to Sutton and Cheam Hospital to build a new out-patient department. Many of the smaller ex-voluntary hospitals in the outer suburbs are in difficulty owing to the great increase in out-patient attendances which has followed the movement of the population away from central London. In the case of Sutton and Cheam the problem is particularly acute, and much inconvenience and delay is inflicted on the patients by the present cramped conditions. It was decided

GRANTS TO HOSPITALS

to take up this case in an endeavour to show that a suitable out-patient department could be provided at a relatively low cost if rigid economy were exercised. It is, of course, not possible to produce a true prototype which could be copied exactly by other hospitals, for sites and local requirements vary too greatly. Nevertheless, it is hoped that the Sutton and Cheam out-patient department will be a source of sound and economical ideas which can be used in the construction of other departments. The plans for the new department have been worked out by the hospital and its architect in consultation with the Division of Hospital Facilities, and it is hoped it will be possible to start building soon. Provisionally, a sum of £13,500 has been set aside for this purpose.

RECREATIONAL FACILITIES FOR NURSING STAFF

Grants for recreation halls for nursing staff, particularly in hospitals far away from centres of public entertainment, have been a feature of the Fund's work for several years, and grants towards the cost of two more halls have been made during 1955. Both hospitals were built as isolation hospitals, placed well away from populated areas as a safety measure. Now houses have grown up around them, and they have become busy general hospitals in addition to taking infectious cases. The increased nursing staff had nowhere to hold dances and other social functions. The grants were made to Harold Wood Hospital (£5,000) and Ilford Isolation Hospital (£3,000). So intent on having a hall was the latter hospital that the League of Friends set about raising half the expected total cost—£6,000—before they came to the Fund to ask for help. Should the hall cost more than they expect, they will raise the additional amount.

The cost of building a recreation hall is a large sum for a League of Friends to attempt to raise, but for the larger Leagues it seems an eminently suitable objective. If a League cannot raise the full amount required, the fact that a large part has been raised by voluntary effort is an encouragement to the Fund to make a grant.

HOSPITAL VISITORS

In arriving at their own assessment of the needs of the hospitals, the Distribution Committee have been greatly helped, as in past years, by the reports of the Visitors. During 1955 the hospitals completed their seventh year since nationalisation, and it is evident from these reports that they are in a fair way to overcome the arrears of maintenance and minor improvements that had accumulated since 1939. Indeed the reports of institutional appearance and lack of equipment are fast dying away. Many of the defects which seemed, to the Visitors of 1953, so unlikely to be eradicated without very great delay have been resolutely tackled and seem now to be reduced to manageable proportions in all but a few places. It is, too, encouraging to see that groups of Friends are springing up and although it is rare for any of them to raise large sums, they provide amenities in kind and by personal action, which do much to help the patients. The Fund has been able to co-operate with Leagues of Friends in several instances.

The Visitors have been much impressed by the general signs of progress encountered amongst the post-graduate teaching hospitals. With the help of the considerable capital monies made available to them by the Ministry of Health, several of them have provided new operating theatres and wards which bring them up to a high standard, so that their material equipment is a suitable background for the professional eminence of their staffs. The only hospital group of this category to receive a grant in 1955 was St. Peter's, St. Paul's and St. Philip's. This group has been provided from Exchequer funds with a new operating theatre in each hospital and a new out-patient department. In spite of this expenditure, it was felt more could advantageously be done, and the Fund decided to help St. Philip's Hospital by providing a six-bed metabolic unit. This involved alterations to a small ward so that a diet kitchen and a little laboratory could be installed at a cost of £2,000. The ward is now complete and is proving a great asset.

GRANTS TO HOSPITALS

COMFORT IN THE WARDS

Four grants were made during 1955 whose benefit to the patients is obvious and immediate. The Woolwich group was granted £1,000 towards the conversion of hair mattresses to interior spring. The Fulham and Kensington group received £2,500 towards the replacement of patients' mattresses and covers with foamed rubber at Fulham Hospital and towards converting staff mattresses to interior spring. Grants of £1,000 and £500 respectively were given to the Kingston and Hastings groups to provide interior spring mattresses for both patients and staff. In the latter case the grant was made to assist London patients in tuberculosis sanatoria. Interior spring mattresses are in fairly general use throughout the hospitals, but there are still a few places where money cannot be found for their purchase, and these it has been possible for the Fund to help. In all some £15,750 has been given in grants directly for the comfort of patients.

GARDENS

The interest of Her Majesty Queen Elizabeth the Queen Mother in gardening is well known. It was, therefore, no surprise and a great pleasure to hear in July that Her Majesty graciously intended to visit the gardens of St. Matthew's Hospital, which had just been awarded the prize for hospitals "without a garden" in the competition organised by the Worshipful Company of Gardeners and the London Gardens Society. Hospitals "without a garden" are strictly speaking those with no ground. St. Matthew's, at one time an old workhouse infirmary on the edge of the City, has only the "female airing yard" and some flat roofs on which to create the illusion of a garden. This the hospital has done with marked success but, being unable to complete the job, asked the Fund for help. At the time of Her Majesty's visit a small garden in an open basement was in process of construction. The interest shown by Her Majesty was a great encouragement both to the hospital and to the Fund's advisers.

During the year the help of the garden advisers was sought by twenty-four hospitals. The problems this year were less concerned with grants, and more with layout and management. In fact, only seven grants were made, totalling £2,176. The reason for this is that many hospitals have fairly large grounds which were previously maintained by a staff of gardeners. Now it is becoming increasingly difficult to recruit gardeners and, further, the hospitals being short of money are loath to spend more on gardens than necessary. Advice on how to maintain gardens with as little labour as possible is much in demand.

One example is Queen Mary's, Carshalton, where the fine grounds covering many acres used to be maintained by the L.C.C. Parks Department, who sent down men to do the work as required. With the introduction of the Health Service this ceased and great difficulty now arises, as the hospital cannot take on to its staff a considerable gardening force, if indeed the men could be found. The Fund was, therefore, asked to advise on the re-design of a sample section of the gardens so that it could be maintained with the minimum of labour. A careful survey was made and a simplification of the layout proposed that will make it possible to keep the grounds in order mainly by the use of a gang mower. The hospital worked out an economical scheme for making the alterations, which involve a certain amount of levelling and thinning out of trees to allow the free passage of the mower. A grant of £321 was made to meet the cost of the alterations.

St. George's Hospital has branches at the Atkinson Morley Hospital, Wimbledon, and the Grove Hospital, Tooting. Both of these have large grounds. In the former they consist of the gardens of a number of houses which have been acquired from time to time and now need to be considered as a whole. At the Grove—previously a fever hospital—the grounds are extensive and include an area laid waste by bombs. In both cases the Fund's advisers were able to make detailed recommendations for the gradual re-organisation of the gardens in a manner which will combine a pleasant effect with economy of labour.

GRANTS TO HOSPITALS

The work of the garden advisers during the last four years has resulted in a considerable improvement in the appearance of many gardens, and it is satisfactory to find that the Worshipful Company of Gardeners and the London Gardens Society are now jointly running a competition for non-teaching hospitals in parallel to that for teaching hospitals. This competition is so designed to encourage the gardeners without inspiring them to ask for more money or labour to run the gardens. It is hoped that this competition will gradually encourage a high standard at an economic cost.

THE KING'S FUND HOMES FOR THE AGED SICK

The ten homes for the aged sick established with the help of the Fund in recent years continue to play a useful part in relieving the load on the hospitals, and there is evidence of much initiative on the part of the doctors and the voluntary organisations running the homes. For example, one home is running a cottage annexe as a testing ground for patients, where they can live and cook for a week before they return to their own wholly independent lives. From this has grown an old patients' club providing a meal, tea, a bath and an afternoon's occupation for many ex-patients living in their own homes but needing the occasional eye and help of the excellent social worker in charge. It is an interesting scheme, and one that brings the hospital service a long way outside the walls of the hospital itself. The Fund is grateful to all the voluntary organisations and individuals who have worked unsparingly for the homes, and contributed so largely to their success. Progress with the provision of the eleventh home, to serve the Wandsworth Hospital Management Committee, has proved slower than was anticipated as no suitable premises have been found, and it has been decided to erect a building for the purpose.

CONVALESCENT HOMES

The majority of convalescent homes serving the London area are now well equipped, comfortable and in a good state of repair, and all are providing a keen and competent service. The Fund keeps in close touch with the homes by means of annual visits when the opportunity is taken to discuss current problems affecting the homes. They have been able to encourage many homes by advice and by making grants for special needs noticed during the visits.

The rising cost of maintenance is serious. It has obliged the voluntary homes which have no endowments to raise their fees to a level which is difficult for patients to pay, even with help from statutory bodies or charitable funds. Few homes have any substantial financial resources, and it is seldom there is a surplus at the end of the year's operations which can be devoted to essential repairs or improvements. Any reduction in the number of patients, even temporarily, results in a loss which many homes are unable to make good from reserves. In such cases the Fund has been able to help, and without this help a number of useful homes would have been obliged to close.

CHILDREN'S CONVALESCENT HOMES

The reduction in demand for beds for convalescent children was mentioned in the Report for 1954, and this trend continued during 1955. The causes for this state of affairs are :

- (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 owing to free or cheap dinners and milk at school.
- (iii) There is a prevailing medical opinion against

CONVALESCENT HOMES

separating young children from their mothers unless it is absolutely necessary.

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

The general improvement in children's health which has become very evident in recent years is a source of much satisfaction, but it has resulted in a number of children's convalescent homes, which have rendered fine service for many years, becoming redundant. Figures taken from the Directory of Convalescent Homes serving the greater London area, published annually by the Fund, show the extent of this redundancy. :

(i) *Independent, Long Stay Homes (Schools)*

Open 1st January, 1954	16 homes	1,087 beds
do. 1956	15 "	1,087 "
Beds closed—nil.		

(ii) *Independent, Short Stay Convalescent/Recuperative Holiday Homes*

Open 1st January, 1954	27 homes	849 beds
do. 1956	19 "	600 "
249 beds closed i.e. 29%		

(iii) *National Health Service Homes*

Open 1st January, 1954	23 homes	1,116 beds
do. 1956	16 "	771 "
345 beds closed i.e. 31%		

CONVALESCENT HOMES FOR OLD PEOPLE

While there has been a decline in the demand for convalescent accommodation for children, there has at the same time been an increased demand by elderly patients. For some time hospitals have been reporting difficulties, and the Fund has been using its influence to persuade homes to accept more elderly patients. In some instances the lack of ground floor rooms or of a lift has made homes reluctant to admit elderly people, but in one recent case this difficulty was got over by the Fund making a grant towards a lift.

CONVALESCENT HOMES

During the autumn the Bermondsey Medical Mission reported that their existing convalescent home for elderly women was always fully occupied and that they had to refuse many applications for admission. Would the Fund be able to help start another home of the same sort? As a first step the Bermondsey Medical Mission were put in touch with the Trustees of a children's convalescent home on the south coast which had been on the Fund's list and had recently been obliged to close. After a careful examination of the property and of the scheme as a whole, it was decided to make a grant of £6,500 towards the purchase of the house.

CATERING AT CONVALESCENT HOMES

Five years ago a qualified cook instructor was engaged and given the duty of visiting convalescent homes for a few weeks in order to advise and instruct in all matters concerned with the buying and cooking of food and the preparation of meals. Many homes have written in appreciation of this service and it is known that patients have reported favourably on the catering at a number of homes. This service is being allowed to lapse for a few months, but there can be no doubt that it has been most successful and well worth its cost.

The proper feeding of the elderly when in convalescent homes is clearly a matter of importance, and as a result of a recent enquiry into the most suitable diets for these patients, a pamphlet has been prepared entitled "Notes on Diets for Old People" containing suggestions for meals and a large number of recipes. Throughout the whole period of ageing much can be done towards maintaining health and working capacity by attention to feeding. The pamphlet, which will be published shortly, suggests practical ways and means of helping, and it is hoped that it will be found helpful wherever old people are accommodated, whatever the type of home may be.

CONVALESCENT HOMES

CONFERENCE OF MATRONS OF CONVALESCENT HOMES

The sixth annual conference was held on April 20 and 21, 1956, at Queen Elizabeth College, Campden Hill. As on previous occasions there were lectures and discussions which provided an opportunity for an exchange of views; about 200 people attended. These conferences provide an opportunity for social contacts and help to foster a corporate spirit among those who are concerned with the running of all types of convalescent homes.

VISITS TO CONVALESCENT HOMES BY HOSPITAL STAFFS

The need for members of hospital staffs to know more about the convalescent homes which receive their patients has been apparent for some time and the Fund has for the past three years arranged visits by parties of ward sisters from London hospitals. Encouraged by the success of these visits and the appreciation shown by the homes concerned, arrangements were then made for a visit by members of hospital medical staffs. Although it was difficult for the doctors to find time for a whole day's visit, a party of ten members of medical staffs attended a conducted tour of three convalescent homes in the Brighton area in September. The medical officers of the homes were clearly glad of the opportunity of meeting their colleagues from the hospitals and explaining the medical aspect of the work of the convalescent homes.

In April a mixed party of almoners and ward sisters, thirty-three in all, were taken to visit convalescent homes in Surrey and Kent.

EMERGENCY BED SERVICE

During the year the Service received 65,695 applications for admission to hospital. This is about the ordinary volume of work that the Service expects but there was, nevertheless, a period of severe strain in January and February, 1956, caused by the recurrent waves of unusually cold weather. Each of these was followed some five or six days later by an increase of applications, and the general effect was to keep the rate of applications unduly high for these two months. It was, in consequence, only possible for the hospitals to admit all the necessary cases by allowing overcrowding during this period.

The Service has now been running for seventeen years and is generally recognised as an indispensable part of the health service in London. It is now possible to look back and take stock of the position and this the Chairman, Dr. G. F. Abercrombie, was called upon to do at the Council meeting in December.

"In 1938," he said, "general practitioners in London received a neat card to say that if they would ring a certain number and give details, a new department of the King's Fund was ready to help them to get their urgent cases into hospital. The idea was so successful that, ten years later, the Emergency Bed Service was dealing with about 13,000 applications a year. When the National Health Service came in, that number was immediately doubled and soon redoubled, and to-day the Service, which is open day and night and which dealt with its 500,000th application in January, expects to receive about 65,000 applications each year.

"Twenty-seven minutes are required on an average to see a successful admission through from the general practitioner's initial call to our request for transport by ambulance. The busiest day ever recorded was December 9, 1952, at the time of the great fog, when 564 requests for admission were received in the twenty-four hours: 72 of these were for infectious disease, and as such cases are comparatively easy to admit, we do not include fevers when calculating our

EMERGENCY BED SERVICE

percentage of success. The remainder are called 'general acute' cases, and form the great bulk of the work. The daily totals of these cases vary so much that we prefer to use a weekly total, calculated each day and plotted as a graph.

"In summer, this weekly total falls below 800, and of these we admit 97%. The few not admitted are usually withdrawn by the applicant, either because the family have made other arrangements, or because a bed in hospital is no longer required. In winter-time, and particularly if there is an epidemic, the weekly total will be twice or even three times that of summer, and, as the hospitals fill, the admission rate tends to fall.

"We have two methods to meet crises. First, any individual patient for whom no bed can be found may be submitted, through a medical officer specially appointed by the Regional Hospital Boards, to the medical referee of that patient's Hospital Management Committee for immediate admission. I should like to emphasise here that every patient, represented to us as in urgent need of treatment which can only be obtained in hospital, does go in. Second, we have an elaborate warning system, calculated from the weekly total and based upon the percentage of admissions to applications; in other words, upon our percentage of success. Having set aside all admissions through the medical referee procedure—all those 'forced in' as we say—then, if the percentage of success falls below 85 a white warning is sent to all hospitals. This is a purely precautionary signal, saying in effect, 'E.B.S. is hard pressed, and may be in serious difficulties in a day or two'. If the percentage falls below 80, the warning is yellow, and if below 75, red. These are urgent calls for help and mean, 'The situation is serious. The resources of the Service are rapidly being exhausted, and for one patient in five . . . or even for one in four . . . no bed can be found.' On receipt of these warnings, hospitals take their pre-arranged action to provide more beds, and as a result of this co-operation, our percentage of success has not fallen below 80 since the influenza epidemic in February, 1953.

EMERGENCY BED SERVICE

"This instrument, therefore, the Emergency Bed Service, originally designed simply to save the time of the busy general practitioner and to direct his patient to an appropriate hospital, has now become an absolutely indispensable link between the two great partners in the medical service of London. But that is not quite all. The changing weekly total, as I have said, is written up each day, and as winter approaches, all eyes turn to the writing on the wall. What does it portend? What will tomorrow bring? This graph is considered by experts at the Ministry of Health to be the most sensitive index they have of the rise or fall of sickness among the people of London, and so the Emergency Bed Service has acquired a new function, namely, to give the medical administrator timely warning of trouble ahead."

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

Comment was made in last year's Report on the progress made in recent years in the treatment of the aged sick. The report contained a brief review of the various ways in which the Fund has endeavoured to help in this movement—by the making of grants, by the provision of homes for the aged sick working in close conjunction with some of the hospitals, and by the establishment of a special service now known as the Hospital Personal Aid Service for the Elderly. This service was developed under the auspices of the South East Metropolitan Regional Hospital Board but, as forecast in last year's Report, an arrangement was made in the course of the year whereby from August, 1955, the facilities offered were extended to all four metropolitan regional hospital boards. Each Board undertook to contribute £500 per annum towards the cost, and the Fund instead of making a grant to the South East Board, itself assumed responsibility for carrying the balance of the cost.

Under the new arrangements, visiting is carried out regularly in ten hospital groups within the Metropolitan Police

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

District and by special arrangements in five others outside this area. Since many enquiries are received about the operation of this service a brief description follows :

The chief objects are :

To keep waiting lists "live" by removing names of those who have died, recovered or left the district, and any others whose change of circumstances have not been reported to the hospital.

To look for and, with the agreement of the hospital concerned, to arrange alternatives to admission wherever possible.

To suggest to the hospital the degree of priority of admission based on social grounds in cases where admission seems to be inevitable.

It will be seen, therefore, that the service is continuous in that it undertakes to assist not only those who have remained on waiting lists for a long time but also those for whom application for admission has just been made. In carrying out these objects the service works closely with the hospital doctor who gives the names and addresses and brief details of the cases he wishes to be visited. A social visitor calls at the patient's house and later submits to the hospital a report giving, first, particulars of any recent changes in the physical condition of which she is told and which she considers will be of interest to the hospital. She then gives details of the social circumstances, whether there are relatives able to give adequate care, accessibility to bathroom, lavatory, and so on. The report ends with a recommendation. If admission to hospital appears to be necessary then the degree of urgency is stated. If, on the other hand, it seems possible to maintain the patient out of hospital the visitor suggests the kind of help needed to make this possible. This help might include admission to a welfare home, the provision of home help or district nurse, laundry, meals, medical appliances, etc. After receiving the report the hospital may ask the service to carry out the suggestions it has made.

There are many factors aggravating the problem of shortage of beds. It is with them that the service is concerned.

The first is the waiting list itself. Visits to the homes of 5,626 patients from 1951 to 1955 revealed that 853 (15%) were dead or had already been admitted although their names were still on the waiting lists. At first sight it may be thought that to remove such cases from the waiting lists does little to affect the ultimate problem, namely that of finding accommodation for those in need of it. Experience has shown that it has a very important effect. One

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

hospital group had a waiting list which had not fallen below 110 for a very long time. It was found on visiting that 81 of these patients were dead or had already been admitted ; various arrangements were made for 24 others, leaving five patients needing admission and these were then all found beds within a fortnight.

The second factor is the tendency of the general practitioner to refer cases to his hospital to "sort out". This may in itself be correct, for no one would wish to stand between the practitioner and his hospital. It is, however, essential that there be proper machinery for this "sorting out" process as otherwise many people will remain on waiting lists for hospital accommodation which they do not need. It is often found that a doctor who has applied to a hospital for the admission of a patient readily agrees to the patient's being admitted to a welfare institution instead, if it is suggested to him. Of the 5,626 patients visited by the service, 2,064 (37%) had other arrangements made for them, which enabled them to be taken off hospital waiting lists. The service is able therefore to provide the machinery for directing cases into the right channels and thereby to save hospital beds.

A third factor is the way in which hospital beds are often used. When the service began none of the patients it first visited on the waiting list had been seen by a hospital doctor or almoner, and it was the general practice, when vacancies arose, to admit patients in the order in which they appeared on the list or sometimes to take in those on whose behalf the most representations were made, without assessing the medical or social urgency. This often led to beds becoming occupied by patients who could respond to no treatment and whose stay was very prolonged, while those in the early stages of illness, whose stay in hospital would be comparatively short, had to wait so long that their chance of recovery or even of improvement was greatly reduced. Through social visiting, not only are those living in distressing circumstances given high priority for admission but also those needing urgent treatment are certain of only a short wait.

There seems no doubt that many of the cases removed from hospital waiting lists would eventually have entered hospital if they had not been visited.

DIVISION OF HOSPITAL FACILITIES

HOSPITAL COSTING

Reference was made in last year's Report to the Working Party on Hospital Costing set up by the Minister of Health "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 ; 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".

The report of the Working Party was published in July, 1955, and received favourable comment in the hospital press, both in Britain and in countries abroad. It recommends that departmental costing be developed gradually ; that, at first, the main scheme be introduced into hospitals of the acute and mainly acute type (and other hospitals, at discretion) with an annual expenditure, less direct credits, of £150,000 or more, and ultimately to all such hospitals with an annual expenditure of £100,000 or more. Selected hospitals are, from the outset, to undertake by way of experiment certain extensions to the main scheme whereby wards dealing with different specialties, operating theatres, nurses' homes, etc. will be costed separately. Hospitals outside the main and extended schemes are to undertake a simplified form of costing based on the subjective analysis but bringing together related items.

The report of the Working Party and observations thereon by various hospital organisations to whom it was submitted were considered by the Minister. He has now informed hospital authorities that he has accepted the recommendations and that they are to be implemented as from April 1, 1957. The report of the Guillebaud Committee into the cost of the National Health Service also recommended the adoption of the Working Party's report.

DIVISION OF HOSPITAL FACILITIES

The King's Fund welcomed the opportunity of playing a leading part in the movement which has led to the introduction of a more enlightened system of hospital accounting which, it is convinced, will be of permanent value to hospital administration.

Two special investigations were made during the year on the subject of unit costs (a) for operating theatres and (b) for hospital laundries.

ELECTRONICS IN HOSPITAL ACCOUNTING

In December, 1955, the Minister of Health appointed a Committee "to study all available information about existing electronic devices and their potential development; to consider their possible application to hospital accounts and costing; and to estimate what the cost might be of introducing them, and what savings would follow". The Committee is composed as follows: Ministry of Health, 3; H.M. Treasury, 1; Regional Board Treasurers, 2; Finance Officers, 3; Nuffield Foundation, 1; King Edward's Hospital Fund, 1.

The Committee starts under the handicap of having little knowledge of (a) the "work load" and how this load is borne, and (b) the methods of accounting now in use by the various hospital authorities (individual hospitals, regional hospital boards, hospital management committees). Some investigations have already been made to ascertain this information, and later arrangements will be made to visit industrial concerns where electronic devices of one kind or another are now in use.

The increasing need for the prompt submission of information for management purposes will certainly necessitate changes in methods of much of the work coming under the heading of finance, accounting and statistics, but until investigations are completed it is not possible to indicate what form these changes should take and how far it is necessary for hospitals to go in the direction of mechanisation, electronic or otherwise. There are many alternatives, e.g., streamlining of existing procedures; reorganisation of staff duties; improved manual methods; centralisation of work

DIVISION OF HOSPITAL FACILITIES

now decentralised and vice versa (geographical difficulties in the case of hospital management committee groups may render the former less effective and economical than is generally supposed); introduction of the more general mechanical equipment (accounting typewriters, calculators) ; and introduction of punched card equipment, leading up to electronic equipment where this can be justified. A most important principle involved in these considerations is that of the level at which this type of work should be centralised, e.g., at hospital, management committee, regional board or Ministry level.

PURCHASE OF HOSPITAL SUPPLIES

The Committee appointed by the Minister of Health in January, 1955, to consider this important subject is continuing its work. Although hindered by lack of specific information and the great variety of methods of purchasing now in use it has made appreciable progress.

GENERAL INFORMATION BUREAU

The work of this section of the Division continues to grow both in the number of authorities and individuals asking for information and advice and in the number of subjects upon which enquiries are made. This is due in large measure to the fact that each year more hospitals get to know of the help that the Division can give them. Generally, the enquiries are about evenly divided between planning and equipment.

DIVISION OF NURSING

STAFF COLLEGE FOR WARD SISTERS

This, the first of the three Staff Colleges set up by the King's Fund, has now completed seven years of very active work. By the end of 1955, 395 ward sisters or staff nurses had taken the twelve-week preparatory courses, and 228 senior ward sisters the four-week refresher courses, giving a total of 623. It is estimated that about one-sixth of these have since married, and about one-twelfth gone abroad. A few have become nurse administrators or sister tutors, or left hospital for other branches of nursing, but the great majority are still working as ward sisters. Thus the College is fulfilling the purposes for which it was founded: not only to give adequate preparation for the manifold responsibilities of a ward sister, but also to underline the importance of this key post in the hospital service and to encourage nurses to remain in it permanently rather than to regard it as a step in the ladder of promotion or useful experience to have had for a short time.

The Fund's Report for 1949, referring to the first year's work of the Staff College, commented: "It would be unwise to appraise the success of the courses until the 'old students' have been ward sisters for some time and have shown whether in fact they are better able to teach their student nurses and to administer their wards efficiently than their colleagues who have not taken a special course." The fact that the demand for the courses continues unabated, and that all the year round the hospitals are willing to accept the difficulties of seconding and replacing responsible members of staff for twelve or four weeks, seems to demonstrate that these aims also are being fulfilled.

During the year 1955 there were two preparatory courses and two senior courses, one for sisters from hospitals that are training schools for assistant nurses, and a special course for ward sisters and male charge nurses from mental and mental deficiency hospitals. This last is one for which the need seems very great. The results give much encourage-

STAFF COLLEGE FOR WARD SISTERS

ment and lead to the conclusion that this is one of the most valuable spheres of activity for the College. A similar course was therefore arranged for January and February, 1956.

The great shortage of therapeutic dietitians at the present time has thrown the responsibility for preparing the special diets on the catering officer and his or her staff in many hospitals. It is felt that ward sisters should be able to give help and guidance here, and as an experiment one week of the preparatory course is to be devoted to lectures, demonstrations, discussions and visits relating to the feeding of patients and the arrangement of special diets.

STAFF COLLEGE FOR MATRONS

The main activities of the College are : to give a one-year preparatory course for junior nurse administrators and four-week refresher courses for matrons ; secondly, to keep in touch with and to provide a meeting place for those who have passed through the College ; and, thirdly, to arrange for the special study and discussion of problems arising in the sphere of nursing administration and training. In all these activities, the nursing service is considered not as a self-contained department, but as a main function of the hospital which should always be closely integrated with its function as a medical centre and with the provision of all other services for the patients through the central administration of the hospital or group. Beyond this, the hospital service is seen against its historical background and within the setting of the whole health service.

In 1955 the second one-year course was completed, and all who took it have since been appointed to more responsible posts. For the third one-year course beginning in September, 29 candidates were nominated by their boards of governors or hospital management committees, but it is considered advisable to limit all groups to about a dozen, if full benefit is to be obtained. Many additional enquiries are received, about both the preparatory and the refresher courses, but it is clear that the length of the courses is felt to present a

difficulty in many cases, particularly now that ordinary annual leave for senior nursing staff has been increased. Here again, after careful study of the results of the existing courses, and after discussion with those who have taken them, it is considered that neither a shorter preparatory course nor shorter refresher courses would be of proportionate value.

The last two Annual Reports have dealt in some detail with the syllabus of the preparatory course. The students' five-week term of field-work in industry, while still resident at the College, is regarded as an important element in the preparation of the nurse administrator for her future responsibilities.

One new development last year was that during the three weeks' "individual assignment" towards the end of the course, three members whose previous experience and whose work warranted it were sent at their own request on a study tour to Holland, one to observe the mental health services, the administration of mental hospitals and the work of mental nurses; one to observe the organisation of the midwifery services and the training of midwives and maternity nurses; and one the care of babies and children in hospital and the home, and the recruitment and training of children's nurses, health visitors and midwives. Excellent reports on these studies were presented, and articles by one of the group have been published in the *Lancet* and the *Nursing Times*.

The aims of the four-week refresher courses for matrons of any degree of seniority are no less ambitious. Sir Richard Livingstone has written recently that the growth of colleges and centres for adult residential study is one of the most interesting developments of post-war Britain. "The aim is to keep people up to date in their life-work, to give them a chance to think about what they are doing, to refresh and reorientate their minds, to break the crust of unthinking routine and habit which slowly cramps the growth of the mind, to bring new life and vigour to its slowing activities. They can be compared to the periodic repainting which maintains a house in good condition, to the periodic overhaul which keeps a car fit for the road. No doubt in all occupa-

tions they will be increasingly recognised as essential for high efficiency". But, as he says, men are something more than their occupations ; they are human beings, with capacities for development largely unrealised, moving in a world of infinite interest. Another motive in adult education, therefore, is to provide refresher courses for the human spirit. A third is to give freedom for a period from the distractions and worries of normal life for the pursuit of interests outside the bread-winning occupation, in the company of others who are bound on the same quest, since "mind sharpens mind and learns from mind."

These are the aims in the two refresher courses held annually. Much of their value comes from the opportunities given to the members to consult together, both in informal conversation and in more organised group discussion. The method of case discussion is also felt to be of use in bringing to light those principles of administration and of good relationships which may sometimes be obscured by routine and hurry, and by the unrecognised remnants of a too rigid authoritarianism, to which few if any would now subscribe. The comments of those who have taken the courses seem to justify the hope that these three aims are being realised in some measure. Perhaps three among many might be quoted: "I have plunged right back deep into all kinds of problems, with one difference—I am ready to face and cope with them, I would not have missed the opportunity to attend that course for anything and I am deeply grateful both to the King's Fund and to my hospital management committee for having allowed me to attend". "Looking back over the last month I think it was one of the happiest times I have spent for a long time. It was wonderful to have sufficient time to hear of so many new and interesting things related to our work, without having the day-to-day worries of hospital life to distract one and it was delightful to make so many new contacts with interesting people. I shall be grateful if you will kindly convey to the Committee of the King's Fund my grateful appreciation of all the arrangements they have made in providing for matrons this very valuable course in

such a pleasant, comfortable and efficiently run home". "It has indeed been a stimulating and enjoyable experience. Not only have I gained knowledge but I have had time to reassess my sense of values".

While members from mental hospitals are welcomed on any of the courses, a four-week refresher course was planned specially for matrons and chief male nurses from mental and mental deficiency hospitals for the spring of 1956. The five matrons and seven chief male nurses who attended were full of appreciation. Some said that in all their working life this was the first opportunity they had had to discuss their work with colleagues from other hospitals in this practical way, and that it had stimulated initiative and renewed their confidence to tackle problems which had sometimes seemed insurmountable. They also gained from the various speakers a wider conception of the care and treatment of those with mental disorders, within hospital and in the community. The results of this experimental course give encouragement to make it a permanent feature of the programme at the Staff College.

In addition to short reunions of a social character, a new type of week-end conference has been arranged for all former students of the preparatory courses. This will provide opportunities for hearing of progress and achievements since the course, as well as for discussion of problems coming within the experience of nurse administrators. It should also afford some guidance in the arranging of future courses, since their content is never repeated exactly but is considered afresh every time.

The College was glad to welcome the regional nursing officers from all parts of the country, who came for a one-day conference presided over by Dame Elizabeth Cockayne, Chief Nursing Officer to the Ministry of Health.

NURSING RECRUITMENT SERVICE

The Nursing Recruitment Service was set up by the Fund in 1940. In only one year since that time—1943—has the number of new applicants to the Service been as large as it was in 1955. Though many hospitals are still short of nursing staff, it is remarkable that the numbers coming forward for nursing keep up as they do, when there is such keen competition from innumerable other occupations offering attractive conditions to girls and young women. Leaving aside the more adventurous or glamorous careers, a girl with a minimum of training and efficiency can now earn a good salary in a five-day week. It is clear that the much earlier marriage age at the present time and the wide choice of work available have led to a changed outlook. Though the desire to be of service is still there, relatively few girls now aim at a permanent career which will offer them independence and satisfying work. Posts are held for a few months and then left for some other occupation.

Of those who are still prepared for the long training required for full qualification in nursing, possibly a higher proportion than ever seek to enter one or other of the teaching hospitals. As a result, the work of the Recruitment Service in dealing with the disappointed surplus at these hospitals, and trying to persuade them that a good training may be had elsewhere, remains among the most important of its activities. Another, and a very time-consuming one, is the advisory work on "bridging the gap", and the attempt to remain in touch with and retain the interest of every girl from the age of fourteen or fifteen who has consulted the service until she is old enough to become a student nurse. For this reason the number of new applicants represents only a fraction of the total number of candidates dealt with in the course of the year, since correspondence and interviews continue with many who applied in earlier years. Some indication of the "turnover" of the Recruitment

NURSING RECRUITMENT SERVICE

Service is given in the following table :

	<u>1955</u>	<u>1954</u>	<u>1953</u>
New applicants	5,989	4,700	4,509
Candidates traced through to their acceptance for training	1,593	1,683	1,604
Candidates for whom other nursing employ- ment has been found ..	211	258	255
Interviews given to candi- dates	2,275	2,501	2,731
Letters received	14,403	11,781	11,994
Letters sent out	18,343	15,620	16,276
Talks in schools	108	121	55
Talks to other groups (Parent Teacher Asso- ciations, Youth Groups, etc.)	14	10	6
General enquiries on nur- sing matters not related to particular candidates for training	616	517	509

It will be seen that the total of those accepted for training has not risen proportionately to the new applications. This is due partly to the long time-lag between applying for advice and entering hospital, but also to the fact that much of the increase can be traced to the applicants from overseas, for many of whom it is not possible to find vacancies, at any rate without considerable delay.

Public relations work for nursing has as usual taken many forms. Much appreciation has been shown for the talks on nursing and the advice given in schools, and several of the well-known schools have sent donations to the Fund after such talks.

DIVISION OF NURSING

The leaflets "Nursing at the present day" and "A Career for you" have been rewritten, and revised editions have been issued.

The problem of staffing the mental and mental deficiency hospitals remains an urgent one, and the Recruitment Service, while giving what help it can, is no more able to solve it than the hospitals themselves. Experience gained through interviews and correspondence with male candidates leads to the conviction that one of the most effective means of recruiting and retaining staff would be to provide more accommodation for male nurses, both married and unmarried. In particular the man who has completed his National Service and married, or the older man coming into nursing, finds it impossible to meet the cost of a furnished house or flat, or such other accommodation as may be available in the neighbourhood, during the three years when he is receiving only a training allowance as a student nurse. Many give up training, or leave shortly after training, for financial reasons. Some idea of the urgency of the need may be gained from the fact that while there are over 91,700 beds for male patients in mental and mental deficiency hospitals, only 671 male nurses qualified in 1953 and 460 in 1954.

COURSES FOR THOSE RESPONSIBLE FOR DOMESTIC MANAGEMENT

In 1955 the National Institute of Houseworkers asked the Fund to consider the possibility of offering short refresher courses for those responsible for the hospital domestic services (whether as domestic superintendents or assistant matrons or administrative sisters), to help them in providing training for their staff. The high turnover rate in domestic employment makes the need for training in the right attitudes to work and in the actual domestic techniques, including the use and care of labour-saving equipment, an urgent one. A week's course was offered by the Fund in co-operation with the Institute in December, 1955, accommodation for it being provided at the Fund's School of Hospital Catering. The response was beyond all expectation. Eighty-four

DIVISION OF NURSING

applications were received for the fourteen places available. The course included sessions on "The domestic worker herself", "Fitting out the domestic worker", "How to get training across", "Our responsibility in maintaining good staff relations", as well as demonstrations on the use and care of cleaning materials and equipment, mechanical and otherwise, teaching practice by the members, and visits. A follow-up conference about three months later gave great encouragement that the course had been found of practical value, and also afforded an opportunity of discussing difficulties not yet solved. Two similar courses are being offered by the Fund in 1956, again at the School of Catering. It is hoped that the promotion of in-service training, and of interest in the saving of labour, will not only increase the efficiency of the domestic services but also bring down the high wastage rate among hospital domestic assistants.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

"The development of the National Health Service is one among many public tasks in which objectives and standards must be realistically set and adjusted as time goes on both to means and to needs"—Report of the Guillebaud Committee, 1956.

"The biggest problem of size is the problem of growth, the problem of changing from one size to another : and the problem of growth is largely one of management attitude : the requirement for successful growth is primarily the ability of management drastically to change its basic attitudes and behaviour"—Peter F. Drucker, 1955.

After nearly eight years' operation of the National Health Service the Guillebaud Committee have drawn attention to what they consider to be weaknesses in the administration of the service and they have made a number of detailed recommendations as to procedure and practice. Whilst opinion may vary on the detail, some of the major problems of administering this great social experiment have now clearly emerged. The problem of growth and the change in the control of the hospitals in July, 1948, have thrown up the need to consider objectives and standards and to assess the results of organisation and management.

NATIONAL TRAINING SCHEME

It is in line with a recommendation of the Guillebaud Committee that a National Selective Recruitment and Training Scheme in Hospital Administration, in which the Hospital Administrative Staff College has been invited to play an important part, has recently been announced. The aim of the scheme is to assist in making available men and women of ability and experience to fill the senior posts in the hospital service. The arrangements provide for the selection and training for senior posts of the younger officers in the hospital service who are showing promise, and for the recruitment and training annually of a small number of university graduates and other professionally qualified entrants who are attracted to the service as a career and who might be expected to be capable of future promotion to senior posts.

The arrangements for recruitment and selection will be on a national basis. The Selection Committee will be

composed of representatives of the employing authorities, hospital administrators and the training institutions, together with one member experienced in selection for similar purposes. At the outset the maximum annual number of trainees will be sixteen, which represents a proportion only of the expected annual wastage from senior administrative posts in the hospital service.

The training will be for a maximum period of three years and the arrangements for training will be undertaken by Manchester University and the Hospital Administrative Staff College, each of these training institutions undertaking responsibility for about half of the trainees.

The training arrangements in the initial stages of the scheme will necessarily be to some extent experimental. Broadly, the object will be to give the training during the first and second years of the course with experience of practical work in hospitals and in Committee and Board offices and with work at a training institution. During the third year the trainee will occupy an administrative post on the staff of a Board or Committee in which increasing responsibility will be taken for a branch of the work.

The experience gained by the Hospital Administrative Staff College during the last five years in holding a two-year training course and, also, a number of three-month courses will be a valuable asset in respect of the work to be done for the national training scheme. The short courses have proved to be particularly valuable to some of the younger men and women in the hospital service and it is hoped that, in addition to the demands made by the national training scheme, it will be possible, occasionally, to hold a two or three month course for those not eligible for the national scheme.

Whilst the general objectives of the Hospital Administrative Staff College remain the same as in 1951, when the Staff College opened, the channels of thought have been considerably widened by the results of Health Service enquiries (e.g., the Bradbeer and Guillebaud Committees and the Report on Hospital Costing) and by movements in

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

industry (e.g., organisation and method, operation research, time and motion study, work study, mechanisation and automation).

Problems, for example, of hospital group administration, of the various tiers of authority, of committee work, of prompt decisions and of the proper service to the hospital patient remain to be resolved within a government controlled organisation. But these are not problems of frustration but of an exciting challenge to those associated with the hospital service.

It is in the light of these considerations that the work of the Hospital Administrative Staff College has developed. Since 1951 over 460 senior administrative officers have attended Staff College courses and, of these, one quarter have returned for one-week conferences. Over 150 lecturers have assisted in the discussions and exchange of information on the more pressing problems.

REFRESHER COURSES

Seventeen separate courses for group secretaries and deputies, twelve for hospital secretaries and four for chief financial officers have now been held. Some of these have been held concurrently, notably those for group secretaries and chief financial officers, with effective results. As most of the available general hospital group secretaries from the metropolitan regions have now attended courses, a special emphasis will be placed on the mental hospital service for the benefit of the mental hospital group secretaries who require a course adjusted to their needs. It is hoped during the autumn of 1956 to hold a special course for the secretaries of Regional Hospital Boards.

REUNION CONFERENCES

These conferences, each lasting one week, are held for those who attended refresher courses some three years previously. They provide for a fresh stimulation of thought and ideas. At the time of writing eight such conferences have been held.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

STUDY GROUPS

Detailed studies have been continued, mainly to assist the tutorial work. In the autumn a period was set aside for tutorial staff discussions and valuable assistance was obtained from a number of experts in particular subjects. The discussions included such matters as the function of the hospital administrator, psychology and administration, medical and nursing aspects of administration, industry, organisation and method, visual aids in the lecture room and the committee at work.

OTHER COURSES AND WORK

In addition to the proposed special courses for regional hospital board secretaries and for mental hospital group secretaries a course for senior administrative officers was held in March, 1956, and a "pilot" course for hospital chaplains, in response to a special request, has also been held.

A steady flow of visitors and guests—those associated with or interested in the National Health Service, including members of courses from the Staff College for Ward Sisters, the Staff College for Matrons and the School of Hospital Catering—has continued throughout the year. They have come both to enquire and to contribute, and tutorial staff and members of courses have benefited considerably. Most appreciative thanks are due to all those, lecturers and others, who have contributed so much to the work of the College. Generous tributes have been received from members of courses and others:

"It has long been my ambition to attend a course at the Staff College and I could not have been more fortunate in the one in which you allowed me to take part. I feel that I have absorbed a large number of new ideas and over and above this I am conscious of a broadening of outlook which is so welcome when one has been doing the same job for a number of years."

"Thank you very much indeed for admirable refreshment and stimulation of mind and outlook".

"The course was by no means a holiday: it was most refreshing and from all points of view a great benefit to me".

HOSPITAL CATERING

CATERING ADVISORY SERVICE

Throughout 1955 the Fund's efforts to improve hospital catering were maintained at full pressure. Twenty more catering surveys embracing either kitchen planning, catering equipment, costing or catering administration were undertaken by the Hospital Catering Advisory Service, and a further seventeen hospitals received detailed advice on specific catering problems. There was a steady demand for the more recent catering circulars, particularly "General Hospital Diets", which is a guide to the cost of feeding patients in general hospitals. It 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. A new edition of the circular with up-to-date figures of cost will be published shortly.

CATERING IN MENTAL HOSPITALS

The detailed information obtained by the Catering Advisory Service in the course of their surveys, as well as by members of the Hospital Catering and Diet Committee during their visits to mental hospitals, has brought confirmation of the widely accepted need for a radical improvement in the whole range of catering in mental hospitals. The tradition that mental patients need only one substantial meal in the day, and that most of them are oblivious to what they eat or how their food is served, dies hard. Because of this belief the kitchens of most mental hospitals were designed, equipped and staffed to provide a simple, inexpensive, repetitive diet, planned round a two-course hot meal at mid-day. Reliance on patients for much of the kitchen work affected not only the standard of cooking but also the type of equipment, hence the outsize boiling pans and banks of steaming ovens that are still to be found in many a mental hospital kitchen.

HOSPITAL CATERING

Today, even the most progressive and diet-conscious mental hospital management committee may well be at a loss as to how to proceed. Among the obstacles to good catering confronting them may be a badly designed, ill-equipped kitchen serving 2,500 meals at mid-day ; unsatisfactory means of distributing food to the wards, aggravated by long hauls out of doors to distant villas and the absence of lifts in multi-storey blocks ; ward or villa kitchens that are inadequately equipped and too cramped for a proper service of meals ; shortage of trained staff in the main kitchen, coupled with a decline in the proportion of patients available for work in the kitchens : and as a final straw, a chronic lack of money for the catering department.

Since the majority of mental hospitals—thirty-one out of forty-seven in the four metropolitan regions—have more than 1,000 beds, and since most (if not all) of them prepare the main meals for both patients and staff in a central kitchen, it follows that very often upwards of 2,500 and even 3,000 mid-day dinners have to be cooked in the same place at the same time. Now it is generally recognised that even under favourable conditions, with good equipment and competent staff, the maximum number of meals which can be cooked in a single kitchen, without deterioration in the standard of preparation, palatability, and nutritive value, is in the region of 1,500. Furthermore, in a large hospital kitchen there is the added complication that the bulk of the meals must be ready for distribution simultaneously and at a fixed time. This cannot be achieved unless the preparation of some of the components of the meal is started long in advance, with all the spoiling of the food that this entails.

When the moment for distribution comes, new difficulties arise. In many mental hospitals the food is loaded into metal containers, which may or may not be insulated but which certainly are not pre-heated. These containers then have to be transported to the wards, which may be in blocks or villas. Some will be a long way from the kitchen, and by

HOSPITAL CATERING

the time the food has reached the ward half-an-hour or more may have elapsed. In many hospitals the conveyance of the containers to the wards is also a problem ; they must either be pulled on trolleys through the hospital grounds to the villas, or man-handled up awkward stairs to upper-storey wards. Even where adequate electric power is available in the kitchen, the use of pre-heated electric trolleys with fitted containers is not necessarily an ideal solution, if only because of the large numbers involved. The standard trolley of this kind is reckoned to carry enough food for thirty persons ; so a hospital with 2,000 patients will need sixty-six trolleys. The difficulty of storing and loading such a fleet of trolleys in one kitchen needs no comment.

When the food takes a long time to reach the ward it may have to be warmed up, and this means delay, extra work and some loss in food value. In many wards patients take their meals in a dining-room or day-room which is usually near to the ward or part of it. The charge nurse who has to reheat the food for 50-100 patients, portion it and serve it on plates, cannot be blamed if speed is the first consideration. Though many patients may be unaffected by the conditions in which they eat, there must be many others, especially among the voluntary admissions, who are upset by austerity crockery and slapdash service.

The equipment and design of many ward kitchens need bringing up to date, particularly by the provision of water boilers for making hot drinks, double-compartment sinks, boiling plates and grills and, where food is kept overnight, refrigerators. The size of this problem is shown by a recent estimate that it would need about £20,000 to bring the forty-two ward kitchens in one large mental hospital up to standard. Replanning these ward kitchens has been made more difficult by the fact that no two of them have identical dimensions.

And what of the meals when they are finally served to

HOSPITAL CATERING

patients? Below is a menu for a week in November, 1955, from a mental hospital in the metropolitan area, with more than 2,000 beds. The hospital was built towards the end of the nineteenth century, since when there have been few changes in the main kitchen, apart from the installation of a new range of boiling pans. The cost of feeding per head per week was 16s. 6d., the weekly figure for the general hospitals in the same region being £1 6s. 9d.:

	<i>Breakfast</i>	<i>Dinner</i>	<i>Tea</i>	<i>Supper</i>
<i>Sun.</i>	Fried Bacon Marmalade Tea	Roast Beef, Greens & Potatoes Fruit Pie & Custard	Cake Tea	Luncheon Meat Cocoa
<i>Mon.</i>	Porridge Marmalade Tea	Brown Stew Butter Beans & Potatoes Date Roll	Jam Bread & Margarine Tea	Cheese Cocoa
<i>Tues.</i>	Fried Bacon Tea	Cornish Pasty Greens & Potatoes Plums & Custard	Fruit Tea	Tinned Herrings Cocoa
<i>Wed.</i>	Boiled Egg Marmalade Tea	Fried Fish Baked Beans & Potatoes Rice Pudding	Bread & Margarine Jam Tea	Meat Soup
<i>Thurs.</i>	Fried Bacon Tea	Meat Pies Peas & Potatoes Apples & Custard	Buns Tea	Cheese Cocoa
<i>Fri.</i>	Sausages Marmalade Tea	Roast Mutton, Greens & Potatoes Fig Roll & Custard	Paste Bread & Margarine Tea	Meat pies Cocoa
<i>Sat.</i>	Porridge Marmalade Tea	Boiled Bacon Greens & Potatoes Sago Pudding	Jam Bread & Margarine Tea	Sausage Rolls Cocoa

In most mental hospitals supper is finished by 6 p.m., and for many of the patients it must be a long wait until breakfast, on cheese and cocoa or a bowl of soup. The fact must, however, be faced that any attempt to give a more substantial or later supper will run up against the problem of staff. Most mental hospital kitchens are worked on a single shift, concentrating on the mid-day meal, and with a minimum number of cooks preparing breakfasts and suppers. Any improvement in either of these meals, or any postpone-

HOSPITAL CATERING

ment of the supper hour, must mean the employment of more cooks in preparation and more labour in distribution.

In the past, mental hospitals have relied on patients' labour for much of the work in the kitchens, but lately this source of supply has been steadily contracting, mainly because of the growing numbers of voluntary patients. At the same time, the difficulties of recruiting trained kitchen staff are even more acute in mental than in other hospitals ; so, even if larger kitchen establishments were sanctioned, it is very doubtful whether the additional places could be filled at the present rates of pay and in existing working conditions.

The difference in the amounts spent per person per week on food in mental and general hospitals is shown by the following figures in two metropolitan regions :

	<i>Mental</i> (including mental deficiency)	<i>General</i>	<i>Difference</i>
	s. d.	£ s. d.	s. d.
Region A ..	19 1	1 6 9	7 8
Region B ..	17 8	1 7 6	9 10

How the saving is effected may be seen from the following analysis based on figures obtained in recent surveys in the four metropolitan regions by the Fund's Catering Advisory Service :

<i>Average weekly expenditure per head</i>				
<i>Item</i>	<i>Mental</i>	<i>General</i>	<i>Difference</i>	
	s. d.	s. d.	s. d.	
Milk	2 6	5 0	2 6	
Meat	3 8	4 10	1 2	
Poultry	1	11	10	
Fish	10½	1 7	8½	
Fruit and vegetables	2 6½	3 6	11½	
Groceries ..	8 0	10 7	2 7	
	17 8	26 5	8 9	

HOSPITAL CATERING

These figures show a remarkable difference between the standard of feeding in our mental and general hospitals. Admittedly there is a greater proportion of really old patients in mental hospitals, whose appetites are often smaller than the average. On the other hand, most of the younger patients are ambulant and many are active compared with the great majority of general hospital patients who are confined to bed.

More money to buy provisions is, however, only half what is required. If the other handicaps to a proper standard of catering in our mental hospitals are to be overcome, a far-reaching programme of decentralisation and re-equipment, combined with an expansion and upgrading of catering staff, will have to be undertaken. Only a detailed survey of all the mental hospitals could show how much such a programme would cost.

In the meantime, and as a step towards a fuller understanding of the problems and needs of catering in mental hospitals, the Fund held a one-day conference at the School of Hospital Catering on May 2, 1956. The theme of this conference was better food in mental hospitals, and the subjects discussed were the medical aspect of feeding mental patients, better menus, the distribution and service of meals to patients in wards and villas, and the size, equipment and staffing of mental hospital kitchens.

SCHOOL OF HOSPITAL CATERING

The year 1955 was also a busy one at the School of Hospital Catering. The number of students attending courses at the School was 184, one less than in the previous year, but the total of those members of courses at the Fund's other training establishments who came to the School for half-day sessions increased from 160 to 197. A feature of the year's programme was the introduction of special courses of a week's duration, in nutrition and staff management, both of which proved successful and are to be repeated in 1956.

HOSPITAL CATERING

CATERING GRANTS

Grants to both general and mental hospitals within the London area to assist them in improving their catering departments reached a new level of £46,450, the figures for the two preceding years being £32,110 and £23,080, respectively. This increase was made possible by the Fund's decision to allocate £50,000 for catering grants to general hospitals for the two years 1955 and 1956, and a similar sum for mental hospitals for the three years commencing on January 1st, 1955. In all, nineteen grants were made in 1955, seven to mental and twelve to general hospitals, ranging between £200 and £5,500, for the purchase of food trolleys and improvements to main and ward kitchens, staff canteens and dining rooms, major items of kitchen equipment and for diet kitchens. There is every indication that this pattern will be repeated in 1956.

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

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

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MR. F. A. LYON, O.B.E.

MR. S. W. BARNES

MR. B. LEES READ, O.B.E., A.C.A.

DR. W. J. GILL, M.D., F.R.C.S.

MR. S. R. SPELLER, LL.B.

MR. C. R. JOLLY

HOSPITAL PERSONAL AID SERVICE COMMITTEE

SIR ZACHARY COPE, M.S., F.R.C.S., Chairman

DR. G. F. ABERCROMBIE, V.R.D., M.D.,
B.CH.

HON. MRS. JOHN MULHOLLAND

BRIGADIER GLYN HUGHES, C.B.E., D.S.O.,
M.C., D.L., M.R.C.S., L.R.C.P.

DR. J. A. SCOTT, O.B.E., M.D., D.P.H.

MR. C. S. B. WENTWORTH-STANLEY

LIST OF HOSPITAL VISITORS

- | | |
|--|---|
| DR. G. F. ABERCROMBIE, V.R.D., M.D.,
B.CH. | LORD ASHBURTON, V.L., J.P. |
| MISS J. K. AITKEN, C.B.E., M.D., F.R.C.P. | MR. L. E. D. BEVAN |
| MR. L. R. BROSTER, O.B.E., F.R.C.S. | MR. R. BLUNDELL, B.A. |
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| DR. GEORGE GRAHAM, M.D., F.R.C.P. | SIR CECIL GRIFFIN, C.S.I., C.I.E. |
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F.R.C.P. | COL. W. CHURCHILL HALE, O.B.E., M.C.,
T.D. |
| DR. CHARLES HARRIS, M.D., F.R.C.P. | MR. S. C. HARRIS, J.P. |
| DR. KENNETH HARRIS, M.D., F.R.C.P. | HON. SIR ARTHUR HOWARD, K.B.E., C.V.O.,
D.L., J.P. |
| DR. J. P. HEDLEY, F.R.C.P., F.R.C.S.,
F.R.C.O.G. | MR. FREDERICK LAWRENCE, J.P. |
| DR. F. AVERY JONES, M.D., F.R.C.P. | LORD LUKE, T.D., D.L., J.P. |
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| SIR GEOFFREY KEYNES, M.D., F.R.C.P.,
F.R.C.S., F.R.C.O.G. | MR. J. MAITLAND, O.B.E., M.C., T.D., J.P. |
| MISS K. G. LLOYD-WILLIAMS, C.B.E.,
M.D., F.F.A.R.C.S. | HON. LADY MONCKTON, C.B.E. |
| MR. E. K. MARTIN, M.S., F.R.C.S. | SIR DESMOND MORTON, K.C.B., C.M.G.,
M.C. |
| MR. R. W. NEVIN, T.D., M.A., M.B.,
F.R.C.S. | HON. MRS. JOHN MULHOLLAND |
| PROFESSOR F. C. ORMEROD, M.D., F.R.C.S. | MARQUIS OF NORMANBY, M.B.E., J.P. |
| DR. KENNETH ROBSON, M.D., F.R.C.P. | MAJOR R. O'BRIEN, M.V.O., T.D. |
| DR. S. COCHRANE SHANKS, M.D., F.R.C.P.,
F.F.R. | MR. JAMES PATERSON, M.C. |
| MR. A. H. M. SIDDONS, M.CHIR., F.R.C.S. | LORD RITCHIE OF DUNDEE |
| MR. NORMAN TANNER, CH.B., F.R.C.S. | MAJ.-GEN. SIR HORACE ROOME, K.C.I.E.,
C.B., C.B.E., M.C., D.L. |
| MR. S. F. TAYLOR, M.A., M.CH., F.R.C.S. | MR. E. E. TAYLOR, C.B.E. |
| SIR HENRY TIDY, K.B.E., M.D., F.R.C.P. | DAME KATHERINE WATT, D.B.E., R.R.C. |
| | MR. C. S. B. WENTWORTH-STANLEY |
| | MAJOR SIMON WHITBREAD, D.L., J.P. |

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MR. A. G. L. IVES, C.V.O.	Secretary
MR. R. E. PEERS	Assistant Secretary
MR. D. G. HARRINGTON HAWES	Second Assistant Secretary
SIR WILSON JAMESON, G.B.E., K.C.B., M.D., F.R.C.P., D.P.H.	...	...	...	...	...	...	Medical Adviser
MISS A. L. LASCELLES	...	...	...	...	...	...	Homes for Aged Sick
CMDR. R. W. PEERS, R.N. (Retd.)	...	...	...	...	...	...	Convalescent Homes
MR. V. H. RUSHTON	...	...	...	...	...	...	Cashier
MR. B. G. SWEET	...	...	...	...	...	...	Accountant
MR. N. F. MOLLE	...	...	...	...	...	...	Estates
MR. P. W. BURTON	...	...	...	...	...	...	Chief Clerk

DIVISION OF HOSPITAL FACILITIES

CAPTAIN J. E. STONE, C.B.E., M.C., F.S.A.A. *Director and Consultant on Hospital Finance*

MR. W. E. HALL, F.C.I.S.	...	...	...	...	...	...	Assistant to Director (General)
MR. E. H. KEYTE, A.S.A.A., A.I.M.T.A., A.C.I.S.	...	...	...	...	...	...	Assistant to Director (Accounting)
MR. G. L. CRAMP, A.I.M.T.A.	...	...	...	...	...	...	Assistant Accountant
MISS E. H. HARRISON	...	...	...	...	...	...	Secretary
MR. F. H. HINGE	...	...	...	...	...	...	Information Officer

DIVISION OF NURSING 21, Cavendish Square, W.1.

MISS M. M. EDWARDS, M.V.O.	...	...	...	...	...	...	Director
MISS M. B. ADAMS...	...	...	...	...	...	...	Assistant

Nursing Recruitment Service, 21, Cavendish Square, W.1. Telephone: LANGham 4362

MISS L. M. DARNELL	...	...	...	...	...	...	Secretary
MRS. K. M. CARVER	...	...	...	...	...	...	Travelling Secretary

Staff College for Ward Sisters, 147, Cromwell Road, S.W.7. Telephone: FRObisher 1093

MISS C. H. S. DOBIE	...	...	...	...	...	...	Principal
MISS E. WEST	...	...	...	...	...	...	Assistant to the Principal
MISS C. M. SHEWELL	...	...	...	...	...	...	Warden

Staff College for Matrons, 22, Holland Park, W.11. Telephone: PARK 4139

MISS I. G. WARREN	...	...	...	...	...	...	Principal
MISS K. J. PINCHARD, M.B.E.	...	...	...	...	...	...	Bursar

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

2, Palace Court, W.2 Telephone : BAYswater 2789

MR. R. A. MICKELWRIGHT	...	...	...	...	...	Principal
MR. A. C. STUART-CLARK	...	...	...	...	...	Senior Tutor and Registrar
MR. E. L. F. HOLBURN	...	...	...	...	...	Senior Tutor
MISS R. V. SHARPE...	...	...	...	...	...	Administrative Assistant

HOSPITAL CATERING

Secretary to the Hospital Catering and Diet Committee :

MR. D. G. HARINGTON HAWES

Hospital Catering Advisory Service :—

24/26, London Bridge Street, S.E.1 Telephone : HOP 4255

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

School of Hospital Catering :—

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

Telephone : EUSon 5671

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

EMERGENCY BED SERVICE

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

Director

MR. R. E. PEERS

Secretary

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

Training Officer

MISS W. M. COX

Senior Watchkeepers

MISS M. E. CRAIG
MISS B. G. HARRIS

MISS J. E. M. HINTON
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, 1954		2,169,515
Add : Receipts during 1955		851
		2,170,366
GENERAL FUNDS :		
As at 31st December, 1954	4,126,825	
Add : Special Receipts Account	102,216	
„ Lapsed Grants	6,199	
	4,235,240	
Less : Amount transferred to Income and Ex- penditure Account	41,811	
		4,193,429
SPECIAL FUNDS :		
per Schedule on page 68		418,368
SPECIAL APPROPRIATION FUND :		
Balance of sum earmarked by General Council out of Income for the Provision of Additional Accom- modation for Aged Sick as at 31st December, 1954	53,885	
Less : Net amount appropriated for expenditure during 1955	3,786	
		50,099
GRANTS RETAINED :		
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment, viz. :		
Ordinary Distribution	96,790	
Special Distribution	143,161	
Radiotherapy Fund Distribution	7,239	
		247,190
Appropriations for Homes for Aged Sick not yet expended		153
LIABILITIES :		
Calls on Investments (since paid)		27,076
Administration and Other Expenses		10,438
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :		
Amount received for dilapidations		540
Sinking Fund Appropriations		5,782

REPORT OF THE AUDITORS TO

We have obtained all the information and explanations which to the best of our knowledge 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 Account gives a true and fair view of the excess of expenditure over ordinary

5, London Wall Buildings,
London, E.C.2.
15th June, 1956.

KING'S HOSPITAL FUND FOR LONDON

DECEMBER, 1955

	£	£	£
ASSETS AND INVESTMENTS :			
STOCKS AND SHARES, etc., held for :—			
General Account	5,111,065		
Special Account	370,242		
		5,481,307	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital			
		20,000	
		5,501,307	
The market value at 31st December, 1955, of the quoted securities (£5,366,913 —i.e. 97·5 per cent. of the total) was £6,293,340.			
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES			
		1,327,689	
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of			
		1	
			6,828,997
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.			
CURRENT ASSETS (including £3,360 for Special Accounts) :			
Balances at Banks and Cash in hand		97,766	
Cash at Call or Short Notice... ..		100,000	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400.)		96,678	
			294,444

NOTES—

- The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.
- The total cost of properties for Staff Colleges and Homes for Aged Sick is £377,790 ; of this amount £367,262 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.
- In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.
- The King's Fund holds £2,000 in a separate banking account in the Fund's name, as collateral security in respect of a Lessee's covenant to reinstate dilapidations. In addition, certain securities have been deposited by the lessee with a Bank as Stake holder.

ASHBURTON
Treasurer

£7,123,441

KING'S HOSPITAL FUND FOR LONDON.

Our opinion and belief were necessary for the purposes of our audit. In our opinion the accounts of those books. We have examined the above Balance Sheet and the Income and Expenditure account and to the best of our information and according to the facts as at the 31st December, 1955, and the Income and Expenditure account for the year ended on that date.

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

INCOME AND EXPENDITURE ACCOUNT

	£	£
GRANTS (per Report)		
DISTRIBUTION COMMITTEE :		
Hospitals and Branches—	73,250	
„ „ —Catering	25,150	
		98,400
CONVALESCENT HOMES COMMITTEE :		
Convalescent Homes not attached to Hospitals—		25,296
MANAGEMENT COMMITTEE :		
Mental Hospitals—	115,573	
„ „ —Catering	21,300	
		136,873
Other Grants		2,257
EXPENDITURE ON SPECIAL SERVICES, ETC. :		
Division of Hospital Facilities :		
Information Services	6,440	
Hospital Accounting and Costing	9,384	
		15,824
Division of Nursing :	£	
Nursing Recruitment Service ...	8,631	
Course for Domestic Supervisors	65	
		8,696
Staff College for Ward Sisters ...	10,598	
Staff College for Matrons ...	6,805	
		26,099
Hospital Catering and Diet Committee :		
Catering Advisory Service ...	11,905	
School of Hospital Catering ...	9,544	
Bursaries	4,072	
Additional Equipment, etc.	98	
		13,714
Hospital Administrative Staff College	26,085	25,619
Additional Equipment, etc.	171	
		26,256
Convalescent Homes Committee :		
Administration Expenses		2,007
Hospital Personal Aid Service :		
Administration Expenses	5,089	
Less : Amount contributed by the Metro- politan Regional Hospital Boards	833	
		4,256
EMERGENCY BED SERVICE :		
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards		
PUBLICATIONS, MAPS, ETC. :		
Cost of printing, etc., less Sales		

Carried forward

THE YEAR ENDED 31st DECEMBER, 1955

	£	£
Income from :		
Securities and Investments	274,612	
Freehold and Leasehold Properties	<u>76,029</u>	350,641
DEBIT CHARGES :		
Annual	2,655	
Under Deeds of Covenant for a stated number of years	<u>2,735</u>	
	5,390	
DEBIT CHARGES :		
Annual and other	<u>4,668</u>	10,053

Carried forward £360,699

INCOME AND EXPENDITURE ACCOUNT

	Brought forward	£
ADMINISTRATION EXPENSES :		
Salaries, Pensions, Allowances, and Superannuation Contributions	...	17,670
Establishment, including Rent, Rates Heating and Lighting, Cleaning, Insurance, etc.,	...	8,642
Printing and Stationery	...	816
Sundry Miscellaneous Expenses	...	2,183
OTHER EXPENSES :		
Office Furniture and Equipment	...	228
Legal and Other Professional Fees	...	1,024
APPROPRIATION to Leasehold Sinking Fund	...	

SPECIAL RECEIPTS

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

THE YEAR ENDED 31st DECEMBER, 1955 (*continued*)

						£
					Brought forward	360,699
TRANSFER from GENERAL FUND :						
Excess of Expenditure over Ordinary Income	...	...	...	...	...	41,811

£ 402,510

RING 1955

						£
TRUST FOR THE SPECIAL AREAS :	...	...	...	...	...	50,000
LEGACIES—per Schedule on page 69	...	...	...	...	...	52,448

£ 102,448

SPECIAL FUNDS 31st DECEMBER, 1955

SPECIAL ANONYMOUS TRUST (1930) :							£
CAPITAL ACCOUNT	...	...	...	...	...	...	20,000
INCOME ACCOUNT :							£
Balance at 31st December, 1954	...	...	...	...	...	...	4,409
Add : Receipts during 1955	...	...	...	...	...	...	678
							<u>5,087</u>
Less : Solicitors Costs	...	...	...	...	...	...	452
							<u>4,635</u>
MRS. L. L. LAYBORN TRUST (1943) :							
CAPITAL ACCOUNT at 31st December, 1954	...	...	...	...	...	...	5,000
Less : Loss on sale of investment	...	...	...	...	...	...	910
							<u>4,090</u>
INCOME ACCOUNT :							
Receipts during 1955	...	...	...	...	...	...	150
Less : Paid to Hostel of St. Luke	...	...	...	...	...	...	150
							<u>—</u>
J. R. CATLIN, DECEASED, TRUST :							
Balance at 31st December, 1954	...	...	...	...	...	...
MRS. D. M. WILLEY, DECEASED, TRUST :							
Amount received during 1954	...	...	...	...	...	...	25
Less : Amount paid to Hospital for Diseases of the Chest	...	...	...	...	...	...	25
							<u>—</u>
RADIOTHERAPY FUND :							
Balance at 31st December, 1954	...	...	...	...	...	...	38,803
Add : Receipts during 1955	...	...	...	...	...	...	1,303
							<u>—</u>
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947) :							
Balance at 31st December, 1954	...	...	...	...	...	...	352,149
Less : Adjustments required on Supplemental Trust Deed	...	...	...	...	...	...	14,534
							<u>337,615</u>
Add : Income received in 1955	...	...	...	...	...	...	11,897
							<u>—</u>

NOTE :

Of the Special Funds £373,602 is represented by assets maintained in separate designated accounts made up as follows :

Investments	...	...	...	...	...	...	370,242
Debtor and Balance at Bank	...	...	...	...	...	...	3,360
							<u>373,602</u>

The balance of Special Funds—£44,766 is included in the general assets of the Fund

44,766

£418,368

RECEIPTS FROM LEGACIES IN 1955

	£
GENERAL :	
Arthur Barrell	105
Alfred Charles Cosher Bates	3,333
Miss Harriet Alice Dickinson	27
Col. Henry Doughty	2,317
John Ashton Fielden	13,144
William Guy-Pell	3,889
John George Hamilton	1,967
Mrs. Kate Louisa Harrison	142
William Mansfield Hobart	1,946
Miss Elise Darling Helena Hosack	4,395
Mrs. Ada Frances Jennings	10
The Hon. D'Arcy Lambton	100
Alexander Michael Levy	3,543
Miss Edith Macgillivray	1,000
Thomas Tyson Middleton	500
Mrs. Minnie Mary Nathan	2,515
Miss Matilda Charlotte Osborne	317
George Powle	950
Capt. Edward William Pritchard	500
Paul Theodor Schmidt	1,665
Richard Crossley Sharman	10,095
Miss Henrietta Simpson	2,094
Walter James Spencer	730
Mrs. Alice Mary Vaughan	20
John Wells	3,375
	<hr/>
	58,679
Less : Estate Duty payable in respect of Walter Butcher, deceased	6,225
Other administration expenses	6
	<hr/>
	6,231
	<hr/>
	<hr/>
	£52,448

GRANTS TO HOSPITALS

NAME OF ORGANIZATION	AMOUNT	OBJECT
GRANTS BY MANAGEMENT COMMITTEE, 1955, out of allocation of £250,000 for Mental and Mental Deficiency Hospitals :		
Banstead H.M.C.	1,680	Improvement of acoustics in recreation hall, provision of pictures and replacement of two dozen garden seats.
Bexley H.M.C.	3,000	Electrically-heated trolleys.
Bromley H.M.C.	18,000	Community centre and day hospital (see page 12).
Cane Hill H.M.C.	{ 4,500 1,800 2,200	Occupational therapy centre.
Cell Barnes & Harperbury H.M.C.	1,000	Refurnishing of the admission wards.
Claybury H.M.C.	{ 10,000 4,800	Food containers.
Darenth & Stone H.M.C. ..	648	Curtain and stage equipment in recreation hall.
Friern H.M.C.	{ 1,820 3,500	Recreation hall for staff.
Goodmayes H.M.C.	43,600	Ward kitchen improvements and modernisation of two ward kitchens.
Hamilton Lodge, Colchester	250	Installation of new stage lighting at Stone House.
Holloway Sanatorium ..	175	Rubber mattresses for chronic patients.
Mid-Herts. H.M.C.	4,000	Electrically-heated trolleys.
Napsbury H.M.C.	1,600	Occupational therapy centre (see pages 11 and 12).
Oakwood H.M.C.	250	Handicraft room for boys of retarded mental development.
St. Ebba's & Belmont H.M.C.	3,000	Provision of shrubs for Hospital drive.
Tooting Bec H.M.C.	5,000	Main kitchen improvements at Hill End Hospital.
Warlingham Park H.M.C. ..	25,000	Rubber mattresses.
		Pictures.
		Kitchen improvements at St. Ebba's Hospital.
		Extension of recreation hall and provision of larger stage and dressing-room accommodation.
		Social centre (see page 12).

GRANTS TO HOSPITALS

NAME OF ORGANIZATION	AMOUNT	OBJECT
West Park H.M.C.	<div> <div>£</div> <div>250</div> </div> <div> <div>800</div> </div>	<div> <div>Hairdressing facilities for patients</div> <div>in the Hospital.</div> </div> <div> <div>Catering equipment.</div> </div>
	£136,873	
<i>Other grants by Management Committee, 1955 :</i>	£ s. d.	
Council for Music in Hospitals	250	
National League of Hospital Friends	300	
South West Middlesex H.M.C.	1,706 16 5	Supplementary grants towards cost of geriatric unit.
	£2,256 16 5	

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
GRANTS BY DISTRIBUTION COMMITTEE, 1955	£	
Barnet H.M.C.	500	Visitors' waiting room at St. Stephen's Hospital.
Battersea & Putney H.M.C.	250	Converting X-ray department into chapel at Bolingbroke Hospital.
Bermondsey Medical Mission	325	Increased cost of sanitary annexe at "Homefield".
Bow H.M.C.	500	Laying out large area of land adjacent to St. Andrew's Hospital.
	1,000	Dayroom for mentally confused patients at St. Clement's Hospital.
Brentwood H.M.C. ..	5,000	Recreation hall at Harold Wood Hospital.
British Home and Hospital for Incurables.	1,000	New boiler plant.
	1,000	Repairs and redecorations.
Camberwell H.M.C. ..	3,000	Electrically-heated food trolleys and improvements to the main kitchen at St. Giles' Hospital.
Carshalton H.M.C. ..	3,300	Cooking equipment, trolleys, food containers and two mechanical horses for transportation of food.
	321	Rehabilitation of section of grounds.
	2,500	Equipment required for main and diet kitchens at Bethnal Green Hospital.
	500	Bedpan washer and steriliser for Metropolitan Hospital.
Central H.M.C.	560	Laying out garden at St. Leonard's Hospital.
	1,200	Repairs and redecorations to main dining hall at St. Leonard's Hospital.
	400	Providing garden and shelter for patients at St. Matthew's Hospital.
Charing Cross Teaching Hospital Group	250	Equipment and furniture for "Siddons House" (staff accommodation at Harrow Hospital).
Chelsea H.M.C.	1,000	New mortuary for Princess Beatrice Hospital.
Cheshire Foundation Home for the Sick (Le Court).	500	Towards general expenses.

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
Epping H.M.C.	£ 520	Cost of adaptations at "The Limes" nurses' home (St. Margaret's Hospital).
Florence Nightingale Hospital	300	Improvements to nurses' and domestic staff accommodation.
French Hospital	200	Two hot food conveyors.
Fulham & Kensington H.M.C. {	2,500	Conversion of mattresses to interior spring, etc., at Fulham Hospital.
	924	Tennis court and lawn for nurses' home at 182/6, Cromwell Road.
Hackney H.M.C. ..	5,500	Extension and re-equipment of kitchen at Hackney Hospital.
Harefield & Northwood H.M.C. {	1,000	Occupational therapy department at Grim's Dyke Rehabilitation Unit.
	1,500	New out-patient department for Northwood, Pinner & District Hospital.
Hastings H.M.C. ..	500	Rubber mattresses for Darvell Hall, Eversfield Chest, Fairlight and Mount Pleasant Hospitals.
Hendon H.M.C. {	300	Two-way wireless system for Bushey Maternity Hospital.
	100	Wireless apparatus for patients at Hendon Isolation Hospital.
Home of Compassion ..	3,000	New central heating system.
Homes for the Aged Sick ..	500	Set aside towards small items of new equipment.
Ilford & Barking H.M.C. ..	3,000	Recreation hall for patients and staff at Ilford Isolation Hospital.
Invalid Meals for London (Invalid Kitchens of London).	1,000	New branches at Islington and Hackney Road to meet increased cost.
Italian Hospital	560	New steriliser.
	400	Three food trolleys for Barnes Hospital.
Kingston H.M.C. {	350	Repairing nurses' tennis court at Surbiton Hospital.
	1,000	Interior spring mattresses for hospitals in group.
	3,650	Wireless apparatus for Barnes and Kingston Hospitals.

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
Lambeth H.M.C.	£ 900	Additional lavatory and bathroom accommodation for patients at Annie McCall Maternity Hospital.
	100	Extension of greenhouse at Forest Gate Hospital.
	1,500	Improvements to doctors' bedrooms at South London Hospital for Women and Children.
	900	Renewal of wireless installation at South London Hospital for Women and Children.
	1,600	Electrically-heated food trolleys and insulated containers for South Western Hospital.
Lewisham H.M.C.	95	Garden for Lewisham Hospital.
Leytonstone H.M.C.	500	Garden for Whipps Cross Hospital.
London Gardens Society	30	Towards Competition expenses.
Northern H.M.C.	2,000	Improvements to kitchens and dining rooms at Wood Green and Southgate Hospital.
Paddington H.M.C.	1,000	Two-programme wireless installation for St. Charles' Hospital.
Romford H.M.C.	630	Toilet and kitchen facilities for recreation hall at Victoria Hospital.
Royal Bucks H.M.C.	500	Hut for visiting paraplegic sportsmen at Stoke Mandeville Hospital.
St. Helier H.M.C.	13,500	New out-patient department for Sutton and Cheam Hospital.
St. Joseph's Nursing Institute	500	Equipment for new building.
St. Peter's, St. Paul's and St. Philip's Teaching Hospital Group	2,000	New metabolic unit for St. Philip's Hospital.
St. Teresa's Maternity Hospital	450	New doctors' changing room.
Sidcup and Swanley H.M.C.	2,000	Dual programme wireless installation for Queen Mary's Hospital.
South London District Nursing Association	500	Furniture for nurses' home.

GRANTS TO HOSPITALS

NAME OF ORGANISATION	AMOUNT	OBJECT
Staines H.M.C.	£ 685	Curtained cubicles for two female chronic sick wards at Ashford Hospital.
	750	New equipment in kitchen at Hounslow Hospital.
Stepney H.M.C.	300	Premature baby unit for East End Maternity Hospital.
	2,000	Equipment for patients' kitchen at Mile End Hospital.
Tottenham H.M.C. ..	1,900	Four food trolleys and one container rack for St. Ann's General Hospital.
Uxbridge H.M.C.	300	Bed lights for Hillingdon Hospital.
	600	Interior spring mattresses for Hillingdon Hospital.
	200	Roses and shrubs for garden at Forest Gate Hospital and establishment of garden at new nurses' home at Plaistow Maternity Hospital.
West Ham H.M.C.	2,000	New vegetable store and kitchen equipment for Plaistow Maternity Hospital.
Woolwich H.M.C.	1,000	Conversion of hair mattresses to interior spring.
	88,350	
MAINTENANCE GRANTS		
Central Council for District Nursing in London	5,000	
French Hospital	300	
Homes of St. Giles for British Lepers	250	
Hospital of St. John and St. Elizabeth	1,000	
Hostel of God	250	
Italian Hospital	300	
King Edward VII's Hospital for Officers	1,000	
Royal Hospital and Home for Incurables	1,000	
St. Andrew's Hospital Dollis Hill	750	
St. Joseph's Hospital for Incurables	200	
	£98,400	

GRANTS TO CONVALESCENT HOMES, 1955

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
All Saints' Convalescent Hospital	£ 200	£ —	
Armitage Home, Worthing	100	—	
Beau Site Convalescent Home	100	—	
Bermondsey Medical Mission	—	6,500	Purchase of house in Bognor.
British Legion Churchill Court	50	—	
British Red Cross Society : Beech Hill Convalescent Home	250	—	
Capesthorpe Children's Convalescent Home	—	120	Improvements to the nurses' home.
Edith Priday Home ..	200	—	
Brook Lane Rest House	50	100	Mattresses and furniture.
Catharine House for Gentlewomen	250	{ 250 380	Interior decorations. Exterior painting and repointing of brickwork.
Catisfield House	—	130	Gas cooker.
Caxton Convalescent Home	50	—	
Children's Convalescent Home, Beaconsfield	250	—	
Children's Home, East Grinstead	200	120	Painting and repairs.
Dedisham Convalescent Nursery School, Slinfold	1,000	—	
Dominican Convent ..	200	800	Extra cost of building new wing.
Edith Cavell Home of Rest for Nurses, Haslemere	150	—	
Friendly Societies' Convalescent Home, Herne Bay	100	350	Mattresses.
Handcross Park	200	—	
Hart's Leap, Sandhurst ..	250	260	Two sterilizers.
Hermitage Home, Hastings	100	500	Furnishings in games room.
Henry Radcliffe Convalescent Home for Merchant Seamen	50	—	
Hertfordshire Seaside Convalescent Home	200	—	

GRANTS TO CONVALESCENT HOMES, 1955

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
Hastings H.M.C. ..	£ —	£ 276	Mattresses for Metropolitan Convalescent Homes for Men and Women.
Home for Invalid Children, Hove	—	105	Television set for Metropolitan Convalescent Home for Men.
Invalid Children's Aid Association :	—	55	Extending playground.
Brentwood Children's Home	—	511	Various items.
Hamilton House ..	—	52	Various items.
John Horniman Home	500	37	Various items.
St. Michael's Home, Southbourne	200	—	
Jewish Board of Guardians: Samuel Lewis Convalescent Home	100	—	
John Howard Convalescent Home	200	86	Carpets.
Kingsleigh Convalescent Home	50	—	
Limpsfield Convalescent Home	150	300	Decorations and equipment.
London and Ascot Priory ..	150	—	
Maitland House, Frinton ..	250	57	Repairs to floor.
National Sunday School Union :			
Broadlands, Broadstairs	200	165	Interior decorations.
House Beautiful, Bournemouth	100	60	Drying room.
Oak Bank Open Air School	—	42	Washing machine.
		220	Electric lighting in lodge and along the drive.
Queen Alexandra Hospital Home, Worthing	200	—	
Rosemary Home, Herne Bay	100	—	
St. Bernard's Convalescent Home for Gentlewomen	50	145	New mattresses.
St. Catherine's Home, Ventnor	—	300	Cinema projector.

GRANTS TO CONVALESCENT HOMES, 1955

NAME OF HOME	MAIN- TENANCE GRANT	CAPITAL GRANT	
		AMOUNT	OBJECT
St. Cecilia's, Westgate ..	£ 100	£ —	
St. Dominic's Open Air School for Boys	—	300	Mattresses.
St. Helen's Convalescent Home	250	{ 48	Extra fire precautions. Furniture.
St. Joseph's Convalescent Home	100	{ 30	
St. Mary's Home for Child- ren	100	—	
St. Michael's Convalescent Home, Westgate	250	375	Furniture and decorations.
St. Peter's Convent ..	300	250	Furniture and Decorations.
Seligman Convalescent Home	100	—	
Shoreditch Holiday and Rest Home, Copthorne	350	{ 70	Interior decorations. Kitchen utensils.
Southampton H.M.C. ..	—	{ 37	
		64	Television set for Netley Castle Convalescent Home.
Southern Convalescent Homes	100	500	Fire escape arrangements.
Spelthorne St. Mary, Thorpe	250	750	Repair of boilers and their con- version to oil fuel.
Surrey Convalescent Home for Men, Seaford	—	{ 500	Installation of lift. Interior decorations and lino- leum.
		{ 500	
Uxbridge H.M.C. ..	—	300	Bedside lights for Uxbridge Country Hospital.
Wandsworth Peace Mem- orial Home, Whitstable	—	195	Repairs to the roof.
Woking & Chertsey H.M.C.	—	179	Steaming ovens for the Metro- politan Convalescent Home, Walton-on-Thames.
Woodclyffe, Wargrave ..	150	100	Interior decorations.
Wordsworth Home of Rest	150	—	
Wyndham House, Alde- burgh.	100	—	
	8,500	16,119	
Conference expenses ..	177		
Set aside for Cook Instructor at Convalescent Homes ..	500		
	£25,296		

PRINCIPAL PUBLICATIONS OF THE FUND

ACCOUNTS AND STATISTICS.

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

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

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

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

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

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

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

VOLUNTARY SERVICE.

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

NURSING.

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

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

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

Above prices include Purchase Tax.

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

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

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

“A Career for You”. A leaflet on mental deficiency nursing. Free.

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

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

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

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

HOSPITAL ADMINISTRATION.

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

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

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

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

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

HOSPITAL CATERING—*continued.*

Care of Equipment	1s. post free
Layout and Design	1s. post free
Financial Management of the Catering Department	4d. post free
Memorandum on Special Diets (second edition) with an introduction on the nutriti- onal value of hospital dietary	2s. post free
General Hospital Diets (second edition): a guide to the cost of feeding patients, with menus and recipes	5s. post free
<i>School of Hospital Catering at St. Pancras Hospital. Prospectus—</i> Outline of the different courses offered by the School, conditions of entry, etc. <i>Free.</i>	

CONVALESCENT HOMES.

Directory of Convalescent Homes, 1956. A directory containing details of nearly 200 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions is published annually. The information is all that is normally required and includes types of patient accepted, treatments, diets, charges and daily routine. There is an easy-reference index. 7s. 6d. post free.

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

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

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

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

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

MISCELLANEOUS.

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

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

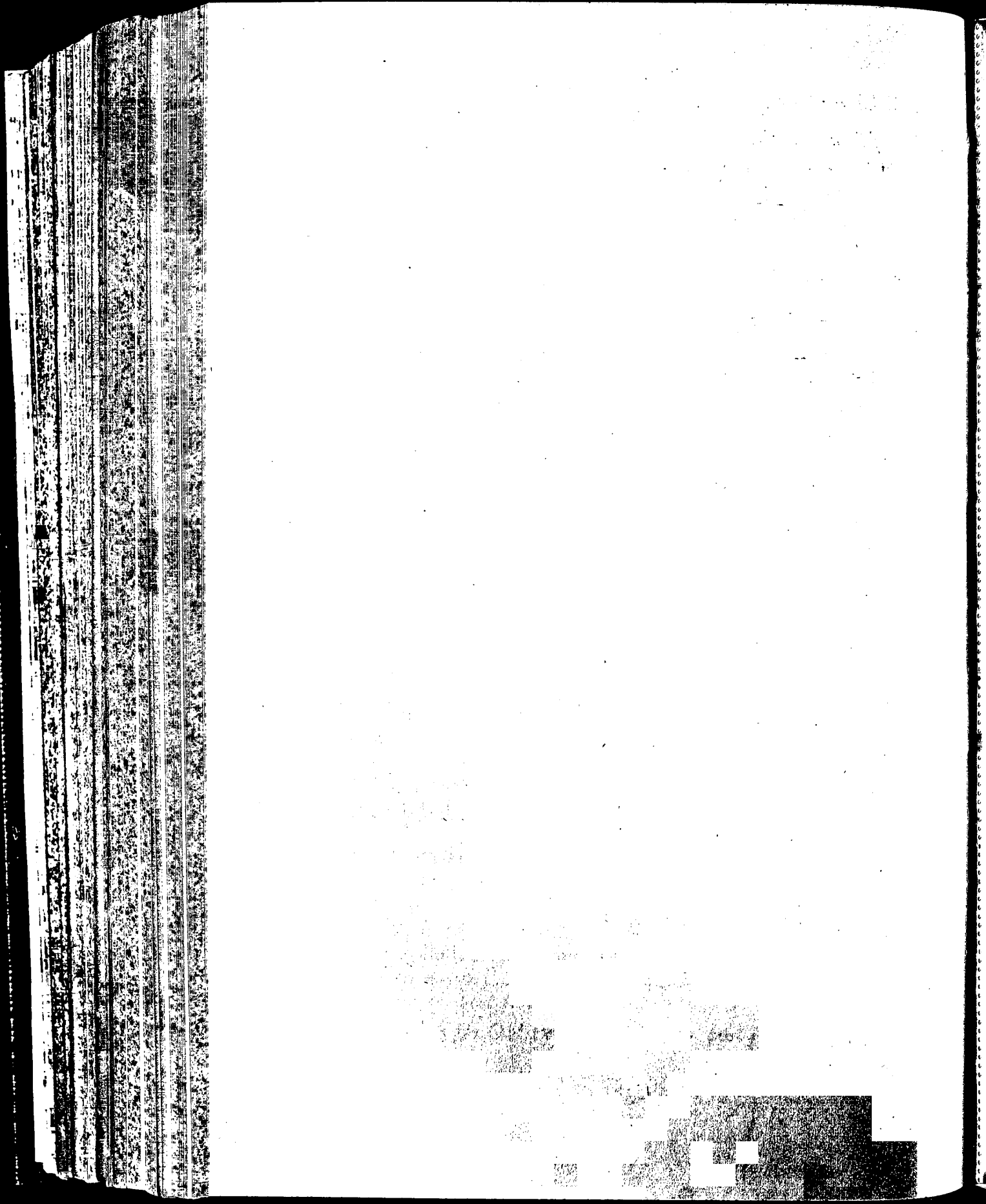
Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1956. Free.

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.....

.....
.....

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

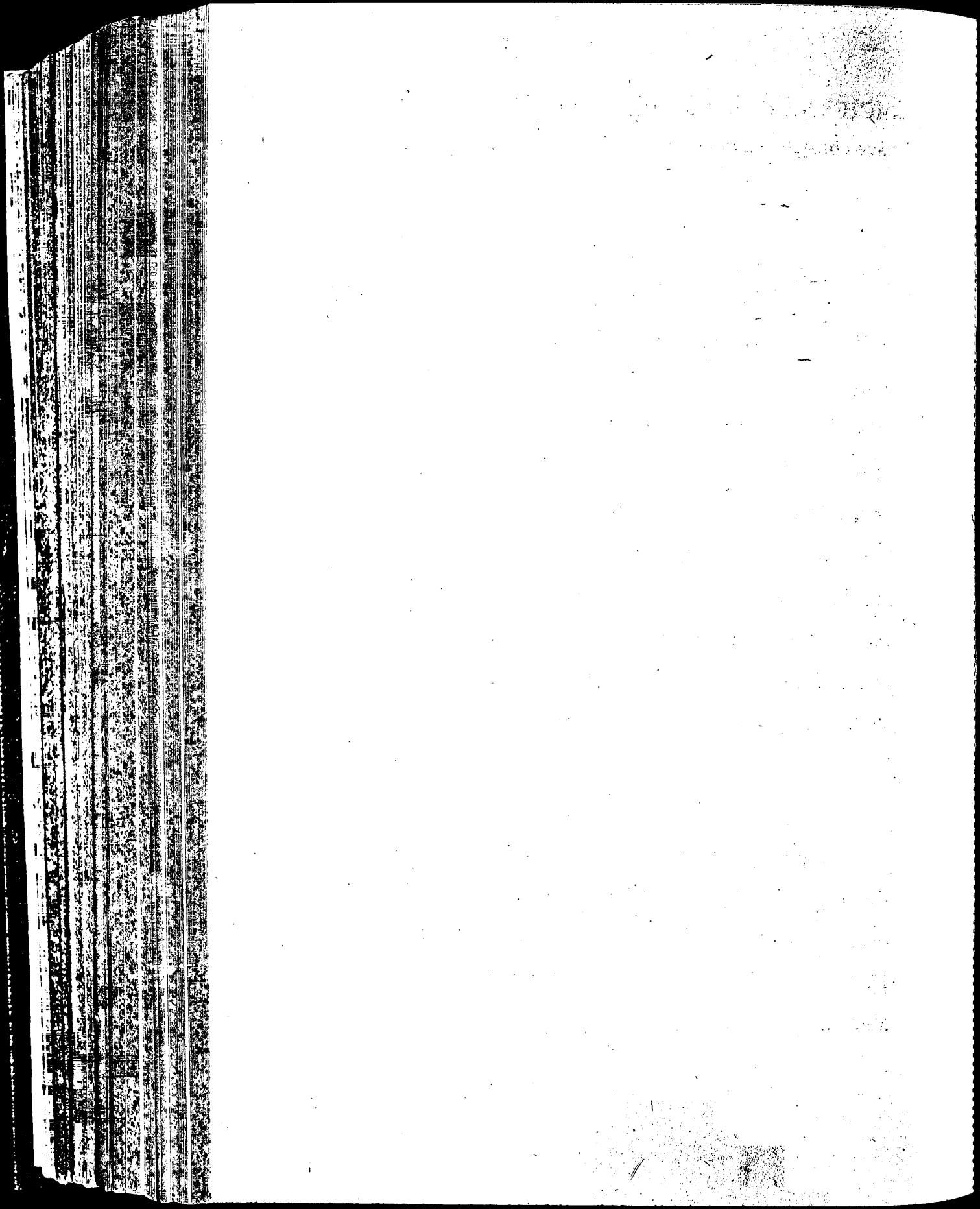
LEGACIES have played an important part in the Fund's finances and have constituted one of the main sources of revenue.

Legacy

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

Residue

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



STANDING ORDER FOR BANKERS

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

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

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

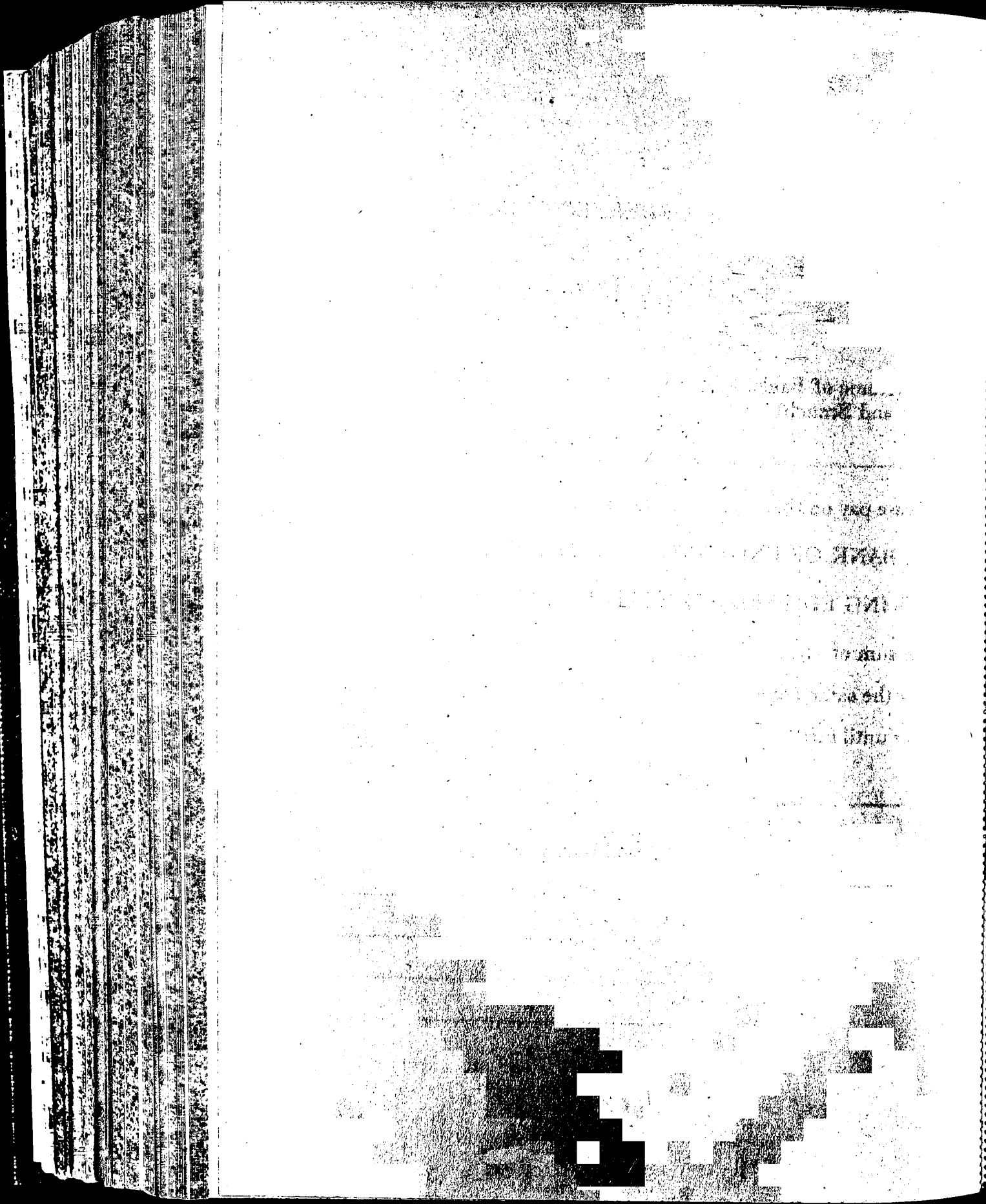
£	s.	d.

Signature.....

Name.....
(for postal purposes)

Address.....
.....
.....
.....

155



INCOME TAX ON ANNUAL SUBSCRIPTIONS

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

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

- (i) the subscriber sends a cheque for £30, with a certificate that he has paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 8s. 6d. in the £, £52 3s. 6d.); the Fund can supply forms of certificate if desired;
- (ii) the King's Fund recovers the income tax from Somerset House;
- (iii) the contributor appears as a subscriber of £52 3s. 6d.

The Fund would be pleased to give further information if desired. It is sometimes possible to furnish alternative forms of agreement to meet special circumstances.

I,
of

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

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

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

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

Signature

Address L.S.

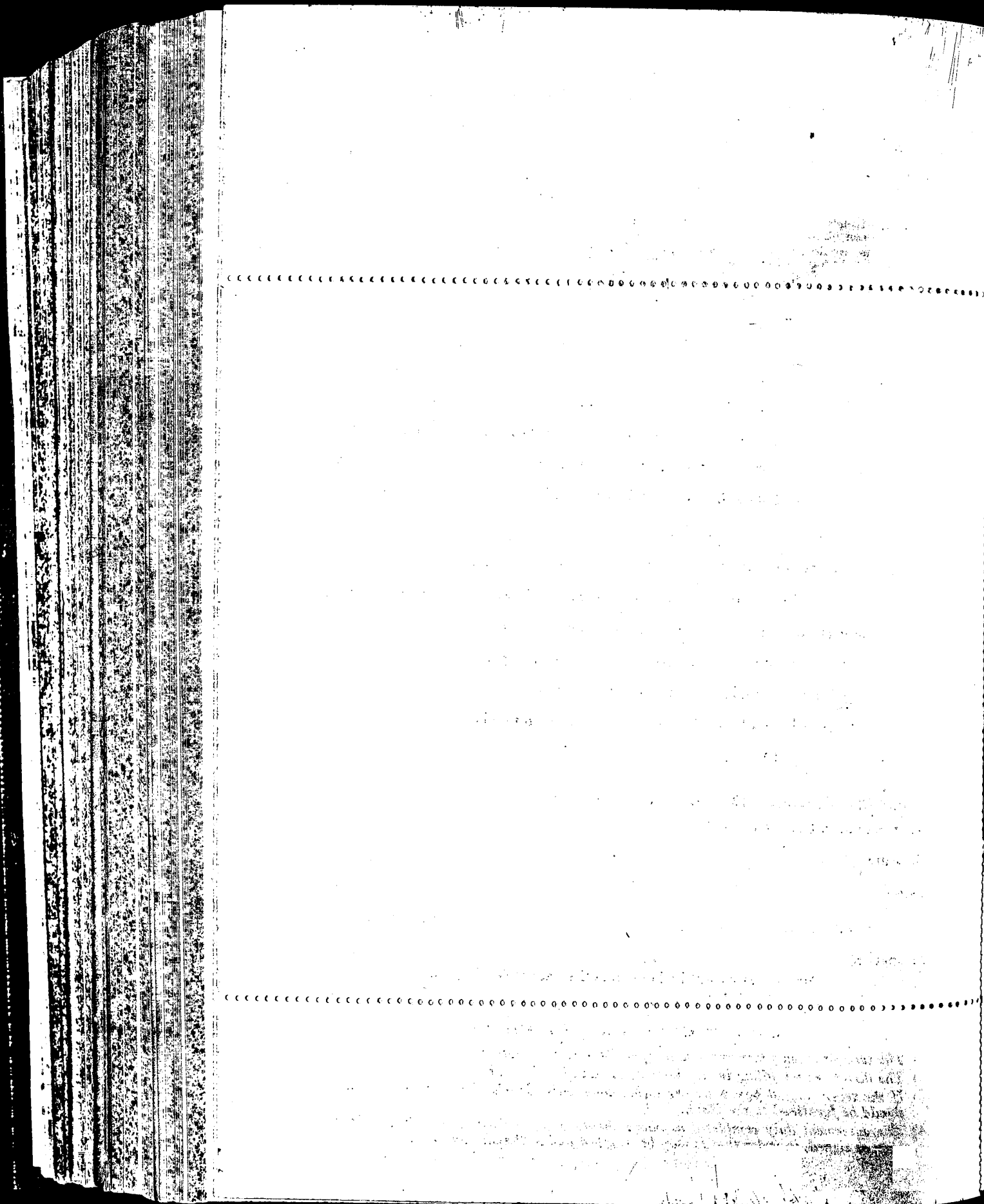
(Signature)

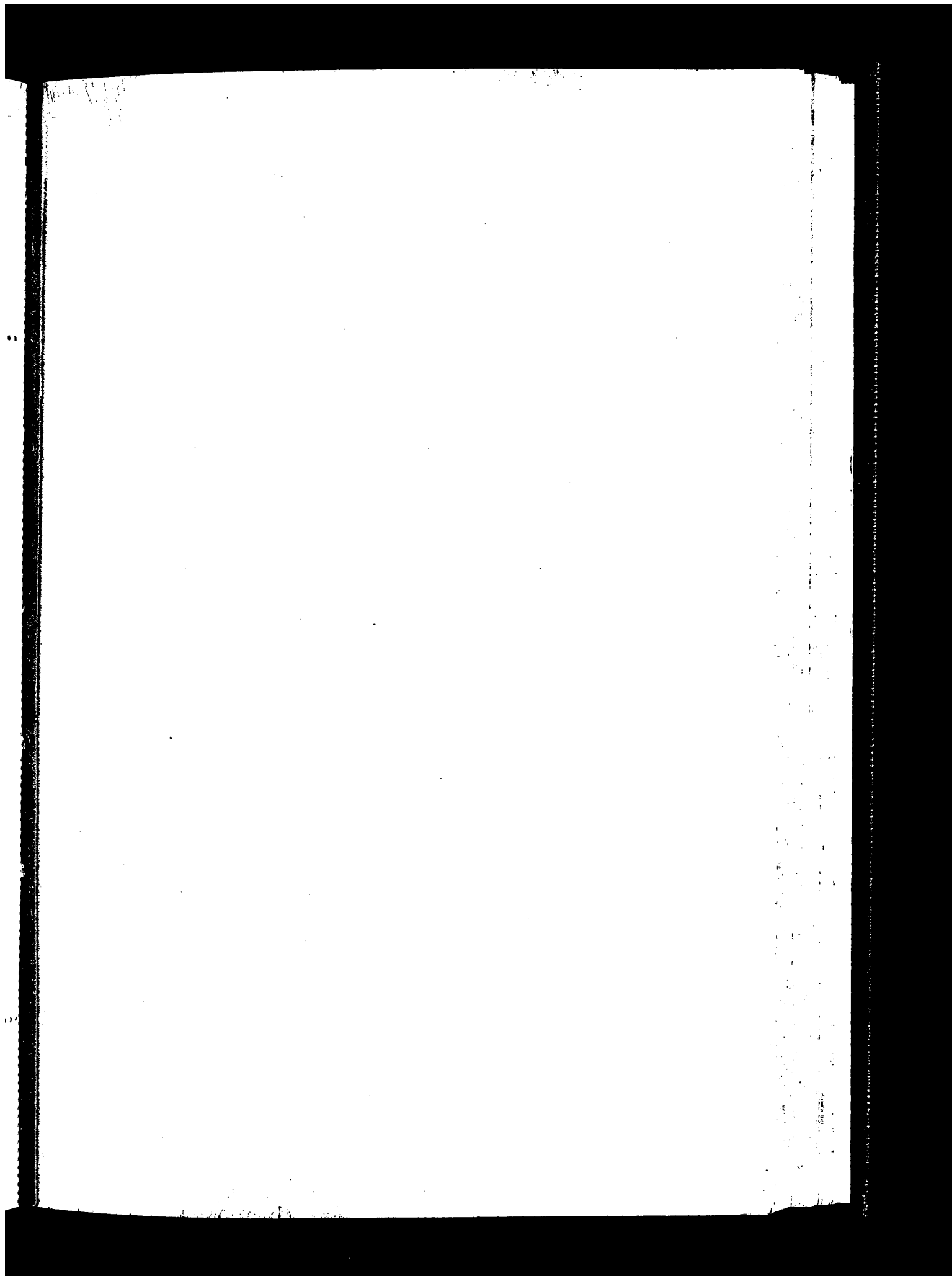
Occupation

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

NOTES AS TO COMPLETION OF AGREEMENT

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







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