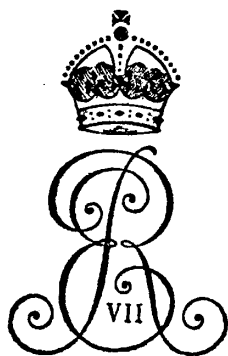


KING EDWARD'S HOSPITAL FUND
FOR LONDON



FIFTY-SIXTH
ANNUAL REPORT

1952

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LONDON, E.C.2

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Annual Report for the Year 1952

“THE King’s Fund gift has really been the best tonic and encouragement that any of us have had since the Health Service came into being”—so writes a Hospital Management Committee in acknowledging a series of grants made by the King’s Fund for various projects. The letter added that the individual hospitals had, since they heard the news, been telephoning and writing to say what a great value their respective schemes would be to them when they were complete. This warm response is typical of many received by the Fund. Allowance must of course be made for the circumstances, but these letters do show beyond all doubt that there is a new appreciation abroad of the part that voluntary effort—and support from voluntary bodies like the King’s Fund—can play in encouraging interest in the work of the hospitals.

A year ago reference was made here to the report prepared by Mr. John Trevelyan for the King’s Fund and the National Council of Social Service on “Voluntary Service and the State”, in which was reviewed the growing sense of partnership between the State and voluntary service in hospital administration. The belief was expressed that the new movement amounted to a creative and imaginative experiment, and that the amount of voluntary service already given was greater than ever before. In full accord

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with this spirit the Minister of Health has in a recent statement* called for a renewal of the public interest and support which was a unique asset in the old voluntary system. The terms of his statement, appropriately made at a meeting of the National League of Hospital Friends held at St. Bartholomew's Hospital, have gone far to remove any remaining obstacles at one time thought to spring from nationalisation of the hospitals, and the National League of Hospital Friends has happily been able to focus much goodwill, and to help with suggestions and advice. The Minister's call has sounded a note which is meeting with a wide response throughout the country and may well prove a turning point which will guide the hospitals into the paths of freedom, backed by the financial support of the State.

Important and encouraging as is this forward movement linking voluntary effort in an ever growing partnership with the State, there is in almost everyone's mind another group of thoughts—what is to be the limit to hospital expenditure? Can the arbitrary sums set aside by the Chancellor be justified by any rational process of thought? Can the public be satisfied that this money is not being wasted right and left? That many are far from easy on these matters is evident from much responsible comment appearing in the Press. Thus in the course of two prominent articles on the health service a special correspondent in *The Times* observed—

“Lacking any system of hospital cost accounting that might yield pertinent information, the Ministry has been driven (under Conservative and Socialist Ministers alike) to scrutinize and control in detail the budget of every single hospital. It is known that the efficiency, both medical and economic, of hospitals varies widely and haphazardly.”

Striking a somewhat similar note in commenting on hospital costs, the *Lancet* takes it for granted that the business efficiency of hospitals is relatively low—

“Whenever a spotlight is focussed on, for example, catering or laundry it is found that reorganisation may save thousands of pounds a year and still provide better service.”

This situation confronts the Fund with a familiar challenge in a new form. It is its duty on the one hand to respond to

* As the statement was not fully reported in the Press and is not easily accessible, some extracts are reproduced by permission on pages 58-60.

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present needs and do what comes to hand, and on the other to take a long view and try to secure true economy and a better approach to the problems as they arise. As in the early days of the King's Fund King Edward insisted that it would never do to give money right and left to hospitals which were in need without the most mature consideration, so to-day the Fund believes that it must leave no stone unturned in the attempt to seek out causes, and to point the way to real solutions. It seems clear that the way will not be found by any short cut, but rather that it will be necessary to tackle problems methodically, and to provide through educational work the machinery and personnel necessary to evolve a sound pattern. Several steps forward were taken last year by the Fund. In the autumn there was published a detailed report on accountancy in hospitals based upon a full investigation, undertaken jointly with the Nuffield Provincial Hospitals Trust (see page 30); the first long term training course was inaugurated at the Hospital Administrative Staff College (see page 47); and the first group of long term trainees were chosen and began their course in the autumn of 1952 in the School of Hospital Catering (see page 53).

Similar considerations apply in regard to hospital nursing. Criticism has not been silent, and through the report of a Job-Analysis by the Nuffield Provincial Hospitals Trust hard facts and figures have been adduced in support of hitherto vague assertions. Among these may be singled out the conclusion that the amount of time spent on the teaching of the student nurses within the ward was "negligible"; and that there was little time available to the nurse to enable her to establish human contacts with patients and their relations.

The Fund is glad to be able to record its conviction that there has been through the efforts of the Staff College at Cromwell Road a widespread reintroduction of ward teaching (see pages 38-41). During the year, too, steps were taken towards the promotion of training courses for prospective matrons, a development fraught with immense significance for the future of hospitals, and thought by many to be long overdue (see pages 37-38).

THE FUND'S POLICY TO-DAY

THE FUND'S POLICY TO-DAY

Happily 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. In the wording of those days the problem was summed up as the better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners and the poor law. 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.

The Fund's Act was drafted in wide terms, the key words being " for the support, benefit or extension of the hospitals of London ". The governing body under the Act consists of the President and General Council. The work of the Fund is carried out in part by standing committees (Management Committee, Finance Committee, Distribution Committee, etc.) with powers delegated by the General Council, and in part by means of a divisional organisation controlled through the Management Committee.

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Expenditure during 1952 totalled £413,760 ; this included the provision of a special allocation of £100,000 for homes for the aged sick, making, with the sum of £250,000 voted in 1949, a total of £350,000 for this purpose. This large sum materially

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exceeded the ordinary income of the Fund, but as will be seen from the Accounts on pages 70-75 the Fund continued to enjoy substantial receipts sufficient to encourage it to adopt a bold policy. A further sum of £50,000 was received from the Nuffield Trust for the Special Areas bringing the total from this source to £1,400,000. Legacies for general purposes amounted to £65,283. The possibility of continuing disbursements on such a scale in future 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 under the new regime feel hesitation in leaving their estates to individual hospitals, the Fund still makes a strong appeal. Legacies to the Fund will be well used, and they will be guided from year to year into just those things that will make a real difference.

The subscription list—never large, for since its early days the Fund has refrained from active competition with the hospitals in the search for subscribers—has dropped materially. A fall was expected, for a number of subscriptions were received regularly from industrial undertakings in lieu of more direct support of the hospitals, and these have naturally ceased with the introduction of the state service. But a number of staunch supporters, headed by Her Majesty The Queen, have maintained their subscriptions. It is encouraging to report that these include the Bank of England and a number of the leading banks who have been at some pains to inform themselves fully as to the work being done by the Fund.

GRANTS TO HOSPITALS

POLICY OF THE FUND REGARDING GRANTS

A special allocation was again in 1952 placed at the disposal of the Management Committee, apart from the sum of £100,000 placed at the disposal of the Distribution Committee. The main purpose of this allocation was to enable the Fund to examine applications for grants from hospitals within the National Health Service for purposes other than amenities covered by the grants

GRANTS TO HOSPITALS

made through the Distribution Committee. In the great majority of cases the opportunity was taken to arrange informal visits by some of the senior officers of the Fund to the hospitals concerned and grants were made in the light of a full report upon all the circumstances. These reports were of great value in enabling the Management Committee to gauge more accurately current trends in hospital practice and the needs of the hospitals of the various categories.

It had always been recognised that this procedure was of an interim character, and it became more and more clear that the conception of "amenities" as being non-essentials—indeed almost frills—which had been accepted in the early days of the health service was unworkable in practice. To decide, in individual cases, whether an object is an amenity or not is largely a matter of opinion.

For instance, is a garden an amenity? Some would say Yes, if it is in an acute hospital where the patients have little opportunity to see it. But what if it is in a chronic hospital where the ambulant patients have nowhere else to go? Or in a chest hospital where the doctors prescribe exercise in the open air? There can be no sure dividing line. The fact of the matter is that, at least at the present moment, an amenity is anything the hospital needs but cannot afford—excepting of course structural alterations, or expansions which it is not the Fund's duty to finance.

Towards the end of the year the Management Committee reviewed the position, and it was decided to invite the Distribution Committee to include within its terms of reference all grants to hospitals, other than mental hospitals, on the understanding that any questions of principle would be referred back to the Management Committee. The claims made by the hospitals upon the Fund have during recent years been affected by several factors. Much progress has been made; many hospitals now possess their own Leagues of Friends, and many are now equipped with the more obvious amenities such as wireless for the patients and staff, modern mattresses, and so on. This has been reflected in some decline in pressure on the King's Fund for grants for such purposes.

GRANTS TO HOSPITALS

These factors are, however, more than balanced by a greatly increasing flow of applications for grants for other purposes, and with the recent rearrangement of functions the Distribution Committee will certainly find itself confronted with many more requests than it can possibly meet.

As will be seen from the list below a number of grants have been made to mental hospitals and have been warmly appreciated. But the hospitals so far visited on behalf of the Fund represent only a proportion of those receiving a substantial number of their patients from London, and the present series of visits and reports by officers of the Fund is being continued in 1953, and grants made out of the special sum of £50,000.

GRANTS TO HOSPITALS WITHIN THE NATIONAL HEALTH SERVICE

Grants amounting to £69,309 were made to Hospital Management Committees within the National Health Service, including £4,000 to the South East Metropolitan Regional Hospital Board for their scheme for placing elderly patients, which is described in detail below, and £250 to the Council for Music in Hospitals to help provide concerts in mental hospitals and sanatoria. Grants totalling £9,080 were also made towards the improvement of hospital gardens (see page 13).

A large grant of £7,250 was made to St. Helier Hospital Management Committee towards several schemes of capital expenditure to be carried out in the hospitals in the group. One of these was the conversion of a room over the operating theatre at the Nelson Hospital into a ward to take twelve children's beds, and another the extension of a building at Sutton and Cheam Hospital to provide a lecture room for nurses.

A grant of £2,000 was made to Battersea and Putney Hospital Management Committee for the purchase of refrigerators and lockers for wards at St. John's Hospital. Leytonstone Hospital Management Committee received £2,000 to enable them to upgrade four ward blocks at Langthorne Hospital, and a further £684 for the purchase of six refrigerators also for wards at this

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hospital. A grant of £1,684 was given to Staines Hospital Management Committee to provide sun blinds for the wards at Ashford Hospital ; and £300 to the Central Group Hospital Management Committee for bed-pan washers at the Mildmay Mission Hospital.

Huts for various purposes have also been provided through grants from the Fund. Barnet Hospital Management Committee received £2,500 for a hut which is to be used for accommodation for visitors to Clare Hall Hospital—at present accommodation for this purpose is almost non-existent, being a very small improvised canteen not capable of holding more than a dozen people comfortably. A grant of £6,000 was made to Lewisham Hospital Management Committee to provide a hut to be used for cinema shows at Grove Park Hospital. In 1951 £3,000 was given to Stepney Hospital Management Committee for a nurses' recreation hall at Mile End Hospital, and in 1952 this grant was increased to £4,500 owing to rise in cost of labour and materials.

The Hospital Catering and Diet Committee recommended several grants for kitchen equipment. Archway Hospital Management Committee received £1,290 towards the provision of a new diet kitchen at Whittington Hospital ; a further grant of £330 in connection with this kitchen was provisionally allocated but has not been needed. Electrically heated trolleys were required by several hospitals—St. Stephen's Hospital in Chelsea Hospital Management Committee were given £2,400 for the purchase of 20, and the Harts Hospital and Chingford Hospital (both in Forest Hospital Management Committee) received £150 and £180 respectively for this same purpose. Three other grants totalling £1,752 were also given towards kitchen equipment.

A grant of £2,000 was made to Croydon Hospital Management Committee to improve the physiotherapy department at Queen's Hospital. Enfield Hospital Management Committee received £300 to enable the unit system of medical records to be installed at Chase Farm Hospital—this grant is being retained for the moment as the out-patient department generally is being re-organised and final plans have not yet been drawn up. Chelsea group also received £200 to meet the cost of officers of the group

GRANTS TO HOSPITALS

visiting spastic centres in connection with the scheme for establishing a centre at the Cheyne Hospital. Hendon Hospital Management Committee received £2,000 to enable the medical records room at Edgware General Hospital to be extended, and Stepney Hospital Management Committee were given £500 to provide more suitable sick bay accommodation for nurses at St. George-in-the-East Hospital.

A number of grants were given to mental hospitals for a variety of purposes. Bexley Hospital Management Committee received £550 for furniture for the early treatment centre known as "Broomhills Unit" which is attached to the hospital. This Unit is to be used for female patients found in the clinics to be in need of hospital treatment but who would more readily agree to undergo such treatment in premises just outside the precincts of a known mental hospital. Cane Hill Hospital Management Committee were given £3,500 towards the provision of a new X-ray Department, and Mid Herts Hospital Management Committee received £3,000 to enable them to install a 16mm. cinema apparatus at Hill End Hospital—the mental hospital in their group. A grant of £1,500 was made to Netherne Hospital Management Committee for furniture and equipment for a ward for aged sick females. The last group in this category, South Ockendon, were given £2,000 towards enclosing verandahs on either side of the existing central dining hall at Leytonstone House Hospital in order to provide new dining room accommodation. Before these alterations were contemplated the central dining hall was the only place where cinema shows etc. could be held, and the constant change over of user from dining hall to other purposes involved much inconvenience. Once the verandahs have been enclosed the central hall will be used solely for recreational purposes.

Twenty-eight grants were made to Hospital Management Committees towards the cost of amenities for patients and staff in hospitals not possessing adequate endowment funds. As in previous years, a large proportion of this money went towards the provision of wireless apparatus, tennis courts for nurses, film projectors and mattresses. Two grants were given towards the

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provision of recreation huts for the hospital staff in Forest and Hendon Hospital Management Committees, and a further grant was given to Hastings Hospital Management Committee for a patients' recreation hut at Fairlight Sanatorium, where many of the patients come from London. These huts are fulfilling a long felt want, and it is expected that many more applications for this type of assistance will be received in the future. A new departure was the making of a grant towards the provision of a bowling green at Runwell Hospital and towards the cost of a children's playground at Goldie Leigh Hospital for children with chronic skin diseases.

GRANTS FOR HOSPITAL GARDENS

Visits to hospitals by representatives of the Fund have shown that hospitals have recently become conscious of the need for gardens, but that there is very little money available for the capital needed to start or revive them.

The demand for gardens is doubtless due in part to new managements seeing their hospitals in a fresh light, but also to the change in the treatment of the aged. Whereas they used to become bedridden and never leave the wards, now they are given physiotherapeutic treatment and become ambulant, if indeed they are not discharged. For the ambulant period it is essential for them to have somewhere to go other than their own wards. Quite astonishing efforts have been made by some hospitals. It is not possible to mention them all, but St. Matthew's Hospital, Shore-ditch, is an outstanding example. This hospital has no ground at all, but a yard has ingeniously been turned into a flower bed by raising a stone wall two feet high round the centre of the yard and filling the enclosure so made with earth. Elsewhere in the hospital flat roofs have been supplied with large boxes of earth, and thus though the hospital has no genuine soil gardens have been provided for the patients, where they can sit and enjoy the sunshine.

The Fund wished to help the hospitals in this movement, and accordingly sought the help of the Royal Horticultural Society, from amongst whose members Mr. G. L. Pilkington, a member

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of the Council, and Mr. W. G. MacKenzie, the Curator of the Chelsea Physic Garden, came forward and have given advice on many hospital gardens. Their advice to the Distribution Committee has resulted in the allocation of many grants to improve gardens, chiefly in the East End where the drab surroundings make gardens even more necessary than elsewhere. These grants were made in the latter half of the year, so that there can be no visible results until the summer of 1953. By that time, however, the new garden at Paddington Hospital, which is constructed partly out of the Medical Superintendent's garden and partly on the site of some bombed houses, should be a delight both to the hospital and to people passing along the Harrow Road. Other projects that should be complete and in bloom this summer are the roof garden at St. George-in-the-East, and the improved gardens at many large hospitals—Whittington, Hackney, Mile End, and St. Leonards', to name but a few.

CO-ORDINATION OF EXTRA-HOSPITAL CARE TO RELIEVE HOSPITAL BEDS

In 1951 the Fund made a special grant of £3,000 to the South East Metropolitan Regional Hospital Board in order to finance an experiment intended to reduce the waiting list of chronic patients. Mr. W. L. Graham is in charge of the work, the object of which is to reduce the demand for hospital beds by removing from the waiting lists all those applicants whose need for a hospital bed arises primarily from difficult domestic circumstances. The Local Health Authority and certain voluntary agencies provide various forms of domiciliary relief, but these are not always known to the patient or his doctor. The variety of these services is in itself somewhat baffling to the general practitioners. Help can be obtained at home in nursing, domestic help, meals on wheels, nursing requisites, laundry, shopping, sitters up and so on. It is by visiting each patient, treating him or her as an individual and bringing to his or her assistance the right services that it has been possible to maintain many patients successfully without admission to hospital. The experiment has been a success and is perhaps best illustrated by a quotation from a report made on the first nine months' work :

GRANTS TO HOSPITALS

"Plans were made during August and our offer to investigate the waiting list of one hospital group where the situation appeared to be particularly desperate was accepted. We started early in September with a list of 87 names and we visited the home of each patient. We found that no less than 37 were dead or had recovered or had been admitted elsewhere. Of the remaining 50, we considered that 9 were in urgent need of admission, 17 could continue to wait and 24 could probably be maintained at home or could be found some other help which would keep them out of hospital. Thus out of 87 cases, 26 needed hospital admission and we could bring sufficient help to the 24 to keep them out of hospital at least temporarily. This seemed to indicate that we were on the right lines, that hospital beds could be saved, and we felt that an extension of our enquiries was justified. By the end of April 1952, not only had we investigated the initial waiting lists of eight groups but we had, at their request, continued to investigate all fresh applications as soon as they were received.

"We have now visited the homes of 836 people whose names were on hospital waiting lists. After initial visits were completed we were able to classify the patients as follows :—

Died, recovered or admitted elsewhere	...	...	...	388
Requiring admission urgently...	...	...	...	133
Requiring admission less urgently	...	...	...	205
Given other assistance, admission no longer necessary	...	...	...	110
				<hr/> 836

"These figures show that waiting lists become inflated with names which should be removed and that a considerable proportion, about 25%, can be kept out of hospital either temporarily or permanently, by taking advantage of other available services."

It is perhaps not surprising that later in the report it says, "We have been encouraged by the welcome we have received in homes of all kinds and by the gratitude extended even when little practical help could be given."

The scheme has gone on well and the South East Metropolitan Regional Hospital Board asked the Fund to finance it for a further year and on a larger scale. A grant of £4,000 was therefore made to keep the scheme going until the summer of 1953.

GRANTS TO INDEPENDENT HOSPITALS AND INSTITUTIONS

During 1952 the Fund distributed £9,550 in maintenance

GRANTS TO HOSPITALS

grants and £33,377 in capital grants to hospitals and institutions outside the state service. Of this latter amount, £7,070 9 od. was given to homes for the aged sick falling outside the £350,000 ; these grants are described in detail on page 22.

One of the major schemes of extension towards which the Fund was able to give financial assistance was the extension of King Edward VII's Hospital for Officers on the site of No. 7, Beaumont Street. The new extension will provide additional patients' bathrooms, nursing staff bedrooms, records and treating room and a new boiler house. The Fund contributed £2,500 towards the cost of this scheme. Two grants, totalling £3,000, were given to St. Elizabeth's Home towards the furnishing and equipping of a new home at Seaford. The Homes of St. Giles for British Lepers applied for financial assistance towards installing central heating in the women's bungalow and other purposes and a grant of £2,000 was made. This institution, which is under the care of the Community of the Sacred Passion, has accommodation for thirteen lepers and does invaluable work in caring for these unfortunate sufferers. Beds for the treatment of early cases of pulmonary tuberculosis are to-day in great demand, especially since the nationwide use of mass radiography has resulted in earlier diagnosis of this disease. In view of this situation, the Holy Cross Sanatorium, Haslemere, were anxious to convert a block formerly used as a residential school for delicate children into wards, thereby increasing their bed complement from 137 to at least 149. The Fund was able to donate £5,000 towards the cost of this new wing during 1951 and a further £2,000 was given during 1952 towards equipment and redecoration.

Further help towards repairs was given to the British Hospital and Home for Incurables at Streatham towards much needed war damage repairs and the implementation of recommendations made by the L.C.C. Fire Prevention Department. The School of Stitchery and Lace were also given £1,000 towards repairs of the roof of their main building. This home for 45 crippled girls and women gives training in needlework and dressmaking, and those who require it also attend educational classes.

GRANTS TO HOSPITALS

Several grants were given towards equipment during the year, one of the chief being to the Catholic Nursing Institute which was badly damaged by enemy action during the last war. The hospital is now rebuilding, and the Fund has been able to offer £1,500 towards the furnishing. The Florence Nightingale Hospital, Lisson Grove, also received £1,000 towards the re-fitting of patients' bathrooms, the modernisation of the kitchen and certain hospital equipment. Cripplecraft, Herne Bay, received £800 towards a new lift. The Italian Hospital was given £270 towards the cost of three electrically heated food trolleys.

A special maintenance grant of £5,000 was again allotted to the Central Council for District Nursing in London—£3,500 towards the running expenses of the Central Council and £1,500 for distribution by the Central Council among the twenty-seven district nursing associations in the County of London to assist them in meeting their maintenance costs.

The Invalid Kitchens of London assist persons who are ill or convalescent in their own homes, or who are in need of special diet, by providing them with well cooked and dietetically balanced meals at low prices, either in the dining rooms attached to the five kitchens which the organisation now maintains in different parts of London, or in their own homes. Those responsible have long been conscious of the need to expand their work to other parts of London. The Fund has been able to assist with this project by the offer of £5,000 towards certain improvements. They include the cost of transferring the existing kitchen at Bethnal Green to new premises, the establishment of a new branch at Fulham and the purchase of four new delivery vans and food conveyors. It is estimated that the putting into operation of the four new delivery vans will increase the number of meals delivered by approximately 20,000 per annum.

A complete list of the grants given by the Distribution Committee during 1952 will be found on pages 78-82. They include, besides the amounts above mentioned, an allocation of £10,500 towards the adaptation of Hayes Grove, a home for elderly nurses, further reference to which will be found on page 43 of this report.

GRANTS TO HOSPITALS

RESUMPTION OF VISITING OF HOSPITALS

The Fund has long relied on the help of specially appointed visitors. The system, to which for many years the Fund attached great importance, has necessarily been in suspense in the last few years, the hospitals being more than fully occupied with adjustment to the new conditions. Its place has been taken by special visits paid in connection with applications for grants. With the return of something like stability it has been decided that the resumption of visiting can no longer be delayed if the Fund is to retain its old close touch with the hospitals. In the course of 1951-2 a number of visits were again paid to hospitals by representatives of the Fund. It is hoped to arrange that, by working on a three-year instead of an annual cycle, all the more important units on the Fund's list will be visited in due course.

Each visit is undertaken by one medical and one lay visitor. They are taken round the hospital, confer with the Chairman or other representatives of the governing body and with the chief executive officers such as the House Governor or Secretary and the Matron. They ask such questions as are prompted by the conditions they meet on their visit, and in addition certain subjects are noted for special enquiry. The subjects are related directly to the well-being of the patients (e.g. the cooking and serving of the meals) or to the welfare of the staff (e.g. the amenities of the nurses' or domestics' quarters, the arrangements for the care of the nurses' health) or to the smooth running and efficiency of the hospital (e.g. matters connected with the accounts or the care of the hospital property). Experience has made it abundantly clear that very often the mere indication of interest on the part of the Fund and its visitors in a certain subject has greatly stimulated and encouraged endeavour—reinforced, as it often is, by a lively anticipation on the part of the hospital that financial help may be forthcoming! Experience in the past has shown that these reports, collected and summarised year by year, can provide an important volume of information on special aspects of hospital work and offer a pointer to the directions in which help is most needed in the interest of efficiency.

HOMES FOR AGED SICK

HOMES FOR AGED SICK

Hospital interest in the needs of old people has been aroused and shows no signs of wilting. Three years ago there were in many hospitals a number of elderly patients who were well enough to get up but not well enough to go home, or even to go to a residential home for old people. The Fund decided to provide, as an experiment, homes under the wing of the hospital service to which such patients could go until they became well enough to leave the care of the hospital service entirely. A sum of £350,000 was set aside by the Fund, and all four Metropolitan Regional Hospital Boards, having agreed to meet the maintenance costs of the homes, were asked to select three hospital groups in their Regions where the interest in medical care of the elderly was well established and to which they would like a home attached.

TEN HOMES OPEN OR IN PREPARATION

Seven of the twelve homes are open and three others are in the hands of the builders. They are listed on page 23 with the hospitals they serve and the voluntary organisations responsible for their management.

All are successful. Their success has depended very largely on the satisfactory working of a triple alliance between the hospitals, voluntary organisations, and the King's Fund. They are all attached to hospitals having active interest in old people. This is essential. The home must be linked with a hospital where the medical staff is actively interested in the care of the elderly. It is only in these hospitals that patients are found who need, as part of their treatment when they are on the road to recovery, a stay in such a home.

MANAGEMENT BY VOLUNTARY ORGANISATIONS

All are managed by voluntary organisations. The Fund owes a profound debt of gratitude to the patience and courage of those members of voluntary organisations who have given their time to the endless details of the setting up and management of their homes, and who have made every effort to meet the suggestions

HOMES FOR AGED SICK

of the individual hospitals to which their home is attached. Tribute has already been paid to the great help given by Hill Homes in Highgate and by the North West Kent Housing Society, and by the body of managers specially appointed to run Westmoor in Putney. Holmhurst, which opened in Lambeth in April, 1952, is also being run by managers, and a similar arrangement is being made for Lugano at Buckhurst Hill.

The lion's share of responsibility for these homes goes, however, to the British Red Cross Society. The London Branch is responsible for two homes: Beechgrove, which was declared open by the Countess of Limerick in June, 1952, and The Gables, the largest of the Fund's homes, which had the honour to be opened by H.R.H. The Duchess of Gloucester in the same month. The London Branch will also be responsible for a third home, for which a property has yet to be found, for the Wandsworth Hospital Management Committee. The Middlesex Branch is responsible for three of the Fund's homes. Greenfield was opened by the Countess of Limerick in April last year, and two others Highwood House and Grove Lodge are in process of adaptation, for the Central Middlesex and Enfield Groups respectively.

In all the homes the medical care is provided by the doctor responsible for the elderly in the hospital, and that doctor has control of all admissions to and discharges from the home. The hospital representatives, especially the doctors connected with the homes, have given generously of their time and the Fund thanks them for contributing very largely to the success of the scheme. The Fund would wish to thank everyone who has been or is still connected with the work of opening and running the homes, but the list would be too long to include here. One group cannot, however, be forgotten. The Wardens, or Matrons, and their staff in each of the homes deserve a special word of thanks for the excellence of their work.

DEVELOPMENT OF THE HOMES

Originally many of the patients were admitted because they had been in hospital for so many years that they had almost forgotten what an ordinary home was like. Such actions as moving

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up and down stairs, even walking over mats or in and out of the garden and having meals in a dining-room, were new and tiring experiences that might well cause a relapse. The treatment of such patients is now nearing completion. Patients coming to hospital now do not expect to stay for years or to lose touch with the outside world, but even so their complete recovery is slow. They can get up before they are strong enough to go home. The Fund's homes provide just the amount of continued care and treatment they need, still under the eye of the hospital doctor, as soon as they begin to get about again.

Many of the hospitals have a special out-patients clinic for the elderly and the doctor may send patients from these clinics to the home as an alternative to admission to hospital for closer observation or for a period of rest and minor treatment.

The use of the home depends on the methods of the doctor in charge of it ; but all agree in the basic principle that it facilitates the patients' discharge from hospital and curtails, or even obviates entirely, their stay there without putting an undue strain on the patients or their relatives. Of course some patients stay longer in the home, and a few, by hovering permanently between sickness and health, bid fair to stay indefinitely : but the doctors are not willing to have too large a proportion of such long stay patients in the home, and may even take patients back for a spell in hospital to break the continuity of their stay so that new-comers will accept without question the fact that their stay cannot be permanent. At the other end of the scale is the patient who comes for a short stay, less than a month, nearly a convalescent period. To this extent the home is doing the work of a convalescent home for there can be no question of rehabilitation or continuance of treatment in so short a time ; but there may be good reasons for using the home in this way. It is not easy to find a convalescent home willing to take elderly patients ; even if one could be found, the patient must be strong enough to face the relatively long journey there before leaving hospital. The King's Fund home is near the hospital and the journey there is far less formidable and can be undertaken at a much earlier stage, thus reducing to a minimum the stay in a hospital bed.

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CAPITAL COST

The seven homes that are open have cost an average of £870 per bed, i.e., capital cost. It is estimated that the three in preparation will cost approximately £917 per bed, an increase due partly to the rise in prices and partly to unforeseen troubles in the adaptation of the properties.

OTHER SCHEMES

The Fund has been able to assist a few homes outside its own scheme—£4,000 was given to the Diabetic Association for their home in Kingston for frail elderly or chronic diabetics, £1,000 was given to the Friends of the Poor towards the conversion of their property, also in the Kingston area, for use as a nursing home for elderly chronic sick, and £1,000 for structural improvements to the Smiles Home for Invalid Ladies. In addition to the above, £1,016 was given to the Essex County Association for the Blind towards the cost of completing the conversion of two houses to be used as homes for aged sick and the purchase of two plots of land for the above scheme. Bermondsey Medical Mission received £54 9 od. towards their home for the aged sick, Homefield. But the Fund is restricted in making these grants. The hospitals of London have first call on the Fund's resources. Where a home is able to offer direct help to those hospitals either by caring for patients who would otherwise be in their charge, or by admitting patients for whom the Regional Hospital Boards are willing to accept financial responsibility, the Fund may be able to give help to a scheme for capital improvement or extension. But even in these cases the importance and urgency of the request must be weighed against the importance and urgency of requests now coming from the hospitals themselves.

HOMES FOR AGED SICK

<i>Name and Address of home</i>	<i>Management</i>	<i>Doctor and H.M.C.</i>	<i>No. of Beds</i>	<i>No. of Admissions</i>
<i>Those open—</i>				
Whittington, 20, Broadlands Rd., Highgate, N.6.	Hill Homes	Dr. A. N. Exton-Smith Archway	30	222 in 22 mths.
Greenfield, 1, Courtfield Gdns., Ealing, W.13.	B.R.C.S. Middlesex Branch	Dr. Marjory Warren, South-West Middlesex	35	73 in 7 mths.
Westmoor, Roehampton Lane, Putney, S.W.15.	Managers	Dr. T. Howell Battersea and Putney	24	119 in 21 mths.
Holmhurst, 46 Half Moon Lane, S.E.24.	Managers	Dr. E. Carey Lambeth	30	93 in 6 mths.
Beechgrove, Sydenham Hill, S.E.26.	B.R.C.S. London Branch	Dr. T. A. M. Johns Camberwell	36	96 in 7 mths.
The Gables, Blackheath Park, S.E.3.	B.R.C.S. London Branch	Dr. E. R. Lewis Woolwich	47	95 in 8 mths.
Fallowfield, Ashfield Lane, Chislehurst.	N.W. Kent Housing Society	Dr. G. Stamp Orpington and Sevenoaks	36	69 in 16 mths.

In preparation—

Highwood House, Mill Hill, N.W.7.	B.R.C.S. Middlesex Branch	Dr. A. D. Abdullah Central Middlesex	32	
Grove Lodge, Muswell Hill, N.10.	B.R.C.S. Middlesex Branch	Dr. E. A. Pennycuik Enfield	27	
Lugano, Powell Road, Buckhurst Hill, Essex.	Managers	Dr. J. Delargy Leytonstone	27	

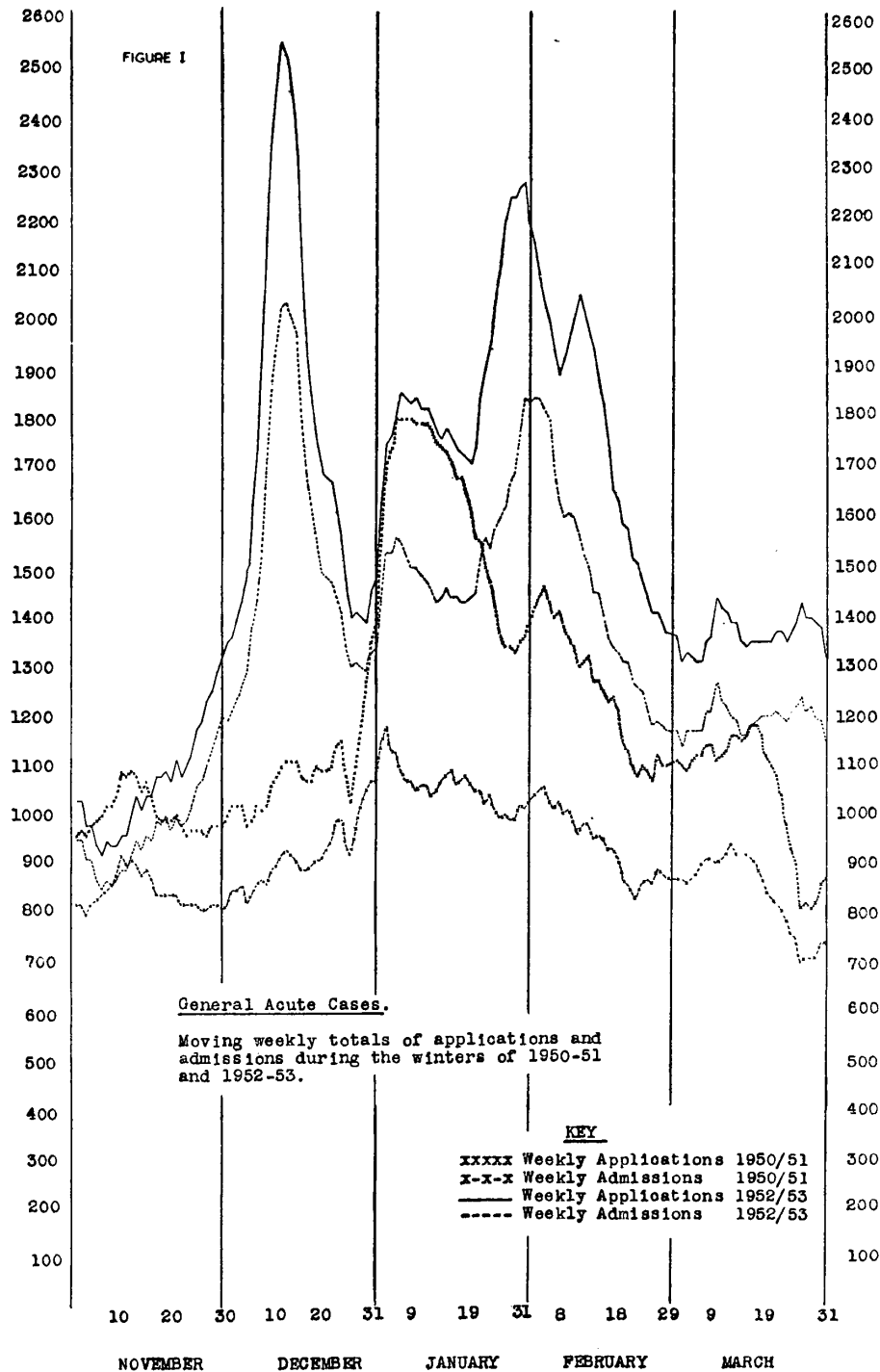
EMERGENCY BED SERVICE

To grapple with the unexpected is the normal lot of the Emergency Bed Service.

Throughout the winter of 1951-2 and the following summer all was peace and quiet, and it would have been reasonable to assume that the perils through which the Service had passed since 1948 were over. There was a rude awakening towards the end of November when the number of applications from doctors for patients to be admitted to hospital through the E.B.S. started to rise rapidly. It was already about 25 per cent above normal, when suddenly the dense fog popularly known as 'smog' fell on London, and the work shot up to well over double the normal amount. A somewhat similar crisis had taken place when the influenza epidemic of 1951 struck London, and the E.B.S. had fortunately after that crisis devised a warning system intended to alert the hospitals should danger arise. This warning system provides for successive warnings to be sent to all hospitals—denoted by the three colours, white, yellow and red—when the Service's power to admit falls to certain predetermined levels. It was brought into operation rapidly three days after the fog appeared. So well did the hospitals respond to the white and yellow warnings that the red never became necessary. The result was that during the week ending December 13th, 2,020 cases were actually admitted to hospital, as against the previous record of 1,170 in January 1951. The credit for this rapid intake of patients lies with the hospitals, but it is clear that their concerted effort can be directly attributed to the warning system.

After this burst of activity was over it was hoped that peace and quiet would return, but the unexpected continued to occur, and the calls on the Service had shot up from 1,400 a week at Christmas to 2,260 at the end of January, and this latter figure was almost double the demand experienced in the year before. This was, it should be noted, before the influenza epidemic reached London. Once again the warning system was brought into use, and the hospitals which had not had sufficient time to recover from the effects of the fog were hard put to deal with this heavy

EMERGENCY BED SERVICE



EMERGENCY BED SERVICE

demand for beds. A white warning was issued on January 5th, followed by a yellow on the 24th ; even this was insufficient to deal with all the patients, and a red warning was issued on January 27th. Thereupon the hospitals made a further great effort in accordance with the plan they laid down beforehand, and so successful was it that nearly all applicants were admitted. The demand for beds continued to be severe throughout February, although on a decreasing scale ; and still all through March the demand was 25 per cent above normal. During the five winter months 33,786 applications were made, or approximately 225 every day. During the first three months of 1953 the hospitals were thus full and over full ; nevertheless, under the arrangements devised by the Regional Boards by which any patient whose immediate admission is absolutely essential can be admitted, no such patient failed to secure admission throughout the winter.

The E.B.S. was grateful to the Minister of Health for coupling its name with the hospitals of London when in the House of Commons he formally thanked them for their work during the fog, and also to Miss P. Hornsby-Smith, M.P., who came to see the Service and thank the staff when all was over.

It can be said that the warning system has been definitely a success. This winter however, is the first time it has been brought into use, and it was decided that although it achieved its end in the main there was room for improvement. During the quiet months of the spring and summer those responsible will be considering how best to amend the warning system so that it shall be as perfect as possible when it is next brought into use.

The E.B.S. works in close co-operation with the London Ambulance Service, and it is perhaps appropriate here to pay a tribute to the wonderful work of the London ambulances, particularly during the period of dense fog. In spite of the fact that the attendants had to lead their ambulances on foot they kept going and managed to take to hospital every patient they were asked to move.

In 1948 the staff had to be increased rapidly with the consequence that there was a high percentage of comparatively new and inexperienced staff. In the last year or so this has not been necessary

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and the staff have gradually become more experienced. The result has been an increase in the efficiency of their work with a resultant decrease in the cost.

CONVALESCENT HOMES

The Convalescent Homes Committee has felt for some time that if the homes known to the Fund could each take a few more patients at an early stage of convalescence it would go a considerable way towards reducing hospital waiting lists, and the work of the Committee during the recent year has largely been directed towards encouraging convalescent homes to fit themselves to help the hospitals in this way. This upgrading involves grants for equipment and improvement of buildings, but the increased cost of maintenance is proving a difficult obstacle. An example is Capesthorpe Babies' Convalescent Home at Mudeford, which was opened in 1948 with the aid of a substantial grant from the Fund. Grants have been given to enable up-to-date isolation arrangements to be made in order that post gastro-enteritis babies may be accepted on contractual arrangements from the South West Metropolitan Regional Hospital Board. The Hospital Board now pays the entire maintenance costs.

As a result of the continued rise in the cost of living, a number of homes have had difficulties in meeting maintenance costs and in consequence larger maintenance grants were made during 1952. Maintenance grants totalling £6,650 were made to 49 homes as compared with £4,150 to 46 homes in 1951.

Visits by members of the Convalescent Homes Committee were made to 81 homes, which included independent, state and private homes with contractual arrangements with Regional Hospital Boards. These visits continued to be of great value both to the homes and to the Committee.

RECOVERY HOMES ENQUIRY

As the Committee is of the opinion that convalescent homes should be able to contribute to the quicker turnover of hospital beds and the consequent reduction of hospital waiting lists by

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accepting patients at an early stage of recovery, it was decided to make an enquiry into the need for recovery homes.

Visits were made to certain recovery homes attached to parent hospitals and the views, and waiting lists, of twelve London hospitals were also obtained. The evidence showed that there was a strong desire for such homes attached to parent hospitals, which could provide continuation of hospital ward treatment of a higher standard than is financially practicable at many of the independent convalescent homes on the Fund's list.

SURVEY OF MOTHERS AND BABIES CONVALESCENCE

It came to the notice of the Committee that hospitals were experiencing a good deal of difficulty in arranging convalescence for mothers and babies, with possibly other young children as well. At the request of the Institute of Almoners a small survey has been conducted over a period of four months, statistical information being obtained from 11 London hospitals. The results will be available in the autumn of 1953.

CATERING AT CONVALESCENT HOMES

Advisory visits have been continued as in the past. Since January, 1953, a second trained cook has been engaged for visiting convalescent homes. These cooks stay for two or four weeks at the homes and are able to impart new ideas about catering and cooking and to advise how the home's own kitchen appliances may be used to the best advantage. During the last twelve months 22 visits have been made by the cooks and it is evident from the letters of appreciation that have been received that these visits are very much valued.

CONFERENCE OF MATRONS OF CONVALESCENT HOMES

Following two previous annual conferences, a successful two-day conference was held on April 10 and 11, 1953, at Queen Elizabeth College, Campden Hill. Lectures were followed by discussions which provided an opportunity for the exchange of views and much valuable and instructive information came to

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light. Representatives of the Ministry of Health, Regional Hospital Boards, London County Council and other public bodies attended as well as the matrons of homes, almoners and members of voluntary bodies. Visits were arranged to hospitals on the second day. In all, 189 people attended the conference. The number of letters of appreciation that have been received testify to the value of these conferences.

PUBLICATIONS

The Directory of Convalescent Homes was enlarged and improved when it was re-published in January, 1953, and it now contains detailed information about 193 convalescent homes. In order that it may be of the greatest possible use to hospitals, the Institute of Almoners is invited to submit suggestions for its improvement before each re-publication.

The Statistical Summary of income, expenditure, work and costs of independent convalescent homes on the Fund's list is also published annually. The number of homes included increased from 65 in 1951 to 82 in 1952 and it is evident that this publication is fulfilling a need.

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ACCOUNTING SECTION

MINISTRY OF HEALTH COSTING INVESTIGATION

The outstanding event of the year was the completion of the Costing Investigation undertaken at the invitation of the Ministry of Health, and the presentation of the Report thereon to the Minister in September, 1952. This report, and that of the Nuffield Provincial Hospitals Trust, were published the following month.

Four principal recommendations are made in the Report—

1. that the existing subjective analysis system prescribed in Statutory Instrument No. 1414, be discontinued ;
2. that a Departmental System of Accounting be substituted, this system to be based on the units of the organisation of a hospital, e.g., departments, wards and services ;
3. that budgets be prepared on the departmental system ;
4. that the whole of the accounts be finalised in an income and expenditure account and a balance sheet prepared in accordance with recognised accounting principles.

The terms of reference were : “ to carry out a complete unit costing of a small number of representative hospitals ”. By reason of long and intimate experience of hospital accounting and finance in all types and sizes of hospitals, the King's Fund was aware of many important matters, which although not directly connected with costing as such, have a considerable influence on the type of system and the unit costs produced therefrom. The widest possible interpretation was therefore given to the terms of reference. In general these resolved themselves into two main questions : (1) is a costing system applicable to hospitals ? (2) if a costing system is applicable what is the most appropriate system to adopt ? It was not difficult to find the answer to the first question. The King's Fund is convinced that such a system is not only applicable but essential for the effective control of hospital expenditure. The second question proved more difficult :

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it could not be answered without much experiment. Various systems were, therefore, designed, installed and supervised for a period of time sufficient to judge of their suitability and effectiveness. From the results, the King's Fund had no hesitation in selecting the departmental system. In doing so it gave consideration to certain fundamental factors, more particularly : (i) the need for simplicity and flexibility in an accounting system for a national service composed of scattered hospitals of every type, size and physical lay-out and with varying organisations even for identical services ; and (ii) the need for the development of hospital accounting by stages depending upon the experience gained and the benefits derived from each stage. Three self-contained stages are suggested, and the flexibility of the classification allows of logical development from one stage to another to meet the requirements of management of individual hospitals and still provide information on a uniform basis for purposes of comparisons between hospitals.

The adoption of the departmental system now recommended will provide a complete answer to the critics who complain, with justification, that under the present system it is not possible to ascertain the cost of maintaining any one of the numerous departments of a modern hospital and of the futility of the unit ' cost per occupied bed ' for purposes of comparison between hospitals. *Under the departmental system a separate account is set up and maintained for each department of the hospital organisation and within each such account the expenditure is grouped under significant headings appropriate to the work of the department. Finally, the departmental expenditure is reduced to a cost per unit of service, such units being determined solely by the nature of the service rendered in each case. As, under the new system proposed, the budget is also departmentalised, the budgeted unit cost of each department becomes the ' yardstick ' against which its actual unit cost will be measured. This is an important provision of the system.*

Hospital accounting is not, as is popularly supposed, mere book-keeping ; it is in fact an integral part of hospital administration and, as such, a valuable dynamic instrument of management which, if properly designed to relate expenditure to work

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performed, can play a very effective part in the control of expenditure. *It is the return obtained for expenditure and not the expenditure itself that is of vital importance, and the real problem of hospital finance, and its control, is to maintain productivity of expenditure at a maximum. A highly centralised rigid financial control of one side only of the equation—payments—is quite inadequate and inappropriate as, under it, success comes to be measured more by the degree to which expenditure is kept within the defined limits, than by the return obtained for the expenditure.* Expenditure control is essentially a personal responsibility and, unless expenditure is classified according to this responsibility, there can be no effective control or guarantee that money is spent to the best advantage. To maintain the mere stability of total expenditure is not 'effective' control.

In its consideration of the wider aspects of hospital accounting and statistics, the King's Fund reviewed the possibilities of 'specialty' costing in conjunction with departmental accounting and the use of medical and other records as the basic data upon which to calculate costs for the treatment of each main type of illness, disease, or operative treatment. At the present time no statistics are available showing the cost to the country of treating cancer, rheumatism, tuberculosis, diabetes, etc. It is felt that if the cost of the hospital service can be 'broken down' to show information of this kind it will be of greater national value than information on the amount of expenditure on salaries and wages, provisions, light, water, etc. The King's Fund has carried out experiments on these lines and interesting results have been obtained. These are as yet by no means conclusive, but they are of more than passing interest in that they indicate a constructive approach to the subject of hospital accounting in relation to the nation's social needs.

The Report is far from being the last word on the subject ; it is but the beginning of a movement having as one of its objects the best application of public funds to hospital service. In this connection a number of matters still require close study ; e.g., a review of hospital statistics, more particularly with reference to the enumeration of patients and volume of work performed ;

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further experiments with 'specialty' costing ; job analysis and time and motion studies ; definitions and terminology ; time-saving methods and procedures ; stores accounts and wages systems ; manual methods compared with machine methods ; etc. These matters are now under consideration.

The King's Fund has welcomed the opportunity afforded by the Minister's invitation to make a contribution to the development of hospital accounting, a subject in which it has taken a special interest for so many years.

CONTROL OF HOSPITAL EXPENDITURE

The subject of the control of hospital expenditure is exercising more and more the attention of the Ministry of Health and hospital authorities. The National Health Service, like other services, is beset with the consequences of increased wage rates and costs of commodities arising from inflation and the general transformation through which the country has been passing for some years. There is a limit to the amount that can be spent on the National Health Service and having regard to economic conditions it would seem that the present limit may remain for some years to come. Hospital treatment is now expensive and continued progress in medical science may add still further to this cost. The present scale of allocations to hospitals, it is claimed, makes it difficult for them to maintain their existing standards of service, let alone to take on any additional burdens. There would appear to be three alternatives—curtail services, reduce standards or reduce expenditure. No hospital would wish to adopt either of the first two alternatives. Can the third, the most desirable alternative, be effected and, if so, how ? During the past half century hospitals have vied with one another in establishing new departments, in opening new clinics and in the over elaboration of equipment, bringing about duplication and overlapping. In doing so, capital has often been wasted and maintenance costs have increased to unprecedented levels. Has not the time arrived for a backward swing of the pendulum ; the time to resolve the balance of functions ; the time for hospitals to ask not "how much more can we get to spend" but "how much can we reduce our demands?"

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Getting down to essentials is the keynote of hospital endeavour if the National Health Service is to succeed in providing an adequate, efficient and economical service.

STATISTICAL SUMMARIES

The accounts of eighty-two convalescent homes were examined and a Statistical Summary, containing details of the income, expenditure, work and costs, was prepared and circulated to the homes. A similar Summary was also prepared and circulated in respect of disclaimed hospitals and similar institutions.

INFORMATION SECTION

As the result of various inquiries carried out during the year much additional information is now available on new and improved equipment to hospital authorities. An item which has been considerably improved to meet the growing tendency to provide greater privacy for patients, and incidentally eliminate the use of floor screens, is the cubicle curtain suspension rod. The new plastic covered rod is neater in appearance, more easy to keep clean, and the substitution of plastic hangers for metal rings provides for noiseless operation. Other examples include: patient lifting apparatus, overbed tables, and wall washing appliances. Among the subjects upon which information was desired were the following: therapeutic baths, film projectors, television, piped gas supply, incinerators, dictaphones, staff locator systems, automatic stokers, automatic towel containers, time recorders, stainless steel sinks, windows, blinds, bed spacing, medical records, staff records, laundry equipment, staff uniforms, oiling of blankets, linen chutes, micro-filming, hospital shops, stackable chairs, floor screens, pneumatic tube system, etc.

During the course of each year some 1,500 journals and reports, British and foreign, are regularly examined for information likely to be of use to hospital authorities and, where necessary, further details obtained. Often when an inquiry is received about new or improved equipment, new methods or procedures or plans of new departments, the information is already available, thus

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ensuring prompt and full replies. A close association is maintained with suppliers of hospital equipment in order to keep information up-to-date.

EXAMINATION OF PLANS

The examination of plans for extensions and for adaptations of existing accommodation to provide for more effective working now forms an important part of the work of this section. The requests are as varied as the sources from which they come—government departments, hospital associations, hospital boards and committees, architects, etc. The nature and scope of the work may best be understood by a few typical examples. In one instance the request was by a shipping company desirous of establishing a hospital bay on a ship. Other examples include a new hospital ; lay-out of a dispensary ; adaptation of existing buildings and the building of a new wing ; laundry extensions ; planning and equipping operating theatre ; recreation hut ; orthopaedic department ; maternity block ; and ophthalmic clinic.

MASTER INDEX

Work was continued on the preparation of the master index of hospital literature, but owing to more urgent calls the progress made was not appreciable. Experience gained in the examination of plans of many hospitals built and projected proves the necessity for enlarging the index to include schedules of the various departments of different types and sizes of hospitals, with dimensions and areas. There is great scope for simplification and standardisation in planning which would lead to appreciable reductions in both capital expenditure and maintenance costs. Discussions on this subject have taken place with many architects, all of whom have stressed the value of such schedules.

REFERENCE LIBRARY

The reference library now contains over 1,300 publications and is probably the most complete collection of hospital literature and plans in Great Britain. It is in constant use. The publications cover organisation and management, secretarial practice, accounting and finance, costing and budgetary control, personnel

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management, public relations, medical records, hospital law, planning and construction, etc., and include a complete set of the publications of the United States Public Health Service on the latter subject. A new and enlarged catalogue was published in December.

THANKS

The Division records its thanks to hospitals and other organisations for their continued co-operation. At times it has been necessary to request from them particular information to complete the material required to answer certain inquiries. All such requests have been complied with willingly and, what is of equal importance, promptly. These various bodies have also arranged to receive an increasing number of overseas visitors, often at short notice, and thus reciprocate the facilities afforded British hospital officers going overseas. This two-way service is a feature much appreciated by both sides.

VISITORS

During the past year fifty-three visitors from twenty-three countries visited the offices of the Division for the purpose of obtaining information and to discuss problems, mainly in connection with planning and construction, administration, and the working of the National Health Service. The majority were referred to the Division by the governments of foreign countries, the Ministry of Health, the British Council, and national hospital and other organisations.

DIVISION OF NURSING

DIVISION OF NURSING

THE WORK OF A MATRON

New ground was broken in 1952 by the study of means whereby trained nurses might be prepared for administrative duties.

A very wide range of qualities is needed for the successful fulfilment of the responsibilities of a matron. Moreover, it has been represented to the Fund that the task of a matron within the National Health Service may be even more complex and exacting than was that of the matron of a voluntary or a local authority hospital, that matrons appointed without adequate preparation find themselves at a disadvantage, and that nurses now hesitate to undertake the responsibilities of administration. Formerly it was customary for sisters from teaching hospitals to seek posts in smaller hospitals as a first step on the administrative ladder, but now, it is said, the problems in the Hospital Management Committee group are so different from those in a teaching hospital that fewer candidates come forward when vacancies occur.

Just as the Fund sought by its courses for ward sisters to raise the prestige of ward sisters' work and to help sisters to meet the manifold claims of nursing care, ward teaching and team leadership, so, it is thought, encouragement and assistance might be given to those destined for posts as matrons and assistant matrons. Valuable courses in administration are given by the Royal College of Nursing, but after careful consultation with an advisory group under the Chairmanship of Lady Mann (who first inspired the project) the King's Fund came to the conclusion that there was room also for an experiment planned on somewhat different lines. With this in view the Director of the Division was sent on a study tour to Canada and the United States early in 1952. Much help in the arrangements for the tour was given by the Rockefeller Foundation and she was given every facility to observe the teaching of nursing service administration and hospital administration at various universities, and also to study the administrative pattern in a number of hospitals. At Harvard, the Management Training Program at Radcliffe College, where young women are prepared for administrative and managerial posts in many different spheres

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of work, suggested a method hitherto little known in this country, which might be of use for developing administrative ability in hospital nurses.

Later in the year the Fund invited Professor T. North Whitehead, M.A., Director of the Management Training Program and a member of the Faculty of the Graduate School of Business Administration at Harvard, to come to London. He gave a series of sessions demonstrating the method and advised on the planning of a course for prospective matrons. The sessions took place at the Hospital Administrative Staff College and were attended by those connected with the Fund's two training colleges and others interested. The sessions were found to be stimulating and valuable. The Fund acknowledges a debt of gratitude to Professor Whitehead for his help at the time and for his continued guidance and interest. It was decided that the Fund should offer a course which would enable sisters seconded by Hospital Management Committees and Boards of Governors in the four Metropolitan Regions to spend approximately ten months in studying and gaining experience in administrative practice. The aim of the course will be to develop that appreciation of the human aspects of management now generally thought to be essential for those carrying administrative responsibilities. Much of the time will therefore be devoted to practical experience in industry as well as within the hospital world, studying the tasks, aims and methods of men and women carrying administrative responsibilities and the reactions of the staff to those methods.

A house at Holland Park, which was already the property of the King's Fund, has been furnished and equipped as a residential centre. It is near the Fund's two Staff Colleges, so that there can be close co-operation with these. In addition to the long course due to begin in September, 1953, and known as the Management Training Course for Nurses, it is hoped to arrange from time to time conferences and special studies of problems of nursing administration.

THE WORK OF WARD SISTERS

In 1952, sixty-nine ward sisters and staff nurses attended the three preparatory courses at the Staff College, and twenty sisters

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attended the senior course. They came from fifty-five hospitals, twenty-four of which had not previously sent candidates.

Three recent publications confirm that the subjects studied in the courses are not only of current interest, but are also of vital importance in the nursing service of the country :

(1) The revised syllabus of nurse training drawn up by the General Nursing Council includes the study of human behaviour and requires knowledge of the social aspects of health and disease. It is more than ever necessary that the trained nurse, and especially the ward sister, should be interested in preventive medicine and should have some knowledge of the social services and a little experience of public health work.

(2) The Central Health Services Council's Memorandum on the Reception and Welfare of In-patients in Hospital underlines the need for a more friendly and helpful attitude to patients and makes practical suggestions regarding their welfare.

(3) The Report of the Nuffield Provincial Hospitals Trust shows by an impartial analysis of ward procedures that fresh thought is needed on the task and training of the nurse. The courses at the Staff College have always aimed at helping ward sisters to stand back from the busy routine of their wards and consider how it might be revised. Sometimes they are helped in this by preparing in groups a "Manual for Ward Sisters", sometimes by close examination of the ward sister's day, and always by their practical work, when they have the opportunity of observing how more experienced sisters manage their wards and their nursing teams.

Time for thought and reflection is perhaps one of the greatest needs in the life of a ward sister, with its constant demands and interruptions, and the opportunity to look at their work objectively is appreciated by senior sisters as much as by their younger colleagues.

The eagerness of former students to keep in touch with the College is a constant source of encouragement and the reunions at the College have been well attended. In November thirty-eight senior sisters spent an evening at the College, and for the Preparatory Courses' Reunion over seventy accepted invitations.

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These Reunions, together with the appreciation of the courses expressed in letters from former students and the comments of matrons on the work of their sisters who have attended the Staff College, are so far the main means of assessing results.

Extracts from a few among the many letters received may be of interest as showing the impression left on students after returning to their wards :—

“ I have, on purpose, waited a month before writing and thanking you, and the staff of the college, for such an instructive and enjoyable three months. I left with so much enthusiasm and so many new ideas, that I was anxious to see how they would stand up to the test before writing to you.

“ The four weeks have passed, and I can quite honestly say that I am even more enthusiastic, and have more new ideas than a month ago. I had definite plans when I left the College on how the administration of the ward could be improved, and having discussed them with my staff nurse I put them into action immediately. I doubt if the day will ever come when we are completely satisfied, but I do now feel I am on the right road.

“ The ‘ Methods of Teaching ’ lectures have come into their own, and it is surprising how much actual teaching can be done in the ward on the material available.

“ The lectures on ward planning and equipping have also been of practical use with so many alterations in progress. I have been able to back my suggestions with the knowledge obtained from other hospitals during the visits.

“ I express my very sincere thanks to the King’s Fund—the finance provided by them could not be better spent.”

Another writes :—

“ Perhaps it is better to look at the course in retrospect, then the real value is found. I think we all realised where in the past we had failed and I at any rate feel challenged to start afresh and put into practice all that I learnt at Cromwell Road. I would like to say in all sincerity that the course has really helped me.”

Another :—

“ Just before I came to the College I had begun to feel quite desperate at the thought of continuing nursing. You can imagine what it meant to me to get right away from hospital and its rush and bustle and take stock of things as they really are and get a sense of proportion again. I am now eagerly looking forward to returning to hospital to put into practice all I have learnt.”

DIVISION OF NURSING

Visitors from Sweden, Finland, The Netherlands, Greece, U.S.A., Canada, Australia, New Zealand, India and Ceylon have been welcomed at the College. Particular interest was shown by the Principal of the Nurses' Post Graduate School, Wellington, New Zealand, and by the Principal of the Alexander Nursing College, Johannesburg, where the establishment of courses for ward sisters is under consideration.

An occasion of special pleasure was the visit of Miss E. K. Russell, formerly Director of the University School of Nursing, Toronto, who spent three days at the College in the autumn. Her talks to the students on the application of educational principles in the wards were inspiring and will long be remembered.

Interest in the College is growing in this country and in at least three Regions away from London the possibility of arranging courses on similar lines has been or is being considered.

Visits have been exchanged between those taking the Staff College courses, and members of the other King's Fund courses and Royal College of Nursing courses. These contacts are of real value and lead to useful discussion.

The continued kindness of the matrons and members of the medical and administrative staffs makes hospital visits of real value. It has always been an aim not to make unnecessary demands on the hospitals and not to "over-visit". The arrangements are generally so excellent that each visit is a real occasion.

The College is indebted to the Health Departments of the London and Middlesex County Councils and to the Queen's Institute of District Nursing for their help in arranging field work. The students' descriptions of their varied experiences are shared and discussed, and they have been deeply impressed by the completeness of a service which many of them had never pictured before.

It would be impossible in this brief report to give due credit to the many who contribute to the success of the courses, by lecturing and joining in discussions, and by taking students for practical work.

DIVISION OF NURSING

NURSING RECRUITMENT SERVICE AND OTHER ACTIVITIES OF THE DIVISION.

It was scarcely to be expected that the high rate of increase in nursing recruitment, which had been so marked over several years, could be maintained indefinitely. Indeed last year's Annual Report suggested that we might be within sight of the practicable goal in recruitment, having regard to the reduced field from which to draw owing to the great claims on woman-power at the present time.

Hospitals all over the country experienced by the end of 1952 a falling off in the number of applicants for training. At the Nursing Recruitment Service, however, the number of new applications received, at 4,705, was in fact 35 above the number for the previous year. Applicants whom it was possible to trace through to their acceptance as student nurses numbered 1,603, as against 1,751 in 1951, and 209 others were helped to find appropriate pre-nursing or nursing employment. In the whole of England and Wales, 17,788 student nurses entered hospital in 1952 and 18,911 in 1951. It will be seen that nearly ten per cent. of these had been in touch with the Recruitment Service. In hospitals in the London area, the proportion of candidates coming from the Recruitment Service must be very much higher.

Nearly 3,000 interviews were given at the Nursing Recruitment Centre by the four nurses responsible for advisory work, and over 15,800 letters sent out. Fifty-nine hospitals were visited, and two pre-nursing schools.

Talks on nursing as a career were given at 150 schools in many parts of the country, the greater number, as always, being in the grammar schools and the well-known boarding schools. About 90 talks were in schools not previously visited by the Recruitment Service, the others being return visits. In addition, speakers were sent to two meetings of Parent-Teacher Associations, to eight meetings of various Youth Groups, to a Nurses' Prize-giving, and to two conferences. The attitude of the headmistresses to nursing continues to be encouraging as a rule, though some express keen disappointment that the hospitals now draw away for cadet schemes girls of sixteen who might otherwise remain at school.

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In one school which had a pre-nursing course approved by the General Nursing Council, only one girl remained to take it, while seven others who intended to become nurses left to become cadets or junior trainees.

Contact with the Youth Employment Service is growing and the Recruitment Service is always glad to co-operate with youth employment officers when questions relating to nursing or "bridging the gap" arise. The advisory work on careers for grammar school girls, previously carried out by the Head Mistresses' Employment Committee, has now been taken over by the Careers Advisory Section of the Youth Employment Service and the officers of this section have frequently consulted the Nursing Recruitment Service.

Material was supplied for an overseas broadcast, and literature, posters and photographs were provided for many speakers and for recruitment exhibitions. The leaflet 'Nursing at the Present Day' continues to be in great request, and about 12,000 copies were distributed in the course of the year. Copies were sent to 650 Citizens' Advice Bureaux and 480 municipal and borough libraries in England and Wales. Many of the libraries, which now have careers sections, asked for supplies of the leaflet.

Other means of publicity for nursing have been found in letters or articles contributed to *The Times*, *The Times Weekly Review*, *The Times Educational Supplement*, *Hospital and Social Service Journal Annual*, *The Messenger*, *Daily Mirror*, *Family Doctor*, *Nursing Times*, *Everywoman*, *Heiress* and *Girl Annual*.

Enquiries and requests for advice on nursing matters, but not relating to individual recruits, numbered 425.

HEALTH RECORD FORMS

The numbers of these ordered by hospitals indicate that they are in general use. Some 65,000 were supplied during the year, and it is hoped that they contributed to the improved care now given to the health of hospital staff.

HOME FOR ELDERLY NURSES

Work at Hayes Grove, the Queen Anne house at Hayes Common, Kent, purchased by the King's Fund, was held up for some

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months by delay in obtaining licences, but it progressed through the autumn and winter, with a view to opening in the spring of 1953. There is much evidence of the urgent need for a home of this kind for nurses well enough to leave hospital but still requiring some medical supervision and nursing care, either permanently or during long periods of convalescence. The Fund have leased the house to the Ministry of Health, who have designated it as a unit of the London Hospital. It will be available for suitable patients transferred from hospitals in any of the four Metropolitan Regions.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

"The British may reasonably suppose themselves to have some natural talent for administration. They have handled not unsuccessfully a number of considerable enterprises, including an Empire. But their habit has been to do the work without much formal preparation or theorizing, making perhaps some acknowledgment of the art but little of the science of administration."

"Administration is a word of varying import. At one end of the scale is the simple executive function of applying known rules to the given case—sometimes not so simple. At the other end administration shades off into leadership, policy-making and planning. It may be a sphere of genius."

"Arrangements are now made" (in the Civil Service) "more adequately to introduce entrants of different grades to the operations and methods of their departments. Local government authorities increasingly develop their own training schemes as do many of the larger units of private industry, or encourage their entrants to resort to the facilities offered by education authorities and universities."

"The young administrator still learns his job mainly by doing it. The point of his initial training is that he will do it, and therefore learn it, more intelligently and effectively."

"A new stage and a new problem emerge at a later date. A time comes in 8 or 10 or 15 years when, having learned and practised his calling, a man does well to cease for a little from action and to think about what he is doing and why and how he is doing it. That is apt to be the most fruitful educational phase of all. The best thinking springs from practice: and a man who by thinking has more thoroughly possessed himself of what he is and does is ripe for greater responsibility." (Sir Hector Hetherington).

The problems of management are many and varied in an undertaking employing more than 400,000 persons, the majority of whom are doing professional or technical work. How best to solve them is the task of those responsible for the conduct of the hospital part of the National Health Service. It was with this in mind that the Fund opened its Hospital Administrative Staff College in 1951.

At the time of writing the Staff College has been open for two years and some assessment can be made of the results so far achieved and the direction which future work should follow. Already there have been changes of thought in the territory of hospital administration and the Staff College has had constantly to keep in mind the need to change from time to time the emphasis

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on various aspects of its work. Now, for example, there is renewed stress on the need for economy and the establishment and maintenance of proper standards of efficiency. So many people have become interested in the work of the Staff College that there is much friendly, but constructive, criticism and little risk therefore of a state of routine or complacency being reached.

THE COLLEGE A MEETING PLACE AND A CENTRE OF THOUGHT

In two years the development of the Staff College as a meeting place for study and discussion and a centre of hospital thought in matters of administration has been rapid. This aspect of the work has developed as much from pressure from outside as from the College itself. Officers of Boards of Governors of Teaching Hospitals, Regional Hospital Boards, Hospital Management Committees and others have been anxious to come to the Staff College for discussion, to see the work and often to seek advice or information. Moreover, the continued interest and warm support of the Ministry of Health has been an important and encouraging factor in the activities of the College.

A large number of men and women distinguished in the hospital service and in other walks of life have come to the College to meet members of courses and the tutorial staff. Many have made valuable contributions by after dinner talks and informal discussions. The signatures in the visitors' book already number over a thousand.

RESIDENTIAL REFRESHER COURSES

One month refresher courses for group secretaries and their deputies and similar courses for hospital secretaries have been continued. At the time of writing just over two hundred hospital officers have participated in such courses. Except in a few instances, where sudden illness has caused a last-minute withdrawal, all the courses have been filled to capacity. The details of every course are considered both before and after the course and decisions in respect of future courses are made in the light of health service policy generally, new trends of thought and the best advice that can be obtained.

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It is encouraging that some very senior administrators, who in the early days of the College had had no desire to take a course, are now freely seeking admission. It should also be recorded that the majority of hospital secretaries, from among whom most of the more senior officers of the immediate future will need to be found, show themselves capable of assuming heavier responsibilities. There appears to be no reason why these courses, with suitable amendment from time to time, should not be continued indefinitely. There is, too, a constant demand from finance officers and others for short refresher courses in administration, and those senior officers who attended the first refresher course nearly two years ago are asking if, in another year's time, a conference of one week can be made available to them for purposes of discussion.

Many letters of appreciation have been received from those attending the refresher courses, and here are extracts from three of them :—

“ I myself find, now that I am back and am facing the same old problems and the same old routine, that I am approaching it all with new enthusiasm and new ideas.”

“ I have gained a wealth of knowledge and a deeper understanding of the problems we have to meet in hospital life, and, if I may say so, a clearer recognition of my own shortcomings.”

“ In the setting up of the Staff College and in the continuance of these high standards of tuition, staffing and residence, the King's Fund is rendering a great service to the hospital world in general and to administrators in particular—we are indeed fortunate.”

TWO YEAR TRAINING COURSE

The first or “pilot” two year training course started on the 3rd March, 1952. The seven men who were chosen, and who were already employed in the hospital service, have made entirely satisfactory progress and the course has run according to plan. It has been a most happy feature that the group secretaries and other officers in the hospitals where these students have been attached for practical instruction and experience have gone to a great deal of trouble to assist the College and the students in every way possible.

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In the light of experience it may well be decided that the time is not opportune to continue training courses for so long a duration as two years, and consideration is being given to shorter courses of, say, one year, to commence in 1954. An experimental three months' course for those who are already trainees under local training schemes will be held in the autumn of 1953.

STUDY GROUPS

An important objective in the establishment of the Staff College was the provision of a centre for the study of problems in hospital administration. As was anticipated, the close and continual association with practising hospital officers makes it easier for a study group to keep in touch with the realities of the changing situation and helps them avoid some of the dangers inherent in the remoteness of a more academic approach. It is of the greatest value to be able to collect and pool opinions and experience from the members of a whole series of courses and at any stage in the study to be able to test the recommendations of the group in frank discussion with the administrators in residence at the time.

A study group on "Making the best use of the available beds" was busy throughout 1952, but such is the intricacy of certain of the issues raised that it may well be some months yet before the report is complete. Many of the ideas suggested were subjected to the test of prolonged trial in several hospitals. Statistical data in respect of general and mainly general hospitals in Greater London have been shown on large-scale maps and also reduced to diagrammatic form. New light has been thrown on several aspects of London's bed occupancy problems in this way.

Other groups of hospital administrators, including the association of ex-bursars of the King's Fund, have met in the College during the year to discuss and investigate specific problems, and it is hoped that in the course of time such activities will make a contribution to administration rivalling that of the more direct method of training and refresher courses.

MEDICAL RECORDS ADVISORY SERVICE

Instances are still coming to light of hospitals using procedures wasteful both of time and material. At this moment of financial

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difficulty the College is particularly anxious, therefore, to make available to hospital secretaries what services it can in that branch of administration concerned with medical records, admissions and out-patient organisation. At the request of group and hospital secretaries, over fifty visits have been made to report on reception and out-patient arrangements, on filing, numbering and indexing systems for patients' notes, on ambulance arrangements, admission and waiting list procedure, appointments systems, on follow-up and on many allied subjects. These surveys have usually included specific recommendations on the re-allocation of staff duties in the department, on equipment, on the re-design and standardisation of records stationery and on the collection of statistics, including the measurement of bed occupancy. All these services to the patient, involving as they do the closest collaboration with doctors and nurses, form an important part of administration.

Indeed, if the essence of hospital management can be defined as the provision of the best conditions under which the patient can derive full benefit from medical and nursing attention, then they lie at the very heart of the hospital secretary's task ; so much so, that he will not wish to leave this responsibility to junior staff. Only where the general administrative task is above a certain size will the secretary have to leave part of the supervision to others, but this is delegation, not decentralisation—there is no call for a separate service, standing somewhere between the administrator and the medical and nursing staff he serves. It is an assistant secretary he needs rather than a departmental head. The College is therefore offering to hospital secretaries more facilities in this field, believing that the emphasis should be on the closer co-ordination of all branches of administration so that the ladder to the senior posts will be equally open to everyone.

RECRUITMENT ADVISORY SERVICE

The subject of recruitment to the hospital service has been frequently discussed with men attending the courses at the Staff College and with others concerned, and in many cases dissatisfaction has been expressed with the relatively low standard of those applying for junior appointments. Furthermore, when a good

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candidate does apply there is often no satisfactory vacancy in the group at the time application is made. The King's Fund, both at Old Jewry and at the Staff College, receives many enquiries from those who are interested in hospital administration and who are seeking advice and assistance.

It was therefore decided, with the approval of the Management Committee of the Fund, to establish at the Staff College a recruitment advisory service. Letters have been sent to the chairmen and secretaries of all hospital authorities in England and Wales giving notice of the proposed service and asking those who wish to co-operate to inform the Staff College to this effect. Over two hundred replies have been received welcoming the proposal and expressing a desire to make use of it as and when opportunity occurs. The intention is to provide hospital authorities at their request with names of possible candidates for junior posts in hospital administration, and to give help and advice to the candidates themselves. A register is kept, therefore, at the Staff College of those who wish to enter the hospital service, and employing authorities are invited to give notice of such vacancies as they have.

It is, of course, clearly understood that the recruitment advisory service has been brought into existence to facilitate contact between hospitals and those who wish to enter hospital administration for the first time. It is not intended that it should act as an employment exchange for those already engaged in hospital work who may be seeking to change their posts.

THE COLLEGE STAFF

The rapid development of the College placed upon the tutorial staff a strain that could not be carried for long without additional assistance. Mr. E. L. F. Holburn, an experienced hospital management committee group secretary, was appointed to the staff in the autumn of 1952.

The College is conducted on a scale small enough to permit a considerable degree of individual attention. Most of the work is done in groups of a dozen or so, residential accommodation being provided for twenty-four in all. A separate prospectus is

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issued in which will be found further details of the aims of the College and of the courses provided. It would be hard to over-estimate the influence already being exercised by the College: the warmth of the support which the project has received, and the willingness of many who hold senior posts in the National Health Service and elsewhere to give their time and energy to promote its interests are deeply appreciated.

The College was honoured by a visit from the Minister of Health on July 15.

HOSPITAL CATERING

The year was in more than one way critical for the cause of better catering in hospitals. It was known that official policy was dominated by the ceiling fixed for all National Health Service expenditure and it was obvious that the demand for economy would weigh heavily upon hospitals, whilst at the same time the removal of subsidies would mean some rise in the cost of food. It is therefore satisfactory to record that the year was one of steady if not spectacular progress, and that in few of the hospitals with which the Fund has had contact were these adverse factors allowed to interfere seriously with the standard of food provided for patients and staff.

At any time costs must be one of the chief concerns of a catering officer and, so long as the present system of hospital accounting is maintained, catering costs will mean the cost of provisions in terms of so much per head per day or per week. Even with this form of costing it is vital for the catering officer to know, accurately and with as little delay as possible, how much is being spent in feeding patients and staff and the manner in which this expenditure is being incurred. Current practice in the hospitals varies widely; the question of the precise figures required, and of the respective responsibilities of catering and finance officers for their preparation, is by no means so simple as it appears and has been given many different answers. Although a particular system

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cannot be expected to suit every hospital, the Fund has embarked on an attempt to define the general principles which might serve as a guide to catering and finance officers in avoiding some of the difficulties frequently encountered.

Among the many handicaps under which hospital catering has laboured in recent years has been the long delay on the part of the Whitley Council concerned in determining the salary scales for catering officers, dietitian catering officers and housekeeper caterers. Publication of these scales during the year 1952 was therefore an event of considerable importance. Although it is not part of the function of the King's Fund to concern itself with the rates paid to particular categories of hospital staff, it is clear that one of its major recommendations, viz. the appointment by hospitals of catering officers, which has been fully endorsed by the Ministry of Health, would be nullified if the rates of pay fixed for such officers were not competitive with those prevailing in similar employment elsewhere. Experience alone can show whether the scales are, in fact, adequate; and in the meantime there are closely related questions which are engaging the Fund's attention. One of these is the desirability of appointing group catering officers; the Ministry has not so far recognised the need for such appointments though, in fact, a number of Hospital Management Committees run their catering on a group basis. One of the arguments in favour of recognition of the grade of group catering officer is that the responsibilities and scope of the post would justify the payment of a higher salary, which in turn would attract more of the fully qualified persons who are needed in hospital catering to-day.

At the opposite end of the scale is the question of the pay and status of hospital cooks. It is felt by many that so long as the qualified assistant cook only receives 1½d. an hour more than the lowest paid members of the ancillary staff employed in hospitals, hospital catering cannot hope to attract good quality entrants in anything like sufficient numbers. But conditions of service, opportunities for promotion, facilities for training and sources of recruitment all bear closely on this problem, and with the assistance of a number of hospitals in London and the four Metropolitan

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Regions the Fund is collecting data on which it may be possible to suggest a policy which may help to overcome the difficulties now encountered.

The catering difficulties confronting the smaller units which form so large a proportion of the hospitals in the health service are also due in part to the salary question. The smaller the unit, the smaller the salary that can be paid to the catering officer or other person in charge of the catering, since grade and remuneration are governed by the number of midday meals served. This may be logical, but it bears hardly on the smaller hospitals, particularly those that are too small to employ even a catering officer on the bottom of the scale. For these the choice lies between a kitchen superintendent or a housekeeper caterer, but though the salary scale of the latter post is comparable to the lower rungs of the catering officers' grade, it seems that so far there have not been many appointments of this type.

SCHOOL OF HOSPITAL CATERING

Last year's account of the School at St. Pancras mentioned an important scheme for the provision of bursaries for would-be catering officers. The work of a hospital catering officer is admittedly exacting, but it is rewarding and full of interest. It has hitherto made relatively little appeal to the considerable number of young women who are trained in domestic science, many of whom choose to work in schools and similar institutions. The lack of any specific training may well be largely responsible for this failure on the part of the hospitals to attract a valuable type of recruit, for the work sometimes done in hospital kitchens by students from domestic science colleges, as constituting the third year of their training, qualifies the student rather for work as a cook than as a prospective catering officer. The Fund decided, therefore, to institute a course of training designed to fill this gap, and in September, 1952, eight bursaries were offered valued between £400 and £500. The scheme met with a good response, and the Fund was able to choose eight bursars from over 60 applicants between the ages of 25 and 35, who possessed the appropriate qualifications.

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The course of training is non-resident and lasts for a year. It is spent partly at the School and partly at selected hospitals in the London area, where the bursars are made familiar with every aspect of hospital catering. Besides studying purchasing, menu planning, nutrition, staff control, costing of meals and other aspects of catering the bursars work for a spell in the hospital kitchen, attend a fortnight's course in butchery and work their way through every section of the catering department, including a month in the stores, under the direct supervision of the catering officer. The course ends with six weeks as an assistant catering officer and a final week at the School, and on its conclusion certificates are awarded to those who have completed it satisfactorily. It is felt that the training and practical experience which the bursars receive during this course should lead them to posts as assistant catering officers, to be followed in due course to promotion as catering officers. Indeed by the end of 1952 it was apparent that the scheme might fill a very obvious gap in the hospital service, and that the possibility of further developments on these lines should be explored.

The series of refresher courses for catering officers, kitchen superintendents, head chefs and cooks that was begun in 1951 was continued throughout 1952 when a further 139 students passed through the School. Whilst such refresher courses are too short to achieve any dramatic results there is no doubt that they are much appreciated by the hospitals and by those who participate. For many of those who take part even this short visit to the School with the opportunity it affords to talk over difficulties with others is a source of great encouragement, and they return to their hospitals with a new sense of the importance and interest of the work in which they are engaged.

A second storey was added to the School which provided a common room, a study, a small office and additional cloakrooms. An exterior passage was also built along the west wall of the ground floor, affording direct access to the dining and lecture rooms, which previously could be reached only through the demonstration kitchen. These alterations greatly improved the premises available to the School.

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HOSPITAL CATERING ADVISORY SERVICE

Hospitals have inherited from the past many a handicap, and experience of visiting innumerable kitchens has convinced the Fund that the great majority need a thorough and detailed overhaul of a kind often, for no fault of their own, beyond the capacity of the staff employed therein. This need the Fund is meeting by the provision of a small team of experts whose background enables them to say in what respects a particular kitchen fails to meet modern requirements—which items of equipment ought to be replaced, or perhaps “repositioned”, and more generally, in which ways the organisation of duties, the records kept, the control of the buying of the stores, and of waste ought to be reorganised to take advantage of the best modern practices.

The demand from hospitals in the four Metropolitan regions for the Fund's advice and assistance in their catering problems showed no signs of diminishing during 1952. The tasks undertaken by the Advisory Service included :—

- (a) Full surveys with detailed recommendations and plans on the whole of the catering departments at Central Middlesex Hospital, Harefield, Claybury, Runwell, Prince of Wales (Tottenham), West Herts, Southlands (Worthing) Hospitals ; also on four hospitals at Poole and another four at Hitchin.
- (b) Advice on re-planning and re-equipping various sections of the catering department at Joyce Green, North Middlesex, Cheshunt Cottage, Chingford, Harts, Wanstead, Fountain, and Langthorne Hospitals ; Lugano Home for the aged sick ; Chalfont epileptic colony ; Leytonstone, Highlands, National Temperance, Redhill County, Sutton and Cheam, and South Ockendon Hospitals ; Queen Elizabeth Hospital for Children, Hackney, Cheshire Foundation Home for the Sick, Liss ; Invalid Kitchens of London, Stanborough Hydro, St. George's Hospital, Moorfields and Royal Dental Hospitals. Follow up advice was given at Harefield, Severall and Florence Nightingale Hospitals.
- (c) Advice on a number of miscellaneous catering problems. Among these were the distribution of food at Queen Mary's

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Hospital, Carshalton, kitchen organisation at Wanstead Hospital, dining-room seating at Highlands Hospital, buying and costing at Haslemere and District Hospital, and the hospitals in the South West Middlesex group ; advice on the dietary at Darvell Hall Sanatorium, and on the plan for a diet kitchen at Queen Mary's Hospital, Roehampton.

The work of this small Catering Advisory Service is not spectacular but the Fund believes that there is no short cut and that the influence of a core of expert knowledge retained by the Fund and placed at the disposal of the hospitals is gradually spreading and establishing a standard in hospital catering that will keep it abreast of the times.

An interesting feature of the year was the number of applications from hospitals for advice and financial assistance in implementing recommendations made in earlier reports of the Advisory Service. Six grants were offered during the year towards the cost of various improvement schemes, subject of course to the approval of the Regional Boards, which was given in every case.

Early in 1952 a second edition was published of the catering circulars entitled *Use of the Meat Ration*, *Sources of Waste in Catering*, *Care of Catering Equipment*, and *Layout and Design*. A new circular *Rations and Rationing* was also issued and during the year some four thousand copies were distributed on request. The preparation of a second edition of that dealing with *Cost of Provisions*, which was forecast in last years' report, has proved more complex than was anticipated. Good progress, however, has been made and it is hoped to publish the circular during the summer.

Activities apparently so diverse as those described above are nevertheless knitted closely together, for they spring from the recognition that some common agency for the great group of hospitals of Metropolitan London is desirable and necessary. From this have come the Nursing Recruitment Service, the

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Emergency Bed Service, the various advisory services, and most recently of all the provision of staff colleges for both nurses and hospital administrators.

"Men will not give great sums of money to an object," Sir Henry Burdett used to say, "unless they believe its principles can only radiate rapidly from a position so strengthened." It was, and is, the confidence of such donors of yesterday and to-day that has placed the Fund in a position where, by the considered use of its resources, it can make a unique contribution to the welfare of the hospitals and of their patients.

EXTRACTS FROM ADDRESS

Extracts from Address given by the Rt. Hon. Iain Macleod, M.P.,
Minister of Health, to National League of Hospital Friends,
14th January, 1953.

" This meeting, following on the one a year ago addressed by my predecessor, Captain Crookshank, establishes a personal link between the Minister and the National League. I am told that the instruction given a year ago by Captain Crookshank is being interpreted here and there in rather too restrictive a manner. So I thought first this afternoon that I would try to clarify one or two points about my attitude as Minister to this problem that may possibly be causing difficulty in some localities.

I am told that it is thought wrong or undesirable for chairmen or members of a hospital management committee to take the initiative in forming a group or a League of Friends. I do not regard that as wrong in any way, and I would like to think that no chairman will regard his hospital or his group of hospitals as complete until it has working with it a loyal and efficient Group of Friends. I am not concerned about who initiates the voluntary spirit, who initiates the group ; what I want to see is the group in being.

It was said in a circular issued a year ago that there was no objection to occasional meetings of Leagues of Friends being held in Hospital premises. Indeed there is no objection to regular meetings, for the closer the contact can be, the better both for you and the hospital. I am told also that secretaries, matrons and others, feel sometimes a little diffident about attending meetings of the Leagues of Friends. I should like to say that on many occasions it is wholly appropriate that they should attend, and I have no objection in any form to that practice.

As regards representation on hospital management committees, regional hospital boards and boards of governors, it is entirely at the discretion of the regional hospital boards whom they appoint to hospital management committees. I do not seek to interfere or send out directives in any way. But I do say this : I regard those

EXTRACTS FROM ADDRESS

who employ themselves in voluntary service to patients as providing perhaps the most suitable of all fields for recruitment of members to serve on hospital management committees. I see no reason why regional hospital boards should not consult with a local League of Hospital Friends. There is no reason either why you should not, if you wish, take the initiative and send names, as suggestions of course, to the appropriate regional hospital boards. I am sure they will be considered by them along with all the others.

The appointments to regional hospital boards and boards of governors are made by myself, and there are various consultations enjoined upon me by the Act. In the case of boards of governors of teaching hospitals, there are certain members nominated by the universities and by other bodies, but apart from the consultations that I have to undertake, the Act tells me to consult also with those "who appear to the Minister to be interested", and I gave instructions this morning that in future the name of the National League is to be added to that list.

Now, about the future, here and there the opportunities are restricted. Because voluntary workers cannot be admitted to the wards, it is difficult to do really effective work in the mental hospitals. Yet there is a tremendous problem ahead of us in the mental field, perhaps the greatest of all the problems that confront me as Minister of Health. Very few people, even those concerned with hospitals, realise that 42 per cent of all the beds in England and Wales are for mental cases. It is a frightening figure. And yet the waiting lists even with that enormous number of beds is formidable. But limited though they be, there are real opportunities for voluntary work in the mental field, and perhaps the best outlet is that of occupational and art therapy.

Now I want to turn to a field which is the most important of all, the field of the chronic sick and the old. It is not anything like so glamorous as, for example, voluntary work in a famous general or teaching hospital, but the work can be even more rewarding. I remember being struck by a sentence in a report produced by the King's Fund about a year ago which said that as people grow older, the world to them grows smaller and each grievance is correspondingly magnified. That seems to me to show that one

EXTRACTS FROM ADDRESS

can do more than one dreams of by the small gestures of help and the small items of comfort. It can mean a tremendous amount to an old man who is alone in what to most people is a hospital but to him is becoming a home, if somebody remembers to give him a small amount of tobacco on his birthday. It may sound a small thing, but it is of first importance to that man and it is of the first importance to the spirit of the hospital if that sort of imaginative approach can come from voluntary effort. Because, with the best will in the world, it can never come from the State. There is a problem within the problem of the chronic sick that seems to me a particularly tragic one, the problem of the young chronic sick, perhaps in a hospital with people generations older than themselves. It seems that within the big field, therefore, there is a small field there on which I would dearly like to see voluntary effort concentrated.

So if it is too much all at once to hope to achieve the target I have been talking about of a body of Friends for each hospital, let us see first if we can really get the sort of help that you stand for in the old barrack-like institutions, as many of them are, that were once public assistance institutions and are now hospitals. That I believe—and I think I shall carry you with me—is the first task that lies ahead of you as I see it.

Those were some of the matters that I wanted to talk to you about this afternoon. I wanted to indicate to you where I thought the most fruitful field lay for voluntary effort in the hospital service ; but I also wanted you to know that I personally am deeply concerned as Minister, and as a person, with the future of voluntary effort. As long as I have the honour to be Her Majesty's Minister of Health there will be no obstacles placed in the way of voluntary effort in the Health Services."

CONSTITUTION, COUNCIL AND COMMITTEES

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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Management Training Course for Nurses :

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MR. B. G. SWEET	Accountant
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MR. D. G. HARINGTON HAWES

Hospital Catering Advisory Service :—

24/26 London Bridge Street, S.E.1

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Telephone : HOP 4255

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MISS W. M. COX

Accountant

MR. N. F. MOLLE

Offices

MONarch 3000

EALing 6671

LEYtonstone 6461

WOOLwich 3471

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, with an annual subscription of £250, 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 :	£	s.	d.	£	s.	d.	£
FUNDS TO BE RETAINED AS CAPITAL :							
As at 31st December, 1951 ...				2,140,303	0	5	
Add : Receipts during 1952 ...	4,493	7	2				
Legacies for Capital ...	23,167	3	0				
				27,660	10	2	
				2,167,963	10	7	
GENERAL FUNDS :							
As at 31st December, 1951 ...	3,964,270	0	6				
Add : Lapsed Grants ...	457	0	0				
Amount transferred from Income and Expenditure Account ...	53,728	4	0				
				4,018,455	4	6	
SPECIAL FUNDS :							
per Schedule ...				438,838	13	4	
SPECIAL APPROPRIATION FUND :							
Balance of Sum earmarked by General Council out of 1949 Income for the Provision of Additional Accommodation for Aged Sick as at 31st December, 1951 ...	78,241	3	10				
Add : Further Appropriation, 1952 ...	100,000	0	0				
	178,241	3	10				
Less : Net amount appropriated for expenditure during 1952 ...	93,064	13	10				
				85,176	10	0	
GRANTS RETAINED :							6,710,431
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment viz. :							
Ordinary Distribution ...				86,914	15	11	
Special Distribution ...				51,821	0	0	
Radiotherapy Fund Distribution ...				5,250	0	0	
				143,985	15	11	
Appropriations for Homes for Aged Sick, not yet expended ...				30,965	10	2	
							174,956
LIABILITIES :							
Calls on Investments (since paid)				1,440	0	0	
Administration and Other Expenses				19,580	18	1	
							21,020
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :							
Amount received for dilapidations ...				540	0	0	
Sinking Fund Appropriations ...				3,457	0	0	
							3,997
							£6,910,400

REPORT OF THE AUDITORS TO

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

5, London Wall Buildings,
London, E.C.2.
30th June, 1953.

L FUND FOR LONDON

DECEMBER, 1952

	£	s.	d.	£	s.	d.	£	s.	d.
ASSETS AND INVESTMENTS :									
STOCKS AND SHARES, etc., held for :—									
General Account	5,301,445	18	10						
Special Accounts	347,373	1	9						
				5,648,819	0	7			
INVESTED GIFT of His late Majesty, King George V, to be retained as Capital									
				20,000	0	0			
				5,668,819	0	7			
<i>The market value at 31st December, 1952, of the quoted securities (i.e., 97·5 per cent. of the total) was £5,682,281.</i>									
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES									
	1,018,032	6	7						
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of									
				1	0	0			
							6,686,852	7	2

Assets received or acquired before 21st 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 :

Balances at Banks and Cash in hand	181,264	18	8			
Debtors	42,285	16	9			
				223,550	15	5

NOTES—

- 1) The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.
- 2) The cost of properties for Staff Colleges and Homes for Aged Sick (amounting to £308,047), and furniture and equipment owned by the Fund has been written off as and when acquired, to Income and Expenditure Account, or to Special Appropriation Fund.
- 3) In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.
- 4) Claims under Part II of the War Damage Act, 1943, have been agreed at £416 8s. 4d. but payment is deferred.
- 5) The King's Fund holds as collateral security in respect of a Lessee's covenant to re-instate dilapidations :
 - (a) £2,000 which is held in a separate banking account in the Fund's name.
 - (b) A lien on certain securities held by a bank.
- 6) The Fund has entered into a contract for the purchase of freehold property for a consideration of £229,750, of which £22,975 deposit paid thereon is dealt with in the Balance Sheet.

E. R. PEACOCK,
Treasurer

£6,910,403 2 7

KING EDWARD'S HOSPITAL FUND FOR LONDON.

Knowledge and belief were necessary for the purposes of our audit. In our opinion the information of those books. We have examined the above Balance Sheet and the account. In our opinion and to the best of our information and according to the facts and affairs as at the 31st December, 1952, and the Income and Expenditure

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

INCOME AND EXPENDITURE ACCOUNT

	£	s.	d.	£	s.	d.	
GRANTS :							
DISTRIBUTION COMMITTEE :							
Hospitals and Branches—Grants per Report				100,000	0	0	
CONVALESCENT HOMES COMMITTEE :							
Convalescent Homes not attached to Hospitals—							
Grants per Report				30,000	0	0	
MANAGEMENT COMMITTEE :							
Special Grants—per Report	40,818	0	0				
Other Grants	1,004	15	2				
				41,822	15	2	171,822
SPECIAL APPROPRIATION :							100,000
Additional Appropriation for Homes for Aged Sick ...							
EXPENDITURE ON SETTING UP AND ADMINISTERING SPECIAL SERVICES, ETC. :							
Division of Hospital Facilities :							
General Administration Expenses	13,390	7	9				
Costing Investigation	7,978	14	11				
				21,369	2	8	
Division of Nursing :							
General Administration Expenses, including Nursing							
Recruitment Service	8,948	13	0				
Staff College for Ward Sisters :							
Alterations to Premises, etc.	1,189	7	9				
General	10,144	17	5				
	11,334	5	2				
Management Training Course for Nurses	2,125	12	7				
				22,408	10	9	
Hospital Catering and Diet Committee :							
Catering Advisory Service	9,046	15	11				
School of Hospital Catering :							
Alterations to Premises, etc.	5,074	7	1				
General	9,106	18	2				
	14,181	5	3				
				23,228	1	2	
Hospital Administrative Staff College :							
Alterations to Premises, etc.	1,142	9	2				
General	21,479	12	1				
	22,622	1	3				
Bursaries in Medical Records	1,953	1	1				
				24,575	2	4	
Bursaries for Almoners				2,451	0	0	
Convalescent Homes Committee :							
General Administration Expenses				1,743	16	4	95,776
EMERGENCY BED SERVICE :							6,300
Proportion of cost to be defrayed by the Fund, as agreed							
with the Metropolitan Regional Hospital Boards ...							1,770
PUBLICATIONS, MAPS, ETC. :							
Cost of printing, etc., less Sales							
ADMINISTRATION EXPENSES :							
Salaries, Pensions, Allowances and Superannuation Con-							
tributions				17,657	1	1	
Establishment, including Rent, Rates, Heating and Lighting,							
Cleaning, Insurance, etc.				5,211	10	7	
Printing and Stationery				1,117	8	11	
Sundry Miscellaneous Expenses				4,337	12	11	28,379
OTHER EXPENSES :							
Office Furniture and Equipment				429	6	3	
Legal and Other Professional Fees				896	15	3	1,300
APPROPRIATION to Leasehold Sinking Fund							7,500
AMOUNT WRITTEN OFF Investment							413,700
TRANSFER TO GENERAL FUND :							53,700
Excess of income over expenditure							£467,400

YEAR ENDED 31st DECEMBER, 1952

	£	s.	d.	£	s.	d.
INCOME from :						
Securities and Investments	293,781	4	11			
Freehold and Leasehold Properties let	46,916	5	8			
				340,697	10	7
SUBSCRIPTIONS :						
Annual	3,003	3	7			
Under Deed of Covenant for a stated number of years	2,813	11	7			
	5,816	15	2			
DONATIONS :						
Annual and other	5,690	6	9			
				11,507	1	11
TOTAL ORDINARY INCOME				352,204	12	6
SPECIAL RECEIPT :						
Reversion from the Nuffield Trust for the Special Areas				50,000	0	0
LEGACIES :						
General Legacies received during 1952				65,283	12	10

£467,488 5 4

SPECIAL FUNDS 31st DECEMBER, 1952

	£	s.	d.	£	s.
SPECIAL ANONYMOUS TRUST (1930) :					
CAPITAL ACCOUNT	20,000	0	0		
INCOME ACCOUNT :					
Balance as at 31st December 1951	2,374	1	0		
Add : Receipts during 1952	678	6	0		
	3,052	7	0	23,052	7
MRS. L. L. LAYBORN TRUST (1943) :					
CAPITAL ACCOUNT	5,000	0	0		
INCOME ACCOUNT :					
Receipts during 1952 ...	150	0	0		
Less : Paid to Hostel of St. Luke	150	0	0		
	—			5,000	0
J. R. CATLIN, DECEASED, TRUST :					
Balance as at 31st December 1951	78	0	7		
Add : Receipts during 1952	1,273	16	9		
	1,351	17	4		
Less : Paid to Royal Free Hospital	1,326	17	4		
				25	0
RADIOTHERAPY FUND :					
Balance as at 31st December 1951	78,996	4	7		
Add : Receipts during 1952	2,381	16	9		
				81,378	1
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME					
FOUNDATION ACCOUNT (1947) :					
Balance as at 31st December 1951	318,358	0	7		
Add : Income received during 1952	11,025	4	5		
				329,383	5
				£438,838	13
Represented by :—					
Investments				347,373	1
Debtors (Tax Recoverable)				3,954	6
Cash at Bank				87,511	5
				£438,838	13

RECEIPTS FROM LEGACIES IN 1952

					£	s.	d.
GENERAL :							
Ernest Frederick Angell	...	...	...	...	17	7	1
Samuel John Crundall Atkins	...	...	...	...	75	0	0
Edward William Barnes	...	...	...	...	1,163	16	11
Arthur Barrell	...	...	...	...	560	0	0
Miss Ethel May Barrett	...	...	...	...		3	4
Alfred Charles Cosher Bates	...	...	...	...	1,517	0	9
Miss Edith Maud Broodbank	...	...	...	...	604	14	3
Frank Cushny	...	...	...	...	2,000	0	0
Miss Esme de Pass	...	...	...	...	2,000	0	0
William Eichholz	...	...	...	...	2,000	0	0
Mrs. Lizzie Sarah Fisher	...	...	...	...	3,440	10	9
Carew Davies Gilbert	...	...	...	...	500	0	0
Miss Ariana Borthwick Gordon	...	...	...	...	10	11	5
Lionel Wormser Harris	...	...	...	...	1,145	7	7
Bernhard Charles Hirsch	...	...	...	...	2,293	0	4
Isaac Horton	...	...	...	...	17,187	6	2
Miss Elise Darling Helena Hosack	...	...	...	...	588	19	9
Mrs. Ada Frances Jennings	...	...	...	...	556	3	4
Percy Johnson	...	...	...	...	398	19	6
Frank Reginald Kenning	...	...	...	...	1,912	5	0
Mrs. Mary Ann Charlett Laffan	...	...	...	...	3	6	11
Brigadier-General William Frederick Mildren	...	...	...	...	535	2	0
Thomas Miles	...	...	...	...	7,890	6	0
Arthur Moore	...	...	...	...	21	8	0
Percy Morris	...	...	...	...	10,400	0	0
William Arthur Posnett	...	...	...	...	671	15	0
Miss Mary Evelyn Powell	...	...	...	...	500	0	0
Captain Edward William Pritchard	...	...	...	...	1,000	0	0
Mrs. Florence Wells	...	...	...	...	302	2	7
John Wells	...	...	...	...	2,079	5	7
Captain Bruce Canning Vernon Wentworth	...	...	...	...	1,000	0	0
Henry Dudley Wilbraham	...	...	...	...	498	12	8
Alderman Walter Morgan Willcocks, J.P.	...	...	...	...	22	1	11
Frederick William Wyman	...	...	...	...	2,421	12	8
					65,316	19	6
Less : Special appropriations from Legacies received					33	6	8
					65,283	12	10

CAPITAL :					£	s.	d.
Rt. Hon. Charles Cheers, Vis-							
count Wakefield of Hythe	...	14,000	0	0			
Lady Wakefield	...	9,167	3	0			
					23,167	3	0
					£88,450	15	10

GRANTS BY MANAGEMENT COMMITTEE, 1952.

(i) Out of special allocation of £50,000 :

HOSPITAL MANAGEMENT COMMITTEE, ETC.	AMOUNT AND OBJECT
Archway	£ 1,290 towards new diet kitchen at Whittington Hospital. *330 to meet cost of salaries of diet kitchen staff.
Barnet	2,500 for provision of visitors' waiting accommodation.
Battersea and Putney ...	2,000 for purchase of refrigerators and lockers at St. John's Hospital.
Bexley (Mental)	550 for furniture in early treatment centre.
Cane Hill (Mental) ...	3,500 towards provision of new X-ray department.
Central	300 for bed-pan washers at Mildmay Mission Hospital.
Chelsea	2,400 towards purchase of 20 electrically-heated trolleys at St. Stephen's Hospital.
Council for Music in Hospitals	200 to meet cost of visiting plastic centres.
Croydon	250 to help in providing concerts in mental hospitals and tuberculosis sanatoria.
Enfield	2,000 towards improvement of physiotherapy department.
Forest	300 to install unit system of medical records.
Hendon	150 towards purchase of heated trolleys at Harts Hospital.
Lewisham	180 towards purchase of heated trolleys at Chingford Hospital.
Leytonstone	2,000 for medical records room extension at Edgware Hospital.
Mid-Herts	6,000 towards provision of hut for cinema shows at Grove Park Hospital.
Netherne (Mental) ...	2,000 towards upgrading ward blocks at Langthorne Hospital.
	684 for purchase of six refrigerators at Langthorne Hospital.
	3,000 to install 16 mm. cinema apparatus at Hill End Hospital.
	1,500 towards furniture and equipment of ward for aged sick females.

*subsequently not required.

HOSPITAL MANAGEMENT COMMITTEE, ETC.	AMOUNT AND OBJECT
South Ockendon (Mental)	£ 2,000 towards enclosing verandas to provide new dining room accommodation.
South East Metropolitan Regional Hospital Board	4,000 towards scheme for placing elderly patients.
Staines	1,684 to provide blinds for wards at Ashford Hospital.
Stepney	{ 1,500 towards provision of nurses' recreation hut (additional to grant of £3,000 in 1951). 500 towards provision of more suitable accommodation for nurses' sick bay.
Amount lapsed ...	£40,818 9,182
	<u>£50,000</u>

(ii) *Other Grants :*

National Council of Social Service	£ 704 s. 15 d. 2	balance of cost of enquiry into scope of voluntary service in hospitals.
National League of Hos- pital Friends	300 0 0	towards expenses of the League.
	<u>£1,004 15 2</u>	

GRANTS TO HOSPITALS AND INSTITUTIONS, 1952

NAME OF ORGANISATION	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Archway H.M.C. ...	£ —	£ 600 towards cost of replanning gardens of Highgate Wing of Whittington Hospital.
Art Therapy ...	—	211 11s. set aside for grants towards provision of art materials for patients participating in art therapy.
Banstead H.M.C. ...	—	2,000 for amenities.
Barnet H.M.C. ...	—	540 towards installing headphones in wards of Clare Hall Hospital.
Bermondsey H.M.C. ...	—	460 towards wireless apparatus.
Bermondsey Medical Mission	—	54 9s. in payment of two outstanding bills at Homefield, one of the Fund's homes for aged sick.
Bow H.M.C. ...	—	900 towards cost of clearing bombed site at St. Clement's Hospital, Bow.
Brentwood H.M.C. ...	—	1,600 for purchase of stage equipment and improvements to hall.
British Hospital and Home for Incurables	—	1,325 towards fire precautions and repairs to two lifts.
Catholic Nursing Institute	—	1,500 to furnishing of rebuilt block.
Central Council for District Nursing	5,000	—
Central H.M.C. ...	—	290 towards re-laying hard tennis court at Bethnal Green Hospital.
Central Middlesex H.M.C.	—	750 towards installing bedside wireless system in Metropolitan Hospital.
Chelmsford H.M.C. ...	—	300 towards replacing single programme wireless service by dual programme installation.
Chelsea H.M.C. ...	—	345 towards laying tennis court for nursing staff at Broomfield Hospital.
Cripplecrafft, Herne ...	—	500 to improving gardens of St. Luke's and St. Stephen's Hospitals.
		800 towards replacing lift.

NAME OF ORGANISATION	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Darenth & Stone H.M.C....	£ —	£ 1,000 towards renewing cinema apparatus.
Dartford H.M.C.	—	2,300 towards installing wireless apparatus at Joyce Green Hospital.
Diabetic Association ...	—	4,000 towards cost of setting up home for aged sick.
Enfield H.M.C.	—	1,000 towards installing double programme radio distribution system at St. Michael's Hospital.
Essex County Association for the Blind	—	716 towards completing conversion of two houses as homes for aged sick.
Florence Nightingale Hospital	250	300 to purchase of two plots of land for above scheme.
Forest H.M.C.	—	1,000 towards improvements and new equipment.
French Hospital	400	1,200 to recreation hut for nurses.
Friends of the Poor ...	—	997 to kitchen equipment for Wanstead Hospital.
Goodmayes (Mental) H.M.C.	—	1,000 to adaptation of Parkfield House nursing home, Kingston
Hackney H.M.C.	—	2,000 towards twin cinema projector.
Hammersmith, West London and St. Mark's Teaching Hospitals Group	—	450 towards improving gardens at Hackney Hospital.
Hastings H.M.C.	—	1,440 towards replacing wireless installation at Hackney Hospital.
		151 towards hard court for nurses at Mothers' Hospital (Salvation Army).
		430 towards laying-out garden at St. John's Skin Hospital, Homerton.
		500 to adaptation of property for use as home for aged sick.
		2,900 towards patients' recreation hut at Fairlight Sanatorium.

NAME OF ORGANISATION	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Hayes Grove Home for Elderly Nurses	£ —	£ 10,500 towards adaptation.
Hendon H.M.C.	—	2,000 towards erection of prefabricated hut to serve as recreation room for staff at Edgware Hospital.
Holy Cross Sanatorium, Haslemere	—	2,000 towards alterations to ward block.
Home of Compassion ...	—	500 for various items of equipment.
Homes of St. Giles for British Lepers	100	2,000 towards central heating installation and internal decorations.
Hospital Gardens	—	3,000 to be set aside towards improvement of hospital gardens in Queen Elizabeth Children's, Hackney, Central, Stepney & Bow Groups.
Hospital of St. John and St. Elizabeth	1,000	—
Hostel of God	250	2,000 towards equipment for new wing and redecoration of annexe.
Hostel of St. Luke... ..	300	—
Hostels for Crippled and Invalid Women Workers	—	1,500 towards reduction of overdraft.
Invalid Kitchens of London	—	5,000 towards transfer of existing kitchen at Bethnal Green to new premises, establishment of new branch at Fulham, and purchase of four new delivery vans and food containers.
Italian Hospital	300	270 towards three electrically-heated trolleys.
		750 towards three improvement schemes.
King Edward VII's Hospital for Officers	1,000	2,500 towards extension on site of No. 7 Beaumont Street.

NAME OF ORGANISATION	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Manor (Mental) H.M.C.	£ —	£ 2,000 towards 500 Stak-a-bye upholstered chairs, and flats and hangings, etc., for stage and second cinema projector.
Mid Herts H.M.C. ...	—	280 towards 50 mattresses for nursing staff at Hill End Hospital.
National Heart Teaching Hospital Group	—	200 towards tennis court for use of resident staff at Maids Moreton Hall.
Paddington H.M.C. ...	—	1,600 towards improving derelict garden at Paddington Hospital. 500 towards improving gardens at St. Charles' Hospital.
Pictures in Hospitals ...	—	
Queen Elizabeth H.M.C....	—	250 set aside towards provision of pictures and picture frames in hospitals under the Red Cross Picture Library Scheme for long-stay patients.
Runwell H.M.C. ...	—	305 for new range of gas cookers.
St. Andrew's Hospital, Dollis Hill	750	200 towards provision of bowling green at Runwell Hospital.
St. Elizabeth's Home, Seaford	—	2,000 towards alterations to new premises. 1,000 towards furniture and equipment for new home.
St. Helier H.M.C.... ...	—	
St. Joseph's Hospital. ...	200	450 to kitchen equipment for Sutton and Cheam Hospital. 7,250 towards seven schemes of capital expenditure.
St. Pelagia's Hospital ...	—	200 towards equipment for St. Joseph's Maternity Home.
School of Stitchery and Lace, Bookham	—	1,000 towards major repairs to main building.
Searchlight Cripples Workshops, Newhaven	—	500 towards increased cost of extension scheme.

NAME OF ORGANISATION	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Shenley H.M.C.	£ —	£ 1,000 towards eiderdowns for nurses' home.
Smiles Home for Invalid Ladies	—	1,000 towards construction of new sanitary annexe.
Springfield (Mental) H.M.C.	—	1,000 towards improvements to stage, scenery and lighting.
Tottenham H.M.C.	—	500 towards extending existing wireless installation.
Uxbridge H.M.C.	—	120 towards provision of 14 spring mattresses at Harlington Cottage Hospital.
		150 towards wireless apparatus.
West Ham H.M.C.	—	2,000 towards laying out garden at Forest Gate Hospital.
		865 towards dual programme wireless system at Plaistow Hospital.
Woolwich H.M.C.... ..	—	500 towards children's playground at Goldie Leigh Hospital.
	9,550	90,450
	£100,000	

GRANTS TO CONVALESCENT HOMES, 1952

NAME OF HOME	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Armitage House Recupera- tive and Holiday Home, Worthing	£ 100	£ —
Barton House Hotel, Barton-on-Sea	50	—
Beau Site Convalescent Home, Hastings	50	—
Bournemouth and East Dorset H.M.C.	—	220 towards provision of fire escape at the Hahnemann Conva- lescent Home, Bournemouth.
Brabazon Home, Redhill	150	150 for repairs to greenhouse and garden wall.
British Legion Churchill Court Convalescent Home, Sevenoaks	50	—
British Red Cross Society : Beech Hill Convalescent Home, Mortimer	—	1,724 for alterations and central heating. 811 towards modernisation. 1,000 special maintenance towards loss on opening.
Brooklyn Babies' Home, Christchurch	250	
Capesthorpe Babies' Home, Mudeford	—	
Cliff Coombe, Broadstairs	200	100 towards isolation arrange- ments.
Edith Priday Home, S.E.3.	50	80 for washing machine.
Brook Lane Rest House, Brighton	—	100 towards structural repairs.
Burt Memorial, Bognor Regis	100	125 for sanitary accommodation.
Catharine House for Gentlewomen, St. Leonards	150	320 for repairs to chimney stacks. 110 for redecorations and recover- ing chairs. 200 for interior decorations.
Catisfield House Con- valescent Home, Hove	100	
Caxton Convalescent Home, Limpsfield ...	50	
Children's Convalescent Home, Beaconsfield	350	—

NAME OF HOME	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Children's Home, East Grinstead	£ 200	£ 690 supplementary grant for improvement scheme.
Dedisham Convalescent Nursery School, Slinfold	—	4,000 towards rebuilding scheme.
Dominican Convent, Kelvedon	200	—
Edith Cavell Home of Rest for Nurses, Haslemere	100	40 for re-covering eiderdowns.
Epsom H.M.C.	—	190 for equipment at Schiff Home of Recovery, Cobham.
Fairfield House Open Air Residential School, Broadstairs	—	470 for additional sanitary accommodation.
Friendly Societies Convalescent Home, Herne Bay	50	—
Guildford H.M.C.... ..	—	250 for enlargement of children's playroom at Tanglely Place.
Handcross Park Convalescent Home, Handcross	75	—
Hart's Leap, Sandhurst ...	—	500 special maintenance grant to meet loss due to rebuilding.
Henry Radcliffe Convalescent Home for Merchant Seamen, Limpsfield Chart	50	—
Hertfordshire Seaside Convalescent Home, St. Leonards	50	250 supplementary grant for reconstruction scheme.
Invalid Children's Aid Association :		
Andrew Duncan Home, Shiplake-on-Thames	100	135 for sewage disposal plant.
Brentwood Children's Convalescent Home	—	195 for rotary cultivator.
Hawkenbury Boys' Convalescent Home	—	195 towards new furniture.
John Horniman Home, Worthing	100	—
St. Gabriel's Home, Boscombe	—	215 for architect's fees for proposed isolation block.
St. Michael's Home, Southbourne	200	—

NAME OF HOME	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
	£	£
Jewish Board of Guardians : Samuel Lewis Seaside Convalescent Home, Walton-on-Naze	100	—
Zachary Merton Home, Hindhead	100	—
John Howard Convalescent Home, Brighton	200	400 towards kitchen alterations.
Kingsleigh Convalescent Home, Seaford	50	—
Limpsfield Convalescent Home for Women and Girls, Limpsfield	150	200 for furnishings.
London and Ascot Priory, Ascot	200	82 for new bedspreads.
Maitland House, Frinton	—	1,085 towards central heating.
Merebank, Musicians' Rest Home, Holmwood	50	—
Moor House School, Oxted	—	930 towards enlargements.
National Association for Mental Health : "Lynstead," Conva- lescent Home for Mental Defectives, Walmer	300	90 towards various items.
Kelsale Court, Saxmundham	400	—
National Sunday School Union : Broadlands, Broadstairs	200	—
House Beautiful, Bournemouth	100	100 for new gas cookers. 200 for interior decorations.
Oak Bank Open Air School, Seal	—	285 towards provision of cold storage room. 1,000 towards building new dining hut.
Rosemary Home, Herne Bay	100	—
Sailors' and Soldiers' Con- valescent Home, Eastbourne	50	—

NAME OF HOME	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
St. Bernard's Convalescent Home for Gentlewomen, Hove	£ 25	£ 156 for new carpets.
St. Catherine's Home, Ventnor	—	290 towards rebuilding garden wall. 800 for repairs and alterations.
St. Cecilia's Home, Westgate-on-Sea	50	—
St. Helen's Toddlers' Con- valescent Home, Letchworth	100	130 for additional equipment.
St. John's Open Air School, Woodford Bridge	—	300 towards cost of dining room extension
St. Joseph's Convalescent Home, Bournemouth	—	1,500 for modernisation.
St. Mary's Home for Chil- dren, Broadstairs	100	—
St. Michael's Convalescent Home, Westgate-on-Sea	200	75 for reconditioning mattresses.
St. Patrick's Residential Open Air School, Hayling Island	—	100 for carpet. 250 towards provision of a rest room.
St. Peter's Convent, Woking	300	—
Seligman Convalescent Home, Etchingam	100	—
Shoreditch Holiday and Rest Home, Copthorne	350	—
Southern Convalescent Homes Inc. (Bell Mem- orial and Sunbeam), Lancing	100	250 for mattresses.
Spelthorne St. Mary, Thorpe	250	1,000 towards cost of cottages for gardeners.
Surrey Convalescent Homes: Surrey Convalescent Home for Men, Seaford	—	500 for redecorations and refurn- ishing.
Victorian Convalescent Home, Bognor Regis	—	500 for refurnishings and kitchen equipment.
Woodclyffe Convalescent Home, Wargrave	50	—

NAME OF HOME	MAINTENANCE GRANT	GRANTS TO SCHEMES OF CAPITAL EXPENDITURE
Wordsworth Home of Rest, Swanage	£ 150	£ 132 for improvements to h. & c. water systems. 450 for repainting and various items. —
Wyndham House, Aldeburgh	100	
	6,650	22,875
	29,525	
Conference expenses	25	
Set aside for cook instructors at convalescent homes	450	
	<u>£30,000</u>	

PRINCIPAL PUBLICATIONS OF THE FUND

ACCOUNTS AND STATISTICS.

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

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

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

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

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

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

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

VOLUNTARY SERVICE.

Voluntary ^{Service} 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.				
Record Forms	..	..	9	6	per 100	post free.		
Continuation Sheets	..		6	6	„	„	„	„
Manilla Folders	..	..	12	0	„	„	„	„

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.

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. 1. *Prospectus*—Outline of the preparatory and senior courses for ward sisters and of the conditions for entry, together with a list of those who have taken the courses. Free.

2. *Notes for Ward Sisters taking students for practical work.* Free.

Management Training Course for Nurses. Outline of new course to start in autumn, 1953. Free.

HOSPITAL ADMINISTRATION.

Hospital Administrative Staff College. Prospectus—Outline of the different courses offered by the College, with a brief account of its aims.

There is also available a pamphlet entitled *The Career of Hospital Administration*, intended to provide information about the hospital service for those who may be desirous of taking up hospital administration as a career ; and a reprint of an article by Mr. Constable in the *Medical Press* entitled *Hospital Administration and the contribution of the King's Fund*. Both are obtainable free of charge.

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

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

HOSPITAL CATERING.

Memorandum on Hospital Diet, 1943. (Now out of print—see *Second Memorandum*).

Second Memorandum on Hospital Diet, 1945. Following up in greater detail questions of organisation and practice raised in the First Memorandum and containing much information designed to be of practical guidance to those responsible for hospital catering, e.g. suggested Menus and Recipes, Table of Food Values, Specimen Stock Sheets, etc. 9d. *post free*.

HOSPITAL CATERING—*continued.*

Catering in Convalescent Homes, 1948. Designed to aid those responsible for catering in small institutions, particularly convalescent homes. The basic principles of nutrition are explained with observations on staffing, equipment, cooking and service. The Appendices contain suggestions on menu-planning, a selection of recipes applicable to present-day conditions, and details of the priorities allowed for adult and children's convalescent homes. 6d. *post free*.

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

Catering Circulars and Food Bulletins. From time to time the Catering Advisory Service of the Fund at 24-26 London Bridge Street, S.E.1 issues notes on catering and diet matters of current interest.

The following are available :—

Catering Circulars (revised editions, 1952) :

Care of Catering Equipment	..	1s. <i>post free</i> .
Lay-out and Design	..	1s. <i>post free</i> .
Sources of Waste in Catering	..	1s. <i>post free</i> .
Cost of Provisions	.. ..	<i>In preparation</i>

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

CONVALESCENT HOMES.

Directory of Convalescent Homes, 1953. A directory containing details of nearly 200 convalescent homes—both State and independent—catering for patients from the four Metropolitan Hospital Regions. The information is all that is normally required and includes categories of patient accepted and excluded, treatment and diets, length of stay, 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*.

MISCELLANEOUS.

Travel Report No. 1, 1947. The report submitted by a delegation from Charing Cross Hospital who visited modern hospitals in Switzerland, France and Sweden to collect ideas and information on hospital design. 1s. post free.

Travel Report No. 2, 1948. The report of Captain J. E. Stone, Director of the King's Fund Division of Hospital Facilities, on his visit to hospitals and allied organisations in the United States and Canada. (Now out of print).

Travel Report No. 3, 1950. Visit of Charing Cross Hospital delegation to American hospitals, following up their visit to European hospitals. (Now out of print).

Time-table of Out-patient Clinics at Hospitals in the Greater London Area, May, 1953. Free.

Map of Hospitals and Convalescent Homes in the Metropolitan Police District. With booklet giving details of each hospital. 15s. 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).....

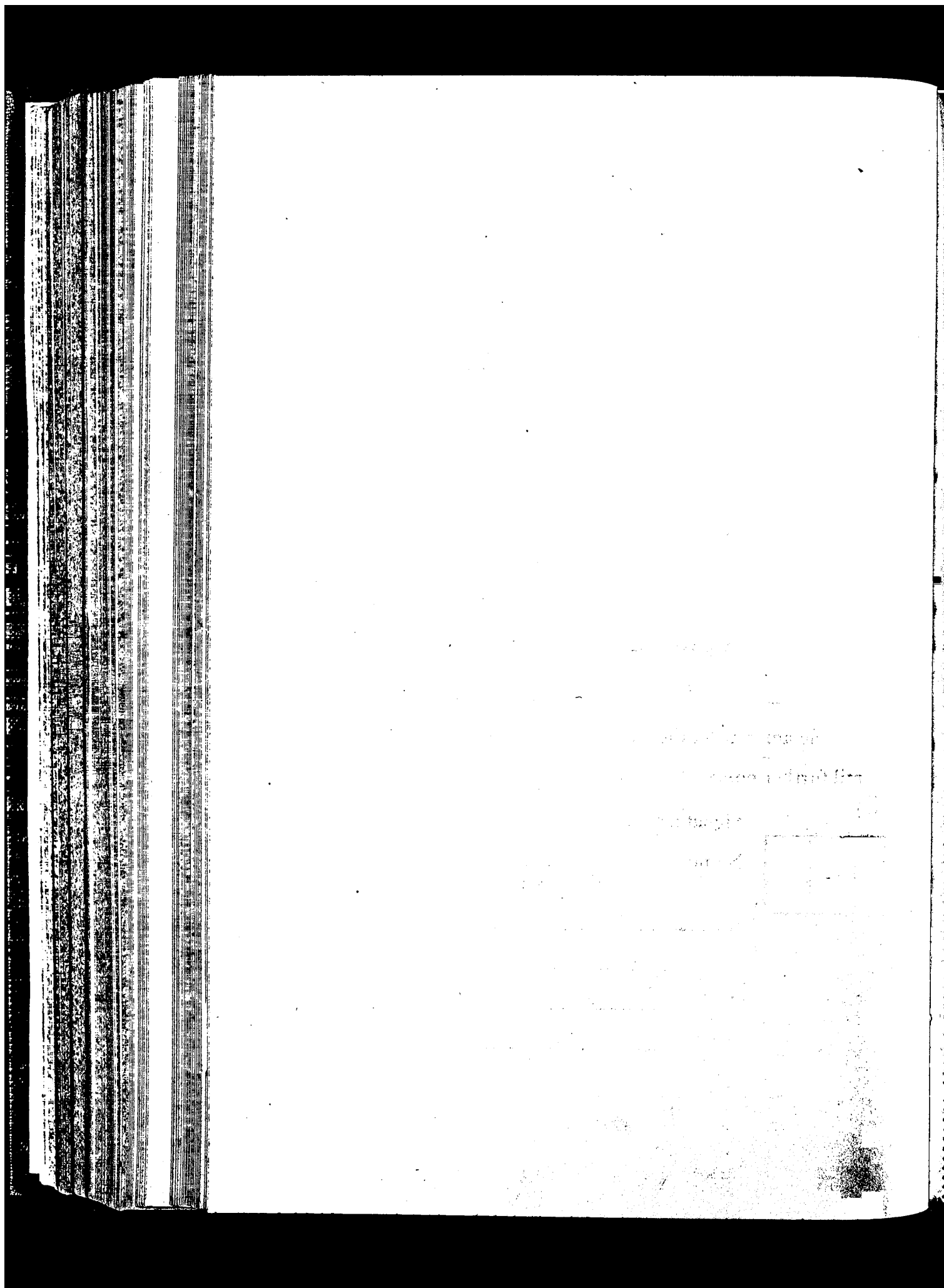
Please pay on the.....day of.....19..... to
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of
"KING EDWARD'S HOSPITAL FUND FOR LONDON,"
the sum of.....and continue to
pay the same amount on the.....in each future
year until further notice.

£	s.	d.
---	----	----

Signature.....

Name.....
(for postal purposes)

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



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 had paid income tax on the amount which, after deducting income tax, leaves £30 (i.e., with income tax at 9s. in the £, £54 10s. 11d.) ; 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 £54 10s. 11d.

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.

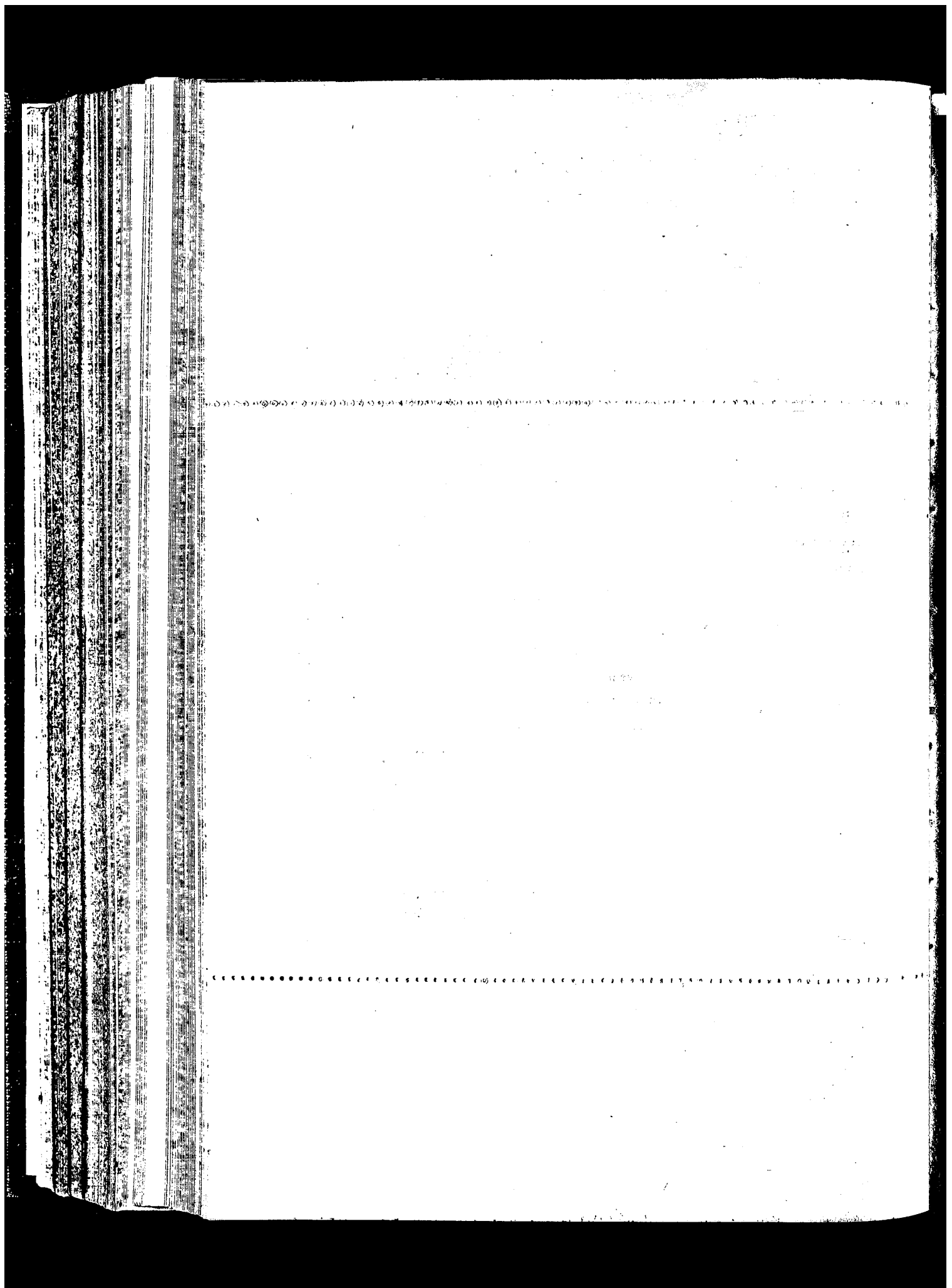
(Signature)

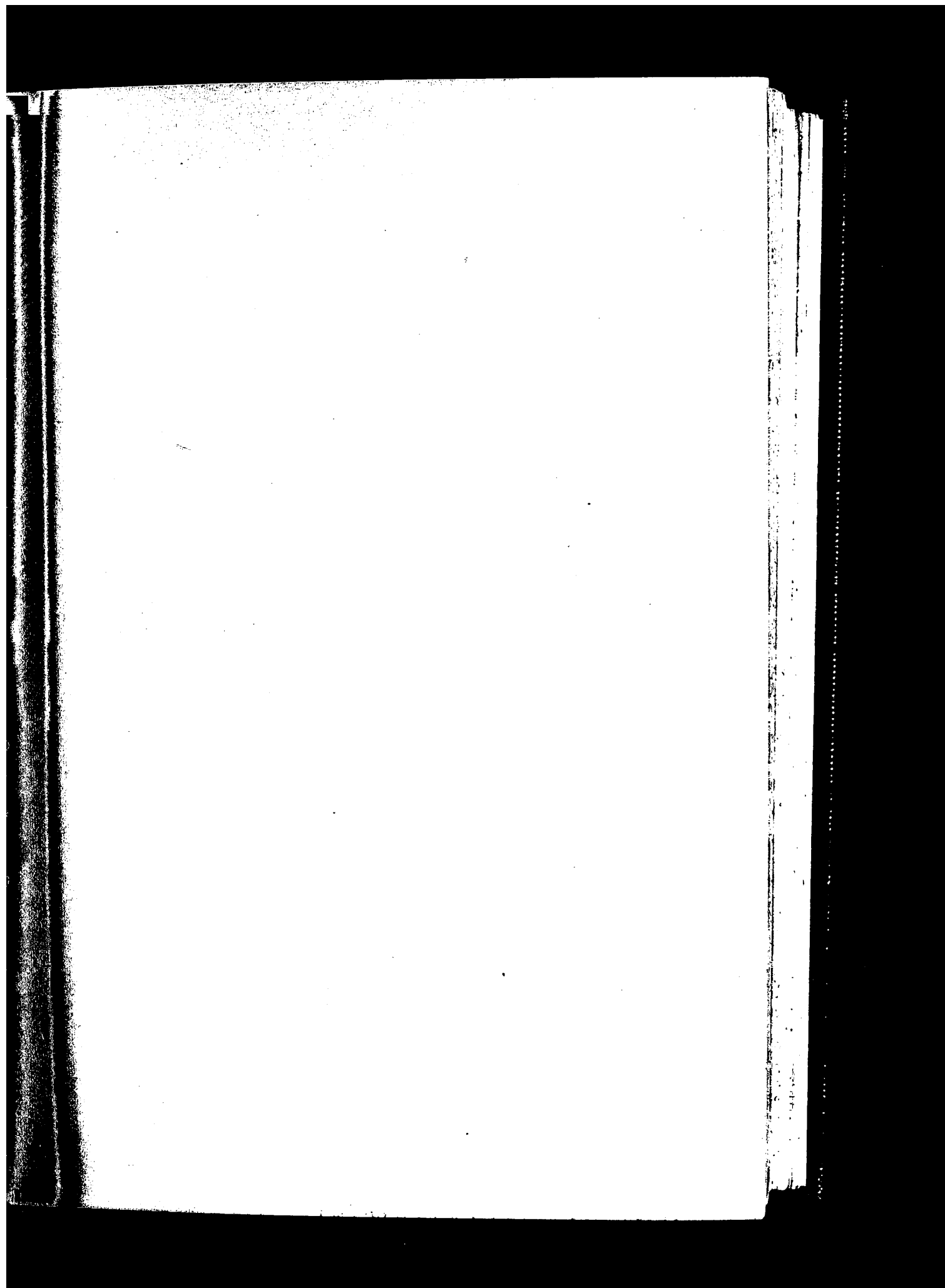
Occupation.....

(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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