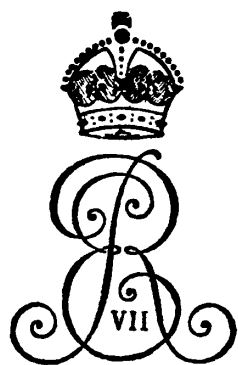


KING EDWARD'S HOSPITAL FUND  
FOR LONDON

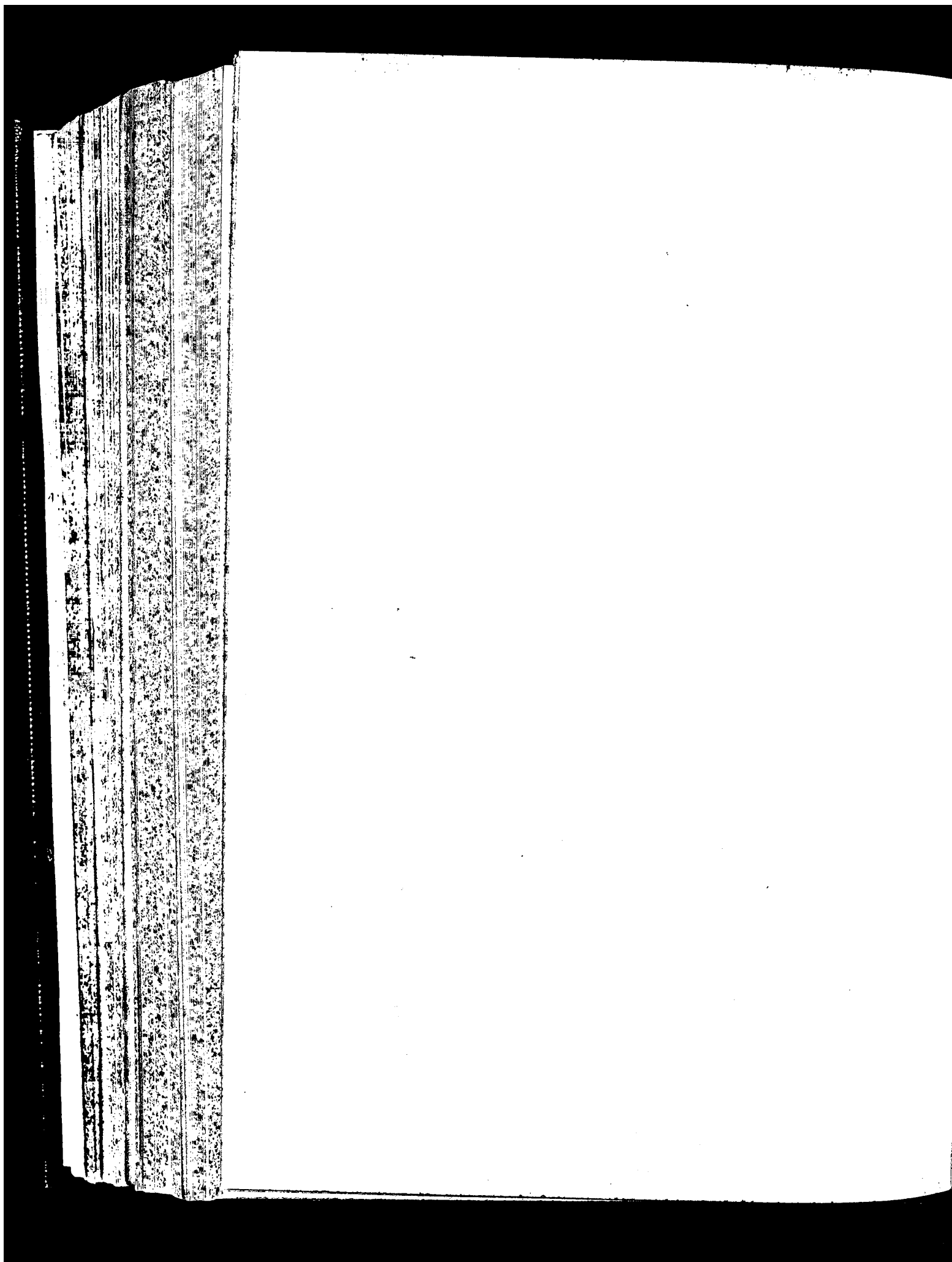


SIXTIETH  
ANNUAL REPORT

1956

10 OLD JEWRY  
(from September, 1957)  
34 KING STREET

LONDON, E.C.2



# KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON :  
HER MAJESTY THE QUEEN

PRESIDENT :  
HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :  
LORD ASHBURTON, V.L., J.P.  
CHAIRMAN OF THE MANAGEMENT COMMITTEE :  
LORD McCORQUODALE, P.C.

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

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

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

Offices :  
10, Old Jewry,  
34, King Street,  
(from September, 1957)  
London, E.C.2  
Telephone : MONarch 2394

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

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

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

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

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

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

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

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## *Annual Report for the Year 1956*

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A cartoon printed in the *Daily Graphic* just sixty years ago shows a monumental lifeboat about to go to the rescue of a frail sailing vessel apparently foundering a few yards off shore. The name of the vessel, just showing above the waves, is "London Hospitals" and the lifeboat bears the name "Prince of Wales's Hospital Fund". The cartoonist's art has progressed in sixty years; the name of the Fund was soon changed to King Edward's Hospital Fund for London, and the London hospitals no longer need a lifeboat to preserve their existence. Great generosity in money and voluntary service in the prosperous early years of this century, major hospital developments financed by the local authorities, and in the last ten years Treasury monies for maintenance and to a very limited extent for capital expenditure, have built up a hospital service (as distinct from hospital buildings) of which the country can well be proud.

Those who were foremost in promoting the Fund sixty years ago—among them Lord Lister, the first Chairman of the Distribution Committee—could not possibly have foreseen how vastly the hospital provision for the sick would be expanded and improved in the coming half-century. The London hospitals no longer depend for their survival on the

## INTRODUCTION

results of appeals, bazaars, festival dinners and similar functions. Yet if a lifeboat is no longer needed, and if the vessel no longer sails precariously in stormy seas, there is still immense value in a source of auxiliary power, such as the King's Fund can provide.

No one now imagines that the hospital service has or ever will have a blank cheque on the Treasury. There must always be some tension between the need for economy in the use of public monies and the desire to make adequate provision for the total well-being of the patients and the training, remuneration and comfort of the staff. Two inescapable factors heighten this tension. First, the steady rise in salaries, wages and prices absorbs too large a proportion of the precious increases in the allocation for hospitals, and leaves many of them much where they were in 1948. The second problem arises from the fact that a very large proportion of our hospital buildings, especially in the industrial areas and (in the case of the mental hospitals) on their outskirts, date from the latter half of the nineteenth century and suffer from a grime and dreariness in their general appearance which is out of place today. Many are hampered by outworn heating systems and catering facilities, lack of lifts, and the like. Built in many cases on sound principles sponsored by Miss Nightingale and other pioneers of hospital construction, the buildings lend themselves tolerably well to internal modification. Given sufficient finance, many of the wards in these old buildings could be brought to rival (as some do already) the best examples of modern construction, at least in those things which most affect the comfort of the patients. But the depressing settings, the dingy brickwork and the asphalted courtyards make an unhappy contrast with the bright new hospital buildings springing up in many parts of the world.

While tension exists, an important safety valve is to be found in the help given from voluntary sources. Such help may be small in relation to the needs, but qualitatively it is of the utmost importance. "I am sure," writes a correspondent, "that most of the money needed to expand and improve



## INTRODUCTION

the service will increasingly come, to the limited extent that is possible, from independent organisations such as the Fund, and as to the greater part from the hard-won savings that hospital authorities can make themselves, by the efficient operation of all the departments of their hospitals." Against such a background, it is obvious that grants from the King's Fund can mean a great deal to the hospitals. If a "No" from official sources is the end of the matter, the hospital committee is bound to lose heart, and its loss of heart must affect the morale of the staff. But if, when it has met with the refusal that officialdom is often bound to give, the hospital can ask itself whether it cannot look elsewhere, whether an application to the King's Fund or some other source of help such as a League of Friends might not stand a chance of success, the outlook is very different.

There will, of course, still be difficulties and many disappointments, but the stimulus to effort is preserved and strengthened. The Fund's dealings with the hospitals bring it ample evidence of the immense importance of this factor. It is chiefly for this reason that since the Fund was relieved in 1948 of the claims on it for annual maintenance, it has made grants to very many hospitals for a great variety of purposes and has in the main resisted the temptation to allocate its resources in such a way as to promote a specific policy. This method has its drawbacks. Any report on grants so given is liable to seem discursive and to fail to convey a clear picture of the results. It sometimes makes the Fund liable to be challenged on the ground that it is giving something that ought to be provided out of official monies. To this challenge the Fund's reply is always that that particular project is what the people on the spot, who know best, most want. It may be that as time goes on the balance may shift a little, and in some fields, of which the betterment of hospital catering is a notable example, it may be possible to get the best of both worlds.

## INTRODUCTION

The right use of the fruits of all the benefactions made to hospitals through the channel of the King's Fund is no new question. Again going back sixty years, when the Prince of Wales first addressed the recently formed Council he said: "Naturally, everybody will ask, when we have got a sufficient sum, 'What are you going to do with it? How are you going to spend it?' That is a very grave question, and it will be one for our further consideration. . . . It will never do for us to give money right and left to hospitals which are in need. It will be necessary for us to investigate the state in which these hospitals are, to find out those which are in most pressing need of assistance, and also to form some opinion as to the state of efficiency in which they at present exist and how the management is carried on. I merely mention this now because it must be a subject which will become one of paramount importance in a very short time and will receive the most mature consideration." The question still faces the Fund and its Committees year by year. Much thought is given to deploying its resources in the ways best adapted to changing needs and circumstances. Suggestions from the hospitals themselves or from the Ministry of Health and the metropolitan regional boards are always welcomed, even though it may not be practicable to accept them fully. The national training scheme for hospital administrators, referred to on page 50, and developments at the two Staff Colleges for nurses undertaken at the request of the Ministry, are examples of this co-operation. A noticeable feature of the work of the Staff Colleges has been the very keen desire of the large majority of hospital officers—medical, nursing and administrative—to produce a hospital service a little in advance of others, and of the past. There are in many places less sense of frustration and a better handling of the tensions inevitable in a vigorous and growing service. Everywhere there is widespread interest and enthusiasm for the never-ending task of improving hospital provision for the sick in all practicable ways. The disposal of the £250,000 allocated to mental and mental deficiency hospitals is itself an example of the Fund's acceptance and sponsoring of initiative shown by the hospitals.

## INTRODUCTION

At the end of the year Sir Ernest Pooley retired from the chairmanship of the Management Committee. He had been connected with the Fund since 1929 and was Chairman of the Distribution Committee from 1939-48 and of the Management Committee from 1949 onwards. Referring to his resignation on reaching his eightieth birthday, His Royal Highness the President spoke of the very considerable part he had played in the Fund's affairs throughout the period which included the war itself and the many changes brought about by the Act of 1946, and of his unremitting devotion over so long a period to the interests of the Fund. "While never losing sight of the need for moderation," said the Duke of Gloucester, "he has always been a warm advocate of progressive policies and the Fund owes him a great debt."

His Royal Highness appointed Lord McCorquodale to succeed Sir Ernest Pooley as Chairman of the Management Committee. Lord McCorquodale had been Chairman of the Hospital Administrative Staff College since its inception five years previously and on resigning this office was succeeded by Sir Wilson Jameson.

## FINANCE

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

Total ordinary income for the year 1956 amounted to £375,660 and legacies to £100,270. Expenditure amounted to £366,812. The subscription list again included generous gifts from Her Majesty The Queen and from other members of the Royal Family. The Management Committee are again glad to be able to record the receipt during the year of a number of new subscriptions, and it is gratifying to note the confidence expressed in the Fund by the support of the banks and a number of well-known companies.

During the year the Fund received a further instalment of £50,000 from the Nuffield Trust for the Special Areas, bringing the total amount received from this source in recent years to £1,700,000. The support received from the Trust has played an important part in enabling the Fund to make a large number of grants without depleting its capital reserves, and the Management Committee desire once again to place on record their sense of gratitude to Lord Nuffield.

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

## MENTAL AND MENTAL DEFICIENCY HOSPITALS

A series of articles that appeared recently in the "Lancet" drew attention to the changes rapidly taking place in mental hospital practice. These changes were well discussed by the group of physician superintendents who early this year spent four weeks in a course of study at the Hospital Administrative Staff College. There is no doubt that there has been a revival of interest in the management of chronic psychotics—perhaps as a result of a more sober assessment of the limitations of physical treatment. Even in favourable cases psychotherapy and social work are needed if a patient is to benefit fully from his treatment. Critics of leucotomy and insulin treatment have maintained that patients receive more lasting help from the supportive measures than from the physical treatment itself. At the same time some of the latest drugs have made even the most difficult patients accessible to social measures of rehabilitation. Many mental hospitals are now basing their occupational programme on the premise that most, if not all, chronic patients will respond to changes in their environment, i.e., to social therapy.

The term "work therapy" is being more frequently used, and it is being stated that a policy of providing work under factory conditions for patients in mental hospitals would have far-reaching consequences. In one hospital where such a scheme is in operation some men do piece-work for a motor factory and some women assemble cardboard boxes. Of the first twenty patients so employed, after four months three had already left the hospital, their length of stay at the hospital having been twenty-four, nineteen and four years respectively. All went to full-time employment under normal working conditions. In other hospitals numbers of long-stay patients have been found employment outside while continuing to reside in the hospital, as has long been the case with many inmates of mental deficiency institutions.

There is a very definite demand for "annexe" or "hostel" accommodation, away from but associated with the mental

## MENTAL AND MENTAL DEFICIENCY HOSPITALS

hospital, where patients at work can spend their nights and leisure hours and have such supportive treatment as may be considered necessary. The provision of "day hospitals" is also gradually developing, as a means of helping patients who do not need full residence in hospital and, in particular, elderly persons suffering from some degree of mental disturbance whose families are willing to have them home at night if the burden is thus lightened during the day.

Strong links between the mental hospital and the domiciliary mental health service of the local health authority are essential if progress is to be made in preventing serious mental illness and if support is to be given to patients on their discharge from hospital. Such links are best provided by the making of joint appointments of psychiatrists by the regional hospital board and the local health authority, as has been done in Nottingham with excellent results.

## GRANTS TO MENTAL HOSPITALS

The Management Committee of the Fund are watching these interesting developments in mental hospital practice and hope to be in a position to respond to further appeals for help. It may be remembered that when the Fund made an allocation of £250,000 for mental and mental deficiency hospitals in 1955, it was proposed that approximately £100,000 of this amount should be devoted to pioneer schemes planned to facilitate the introduction of modern methods in the treatment of mental illness. It so happens that the first three pioneer schemes sponsored by the Fund relate directly to three lines of advance referred to above. The first—for a social centre at Warlingham Park Hospital—is based on the concept of social therapy and of the importance of the therapeutic community. The second—at Goodmayes Hospital—aims at providing more adequate accommodation and equipment for a wider range of work therapy than is generally to be found at present. These two projects, which were described in last year's Annual Report, have attracted much attention. It is hoped that both centres will be opened in 1957.

#### GRANTS TO MENTAL HOSPITALS

The third project, at Bromley, represents one method of providing day accommodation, the need for which is also mentioned above. It was commended to the Fund as a means of avoiding the hospitalization of mental patients and of reducing the demand for hospital beds by enabling patients to receive regular treatment and supportive therapy while living at home. Briefly, the project has grown from out-patient psychiatry begun at Bromley General Hospital in 1945. In the following year a pioneer occupational therapy unit was opened in the grounds of the hospital. Soon this was used by physically disabled patients and patients referred from the psychiatric out-patient clinic in approximately equal numbers. The results with the psychiatric patients were found to be excellent and by degrees a great body of voluntary help has been built up in the locality to assist in providing both social therapy and occupation therapy for the out patients at this clinic. Groups which patients can join according to their interests are formed for such activities as music, amateur dramatics, discussion, painting, handicrafts and various other creative or recreational pursuits. The patients are visited in their homes at first. When they are well enough they come to the clinic for psychotherapy, and are encouraged to join in any of the activities during the day or evening. Later, they take responsibility as they are able for the running of the various activities. It is a fundamental principle that patients, voluntary helpers and visitors all take part in the different activities without distinction.

The Bromley psychiatric out-patient clinic has grown under Dr. Morgan's and Dr. Elizabeth Tylden's care to be one of the largest outside London, yet so far it and its attendant Stepping Stones Club have had to depend for accommodation on part of a flat, and on the provision made by voluntary helpers in their homes.

The Fund has given a grant of £18,000 for the purchase, equipping and furnishing of a pleasant house, non-institutional in appearance and large enough for a wide range of activities, which patients can look upon as their club and the

#### GRANTS TO MENTAL HOSPITALS

place where they can join in their chosen activities with their friends, as well as a place where they can see a psychiatrist or a psychiatric social worker for help in their individual problems. It is hoped that this centre also will be opened in the course of 1957, and that this remarkable combination of professional initiative and of voluntary help by the community will be recognised as a practical step in the promotion of mental health in the future.

Of the remainder of the Fund's allocation of £250,000, most of the £50,000 earmarked for improving catering facilities has been allocated, and the £100,000 earmarked for somewhat smaller grants (towards projects which the hospitals put forward as likely to meet some of their more urgent needs) showed signs of running out by the end of 1956. A large number of applications continued to be received and it was necessary to advise hospitals that the Fund would have to defer consideration of their applications until the Council should have authorised a further allocation for mental hospitals.

From all the evidence reaching the Fund it seems clear that the encouraging progress now found among the mental hospitals will continue to be handicapped by lack of funds for a long time to come. Ideally, of course, much of the older accommodation should be scrapped and replaced by modern units—although as a matter of fact expert opinion is by no means agreed as yet on the ideal form of accommodation for the mentally ill. Apart altogether from drastic measures of this kind, a large majority of the mental hospital authorities visited by representatives of the Fund are conscious that, were funds available for comparatively modest improvements and developments, they could make more rapid progress.

Increasingly, too, the attention of the Fund is being drawn to the need for staff facilities in keeping with those provided by enlightened industrial and commercial enterprises for their employees. In several of the hospitals visited in the course of 1956, enquiry revealed that some of the male nurses were still accommodated "on the wards", i.e., in small and unattractive bedrooms immediately adjoining ward units.



#### GRANTS TO MENTAL HOSPITALS

Such an arrangement was at one time considered desirable for purposes of supervision but it is now obsolete and a serious deterrent to the recruitment of staff. Often, too, there is a lack of facilities for the social life of the resident staff; this social life should be and often is one of the main attractions of work in a great institution like a mental hospital. A number of hospitals have developed staff social clubs where members of the staff of both sexes may spend their leisure hours. Several applications have been received by the Fund for grants to build and equip such social centres.

#### GRANTS TO MENTAL DEFICIENCY HOSPITALS

The Fund is glad to have been able to afford some help again to the hospitals which carry the burden of coping with mental deficiency. There are some eight or nine large institutions serving the metropolitan area with which the Fund has in recent years been concerned. At all these hospitals renewed efforts are being made to find ways and means of returning patients to self-supporting life in the community.

In this the large old hospitals are considerably handicapped by the lack of suitable facilities. The older conception made provision for repair shops of various kinds but not for the more elaborate facilities for individual training. At Leavesden the hospital authorities sought the help of the King's Fund with a project for the establishment of an industrial training unit, by the erection of a modern single-storey building. This will, it is hoped, create a chain of training as seen in this way :—

- (a) Employment in the very sheltered conditions of the wards, and of the "utility departments", (kitchen, laundry, bakehouse tailor's shop, upholsterer's shop, etc.)
- (b) Transfer to the factory-like conditions of the industrial training unit.
- (c) As jobs can be found, transfer to work in local industry, still using the hospital (or preferably a separate hostel) as "home".
- (d) Licence to work *and live* outside the hospital, safeguarded by having the hospital to fall back on in a crisis.
- (e) Discharge.

#### GRANTS TO MENTAL DEFICIENCY HOSPITALS

The Fund's representatives visited the hospital and discussed the project on the spot. They were very favourably impressed by the possibilities of the scheme. In the light of their report the Fund decided during 1956 to allocate the sum of £12,500 for the provision of a building in which an attempt can be made to simulate factory conditions, so that patients for whom licence or discharge is envisaged can be introduced beforehand to conditions resembling those they may expect to meet when the time comes for them to fend for themselves. The hospital hopes and expects to be able to secure work such as assembly processes and the manufacture of small component parts for local industries, so as to accustom the patients in training to the need for steady work and output, and to the earning of wages.

#### SUMMARY OF GRANTS

The Fund's grants to mental and mental deficiency hospitals in 1956 may be grouped as follows :

	£
Improvement of catering (kitchen equipment and lay-out, electrically-heated trolleys, food lifts, refrigerators for ward kitchens, tea urns, etc.) . . . . .	17,030
Accommodation and equipment for occupational therapy . . . . .	29,018
Recreational and social facilities for patients (recreation hall, cinema projectors, sports pavilions, etc.) . . . .	17,812
Ward amenities (mattresses, lockers, etc.) . . . . .	4,120
Recreational facilities and other amenities for staff . . .	7,650
Miscellaneous (gardens, etc.) . . . . .	3,600
	<hr/>
	79,230

Of this total, £50,200 was allocated to mental hospitals and £29,030 to mental deficiency hospitals.

## GRANTS TO HOSPITALS

Many applications for grants from hospitals other than mental hospitals were considered by the Distribution Committee during the year, and a number of grants were made out of the balance of the sum of £200,000 placed at the disposal of the Committee to cover the years 1955/6. Several grants were made on the recommendation of the Hospital Catering and Diet Committee for the improvement of hospital kitchens and other catering facilities (see pages 52 and 53 of this Report) and further grants were made in pursuance of the Fund's policy of endeavouring to improve hospital gardens (see page 21).

The largest single grant made was £15,000 to the North Middlesex Hospital for the installation of satisfactory bathrooms, sanitary rooms and equipment in three of the wards. Much public money has been spent in recent years on the improvement of the sanitary annexes of the older hospitals, and the Fund has not in general felt that it could finance projects of this kind. But it seemed clear that, through no fault on the part of the authorities, circumstances had been such as to leave the North Middlesex Hospital little hope of remedying serious defects without outside help. One ward block had only a single bath for seventy beds. It was felt that a substantial grant from the Fund would serve to break the deadlock and greatly ease the work of the nursing staff.

The attention of the Fund was drawn also to the unsatisfactory state of some of the accommodation for the nurses at the Western Hospital in the Fulham and Kensington group. The hospital is one of those which is handicapped in the recruitment of nursing staff by the old-fashioned character of the only accommodation that it can offer—"I am sure", reported a Visitor on behalf of the King's Fund, "most sisters would not accept what is now provided and it is essential to attract and retain senior nursing staff". The Fund knew that the authorities had been unable to spend as much as they would have wished, on account of extensive

#### GRANTS TO HOSPITALS

expenditure on the boiler houses at hospitals in the group, and it seemed clear that unless some help could be made available nothing could be done for some time to come. After careful consideration the Fund allocated the sum of £6,000 towards a scheme to provide running water in all bedrooms, and adequate bathrooms, and to plant the garden with flowering shrubs, thus making a very pleasant home.

There is of course still an immense field for expenditure of capital monies in the older hospitals, such as the North Middlesex and the Western, and it is possible only now and again for a voluntary body like the King's Fund to single out a particular item for financial support.

#### LEAGUES OF HOSPITAL FRIENDS

Leagues of Hospital Friends are playing an increasingly important part in providing amenities for the hospitals, and much evidence of their activity has reached the Fund. In many hospitals the Friends are taking care of needs such as wireless installation and the curtaining of wards. Such things are usually within the scope of the Friends, but other items suggested from time to time prove to be beyond their financial capacity. In some such cases the Fund has been able to help. At Mount Vernon Hospital, for example, the League of Friends are raising a large part of the cost of a recreation hall for the patients and staff and the Fund agreed to make a grant of £7,000. Many patients treated in the plastic surgery unit have suffered facial disfigurement and cannot leave the hospital grounds until treatment has had time to take effect. The new hall will provide a place where they can foregather and play such games as they can, or see a cinema show. The Fund is very glad to have been able to help valuable local initiative to achieve its object.

Similarly, a grant was made for the extension of the nurses' recreation room at Tolworth Hospital. This hospital was formerly a fever hospital with a small nursing staff, and although the nurses' home is pleasant, it is not large enough

#### GRANTS TO HOSPITALS

for the increased staff needed for the hospital's present purposes. The nurses themselves felt strongly that they wanted a larger recreation room and they set about collecting money to pay for the alterations. The project was brought to the notice of the Fund, and a grant of £1,000 was made to complete the sum which the nurses were trying to raise.

#### INDEPENDENT HOSPITALS

Several grants were made during the year to help those hospitals which are carrying on their work outside the health service. These hospitals are of course wholly dependent on public support, and some of them display great initiative.

The largest grant was £5,000 for King Edward VII's Hospital for Officers, which is building a new staff home close to the hospital. St. Joseph's Hospice for the Dying, Hackney, was given a grant of £500 towards the cost of building a new wing. St. Joseph's Hospital for Incurables, Chiswick, was assisted by £700 in paying for the conversion of coke boilers to oil fuel and in making improvements to the kitchen. St. Teresa's Maternity Hospital, Wimbledon, received £3,000 towards a programme of capital works.

The Fund has for many years supported the Central Council for District Nursing in London with an annual grant of £5,000 and this was repeated. In addition, smaller grants have been given to local district nursing associations for minor capital improvements which they could not themselves finance. For example, the Shoreditch and Bethnal Green Association, who have just moved to new premises, were given £400 for new furniture and £40 to provide window boxes.

#### HOSPITAL VISITORS

Their Royal Highnesses The Duke and Duchess of Gloucester graciously invited the Visitors to a reception early in the spring at St. James's Palace. By order of the Duke the great rooms of St. James's Palace were illuminated, fires blazed in the hearths and the guests had a glimpse of the

#### GRANTS TO HOSPITALS

Palace as it must have appeared in past times. Their Royal Highnesses received their guests with a kindly hospitality which ensured the success of the evening.

The continued improvement in the general hospitals was a recurrent note of the Visitors' reports for 1956. This was underlined when in the autumn the first round of visits which had taken four years was finished, and a second visit was paid to hospitals which had last been seen in 1952.

The reports of 1952 were found to be in many respects out-of-date. Criticisms of the sanitary annexes and references to the need for redecoration and general clean-up had made a frequent appearance in the reports of 1952 : the 1956 Visitors, who were provided with copies of the 1952 reports, were able to see for themselves how great had been the improvements since their predecessors' time. It is, of course, pleasant to record this real progress, but there is still plenty of room for further improvement.

#### NOISE IN HOSPITALS

At many hospitals the Visitors made special enquiries concerning noise in the wards. There is a great deal of evidence of a general kind that wards are not as quiet as they should be, but reliable information is difficult to come by. Most people have friends who tell them of some unfortunate experience of noise in hospital, but the matter was not reported to the hospital at the time and so nothing was done. The Visitors found that many hospitals are interested in the subject but often think that the noise can only be reduced by a considerable expenditure. The chief noises were said to be such things as moving screens, noisy floor polishers, noisy curtain runners, rattling trolleys, slamming lift doors. There are, in fact, numberless sources of noise and it seems that there can be no cure for all. They must be identified and dealt with separately, noise by noise and ward by ward. The Fund is therefore continuing its investigations.

## GRANTS TO HOSPITALS

### GARDENS

The work of the garden advisers has continued during the year and some of the major schemes that have been done in stages over several years are now complete. St. Clement's Hospital, Bow, and Paddington Hospital are good examples, and in both these cases the whole appearance and atmosphere of the hospital have been radically altered for the better. Paddington Hospital, which used to be cut off from the public eye by high walls and advertisement hoardings, appears as a group of buildings standing amidst lawns, with the result that the rather prison-like appearance—dating from Poor Law days—has quite gone. The only portion of the hospital visible to the public and retaining its old appearance is the main gate, and the hospital hopes one day to abolish this.

In July the President of the Royal Horticultural Society, the Hon. David Bowes-Lyon, made a tour of some of the hospital gardens in the East of London to which the Fund had made grants. It was a hot sunny day, the gardens looked at their best and it was evident that the Fund's grants had been well spent. After the visit Mr. Bowes-Lyon wrote :

"I was really most impressed by the skill and care which is being devoted to these hospital gardens under conditions of extreme difficulty, and I think the result is one which the people concerned may well be proud of and must have a marked and immeasurable influence on those who exist in and around these hospitals."

### THE KING'S FUND HOMES FOR THE AGED SICK

In February Her Majesty Queen Elizabeth The Queen Mother honoured 'Holmhurst' with a visit. 'Holmhurst' is a small house and Her Majesty made her visit delightfully informal, but it was none the less an inspiration to all who were fortunate enough to meet her on that occasion.

It was fitting that the honour should have fallen upon 'Holmhurst', for there the initiative of the doctor and the willing co-operation of the managers and staff of the home had combined to produce a development which, after a year's work, had proved its worth. The home had in the garden a

#### GRANTS TO HOSPITALS

small bungalow, originally intended for married staff. Instead of staff, two patients were installed there for a week or two before returning to their own homes. They did their own cooking and cleaning under the unobtrusive and benevolent supervision of a social worker by day, and were able by means of a bell to summon assistance from the main house at any time. Frequent cups of tea were provided for their friends from the main house and for ex-patients who looked in to see how things were going, and probably did a little handicraft while there. This activity has developed rapidly and has become an "ex-patients' club". Many elderly patients have now stayed in the bungalow. Both they and the doctor have had surprises. Those who were thought to be well able to care for themselves while in the main home have found it unexpectedly difficult, and some who seemed sadly dependent on help have, in the bungalow, managed firmly and excellently for themselves.

The ten homes set up with the £350,000 so far are all doing excellent work, to the credit of the voluntary organisations running them and the hospital groups with which they work. Over 6,600 patients have had the benefit of a spell in one or other of the homes. Although elderly folk may no longer expect to spend ten or more years in hospital, they still take longer to get well than those who are younger. For much of that time they do not need all the facilities and routine of a hospital, and, indeed these may well be hampering to their progress. But they do need a little expert nursing care and the eye of their hospital doctor on them occasionally. Homes with the minimal nursing care and under medical supervision from their hospital seem to provide exactly what is wanted.

The plan was to set up twelve such homes out of the £350,000. The eleventh home, to serve the Wandsworth Hospital Management Committee, may well be in some ways the most interesting, for it is to be a new building instead of an old and perhaps unwieldy house adapted for the purpose. Building has its own special problems and difficulties. The home-like atmosphere must be retained but the running of the home must be as efficient as possible. Whilst it is always



#### GRANTS TO HOSPITALS

good to take advantage of modern ideas, for the patients who will come to stay in the homes modern styles may not be the most popular or suitable. Every endeavour has been made to achieve a pleasing and dignified building, which will be ready for use shortly.

The twelfth home is to be linked with the Central Group Management Committee and again it was not possible to find a suitable building to adapt. A site for building it there has been offered to the Fund in the grounds of St. Leonard's Hospital.

#### CANCER REGISTRATION

The arrangements that have been in operation for some years for the registration of all cases of cancer occurring in hospital practice have failed to give a true picture of cancer morbidity throughout the country. It has, however, been shown in the Newcastle and the South Western Regions that, when a senior surgeon of consultant status is put in charge of the schemes and can get in touch with general practitioners, surgeons in private practice and others, the number of cancer cases brought to light is greatly increased. It is important that the true incidence of cancer should be ascertained if epidemiological studies of the disease are to be undertaken and if we are to fulfil our international obligations regarding the provision of national statistics.

No adequate arrangements have so far been made in any of the metropolitan regions, so when the North West Metropolitan Regional Hospital Board approached the Fund through Sir Ernest Rock Carling with a request for some financial help to enable them to introduce a scheme on approved lines, the Management Committee decided to contribute a sum of £5,000 from the Radiotherapy Fund towards the cost. It is expected that the necessary organisation will be complete in the near future.

## CONVALESCENT HOMES

In the autumn of 1956 an invitation was received from the Ministry of Health to nominate two representatives from the King's Fund to serve on a working party with terms of reference :

"To examine the extent to which the provision of convalescent homes in the National Health Service is meeting the demands placed upon it in the light of recent advances in medicine and modern conceptions of treatment and nursing care, to review admissions machinery in the London area, and to make recommendations."

The first meeting took place in October and it is understood that the work will take something over a year to complete.

The pattern of the Fund's work, which has evolved during the past eight years, has been continued during 1956 and has produced satisfactory results. It has consisted of a regular programme of visits to homes, during which the current difficulties and problems are discussed and the Committee are able to give well-informed advice, followed up, if the need is established, by grants for improvements, repairs or new schemes. In addition to these activities, the Committee have undertaken a number of investigations into the wider field of the requirements for convalescence.

Many convalescent homes are known to have experienced great difficulty and inconvenience in recruiting nursing staff. This year, with the friendly co-operation of the nursing press, a series of articles and pictures was published demonstrating the life and work of a nurse at an independent convalescent home. It is hoped that this publicity will lead more nurses to decide to take up this kind of work.

### CHANGES IN CONVALESCENT HOMES

The close touch which is maintained with the one hundred and thirty convalescent homes serving the Greater London area has enabled the Fund to see at first hand the trend of

#### CONVALESCENT HOMES

the work and the changing requirements of patients now admitted to homes. During the six years ending on December 31, 1956, there has been a reduction of about 30% in the number of beds needed for children, and in consequence a number of children's convalescent homes have closed. The number of beds for adults, however, has shown little change during the same period, but certain of the independent convalescent homes which formerly accepted patients of all ages now admit only elderly convalescents. This has been because of the increasing number of elderly people discharged from hospital who need a short period in a convalescent home before returning to their own homes.

Other changes which have taken place recently are more frequent requests by hospital staff for convalescent homes to receive patients at an earlier stage of recovery; and to accept more heart cases, asthma and bronchitis sufferers and a wider range of patients who must have ground floor accommodation.

#### SPECIAL GRANTS

During 1956, two convalescent homes were selected for help with these new commitments and responsibilities. One was the Edith Priday Convalescent Home at Blackheath, which is operated by the British Red Cross Society and accepts patients over 60 years of age. Its services have always been in great demand for this type of work and the Fund accordingly decided to make grants totalling £3,250 towards a scheme for extension and modernisation, and for the provision of a lift. The accommodation will be increased from 24 to 40 beds and will be specially adapted for elderly people.

The other home was St. Peter's Convent, Woking, where the need for more accommodation for cardiac cases was met by a grant from the Fund of £1,500 towards the cost of enclosing two open-air wards. These had previously been used for tuberculous patients and were no longer needed for that purpose because of the much reduced demand.

## CONVALESCENT HOMES

### CONVALESCENT HOMES FOR SEVERELY HANDICAPPED PATIENTS

Investigations have shown that there is a definite need for accommodation for the group of patients who are convalescent and also in some degree physically handicapped. Usually homes have insufficient nursing staff and lack the necessary equipment for this type of work, and in consequence the placing of these patients is exceedingly difficult. A sub-committee has been set up to investigate the possibility of assisting the creation of a small unit for the reception of these patients.

### CONFERENCE OF MATRONS OF CONVALESCENT HOMES

The seventh annual conference was held on April 5 and 6, 1957, at Queen Elizabeth College, Campden Hill, and it was well attended as on previous occasions. The value of these meetings as a means of bringing together people concerned with the operating of convalescent homes is beyond question.

The practice of arranging visits to convalescent homes by almoners and ward sisters from London hospitals has been continued and has clearly been much appreciated, both by the homes and the hospitals concerned. The representatives from the hospitals are also invited to attend the conference which is arranged to take place shortly after the visit.

## EMERGENCY BED SERVICE

After the wet summer of 1956 it was generally expected that there would be heavy sickness in the following winter. However, the prophets proved wrong and the mild winter produced the least demand on the Service for several years.

The total number of calls for the year ended March 31, 1957, was 60,973 which is well below the average for the last five years. During the year, 94.7 % of all general acute applications were admitted, and no person was refused admission if, in the opinion of the Board's medical officers, this was essential. It must be remembered that of those not admitted quite a large number are withdrawn by their private doctors for one reason or another.

The E.B.S. itself can only ask hospitals to admit urgent cases. It has no power to direct hospitals to admit. Thus, at times when the hospitals are full, it is necessary to call in the aid of the medical officers of the regional boards who are attached to the Service. They have the power to insist on the admission of a patient. The use of these powers causes grave problems to which the Chairman, Dr. G. F. Abercrombie, referred in an article published in the "Lancet" on November 17 :

### "Medical Referee Procedure

"There are, of course, varying degrees of urgency. The Service works on this principle : if no bed can be found for a case, it may be submitted to the medical referee of the local hospital management committee for immediate admission. This is done through a doctor specially appointed by the regional hospital board and known as the regional medical admissions officer (R.M.A.O.).

In less urgent cases, when 6, 8, or even 10 hospitals have been approached and have no bed, the R.M.A.O. has a number of choices. He may find, by telephone, that the general practitioner is willing to hold the case over and to apply again next day; a domiciliary visit by a consultant may be suggested and accepted; perhaps a hospital will agree to examine a patient in the out-patient department with an undertaking either to admit him or to start treatment, relieving the general practitioner of a responsibility which he feels he should no longer accept. But it is to be firmly stated here that every patient, represented by the R.M.A.O. as in need of urgent treatment which can only be obtained in hospital, does in fact go in."

#### EMERGENCY BED SERVICE

Dr. Abercrombie went on to give details of the use and scale of the procedure and pointed out that its use was increasing. This constituted a liability for the Service :

"This increasing use of the referee procedure causes very grave concern, for it inflicts hardship on the hospitals and impairs good relations between them and the Service. Moreover, the constant demand for beds tends to make hospitals reluctant to accept cases from distant areas, and thus defeats one of the objects of the Service, which is to spread the load evenly.

Shortage of nurses, either from lack of recruits or more often from illness, is sometimes given as a reason for refusing admission. The increased number of beds set aside for special purposes may have reduced the number left for general emergencies, and the endeavour to maintain a high occupancy-rate must also reduce the ability to take in the unexpected.

A further difficulty has been the prejudice of certain hospitals against E.B.S. cases. There is, of course, no such thing as an E.B.S. case, as all applications originate from general practitioners. It must be remembered that E.B.S. is the general practitioner's final resource. If, for instance, he offers two patients, one aged 40, the other 80, both suffering from pneumonia, to a hospital which at that moment has only one empty bed, the younger will be admitted and the older in all probability will be refused. The general practitioner then calls the Service to his aid, and if the condition of the octogenarian is such that admission is essential, he will be admitted on the order of the R.M.A.O. To some extent, therefore, E.B.S. is trying to place patients already rejected, and it may very well be that many of them cannot be discharged to their own homes, for social reasons, after recovery is complete. Hence the erroneous idea that cases received through E.B.S. are more likely to be unsuitable than those offered by the general practitioner himself. They are not unsuitable, and the truth of this is confirmed from time to time by various methods. In February, 1956, two teaching and two non-teaching hospitals were asked to give their opinion on all cases received from the service in a given period. These four hospitals saw or admitted 264 such patients, of whom only 10 in their opinion did not justify admission as emergencies. The illness was not in accordance with the diagnosis given in some of the remaining 254, but they were, nevertheless, in the opinion of the hospitals receiving them, in need of immediate admission. This is a remarkable confirmation of the clinical judgment of general practitioners."

Although the Service is having to meet this difficulty, it retains its position as an essential part of the hospital service of London.

## HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

The expansion of the work of this Service, to which reference has been made in previous Reports, has continued and 1,745 patients were visited during the twelve months ending December 31, 1956. A study of the results year by year shows that in spite of improved arrangements for elderly patients generally, it is possible for domiciliary work to achieve results as helpful to hospitals and to the aged as they were five years ago. The need for the Service seems to be as great now as it was when the work started. Of the 1,745 patients visited last year, 843 (48.3%) were taken off waiting lists because, for various reasons, it was unnecessary to arrange for their admission to hospital. This proportion is the same as in 1952. At the same time the results show a marked and steady improvement in the ability of hospitals to admit patients quickly. In 1952 and 1953 16 % of those in need of hospital care died before admission could be arranged. In 1954 11 % died, in 1955 4 % and last year less than 2 %.

While there is much general improvement in the provision being made for elderly patients, it is surprising that there are still many areas where little progress has been made and where "elderly" and "chronic" are still thought to be synonymous. It is still not uncommon to find the attitude that the only answer to the problem of the elderly patient is to have more beds. When there is no possibility of an increase often nothing else is done. In many hospital groups it has been proved that careful investigation and assessment before admission, proper facilities for treatment in hospital and an efficient almoners' department to arrange discharges are of paramount importance whatever the number of beds. Without these arrangements even an almost unlimited number of beds will quickly become occupied by patients who are not likely to be discharged. Vacancies that only arise through deaths are never enough to keep pace with the unceasing flow of applications for admission. A more detailed report is being published shortly, and copies may be obtained on application.

## HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

### MEDICO-SOCIAL CLINIC

The Service has helped in the establishment and work of a consultative medico-social clinic for old people in Camberwell on the lines of a clinic which was opened in Rutherglen near Glasgow some years ago. The object of the clinic is to prevent, by early examination and enquiry, a breakdown from medical or social causes. Patients, who must be introduced to the clinic by their doctors, first undergo a thorough medical examination. Should any treatment or further special investigation be considered necessary the clinic informs the patient's doctor of this opinion. A social worker of the Service is in attendance at the clinic and interviews each patient. Should there be any domestic worries or social problems she will help to solve them. One of the first patients to attend was an old man whose sister, with whom he lived, had to be admitted to hospital. His doctor was worried as the patient was too frail to care for himself. He was somewhat undernourished and a meals service was asked to provide dinners. On examination he was found to need a little chiropody which was arranged. With this assistance the patient was able to remain happily at home. Patients are encouraged to return at a regular interval to ensure that all continues to go well with them.

The attendance at the clinic is increasing. At present many who come need immediate medical attention and often admission to hospital, but it is hoped that in time there will be a larger number who attend long before they fall ill as the chief aim is the prevention of any breakdown rather than the cure. There should emerge, from the dossier which is kept, a valuable picture of the problems of aging people and what is necessary to overcome them.



## DIVISION OF HOSPITAL FACILITIES

Three main projects with which the Division was actively concerned during the year are purchase of hospital supplies, departmental costing, and electronic accounting for hospitals.

### PURCHASE OF HOSPITAL SUPPLIES

In January, 1955, the Minister of Health appointed a Committee under the chairmanship of Sir Frederick Messer, C.B.E., M.P., "to investigate and report on the organisation of all forms of hospital supplies, including their purchase, storage and issue, throughout the National Health Service". The appointment followed a recommendation made to the Central Health Services Council by the Committee on the Internal Administration of Hospitals that a detailed investigation into hospital supplies organisation should be arranged: the Committee felt that a special study was necessary owing to the complexity of the subject and the absence of conclusive evidence in favour of any particular system. In October, 1956, the Supplies Committee presented to the Council an Interim Report.\* In this it "strongly advised that hospital authorities (both management committees and boards of governors) should consider joint contracting schemes". The Committee holds the view that "joint contracting schemes provide the only practical method of combining the advantages of large scale buying with the existing autonomy of hospital groups, and of avoiding the Minister being placed in the position of having to impose a much greater degree of central purchasing or contracting which would not only be unwelcome to hospital authorities but would also be inconsistent with the Minister's general policy of delegation... of day-to day hospital administration".

### DEPARTMENTAL COSTING

In August, 1956, following the announcement of his decision to introduce departmental accounting, the Minister

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\*Published in March 1957.

#### DIVISION OF HOSPITAL FACILITIES

issued a memorandum setting out the arrangements to be followed by hospital authorities. These are in close accord with various suggestions contained in the report of the King's Fund investigation and the subsequent recommendations of the Working Party on Hospital Costing as to (a) certain units of cost; (b) importance of primary statistics; (c) periodical statements of cost, etc.

The Division has throughout the year maintained close contact with hospital authorities in the implementation of these arrangements and it is fully aware of the practical problems which will arise from the need for the dual method of accounting—subjective and objective—and in particular of the work involved in the detailed pricing of stores issues; pay-roll analysis; charging of expenditure on drugs; and apportionment of general expenses. The Fund accepted the invitation of a hospital authority for the Division to co-operate in the work of drawing up its own scheme of departmental costing, an arrangement which proved beneficial both to the hospital authority and to the King's Fund.

The subject of departmental costing was closely considered by the Guillebaud Committee and in their Report, among a number of quotations from the report of the King's Fund Costing Investigation, the following paragraphs were included in full :—

“When the National Health Service Act came into operation, thinking in hospital circles was still dominated by a pattern of hospital accounting which dates back to 1869, when the Uniform System of Hospital Accounts was introduced into the Queen's Hospital, Birmingham. This System was revised and adopted by the King's Fund in 1906 and, as amended, it was the system in force in the great majority of the voluntary hospitals in the country in 1948.

The system prescribed by the Ministry of Health in Statutory Instrument No. 1414 is to all practical purposes similar to this system. Thus hospitals have at present no sound basis upon which to meet to-day's perplexing financial problems, referring particularly to the use of the accounting system as an instrument of control over expenditure; to form a guide for the preparation of reliable

#### DIVISION OF HOSPITAL FACILITIES

budgets ; and as a means by which much needed decentralisation of authority may be introduced with adequate control at the centre . . . Important defects of this system are well illustrated in the following example. If we take the X-ray Department, we find that (i) plates and films are merged in 'Medical and Surgical Appliances and Equipment'; (ii) Laundry—if by contract—under 'Laundry'; (iii) Water under 'Water'; (iv) Salaries of Radiographers under 'Salaries and Wages—Professional and Technical Officers'; Nursing staff in this department under 'Salaries and Wages—Nursing'; X-ray clerks under 'Administration and Clerical'; (v) Renewals and Repairs under 'Maintenance of Building—plant and grounds'. Stated thus, the cost of the X-ray department has no significance. By reason of the fact that its constituent elements are merged with other elements merely because they have a similar designation, it is incapable of being considered in relation to any activity whereby its efficiency, and its effective use, may be measured. The same comments apply to nearly every department and service of the hospital.

When regard is had only to the wide range of differences in the nature and extent of the specialised services available, a fact much in evidence during our investigation, it is obvious that the subjective classification of expenditure is inadequate for reliable comparisons to be made between hospitals. Again, many of the heads of expenditure reflect the domestic facilities afforded by hospitals, but these facilities depend upon the proportion of resident staff, which varies considerably, and of which at present no account is taken.

Some hospitals possess elaborate and most up-to-date apparatus for radiology and various forms of electrical treatment, while in others the equipment may be very limited and the volume of work comparatively negligible. Some hospitals have laboratories for bacteriology and pathology, etc., especially equipped and employing large staffs; in others little or no work of this kind is performed. Again, massage and remedial exercises are now recognised as valuable forms of treatment. In some hospitals this work is practically non-existent, whereas in others there is special provision, both of staff and apparatus. The average number of beds occupied in two hospitals may be the same, but one may possess all recognised special departments and the other only some of them, or perhaps none at all. One may possess two operating theatres; the other four; and so on. There are also marked differences in the physical layout, internal arrangements, residential services, and the nature and extent of the training and research work carried on. Finally, one hospital may have capacity for a greater output than is demanded of it or vice versa.

Perhaps the most important defect of the present system is that the whole of 'Hospital Maintenance Expenditure' on in-patients is

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reduced to the unit of cost 'per occupied bed', a unit which is calculated for each subjective heading of expenditure. Where so many different kinds of services are concerned the great majority of which have no direct connection with 'occupied bed' and so many variations exist between hospitals, an all-in unit of cost 'per occupied bed' cannot be accepted as a reliable unit of cost."

The Guillebaud Committee confirm the opinion which has long been held by the Fund, namely, "that investigations into hospital costs will never achieve the best results until more precise costings are available to prove to heads of departments how and why their expenditures have varied from year to year and how they compare with the costs of other comparable departments elsewhere. As the existing Costing Returns contain so many defects there is a tendency on the part of some management committees to devote their energies more to explaining away their higher costs than seeking out the root causes. More accurate costings are required, therefore, to bring home responsibility for abnormally high expenditure".

It is well known that considerable variations in running costs exist; what is not known is *where* and *why* they occur, and the most efficient way in which this information can be made available is by a complete scheme of departmental accounting which relates the cost of each department to the volume of work performed, and which thus enables comparisons to be made on a departmental unit basis as against the present method of an all-in total expenditure basis.

#### ELECTRONICS IN HOSPITAL ACCOUNTING

Reference was made in last year's Report to the Committee appointed by the Minister of Health "to study all available information about existing electronic devices and their potential development; to consider their possible application to hospital accounts and costing; and to estimate what the cost might be of introducing them, and what savings would follow". Reference was also made to the difficulties being experienced by the Committee due to the lack of adequate information as to the "work load" and the varying methods

#### DIVISION OF HOSPITAL FACILITIES

of accounting in use. During the year under review appreciable progress was made towards overcoming these difficulties and much is expected from experiments arranged to be carried out by two regional hospital boards.

#### GENERAL

Other activities of the Division have included the examination of plans and the giving of advice on these and on equipment; investigations at hospitals; discussions with overseas visitors (an interesting and informative two-way service); and arranging visits and study tours. The increase in the work of the Staff Colleges has brought about an increasing demand for lectures by the staff of the Division, both at the Colleges and in the Fund's offices. The latter are particularly useful in that members of the courses may see at first hand the facilities available to them.

During the year consideration has been given to enlarging the scope of the activities of the Division to include enquiries into special subjects, e.g. central linen supply; central sterilisation; floor coverings; lighting equipment; planning of departments (in particular, out-patients); construction materials; comparison of manual with machine methods under varying conditions; simplification of forms and returns; salaries and wages procedures; presentation of reports, etc. As yet there have been little or no factual studies of relative efficiencies. As soon as circumstances permit work will be continued on the preparation of the master index of hospital information, the schedules and cards for which were started during the previous year.

In many instances the value of an answer to a hospital on the subject of new materials or equipment is enhanced by the ability to quote the practice and experience at other hospitals, and the Division is particularly grateful to all these hospital officers who answer its questions so promptly and so thoroughly. By sending in details of new schemes, successful experiments, etc., hospital officers are co-operating in building up the Division's fund of information and so making its services more helpful to others.

## DIVISION OF NURSING

### NURSING RECRUITMENT SERVICE

Over 1,800 candidates who had consulted the Recruitment Service were known to have been accepted for training in the course of the year. This is the highest number in any year since 1943, when national service requirements brought exceptionally large numbers into nursing.

Over 5,620 new candidates were registered. Many of these will be advised and followed up over several years until they are old enough to begin training. It is part of the work of the Service to find suitable pre-nursing occupations for many of these and to follow them up at intervals, so as to keep up their interest in nursing. As one wrote: "In answer to your letter, I should like to tell you that I had abandoned the idea of making nursing my career and have since leaving school nearly two years ago been working in an office. But you have aroused my interest once more, and I should like you to send me full details of training schools." Nearly one-sixth of the above total applied from other parts of the Commonwealth and were referred back to selection committees in their own Colonies. Of the remainder, probably many will enter hospital for training, or have already done so, without notifying the Service.

It is reasonable to assume from the above figures that well over 10% of all entrants to training schools in England and Wales are in contact with the Service at some time, and in the London area the proportion is much higher. To achieve these results, some 17,000 letters were sent out to candidates and over 3,300 interviews given. Then again, there are the thousands of girls who hear the talks on nursing given by the Service, or read its articles in magazines, careers handbooks and elsewhere. Probably many of these make their own arrangements for training—the Service has never attempted to centralise recruitment and has always maintained that the best means of recruitment is the reputation of the training

#### DIVISION OF NURSING

school and hospital. Members of the staff gave about 160 talks in schools, at careers conferences, at meetings of parents' associations and women's institutes, to groups of students etc. Literature and advice was given to many other speakers on nursing. Arrangements were made for groups of school-girls to visit hospitals. The schools continue to appreciate not only the talks given by the Service but also the fact that information and advice are always available to their pupils. Chapters on nursing were contributed to or revised for various school year books and handbooks on careers. Help was given in the preparation of many articles for the press and for such publications as "Readers' Digest", "Good House-keeping", etc., and also in the preparation of scripts for broadcasting. The address of the Service has been given on the air at least six times recently, as well as in many periodicals read by women and girls.

While the Service is not yet able to recruit nearly as many student nurses for the mental and mental deficiency hospitals and pupil assistant nurses as it would like, the number of these is going up gradually. Many of the 50 hospital visits paid by members of the staff have been to training schools for assistant nurses. These offer special opportunities for the older women who consult the Service but do not want to undertake a long training or a full course of study.

Some well-known hospitals continue to receive far more applications than they can accept, while others are in urgent need of candidates. It is always regarded as a main responsibility of the Service to pick up those who do not meet the entrance requirements of the hospital to which they first apply or cannot wait sufficiently long for a vacancy there—or indeed have begun training and cannot quite make the grade at a first attempt—to encourage them, and to persuade them that a good training may be had elsewhere, and a good career made in nursing even without the certificate of a teaching hospital. A considerable proportion of all candidates accepted in 1956 had been referred to the Service by matrons who were unable to accept them in their own schools.

#### DIVISION OF NURSING

This co-operation on the part of the matrons who have more candidates than they need may well prevent not only discouragement but actual loss of candidates from nursing, and also help in the real problem of distribution.

The press, general and professional, continues to give much space to comments and correspondence on nurses and their recruitment, training, conditions, wastage, and so on. Drastic changes in the length, pace and level of training are recommended. On the one side, university degrees in nursing are advocated. On the other, it is suggested that all candidates, whether graduates, recruits from other professions, grammar school leavers or others, should go through the very simple two-year course, with the minimum of theory, now offered to pupil assistant nurses.

It is remarkable that these proposals to put nursing training into the melting pot are seldom if ever backed by criticisms of nursing practice and of nursing skills as such. It is often claimed that the actual nursing care given to patients by nurses trained in the traditional British pattern still has few, if any, rivals. Nor can the proposals be defended by any evidence of increasing shortage. On the contrary, much prejudice against nursing as a career has been overcome and the number of practising nurses and midwives has increased by well over 50% since 1939 when the Fund was first planning its Nursing Recruitment Service. In the last eight years the increase has been dramatic, in the face of intense competition from many other careers offering easier conditions, and in spite of the greatly increased marriage rate among girls in their early twenties.

It is true that far too many student nurses and young trained nurses leave the service. Some of this loss is unavoidable, and is due to marriage and family claims. The "avoidable" wastage, the Fund believes, can best be tackled by interesting the right type of girl in nursing, and by guiding her to a suitable training school—"suitable" here implying one where her application will be welcomed, where she does not have to wait too long for a vacancy, where she is given a training matched to her capacities, and where she is likely to



#### DIVISION OF NURSING

settle happily. If these conditions are to be met, the nurse administrators and ward sisters of the future must be prepared, and those now in post need far more refresher courses. Much insight is needed, and a determination on the part of hospital authorities to provide, as far as is practicable, the kind of life, on duty and off duty, which the young people now coming into nursing and now qualifying can reasonably expect. These measures are far better calculated to meet the existing situation than a drastic reorganisation of the training arrangements which have produced and are producing good results in nursing skill. While the wastage allows no room for complacency, it is too readily assumed to imply some fundamental flaw in the present system of training. Nursing needs to be looked at in relation to the other occupations open to the same group of young people, and to their turnover rates, before a true assessment of wastage from nursing is made. It is no small achievement that, in the present social and economic conditions, some 145,800 full-time and 35,600 part-time nursing staff are employed in the hospital service. These totals represent increases of over 20,000 full-time and 12,500 part-time staff since 1949, and suggest that proposals to reorganise training on the ground of emergency are uncalled for and untimely.

The staffing of mental and mental deficiency hospitals presents special and urgent problems. Great changes in the treatment of the mentally ill call for corresponding changes in the content of training, if the nurses are to play their part in the psychiatric team of the future. It may well be that the revised syllabus of training now published will help to bring a "new look" to mental nursing, and that experience gained through its gradual introduction will point the way to modifications in the syllabus for general training.

The dividing line between student nurses and pupil assistant nurses might well be placed higher, and some of the smaller general training schools now struggling to prepare an almost unselected group of student nurses for the hurdle of the State examinations might with advantage become training schools for assistant nurses instead. But first there must be

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more incentives to increase recruitment to the group now known as assistant nurses, who have a great part to play. It has long been recognised that the nursing work of the country cannot be undertaken entirely by State registered and student nurses. Yet, as the Nurses' Act of 1943 recognised, the nursing care of hospital patients should ideally be undertaken only by those who have had or are having special training for it. The gap should increasingly be made good by training assistant nurses. The Fund believes that an effective step towards better recruitment would be to drop the title "assistant", since those who now hold it are needed as nurses and will be needed increasingly in the future.

#### STAFF COLLEGE FOR MATRONS

Nurses are numerically the most important group within the hospital service. The amount of hospital care available to the country depends on their numbers. Nursing recruitment already makes heavy inroads on the total labour force of the country. With an aging population it is unlikely that the need will become less, and it becomes more than ever important that the most effective use should be made of all who are available, that good morale and staff relationships should be maintained, and that loss of trained nurses and of those in training should be cut down. This can only be done if there is a constant supply of good administrators, adequately prepared for their tasks, to fill posts as matrons, chief male nurses, deputy and assistant matrons, and others involving administrative responsibilities. The first object of all the courses at Holland Park is to develop, strengthen and renew those qualities of mind and spirit which enable the good nurse to be also a good administrator.

The Staff College now offers courses to nurse administrators at all levels. The third one-year training course for junior administrators was completed in the summer of 1956, and a full set of twelve selected out of more than twice that number nominated by their hospital authorities for the fourth course.

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One of these has already been appointed matron of a large general hospital, to take up duty on finishing the course. Most, however, go on to gain further experience as deputy or assistant matrons before undertaking the full responsibilities of a matron's post. While the content of the courses varies slightly from year to year in accordance with changing conditions, the actual method appears, after almost four years, to have proved itself and to be as suitable as any which could have been devised. At one reunion in the early autumn, students from the first three training courses had an opportunity of meeting and listening to Professor Whitehead of Harvard, to whose wise advice in the earliest days the long course owes much of its present form, including various special features such as the field-work in industry which have been found most valuable.

In the spring of 1956 the College received for the first time seven chief male nurses, together with five matrons, from mental and mental deficiency hospitals for a four-week refresher course. This experiment was felt to have proved its worth beyond all expectations. It was, therefore, decided to offer a similar course early in 1957: this again was fully booked. At a time when great changes are taking place in many of the mental hospitals and much pioneer work is being done, those attending the Staff College appear to profit greatly by their discussions—planned and unplanned, and sometimes prolonged to a late hour—with their colleagues from other hospitals. They also hear lectures and join in discussions with distinguished psychiatrists, administrators and others. A channel is thus afforded for the best current practice to spread from hospital to hospital, rather than for each to advance by trial and error only.

In response to many requests, including one from the Chief Nursing Officer to the Ministry of Health, it was decided to offer a four-week refresher course to deputy and assistant matrons, many of whom serve for long years in these posts. In the larger hospitals they may have more frequent contact with the junior nurses than have the matrons.

#### STAFF COLLEGE FOR MATRONS

The efficiency of their work in the allocation of staff closely affects both the running of the wards and the training and morale of the nurses. It is felt, therefore, that they need the encouragement of a refresher course, and some help in management methods, no less than the matrons. The first aim of all the refresher courses is to give the members freedom for a time from the demands of their daily routine, to look afresh at their work and indeed at the whole health service, and to think, read and discuss more widely than is practicable in their everyday life.

Several reunions of members of earlier training and refresher courses have been held. These offer opportunities for discussion, for comparing notes as to progress, and for hearing speakers on fresh aspects of leadership.

The College acknowledges a debt of gratitude to those who help by coming to lecture and to lead discussions on a wide range of topics, and to those who give generously of their time and thought in arranging practical experience for individual students and in receiving groups on visits. It is also very fortunate in that so many eminent men and women come as guest speakers to talk informally to the students after dinner on a wide range of subjects outside the ordinary curriculum. The members of all courses greatly appreciate these introductions to new interests and to work and achievements in other spheres. Following a visit from the Editor of "Woman's Hour", four members of the training course were asked to take part in a broadcast on "What makes a good nurse".

#### STAFF COLLEGE FOR WARD SISTERS

The College, now in its ninth year, continues to be used almost to capacity, and the waiting list for future courses is longer than it has ever been. A few hospitals nominate members of their staff for nearly every course. On the other

#### STAFF COLLEGE FOR WARD SISTERS

hand, no fewer than twenty-six hospitals seconded sisters or staff nurses for the first time last year : twelve of these were mental hospitals.

In 1956, 46 staff nurses and recently-appointed ward sisters attended the two 12-week preparatory courses, 40 senior ward sisters attended the two 4-week refresher courses; 20 sisters and male charge nurses from mental and mental deficiency hospitals attended their special course, and 8 sisters from hospitals where assistant nurses are trained came for a fortnight. This last group was the only one not fully booked, probably owing largely to the great difficulty of sparing sisters from these hospitals. It was decided therefore, in view of the great demand for the other courses, to omit this one in 1957.

The special arrangements made for staff from mental hospitals seem to be greatly appreciated and perhaps to yield the most valuable results. When the programme was planned for the current year it was decided to offer two special courses instead of one, thus giving opportunities to 40 candidates from mental and mental deficiency hospitals, in addition to those who join the general courses.

As at all the Fund's training centres, the main theme is the importance of the human factor, both in staff relationships and in the service offered to the patients. Alongside this, the ward sisters' teaching role is a vital subject, and a substantial part of the programme is devoted to giving help in methods of teaching and providing opportunities for teaching practice. Increased time is given on the preparatory course to questions related to catering and the service of meals, and (in view of the continued shortage of dietitians) to some of the practical aspects of diet therapy.

The Queen's Institute of District Nursing asked some time ago whether it would be possible for a few of their superintendents or deputy superintendents (who have responsibility for training district nurses) to attend any of the Fund's courses. As an experiment it has been arranged for two to attend a course for senior ward sisters, and it is hoped that they will make a valuable contribution to the course.

#### STAFF COLLEGE FOR WARD SISTERS

The quality of the ward sister's work will continue to be a decisive factor in the service offered to the patients, in the teaching of the nurses and in the general efficiency of the hospitals. Anything the King's Fund can do towards preparing and refreshing these key people in the health service is abundantly worth while. Comments such as the following, which are constantly being received, give ground for hope that this aim is being achieved in some measure: "I have never been so helped before as I was on this course." "I have returned feeling completely refreshed, and looking at my little world from quite a different angle." "The course was an unforgettable experience in every way and I hope we shall be able to help many others, as well as ourselves, by what we have learnt." "I really feel mentally and physically refreshed and I have a greater interest in the wider world." "The recent mental course proved a great help and real education. Matters which previously appeared difficult problems I can now accept as obstacles to be surmounted in one's stride." "Instruction was given with understanding and appreciation of our difficulties. I realised that ideals with which I began my nursing career had somehow slipped into the background of my work. They are now in the foreground, and will stay there."

#### HOSPITAL DOMESTIC MANAGEMENT

Two one-week refresher courses for those responsible for hospital domestic management, whether senior nursing staff or lay superintendents, were arranged by the Division during the year with the co-operation of the School of Hospital Catering and of the National Institute of Houseworkers. Three follow-up conferences were also held. The courses were filled from the waiting-list set up when a single announcement was made in the previous year. While they were generally agreed to be useful no one would claim that short courses of this nature are adequate for the present conditions. The domestic maintenance and staffing of hospitals is still generally agreed to be a "depressed area" in hospital management. Apart from such difficulties as the shortage of woman-

#### STAFF COLLEGE FOR WARD SISTERS

power and the standardisation of wage rates, progress is made difficult by the great lack of suitable candidates for posts as domestic superintendents and supervisors. As long ago as 1945 the Fund's Memorandum on the Employment of Domestic Staff pointed out the need for making domestic management in the larger hospitals a full-time post for officers with adequate training and experience. Responsibility for the supervision of domestic staff is still sometimes divided between several people, all of whom have other tasks. There is also a great need still for really suitable electrical equipment and other labour-saving devices.

A great deal more might be done if longer and resident courses could be made available for senior domestic assistants and supervisors, and also to introduce people with suitable experience in other spheres to the special problems of hospital domestic management before they take up appointments as domestic superintendents.

## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

Some of the better practices and attitudes of industry and of industrial research are likely to be of increasing value to the hospital service. The governing bodies responsible for the day-to-day management of hospitals are faced with the problems not only of providing, with the assistance of doctors, nurses and others, a satisfactory service to the hospital patient but also of exercising a wise economy in the use of resources. Six years of Staff College work have brought some of the problems into perspective and interesting trends of thought have emerged. Applied common sense added to expert knowledge—work and method study, organisation and method, and so on—may produce new approaches, and the study of human relationships may incorporate the individualists into the hospital service team and break down the barriers between isolated departments.

### ROLE OF THE HOSPITAL ADMINISTRATOR

Much of the activity of the Administrative Staff College is directed towards the problems of selection and training for management. As old practices are cast aside, new concepts must be evolved to meet circumstances so different from those of even a few years ago. The role of the administrator may need to be adjusted so that he will be able to devote more time to the sadly neglected art of communications. Often he is too busy to do more than briefly disseminate information by the written and spoken word. Communications must mean meeting colleagues and other officers frequently and in particular those who are affected by the orders given, and so cutting through the isolation of departments and sections. Communications mean, also, that committee members are known to the hospitals and the hospital staffs, that senior officers are known to subordinate staff, that the lay administrator has an appreciation of what the doctor and the nurse are striving for, and that the professional people in their turn appreciate the problems of administration and the reasons for action taken. If the patient is the first consideration the staff must be the second. Whilst the individualist



#### HOSPITAL ADMINISTRATIVE STAFF COLLEGE

has an important part to play, whilst each departmental head must lead his own small empire, the future administrator must be one who is able and willing to form and lead a team where all are concerned with the objectives and the ways in which they are to be reached.

It is in the light of the foregoing considerations that the work of the Staff College has been continued and developed—discussions with the most senior administrative officers, the preparation of hospital secretaries and others for senior posts, the training of younger men and women for administrative responsibility, and enquiry and research into hospital administration and organisation.

#### REFRESHER COURSES

The Staff College refresher courses held during 1956 included those for group secretaries, hospital secretaries, finance officers and other senior administrative officers. In addition, there was a special two-week course for regional hospital board secretaries and a one-week course for hospital chaplains. One-week extension courses were also held for group secretaries and hospital secretaries who had been on a Staff College course some three years previously. By now it is clear that, however young and inexperienced or old and experienced the administrator may be, the four strenuous weeks of a refresher course provoke thought and re-stimulate his energy and enthusiasm. It has become equally certain that a period of less than four weeks for such a course fails to achieve an effective result.

#### PHYSICIAN SUPERINTENDENTS OF MENTAL HOSPITALS

A number of medical men and women have attended certain of the refresher courses but a strong plea was made to the Fund to provide a trial course of study for physician superintendents of mental hospitals. A small group of physician superintendents agreed to spend two days in the College in 1956 discussing the need for such a course and, once the need

was established, the content of the course and who should be invited to assist. In the end, the group planned a four-week course, indicated those who might be asked to open the various sessions and agreed to submit themselves, together with some others whose names they suggested, to an initial experiment.

The course, which was held from February 25 to March 22, 1957, was marked by a wholly admirable degree of enthusiasm and co-operation among those attending. The syllabus covered a wide range, the main theme, perhaps, being the consideration of the role of the physician superintendent as the leader in group therapy and the kind of administrative framework in which the role could best be fulfilled. Sessions were devoted to relationships with extra-hospital organisations (including the community); staffing problems—training, interrelationships, communications; the patients' day; the hospital as a therapeutic community; research; and the mental hospital of the future. A matron and other representatives of the nursing profession, a psychiatric social worker and a group secretary were invited to attend and present their views on mental hospital administration, and two industrialists described the methods they had found useful in increasing the efficiency of their undertakings. The result was a most stimulating four weeks, with interest maintained right to the end. On the last day the members reviewed the syllabus, session by session, and suggested some very useful amendments for the next course, which it is hoped may be held early in 1958.

The value of such a course has been amply demonstrated. There is no doubt that, as things are, a medical administrator is needed for patient management in the therapeutic community provided by a mental hospital, and something more than "training on the job" can be of help to him. Whether conditions will be changed in any way as a result of the recommendations of the Royal Commission cannot be said at the time of writing, but it is of interest to record that the physician superintendents who attended the course have agreed to

#### HOSPITAL ADMINISTRATIVE STAFF COLLEGE

return to the Staff College for a day or two towards the end of 1957 to review the situation. The Minister of Health, the Rt. Hon. Dennis F. Vosper, M.P., dined with the members, as did his Chief Medical Officer and other senior officers of his department and the President of the Royal College of Physicians, and all congratulated the King's Fund on its first essay in the field of post-graduate medical education.

#### GROUP SECRETARIES OF MENTAL HOSPITALS

Discussions also took place with group secretaries of mental hospitals to consider the desirability of the Staff College providing refresher courses specially arranged for group secretaries of mental hospitals. As a result of the advice given, twelve such group secretaries were invited to attend an experimental course in January, 1957. The course, which followed the general pattern of courses for group secretaries of general hospitals, was adapted to the needs of the mental hospital group secretary and, in the event, provoked an enthusiastic response. Another course will be held early in 1958 for a similar group of secretaries, the syllabus being adjusted in the light of comments made by the members of the "pilot" course.

#### TRAINING COURSES

Whilst the residential refresher courses form an important and substantial part of the work of the Staff College the training of younger men and women, who it is hoped with suitable training and experience will rise to senior administrative posts, is of equal importance. An experimental two-month training course, in place of the usual three-month training course, was held for young officers employed in the hospital service. This appeared to be quite successful in its general result but it was decided that, for this class of officer, a three-month period in the future would be more appropriate. It is worth mentioning that of the fifty or more trainees who have passed through the Staff College nearly all have received promotion and many are now holding posts of substantial responsibility.

## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

### NATIONAL TRAINING SCHEME

On October 8, 1956, eight administrative trainees under the Ministry of Health selective recruitment and training scheme entered the Staff College as members of the first three-year course, an equal number under the scheme being admitted to the University of Manchester for a similar period. The sixteen trainees, of whom two were women and fourteen were men, were selected by a national selection committee from 515 applicants. Of those entering the Staff College six were university graduates and two had already had some years' experience in the hospital service. During the first two years of the course about eight months will be spent at the Staff College, the remaining time being spent on attachment to hospitals, etc. During the third year the trainee will be placed, still under supervision, in a post of responsibility suitable to his ability and maturity. Apart from the periods when the trainees are in residence at the Staff College, the tutorial staff will keep in regular touch by visits to the trainees when they are on attachment, and also with the hospital officers and others concerned with the practical work. Training will be given in teaching, non-teaching and mental hospitals in London and the provinces; training at regional board level is planned for the second year. The arrangements for each trainee, so far as practicable, are adjusted to meet individual needs. Consultation with hospital employing authorities in respect of the in-service training is taking place at the various stages, and appreciation is recorded for the help already given by those who have assisted in giving the members of the course a good start.

The selective recruitment and training scheme provides for an annual intake of trainees so that from October, 1958, the Staff College will be responsible for three separate groups numbering not less than 24 in all. The early experience of the King's Fund in training for hospital administration through the post-war bursary scheme, followed by the Staff College training courses held since 1951, has proved invaluable in meeting the present Staff College responsibilities.

## HOSPITAL ADMINISTRATIVE STAFF COLLEGE

### VISITORS TO THE STAFF COLLEGE

The Administrative Staff College is frequently referred to as a meeting place for those interested in or associated with the National Health Service. The College guest nights and the receptions for members of previous courses and others, and discussion group meetings, have been both frequent and well known. The distinguished guests and visitors—some 4,000 in six years—have, with the visiting lecturers, brought to the College information, expressions of views and an atmosphere of great value to the tutorial work. Moreover, the accepted neutrality of the King's Fund and its educational freedom have given confidence in the lecture room and encouragement to the enterprising.

### PURCHASE OF ADDITIONAL HOUSE

It will be appreciated that the many and varied Staff College courses— at the time of writing sixty separate ones have been held— and the other activities have resulted in a steadily increasing volume of work and pressure upon resources. At the end of the year an additional house, No. 10, Palace Court, adjacent to the existing Staff College premises, was purchased. This house will relieve the present difficulties of accommodation. It will provide, in addition to a good lecture room and commonroom, sufficient bedrooms to meet the requirements of all the courses to which the Staff College is now committed. The house will soon be brought fully into use.

### ACKNOWLEDGMENT

The support given to the Staff College in its work has been considerable. The Minister and his officers have eased the way on many occasions. Distinguished men and women have given freely of their time to advise, lecture or conduct discussions. The Division of Hospital Facilities, the Staff College for Ward Sisters, the Staff College for Matrons and Prospective Matrons, the Catering Advisory Service and the School of Hospital Catering, together with the Emergency Bed Service, have given valuable assistance.

## HOSPITAL CATERING

### HOSPITAL CATERING AND DIET COMMITTEE

Professor Cowell resigned the chairmanship on his retirement in September, 1956, when he was succeeded by Dr. F. Avery Jones who first joined the Committee in 1948. At the subsequent meeting of the General Council His Royal Highness the President paid a warm tribute to the quiet efficiency of Professor Cowell's work as Chairman. Indeed, during his seven years' tenure of that office, hospital catering may be said to have found its feet and not a little of this welcome development has been due without doubt to the Fund's contribution by way of monetary grants, technical advice and training facilities. The extent of this contribution can be measured in part by the fact that between January 1, 1950, and December 31, 1956, the total expenditure of the Fund on hospital catering, including grants for catering projects, bursaries for prospective catering officers, the publication of catering circulars and the cost of maintaining both the Hospital Catering Advisory Service and the School of Hospital Catering, was no less than £330,000.

More specifically, in 1956 twenty-one grants were made for catering schemes to the value of £41,880, while up to the end of the year 62 hospitals in the London area—46 general and 16 mental—had received £150,252 since the first catering grant was made in July, 1951. The purposes for which these grants were given fall into five categories :—

	£
(i) Improvements to main kitchens .. .. .	83,727
(ii) Heated trolleys, food containers and trailers ..	32,820
(iii) Improvements to ward kitchens .. .. .	11,855
(iv) Improvements to dining rooms, serveries and canteens	11,800
(v) Construction and equipping of diet kitchens. . .	10,050
	<hr/>
	£ 150,252

## HOSPITAL CATERING

While too much should not be read into these figures, they do indicate that hitherto the blackest spots in hospital catering departments have been badly designed and ill-equipped kitchens and inadequate means of transporting meals to the wards. Transportation is of course a particularly difficult problem in many mental and former fever hospitals, owing to the distances which have to be covered and the shortage of lifts, and it is not surprising therefore that the major share of the grants for trolleys and food containers went to hospitals in these two categories. What is perhaps surprising is that there were not more applications for assistance in upgrading ward kitchens, particularly from the same group of hospitals where the very difficulties in the way of conveying meals to the patients lead to extra demands on ward kitchens which so frequently are cramped and ill equipped.

## SCHOOL OF HOSPITAL CATERING

No matter how much money is spent on improving kitchens and in providing better means of transporting food, hospital catering departments remain dependent upon qualified and experienced staff for their efficient operation. The Fund's decision to open a School of Hospital Catering in September 1951—the first and still the only one in the country—has been more than justified by the demand for places on the various refresher and special courses which are held and which during the five years of the School's existence have been attended by almost one thousand students. Indeed so much has this demand grown that, despite an extension of the School's premises which was carried out three years ago, it has again been necessary to expand to provide *inter alia* a second kitchen, more space in the dining-room and more cloakrooms and lavatories.

The bursary scheme mentioned in earlier Reports, whereby prospective hospital catering officers selected in the main from outside the hospital service receive a year's training plus a maintenance grant, has continued to attract good recruits. The 1956 course also included four students on secondment

#### HOSPITAL CATERING

from hospitals within the metropolitan regions. Two new short courses were introduced during the year, a week's course in cake and pastry making for cooks, and an eight-week preparatory course for kitchen assistants, designed as an introduction to the basic principles of cookery and intended to put them on the road to qualify as assistant cooks.

#### FEEDING IN MENTAL HOSPITALS

In May there was a one-day conference at the School on feeding in mental hospitals, under the chairmanship of Professor Cowell. This conference, the first of its kind to be held in London, was attended by representatives from the Board of Control and the four Metropolitan Regional Hospital Boards as well as by members of management committees, medical superintendents, group secretaries, matrons and catering officers from twenty mental and mental deficiency hospitals which had previously sought the Fund's advice on catering problems. The theme of the conference was better food for mental patients, and among the suggestions put forward were the psychological value of allowing mental patients a say in the choice of their food; that food should be purchased in accordance with the requirements of the menu instead of the menu being fitted to the food that had been ordered; that the maximum output of a kitchen should be 1,000 meals at a time; and that extra domestic help and properly appointed tables should be provided in all ward dining-rooms, so that patients might be encouraged to behave as they would at meals in their own homes. That this conference was well timed was demonstrated by the circular letter issued four months later by the Ministry of Health to all mental and mental deficiency hospitals asking them to pay particular attention to raising the standard of their catering.

#### CATERING ADVISORY SERVICE

Despite the marked improvement that has taken place in hospital catering in recent years, there are still wide variations in the standard of feeding and all too many hospitals where



#### HOSPITAL CATERING

that standard is not as good as it should, and indeed, could be. These defects were the subject of recent correspondence in "The Times" which was summed up in a letter from Dr. Avery Jones who wrote :

"It is our experience today that in the majority of metropolitan hospitals patients are being reasonably fed and that dietaries are adequate if not exciting. This was not true even five years ago. Further improvement, particularly in mental hospitals, must await increased maintenance grants. The improvement has been achieved often in very difficult circumstances and there is no ground for complacency. Hospital catering abounds with serious problems of staff shortages, and present salaries provide inadequate inducements for those with outstanding flair and skill".

Two of the major reasons for present shortcomings may well be the appointment of catering officers who are not properly qualified, sufficiently experienced or old enough to handle staff, and the lack of expert advice at group or regional board level. While regional boards have officers at their headquarters to advise them and their hospital management committees on nursing, finance, engineering and building, etc., only two of the fourteen regional boards have regional catering officers. As for hospital management committees, in the absence of a catering expert at headquarters they can only have recourse to one of the catering officers in the group who may, or may not, be sufficiently qualified and experienced to give sound advice. That there is a great need for advice has been clearly demonstrated in the four metropolitan regions by the continual flow of requests which the Fund receives for the assistance of the Catering Advisory Service. There are 131 groups in these four regions, and during the six years the Advisory Service has been in existence more than two-thirds of them have already applied to the Fund for advice on their catering problems.

In 1956 this advice took the form of 38 surveys, covering such diverse subjects as the selection and siting of equipment, structural alterations to kitchens, dining-rooms and serveries, food costs and methods of costing, the standard of feeding, catering staff establishment, and the general operational

## HOSPITAL CATERING

efficiency of the catering department. These reports also included 21 sets of detailed scale drawings illustrating proposals for improved layouts. The time spent on one of these surveys varied from a day's visit to a week, depending on the nature of the problems to be solved. While it may only be necessary to spend two or three days on the site to replan a kitchen, a further week might be required in the office to find a solution and prepare a drawing. On the other hand, an investigation into the standard of feeding might mean that a whole week had to be spent at the hospital seeing the preparation, cooking and service of as many meals as possible, while only a day or two would be needed in the office to compile the report. In every instance the catering policy of the hospital is an important and often the predominant factor in determining the recommendations that are made. This is especially the case when advice is required on the efficiency of the catering department.

## PUBLICATIONS

A second edition of "General Hospital Diets" was published in June. Besides bringing the figures of cost of the three grades of menus up to date, this edition also contains a new section on the extra money which should be allowed for feeding maternity patients. It was also necessary to publish a second edition of the "Memorandum on Special Diets" to which was added an introduction on the nutritional value of hospital dietary. Since publication there has been a steady demand for both these booklets.

## SHORTAGE OF DIETITIANS

At the end of 1955 there were only 163 whole-time dietitians employed in all the hospitals of England and Wales. Two-thirds of these were concentrated in teaching hospitals, which left a negligible number of dietitians spread out between the 290 non-teaching general hospitals in the country with 150 or more beds.

#### HOSPITAL CATERING

That the shortage of therapeutic dietitians is a serious matter may be seen from the fact that on an average 10-15% of all patients in general hospitals are on special diets. It is true that some of these diets are relatively simple and can easily be supplied from the main kitchen, but others are highly specialised and need careful planning, preparation and adaptation to individual patients. At the far end of the scale there are the metabolic units which again absorb some of the existing dietitians. For all the patients in general hospitals requiring special diets, the number of dietitians available in December, 1955, was less than 60. This situation is aggravated by the fact that the supply does not appear to be increasing, while it is doubtful whether the number of new entrants to the hospital service does more than make good the loss through marriage, retirement and emigration. There is no obvious solution to this problem, but the Fund feels that its urgency demands that an effort be made to find one, and has accordingly set up a small working party to study the whole question and make recommendations.



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## 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."*

## PRESIDENT AND GENERAL COUNCIL

PRESIDENT :

HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER :

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

## GENERAL COUNCIL

THE LORD HIGH CHANCELLOR

THE SPEAKER OF THE HOUSE OF COMMONS

THE BISHOP OF LONDON

ARCHBISHOP GODFREY

REV. SIDNEY M. BERRY, M.A., D.D.

THE CHIEF RABBI

THE RT. HON. THE LORD MAYOR

THE RT. HON. THE CHAIRMAN OF THE  
LONDON COUNTY COUNCIL

THE GOVERNOR OF THE BANK OF ENGLAND

THE PRESIDENT OF THE ROYAL COLLEGE  
OF PHYSICIANS

THE PRESIDENT OF THE ROYAL COLLEGE  
OF SURGEONS

THE PRESIDENT OF THE ROYAL COLLEGE  
OF OBSTETRICIANS AND GYNAECOLOGISTS

THE CHAIRMEN OF EACH OF THE FOUR  
METROPOLITAN REGIONAL HOSPITAL  
BOARDS

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(1992, 1993, 1994)

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. The first of these is the fact that the  
2. second of these is the fact that the  
3. third of these is the fact that the  
4. fourth of these is the fact that the  
5. fifth of these is the fact that the

4-23-54

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## FINANCIAL STATEMENTS

AND

## LISTS OF GRANTS

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

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

# KING EDWARD'S HOSPITALS BALANCE SHEET as at 31st December 1956

FUND ACCOUNTS :	£	£	£
<b>FUNDS TO BE RETAINED AS CAPITAL :</b>			
As at 31st December, 1955 ... ..		2,170,366	
Add : Receipts during 1956 ... ..		7,594	
		<u>2,177,960</u>	
<b>GENERAL FUNDS :</b>			
As at 31st December, 1955 ... ..	4,193,429		
Add : Special Receipts Account ... ..	150,014		
" Lapsed Grants ... ..	1,743		
" Amount transferred from Income and Expenditure Account ... ..	8,848		
		<u>4,354,034</u>	
<b>SPECIAL FUNDS :</b>			
per Schedule on page 4 ... ..			425,866
<b>SPECIAL APPROPRIATION FUND :</b>			
Balance of sum earmarked by General Council out of Income for the Provision of Additional Accommodation for Aged Sick as at 31st December, 1955	50,099		
Less : Net amount appropriated for expenditure during 1956 ... ..	40,760		
		<u>9,339</u>	
			6,967,199
<b>GRANTS RETAINED :</b>			
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment, viz. :			
Ordinary Distribution ... ..	121,335		
Special Distribution ... ..	158,371		
Radiotherapy Fund Distribution ... ..	5,000		
		<u>284,706</u>	
Appropriations for Homes for Aged Sick not yet expended ... ..		30,909	
		<u>315,615</u>	
<b>LIABILITIES :</b>			
Calls on Investments (since paid) ... ..		3,165	
Administration and Other Expenses ... ..		12,801	
		<u>15,966</u>	
<b>SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES) :</b>			
Amount received for dilapidations ... ..		540	
Sinking Fund Appropriations ... ..		6,557	
		<u>7,097</u>	
			<u>£ 7,305,870</u>

## REPORT OF THE AUDITORS TO KING EDWARD'S HOSPITALS

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 accounts and the annexed Income and Expenditure Account which are in agreement with the books of account. 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.  
18 June, 1957.



# SPECIAL FUND FOR LONDON

31st DECEMBER, 1956

	£	£	£
SECURITIES AND INVESTMENTS :			
STOCKS AND SHARES, etc., held for :—			
General Account ... ..	5,351,879		
Special Account ... ..	382,366		
		5,734,245	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital ... ..			
		20,000	
		5,754,245	
<i>The market value at 31st December, 1956, of the quoted securities (£5,506,244 —i.e. 95.7 per cent. of the total) was £6,082,467.</i>			
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES ... ..			
		1,370,598	
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of ... ..			
		1	
		7,124,844	
<i>Assets received or acquired before 31st July, 1908, are taken at or under values adjusted as at that date, in accordance with the terms of King Edward's Hospital Fund for London Act, 1907. Assets received or acquired since that date are included at or under the market value at the date of gift or purchase.</i>			
CURRENT ASSETS (including £8,833 for Special Accounts) :			
Balances at Banks and Cash in hand ... ..	126,049		
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £6,400.) ... ..	54,984		
		181,033	

## NOTES—

- The King's Fund also owns a stock of Radium which is lent by the Fund to a hospital in London.
- The total cost of properties for Staff Colleges and Homes for Aged Sick is £426,313 ; of this amount £415,786 and the cost of furniture and equipment owned by the Fund has been written off to Income and Expenditure Account or to Special Appropriation Fund as and when such expenditure has been incurred.
- In some cases, legacies are subject to indemnities given to refund the sum if any, required to meet the liabilities of Executors.
- The King's Fund holds £2,000 in a separate banking account in the Fund's name, as collateral security in respect of a Lessee's covenant to reinstate dilapidations.

ASHBURTON  
Treasurer

£7,305,877

## KING EDWARD'S HOSPITAL FUND FOR LONDON.

Knowledge and belief were necessary for the purposes of our audit. In our opinion the examination of those books. We have examined the above Balance Sheet and the Income and Expenditure Account. In our opinion and to the best of our information and according to the facts of the Fund's affairs as at the 31st December, 1956, and the Income and Expenditure

DELOITTE, PLENDER, GRIFFITHS & Co.  
Chartered Accountants.

# INCOME AND EXPENDITURE ACCOUNT

	£	£
GRANTS (per Report)		
DISTRIBUTION COMMITTEE :		
Hospitals and Branches— ... ..	76,750	
„ „ —Catering ... ..	24,850	
		101,600
MANAGEMENT COMMITTEE :		
Mental Hospitals— ... ..	62,200	
„ „ —Catering ... ..	17,030	
		79,230
Other Grants ... ..		500
		181,330
CONVALESCENT HOMES COMMITTEE :		
Convalescent Homes		24,704
EXPENDITURE ON SPECIAL SERVICES, ETC. :		
Division of Hospital Facilities :		
Information Services ... ..	5,766	
Hospital Accounting and Costing ... ..	8,381	
		14,147
Division of Nursing :	£	
Nursing Recruitment Service ... ..	8,728	
Course for Domestic Supervisors	221	
		3,949
Staff College for Ward Sisters ... ..	10,953	
„ „ Addit. Equipment	351	
		11,304
Staff College for Matrons ... ..	6,946	
„ „ Addit. Equipment	74	
		7,020
		27,273
Hospital Catering and Diet Committee :		
Catering Advisory Service ... ..	12,512	
School of Hospital Catering ... ..	10,903	
Bursaries ... ..	3,365	
Additional Equipment, etc.	33	
		14,301
		26,813
Hospital Administrative Staff College ... ..	26,822	
Additional Equipment, etc. ... ..	155	
Purchase of Premises ... ..	17,987	
		44,964
Convalescent Homes Committee :		
Administration Expenses ... ..		2,264
Hospital Personal Aid Service :		
Administration Expenses ... ..	5,731	
Less : Amount contributed by the Metro- politan Regional Hospital Boards ... ..	2,000	
		3,731
EMERGENCY BED SERVICE :		
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards ... ..		
PUBLICATIONS, MAPS, ETC. :		
Cost of printing, etc., less Sales ... ..		
		Carried forward

THE YEAR ENDED 31st DECEMBER, 1956

	£	£
Income from :		
Securities and Investments ... ..	288,878	
Freehold and Leasehold Properties ... ..	<u>77,839</u>	366,717
DEBIT CHARGES :		
Annual ... ..	2,781	
Under Deeds of Covenant for a stated number of years ... ..	<u>3,288</u>	
	6,069	
DEBIT CHARGES :		
Annual and other ... ..	<u>2,874</u>	8,943

Carried forward

£375,660

# INCOME AND EXPENDITURE ACCOUNT

		£	
	Brought forward		334
ADMINISTRATION EXPENSES :			
Salaries, Pensions, Allowances, and Superannuation			
Contributions	...	18,312	
Establishment, including Rent, Rates, Heating and			
Lighting, Cleaning, Insurance, etc.,	...	8,256	
Printing and Stationery	...	972	
Sundry Miscellaneous Expenses	...	2,625	
			30
OTHER EXPENSES :			
Office Furniture and Equipment	...	357	
Legal and Other Professional Fees	...	760	
			1
APPROPRIATION to Leasehold Sinking Fund	...		
TRANSFER to GENERAL FUND :			
Excess of Ordinary Income over Expenditure	...		366
			8
		£	375

## SPECIAL RECEIPTS

SPECIAL APPROPRIATION from General Legacies	...	...	...	...	...	2
TRANSFER TO GENERAL FUND :						
Special Receipts	...	...	...	...	...	150

£ 150,2

THE YEAR ENDED 31st DECEMBER, 1956 (*continued*)

Brought forward	£ 375,660
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£ 375,660
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IPURING 1956

FIELD TRUST FOR THE SPECIAL AREAS :	...	...	...	...	...	...	£ 50,000
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GENERAL LEGACIES—per Schedule on page 4	...	...	...	...	...	...	100,270
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£ 150,270
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# SPECIAL FUNDS 31st DECEMBER, 1956

SPECIAL ANONYMOUS TRUST (1930) :							£	£
CAPITAL ACCOUNT	...	...	...	...	...	...	20,000	
INCOME ACCOUNT :							£	
Balance at 31st December, 1955	...	...	...	...	...	...	4,636	
Add : Receipts during 1956	...	...	...	...	...	...	1,185	
							5,821	
MRS. L. L. LAYBORN TRUST (1943) :								25,8
CAPITAL ACCOUNT at 31st December, 1955	...	...	...	...	...	...	4,090	
INCOME ACCOUNT :								
Receipts during 1956	...	...	...	...	...	...	184	
Less : Paid to Hostel of St. Luke	...	...	...	...	...	...	184	
							—	4,0
J. R. CATLIN, DECEASED, TRUST :								
Balance at 31st December, 1954	...	...	...	...	...	...		
RADIOTHERAPY FUND :								
Balance at 31st December, 1955	...	...	...	...	...	...	40,106	
Add : Receipts during 1956	...	...	...	...	...	...	1,032	
							41,138	
Less : Grants made	...	...	...	...	...	...	6,471	34,6
THE ARTHUR AND ALEXANDER LEVY SURGICAL HOME FOUNDATION ACCOUNT (1947) :								
Balance at 31st December, 1955	...	...	...	...	...	...	349,512	
Add : Income received in 1956	...	...	...	...	...	...	12,402	
							361,914	
Less : Solicitors' Costs	...	...	...	...	...	...	651	361,2

## NOTE :

Of the Special Funds, £391,199 is represented by assets maintained in separate designated accounts made up as follows :

Investments	...	...	...	...	...	...	382,366
Debtors and Balances at Banks	...	...	...	...	...	...	8,833
							391,199

The balance of Radiotherapy Fund—£34,667—is included in the general assets of the Fund

...	...	...	...	...	...	...	34,667
							£425,866

# RECEIPTS FROM LEGACIES IN 1956

## GENERAL :

	£
Alfred Charles Cosher Bates ... ..	750
Ernest Merton Cohen ... ..	5,000
Chilton Richard Corbould ... ..	59
Col. Henry Doughty ... ..	131
William Eichholz ... ..	74,085
John Ashton Fielden ... ..	2,865
Miss Rosa Good ... ..	43
William Guy-Pell ... ..	149
John George Hamilton ... ..	1,010
Miss Elise Darling Helena Hosack ... ..	61
Mrs. Ada Frances Jennings ... ..	40
Miss Helen Sophia Lacon ... ..	2,224
Alexander Michael Levy ... ..	298
Sir Ian Z. Malcolm ... ..	13
Frank Allan McMinn ... ..	53
Miss Mary Metcalfe ... ..	8,124
Brigadier-General William Frederick Mildren ... ..	116
Arthur Moore ... ..	2
Mrs. Minnie Mary Nathan ... ..	52
Miss Matilda Charlotte Osborne ... ..	13
George Powle ... ..	2,458
Paul Theodor Schmidt ... ..	221
Richard Crossley Sharman ... ..	1,196
Miss Henrietta Simpson ... ..	12
Mrs. Alice Mary Vaughan ... ..	764
Alderman Walter Morgan Willcocks, J.P. ... ..	1,108
	<hr/>
	100,847

*Less :* Amount due from the estate of the late Mrs. M.  
L. F. Rogers towards War Damage Contributions 577

£100,270

## CAPITAL :

Rt. Hon. Charles Cheers, Viscount Wakefield of Hythe ... £7,594

# GRANTS TO HOSPITALS, 1956

Archway H.M.C.	£
St. Mary's Wing, Whittington Hospital—Improvements to kitchen and servery .. .. .	5,000
Bermondsey and Southwark H.M.C.	
Dunoran Home—Improvements to kitchen .. .. .	1,530
New Cross Hospital—Improvements to gardens .. .. .	1,220
Bexley H.M.C.	
Bexley Hospital—Patients' lockers .. .. .	2,000
Bow H.M.C.	
St. Andrew's Hospital—Levelling portion of adjacent site .. .. .	2,175
St. Clement's Hospital—Improvements to gardens .. .. .	275
Cane Hill H.M.C.	
Cane Hill Hospital—Occupational therapy centre (second grant)	1,226
Cell Barnes H.M.C.	
Cell Barnes Hospital—Staff social club .. .. .	5,000
Central Council for District Nursing in London	
Expenses of Central Office and District Associations .. .. .	5,000
Central H.M.C.	
Bethnal Green Hospital—Improvements to main kitchen and establishment of diet kitchen .. .. .	700
Central Middlesex H.M.C.	
Central Middlesex Hospital—Trees and creepers for gardens	100
Willesden General Hospital—Renovating nurses' tennis court..	415
Claybury H.M.C.	
Claybury Hospital—Recreation hall (second grant) .. .. .	1,000
Kitchen equipment (second grant) .. .. .	730
Darenth and Stone H.M.C.	
Mabledon Hospital—Verandah for ward .. .. .	400
Stone House Hospital—Club house and sports pavilion .. .. .	3,000
Edmonton H.M.C.	
North Middlesex Hospital—New sanitary annexes .. .. .	15,000
Enfield H.M.C.	
South Lodge Hospital—Improvements to gardens .. .. .	30
Epsom H.M.C.	
Cuddington Hospital—Curtained cubicles .. .. .	100
Essex County Association for the Blind	
Chelmsford Home—Completion of extension scheme and improvements to heating .. .. .	5,000
Field Lane Institution	
Holly Hill Home—Improvements to heating .. .. .	1,000
Fountain H.M.C.	
Fountain Hospital—Improving main kitchen and servery .. .. .	2,500
French Hospital	
Maintenance .. .. .	200



# GRANTS TO HOSPITALS, 1956

	£
Fulham and Kensington H.M.C.	
St. Mary Abbots Hospital—Kitchen equipment .. ..	800
Western Hospital—Modernising block for resident nursing staff	6,000
Western Hospital—Garden for polio patients .. ..	540
Goodmayes H.M.C.	
Goodmayes Hospital—Occupational therapy centre (second grant) .. ..	2,792
Hackney H.M.C.	
Improvements to gardens .. ..	265
Harefield and Northwood H.M.C.	
Mount Vernon Hospital—Recreation hall for patients ..	7,000
Holloway H.M.C.	
Holloway Sanatorium—Upgrading main kitchen .. ..	4,000
Homes of St. Giles for British Lepers	
Resurfacing road to patients' quarters .. ..	400
Horton H.M.C.	
Horton Hospital—Completion of sports pavilion .. ..	1,675
Hospital of St. John and St. Elizabeth	
Maintenance .. ..	950
Invalid Meals for London	
New equipment and improvement to kitchens at branches ..	1,000
Italian Hospital	
Maintenance .. ..	200
King Edward VII's Hospital for Officers	
Home for resident staff .. ..	5,000
Kingston H.M.C.	
Royal Hospital, Richmond—Improving main kitchen ..	2,200
Tolworth Hospital—Extension of nurses' recreation room ..	1,000
Lambeth H.M.C.	
Lambeth Hospital—Laying out garden .. ..	350
South Western Hospital—Shrubs for grounds .. ..	35
Leavesden H.M.C.	
Leavesden Hospital—Re-socialisation centre .. ..	12,500
Lewisham H.M.C.	
Lewisham and Grove Park Hospitals—Improvements to gardens .. ..	190
Park Hospital—Food trolleys .. ..	520
Leybourne Grange H.M.C.	
Leybourne Grange—Enlarging main kitchen .. ..	1,500
Long Grove H.M.C.	
Long Grove Hospital—Upgrading main kitchen .. ..	3,000
Marie Curie Foundation	
Edenhall Home—Improvements .. ..	500
Napsbury H.M.C.	
Napsbury Hospital—Hot water boilers for ward kitchens ..	1,500

# GRANTS TO HOSPITALS, 1956

	£
National Association for the Paralysed Banstead Place Rehabilitation Unit—Buildings and equipment	2,500
Netherne H.M.C. Netherne Hospital—Occupational therapy unit for female patients .. .. .	5,000
Northern H.M.C. Highlands General Hospital—Upgrading kitchen .. ..	3,350
North London District Nursing Association Enlarging new annexe for nurses' home .. ..	425
Oakwood H.M.C. Oakwood Hospital—Trolleys and food containers .. ..	2,000
Orpington and Sevenoaks H.M.C. Orpington Hospital—Upgrading main kitchen .. ..	4,700
Paddington H.M.C. Paddington General Hospital—Laying out gardens .. ..	645
Redhill H.M.C. Redhill Hospital—Wireless apparatus .. ..	500
Royal Earlswood H.M.C. .. .. . Farmfield Institution—Occupational therapy centre .. ..	5,000
Runwell H.M.C. Runwell Hospital—Lay-out of grounds .. ..	3,070
St. Andrew's Hospital Dollis Hill Maintenance .. .. .	500
St. Anthony's Hospital, Cheam New nurses' home and extensive improvements .. ..	1,000
St. Bernard's (Southall) H.M.C. St. Bernard's Hospital—Electrically heated trolleys .. ..	1,800
St. Ebba's and Belmont H.M.C. .. .. Belmont Hospital—Various items of furniture .. ..	1,720
St. Helier H.M.C. Sutton and Cheam Hospital—Further grant towards out-patient department .. ..	2,360
St. John's Hospital for Diseases of the Skin Turf and top soil for gardens .. ..	35
St. Joseph's Hospice for the Dying New wing .. .. .	500
St. Joseph's Hospital for Incurables Converting coke boilers to oil fuel .. ..	500
Maintenance .. .. .	200
Improvements to ward kitchen .. ..	200
St. Olave's District Nursing Association Stainless steel sink unit .. ..	50
St. Teresa's Maternity Hospital New extension .. .. .	3,000

# GRANTS TO HOSPITALS, 1956

	£
Shenley H.M.C.	
Shenley Hospital—Occupational therapy hut for male patients	2,500
Shoreditch and Bethnal Green District Nursing Association	
Kingsland Road—	
Furniture and equipment for new premises .. ..	400
Window boxes for nurses' home.. ..	40
Sidcup and Swanley H.M.C.	
Queen Mary's Hospital—Changing room accommodation for non-resident staff and games room .. ..	3,000
Upgrading two ward kitchens .. ..	1,100
South East Metropolitan Regional Hospital Board	
Salary and expenses of research worker in mental deficiency..	530
South Ockendon H.M.C.	
Leytonstone House—Sports pavilion .. ..	2,000
South West Middlesex H.M.C.	
Chiswick Maternity and West Middlesex Hospitals—Cur-tained cubicles .. ..	1,500
Stepney H.M.C.	
London Jewish Hospital—Improving staff dining rooms ..	1,250
Mile End Hospital—Improvements to patients' kitchen ..	1,000
Tottenham H.M.C.	
Prince of Wales' General Hospital—Recreation hall .. ..	5,000
Uxbridge H.M.C.	
Hillingdon Hospital—Furnishing non-resident staff canteen ..	650
Warlingham Park H.M.C.	
Warlingham Park Hospital—Social centre, including equip-ment (second grant) .. ..	12,137
West Park H.M.C.	
West Park Hospital—Interior sprung mattresses for staff ..	650
Woolwich H.M.C.	
Goldie Leigh Hospital—Improvements to main kitchen and staff dining rooms .. ..	2,500
Council for Music in Hospitals .. ..	200
National League of Hospital Friends .. ..	300
	<u>£181,330</u>

*For Summary of grants see Income and Expenditure Account, page 72*

# GRANTS TO CONVALESCENT HOMES, 1956

	£
All Saints' Convalescent Hospital, Eastbourne	
Maintenance .. .. .	200
Outside painting .. .. .	500
Armitage Home, Worthing	
Maintenance .. .. .	100
Beau Site Convalescent Home, Hastings	
Maintenance .. .. .	100
British Legion, Churchill Court, Sevenoaks	
Maintenance .. .. .	50
British Red Cross Society :	
Beech Hill Convalescent Home, Mortimer	
Maintenance .. .. .	500
Fire precautions .. .. .	550
Capesthorpe Children's Home, Mudeford	
Television .. .. .	100
Edith Priday Home, Blackheath	
Maintenance .. .. .	200
Enlargement of home .. .. .	1,750
Brook Lane Rest House, Brighton	
Maintenance .. .. .	100
Linoleum .. .. .	20
Catharine House for Gentlewomen, St. Leonards	
Maintenance .. .. .	250
Interior decorations .. .. .	280
House repairs .. .. .	172
Catisfield House, Hove	
Maintenance .. .. .	200
Interior decorations .. .. .	90
Caxton Convalescent Home, Limpsfield	
Maintenance .. .. .	50
Children's Convalescent Home, Beaconsfield	
Maintenance .. .. .	250
Children's Convalescent Home, East Grinstead	
Maintenance .. .. .	150
Mattresses and repairs .. .. .	130
Dedisham Convalescent Nursery School, Slinfold	
Maintenance .. .. .	1,000
Dominican Convent, Kelvedon	
Maintenance .. .. .	200
Edith Cavell Home of Rest, Haslemere	
Maintenance .. .. .	200
Fairfield House Open Air School, Broadstairs	
Equipment and decorations .. .. .	300
Frederick Andrew Convalescent Home, West Malling	
Electric re-wiring .. .. .	400

# GRANTS TO CONVALESCENT HOMES, 1956

	£
Friendly Societies' Convalescent Home, Herne Bay	
Maintenance .. .. .	100
Repairs to building .. .. .	350
Handcross Park Convalescent Home	
Maintenance .. .. .	200
Hart's Leap, Sandhurst	
Maintenance .. .. .	900
Henry Radcliffe Convalescent Home, Limpsfield	
Maintenance .. .. .	50
Hermitage Convalescent Home, Hastings	
Maintenance .. .. .	100
Television .. .. .	165
Hertfordshire Seaside Convalescent Home, St. Leonards	
Maintenance .. .. .	100
Home for Invalid Children, Hove	
Kitchen cooker .. .. .	75
Invalid Children's Aid Association :	
Brentwood School, St. Leonards	
Furnishings and house repairs .. .. .	170
John Horniman Home, Worthing	
Maintenance .. .. .	500
Furniture for staff quarters .. .. .	35
Meath School of Recovery, Ottershaw	
Kitchen equipment .. .. .	170
Furniture for staff quarters .. .. .	70
Pilgrims' School, Seaford	
Fire precautions .. .. .	220
St. Michael's Home, Southbourne	
Maintenance .. .. .	200
Furnishings .. .. .	25
Jewish Board of Guardians :	
Anthony and Annie Muller Home, Broadstairs	
Maintenance .. .. .	100
Samuel Lewis Home, Walton-on-Naze	
Maintenance .. .. .	100
John Howard Convalescent Home, Brighton	
Maintenance .. .. .	250
Lennox House, Southsea	
Maintenance .. .. .	100
Equipment and furniture .. .. .	470
Limpsfield Convalescent Home for Women and Girls	
Maintenance .. .. .	150
London and Ascot Priory, Ascot	
Maintenance .. .. .	100
Heated food trolley .. .. .	135

# GRANTS TO CONVALESCENT HOMES, 1956

	£
Maitland House, Frinton-on-Sea	
Maintenance .. .. .	250
Furniture and exterior painting .. .. .	350
Merlynn Home (Eastbourne H.M.C.)	
Furnishings .. .. .	200
Mount Hermon Convalescent Home, Bexhill	
Equipment of new premises .. .. .	200
National Sunday School Union :	
Broadlands, Broadstairs	
Maintenance .. .. .	100
Structural alterations .. .. .	200
House Beautiful, Bournemouth	
Conversion of boiler to oil firing .. .. .	350
Oak Bank Open Air School, Seal	
Oil-fired boiler and new chimney stack .. .. .	550
Pawling Home-Hospital, Barnet	
Kitchen equipment .. .. .	155
Queen Alexandra Hospital Home, Worthing	
Maintenance .. .. .	200
St. Bernard's Convalescent Home, Hove	
Maintenance .. .. .	50
St. Catherine's Home, Ventnor	
Stacking chairs .. .. .	100
St. Cecilia's Home, Westgate	
Maintenance .. .. .	100
St. Dominic's Open Air School, Godalming	
Mattresses .. .. .	300
St. Helen's Home, Letchworth	
Maintenance .. .. .	250
St. Joseph's Home, Bournemouth	
Maintenance .. .. .	100
St. Michael's Home, Westgate	
Maintenance .. .. .	250
Domestic hot water system .. .. .	2,000
Consultant's fee .. .. .	26
St. Patrick's Open Air School, Hayling Island	
Extra bathrooms .. .. .	1,500
St. Peter's Convent, Woking	
Maintenance .. .. .	300
Alterations to wards .. .. .	1,500
Shoreditch Holiday and Rest Home, Copthorne	
Maintenance .. .. .	350
Alterations to cottage .. .. .	200
Motor coach .. .. .	550

# GRANTS TO CONVALESCENT HOMES, 1956

	£
Southern Convalescent Homes, Lancing	
Maintenance .. .. .	100
Conversion of boilers to oil firing .. .. .	300
Spelthorne St. Mary, Thorpe	
Maintenance .. .. .	250
Repairs to cottage .. .. .	300
Victoria Home for Invalid Children (Isle of Thanet H.M.C.)	
Recreation hut .. .. .	500
Wandsworth Peace Memorial Home, Whitstable	
Conversion of mattresses .. .. .	200
Woodclyffe Convalescent Home, Wargrave	
House repairs .. .. .	50
Wordsworth Home of Rest, Swanage	
Maintenance .. .. .	100
Interior decorations .. .. .	200
Gas cooker .. .. .	150
Wyndham House, Aldburgh	
Maintenance .. .. .	50
Conference expenses .. .. .	175
	<u>£25,183*</u>

\* This total includes a sum of £479 reserved in 1955 but not expended in that year.  
The net amount distributed in 1956 was £24,704.

## 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.

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

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

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

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

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

### VOLUNTARY SERVICE

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



## NURSING

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

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

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

Above prices include Purchase Tax.

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

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

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

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

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

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

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

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

## HOSPITAL ADMINISTRATION

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

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

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

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

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

## HOSPITAL CATERING

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

## HOSPITAL CATERING—*continued*

Care of Equipment .. .. .	1s. <i>post free</i>
Layout and Design .. .. .	1s. <i>post free</i>
Financial Management of the Catering Department .. .. .	4d. <i>post free</i>
Memorandum on Special Diets (second edition) with an introduction on the nutriti- onal value of hospital dietary .. .. .	2s. <i>post free</i>
General Hospital Diets (second edition): a guide to the cost of feeding patients, with menus and recipes .. .. .	5s. <i>post free</i>

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

## CONVALESCENT HOMES

*Directory of Convalescent Homes, 1957.* A directory containing details of nearly 200 convalescent homes, both National Health Service and Independent, accepting patients from the four metropolitan hospital regions is published annually. The information is all that is normally required and includes types of patient accepted, treatments, diets, charges and daily routine. There is an easy-reference index. 7s. 6d. *post free.*

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

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

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

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

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

## MISCELLANEOUS

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

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

*Time-table of Out-patient Clinics at Hospitals in the Greater London Area, January, 1957. 1s. post free. (Free to general practitioners).*

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

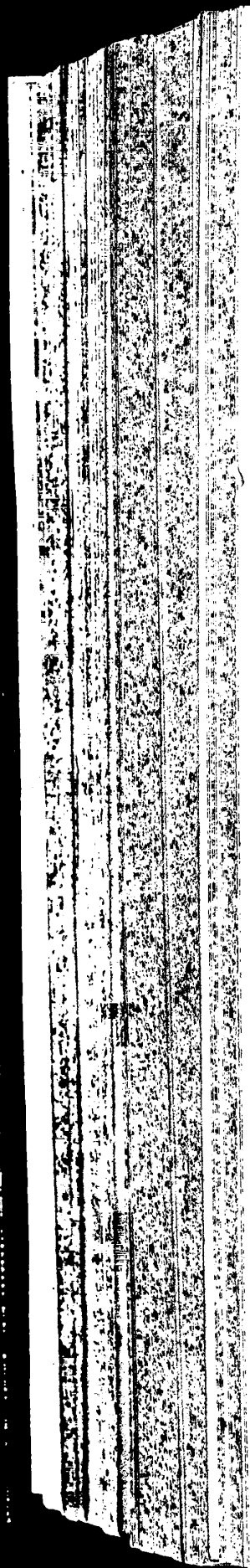
*Map of Hospitals and Convalescent Homes in N.E. and N.W. Metropolitan Hospital Regions—Showing Teaching and Regional Board hospitals, sanatoria, convalescent homes, etc., also disclaimed hospitals and voluntary convalescent homes, but excluding those shown on the Metropolitan Police District Map. With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

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

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*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.....

.....

.....

\*34, King Street, London, E.C.2 (*from September, 1957*)

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

the same way as the other two, but the first is the most common.

the second is the most common.

the third is the most common.

the fourth is the most common.

the fifth is the most common.

the sixth is the most common.

the seventh is the most common.

the eighth is the most common.

the ninth is the most common.

the tenth is the most common.

the eleventh is the most common.

the twelfth is the most common.



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).”

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

## STANDING ORDER FOR BANKERS

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

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

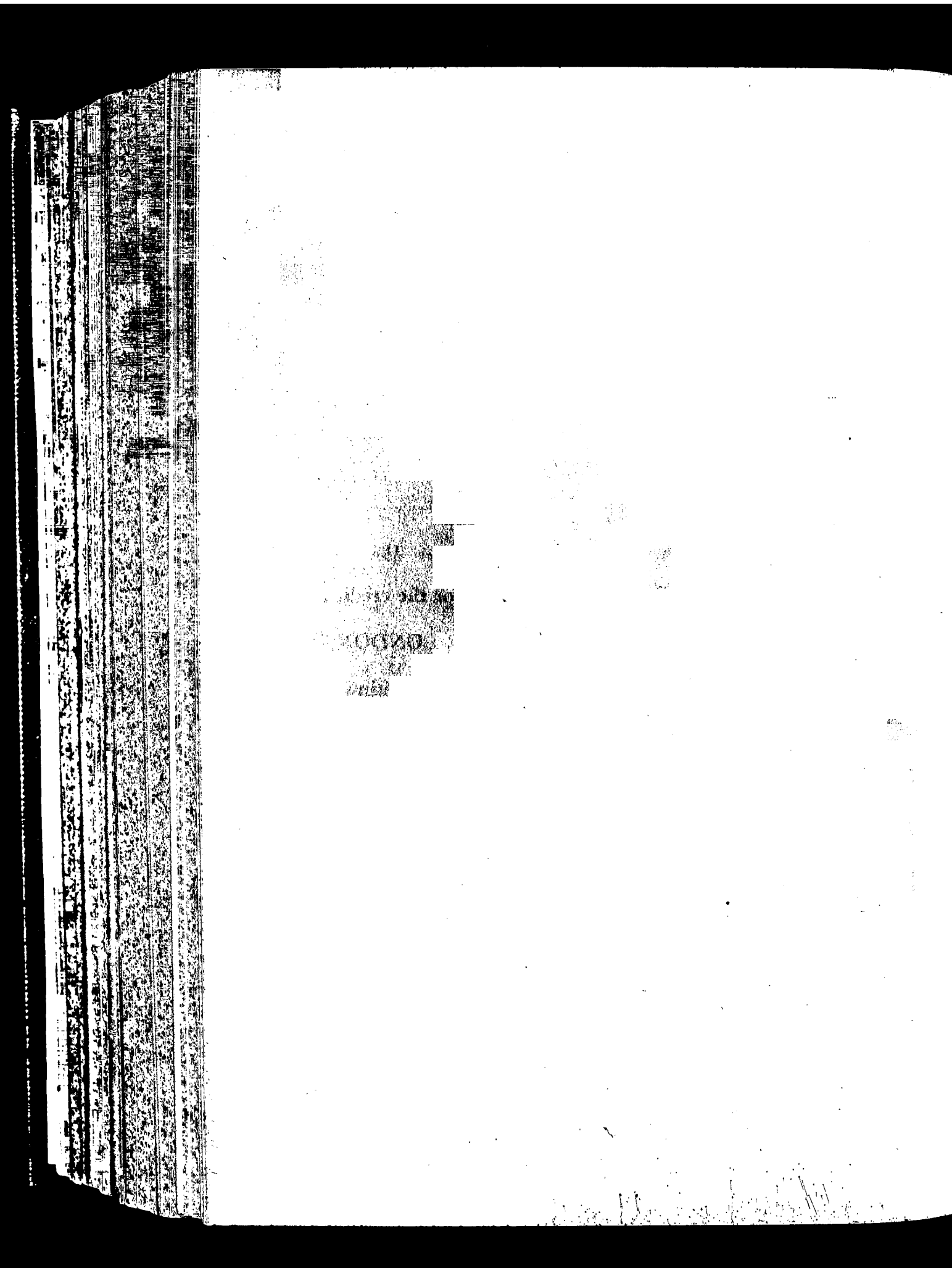
Please pay on the.....day of.....19..... to  
the BANK OF ENGLAND, LONDON, E.C.2 for the credit of  
“ KING EDWARD’S HOSPITAL FUND FOR LONDON,”  
the sum of.....and continue to  
pay the same amount on the.....in each future  
year until further notice.

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

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

I, .....

of .....

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

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

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

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

Signature .....

Address .....

L.S.

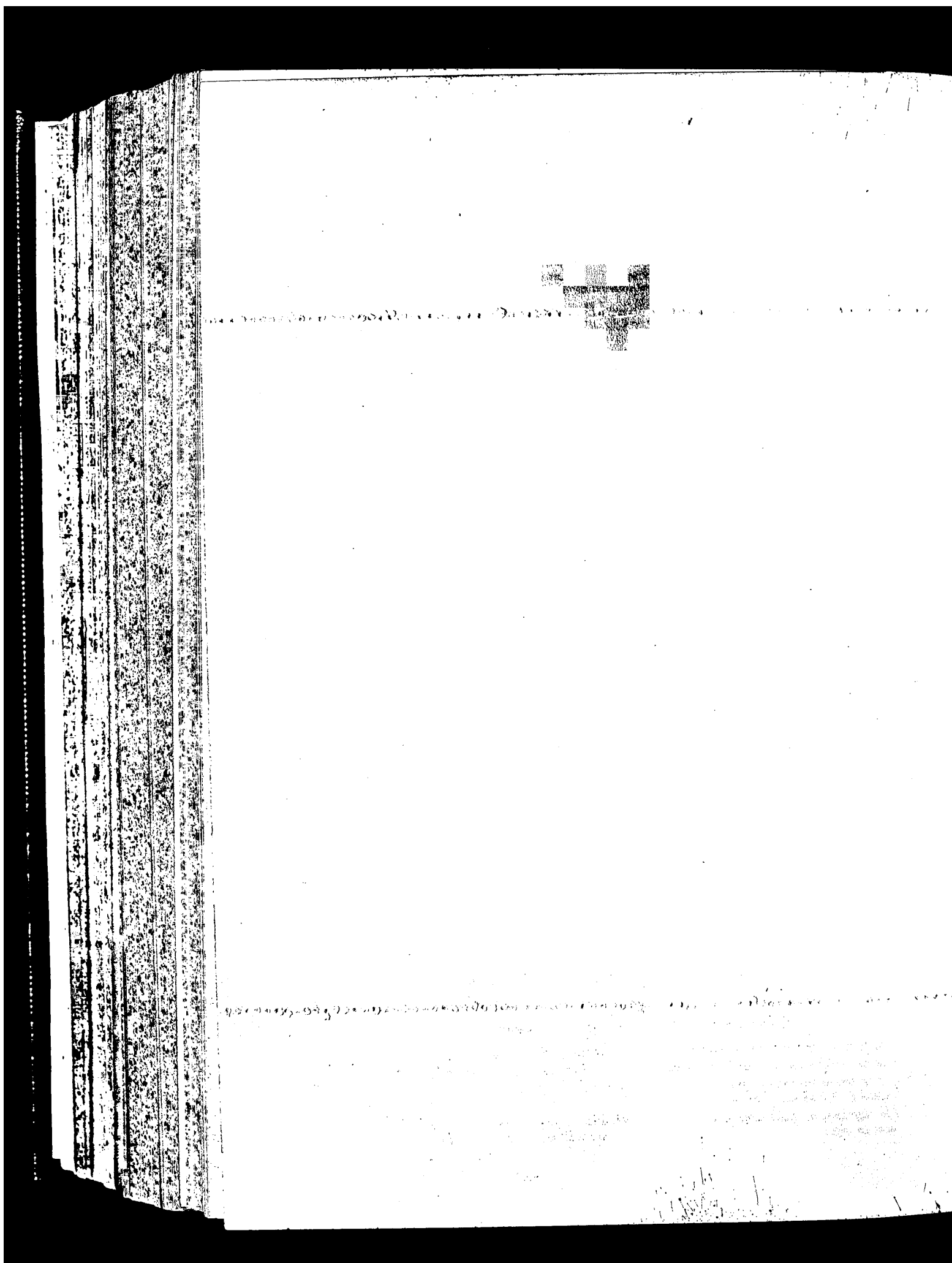
(Signature)

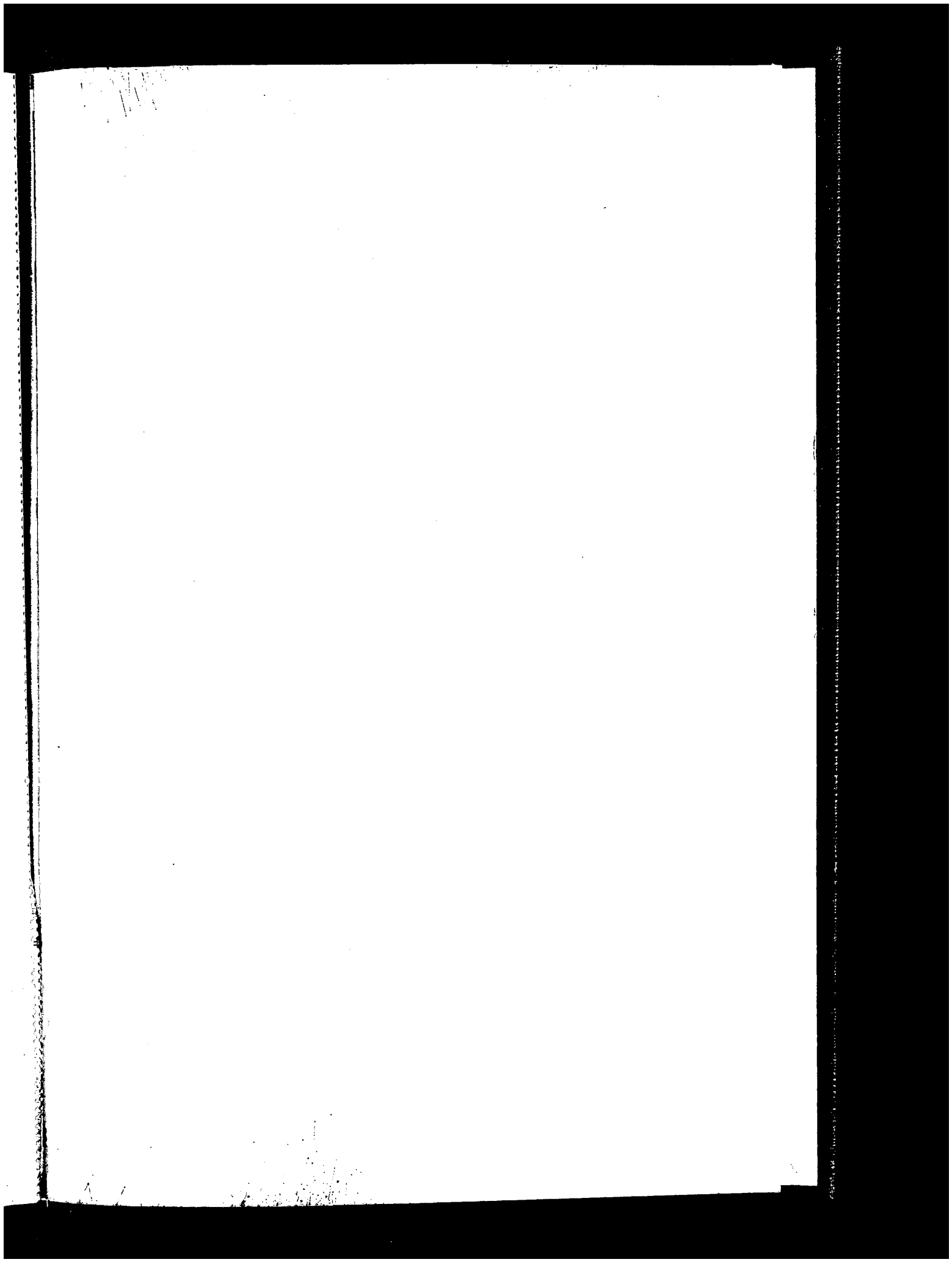
Occupation.....

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

### NOTES AS TO COMPLETION OF AGREEMENT

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

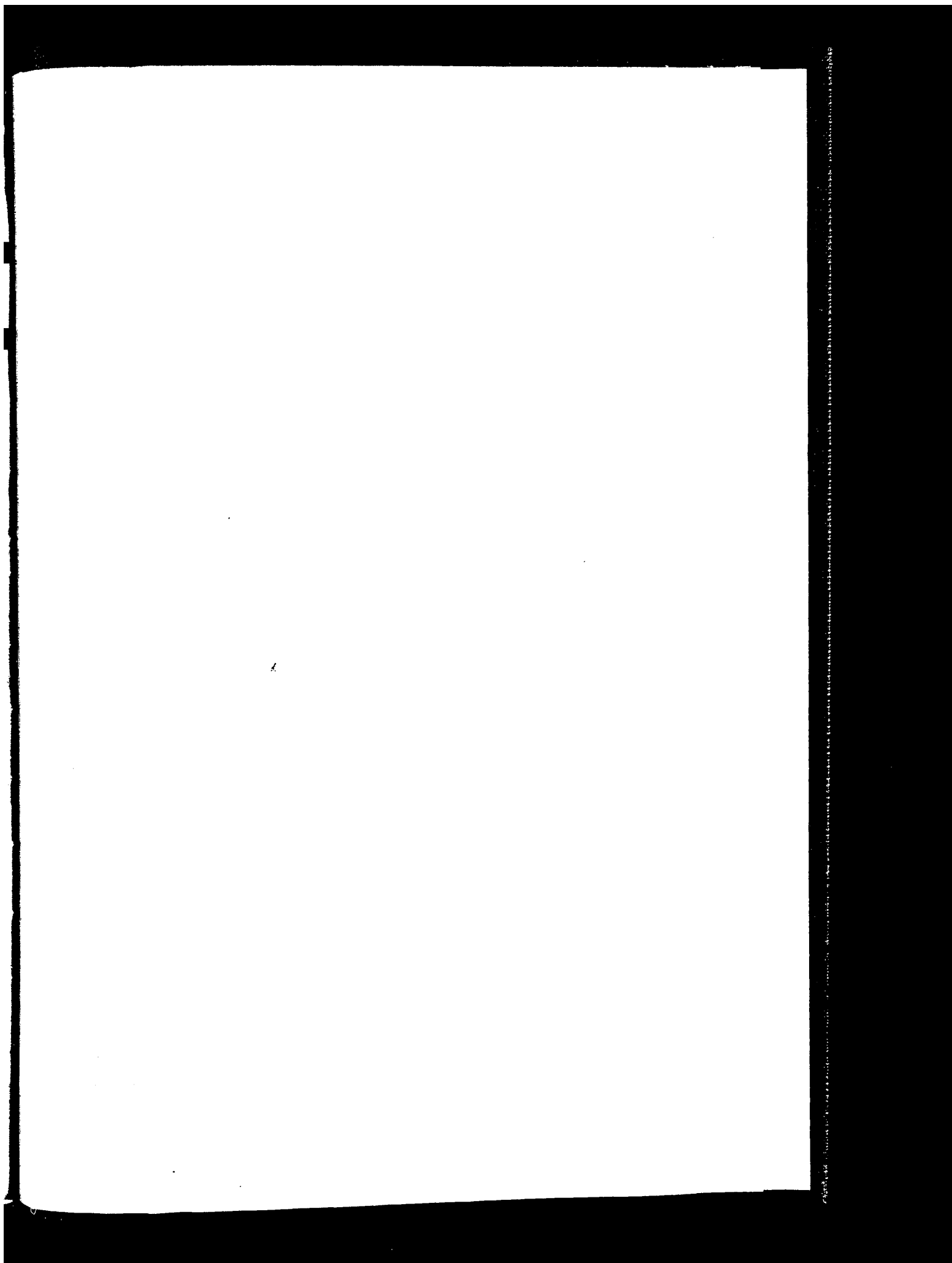






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