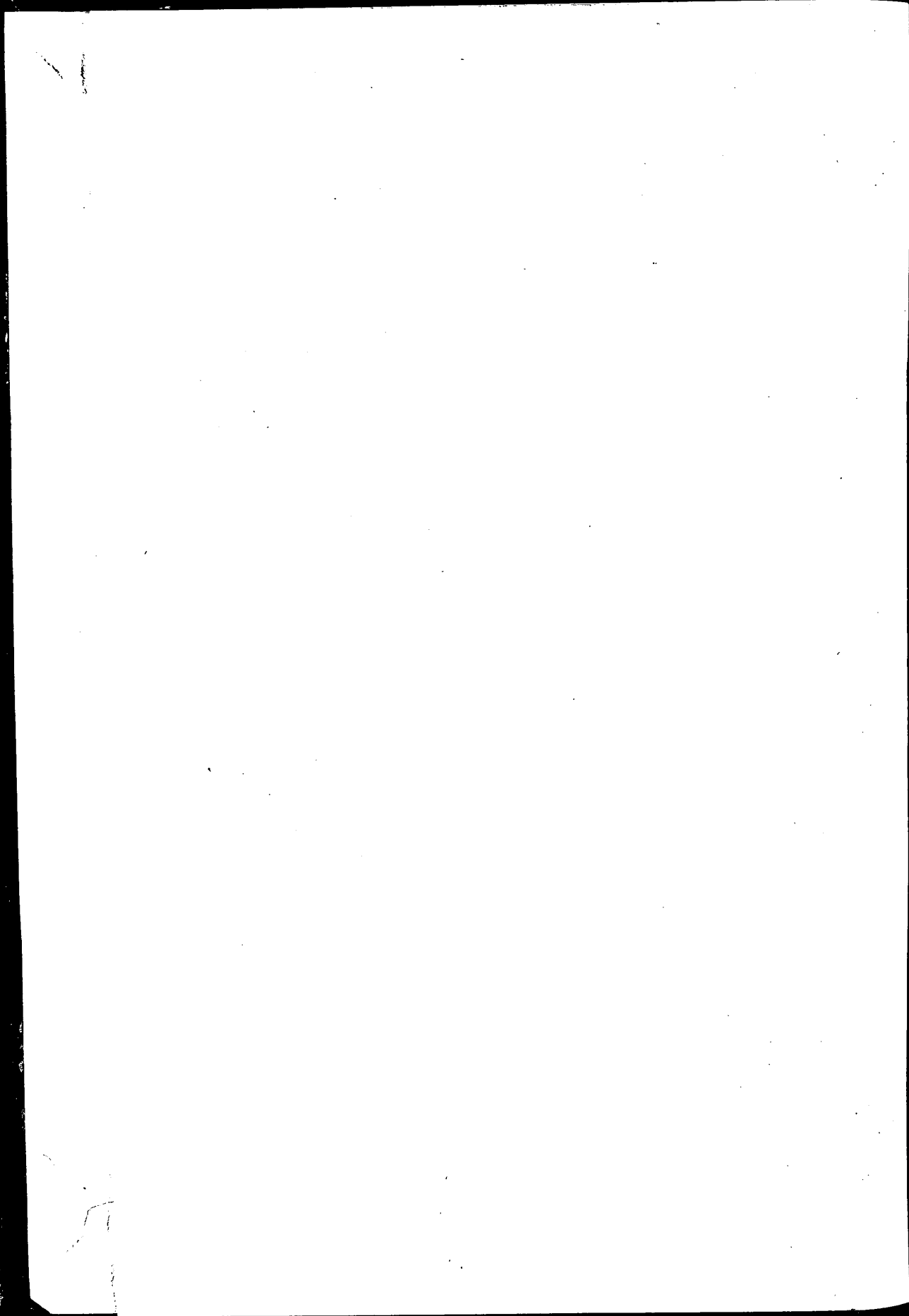


16/2.

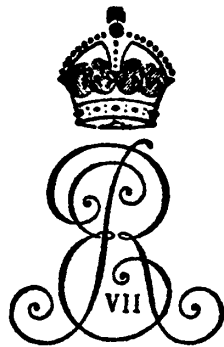
THE HOSPITAL CENTRE
LIBRARY



41

KING EDWARD'S HOSPITAL FUND
FOR LONDON

42/2
/ (B8)



SIXTY-THIRD
ANNUAL REPORT

1959

34 KING STREET

LONDON, E.C.2



KING EDWARD'S HOSPITAL FUND FOR LONDON

PATRON:

HER MAJESTY THE QUEEN

PRESIDENT:

HIS ROYAL HIGHNESS THE DUKE OF GLOUCESTER

TREASURER:

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

CHAIRMAN OF THE MANAGEMENT COMMITTEE:

LORD MCCORQUODALE, P.C.

SECRETARY:

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

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

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

Offices:

34, King Street,
London, E.C.2

Telephone: MONarch 2394

BANKERS:

Bank of England, E.C.2.

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

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

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

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

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

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

Contents

	Page
INTRODUCTION	5
FINANCE	7
GRANTS TO HOSPITALS	9
<i>Experiments in the Wards</i>	13
<i>Reconstitution of Convalescent Homes Committee</i>	14
GRANTS TO MENTAL AND MENTAL DEFICIENCY HOSPITALS	15
HOSPITAL LIBRARY SURVEY	17
HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY ..	19
<i>Domiciliary Social Assessment</i>	20
<i>Young Long-stay Patients</i>	21
PROVISION FOR THE ELDERLY SICK IN LONDON ..	22
EMERGENCY BED SERVICE	24
DIVISION OF HOSPITAL FACILITIES	
<i>Information Bureau and Advisory Service</i> ..	25
<i>Special Studies and Investigations</i>	26
<i>Library</i>	29
<i>Planning and Construction</i>	30
<i>Accounting and Finance</i>	31
DIVISION OF NURSING	
<i>The Prestige of Nursing</i>	34
<i>Public Relations Work</i>	35
<i>Distribution of Nurses</i>	36
<i>General Work of the Division</i>	37
<i>Staff College for Ward Sisters</i>	38
<i>Staff College for Matrons</i>	40

CONTENTS (*continued*)

	Page
HOSPITAL ADMINISTRATIVE STAFF COLLEGE	41
<i>Refresher and other Courses</i>	42
<i>Selective Recruitment and Training Scheme</i> ..	44
 HOSPITAL CATERING	
<i>Staff Feeding</i>	46
<i>Collaboration with Nuffield Provincial Hospitals</i>	
<i>Trust</i>	48
<i>Refresher and Special Courses</i>	49
<i>Catering Grants</i>	50
 CONSTITUTION, ETC.	
<i>General Council</i>	54
<i>Committees</i>	55
<i>Visitors</i>	58
<i>Staff</i>	59
 FINANCIAL STATEMENTS	
<i>Balance Sheet</i>	64
<i>Income and Expenditure Account</i>	66
<i>Special Funds</i>	70
<i>Legacies received in 1959</i>	71
<i>List of Grants, 1959</i>	72
 PUBLICATIONS, ETC.	78

Annual Report for the Year 1959

THE role of the King's Fund has developed constantly and the range of its activities has changed frequently since it was founded in 1897 "for the support, benefit or extension of the hospitals in London". Never perhaps since its first decade has the process of evolution to meet changing needs been so rapid and exacting as it has been since the National Health Service came into effect. Previous annual reports have referred to many of the changes and to the shift of emphasis—for example, from maintenance to pioneer projects, from financing extensions to increasing the efficiency of many categories of hospital staff. This report continues the story of evolution.

Famous hospitals no longer come to the King's Fund one after another—as they did in the 1930's—to plead for the ten thousand pounds or so needed to ward off a financial crisis. Instead the dominant note today is rather that struck by periodic announcements in the Press of the stepping up of the official programme of hospital expansion. The Fund is able to sit back a little and weigh up one need against another, and the policy governing the making of grants is under review. With the year just past the Distribution Committee, whose first Chairman was Lord Lister, has ceased to exist as such.

INTRODUCTION

Applications for grants are now being sifted by four committees, and control of the general policy to be pursued is retained in the hands of the Management Committee. The sums distributed in grants, although dwarfed by the scale of official allocations, are still substantial, and are ample enough to enable the Fund to bring into prominence this or that need which seems to be escaping its due measure of support from public monies.

Where do the main needs of the hospital world lie today? Seen from the point of vantage occupied by the Fund the principal need today seems to be not so much for advance into ever new territory, important though this may be on occasion, as for constant vigilance lest complacency creeps in and the simpler and more elementary things are overlooked. It may, for example, be salutary to remember that despite the great progress that has been made, the increased allocations, rebuilding and expansion, there are many hospitals whose patients and ex-patients, if their genuine gratitude could be overcome, would probably mention first some of the following things :

The noise and the unrestful atmosphere in the wards.

Unsuitable or unappetizing meals—often recognized as “good food spoiled in the cooking”.

Doctors and nurses “too busy to tell them anything”.

Inadequate staffing of the wards, especially at night.

Inadequate washing arrangements.

Long delays in out-patient or X-ray departments.

Long waiting time for a bed, with no indication when the summons may come.

To refer to these points is not to criticize the existing staff. Many hospitals still have staff shortages. But much can be accomplished by good management, and a constant readiness to change traditional methods in order to ensure that the hospitals offer the best care practicable within the available resources of staff and finance. There is a place for the technical help given by work study experts, and there is

INTRODUCTION

also the need for all members of the staff to be method-conscious, to admit that the old patterns of hospital routine may be far from the best in modern conditions, and to be always alive to the patients' point of view.

There is room here for experiment. Sometimes the Fund can help by modernizing accommodation or providing new equipment. It can also help by providing courses for as many categories of hospital staff as possible which will enable them to look at their field of work from outside, to learn what modern management methods have to offer, to see how their colleagues in other hospitals are meeting comparable problems, and to go back to their work with clearer understanding.

In all these ways a body like the King's Fund can make some contribution. In the pages that follow and the list of grants at the end, reference will be found to many ways in which the Fund has attempted to help the hospitals in their baffling and perennial problems. The committees and staff of the Fund are constantly alert for ways of helping—it is for the hospitals themselves to bring to the notice of the Fund needs that cannot be met from official sources, suggestions as to new ways in which help might be given to make the standard of patient care and general management worthy in all respects of what may be the finest, as it is certainly the most generous, non-paying hospital service in existence.

FINANCE

Such success as the King's Fund has attained in the metropolitan hospital world has been due at least in part to its financial capacity for sustained effort. There have been no large fluctuations, but indeed a steady increase, in the volume of assistance given either directly through grants or indirectly through the maintenance of the three Staff Colleges and the Catering School of which full advantage is being taken by the hospitals.

FINANCE

Since the Fund was founded in 1897, it has been gradually expanded by further subscriptions, a steady flow of legacies, and a consistent policy regarding its finances to a point where its capital resources total some £9,500,000 with an income of around £450,000 per annum. During this period the Fund's total expenditure in the aid and support of the hospitals has amounted to some £17,514,000, of which over £15,000,000 has taken the form of grants and the remainder, largely since the last war, used in the maintenance of its staff colleges and other activities.

Her Majesty The Queen, Patron of the Fund, and other members of the Royal Family, continue to give it their consistent and generous support, as do a considerable number of distinguished individuals and institutions. Over recent years a sum of no less than £1,800,000 has been received from the Nuffield Trust for the Special Areas, for which the Management Committee record their deep sense of gratitude to Lord Nuffield.

There is still a strong tradition in this country that hospitals are among the most deserving of destinations for a legacy and many have felt, with the advent of the health service, that the King's Fund makes a very strong appeal in this respect. Legacies to the Fund are usually treated as accretions to capital and can therefore be regarded as of enduring benefit to the hospital patient in years to come.

From the Accounts at the end of this report it will be seen that for the year 1959 income amounted to £447,043 with legacies at £31,357, while expenditure amounted to £429,056.

GRANTS TO HOSPITALS

During 1959 it became apparent that the need for the Fund to "buy time" by making grants for objects that were the responsibility of the Exchequer was lessening. Hitherto many requests for help had been received for projects which should come within the aegis of the National Health Service but for which money was not available or likely to be available for some time. Where these projects closely affected the well-being of patients or staff, grants were often made by the Fund in order to bring help at the time most needed. This phase now seems to be less acute and applications for grants of this nature have fallen off to some extent. Funds are thus released for projects of a more experimental or pioneering character, and for projects which may be regarded as complementary to rather than an essential part of the National Health Service.

As His Royal Highness the Duke of Gloucester said at the meeting of Council in December, 1959:—

"We are now becoming conscious of a new stage in public financing of the hospitals. The official programme of capital expenditure on hospitals is going to be stepped up. We all welcome this warmly. Over the next decade or so many new hospitals will be built or old ones reconstructed. Important inroads will be made on the immense heritage of obsolete buildings. This is bound to set the work of the King's Fund in a new context, and people may ask again whether the day for voluntary help and even for grants from the King's Fund is not passing. None who know the hospital world will share this superficial and, I think, unrealistic view.

The day is still far distant when the hospital world will be able to dispense with the encouragement which voluntary help can give. Every hospital management committee has a long list of things that it would like to see done, many of which will not for many years to come, if ever, be included in the official programme, unless leagues of friends and voluntary bodies like the King's Fund are there to help."

In this category comes the building of a little house at the Royal National Orthopaedic Hospital at Stanmore where the mothers of children can stay for a few days when their children are very ill. This hospital with its nation-wide

GRANTS TO HOSPITALS

reputation draws patients from all parts of the United Kingdom. In particular it receives children with spinal deformities, on whom major operations are performed. It is most desirable both for the child and its mother that the mother should be at hand, but no regular accommodation has been available. When the new house has been built there will be bed sitting-rooms and a small kitchen for the use of four mothers.

The Fund has continued this year to be interested in day hospitals for the care of old people who need not be in-patients in hospitals but should not be left quite to their own devices at home. Regular attendance at a day hospital can give a sense of security to those who may otherwise become confused and senile through neglect and loneliness. "Furthermore", wrote one geriatrician, "it is found that the number of attendances can be gradually decreased after a time without the patient losing ground so far as his physical and mental health is concerned, thus showing that a day centre has a definite therapeutic value and does not act solely as a "day nursery"."

With this in mind, a grant of £17,500 was made for the building of a day hospital in the grounds of Lennard Hospital at Bromley. Medical treatment and supervision will always be available there and occupational therapy will play a prominent part. Meals and cups of tea will be provided and there will be facilities for resting and having a bath. Patients will be transported by ambulance and will be able to attend for either whole or half days. The new day hospital is intended to relieve the busy hospitals of the Bromley Group and also Orpington Hospital. It should in many cases keep potential in-patients out of hospital and in many more enable patients to be safely discharged earlier than would otherwise be possible.

Grants amounting to £20,830 in all have been made this year to provide recreation halls for patients and staff. Of special interest is the case of St. David's Hospital at Edmon-ton, a hospital for 270 adolescent and adult male epileptics

GRANTS TO HOSPITALS

and the only one of its kind in the country. The patients are nearly all long-term residents, some being over 70, and the problems that arise are largely of a social nature. The visitors in 1959 were much impressed by the efforts of the Superintendent and his staff to instil self-confidence, cheerfulness and a sense of personal responsibility in these patients for whom life is so difficult, and to keep them usefully occupied. Training is provided in farming, horticulture and carpentry and there are facilities for sport and education, including evening classes for the "over-sixties". Environment is obviously an important factor in rehabilitation and since the buildings are old and largely of "workhouse" architecture there is much scope for improvement. The League of Friends has refurnished the dining room and sitting rooms. The hall which the Fund is paying to improve provides the main facilities for recreation. It is a converted swimming pool. Internally the walls are of unplastered brick painted over and the roof is supported with iron girders. The Fund's grant will be used to lower the ceiling, plaster the walls and increase the number of windows, thus making it a much more pleasant place for the patients.

A very different project is the new hall at Mount Vernon Hospital. Here the Fund gave £7,000 in 1956 and the Mount Vernon Comforts Fund raised a further £10,000. The result has been a splendid hall which would stand comparison with any recreation hall in the country. It was complete when the Fund's visitors went to the hospital in 1959 but £2,000 was still needed to pay off all the costs. So impressed were the visitors that in their report they asked that a grant of £1,000 be made forthwith as an expression of the Fund's admiration for the work of the Comforts Fund. This was promptly done and all the debt on the hall is now paid.

The encouragement of voluntary effort is part of the tradition of the Fund and it was with this in view that a grant of £2,000 was made towards the cost of a chapel to be available for all denominations who wish to use it at Chase

GRANTS TO HOSPITALS

Farm Hospital. The Hospital Sunday Fund, the League of Hospital Friends and the Enfield Council of Churches were all raising money for this object and the Hospital Management Committee was prepared to contribute £2,000 of its free money. When the chapel is built the credit will lie with those who raised the money and it is hoped that the Fund's donation will have been an encouragement to them.

The Italian Hospital which aims to provide for the Italian population of London—some 30,000 in number—reopened after the war to face a long struggle against financial adversity. The visitors in June 1957 were struck by the difficulties the hospital had to face and suggested that a detailed survey of the administration of the hospital by the Fund might be of help. This was undertaken with the wholehearted co-operation of the hospital and after two years the survey and resulting reorganization had been completed. By the end of 1958 the hospital's voluntary income had risen from £6,000 to nearly £16,000 and a deficit of £7,057 for the year 1957 had been converted to a surplus of £7,128. This improvement was maintained in 1959. As an encouragement, the Fund made a grant of £5,000 for a number of minor improvements recommended by the Division of Hospital Facilities. These will help to brighten the hospital and provide better services for the patients, as well as assisting it in its efforts to increase income.

The French Hospital has had a similar struggle. It was badly in need of modernization and in 1958 the hospital set in motion a scheme for extensive improvements estimated to cost £40,000. Towards this the Fund promptly gave £10,000 and the hospital forthwith put the scheme in hand. By January 1960 the visitors were able to write:— "The result is most satisfactory: wards, bathrooms, ward kitchens, sluice rooms, have been either renewed or built anew. Ingenuity has been shown in using the limited space available and the results are most pleasant and efficient. There is no doubt that the hospital has been greatly improved."

GRANTS TO HOSPITALS

EXPERIMENTS IN THE WARDS

In last year's report mention was made of the lifting devices purchased by the Fund for testing in hospital wards. Useful information has been gained on the merits of different types, and it is clear that such devices can be of real service in some cases. However, opinions differ on their merits and the situation can perhaps be summarized by quoting from a report given by a hospital using one of the devices:—

“As with all types of mechanical aids for nursing staff, the co-operation of the staff on the ward is required to make the best use of this hoist. Fortunately the ward sister here has proved enthusiastic, and good use is made of the hoist”.

A central sluicing room has been installed at the Seamen's Hospital, as a result of the grant mentioned in last year's report, and this proved very successful. It has relieved the wards of a distasteful task that was also hazardous from the point of view of infection. The new sluicing room provides much safer and more efficient facilities for dealing with fouled or infected linen.

During 1959 a grant of £450 was made for the purchase of a number of cellular cotton blankets for use in some controlled investigations on the subject of cleansing and sterilizing hospital blankets. These investigations form part of the general enquiry into this problem which has so far resulted in the publication by the Fund of an interim report on the subject.

Also during 1959 grants totalling £5,000 were allocated for trials of different flooring materials and procedures for cleaning floors and walls at St. Peter's Hospital, Chertsey, at Ashford Hospital, Middlesex, and at West Middlesex Hospital, Isleworth. These trials are still in progress and it is hoped that much useful information will be gained from them (see pages 26 to 29).

GRANTS TO HOSPITALS

RECONSTITUTION OF CONVALESCENT HOMES COMMITTEE.

In 1959 the newly-constituted Auxiliary Hospitals Committee took the place of the Convalescent Homes Committee. Its duties were to assist convalescent homes and also institutions for old and young chronic sick, terminal homes and certain others not dealing with the acutely ill. As most of the individual members had been on the Convalescent Homes Committee, they already knew many of the convalescent homes on the Fund's list, but it was necessary to make visits and establish personal contacts with the other institutions which were now within their sphere but had previously been looked after by the Distribution Committee. In order to do this the number of visits to convalescent homes was reduced so that 22 of the new institutions could be visited. To meet the diverse claims on it, £35,000 was allocated to the Committee for grants during the year, this being £10,000 more than the amount previously made available to the Convalescent Homes Committee.

Major grants of special interest were £3,000 to Derwent House, Chislehurst, a newly established home for young chronics, £3,000 to the Ranyard Nursing Home at Lewisham for the elderly chronic sick, and £3,500 towards extensions at Dedisham Children's Convalescent Nursery School. These were the larger grants, but it is the experience of the Committee that often quite a small grant can be of immense value to a small institution. Such a one was the grant of £473 to Westmoor halfway home, to construct a dining room for the staff who previously had meals in the same room as the old people. As a result of this, the staffing position became much more satisfactory.

The Committee has had to feel its way amongst a considerable number of requests for help, many of which were to the Fund of a novel character. One of the institutions of this type is the home for old people which was started some years ago for elderly people in poor circumstances, often of the professional classes. They were ambulant and able to look after themselves, and the home would

GRANTS TO HOSPITALS

have been staffed by a warden with domestic help. With the passage of time the situation has changed and homes of this type find they must now care for very old and frail people who have to be nursed and looked after in illness, often until they die. Homes report being unable to arrange admission of old people to the chronic wards of hospitals, and are faced with the alternatives of placing them in private nursing homes, which are often beyond their means, or nursing them at home with extra nursing staff. Such homes approach the Fund for help towards some kind of sick bay and also for a lift for residents who have become too old and frail to manage stairs. The Fund has been able to help some of these institutions and other applications will be considered on their merits.

The Committee has carried on the traditions set by its predecessor of an annual conference for matrons of convalescent homes and of conducted tours to convalescent homes of groups of almoners and ward sisters from London hospitals.

GRANTS TO MENTAL AND MENTAL DEFICIENCY HOSPITALS

Reports by visitors to mental and mental deficiency hospitals have only too often revealed lamentable deficiencies in social and recreational facilities. This state of affairs serves to explain why, out of rather more than £600,000 granted by the Fund to these hospitals since 1950, one quarter has been spent on providing club buildings, recreation centres and sports pavilions, together with equipment and furnishings. During 1959 alone seven grants for such purposes were made, while at the close of the year six more applications were under consideration. Hospital management committees obviously realize that if they are to attract and retain good staff, they must provide them with good conditions during their leisure as well as during their working hours. Still more important is the provision of

MENTAL AND MENTAL DEFICIENCY HOSPITALS

recreational and social facilities for the increasing numbers of patients for whose proper treatment such facilities are essential.

Among the larger grants made during 1959 was one of £10,000 to Botley's Park Hospital at Chertsey, towards a staff social centre. The total cost was estimated at £14,000, the balance required being found as to £2,500 from the staff club, and £1,500 from the hospital's free monies.

A sum of £15,000 was given to St. Lawrence's Hospital, Caterham, to meet the cost of an occupational therapy centre. Some 500 patients regularly employ themselves in printing, carpentry, cobbling, making toys, cardboard boxes and ropes, tailoring and rug-weaving, but have had to carry out their work in different parts of the hospital under make-shift arrangements. By concentrating these occupations in a new building, control and supervision will be exercised more effectively, and sanitary facilities will be readily accessible.

South Ockenden Hospital, near Upminster, received £13,000 for the provision of a recreation and sports pavilion for the staff. The need for recreational facilities had impressed the visitors to this hospital on more than one occasion, but there was no free money available and the local League of Friends, though active, could not make any significant contribution towards the project. The Fund decided, therefore, to give a grant sufficient to meet the total cost.

New opportunities of helping the mental and mental deficiency hospitals are likely to present themselves in the near future, for in July, 1959, the Mental Health Act received Royal Assent. This Act was passed "to make fresh provision with respect to the treatment and care of mentally disordered persons", and the Minister of Health has taken prompt action to give effect to two of its most important provisions. Firstly, local health authorities were required to submit to him by April 1, 1960, the arrangements they propose to make for the care of mentally disordered persons

MENTAL AND MENTAL DEFICIENCY HOSPITALS

within the community, and secondly, he has secured the repeal of previous legislation which prevented the informal admission, without detention, of patients to mental hospitals. It is clearly the intention that the care of mentally disordered persons should become to a greater extent than formerly the duty of the local health authorities, and if the patient is to receive the greatest benefit, there must be close co-operation between the hospital, the local health authority and the general practitioner. Psychiatric departments are being provided more and more in general hospitals, and both these hospitals and the mental hospitals can do much to foster good schemes of co-operation. Here surely is a field in which the Fund can help.

Hitherto, grants to mental and mental deficiency hospitals have been made by the Management Committee of the Fund, but since January 1, 1959, the responsibility for making such grants has been entrusted to the newly formed Mental Hospitals Committee. So far this Committee has only begun to consider how to help in bridging the gap between hospital care and life within the community, but there are already indications that the Fund will be asked to assist in doing this, and the Committee will be giving special attention to this matter during the current year.

HOSPITAL LIBRARY SURVEY

In 1958 the Joint Committee of the British Red Cross and the Order of St. John asked the Fund to sponsor and finance an enquiry into hospital libraries. A meeting was held between representatives of the Management Committee and the Joint Committee's Library Department and a sum of £1,000 was made available for the enquiry. At the Fund's suggestion, Mr. J. A. M. Ellison-Macartney undertook the chairmanship of a committee representing the various bodies responsible for running libraries in hospitals.

HOSPITAL LIBRARY SURVEY

After visiting a great number of hospitals in the North West metropolitan region, the Committee completed their report in the autumn of 1959. It was found that public libraries had a vast stock of books at their disposal which were constantly being renewed, and the Committee believed that in the ideal hospital library service of the future the public libraries would be the recognized source of supply. Some local authorities held that it would be improper to spend ratepayers' money on hospital patients normally domiciled in another county or borough. But the Committee did not see that the full cost of the service need fall on the ratepayer: if some local libraries were already paid for providing books to hospitals there seemed no reason why others should not be paid.

The Committee thought that many small voluntary bodies would be glad to be relieved of the onus of providing books through charitable appeals. They would like to see much closer contact and co-operation between voluntary organizations and public library authorities. Whilst it was incontrovertible that voluntary librarians were likely to remain the backbone of the service, it should be more generally recognized that a greater degree of trained guidance would be of advantage to the volunteers themselves, to the patient and to the service as a whole.

The Committee's recommendations may be summarized briefly as follows:

A library service has both therapeutic and amenity value, and hospital authorities should see that an efficient service is provided;

Far greater positive interest in the library service should be taken at all levels of hospital authorities and staff;

Plans of hospital extensions or new hospitals should include library accommodation conveniently sited, and library staff with a professional consultant librarian should be allowed to comment on the proposals before adoption.

HOSPITAL LIBRARY SURVEY

The report proposes definite standards for accommodation and equipment for consideration by hospital authorities:

The standard of books provided in hospitals should be the same as that provided to the general public by the best public libraries, and expenditure on new books should be not less than 6/- per bed per annum;

Library services should include the provision of books to hospital staff (but not books for professional study by doctors and nurses).

Other conclusions of the report are that:

The valuable training courses run by the Joint Committee should be open to all hospital libraries;

The question whether books are capable of carrying tuberculosis infection should be scientifically investigated;

Full efficiency cannot be attained on a basis of less than £1 per bed per annum (including 6/- per bed mentioned above but excluding librarians' salaries and overheads) or £3 per bed per annum (including salaries but not overheads).

The report had a favourable reception and was well reviewed in the Press. Copies were sent free of charge to all boards of governors and hospital management committees and to the public libraries on the list supplied by the Libraries Association. A second printing has already been made.

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

In 1951 the Fund was closely associated with a scheme for dealing with applications for the admission of old people to hospital. The purpose was to ease the strain on hospital accommodation by making alternatives readily available. The scheme, later to be known as the Hospital Personal Aid Service for the Elderly, operated at that time only in the South East metropolitan hospital region. The Service sought to link hospitals with the various statutory and voluntary organizations so as to bring help, other than hospital care, to elderly patients who were not in need of the full facilities provided by hospitals.

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

It is of interest, in the light of recent developments of a similar nature referred to in a later paragraph, that the scheme included the setting up of co-ordinating committees in ten hospital management committee groups. These were composed of representatives of hospital, health and welfare authorities and voluntary organizations. Their purpose was to discuss the activities of each and the difficulties that were encountered, and to seek mutual assistance. Perhaps it could be said that conditions were not at that time ready for such committees, as until then insufficient study had been made of the many and complex problems of the elderly with which many hospitals were unfamiliar. A matter of vital importance emerged, however, and this led to a further development.

DOMICILIARY SOCIAL ASSESSMENT

Many groups of hospitals accepted patients on their waiting lists without making an assessment of their needs. As a result the lists included the names of patients who were in fact not needing hospital care, and it appeared as though the demand greatly exceeded the hospital accommodation provided. By undertaking to visit and make social assessments of patients on these waiting lists on behalf of the hospitals, and by arranging alternative care where suitable, the Service endeavoured to limit the hospital admissions to those for whom only hospital care was appropriate.

This work has grown steadily, and during the year 2,420 patients in fourteen groups of hospitals were visited by four members of the staff, making a total of 13,933 since the first patient was visited in April, 1951. Every year the number for whom alternative arrangements are made, and of those who are withdrawn from the hospital lists for other reasons, amounts to about half the number visited. This is surely sufficient evidence of the value, if not the necessity, for assessment before admission to hospital. When it is also borne in mind that these patients are brought practical aid instead of having the extremely dubious comfort of knowing they are on a waiting list, the evidence becomes overwhelming.

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

INFORMATION SERVICE.

In order to be able to bring appropriate help where it is needed the visitors must have a thorough knowledge of the various possibilities of help in the areas in which they work and of those organizations which cover wider areas. The Service has therefore built up a record of such sources of help, and keeps in constant contact with them. It has also visited and recorded details of most nursing homes and old people's homes in the Greater London area. This information is always at the disposal of doctors, hospital almoners and representatives of other official bodies, and the Service receives something like a thousand enquiries a year, some of which involve the solving of complex individual problems.

YOUNG LONG-STAY PATIENTS

The Service has frequently had to include younger chronically ill patients in its case-work. This is largely because most hospitals have no accommodation except their geriatric wards to which they can admit them, and therefore not infrequently the young are included with the elderly on hospital waiting lists. The Service is also approached from time to time by almoners and others who are anxious to find something more suitable than the ordinary chronic sick wards.

The Service was able to study the subject closely when in 1953/54 a Survey was made from its office on behalf of the Leverhulme Research Awards and the South East Metropolitan Regional Hospital Board. The Fund was responsible for the Board's share of the cost. Those acquainted with the subject know that the problem presented is small numerically but great in complexity. Indeed the solution would perhaps be clearer if the number were larger. According to the present general interpretation, "young" chronics are of any age from fifteen to fifty-nine. Some are men, some are women. Some are in an advanced stage of a progressive disease, while others are permanently disabled to a degree which is mild by comparison. In the area normally covered

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

by a hospital group there may not even be two young patients who could suitably be accommodated together. From a study of surveys which have been made, and of the cases which are referred to it from time to time, the Service is seeking ways in which the young long-stay patient can best be served.

PROVISION FOR THE ELDERLY SICK IN LONDON

Early in 1958 His Royal Highness the President appointed a Special Committee under the chairmanship of Lady Clitheroe to look into the provision made for the elderly sick in London and to indicate ways in which the Fund might best be able to help. The staff and office of the Hospital Personal Aid Service were made available for the use of the Committee.

Visits by members of the Committee were made to, or evidence received in other ways from, twenty hospital management committee groups, three teaching hospitals, four regional hospital boards, the Health and Welfare Departments of the London County Council, the Public Health Departments of five Metropolitan Boroughs, the National Assistance Board, the Ministry of Health, representatives of general practitioners with practices in four different metropolitan boroughs, seven voluntary organizations and four miscellaneous sources. The enquiry occupied fifteen months and the Committee submitted its report to the Management Committee of the Fund in June, 1959.

The Committee considered that no useful purpose would be served by attempting to cover the same ground as that so well covered by the Boucher Report and decided, therefore, to take the findings of that report as the basis for their study.

PROVISION FOR THE ELDERLY SICK IN LONDON

One of the main conclusions the Committee reached was that the accommodation for the elderly sick provided by the hospital authorities might be more adequate in amount than is generally supposed if more efficient use was made of it, and if there could be fuller co-operation between the various authorities with a determination to ensure early diagnosis and treatment. The Committee was convinced that so long as one authority was responsible for an elderly person in sickness and another for his care when infirm, there would inevitably be gaps and weaknesses in the services they provided unless there were full co-operation. The Committee made three recommendations:

- i. A model scheme to be established in two or more hospital group areas, to see what could be accomplished with full co-operation between all services for the elderly and to ascertain whether any gaps exist and how best to fill them.
- ii. An assessment centre for the diagnosis of elderly patients and for undergraduate and post graduate teaching. Those co-operating with the general practitioners, would be a regional board hospital, a teaching hospital and a mental hospital.
- iii. A study of the need for
 - (a) Improved local information centres, and
 - (b) A central pool of general information.

These three recommendations were accepted by the Fund's Management Committee, and the first was put into operation in the Borough of Lewisham during the summer. That scheme will also study the needs mentioned in the third recommendation.

EMERGENCY BED SERVICE

"Happy is the Country that has no history".

The year under review has been a remarkably quiet one for the Service, with requests for beds totalling 55,847 as compared with 63,807 during the previous year. The winter was, indeed, one of the quietest experienced since the start of the National Health Service, and weekly applications for general acute cases rarely rose above 1,300. This situation is in accordance with the general experience of the Service that winters in which epidemics occur tend to be followed by those in which applications are below normal.

Against this background it is disturbing to find that during the period January/March no less than 11.4 % of general cases were admitted only as a result of the operation of the medical referee procedure—a figure only fractionally below that for the same period in 1959, when applications were much more numerous. Comparison with the corresponding period of the previous year is not entirely fair owing to the fact that for a considerable part of the first quarter of 1959 warnings were in operation, and at such times the teaching hospitals take more cases from the Service, thus reducing the pressure on the regional board hospitals. Nevertheless, it is difficult to understand why it should have been necessary to use the referee procedure so frequently in such a quiet period. Comparative figures for the first quarters of the past nine years are given below:

<i>Jan/Mar.</i>	<i>Applications</i>	<i>Admissions</i>	<i>Med. Refs.</i>	<i>% admitted via Med Refs.</i>
1952	14,891	12,834	705	5.4
1953	21,197	17,642	2044	11.5
1954	17,309	15,389	1955	12.7
1955	18,106	16,250	2002	12.3
1956	19,005	16,993	2633	15.4
1957	15,982	14,914	1527	10.2
1958	17,097	15,792	1888	11.9
1959	20,125	18,746	2189	11.6
1960	15,498	14,665	1681	11.4

EMERGENCY BED SERVICE

In the last two annual reports mention was made of the increasing number of instances when the Service was asked to arrange last minute admission of normal maternity cases for social reasons. Although in the majority of these cases the family doctor or ante-natal clinic have known that a hospital confinement would be necessary, they have been unable to book a bed in advance, and the Service has been asked to deal with the case after the patient has started labour. It is encouraging to note that since August, 1959, there has been a slight improvement in the situation, and if seasonal influences are eliminated, the number of such cases handled by the Service has shown a slight decline.

DIVISION OF HOSPITAL FACILITIES

In the past year there has been a noticeable increase in the volume of work handled by the Division, and the number of enquiries received for information and advice has been larger than in any previous year.

CENTRAL INFORMATION BUREAU AND ADVISORY SERVICE

Enquiries involving a detailed reply numbered over 700, some 75 % more than in the previous year. Of this total 10 % were from hospital authorities, organizations and individuals in the Commonwealth, U.S.A. or elsewhere abroad. The remainder were about equally divided between London and the rest of the United Kingdom. Financial grants from the Fund are necessarily limited to hospital authorities serving the London area, but the information and advisory services are available to all interested in hospital affairs. This widening of the scope of the Division's activities is welcomed, not least because it leads to much useful exchange of ideas and information, but with the greater volume of work some of the routine activities have fallen into arrear.

DIVISION OF HOSPITAL FACILITIES

Package Library.

Normally, enquiries are answered by personal letter, but in the case of subjects about which relatively frequent enquiries are received, stencilled memoranda may be prepared giving general information on the subjects concerned. Amongst the subjects dealt with in this way have been patient-lifting devices, disposable paper goods, staff location systems, sanitary wheel-chairs, ward lighting, planning of hospital laboratories, cleaning in hospitals, cubicle curtaining and dictating machines.

A further development has been the introduction of a "package library" service. With many enquiries, it is impracticable to give a comprehensive answer within the compass of a letter or memorandum, and instead a folder is made up in which are assembled cuttings from journals, copies of extracts from different publications, plans, photographs and other material relevant to the subject in question. In this way, the Division tries to offer a composite and balanced picture of current facts and opinions, representing the views of different authorities, which may help to guide the enquirer in relation to his own particular problem. These folders are lent for fourteen days, and once the folders have been returned, the contents are removed and filed away under their respective headings until such time as they are required again. Subjects on which lending folders have been prepared have included design of ward units, central sterile supply, ward lighting, noise in hospitals, photocopying, colour in hospitals and central linen service.

So far this package library service seems to have been well received by those who have made use of it; and it is hoped that it will prove a useful addition to the Division's activities.

SPECIAL STUDIES AND INVESTIGATIONS

Hospital Blankets.

One of the major activities during 1959 was concerned with the problems of the cleansing and sterilization of

DIVISION OF HOSPITAL FACILITIES

hospital blankets. Since the Division started its investigation in 1958, a great deal of valuable information has been collected from many different sources, and it was felt that it would be of help if this information could be collated and published for the benefit of hospitals generally. As a result, a booklet on the subject was produced at the end of 1959: this was circulated to all hospital authorities in the United Kingdom, and altogether some 2,600 copies have now been distributed in this country and abroad. The Fund is grateful for the assistance that has been received from many different people in this study. There is still much to be learned on this subject, and the Division is co-operating with the Ministry of Health, Public Health Laboratory Service and others concerned in the conduct of further investigations.

Flooring and floor maintenance.

At St. Peter's Hospital, Chertsey, investigations were continued to test various floor sealers and floor cleaning procedures in eleven wards with newly-laid opepe hardwood-block floors. Experiments of this nature are necessarily long-term projects and it is still too early to come to any final conclusions. Nevertheless it is evident that much useful information is being collected which should ultimately be of value to hospitals and manufacturers alike.

During 1959 a further experiment commenced at Ashford Hospital, Middlesex, where ten different types of flooring material were laid in sections along a 550 ft. corridor. The purpose of this experiment is to try to assess the suitability of different types of flooring from such points of view as: initial cost, quietness, durability, attractiveness, ease of maintenance. As in the case of St. Peter's Hospital useful information is already being gained, though the trials are still at a relatively early stage.

A third experiment, at West Middlesex Hospital, Isleworth, has only just been started. Here the aim is to assess the merits of different types of flooring for use in geriatric wards,

DIVISION OF HOSPITAL FACILITIES

where spillage, soiling and the dragging of furniture may raise particularly difficult problems. Floors in such wards have to withstand exceptionally hard wear and may require very frequent cleaning. Amongst the types of flooring being tried are linoleum, vinyl asbestos, PVC and rubber, in either sheet or tile form.

Protracted experiments of this nature demand much patience and attention from the hospitals concerned. The Fund is greatly appreciative of the time and trouble taken by the staff of these three hospitals in maintaining the investigations, and much help and advice has also been received from other organizations, such as the Building Research Station and the Timber Development Association.

Cleanliness in hospitals.

In last year's report reference was made to dirty walls and to other matters relating to the standards of general cleanliness of hospitals. Comments and criticisms on this subject continue in Parliament, in the Press and elsewhere, and there is no doubt that much remains to be done before all hospitals can be satisfied that a desirable standard has been achieved. The Division has continued to give attention to these problems, and another experiment at Ashford Hospital is concerned with the procedures and equipment that may be used in ward-cleaning. Various types of mechanical and non-mechanical equipment are being tested, and the merits of different cleaning procedures are being assessed.

Current concern over cross-infection has emphasized the importance of ensuring that the routine cleaning procedures themselves do not add to the hazards of cross-infection. Dust and bacteria may be stirred up or distributed by vacuum cleaners, polishing machines, dusters or mops, or be carried around on the clothing or equipment of the cleaning staff. The training and supervision of cleaning staff are matters of no less importance, as is the organization of the cleaning programme to fit in with other ward routines, and it becomes

DIVISION OF HOSPITAL FACILITIES

increasingly clear that ward-cleaning raises quite special problems to which more attention must be given.

As stated on page 13, the Fund has set aside £5,000 towards the cost of these special studies and investigations.

Aids for patients.

As in previous years, many of the enquiries received have been concerned with matters relating to the immediate comfort and welfare of the patient. More attention is being paid to the care of the aged and it is evident that many hospitals and institutions are now providing additional or improved accommodation and equipment for them. Amongst other matters, information was given and received on patient-lifting devices, baths and shower-baths, sanitary wheel-chairs, bedsteads and mattresses, geriatric chairs and incontinent pads.

For wards and other hospital departments, developments in the field of plastics continued to be of interest. For a number of years hospitals have been hesitant about using some types of plastic equipment, because of a tendency either to stain or to collapse when sterilized by boiling or autoclaving. Newer types of plastic, such as polypropylene, seem to indicate that these disadvantages may be overcome before long, in which case there may well be scope for the increased use of cheap and attractive plastic utensils in the wards and elsewhere. Plastic cubicle curtains, mattress covers and sheeting seem to be more acceptable now than in the past, and experiments are in progress with mattresses of plastic foam. Another development of interest is the increasing use of glass fibre, in rigid form for sinks or containers, or in the form of woven material, which seems likely to prove suitable for cubicle curtains.

LIBRARY

The library has been built up over the past ten years and now contains over 3,000 volumes devoted to the

DIVISION OF HOSPITAL FACILITIES

planning, construction, administration, equipment and finance of hospitals and health services in this country and abroad. The library is used continuously by the staff and by hospital officers, architects and others concerned with hospital affairs. The scale of the library work had become such as to warrant the appointment of a librarian, and her first task has been to re-classify and re-organize the books in accordance with modern library practice.

Apart from the purchase of books, the Fund subscribes to over 70 journals and periodicals dealing with hospitals and related matters in this country and abroad. In some cases at least three copies of one publication are taken, so that one copy may be preserved intact for future reference, whilst cuttings are taken from the others for filing and for the package library service. The contents of every journal are of course carefully studied, and particular attention is paid to the advertising material which helps to keep the Division informed on trends and developments of new equipment and procedures.

Also kept in the library are copies of the annual reports, etc. of most hospital boards and committees in the United Kingdom. These are often a very valuable source of information, particularly on details of planning and construction, and the Fund is grateful to all those hospital authorities that give help in this way.

PLANNING AND CONSTRUCTION

Much publicity has been given to the welcome expansion of the hospital building programme that is planned for the coming years. The dearth of new hospital construction in this country since the war means that many hospital officers and architects are now faced with completely new problems, and there is an evident lack of readily available basic information on which to build up plans and programmes for the new hospitals and extensions that are to be built.

The Nuffield Provincial Hospitals Trust continues to do invaluable fundamental research in this field, and the

DIVISION OF HOSPITAL FACILITIES

Ministry of Health is expanding its architects' department to deal with the increased flow of work and to undertake studies into problems of design and construction. Regional and local hospital authorities, as well as private firms of architects, have themselves undertaken considerable research into various aspects of hospital building and there is no doubt that much useful knowledge has been gained and many stimulating and imaginative schemes proposed. What does seem to be lacking is an effective method whereby information and ideas of this nature (both from this country and abroad) can be published, pooled and shared amongst the increasing number of people who are interested in such developments. With its information bureau and package library system, the Division is already endeavouring to meet part of this demand, and some thought is being given to the ways in which a more comprehensive service might be provided. Meanwhile, it is to be hoped that hospital authorities will not under-estimate the value of recording and publishing in one or other of the recognized hospital journals full details of any important new building projects or other hospital developments.

ACCOUNTING AND FINANCE

Requests for confidential investigations into the financial aspects of hospital administration and practice have increased in number, and they extend from a complete review of a hospital's expenditure and revenue to the examination of departmental procedures with a view to more economical working. Intensive studies of this character may be costly in themselves, and the implementation of the recommendations is occasionally a protracted process involving additional expenditure. It is of importance, therefore, to establish from the outset the likely justification for an investigation, either in the form of manifest improvements in the care and treatment of patients, or in ordinary economic terms.

The new national systems of recording and costing by departments have contributed within a short period to the

DIVISION OF HOSPITAL FACILITIES

growing cost-consciousness in hospitals, and the published results for the second year of operation contain welcome indications that cost need not always move upwards; but requests for local investigations into the basic causes of important cost differences, together with requests for extended departmental accounting information, make heavy demands upon the administration. Suggestions for simplification are often brought to the notice of the Division for comment and advice, and of all these perhaps the most urgent is for a single flexible framework of prime accounting, responsive alike to the requirements of annual estimating, financial accounting and departmental costing. At present the differing needs of the several levels of responsibility result in two distinct forms of accounting for the same expenditure. The reconciliation of these into a single composite whole would remove complexities, ease the work involved in producing the figures, and greatly simplify the understanding of them. Failing such an amalgamation, the natural development of the main departmental scheme will be impeded, and the extension of its scope to other hospitals either deferred or made more costly.

Administrators from overseas take an especial interest in the systems of hospital accounting and finance operating in this country, and from the exchanges of information it is apparent that most western countries now adopt a departmental system as the sole accounting basis for efficient financial control.

For many years the accounts of numerous voluntary hospitals and homes have been submitted to the Fund for examination and for compilation into statistical summaries showing expenditure, work and costs. In answer to requests, this service has been extended to a further group of homes, and consideration is being given to publishing a single volume which will embrace all independent hospitals, homes and institutions on the Fund's list.

DIVISION OF HOSPITAL FACILITIES

OTHER ACTIVITIES

Visits and lectures.

The staff continued to give lectures at the Fund's Staff Colleges and elsewhere during 1959. In all twenty-seven talks or lectures were given, and the discussions that generally follow these sessions led to a very valuable exchange of information and ideas on a wide range of hospital topics. Visitors from hospitals, organizations, etc., in this country numbered 180, and for the purposes of obtaining or giving information 115 visits were made by the staff to hospitals, exhibitions, factories and information centres. Activities of this nature are often time-consuming but they play a valuable part in enabling the Division to keep abreast of current developments.

Overseas visitors.

During the year the Division was in correspondence with eighteen countries overseas. Nineteen visitors from nine countries came to the Fund and five study tours of various types were arranged for overseas or British visitors wishing to see hospitals abroad or in this country. Though the bulk of the work is concerned with hospitals in the United Kingdom, these contacts with hospitals and individuals abroad are greatly valued.

DIVISION OF NURSING

THE PRESTIGE OF NURSING

"Nursing and teaching are alike in both requiring a reasonable standard of education and certain personal qualities which often, though not always, go with a felt vocation to that particular work and no other. There is plenty of room in both occupations for girls who have real intellectual ability, side by side with many more who do not rise above a reasonable competence. Both therefore recruit to some extent from the full academic sixth, and to some extent from girls who have followed a less exacting course."

These comments are not from a nursing source but from the Report of the Crowther Committee, which was asked by the Minister of Education to advise on the education of boys and girls between the ages of 15 and 18*. They illustrate a marked change in public opinion on the merits of nursing as a career and on the most suitable candidates for it. Another example may be found in an editorial in "The Times", which summed up a long correspondence on the education of girls, in February 1960: "the brighter girl whose heart may be set on nursing" was contrasted with "the average girl in her last year at a secondary modern school".

No doubt this process has been going on for a long time, but its fruits seem suddenly to have become much more evident. A few years ago, headmistresses and other staff in the schools often referred first to the supposed drawbacks of nursing, and then accepted it as a possible solution for the less bright and for those who showed no promise for what were then the careers of choice in the schools. Now many have come to realize the scope and the rewards offered in nursing, the fact that a good and liberal education is a great asset to a nurse, and that selection for the well-known training schools is on a highly competitive basis, educationally as well as vocationally.

*"15—18" Report of the Central Advisory Council for Education—England Vol. I. H.M. Stationery Office, 1959.

DIVISION OF NURSING

Many factors have contributed to this change in public opinion—to the realization that nursing is a profession in which devotion and kindness should be supplemented by lively intelligence and sound education. Reforms in the economic position of nurses, shortening of hours, and improvements in living and working conditions have all played their part. Much has been done by the hospital authorities and the matrons to spread a more realistic idea of a nurse's life and responsibilities. Valuable discussions have taken place regularly between members of the Association of Headmistresses and the Association of Hospital Matrons. Much has been achieved by the Ministry of Labour, and more recently the Ministry of Health have had their far-reaching publicity programmes for nursing.

PUBLIC RELATIONS WORK FOR NURSING

In this planned public relations work the King's Fund was first in the field, and it is felt that the propaganda for nursing carried out over the last twenty years by the Fund's Nursing Recruitment Service has been a decisive factor in raising the prestige of nursing among the various careers open to women. During that time between 150 and 200 talks a year have been given by the staff specially trained for this work. In 1959, which was a record year, over 200 talks were given. Perhaps more important than the actual talks to the senior forms in the schools is the contact with the teaching staff. Lasting relationships have been built up in this way with many of the leading schools in the country. Headmistresses are glad to have an outside speaker who will stress to the girls the value of continued education in preparation for a nursing career. They value also a source of up-to-date information on the standard to be aimed at for entry to a particular hospital, on possibilities for girls who will not make this standard or who present special problems, and on many other questions arising in connection with careers guidance. Indeed the wish is often expressed that a comparable information service could be available for other professions.

DIVISION OF NURSING

Several articles on nursing were contributed to periodicals. Miss L. M. Darnell, the Secretary of the Nursing Recruitment Service, published a book "Nursing" in the Target for Careers series, intended for the senior forms in schools. It was very well received and reviewed, and several thousand copies have been sold in the first few months. Much time is spent helping journalists, and script writers for radio, television and films. During the year at least eleven such requests were met. This type of work does not show measurable results, but it is felt to be important in helping to ensure that nursing is represented to the public accurately and suitably. Fortunately the Service has become known as a place where reliable information on nursing is readily available. Publishers send articles on nursing to be revised, and speakers on nursing frequently ask for information and literature.

THE DISTRIBUTION OF NURSES

The claims on the personal advisory function of the Nursing Recruitment Service were high in 1959. About 5,370 new candidates, or their parents, consulted the Service and probably at least as many again who had already been in touch two or four years earlier were advised on reaching the age when they could apply to hospitals. Some 2,400 advisory interviews were given and about 18,500 letters sent out. The number of candidates traced through to their acceptance by hospital training schools was, at 1,810, the highest in any year since 1943, when the demands of national service brought exceptionally large numbers of young women into nursing. An additional 413 accepted for nursing posts or pre-nursing work brought the known acceptances to well over 2,200. It is impracticable, however, in spite of much follow-up work, to maintain contact with all who have consulted the Service and who may have entered hospital at some later date without notifying their arrangements.

As in past years, a steady proportion of the candidates had already applied to a hospital whose matron had referred them to the Service, either because the waiting list at that

DIVISION OF NURSING

particular hospital was too long, or because they did not meet the entrance requirements. By ensuring that all those who are suitable for any form of nursing training are put in touch with the appropriate training schools the Service is helping in the problem of distribution. Indeed, as the number interested in nursing increases while some hospitals still remain gravely short of nurses, the individual guidance to ensure a more even distribution of candidates becomes perhaps of more direct value to the hospitals than general publicity for nursing. At the same time, it can only be guidance and not direction.

The real test of the personal advisory work is to guide candidates into hospitals at which they may hope to be accepted and which they themselves will find acceptable. To this end the staff are available for interviews all day long, the interviews are informal and friendly, full records of each candidate are kept, further help is offered in all questions relating to training, and a great volume of personal correspondence is carried on with applicants in other parts of the country and indeed in very many parts of the world.

GENERAL WORK OF THE DIVISION

More than 100 general enquiries a month were dealt with, and these included several requests for advice on staffing problems. Arrangements for visits to hospitals and to the Staff Colleges were made for several of the many visitors from overseas.

Most of the courses at the Staff Colleges for Ward Sisters and for Matrons included a visit to the offices in Cavendish Square, and a talk on nursing questions. One administrative student came for a week's experience of recruitment work. In all 33 sessions with members of the various Staff Colleges were taken by the staff.

During 1959 it was noted that some 2,550 members of hospital and regional board staff would by the end of the year have taken courses of more than a fortnight's duration, and in many cases of one, two or three years' duration at

DIVISION OF NURSING

one or other of the three Staff Colleges established by the Fund or at its School of Hospital Catering. Many of these had asked that there should be a closer link between the members of all courses, past and present. It was felt in the Division of Nursing that a Year Book showing the present place of work of members of former courses at all four of the Fund's centres would be one link which might be found valuable. Accordingly a Staff Colleges Year Book was compiled and sent out to those who had taken courses, in order that they might be able to ascertain what fellow-members were to be found in any given hospital or group, and also, by using the index of names, where any friends they made on courses were working. It is hoped that the Year Book will serve as a passport enabling members to get in touch with other members, whether known to them or not, for professional as well as social purposes.

The Director of the Division was away on special leave for about three months in Copenhagen and Germany, working with the World Health Organization as consultant in connection with a Conference on Nursing Administration.

STAFF COLLEGE FOR WARD SISTERS

By the end of 1959 over 1,100 sisters, male charge nurses and staff nurses had attended courses at the Staff College since its inception nearly ten years previously. During the year, 124 students were admitted. Two four-week courses for sisters and charge nurses from mental hospitals were fully booked. There was a general refresher course for senior sisters and charge nurses. Twenty-two students completed a preparatory course and twenty-one entered a preparatory course beginning late in December. The study group of tutors to consider the revised schemes for the training of mental and mental deficiency nurses, which had been found so successful in 1958, was repeated in 1959 and again found useful.

STAFF COLLEGE FOR WARD SISTERS

A new development was the four-week course in special diets for sisters or charge nurses from hospitals without a dietitian on the staff. This was arranged at the request of the Hospital Catering and Diet Committee, who had been studying the shortage of dietitians, and the resultant difficulties of providing therapeutic diets and dietary advice for patients. Great help was given by Miss B. R. Stanton, the Fund's dietetic adviser, and by other dietitians during the planning of the programme and also during the course, about half of which was devoted to practical experience in special diet departments and demonstrations. The number of ward sisters who have never worked with a dietitian appears to be increasing. Catering officers may be appointed whose previous experience has been outside the hospital world. It seems important, therefore, that courses for ward sisters should devote some time to the practical aspects of diet therapy in order that the ward sisters may be able to advise the catering officers even if they do not have to take responsibility themselves for arranging the special diets. The experience gained on the course in special diets has been valuable in showing how best to introduce this element in the preparatory courses.

The waiting list at the Staff College often extends as much as 10-12 months ahead, a clear indication that the demand is in excess of the accommodation at the present College, where only about 23 can be taken at a time. Another drawback in the existing building is the increase in noise and in traffic on the surrounding streets since the air terminal was opened almost opposite. A search has therefore been made for accommodation in a quieter position and sufficient to take two courses concurrently. A very fine site has now been found and purchased by the Fund, adjoining Holland Park and close to the Staff College for Matrons. As it will be necessary to build there is no question of a move for several years, but these new developments open up bright prospects for the future work of the College.

STAFF COLLEGE FOR MATRONS

Much is being said and written about the shortage of suitable candidates for nursing administrative posts. It has not yet been demonstrated that the shortage is greater in proportion than that for other responsible posts for nurses, or that it is due to a falling off in numbers of suitable candidates rather than to an increase in the number of administrative posts. But the importance of good preparation for future administrators, both by planned in-service training and by suitable courses which emphasize the human aspect of nursing administration, cannot be over-emphasized.

Another group of twelve students completed the one-year course at the Staff College successfully in the summer of 1959. One went immediately to a matron's post, but generally the students gain further experience as assistant and deputy matrons before going on to the full responsibilities of a matron. As in previous years, most valuable help was given with great goodwill by the firms who took students for their five-week period of experience in industry, and by the hospital administrators, matrons and other officers with whom the students spent their twelve-week period of hospital field work.

By the beginning of 1960 at least 21 former students had been appointed to matrons' posts, three of these being in teaching hospitals and several others in hospitals with over 500 beds. Thirteen were holding posts as deputy matrons, five in teaching hospitals. Several former students had had articles and letters published in the nursing press. One of the 1958/59 year was asked to take part in a seminar at the Regional Office for Europe of World Health Organization.

For the 1959/60 course eleven students were selected from about twice that number whom their hospital authorities had been willing to second on study leave for the year.

Two four-week refresher courses were given in 1959 and were fully booked. One was for matrons and deputy matrons from hospitals of all kinds, the other for matrons and chief male nurses from mental and mental deficiency hospitals.

STAFF COLLEGE FOR MATRONS

Similar refresher courses are being given in 1960. The new feature of the 1959 programme—a ten-day refresher course for matrons from convalescent homes arranged at the request of the Auxiliary Hospitals Committee—was found so useful that it was decided to repeat it in 1960. Perhaps these matrons, some of whom carry many and varied responsibilities almost single-handed, are more in need of rest and refreshing than any others, and certainly they welcome greatly the opportunity of looking at their work from outside and discussing common problems with their colleagues, as well as the stimulus of lectures and visits.

The Domestic Bursar, Miss K. J. Pinchard, retired in December after six and a half years of devoted service to the Staff College. Mrs. E. V. Millar was welcomed as Bursar in her place.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

Changing trends of thought in the hospital service are inevitably reflected in fresh claims upon the Fund's Administrative Staff College. A substantial expansion of the hospital building programme is taking place, and the need to raise standards without unduly increasing expenditure has led to renewed interest in the best and most economical use of manpower and materials, and indeed in every kind of approach to efficiency in management. The responsibility entrusted to the hospital administrator at all levels has recently been recognized by improved conditions of service, which offer the university graduate and other new entrants a satisfactory and satisfying career. The Staff College has thus been called upon on the one hand to make increasing provision in its more senior courses for affording some insight into progressive management as understood in industry and commerce, and on the other hand to ensure that continuous training in hospital administration is pressed forward with all the resources at its command. The 82 courses of sixteen

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

different kinds undertaken since it opened in 1951 afford a broad field of experience upon which the College can draw.

In the course of 1959 the Minister of Health appointed an Advisory Council for Management Efficiency, to advise generally on measures for improving efficiency in the National Health Service in England and Wales. Sir Ewart Smith, who was appointed Chairman of the Council, approached the Fund with the suggestion that it should help to provide facilities for training of work study officers for the hospital service. The Fund at once indicated that it would be glad to do anything in its power to assist the Minister in the matter, more especially as the work which it was already doing through the Administrative Staff College and other staff colleges and advisory services seemed bound to overlap and interlock with training for work study in hospitals. Later the Fund made a formal offer to the Minister to extend its work by providing courses for work study officers as an integral part of the Staff College activities, and by arranging for appreciation courses for administrators, nurses and others who would be likely to benefit from them. This extension of the work of the College will, of course, involve the provision of additional premises, and the appointment of additional staff. By the early months of 1960 arrangements were in hand which, it was hoped, would permit of the commencement of courses in the early autumn.

So far nearly 700 hospital officers have attended courses and, of these, over 350 have returned for a one week's extension course. Most of these have been men and women holding senior administrative posts, the remainder being trainees. There follows a brief summary of the work undertaken during the year 1959.

REFRESHER COURSES

A third course, of four weeks' duration, for physician superintendents of mental hospitals was held, and on this occasion some deputy physician superintendents were

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

included. As with the previous courses, there was an admirable degree of enthusiasm and co-operation among those attending. The value of this kind of course has been amply demonstrated and another similar one will be held when it is possible to make provision for it in the programme.

HOSPITAL SECRETARIES' COURSES

The sixteenth course of this kind was attended by twelve hospital secretaries. It followed the general pattern of previous ones although the content was varied. This kind of course can be continued indefinitely as the number of hospital secretaries available is so large. It is hoped to include one of these courses each year.

EXTENSION COURSES

Five one-week courses were held for those who had attended a Staff College course some three years previously. Whilst a number of these officers had changed their posts during the three-year period, many continue in the same post for a great number of years and only a proportion rise to more senior levels. The need for a break from the daily routine and stimulation to a renewed enthusiasm is very marked, and poses the question as to whether all senior officers should be given a break in this way every five years or so, if they are to maintain an effective standard of efficiency. The demand from such men and women to return to the College for a third period some two or three years after the second one has been considerable but the present resources of the College rule out any such possibility, although if it were possible to do so it would be an effective contribution to the hospital service.

There has also been a tremendous demand for one-month courses for administrative officers in the middle range posts, the demand coming not only from officers themselves but from their employing authorities. One course was held during the year as a token contribution to meet the need. It was the second such course held and the members of both

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

courses were selected from 92 applications received. It is not possible at present to find room in the programme for more than one of these courses in a year.

SELECTIVE RECRUITMENT AND TRAINING SCHEME

For these courses a comprehensive programme of training has been developed. The object is to achieve a balance of theoretical and practical work and a close liaison is maintained with the trainee when he is out in the field. He has experience at teaching and non-teaching hospital units and regional hospital boards, sometimes in London and at other times in the provinces. He spends three weeks in the Ministry of Health and several weeks in industry. Over 75 separate hospital employing authorities have taken trainees for practical training. The experiment of providing some practical training outside the hospital service has proved most successful and the Staff College is particularly indebted to the following for taking trainees for a few weeks and giving them an appreciation of their organization and methods: British Overseas Airways Corporation, Arthur Guinness Son & Co. (Park Royal) Ltd; Huntley & Palmers, Ltd; A. Jackaman & Sons; J. Lyons & Co. Ltd; Marshall Andrew & Co. Ltd; McDougalls Ltd; The National Cash Register Co. Ltd; Schweppes, Ltd; Unilever Ltd.

Probably never before, in hospital administration, has so much been provided and so much individual attention given as that for the men and women selected for these courses. The results will be apparent only in the years to come but it is encouraging to know that of the seven young men who took the first Staff College training course 1952-1954 one is now a group secretary, four are deputy group secretaries and two are hospital secretaries in teaching hospital groups.

The Ministry of Health recently advised regional boards to set up Regional Staff Advisory Committees one of whose functions will be to organize inter-authority training arrangements within the regions. The national trainees are excluded from these arrangements and remain the responsibility of

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

the two training establishments (University of Manchester and Hospital Administrative Staff College). Nevertheless, there will need to be close co-operation. As a start the Staff College proposes to offer a short course during 1960 for such regional in-service trainees.

Courses in hospital administration are being offered by the Universities of Leeds and Edinburgh. Recently the London School of Hygiene and Tropical Medicine held a course in administration for regional hospital board medical officers.

There is need for exchange of experience and knowledge of training in this atmosphere of ever growing interest, and a suggestion that the Staff College should hold a short conference of those concerned, including the Ministry of Health and the Institute of Hospital Administrators, has been welcomed.

OTHER ACTIVITIES

The usual guest nights and receptions continue to be held. All previous members of courses are invited to come back to the College for an evening once a year, and a special reception is also held each year for those who have given assistance to the national training scheme.

Visitors from all parts of the country and from overseas continue to make enquiry about the work of the College. There are, in fact, few countries from which one or more representatives have not visited the Staff College since 1951.

Advice continues to be given to those who seek information about the career of hospital administration. The medical records advisory panel continues steadily to assist hospitals upon request.

During the year the tutorial staff have paid a large number of visits to Staff College trainees and hospital officers with whom they are associated; to other training establishments concerned with management efficiency; and to a number of firms whose methods of management would be likely to be of assistance to the tutorial staff in their work.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

The Principal of the College, Mr. R. A. Mickelwright, with the Secretary of the North West Metropolitan Regional Hospital Board, Mr. A. J. Bennett, went to the United States and Canada and spent nearly six weeks there during the late spring of 1959. They were able to study the university training programmes in hospital administration in several of the universities, and to see something of the American and Canadian Hospital Accreditation Schemes and the Canadian Health Insurance Plan which started in January, 1959. They discussed with representatives of the W. K. Kellogg Foundation research projects, training for administration and the possibility of the interchange of hospital administrators between the countries for the purpose of study. The tour was instructive, and a stimulating part of it was the attitude of mind of those engaged in hospital administration and in training for hospital administration. There was considerable energy, enthusiasm and a readiness to try new ideas. Some of the American researches into matters of selection of administrative officers, of management efficiency and training for administration, were particularly interesting.

HOSPITAL CATERING

STAFF FEEDING

The Third Memorandum on Hospital Diet, published by the Fund in April, 1959, dealt *inter alia* with the dining room arrangements and the type of meals provided by hospitals for resident and non-resident staff. Five recommendations were put forward; first, there should be a choice of dishes at all meals; secondly, all staff should eat together in a common dining room where there should be a cafeteria service; thirdly, this dining room should be equipped with an efficient service counter including a refrigerated section; fourthly, meal times should be spread as widely as circumstances and numbers permit; and lastly, large dining rooms should be given acoustic treatment to cut down noise.

HOSPITAL CATERING

It is recognized, of course, that these criteria may require modification to suit individual circumstances; for example, it may be advisable to have a separate room, or an alcove in the dining room, for sisters, medical or manual staff. Or, as in one hospital visited during the year, it may be politic to provide a waitress service for certain tables at an additional charge. Such modifications do not, however, conflict with the underlying principle that if staff are to be given a good choice, they must eat together in a *common dining area*. The wider the choice which it is desired to provide, the greater the need for a good service counter and, if meal times are not to be unduly prolonged, for a cafeteria style of self-service.

As to the extent of the choice which it should be practicable to give in such a dining room, this will inevitably depend to some degree on the size of the hospital; the larger the numbers in the dining room the greater the variety which the catering officer can provide within his budget. In general terms, however, and excluding small units, it should be possible to put on a mid-day meal consisting of a choice of soup or fruit juice, a choice of at least four entrées or meat dishes including a cold buffet, three varieties of potatoes and a choice of two vegetables and four sweets or puddings, one or more being cold.

Discussions are now being held in various quarters on the desirability of changing the existing system of charging for meals eaten in hospitals. At present all resident staff pay for their food by a deduction, for board and lodging, from their salaries. This deduction varies from £205 in the case of a ward sister to £128 for a student nurse and no abatement is granted for meals not taken, except during periods of leave and sickness. Non-resident staff either pay a fixed annual charge for all meals taken while on duty, or buy such meals and snacks as they want at prices fixed by the Ancillary Staffs Council in the case of the mid-day meal, or the Hospital Management Committee in the case of snacks. These different methods and rates of charging for what is basically the same food give rise to many anomalies and

HOSPITAL CATERING

consequent complaints which can only be increased if, as recommended above, all the staff in a hospital use a common dining room.

A possible alternative would be to follow commercial practice and charge hospital staff, whether medical, nursing, administrative or ancillary, for the food and beverages they actually consume. These alternatives were the subject of a symposium held at the School of Hospital Catering on June 9, 1959, under the chairmanship of Mr. Arthur Franks, a member of the Fund's Hospital Catering and Diet Committee. A group of fifty guests, nurses, administrators, doctors, catering and supplies officers took part in a keen discussion. No final conclusions were reached.

COLLABORATION WITH NUFFIELD PROVINCIAL HOSPITALS TRUST

During November the Catering Advisory Service undertook, on behalf of the Nuffield Provincial Hospitals Trust, a complete survey of the catering at the Royal Infirmary, Edinburgh. The collection of data for this survey meant that members of the Service and Miss Stanton, the Fund's dietetic adviser, between them had to spend a total of 43 days in Edinburgh, while their report, which with its appendices ran to 100 pages of foolscap, contained 87 recommendations. The cost of this undertaking was borne by the Trust.

The year also witnessed the successful outcome of negotiations between the Fund, the Nuffield Trust and the Ministry of Health for assistance to provincial hospitals wishing to send members of their catering staff to the new 27-week course for trainee catering officers from March to September 1960, at the School of Hospital Catering. This course is a shortened version of the course for prospective hospital catering officers which was discontinued last year, and is intended to provide the vital rung in the ladder of promotion leading from the kitchen to the catering office. Applications were invited from assistant catering officers, kitchen superintendents, head cooks and other members of the catering staff, preferably under 30, who in the words of the Ministry's

HOSPITAL CATERING

circular HM (59) 91 "seem most likely to benefit from further training and to merit consideration later on for promotion to catering officers' posts". The twelve students on the course will be seconded from their hospitals and, in order to assist and encourage provincial hospitals to put forward candidates, the Trust have offered:

- (a) to meet in whole or in part the cost of engaging substitutes while their candidates are at the School; and
- (b) to make a grant to provincial trainees of a sum not exceeding £50 to help them meet the expense of coming to London.

REFRESHER AND SPECIAL COURSES

The year's programme at the School of Hospital Catering included the usual series of refresher courses varying in length from ten days to four weeks, for catering officers, kitchen superintendents, head chefs, cooks and assistant cooks. In all there were ten of these refresher courses, one more than the previous year, the numbers attending being 28 catering officers, 41 kitchen superintendents and head chefs and 47 cooks and assistant cooks.

The eight-week preliminary course in cookery for kitchen assistants, as well as the short courses in cake and pastry making for cooks and nutrition and staff management for catering officers, were also repeated. An innovation was a week's course for dining room supervisors for which there were twice as many applicants as places available. This response was welcome proof that hospitals realized the importance of proper supervision of staff meals and it is proposed to repeat the course in 1960.

GENERAL HOSPITAL DIETS

An entirely new edition of "General Hospital Diets" was due for publication in December 1959, although owing to the aftermath of the printing strike it was not actually issued

HOSPITAL CATERING

until the following February. While the general format of this third edition corresponds with its predecessors, of which more than 5,000 copies were distributed, it contains only one set of menus, instead of three. This is because of the conclusion, based on the reports of the Catering Advisory Service, that it should now be possible for all hospitals to attain a comparable standard of feeding; hence there is no longer any need for three grades of menu in this booklet. An inset has been added bringing wholesale and retail prices up to date. This shows that during 1959 the weekly cost of this menu increased by 6d. to 29/4 which may be compared with 27/- for the "A" or top grade menu in the first edition published in 1954. The preface to the third edition draws attention to the various factors which affect the weekly figure of cost, such as that direct issues to the wards amount to not less than 9/6d or 33 % of the total expenditure on provisions per week; also that an extra 5/9d. should be provided for a maternity patient in order that her diet can include 2 pints of milk a day and her portions of animal protein food be increased by a third.

There is clear evidence that this publication is used very widely and found helpful.

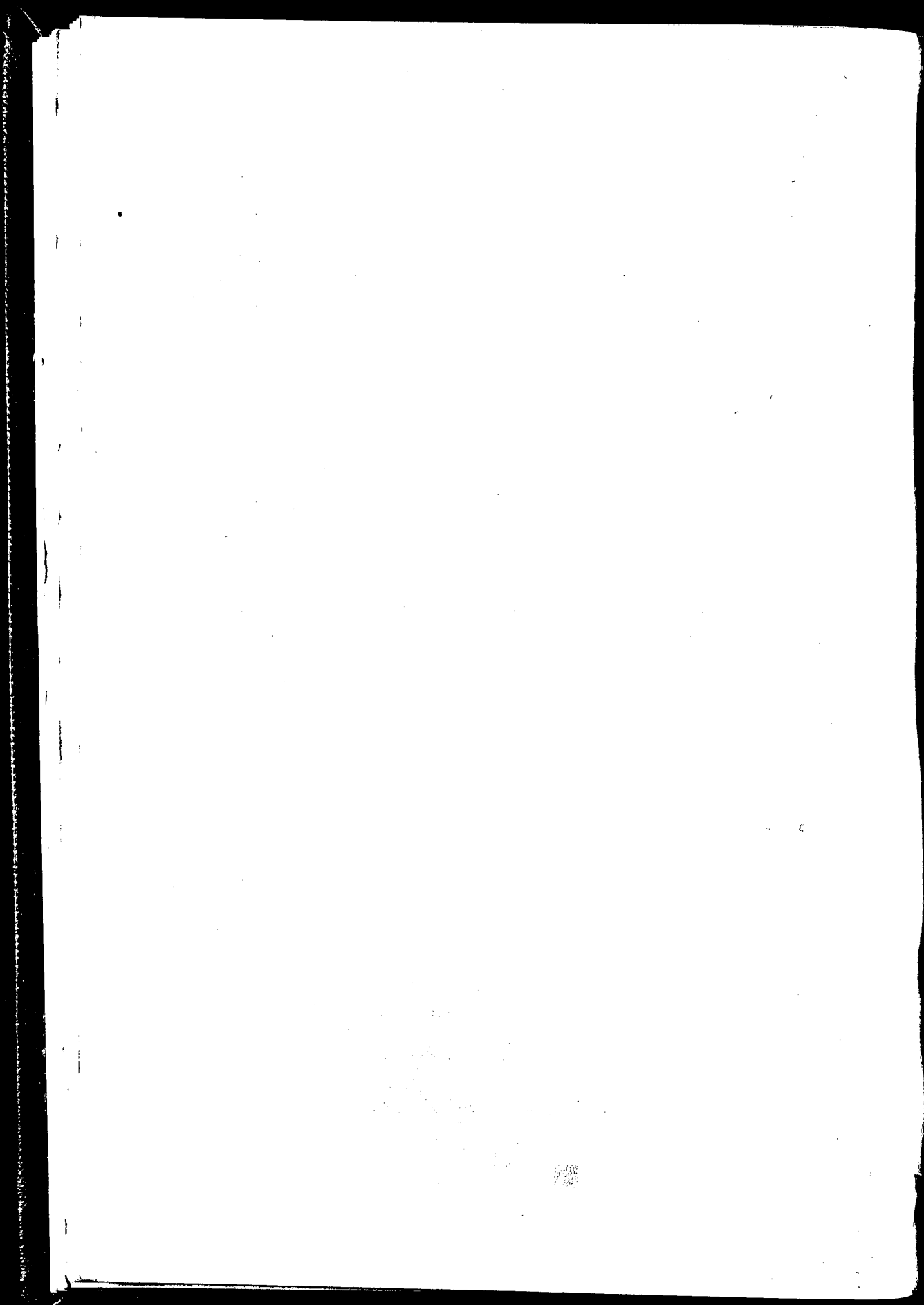
CATERING GRANTS

Eleven grants, amounting to £26,980, were made during the year on the recommendation of the Hospital Catering and Diet Committee. They ranged from £226 to the British Home and Hospital for Incurables for a solid top range to £4,400 to Preston Hall Hospital for the second stage of a large scale scheme for the improvement of the kitchen. These grants bring the Fund's total contribution to hospital catering schemes since 1951 to £259,462. Now that more money is available from official sources for improving hospital catering services, it seems likely that in future preference will be given to experimental projects and that grants will be made for ordinary schemes of improvement only when the need to buy time is urgent.

HOSPITAL CATERING

STAFF

At the end of the year the School lost the valued services of its Principal, Mr. C. C. A. Gibbs, and his assistant, Miss J. M. Dando. Mr. Gibbs left to take up a senior appointment at the Battersea College of Advanced Technology, and Miss Dando returned to the School Meals and Catering Department of the London County Council. Both had been appointed before the School opened its doors in September, 1951, since when nearly 1,600 students have passed through their hands. As Dr. Avery Jones, Chairman of the Hospital Catering and Diet Committee, said when reporting their resignations to the General Council in December, the present success of the School has been due in no small measure to the splendid work which they have put into it during the past nine years. The new Principal is Mr. R. T. Whatley, who brings with him valuable experience gained as Catering Adviser to the South East Metropolitan Regional Hospital Board. Miss E. H. White, Catering Officer at the Seamen's Hospital, will fill the other vacancy.



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	SIR ERNEST ROCK CARLING, F.R.C.S., HON. F.F.R.
THE SPEAKER OF THE HOUSE OF COMMONS	SIR JOHN CHARLES, K.C.B., M.D., F.R.C.P., D.P.H.
THE BISHOP OF LONDON	LADY CLITHEROE
CARDINAL GODFREY	SIR ZACHARY COPE, M.S., F.R.C.S.
REV. SIDNEY M. BERRY, M.A., D.D.	LORD CUNLIFFE
THE CHIEF RABBI	MR. J. A. M. ELLISON-MACARTNEY
THE RT. HON. THE LORD MAYOR	LORD EVANS, G.C.V.O., M.D., F.R.C.P.
THE RT. HON. THE CHAIRMAN OF THE LONDON COUNTY COUNCIL	MR. PHILIP FLEMING, D.L., J.P.
THE GOVERNOR OF THE BANK OF ENGLAND	MR. ARTHUR FRANKS, O.B.E.
THE PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS	ADMIRAL J. H. GODFREY, C.B.
THE PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS	SIR ERNEST GOWERS, G.C.B., G.B.E.
THE PRESIDENT OF THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS	SIR ARCHIBALD GRAY, K.C.V.O., C.B.E., M.D., F.R.C.P.
THE CHAIRMAN OF EACH OF THE FOUR METROPOLITAN REGIONAL HOSPITAL BOARDS	MR. S. C. C. HARRIS, O.B.E., J.P.
DR. G. F. ABERCROMBIE, V.R.D., M.D.	HON. SIR ARTHUR HOWARD, K.B.E., C.V.O., D.L., J.P.
LORD ASHBURTON, V.L., J.P.	LORD ILIFFE, G.B.E., J.P.
LORD ASTOR OF HEVER, M.B.E., D.L., J.P.	VISCOUNT INGLEBY, P.C.
SIR GEORGE AYLWEN, BT.	LORD INMAN, P.C., J.P.
LORD BICESTER	DR. F. AVERY JONES, M.D., F.R.C.P.
HON. MARGARET BIGGE	LORD KINDERSLEY, C.B.E., M.C.
MR. J. CHADWICK BROOKS, O.B.E.	MR. EDGAR LAWLEY
	LORD LUKE, T.D., D.L., J.P.

SIR ALEXANDER MAXWELL, K.C.M.G.

LORD MCCORQUODALE, P.C.

SIR FREDERICK MESSER, C.B.E., J.P., M.P.

SIR FREDERICK MINTER, G.C.V.O., J.P.

MR. GEORGE MITCHELL, J.P.

LORD MORAN, M.C., M.D., F.R.C.P.

HON. MRS. JOHN MULHOLLAND, C.V.O.

LORD NATHAN, P.C., T.D., D.L., J.P.

MARQUIS OF NORMANBY, M.B.E.

MAJOR R. O'BRIEN, M.V.O., T.D.

MR. JAMES PATERSON, M.C.

SIR EDWARD PEACOCK, G.C.V.O.

SIR ERNEST POOLEY, BT., G.C.V.O.

DR. T. P. REES, O.B.E., M.D., F.R.C.P.,
D.P.M.

HON. PETER SAMUEL, M.C., T.D.

VISCOUNT SIMONDS, P.C.

MISS M. J. SMYTH, C.B.E.

MR. E. E. TAYLOR, C.B.E.

RT. HON. SIR GODFREY THOMAS, BT.,
G.C.V.O., K.C.B., C.S.I.

SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.

LORD TRYON, K.C.V.O., D.S.O.

MR. E. L. TURNBULL, C.B.E.

DAME KATHERINE WATT, D.B.E., R.R.C.

SIR HAROLD WERNHER, BT., G.C.V.O., T.D.

MANAGEMENT COMMITTEE

LORD MCCORQUODALE, P.C., Chairman

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

LORD COTTESLOE, G.B.E.

LORD CUNLIFFE

SIR ARCHIBALD GRAY, K.C.V.O., C.B.E.,
M.D., F.R.C.P.

DR. F. AVERY JONES, M.D., F.R.C.P.

SIR ERNEST POOLEY, BT., G.C.V.O.

SIR JAMES PATERSON ROSS, BT., K.C.V.O.,
P.R.C.S.

FINANCE COMMITTEE

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

THE GOVERNOR OF THE BANK OF ENGLAND

LORD BICESTER

MR. PHILIP FLEMING, D.L., J.P.

LORD KINDERSLEY, C.B.E., M.C.

LORD WARDINGTON

ESTATES COMMITTEE

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

HON. SIR DAVID BOWES-LYON, K.C.V.O.,
D.L., J.P.

DR. C. A. COOKE, O.B.E., J.P.

MR. PHILIP FLEMING, D.L., J.P.

SIR ERNEST POOLEY, BT., G.C.V.O.

HOSPITALS COMMITTEE

Mr. J. A. M. ELLISON-MACARTNEY, Chairman

DR. G. F. ABERCROMBIE, V.R.D., M.D.	MR. R. W. NEVIN, T.D., M.A., M.B., F.R.C.S.
SIR JOHN CONYBEARE, K.B.E., M.C., D.M., F.R.C.P.	MARQUIS OF NORMANBY, M.B.E.
ADMIRAL J. H. GODFREY, C.B.	MR. H. M. O'CONNOR, O.B.E., T.D.
MR. S. C. C. HARRIS, O.B.E., J.P.	DR. KENNETH ROBSON, C.B.E., M.D., F.R.C.P.
PROF. ALAN KEKWICK, M.A., M.B., B.CH., F.R.C.P.	MAJOR SIMON WHITBREAD, D.L., J.P.

MENTAL HOSPITALS COMMITTEE

SIR ERNEST POOLEY, Bt., G.C.V.O., Chairman

SIR CECIL GRIFFIN, C.S.I., C.I.E.	DR. T. P. REES, O.B.E., M.D., F.R.C.P., D.P.M.
SIR NORMAN GUTTERY, K.B.E., C.B.	MR. KENNETH ROBINSON, M.P.
HON. W. S. MACLAY, C.B., O.B.E., M.D., F.R.C.P., D.P.M.	DR. W. REES THOMAS, C.B., M.D., F.R.C.P., D.P.M.

AUXILIARY HOSPITALS COMMITTEE

Mr. E. L. TURNBULL, C.B.E., Chairman

MR. J. CHADWICK BROOKS, O.B.E.	SIR CHARLES SYMONDS, K.B.E., C.B., M.D., F.R.C.P.
MR. E. K. MARTIN, M.S., F.R.C.S.	MR. H. PHILIP VEREY
MISS A. B. READ, M.B.E.	MISS U. B. WEBB
MR. JOHN ROSS, C.B.	DR. F. H. YOUNG, O.B.E., M.D., F.R.C.P., D.P.H.
MISS M. J. ROXBURGH, O.B.E.	

Garden Advisers:

MR. W. G. MACKENZIE	MR. G. L. PILKINGTON	MR. LANNING ROPER
---------------------	----------------------	-------------------

HOSPITAL CATERING AND DIET COMMITTEE

DR. F. AVERY JONES, M.D., F.R.C.P., Chairman

MR. S. W. BARNES	MR. R. GEDLING
DR. W. T. C. BERRY, M.D., B.CHIR.	SIR CECIL GRIFFIN, C.S.I., C.I.E.
MR. J. CHADWICK BROOKS, O.B.E.	SIR WILSON JAMESON, G.B.E., K.C.B., M.D., F.R.C.P., D.P.H.
MISS M. M. EDWARDS, M.V.O.	MR. SELWYN TAYLOR, M.A., D.M., M.CH., F.R.C.S.
MR. ARTHUR FRANKS, O.B.E.	

EMERGENCY BED SERVICE COMMITTEE

DR. G. F. ABERCROMBIE, V.R.D., M.D., Chairman

DR. H. ALEXANDER, M.B., CH.B., D.P.H.	BRIG. G. P. HARDY-ROBERTS, C.B., C.B.E.
LORD AMULREE, M.D., F.R.C.P.	MR. S. C. C. HARRIS, O.B.E., J.P.
DR. F. J. FOWLER, O.B.E., T.D., M.D., CH.B.	CAPTAIN A. LADE, O.B.E., R.N.
MR. A. J. GARDHAM, F.R.C.S.	DR. J. A. SCOTT, O.B.E., M.D., F.R.C.P.

DIVISION OF NURSING

STAFF COLLEGE FOR WARD SISTERS COMMITTEE

Miss M. J. SMYTH, C.B.E., Chairman

MISS L. BEAULAH	MISS M. G. LAWSON, O.B.E., M.B., CH.B.
MISS B. B. BRIANT	MISS J. M. LOVERIDGE
MISS M. F. CARPENTER	MISS S. MOORE
MISS M. HOUGHTON, M.B.E.	DAME KATHERINE WATT, D.B.E., R.R.C.

HOSPITAL ADMINISTRATIVE STAFF COLLEGE COMMITTEE

SIR WILSON JAMESON, G.B.E., K.C.B., M.D., F.R.C.P., D.P.H., Chairman

MR. P. H. CONSTABLE, O.B.E.	MR. B. LEES READ, O.B.E., A.C.A.
MR. G. P. E. HOWARD	SIR HENRY TIDY, K.B.E., M.D., F.R.C.P.
SIR FREDERICK MESSER, C.B.E., J.P., M.P.	

PANEL OF ADVISERS

MR. P. H. CONSTABLE, O.B.E., Chairman

MR. S. W. BARNES	MR. F. A. LYON, O.B.E.
MR. G. A. DRAIN, B.A., LL.B.	MR. B. LEES READ, O.B.E., A.C.A.
DR. W. J. GILL, M.D., F.R.C.S.	MR. S. R. SPELLER, O.B.E., LL.B.
MR. C. R. JOLLY, O.B.E.	

HOSPITAL PERSONAL AID SERVICE COMMITTEE

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

DR. G. F. ABERCROMBIE, V.R.D., M.D.	BRIGADIER GLYN HUGHES, C.B.E., D.S.O., M.C., M.R.C.S., L.R.C.P.
LADY CLITHEROE	HON. MRS. JOHN MULHOLLAND, C.V.O.
DR. JAMES GRAHAM, C.B.E., M.B., CH.B.	DR. J. A. SCOTT, O.B.E., M.D., F.R.C.P.

LIST OF HOSPITAL VISITORS

- | | |
|---|---|
| DR. G. F. ABERCROMBIE, V.R.D., M.D. | LORD ASHBURTON, V.L., J.P. |
| MISS J. K. AITKEN, C.B.E., M.D., F.R.C.P. | MR. L. E. D. BEVAN, C.B.E. |
| DR. A. DOYNE BELL, D.M., F.R.C.P. | MR. R. H. BLUNDELL, B.A. |
| SIR RUSSELL BRAIN, BT., D.M., F.R.C.P. | HON. MRS. R. CAMPBELL-PRESTON |
| HON. GEOFFREY BRIDGEMAN, M.C., M.B.,
B.CH., F.R.C.S. | LADY CLITHEROE |
| SIR JOHN CONYBEARE, K.B.E., M.C., D.M.,
F.R.C.P. | MR. E. F. COLLINGWOOD, C.B.E., D.SC., J.P. |
| DR. F. S. COOKSEY, O.B.E., M.D., F.R.C.P. | MR. F. M. CUMBERLEGE |
| SIR ZACHARY COPE, M.S., F.R.C.S. | LORD CUNLIFFE |
| MR. R. C. DAVENPORT, F.R.C.S. | SIR WALTER DRUMMOND |
| SIR STEWART DUKE-ELDER, G.C.V.O.,
M.D., F.R.C.S. | MR. J. A. M. ELLISON-MACARTNEY |
| LORD EVANS, G.C.V.O., M.D., F.R.C.P. | SIR FRANCIS GLYN, K.C.M.G., J.P. |
| MR. C. W. FLEMMING, O.B.E., D.M., F.R.C.S. | ADMIRAL J. H. GODFREY, C.B. |
| DR. H. GARDINER-HILL, M.B.E., M.D.,
F.R.C.P. | SIR CECIL GRIFFIN, C.S.I., C.I.E. |
| SIR ARCHIBALD GRAY, K.C.V.O., C.B.E.,
M.D., F.R.C.P. | COL. W. CHURCHILL HALE, O.B.E., M.C.,
T.D. |
| DR. CHARLES HARRIS, M.D., F.R.C.P. | MR. S. C. C. HARRIS, O.B.E., J.P. |
| DR. KENNETH HARRIS, M.D., F.R.C.P. | HON. SIR ARTHUR HOWARD, K.B.E., C.V.O.,
D.L., J.P. |
| PROFESSOR ALAN KEKWICK, M.A., M.B.,
B.CH., F.R.C.P. | VISCOUNT INGLEBY, P.C. |
| MISS K. G. LLOYD-WILLIAMS, C.B.E.,
M.D., F.F.A.R.C.S. | ALDERMAN F. LAWRENCE, O.B.E., J.P. |
| SIR RALPH MARNHAM, K.C.V.O., M.CHIR.,
F.R.C.S. | LORD MCCORQUODALE, P.C. |
| MR. E. K. MARTIN, M.S., F.R.C.S. | MR. J. K. MAITLAND, O.B.E., M.C., T.D., J.P. |
| DR. S. P. MEADOWS, M.D., F.R.C.P. | VISCOUNTESS MONCKTON, C.B.E. |
| MR. R. W. NEVIN, T.D., M.A., M.B., F.R.C.S. | SIR PARKER MORRIS, LL.B. |
| PROFESSOR F. C. ORMEROD, M.D., F.R.C.S. | SIR DESMOND MORTON, K.C.B., C.M.G.,
M.C. |
| PROFESSOR E. A. PASK, O.B.E., M.D., F.F.A. | LORD MOYNIHAN, O.B.E., T.D. |
| SIR ARTHUR PORRITT, K.C.M.G., K.C.V.O.,
C.B.E., F.R.C.S. | HON. MRS. JOHN MULHOLLAND, C.V.O. |
| PROFESSOR C. G. ROB, M.C., M.A., M.CHIR.,
F.R.C.S. | ALDERMAN HORACE NEATE |
| DR. KENNETH ROBSON, C.B.E., M.D.,
F.R.C.P. | MARQUIS OF NORMANBY, M.B.E. |
| SIR JAMES PATERSON ROSS, BT., K.C.V.O.,
P.R.C.S. | MAJOR R. O'BRIEN, M.V.O., T.D. |
| MR. A. H. M. SIDDONS, M.CHIR., F.R.C.S. | MR. H. M. O'CONNOR, O.B.E., T.D. |
| MR. NORMAN TANNER, CH.B., F.R.C.S. | MR. E. E. TAYLOR, C.B.E. |
| MR. SELWYN TAYLOR, M.A., D.M., M.CH.,
F.R.C.S. | LIEUT.-COL. R. P. TONG, O.B.E., M.A. |
| DR. E. G. TUCKWELL, M.CH., F.R.C.S. | MAJOR SIMON WHITBREAD, D.L., J.P. |
| DR. H. B. S. WARREN, M.R.C.S., L.R.C.P. | |

STAFF

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

DIVISION OF HOSPITAL FACILITIES

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

DIVISION OF NURSING

21, Cavendish Square, W.1.

Telephone: LANgham 4362

MISS M. M. EDWARDS, M.V.O.	..	..	..	..	..	..	..	Director
MISS L. P. SMITH	..	..	..	..	..	..	..	Assistant

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

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

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

MISS M. E. HENRY	..	..	..	..	..	..	..	Principal
MISS J. BURR	..	..	..	..	..	..	..	Assistant Principal
MISS C. M. SHEWELL	..	..	..	..	..	..	..	Warden

Staff College for Matrons, 22, Holland Park, W.11.

Telephone: PARK 4139

MISS I. G. WARREN	..	..	..	..	..	..	..	Principal
MRS. E. V. MILLAR	..	..	..	..	..	..	..	Domestic Bursar

HOSPITAL ADMINISTRATIVE STAFF COLLEGE

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

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

HOSPITAL CATERING

Secretary to the Hospital Catering and Diet Committee:

MR. D. G. HARINGTON HAWES

Hospital Catering Advisory Service:—

24/26, London Bridge Street, S.E.1 Telephone: HOP 4255
34, King Street, E.C.2 (from October, 1960).

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

School of Hospital Catering:—

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

MR. R. T. WHATLEY	Principal
MISS E. H. WHITE	Assistant to Principal
MR. H. C. JUPP	Chef Instructor

HOSPITAL PERSONAL AID SERVICE FOR THE ELDERLY

Office:

c/o New Cross Hospital,

Avonley Road, S.E.14

24/26, London Bridge Street, S.E.1 (from October, 1960). Telephone: NEW Cross 3635

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

EMERGENCY BED SERVICE

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

Director

MR. R. E. PEERS

Secretary

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

Training Officer

MRS. E. M. WILLIAMSON

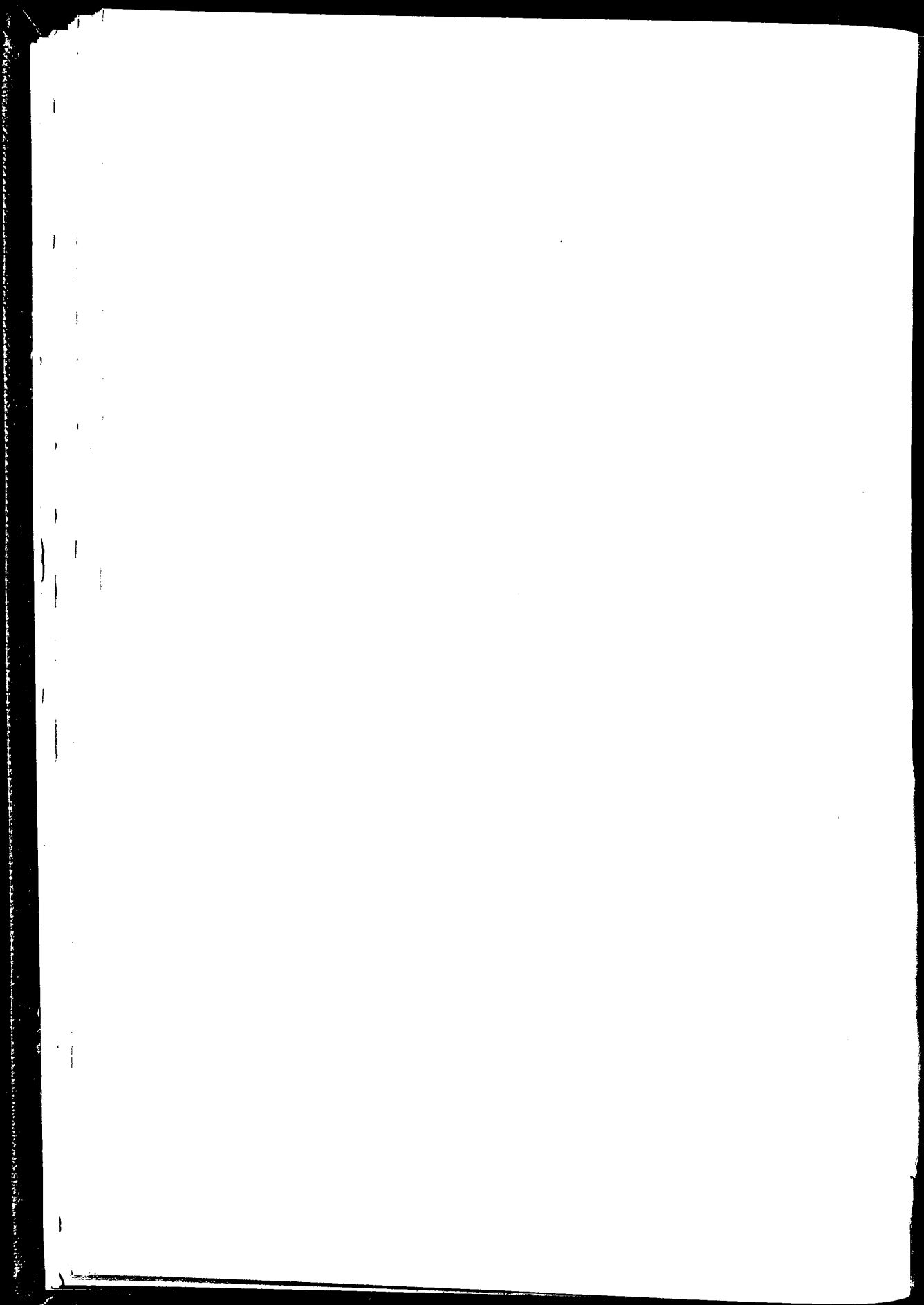
Senior Watchkeepers

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

MISS J. G. RHODES
MRS. D. M. MACLEAN

Office

Fielden House,
London Bridge Street, S.E.1.
Telephone: HOP 7181



FINANCIAL STATEMENTS

AND

LIST OF GRANTS

The Fund is fortunate in possessing substantial capital resources amounting to between nine and ten 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 HOSPITAL

BALANCE SHEET as at 31st December 1959

FUND ACCOUNTS:	£	£	£
FUNDS TO BE RETAINED AS CAPITAL:			
As at 31st December, 1958		2,183,032	
GENERAL FUNDS:			
As at 31st December, 1958	4,760,915		
Add: Special Receipts Account	56,101		
" Amount transferred from Income and Expenditure Account	17,987		
		4,835,003	
SPECIAL FUNDS:			
per Schedule		24,188	
SPECIAL APPROPRIATION FUND:			
Balance as at 31st December, 1958 of £350,000 earmarked by General Council out of Income for the Provision of Additional Accommodation for Aged Sick	1,997		
Add: Net additional appropriation... ..	564		
	2,561		
Less: Net amount expended during 1959	2,561		
			7,042,222
GRANTS RETAINED:			
Grants made to Hospitals and Convalescent Homes awaiting appropriate time for payment		338,946	
Balance of £260,000 Grants allocation not yet expended		1,422	
Amounts received for allocation to Homes for Aged Sick	3		
" (Special Legacy)	79	82	
			340,450
LIABILITIES:			
Administration and Other Expenses			17,056
SUSPENSE ACCOUNTS (LEASEHOLD PROPERTIES):			
Amount received for dilapidations		540	
Sinking Fund Appropriations		8,882	
			9,422
			<u>£7,409,151</u>

REPORT OF THE AUDITORS TO KING EDWARD'S HOSPITAL

We have obtained all the information and explanations which to the best of our knowledge and belief are correct and complete and the accounts and financial statements are in accordance with the books and records of the Hospital and give a true and fair view of the state of the Hospital's affairs as at the end of the year ended on that date.

5, London Wall Buildings,
London, E.C.2.
20th June, 1960

HOSPITAL FUND FOR LONDON

31st DECEMBER, 1959

	£	£	£
SECURITIES AND INVESTMENTS:			
STOCKS AND SHARES, etc., held for:—			
General Account	5,468,678		
Special Account	24,090		
		5,492,768	
INVESTED GIFT of his late Majesty, King George V, to be retained as Capital		20,000	
		5,512,768	
<i>Valuation of Investments</i>			
Quoted Investments at Market Value	7,374,593		
Unquoted Investments at Treasurer's Valuation	155,218		
	<u>£7,529,811</u>		
FREEHOLD AND LEASEHOLD PROPERTIES, GROUND RENTS AND MORTGAGES		1,705,631	
REVERSIONARY INTERESTS, taken for book-keeping purposes at a nominal value of		1	
			7,218,400
<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 £98 for Special Accounts):			
Balances at Banks and Cash in hand		114,373	
Cash at Call and on Short Notice		30,000	
Debtors (including interest-free unsecured loans to Homes for Aged Sick, amounting to £7,150)		46,378	
			190,751

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 £436,858. Of this amount £426,331 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.

ASHBURTON, Treasurer

£7,409,151

EDWARD'S HOSPITAL FUND FOR LONDON.

knowledge and belief were necessary for the purposes of our audit. In our opinion examination of those books. We have examined the above Balance Sheet and the account. In our opinion and to the best of our information and according to the Fund's affairs as at the 31st December, 1959, and the Income and Expenditure

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

INCOME AND EXPENDITURE ACCOUNT FOR

		£	£
GRANTS made 1959	...	262,628	
Under consideration at 31.12.59	...	1,422	
			264,050
EXPENDITURE ON SPECIAL SERVICES, ETC.:			
Division of Hospital Facilities	...	12,412	
Division of Nursing:			
Nursing Recruitment Service	...	12,161	
Staff College for Ward Sisters	...	14,285	
" " Addit. Equipment	...	326	
		14,611	
Staff College for Matrons	...	7,684	
" " Addit. Equipment	...	311	
" " Capital Alterations	...	56	
		8,051	
		34,823	
Hospital Catering and Diet Committee:			
Catering Advisory Service	...	14,775	
School of Hospital Catering	...	12,696	
Bursaries	...	252	
Additional Equipment, etc.	...	299	
Capital Alterations	...	223	
		13,470	
		28,245	
Hospital Administrative Staff College	...	38,975	
Additional Equipment, etc.	...	356	
		39,331	
Hospital Personal Aid Service:			
Administration Expenses	...	7,991	
Less: Amount contributed by the Metropolitan Regional Hospital Boards	...	2,000	
		5,991	
			120,802
EMERGENCY BED SERVICE:			
Proportion of Cost to be defrayed by the Fund, as agreed with the Metropolitan Regional Hospital Boards	...		6,500
PUBLICATIONS, MAPS, ETC.:			
Cost of printing, etc., less Sales	...		734
		Carried forward	£392,086

THE YEAR ENDED 31st DECEMBER, 1959

	£	£
INCOME from:		
Securities and Investments	333,209	
Freehold and Leasehold Properties	104,512	437,721
SUBSCRIPTIONS:		
Annual	2,687	
Under Deeds of Covenant for a stated number of years	4,251	
	6,938	
DONATIONS:		
Annual and other	2,384	9,322

Carried forward

£447,043

INCOME AND EXPENDITURE ACCOUNT FOR

	£	£
Brought forward		392,086
ADMINISTRATION EXPENSES:		
Salaries, Pensions, Allowances, and Superannuation		
Contributions	23,795	
Establishment, including Rent, Rates, Heating and		
Lighting, Cleaning, Insurance, etc.	3,605	
Printing and Stationery	1,326	
Sundry Miscellaneous Expenses	1,977	
		30,703
OTHER EXPENSES:		
Office Furniture and Equipment	237	
Legal and Other Professional Fees	4,697	
Visiting Expenses	558	
		5,492
APPROPRIATION to Leasehold Sinking Fund		775
		429,056
TRANSFER TO GENERAL FUND:		
Excess of Ordinary Income over Expenditure ...		17,987
		<u>£447,043</u>

SPECIAL RECEIPTS

SPECIAL APPROPRIATION from General Legacies	£
	256
TRANSFER TO GENERAL FUND:	
Special Receipts	56,101
TRANSFER TO GRANTS RETAINED:	
Special Legacy	79
	<u>£56,436</u>

THE YEAR ENDED 31st DECEMBER, 1959 (*continued*)

Brought forward	£ 447,043
-----------------	--------------

£447,043

DURING 1959

NUFFIELD TRUST FOR THE SPECIAL AREAS	...	...	...	...	...	...	...	£ 25,000
GENERAL LEGACIES—per Schedule	...	...	...	...	...	...	...	31,357
SPECIAL LEGACY	...	...	...	...	...	...	...	79

£56,436

SPECIAL FUNDS 31st DECEMBER, 1959

	£	£
SPECIAL ANONYMOUS TRUST (1930):		
CAPITAL ACCOUNT	20,000	
INCOME ACCOUNT:		
Balance at 31st December, 1958	1,709	
Add: Income 1959	697	
	<u>2,406</u>	
Less: Payments made o/a building	2,372	
	<u>34</u>	
		20,034
MRS. L. L. LAYBORN TRUST (1943):		
CAPITAL ACCOUNT at 31st December, 1958	4,129	
INCOME ACCOUNT:		
Receipts during 1959	185	
Less: Paid to St. Luke's Nursing Home for the Clergy	<u>4,314</u> 188	
		4,126
J. R. CATLIN, DECEASED, TRUST:		
Balance at 31st December, 1958	27	
Add: Receipts during 1959	<u>1</u>	
		28
		<u>£24,188</u>

NOTE:

The Special Funds are represented by assets maintained in separate designated accounts made up as follows:

Investments	24,090
Debtors and Balances at Banks	98
	<u>£24,188</u>

RECEIPTS FROM LEGACIES IN 1959

						£
GENERAL:						
Sir Richard John Allison	...	...	...	...	...	500
Alfred Charles Cosher Bates	...	...	...	...	...	917
Miss Jessie Addison Bumsted	...	...	...	...	...	764
Miss Annie Florence Cuthbertson	...	...	...	...	...	5,061
Miss Caroline Edwards	...	...	...	...	...	50
Miss Winifred Eliza Hawley	...	...	...	...	...	200
Miss Eliza Frances Herriot	...	...	...	...	...	33
Henry Edward Jackson	...	...	...	...	...	160
Mrs. Ada Frances Jennings	...	...	...	...	...	425
Alexander Michael Levy	...	...	...	...	...	698
Miss Dorothy Gertrude Matthew	...	...	...	...	...	25
Miss Mary Isabel Metcalfe	...	...	...	...	...	18
Robert Palgrave Page	...	...	...	...	...	12,161
William Arthur Posnett	...	...	...	...	...	450
Alexander Benedictus Van Raalte	...	...	...	...	...	9,895
						<u>£31,357</u>

SPECIAL:

David Chapman	<u>£79</u>
---------------	-----	-----	-----	-----	-----	-----	------------

GRANTS MADE IN 1959

	£
Banstead H.M.C.	
Banstead Hospital—Further improvements to main kitchen	3,000
Battersea and Putney H.M.C.	
St. John's Hospital—Interior sprung mattresses ..	1,000
Botleys Park H.M.C.	
Botleys Park Hospital—Staff social centre.. ..	10,000
British Home and Hospital for Incurables, Streatham	
Kitchen equipment	226
Brookwood H.M.C.	
Brookwood Hospital—Patients' club building	7,500
Bromley H.M.C.	
Lennard Hospital—Day hospital in grounds	17,500
Cassel H.M.C.	
Cassel Hospital—Perambulator shelter	950
Cell Barnes and Harperbury H.M.C.	
Cell Barnes Hospital—Improvements to nurses' home kitchen	3,500
Charing Cross Hospital	
Reconstruction of maternity department	1,000
Children's Convalescent Home, East Grinstead	
Interior decorations and equipment	307
Claybury H.M.C.	
Claybury Hospital—Improvement of vegetable preparation section of main kitchen	2,800
Croydon H.M.C.	
Croydon General Hospital—New ward sisters' home ..	250
Darenth and Stone H.M.C.	
Darenth Park Hospital—Improvement of grounds ..	2,000
Dartford H.M.C.	
Joyce Green Hospital—Improvement of main kitchen ..	2,600
Dedisham Convalescent Nursery School	
Improvements	210
New staff accommodation	3,500

GRANTS MADE IN 1959

	£
Delves House Trust, Kensington	
Improvements to kitchen	1,550
Derwent House, Chislehurst (Brook Lane Medical Mission)	
Equipment	3,000
Distressed Gentlefolks Aid Association	
Equipment for new home for elderly chronic sick at Kensington	1,000
Edith Cavell Home of Rest for Nurses, Haslemere	
Interior decorating	215
Edith Priday Home, Blackheath	
Garden improvements	257
Edmonton H.M.C.	
St. David's Hospital—Main recreation hall	1,780
Enfield H.M.C.	
Chase Farm Hospital—Chapel	2,000
Epsom H.M.C.	
Epsom District Hospital—Reorganization of gardens ..	750
Fairfield House, Broadstairs	
Sanitary improvements	774
Florence Nightingale Hospital	
Maintenance	250
Friern H.M.C.	
Friern Hospital—Two lifts	5,000
Hackney H.M.C.	
Hackney Hospital—Sanitary accommodation for kitchen staff	3,000
Harefield and Northwood H.M.C.	
Mount Vernon Hospital—New hall	1,000
Hart's Leap Home, Sandhurst	
Exterior painting	643
Hertfordshire Seaside Convalescent Home	
Exterior painting	400
Holloway H.M.C.	
Holloway Sanatorium—Improvement of grounds ..	63
Hospital of St. John and St. Elizabeth	
Maintenance	1,000

GRANTS MADE IN 1959

	£
Ilford H.M.C.	
Dagenham Hospital—Recreation hall	700
Italian Hospital	
Capital improvements	5,000
John Howard Convalescent Home, Brighton	
Redecorations	773
King George VI Memorial Club, Camberwell	
Showerbaths	200
Kingsbury Convalescent Home, Woking	
Extension of dining room	400
Kingston H.M.C.	
Kingston Hospital—Improvements to staff kitchen ..	4,000
Lambeth H.M.C.	
Lambeth Hospital—General improvements to old nurses' home	1,000
Furnishings for recovery home at Crawley	1,600
Lennox House, Southsea	
Kitchen equipment, alterations and bedding	348
Limpsfield Convalescent Home for Women	
Equipment	109
Leytonstone H.M.C.	
Whipps Cross Hospital—Recreation hall	12,000
Long Grove H.M.C.	
Long Grove Hospital—Improvements to hairdressing arrangements	2,500
Completion of staff social centre	6,500
Maitland House, Frinton-on-Sea	
Repairs	177
Manor H.M.C.	
Manor Hospital—Staff recreation and club house ..	5,000
Moorfields Eye Hospital	
Recreation room for patients	1,850
Moor House School, Oxted	
Enlargement scheme	6,000
Napsbury H.M.C.	
Napsbury Hospital—Patients' café and hospital shop ..	2,400

GRANTS MADE IN 1959

	£
North East Metropolitan Regional Hospital Board	
St. Clement's Hospital, Bow—Pioneer psychiatric unit	50,000
Paddington H.M.C.	
St. Charles' Hospital—Part cost of plans for new theatre	21
Pawling Home Hospital, Barnet	
Equipment	97
Preston Hall H.M.C.	
Preston Hall Chest Hospital—Major scheme of improvements to main kitchen	4,400
Ranyard Memorial Home, Lewisham	
Equipment	3,000
Royal National Orthopaedic Hospital, Stanmore	
Accommodation for patients' relatives	2,500
Royal Hospital and Home for Incurables, Putney	
New lift and repairs to roadway within grounds	890
St. Andrew's Hospital Dollis Hill	
Maintenance	750
St. Bernard's Convalescent Home, Hove	
New chairs	110
St. Cecilia's Home, Bromley	
Motor vehicle	800
St. Ebba's and Belmont H.M.C.	
Belmont Hospital—One year's salary for psychiatric social worker	1,200
St. Ebba's Hospital—Food trailers and containers	1,800
Staff social centre	3,000
St. George's Hospital, Tooting Grove	
Library and conference room for medical department	2,000
St. Helier H.M.C.	
Nelson Hospital—Resident doctors' accommodation	2,000
St. John's Open Air School, Woodford Bridge	
Television at school's sick bay	64
St. Joseph's Nursing Institute, Edmonton	
Renewal of boilers	650

GRANTS MADE IN 1959

	£
St. Lawrence's H.M.C.	
St. Lawrence's Hospital—Occupational therapy centre	15,000
Sidcup H.M.C.	
Cray Valley Hospital—Sterilizing room	450
South Ockendon H.M.C.	
South Ockendon Hospital—Staff sports and recreation pavilion	13,000
Southern Convalescent Homes, Lancing	
Lift	400
South West Middlesex H.M.C.	
Travelling expenses for supplies officer	25
Spelthorne St. Mary Home, near Egham	
Interior decorations	500
New ward kitchen and alterations	2,750
Staines H.M.C.	
Ashford Hospital—Cleaning equipment	1,000
Surrey Convalescent Home	
Sanitary accommodation	98
Uxbridge H.M.C.	
Hillingdon Hospital—Recreation rooms for nurses ..	3,500
Warlingham Park H.M.C.	
Warlingham Park Hospital—Patients' social centre ..	815
West Ham H.M.C.	
Forest Gate Hospital—Renewal of nurses' tennis court ..	440
Westmoor Home, Roehampton (Halfway Home)	
New dining room	473
Wimbledon Guild of Social Welfare	
Lifts at Rathbone House and "Holmhurst"	740
Central Council for District Nursing, and miscellaneous grants	6,807
Council for Music in Hospitals	250
Elderly Invalids' Fund	1,000
Expenses of Convalescent Homes' Conference	196

GRANTS MADE IN 1959

						£
Grants for experimental projects carried out by Division of Hospital Facilities:						
Cleansing and sterilization of blankets	..	..	..	..	..	450
Hospital flooring	..	..	..	..	..	4,000
Patient-lifting devices	..	..	..	..	..	370
Study of floor sealers	..	..	..	..	..	400
Maintenance grants to Convalescent Homes	..	..	..	..	..	4,300
National League of Hospital Friends	..	..	..	..	..	300
Westminster Hospital—for work study (second grant)	..	..	..	..	..	2,500
						<hr/>
						262,628
Under consideration, December 31, 1959	..	..	..	..	..	1,422
						<hr/>
						<u>£264,050</u>

PRINCIPAL PUBLICATIONS OF THE FUND

ACCOUNTS AND STATISTICS

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

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

HOSPITAL ADMINISTRATION

Hospital Administrative Staff College. 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.

An Interim Report on the Cleansing and Sterilization of Hospital Blankets, 1959. This Report presents available information together with an assessment of the subject of the cleansing and sterilization of hospital blankets of various materials. 59 pp. and tables. 2s. post free.

NOISE IN HOSPITALS

Noise Control in Hospitals. A report of an enquiry into noise in hospital wards together with suggestions for its control, 1958. 1s. 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	„ „ „ „

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.

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 LIBRARIES

Hospital Library Services. A pilot survey carried out by an independent Committee sponsored by the King's Fund, 1959. 2s. 6d. *post free.*

HOSPITAL CATERING

Third Memorandum on Hospital Diet, 1959. 2s. *post free.*

Following the publication of the First Memorandum on Hospital Diet in 1943 and the Second Memorandum in 1945, it was decided to issue a Third Memorandum in 1959 bringing the information up to date in the light of the experience of the Catering Advisory Service. The Memorandum refers to improvements which have been effected in many hospital kitchens, and deals with dining room arrangements and the type of meals provided for resident and non-resident staff. It recommends a choice of dishes at all meals, a common staff dining room with cafeteria service, an efficient service counter with refrigerated section, as wide a range of meal hours as possible, and acoustic treatment for large dining rooms to reduce noise.

Memorandum on Special Diets (third edition due in summer, 1960) with an introduction on the nutritional value of hospital dietary. 2s. *post free.*

General Hospital Diets: a guide to the cost of feeding patients, with menus and recipes (third edition December, 1959). 2s. *post free.*

Catering Circulars. From time to time circulars on hospital catering and diet are published by the Fund's Hospital Catering Advisory Service. At present the following circulars are available:

Care of Equipment	..	..	..	..	2s <i>post free</i>
Layout and Design	..	..	..	..	1s. <i>post free</i>

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

CONVALESCENT HOMES

Directory of Convalescent Homes, 1960. 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 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.

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, 1960. 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.

MISCELLANEOUS—*Contd.*

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

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

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

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

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)."

FORM FOR ANNUAL SUBSCRIPTION OR DONATION

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

To the Secretary,

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

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

Kindly acknowledge receipt to the following address:—

Name

Address

.....

.....

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

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 7s. 9d. in the £48 19s. 7d.); 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 £48 19s. 7d.

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 of19.....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

AddressL.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.

