# BROMLEY GROUP HOSPITAL MANAGEMENT COMMITTEE



## REPORT

FOR THE PERIOD

5th JULY, 1948, TO 31st MARCH, 1949



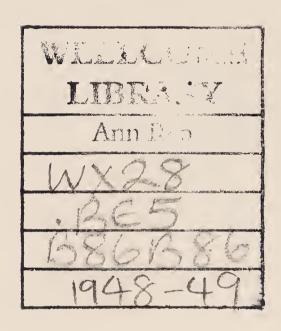
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#### HOSPITAL MANAGEMENT COMMITTEE

As at 31st March, 1949

\*Chairman:

Alderman Arthur Collins.

\* Vice-Chairman:

Frank Healey, Esq., J.P.

Members:

Mrs. E. M. Barlas, J.P.

Councillor G. R. D. Bradfield, L.D.S., R.C.S. (ENG.).

Councillor Mrs. I. Brook, S.R.N., S.C.M.

Councillor A. Owen Carter.

Brigadier A. D. Curtis.

C. E. W. Duley, Esq.

Councillor Mrs. K. M. F. Constable Gray.

Stanley Hooker, Esq.

H. Crewdson Howard, Esq., F.C.A.

D. G. Madigan, Esq., B.A., M.B. B.CH.

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Miss G. H. Warrack, B.Sc.

Denis Whitlock, Esq., F.R.C.S. (ED.), M.R.C.S., L.R.C.P.

\* Ex-officio members of all Sub-Committees.

#### Officers:

Secretary: R. C. Millward, Esq., F.C.C.S., F.H.A.

Finance Officer: W. S. Lea, Esq., A.I.M.T.A.

Supplies Officer: J. W. Lis, Esq., F.H.A.

Group Engineer: Col. O. Sturt, M.A.

The offices of the Hospital Management Committee are situated at Farnborough Hospital,
Farnborough, Kent.

#### SUB-COMMITTEES

#### GENERAL PURPOSES

Chairman:

C. E. W. Duley, Esq.

#### Members:

Mrs. E. M. Barlas, J.P.

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Brigadier A. D. Curtis.

Rufus C. Thomas, Esq., F.R.C.S. (ED.), F.R.C.O.G.

Miss G. H. Warrack, B.sc.

Denis Whitlock, Esq., F.R.C.S. (ED.), M.R.C.S., L.R.C.P.

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#### Members:

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Stanley Hooker, Esq.

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G. Denison Stilwell, Esq., M.R.C.S., L.R.C.P.

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Brigadier A. D. Curtis.

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Councillor A. Owen Carter.

F. Healey, Esq., J.P.

#### ADVISORY COMMITTEES

#### GROUP MEDICAL COMMITTEE

#### Chairman:

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#### Members:

- B. A. J. Arthure, Esq., M.R.C.S., L.R.C.P.
- C. R. G. Barrington, Esq., M.R.C.S., L.R.C.P.
- J. F. Byers, Esq., M.B., CH.B., D.P.H.
- C. Hope Carlton, Esq., M.C., M.A., M.CH., F.R.C.S.
- C. C. Cookson, Esq., F.R.C.S.
- A. C. Glendinning, Esq., M.B., B.CH., B.A.O., D.M.R.E.
- D. L. Greig, Esq., M.R.C.S., L.R.C.P., D.M.R.E.
- A. L. Gunn, Esq., M.D., F.R.C.S., F.R.C.O.G.
- J. F. Hackwood, Esq., M.D., F.R.C.S.
- J. H. Keall, Esq., M.D., B.S., B.PHARM.
- D. Leys, Esq., D.M., F.R.C.P.

Douglas M. Lindsay, Esq., J.P., M.D., F.R.F.P.S., F.R.C.O.G.

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Kevin McCaul, Esq., M.B.E., L.R.C.P.I., L.R.C.S.I., D.A.

- L. G. J. Pitt Payne, Esq., M.B., B.S.
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- G. Denison Stilwell, Esq., M.R.C.S., L.R.C.P.
- K. E. Tapper, Esq., O.B.E., G.M., M.B., CH.B., D.P.H.

Denis Whitlock, Esq., F.R.C.S. (ED.), M.R.C.S., L.R.C.P.

#### MATRONS PANEL

#### Chairman:

Miss M. Berkeley, s.R.N., s.C.M.

#### Members:

- Miss D. Beard, s.R.N., s.C.M.
- Miss B. D. Hourston, S.R.N., S.C.M.
- Miss M. Mackenzie, S.R.N.
- Miss C. Peake, s.R.N., s.C.M.
- Miss S. Rhodes, s.R.N., s.C.M., R.S.C.N.
- Miss C. W. Rogers, S.R.N., S.C.M., R.S.C.N.
- Miss G. Swanston, S.R.N., R.F.N.

# HOSPITALS AND CLINICS

# Administrative Officer

J. F. Hackwood, Esq., M.D., F.R.C.S. (Surgeon Superintendent) H. W. Woolven, Esq., F.C.I.S., F.H.A.

776 beds.)

FARNBOROUGH HOSPITAL,

Farnborough, Kent.

Hospitul

WEST KENT ISOLATION HOSPITALS,

Lennard Road, Bromlev.

(General Hospital. 215 beds.)

Cromwell Avenue, Bromley.

BROMLEY HOSPITAL, (General Hospital.

J. Byers, Esq., M.B., CH.B., D.P.H. (Physician Superintendent)

BECKENHAM MATERNITY HÓSPITAL.

(General Hospital. 100 beds.)

Croydon Road, Beckenham.

BECKENHAM HOSPITAL,

(260 beds.)

Stone Park Avenue, Beckenham.

CHILDREN'S HOSPITAL,

West Wickham.

80 beds.)

(For rheumatic heart cases.

CHILDREN'S HOSPITAL,

Sydenham Road, Sydenham, S.E.26.

SYDENHAM INVALID BABIES'

(100 beds.)

NURSERY,

A. Elder, Esq., A.H.A.

Beltwood, 41 Sydenham Hill, S.E.26.

(35 beds.)

BROMLEY CHEST CLINIC,

Clinic

2 Park Road, Bromley. PENGE CHEST CLINIC

1 Westbury Road, Penge.

D. G. Madigan, Esq., B.A., M.B., B.CH., Chest Physician.

Ditto

G. Easto, Esq., F.C.C.S., A.H.A.

Ditto

Ditto

Matron

Miss C. Peake, S.R.N., S.C.M.

Miss M. Berkeley, S.R.N., S.C.M.

Miss G. Swanston, s.R.N., R.F.N.

Miss B. D. Hourston, S.R.N., S.C.M.

Miss D. Beard, S.R.N., S.C.M.

Miss M. Mackenzie, s.R.N.

Miss S. Rhodes, S.R.N., S.C.M., R.S.C.N. Miss C. W. Rogers, S.R.N., S.C.M.,

(40 beds.)

#### REPORT

For the period 5th July, 1948 to 31st March, 1949

#### 1.—ADMINISTRATION

Prior to the 5th July, 1948, eight different authorities which bore no relation to one another were responsible for the management of the eleven hospitals and clinics now comprised in the Bromley Group, and the first task of the Management Committee when they took office was to take over the management of the services as quickly as possible with a minimum of disturbance to the general hospital routine. It was also necessary at the same time to implement the regulations laid down under the National Health Service, which in some cases necessitated the introduction of new procedure and the adaptation of the hospital organization.

The first few months of the service have been largely occupied with establishing the new administrative machinery, terminating the agency arrangements made between the various authorities and the Regional Hospital Board, and reviewing the services in the Group to ascertain their deficiencies and considering the way in which they can be integrated to provide a fuller and more comprehensive service.

#### Sub-Committees

Four sub-committees of the Management Committee have been constituted, as follows:—Establishment, General Purposes, Buildings and Supplies, and Finance.

In order to expedite the business of management, these sub-committees have considerable delegated authority, and consist solely of members of the Management Committee. Meetings of the Management Committee are open to the Press.

#### Advisory Committees

Two advisory committees have been established to advise the Management Committee on the medical and nursing services. The Group Medical Committee consists of representatives from the staffs of each of the hospitals in the Group and of the general practitioners, and the Medical Officer of Health. The Matrons Panel, which is concerned with nursing aspects, consists of the matrons of all the hospitals, and their meetings are attended by the Secretary and a member of the Management Committee.

These committees have worked very well indeed, and their advice has been invaluable and indispensable.

#### Management Committee headquarters

It was hoped to establish the Management Committee offices in Bromley, as this is a more convenient centre for the administrative headquarters. This has not proved possible and the temporary headquarters at Farnborough Hospital are likely to be permanent. Staff have now been recruited in the secretariat and in the supplies, finance and engineering departments. Nearly all the staff have been transferred from other hospitals.

#### Administrative costs

The greatest care has been taken to delegate responsibility as much as possible, both by the Committee and the management officers, in order to expedite business and keep administrative expenditure as low as possible. The cost of the administrative salaries for the Group (all officers from Administrative Grade I upwards, both at headquarters and hospitals and clinics) is only  $2\cdot1\%$  of the total salary expenditure (exclusive of specialist medical staff salaries). If to this cost is added the clerical staff in the offices, records clerks, stores clerks, wages clerks and shorthand-typists, the total cost is equivalent to 6%.

#### Administrative machinery under the National Health Service Act

The administrative machinery established under the National Health Service is of an experimental character. The achievement of its principal object, to secure the advantages of planning on a national basis and over wide local areas while retaining the local initiative and responsibility for management by the delegation of powers to Management Committees, will depend largely upon the extent to which Management Committees are given real responsibility and able to give decisions in the day-to-day management; their ability to obtain administrative officers of the right quality and of sufficient experience and the extent to which these officers can personally administer the service and be fully conversant with the ever-changing needs; able to anticipate difficulties and put forward constructive proposals for improvement.

#### Local responsibility

It was made clear at the outset of the service that Management Committees would be given a good deal of freedom in the management of the hospitals, within a global budget to be agreed by the Regional Hospital Board, and by this means to promote and encourage local initiative and avoid the frustration and waste that arises when control is exercised from a distant centre. There are already indications that, on grounds of financial expediency, Management Committees will be required to refer more and more to the Regional Hospital Boards before they can act, with a tendency towards a centralisation of certain services. If this tendency is allowed to develop, it will defeat the aim to maintain vigorous local management and responsibility and it will very quickly create a sense of frustration at the hospitals and deterioration in the quality of the service.

#### Shortage of administrative officers

Difficulty has been experienced in securing suitable administrative officers, owing to the initially widespread demand made by Management Committees on the inception of the service, and to the shortage of suitable personnel which has existed in this field for some time. It is clear that adequate provision for the selection and training of persons for this very specialised branch of administration has an important bearing on the future of the service.

In the Bromley Group the two administrative assistants in the secretariat have been given every opportunity to obtain wide experience in all branches of management, as it is believed that it is from this class of officer that the chief administrators of the future will be recruited. The Principal of the local technical college has kindly undertaken to commence a course of studies for the examinations of the Institute of Hospital Administrators, and sixteen of the staff in the Group will avail themselves of this training. It is hoped to appoint one or two pupil administrators in the Management Committee offices when the organization has settled down.

#### Size of group

The size of the hospital group is closely related to that of efficient administration. A group should be sufficiently large to enable a comprehensive service in the area to be provided economically and to allow for the fullest interchange of beds and services, but not so large as to prevent a close contact between the Management Committee and their officers, and all the hospitals in the Group. It is necessary for the Secretary to spend at least half his time at the hospitals, but it is difficult to give adequate attention to each unit if they are too many and too scattered. The Bromley Group is on the large size. No doubt in due course

it will be necessary to make some modifications in the grouping of hospitals, and the experience of the Management Committees in this respect is therefore of paramount importance.

#### 2.—SERVICES

#### Statistics

A summary of the work performed in the hospitals and clinics during the period 1st July, 1948, to 31st March, 1949, appears in the appendix to this report. Similar statistics are not available for the period prior to July, 1948, and it is not therefore possible to show comparisons.

#### Admissions and out-patient attendances

The total number of admissions to the wards was 14,401, and the number of out-patient attendances, casualty and physiotherapy attendances was 222,346. It is therefore necessary to budget for approximately 20,000 admissions annually (exclusive of sanatoria and mental cases) and 300,000 out-patient and casualty attendances, for a population of 250,000.

#### Beds available

vs :	
100	
215	
676	
40	
70	
50	
97	
35	
	1,283
. 100	
. 30	
. 30	
. 115	
. 48	
	323
	1,606
	215 676 40 70 50 97 35 100 30 30

A further 100 beds at Farnborough Hospital are out of commission.

When the Management Committee took office in July, 1948, 442 beds were closed owing to lack of staff, but it has been possible to reduce this to 323, which represents an increase of 10% in the number of beds available. Improvement is also reflected in the bed occupancy. In July and August the average number of beds occupied was 78% and in March had risen to 87%.

#### Waiting lists

The number of patients awaiting admission to hospitals at the 31st March was as follows:—

TOTTO W 5 .						
General Medicine			 			22
General Surgery			 			317
Gynaecology			 			129
Paediatrics			 			13
Cardiology			 			26
Tuberculosis—resp	pirato	ry	 		-	12
E.N.T			 			1,200
Neurology			 			4
Ophthalmology			 			130
Orthopaedic			 			51
Urology			 			8
Chronic sick			 			63
Private patients			 			25
			T	otal		2,000

In addition, 245 children referred to Farnborough Hospital from the school

clinics for tonsils and adenoids are awaiting examination.

As the available beds are being used to a full extent, it will only be possible to deal with the patients on the waiting list by the provision of additional staff, staff accommodation and additional beds. A further 100 beds could be made available at Farnborough Hospital if the staff (and accommodation) could be obtained, and 30 more at the Children's Hospital, Sydenham. 100 beds are urgently needed at Bromley and some 50 at Beckenham. The provision of this additional accommodation would make it possible to deal more adequately with the most pressing needs, but it would not be sufficient to meet fully the requirements of the Group.

#### Section 4 (N.H.S. Act) Accommodation

There have been many enquiries for "amenity" bed accommodation (single-or double-bedded rooms for which a charge of not more than two guineas a week can be made) which the Minister may provide under Section 4 of the Act. Recommendations were submitted to the Regional Hospital Board in November for the provision of 61 beds in this category, but approval is still awaited. Unfortunately the number of small rooms which can be used in this way is very limited, and is not likely to be sufficient to meet the demand. Consideration has been given to the cubicilisation of wards for this purpose, but this would mean reducing the number of beds accommodated in the wards, and cannot be justified with the present shortage.

#### Chronic sick

The problem of finding sufficient accommodation for the treatment of the elderly chronic sick is a national one, and experience in the Bromley area is similar to that of other Groups. The long-stay nature of this type of case makes a heavy demand upon beds, and so long as cases are nursed with general cases their number must be limited if the nurses' training is not to be seriously affected.

The number of beds in this Group for the elderly chronic sick is 66, and the recommendation of the Group Medical Committee is to increase this to 130 by the conversion of the Smallpox Hospital to a long-stay annexe for female patients.

An investigation has been carried out into those cases on the waiting list at 5th July, as a result of which it has been possible to reduce the number to 63.

A report on the medical condition of the patient and another from the District Officer on the social conditions is made available to the physician in charge of the geriatric department before the case is placed on the waiting list, to ensure that the needs of the patient are properly assessed and that the patient is a hospital responsibility.

#### Hospital Admissions Office

A Hospital Admissions Office was established at the Isolation Hospital, Lennard Road, Bromley, with the principal object of assisting general practitioners to get emergency cases into hospital. The Admissions Office make the enquiries at the various hospitals on behalf of the general practitioner and the Office also deals with requests for the obstetric flying squad, chronic sick enquiries and requests for the domiciliary visit of a specialist. Dr. J. Byers, Physician Superintendent of the Isolation Hospital, has kindly acted as medical referee and adjudicated on the admission of emergency cases where necessary.

#### Out-patients

The number of attendances made in the out-patient, casualty and physiotherapy departments has increased and amounted to 222,346 during the nine months. The increase is partly due to the necessity for patients to be examined for appliances and similar aids at hospital. 300 patients have attended to be tested for hearing aids, and at Bromley there is a two months' delay before patients can be examined to ascertain their suitability for an aid. After examination it is necessary for patients to wait several months to obtain an appliance, because the demand has so far exceeded the supply. Appliances are supplied in this Region through two distributing centres—King's College Hospital, and the Kent and Canterbury Hospital, Canterbury.

A larger number of patients are being referred to the out-patient departments and the number of clinics has been increased in an endeavour to try and meet increasing demands and to reduce the time which patients have to wait before they can secure an examination. Very great concern is felt at the long delay

in the following clinics:—

		Becke	nham	Bromley	F	arnborough
Department		Hosz	bital	Hospital		Hospital
General medicine	e	4 w	eeks	2 weeks	4	weeks
General surgery				4 weeks		
Orthopaedic		8 w	reeks	8 weeks		
E.N.T		10 w	reeks	2 weeks		
Hearing aid				some months	3	weeks
Gynaecology			_	5 weeks		
Neurology		—		3 weeks		
Ophthalmology		8 w	reeks	2 weeks		
Dermatology		10 w	reeks		2	weeks
Paediatrics		–	_	_	<b>2</b>	weeks
Psychiatry		–	_	6 weeks	2	weeks
Cardiology			_	4 weeks		
' D ' 1 TT	*/ T T)	1 1 1	7	1.0	1 4 1	3 3 3 3 3 4 5

The Regional Hospital Board have been asked for approval to hold additional clinics in the E.N.T., dermatological and ophthalmological departments of Beckenham, and orthopaedic at Bromley, but in view of the present financial

stringency it is not known whether this will be possible.

Arrangements exist in most of the clinics for patients to attend by appointment, but they are not altogether satisfactory for a number of reasons and are under review. The efficiency of the appointments system is very dependent upon a close liaison with the ambulance service.

#### Domiciliary specialist service

Full particulars of a scheme to provide for a patient to be visited at home by a specialist when the patient is too ill to attend hospital were circulated to general practitioners in December last. The arrangements have worked smoothly and 250 visits have been made by the specialist staff.

#### Pathology

The Group is fortunate in its pathological services. The laboratory at Farnborough Hospital is in the charge of a whole-time pathologist, and serves Orpington and Pembury Hospitals. A whole-time pathologist is also in charge of the laboratory at Bromley, which also provides a service at Beckenham Hospital, Beckenham Maternity Hospital and the Children's Hospital, Sydenham. Technical staff have been increased during the period under review to deal with the increased number of examinations.

Statistics are not available for the period prior to July, but the following figures are of interest and reflect the expansion in work of the pathological departments:—

#### Radiology

The radiological services are not satisfactory. At Farnborough, Bromley and Beckenham the work is carried out under very congested conditions. Additional equipment is necessary, but cannot be installed until more accommodation is available. The department at Bromley is in the charge of a whole-time radiologist, but patients requiring a barium meal have to wait three months at the moment. At Farnborough, in-patients frequently have to wait as long as ten days for a barium meal, which causes a wastage of beds. At both Farnborough and Beckenham the daily attendance of a radiologist is necessary. The steady increase in the number of X-ray examinations being made is reflected in the following figures for the nine months under review:—

Number of	examinations	July—September	 	7,017
		October—December		10,246
Number of	examinations	Ianuary—March	 	11,248

#### Physiotherapy and Occupational Therapy

With the exception of the Bromley Hospital, the rehabilitation services have not been developed to any great extent, and no progress can be made in this direction until accommodation and equipment is available. In the cramped conditions at Farnborough and Beckenham it is necessary to keep the number of treatments in the physiotherapy department as low as possible.

#### Integration of the services

The fact that whereas formerly the hospitals in the Group were under eight different authorities and are now under a single Management Committee, which in turn is subject to the over-all planning of the Regional Hospital Board, must result in a much greater integration and planning of the hospital services. There is greater opportunity for interchange of services and a more economical use of the materials and personnel. This is further assisted by the fact that representatives of the medical staffs of each of the hospitals meet together regularly to discuss and advise the Management Committee on the medical services in the Group, and the administrative officers and matrons meet in a similar way. It is desirable that, wherever possible, the specialist and registrar staff should be appointed to serve the Group as a whole and should be in charge of beds and out-patients in the particular specialty wherever they may be located.

The full benefit of the grouping of hospitals will not be felt for some time, as the development plans of each Group, having been submitted to the Regional Hospital Board, have to be correlated with the plans of the Board for the over-all needs of the Region before any changes can be made in the function and use of the hospitals. There are already, however, many examples of the way in which the grouping has made it possible for the hospitals to help one another to the benefit of the patients. Reference has already been made to the Hospital Admissions

Office for dealing with the admission of emergency cases.

At the Penge Chest Clinic, patients who formerly had to undertake a difficult journey of seven miles to obtain their pathological and X-ray examinations

are now sent to Beckenham Hospital, half-a-mile away.

The Medical Records Officer, appointed primarily to introduce a medical records system at Farnborough Hospital, will co-ordinate all the medical records and statistics of the Group so that proper records are available at even the smallest unit.

The matrons have been able to help one another and in some cases a nursing candidate who has been unsuitable for one hospital has been referred to another. The preliminary training school at Farnborough Hospital is to serve the other training schools in the Group.

Heads of departments (pharmacists, almoners, etc.) meet together informally at intervals and have been able to assist one another by pooling their common

experiences.

It is now possible to make the services of such officers as almoners and pharmacists available to the smaller units from the principal hospitals, and in either clinical or administrative difficulty the smaller units are able to fall back on the services of the larger ones. Staff at one hospital have been transferred to help out at another where this has been necessary.

The annexe at the Isolation Hospital has been used temporarily to accommodate nurses from the Bromley Hospital, where the shortage of staff accommodation is acute. Supplies and equipment have been transferred from one unit to another in cases of urgency, and when the X-ray apparatus at one hospital broke down recently a mobile unit from another hospital was transferred to meet the situation until the equipment could be repaired.

In the course of time certain services such as clinical photography, speech therapy, etc., which it is uneconomical to provide for individual hospitals, will

be provided for the Group.

In the maintenance department we are now in a position to undertake most of the repairs and maintenance by our own works staff, instead of employing outside contractors.

#### Catering services

At the request of the Management Committee, the Regional Catering Advisor surveyed the catering services in the Group, with a view to ensuring a good

standard of catering. His recommendations have been adopted, but cannot be implemented at the moment in view of the need to curtail expenditure. Their object, however, is to give to the smaller units the benefit of the services and assistance of the catering officers of the larger hospitals.

#### Buildings

The accommodation in the hospitals and chest clinics is inadequate and many parts of the existing buildings are very poor indeed, but in view of the cut in the estimates and limitation on future spending, there is little hope of adapting buildings or extending hospitals for a long time. Everything is and will be done to make the most of the existing premises, but the fact has to be faced that the services are bound to be limited by the physical accommodation available. Many improvements could be made in the services if additional or more suitable buildings were available.

#### Out-patients, casualty and X-ray departments

The deficiencies in accommodation are particularly serious in the out-patient casualty and X-ray departments where patients attend for examination under most trying and unsatisfactory conditions. All the departments in the Group require considerable improvement. They are all poor and in three cases very bad. At Bromley, for example, casualty cases and out-patients wait together in a very small waiting room, and patients frequently have to stand in crowded conditions in corridors because there is no room in which to provide seats. At Farnborough no out-patient building has ever been provided and the traffic of a busy out-patient and casualty department takes place in two wards which are partly occupied by seriously ill patients.

300,000 attendances are made every year in the out-patient, casualty and physiotherapy departments, and patients should be received under reasonable conditions of comfort and the medical and nursing staff given proper facilities

for the examination of patients.

It is strongly urged that in the limited building programme first preference should be given to the adaptation and improvement of existing out-patient and

X-ray departments, and, where possible, new departments provided.

The lack of staff accommodation, particularly for the nurses, is giving concern, and particulars have been submitted to the Regional Hospital Board. 170 bedrooms with ancillary services are required to bring the existing accommodation up to a reasonable standard, and a further 134 rooms are required to accommodate a full complement of nurses. Nursing staff are encouraged to be non-resident to relieve the situation.

#### Major building works

The following major building works have been put in hand during the period under review:—

	£
Completion of top floor, nurses' home, Farnborough Hospital	21,103
Completion of maids' home, Farnborough Hospital	14,000
Twin operating suite, Bromley Hospital	21,450
Conversion of "Lyncroft" for maids accommodation. Bromley	
Hospital	3,298

The Management Committee have pressed for the erection of the new chest clinic at the Bromley Hospital to replace the dilapidated and unsuitable premises at No. 2 Park Road. A starting date has now been given and it is expected that work will commence very shortly.

The Penge Chest Clinic, No. 1 Westbury Road, has been redecorated and

equipped.

The wards at the Children's Hospital, Sydenham, have been allowed to fall into a very bad state of decoration, repair and equipment, but it has been possible to effect a very considerable improvement to the hospital, and the number of beds open is now 73 against 32 in July, 1948.

#### Statistics

The staff employed in the hospitals and clinics at 31st March, 1949, including part-time officers, was as follows:—

		Percentage	
Total		of total	
23		1.27	
	23		1.27
53		$2 \cdot 95$	
654		36.23	
24		1.34	
13		$\cdot 72$	
38		$2 \cdot 11$	
9		•49	
15		.84	
· · ·	806		44.68
745		41.34	
84		4.66	
	829		46.00
39		$2 \cdot 22$	
	39		$2 \cdot 22$
105		5.83	
	105		5.83
1,802	1,802	100.00	100.00
	$\begin{array}{c} 23 \\ - \\ 53 \\ 654 \\ 24 \\ 13 \\ 38 \\ 9 \\ 15 \\ \hline 745 \\ 84 \\ \hline \\ - \\ 105 \\ \hline - \\ - \\ 105 \\ \hline \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Total       of total         23 $\frac{1 \cdot 27}{-}$ 53 $\frac{2 \cdot 95}{5}$ 654 $36 \cdot 23$ 24 $1 \cdot 34$ 13 $\cdot 72$ 38 $2 \cdot 11$ 9 $\cdot 49$ 15 $\cdot 84$ $\frac{\cdot}{745}$ $\frac{41 \cdot 34}{4 \cdot 34}$ 84 $\frac{4 \cdot 66}{-}$ 39 $\frac{2 \cdot 22}{-}$ $\frac{105}{-}$ $\frac{5 \cdot 83}{-}$ $\frac{105}{-}$ $\frac{5 \cdot 83}{-}$

(The above figures are exclusive of specialist medical staff.) It will be observed that 44.68% of the staff are engaged directly on clinical duties and a further 46% on domestic service, accounting altogether for approximately 90% of the staff.

#### Staff shortages

The shortage of nursing staff continues to present a serious problem and limits the number of beds that can be made available. The Bromley and Beckenham hospitals have a full complement, but there is a serious shortage at Farnborough. Difficulty has been experienced in obtaining staff for the Children's Hospital, Sydenham, and there has been a shortage of pupil-midwives for the maternity units.

There are greater opportunities for nursing recruitment under the grouping of hospitals, but it is impracticable at the moment to launch a recruiting campaign owing to the shortage of staff accommodation. The greater facilities available in the Group make it easier to bridge the gap between girls leaving school at 15 or 16 years of age and the time when they can take up their nursing training, usually at  $17\frac{1}{2}$  years. Young girls who intend to make a career of nursing and are too young to be accepted for training, can be temporarily employed in an office or clinical department in the hospitals, where they can obtain useful experience until they are old enough to go into the training school.

Staff shortages are not by any means confined to the nursing department. The domestic position has improved considerably, but there is a shortage of technical staff for the X-ray, physiotherapy and laboratory departments. Shorthand-typists are also scarce and reference has been made to the difficulties in the administrative department. The porter staff and telephonists require to be more highly trained, as their work can add greatly to the efficiency of the hospitals.

#### Joint Consultative Staff Committees

Joint Consultative Staff Committees are to be established throughout the Health Service to promote co-operation between management and staff; to consider staff welfare, and to make suggestions regarding the services. The recommendations of the Whitley Council regarding the constitution of these committees is awaited.

#### Social activities

In order to bring the staffs of the hospitals together, a Group dance was held in November, the first of a number of social events which are to be held in the Group. A Hospital Staff Association has been formed, comprising representatives from each of the hospitals, to promote sporting and social events. A programme of activities for the summer months has been prepared, including a tennis tournament and cricket matches. A sports field is needed and it is recommended that this should be provided either on the open ground at Farnborough Hospital or in the field adjoining "Bassetts" (a nurses' home attached to that hospital).

#### Commendation

The staff have co-operated loyally in meeting the difficulties and adjustments which have had to be faced since the inception of the National Health Service. They have responded willingly to the many extra demands which have been made upon them. Many sections of the staff work under very poor and difficult conditions, and it is only through their public-spiritedness that many difficulties have been overcome. The insistent demands made upon the hospitals to admit emergency and chronic sick patients have to be met, but it is to be realised that the almost impossible working conditions which result fall particularly on the nursing staff, and must in the long run act as a deterrent to nursing recruitment. It has been necessary to borrow staff for assistance in the Management Committee offices, and the co-operation of the officers has been appreciated.

ARTHUR COLLINS, Chairman R. C. MILLWARD,
Secretary

APPENDIX I In-patient Admissions for the period 1st July, 1948 to 31st March, 1949.

	TOTALS	1,505	2,586	179	1,002	3,335	675	129	164	60	36	133	9	2,682	421	23	279	29	280		<del>1</del> 6	114	144	582	14,401
	West Kent Isolation							1							332				1						332
	Invalid Babies' Nursery							1											1			114			114
	Farnborough	1,099	1,302	10	643	1,598	315	115	භ		15	111	4	738	98		1	24	75		53		100		6,291
TALS	Children's, West								148																148
HOSPITALS	Children's, Sydenham		212				191		හ	-	9	က	67	1,028	က		51		35		15				1,550
	Bromley	272	685	24	190	979	96	14	10		10	19		451		23	227	ಸಾ	74					392	3,471
	Beckenham Maternity					758																			758
	Beckenham	134	387	145	169	i e e e e e e e e e e e e e e e e e e e	73			2	5	1	1	465			1		96		26		44	190	1,737
	Classification	General medicine	General surgery	Unclassified	Gynaecology	Obstetrics	Paediatrics	Psychiatry	Cardiology	Dentistry	Dermatology	Tuberculosis: (a) Respiratory	(b) Non-respiratory	E.N.T	Infectious diseases	Neurology	Ophthalmology	Thoracic surgery	Traumatic and ortho- paedic surgery	V.D	Urology	Invalid babies	Chronic sick	Private patients	TOTALS

## APPENDIX II

Consultative Out-patient Attendances for the Period 1st July, 1948 to 31st March, 1949.

					HOSF	SPITALS A	AND CLINICS	VICS						
	Beckenham	nham	Beckenham Maternity	nham nity	Bromley	nley	Chest Clinics: Bromley & Penge	linics: & Penge	Children's, Sydenham	en's, ham	Farnborough	rough	TOTALS	ALS
Classification	New Patients	Total Attend- ances	New Patients	Total Attend- ances	New Patients	Total Attend- ances	New Patients	Total Attend- ances	New Patients	Total Attend- ances	New Patients	Total Attend- ances	New Patients	Total Attend- ances
General medicine	65	95			260	493					790	1,674	1,115	2,262
General surgery	187	252			734	1,999			568	1,474	1,195	2,608	2,684	6,333
Unclassified (including mixed and staff wards)					4,703	4,703							4,703	4,703
Gynaecology	204	309			291	501					714	1,641	1,209	2,451
Obstetrics			1,079	6,342	1,107	11,136			1		923	4,972	3,109	22,450
Paediatrics	41	58			73	148			276	2,534	478	1,924	1,368	4,664
Psychiatry	21	22			178	1,862					166	226	365	2,110
Cardiology					89	165					1		89	165
Dentistry	31	34			138	279	1		171	296			340	609
Dermatology	189	325			232	618			272	1,344	347	1,327	1,040	3,614
Tuberculosis: (a) Respiratory							883	3,585			354	3,896	1,237	7,481
(b) Non-respiratory								35						35
E.N.T	143	204			910	1,983		]	1,210	1,845	1,290	3,018	3,553	7,050
Infectious diseases			1.							I	1	1		1
Neurology					61	141							61	141
Ophthalmology	135	253			925	2,812		1	310	712			1,370	3,777
Thoracic surgery			1	]	105	282	.	-				.1	105	282
Traumatic and orthopaedic surgery	591	1,287		]	537	2,027	1		280	947	7.1	435	1,479	4,696
V.D				[		]					1			
Urology	99	124			1	-			69	208	54	119	189	451
TOTALS	1,673	2,963	1,079	6,342	10,343	29,149	883	3,620	3,656	9,360	6,382	21,840	24,016	73,274
Total casualty attendances.	nres - 35 715	15						Total X.	Total X-Ray examinations.	ninations	98 511			

#### HOSPITAL OUT-PATIENT FACILITIES

The following hospitals and clinics have facilities for out-patient treatment. The days and times on which patients should first attend, with a doctor's letter, may be obtained from the hospitals or clinics concerned.

	Phone:
BECKENHAM HOSPITAL, Croydon Road, Beckenham.	BECkenham 0125.
BECKENHAM MATERNITY HOSPITAL, Stone Park Avenue, Beckenham.	BECkenham 0018.
BROMLEY HOSPITAL, Cromwell Avenue, Bromley. 118 Widmore Road, Bromley.	RAVensbourne 6071.
CHEST CLINICS: 2 Park Road, Bromley. 1 Westbury Road, Penge.	RAVensbourne 2686.
CHILDREN'S HOSPITAL, SYDENHAM Sydenham Road, S.E.26.	SYDenham 7031.
FARNBOROUGH HOSPITAL, Farnborough, Kent.	Farnborough 427.

Clinic					Hospitals
ANTE- AND POST	Γ-NATAL	• •	• •	• •	Beckenham Maternity. Bromley. Farnborough.
CARDIOLOGY	••		• •		Bromley. Farnborough.
CHEST	••	• •	• •	• •	Bromley. Chest Clinic, Bromley. Chest Clinic, Penge.
DENTAL		/	• •	• •	Children's, Sydenham.
DERMATOLOGY		••		••	Beckenham. Bromley. Children's, Sydenham. Farnborough.
EAR, NOSE AND	THROAT		• •	• •	Beckenham. Bromley. Children's, Sydenham. Farnborough.
FRACTURE		• •		• •	Beckenham. Bromley. Children's, Sydenham. Farnborough.
GENITO-URINAR	Υ				Beckenham.
GYNÆCOLOGY		• •		• •	Beckenham. Bromley. Farnborough.
MEDICAL		• •	• •	• •	Beckenham. Bromley. Farnborough.
NEUROLOGY					Bromley.
OPHTHALMOLOG	Y		• •	• •	Beckenham. Bromley. Children's, Sydenham. Farnborough.

Clinic						Hospitals
ORTHODONTIC						Children's, Sydenham.
ORTHOPÆDIC	• •				• •	Beckenham. Bromley. Children's, Sydenham.
ORTHOPTIC				• •		Children's, Sydenham.
PÆDIATRIC			• •			Beckenham. Bromley. Children's, Sydenham. Farnborough.
PHYSICAL MEDI	CINE					Bromley. (Phone: Rav. 6071. Ext. 34.) Farnborough.
PSYCHIATRIC						Beckenham. Bromley. (At 1 Elmfield Road. Phone: Rav. 3722.) Farnborough.
SURGICAL	• •					Beckenham. Bromley. Children's, Sydenham. Farnborough.
VARICOSE VEIN	S	• •	• •			Bromley. Farnborough.

#### HOSPITALS ADMISSIONS OFFICE:

Open from 8.30 a.m. to 8.30 p.m. (Telephone: HURstway 2195).



