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NATIONAL HEALTH SERVICE

North West Metropolitan

Regional Hospital Board

THE FIRST YEAR

being a review of the work of
the Luton and Hitchin Hospital
Management Committee during
the first year of the National
Health Service.



July 1948 - - July 1949

LUTON AND HITCHIN HOSPITAL GROUP

Luton & Dunstable Hospital : Luton

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Her Majesty the Queen

"We must not think that the qualities of charity and endeavour which have given birth to this hospital will be any less required in the future than they have been in the past. A long and honourable chapter is coming to an end, and a new page in social history is about to be written. I have no doubt that the future will see our health services pre-eminent in the world by virtue both of their efficiency and of their ready ministering to the needs of all.

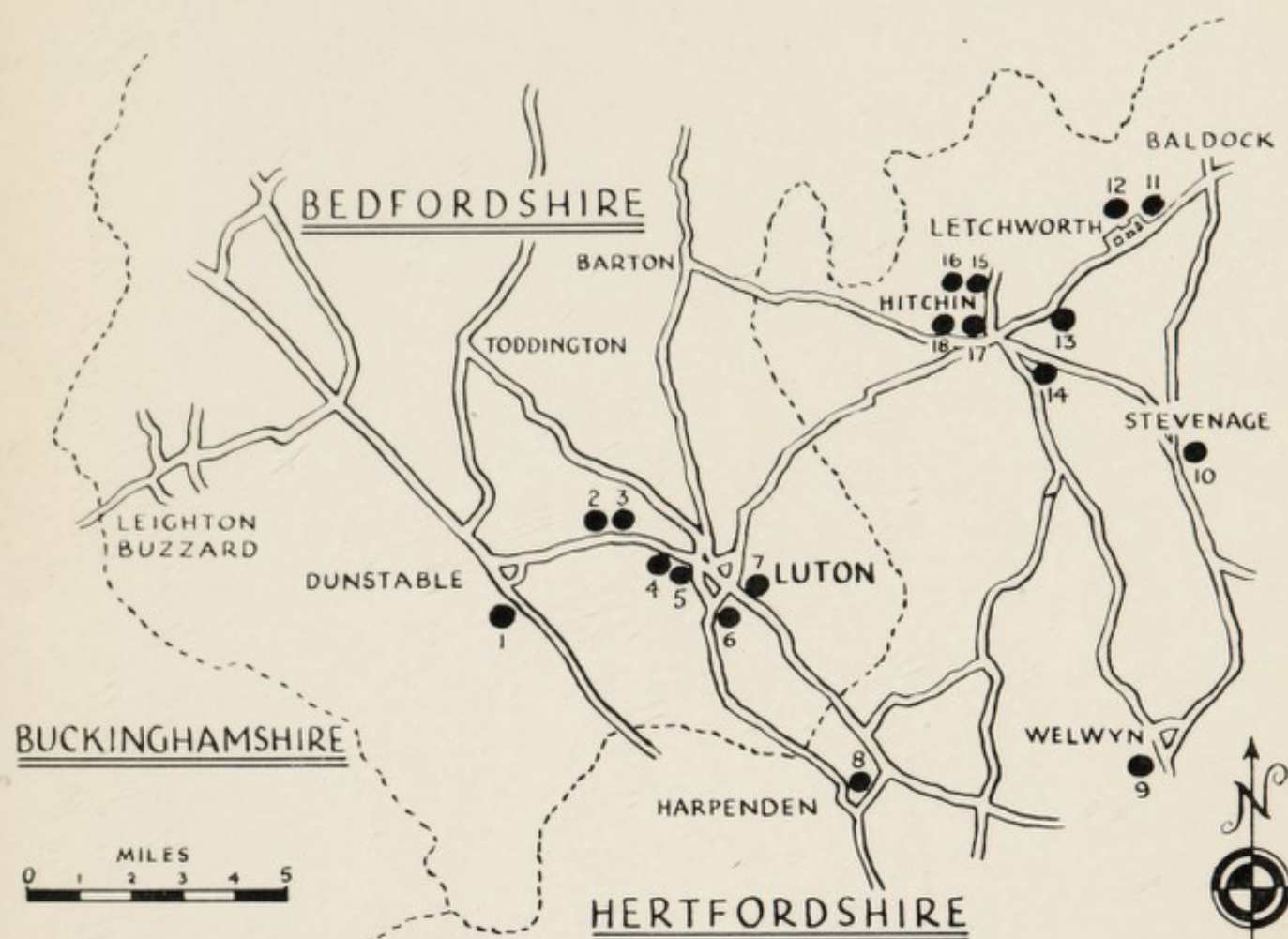
"Yet we cannot afford to relax our personal efforts on behalf of our hospitals. The added duties shouldered by the State do not absolve us from the practice of charity or from the exercise of vigilance. The English way of progress has always been to preserve good qualities and apply them to new systems. . . . We must hold fast to the human virtues which have made us great, and which, if carried forward into the new world that we seek to create, will make us greater still."

*at the opening of the
Queen Elizabeth Hospital,
Gateshead, March 18th, 1948*



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GEOGRAPHICAL DISTRIBUTION OF HOSPITALS



KEY

- | | |
|---|---|
| 1. Priors Hospital, Dunstable | 11. Letchworth Hospital |
| 2. Luton and Dunstable Hospital | 12. Letchworth Physiotherapy Clinic |
| 3. Luton Maternity Hospital | 13. Letchworth Isolation Hospital |
| 4. St. Mary's Hospital, Luton | 14. German Convalescent Home, Hitchin |
| 5. Luton Chest Clinic | 15. Lister Hospital, Hitchin |
| 6. Children's Annexe, Luton | 16. Chalkdell Hospital, Hitchin |
| 7. Spittlesea Isolation Hospital, Luton | 17. North Herts and South Beds. Hospital, Hitchin |
| 8. Harpenden Memorial Hospital | 18. Foxholes Maternity Home, Hitchin |
| 9. Queen Victoria Memorial Hospital, Welwyn | |
| 10. Home Hospital for Women, Stevenage | |

The above plan shows the geographical distribution of the hospitals administered by the Luton and Hitchin Group Hospital Management Committee. The Group comprises sixteen hospitals and two clinics, extends over an area of approximately 400 square miles, and serves a population of approximately 207,000. Its two chief centres are the old world town of Hitchin in North Hertfordshire and the busy industrial town of Luton in South Bedfordshire.



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Foreword

By the Chairman of the Management Committee

THE quotation from Samuel Johnson at the top of the next page is very apt, and is in itself a complete foreword to the first year's work in the new hospital service.

That being so, there is nothing more to say than that this report is an attempt to put into narrative rather than statistical form a statement of what has been performed.

The excellent spirit which exists between every section of the staff, and the Management Committee and their Sub-committees, is a happy augury for the future.

H. I. GODFREY.

August, 1949

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When it shall be found that much is omitted let it be not forgotten that much is likewise performed—Johnson

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Introduction

The purpose of this report is to review the work of the Hospital Management Committee during the first year of the Health Service, to outline what has been accomplished in those developments of the hospital service which centralisation of authority has made possible, and to show how it is hoped to continue these developments in the future so that an efficient and comprehensive hospital and specialist service shall be available throughout the Luton and Hitchin area.

The Management Committee will, in future, publish an annual report which will cover the calendar year, but it was felt that a useful purpose would now be served if a first report were published, not so much concerned with statistical data and a brief recital of facts, but giving some idea as to how a new technique of hospital planning and administration is in process of being developed on the bare framework of Act and Regulation.

It was not expected to be that a new service such as this could be launched without difficulties, more especially since so little time was available for preparation of the local administration. Old loyalties die hard and it is not easy to adjust one's mental outlook to fit in with a completely new administrative organisation, but it would be less than justice not to acknowledge on this occasion, all the willing help and co-operation received. There exists throughout the hospitals a determination to make the new service succeed, and whilst the inevitable forms and regulations are an occasional source of irritation, and although the threatened cut in estimates a few months ago caused much discouragement, the will to build up our hospitals to new levels of service and usefulness is strong and vital.

The volume of work done by the Management Committee and their Sub-committees this past year, and the enthusiasm with which they have faced their heavy task has demonstrated that the new hospital organisation, no less than the old, can inspire voluntary labour and service of a high order. Finally, I should like to thank my colleagues on the Management Committee staff and in the hospitals, for their loyal support during the past year. I should also like to express appreciation of the help and guidance received from the Regional Board and their officers, who are unfailingly courteous in all their dealings with the Group.

August, 1949

R. E. LINGARD, *Secretary*

The First Year

THE CHANGE-OVER, JULY 5th, 1948

The Management Committee were appointed by the Regional Board in June, 1948, and held their first meeting on the sixteenth of that month, little more than two weeks before the Appointed Day. On July 5th, 1948, they assumed responsibility for the administration and management of sixteen hospitals in the Luton and Hitchin area ; of these, eight were former voluntary hospitals, and eight were previously administered by local authorities.

From this date, all these hospitals and institutions, which must formerly have engaged the attention of scores of committees, looked to a newly appointed Management Committee of twenty members, whose staff consisted of a provisionally appointed secretary and a typist. It would have been a formidable task, even with months of preparation, and that the change-over took place so smoothly is a tribute to the good sense and loyalty of the hospital staffs, and the help given by various local authorities.

Although the Management Committee were solely responsible for management and administration, arrangements had been made by the Regional Board for essential services previously undertaken centrally by the local authorities, to be continued until the Management Committee were able to develop their own services to replace them. Within six months this task had been accomplished, and all the agency arrangements had been terminated by December 31st, 1948. The invaluable help given by these authorities is cordially acknowledged. Warm appreciation must also be extended to the former management committees of the voluntary hospitals who discharged their obligations up to the last day with a determination to hand over their hospitals in good order, sadly as they must have felt this break with a long tradition.

And so an era ended ; the arguments and controversies on commissions and reports, on White Paper, Bill and Act were over and quietly and without ceremony hospitals of all kinds were, for the first time in our history, joined together in a common service, which of itself, formed but one part of a great new conception of social welfare.

THE GENERAL FRAMEWORK OF THE SERVICE

The National Health Service Act, 1946, placed on the Minister of Health the duty "to promote a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness." To carry out this immense task it has been necessary to build up a vast and complex organisation. Two of the three broad divisions which make up the service are based to some extent on organisations which existed before the Act came into force—the Local Authorities and National Insurance Committees. The third of these divisions, concerned with the hospital and specialist services, has however, made necessary the setting up of an entirely new machine which is responsible for the integration and administration of almost

all of the many and varied types of hospitals, sanatoria, homes, clinics and institutions which until July 5th, 1948, were administered by voluntary bodies, local authorities and joint boards.

To advise the Minister upon general matters relating to the Service there has been constituted a Central Health Services Council consisting of medical practitioners, laymen with experience in hospital management, dental practitioners, nurses and pharmacists. The terms of reference of the Council are wide but it is an advisory body only. It is interesting here to note that the Chairman of the North West Metropolitan Regional Hospital Board is the Chairman of the Central Council. Acting in a similar capacity are Standing Advisory Committees formed to advise the Minister on the various branches of the Service as for example, mental health, hospitals, nursing, dentistry.

So far as the hospital and specialist services are concerned the Minister discharges his duties through the Regional Hospital Boards, some fourteen of which have been formed for the whole of England and Wales. These Boards may be regarded as the "first tier" of the hospital administration and their function is to determine the part which each hospital has to play in the integrated service, to deal with wider regional problems and to oversee the operation of the hospital service in their areas. They are concerned with all types of hospitals except teaching hospitals which have their own Boards of Governors responsible directly to the Minister.

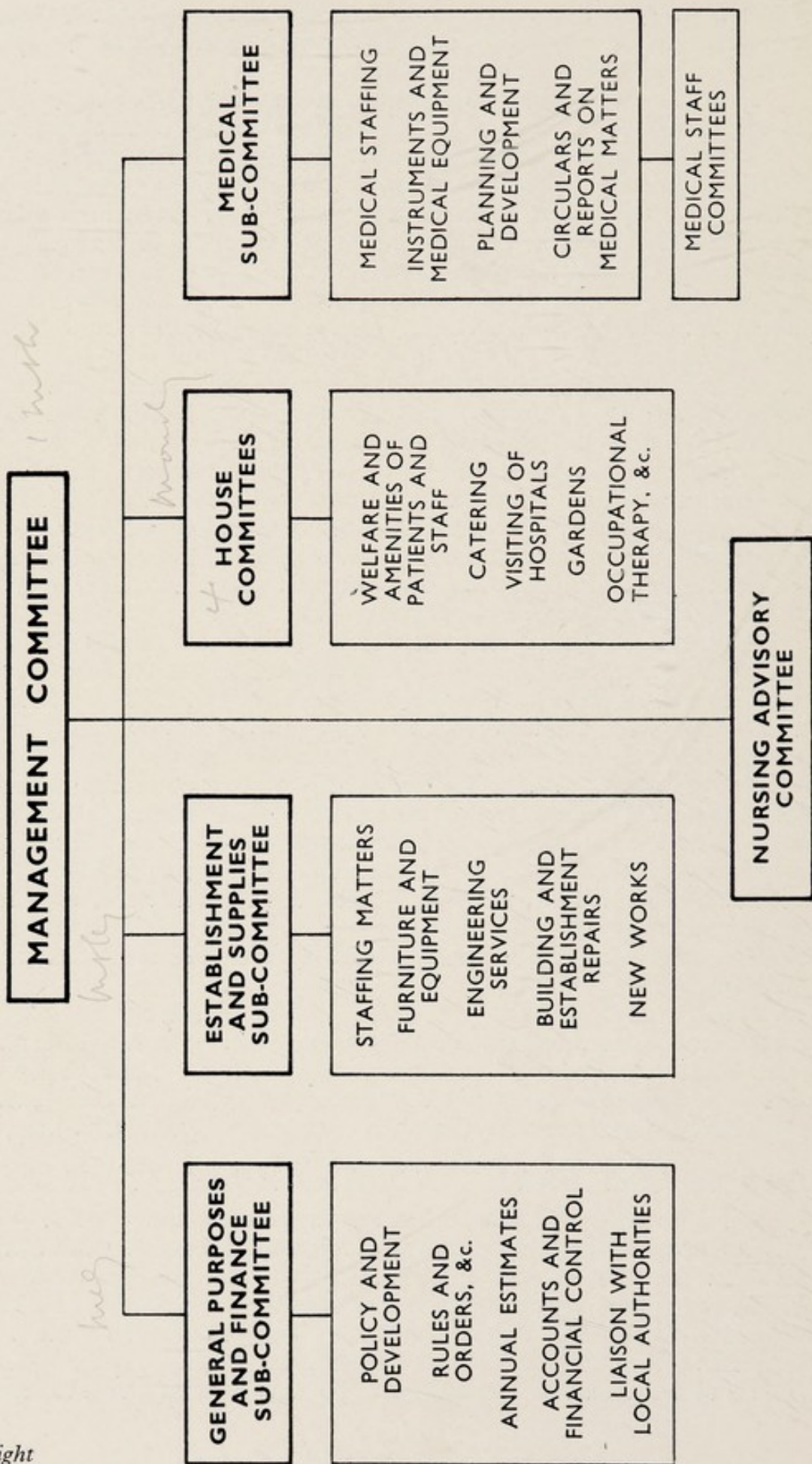
The Hospital Management Committees are the "second tier" of the administration and their relation to the Regional Board is similar to that of the Board with the Ministry. They are responsible for the control and management of individual hospitals or groups of hospitals; it is their duty to ensure that the hospitals under their control effectively play the parts assigned to them by the Board, to administer the group as a single whole, to develop a unified system of staffing, supply, accounting and so on throughout the group and from their experience to advise the Board on the best use of the hospitals. In particular the duties of the Management Committees include the maintenance of the premises, the acquisition and maintenance of supplies, the administration of pay beds and the recovery of charges for them, and the selection, appointment and dismissal of all officers except senior medical and dental staff.

Thus it may be said that operational responsibility rests with the Management Committee and the intention is, to use the words of the Ministry "that the Management Committee should from the outset enjoy a real measure of responsibility within their own sphere." Within this framework the Committee are free to develop their own group administration.

DEVELOPMENT OF THE GROUP ADMINISTRATION

It will be appreciated that one of the valuable features of the new service is the opportunity it gives to deal with a group of hospitals as a composite whole, making the best use of accommodation, facilities and staff, without the limiting factors which formerly hindered the development of a co-ordinated hospital service. It will have been seen from the preceding notes on the framework of the service that the administration is two-tier—Regional Board and Management Committee. To have broken the administration

CHART OF COMMITTEE ORGANISATION



down still further by delegating substantial powers to individual hospitals and house committees might have endangered the process of co-ordination and the principle of group responsibility.

It is true, of course, that methods of administration must vary from group to group—there can be no common yardstick, since the constitution of groups varies so enormously. Some consist of only one hospital, others are small compact groups of three or four hospitals; the Luton and Hitchin Group covers a wide area, and contains sixteen hospitals, many of them quite small and unable to carry an independent administration of the type necessitated by the new conditions.

For this reason, and the paramount desire to make the maximum use of all accommodation and facilities, it has been the policy of the Management Committee to reserve to themselves and their standing sub-committees the full responsibility delegated to them, to develop on a central basis services such as finance, supplies and engineering, and to build up the administration on the conception of the Group as a whole. At the same time they have sought to give the individual hospital officers—medical, nursing and lay—a wide measure of freedom in the internal administration of the hospitals, and to make full use of house committees in all those personal aspects of the service which are so important. The accompanying chart sets out the committee organisation. In addition to the standing sub-committees and house committees, there is a Nursing Advisory Committee, composed of five members of the Management Committee and the Matrons of the hospitals, and there are Medical Staff Committees composed of the members of the medical staffs. The recommendations of the Medical Staff Committees normally go to the Medical Sub-committee, but they have the right, if they so wish, to send recommendations direct to the Management Committee.

The House Committees, as will be seen from Appendix (iii), are composed of members from the Management Committee and co-opted members; the Chairman and Vice-Chairman of House Committees must be appointed from among the members of the Management Committee. The House Committees submit a brief formal report to the Management Committee at their monthly meeting, but any recommendations they make are submitted to the appropriate standing sub-committee. For example, a request for additional furniture would be sent to the Establishment and Supplies Sub-committee; a request for some amenity to be provided out of the Endowment Fund, would be submitted to the General Purposes and Finance Sub-committee. Members of the House Committees regularly visit all the hospitals with which they are concerned, thus helping to maintain a personal contact with patients and staff. Nurses' Representative Councils are functioning at the two major hospitals in the Group, and in many of the smaller hospitals there are sports committees. It is the policy of the Management Committee to encourage the formation of Representative Councils and Staff Committees.

The past year has seen the gradual development of the central services which are a logical outcome of the Committee's conception of Group Management.

(i) *Administration*

The Group Administrative Staff consists of the Secretary and his deputy, two administrative assistants, and seven clerks and typists.

Either the Secretary or his deputy acts as secretary for all Committees and Sub-committees with the exception of the Medical Staff Committees who appoint their own medical secretaries.

The Secretary is the chief executive officer of the Management Committee and is responsible to them for the overall administration of the Group. The Secretary is also responsible for the administration of the Luton and Dunstable Hospital, with an administrative assistant, and in each of the larger hospitals he has an administrative officer who is generally responsible for the internal administration of the hospital.

(ii) *Finance*

Financial control and accountancy has been almost completely centralised. The Department which consists of the Finance Officer and his deputy, and a staff of fifteen, maintains all accountancy records, pays all accounts and salaries and wages, with the exception of some weekly wages, the payment of which has been decentralised on the Hitchin side, and collects the bulk of the income. All superannuation matters are dealt with in the department and staff records for the whole Group are maintained there. The Finance Officer is also responsible for stores records; the nature of such records varies from hospital to hospital, but the programme envisages an adequate system of stores records and control in all hospitals. The preparation of estimates and the application of budgetary control also devolves upon the Finance Officer.

During the first year precedence has had to be given to building up a financial organisation to discharge all the essential functions of a Finance Department; quite apart from questions of policy, a department had to be created to deal with the financial matters which formerly had been dealt with by the Treasurers' Departments of local authorities—eight of the hospitals in the Group were more or less dependent on such departments, before July 5th.

In due course consideration must be given to departmental cost accounting; only by such means can the costs of one hospital or one Group be validly compared with another.

(iii) *Supplies*

The Supplies Department consists of the Supplies Officer, his deputy, and a staff of four. The department has so far been developed as a central purchasing organisation, but consideration is now being given to the establishment of central stores. It is not proposed to build up a new organisation independent of the hospitals; the Committee visualise having a central store in one of the larger hospitals. When the stores are functioning, many items now purchased in small quantities for individual hospitals will be supplied from the central stores without delay, and at economical rates.

Buying arrangements for certain day-to-day commodities have already been made and others are in course of negotiation. For supplies outside the day-to-day routine, such as replacements of linen, bedding, furniture, etc., hospital administrative officers submit requisitions to the Supplies Officer, who obtains competitive prices and reports thereon to the Establishment and Supplies Sub-committee after which, if approval is given to the expenditure concerned, orders are sent by the Supplies Officer direct to the supplier.

It is already evident that considerable sums are being saved by the centralisation of purchasing. As the department develops, working in conjunction with the Finance Department, it will be possible for the Committee to exercise the budgetary control, which is essential if the annual estimates, which are the basis of the financial structure, are to be anything more than intelligent guesswork.

(iv) *Engineering and Works Department*

A Hospitals Engineer for the Group has been appointed, with a small engineering staff, to be responsible for the engineering services of all hospitals in the Group. In the larger hospitals there are engineers-in-charge. The Group Engineering Department is based on the Luton and Dunstable Hospital, and the engineering department at Chalkdell Hospital is being extended to provide a service for other Hitchin hospitals.

There is also a service van which is equipped to deal with emergency calls and with normal repairs at hospitals throughout the Group, particularly the smaller hospitals not able to carry an engineering department. Consideration is being given to the establishment of a works department to deal with building works and repairs outside the scope of the Engineering Department, and to take over some of the internal painting and decoration.

During the past year the Committee have been greatly helped by the services of their Architect, Mr. S. C. Parrott, who has attended all the meetings of the Establishment and Supplies Sub-committee when building works were being considered.

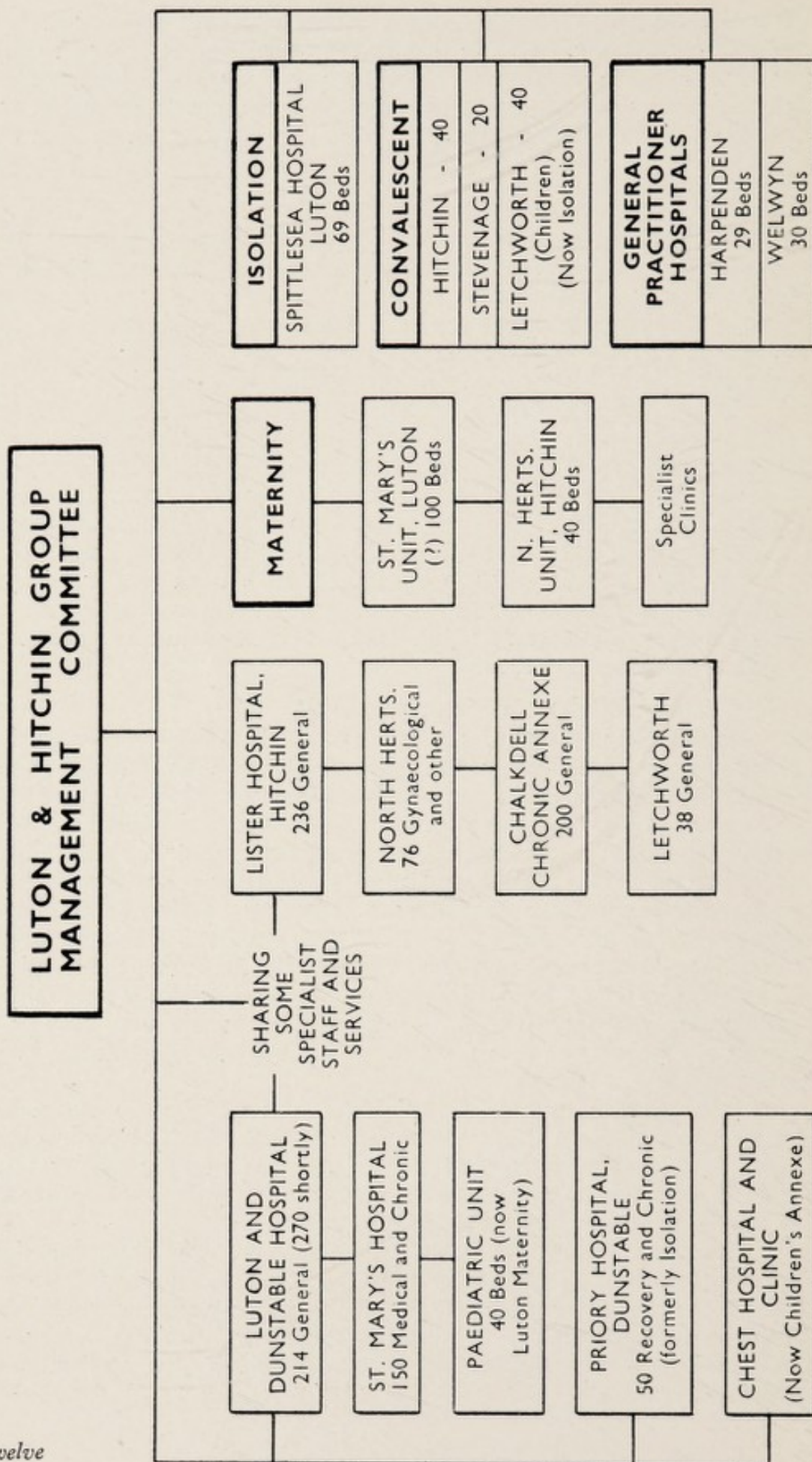
(v) *Almoning Service*

In a highly organised service such as this, it is important that there should be someone in every hospital in the Group to whom the more personal side is the main concern: someone who knows the patient as an individual, and can interpret the scheme according to his needs. With the increase in organised social services, there is even a greater need that there should be a social worker within the hospital to put the patient in touch with the help he requires, to relate the social to the medical factors, and to act as a liaison with other hospitals and all parts of the Health Service. With these factors in mind, the Management Committee asked Miss Bowman, the Head Almoner of the Luton and Dunstable Hospital, to review the Almoning Services throughout the Group and to make recommendations thereon. Miss Bowman's Report was submitted to the Management Committee in September, 1948, and was approved.

Miss Bowman was appointed Head Almoner for the Luton hospitals, with a general responsibility for the Group, and Miss Garratt was appointed Head Almoner for the Hitchin hospitals. The almoning Staff was increased and the service is now available for most of the hospitals in the Group, many of which have not previously enjoyed this facility.

Hospitals were able to retain their Samaritan Funds and these have now been formed into one Fund for the Group. The Fund, which relies upon voluntary support, stands at £1,227, and is a very necessary adjunct to the Almoner's Department; it provides means where no statutory or other voluntary help is available, and acts as a standby, very often preventing great loss of time.

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(vi) *Emergency Bed Service*

The Emergency Bed Service for the Group is stationed at the Luton and Dunstable Hospital. All admissions to chronic hospitals are arranged through the Bed Service where the waiting list for patients for admission to chronic hospitals is also maintained.

Application for the admission of acute cases is normally made by general practitioners direct to the Hospital of their choice, but if they fail to find admission, application can be made to the Emergency Bed Service. The Bed Service maintains a daily record of the bedstate at each hospital, and has contact with neighbouring Emergency Bed Services and with the London Bed Service.

In no case since the Bed Service started has it failed to find a bed for an acute admission. The position regarding chronic cases is much more difficult, and the large waiting list of patients for admission to these hospitals is a constant anxiety.

(vii) *Other Services*

At the general hospitals throughout the Group there is a considerable amount of land available for cultivation and the Committee felt that better use could be made of this if its cultivation could be regarded as a Group problem and not as an individual one. The Committee have received the most valuable help and advice from Mr. English the Luton Parks Superintendent, who visited all the hospitals and submitted a report on the gardens and their future development.

Arising from this report the Committee have appointed a Head Gardener for the Group by upgrading a member of the existing staff, and it is hoped that by planning and co-ordination, maximum use will be made of equipment and the hospital gardens.

The development of other essential services will be considered from time to time. For example, there are possible advantages in having an expert Catering Officer who would exercise general supervision over the catering arrangements throughout the Group to ensure the highest possible standard for patients and staff.

The Committee have approved a scheme for the establishment of a Hearing Aid Centre at St. Mary's Hospital, and this will be opened as soon as the supply of Hearing Aids is assured and the cost of the Centre provided in the estimates. There is already a waiting list of several hundred patients ; the Committee are aware of the urgent need for this Centre, and are anxious to make a start as quickly as possible.

THE OVERALL PLAN

The foregoing pages have dealt mainly with the general background of the service, the development of the local administration, and the organisation of central services for the Group. Vital as these matters are for the efficient running of the hospitals and ultimately the well being of the patients, it is on the improvements in the hospitals and their facilities, that the service will be judged and justified.

As previously indicated it is the Regional Board's responsibility to determine the part which each hospital is to play in the integrated service,

and to deal with wider Regional problems. Shortly after the Appointed Day the Regional Board submitted to the Management Committee their Area Planning Proposals which were exhaustively considered by the Management Committee and their Sub-committees and the Medical Staff Committees. Various suggestions for the alteration and improvement of the Area Plan were submitted to the Board, and were in the main approved. A general picture of the scheme, which is commonly called "the Overall Plan" is shown on the adjoining chart. Some of the proposals have already been implemented, some are in the process of implementation, and others will be carried into effect as and when circumstances permit. The process of development must be fluid and continuous.

(i) *General outline of Plan*

Briefly, the Overall Plan is as follows.

Luton Hospitals :

The Luton and Dunstable Hospital and St. Mary's Hospital to be combined, as far as possible, and to share a common specialist staff, the Luton and Dunstable Hospital remaining the principal surgical centre.

A maternity unit to be developed in St. Mary's Hospital and the rest of the hospital developed for medical and surgical cases including chronic cases.

The Borough Maternity Hospital to become an integral part of the Luton and Dunstable Hospital, and form a paediatric unit.

The present Children's Annexe in London Road to house the Chest Clinic and beds for tuberculosis cases.

The Spittlesea Isolation Hospital to serve the area for the treatment of infectious diseases, and the Dunstable and District Isolation Hospital to accommodate chronic sick cases, and be a recovery hospital for long stay cases, semi-acute cases, etc.

Hitchin Hospitals :

The Lister, Chalkdell, North Herts and South Beds, and Letchworth Hospitals to be closely associated sharing a common specialist staff, Chalkdell Hospital becoming the Chronic Annexe. The North Herts and South Beds Hospital to become the Maternity Unit of the Area for local cases ; one of the three general wards to be used for gynaecological cases.

It is clear that the full implementation of this plan will involve considerable capital developments which cannot, at the moment, be undertaken. Some progress has, however, already been made ; the Children's Hospital has now become the Children's Annexe of the Luton and Dunstable Hospital. The Matron of the Luton and Dunstable Hospital is now in charge of the Nursing Services of the Luton and Dunstable Hospital, Children's Annexe, and St. Mary's Hospital, with an Assistant Matron-in-Charge at the Children's Annexe and St. Mary's.

The Dunstable Isolation Hospital ceased to be used for infectious disease admissions in February, and has been renamed The Priory Hospital, Dunstable. It contains fifty beds, but owing to the shortage of staff, only fourteen beds have been brought into use so far for chronic and other cases.

At the request of the Management Committee the Regional Board have now agreed to the closing of the Letchworth Isolation Hospital and this will

shortly be used as a Children's Recovery and Convalescent Home, on the understanding that in the event of a severe epidemic of infectious disease it will be brought into use again for these cases at short notice.

(ii) *Medical Staffing Arrangements*

Bound up with the Overall Plan is the question of medical staffing. A Working Party of the Regional Board have reviewed the specialist service in the Group. Their report was considered by the Management Committee who made various suggestions, many of which were adopted by the Board. It is the policy of the Ministry and the Board that hospitals shall be staffed on a specialist basis, each main speciality having its medical teams—specialist, chief assistant and house officer. A number of additional specialists are to be appointed in order to ensure a comprehensive service throughout the Group; in addition to full time specialists, it is hoped to retain the part-time consultants and specialists so as to preserve valuable associations with the great medical teaching centres. Association with general practice will be retained by the appointment of selected general practitioners as clinical assistants in departments in which the practitioners have a particular interest.

(iii) *New Buildings and Extensions*

Extensions to the Nurses' Home and the erection of two new wards at the Luton and Dunstable Hospital which had commenced before the Appointed Day are now nearing completion. In the Regional Board's capital estimates for the current year, provision has been made for the erection of a Chest Clinic in the grounds of the Children's Annexe in conformity with the Overall Plan, the conversion of a house in Bedford Road, Hitchin, into a Preliminary Training School for Nurses to serve the Hitchin Hospitals, and conversion of a Ward Hut at the Lister Hospital into a new X-Ray Department. Several minor works are under consideration or have already been approved. The removal of non-sick from St. Mary's will clear the way for alterations and improvements there which it is hoped will not be long delayed. The Management Committee have submitted many schemes to the Regional Board, some of which they regard as being extremely urgent, but the present difficulties regarding capital development are appreciated.

A NEW DEAL FOR THE CHRONIC SICK

As so much has been written in recent times about the treatment of chronic sick, the problems facing the Management Committee in this connection will be understood.

The accommodation for chronic sick in this Area is at St. Mary's Hospital, Luton, and Chalkdell Hospital, Hitchin, both old Public Assistance Institutions, and both accommodating also able-bodied inmates, and in the case of St. Mary's Hospital, casuals as well. It is gratifying to record that there is every possibility of both casuals and non-sick being removed from St. Mary's Hospital in the near future, and the Committee are grateful to the Bedfordshire County Council for the action they are taking in this matter. It is hoped that the Hertfordshire County Council will be able to find other accommodation for the non-sick in Chalkdell Hospital in the near future.

Although the chronic sick have been well cared for and the standard of cleanliness and the kindness of nurses has been most noticeable there has

been little active treatment for the patients. One of the most distressing features of nearly all chronic hospitals has been that a patient who may have been relatively bright and mentally alert on admission, has suffered rapid mental deterioration after only a short time in the chronic wards ; what has been termed " a subtle disintegration of human personality " has set in all too soon.

Whilst it would be unwise to exaggerate the progress achieved a start has been made in dealing with this problem. At Chalkdell Hospital a group of voluntary workers now bring to the patients forms of diversional therapy. At St. Mary's Hospital, Luton, the chronic patients have been reviewed by specialist teams from the Luton and Dunstable Hospital, and active rehabilitation is being carried out. Some patients have been transferred to the Luton and Dunstable Hospital for treatment with good results ; a number have been able to return to their own homes after treatment, and some who have been bedridden for years are now getting up and about in the wards. For the majority of patients, however, not much can be done, but with improvements in the staffing arrangements, and active treatment from the time of admission, the outlook for the chronic sick is distinctly more hopeful. The aim must be, to avoid as far as possible, permanent residence in chronic wards, and to eliminate the apathy which has for so long been taken for granted.

A start has already been made in improving equipment and furnishing but lack of funds is holding up progress.

NURSING SERVICES

All the schemes and developments which the Committee have in mind depend for their fulfilment on an adequate nursing staff at all the hospitals within the Group, and at the moment, the Luton and Hitchin Group of Hospitals, like all others, is suffering from a shortage of nursing staff. The position has slightly improved at some hospitals during the past year, and steps to improve the position still further must have a high priority. The provision of a Preliminary Training School at Hitchin will be an advantage, and it is vital that at the earliest possible moment, steps should be taken to improve the accommodation and amenities for nursing staff, which at some of the hospitals in the Group, are very far below even a minimum standard.

The development in Luton of a common nursing staff for a group of three hospitals is a policy which the Committee will follow elsewhere in the Group in due course, and forthcoming changes in the training scheme for nurses, which will include a wider basic training, are all matters which must be taken into consideration in framing a nursing policy.

The important part nursing staff have to play in the Hospital Service is fully recognised ; as already indicated, the Committee are encouraging the formation of Nurses' Representative Councils, and in order to give the Senior Nursing Officers an active part and interest in the Group Management, a Nursing Advisory Committee was recently established.

It is hoped to organise early next year a Nursing Recruitment Campaign and other proposals, including means of bridging the gap between school leaving age and entry into the Nurse Training School, are being considered.

THE TUBERCULOSIS SERVICE

The provisions of the Act divide the tuberculosis service into two parts. Preventative aspects, domiciliary care and rehabilitation of the patient remain with the local authorities; the hospital and specialist service is the responsibility of the Regional Board. The two parts of the service will be closely linked and it is likely that chest physicians will hold joint appointments between the Regional Board and the Local Health Authority.

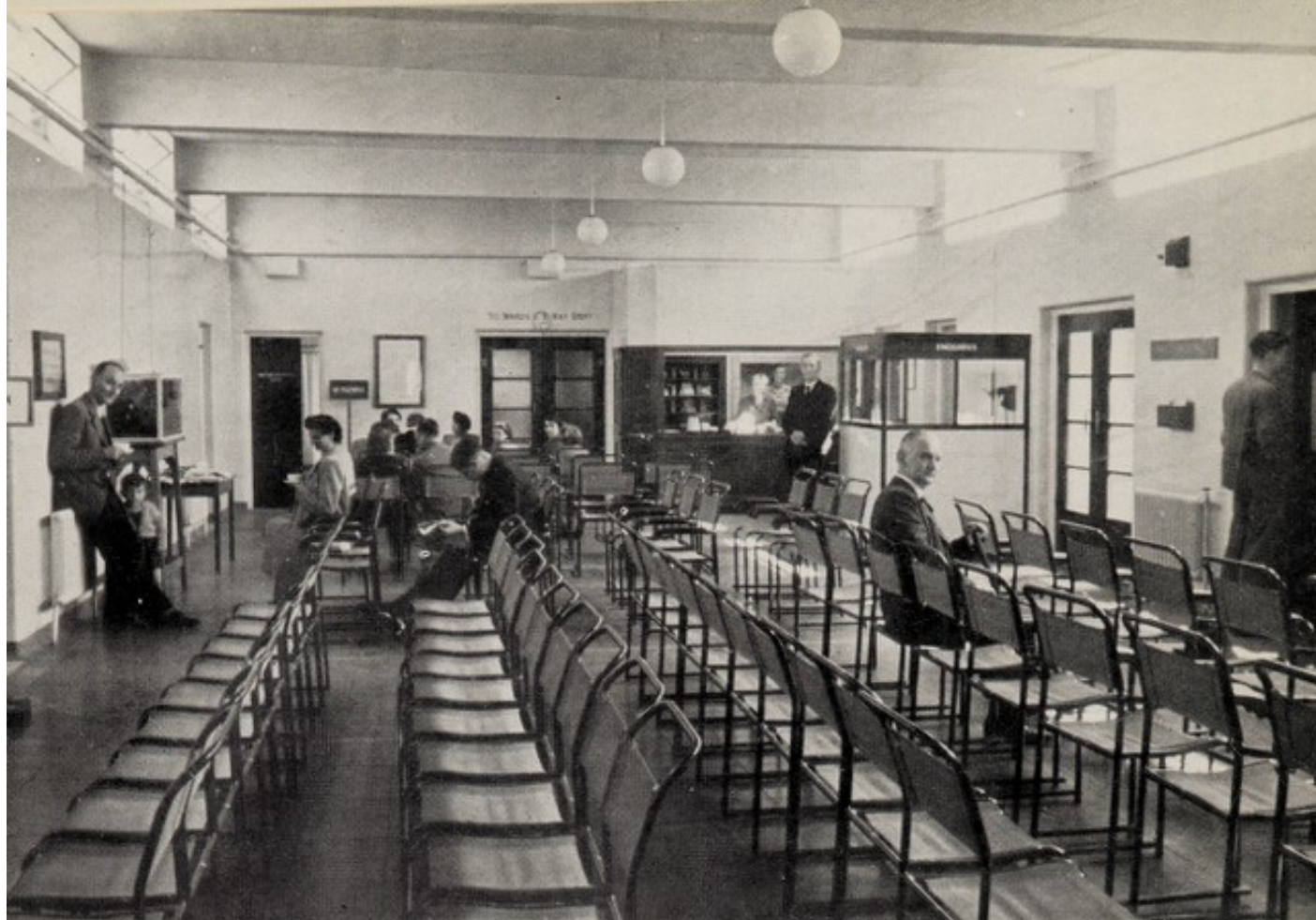
There are no sanatoria in the Luton and Hitchin Group but there are three chest clinics—Luton, Hitchin and Letchworth, and there are a small number of beds at St. Mary's Hospital for tuberculosis cases. The Committee have considered the report prepared by the Regional Board's Senior Medical Officer on the Tuberculosis Service in the Region and have submitted their observations thereon. The report dealt with the organisation of chest clinics, domiciliary treatment, and institutional accommodation. Proposals for this area provide for a considerable increase in the number of beds at St. Mary's Hospital. There is already an excellent chest clinic in Luton, and the Committee have suggested that there should be one chest clinic at either Hitchin or Letchworth, and that this should be a sub-clinic of the Luton clinic, under the charge of the same specialist.

The importance of the Tuberculosis Service is fully realised. As pointed out in the Medical Officer's Report, the tuberculosis death rate in the age group 15 to 44 exceeds the death rate from any other single disease, while in the age group 15 to 24 tuberculosis is responsible for about one half of the total deaths from all causes.

THE DOMICILIARY SPECIALIST SERVICE

The object of the Domiciliary Specialist Service is to provide the services of specialists in the patient's home, when on medical grounds removal to hospital is either impossible or inadvisable. A service was set up in this group by the Regional Board in October, 1948, when bureaux for arranging such visits were established at the Luton and Dunstable Hospital and the Lister Hospital, Hitchin. Since that date, the day-to-day operation of the service has been the responsibility of these bureaux, which between them have been in a position to call upon the services of the 31 specialists who are available for domiciliary work in the group. Requests for visits are dealt with promptly, and in cases where a general practitioner prefers the services of any particular specialist, every effort is made to arrange for that specialist to undertake the visit.

Although only 116 domiciliary visits have been made in the Group during the period October 1st, 1948, to July 5th, 1949, the growing realisation by general practitioners of the value of the service is indicated by the steady increase in the number of calls made upon the bureaux—an average of four calls a month was made during the last quarter of 1948, as compared with the twenty calls made during June of this year.



Out-Patients' Hall, Luton & Dunstable Hospital

OUT-PATIENT ARRANGEMENTS

In January of this year the Ministry of Health requested Management Committees to review hospital out-patient arrangements. This review was carried out, and a comprehensive report was submitted thereon to the Management Committee in March. The report dealt with the general out-patient arrangements, the extension of a unit basis medical records system from one or two hospitals to the whole Group, and the establishment of a central statistical department.

Appointments systems are now in operation at all the main hospitals, but many much needed improvements in accommodation and furnishing and equipment have had to be deferred because of the financial situation.

The establishment of a central statistical department has been deferred, since this matter is to be considered on a regional basis.

THE HOSPITAL ENDOWMENT FUND

Under the provisions of the National Health Service Act, Management Committees have power to accept, hold, and administer Endowment Funds upon trust, for purposes relating to hospital services or with respect to research.

Management Committees also have a share of the income from the Central Hospital Endowments Fund. The income to be received by the Luton and Hitchin Group from this Fund, together with gifts received by the Committee, will be administered locally, and will not be used to meet the ordinary day-to-day running costs of the Hospitals.

The Group Endowments Fund, at the moment, stands at £3,100. Since the Appointed Day a sum of £1,400 has been expended on amenities for patients and staff including Christmas Festivities, and during the first year the income to the Fund amounted to £4,500 in all. The value of this "free" money, in providing those little extras which mean such a great deal to patients and staff, will be readily appreciated.

A NOTE ON THE ECONOMICS OF THE HOSPITAL SERVICE

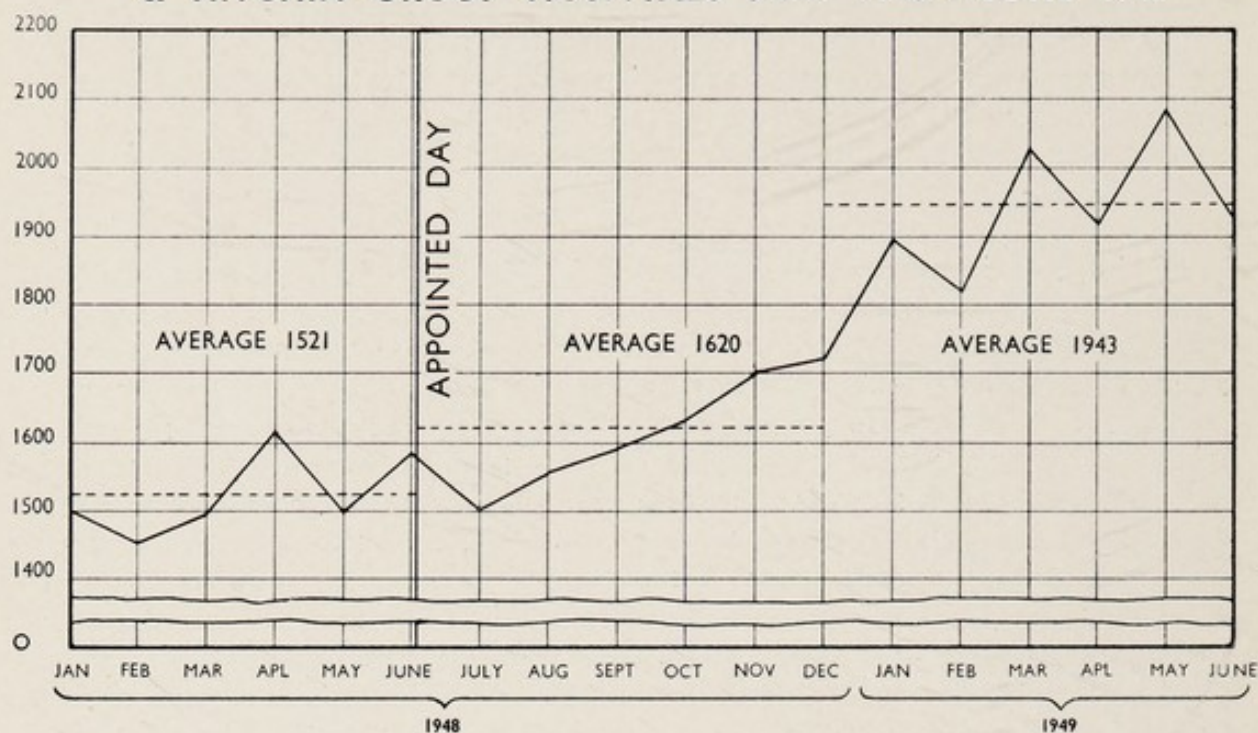
Much has been written lately regarding the cost of the hospital and specialist service, but it need have occasioned no surprise that the cost of maintaining hospitals should have risen substantially with the advent of the new service. Apart from the developments and improvements in accommodation and facilities which the new service has made possible, and for which it was introduced, it must be remembered that the hospitals were taken over at a time when, owing to the war and its aftermath, much in the way of deferred expenditure had to be made good; painting and decoration, building repairs, replacements of furniture and equipment, had during the preceding years, been kept to the minimum, and whilst in some cases a beginning at making good had been made before July 5th, in others, because of the coming National Health Service, expenditure had been deferred pending the transfer of ownership. It is likely to be some years before maintenance expenditure can be regarded as being on a normal basis.

Furthermore there have been substantial increases in national salary and wage scales in all grades of staff, and expenditure on medical salaries and remuneration can bear no relation to what it was formerly, since in most voluntary hospitals the medical staff were either honorary, or received little more than nominal remuneration.

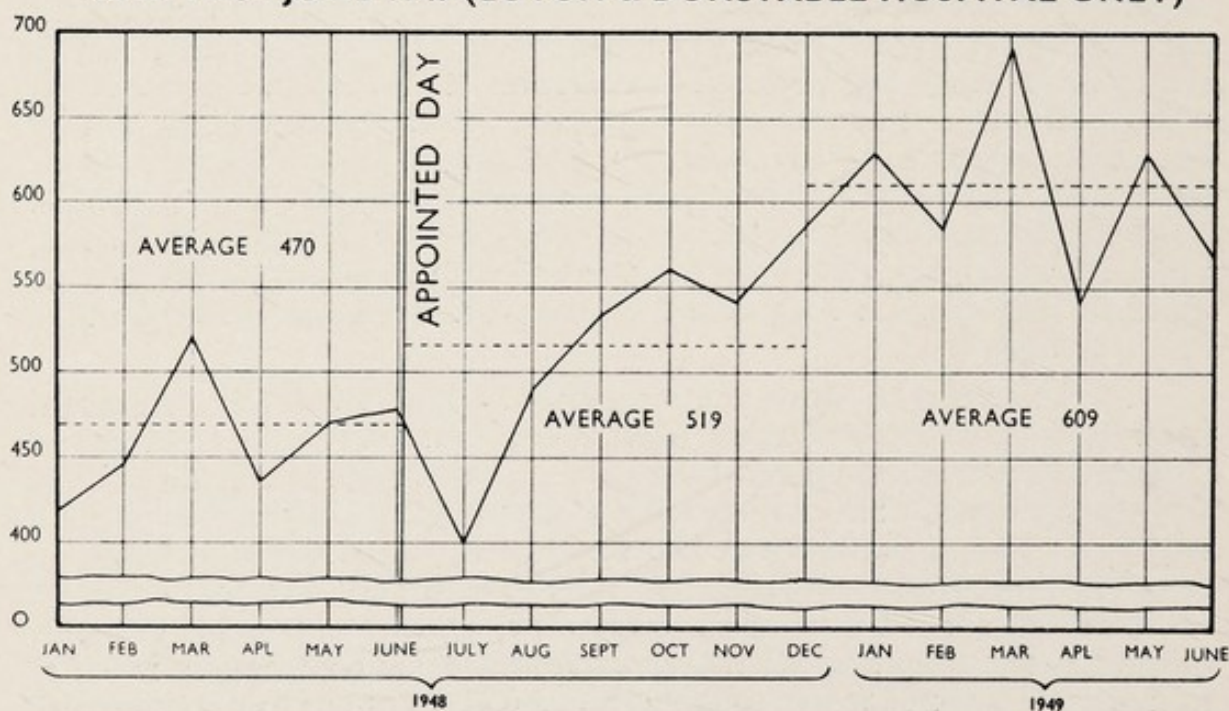
It is commonplace, but none the less true, to say, that the means of diagnosis and treatment are constantly increasing in scope and complexity; each new discovery adds to the cost. Penicillin at one hospital alone in this Group is costing £4,000 a year. The treatment of a patient now in one of the wards, suffering from a rare cardiac infection which is sensitive only to very large doses of penicillin, may well cost more than five hundred pounds; such a condition would certainly have been fatal before the advent of penicillin. Streptomycin, hitherto supplied to hospitals by the Ministry of Health, without charge, but shortly to be purchased by hospitals through trade channels will, it is estimated, cost this Group something like £20,000 in the course of a year.

The treatment of patients in rehabilitation departments, the specialised treatment of fractures and other injuries, improvements in the treatment of chronic sick and so on, are all adding to the cost of maintaining the hospital service. One cannot measure the value of the work done in hospitals in terms of £ s. d. But in the saving of human life and prevention of suffering, in returning the injured to full function, in reducing to the minimum the period of disability so that the patient is returned as quickly as possible to home, shop or factory, the hospital and specialist service is contributing much to the nation's economic welfare, and increasing costs must be offset by improved

NEW PATIENTS AT OUT - PATIENT CLINICS IN LUTON & HITCHIN GROUP HOSPITALS JAN. 1948 - JUNE 1949



X-RAY EXAMINATIONS FOR GENERAL PRACTITIONERS JAN. 1948 - JUNE 1949 (LUTON & DUNSTABLE HOSPITAL ONLY)



results of treatment and reduction in the loss of man-hours caused by illness or accident.

It is the financial administration of the hospital service which is giving the most concern ; with nearly half the financial year gone by, Management Committees still do not know what they are to be allowed in the estimates for the current year. Substantial cuts were threatened in March, when revised estimates were called for, estimates which had to be prepared within an arbitrary figure, and which were therefore quite valueless as an indication of the true cost of maintaining the service. To have applied these cuts would have meant substantial reductions in the work of the hospitals, closing of beds, and reductions of staff. Further revised estimates have now been called for and submitted, to provide for maintenance of existing services, and the cost of those developments under the Overall Plan which may come to fruition during the present year.

There the position stands for the moment, but it is clear that if this experiment in hospital organisation and administration is to succeed, means will have to be found whereby Management Committees will be able to count on an annual sum adequate to their needs, and which they can spend in accordance with local requirements.

THE INCREASING DEMANDS ON HOSPITALS

Since July 5th, 1948, there has been a steady and noticeable increase in the demands being made upon hospitals. This is reflected, not so much in the in-patient admission rate, since most hospitals were already working to capacity or to the limits permitted by staff shortages, but in the attendances at out-patient departments. Considerably more patients are being referred for consultation and X-Ray examination.

It is not thought that the service being available without charge is the reason for this increase, since even before July 5th there was very little financial deterrent to patients attending hospital out-patient departments, although the fact that the service is "free" may, of course, lead some to suggest to their own doctors that they be referred for specialist opinion. It may also be that general practitioners are now referring to hospitals cases they would hitherto have dealt with in their own surgeries or in the patient's home. The increase is disquieting to the hospitals and to the specialists, who tend to complain that their clinics are overburdened, often with cases which they feel need not have been referred to them. The increase is also leading to longer waiting lists for out-patient consultation, to the detriment of those cases which are in more urgent need of specialist advice.

The accompanying charts show the number of cases referred by general practitioners to hospital consultative clinics and the X-ray Department of the Luton and Dunstable Hospital during the past eighteen months.

RELATIONS WITH LOCAL AUTHORITIES AND EXECUTIVE COUNCILS

Although the agency arrangements already mentioned have now been terminated there remain close and friendly relations with the local authorities.

The geographical distribution of the Group is such that it is not confined to the borders of one administrative county and thus the Committee maintain contact with the Local Health Authorities of both Bedfordshire and Hertfordshire, in addition to the Borough of Luton and the somewhat numerous county district councils.

The duties of the County Authorities include Health Visiting, Home Nursing and the provision of an ambulance service, with all of which the hospitals are closely concerned, principally through the almoners. There is another close link between the Management Committee's Maternity Units and the Maternity and Midwifery Service of the local authorities. This is extended to the training of pupil midwives who spend the second of their six months course "on district" when they work with the County midwives on home confinements. The Maternity Flying Squads for certain maternity cases is another example; here the co-operation is with the general practitioners through the Executive Councils on whom the Committee can always rely to co-operate willingly in acquainting the general practitioners with information regarding the Hospital Service. A further and practical example of co-operation between the Management Committee and the Local Authorities is shown in the courses for midwives in gas and air analgesia which have recently been arranged by the Committee.

There are many other ways in which the relationship between the Management Committee and the local authorities is maintained. The county welfare officers and the almoners give mutual assistance to one another. Almoners very frequently call upon services provided by the local authorities for the after-care of the patient and the very closest co-operation exists between the hospital and home help and other welfare services, greatly to the benefit of the patient.

Throughout the year the Committee have received much helpful co-operation from the local authorities and their officers, and this is gratefully acknowledged.

CHANGES IN MANAGEMENT COMMITTEE AND STAFF

During the course of the year Major W. O. Times, for health reasons, had unfortunately to resign from the Management Committee, and the Regional Board appointed Mr. H. H. Dummere, F.R.C.S., to fill the vacancy.

The sad death of Mrs. Baker, the Vice-Chairman of the Regional Board who was an ex-officio member of the Management Committee, must also be recorded. The Regional Board have appointed Alderman H. R. Neate to succeed Mrs. Baker, and the Committee are glad to welcome Alderman Neate as an ex-officio member of the Luton and Hitchin Group Management Committee. The Committee also regret to record the death in June, 1949, of Miss A. L. M. Storey, who was Matron of the Home Hospital for Women, Stevenage.

Mrs. Gee, who was Matron of the Children's Hospital, Luton, for many years, retired in November, 1948, and Mr. and Mrs. Green who were Master and Matron at St. Mary's Hospital for nine years left in March, 1949, when Mr. Green took another Hospital Management Committee appointment.

The Committee regret to report the forthcoming retirement of Miss M. E. Redman after twenty-one years loyal and devoted service as Matron of the Luton and Dunstable Hospital, and the resignation of Miss M. M. Hopkins, Assistant Matron of the Luton and Dunstable Hospital, who has served this Hospital well for twenty-three years.

Miss Lamb, Secretary of the North Herts and South Beds Hospital, retired in December, 1948.

Miss Roberts, Matron of Dunstable Isolation Hospital left in December, 1948, to take up another post, and Miss Kelly, Matron of Spittlesea Isolation Hospital, left in April, 1949, for a similar reason.

To these members of the staff, whether in their retirement or new spheres of work, the Committee extend their good wishes.

APPENDIX I

LUTON & HITCHIN GROUP HOSPITAL MANAGEMENT COMMITTEE

*Date of
Retirement
31st March*

Chairman :

Mr. H. I. Godfrey The Red House, Silsoe, Beds.

Vice-Chairman :

Miss E. D. Russell Westfield Lane, Hitchin, Herts.

Ex-Officio Members :

Mr. Fred Messer, C.B.E., Chairman, North West Metropolitan Regional
J.P., M.P. Hospital Board.

Mr. H. R. Neate, J.P. Vice-Chairman, North West Metropolitan
Regional Hospital Board.

Members :

Lady Ashley Cooper Hexton Manor, Near Hitchin, Herts. 1950

Dr. E. J. Crarer, M.B., Ch.B. 49 Whitehill Avenue, Luton, Beds. 1952
(Edin.)

Mr. H. H. Dummere, "Halcon," Highbury Road, Hitchin, Herts. 1952
F.R.C.S.

Dr. W. F. Eberlie, B.A. (Cantab.), M.B., B.Ch. (Cantab.) Brooke House, Crawley Green Road, Luton, Beds. 1951

Mr. H. R. Hill, L.D.S., R.C.S. 12 High Street, Hitchin, Herts. 1951
(Eng.)

Mr. R. R. Hunter, J.P., M.C. 250 Old Bedford Road, Luton, Beds. 1951

Mrs. I. E. Joslin Oakengates, Broadway, Letchworth, Herts. 1952

Mr. W. H. Lee 122 Biscot Road, Luton, Beds. 1950

Mrs. V. Martin Smith Northchurch Farm, Berkhamsted, Herts. 1952

Miss E. M. Miles Bailiff's Cottage, Digswell, Welwyn, Herts. 1951

Dr. P. J. W. Mills, M.R.C.P. 17 Chiltern Road, Hitchin, Herts. 1952
(Lond.)

Mr. L. W. Plewes, M.D., Blake Hall, Kensworth, Beds. 1952
F.R.C.S. (Ed.)

Mr. W. G. Roberts, J.P. 87 Runley Road, Luton, Beds. 1951

Mr. S. V. Shadbolt 81 Crabtree Lane, Harpenden, Herts. 1951

Miss B. Shand County Hospital, Bedford. 1950

Mr. A. E. Sharman 199 High Street North, Dunstable, Beds. 1950

Mrs. M. G. Squarey Walkern Old Rectory, Nr. Stevenage, Herts. 1950

Mr. H. P. Whiskin 65 Barton Road, Harlington, Beds. 1952

STANDING SUB-COMMITTEES

General Purposes and Finance

Sub-Committee :

Miss E. D. Russell (Chairman)

W. G. Roberts (Vice-Chairman)

H. H. Dummere, F.R.C.S.

W. H. Lee

R. R. Hunter

A. E. Sharman

H. P. Whiskin

Establishment and Supplies

Sub-Committee :

W. H. Lee (Chairman)

H. R. Hill (Vice-Chairman)

Dr. W. F. Eberlie

Mrs. I. E. Joslin

Miss E. M. Miles

S. V. Shadbolt

Miss B. Shand

Medical Sub-Committee :

Dr. E. J. Crarer (Chairman)

Dr. P. J. W. Mills (Vice-Chairman)

H. H. Dummere, F.R.C.S.

Dr. W. F. Eberlie

L. W. Plewes, F.R.C.S. (Ed.)

The Chairman and Vice-Chairman of the Management Committee are ex-officio members of the Sub-committees.

APPENDIX II

SENIOR OFFICERS of the MANAGEMENT COMMITTEE :

Secretary	R. E. Lingard, F.H.A.
Deputy Secretary	G. E. T. Morgan, A.C.I.S.
Finance Officer	A. C. Nicholls, A.S.A.A.
Deputy Finance Officer	C. G. Neal, A.I.M.T.A.
Supplies Officer	W. Radford, A.H.A.
Deputy Supplies Officer	F. R. Lockyer
Engineer	E. E. Davies
Head Almoner	Miss B. Bowman, A.M.I.A.
Consultant Architect	S. C. Parrott, Esq.
Solicitor	W. B. Carnley, Esq.
Bankers	Barclays Bank Ltd., Luton.

MANAGEMENT COMMITTEE OFFICES

Luton and Dunstable Hospital. Tel. No. : Luton 3100

SUPPLIES OFFICER :

St. Mary's Hospital. Tel. No. : Luton 2156

APPENDIX III

HOUSE COMMITTEE No. 1 :

Luton and Dunstable Hospital, Luton.
St. Mary's Hospital, Luton.
Children's Annexe, Luton.
Priory Hospital, Dunstable.

R. R. Hunter (Chairman)
A. E. Sharman (Vice-Chairman)

*H. A. Blundell, Dunstable.

*J. Gibbs, Luton.

*Mrs. E. Gray, Eaton Bray.

W. H. Lee

†Dr. T. E. S. Lloyd, Luton

W. G. Roberts

*C. Sare-Soar, Luton

HOUSE COMMITTEE No. 3 :

Lister Hospital, Hitchin
Chalkdell Hospital, Hitchin
North Herts & South Beds Hospital,
Hitchin

Foxholes Maternity Home, Hitchin
German Convalescent Home, Hitchin
Letchworth Hospital, Letchworth
Letchworth Isolation Hospital,
Letchworth

Lady Ashley Cooper (Vice-Chairman)

*L. Bennett, Letchworth

*S. A. Garnham, Hitchin

H. R. Hill, L.D.S., R.C.S. (Eng.)

Mrs. I. E. Joslin

†F. A. Millard, Hitchin

Dr. P. J. W. Mills, M.R.C.P. (Lond.)

*Mrs. J. Oldham, Hitchin

*J. Rivett, Hitchin

*Mrs. D. Seebohm, Hitchin

*Major W. O. Times, B.A., LL.B., Hitchin

*G. White, Letchworth

The Chairman and Vice-Chairman of the Management Committee are ex-officio members of all House Committees.

*Co-opted Members.

†Nominated by Bedfordshire or Hertfordshire County Councils for such time as non-sick are accommodated at St. Mary's and Chalkdell Hospitals.

HOUSE COMMITTEE No. 2 :

Maternity Hospital and Annexes,
Luton.

Chest Clinic, Luton.

Spittlesea Isolation Hospital, Luton.

W. G. Roberts (Chairman)

A. E. Sharman (Vice-Chairman)

*Mrs. R. O. Andrews, Chalton Cross.

*W. G. Cole, Luton.

*K. L. Jones, Luton.

*Mrs. H. A. A. Pargeter, Dunstable

*Mrs. A. Urwin, Luton

H. P. Whiskin

HOUSE COMMITTEE No. 4 :

Harpenden Memorial Hospital,
Harpenden

Queen Victoria Memorial Hospital,
Welwyn

Home Hospital for Women, Stevenage

S. V. Shadbolt (Chairman)

Miss E. M. Miles (Vice-Chairman)

*H. W. Brown, Knebworth

*D. L. Clark, Welwyn

*Miss A. M. Chambers, Stevenage

*Mrs. J. N. Hine, Harpenden

*Mrs. J. Maitland, Welwyn

*F. Popplewell, Harpenden

*Mrs. J. M. Simons, Harpenden

Mrs. M. G. Squarey

APPENDIX IV

DIRECTORY OF HOSPITALS AND CLINICS

CHALKDELL HOSPITAL, Hitchin 267 Beds. Chronic and Non-sick Administrative Officer Matron	Tel. No. : Hitchin 1151 J. Bennett Mrs. J. Bennett
FOXHOLES MATERNITY HOME, Pirton Road, Hitchin 24 Beds. Maternity Hospital Sister-in-Charge	Tel. No. : Hitchin 642 Miss F. Sugden
GERMAN CONVALESCENT HOME, Hitchin 40 Beds. Convalescent Home Matron	Tel. No. : Hitchin 85 Miss E. J. Gale
HARPENDEN MEMORIAL HOSPITAL, Carlton Road, Harpenden 29 Beds. General Practitioner Hospital Administrative Officer Matron	Tel. No. : Harpenden 3696 Miss R. Berner, A.C.C.S. Miss H. M. Whaley
HOME HOSPITAL FOR WOMEN, London Road, Stevenage 20 Beds. Convalescent Home. Matron	Tel. No. : Stevenage 224 Miss M. Cuff (from 10.10.49)
LETCHWORTH HOSPITAL, Baldock Road, Letchworth 38 Beds. General Practitioner Hospital Administrative Officer Matron Orthopaedic and Physiotherapy Clinic, Pixmore Way, Letchworth	Tel. No. : Letchworth 292 R. H. Flemming Miss B. Drummond Tel. No. : Letchworth 738
LETCHWORTH ISOLATION HOSPITAL, Letchworth 52 Beds. Fever Hospital Matron	Tel. No. : Letchworth 13 Miss D. R. Hinkins
LISTER HOSPITAL, Hitchin 236 Beds. General Hospital Medical Superintendent Matron Steward	Tel. No. : Hitchin 938 A. G. Young, F.R.C.S. Mrs. E. Whitaker J. D. Knight, A.H.A.
LUTON & DUNSTABLE HOSPITAL, Luton 214 Beds. General Hospital Secretary Matron Children's Annexe, London Road, Luton 56 Beds. Children's Hospital Administrative Officer Assistant Matron-in-Charge	Tel. No. : Luton 3100 R. E. Lingard, F.H.A. Miss M. E. Redman Tel. No. : Luton 1184 W. A. Smith Miss D. Peacock

LUTON MATERNITY HOSPITAL, Dunstable Road, Luton (including Chaul End and Grove Road Annexes) 73 Beds. Maternity Hospital Matron	Tel. No. : Luton 2202 Miss B. Ward
NORTH HERTS & SOUTH BEDS HOSPITAL, Bedford Road, Hitchin 118 Beds. General and Maternity Hospital Administrative Officer Matron (General Hospital) Acting Matron (Maternity Unit)	Tel. No. : Hitchin 586 Miss K. Barker Miss H. J. Godden Miss C. MacDonnell
PRIORY HOSPITAL, Kensworth Lane, Dunstable 50 Beds. Recovery and Chronic Matron	Tel. No. : Dunstable 72 Miss A. L. Cooper
QUEEN VICTORIA MEMORIAL HOSPITAL, Welwyn 30 Beds. General Practitioner Hospital Administrative Officer Matron	Tel. No. : Welwyn 488 K. H. Williams Miss E. Bowyer
SPITTLESEA ISOLATION HOSPITAL, Kimpton Road, Luton 69 Beds. Fever Hospital Matron	Tel. No. : Luton 328 Miss P. I. Aiano
ST. MARY'S HOSPITAL, 11a Dunstable Road, Luton 405 Beds. Chronic, Maternity and Non-sick Administrative Officer Matron Assistant Matron-in-Charge	Tel. No. : Luton 2156 S. D. Evans, D.P.A., A.H.A. Miss M. E. Redman Miss K. E. Young
CHEST CLINIC, Grove Road, Luton Physician-in-Charge	Tel. No. : Luton 1927 Dr. J. B. Shaw

APPENDIX V

SUMMARY OF OUT-PATIENT FACILITIES

<i>Clinics and Departments</i>	<i>Luton and Dunstable</i>	<i>Lister</i>	<i>North Herts and South Beds.</i>	<i>Queen Victoria Memorial</i>	<i>Letchworth</i>	<i>Harpenden</i>
Medical	×	×	×			
Psychological Medicine	×					
Neurological	×					
Cardiology		×				
Diabetic	×					
Dermatological	×	×				
Surgical	×	×	×	×	×	×
Gynaecological	×	×	×	×	×	×
Ear, Nose and Throat	×	×	×	×	×	×
Ophthalmic		×	×		×	
Orthopaedic	×	×	×			
Fracture	×					
Dental			×			
V.D.	×	×				
X-Ray	×	×	×		×	
Physiotherapy	×	×	×	×	×	×
Speech Therapy	×					
Rehabilitation	×					
Casualty	×	×	×	×	×	×

Note : It is likely that some of the present arrangements will be altered with the implementation of the Overall Plan.



