

FOR  
REFERENCE ONLY

KETTERING GENERAL HOSPITAL

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2nd February, 1976

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History of Kettering General Hospital

It was on the 26th October, 1801, that the Kettering Dispensary opened its doors to its first patient. This anxious soul climbed the rickety wooden stairs, leading to a room above the Workhouse, which was then situated in Workhouse Lane, what we know today as Dryland Street.

All the minutes of every Annual General Meeting from 1801 until 1898 can be seen in the Public Library today, having been found by Mr. Harris of "Silver, The Chemists" in the loft of his shop, and handed over to the town in 1952. The pages of the first book have become worn with age and perhaps with acid, which seems to have been spilt on them.

The second book started with 1847 meeting and is well preserved.

At this meeting the committee consisted of Mr. Toller, the two Gotch brothers and a Mr. H. Lindsay. Shortly they were to be joined by the Roughton brothers. Dr. Roughton was soon to become the Medical Officer of the Dispensary and to continue in that capacity for the next 40 years. In 1845 the number of patients treated cured was 242, the number relieved was 90, 10 died, 40 were still under treatment, and 28 patients had been given trusses. These figures were given at each A.G.M. for the next 40 years, with little demonstrable variation. No mention is made of any other surgical appliance - only trusses!

The Dispensary work went on quietly, but successfully, and the names of Toller, the Gotch brothers, the Roughton brothers, Mr. Lamb, Mr. Gerrard and Mr. Lindsay are witness to much good work, quietly done.

In 1877, the good gentlemen branched forth in a new project. A small house in George Street was taken over and fitted up as an Accident Hospital. The venture could not have been a success, because the house closed in 1881, as an Accident Hospital, but part remained open to house the Dispensary, when the Workhouse moved to London Road.

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NOTES OF THE DEVELOPMENT WORK AND ORGANISATION  
OF THE KETTERING GENERAL HOSPITAL

To most members of the public the word "Hospital" conjures up a vision of doctors and nurses; rows of beds; perhaps an operating theatre with masked and gowned figures round it; a smell of ether and very little else.

This is not, of course, necessarily a false picture of a hospital and dramatic incidents occur as would be expected in an institution dealing with sick people. Behind all this, however, there is a vast organisation, a whole community of people whose services are essential to the efficient performance of the work of the doctors and nurses.

The following notes endeavour, therefore, to explain the organisation of the Kettering General Hospital and to a certain extent the organisation and management of a group of hospitals formed under the National Health Service Act.

The suggestion for building a hospital in Kettering was first made by a group of local doctors in the Jubilee Year of Queen Victoria but it was not until after the formation of a Nursing Association that the need for such a project became apparent. The appeal for funds was launched in 1890 and building commenced in 1895 on the present site. The land was donated by His Grace the Duke of Buccleuch and Queensbury, who was the first president of the hospital.

The Kettering and District General Hospital was opened for the reception of patients on the 12th November 1897, by the Rt. Hon. C.R. Spencer on behalf of Earl Spencer, and provided accommodation for eighteen adult patients and four children, although it was realised that more beds would be required as soon as funds were available.

During the first year 129 patients were treated.



By December 1902 it had been possible to increase the number of beds to fifty-eight, and it is interesting to note here that the total building cost up to and including this extension is recorded as £18,009. Of this amount £15,509 had been raised from subscribers and donations, and the balance was met by means of a loan of £2,500. The hospital was, up to the advent of the National Health Service, supported almost entirely by voluntary contributions and apart from the individual annual subscribers, congregational collections, etc., the Factories and Workshops Collection Committee, which represented all the work people in Kettering, was among the most regular subscribers. In 1897 their donation amounted to £350 but by 1934 they were subscribing annually approximately £12,000.

The demand for beds was then, as it is today, ever increasing and by 1923 a total number of 2,310 patients (including in and out patients) were being treated. By virtue of minor extensions over the years it was possible in 1933 to treat over 4,000 patients.

In 1934 the next major extension to the hospital was opened, incorporating new male and female medical wards, a new operating theatre, kitchen and nurses' homes, the ceremony being carried out by Lord Henley, J.P. The total cost of these extensions was £13,000 which was again raised by subscriptions and donations and included a donation of £8,500 by the Hospital Guild.

In 1938, through the generosity of Mr. Alan Timpson, a fully equipped boiler house, central heating plant and laundry were provided at an approximate cost of £11,000 and in 1939 the Cave Block was built at a cost of £25,000 and opened by the Duchess of Gloucester in 1940. Again this building was only made possible by voluntary subscription, nearly £12,000 of this being left to the hospital under the Will of Mr. Walter Cave. This building provided, at that time, a children's ward, which was furnished by Mrs. Alan Timpson in memory of her father and mother, Casualty, Physiotherapy and X-ray Departments, a Mortuary, Chapel and Maids' Quarters.

No further developments took place during the war years and the hospital was taken over by the Ministry of Health on the 5th July 1948 at the inception of the National Health Service. It had been clear to the former governing body prior to 1948 that further development of the General Hospital would be necessary if the needs of the ever increasing population in the area were to be met and since 1948 plans for this development have been constantly under consideration. In 1965, the first phase of the major development of the hospital was brought into use at a total cost of just over £1 million.

This phase consists of :-

- Nine storey Nurses' Home
- Nurse Training School
- Staff Dining room and kitchen
- Five houses for resident Medical Staff
- Out Patient Department
- Accident and Emergency Department
- Orthopaedic Operating Theatre
- Orthopaedic Ward (40 beds)
- X-ray Department
- Pharmacy
- Physical Medicine Department
- Boiler House

The nine-storey Nurses' Home, provides an extra 46 nurses' bedrooms, together with ancillary rooms such as bathrooms, laundry, storage space, hair-washing rooms, a lounge, television room, and so on. The top of this building is the second highest point in Kettering, being the same height as a point half-way up the spire of the Parish Church.

Attached to the Nurses' Home by a glazed link is the Nurses' Teaching Block, Dining Room and Kitchen. On the other side of the Home are the five staff houses for resident medical and surgical staff.

The Out Patient and Accident and Emergency Services Departments are located in one single-storey building covering a total floor space of nearly 20,000 square feet and linked with this building is



a "T" shaped block which contains in one wing an Orthopaedic and Traumatic Surgery Operating Theatre and the X-ray Department, and in the other wing, a 40 bedded traumatic and orthopaedic ward, Group Medical Records Department, Group Pharmacy and the Physiotherapy and Occupational Therapy Departments. There is also some non-resident staff changing accommodation and several rooms set aside for plant and electrical gear. All this is joined to the existing hospital by a glazed link.

One novel feature of this new development, is the pneumatic tube delivery service which enables items ranging from laboratory specimens to large sized x-ray films to be sent within a matter of seconds from one department to another, simply by the pressing of a button. Down in the far eastern part of the site, there is the new Boiler House with three Ruston-Hornsby oil-fired boilers and space for a fourth boiler for the future.

#### OTHER DEVELOPMENTS

Prior to the major development scheme other smaller extensions were made to the hospital. These include a new residential block for domestic staff and the adaptation of the former residential quarters in the top floor of Cave Block to form a modern 26 bed medical ward (Agnes Jackson Ward), the modernisation of the operating theatres; a Central Sterile Supply Department; extensions to the Pathology Laboratory and to the St. Luke and St. Crispin Wards; and the establishment of an Intensive Care Unit.

In 1967 the accommodation occupied by the old Casualty Department and A.M. Lee Ward was converted to an Ear, Nose and Throat Unit of 21 beds. The former X-ray Department was also converted under the same contract to provide a Mothers' and Babies' Unit which became part of the Children's Ward.

Further alterations carried out in accommodation vacated by departments transferred to the new buildings included extensions to the main kitchen, new general and provisions stores, engineers' workshops, porters' accommodation and improved mortuary facilities.

After these contracts were completed there were 235 beds in the hospital and it was possible to treat well over 8,000 in-patients per annum.

#### FUTURE DEVELOPMENTS

A ten year plan for the Hospital Service was promulgated by the Ministry of Health in 1961, under which the Kettering General Hospital was scheduled for development as one of the new District General Hospitals which the Report suggested should be established in the area of each Hospital Management Committee. The District General Hospital concept means in terms of service to the public that expensive hospital services such as the accident services, major x-ray, acute medical and surgical treatment, pathology, etc. will be concentrated in one centre thus making the most effective and most economical use of scarce equipment and trained manpower. As previously mentioned major departmental development had already been carried out at the General Hospital, and the next phase of this development was to be the provision of additional beds and the remainder of the ancillary services. This development became necessary because of the concentration of hospital services mentioned above, and to meet increasing needs of a rapidly expanding population in this area.

In 1949 the estimated population to be served by the newly formed Kettering and District Hospital Management Committee was 115,000. This had risen to 140,000 in 1960 and 231,000 in 1971 and it was estimated that this figure would be at least 244,000 in 1975. Meanwhile, progress in the field of medicine tends to create its own demand by widening the scope of treatment available.



Building is well advanced on Phase IIA which will consist of a six storey ward block containing 301 beds. Included will be an enlarged Intensive Care Unit (12 beds in place of the present 4) and facilities and beds for sick staff and isolation patients. The ground floor of the new ward block will contain the hospital and other offices, together with a chapel, small shop, hairdressing salon and a bank. There will also be two committee rooms. On the top floor will be accommodation for a junior medical staff mess and associated facilities.

The offices for the nursing administration, domestic superintendent and medical social workers are in a link block (joining the new ward block and the Phase I complex).

The existing X-ray Department is being extended (in another linking block) by the provision of a further two radiographic rooms and also a medical photography department. At first floor level of this block, the present orthopaedic theatre will become part of a suite containing four theatres and an endoscopy room. These theatres will be served by a T.S.S.U.

There is also a separate but linked block containing the Pathology Department and below that on the lower ground floor mortuary and post-mortem facilities, and general stores and linen distribution area. Associated with linen distribution will be a uniform exchange bank.

Adjacent to the Casualty Department is a 12 bed day ward and night admission unit.

New kitchens and dining areas will be provided on the lower ground floor of the main block, where the telephone exchange is located.

The residential accommodation for medical and/or nursing staff is in the form of three storey blocks of flats built in such a way that they can be used for single persons or families. Building commenced on 1st September 1972 and was completed in March 1974.

The contract for Phase II commenced on 18th January 1971 and final completion is due in March 1976. The building and engineering cost of the scheme is approximately £3,500,000.

Phase IIB will consist of a Maternity Unit of 104 beds plus 21 special care baby cots. This Unit will be built on two floors and will be linked to the main hospital complex by an underground tunnel. This project commenced in 1972 for completion by 1976.

This Maternity Unit will be the first of a Department of Health standard design which it is hoped by the Department will be provided eventually throughout the country. (The only other one in the country at the moment is being built at Bolton.)

The cost of this scheme is approximately £1,500,000.

The building of a Post Graduate Medical Education Centre was commenced in December 1974 and it is hoped it will be completed in June 1976.

The Centre includes a lecture theatre, library, audio and visual facilities, dining room, buffet, seminar room and various offices.

The cost of this scheme is approximately £200,000 of which approximately one third was raised by local subscription and the remaining two thirds from Oxford Regional Health Authority.

## MANAGEMENT

In 1948 the General Hospital was taken over by the Ministry of Health and became part of a group of hospitals under the control of a new Hospital Management Committee, charged with the responsibility of providing hospital services in an area covering Kettering, Wellingborough, Corby, Rushden and the surrounding area. The Hospital Management Committee also had the duty of advising the Regional Hospital Board at Oxford of developments which were considered necessary to provide adequate services in this area, and they in turn advised the Minister of Health.

All the members of both Boards and Hospital Management Committees gave their services on a completely voluntary basis. They were not elected members and were appointed because of the individual contribution it was considered they could make towards the efficient running of the hospital service.

Hospital Management Committees could if they so wished appoint House Committees with delegated powers in respect of certain hospitals in a group, and this was done in the Kettering Group. There were House Committees appointed by the Hospital Management Committee in the Kettering, Corby, Wellingborough and Rushden areas, each of which comprised a small nucleus of Management Committee members, one of whom acted as Chairman, and a number of co-opted members. The co-opted members were usually persons of some standing or with experience of hospital or social work, living in the locality served by the hospital concerned.

The House Committee for the Kettering General Hospital also covered Rockingham Road and St. Mary's Hospitals. As with all House Committees in the Kettering Group it made recommendations to the Hospital Management Committee on matters affecting the welfare of patients, visiting hours, etc.; and also made recommendations as to the ways in which monies allocated by the Management Committee for expenditure on buildings, maintenance, new furniture, etc. should be spent.



The senior administrative officer (Group Secretary) who was assisted by hospital secretaries in the main hospitals in the Group, was responsible to the Hospital Management Committee for all the business side of the hospitals and for ensuring that the policies of the Management Committee were carried out.

Advice on medical matters was given to the Hospital Management Committee by a Medical Advisory Committee, which comprised of all the consultant medical staff with representation from the local general practitioners and the County Medical Officer of Health.

The Senior Matron in the Group was the Matron of the General Hospital and she acted as advisor to the Management Committee on all matters affecting nursing.

In September 1970 the Kettering and District Hospital Management Committee appointed a Principal Nursing Officer to be responsible for nursing services throughout the Group, but not for the immediate day to day control of any particular hospital, which was left in the hands of "matrons"; this was in tune with a new national policy on the way in which senior nursing management should be structured.

In April 1972 the post of Principal Nursing Officer was upgraded to Chief Nursing Officer and then on 1st February 1974, in preparation for re-organisation the Chief Nursing Officer was appointed District Nursing Officer.

On 1st April 1974 the administration of the National Health Service was unified and the existing National Health Service Authorities (Regional Hospital Boards, Boards of Governors, Hospital Management Committees, Executive Councils and Local Health Authorities) ceased to exist.

Under the new structure Kettering General Hospital becomes part of the Kettering Health District of the Northamptonshire Area Health Authority, which is one of the four areas making up the Oxford Regional Health Authority.



The Kettering District Management Team, which formulates planning proposals for district services and co-ordinates their implementation, consists of the District Administrator, District Finance Officer, District Nursing Officer, District Community Physician, a representative from the Hospital Consultant Staff and a representative from the General Medical Practitioners.

The Team as a whole have three principal functions :

- (1) to ensure that the local health services are managed and co-ordinated effectively within the limitations of the available staff, money, accommodation, and other resources;
- (2) to identify ways in which the local health services can be improved by both developments and changes in the existing arrangements;
- (3) to decide on the relative priority of the developments which are desirable, and to make recommendations accordingly to the Area Health Authority.

The Team are jointly responsible for these functions, and are expected to work on the basis of "consensus management". In essence this means that the Team must be in agreement before any action can be taken. Any one member has the right of veto.

Health Care Planning Teams will be set up in the district to assess the needs of particular groups (e.g. the elderly, children, the mentally ill) and to plan services to meet those needs.

Health Authorities and local authorities are required by statute to co-operate with one another to secure and advance the health and welfare of the population.

Collaborative arrangements extend not only to planning and investment in complementary services, but to the general sharing of goods and facilities, and to the provision by one authority to the other of the

advice and services of professional staff. The Secretary of State is required to make available to local authorities the services of medical and dental practitioners and nurses employed by health authorities, to enable the local authorities to carry out their functions in social services, education and public health. Thus, some of the posts in community medicine in the reorganised National Health Service will include a responsibility for giving medical advice on, and administering environmental health services for, one or more district councils, or for advising on, and administering the aspects of, the school health service which will remain with local government; the officers appointed to such posts will be accountable to the relevant local authorities in respect of those duties.

There will be a parallel duty on local authorities to provide social work support for the health authorities.

#### Public Participation

Community Health Councils have been established in every health district, to represent the views of users of health services. Half the members of each Community Health Council are appointed by the local authorities within the health district, one-third is drawn from voluntary organisations active in the health services locally, and the rest from other local bodies.

The Councils have a close and continuing working relationship with the Area Health Authority, its members and senior staff at area and district level, and are consulted about area plans for development of services or important changes in them. They are entitled to visit National Health Service establishments in their districts, receive information from the Area Health Authority necessary for their work, and receive published replies from the Area Health Authority recording action taken on issues raised in Community Health Council reports.

A Health Service Commissioner has been appointed to examine complaints against the health authorities which have not been resolved by these authorities to the satisfaction of the complainants.

#### STAFFING

The complexity of the organisation of the hospital obviously leads to complications in staffing and it may be interesting to note the very wide range of different disciplines in which staff are employed at the General Hospital. These embrace doctors, nurses, radiographers, physiotherapists, remedial gymnasts, occupational therapists, pharmacists, electrocardiograph technicians, audiology technicians, pathology technicians, administrative and clerical staff, porters, domestic laundry workers, cooks, central supply staff, gardeners, medical records staff, medical social workers, engineers, stokers, switchboard operators, drivers.

In 1951 a total of approximately 200 staff were employed at the General Hospital and today this total is approximately 1050. A good proportion of this increase is accounted for by the increased use of part-time staff over the years but the major part is due to the increase in beds and services which has taken place over the years, as indicated by the statistics shown in the following section.

The General Hospital has a training school for the State Register of Nurses (S.R.N.) and for the State Roll of Nurses (S.E.N.) and at the present time there is a total of 217 students and pupils under training. This figure can be compared with 50 in 1951.

Student nurse recruitment is quite satisfactory and is greatly helped by the cadet nurse scheme which bridges the gap between the time the girls leave school at fifteen and sixteen to the age of eighteen years when they can commence training.



## WORK OF THE GENERAL HOSPITAL

As has been previously mentioned, the work load of the General Hospital is ever increasing, and this can be seen in the following comparisons between each ten years since the hospital was opened in 1897 :-

	1900	1910	1920	1930	1940	1950	1960	1970
In-patients	260	719	782	1486	2006	3500	5375	9227
Out-patients (inc. accidents)								
New	107	873	848	1309	2495	10000	15664	33291
Total Attend.						25000	46000	80345
No. of Beds	25	58	75	75	129	131	166	236
Av. length of stay per patient (days)	26.80	20.44	15.88	15.70	19.06	10.00	7.07	6.57

Major increases in work have been associated with appropriate developments during the periods concerned. In addition to the work shown above, the work of the ancillary departments dealing directly with patients, such as Pathology, X-ray, Physiotherapy, Cardiography, have also increased. Improved techniques and equipment now enable the Hospital to provide a much more efficient and wider range of services to the patient than ever before.

### FINANCE

Prior to 1948 the General Hospital was financed in the main from voluntary sources. The major source of funds was the Factories and Workshops Collection Committee, which represented all the workpeople in the area. In 1900 the workpeople's contributions amounted to a total of £839. 0s. 7d. out of a total expenditure of £1,576 13s. 5d., and by 1947 this contribution had risen to £13,892 4s. 0d. against a total expenditure of £54,247.7s.6d.



Other sources of income were from voluntary gifts which included annual subscriptions, donations, legacies and box and congregational collections, receipts on account of services rendered by the hospital such as private patient fees and charges for local authority services, and finally, a small amount of income was received from dividends and interest on invested property.

The following table shows for each ten years since the hospital was opened the total expenditure to the nearest £1 incurred in each of these years in maintaining the Kettering General Hospital. In making comparisons it is necessary, of course, to bear in mind the decreasing value of the £ over the years, and the considerable increases in the cost of living index :-

	1900 £	1910 £	1920 £	1930 £	1940 £	1950 £	1960 £
Expenditure	1577	2333	5220	12008	23341	116952	197417
						1970	1975
						£	£
						775161	2464223

From 1948 the Hospital Service was financed by the State. It is important to realise that our weekly National Insurance Contributions do not finance the Hospital Service, but are used for such social security services as National Sickness Benefits, Widows' Pensions, Retirement Pensions, etc. The Hospital Service is financed by funds raised by the Government in other ways such as by direct taxation (income tax etc.) and indirect taxation (purchase tax etc.).

The amount of money available for the hospital service each year is decided by the Treasury in the light of other demands on the nation's economy. The Department of Health and Social Security from this scene then makes its allocations to each region. The Regional Health Authority is responsible for allocating the sum it receives to Area Health Authorities who in turn allocate money to the District Management Team.

The organisation of the financial affairs of a hospital group is extremely complex and it would be impossible to give other than a brief explanation as to the way in which funds are obtained to maintain the services provided by our hospitals. The amount of money available each year, of course, dictates the limit to which services can be expanded, and it should be noted that any capital development such as new buildings represents recurring maintenance expenditure in both the year in which the development takes place and each succeeding year.

The expending of the hospital budget is controlled by the District Management Team and the accounting officer is the District Finance Officer who together with the Area Treasurer is responsible for keeping the District Management Team and the Area Health Authority informed of the financial position. Allocations to the hospitals in the Group are made at the beginning of each year under various functions based on accurately estimated levels of expenditure for the day to day maintenance of existing services.

After this has been done any balance remaining is used on items of extraordinary expenditure. These are usually of a non-recurring nature such as major schemes relating to the maintenance of engineering services and building fabric, purchase of new equipment both medical and domestic, etc.

Between 1948 and 1974 the above functions were controlled by Regional Hospital Boards and Hospital Management Committees. The basic principles of finance were the same except that control lay in the hands of the Finance and General Purposes Committee of the Hospital Management Committee.

#### VOLUNTARY SERVICES

As will have been seen from the preceding paragraphs, in 1948 the hospital service was radically changed. State ownership of the Kettering General, as with most other voluntary hospitals throughout the country, meant that the tremendous voluntary efforts which had been required to enable the hospital to continue to provide its



services was no longer required. It did not mean, however, that there was no place for voluntary work in the new Health Service and this was realised by the people in Kettering and district.

There is an extremely fine record of voluntary service to the Kettering General Hospital provided by Kettering, Corby and District Hospitals' Samaritan Fund, which provides so many additional amenities not available through exchequer sources for both patients and staff: the W.V.S. who provide the trolley shop service in the Hospital and also staff the patients' canteen in the new Out-patient Department; the voluntary librarians who maintain the patients' library and ensure that books are regularly distributed to patients throughout the hospital. In addition to these regular services a number of other amenities have been provided by voluntary effort, and public subscription, examples of these are the patients' radio system, and the Recreation Hall. Similar voluntary services are, of course, provided in all the hospitals in the Kettering district and those at the General Hospital have been recorded individually only because this hospital is the subject of this article.

It has been proved that voluntary services have an important part to play in the management of a modern hospital and the voluntary support given to the Kettering and District Hospitals is very much appreciated by the District Management Team.

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