

It will be accepted that the total Ministerial consents or approvals for a year would roughly approximate the expenditure in that year, as the carry-over from year to year would not vary greatly, except when the graph alters quickly.

For 1947-48 the *proposed amount of capital expenditure on building extensions* by Hospital Boards approximates £2,900,000. It is naturally impossible to estimate the consents for the year until the year is nearly complete, but the figure of £2,900,000 represents the completion of works consented to previously, and the *expected expenditure during this year* on works to be completed perhaps over the next one, two, three, or four years.

PLANS

Apart from building-works in progress, there are Hospital Board building plans in existence for some £10,000,000. Some of these plans await approval or are approved in the sketch-plan stage. Others are nearly completed or are completed and await approval or are approved as working-plans.

In addition, the Department knows of further proposals representing at least £3,000,000 which have not yet reached formal sketch-plan stage.

The fees payable to private architects for the £10,000,000 plans represent perhaps £150,000 for the sketch plans alone.

Hospital architecture is one of the most highly specialized and difficult forms of architecture. It is obvious that, had an adequate departmental staff been built up over recent years, the above-mentioned sketch planning could have been done at a fraction of the above-mentioned cost and, in many instances, more efficiently than has been done.

Apart from the delays which are inevitable with a shortage of staff, one of the most disappointing features to those concerned is that there is great scope for research in planning standards, materials of construction, sound-prevention, efficient mechanical appliances, and in other directions if only staff had been available.

The position with regard to building-material and labour shortages is well known and has caused extreme delays in the completion of some hospital buildings with, in some cases, astonishingly high tendered prices. The needs of buildings for housing, hydro-electric development, education, transport, industry, and other services are such that it is obvious that there must be some restriction and rationing of Hospital Boards' building proposals.

The annual report of 1945 showed that New Zealand already had over 10 beds per 1,000 of population, which is higher than any other country in the world had—or had hitherto stated as an ideal. Several hundred beds are closed because of lack of staff.

It is not unreasonable, therefore, to ask for a planning holiday while a survey is made to see which buildings should go on first. This survey was commenced, but is at present in abeyance through further deterioration in the staff position.

HOSPITAL BOARD SALARIES

For many years Hospital Boards have decided what salaries should be paid to senior professional officers, often without reference to the Department, but lately subject to stabilization. Certain anomalies have resulted.

The Budget announcement of 1946 stated that it is the view of the Government that a greater measure of control of Hospital Board expenditure should be exercised.

Subsequently, amendments were made to the Hospital and Charitable Institutions Act giving power to make regulations prescribing the conditions of employment of employees of Hospital Boards not under any award and setting up advisory committees in relation thereto.