



Royal Hospital for Neuro-disability

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Annual report, 1989

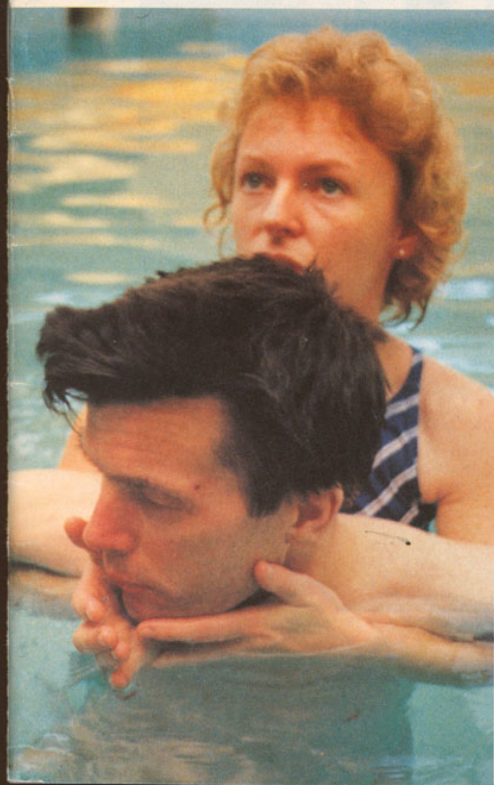
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THE ROYAL HOSPITAL
AND HOME, PUTNEY
FOR THE REHABILITATION OF SEVERE DISABILITY
WEST HILL, PUTNEY, LONDON SW15 3SW

Report for the year ending
30th September 1989

REGISTERED CHARITY No. 205907





Her Majesty The Queen visited the Hospital on 27th October 1989 to open the Brain Injury Unit.

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HER MAJESTY QUEEN ELIZABETH THE QUEEN MOTHER

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D R P C MCCAIG *MA MB BS DRCOG*
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D A SATERI *MB BCh MSc*

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ORAL SURGEON: C B PARKER *FDS RCS*
OPHTHALMOLOGIST: Dr JOSEPHINE P WINTER *MB BS*

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HEAD OF SUPPORT SERVICES

F M FLYNN

PRINCIPAL PHARMACIST

K M P ROHLFING *MRPhM MRPh*

SENIOR CHAPLAIN

Reverend T J THOMAS *BA*

BANKERS

NATIONAL WESTMINSTER BANK PLC, 250 Wimbledon Park Road, SW19 8ND

SOLICITORS

FARRER & CO, 86 Lincoln's Inn Fields, WC2A 3JH

INVESTMENT BANKERS

SCHRODER INVESTMENT MANAGEMENT LTD, 30 Old Jewry, EC2R 8BS

AUDITORS

HELMORE, HELMORE & CO, 35/37 Grosvenor Gardens, SW1W 0BY

ADVERTISING CONSULTANTS

J WALTER THOMPSON COMPANY PLC, 48 Berkeley Square, W1X 6AD

The Charity's Objectives

- To provide high standards of medical, nursing and rehabilitation management for those suffering from severe physical disability as a result of accident or disease.
- To provide an environment where optimal levels of independence can be achieved within a secure and relaxed atmosphere.
- To provide rehabilitation services to prevent deterioration, maintain independence and increase ability of our residents.
- To provide day-hospital rehabilitation for disabled people who are still able to live at home.
- To promote the education, welfare and rehabilitation of disabled people and their integration within the community.
- To carry out research and development projects to improve the ability and quality of life of disabled people.
- To promote teaching programmes and publications, and to disseminate information on the treatment of severely physically disabled people.

Her Majesty The Queen's Visit

The highlight of the year was Her Majesty The Queen's visit to the Hospital on 27th October to open the Brain Injury Unit. It was a warm sunny day, which meant that many patients and staff could be out of doors to welcome The Queen and it was a splendid occasion for us all. We are most grateful to Her Majesty for the kindness she showed to the Royal Hospital and Home by her visit.

Our Role

The RHHP specialises in the treatment of people with profound physical disabilities. Nearly all of our 300 patients, who come from all over the United Kingdom, have disorders of the brain or nervous system. By far the largest group, about 120, are those with multiple sclerosis. The next largest groups are those with brain injury or stroke. Other common disorders treated by us are cerebral palsy, spinal injuries and Huntington's



Individual activities to improve co-ordination.



Learning to walk again.



Visiting pets give pleasure to our patients.

disease. Most of our patients are very heavily dependent on others for even simple tasks. This requires patient, dedicated nurses and rehabilitation staff to provide the right balance between encouragement and care. Our multidisciplinary team, drawn from 12 different professional groups, assists patients to achieve the optimal quality of life within the limits of their disabilities. Our concern is as much about maintaining levels of ability, or slowing deterioration, as it is about improving abilities. Our aim is always to return a patient to independent living in the community, when sufficient improvement in his or her condition can be achieved. Environmental and social activities inside and outside the Hospital are an important part of the daily life of a patient at the RHHP and they complement our high standards of medical, nursing and rehabilitation treatment. We provide opportunities for all our patients, no matter how severe or profound their disabilities, to live as independent and normal a life as they can manage.

Brain Injury Unit

Over the past two years we have been building up our expertise in the treatment of brain injury. This is a new field of medicine in this Country and there is no model to follow. Our experience with the 20-bed pilot scheme has enabled us to develop specialist programmes for coma arousal, memory retraining and physical rehabilitation, and to have the confidence to bring the new 43-bed unit into full operation as soon as the

contractors' work was completed in July. Our experience over the last two years has been that two thirds of the brain damaged people admitted to the unit were under the age of 35 and nearly all were suffering brain damage from head trauma, over half of them due to road accidents. Many were still in coma and nearly all of the others had very severe brain damage. This severity of disability has required a high level of dedicated staffing in the unit. A total of 92 staff is required for its 43 patients. We are now accepting three categories of patients into the unit: those who are in prolonged coma, those with physical disabilities and those with memory disorders due to brain damage.

Pressure Sore Unit

Pressure sores are one of the complications of severe physical disability particularly if they are due to multiple sclerosis which we often find to be present on admission to the Hospital. Although only a small number of our patients have resistant pressure sores, we regard it as essential for them to have the best possible treatment. To this end we have opened a 6-bedded specialist Pressure Sore Unit, which has been built and equipped thanks to a generous donation from the Wolfson Foundation. The unit has special beds and staff who have interest and skill in treating pressure sores. The unit will also act as a research centre to develop new methods of treating these difficult disorders.



A patient in the Brain Injury Unit was married at the Hospital in September.



An outing to Kew.



The camera club.

Assessment Unit

Assessing the ward most suitable for our new long term patients is important. In the past they have generally been admitted to wards as vacancies have occurred, with the result that further moves have often become necessary if the placement proved unsuitable. We have now opened an 8-bedded Assessment Unit where physical, mental, social and emotional needs of new patients can be identified over a period of several months. We are thus in a better position to identify the type of area in the Hospital where the patient will be most at home and where he or she will have access to the most appropriate skills and facilities. This is particularly important in view of the specialist groupings which we will be developing in the Hospital in the future. The unit is also being used as a base for assessment visits before admissions take place.

Future Specialisation

The needs of each of our patients are different. Environment plays an important part in the quality of life and in the ability to be independent. In addition the various disorders require specialisation in treatment and care. We are therefore planning to develop a completely new series of specialist units:

Seventeen single rooms for those who are physically disabled but mentally alert;

A reality orientation area for those who are both physically and mentally disabled;

A ward for those with the complex degenerative disorder, Huntington's disease;

An educational unit for young disabled people needing to continue with their education;

An amnesia ward for those with specific memory disorders.

These are all in addition to the 14-place transitional living unit, the group home for social retraining to help a patient return to community living, which is now being built in the grounds of the Hospital.

The Building Programme

In 1985 the Board of Management decided to put our available resources into redeveloping the older parts of the Hospital to provide specialised accommodation, suitable to take our patients well into the twenty first century. We called this major redevelopment programme "Project New Look".

Phase 1 was completed in July 1987 at a cost of £1.2M. It provided 30 new beds in two new wards and improvements to seven other parts of the Hospital which were essential pre-requirements for later phases.



The staff cafeteria — a pleasant place to relax with colleagues.



Mr Martyn Lewis signing autographs after presenting prizes to nursing auxiliaries.



The patients' shop.

Phase 2 was completed in June 1989 at a cost of £2.5M. This involved stripping out the interior of the old Clifden and Devonshire Wards and constructing a 43-bedded Brain Injury Unit. On the ground floor below it we refurbished the Occupational Therapy Department, with the provision of a Computer and Communications Room, Workshop and Occupational Therapy Office, together with a kitchen and Sister's office for Murray Ward. In the basement we re-organised the Rehabilitation Engineering Department and provided additional storage space.

Phase 3A was completed at the end of November 1989, at a cost of £335,000. In this phase we reconstructed part of Glyn Ward to provide a 6-bedded Pressure Sore Unit and an 8-bedded Assessment Unit.

Phase 3B. When restructuring the remaining five old wards in the West Wing of the Hospital we aim to reduce the present population there by about 30, which will provide more living spaces, better day rooms and more bathrooms and showers. However, the constraint we have to face is that we need always to keep our patient population up to its present level of 300, in order to provide the income required to run the Hospital. This means that we have first to make space available into which we can move patients whilst their own wards are being rebuilt. We propose to solve the problem by building an additional storey on the top of Drapers Wing. It will be a high standard 17-bedded ward for our most mentally alert, but physically disabled patients, with all single rooms and plenty of space for amenity and quiet areas. Work will start

on 5th March 1990 with a 12 months building time. The cost will be £1.3M.

The RHHP has thus been spending about £1M each year for the last four years on the redevelopment of the Main Hospital. So far this has been financed mainly by private contributions, although over the last two years we have also had to deplete our reserves by £1.32M. It looks as though we will need to continue spending at this rate, providing the funds can be found to support it, for a further four to five years before Project New Look is completed. We are therefore again relying on all our friends and benefactors to help us to achieve our aim of maintaining the RHHP as a centre of excellence in our specialist field of disability medicine.

Project Independence

Work started in July on this exciting new project, which is financed by Wandsworth Borough Council and managed by Habintag Housing Association. It will provide 27 housing units for disabled and able bodied people living together and a 14-bedded group home on the South side of the Hospital's land. Thanks to the dry summer the contractor is ahead of programme and the project should be completed by mid 1991.



Teaching the family how to cope when a patient goes home.



Group Therapy in the Art Room.



Computers are widely used in the RHHP for therapeutic, educational and recreational programmes.



Outward Bound activities for brain injured patients in the Kielder Forest.





A coma arousal programme.

An automatic page turner for disabled patients.



One of our specialist mobility aids for brain injured people.



Research

Research is a major part of our work at the RHHP, supported financially by the Development Trust for the Young Disabled and other important Foundations. We now have 15 research projects, covering nursing, psychology, mechanical aids, occupational therapy, music therapy and medicine. Many of these studies are carried out in collaboration with universities and other rehabilitational institutions.

Research Advisory Committee

This has been another busy year for the Research Advisory Committee directing our research projects. We were very sorry to receive the resignation of Dr R D Catterall, who has played an important part in the work of the Committee for many years. We are delighted to welcome Sir Cyril Clarke, a former President of The Royal College of Physicians, to the Committee.

Education

Education has continued to be important in the life and work of the Hospital. All the clinical departments have active in-service training for their staff. The Department of Nursing Studies runs three English National Board approved nursing

courses each year, which are unique to the RHHP, to train nurses in disability medicine. It is also running a national pilot scheme course for the Hospital Support Worker, which is an extension of our Nursing Auxiliary training programme. We have held eight major national and two international conferences this year. These have been fully subscribed and are most important in extending our reputation and encouraging the care of severely disabled people throughout this Country and to a certain extent worldwide.

Board of Management

It is with great sadness that we report the deaths of three great supporters of the RHHP this year. Sir Denis Truscott GBE TD JP had been a Board member for 41 years until 1980 and a Vice President since then. General Sir Horatius Murray GCB KBE DSO had been Chairman of the Board of Management for six years 1964-71 and a Vice President since then, and General Sir Thomas Morony KCB OBE had joined the Board two years' ago. Mrs Jean Sewell and Mrs Sara Broadbent retired as members of the Board, and Mr J R Garrett has been a very welcome addition to the Board this year.

Financial Aspects

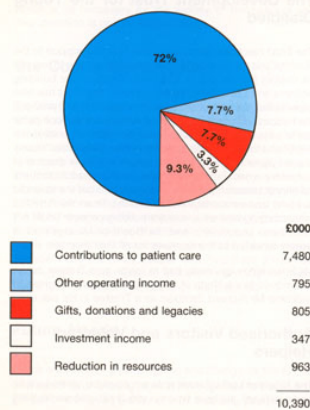
A statement of the sources of funds and their use in the year ended 30th September 1989, together with illustrative diagrams, is shown over the page.

**Statement of the Sources of Funds and their use
Year to 30 September 1989**

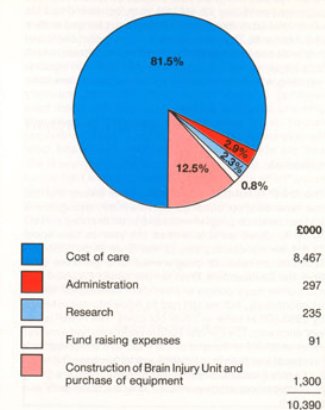
USE MADE OF FUNDS	£	SOURCES OF FUNDS	£
OPERATING COST		Contributions to patient care	
— Medical Nursing, Therapy, Pharmacy		— by Statutory and Local Authorities	6,934,705
Staff Cost	5,446,200	— by Patients	545,588
— Catering, Transport, Building Maintenance and Cleaning and other services			
Staff Cost	1,060,418		
Administration	296,680		
Research	235,354		
Other operating expenditure (including the cost of provisions, medical and nursing materials, dispensing drugs, chemicals and instruments, heat, light and water)	1,960,363	Other operating income	795,292
	8,999,015		8,275,585
Fund Raising Expenses	91,514	Gifts, donations and legacies	804,572
		Investment Income	347,373
		Investments and fixed assets realised	844,871
		Reduction in Working Capital	118,082
Construction of Brain Injury Unit and the purchase of equipment	1,299,954	REDUCTION IN RESOURCES DURING THE YEAR	962,953
	10,390,483		10,390,483

The above is an expanded statement of the sources and application of funds as contained in the audited Annual Accounts for the year to 30 September 1989. Copies of the full audited Annual Accounts can be obtained by application to the Director of Finance, RHHF, West Hill, Putney, SW15 3SW.

Sources of Funds



How they were applied



As can be seen from the financial figures on the previous page we spent over £8.4M last year, representing 81% of our total expenditure, on the treatment, care and welfare of our patients. The major element in this is staff costs and it reflects the very high ratio of nursing and therapy staff to patients we require. We received £192,511 in legacies last year, which is well below the amounts we have been receiving in other recent years. However, voluntary gifts and donations amounted to £612,061, which have helped us to cover the gap between our costs and the revenue we receive from patients' own contributions and the support they receive from health and local authorities.

The RHHP is not part of the NHS, which means that the maintenance of our buildings, our new building programme and our research programmes have to be financed entirely by the funds we are able to raise. This year we have spent £1.3M on the construction of the Brain Injury Unit and £235,000 on research programmes. The generous gifts from the Development Trust for the Young Disabled and many other major donors and friends of the Hospital helped us enormously, but we still had to delve into our reserves by £963,000 in order to cover our costs. The RHHP is not well endowed. The General Fund investments had a market value of £2.8M at the end of the year, which represents a reserve of less than four months operating costs. Our need for financial assistance is therefore urgent, if we are going to complete our programmes for new developments and research.

The Development Trust for the Young Disabled

The Trust has again given invaluable financial support to the Hospital and the Board of Management would like to register its thanks for the gift of £250,000 towards our building projects and £100,000 towards research. The Trust has also underwritten the cost of our seminar programme and provided the Hospital with many gifts in kind, including a new computer system for the Appeals Department, which will enable the RHHP and the Trust to compete more effectively in the "charity market place" and will greatly improve our co-ordination of voluntary work. Funds have also been raised to finance additional research projects next year. Without the splendid support and encouragement from the Trust the RHHP's research programmes and major building projects could not have been undertaken, and the Board of Management is deeply indebted to the Trustees for all their help this year.

Mr Brian White has sadly had to resign as a Trustee, as he has moved to the North of England, but we are delighted to welcome Mr Richard Zamboni as a Trustee in his place.

Authorised Visitors and Voluntary Helpers

The Board of Management is most grateful to all those who so generously give their time to visiting patients and helping

with the work of the Hospital. They do most valuable work, which is so necessary for the welfare of the patients and their devotion is deeply appreciated.

Our County Committees

The Board of Management wish to record their special thanks to all four of the supporting County Committees for their constant and dedicated assistance in so many areas of the Hospital's activities. Without their unerring and conscientious help many enjoyable events would not have taken place and the Hospital would not have received the many thousands of pounds which have resulted from their charitable efforts. Public relations and awareness are also important parts of the RHHP image and its reputation. The part played by the Committees in ensuring that the RHHP is well known and highly respected has been paramount. To all the committee members and the many people who help them a heartfelt "thank you" for their labours of love, loyalty and the many hours they have spent on behalf of our patients.

Future Needs

These are times of great progress and change for the RHHP as we seek to advance our standards for the treatment and care of severe disability and to provide facilities and

accommodation suitable for the twenty first century. We do not shrink from trying to achieve our ambitious objectives, even though at first sight they may seem to lie beyond the reach of our fingertips. In this we do not take financial risks, but we do rely on receiving a continuing and increasing flow of funds from voluntary sources to provide the roughly £1M each year we need to meet the cost of the building programme.

Renewed Thanks

The Board of Management expresses its deep appreciation for the hard work and devotion to duty of the RHHP's staff at all levels and to all those who have helped the Hospital this year. Their dedicated service is an inspiration to all, and the happy atmosphere which prevails both in the Main Hospital and at John Howard House reflects the selfless care which is unstintingly given. The continuing support we receive from every side encourages and inspires us to renew our efforts to advance and increase the valuable work of this long established Charity.

A. K. S. FRANKS
Chairman of the Board of Management

All Governors of the RHHP are invited to attend the Annual General Meeting in the Library at the Hospital at 2.30 p.m. Thursday 15th March 1990.



Activities in the Gymnasium.



An exhibition of patients' art.



One of the new-style wards in the main building.

A Mediscus low air loss bed in the Pressure Sore Unit.

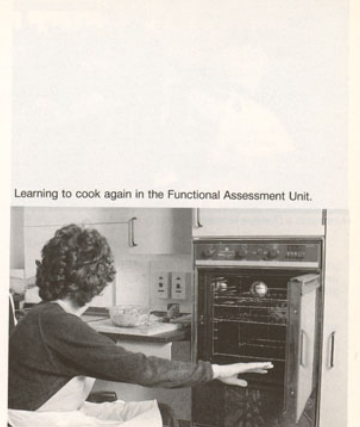




A music therapy demonstration for The Queen.



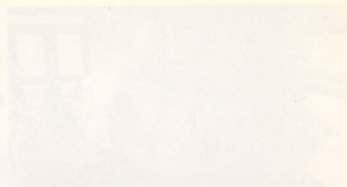
The Self Care Unit.



Learning to cook again in the Functional Assessment Unit.



Huntington's Disease Therapy Group.



Disabled riding at the Diamond Centre.



LEGACIES

The Importance of Legacies to the RHHP

In the last 10 years we have spent every penny received from legacies on our new buildings and other developments. We need £3M over the next five years to complete our plans to provide the special accommodation and equipment needed to improve the quality of life of our severely disabled patients.

Some Questions and Answers

Why make a Will?

There are many good reasons. Peace of mind, adequate provision for family and friends, and the knowledge that one's wishes will be carried out. Ensure that you are the one to decide what will happen to everything you own. If you consult a Solicitor, making a Will is a simple procedure.

What Could Happen if I Don't Make a Will?

If you die intestate, the law decides how your Estate will be sorted out. This can be an expensive and lengthy business. The legal costs will be paid from your Estate so there will be less to divide between relatives and other beneficiaries.

But I Haven't Anything Worth Leaving!

Many people imagine this. Just sit down for a few minutes — you are probably worth more than you think.

Could I Save Money and Write My Own Will?

'Home-made-Wills' can create more problems than they solve. Unless you have legal experience you may find that what you have written is open to misinterpretation.

Can I Change My Will?

Yes. You can change your Will as often as you wish, although your Solicitor will have to charge a fee each time.

A change is added to your Will as a Codicil. This is a separate legal document which must be signed and witnessed in the correct legal manner.

You can also make a new will whenever you wish. This is especially important if you marry, divorce, or re-marry.

Reducing Tax Liability

All gifts to charity are free of tax. If you make such a gift and bring your estate below £118,000, no tax will be payable. Money that would have gone to the Inland Revenue is therefore used to provide an additional legacy for a charity of your choice.

A Legacy Made Out in Favour of a Charity Could Well be the Answer

If you wish to consider the RHHP in this context and would like to know more about this Charity please contact the Director of Appeals, Royal Hospital and Home, Putney, West Hill, London SW15 3SW. Telephone: 01-788 4511.

Please think of the RHHP when preparing **YOUR** Will.

John Howard House, Roedean Road, Brighton

In 1974 John Howard House was incorporated with the Royal Hospital and Home, Putney. Set in two acres of gardens close to the sea, this charming country house is home for 33 continuing care patients. It has full time physiotherapy and occupational therapy staff as well as expert nursing and medical care. There is also a day clinic to help disabled people who are still able to live at home, and short stay or respite care can be arranged.

1. The South side of John Howard House showing the sun lounge and terrace with the therapy wing on the right.



2. The Physiotherapy Department.
4. One of our small ambulances for individual outings.
5. All the amenities of Brighton are close at hand.



3. Patients and staff enjoying the sun on the upper terrace.

