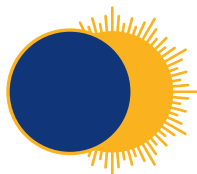




Quality account

2020/21



Royal Hospital for
Neuro-disability

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Our patients and residents come from all over the UK. We are one of the largest providers of specialist neuro-rehabilitation services in the UK for people with complex neuro-disabilities.

We also provide specialist long term care including for patients and residents with challenging behaviour, those who require our ventilator service and those with Huntington's Disease. We now also have a Young Adults unit. We provide specialised packages of care that can be spot purchased by Clinical Commissioning Groups. We currently have a contract with NHS England (NHSE) for the provision of Level 1/2a specialist rehabilitation and Augmentative and Alternative Communication provision.

Brain Injury Service (BIS)

BIS provides intensive neurological level 1 rehabilitation to people with a significant brain injury and complex physical, cognitive and communication needs. We offer specialist expertise in the management of people who remain in a prolonged disorder of consciousness (PDOC). We also have expertise and proven success in the assessment, management and weaning from tracheostomies after a person has sustained a brain injury.

BIS offers an interdisciplinary model of rehabilitation, including services not commonly found in traditional rehabilitation settings, such as AAC specialists and technology, an integrated complex seating and postural management team and engineering workshop, music therapy, occupational therapy (OT), including occupational therapy (art), leisure services and a chaplaincy.

We passionately believe that all people have the right to achieve their full potential and enjoy the optimum possible quality of life. We strive to care for people and their families as individuals, with practical and emotional support at every step of their journey.

Drapers ward, one of our BIS wards, offers active, goal-oriented level 1 rehabilitation. It has recently been fully refurbished to provide a warm homely environment with opportunities for patients to be as independent as possible and work towards achieving their rehabilitation goals.

We have also recently refurbished two distinct therapy spaces. The Therapy Hub provides a state-of-the-art space for providing multi-disciplinary team (MDT) rehabilitation to patients and residents of the hospital, and the Quiet Gym provides a quieter space for patients and residents requiring a less stimulating environment. We have created a suite of bookable rooms for one-to-one therapy and small groups, as well as bespoke clinical spaces for splinting and postural management.

Specialist Nursing Home

The Specialist Nursing Home Service supports people with highly complex.

physical disability and cognitive needs. The Specialist Nursing Home team are experienced in managing neurological conditions while working to optimise independence and function wherever possible. Quality of life is the focus and accessible, specially-adapted activities are provided with the support of a large team of volunteers.

Specialist Services

Ventilator Service: The Ventilator Service comprises of the Jack Emerson Centre (JEC) and the newly refurbished Leonora ward. This service offers care and treatment in a specially designed environment for people who require invasive ventilator support. Our MDT within this service is made up of a specialist medical consultant, a modern matron-led nursing team and allied health professionals (AHPs). A respiratory clinical nurse specialist oversees the tracheostomy care and management for all patients with tracheostomies.

Huntington's Disease Service: Our specialist Huntington's disease service provides holistic care and support for patients who have highly complex associated needs, and for their families, encouraging independence and maximising quality of life. The service has input from a specialist medical consultant and from a range of clinical nurse specialists. The nursing team is led by an experienced modern matron.

The ward provides an environment where people with Huntington's disease can receive specialist support either with a short-term package of care or a longer term placement. The MDT is also experienced in palliative care. This highly sensitive work is supported by a specialist palliative care medical consultant from Royal Trinity Hospice, as part of a partnership arrangement with the RHN. There is also an in-house specialist palliative care nurse who supports the ward as required.

Neuro-behavioural Rehabilitation Service: This is a service for patients and residents whose conditions have affected their behaviour and present challenges to their care provision. Our staff in this dedicated service are experienced supporting those who experience a change in behaviour or present with behavioural challenges. We also provide rehabilitation and longer term support for patients and residents who experience challenges in their behaviour, which may be limiting their rehabilitation progress. This is a consultant led service supported by a clinical psychology service, specialist AHPs and a nursing service which is led by an experienced modern matron.

Young People's Service: Haberdashers House is our young peoples' service. The accommodation has been fully refurbished to safely accommodate and meet the needs of young adults with significant and complex neurological impairments. The unit has piped medical gases, a high specification nurse call system and a new fully accessible wet room for patients and residents to access for washing/showering. All areas on the unit have been completely modernised and are fully infection control compliant. An experienced modern matron oversees this service.

April 2020 to March 2021

This Quality Account is the RHN's annual report to the public and other stakeholders summarising the quality of the services we provide. It presents our achievements in terms of clinical excellence, effectiveness, safety and patient and resident experience and demonstrates how our managers, clinicians and staff are all committed to providing continuous, evidence-based, quality care to our patients and residents. It also demonstrates how we scrutinise every service we provide to continually improve, ensuring that our patients' and residents' outcomes are the best they can be. In this 2020/21 account, we demonstrate our successes for this reporting period and identify areas that we have already begun to address to improve for the reporting period, 2021/2022 and beyond.

Our first Quality Account in 2018 was developed by our Patient Safety and Quality department and it summarised and provided a review of quality activities across the hospital. It was recognised that future accounts could contain more in-depth information for the public and commissioners about the quality of services we provide to demonstrate how the RHN relates to the community of patients, residents, families and carers that it serves. This document has therefore been developed in collaboration with commissioners to clearly review progress against our 2020/2021 Quality Account. It also identifies what the hospital's priorities are for 2021/2022 and beyond.

Since late February 2020, the impact of the COVID-19 pandemic has been widespread at the RHN. We always recognised that our patients and residents are among the most vulnerable and tragically 18 patients and two members of staff died from COVID-19 this year.

As we begin to return to some form of normality, I would like to extend my heartfelt thanks to all our staff who have worked on the frontline in challenging circumstances and in many cases knowing that they were caring for patients with COVID-19.

The RHN workforce is resilient, and despite the changes to, and the need to adapt to, different ways of working, such as working from home and social distancing, the RHN team remains totally committed to patient care. As a community, we are looking at how our staff can be better supported in terms of wellbeing and mental health, while continuing to focus on longer-term strategic improvements to create an even better hospital. We have introduced some initiatives, such as a wellbeing hub on our intranet and continue to look at other ways to support our staff.

Despite the challenges of the pandemic, we have delivered a number of important strategic goals. Following last year's refurbishment of the new Andrew Reed ward (formerly Evitt and Cathcart), we have now completed the renovation of Leonora ward (previously Andrew Reed). Several beds on the ward have been adapted for patients requiring mechanical ventilation (expanding on the capacity of the Jack Emerson Centre).

We have also seen the extension of intravenous therapies from BIS to the whole of the RHN. This has dramatically reduced the extent to which patients are transferred to acute hospitals to receive IV antibiotics to fight infection. We have also successfully brought the pharmacy for BIS in-house.

This year, we have been able to make four internal promotions to new matrons, and two of our overseas nurses (recruited three years ago) have now been promoted to ward manager level. I believe that the ability to promote from within is a sign of good health in an organisation.

Since late December 2020, our vaccination programme has seen 145 patients and 535 staff members receive at least one dose of the COVID-19 vaccine.

We are confident that having adapted to new ways of working, we will continue to drive our strategic agenda and propel the RHN into a great future.

Paul Allen
Chief Executive



To the best of my knowledge, as requested by the regulations governing the publication of this document, the information in this report is accurate.

Paul Allen, Chief Executive Officer
Royal Hospital for Neuro-disability

This report has been reviewed and approved by

Des Benjamin
Chairman



Quality priorities 2020/21

The RHN developed a clinical strategy and action plan which covers the period June 2018 – December 2021. It sets out the direction of care for patients and residents over the three-year period, as well as documenting the key actions required to achieve our clinical strategy goals. The RHN is in the process of revisiting 2022, and beyond, at the time of compiling this account.

We have a clear commitment to our patients and residents, to involve them and their families in decision-making relating to their care and in providing care where possible, as well as working in partnership with NHS England & Improvement (NHSE&I), SW London CCG (Clinical Commissioning Group) and the other CCGs that fund our patients' and residents' care and treatment at the RHN. We constantly strive to improve clinical safety and quality standards through a systematic process of robust governance including audit and feedback from all those experiencing our services so that we can continually strive to improve.

We have a number of initiatives ongoing at any one time. Priorities are determined by the hospital's executive management team and board of trustees, taking into account our commissioners' priorities, patient and resident feedback, regulatory compliance and feedback, audit results, new national guidance and recommendations from our committees and working groups which represent all professional and management levels across the RHN.

The RHN has seen its priorities change during this reporting period in response to the national agenda and has adapted to changing needs during the COVID-19 pandemic to keep our patients, residents, families and staff safe. Thus, some initiatives that we had planned for this reporting period have not advanced as far as had been intended and a small number were put on hold in agreement with commissioners in order to use resources effectively. Some initiatives were completed sooner than planned as reported through the Clinical Quality Review Group, our formal reporting and monitoring structure.

For 2020/2021 our priorities were identified and agreed in the following areas:

Clinical Effectiveness

- To have a thriving academic and research programme.
- To ensure we have an engaged workforce committed to innovative change.
- To maximise use of technology to improve patient quality of life.
- To ensure choice, care and compassion at the end of life.

- To ensure patients and residents have access to a wide range of services seven days a week.
- To develop clinical staff by promoting new and innovative roles at the RHN.
- To ensure that patients and residents receive a higher level of clinical care to promote avoidance of acute hospital admission.

Patient Safety

- To work to improve our Care Quality Commission (CQC) overall rating from 'Requires Improvement' to at least 'Good' in all five domains and to achieve the removal of a Section 31 notice on our CQC registration.
- To ensure we have a robust infection control plan in order to keep our patients safe during the COVID-19 pandemic.
- To improve the use of data to drive effectiveness and improve outcomes through clinical audit.

Patient Experience

- To analyse feedback received during 2020/2021, identifying any less favourable areas and outlining actions for improvement.

Progress against the RHN's quality priorities during 2020/2021 are summarised as

Clinical Effectiveness

Electronic patient records (EPR) have now been successfully implemented in full across the hospital. Electronic recording of clinical observations in relation to National Early Warning Score (NEWS) recording and ongoing management has now been introduced across the hospital as well as electronic medication administration on all wards. The reduction of nurse related medication errors has begun to improve significantly and the reports to the Clinical Quality Review Meeting (CQRG), which is a quarterly meeting, chaired by NHSE&I, with other CCGs in attendance, including SW London CCG and the Care Quality Commission (CQC), have reflected this throughout the reporting period. In addition, improved practice relating to vital signs monitoring and management is evident and has resulted in a reduction in incidents of this nature, which is also reflected in the data reported through to the CQRG on a quarterly basis.

To ensure choice, care and compassion at end-of-life

The RHN successfully recruited to a new post of clinical nurse specialist for end-of-life care to provide leadership and support to the wards during this reporting period. The postholder works closely with all clinicians, chairs the QELCA (Quality in End of Life Care for All) Working Group and is also responsible for linking into Learning and Development to gain assurance that nursing competencies are up-to-date and completed. A development plan has been in place and progress is monitored through the End-of-Life Committee which is chaired by the director of nursing and the lead consultant for palliative care. End-of-life care has significantly improved across the RHN which is evidenced in the Committee minutes and through the feedback the hospital receives about family experiences and choices. During COVID-19 this role proved vital to supporting staff, patients and residents and their families and is substantively appointed to.

To ensure patients have access to a wide range of services seven days a week

A review of the therapy spaces at the RHN has now been completed and the scope has been extended to provide improved space to support family visiting. This was especially important when COVID-19 measures were more restrictive, as we were able to provide families with opportunities to relax on-site during family visiting.

Following on from this, we have also commissioned a full internal review of the Leisure and Family service (LaFS). This has also been completed and a new model of delivery has been approved. The new model going forward in next year's reporting will repurpose LaFS as Therapeutic Leisure Services (TLS), creating a new service, which will lead and drive a cultural shift within the RHN that recognises leisure as a therapeutic tool and contributes to

the wellbeing and rehabilitation of our patients and residents. This will be delivered primarily via ward-based leisure coordinators, who will liaise with ward staff, families and volunteers to create bespoke leisure activities, which complement and enhance patients' and residents' treatment programs. As the program will be delivered via a combination of volunteers and ward staff, the vision is for a seven-day service to build on the achievements already reached during this reporting period. The TLS will continue to provide traditional LaFS services such as access to legal advice, complimentary therapies, family accommodation, hairdressing and community outings, where possible, via the ward-based coordinators who will be responsible initially for their own ward (initially) or zone (ultimately).

During this reporting period we identified ward based leisure leads for each ward. A new volunteer coordinator for leisure activities started and an activities coordinator was recruited to work in our young peoples' unit (Haberdashers House). This remains a key area of focus and development in the next reporting period.

To develop clinical staff by promoting new and innovative roles at the RHN

During this reporting period, the RHN expanded the modern matron service by increasing the number of modern matrons from three to five to enhance clinical leadership and clinical oversight at ward level. This also enabled the commencement of a Clinical Response Service to support staff during COVID-19 and to begin to expand clinical practice at the RHN as part of a wider Acute Admission Avoidance Service. The next reporting period will see this initiative reviewed and the data analysed for presenting to the CQRG with a view to even further expansion of this service. This successful development remains with an expansion programme planned to encompass more staff into the service and to continue to widen the scope of practice under the leadership of the director of nursing and modern matron team.

Planning for the introduction of an AHP Consultant post has also started.

To ensure that patients receive a higher level of clinical care to promote avoidance of acute admission

The introduction of intra venous therapy (IV Therapy) advanced rapidly over the year to cover the whole hospital and with a full formulary of antibiotics during the COVID-19 crisis. We treated over 40 patients without complication and avoided a similar number of transfers to NHS acute hospitals. This development ensured that we were able to minimise the risk of patient exposure to COVID-19 and keep our patients and residents safe. The underpinning governance to expand nursing roles in leading this service was robust and the associated practice guidelines were developed and reviewed at planned intervals to respond to changing needs and to ensure optimum clinical practice standards were being adhered to.

Patient Safety

To work to improve our CQC overall rating from 'requires improvement' to at least 'good' and to achieve removal of a Section 31 notice on our CQC registration.

The RHN received a CQC Comprehensive Quality inspection in February 2020. The report, published on 15 July 2020 reduced the overall rating of the RHN from 'Good' to 'Requires Improvement'.

Safe	Effective	Caring	Responsive	Well-led	Overall
Required improvement	Good	Good	Good	Requires improvement	Requires improvement

Although the RHN was disappointed with the areas that were rated as 'Requires Improvement' and the resultant reduced overall rating for the hospital to 'Requires Improvement', from a previous rating of 'Good', there were many areas of good practice highlighted in the CQC report as well as the areas identified for improvement which we are addressing, that included

- Staff provided good care and treated patients with compassion and kindness.
- Staff respected patients' privacy and dignity, as well as taking into account their individual needs.
- There were many examples of responsive practice and providing holistic care. This was identified as outstanding practice by the CQC.
- There was evidence of good teamwork.
- Good infection control measures were in place.
- Managers investigated incidents and there was a system in place to share learning.
- Executive team members were visible and approachable in the service for patients and staff, and they supported staff to take on more senior roles.
- Local leaders were experienced, skilled and understood the priorities and issues their wards faced.

The report identified that there were no areas of improvement that 'Must' be completed by the RHN but identified three areas that we 'Should' consider for improvement including improving handover on Chatsworth Ward, ensuring that repositioning charts were fully completed on the same ward and recommending that we should ensure that all staff are up to date with their mandatory training, which at the time of the inspection was at 93% against a hospital stretch target of 95%.

During this reporting period a full and thorough deep dive review of our safeguarding processes was undertaken and our findings and progress was reported to the executive management team of the RHN, the board, CQC, NHSE&I, SW London CCG and the Local Authority. Progress was monitored through the CQRC. A Section 42 Enquiry was commenced by the Local Authority which the RHN responded to with a robust improvement action plan and scheduled MDT reporting and monitoring to achieve all of the outcomes required to complete the Section 42 Enquiry outcomes (by July 2020). An improved Safeguarding Adults at Risk Policy & Procedure was developed and implemented. It remains in place and includes strengthened processes and assessment tools for identifying and assessing potential safeguarding concerns, the development of a Safeguarding Operational Assurance Group for reviewing open cases and updating current safeguarding investigations in collaboration with the Local Authority, and the development of a Safeguarding Assurance Committee whose function has been reviewed and includes membership from external bodies including CQC and the Local Authority. A training matrix was developed to ensure that all staff are trained and competent to the required level in accordance with the intercollegiate document. Many staff roles exceed the training requirement of the document in recognition of the extreme risks in the patients and residents that we serve.

Weekly monitoring has also been established. We have a substantive safeguarding team in place, comprising of the head of safeguarding, a senior registered nurse, and an operational lead for safeguarding, who is an experienced social worker. They work closely with the Patient Safety & Quality Assurance team and the wider RHN teams. Collaborative working has been strengthened, which is key to driving the assurances required to meet the revised KPIs.

- A full review of the RHN incident, including serious incident, management processes was undertaken during this reporting period. This resulted in the implementation of an improved Incident, Including Serious Incident, Management Policy & Procedure as well as a number of supporting standard operating procedures (SOPs). The new processes that have been introduced by the head of patient safety and quality assurance include the implementation of three key monitoring and review meetings at the RHN
- A weekly Serious Incident, Complaints and Safeguarding review meeting, which all staff can attend and receive updates on associated activity, as well as participate in potential serious incident discussions and decision making. These meetings are also attended regularly by SW London CCG who partake in discussion and review.
- A Potential Serious Incident and Safeguarding weekly meeting, chaired and managed by the head of patient safety & quality assurance, where all incidents reported during the previous week are reviewed and discussed. Agreement is reached as to whether an incident could be a potential serious incident, a safeguarding concern, a potential RIDDOR reportable incident or whether it should be managed at local level by the department and ward managers, overseen by the patient safety and quality assurance team and the service matron. The head

of patient safety & quality assurance chairs and administers these meetings, with the safeguarding team and senior nursing team as members of the meeting.

Serious Incident Panel meetings, which members of external bodies are also invited to attend, to review and approve completed serious incident investigation reports and agree the ongoing actions required. NHSE&I, SW London CCG and funding CCGs are invited to attend these meetings. Once approved the reports are finalised and submitted for external review and approval.

In February 2021 all actions agreed as part of the CQC Section 31 notice were completed and robust evidence was submitted to the CQC evidencing our full compliance with the required actions. We were invited to apply for the remaining restrictions on our CQC registration to be removed. Following our successful application, all restrictions were removed. The Section 42 Enquiry was also completed successfully with no residual actions remaining.

Learning from both of these sanctions was captured and formed the basis of a quality improvement plan that is being delivered across the hospital.

To ensure we have a robust infection control plan in order to keep our patients safe during the COVID-19 pandemic

As part of the RHN's response to the COVID-19 Pandemic a robust action plan was agreed ahead of the first national lockdown. The hospital went into lockdown on 10 March 2020, before the national lockdown was imposed. The following measures were implemented in order to keep patients, residents, their families and staff safe

- The hospital was closed to visiting and remote contact with families was enhanced through the donation of unwanted laptops and tablets for patient and resident use. Thus family contact was maintained, albeit virtually.
- The hospital was divided into specific zones and staff were not allowed to unnecessarily enter another zone other than their own. Unfortunately, this had an impact on our ability to continue certain therapy and leisure activities while restrictions remained in place.
- All staff who could work from home were asked to remain at home and work remotely. The information technology department swiftly enabled secure remote access to hospital systems and supported staff with equipment as required.
- All staff in the hospital were required to comply with social distancing and use of PPE in corridors and clinical areas. The hospital acquired adequate PPE and testing equipment to ensure safety measures could be adhered to.
- All meetings took place remotely via Zoom.
- Routine COVID-19 testing was implemented for all patients and residents and isolation measures were implemented for any who tested positive.
- A process of exceptional visiting was implemented for families whose loved ones were extremely ill or at the end-of-life.

Restrictions remained in place throughout 2020/21 and a process for cautiously easing them has been implemented when government guidance has allowed.

Weekly communication from our chief executive officer to staff, patients, residents and their families has been vital in keeping everyone informed throughout the pandemic.

To improve the use of data to drive effectiveness and improve outcomes through clinical audit.

In recognition of the need to structure and strengthen the use of clinical audit across the RHN, we purchased the Perfect Ward application to enable us to implement and complete up to 14 clinical audits a year. This is a smart inspection application that significantly improves the quality audit process by eliminating administration and provides an easy way of ensuring robust audit processes. During this reporting period, we introduced the first ward based audits for documentation, NEWS (National Early Warning Score), medicines management and hand hygiene. These will expand over the next year. The application has enabled standardised auditing, clear presentation of results, identification of areas for further quality improvement and areas of good practice to be highlighted. It has been positively received by staff and the RHN board and compliance with audit has improved over time as a result as is presented at the Risk and Incident Committee, Patient Safety and Quality Committee and to the CQRG.

Patient Experience

Analyse feedback received during 2020/21 identifying any less favourable areas and outlining actions for improvement

The following activities took place during this reporting period in order to gather feedback, analyse it and identify areas of good practice and areas where improvements could be made.

- Annual patient/relative survey
- Patient representatives committee (PRC)
- Friends and Family Test (FFT)
- Formal complaints, informal concerns and compliments

During the COVID-19 pandemic a main concern raised by patients, residents and families was in relation to visiting restrictions, which made face-to-face contact impossible, except for in exceptional circumstances during the lockdown periods. Patients, residents and families were supported to take part in remote contact via laptops and tablets and when visiting resumed it was fully supported by managers and members of the executive team to ensure compliance with social distancing and PPE requirements and to support staff.

For the next reporting period 2021/2022, the RHN strives to continue to build on progress and to continue to provide safe and high quality care for our patients and residents. We also aim to build on our successes of the last year, managing well during COVID-19 while maintaining our focus on our responsiveness during the pandemic, as well as continuously improve patient safety and service quality. Our key priorities for 2021/2022 which we have agreed through the CQRG will be

Clinical Effectiveness

- To continue to develop our academic and research programme in line with the priorities of our RHN research strategy by looking to represent the RHN and the research achievements at external forums. We are keen to share our learning and research wider. Our aim is to work towards being known for the research that we lead and in doing so to re-focus our research programme and stream line our research activity. Our research strategy will detail the outcomes that we want to achieve and how we will be measured against achieving them.
- To identify key areas where the RHN can influence and drive national policy relating to complex neuro-disability given the specialist area of care provision we provide. We will ensure that our 2022 onwards, five-year strategy identifies what these areas will be, who in the organisation will drive the policy agenda and how we can be measured in terms of success.
- We rely on our staff to deliver our clinical effective priorities and we recognise that we cannot succeed unless we have a robust framework to support our staff and engage them in what we want to achieve. Our commitment to developing clinical leadership will continue and we can be measured against achievement of our KPIs through our workforce plan and our recruitment and retention plan where our KPIs will be explicit.
- To strengthen clinical leadership at the interface of patient and resident care by further developing the modern matron leadership roles to include links with specific areas.
- Our KPI is to maintain five modern matron posts but to realign their roles and develop a matron post for safe staffing, in recognition that we provide five distinct models of care and to respond to the staffing challenges we face. The portfolio for the safe staffing post will include explicit KPIs to be achieved which we will measure ourselves against.
- To lead nationally in developing a model of care for invasive ventilation in community settings through collaborating with NHSEI to achieve this over the next year.
- To develop a safe staffing workforce model for the above.
- To build on the development and attainment of clinical competencies

for registered nurses, in line with the registered nurse competency programme and have a fully functional programme in place across the nursing workforce which is accessible electronically and which feeds into the IPR process. To be achieved by January 2022.

- To develop a new clinical strategy for the next five years 2022 – 2027.

Patient Safety

- To continue to streamline our quality and safety governance processes and realign our reporting and monitoring in light of the new dedicated safeguarding team that we now have in place. To have this achieved by September 2021.
- To satisfactorily clear all of the outstanding quality and safety performance actions that relate to the CQRG action list. To have this achieved by July 2021.
- To attain a CQC quality rating of at least “good” in all five KLOE domains at our next unplanned rated inspection and to maintain the required standards throughout the next year.
- To strengthen our peer review quality monitoring process implemented and led by the head of patient safety and quality assurance as an internal assurance mechanism and for this to become embedded into practice through the next reporting period.
- To continue to review and monitor our infection prevention and control plan and comply with mandatory reporting in order to keep our patients, residents and staff safe and stay responsive to new developments posed by the COVID-19 pandemic. This will include modifying safety measures for when ‘unlocking’ is possible to respond to national policy and guidance changes.
- To continue to improve the use of data to drive effectiveness and improve outcomes through clinical audit by a review of our clinical audit programme and processes. This will involve full use of all 14 Perfect Ward audit slots and ‘deep dive’ audits where they are indicated. This will be led by the Head of Patient Safety and Quality Assurance and will be achieved by February 2022.
- To maintain the standards achieved in patient safety and safeguarding patients and residents at the RHN and to ensure mechanisms are in place to ensure ongoing review of standards, practice and outcomes through the CQRG. This includes the use of deep dive audits to drive care, service and quality improvement at the RHN. As a result of serious incidents and safeguarding concerns, a number of quality improvement projects have been initiated in relation to the management of patients/residents with diabetes, improving the skills of and clinical support for healthcare assistants, and the further development of clinical staff who provide one-to-one care. These will be reported in our next Quality Account.

- To widen membership of staff into local, national and international quality improvement networks and forums to influence quality and safety agendas and learn from other organisations. Over the next year we will endeavour to have membership on at least five national networks and be able to demonstrate how they inform practice at the RHN.

Patient Experience

- We recognise that while we have significant activity already in place, we have not brought it together under one strategy. We will develop a quality strategy which will include a patient experience strategy over the next reporting period and appoint a senior leader in the RHN as an ambassador to ensure that it is driven forwards. By March 2022 we will have a strategy in place that is part of the wider strategy that RHN is currently developing.
- New methods of gaining service user feedback through the Patient Safety and Quality committee will be achieved by March 2022 and will be reflected in the Quality Strategy.
- To work towards the attainment of a national customer service accreditation in recognition of the importance placed on customer service at the RHN.
- To evidence the use of service user feedback and involvement to drive quality in at least three new improvement initiatives will be achieved and demonstrated through the project planning and development.

Staff survey 2020

The closing date for the staff survey was extended until 31 March 2021. Therefore, the results were not available within the timescale of this report.

Staff Engagement

- The latest staff survey results will be progressed for the next reporting period and the outcomes of the Staff Survey Action Plan will be progressed. Reporting and monitoring will be through the executive management team and the Patient Safety and Quality Committee, led through the head of HR.

A focus on the following areas will be prioritised over the next reporting period

- Mental health first aid – we will build on the success of this reporting period where we already trained 16 mental health first aiders and aim to expand the first aid competencies across the workforce. Our aim is to develop a plan of how many more we want to achieve and report progress against our plan through the Patient Safety and Quality Committee as a key KPI as part of our workforce recruitment and retention strategy.
- To ensure the executive management team competencies attained through MIND are maintained in order to continue to support the workforce.
- To build on the achievements of the staff network groups. During this reporting period we developed
 - The BAME network which celebrated Black History month in 2020 and continues to engage with BAME staff across the hospital relating to issues of BAME in the health workforce.
 - The LGBTQI+ staff network has met regularly and has celebrated numerous awareness days such as Trans Visibility and LGBTQI+ History month. The network is planning a week of events during Pride week in September.
- We will continue to engage with staff regarding other staff networks to develop over the next reporting period, for example a disability group.
- We will build on the new wellbeing portal of services we developed this reporting period which we launched on the RHN intranet for staff to access. This has been a key target to ensure that staff have been able to access various types of support they may need throughout the COVID 19 pandemic. Part of this wellbeing portal involved the launch of mental health first aiders in the workplace. For the next reporting period our aim is to optimise staff access to the portal and respond to any staff feedback in relation to modifications that are required.

Speak Up Guardian

- For this reporting period, we undertook a complete review of the

whistleblowing arrangements, reviewed the Freedom to Speak Up policy for updating and appointed Julie Harding, an RHN Trustee and board champion for equality issues, as the Freedom to Speak Up Guardian.

- For the next reporting period, we have identified further initiatives to take place during the year that have been implemented despite the COVID-19 pandemic. Our aim is to maintain momentum with these developments as follows
 - Following a robust process, the RHN appointed Protect, an independent, specialist provider, to provide support to the organisation and confidential advice to individuals who are unsure whether or how to raise their concern.
 - Protect provided specific training for the Freedom to Speak Up Guardian, and the executive team, together with 16 senior managers, who attended training on Making Speak Up Work.
 - FTSU is already included in the monthly induction programme and a short video with the FTSU Guardian is now included to publicise the role. A further video for all staff will be developed and communicated across RHN for the next reporting period.
 - Posters have been circulated to all wards that includes contact details of the FTSU Guardian and Protect. Screensavers have been introduced and the small plastic cards that staff wear with their ID badges have been updated with the FTSU guardian's contact details. We will audit to ensure that these initiatives continue.
 - An audit of FTSU was undertaken by the RHN's internal auditors, RSM, and the recommendations have been added to Actions for 2021 below which will be addressed in the next reporting period.

FTSU Actions for 2021/22

- The training that was provided by Protect to senior managers will be cascaded throughout the RHN. A programme for this will be introduced and the actions will be achieved by March 2022.
- The new learning management system will be reviewed to access online tools by March 2022.
- A Speak Up awareness campaign will be progressed during 2021/22. This will include awareness sessions on zoom, led by the Freedom to Speak Up Guardian as well as on-site staff engagement sessions when permissible.
- The Freedom to Speak Up Raising Concerns policy will be reviewed and updated to coincide with the Awareness Campaign during 2021/22.
- The Speak Up Champions initiative will be progressed during 2021/22.
- The internal auditors recommended that there should be a FTSU Guardian job description and this will be achieved by March 2022. Internal auditors recommended that clear and consistent processes for record keeping of concerns and tracking progress should be

developed and this will be achieved by 2022.

- The head of human resources and learning & development and head of patient safety & quality assurance will meet quarterly with the Freedom to Speak Up Guardian to discuss any concerns that have been raised by staff throughout the roll out during 2021/2022.

Learning and Development

Learning Management System (LMS)

- The new LMS went live on 1 October 2020 and is providing further opportunities to review the way training is delivered. The learning and development team are collaborating with all stakeholders to review the ways in which support for current and future delivery models can be provided. The plan is to continue to expand the function of the new system through widening the modules that can be added to it through the next reporting period and to promote blended learning opportunities for staff.

Mandatory Training

- As at 31 March 2021 the Statutory and Mandatory compliance figure was 94%. This will continue to be a focus in terms of compliance monitoring and module reviewing as required. The RHN will set a stretch target of achieving a minimum of 95% compliance in all mandatory training areas over the next year.

Putney Programmes

- The Putney Programmes (nurses and HCAs) have been re-envisioned to reflect the changes in programme delivery due to the pandemic. The nurse programme has been moved to an online platform and has been revalidated by The Royal College of Nursing (RCN) for the next year. A KPI to deliver two more courses by the end of March 2022 is in place.

Trainee Nurse Associates

- The RHN Academy (learning and development's vocational learning centre) have partnered with Kingston University to introduce the trainee nurse associate programme to the hospital. Supported by the director of nursing and matron for long-term care, HCAs have been provided with a development opportunity which will see them embark on an apprenticeship for the next two years. We have appointed our first six apprentice nursing associates for the course for September 2021 and have a KPI to recruit a further minimum of two candidates by the end of March 2022 onto the course that starts in March 2022.

RHN Academy

- As a result of the influx of applications received for the trainee nurse associate programme, there is a growing waiting list of candidates who are interested in completing either their maths and English qualifications, or qualifications in health and social care, which will support their future applications for the apprenticeship. Our plan is to work to determine how we can meet this demand throughout the next reporting period.

Fundraising

How you helped us in 2020/2021

Due to our charitable status, we are able to engage widely with a variety of contacts – namely, individuals, businesses and trusts, to raise funds for the RHN.

Voluntary donations raised in this period have helped to fund the following

- COVID-19 Emergency Response Appeal
- Computer therapy and specialist communication aids
- Leisure and families service (including disability sports)
- Music therapy
- Nurse escorts and transport for patient trips
- Occupational therapy (art)
- Onsite multi-faith chapel services
- Our programme of research
- Physiotherapy equipment and hoists
- Specially adapted wheelchairs
- Patients without relatives fund
- Hardship fund to help struggling families
- Ward improvements

This year our focus has been on crisis response in the advent of the global COVID-19 pandemic, with an emergency appeal running across all fundraising streams, seeking support to help the RHN meet the immense challenges presented. In spite of the challenges caused by the pandemic, we saw a rise in supporter engagement from online activities, direct marketing communications and Christmas card sales.

In our commitment to deliver best practices in fundraising, we have renewed our registration with the Fundraising Regulator (FR) and continue to adhere to its code of practice, so as to assure the public, our supporters and those in our care, of our ethical and transparent approach to fundraising.

As one of our main income streams, our events team were innovative in maintaining contact with individual fundraisers and organisations during the pandemic.

Here are some of this year's highlights that raised money for the RHN.

- Pianothon (online)
- Day at the Movies (online)
- RHN Patient's Corridor Challenge
- Summer Stroll
- RHN Charity Raffle
- Festive Lights display

- 10 hour sponsored walk
- Hever Castle triathlon
- Virtual Christmas carol concert
- Valentine's community appeal

As part of our overall objective in raising funds, our contribution to the hospital helps to complement our care package to every patient and resident.

Research

- At the start of the pandemic, RHN followed the NIHR (National Institute for Health Research) guidance for all non-COVID-19 prioritised studies to pause. In July 2021 we intend to follow the roadmap to the RESTART project. This will be monitored over the next reporting period.
- The PhD students have been able to work on their literature review and also on the preparation for their study so they have not suffered a significant delay. However, they had to adjust their study design to ensure that future data collection will be possible. A KPI for 2021/2022 is to support students to revisit their studies while actively engaging more staff in undertaking research based education as part of our overall ongoing hospital strategy.

Education

- The external events that we deliver at the RHN have been inevitably impacted by the pandemic.
- We stopped all onsite events at the beginning of March 2020. Our KPI is for our first online event to take place at the end of June 2021.
- We did slowly migrate our events, training and lectures online. The first events were very successful; the first online lecture had 230 attendees and online training has seen international as well as national participation.
- We will be focussing on developing new online events to share best practice and progress.
- All our online lectures can now be recorded as webinars and are available on our YouTube channel. This will enable a larger number of people to access those resources in the future. One of the lectures has attracted over 900 views. Our plan is to build on our success for the next reporting period.

Heritage

- We have adjusted the National Heritage Lottery fund project to respond to the pandemic. Instead of focussing our outreach towards schools we have been liaising with Headway groups and collaborating on art workshops inspired by the RHN rich heritage.
- The project will lead to an online exhibition presenting the heritage of RHN, contemporary artistic projects by patients and some of the oral history project throughout 2021/2022.

Statement

The Care Quality Commission (CQC) is the independent regulator of health and social care providers in England. They are responsible for ensuring that organisations providing health and social care offer safe, effective, caring, responsive and well-led services.

The RHN is registered to undertake the following regulated activities

- Treatment of disease, disorder or injury
- Accommodation for people who require nursing or personal care
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

Statement on Data Quality

Information Governance

The Data Security and Protection Toolkit (DSPT) is an on-line self-assessment tool which all organisations that have access to NHS patient data and systems must use to provide assurance that they have good practices in place to maintain the security and confidentiality of personal data.

The RHN submitted its self-assessment on 31 March 2021 and achieved an overall grading of "Standards Exceeded".

The DSPT was audited by the RHN's internal auditors and the assurance verified as favourable.

Our Data

Data quality and security and confidentiality are key priorities for the RHN and essential to our goals. High quality information directly influences decision making, which in turns leads to better patient care, wellbeing and safety.

The RHN ensures that the NHS Number is included in patient identifier and reports 100% compliance with NHS number usage for all admitted patients.

During the COVID-19 pandemic, the implementation of the national data opt-out has been delayed until September 2021. The RHN is fully prepared to achieve compliance with the national data opt out for September 2021.

The RHN continues to monitor patterns and trends of data security incidents and has implemented measures to reduce these to the lowest practicable level. The RHN continues to embed the requirements of the UK General Data Protection Regulation, monitored through the Information Governance Committee ensuring that data privacy is at the forefront of the care we provide.

The medical director is the RHN's trained Caldicott guardian, and is responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

The director of governance is the RHN's senior information risk officer (SIRO) and is responsible for monitoring the RHN's overall information risk, ensuring a robust incident reporting process for information risks. The SIRO reports to the board and provides advice on the matter of information risk.

The RHN has appointed a data protection officer (DPO) who acts independently to ensure compliance with the UK GDPR as well as leading on information governance activities across the organisation. The DPO has a reporting line into the director of governance through to the Board of trustees.

Data Protection and Data Security Incidents

The RHN logs all data protection and data security related incidents as per its incident reporting policy, ensuring that remedial actions and lessons learned are recorded and disseminated. Data breaches where the rights of data subjects may be compromised are also reported externally through the data security and protection toolkit (DSPT) incident reporting tool. Depending on the criteria the incidents may be escalated to the Information Commissioner's Office through the same tool if they meet the criteria for reporting.

The RHN reported one (1) incident through the DSPT incident reporting tool; it was not escalated to the ICO by DSPT.

Date reported	Description	Reported to ICO
16/12/2020 Reference 19287	Envelope containing patient's data was sent to the wrong address. The documents were returned to the hospital by the recipient	No

Performance on Safety

Incidents

In 2020/21 a total of 2077 incidents were reported, compared to 2109 incidents reported in 2019/20. Thus, although there were added pressures on clinical staff during the COVID-19 pandemic an average of reporting 40 incidents per week continued. This is considered to be a high reporting rate when considering the size of the organisation. The majority of incidents reported were assessed to have resulted in either no harm or low harm.

During the restrictions faced during the COVID-19 pandemic, training for incident reporting and local investigation continued to be provided by the patient safety & quality assurance team for staff, as part of the hospital induction and as required. Matrons also worked with their teams to identify wards that had low reporting levels and provided ward based training to improve reporting.

Seven incidents that met the threshold for reporting externally as a serious incident, in line with the NHS Serious Incident Framework 2015, were reported externally. All serious incidents at the RHN are reported to the NHS STEIS (Strategic Executive Information System) website, SW London CCG (Clinical Commissioning Group), the CCG funding a patient's or resident's care, NHSE&I and the CQC. Any serious incident that is also referred to the Local Authority as a safeguarding incident is also reported to the Charity Commission. A summary of each serious incident is below.

Incident description	A patient newly admitted to the RHN from a secure mental health unit suffered an unexpected psychotic episode and attempted to abscond via the garden area. She sustained a cut to the head and a fractured elbow. This resulted in minor harm but there were a number of elements of the incident that meant that it was reportable as a serious incident. The incident was referred to the Local Authority but screened out by them as a safeguarding concern during triage.
Level of harm	Minor harm
Outcome	The investigation found that a face-to-face assessment could not be completed due to COVID-19 restrictions. Thus the assessment had to be completed remotely instead. There had also been approximately one month elapsed between assessment and the decision to admit but no discussion took place with the secure mental health service to ascertain if there had been any change or deterioration in her condition during this time.
Key learning	It is important to ensure there have been no significant changes in a patient's presentation when there is a significant delay between assessment and admission.

Incident description	Inappropriate video footage was shared with a patient's personal mobile phone via WhatsApp by a staff member providing one-to-one care.
Level of harm	No harm
Outcome	This incident was referred to the Local Authority as a safeguarding concern but screened out by them as a safeguarding concern during triage. The patient did not view the images and so there was no harm caused by this incident. It was concluded that the staff member shared inappropriate videos via social media with a patient and his brother due to a lack of awareness that this was outside of acceptable professional boundaries.
Key learning	Professional boundaries should be maintained at all times when communicating with patients and their family members. Staff should not communicate with patients or their family members via personal social media accounts. A new policy was developed and a shared learning took place across the RHN.

Incident description	Delayed escalation of a deteriorating patient. The patient started a course of antibiotic treatment but did not respond to it. Thus, after a sudden deterioration she was transferred to acute care for further assessment and treatment. The patient recovered and returned to the RHN. The investigation found that there had been missed opportunities to escalate her condition and this resulted in moderate harm. This was referred to the Local Authority but screened out by them as a safeguarding concern during triage.
Level of harm	Moderate harm
Outcome	The investigation found that there had been delays in informing relevant clinical personnel when the patient started to show signs of deterioration. Not all staff on the ward were up to date with relevant training and so might not have always been aware when escalation of a patient's condition was required. It was also realised that a policy was not in place at the time of the incident to support staff in the detection and management of a deteriorating patient. This would include roles and responsibilities of staff involved in the process, signs of deterioration and when to escalate.
Key learning	It is important to ensure that a policy is in place as guidance for staff in managing deteriorating patients. (There is one in place now).

Incident description	Unexpected death of a patient in the Young Persons Unit.
Level of harm	No harm
Outcome	The patient's unexpected death was also reported to the Local Authority as a safeguarding concern, and to the coroner. The investigation concluded that there had been no errors in care, but that there was learning around communication with the family at the time of death. The coroner concluded that the cause of death had been SUDEP (sudden unexpected death in epilepsy). Both the coroner's and the safeguarding referrals were closed as a result.
Key learning	Training needs for staff were identified that would help support staff in having difficult conversations with family members.

Incident description	A patient was receiving Amiodarone for his heart condition. Thyroid function tests had not been checked since October 2018. When admitted to acute care the patient was assessed to have severely abnormal TFT (thyroid function test) levels. He subsequently died while in acute care. The cause of death was recorded as pulmonary oedema, secondary to thyrotoxicosis by certifying doctors at the acute hospital. When the patient's death was reviewed via the RHN MRC (Mortality Review Committee) the investigation found that the patient's TFTs had not been reviewed for over a year before his death, and so no action had been taken in relation to medication that could have had an effect on his TFTs.
Level of harm	Moderate harm.
Outcome	The pathologist was aware of the patient's abnormal thyroid function at the time of referral of the death to the coroner. However, the post mortem report documented the thyroid gland as appearing normal. Thus, the coroner concluded natural causes of death.
Key learning	Systems for ensuring that investigation test results are followed up and actioned were not robust enough at the time leading up to the incident. This has since been resolved.

Incident description	A 43-year-old woman, diagnosed with diabetes and another disease, became hyperglycaemic, requiring PRN Actrapid insulin to be administered. It was later found that there had been two missed occasions over a period of 24 hours when the patient's high blood glucose levels had indicated the need for PRN Actrapid insulin but was not administered.
Level of harm	Minor harm.
Outcome	On realising the error PRN Actrapid was administered and close monitoring implemented. The patient's blood glucose levels returned to normal baseline. It was assessed that the incident had resulted in minor harm, as the patient was hyperglycaemic for a period of approximately 24 hours being treated and had shown symptoms related to a presentation of hyperglycaemia during that time. The incident was also referred to the Local Authority as a safeguarding concern.
Key learning	Staff involved were found not to be up to date with medication administration competencies and were not aware of the correct actions to take when blood sugar levels were raised. Annual medication competencies have been reviewed and diabetes management is included. New methods of practical teaching introduced. Robust monitoring is in place.

Incident description	COVID-19 deaths within 28 days of a positive diagnosis (waves 1 & 2). Guidance from NHSE&I has recommended that all hospital onset healthcare associated COVID-19 deaths within 28 days of a positive diagnosis should be reported externally as serious incidents. During the first wave of the pandemic there were 14 deaths involving RHN patients/residents, either in the hospital or in acute care. During the second wave there were a further eight COVID-19 related deaths involving RHN patients/residents.
Level of harm	To be concluded.
Outcome	The investigation was ongoing at the time of completing the Quality Account.
Key learning	

Safeguarding

Protecting our staff, patients and residents from avoidable harm and abuse is of paramount importance and the RHN has placed a strong emphasis on proactively preventing, detecting, reporting, managing and learning from safeguarding concerns. We have underpinned our structure with robust leadership, introduced a new safeguarding leadership framework, a robust adults at risk policy and procedure and strengthened clinical leadership competence and training through an improved supervision and learning framework.

All staff complete safeguarding e-learning annually as a minimum and we exceed the requirements of the intercollegiate training document in recognition of the extreme risks we are managing with our patient and resident group. The framework in place applies safeguarding training at five different levels; foundation, intermediate, advanced and inquirers in line with the requirements of the intercollegiate document.

Training compliance

Overall training compliance

Training level	Current compliance
Basic safeguarding (level 1 e-Learning)	95%
Safeguarding case studies (level 1a)	92%
Safeguarding for managers (level 2)	97%
Safeguarding for senior leaders (level 3)	100%

Non-clinical staff compliance 91% (previously 78%)

Overall training compliance by clinical ward

Ward	Current compliance
Andrew Reed	94%
Chatsworth	95%
Coombs	100%
Devonshire	96%
Drapers	94%
Glyn	90%
Haberdashers House	97%
Hunter	100%
JEC/ Leonora	98%
Wellesley	90%
Wolfson	93%

Department	Current compliance
Brain Injury Service	
Occupational therapy	94%
Physiotherapy	90%
Psychology	100%
Speech and language therapy	100%
Dieticians	100%
Social work	100%
Music therapy	100%
Continuing care	
Occupational therapy	90%
Physiotherapy	94%
Speech and language therapy	100%
Specialist services	
Dieticians	80%
Music therapy	100%
Occupational therapy	100%
Physiotherapy	100%
Psychology	100%

The director of nursing is the executive director responsible for safeguarding within the RHN, with support from the Head of Safeguarding and the operational lead for safeguarding. The director of nursing chairs the quarterly Safeguarding Assurance Committee which reports into the Patient Safety and Quality Committee. This is a committee where input from external parties is present to provide scrutiny of the decision making relating to safeguarding within the RHN and to monitor and influence the safeguarding agenda. The committee reports into the Patient Safety and Quality Committee which is a committee of the board. The head of safeguarding leads the monthly Safeguarding Operational Assurance group (SOAG), where open safeguarding cases are reviewed with the Local Authority and CCG. External safeguarding supervision is received through the CCGs and membership of the Safeguarding Adults National Network has been achieved.

Between April 2020 and March 2021 there were 33 safeguarding concerns reported to Wandsworth Adult Safeguarding (the Local Authority) which were discussed and triaged in detail at the weekly Potential Serious Incident and Safeguarding meetings detailed previously in this report. Once referred, the cases and their progress are reviewed in the monthly Safeguarding Operational Assurance Group chaired by the head of safeguarding. The safeguarding activity is broken down as follows

- 12 referrals were assessed by the Local Authority as not being

safeguarding concerns and subsequently triaged out.

- Eight referrals were substantiated, allegations upheld.
- 10 referrals were unsubstantiated, allegations not upheld.
- One referral remains ongoing.
- One case of alleged historic sexual abuse was referred to the police only.
- One referral made on concerns of neglect prior to admission at RHN.
- Three referrals made by the ongoing care providers post discharge, two not substantiated and one still ongoing.

The safeguarding procedures at the RHN now includes a learning component where lessons learned from incidents are used to provide a platform for quality improvement in identified areas such as clinical supervision, effective workforce planning and enhanced nursing care.

Infection prevention and control

The RHN complies with the mandatory reporting of all reportable cases of infection, including MSSA/MRSA Bacteraemia and Clostridium Difficile infections. Every reported infection is investigated through the IPC clinical nurse specialist and actions are identified, where needed, to prevent future infections. Infection control performance is reported through our Infection Prevention and Control Committee where the director of infection prevention and control (DIPC) is the chair. There is a reporting governance structure in place that supports IPC reporting.

The following monthly audits are carried out and reviewed by the infection, prevention and control team

- A hand hygiene audit schedule is in place and is completed via the Perfect Ward audit app and includes observing staff at the RHN entrance to assess their compliance with COVID-19 handwashing guidance on entering the building.
- A decontamination audit of equipment is also in place. It involves observing staff to ensure they use the correct application of hypochlorite solution when cleaning equipment after use.
- Correct segregation of laundry and waste, including sharps boxes being correctly assembled and not being over full is another component of the IPC audit schedule.
- PPE observation of staff to ensure the correct type and use in clinical areas is also included.

The infection prevention and control team has been crucial in planning and implementing safety measures during the COVID-19 pandemic. They continue to provide leadership with the DIPC, monitor effectiveness of interventions and assess if further measures are needed in order to comply with existing and temporary government guidance. They have led on implementing a regular IPC testing programme and ensured that

training has been implemented to support staff in using PPE effectively and appropriately.

As part of our response to the COVID-19 pandemic, an enhanced cleaning programme was implemented on all wards. This involves the use of hypochlorite solution (Tristel fuse) in cleaning floors and surfaces. Wards are monitored for compliance and in the event of a cluster of infections occurring, deep cleaning and terminal cleaning is promptly implemented.

Cleanliness and hospital hygiene

Patient led assessment of care environment (PLACE) audits are completed annually at the RHN. However, due to the COVID-19 pandemic and restrictions in place it was not possible to complete a PLACE audit during 2020/21. An audit of this, is planned to be completed later in 2021.

Patient experience

Annual patient/relative survey

The Annual Patient/Relative Survey was due for completion in February 2021. However, as we remained in lockdown at that stage, it was decided to postpone this until after controlled visiting resumed. An additional section was added with three questions relating to the COVID-19 pandemic.

The survey went live across the hospital on 12 April 2021 for a period of six weeks; the findings are currently being analysed and reported on by external consultants, Howard Warwick.

Patients' representatives committee (PRC)

The Patients' Representatives Committee is held quarterly and is attended by ward representatives and key staff and managers. Due to the pandemic, all meetings for this time period were held remotely via Zoom. Representatives (including residents and relatives) were supported as required to facilitate attendance and the number of staff present was kept to a minimum. All patients, residents and relatives were invited (via the weekly letter from the chief executive) to share any feedback, queries or concerns ahead of the meeting. The minutes and responses were then forwarded using this same method of communication.

During this reporting period, presentations and updates included COVID-19 pandemic, visiting plans, the outcome and subsequent actions following the annual patient/relative survey, the Safeguarding Charter and new initiatives relating to communication with families.

Friends and Family Test (FFT)

The FFT is offered to patients and/or families around the time of discharge from the Brain Injury Service or NHSEI funded patients. Findings are shared with managers and ward staff and learning is displayed on the ward quality boards.

Initially this comprised of one question ‘How likely are you to recommend the Royal Hospital for Neuro-disability to others if they needed similar care or treatment?’ There was also an invitation to share any feedback.

In April 2020 NHS England introduced changes to the survey which were implemented at the RHN in July 2020. The question has now been replaced with ‘Overall, how was your experience of our service?’ and is followed by two open, qualitative questions.

Unfortunately, the COVID-19 pandemic has impacted significantly on the number of responses received, which has been impacted by the restricted visiting on the wards by relatives. The social work team have been supporting the patient experience and safety officer with contacting families as a new innovation and in response to the restrictions caused by COVID-19 to ensure we still receive feedback to drive our continuous improvement programme and address specific issues that are raised.

The table below shows the Friends and Family Test (FFT) findings from April 2020 to March 2021.

	Extremely likely/very good	Likely/good	Neither likely or unlikely/good or bad	Unlikely/poor	Extremely unlikely/very poor	Don't know	Total
Patient	8	5	0	0	0	0	13
Relative	12	3	1	0	0	2	18

The results show that 91% of respondents would recommend the RHN to others, or rate it good or better; the remaining 9% were uncertain. There were no individuals reporting that they would not recommend the RHN or consider the services to be poor/very poor.

Complaints

Complaints are a vital source for identifying where services and care require improvement. Staff are encouraged to welcome all complaints and concerns as an opportunity for learning. Complaints are recorded on our electronic Datix system and are investigated in accordance with our complaints policy.

Weekly serious incident safeguarding and complaints review meetings were introduced in December 2020. These meetings are attended by staff from across the hospital and provide an opportunity to review the progress of complaints and share subsequent learning and actions across a wide range of staff at the RHN.

Informal concerns

There were 108 informal concerns recorded in this reporting period; this is a significant increase from the previous financial year (76). This upward trend is viewed positively as it demonstrates how we have actively provided

new avenues for patients/relatives to raise concerns and this improvement represents an increase in the reporting of these. The most common themes were nursing care, communication and restrictions to visiting. All of which are being addressed.

Formal complaints

During the reporting period we received 25 formal complaints. This is a decrease from the previous financial year when 29 formal complaints were recorded and is considered a positive trend. All were investigated by a senior manager at stage one of the complaints process. There were three complaints that were escalated to stage two of the complaints process and, so were investigated and responded to by an executive director. Of these three complaints investigated at stage two, one was upheld. No complaints progressed to stage three of the complaints process where independent review by the Parliamentary and Health Service Ombudsman would be completed. The most common themes were nursing care and communication.

The RHN acknowledged all formal complaints within 48 hours of receipt, this is a marked improvement from the 90% of cases in the last reporting period. We provided a formal response within 20 working days to 92% of complainants; this is a significant improvement from the 66% previously responded to. Of the two complaints that were not responded to within the desired framework, one was due to a complex parallel safeguarding investigation and the other was due to increased workload during the COVID-19 pandemic.

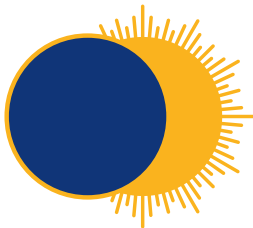
Compliments

It is important to record positive feedback as well as complaints as this helps us to identify areas where we are performing well. This provides an opportunity to share good practice and contributes to a more balanced view of the experience of those using our service.

In this reporting period we received 159 written compliments recorded on the Datix database. This number has almost trebled since the previous 12 months (56).

Most compliments were received from patients' families (129), however there were also 10 received directly from patients. Additionally, there were 13 compliments raised by RHN staff and seven received from external organisations. The most common themes were care (especially during the pandemic), support given to patients/families and professional excellence.

Thank you to all of our supporters,
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