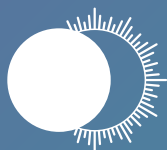


Quality account

2021 - 2022



Royal Hospital for
Neuro-disability

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Introduction to the RHN

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

We also provide specialist long term care including for patients and residents with challenging behaviour, those who require our invasive ventilator service and those with Huntington's Disease. We also have a Young Adults inpatient unit. We provide specialised packages of care that can be spot purchased by Integrated Care Boards (ICBs) and we are also commissioned through NHS England (NHSE). Our contract with NHSE is for the provision of Level 1/2a specialist rehabilitation and Augmentative and Alternative Communication provision (AAC). AAC encompasses the communication methods to supplement speech or writing for those with temporary or permanent impairments in the production or comprehension of spoken or written language. Our AAC service also provides an outreach service into the community.

The Brain Injury Service (BIS)

The 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) as well as expertise and proven success in the assessment, management and weaning of tracheostomies after a person has sustained a brain injury.

The 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 service with an engineering workshop, Music Therapy, Occupational Therapy (OT), Art Therapy, Leisure Services and Pastoral Services.

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 every step of their journey.

Drapers Ward, one of our BIS wards offers active, goal-oriented level 1 rehabilitation and is 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 also have two newly refurbished distinct modern 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 space for patients and residents requiring input in a less stimulating environment. We have created a suite of bookable rooms for one-to-one therapy and small groups, as well as bespoke clinic spaces for undertaking splinting and postural management.

The Specialist Nursing Home Service

The Specialist Nursing Home Service supports residents with highly complex physical disability and cognitive needs. The Specialist Nursing Home teams are experienced in managing neurological conditions while working to optimise independence and restorative 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.

The Specialist Services

The Ventilator Service

The Ventilator Service comprises of the Jack Emerson Centre (JEC) and Leonora Ward. This service offers care and treatment for people who require chronic invasive ventilator support in a specially designed environment. Our Multi-Disciplinary Team (MDT) within this service is made up of a Specialist Medical Consultant, a Modern Matron led nursing team and a range of Specialist Therapists. Two Respiratory Clinical Nurse Specialists are in this service available to all patients with tracheostomies to oversee their specialist tracheostomy care and management.

The 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 team of Clinical Nurse Specialists. The nursing team is led through an experienced Modern Matron and the service is led through a GP led model of care.

Under the umbrella of the behavioural unit the service provides an environment where people with Huntington's disease can receive specialist support either for a short-term package of care or a longer term placement. The MDT is also experienced in palliative care. The highly sensitive work that is undertaken with this patient group is supported by a Specialist Palliative Care Medical Consultant from the Royal Trinity Hospice, as part of a partnership arrangement with the RHN. There is also an in reach Specialist Palliative Care Nurse who works with staff at the RHN as required.

The Neuro-Behavioural Rehabilitation Service

This is a service for patients and residents whose conditions have affected their behaviour and presents challenges to their care provision. Our staff in this dedicated service support patients and residents who experience a change in behaviour or who 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 Therapists and a Nursing Service which is led through an experienced Modern Matron.

The Young People's Service

Haberdashers House is where this service is located. The accommodation has been fully refurbished in order 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 including access to a sensory bath. All areas on the unit have been completely modernised and are fully infection control compliant. An experienced Modern Matron oversees this service.

Introduction to our quality account April 2021 to March 2022

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 2021/22 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, 2022/2023 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, linked to our 2022 to 2027 strategy.

Part one - Statement on quality

Introductory Message from Paul Allen, Chief Executive Officer (CEO)

I am very pleased to say that things at the RHN are now back to business as usual, both at the hospital and nationally. We were delighted to have eased our restrictions and welcome visitors back to the RHN gradually.

In September 2021, the CQC made their unannounced return to the RHN, inspecting the two domains that had been rated as “requires improvement” – Safe and Well led. We were delighted that in the inspection report, these two domains have now been rated as ‘good’, upgrading us to an overall ‘good’ rating. We put much effort into addressing issues raised from their previous inspection, and subsequently appointed new safeguarding leads Director of Nursing Della Warren and Head of Safeguarding Sorin Neacsu, who have worked incredibly hard to implement a new safeguarding policy.

In November 2021, we welcomed Dr Steven Luttrell to the position of Medical Director following the retirement of Michael Marrinan in July. We are extremely thankful to Dr Ashraff Ali who took the post on an interim basis until the position was filled.

Leonora ward (formerly Andrew Reed) that opened in 2020 saw further additional beds, expanding our provision for specialist ventilation care. Several beds on the ward have been adapted for patients requiring mechanical ventilation (expanding on the capacity of the Jack Emerson centre) making us one of the biggest vent providers in the UK. Refurbishments commenced on Glyn ward and were successfully completed on time with minimal impact on patients care. One project which has been on hold is the refurbishment of Wellesley ward, which is due to be the next major project in our ward refurbishment programme. This work is now anticipated to start much later in 2022.

We are pleased that within the new matron structure of five matrons, four have been promoted from within. Internal promotions are always a sign of the organisation’s people development programme being in good health.

Our research teams have made huge strides in adapting delivery of courses and open lectures to digital platforms, some of which are freely available on our YouTube channel. The first of which was hosted by Amy Pundole, Clinical Lead Speech and Language Therapist, who attracted an audience of over 230 people to her open lecture on ‘an assessment of emergence from PDOC’, which explored updates on Amy’s ongoing PhD project.

We strongly believe that the RHN is now in a place where it can look forward and 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.

Hospital accountability statement

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:

Mr Des Benjamin

Chairman

Part two - Quality priorities 2021/22

The RHN developed a clinical strategy and action plan which covers the period June 2018 – December 2021. It set 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 the clinical strategy for 2022 to 2027 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 and designing their care where possible. We work in partnership with NHS England (NHSE), SW London Integrated care Board (ICB) and the other ICBs 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 and quality improvement approaches, including using 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 adapted well to the changing needs during the COVID-19 pandemic to keep our patients, residents, families and staff safe. The RHN has emerged from the global pandemic in a strong position to now revisit the small number of initiatives that were put on hold in agreement with commissioners and to make them live.

For 2021/2022, our quality priorities were identified and agreed with our commissioners in the following areas:

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 refocus 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, and who in the organisation will drive the policy agendas. We will agree how we can be measured in terms of success as part of our 2022-2027 five year strategy.

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 strategy and associated plan and our recruitment and retention plan where our KPIs are explicit. We will also continue to strengthen clinical leadership at the interface of patient and resident care by further developing the roles of the Modern Matron and Clinical Nurse Specialist / Advanced Practice Clinicians.

Our KPI to maintain five Modern Matron posts but to realign their roles and further 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 includes explicit KPIs to be achieved which we will measure ourselves against, these are:

- To lead nationally in developing a model of care for invasive ventilation in community settings through collaborating with NHSE 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 5 years 2022 – 2027.

Patient Safety

A number of priorities were identified, which are summarised below

- To continue to streamline our quality and safety governance processes in relation to safeguarding, 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 5 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 and 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 5 national networks and be able to demonstrate how they inform practice at the RHN.

Patient Experience:

- To analyse feedback received during 2021/2022, identifying any less favourable areas and outlining actions for improvement.
- We recognise that whilst we have significant activity already in place, we have not brought it together under one strategy. We will develop 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 the end of 2022, we will have a strategy in place that is part of the wider strategy that RHN is currently developing. The Patient Experience Strategy will include:
 - New methods of gaining service user feedback through the Patient Safety and Quality Committee.
 - Working towards the attainment of a national customer service accreditation in recognition of the importance placed on customer service at the RHN.
 - Evidencing the use of service user feedback and involvement to drive quality in at least three new improvement initiatives.

Review of Quality Priorities for 2021/2022 (looking back)

Progress against the RHN's quality priorities during 2021/2022 is summarised:

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 refocus 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.

Three of our researchers were invited to present their work at the following national and international events:

- A Clinical Lead Speech & Language Therapist gave a presentation on Assessing Language in Severely Brain Injured Patients to the IBIA (International Brain Injury Association) Inaugural Conference on Disorders of Consciousness that took place virtually on December 9 - 10, 2021.
- A Principle Clinical Psychologist presented at the ASSBI (Australasian Society for the Study of Brain Impairment) 2022 Conference on "Assessment of low mood, distress and depression in people with severe brain injury: a systematic review."
- A Clinical Psychologist chaired an online debate at London South Bank University in relation to whether "clinical needs should always take priority over research activity".

We have been progressing in developing the RHN Research & Innovation Strategy for 2022-27 as part of our 2022 to 2027 organisational strategy and it will aim to:

- Create a culture of curiosity, valuing the role of research across all our people.
- Create a sustainable multidisciplinary research capability and support post graduate and post-doctoral opportunities.
- Increase our collaboration with other expert units.
- Increase our research output through publications, posters and presentations.
- Engage our colleagues in our and others' research and share findings to ensure our practice is up to date.
- Engage others in our research and share our findings in order to benefit the wider community.

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.

Our overarching 2022-27 RHN strategy, titled A Path to Excellence is underpinned by a number of strategies, which address this objective, For example our clinical strategy is divided by service groups and by professional groups, all of which as part of their delivery include specific areas of influence. The monitoring of the strategies is through the Executive Management Team, led by the CEO, which is where progress against this objective is reported and monitored.

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.

Our RHN strategy 2022-27 sets out how we will support and further engage our staff, as well as further developing our clinical leadership, building on the leadership opportunities and training we have already provided to our senior staff. We commissioned a purpose built programme through a university, which our senior leadership team all attended. In addition, we provided professional coaching for those staff who identified this as a need. The 2022-27 strategy aims to:

- Continue to listen to our staff and respond to societal changes to recruit and retain staff who share the same values as the RHN. We are already undertaking values based recruitment.
- Continue to work with staff to unlock their potential, build and maintain the culture, capacity and capability required through our H R and Learning and Development team.
- Continue to seek ways to improve our delivery of high quality patient centred care, with our people setting the pace, led through our Patient Safety and Quality Assurance team.
- Review pay, reward systems, flexible ways of working and other benefits regularly to ensure that the RHN remains competitive in recruitment and retention.
- Continue to provide development programmes for staff at all levels that provide upskilling, shadowing, coaching, and provide leadership and management training.
- Extend our successful apprenticeship programme to include senior clinical posts, like Nurse Apprenticeships and Advanced Clinical Practitioner opportunities.
- Continue to promote equality, diversity and inclusion and seek to appoint more staff from BAME and other diverse backgrounds into senior positions.
- Look to improve the work-life balance for staff including flexible working and reinvigorating initiatives, such as staff social activities.
- Encourage a culture where work breaks and rest days are viewed as a contributor to both staff and patient safety and wellbeing.
- Focus on staff wellbeing through initiatives like Winter Wellbeing Weeks, Pathway to Excellence Accreditation and feedback from our annual staff survey.

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.

Over the past year, the Modern Matrons' roles have further developed and each has specific portfolios of linked roles in the areas of:

- Clinical audit
- Patient and resident experience
- Clinical education
- Medicines management
- Information Governance
- Health & Safety
- Safer staffing
- Acute Care

We have retained five posts and enhanced the clinical leadership of the team by developing an infrastructure of support in the form of Advanced Nurse Practitioners in respiratory management, education and long term care.

A weekly Nursing Directorate Business Meeting has been introduced, chaired by the Director of Nursing to continue to drive the operational management and links with quality and safety and safeguarding which reflects the membership of the group.

Improvement projects led through this team have focussed on staff at the interface of patient and resident care and the outcomes achieved through these developments are reported weekly to the Executive Management Team and through the commissioner led quality monitoring meetings, including the Clinical Quality Review Group (CQRG) led by NHSE.

Three key quality improvement projects have been delivered over the last year, which are reported on later on in this account.

Our KPI was 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 was fully achieved. The portfolio for the Safe Staffing post includes explicit KPIs to be achieved which we will measure ourselves against.

This objective has been fully achieved and is supported by the additional introduction of a Temporary Staffing Coordinator.

New rostering and safe staffing management electronic systems have been introduced, which are now being refined and overseen by a minimum of daily staffing reviews, supported by a team of senior staff dedicated to keeping staffing safe.

Datix is used to record any shifts where staffing needs change from rostering and these are overseen by the Director of Nursing in conjunction with the Senior Nursing Team and reviewed by the Head of Patient Safety and Quality Assurance weekly at a meeting with the matrons and senior nursing staff.

For the next reporting period we will be refining the technology to support safe staffing and strengthening reporting through the CQRG in our quality reporting. To develop a safe staffing workforce model for the above.

Each service where possible is benchmarked nationally and internationally in setting safe staffing levels and safe staffing tools are used to underpin and review. The Safer Nursing Care Tool has been used in some services where it applies and the Northwick Park Dependency Scoring is used across our long term care service and other specialist services where it applies. In other services where there are no national or international benchmarks, staffing levels are monitored shift by shift and the principles of safe staffing tools are applied to the analysis. Robust clinical leadership is the focus of all of the services across the RHN underpinned by clinical specialists and peer review of practice. Patient and Resident feedback is a key component of evaluating the care of patients and residents at the RHN and the 2022-27 strategy places a strong emphasis on its importance going forward.

The introduction of new roles including Trainee Nursing Associates, Advanced Practice Nurses and Clinical Nurse Specialists is a focus in going forward. We have attained our second cohort of Trainee Nursing Associates, the first of which will qualify in early 2023 and will be working on the wards. We have a KPI to train 24 by 2024 and we currently have 17 on training.

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.

This objective has been achieved and an electronic system is in use. We are aiming to attain full compliance with Nurse and HCA competencies, using the new programme, by the end of December 2022. We are progressing well on our journey.

A training needs analysis constitutes a key part of the Nurse and HCA IPR programme and is in use across the RHN.

The national Matron's handbook is used to support Matron's IPRs and the NMC Clinical Nurse Specialist framework is being introduced for Clinical Nurse Specialists across the RHN as part of their IPR from September 2022.

To develop a new Clinical Strategy for the next 5 years 2022 – 2027.

We have progressed with the development of our Clinical Strategy for 2022-27 and it will be completed by October 2022. Our key priorities over the next five years will be:

- To be a centre of excellence by being committed to understanding more about neuro-disability and discovering new treatments, support and care.
- To provide high quality care by consistently delivering treatments, care and support to a high standard and based on the most up to date research. Patient safety is our constant priority.
- To provide person centred care by always being focused on the desires and priorities of our patients and those close to them.

Our aims over the next five years will be to:

- be leaders in neuro-disability.
- deliver excellent clinical outcomes.
- exceed the expectations of patients, residents and commissioners.
- be a first choice for excellent clinicians.
- be compliant with regulatory standards.

We will deliver our clinical strategy by developing:

- the right skill mix of clinicians with excellent competences and access to expert training and wellbeing support.
- services which consistently deliver up to date evidence based practice.
- a culture and practice of value based healthcare providing optimal care pathways.
- systems of feedback from and engagement with stakeholders linked to a culture of continuous improvement.
- a focused programme of research and technical and service innovation.
- leadership in the development of national policy and standards in neuro-disability.

Patient Safety:

To continue to streamline our quality and safety governance processes in relation to safeguarding 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.

This has been fully achieved. We have a dedicated safeguarding team, led by a Head of Safeguarding. The team works closely with the Patient Safety and Quality Assurance Team through the Head of Patient Safety and Quality Assurance and in collaboration with the Safeguarding Champions we have appointed across the hospital. These are a mixture of clinical and non-clinical staff, who work together under the leadership of the Head of Safeguarding and are appointed in every service across the hospital, including the support services, like finance and HR as champions of safeguarding.

An external safeguarding scrutiny framework is in place and we are fully compliant with the NHS Safeguarding Accountability and Assurance Framework.

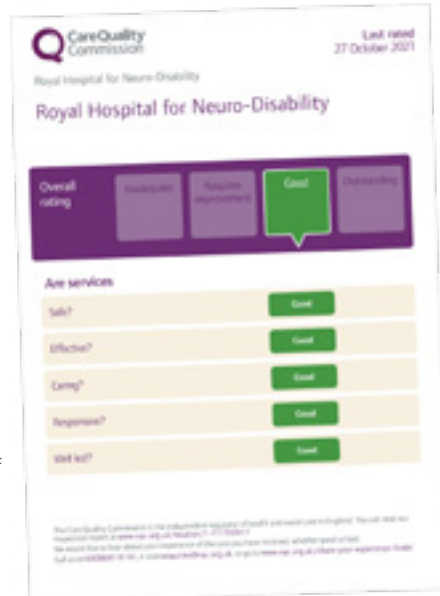
Our unplanned focused CQC inspection in September 2021 reviewed our patient safety and safeguarding practices and reported that we attained a Good overall rating. They reported areas of outstanding practice in patient safety and safeguarding, which is reflected in our CQC Quality Report for September 2021. This level of practice has been maintained since our inspection and is evidenced in the reporting and monitoring that takes place within and outside of the hospital, including through the CQRG.

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.

The remaining action relating to quality and safety performance for the CQRG was in relation to the RHN's requirement to update the CQC fortnightly on progress of their Section 31 action plan. Following our successful application in 2021 to have the remaining restrictions to our CQC registration removed an updated registration certificate was issued in July 2021 and no further fortnightly updates to the CQC were required. The action was closed at CQRG in October 2021.

To attain a CQC quality rating of at least "good" in all 5 KLOE domains at our next unplanned rated inspection and to maintain the required standards throughout the next year.

The RHN received a CQC unannounced focused Quality Inspection in September 2021 following their new inspection framework. The report, published on 27 October 2021 increased the overall rating of the RHN from 'Requires Improvement' to 'Good'.



There were many areas of 'outstanding practice' highlighted in the CQC report that included:

- Putney Board and shared learning process.
- Perfect Ward.
- Safeguarding Policy aligned to that of Wandsworth CCG.
- Safeguarding Operational Assurance Group.
- Safeguarding Charter.
- Weekly SI / Complaints and Safeguarding meeting.
- Quality Improvement project to support HCAs.
- Staff provided good care and treated patients with compassion and kindness.

Other areas of positive feedback in the report were:

- Significant improvements in Safeguarding:
 - Safeguarding Policy aligned to NHSE Safeguarding Accountability Framework
 - Staff trained to the right level of competency for their role
 - Leaders were clear about their safeguarding roles and accountability
 - Staff knew how to protect patients from abuse
- Robust response to Covid-19
 - Good IPC systems were in place
 - Staff adhered to PPE guidelines
 - Clear isolation and separation areas to manage positive cases

- Leadership for Patient Safety & Safeguarding was clear and a thread that runs through the hospital:
 - Good investigation of incidents
 - Everyone were kept updated – weekly meetings
 - Lessons learned
 - Putney Board
- There was a focus on patient care.
- Patient records were detailed, clear and up to date

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. These included:

- To develop a Patient Experience Strategy.
- To ensure all policies and meeting Terms of Reference are up to date.
- To finalise the Board Assurance Framework.

These actions were progressing well at the time of drafting this report.

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

The Head of Patient Safety and Quality Assurance implemented a regular system of clinical quality monitoring in early 2021. This consisted of a small group of volunteers reviewing a ward in person. The team included senior managers and clinical leads that did not work on the ward to be reviewed. After each review a debriefing session was held to provide initial feedback and then a summary report was drafted to highlight areas of good practice found and areas where improvements could be made. The reports were sent to the Ward Manager who was made responsible for drafting an improvement plan and reporting on progress at a fortnightly Ward Managers' meeting.

Over the last year the process of peer review has been improved and embedded as 'business as usual' at the RHN. The following improvements have been made:

- One ward is reviewed each month, and so all 12 wards are reviewed over the period of a year.
- Data is collected ahead of each review, such as incidents, complaint, safeguarding referrals, audit results, environmental audits. These are used to inform the review team.
- The ward to be reviewed is not informed in advance, and so a snapshot of daily practice is achieved.

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.

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 DIPIC, 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 screening and testing programme and ensured that training has been implemented, to support staff in using PPE (filtered masks) 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.

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.

The Head of Patient Safety and Quality Assurance has developed a clinical audit programme over the reporting period and has worked with the Medical Director to review the purpose and functions of the Clinical Audit Committee to become the Clinical Audit & Standards Committee. Audit reporting processes have been reviewed and improved and the Clinical Audit & Standards Committee ensure the implementation of the Clinical Audit Programme.

During the reporting period the Perfect Ward audit app was rebranded as ‘Tendable’. The RHN continues to complete clinical audits using the Tendable app and the following ward based audits have been embedded:

- Hand hygiene
- Medicines management
- Tissue viability
- Health records
- Decontamination of equipment
- Restraint
- Environmental Cleanliness
- Hospital at night
- Health & Safety

The following quality and safety audits were also completed during the reporting period:

- Bumper retained enteral tube checks.
- An enteral service audit of unexplained displaced enteral tubes incidents.
- A ward ‘deep dive’ audit in preparation to a peer review visit to Andrew Reed Ward.
- A waste management audit.
- A diabetes care audit for the Long Term Care service.

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.

During the reporting period the RHN has progressed with the following key quality improvement projects which have been initiated through learning from incidents, informal concerns and complaints:

- Improvement in the care of patients with diabetes project. This quality improvement project was initiated after three unrelated incidents occurred and were reported externally as serious incidents. The aim of the project was to implement gold standard diabetes care training and competencies at the RHN, improve the processes of monitoring patients with diabetes and improve processes in relation to diabetes care. The following progress was made:
 - Diabetes ambassadors have been established on each ward.
 - All nursing, dietetics, pharmacy, medical and GP staff completed online education in line with the Cambridge Diabetes Education Programme (CDEP) or similar.
 - Diabetes competencies, derived from national frameworks have been developed and launched for all relevant staff groups.
 - Electronic urine strip analysis reporting has been introduced.
 - Blood glucose level monitoring has been implemented on EPR (Electronic Patient Records).
 - A diabetes patient tracker has also been implemented on EPR.
 - All diabetic patients’ and resident’s care plans have been reviewed to ensure they are appropriate to their needs. Diabetes care plan guidance has also been introduced.
- Improved support for HCAs (Healthcare Assistants), resulting in improved quality of care provision. This quality improvement project was initiated as a result of recurring incidents, complaints and safeguarding concerns occurring in relation to HCA care. An initial discussion an action plan being developed that aimed to review individual performance, incidents, complaints and safeguarding investigations. It also aimed to improve the support available at the RHN for HCAs in order to develop their skills, provide greater access to learning and education, improve clinical supervision and teamwork. The following progress was made:
 - A deep dive review of HR (Human Resources), incidents, complaints and safeguarding investigations over a period of 1 year in order to identify key themes and trends in relation to patient care delivered by HCAs has been completed.

- Focus groups were held with HCAs on day and night shifts. They identified positive outcomes, such as the development of personal KPIs, a clear career development pathway through the Nurse Associate programme, the development of explicit guidelines and HCA representation at meetings. Negative outcomes related to bank HCA pay rates and not always feeling valued on the wards. Each ward has an action plan to address specific issues on their wards and new HCA lead roles are to be created, and HCA support groups are to be introduced.
- Transforming care by the bedside (clinical supervision) has progressed for each service.
- Regular informal education sessions for HCAs have been introduced.
- Regular HCA forums have commenced for staff to be able to raise concerns and issues and network with other colleagues.
- Opportunities for HCAs to progress to Trainee Nursing Associates has been introduced.
- Strengthened education provision in the form of Practice Educators have been introduced into key service areas.
- Working arrangements have been reviewed to ensure that nursing and HCA staff alternate between night and day shift patterns. Flexible working arrangements were taken into account as part of this.

Similar work commenced in relation to improving support for Registered Nurses with a review of their appraisals, training and HR investigations currently in progress. After a number of incidents occurred while patients were receiving 1:1 care a new quality improvement plan was developed in order to understand the issues and/or trends that arose and improve the provision of 1:1 care to avoid incidents from occurring. The project has the following 4 work streams managed via a task and finish group under the leadership of the Head of Patient Safety and Quality Assurance:

- Staffing
- Procurement
- Safeguarding
- Learning & Development

A Close Observations Policy was developed in order to improve the processes of assessing a patient for 1:1 care and ensuring that those providing 1:1 care understand the individual needs of the patient and tailored their activities and care to their needs.

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 5 national networks and be able to demonstrate how they inform practice at the RHN.

During the reporting period the following networks have been joined by staff as recognised members from the RHN:

- The South West London ICB (Integrated Care Board) Chief Nurses Forum is attended by Della Warren, Director of Nursing.
- The South West London System Quality Council is attended by Della Warren, Director of Nursing.
- The National Patient Safety Specialists quarterly meeting, run by NHSE, is attended by Paul Chandler, Head of Patient Safety & Quality Assurance and the RHN Patient Safety Specialist. At this meeting the NHSE update attendees on different aspects of the implementation of the NHS Patient Safety Strategy.
- The South West London ICB System Patient Safety Steering Group is attended by Paul Chandler, Head of Patient Safety & Quality Assurance and the RHN Patient Safety Specialist. All providers across South West London attend the meeting, share learning from incidents and discuss the national patient safety and quality agenda.
- The Safeguarding Assurance National Network, chaired by NHSE, is attended by Sorin Neacsu, Head of Safeguarding and Della Warren, Director of Nursing.

Patient Experience:

Analyse feedback received during 2021/22 identifying any less favourable areas and outlining actions for improvement.

The following activities took place during this reporting period in order to gather feedback, undertake analysis 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.
- Experience of Care Week ('What brightens your day?' and relative workshops / questionnaires).

Communication, especially with relatives, continues as an underlying theme in a number of concerns and feedback shared. The 'Building therapeutic Relationships' initiative aims to introduce structured, consistent processes for the involvement of patients, residents and their families. An aspect of this project includes the documentation of contact preferences and agreement regarding information sharing. The first stage of this was the running of family workshops and completion of feedback forms during Experience of Care Week which was achieved.

We recognise that whilst we have significant activity already in place, we have not brought it together under one strategy. We will develop 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 the end of 2022 we will have a strategy in place that is part of the wider strategy that RHN is currently developing.

The Patient Experience Strategy will include:

- New methods of gaining service user feedback through the Patient Safety and Quality committee.
- 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.

This has been included in the development of our Patient and Resident Experience & Engagement Strategy 2022-2027 and is detailed further in this account.

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.

During Experience of Care Week (April 2021), patients, residents and families were invited to tell us what brightens their day. Workshops and questionnaires for relatives (as part of the Building Therapeutic Relationships project) were also adapted during this week to gain feedback from patients and residents. The Speech and Language Therapy Team co-ordinated and assisted with a program to support patients/residents with complex communication needs to take part.

To work towards the attainment of a national customer service accreditation in recognition of the importance placed on customer service at the RHN.

This has been included in our Patient and Resident Experience & Engagement Strategy 2022-2027 and is detailed further in this report.

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.

This has been included in our Patient and Resident Experience & Engagement Strategy 2022-2027 and is detailed further in this report.

Quality Priorities for 2022/2023 (looking forward)

For the next reporting period 2022/2023, 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 and continuously improve patient safety and service quality. Our key priorities for 2022/2023 which are agreed with our commissioners will be:

Clinical Effectiveness:

Research:

- 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.
- To share our learning and research wider.
- To work towards being known for the research that we lead and in doing so to refocus our research programme and stream line our research activity.
- To ensure our research strategy details the outcomes that we want to achieve and how we will be measured against achieving them.

External Influence and Policy Development:

- 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.
- To ensure that our 2022 -27, 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.
- To continue our commitment to leadership development as 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. We will 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 clinical Nurse leadership roles to include links with specific areas. In accordance with benchmarking staffing modelling, to aim to adopt best practice modelling across each service (where benchmarking is available and where it is not, to lead on the development of new staffing models with NHSE).
- To lead nationally in developing a model of care for invasive ventilation in community settings through collaborating with NHSE 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 safe staffing across the RHN and produce safe staffing reports for sharing with CQRG at quarterly monitoring meetings.
- To develop a new Clinical Strategy for the next 5 years 2022 – 2027 and a delivery framework underpins that.

Patient Safety:

- To develop and finalise a Quality & Safety Improvement Strategy 2022-2027.
- To develop a project plan for the RHN to transition to the requirements of the NHS Patient Safety Strategy, particularly in relation to the implementation of PSIRF (Patient Safety Investigation Response Framework).
- To build on and improve our audit program within the RHN.
- To ensure staff are trained and confident in using all features of the Tendable app. To also ensure that staff understand all questions in an audit in order to measure care/service effectively. To ensure we maintain the full usage of all 14 audit licenses.
- To ensure there is a process and platform for regularly sharing outcomes of local actions and quality improvement projects for consideration for wider implementation.
- To build on and improve our care/service evaluation program within Quality & Safety in order to benchmark against others more effectively.
- To build on and finalise the balanced scorecard for Quality & Safety in order to present and unify our service and care quality metrics more effectively.
- To scope regional, national and international conferences and journals that the RHN could submit posters, papers and articles to.
- To scope and join regional, national and international groups and bodies that the RHN is not already a member of.
- 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.
- To continue 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, complaints, feedback and safeguarding concerns, we will continue to identify areas where quality improvement projects can be initiated.
- To maintain full compliance with the NHS Safeguarding Accountability and Assurance Framework.

Patient Experience:

- To finalise and implement the Patient & Resident Experience and Engagement Strategy 2022-2027 by November 2022.
- Work on the Patient and Resident Experience and Engagement Strategy will continue, with the involvement of patients, residents, relatives and staff. This strategy will be finalised by November 2022. A Quality Strategy will also be developed during this reporting period.
- Patients and residents will be supported to share their stories. These will be presented at the Leadership Forums to provide further insight for staff.
- Patients and residents will be supported to take part in a video to welcome new staff and provide some insight into the things that matter most to them.
- Patients and residents will be supported and assisted to become involved in Shared Learning projects by identifying issues, suggesting possible solutions and assisting with the sharing of this learning with others. Actions from serious incidents, formal complaints and informal concerns outcomes are tracked and managed via the Actions Tracker. A column will be included in the tracker to indicate if shared learning has been completed and whether patients, residents, their families and advocates have been involved in drafting or leading shared learning documents and opportunities.
- We will complete a quality improvement project around ward notice boards and how they can be most effectively utilised. This project will include a review of Quality Board information.
- We will review the signage around the hospital and ensure it is simple and helpful.
- We will complete a project to review and improve our methods of acting on feedback involving patients, residents, their families and advocates. The Patient Experience & Safety Officer (PESO) will lead on building a more structured process, working with service leads for them to identify and lead on actions from feedback.
- We will also develop an audit on the Tendable audit application to enable staff to regularly seek feedback from patients, residents, their families and advocates on 3 key regular questions and 3 other changeable questions around themes or issues that have been identified.

Workforce

Staff Engagement

A focus on the following areas have been prioritised over the year:

- Mental Health First Aid: Throughout the reporting period we had a network of mental health first aiders in the workplace and accessibility is via our 'Here for You' (Staff Wellbeing intranet page). We will build on this further over the next year by having easier to see email signatures and small logos on names badges/id cards to ensure visibility in the workplace.
- To build on the achievements of the Staff Network Groups. During this reporting period we developed:
 - LGBTQI+: Pride@RHN (The LGBTQI+ staff network) met regularly and celebrated numerous awareness days such as Trans Visibility and LGBTQI+ History month. The network is planning to participate in Pride for London Parade for the first time. The network is planning further events and workshops as well as providing training for LGBTQ+ allies in the workplace.
 - The BAME Network continued to engage with the BAME workforce across the hospital and plans further events as part of Black History month. To build on this development over the next year.

To continue to engage with staff regarding other staff networks to develop over the next reporting period, for example a Disability Group

- To hold a staff engagement roadshow (building on what was held in June 2022) to coincide with Founders Week at the RHN.
- To further develop the Wellbeing portal of services available on the RHN intranet. To improve the accessibility over the next year, as we want this to be a highly utilised service for our staff. To evidence increasing access by the workforce over the year.

Learning and Development (L&D)

The following is a summary of the developments of the Learning Management System (LMS) following the review of the first 6 months of implementation, which we want to build on over the next year:

- The Learning Management System is now integrated with Power Business Intelligence (BI). This was achieved earlier than planned and will continue as a function over the next year.
- Trustee accounts have been created with associated learning requirements. To ensure these are accessed and that Trustees remain fully compliant with their training requirements over the next year. This will be monitored through monthly reporting to the Executive Management Team.
- New 'Audiences' for training assignments have been created in order to create bespoke pathways for individual roles. To ensure that staff access this and that the L and D team provide quarterly reports on uptake and activity.
- Accuracy of training records has been improved through the removal of duplication of requirements caused by staff belonging to multiple audiences. To ensure that this is maintained, and that the Head and L and D evidences this to the Executive Management Team through monthly reporting.

- To continue to review the quality of training programmes through the Head of L and D collaborating with the senior leadership team and providing evidence to the Executive Management Team of achievement through an agreed schedule of reporting.

Clinical Skills Online Framework

- A suite of 16 learning options have been added to the LMS system over the last year. The aim now is to support the new clinical education strategy, which includes, IV Therapy Theory and Practical and Diabetes with the introduction of at least a further three key topics over the next year.

Mandatory Training

- To continue to monitor compliance with mandatory training by providing monthly reports to the Executive Management Team and through utilising the new staff reminder service when training is due for each staff member.
- To attain a minimum mandatory training compliance level of at least 90% throughout the next year.

Nurse Leadership Programmes (The Putney Nurse and HCA Programmes) and Nurse Development

- To maintain accreditation of the Putney Nurse and HCA programmes with the Royal College of Nursing (RCN) throughout the next year.
- To build on the progress of the Putney Nurse programme delivered on 1 April 2021 and 31 March 2022 to 8 candidates and the Putney HCA programme which was delivered to 10 candidates in May 2021. To collaborate with the RCN to develop two pathways for reaccreditation, namely Specialist Long Term Care and Specialist Hospital Care.
- To continue with the roll out of the Trainee Nursing Associate Apprentice training in accordance with the KPI, to have 24 Trainee Nursing Associates in training by the end of the year.
- To continue to offer widened access to training through the provision of maths and English qualifications for staff as part of their IPR.

Research

After the disruption of the pandemic, our research projects have started again with two new dental projects, one collaborative study with the dietetics department, one Covid-19 review and two projects on Long-term ventilation on top of the three existing PhD projects. We will aim to:

- Refresh our Research Strategy 2022-27 and agree KPIs that we will achieve through the strategy
- Monitor progress with KPIs through the Executive Management Team
- Ensure the Research Strategy underpins the RHN Strategy, 2022 – 27 and be able to evidence this
- Ensure staff are aware of the existence of the strategy and increase participation in research activity throughout the RHN

Innovation, Fundraising and Research

Fundraising

The aim for the next period is to build on some of our achievements that continue beyond 2021/22 that we have funded through our fundraising activity.

These include:

- COVID-19 Emergency Response request
- Computer therapy and specialist communication aids
- Leisure and Families Service (including disability sports)
- Music therapy
- Nurse escorts and transport for patient trips
- Occupational art therapy
- 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

In our commitment to deliver best practices in Fundraising, we will remain registered with the Fundraising Regulator (FR) and maintain compliance with the UK General Data Protection Regulation (UK GDPR), which is monitored through the Information Commissioner's Office (ICO). With this, we are able to assure the public, our supporters and those in our care, of our ethical and transparent approach to fundraising.

We will embrace alternative ways of raising funds, whilst remaining optimistic in our aim to support the wider hospital, in providing the best possible care to every patient and resident.

Care Quality Commission 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

Information Governance (IG) is the framework used by organisations to process information in a secure and confidential manner. It includes personal information relating to patients and residents, employees, supporters and corporate information, for example finance and accounting records.

The Data Security and Protection Toolkit (DSPT) is the tool which health and social care organisations use to self-declare compliance to information governance standards; the RHN was audited by the RHN's internal auditors and the assurance verified as moderate.

All internal audit recommendations have been implemented and the RHN will submit its self-assessment through the (DSPT) on 30 June 2022 and achieved compliance with all the required assertions and criteria.

Our Data Governance

The Head of Data Protection and Compliance, supported by the Information Governance Committee, ensures that the RHN demonstrates compliance with the "Accountability" Principle enshrined within UK GDPR (General Data Protection Regulations):

- Policies and procedures all comply with UK GDPR and Data Protection Act 2018.
- Data Protection Impact Assessments are undertaken to ensure that privacy concerns are considered and addressed.
- Contracts have been reviewed to ensure that adequate data protection clauses are in place.
- New contracts are checked to ensure compliance with the above and IG due diligence is undertaken on service providers prior to contract signature.
- Records of Processing Activities (ROPA) is a statutory requirement and has been undertaken; it provides a detailed overview of personal data processing within the RHN.
- Data Protection and Information Security breaches or near misses are reported and investigated internally. Where the rights and freedoms of individuals could be compromised by the breach, the RHN reports the breach to the Information Commissioner's Office within 72 hours.
- Information Sharing Agreements are put in place as per the National Data Guardian's Data Standards.

Cyber Security

The RHN receives CareCERTs which are notifications of cyber security threat notifications through the NHS network; where necessary, the notifications and accompanying recommendations are acted upon. This is monitored through the Information Governance Committee. During the reporting period, the RHN obtained Cyber Essentials Plus accreditation and commissioned a Penetration Test by a specialist provider. All recommendations from the Penetration Test report have been implemented.

In line with the NHS national requirements the RHN reviewed its information security policies, protocols and systems due to the Ukraine crisis and following a change in service provider, cyber-security assurance has been confirmed to the Executive Management Team and the Board.

Privacy Notices

The HDPC and the Director of Governance who is also the Senior Information Risk Owner (SIRO) maintained the Privacy Notice which informs patients and residents how their information is used generally and also, during the Covid-19 pandemic.

Staff Privacy Notices were also updated to ensure that staff personal data processed to manage the Covid-19 pandemic took place in a transparent manner.

Data Quality

The RHN has Data Quality Steering Group which is tasked with data quality improvements across clinical data processing. The RHN is has undertaken a high level audit of data quality maturity and is currently implementing an improvement plan to improve data quality and maturity across all clinical areas.

Guidance

The HDPC, the Associate Director for Information Technology and the Counter fraud service provider continue to protect staff and RHN systems and data through the provision of induction training. Information is circulated to staff and published internally on risks from cyber-attack, phishing, ransomware.

The HDPC supports the RHN's new business opportunities, contributing to tender assessments and providing information governance due diligence checks, in accordance with Information Commissioner's Office and NHS Digital guidance. This includes partner organisations that process RHN data ensuring they have Information Commissioner's Office (ICO) registration, if the organisation is part of any certification schemes, or have any data breaches resulting in fines.

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 two incidents through the DSPT incident reporting tool which were escalated to the ICO by DSPT.

Date reported	Description	Reported to ICO
04/10/2021	Ipad left open and contents (patient data) seen by visitors	Yes
20/01/2022	List of subscribers to on line teaching session attached to emails in error	Yes

Part three - Review of quality performance 2021/2022

Performance on Safety

Incidents

In 2021/22 a total of 2124 incidents were reported, in comparison with 2077 incidents reported in 2020/21. Thus, an average of reporting 40 incidents per week has 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 reporting period 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.

A total of 7 incidents that met the threshold for reporting externally as a serious incident, in line with the NHS Serious Incident Framework 2015, these were reported externally. All serious incidents at the RHN are reported to the NHS STEIS (Strategic Executive Information System) website, and SW London CCG (Clinical Commissioning Group), the CCG funding a patient's or resident's care, 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.

In line with the new NHS Patient Safety Strategy, 3 of the 7 incidents reported externally as serious incidents were due to them being identified as having opportunities for learning rather than having resulted in moderate harm or greater. A summary of each serious incident is below.

Incident description	A resident not known to be diabetic required emergency admission to acute hospital due to suspected hyperosmolar hyperglycaemic state/diabetic ketoacidosis.
Level of harm	Moderate harm
Outcome	<p>The resident required emergency admission to an acute hospital. He was assessed in ED (Emergency Department) and admitted for treatment on a medical ward. He did not require admission to an ITU (Intensive Treatment Unit). Although the complications of hyperosmolar hyperglycaemic state and diabetic ketoacidosis are potentially life threatening the resident was successfully treated and subsequently returned to the RHN.</p> <p>The incident was referred to the Local Authority as a safeguarding concern and was subsequently upheld. It was also reported to the Charity Commission.</p>
Key learning	<p>In this instance, failure to provide diabetes care in accordance with evidence-based best practice resulted in a persistent hyperglycaemic state progressing to a diabetic emergency that required admission to an acute hospital. The absence of a diabetes education and training programme for clinical staff resulted in poor awareness and lack of the required knowledge and skills.</p> <p>Since the incident, a comprehensive review of practices and governance in relation to diabetes care was undertaken, including a review of all diabetes related clinical incidents reported via Datix in the twelve months prior to the incident. A hospital wide diabetes care quality improvement project and action plan was developed with the involvement of key stakeholders, and a multidisciplinary task and finish group has been formed to oversee the completion of the required actions.</p>

Incident description	A female resident on continuous invasive ventilation was approached by her assigned RN (Registered Nurse) to administer chest therapy and medications. On entering her room, the RN found the resident unresponsive with no pulse. The assigned RN observed that the pulse oximeter used for continuous heart rate and SpO2 monitoring was switched off and disconnected.
Level of harm	Severe Harm. The cause of death has not yet been established by the Coroner. This will be revisited once the Coroner's inquest has concluded a cause of death.
Outcome	Processes and systems in place, including safety checks, intentional rounding, education and training, were ineffective in preventing the act of omission. Thus there were a lack of a failsafe systems in place which would have detected that the monitor was not connected. The incident was referred to the Local Authority as a safeguarding concern. It was also reported to the Charity Commission.
Key learning	The patient monitoring and alarm system in use at the time was vulnerable to human error and so an alternative system was sourced and installed. The ability of the new system to alert staff is key in preventing reoccurrence. It was identified that there was a need to review, develop and agree national standards for long-term ventilation care in relation to staffing mix and ratios, education, training and competency assessment. This will be addressed through a working party, with the RHN contributing to it led by N H S England.

Incident description	A semi-ambulant female patient with a diagnosis of Huntington's Disease with choreic movement experienced a witnessed fall whilst receiving 1:1 care. As she fell her TV was displaced from its stand and hit her on the back of the head. She sustained a head injury and was later diagnosed to have sustained an un-displaced skull fracture.
Level of harm	Moderate harm
Outcome	Information in relation to how to manage the patient's challenging behaviour, fixation and falls risks could have been communicated more effectively to the 1:1 HCAs caring for the patient. Thus they may not have all the information needed to provide effective care. The TV being mounted on a stand was not taken into consideration as part of the environmental risk assessment and so remained in the room as it was, rather than being considered for being wall mounted. The incident was referred to the Local Authority as a safeguarding concern and was subsequently upheld. It was also reported to the Charity Commission.
Key learning	Improvements were made to processes in relation to falls risk assessments and one-to-one care. A Safe Observations Policy was updated to include what the expectations are of staff when providing 1:1 support for patients. An audit was completed for all ambulatory patients with a risk of falling to assess whether they had TVs in the room that were not wall mounted. Any TVs that were not wall mounted were wall mounted as a result. There is now a standardised process for TV access across the hospital.

Incident description	A patient with high blood glucose levels (not previously diagnosed as diabetic) had missed opportunities for treatment and was subsequently transferred and admitted to acute care with suspected diabetic keto acidosis and urgent treatment for sepsis and HHS (Hyperosmolar Hyperglycaemic Syndrome). The patient subsequently died in acute care.
Level of harm	Low harm
Outcome	There was a delay in treating the patient's diagnosis of diabetes with drug therapy. However, the patient's condition was such that her long term care was palliative from the outset, and so initial management for Type 2 diabetes was initially provided with via a change in diet. When a blood test result was missed and not reviewed for a period of 2 weeks there was a resulting delayed opportunity to initiate treatment. This delay would have remained within the recommended timescales for testing as set out in the NICE guidelines for the management of Type 2 diabetes in adults, which states that the repeat blood test should be undertaken at 3-6 months after diagnosis. The patient later became acutely unwell with sepsis due to aspiration and developed HHS leading to acute hospital admission. She again deteriorated after making some improvement but later died during her acute hospital stay. The incident was referred to the Local Authority as a safeguarding concern and was subsequently upheld. It was also reported to the Charity Commission.
Key learning	The systems in place for communicating to other members of the GP team that a blood test has been reviewed had room for error. The GP ticked the blood test as having been reviewed as part of a list of investigations, rather than marking individual tests from the list, and so this was not handed over for follow up that the blood glucose result was still outstanding. Such test results take longer than other tests that were requested at the same time. As a result, the GPs now have to ensure each individual test is checked to ensure none will be missed, especially those that take longer to obtain results.

Incident description	Potential missed opportunity for initiating sepsis treatment before transfer to acute care. The patient was transferred and admitted to a medical ward, responded well to treatment and was almost ready for discharge. However, on day 5 she deteriorated and was diagnosed with an acute intracranial haemorrhage. The patient died the same day.
Level of harm	Low harm.
Outcome	Transfer to the acute hospital was appropriate escalation and is unlikely to have been preventable. The care and service delivery problems identified during the investigation were assessed to be unlikely to have contributed to the patient's death. The incident was referred to the Local Authority as a safeguarding concern. It was also reported to the Charity Commission.
Key learning	The importance of clearly defined processes and pathways for the management of deteriorating adults in the specialist nursing home. The importance of contemporaneous documentation that accurately records the care and interventions administered.

Incident description	During the evening the patient deteriorated clinically – desaturating, difficulty breathing and episodes of sleep apnoea requiring oxygen administration and escalation to the night site manager. The patient was unable to tolerate a CPAP mask. An on call doctor was contacted twice over the course of the evening where there were discussions around transferring the patient to an acute hospital ED (Emergency Department). Staff were advised to continue to manage the patient at the RHN. At 04:55 the patient had a further sudden clinical deterioration and an emergency services ambulance call was made. However, the patient died on the ward shortly after the call.
Level of harm	Low harm
Outcome	It could not be concluded that early transfer to acute care would have altered the outcome to the patient but there was a significant delay in making the final agreement to transfer the patient.
Key learning	Learning from this incident was around effective communication, and so the SBAR (Situation, Background, Assessment, Recommendation) tool was promoted hospital wide as a result. Documentation of NEWS (National Early Warning Score) was found to have been inconsistent, and so refresher training was provided.

Incident description	206ml of sterile water for inhalation mistakenly administered intravenously to a male patient instead of the prescribed 1000ml Sodium chloride 0.9%.
Level of harm	No harm
Outcome	The patient was assessed to have come to no harm as a result of the incident. Blood tests taken before and after the incident. These were reviewed by a doctor and confirmed that blood levels had remained the same.
Key learning	Learning was identified in relation to ensuring that temporary nursing staff who have gained competency in IV therapy elsewhere are signed off as competent at the RHN before giving therapy. The incident was referred to the Local Authority as a safeguarding concern and was subsequently upheld. It was also reported to the Charity Commission.

Safeguarding

The annual Safeguarding Report for this reporting period demonstrates how the RHN remains responsive to meeting evidence based and legislative requirements and provides assurance with regards to how the organisation is compliant with the Care Act 2014, the London Multi-Agency Policy for Safeguarding Adults, the Care Quality Commission Registration standards and the Charity Commission Governance priorities. We ensure we maintain compliance with the NHS Safeguarding Accountability and Assurance Framework.

The RHN has a responsibility to ensure that all staff maintain the safety and wellbeing of patients and residents to enable them to live a life that is free from harm, abuse and neglect, which is a fundamental human right and an essential requirement for maintaining health and wellbeing. Wellbeing is central to the Care Act, 2014 and is clearly outlined in the Care and Support Statutory Guidance as being paramount in enhancing the care of adults at risk.

Training compliance:

Overall training compliance:

Training Level	Current Compliance
Adult Safeguarding (eLearning)	93%
Safeguarding Level 1A	95%
Safeguarding Level 2	93%
Safeguarding Level 3	82%
Safeguarding Level 4	100%
Safeguarding Level 5	100%

Non-Clinical Staff Compliance: 93% (previously 91%). Our target is a minimum of 90% compliance hospital wide.

Medical staff: 79%

Overall Training Compliance by Clinical Ward:

Wards	Current Compliance
Andrew Reed	91 %
Chatsworth	91 %
Coombs	97 %
Devonshire	92 %
Drapers	96 %
Glyn	96 %
Haberdashers House	98 %
Hunter	98 %
Jack Emerson	90 %
Leonora	92 %
Wellesley	95 %

Overall Training Compliance by Department:

Department	Current Compliance
Brain Injury Service:	
Occupational Therapy	95%
Physiotherapy	86%
Psychology	90%
Speech & Language Therapy	94%
Dieticians	100%
Social Work	84%
Music Therapy	100%
Continuing Care:	
Occupational Therapy	100%
Physiotherapy	100%
Speech & Language Therapy	100%
Specialist Services:	
Dieticians	100%
Music Therapy	100%
Occupational Therapy	100%

The Director of Nursing is the Executive Director responsible for safeguarding within the RHN, with support from the Head of 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 especially in relation to internal and external assurance.

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 potential safeguarding cases are reviewed with the Local Authority and in collaboration Integrated Care Board (ICB). External safeguarding supervision is received through the ICB and membership of the Safeguarding Adults National Network has been achieved with The Director of Nursing and the Head of Safeguarding both being members of the network.

Safeguarding is everybody's business and an integral part of everyday practice at the RHN. It is a golden thread that runs through the organisation. Significant progress in safeguarding patients and residents at the hospital has been made since the last reporting period and is summarised as follows:

Between April 2021 and March 2022 there were 29 safeguarding referrals made to Wandsworth Adult Safeguarding Team (Local Authority). All of these referrals were reviewed and triaged in detail at the weekly Potential Serious Incident and Safeguarding collaborative meetings detailed previously in this report, This meeting reviews all cases, including the management of each case on a monthly basis,

chaired by the Head of Safeguarding. Safeguarding activity is broken down for this reporting period as follows:

- 17 safeguarding referrals were assessed by the Local Authority and subsequently screened out due to robust mitigation in place (e.g risk assessments, protection plans, etc) at the RHN
- 12 referrals progressed to full safeguarding enquiries.
- 25 referrals were unsubstantiated, allegations not upheld.
- 4 allegations were upheld by the local authority.
- 3 cases of alleged physical abuse were referred to the police.
- 2 referrals were made in relation to concerns involving the ongoing care provider on grounds of wider public interests.

The CQC documented in their quality report following an unplanned focussed inspection in September 2021 that:

- Leaders had improved safeguarding processes and operated effective safeguarding processes throughout the service and liaised with local authorities for safeguarding monitoring.
- Staff at all levels were clear about their roles and accountabilities about safeguarding and had regular opportunities to meet, discuss and learn from the performance of the service.
- The leadership for patient safety and safeguarding was clear and was a thread throughout the service.
- Patient safety incidents and safeguarding were discussed and reported to the senior leadership team on a weekly basis.
- All incidents were reported on each ward along with actions being taken.

The RHN's journey of improvement in safeguarding practice has received well-deserved recognition via the NHS Safeguarding Adults National Network (SANN). The Director of Nursing and the Head of Safeguarding received an NHS safeguarding award in recognition of our significant improvement in managing safeguarding at the RHN and for our successful implementation of the RHN safeguarding model of care and protection for patients and residents who we care for and who are considered to be at extreme risk. Our journey of improvement was showcased, via a presentation at SANN and during the National Safeguarding Awareness Week (November 2021) at the request of South West London (SWL) CCG, now SWL Integrated Care Board (ICB).

Infection Prevention and Control (IPC)

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 appropriate actions are identified and monitored 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 audit activity is carried out and reviewed by the Infection, prevention and Control team:

- A Hand Hygiene audit schedule is in place and is completed via the Tendable audit app and an observation audit of staff at the RHN entrance to assess their compliance with COVID-19 handwashing guidance on entering the building also takes place.
- 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.
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- 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 IPC team have been crucial in planning and implementing safety measures during the COVID-19 pandemic. They continue to provide leadership with the DIPC, monitoring effectiveness of interventions and assessing if further measures are needed, in order to comply with existing and temporary Government guidance. The team have led on implementing a regular IPC screening and testing programme and ensured that training has been implemented, to support staff in using PPE (filtered masks) effectively and appropriately. The Executive Management Team oversee the work of the IPC team and fully support the staff and delivery of the priorities.

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. A self-assessment (PLACE-light audit) was carried out by the IPC, Domestic service and Estates teams instead and the annual audit is planned for November 2022 face-to-face around the hospital. Actions from the self-assessed audit included improving storage management in wards and the completion of a disability survey to promote better disability access. There are action plans in place addressing all of the issues considered and environmental audits undertaken routinely now by the Patient Safety and Quality Assurance team as part of the RHN Quality Assurance framework.

Current situation and future plans:

A 2022 COVID-19 return to usual business plan was implemented during this reporting period. It included the removal of 'zoning', enabling visiting without booking a slot in advance and re-implementing face-to-face visiting, meetings and activities.

With the new evolving issue on Monkeypox, the IPC team have also developed guidance for awareness and direction for the management of patients and residents in RHN in case of infection. A management plan for case/s was also developed and implemented. The RHN are part of the SWL ICB steering group.

The IPC team has also successfully reviewed the IPC service model to introduce the role of a new IPC Champion. This role is ward based and the IPC role model and link practitioner for the wards. One IPC champion is currently completing training as a Trainee Nursing Associate (NA) specialising in IPC. This RHN initiative has been welcomed by SWL ICB and over the next year the RHN will be supporting the development of 7 IPC champions across SWL.

Patient Experience

The Annual Patient / Relative Survey

The Annual Patient/Relative Survey was completed April – May 2021 and results were analysed and reported on by external consultants, Howard Warwick. There was an increase in the response rate, with 88 completed surveys received (represents 43% of average patient numbers).

Findings were again mostly positive and a number of scores were increased from the previous year. This included RHN getting better or staying the same (100%), appearance of building and grounds (99%), treating patients and residents with respect and dignity (96%), cleanliness (96%), and overall quality of care (91%). An additional section was added relating to the Covid-19 pandemic; 100% of those completing considered that the RHN had kept them as safe as possible from the virus.

The results also highlighted areas requiring improvement. Of those completing the survey 53% were fully aware of whom to direct any questions to (93% to some extent). It was recognised that visiting restrictions will have impacted on this situation and the RHN are introducing a number of initiatives aimed at improving communication and information sharing. This includes posters and information sheets re how to contact key staff and individual care plans and agreements regarding communication, information sharing and contact with family.

There was also a decrease in satisfaction regarding access to the grounds and community (53%) and activities (62%). Again, this situation has been negatively impacted by the Covid-19 pandemic. However, since the survey completed a number of activities have been re-introduced, including group activities and events.

There are also opportunities for improvement regarding aspects of catering; 71% were satisfied regarding the quality of food and 74% relating to choice. The Catering focus group was introduced in October 2021 and attended by patients, residents, Catering Team, Dietitian, Speech and Language Therapist and Patient Experience and Safety Officer. This forum provides an opportunity for the sharing of queries, concerns and suggestions.

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 or a combination of zoom and face to face. All patients, residents and relatives were invited via email 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 the COVID-19 pandemic, visiting plans, the outcome and subsequent actions following the Annual Patient / Relative Survey, Activities, recreation and stimulation for residents and the clinical Strategy.

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 NHSE funding. Findings are shared with managers and ward staff and learning is displayed on the ward quality boards.

The survey gives the individual the opportunity to rate their overall experience of the service at the RHN and is followed by two open, qualitative questions.

Unfortunately, the COVID-19 pandemic significantly affected the number of responses received, due to the restricted visiting on the wards by relatives. This situation has however improved as restrictions have relaxed. This year we received 48 responses, which is a marked increase from the previous year (31). In further attempts to increase the response rate, the Contracts Department are providing notification of impending discharges at the earliest opportunity.

The table below shows the Friends and Family Test (FFT) findings from April 2021 to March 2022.

	Very good	Good	Neither Good or bad	Poor	Very poor	Don't know	Total
Patient	13	16	1	0	0	0	30
Relative	12	4	1	1	0	0	18

The results show that 94% of respondents rated the RHN to be good or better and 4% were uncertain. There was 1 individual (2%) that shared a rating of 'poor' in April 2021. The family was contacted and concerns were shared. An investigation was completed and the family was supported and updated throughout. They have since shared their gratitude and provided positive feedback.

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.

The Complaints Policy and procedure was updated in December 2021. The policy has been expanded to include how we manage and respond to complaints, concerns, compliments and comments in order to demonstrate our holistic approach to feedback at the RHN. The RHN continues to utilise a 3-stage formal complaints procedure in line with the guidance by the Association of Independent Healthcare Organisations.

Weekly Serious Incident and Complaints review 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 static from the previous financial year. The most common themes were nursing care, communication, property loss or damage and restrictions to visiting; all of which are being addressed.

Formal complaints

During the reporting period we received 31 formal complaints. This is an increase from the previous financial year when 25 formal complaints were recorded. All were investigated by a senior manager at stage 1 of the complaints process. There were 2 complaints that were escalated to stage 2 of the complaints process and investigated and responded to by an Executive Director. Of these 2 complaints investigated at stage 2, 1 was partially upheld. No complaints progressed to stage 3 of the complaints process where independent review by the Parliamentary and Health Service Ombudsman would be completed. The most common themes were nursing care, communication and property.

The RHN acknowledged all formal complaints within 48 hours of receipt. We provided a formal response within 20 working days to 87% of complainants. The 4 complaints that were not responded to within the desired time frame were all complex complaints and all received holding letters.

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 212 compliments, which is a significant increase from the previous year (159).

The majority of compliments were received from patients or their families (166). Additionally, there were 25 compliments raised by RHN staff, 10 from students and 11 received from external organisations. The most common themes were care, support given to patients/families and professional excellence.



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