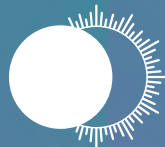


# Quality account

## 2022 - 2023



Royal Hospital for  
Neuro-disability

## Contents

- 3 Introduction to the RHN
- 7 Introduction to our quality account April 2022 to March 2023
- Part one - Statement on quality**
- 8 Introductory message from CEO
- 9 Hospital accountability statement
- Part two - Quality priorities 2022/23**
- 10 Quality priorities for 2022/2023
- 13 Review of quality priorities 2022/2023 (looking back)
- 24 Quality priorities for 2023/2024 (looking forward)
- 28 Workforce
- 30 Innovation, fundraising and research
- Care Quality Commission Statement
- 31 Statement on data quality
- Part three – Review of quality performance**
- 34 Performance on safety
- 40 Patient experience

## Introduction to the RHN

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

We also provide specialist long-term care, including patients and residents with challenging behaviour, those who require our invasive ventilator service and those with long-term conditions. We have a Young Adults' in-patient unit where we currently accommodate young adults with complex care needs. 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) for other services that we provide.

Our contract with NHSE is for the provision of Level 1/2a specialist neuro-rehabilitation and specialised Augmentative and Alternative Communication provision (AAC) which is an outreach service, serving West London that addresses all the ways that someone communicates besides talking. AAC encompasses the communication methods to supplement speech or writing for those with temporary or permanent impairments in the production or comprehension of a spoken or written language.

### The Specialist Services

#### Brain Injury Service (BIS)

The Brain Injury Service encompasses two clinical pathways: Complex Rehabilitation and Prolonged Disorders of Consciousness (PDOC) assessment and disability management.

The primary commissioner for level 1/2a rehabilitation and PDOC assessment to the Brain Injury Service is NHSE. Depending on capacity we can also accept referrals from other sources.

We provide a comprehensive screening assessment prior to admission. Our goal is to ensure a smooth and efficient admission process, and prioritise meeting with the patient and their family whenever it is possible. While we may be able to accommodate several patients with tracheostomies, we are unable to accept individuals who are medically unstable or require one-on-one nursing care. Patients with one-to-one behavioural needs may be referred to our Neuro-behavioural service.

Most of our patients will have ongoing and sometimes complex needs at the time of discharge. This requires early planning and regular team and family meetings to discuss progress and plans.

We measure the success of our service first and foremost via feedback from our patients and their families. We also submit our statistics of rehabilitation outcomes to the United Kingdom Rehabilitation Outcomes Collaborative (UKROC).

#### Complex Rehabilitation Pathway:

Our BIS Wards provide values-based, goal-orientated rehabilitation for adults following severe brain injury.

Our Complex Rehabilitation programme is patient-centred and endeavours to work on self-directed goals where the patient is able. Where support is needed, goal setting is completed with family members based on a patient's values.

The multidisciplinary therapy team in this service comprises of occupational therapy, physiotherapy, speech and language therapy, clinical neuro-psychology, social work and dieticians as well as nurses, health care assistants and rehab medicine consultants. In addition to this, patients may have group sessions in occupational therapeutic art and or music therapy.

They follow a 24-hour rehab approach with the whole team providing opportunities for independence and optimisation of independence throughout the day.

#### **Prolonged Disorders of Consciousness and Disability Management Pathway:**

Prolonged Disorders of Consciousness (PDOC) include conditions such as the Vegetative State (VS) and the Minimally Conscious State (MCS). This occurs due to damage to the brain and robust assessment of awareness is required to determine an individual's ability to respond to their environment. Patients with a disorder of consciousness need a comprehensive assessment conducted by a multidisciplinary team of experts which we provide at the RHN.

Patients with PDOC following sudden onset brain injury undergo assessment using a variety of low awareness tools. Our approach is values based and personalised to the individual. We collaborate closely with families, providing support and enhancing their understanding of conditions and implications. Central to our programme is how we manage complex posture and seating challenges. Assessments may include Sensory Modality Assessment (SMART), the Wessex Head Injury Matrix (WHIM), and the Coma Recovery Scale (CRS), alongside expert clinical observation, management, and treatment.

Throughout this process, we offer continuous support and education to families and other invested people. Managing complex posture and seating challenges is central to our programmes. We address long-term challenges through collaboration with family members, friends, and external agencies.

We provide complex care and assessments for individuals who have emerged from PDOC but still experience severe cognitive and communication impairments that affect their daily functioning.

The RHN has one of the largest groups of patients in PDOC compared to similar settings across the UK.

#### **Specialist Nursing Home**

The Specialist Nursing Home at the RHN minimises the dependence of a resident where possible, with a focus on enhancing quality of life and respecting individual choices.

Our Specialist Nursing Home is staffed by experienced professionals trained in managing neurological conditions, with a strong emphasis on promoting independence and daily functionality. We are committed to improving the overall quality of life for our residents and offer specially-adapted activities and leisure outings supported by a dedicated team of activity coordinators, nursing staff and volunteers.

Our service is led by skilled Nurses experienced in complex neuro-disability management. We provide access to on-site General Practitioners (GPs) and a specialist consultant in rehabilitation medicine, in addition to a wide range of therapy services.

Each resident is unique, but they all share complex neurological disabilities. After a thorough assessment, we create personalised care packages tailored to the individual's needs that focus on maximising independence and empowering people to live life to the fullest.

These packages are delivered by our compassionate clinical staff who specialise in the management of complex neurological disabilities and include access to innovative technologies where appropriate.

We measure the success of our service first and foremost via feedback from our residents and their families and we have high levels of satisfaction to continue to build on.

#### **Long-Term Ventilation**

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.

#### **Neuro-Behavioural**

This is a service for patients and residents whose conditions have affected their behaviour, including acquired brain injury and Huntington's disease. The neuro-behavioural service has two pathways. One for those who need assessment and rehabilitation before discharge to the community, and one for those who need longer-term treatment.

Our staff in this dedicated service are experienced in supporting patients and residents who experience a change in behaviour or who present with longer-term behavioural challenges. Our 24-hour positive behaviour support approach is led by a Consultant Clinical Psychologist. It prioritises strategies to reduce challenging behaviours, increase independence, and quality of life and promote community integration. We use evidence-based techniques, focusing on understanding the reasons behind behaviours and promoting new and adaptive skills.

Patients and residents have access to a comprehensive specialist multi-disciplinary team, including access to a Consultant in Rehabilitation Medicine and a Consultant Neuropsychiatrist.

#### **The Young Adults Service**

The Young Adults Service (Haberdasher's House) was reopened in 2019 as a specialist transitional unit for up to twelve young adults moving from paediatric care into adult long-term care.

Making this transition can be challenging for young people and their families, so providing a safe, homely and welcoming environment is crucial to ease the transition process.

Set just behind our main hospital building, Haberdashers House provides an accessible living space for young people with complex long-term medical and nursing needs.

Haberdashers House is supervised by registered nurses and is able to support those with complex care needs – including patients with tracheostomies, non-invasive ventilation (NIV) needs, profound and multiple learning disabilities (PMLDs) and other complex physical impairments. Residents have access to a comprehensive multi-disciplinary team, as well as assistive technology and appropriate leisure activities. The unit has piped oxygen, ceiling track hoists and accessible wet room facilities, as well as a sensory bathroom.



## Introduction to our quality account April 2022 to March 2023

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 2022/23 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, 2023/2024 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 stakeholders to clearly review progress against our 2021/2022 Quality Account. It also identifies the hospital's priorities, and is linked to our 2022 to 2027 strategy named 'A Path to Excellence'.

## Part one - Statement on quality

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

As we reflect on the year ending March 2023, it is evident that our commitment to excellence and community engagement continues and underpins the RHN's success.

In October 2022, we launched our five year strategy 'A Path to Excellence' which sets out clear objectives for our future and delivery is now underway.

During the year, we resumed on-site research and training events, marking a significant step forward in our continuous pursuit of becoming a centre of excellence. The transition to webinars proved successful and resuming on-site training allowed a poignant buzz to return to the RHN's training rooms. We also attended several external conferences this year, such as the Disorders of Consciousness Conference 2022, where our multidisciplinary teams shared their expertise in Prolonged Disorders of Consciousness (PDOC).

In June 2022, our community came together with an afternoon of tea parties and decorations to celebrate the platinum jubilee of our royal patron, Her Majesty Queen Elizabeth II. Sadly, we would come together again to mourn her passing in September, reflecting on her enduring impact on our nation and support given to the hospital.

Fundraising events hosted at the RHN also returned, providing vital funding towards some of the additional therapies and activities which set us apart from other similar care providers. In October 2022, we took the opportunity to express our gratitude to dedicated volunteers and fundraisers during a heart-warming thank-you evening.

February 2023 marked the start of our journey on the Pathway to Excellence® programme. This initiative, focuses on improving nurse wellbeing, development, and staff retention, is a testament to our commitment to creating a nurturing and empowering environments for our staff and in turn improving outcomes for our patients and residents. While the assessment primarily revolves around our nursing staff, we aspire to embed the wellbeing and development aspects of the programme into our organisational culture, hopefully contributing towards an outstanding rating from the CQC in the near future.

In March 2023, we proudly announced that our Safeguarding practices have been recognised with a Gold Standard Award. This achievement reflects our dedication to ensuring the safety and wellbeing of all those entrusted to our care.

As we continue towards excellence, I extend my gratitude to all of our staff, volunteers and supporters for their contributions to our shared success. We are confident in a bright and successful future for the RHN.

I hope you enjoy reading this Quality Account which highlights some of the success achieved in the year April 2022 to March 2023.

## 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:

### Jane McCormick

Chairman



## Part two - Quality priorities 2022/23

The RHN developed an overarching hospital wide strategy for 2022 to 2027, which is underpinned by a number of sub strategies, including a clinical strategy and action plan of priorities. It sets out the direction of care for patients and residents over the five-year period, as well as documenting the key actions required to achieve our clinical strategy goals.

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. 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. Throughout 2022/2023 we have focussed on preparing to adopt the new Patient Safety Incident Response Framework (PSIRF) and we anticipate that in line with South West London's timeline for implementation, we will be ready as an early implementer to go live by July 2023. We are on track to achieve this at the time of writing this report.

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 2022/2023, our quality priorities were identified and agreed with our commissioners in the following areas:

### 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 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 that underpins it.

#### Patient Safety:

##### A number of priorities were identified, which are summarised below:

- 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 relevant 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 maintain full compliance with the NHS Safeguarding Accountability and Assurance Framework.

### Patient Experience

- To finalise and implement the 2022/2023 actions in the Patient & Resident Experience and Engagement Strategy 2022-2027.
- Continue to work on the Patient and Resident Experience and Engagement Strategy, 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 three key regular questions and 3 other changeable questions around themes or issues that have been identified.

## Review of Quality Priorities for 2022/2023 (looking back)

Progress against the RHN's quality priorities during 2022/2023 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.

The Principal Clinical Psychologist, completed a systematic review of mood and depression measures in people with severe cognitive and communication impairments following acquired brain injury as part of a PhD. She presented the results virtually at the Australian Society for the Study of Brain Impairment (ASSBI) Annual Conference in May 2022. She also presented in person at the World Federation of Neuro-rehabilitation (WFNR) conference in Maastricht in October 2022, and at the Society for Research (SRR) conference in Glasgow in January 2023.

The Clinical Lead Speech & Language Therapist completed research as part of a PhD. She presented a poster entitled 'Assessing Emergence from Prolonged Disorders of Consciousness: Current Opinion and Practice in the UK' at the University College London PhD Conference in May 2022.

To share our learning and research wider.

During the reporting period the RHN hosted 23 courses and 9 open lectures. The lectures were recorded and made available on the RHN's YouTube channel, each achieving 200 – 300 views, and one achieving 1300 views. As they can be viewed worldwide it has been possible for the RHN to access audiences that would otherwise not have been able to attend in person.

Since the hospital was able to resume business as usual post COVID-19 we have been able to resume face to face courses. However, some courses remain online in order to enable a larger and wider audience to attend, including international delegates.

To work towards being known for the research that we lead and in doing so to refocus our research programme and streamline our research activity.

Our focus has been on areas where there is a potential benefit for our patients and residents, and where the RHN is recognised for expertise. Our research programmes have therefore focussed on:

- **Disorders of consciousness:** Research was completed into Validating the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC) against the best practice external reference standard. This study aimed at comparing the MATADOC tool with the Coma-recovery scale-revised tool.
- **Service and technology innovation:** A research study was completed in June 2022 with the aim to understand factors affecting the feasibility of conducting

randomised research in a population of adults with severe brain injuries and support the development of future research able to compare the effects of splinting and serial casting on hamstring contracture and passive function goals.

- **Oral health and dental care:** Internal research was completed to investigate the usefulness of a piece of equipment (Bispectral Index Monitor) in helping to monitor patients with a disability when undergoing intravenous sedation during dental treatment. Data was collected during the reporting period and is currently being analysed to assess whether the procurement of a Bispectral Index Monitor will be beneficial for our patients and residents.

**To ensure our research strategy details the outcomes that we want to achieve and how we will be measured against achieving them.**

The RHN Research Strategy was completed and supports both the RHN's Clinical Strategy and organisational strategy: A Path to Excellence. It details that during the period 2022-2027 the RHN will focus on the following areas:

**Disorders of consciousness by:**

- Being curious about the nature of consciousness and how this is affected by neurological injury.
- Exploring methods of assessment and monitoring and the effect of interventions, support and care.
- Investigating prognosis, comorbidities and the quality of life of people with disorders of consciousness and the impact on families and staff.

**Long term ventilator support by:**

- Understanding more about the impact of long term ventilator support for people with neurological disabilities.
- Exploring methods of assessment and monitoring and the impact of interventions, support and care.
- Investigating prognosis, comorbidities and the quality of life of people with disorders of consciousness and the impact on families and staff.

**Service and technology innovation by:**

- Exploring new ways of delivering interventions, support and care for patients and residents.
- Assessing the impact of innovative pathways and service models.
- Exploring the use of new technologies which might assist people with complex disabilities to live fulfilling lives.

**Oral health and dental care by:**

- Researching the oral health and dental care of people with complex disabilities.
- Assessing the impact of neurological disability on oral health and the links to general health.

- Developing innovations to improve how dental care is delivered to people with neurological disabilities in an effective and person-centred way.

During the reporting period, the RHN completed or collaborated in seven research projects, three of which were summarised in the previous section. Three articles were published in peer reviewed journals during this period. At the end of the reporting period, eleven further research projects were ongoing and five new research projects were planned.

### External Influence and Policy Development

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.

During the reporting period we partnered with INDP to complete leadership development. All executive directors and senior managers embarked on a senior leadership programme and a two day Emerging Leaders program to equip staff to develop their leadership skills was also delivered. At the time of writing this report an additional one day program is planned for the senior leadership who are developing the clinical strategy to support putting theory into practice.

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).

We have focussed on Registered Nurse and Health Care Assistant recruitment and are on track to be fully staffed with Registered Nurses by October 2023. We are focussing on supernumerary oversight and supervision of our HCA and newly appointed Registered Nurses through the introduction of new enhanced and advanced practice senior nurses into our teams. We are on track to have these new positions in the form of Advanced Clinical Practitioners in post by January 2024, having scoped the roles and ensured that the posts are secured within our 2023/2024 Nursing budget. We are also strengthening preceptorship for our newly qualified nurses and are working towards the attainment of the national Quality Mark for preceptorship, awarded by NHS England (NHSE). We have strengthened our clinical education leadership team to focus on the supervision and mentorship of our newly qualified Nursing workforce in practice across the RHN.

Our reliance on temporary staffing continues to reduce and in January 2023, our agency usage had reduced for Registered Nurses and was on target to achieve less than 10% usage by November 2024.

We have been ambitious in achieving new leadership opportunities for our Nursing workforce through becoming Pathway® Leaders as we embark on the attainment of global accreditation of Pathway to Excellence®, which we aim to achieve by February 2024.



Each service has been benchmarked (where benchmarking is available) in terms of staffing modelling and safe staffing methodology. Due to the specialist nature of some of the services provided at the RHN this has not always been possible, for example the Invasive Ventilator Unit. For this service an international literature review was undertaken, international literature was used to inform the staffing mix, and modelling with careful monitoring and reporting was put in place, overseen by the Matron for Safe Staffing and the Director of Nursing. The clinical leadership for the service was also strengthened to include an Advanced Nurse Practitioner who is supernumerary to the Nursing staff providing direct care to the patients on the unit to strengthen the safety and quality of care provided. We continue to work with NHSE on developing new models of care for this group of patients and anticipate that through 2023/2024 we will advance even further.

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.

Our work with NHSE in this area has continued and as aforementioned, we have made significant progress in the modelling of staffing in this specialist area. Through the implementation of our 2022-2027 strategy we have identified key areas for development of this service and have KPIs to achieve which we are monitoring ourselves against. Our KPIs are on track for delivery within the timelines and the introduction of our first Nursing Associates and Advanced Clinical Practitioners is on track for 2023/2024.

We are also successfully developing the first national invasive ventilation education course for Registered Nurses in recognition that there is currently a gap in provision nationally and as an integral component of our patient safety and quality improvement programme for Nurses working in chronic invasive ventilation. In collaboration with Roehampton University and throughout 2023/2024 this will be fully accredited as a national programme for Registered Nurses to access.

To develop a safe staffing workforce model for the above.

Progress against this priority has been reported in the aforementioned text. In addition to the scoping and reviewing that has already been reported on, further work will continue throughout 2023/2024 to build on what has already been achieved. Nursing Associates who are already in training will be introduced into the workforce over the next year, including one specialising in infection, prevention and control to promote infection, prevention and control at the point of patient care and strengthen the leadership on the unit. The focus of this year has been on establishing the infrastructure to support the introduction of advanced Nursing practice on the ward and the introduction of a new Nursing workforce with the strengthened governance and oversight to support its introduction.

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.

Safe staffing has an important focus across the RHN and there is a Matron for Safe Staffing, Workforce and Nurse Education in post. The focus for 2022/2023 has been on benchmarking staffing (where possible) across the hospital and searching for evidence to inform staffing modelling. Where this is not available, safe staffing

monitoring and reporting through a dedicated team has taken place through triangulating data in line with the priorities of the National Quality Board and where relevant to the RHN, the National Quality Board priorities have been adopted.

We have not fully achieved this priority in 2022/2023 and have not yet been in a position to present a dedicated safe staffing report for the CQRG meetings. From October 2023, the Annual Safe Staffing report will be submitted to the RHN Board and will be submitted to the CQRG.

To develop a new Clinical Strategy for the next five years 2022 – 2027 and a delivery framework underpins that.

This has been achieved. The RHN overarching strategy is titled A Path to Excellence 2022 to 2027 and the clinical strategy is one of the underpinning strategies.

The implementation of the clinical strategy is clinically led and it is monitored through the Executive Management Team of the RHN and the RHN Board.

**Patient Safety:**

To develop and finalise a Quality & Safety Improvement Strategy 2022-2027.

During the reporting period a review of other healthcare organisation's quality strategies was undertaken in order to scope an RHN Quality Strategy. During this time a number of key services at the RHN also developed their five year strategies and they all included areas of quality monitoring and improvement that traditionally are included in a quality strategy. Thus, it was assessed that a separate quality strategy would simply duplicate information already included in other RHN strategies and so was no longer required.

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).

This objective was achieved. Following the publishing of the NHSE Patient Safety Incident Response Framework (PSIRF) in September 2022 the RHN used templates and information published on the NHS Futures website to develop its project plan with a plan to transition to PSIRF by 30 September 2023. A PSIRF implementation task and finish group was formed, led by the Head of Patient Safety & Quality Improvement who is also the RHN's Patient Safety Specialist. The group included membership of key personnel, as well as representatives from NHSE and SW London ICB. The group continues to meet fortnightly and update on progress.

Working in collaboration with other healthcare providers in SW London under the leadership of SW London ICB, the RHN agreed to take the opportunity to transition to PSIRF earlier in July 2023 and we remain on track to achieve this.

To build on and improve our audit program within the RHN.

During the reporting period the RHN's audit schedule was reviewed to ensure that all clinical and non-clinical audits were included and scheduled. It was also ensured that they were reported to the most appropriate group or committee to monitor outcomes by appropriate professionals. The Clinical Audit Committee was also redesigned to become the Clinical Audit and Standards Committee.

Ward based audits continue to be completed monthly on Tendable (formally Perfect Ward) and reported to the appropriate committee and also to the Board via the Patient Safety & Quality Committee. The Head of Patient Safety & Quality Assurance continues to work with service Matrons and Ward Managers to monitor audit outcomes and identify areas of improvement as well as areas of good practice.

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.

During the reporting period staff were encouraged to attend regular weekly training sessions provided by Tendable. Ward Managers supported their staff in understanding the audit tools and the aims of the questions by ensuring they were adequately trained.

During the reporting period Tendable audit tools were reviewed and updated and eight of the 12 licences were in use at the time of compiling this report. An aim for the next reporting period will be to identify areas of audit that can also be completed via Tendable and have all 14 licences utilised and meaningful to driving improvement across the RHN.

To ensure there is a process and platform for regularly sharing outcomes of local actions and quality improvement projects for consideration for wider implementation.

During the reporting period this has remained under review in order to identify the most appropriate forum for sharing ward audit outcomes, discussing successes and identifying further areas for improvement and to share learning. This objective will continue into the next reporting period where the focus will be on building on the successes of 2022/2023 and incorporating all 14 areas of audit that really can make a difference to the quality of service provision at the RHN.

To build on and improve our care/service evaluation program within quality & safety in order to benchmark against others more effectively.

During the reporting period we continued to complete monthly internal audits of Ward clinical areas and assess them against the CQC five Key Lines of Enquiry (KLOE). This consisted of small multi professional teams, both clinical and non-clinical, completing an unannounced visit to a Ward and spending a minimum of one hour observing care, speaking to staff, reviewing patient records, and reviewing the environment. Findings were then compiled into a brief report with areas for improvement identified. Recommendations were made for each area reviewed and an action plan for each Ward was developed. These audits will continue as a regular programme into the next reporting period as we continue to learn from experience and build a more robust and responsive programme.

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.

During the reporting period the Director of Nursing and Head of Patient Safety & Quality Assurance continued to collaborate with two members of the Board of Trustees in order to develop a balanced scorecard. This remains under construction and will continue into the next reporting period. This objective has not been fully achieved and will be modified for 2023/2024 to reflect the new insights gained from

commencing the process of exploring the benefits and pitfalls associated with score cards to measure quality of a service or to be used as a predictive tool to drive quality.

To scope regional, national and international conferences and journals that the RHN could submit posters, papers and articles to.

A number of staff attended conferences relevant to the specialist services provided at the RHN, Some staff presented the results of research undertaken at the RHN and three research focussed articles were also published in peer reviewed journals during this period.

The Director of Nursing and a number of key personnel attended the 2022 ANCC National Magnet Conference® & ANCC Pathway to Excellence Conference in Philadelphia as part of our journey to achieving Pathway to Excellence accreditation.

To scope and join regional, national and international groups and bodies that the RHN is not already a member of.

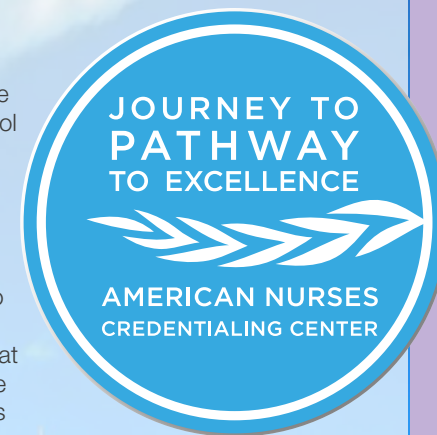
During the reporting period, the Head of Patient Safety & Quality Assurance became an integral member of the SW London ICB Patient Safety Steering Group and the SW London ICB PSIRF System and PSIRF Checkpoint Group. These are key groups in the transition to PSIRF and in enabling the sharing of learning system wide. The Director of Nursing also became a member of the SW London ICB Chief Nurses Forum, which has the aim of improving healthcare across the ICB system. In addition, the RHN also became an active member of the SW London System Quality Council through the leadership of the Director of Nursing.

The Head of Patient Safety & Quality Assurance also became a member of the London Patient Safety Specialists forum and the National Patient Safety Specialists Meeting, both led by NHSE, where learning and information in relation to patient safety and quality is shared and discussed. We have been successful in achieving this objective.

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.

During the reporting period the following areas in patient safety and safeguarding were reported to the CQRG:

Progress in the development of a Patient & Resident Experience Strategy as a 'should do' action resulting from our last CQC inspection in September 2021. The RHN embraced this action and updated the CQRG as it progressed, resulting in the creation of a full strategy, a pocket sized version and an easy read version.



The CQRG was informed of plans to officially launch the strategy in July 2023.

The National Patient Safety Strategy and the RHN's Current Position: The CQRG was informed of the implementation of the Patient Safety Specialist role at the RHN and that it had been taken up by the Head of Patient Safety & Quality Assurance. It was also updated at each meeting in relation to progress in the implementation of PSIRF at the RHN. Minutes of meetings were shared between the ICB and NHSE to ensure that each monitoring group were fully apprised of progress.

Outcomes of the following quality improvement projects were presented at the CQRG meetings with NHSE during this reporting period:

Improvement in the provision of one to one direct care provision. Senior Managers presented the outcomes of implementing a Close Observations Policy and a review of staff and patient injuries on Wellesley Ward. Excellent improved outcomes were evidenced which have been sustained throughout the reporting period.

Improvement in the care of patients with diabetes. This project stemmed from a cluster of incidents that occurred involving patients with diabetes. The project improved care planning in patients with diabetes, new policy and guidelines were developed and outcomes were benchmarked against national standards. A gold standard diabetes education programme was implemented across all relevant clinical professions, including nurses, doctors, therapists and pharmacists. This has progressed well and remains in place at the time of compiling this report.

Leaders in Safeguarding Quality Mark Audit: In January 2023 an external Auditor attended the RHN to assess our Safeguarding processes in relation to whether they meet the standards to gain the Leaders in Safeguarding Quality Award. The Auditor was on site for two days and met with patients, clinical staff, the safeguarding team, the Head of Patient Safety & Quality Assurance, Workforce and Learning & Development and the Director of Nursing. The Assessors reviewed practice standards and culture against national best practice and at the time of compiling this report, the outcome was awaited. We have now subsequently been informed that the discretionary gold award was the outcome awarded, in recognition of the RHN's outstanding safeguarding practice and culture.

**To maintain full compliance with the NHS Safeguarding Accountability and Assurance Framework.**

The aforementioned external assessment confirmed that we were fully compliant with the NHS Safeguarding Accountability and Assurance Framework.

**Patient Experience:**

**To finalise and implement the Patient & Resident Experience and Engagement Strategy 2022-2027.**

The Patient & Resident Experience and Engagement Strategy underwent detailed reviews during the reporting period, with continued involvement of our group of patients, residents and family members that led the process. The draft strategy underwent a rigorous internal review and approval process and has resulted in the creation of three strategy versions for publishing; the full strategy document, a pocket sized version and an easy read version. The easy read version was

drafted by our specialist speech and language therapists with the aim of being accessible to individuals with barriers to language or cognition. By the end of the reporting period all three versions were submitted to our Communications team for finalising as publishable documents. An official two day launch event is now scheduled to take place which will include opportunities for patients, residents, relatives and staff to discuss the strategy and underlying work stream priorities with staff, patients and residents who are leading the work. The event will be advertised and Board members will also be invited to attend.

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.

Work on the implementation of key components of the Patient and Resident Experience and Engagement Strategy continued during this reporting period with the support and leadership of our group of patients, residents and their families. The following areas of the strategy were completed for this reporting period:

- A PLACE (Patient Led Assessment of the Care Environment) audit was completed in January 2023. This was an audit adapted from the NHS model, made specific to the RHN and involved a group of patients and residents reviewing the hospital environment, including signage around the hospital. A review of the signage was an aim of the strategy and service users raised no concerns during the assessment. Signage was found to be appropriate throughout the hospital at the time of the assessment.
- We continued to seek opportunities to involve patients and residents in our shared learning process. During the reporting period, one shared learning document was written by a resident and circulated throughout the hospital. The resident expressed that this was a positive experience to be involved in sharing her experience in this way.
- Work has started to progress in capturing patient stories and three residents volunteered to take part in this project which has been scoped for implementation across the RHN.
- The project to ensure that patient and resident rooms are personalised, especially with a focus on those who may not have regular input from family and friends, has been launched and continues to progress in line with the strategy KPIs.

The Head of Patient Safety & Quality Assurance reviewed a number of Quality Strategy documents published by other healthcare providers. It was evident that most elements of these strategies were already included in our organisational strategy (The Path to Excellence) and its underlying strategies, such as the Patient and Resident Experience and Engagement Strategy, Clinical Strategy, Research Strategy and Our People Strategy. Each strategy contains



quality components which are measurable and it was concluded that a separate Quality Strategy would duplicate these components and so would not be beneficial to the RHN. In addition, we also had the PSIRF objectives that we were delivering as part of a quality framework for the RHN, this has been separately reported on in this document.

Patients and residents will be supported to share their stories. These will be presented at the Leadership Forums to provide further insight for staff.

Work has started to progress in capturing patient stories and three residents have volunteered to take part in this project. The interest of these service users will be captured with a view to compiling stories to share across the hospital in the format of written and verbal (through podcasts) medium. The KPIs associated with this priority is documents within the strategy.

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.

This project has progressed steadily during the reporting period and plans are now in place to progress further in the next reporting period with a view to implementation. The issue of consent has been explored and the way ahead with this will be determined by the service users over the next year of reporting.

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 continued to seek opportunities to involve our patients and residents in our shared learning process. During the reporting period one shared learning document was written by a resident and circulated throughout the hospital. The resident expressed that this was a positive experience to be involved in sharing her experience in this way. Staff benefited from this experience too and fed back on the impact this had upon them and their future practice. We have compiled a list of shared learning experiences to develop further with a view to rolling this out further over the next year,

The tracker has been fully updated and all of the associated actions completed. The tracker is reviewed weekly through a multi-disciplinary quality assurance meeting with external stakeholders present.

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 did not achieve this objective during the reporting period but plans were put in place to review and update information to be displayed on Ward Quality Boards in the next reporting period. A new template will be drafted for Wards to display hospital wide quality metrics and service specific quality metrics that will be more

relevant to the RHN. A group of patients, residents and their families are already exploring what information may be useful and with the support of staff, will drive this objective.

We will review the signage around the hospital and ensure it is simple and helpful.

This has already been reported on in this report.

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.

A full breakdown of the findings of the Patient and Relative Annual Survey was shared with the senior nursing team and disseminated to the Ward Management teams. Meetings were held with the senior nursing team to review feedback and identify areas for improvement in each service area. In addition, a steering group are driving this objective forward with a view to exploring and introducing new methods of acting on feedback received though the implementation of the 2022/2023 and 2023/2024 priorities in the RHN strategies.

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 three key regular questions and three other changeable questions around themes or issues that have been identified.

We did not achieve this objective during the reporting period but discussions took place with our IT department to implement feedback pods in key areas of the hospital to capture this objective. Plans are in place to progress with this further during the next reporting period and develop a feedback audit tool on Tendable. This has proven to be a much more challenging and complex issue to address due to confidentiality issues relating to the data capture and sharing which has delayed the achievement in 2022/2023.



## Quality Priorities for 2023/2024 (looking forward)

For the next reporting period 2023/2024, the RHN strives to continue to build on progress and pick up any objectives that were not fully achieved from 2022/2023 into priorities for 2023/2024. We aim to build on our successes of the last year and continuously improve patient safety and service quality at the RHN through our focussed objectives and KPIs. Our key priorities for 2023/2024 which are agreed with our commissioners will be:

### Clinical Effectiveness

- **Strategy Implementation**

- To deliver the priority actions identified in the RHN A Path to Excellence Strategy, our clinical strategy, people strategy and our Workforce Plan, 2023/2024, by:
- Ensuring that leadership and oversight is robust in overseeing the delivery of the clinical and workforce / people strategy priorities for 2023/24 in line with agreed timelines cited in each document.
- Ensuring that the Executive Management Team are active as enablers of the delivery of the strategy priorities for 2023/2024 and support staff with attaining their goals.
- Reporting on progress through the CQRG meetings chaired quarterly by NHSE.
- Seeking opportunities for providing external awareness and wider sharing of attainments delivered through the strategies at the RHN.
- Identifying 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 and through our clinical strategy, identify what these areas will be, who will be driving the policy from the RHN and how we can be measured in terms of success.
- Continuing 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 are explicit.
- Continuing to strengthen clinical leadership at the interface of patient and resident care by further developing the clinical nurse leadership roles, to include the introduction of a minimum of three new clinical roles of advanced care practitioners (ACPs), enhanced care practitioners (ECPs) and Nursing Associates (NAs) in each speciality area by February 2024.
- Attaining accreditation as an international Pathway to Excellence member, though using the Pathway to Excellence® programme to deliver the priorities of the Nursing Strategy (part of the RHN Clinical Strategy) by February 2024.

- In accordance with benchmarking staffing modelling, aiming 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), starting with our Invasive Ventilation Service from January 2024. We will be building on what has already been achieved for 2022/2023.
- Building on the development and attainment of safe staffing across the RHN and produce safe staffing reports from October 2023 for sharing with CQRG at quarterly monitoring meetings.
- **Introduction of new roles to enhance the clinical workforce:**
  - In addition to the aforementioned introduction of advanced care practitioners (ACPs), enhanced care practitioners (ECPs) and nursing associates (NAs) into the workforce by February 2024, we will also commence the introduction of a minimum of four nursing associates across the Specialist Nursing Home service from October 2023 to start the process.
  - We will continue to train nursing associates throughout 2023/2024 committing to always having a minimum of 15 trainees in the workforce at any point in time.
  - We will continue to lead across SW London, the trainee nursing associate Infection, Prevention and Control (IPC) specialist programme on behalf of the RHN and two other healthcare providers in SW London and incorporate these specialist roles into the RHN workforce in 2024.
  - We will aim to attain the NHSE Quality Mark for preceptorship excellence in recognition of our commitment to supervision and support for our newly appointed nursing workforce from October 2023 as part of our retention strategy in line with our People Strategy priorities.
- **We will maintain excellence in safeguarding practice and ensure continuing adherence to national safeguarding priorities in line with the Leaders in Safeguarding Gold Award safeguarding standards.**
- **Having achieved this award through 2022/2023, our aim is to maintain the accreditation through 2023/2024 by continuously demonstrating full compliance with all of the standards. The implementation is led through the RHN Head of Safeguarding and reporting and monitoring will be maintained through our Safeguarding Assurance Committee throughout the year.**

### Research

- **To progress with the implementation of our Research Strategy and/or complete the following research projects:**
  - Thermoplastic splinting for the hand and wrist effective in long term management of Neuro-disability: This is a research project being completed as part of a Masters degree and seeks to understand the clinical reasoning for thermoplastic splinting following severe acquired brain injury and Neuro-disability and whether the maintenance of thermoplastic splinting for the hand and wrist are effective in long term management of Neuro-disability.
  - Improving the diagnosis of emergence from a Disorder of Consciousness (DoC): This is a research study being completed as part of a PhD and

seeks to ensure that families and clinical teams have reliable information to indicate what a patient is able to do and what their prognosis might be in order to make important decisions about ongoing treatment.

- Nurse training and AAC: What can nurses and AAC users teach us? Research into a new training intervention: This research project seeks to establish whether a care staff training programme on Augmentative and Alternative Communication (AAC) can be effective at improving communication interactions between adults with acquired communication difficulties and their care staff.
- Understanding and developing complex research interventions for people in a disorder of consciousness: This aims to develop methods of engaging with the representatives of people in disorders of consciousness (families, clinicians, and healthcare providers). It also aims to explore how clinicians make risk related best interests decisions, as well as to co-develop a portfolio of methodologies able to produce impactful knowledge, increase understanding of a patient’s specific needs, and empower individual clinical decision making in this complex population.
- Quality of life in ventilator-dependent patients in a specialised long-term care unit as perceived by patients, family members and nursing and healthcare assistants: This study aims to explore unique and personal domains associated with quality of life in a sample of cognitively intact ventilated patients at a specialised long-term care unit.
- Research into the impact of the COVID-19 infection on adults with Neuro-disabilities: This research study aims to explore the impact of COVID-19 infection on the care of patients with complex Neuro-disabilities and understand how the disease was transmitted on Wards. It will identify how the illness commonly presents in patients with Neuro-disabilities. Crucially, the study will identify best practice in containing and managing outbreaks in a Neuro-disability care and hospital setting.
- To evaluate the acceptability (including gastrointestinal tolerance and compliance) of an adult tube-feed formula with ingredients derived from food: This research study aims to evaluate the acceptability of an adult tube-feed formula with ingredients derived from food for the dietary management of participants with short bowel syndrome; intractable malabsorption; preoperative preparation of undernourished patients; inflammatory bowel disease; total gastrectomy; dysphagia; bowel fistulae; feeding intolerances, developmental disabilities, disease related malnutrition.
- Experiences of partners of those with Locked-In Syndrome (LIS): This study aims to generate rich data about the experiences of partners of those with LIS, which will help to inform our understanding of how partners experience changes in their family due to their partner developing LIS.
- Working with ‘challenging behaviour’ in acquired brain injury: exploring care workers’ experiences of work-related stress, burnout, coping and wellbeing: The aim of this study is to investigate burnout among care staff working with challenging behaviour in adults with acquired brain injuries. More specifically, it seeks to better understand the extent to which working

with challenging behaviour contributes to burnout in the presence of other individual, interpersonal, and organisational factors.

- A study exploring the usefulness of a personalised wellbeing app in healthcare professionals: This project at Royal Holloway, University of London aims to test the usefulness of a new app (“OK Positive”) for healthcare professionals’ wellbeing. We will be offering participants free access to an app for a month, to use as you please. The app includes a collection of resources and modules (e.g., meditation, nutrition, mood monitoring, and enhancing valued living) that aim to enhance wellbeing.

**Patient Safety:**

- To become a system partner with South West London Integrated Care Board (SWL ICB) to deliver the new National Patient Safety Strategy at the RHN, through the implementation of the Patient Safety Incident Response Framework (PSIRF) by:
  - Collaborating with SWL ICB to participate as a system partner in preparing the RHN to adopt the new National Patient Safety Strategy (Patient Safety Incident Response Framework (PSIRF)) in line with the timelines agreed by SWL ICB.
  - To develop a PSIRF policy and implementation plan and deliver both within the timelines agreed with SWL ICB.
  - To cooperate with meeting the requirements of the ICB in preparation for adopting PSIRF across the RHN and to aim to meet the deadlines set as part of system readiness through collaborating with the ICB Patient Safety Specialist and other key partners, including NHSE through the leadership of the Head of Patient Safety and Quality Assurance.
  - To aim for transition from the current patient safety framework to approval to go live with the new framework by July 2023.
  - To set up the internal RHN reporting and monitoring framework to support the transition / introduction of PSIRF across the RHN, inclusive of involvement and monitoring with external stakeholder involvement from NHSE and SWL ICB.
  - To ensure that the new framework is signed off system wide by the ICB, before implementation is agreed by the RHN Executive Team, Patient Safety and Quality Committee (a committee of the RHN Board) and the RHN Board of Trustees.
  - To engage in progress checkpoint meetings with the ICB at the point of transition and for a further 8 months beyond to ensure that progress is monitored internally and externally.
  - To continue to link incident reporting and feedback with quality improvement. To identify new areas for quality improvement during the reporting period.

**Patient Experience:**

- To officially launch the Patient & Resident Experience and Engagement Strategy 2022-2027 by July 2023 led by patients, residents and families at the RHN.
- To continue working on the Patient and Resident Experience and Engagement

Strategy with the involvement of patients, residents, relatives and staff and ensure that any outstanding actions from 2022/2023 are carried over into the action plan for delivery in 2023/2024.

- Patients and residents will be supported to share their stories. These will be presented at the Leadership Forums to provide further insight for staff, building on what has been achieved in 2022/2023.
- 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 building on what has already been achieved in 2022/2023.
- Patients and residents will continue to 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, building on progress already made in 2022/2023.
- 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 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, building on what has already been achieved in 2022/2023.
- We will also further develop an audit on the Tendable audit application to enable staff to regularly seek feedback from patients, residents, their families and advocates on three key regular questions and three other changeable questions around themes or issues that have been identified.
- We will complete a full review of the function and purpose of the Patient Representatives Committee in collaboration with our Ward Representatives with the aim of developing a structure that meets the needs of patients, residents and families to ensure that they feel their voices are being heard and their feedback is acted on.
- We will explore the possibility to implement a hospital radio system or live and recorded streaming service at the RHN.
- We will continue to seek opportunities for our patients and residents to be involved in quality improvement projects as opportunities arise.

## Workforce

### Staff Engagement

A focus on the following areas are prioritised for 2023/2024:

- Mental Health First Aid: To develop a network of mental health first aiders and train at least 15 over the reporting period with at least 80% coming from the registered nurse workforce. This is part of our wider staff wellbeing strategy.
- To continue developing our 'Virtual Wellbeing Hub' (Staff Wellbeing intranet page) and have new updated posters throughout the organisation with the wellbeing support/services available to all staff.

- To build on the achievements of the Staff Network Groups. During this reporting period we will refine our:
  - LGBTQI+: Pride@RHN (The LGBTQI+ staff network) and continue to meet regularly and celebrate numerous awareness days such as Trans Visibility and LGBTQI+ Black History month. The network will participate in the Pride for London Parade for the first time with over 50 staff taking part.
  - We will also modify the name of the BAME staff network to the RHN Race Equality Network. This will be re launching in quarter three of 2023.
- We have also had initial discussions regarding two other staff networks, including a Women's group and a Neuro diversity group which we will explore over 2023/2024 with a view to implementation by February 2024.
- We will hold a Winter Wellbeing MOT week with the aim of supporting and signposting to the importance of Physical, Emotional, Mental and Financial health going into winter.

### 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 aim to build on over the next reporting period:

- 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. For 2023/2024 we will refine the system and implement it across the RHN.
- Trustee accounts have been created with associated learning requirements. We will 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 Learning & Development team provide quarterly reports on uptake and activity.
- We will continue to review the quality of training programmes through the Associate Director of Workforce 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

We will 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, adding to our suite of 16 learning options we already have in place.

### Mandatory Training

We will attain a minimum mandatory training compliance level of at least 90% throughout the next year consistently and we will provide evidence of achievement throughout the year through our monitoring framework.

# Innovation, Fundraising and Research

## Fundraising

With the launch of the RHN's new five year strategy 'A Path to Excellence', the work of fundraising is crucial in helping the hospital deliver on the goals set, as we strive to raise vital funds for the running of therapeutic services that complement our care package to patients and residents.

With over 60% of fundraised income raised to date in 2022/23, we are well positioned to make significant contributions to the on-going capital project of Leonora Ward, needing additional ventilated beds which will be a focus for 2023/2024.

Other key priorities for 2023/2024 include:

- Identifying and cultivating prospective supporters as part of our major donor pool.
- Organising and hosting an on-site Gala dinner which will promote our work and solicit funds for key services.
- Continuing our work of raising the RHN's profile in collaboration with our communications and marketing team.
- Seeking to grow income through a variety of channels aimed at supporting both our specialist therapeutic services and specialist nursing home.
- Liaising with clinicians and key service holders in developing effective patient case studies that help to convey the hospital's need for vital funds.

With the impact of the cost of living crisis, we are open to considering 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 & resident.

As we look forward to achieving our objectives, we remain committed to delivering best practices in Fundraising, as we adhere to the standards set by the Fundraising Regulator.

## 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

During the reporting period the RHN remained rated 'Good' overall and 'Good' in all five KLOE (Key Lines of Enquiry) domains. The RHN continued to be considered as low in risk and monthly engagement meetings with our inspector were altered to bi-annually.

At the time of publishing this Quality Account the CQC had conducted a focused inspection on 14 – 15 June 2023 of the 'safe' and 'well-led' domains. Both domains were re-rated 'requires improvement' whilst the domains of 'caring', 'responsive' and 'effective' remain rated 'good'. This has altered our overall rating to 'requires improvement'



## Statement on Data Quality

### Information Governance

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

The Data Security and Protection Toolkit (DSPT) submission deadline for 2022/2023 is 30 June 2023. The Royal Hospital for Neuro-disability overall compliance for 2021-2022 is as per the certificate below:



The DSPT has been audited by an independent assessor and the final assessment report did not include any high risk recommendations.

The medium and low risk recommendations were fully implemented and it is expected that the RHN will declare a fully compliant DSPT by June 30 2023; thus all assertions are expected to be "met" prior to the declaration date.



### Our Data Governance

The RHN has assigned specific roles to ensure that the IG framework remains fully embedded: Policies and procedures all comply with UK GDPR and Data Protection Act 2018.

- Director of Governance – Senior Information Risk Owner
- Medical Director - Caldecott Guardian
- Head of Data Protection and Compliance and Data Protection Officer.

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 are maintained up to date and comply with UK GDPR and Data Protection Act 2018.
- Data Protection Impact Assessments are in circumstances where personal data processing will take place within different environments or using new methodologies.
- The Contracts that are live are supported to ensure compliance with the UK GDPR. The Head of Data Protection and Compliance (HDPC) supports departmental managers during the planning and implementation of new business opportunities and service improvements ensuring that any due diligence is undertaken according to the requirements of the Information Commissioner’s Office and good practice.
- The RHN’s Records of Processing Activities (ROPA) is a statutory requirement and has been undertaken in conjunction with information asset owners.
- 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.

### Information and Cyber Security

The RHN employs software proactively to ensure the security of its networks and systems. Additionally, software is also in place to monitor and protect all IT systems, including e-mails.

The RHN is compliant with Cyber Essentials +.

The Associate Director for IT commissioned an expert organisation to undertake a review of back-ups and of the IT major incident response plan. The recommendations from both external reviews have been fully implemented.

The RHN is also registered to receive early cyber security notifications by the NHS and the National Cyber Security Centre and any alerts received are immediately assessed and implemented as recommended.

### Privacy Notices

The HDPC and the Director of Governance who is also the Senior Information Risk Owner (SIRO) has reviewed and updated the RHN Privacy Notices.

### Data Protection and Data Security Incidents

The RHN has a Data Breach Management Procedure in place which is adhered to when a personal data breach/incident occurs. Where the rights and freedoms of data subject could potentially be compromised, or are compromised, the breaches are reported externally through the Data Security and Protection Toolkit (DSPT) incident reporting tool. Depending on the criteria, the incident may be escalated to the Information Commissioner’s Office through the same tool, if they meet the criteria for reporting.

The RHN reported four incidents to the ICO through the DSPT incident reporting tool for this reporting period.

Date reported	Description	Regulatory action imposed
28/04/2022	Staff member received another member’s payslip	No
08/09/2022	Staff Member used his access rights to obtain the personal details of another staff member	No
15/09/2022	Email containing personal data was sent to the wrong email address	No
24/01/2023	Processing of a Subject Access Request for CCTV footage was delayed resulting in RHN’s inability to disclose the personal data because the footage had been overwritten after 21 days	No

## Part three - Review of quality performance 2022/2023

### Performance on Safety

#### Incidents

In 2022/2023 a total of 2202 incidents were reported, in comparison with 2124 incidents reported in 2021/2022. Thus, as an average, the RHN are reporting 42 incidents per week. This is in comparison with an average of 40 per week during 2021/2022.

This is considered a high reporting rate when considering the size of the organisation. It is good practice for the RHN to be a high reporter of incidents, which has remained the case for the last two reporting periods. The majority of incidents reported over this reporting period were assessed to have resulted in either no harm or low harm.

During this reporting period training on incident reporting and undertaking local investigations continued to be provided by the Patient Safety & Quality Assurance team for staff, as part of hospital induction and as required for each service. A total of 30 staff also attended a two day course in Root Cause Analysis provided by an external training provider as part of our plan to develop incident investigation skills in house.

A total of two incidents during this reporting period met the threshold for reporting externally as a serious incident, in line with the NHS Serious Incident Framework 2015. These were both reported externally in line with the framework. All serious incidents at the RHN are reported to the NHS STEIS (Strategic Executive Information System) website, SW London ICB, the ICB 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 under the reporting framework at the RHN.

In line with the NHS Patient Safety Strategy, one serious incident was reported externally because of the opportunities for significant learning that arose from it, rather than due to it resulting in moderate harm or greater. The second serious incident reported was initially assessed to have caused moderate harm but the investigation concluded that low harm had resulted, so this incident was downgraded through the process of it being managed. Both incidents were reported externally in April and May 2022 respectively and no further serious incidents have occurred during the reporting period. A summary of each serious incident is below.

<b>Incident description</b>	A Health Care Assistant noticed a patient's left arm was swollen and immediately reported it to a nurse. A fracture was not originally suspected on assessment but later was suspected and confirmed with x-ray.
<b>Level of harm</b>	Moderate harm
<b>Outcome</b>	<p>The patient underwent radiological investigation (x-ray) at SGH (St George's Hospital) via transfer to their ED (Emergency Department), and was subsequently diagnosed with a supracondylar fracture of the left distal humerus with severe posteromedial displacement and dorsal angulation of the distal fracture fragment i.e. an elbow fracture. The patient returned to the RHN (Royal Hospital for Neuro-disability) the same day and was awaiting a CT (Computed Tomography) scan and surgical intervention to take place. However, on further review at SGH it was concluded that conservative management was more appropriate and so a plaster cast and sling were applied. Thus, with non-invasive intervention the incident was assessed by the investigation team to have caused low harm in line with policy.</p> <p>The incident was referred to the Local Authority as a safeguarding concern and was subsequently not upheld. This was due to it being assessed that the injury was most likely to have occurred due to the patient's known involuntary movements rather than an error in care. The incident was also reported to the Charity Commission and CQC.</p>
<b>Key learning</b>	<p>Although there was no evidence to suggest that staff had not followed the patient's guidelines in this case it was considered as a potential contributory factor during the investigation. Ways to ensure compliance with guidelines could be to implement a sign off sheet for staff as part of the Ward's local improvement plan which is monitored by the PSQA team (Patient Safety &amp; Quality Assurance) for completion.</p> <p>Patients who have active involuntary movement should have robust, clear guidelines in place which are regularly reviewed to ensure they remain relevant to their individual care needs.</p> <p>There should be increased staff awareness of risks involved with patients that have involuntary movements when moving and handling them. Through team meetings, weekly huddles and use of the Putney board process to discuss how we respond to these risks on an individual basis.</p> <p>Further support an open culture by staff self-reinforcing their good practice through supervision, support and reflective discussion in weekly huddles.</p>

<b>Incident description</b>	Staff were unable to access IT systems and applications for care provision, emails, the file server for shared drives and the rostering system due to a total IT systems outage. Landline telephony was also unavailable.
<b>Level of harm</b>	No harm: There was no recorded harm to patients as a result of this incident.
<b>Outcome</b>	<p>The cause of the outage was the external Service provider planned BT (British Telecom) works undertaken which resulted in loss of internet services.</p> <p>The hospital IT Department did not receive advanced notice of planned works which would affect internet access from BT.</p> <p>As a result of the lack of advance notice, Royal Hospital for Neuro-disability (RHN) IT were not prepared and back up arrangements had not been put in place.</p> <p>The internet service is provided for BT by Exponential E. RHN procures the service through a third party who also did not receive notification from BT.</p> <p>The backup solution, which is in place, and would normally restore internet access from another source failed when IT staff attempted to switch the service from main to backup.</p> <p>The backup solution had not been tested for an unknown length of time.</p>
<b>Key learning</b>	<p>The service providers did not have contact details of RHN management to advise of the planned maintenance work which affected our operations.</p> <p>IT procedures must include rigor in change control policies and procedures. These have already been initiated by the Associate Director for IT.</p> <p>A critical back-up element of the RHN's IT infrastructure had not been tested for an indefinite period of time.</p> <p>Reliance on the rostering system alone to ascertain Wards are safely staffed is not sufficient. The Wards have initiated regular print-outs of the roster so that information three past days and three next days is also available in hard copy for reference.</p> <p>The Pharmacy department deep dive on prescription and administration of medicines during the outage has found that documentation of administration was not uniform across all Wards.</p> <p>The Major Incident Policy was not followed; an internal major incident should have been declared, triggering additional support for operational teams and timely escalation at the appropriate levels.</p> <p>The IT Business continuity plans did not anticipate a total loss of internet access.</p> <p>The team members managing the incident did not have access to vital telephone numbers. This has now been updated.</p>

## 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 also 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
Safeguarding Level 1 (eLearning)	91%
Safeguarding Level 2	91%
Safeguarding Level 3	83%
Safeguarding Level 4	100%
Safeguarding Level 5	100%
Safeguarding Level 6	100%

Non-Clinical Staff Compliance: 89% (previously 93%). 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	89%
Coombs	83%
Devonshire	84%
Drapers	96%
Glyn	93%
Haberdashers House	98%
Hunter	92%
Jack Emerson	88%
Leonora	87%
Wellesley	94%

Overall Training Compliance by Department:

Department	Current Compliance
Brain Injury Service:	
Occupational Therapy	96%
Physiotherapy	92%
Psychology	75%
Speech & Language Therapy	100%
Dieticians	100%
Social Work	100%
Music Therapy	100%
Continuing Care:	
Occupational Therapy	50%
Physiotherapy	100%
Speech & Language Therapy	50%
Specialist Services:	
Dieticians	86%
Music Therapy	100%
Occupational Therapy	83%
Physiotherapy	100%
Psychology	88%
Speech & Language Therapy	100%
Social Work	100%

The RHN complies with the UK Health Security Agency (UKHSA) monthly mandatory reportable Healthcare associated infections (HCAI). These HCAIs are Gram negative bacteraemia (GNB), MSSA / MRSA Bacteraemia and Clostridium Difficile infections.

Every reported HCAI 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.

Environmental cleanliness audit via the Tendable app is carried out by the domestic service team which is escalated to the IPC team for further actions and support if needed.

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 and to plan for a safer return to usual business. This includes management of infected patients, escalation plan for outbreaks and for infected staff to access advice and support. The executive management team oversee the work of the IPC team and fully support the staff and delivery of the priorities.

**Cleanliness and Hospital Hygiene**

Patient Led Assessment of Care Environment (PLACE) audits are completed annually at the RHN. 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:**

**COVID-19:**

Since March 2022, COVID-19 restrictions have been gradually lifted in the RHN to reflect the effectiveness of IPC measures in place. The following key milestones were achieved:

- March 2022 – isolation period was reduced to seven days with provision of two negative LFD tests
- April 2022 - CO2 monitors were installed in shared rooms and multi occupancy areas to assist IPC and Estates team to facilitate good ventilation in high risk areas
- May 2022 – general use of a surgical mask is only indicated in the clinical areas
- December 2022 – LFD asymptomatic screening for staff was discontinued
- January 2023 – PCR testing and screening was stopped and LFD became the standard for COVID-19 testing and screening for patients in the RHN.
- March 2023 – Isolation period was reduced to five days, PPE (mask) is only indicated for staff looking after suspected / infected cases and standard IPC measures are strictly monitored by Ward staff to reduce the risk of infection.

The IPC Lead Nurse together with the Research team are carrying out a study on the RHN COVID-19 cases, the aim is to share widely the important aspect of caring for patients with neuro-disability and the lessons learned during the pandemic.

**IPC Team:**

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 (TNA) 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 seven IPC champions across SWL on behalf of the ICB.

The IPC team, together with Clinical Education team, will develop IPC programmes to facilitate the development of trainee nurse associates who are funded by SWL ICB.

**IPC Resources:**

All IPC policies and Guidelines were reviewed and updated by March 2023.

The IPC service is developing new platforms to facilitate staff learning and access to IPC information. This plan will be reflected through:

- Intranet IPC data/guidance resource folder.
- ELearning programmes which are accessible through the LMS.
- Developing three trainee Nurse Associates (as part of the SWL ICB programme) to empower and increase IPC workforce in the RHN.

**Patient Experience**

**The Annual Patient / Relative Survey**

The Annual Patient/Relative Survey was completed June - August 2022 and results were analysed and reported on by external consultants, Howard Warwick. The response rate remained static, with 87 completed surveys received (represents 40% of average patient numbers).

Findings were again mostly positive with half scoring above 90% (percentage of responses rated good or better).

These areas of strength included RHN getting better or staying the same (96%), appearance of building and grounds (97%), treating patients and residents with respect and dignity (95%), cleanliness (97%), safety relating to COVID-19 (96%) and overall quality of care (93%). This year we saw the highest number of 'strengths' received and newcomers to this category included nursing care (92%) and care and treatment by medical staff (92%).

The results also highlighted areas requiring improvement, which are defined as those scoring 75% or lower. This year there were 6 areas in this category which is the lowest number to date.

There was a decrease in satisfaction regarding the laundry service (71%) and a quality improvement project is underway to identify underlying issues and implement learning/actions.

Despite increases from the previous year, scores remain low regarding access to the grounds and community (57%) and Ward based activities (60%). Most Wards and departments have action plans relating to these and are receiving support and

assistance from the Leisure and Family Service. The accessibility and facilities within the grounds is also under review.

There are also opportunities for improvement regarding aspects of catering; 67% were satisfied regarding quality, 71% appearance and 68% choice of food. There are plans to reintroduce the Catering focus group and tasting sessions. A working party is currently reviewing processes to support patients/residents to make regular menu choices and new systems will be piloted in the Brain Injury Service.

**Patients' Representatives Committee (PRC)**

The Patients' Representatives Committee is held quarterly and is attended by Ward representatives and key staff and managers. During this reporting time, all meetings were held in person, with an option for Ward representatives to attend online if preferred. All patients, residents and relatives were invited via email to share any feedback, queries or concerns ahead of the meeting. The minutes were displayed on boards and shared with patients/residents and their families.

During this reporting period, presentations and updates included the outcome and subsequent actions following the Annual Patient / Relative Survey, the Patient and Resident Experience and Engagement Strategy, the visitors' charter and the findings of the focus group led by patients on Drapers ward relating to communal/family spaces.

The process and structure relating to the PRC are currently under review. As part of this process, all Ward Representatives have been supported to share their views and suggestions which are currently being collated and reviewed.

**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 those receiving 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.

This year we received 50 responses, which is a slight increase from the previous year (48). In further attempts to increase the response rate, the Psychology team will now assist with the completion of surveys with patients.

The table below shows the Friends and Family Test (FFT) findings from April 2022 to March 2023.

	Very good	Good	Neither Good or bad	Poor	Very poor	Don't know	Total
<b>Patient</b>	15	12	3	0	0	0	30
<b>Relative</b>	15	5	0	0	0	0	20

The results show that 94% of respondents rated the RHN to be good or better and 6% considered services to be neither good nor bad. There were no ratings of poor or worse.

## 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 RHN continues to utilise a three-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. Actions and learning as a result of complaints and compliments may also be highlighted within the shared learning process and Putney Boards. Planned actions are monitored and tracked.

### Formal complaints

During the reporting period we received 30 formal complaints. This is similar to the previous financial year when 31 formal complaints were recorded. All were investigated by a senior manager at stage one of the complaints process. There were four complaints that were escalated to stage two of the complaints process and investigated and responded to by an Executive Director. Of these, three were found to be unsubstantiated and one was partially upheld. There was one complaint that progressed to stage three of the complaints progress and was referred to the Parliamentary and Health Service Ombudsman and mediation processes initiated.

The RHN acknowledged all formal complaints within 48 hours of receipt. We provided a formal response within 20 working days to 81% of complainants. The six complaints that were not responded to within the desired time frame were all complex complaints and all received holding letters.

The most common themes were nursing care and communication. Actions implemented to address individual complaints included the review or introduction of care plans, guidelines and processes, allocation/staffing reviews and the provision of additional training and support. Underlying and common themes were identified and many are being addressed.

### Informal concerns

There were 131 informal concerns recorded in this reporting period; this is a marked increase from the previous financial year (108). This increase is viewed positively, as it demonstrates effective avenues for patients/relatives to raise concerns and represents an increase in the reporting of these.

The most common themes were again nursing care, communication and property loss or damage; all of which are being addressed.

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

The majority of compliments were received from patients or their families, however plaudits were also received from RHN staff, students and external organisations. The most common themes were care, support given to patients/families and professional excellence.





Royal Hospital for  
Neuro-disability

 **Royal Hospital for Neuro-disability**  
West Hill, Putney  
London, SW15 3SW

 020 8780 4500

