

Quality account

2023 - 2024



Royal Hospital for
Neuro-disability

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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.

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, who are 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 and Respiratory Service

The long-term ventilation service cares for patients requiring long-term mechanical ventilation (invasive and non-invasive) and complex disability management.

At the RHN, we are committed to enhancing the quality of life for individuals with complex respiratory requirements. We have expanded the capacity to provide exceptional care for individuals with complex respiratory needs requiring long-term mechanical ventilation.

Our long-term ventilation service provides specialist care and treatment for people who need ventilator support in a specially designed environment. This service is provided on two different Wards, Jack Emerson Ward and Leonora Ward. Both Wards support the growing number of patients with complex respiratory / ventilation requirements. This includes patients receiving ventilation via a tracheostomy and non-invasive ventilator (NIV) support, as well as those requiring skilled and frequent complex chronic respiratory intervention.

Leonora Ward was recently refurbished with bespoke facilities and sensory equipment.

We specialise in addressing a wide range of patient conditions, including spinal cord injuries, neuromuscular disorders and palliative care.

In addition to providing long-term care, our multidisciplinary team is proficient in facilitating the transition of patients to home-based care.

We work collaboratively with the RHN's in-house assistive and rehabilitation technology service (AAC, known as Compass), the dedicated wheelchair team and maintain close ties with specialised ventilation teams and local NHS Trusts.

Neuro-Behavioural Service

The neuro-behavioural service (Wellesley ward) is a specialist inpatient ward for adults with challenging behaviour resulting from a brain injury. This is a dedicated service for people whose conditions have affected their behaviour and present challenges to their care.

Wellesley uses the Positive Behaviour Support approach which focuses on using positive techniques to promote adaptive behaviours and to maximise the quality of life. This helps our patients work towards having valued social roles within the community.

The Neuro-behavioural service has two pathways:

- for those who need assessment and rehabilitation before discharge to the community
- for those who need long-term behaviour management.

Both pathways are led by a consultant clinical psychologist, alongside a consultant in rehabilitation medicine and a consultant neuropsychiatrist. They are supported by a comprehensive multi-disciplinary team and expert nursing.

The team is also experienced in palliative care. This highly sensitive work is supported by a specialist palliative care consultant from the Royal Trinity Hospice, as part of a partnership arrangement.

We also provide rehabilitation and longer-term support for people who experience challenges in behaviour which may be limiting their rehabilitation progress.

Our specialist Huntington's disease service is based on Wolfson and Coombs wards.

It provides excellent care and support for patients who have highly complex needs, and their families, encouraging independence and maximising their quality of life.

These wards provide an environment where people affected by Huntington's disease, a rare genetic condition, can receive specialist support. There is a team consisting of nursing, doctors and specialist therapies, such as neuropsychology, occupational therapy, physiotherapy and speech and language therapy.

Wolfson Ward supports people who experience behavioural challenges as a result of Huntington's disease. It provides 24-hour nursing care. The ward has a bright, airy and homely environment. It was designed by patients, relatives and staff, guided by the Kings Fund's 'Enhancing the Healing Environment Programme'.

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, Haberdasher's House provides an accessible living space for young people with complex long-term medical and nursing needs.

Registered nurses supervise and support their complex care needs – including patients with tracheostomies, non-invasive ventilation (NIV) needs, profound and multiple learning disabilities (PMLDs) and other complex physical impairments.

Residents also 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.

Residents are also able to access the range of specialities available in house at the RHN including:

- Specialist nurses in tissue viability, infection control, respiratory care, continence advisors and palliative care
- Our onsite wheelchair and postural management clinic
- Tone and spasticity clinic
- Speech and Language Therapist-led fiberoptic endoscopic evaluation of swallowing in our dedicated swallow lab
- COMPASS – our assistive and augmentative technology service
- An accessible computer room

Our accommodation enables and promotes independent living, giving residents the chance to be valuable members of the thriving RHN community.

To allow for a level of independent living, there are also two self-contained studio flats. Each has a kitchenette, an accessible wet room and direct access to the communal garden.

We focus on providing a service which is fun, nurtures quality of life, and supports our young people to access a range of activities, as well as the local and wider community.

Haberdashers House has its own leisure and activity programme, tailored to young adults. Activities happen in the large open plan shared living and kitchen spaces, including a sensory room for those looking to relax and unwind.



Introduction to our quality account April 2023 to March 2024

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 2023/24 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, 2024/25 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, and 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 2022/23 Quality Account.

It also identifies the hospital's priorities, and is linked to our 2022 to 2027 strategy named 'A Path to Excellence'.



Part 1 | Statement on quality

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

We are pleased to highlight numerous achievements during this period, including significant progress in our Pathway to Excellence® initiative and various staff successes. Notably, we launched our new staff recognition scheme, a rolling programme allowing staff, patients, and families to nominate team members who exemplify our four core values.

Despite our efforts, the RHN received a downgrade in September 2023 from "Good" to "Requires Improvement" following an unannounced inspection by our regulator, the CQC, in June. This inspection focused on the domains of Safety and Well Led. While the revised rating was disappointing, the report highlighted many positive aspects, including the continued dedication and diligence of our staff, the RHN's clear vision and strategic direction, and substantial patient engagement in shaping patient and resident experience strategies. We have promptly addressed concerns raised, particularly regarding the safety of medical gases and medicines management.

In April 2023, we saw the introduction of a pilot scheme encouraging patients and residents to interact with staff and visitors outside of a clinical setting. With support from speech and language therapists and occupational therapists, patients and residents were given the opportunity to work at the hospital's reception desk.

In early May 2023, Lady Leonora, Countess of Lichfield, and President of the Royal Hospital for Neuro-disability (RHN), officially opened the Leonora Ward, named in her honour. This followed extensive renovations and expansion funded by a successful fundraising appeal. Leonora Ward is our second respiratory unit, following the Jack Emerson Centre, the UK's first specialist respiratory unit for patients requiring long term ventilator support.

We also announced a strategic partnership with Sanome, an AI and Health-Tech solution company. This collaboration aims to develop an Early Warning System (EWS) with clinical utility for patients and a research tool for Clinical Fellows. As a leading provider of specialist healthcare and neuro-rehabilitation services, the RHN is committed to leveraging cutting-edge technology to improve patient and resident outcomes.

In July 2023, we launched our Patient and Resident Experience and Engagement Strategy. The Patient Safety and Quality Assurance Team, along with patients and residents, were instrumental in creating this strategy and held a launch event to share the publication with staff, visitors, and other patients and residents.

Our fundraising efforts included hosting our first Summer Fete, which welcomed 248 people from across the organisation and the wider Putney community to enjoy the event.

In January 2024, the RHN set a new benchmark in nursing excellence by becoming the first independent charity hospital in the UK to achieve the National Preceptorship Interim Quality Mark from NHSE for its supervision of newly qualified nurses, from students to autonomous practitioners and new nurses joining the RHN.

We remain committed to providing excellent care for everyone at RHN and move forward with a positive outlook

I hope you enjoy reading this Quality Account which highlights some of the success achieved in the year April 2023 to March 2024.

Paul Allen, Chief Executive Officer

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

Royal Hospital for Neuro-disability

Part 2 | Quality priorities 2023/24

The RHN's overarching hospital wide strategy for 2022 to 2027 is underpinned by a number of sub strategies and includes 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 continued to implement the goals of the strategy during the reporting period.

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 2023/24 we focussed on transitioning from the NHS Serious Incident Framework to the new Patient Safety Incident Response Framework (PSIRF) in July 2023, in line with South West London ICB's timeline for implementation across the system.

For the reporting period 2023/24, our quality priorities were identified and agreed with our commissioners in the following areas:

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, 2023/24, 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 2023/24 and support staff with attaining their goals.
- Reporting on progress through the Clinical Quality Review Group (CQRG) quarterly 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 2023/24.
- 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 2023/24, 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, our aim is to maintain the accreditation through

2023/24 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.

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 2022/23 are carried over into the action plan for delivery in 2023/24.
- 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 2022/23.

- 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 2022/23.
- 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 2022/23.
- 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 2022/23.
- 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 3 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

- 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 2023/24 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 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 2023/24 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.

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.

Fundraising

- 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.

Review of Quality Priorities for 2023/24 (looking back)

Progress against the RHN's quality priorities during 2023/24 is summarised:

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, 2023/24, 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.

This was partially achieved and residual actions will continue into the 2024/25 reporting period. The RHN launched its journey to achieving the internationally recognised accreditation, 'Pathway to Excellence®'. This program recognises healthcare organisations for being healthy working environments and positive practice environments where nurses can excel in their roles. The Workforce team introduced values based recruitment at the RHN and has achieved a target to reduce clinical staff vacancy targets over the year. All objectives in the People strategy that were set out to be achieved over the 2023/24 reporting period were achieved, except in the areas of improving on-boarding and off-boarding, introducing 'stay interviews' after 18 months in a new post, introducing a job evaluation scheme and reviewing the RHN Flexible Working Policy. These have been carried over into the objectives for the current reporting period 2024/25.

- Ensuring that the Executive Management Team are active as enablers of the delivery of the strategy priorities for 2023/24 and support staff with attaining their goals.

This was fully achieved. The Executive Management Team supported the implementation of major objectives that were set in both the overarching 'Path to Excellence' strategy and the individual service and department strategies. Progress was reported to the Board quarterly. Areas that were highlighted to the Board were patient experience (replacing the Patient Representatives Committee with new service based forums and an annual hospital wide meeting), the people strategy (introducing ward based workforce clinics), fundraising and Estates (the refurbishment plans for Hunter Ward).

- Reporting on progress through the CQRG meetings chaired quarterly by NHSE.

This objective was consistently achieved over the 2023/24 reporting period, with meetings taking place on 27 April 2023, 31 July 2023, 30 October 2023, 18 December 2023 and 13 February 2024.

- Seeking opportunities for providing external awareness and wider sharing of attainments delivered through the strategies at the RHN.

This objective was achieved through reporting on progress quarterly at the CQRG to NHSE and SW London ICB, as well as reporting through the SW London ICB System Quality Council and the Independent Neuro-disability Providers Association. The RHN is also a contributor to NICE guidelines panels and also participated in a revision

of the clinical PDOC (Prolonged Disorders Of Consciousness) guidelines.

- 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.

This was achieved during the reporting period. We have a group of nursing and Allied Health Professionals who are contributing to new BSPRM (British Society of Physical and Rehabilitation Medicine) guidance for Specialist Nursing Home Care for Complex Neurological Disability. A Consultant Physiotherapist also participated as a member of the NICE guideline committee for Chronic Neurological Conditions. This work will continue into the next reporting period 2024/25.

- 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.

During the reporting period external trainers were sourced to provide leadership training to clinical leads. Many staff also took the opportunity to engage with mentors and coaches. A number of senior clinical staff have completed senior leadership education modules that are relevant to their roles. As a result of clinical staff having more developmental opportunities we have seen a reduction in the number of nursing staff leaving the RHN during the reporting period.

- 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.

This objective was mostly achieved with the introduction of two ACP posts created and recruited to, as well as four Nursing Associates qualifying during the reporting period. We now have a continuous plan in place to recruit new Nursing Associates to the RHN, with a commitment to train at least fifteen Nurse Associates annually.

- 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.

Our journey towards attaining Pathway to Excellence accreditation commenced during the reporting period and at the time of writing this report we are on track to achieve it in August 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 2022/23.

During the reporting period we attained a fully established workforce in our long term ventilation service. This incorporated establishing an appropriate skill mix, including an ACP and a nurse consultant to the service. We also completed an international

benchmarking exercise, benchmarking across ITUs (Intensive Treatment Units) and stepdown facilities across the SW London ICB network.

- Building on the development and attainment of safe staffing across the RHN and production of safe staffing reports from October 2023 for sharing with CQRG at quarterly monitoring meetings.

This objective was achieved and reported quarterly to both the Patient Safety & Quality Assurance Committee and the Board.

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.

Instead of introducing four nursing associates to the Specialist Nursing Home service we made a decision to reduce this to two and then introduce the remaining two posts to other services.

- We will continue to train nursing associates throughout 2023/24 committing to always having a minimum of 15 trainees in the workforce at any point in time.

We now have a continuous plan in place to recruit new nursing associates to the RHN, with a commitment to train at least fifteen Nurse Associates annually. This is built into our annual budget setting process.

- 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.

This objective was achieved and will continue into the next reporting period 2024/25.

- 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 achieved this objective over the reporting period, becoming the first independent provider to attain the NHSE Quality Mark for preceptorship excellence award.

- 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.

This objective was achieved and will continue into the next reporting period 2024/25.

- Having achieved this award through 2022/23, our aim is to maintain the accreditation through 2023/24 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.

This objective was achieved and will continue into the next reporting period 2024/25.

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.

This goal was fully achieved during the reporting period. The Head of Patient Safety & Quality Assurance was appointed the RHN's Patient Safety Specialist and PSIRF lead. A PSIRF implementation Task and Finish Group was formed with membership from SW London ICB and NHSE, led by the Head of Patient Safety & Quality Assurance. The Head of Patient Safety and Quality Assurance implemented NHSE approved templates and resources to drive the project and regularly attended the SW London ICB System Patient Safety Steering Group and the SW London ICB System PSIRF Checkpoint Support meetings with other system partners to provide updates on progress.

- To develop a PSIRF policy and implementation plan and deliver both within the timelines agreed with SWL ICB.

This goal was fully achieved during the reporting period. The Head of Patient Safety & Quality Assurance drafted the PSIRF plan and presented it to a wide group of external stakeholders on 18 April 2023 as phase one of the SW London ICB approval process. Positive feedback was received and incorporated into the final draft plan. The PSIRF policy was drafted, reviewed and approved internally. The final draft PSIRF policy and plan were then reviewed and approved at phase two of the SW London ICB approval process with a smaller group of external stakeholders attending on 07 July 2023. Both were approved and the RHN transitioned to PSIRF on 10 July 2023.

- 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.

This objective was fully achieved during the reporting period. All deadlines were met and monitored through internal and external mechanisms to achieve a soft launch on 10 July 2023. We were the first independent sector organisation (except for those included as early adopters) to transition to PSIRF ahead of the national September 2023 deadline.

- To aim for transition from the current patient safety framework to approval to go live with the new framework by July 2023.

This objective was fully achieved during the reporting period.

- 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.

The Head of Patient Safety & Quality Assurance formed a PSIRF Implementation Task and Finish Group with membership from SW London ICB and NHSE. The Head

of Patient Safety and Quality Assurance implemented NHSE approved templates and resources for updating and review at these fortnightly meetings. Once we transitioned to PSIRF on 10 July 2023 this meeting was adapted to become the PSIRF Monitoring Group with the same internal and external membership.

- 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.

This objective was fully achieved. The PSIRF policy and plan were approved internally ahead of their final approval by SW London ICB and other external stakeholders on 07 July 2023.

- 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.

This goal was fully achieved during the reporting period. The Head of Patient Safety and Quality Assurance regularly attended the SW London ICB System Patient Safety Steering Group and the SW London ICB System PSIRF Checkpoint Support meetings with other system partners to provide updates on progress. SW London ICB System PSIRF Checkpoint Support meetings were adapted to become PSIRF Community of Practice meetings to monitor progress after transitioning to PSIRF in July 2023.

- To continue to link incident reporting and feedback with quality improvement. To identify new areas for quality improvement during the reporting period.

This goal continues to be achieved both during and after the reporting period. Long running quality improvement projects have continued to progress and we continue to use our data to identify new quality improvement initiatives.

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.

The Patient & Resident Experience and Engagement Strategy 2022-2027 was officially launched in July 2023 with a two day event. It was attended by patients and residents who had been involved in its production and was also attended by members of the Executive Management Team and the Board of Trustees. The strategy was published in three versions; the full version, a pocket version and an easy read version.

- 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 2023/24 are carried over into the action plan for delivery in 2024/25.

The strategy has been divided into a number of work streams and projects to drive it forward. They are led and attended by a number of our patients and residents and some of their families who have interest in specific areas of the strategy work streams. Areas of the strategy that have progressed include exploring the possibility to implement a hospital radio or live streaming service including pod casting which is under development, involving patients and residents in new quality improvement

initiatives (such as a project to improve our laundry processes) and involving patients and residents in our shared learning process. The development of hospital radio or live streaming service is still being explored as this is a more complex area for us to look to implement than we first realised.

- 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 2022/23.

A number of our patients and residents have attended the Patient Safety & Quality Committee to share their experience of working with us to produce and implement the Patient and Resident Experience and Engagement Strategy. One of our residents presented her story at a Leadership Forum during the reporting period.

- 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 2022/23.

This goal has progressed during the reporting period. The Patient Experience and Safety Officer has met with the Learning & Development team to discuss supporting patients and residents to produce videos that can be shared at various forums, such as staff induction and the Leadership Forum. This objective will continue into the next reporting period of 2024/25.

- 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 2022/23.

One new patient experience opportunity was used to create a shared learning document during the reporting period and this circulated hospital wide. We continue to look for more opportunities to involve our patients and residents in our shared learning process if they are willing to do so.

- 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.

This project progressed slowly during the reporting period with meetings with service leads to discuss how to improve the information we display on our wards. Plans were made to continue this project in the next reporting period with an initial draft of welcome notice boards and quality and safety boards for discussion with our patients and residents in July 2024.

- 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 2022/23.

This objective has progressed slowly during the reporting period. The Patient Experience and Safety Officer and the Matron for Clinical Education met to discuss a structure for acting on feedback and working with ward managers to identify local actions. This will continue into the next reporting period 2024/25.

- 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 3 other changeable questions around themes or issues that have been identified.

This objective was not met during the reporting period and will continue into the next reporting period 2024/25.

- 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.

This objective was fully achieved during the reporting period. The Director of Nursing met with all our ward representatives and discussed their roles with them. It was then recommended to the Board of Trustees that the Patient Representatives Committee should be disbanded and replaced by monthly service level forums and one annual hospital wide meeting. This was agreed and the first service level forum took place in March 2024.

- We will explore the possibility to implement a hospital radio system or live and recorded streaming service at the RHN.

The Patient Experience and Safety Officer arranged an initial meeting with patients, residents, the Associate Director of I.T, the Compass team and the Head of Patient Safety & Quality Assurance. It was agreed that a web based live streaming service would be the best route to take and actions were agreed to research further and progress the project. This objective will continue into the next reporting period 2024/25.

- We will continue to seek opportunities for our patients and residents to be involved in quality improvement projects as opportunities arise.

Part of our Laundry Processes Quality Improvement project has been to seek improvement in the methods we use to label patients' and residents' clothing as this has been a consistent theme coming from our complaints process. A system of fixing buttons to items of clothing that can be laser labelled and are durable and reusable was sourced by the Head of Facilities and her team. We then arranged for two of our patients and residents to trail the new system on their clothing for a period of one month. The trial was successful and we are now at the implementation stage which we will progress through 2024/25. As well as this our Catering Working Party was re-established to continually improve on our mealtime and snack offerings, we now have patient and resident representation from all our services driving this agenda forwards, including influencing meal choices and food quality across the hospital.

Workforce

Staff Engagement:

- 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.

During the reporting period we trained two cohorts of staff both clinical and non-clinical as Mental Health First Aiders, with a total of 25 staff now trained across the

RHN and from a range of roles across the hospital.

- 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.

Our 'Virtual Wellbeing Hub' has continued to be updated with further resources for staff to access in relation to wellbeing support and services.

- 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.

During the reporting period we took part in the London Pride parade and it was a great success. We also held a Schwartz round as part of Pride month at the RHN, as well as some staff social events.

- We will also modify the name of the BAME staff network to the RHN Race Equality Network. This will be re launching in quarter 3 of 2023.

This objective was achieved during the reporting period. The Race Equality Network meets regularly and during the reporting period it held events for Black History Month and South, South-East and East Asian Heritage Month.

- 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 2023/24 with a view to implementation by February 2024.

During the reporting period we launched the Women's Network which has been well attended from staff groups, including from clinical and non-clinical roles. We have plans in place to launch a Diverse-ability Network in May 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.

This objective was achieved. We held a three day Winter Wellbeing MOT in February 2024, and over 300 staff members attended it.

Learning and Development (L&D):

- 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 2024/25 we will refine the system and implement it across the RHN.

This objective was achieved. The system has been refined and we continue to monitor its effectiveness.

- 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.

This objective was achieved and we have continued to support our Trustees in maintaining their training compliance.

- 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.

This objective was achieved and continues to be reported on quarterly.

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.

This objective was achieved with the introduction of Emergency Care, Professional Practice and Person-centred Care.

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.

This objective was achieved and evidenced throughout the reporting period.

Fundraising:

- Identifying and cultivating prospective supporters as part of our major donor pool.

During the reporting period we received significant gifts from senior staff at Chelsea Football Club and the family of a retired MP (Member of Parliament). We also received some significant individual gifts, of up to £40,000 and some significant gift donors also donated further gifts, and so gifts received during the reporting period totalled approximately £123,000 in comparison to £16,000 during the previous reporting period (2022/23).

- Organising and hosting an on-site Gala dinner which will promote our work and solicit funds for key services.

A Gala dinner was hosted on-site on 28 September 2023 with 90 guests attending. £14,000 was raised through ticket sales, sponsorship, advertisements and an auction. Feedback from guests was very positive and so there are plans in place to hold future similar events at the RHN.

- Continuing our work of raising the RHN's profile in collaboration with our communications and marketing team.

The Fundraising team have continued to work closely with the Communication and Marketing team to ensure coherent messaging throughout our public-facing communications. During the reporting period a major project was completed to produce a Fundraising poster campaign at major train stations in South and West London.

- Seeking to grow income through a variety of channels aimed at supporting both our specialist therapeutic services and specialist nursing home.

During the reporting period we received significant income from subscribers to publications such as Country Life, The Telegraph, The Week, The Arts Society Magazine, Museum Selection magazine, Kew Gardens Magazine, Saga Magazine and Ocado Life Magazine. We also were provided with free advertising to raise awareness of the RHN in MENSAs Magazine and The Doctor Magazine. We also launched the RHN Charity Lottery and have plans in place to advertise the Assembly Room as an events location for hire.

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.

During the reporting period the Masters degree was completed as well as the research project. Findings of the project were presented internally at a lunchtime session and the researcher is currently preparing an article to be submitted and published in a recognised journal.

- 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.

This PhD research study has progressed well during the reporting period. Data has been collected and analysed and the study is currently being written with an aim to submit in July 2024.

- 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.

This PhD research study has progressed well during the reporting period. An application to the university's research Ethics Committee was renewed in September 2023 for the new training program to be trialled in May and June 2024. It is aimed for data collection to be completed by September 2024.

- 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.

This PhD research study has progressed well during the reporting period. An assessment framework has been developed for presenting in June 2024 to complete the first year of study.

- 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.

This study has progressed well and data collection was completed in June 2023.

- 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.

This research study progressed well during the reporting period and was completed in September 2023. Findings have been presented and an article is currently being drafted for submitting to an appropriate journal for publishing.

- 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.

This research study was completed in February 2024.

- 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.

This research study was completed in June 2023.

- 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.

This PhD research study has progressed well during the reporting period. Data collection has been completed, analysed and drafted as a research article. A viva was planned for completion in June 2024.

- A study exploring the usefulness of a personalised well-being 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' well-being. 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 well-being.

This research study was completed in September 2023.

Fundraising

With almost two years into our five year strategy "The Path to Excellence", Fundraising continues to play an important role in supporting the wider objectives of the hospital. We do this by raising money through a variety of channels that help to fund some of our therapeutic services and benefit our patients and residents.

During the reporting period 2023/24 £2.5M of voluntary income was raised, making it possible for key services to be funded. Some of the services that were funded and helped to provide high quality care included:

- Music Therapy
- Occupational Art Therapy
- Physiotherapy equipment and hoists
- On-site multi-faith chaplaincy services
- Specialist adapted wheelchair services
- Hardship fund to help struggling families
- Nurse escorts and transport for patient trips
- Leisure and Families Services (including disability sports)

In addition to this, Fundraising's engagement with individuals, businesses and Trusts, enabled us to significantly support capital projects on Wellesley and Leonora Ward.

Quality Priorities for 2024/25 (looking forward)

For the next reporting period 2024/25, the RHN strives to continue to build on progress and pick up any objectives that were not fully achieved from 2023/24 into priorities for 2024/25. 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 2024/25 which are agreed upon with our commissioners include:

- clinical effectiveness
- patient safety
- patient experience
- workforce
- research
- fundraising

Clinical Effectiveness:

- To improve the RHN staff pay structure to ensure it is more competitive, and to improve staff terms and conditions with a view to implementation by August 2024.
- To introduce a job evaluation scheme for non-clinical roles by the end of March 2025.
- Building on the benchmarking staffing model in our Invasive Ventilation Service in 2022/23 and 2023/24, we will complete similar benchmarking across our other RHN services where we are able and external information is available, to continue to inform our best practice modelling of care provision.
- To become the first UK independent sector health care provider to attain the Pathway to Excellence® designation by August 2024.
- To scope new opportunities for the RHN to introduce assistive technologies where they are clinically appropriate and improve services for patients.
- To introduce at least one new assistive technology in the next year across one of our services, determined by our scoping, and to aim to introduce at least one new technology by March 2025.
- To commence a review of the RHN 10 year strategy, led by the hospital CEO.
- Deliver 2024/25 objectives in the RHN Path to Excellence strategy, which is underpinned by a number of sub-strategies, including the clinical strategy, workforce and Learning and Development strategies, Estates strategy, Fundraising and Marketing strategies, Research strategy, Sustainability strategy, Patient and Resident Engagement and Experience strategy. Ensuring that each sub-strategy has a robust monitoring and reporting structure in place.

Patient safety:

- To continue as a system partner with South West London Integrated Care Board (SWL ICB) to deliver the new National Patient Safety Strategy at the RHN, by continuously evaluating the implementation of the Patient Safety Incident

Response Framework (PSIRF) by:

- Collaborating with SWL ICB to participate as a system partner in assessing the RHN's progress in the post transition phase of the Patient Safety Incident Response Framework (PSIRF).
- To report through the SWL ICB PSIRF Community of Practice forum the RHN's progress in linking PSIRF to continuous quality improvement.
- To continue our internal RHN reporting and monitoring framework that monitors progress in applying PSIRF across the RHN, with external stakeholder involvement from NHSE and SWL ICB.
- To develop and implement an in-house 2 days staff training package for PSIRF, systems thinking, incident response methodologies, quality improvement and human factors.
- To continue to promote PSIRF across the hospital via a roadshow to all wards and departments.
- To continue to review and update relevant policies, procedures and Standard Operating Procedures to ensure they are in line with PSIRF. This will include our Reporting Incidents Policy and Procedure (formerly our Serious Incident Policy and Procedure), Being Open & Duty of Candour Policy and Procedure, and the Management of Complaints and Feedback Policy and Procedure.
- To review the current PSIRF policy and plan within 18 months of publishing on our website (by April 2025) and seek external ratification from external stakeholders in line with national guidance.
- The Head of Patient Safety & Quality Assurance, as the RHN's Patient Safety Specialist, will complete Level 3 and 4 Patient Safety Training, being provided by NHSE via Loughborough University.
- We will also explore possible options for the RHN to gain a nationally recognised accreditation in quality and safety in light of the significant progress that has already been achieved throughout 2023/24.

Patient experience:

- To continue working on the Patient and Resident Experience and Engagement Strategy with the involvement of patients, residents, relatives and staff and ensure that the following outstanding actions from 2023/24 are carried over into the action plan for delivery in 2024/25:
 - 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 2023/24.
 - 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 2023/24.
 - We will explore other potential possibilities for our patients and residents to be involved in staff inductions.
 - We will complete a quality improvement project around Ward Notice Boards, building on the work we have already undertaken and determine how they can be most effectively utilised across the hospital. This project will include a review of quality board information which has already commenced.

- 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 2023/24.
- 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 3 other changeable questions around themes or issues that have been identified.
- We will explore the possibility to implement a hospital live and recorded streaming service at the RHN.
- We will work with our patients and residents, as well as the Learning & Development team, to develop staff customer service training and gain recognised accreditation in customer service at the RHN.
- We will explore how we can improve our methods of gaining feedback in other ways from patients and residents with complexities in relation to overcoming complex communication.
- We will review the current information we provide to new patients and residents on admission to the RHN, to ensure that it meets their needs.
- We will review the content of our complaints and feedback staff training workshops to ensure that staff are encouraged not to speak negatively about being involved in a patient's or resident's complaint/concern in line with our transitioning in to the PSIRF framework. This is to avoid a patient or resident feeling uncomfortable or hesitant in raising a complaint or concern.
- We will complete a 'building therapeutic relationships' project that aims to engage and involve patients, residents and their families in planning their care.

Workforce

A focus on the following areas are prioritised for 2024/25:

Staff Recruitment and Retention

- We will develop and establish the RHN 'values based' recruitment process in order to ensure that we attract and recruit people who fit with the RHN's ethos.
- In order to establish 'values based' recruitment at the RHN we will establish a 'values based' training programme for all recruiting managers (including training in unconscious bias). This will ensure that at least one member of every interview panel will have been trained in 'values based' recruitment.
- We will reduce staff vacancy levels by 5% each year to 2027.
- We will aim to reduce staff turnover levels to 12%.
- We will aim to reduce the number of staff who leave the RHN within 2 years of service by 50%.
- We will also analyse leavers data and other external sources to gain a better understanding of why people leave a role or workplace.
- We will undertake a review of the feedback we receive from our staff induction events.
- We will continue to complete an internal and external pay parity project in order to

make our pay more competitive.

- We will continue to complete our job evaluation scheme.
- We will introduce a new Applicant Tracking System to the RHN.
- We will work to improve the 'join our team' pages on the RHN website, working in collaboration with the RHN Communications Department.

Learning and Development (L&D)

The following will aim to build on over the next reporting period:

- We will further develop our leadership across the organisation by introducing a mentorship/coaching framework by March 2025.
- We will introduce a 360 degree appraisal system, commencing with the Nursing Directorate as part of our Pathway to Excellence accreditation®.
- We will look to increase our number of opportunities for staff to access apprenticeship programmes by March 2025.

Health and Wellbeing

- We will conduct a review of our current external Occupational Health service.
- We will aim to reduce staff sickness due to musculoskeletal injuries/issues by 5% each year to 2027.
- We aim to introduce health and wellbeing plans for staff to have the opportunity opt into.
- We will also introduce staff wellbeing discussions at annual individual performance reviews and one to one meetings.
- We will continue to review the branding on the Wellbeing page of the RHN Intranet with a view to making it more user friendly.
- We will train one of our Mental Health First Aiders to be able to deliver training in-house.
- We will showcase our Mental Health First Aiders externally by March 2025.
- We will continue to participate in the London Pride parade and continue to support staff via regular meetings of the LGBTQI+ staff network.
- We will further develop the Women's Network and Diverse-ability Group.

Equity, Equality and Diversity

- We will make a shift towards equity at the RHN to ensure that all staff are provided with fair and equal opportunities, based on their individual needs.
- We will introduce a reverse mentoring programme, where junior staff will mentor someone more senior to them and share knowledge and expertise in areas a senior colleague may be less familiar with, such as technologies and digital media.
- We will aim to attain Disability Confident accreditation, which is a government initiative designed to encourage employers to recruit and retain disabled people and those with health conditions.
- We will attain the Bronze Award Race Equality Trailblazer Status by September 2024.

Research

- To progress with the implementation of our Research Strategy and continue the following research projects:
 - 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.
 - 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.
- To commence the following research projects:
 - Raindrop: The neural, behavioural, and clinical effects of transcranial direct current stimulation in patients with a prolonged disorder of consciousness; feasibility study. This is a project in collaboration with University of Birmingham.
 - Memori: clinical co-pilot in collaboration with Sanome. The research question is whether it is possible to develop and test the effectiveness of early warning system(s) which can detect signs of health deterioration or improvements in patients and residents.
 - Staff experiences of being part of best interests decision making about Clinically Assisted Nutrition and Hydration (CANH) for people in Prolonged Disorders of Consciousness (PDOC).

- The Support and Training Needs of Staff Managing discontinuation of Clinically Assisted Nutrition and Hydration in Medically Stable Patients with Prolonged Disorders of Consciousness.
- Delphi study" towards a consensus on defining and naming covert awareness". Project from the International Brain Injury Association that is looking for clinicians participation in this Delphi study.
- Continuous Life Sustaining Treatments in Patients with Severe Irreversible Neurological Impairment. Aim: To explore the differing ways that two life sustaining treatments; CANH and long term mechanical ventilation are approached at a tertiary neuro rehabilitation centre for patients with different diagnoses in order to consider the wider issues in the initiation and continuation of life sustaining treatment for patients with irreversible neurological disease.
- Outcomes and complications of botulinum toxin treatment of sialorrhea in a cohort of patients with acquired brain injury. This research project aims to explore the clinical effect of salivary botulinum toxin injection on a cohort of inpatients with acquired brain injury, focusing on its efficacy on reducing sialorrhea (excessive saliva flow) as well as the impact on medical morbidity and medication use.

Fundraising

Our quality priorities for the reporting period 2024/25 include:

- To raise funds for a planned Hunter Ward refurbishment project.
- To increase our community engagements, which will encompass corporate/business communities, whilst still delivering a small number of special events.

Care Quality Commission (CQC) 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.

On 14 June 2023 the CQC completed an on-site focused inspection of the 2 KLOE (Key Lines of Enquiry) domains of ‘Safe’ and ‘Well-led’. They followed this up with a remote interview of 3 members of the Executive Management Team the next day. The inspection findings resulted in the domains of ‘Safe’ and ‘Well-led’ being downgraded from ‘Good’ to ‘Requires Improvement, and so the overall rating was also downgraded to ‘Requires Improvement.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

The RHN has since implemented a comprehensive remedial action plan in order to address and learn from the areas that the CQC found to require improvement. This was completed and submitted to the CQC with supporting evidence in February 2024. The Director of Nursing and Head of Patient Safety & Quality Assurance continue to lead a fortnightly meeting to monitor the changes that were made and gain assurance of their effectiveness.

Statement on data quality

Information Governance and Data quality

The availability of high-quality data across all areas of the RHN is a pre-requisite to robust governance and effective service delivery. The RHN is committed to pursuing a high standard of accuracy, timeliness, reliability and validity, with aspects of data processing in accordance with recommended NHS data standards.

The Director of Governance, who is also the SIRO (Senior Information Risk Owner), and the Head of Data Protection and Compliance lead on information governance and data quality issues and have provided assurance through the Information Governance Committee that the organisation is compliant with the principles and requirements of UK GDPR (General Data Protection Regulation) and the Data Protection Act 2018.

The RHN has a digital trajectory to improve data quality and information governance. The clinical records digitisation project has been ongoing and aims to be completed by the end of 2024; this has resulted in a significant improvement in clinical documentation, which was noted in the CQC report of their focused inspection on 14 June 2023.

There has also been a 100% compliance with the process and disclosure timeframe for responding to requests made under the Data Subject Access Request of the UK GDPR.

A new Clinical Data Management Group led by the Medical Director, who is also the Caldicott Guardian, has been established. Its aim is to oversee and monitor the standards and targets for continued improvements to clinical records. This will ensure data supports safe, high quality and efficient care to patients, whilst also supporting a positive experience for RHN clinical staff.

Data Security and Protection Toolkit

The Royal Hospital for Neuro-Disability’s submission of the Data Security and Protection for the most recent reporting period of 2022-2023 reported an overall assessment of “Standards Exceeded.” The 2023-2024 declaration of compliance is due on Sunday 30 June 2024 and the Royal Hospital for Neuro-Disability intends to maintain the “Standards Exceeded” assessment result.

This provides significant assurance to the Board of Trustees as well as other internal and external parties who share information with us.



Information and Cyber Security

The Royal Hospital for Neuro-Disability has retained its compliance with Cyber Essentials +. An annual penetration test was undertaken and there were no critical risks identified. All medium and low risk recommendations have been implemented by the Information Technology Department, under the leadership of the Associate Director for Information Technology. The Audit and Risk Committee received a comprehensive report which provided it with assurance that the RHN has reviewed and updated its security systems and protocols to further enhance information security.

Data Protection and Data Security Incidents

The Information Governance Committee oversees the reporting and actions required relating to data breaches in line with the Data Breach Management Procedure. Where required, data breaches are reported externally through the Data Security and Protection Toolkit incident reporting tool.

All investigations are fully investigated, and the resultant outcomes and learning is disseminated to all staff.

Date reported	Description	Regulatory action imposed
17/04/2023	Stolen laptop and documents from staff member's car	No
21/08/2023	Inappropriate disclosure of patient's phone number to family members against the patient's wishes	No
14/11/2023	Patient data disclosed in error to another patient's relative	No
11/12/2023	Inappropriate access to a patient's records by a staff member	No

Part 3 | Review of quality performance 2023/24

Performance on Safety

Incidents

In 2023/24 a total of 2353 incidents were reported, in comparison with 2202 incidents reported in 2022/23. Thus, as an average, the RHN are reporting 45 incidents per week. This is in comparison with an average of 42 per week during 2023/24.

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 approximately 30 staff also attended a two day course in SEIPS and Human Factors provided by an external training provider as part of our plan to transition from the Serious Incident Framework to the PSIRF (Patient Safety Incident Response Framework) in July 2023.

No incidents during this reporting period met the threshold for reporting externally as a serious incident, in line with the NHS Serious Incident Framework 2015. Since the RHN became the first independent sector healthcare provider to transition to PSIRF on 10 July 2023 (except for those who transitioned previously as early adopters) there have been no incidents meeting the criterion for reporting externally as a PSII (Patient Safety Incident Investigation).

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	97%
Safeguarding Level 3	89%
Safeguarding Level 4	100%
Safeguarding Level 5	100%
Safeguarding Level 6	100%

Non-Clinical Staff Compliance: 91%

Medical staff: 79%

Overall Training Compliance by Clinical Ward:

Wards	Current Compliance
Andrew Reed	95%
Chatsworth	94%
Coombs	90%
Devonshire	93%
Drapers	100%
Glyn	94%
Haberdashers House	99%
Hunter	98%
Jack Emerson	94%
Leonora	95%
Wellesley	85%
Wellesley	88%

Training Compliance by Department:

Department	Current Compliance
Occupational Therapy	96%
Physiotherapy	92%
Psychology	75%
Speech & Language Therapy	100%
Dieticians	100%
Social Work	100%
Music Therapy	100%
Overall	95%

The Director of Nursing is the Executive Director responsible for safeguarding within the RHN, with support from the Head of Safeguarding. The Director of Nursing chairs the quarterly Safeguarding Assurance Committee, which reports into the Patient Safety and Quality Committee. This is a Committee where input from external parties is present to provide scrutiny of decision making related to safeguarding within the RHN. It also monitors and influences the safeguarding agenda, especially in relation to internal and external assurance.

The Committee reports into the Patient Safety and Quality Committee, which is a committee of the Board of Trustees. The Head of Safeguarding leads the quarterly Safeguarding Operational Assurance group (SOAG), where open potential safeguarding cases are reviewed with the Local Authority and in collaboration with SWL ICB. External safeguarding supervision is received through SWL ICB. Membership of the Safeguarding Adults National Network (SANN) is maintained through the Director of Nursing and the Head of Safeguarding being members of the network.

Safeguarding is an integral part of everyday practice at the RHN. Significant progress in safeguarding patients and residents at the hospital has been made since the last reporting period. We continue with external scrutiny of our decision making and referral timeliness where we review our practice with the ICB and the Local Authority every three months. There has been a reduction in the number of referrals to the Wandsworth Local Authority Adult Safeguarding team (The Local Authority) during this reporting period. 16 referrals were made in April 2022 – March 2023 to the Local Authority, in comparison with 11 referrals made in April 2023 – March 2024.

Between April 2023 and March 2024 there were 11 adult safeguarding referrals made to the Local Authority. All of these referrals were discussed and triaged thoroughly at the weekly Potential Incidents of Concern, Safeguarding and RIDDOR internal meeting, which is led, administered and chaired by the Head of Patient Safety & Quality Assurance with membership including service Matrons, ward managers, the RHN Clinical Risk Manager, the Specialist Nurse for Tissue Viability and the RHN Safeguarding team. Appropriate incident response decisions are agreed in a multi-disciplinary team setting at each meeting as part of the screening process.

- Safeguarding activity is broken down for this reporting period as follows:
- 7 safeguarding referrals were assessed by the Local Authority and subsequently screened out due to robust mitigation being in place (e.g. risk assessments, protection plans, etc.) at the RHN.
 - 4 safeguarding referrals progressed to full safeguarding Section 42 enquiries.
 - 10 safeguarding enquiries concluded with the allegations being not upheld.
 - 1 safeguarding allegation was upheld by the local authority, in relation to acts of omission and neglect.
 - 10 of the cases referred to the Local Authority were reported by staff. This demonstrates an excellent safeguarding and reporting culture where RHN staff are confident in reporting concerns openly and honestly via our internal incident reporting processes.
 - 1 safeguarding referral was made in relation to concerns involving another care provider on the grounds of wider public interest.

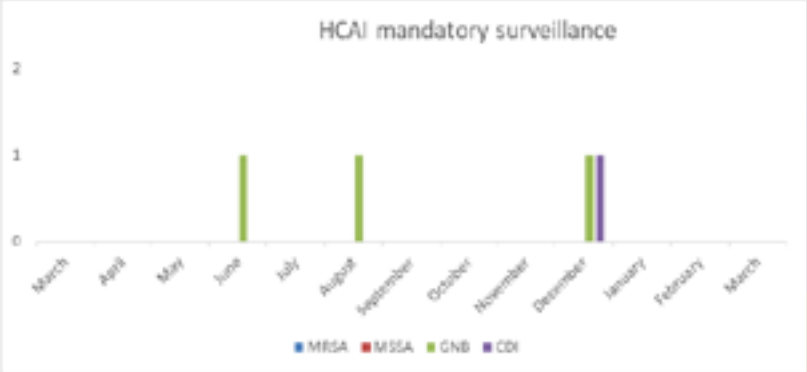
The RHN remains committed to maintaining outstanding standards of practice in safeguarding and has maintained the Gold Award in Leaders in Safeguarding accreditation standards.

Infection Prevention and Control (IPC)

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

The mandatory surveillance data (table 1) for this reporting period showed that a great effort was employed to reduce HCAI, but that they still occur. HCAI is an ever-present risk to the patients in RHN.

Table 1 HCAI surveillance



The three GNB were of urine infection in origin (based on the post infection review carried out by the IPC team). To reduce the risk of this type of GNB, the IPC and Continence team had started a quality improvement project looking into clinical practice to direct clinical actions to reduce urinary tract infection (UTI) incidences.

An example of the implemented best practice to reduce UTIs: routine bladder scanning to identify patients who have high residual urine post voiding (a known UTI risk factor in patients with long term conditions) and managing the issue through intermittent catheterisation or referral for long term suprapubic catheterisation.

Since October 2023, UTI surveillance has been part of the IPC monitoring and quarterly report. There is a downward trend on the UTI incidence in the Long term care wards. There was 1 GNB of urinary infection in origin for this 6 months UTI surveillance period.

The criteria for these UTI cases are: symptomatic, positive urine culture and treated with antibiotics.



COVID-19 surveillance and monitoring

The RHN has successfully moved back to usual business operation since March 2022. This meant that even with outbreak episodes or increased incidence of Covid-19, the general work flow and standard patient care were not disrupted. Managing Covid-19 positive cases had become part of IPC care pathway. 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 standards audit:

- Hand Hygiene
A hand hygiene audit schedule is in place and is completed monthly by ward staff via the Tendable audit app and exception reports were discussed to Ward Managers by PS&Q for action if necessary.
- Cleanliness and Hospital Hygiene
Patient Led Assessment of Care Environment (PLACE) audit is a national standard audit completed annually at the RHN. The 2023 PLACE audit findings had rated the RHN a very clean hospital (scored 100% in the cleanliness aspect).

The Domestic service carry out a monthly environmental cleanliness audit to address the challenges (including structural conditions) in maintaining effective cleaning procedures in the clinical areas. The average score across the organisation was above 95% (high standard in terms of environmental cleanliness, NHS 2022 standards for hospital cleanliness)

Vaccination

Seasonal influenza vaccination is offered annually to all eligible patients in the RHN. In this reporting period 95% of the eligible Long-term care patients were vaccinated with the recommended flu vaccine (UKHSA, 2023), the other 5% refused the vaccine.

Covid -19 vaccination programme is also in place according to the national guideline. In this reporting period, autumn 2023 booster vaccine programme was facilitated for all RHN eligible patients. The take up rate in the long term care eligible patients was 92% (source: IPC report, October 2023), the other 8% either refused or were unwell during the vaccination period.

Water Safety

The water safety risk assessment for all areas was completed in August 2023. The remedial actions outlined in this risk assessment were:

- Improving water pressure through boosted system – ongoing action
- Replacing steel with copper pipework – ongoing action
- Removing Legionella risk factors including Thermostatic mixing valve (TMV) where it is not needed – ongoing action

Systems to control and reduce the risk of waterborne infection are in place i.e. maintaining correct hot and cold water temperature and regular flushing of water outlets across hospital areas.

Water testing:

1. Legionella quarterly testing across the hospital
2. Pseudomonas aeruginosa six monthly in the long term ventilation wards

IPC Team

The IPC team, together with Clinical Specialist Nurses and Clinical Education team, are continuously developing IPC programmes to improve the quality of patient care.

- Monthly Antimicrobial stewardship rounds for the Long-term Ventilation patients to provide appropriate antimicrobial advice to Medical team while waiting for fresh sample - culture and sensitivity reports.
- Glove on, Glove off campaign to reduce the misuse of Personal Protective Equipment (PPE) – in collaboration with Estates sustainability working group.

IPC service is committed to support the RHN sustainability strategy by working on

reducing waste volume through correct use and disposal of PPE (gloves). The national campaign for correct use of gloves in healthcare is translated locally through education of staff on when to use PPE (gloves) based on infection risk rather than historical practices.

- Easy to follow guidelines to improve staff compliance i.e. decontamination protocol, equipment management

Infection Prevention Society (IPS) London North branch in collaboration with RHN IPC and Clinical Education team had organised an IPC conference in March 2024, addressing the need to look at IPC innovations and progress to reduce the burden of healthcare infections.

<https://www.rhn.org.uk/events/infection-prevention-and-control-ipc-tackling-healthcare-burden-through-innovations-and-progress/>

Patient Experience

The Annual Patient/Relative Survey

The Annual Patient/Relative Survey was completed July – September 2023 and results were analysed and reported on by external consultants, Howard Warwick. There were 69 responses received, which was a decrease from 2022 (81 responses). The 2023 response rate represents 31% of average patient numbers. This was the first year in which forms were not routinely sent by post to all relatives, however the electronic link for the online version and information re where to collect a form was sent via email to all first points of contact. The sending of postal copies will be re-instated in 2024, with the aim of increasing responses.

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

Areas of strength included treating patients and residents with respect and dignity (95%), receiving information in a way that can be understood (94%), nursing care (92%), care and treatment by medical staff (92%) and cleanliness (92%). In addition, all staff qualities scored 93% or higher, such as patience, friendliness and support.

The results also highlighted areas requiring improvement, which are defined as those scoring 75% or lower. This year there were 9 questions in this category.

There was a decrease in staff introducing themselves (71%) and there will be a focus in 2024 to ensure that this happens.

The laundry service remains static at 70% and actions identified in a quality improvement project are currently being introduced.

Despite increases from the previous year, scores remain low regarding access to the grounds and community and ward based activities (both 63%). Following the survey, Leisure and Family Services team (LAFS), therapists and ward teams have worked collaboratively on a number of projects to support patients / residents with new recreation and artistic projects. There has also been reviews and projects on individual wards or services regarding the provision of activities, stimulation and outings for patients/residents.

There are also opportunities for improvement regarding aspects of catering, and a general decrease in scores from last year was noted; 56% were satisfied regarding quality, 66% appearance and 50% choice of food. The Catering Working Party was re-established in response to this feedback. Patients, residents and staff worked together to highlight any issues and identify and plan required actions. These included changes to menus and ordering processes. A new menu planning/ordering service will be introduced.

Patients’ Representatives Committee (PRC)

The Patients’ Representatives Committee met in June, August and November; meetings were attended by Ward representatives and key staff and managers all patients, residents and relatives were invited via email to share any feedback, queries or concerns ahead of the meetings. 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, updates relating to the Patient and Resident Experience and Engagement Strategy, the Communal Space Project and the Laundry Quality Improvement Project.

A review of the PRC was carried out in 2023 and all Ward Representatives were invited and supported to share their views and suggestions within individual meetings with the Director of Nursing. The outcome of these were discussed within the committee and options aimed at achieving a more inclusive, accessible and effective process were explored.

The PRC was disbanded and replaced by 5 Service Level Forums. These forums aim to promote and facilitate a collaborative approach, so that patients, residents, relatives and staff can work together with the aim of improving the experience of those within their service. All services held a first meeting in March/April 2024. In addition, a hospital wide forum will be held at least once a year and be attended by representatives from the Executive Team and Board. This is to be planned for September 2024.

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 cessation of 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 67 responses, which is a marked increase from the previous year (50). The table below shows the Friends and Family Test (FFT) findings from April 2023 to March 2024.

	Very good	Good	Neither Good or bad	Poor	Very poor	Don't know	Total
Patients	28	12	1	1	0	0	42
Relatives	16	6	2	0	1	0	25

The results show that 93% of respondents rated the RHN to be good or better, 3% poor or worse and 4% considered services to be neither good nor bad.

The opportunity was taken to discuss the negative feedback with the patient or relative in depth, which included the exploration of potential actions and learning. A theme was noted relating to the communication and role of the key worker. A working party was formed to review this aspect of our service and will ensure that patients, residents and relatives have the opportunity to be involved.

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 3-stage formal complaints procedure in line with the guidance by the Association of Independent Healthcare Organisations.

Weekly Serious Incident and Complaints review meetings are attended by staff from across the hospital and provide an opportunity to review the progress of complaints and share subsequent learning and actions across a wide range of staff at the RHN. 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 21 formal complaints. This is a decrease from the previous financial year when 30 formal complaints were recorded. All were investigated by a senior manager at stage 1 of the complaints process. There were 3 complaints that were escalated to stage 2 of the complaints process and investigated and responded to by an Executive Director. Of these, 2 were found to be unsubstantiated and 1 was partially upheld. There were no complaints that progressed to stage 3 of the complaints process.

The RHN acknowledged all formal complaints within 48 hours of receipt. We provided a formal response within 20 working days to 86% of complainants, which is an increase on the previous year (81%). The 3 complaints that were not responded to within the desired time frame were all complex complaints and all received holding letters with agreed extensions for responses.

The most common themes were nursing care and communication. Actions implemented to address individual complaints included the review or introduction of new care plans, guidelines and processes, a review of call bell response times and the provision of additional training and support. Underlying and common themes were identified and many are being addressed within working parties and projects.

Informal concerns

There were 155 informal concerns recorded in this reporting period; this is a marked increase from the previous financial year (131). 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. This opportunity to address more concerns at an initial/informal stage may have contributed to the lower number of formal complaints received.

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

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 414 compliments, which is an increase from the previous year (361).

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.



Part 4 | Stakeholder Engagement

The content of this report was agreed with the RHN's executive team, the Patient Safety & Quality Committee and the Board.

Our quality priorities for 2023/24 are based on our RHN strategy and the department and service strategies that feed into it.

The report has been reviewed at the Clinical Quality Review Group by NHS England (London) and NHS South West London ICB and they have provided the following feedback:

Royal Hospital for Neuro-disability

West Hill
Putney
London
SW15 3SW



Specialised Commissioning and
Health in Justice
NHS England (London)
133-155 Waterloo Road
London
SE1 8UG

August 2024

Royal Hospital for Neuro-disability Quality Account

Statement from NHS England and South West London Integrated Care Board to Royal Hospital Neuro-disability Quality Account 2023 - 2024

NHS England (NHSE) working in partnership with South West London Integrated Care Board (SWL ICB) are pleased to receive and comment on this year's Royal Hospital for Neuro-disability (RHN) excellent quality report.

Our input and engagement with RHN continues through attendance at the Clinical Quality Review Group (CQRG) meetings in collaboration with colleagues from SWL ICB. We continue to work together with SWL ICB and RHN to support safe transition of identified services for delegation in April 2025 and to ensure assurance of commissioned services throughout the year.

The Quality Account establishes that RHN continues to demonstrate a culture of quality improvement and responsiveness to ensure patients and staff remain central and risks are mitigated. We recognise and are grateful to the Executive Management Team and all staff across the organisation for the significant progress made against your quality priorities as set out in the 23.24 Quality Account. It is also important to recognise the input and continued energy by all following the recent unannounced CQC visit.

We have pulled out some key highlights below whilst acknowledging that the full report includes many other key achievements:

- We would like to acknowledge the impressive work achieved by the RHN attaining accreditation as an international Pathway to Excellence® member, though using the Pathway to Excellence® programme to deliver the priorities of the RHN Nursing Strategy by February 2024 and to continue to strengthen the clinical leadership roles within nursing.
- We were impressed with the RHN becoming a system partner within SWL ICB to deliver the new national Patient Safety Incident Response Framework (PSIRF). The organisation have been able to have a seamless and effective transition to PSIRF, helped by the significant amount of forward planning and preparatory work undertaken by the lead for PSIRF at RHN. The new processes developed to align Patient Safety and Transformation work streams to enhance organisational learning provides good assurance that RHN are dedicated to implementing PSIRF as both a safety and quality improvement tool.

- We were particularly pleased to learn about the launch of the Patient and Resident Experience and Engagement Strategy 2022-2027; seeking opportunities for patients and residents to be involved in quality improvement projects as opportunities arise. RHN have been able to explore the possibility to implement a hospital radio or live streaming service, including a pod casting, currently under development involving patients and residents; RHN acknowledge this is more complex to implement than first realised. A number of patients and residents have attended the Patient Safety and Quality Committee to share their experiences with one resident presenting her story at a leadership forum, creating a very powerful message. This demonstrates RHN's commitment to patient-centric care, highlighting the vital role that patient engagement plays in achieving better healthcare outcomes and experience.

- We also note that RHN have joined with South West London to lead on the Trainee Nursing Associate Infection, Prevention and Control (IPC) programme, another example of the importance of joint working by the RHN to work closely with the wider system for not only the benefits of improved patient care, but also to make sure the staff are part of the journey of improvement.

- Maintaining the Excellence in Safeguarding Practice, an award gained by RHN previously is still a priority for the organisation and we acknowledge that improvements have been consistently seen across reporting culture, feedback & learning, acting on staff and patient concerns. This exemplifies how RHN is continuing to work towards a continuous improvement culture which learns and builds on previous learning.

In summary RHN's focus on continuous quality improvement is clear. The impact is not just in the direct delivery of care but also in supporting system improvement, innovation, patient and staff well-being and delivery. We look forward to ongoing work with RHN on your quality priorities for 24.25.

- Clinical Effectiveness; to become the first UK independent sector health care provider to attain the Pathway to Excellence® designation by August 2024
- Patient Safety
- Patient Experience
- Workforce
- Research
- Fundraising

Yours sincerely,

MA Cummins

Marie Cummins

Director of Nursing and Quality
Specialised Commissioning (London Region)
On behalf of NHS England

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