

Quality account

2024 - 2025



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 and complex respiratory 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 ICBs 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 spoken or written language.

Brain Injury Service (BIS)

The RHN has 48 beds offering specialised rehabilitation for patients with complex neurological conditions. Our BIS wards provide values-based, goal-orientated rehabilitation for people 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 patient values. 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 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 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.

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

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 Complex Respiratory Service

The long-term ventilation and complex respiratory 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 is a specialist inpatient service 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.

We offer short term behavioural rehabilitation as well as longer stay for those that require placement for their behaviours that challenge. Our highly-skilled multi-disciplinary team support people with a diverse range of complex conditions, including management of symptoms for Huntington's disease. The service provides positive behaviour support, a

structured environment and expert review in order to reduce support needs.

The service 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 and supported by a comprehensive multi-disciplinary team and expert nursing. The rehabilitation pathway is supported by a medical consultant in rehabilitation medicine and a consultant neuropsychiatrist. The long-term behaviour management pathway is supported by the Wandsworth Medical Centre GP practice.

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.

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 2024 to March 2025

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 2024/25 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, 2025/26 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 2023/24 Quality Account. It also identifies the hospital's priorities, and is linked to our 2022 to 2027 strategy named 'The Path to Excellence'.



Part 1 | Statement on quality

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

I am very pleased to share several achievements from this period, particularly our Pathway to Excellence® designation from The American Nurses Credentialing Center (ANCC). The designation recognises healthcare organisations that foster a positive and empowering work environment, provide outstanding care, and is a testament to the hard work of our entire workforce. This makes a pivotal point in our journey as we are the first independent hospital in the UK to achieve this prestigious recognition.

This year, the Royal Hospital for Neuro-disability (RHN) welcomed three new trustees to our Board of Governors, each bringing a wealth of skills, experience, and insight. As we move forward with our five-year strategy and ambitious plans for the future, their diverse expertise will play a vital role in helping us achieve our mission.

In March 2025, the RHN hosted its first Internal Research Conference — a dedicated event for staff to collaborate, share knowledge, and explore advancements in understanding and managing neuro-disability. The conference featured presentations from PhD and Masters students, as well as clinical researchers, showcasing the breadth and depth of research taking place across the hospital. Presentations were delivered by both our Therapy and Research teams, covering topics such as Mood & Wellbeing in Severe Brain Injury by Dr. Alexandra Rose, Emerging from PDOC: Functional Communication Assessment by Dr. Amy Pundole, and Development of a Nurse and HCA AAC Training Programme by Helen Patterson.

In March 2025, RHN retained the Leaders in Safeguarding Gold Award for its 'exemplary' and 'highly committed approach' to safeguarding. Leaders in Safeguarding assesses the effectiveness of an organisation's safety arrangements in ensuring the welfare of children and, in the RHN's case, vulnerable adults. The panel consists of expert professionals from health, education, social care and statutory inspection sectors. Completion of the audit requires multiple standards to be met, including effective safeguarding policies, procedures and systems, safer recruitment practices and highly effective supervision and support. Following a thorough review of our safeguarding practices, we are pleased to have successfully completed the Leaders in Safeguarding audit and again been awarded the Gold Award.

Fundraising is on track to exceed target this year, with some new events planned and excellent engagement from our local community and beyond. The services funded by voluntary income makes the RHN unique. Patients and residents benefit from music therapy, art occupational therapy, Leisure and Family services and much more thanks to generous donations from our supporters.

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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 for 2024/25

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, 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 2024/2025 we focussed on embedding the new Patient Safety Incident Response Framework (PSIRF) after transitioning to it in July 2023.

Our key priorities for 2024/2025 which are agreed with our commissioners include:

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

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 2022/2023 and 2023/2024, we will complete similar benchmarking across our other RHN services where data 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 service, 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 2024/2025 objectives in the RHN Path to Excellence strategy, which is underpinned by a number of sub-strategies, including the clinical strategy, workforce and Learning & Development strategies, Estates strategy, fundraising and marketing strategies, research strategy, sustainability strategy, Patient and Resident Engagement and Experience strategy.
- To ensure 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 2023/2024.

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 2023/2024 are carried over into the action plan for delivery in 2024/2025:

- 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 2023/2024.
- 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 2023/2024.
- 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 2023/2024.
- We will also further develop an audit on the Tenable 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 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.

A focus on the following areas are prioritised for 2024/2025:

- 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, we 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 an 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 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.

- 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 & 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.

Fundraising

Our quality priorities for the reporting period 2024/2025 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.

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 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.
 - 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 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.

Review of Quality Priorities for 2024/25 (looking back)

Progress against the RHN's quality priorities during 2024/2025 is summarised:

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.

This was achieved during the reporting period. Band 6 and Band 7 clinical staff pay structure and terms and conditions reviews were completed. As a result recruitment and retention of Allied Health Professions (AHP) has greatly improved. In the Nursing Directorate positive benefits have been seen in the ability to recruit to senior nursing roles externally. Attrition and retention in both of these staff groups are now excellent.

To introduce a job evaluation scheme for non-clinical roles by the end of March 2025.

This was partially achieved with a number of non-clinical roles having been evaluated. This priority will continue into the next reporting period.

Building on the benchmarking staffing model in our Invasive Ventilation Service in 2022/2023 and 2023/2024, we will complete similar benchmarking across our other RHN services, we are able and external information is available, to continue to inform our best practice modelling of care provision.

This objective was partially achieved over the 2024/2025 reporting period, with work started to scope benchmarking the staffing model for our Specialist Nursing Home service. This will continue into the next reporting period and benchmarking for other services is planned. We are also currently reviewing other services to ensure that our Multi-disciplinary Team (MDT) approach is clear and that clinical pathways are clear and aligned to national standards.

To become the first UK independent sector health care provider to attain the Pathway to Excellence® designation by August 2024.

This objective was fully achieved. On 23 August 2024, the American Nurses Credentialing Center (ANCC) informed us that we had successfully achieved Pathway to Excellence® designation, an internationally awarded accreditation recognising a health care organisation's commitment to creating a positive practice environment that empowers and engages Nursing staff. We are the first non-NHS healthcare provider in the UK to achieve this prestigious designation, joining 230 other healthcare providers worldwide with only 9 other achievers in the UK, all NHS Trusts. Our staff survey results scored particularly high (Registered Nurses and Nursing Associates were included) and were presented to the last Patient Safety and Quality Committee. Nurses and our first qualified Nursing Associate attended the annual Pathway to Excellence® Conference in New Orleans. Our Matron for Professional Practice also spoke at the International Nurses Forum in America.

We have also seen significant improvements in staff retention, a result of our strategic initiatives and commitment to achieving Pathway to Excellence® accreditation. This accreditation has guided us in creating a supportive and rewarding work environment, which has contributed to enhanced staff satisfaction and reduced turnover.

To scope new opportunities for the RHN to introduce assistive technologies where they are clinically appropriate and improve services for patients.

This was partially achieved during the reporting period, with scoping for introducing environment controls in patient's and resident's rooms being completed and a pilot project commencing. This enables patients and residents to open / close curtains and turn lights on / off without needing to ask for assistance. This has led to the need being identified to ensure that the hospital's Estates and Information Technology infrastructures will support the implementation of new SMART assistive technologies and innovations in the future. This will continue as an objective for the next reporting period 2025 / 2026.

To introduce at least one new assistive technology in the next year across one of our service, determined by our scoping, and to aim to introduce at least one new technology by March 2025.

During the reporting period a pilot project of introducing environment controls in patient's and resident's rooms commenced. This will continue into the next reporting period and we will look to expand the introduction of environment controls in other areas of the hospital.

To commence a review of the RHN 10 year strategy, led by the hospital CEO.

This objective was fully achieved with the Executive Management Team (EMT) and the Board completing an initial scoping of areas for development. Executive leads were identified and they led a presentation of new areas for development to three Operational Management Team members and provided opportunity for ideas and innovations to be fed back. This was a very productive session with many ideas and innovations discussed.

Deliver 2024/2025 objectives in the RHN Path to Excellence strategy, which is underpinned by a number of sub-strategies, including the clinical strategy, workforce and Learning & Development strategies, Estates strategy, fundraising and marketing strategies, research strategy, sustainability strategy, Patient and Resident Engagement and Experience strategy.

We continued into year three for the delivery of the Path to Excellence strategy with objectives of each sub-strategy being either completed or commenced. For the People strategy the Learning & Development team have been able to increase accessibility and usefulness of data from the RHN Learning Management System. The annual staff appraisal process has also been moved to online, allowing flexibility for different professional groups and greater detail in reporting. In relation to the Clinical strategy metrics in all services can now be monitored digitally and the team have started to implement a process for translating recent research into practice.

In delivering our Research strategy it has been possible to establish research partnerships with other organisations for PDOC, ventilation and technology research. We have also delivered four specialist conferences during the reporting period, and we have also been able to support the completion of a further PhD. For the Estates strategy a refurbishment of Hunter Ward was completed and additional bike storage was implemented to encourage more staff to participate in active travel. Detail of the progress of the Patient and Resident Engagement and Experience strategy are included later in this report.

To ensure that each sub-strategy has a robust monitoring and reporting structure in place

This objective was achieved during the reporting period. Each sub-strategy of the Path to Excellence was reported to both EMT monthly and the Board quarterly using a traffic light system to easily show progress.

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).

This goal was fully achieved during the reporting period. The Head of Patient Safety & Quality Assurance has continued as the RHN's Patient Safety Specialist and PSIRF lead. PSIRF has now become a part of the RHN's business as usual. In line with national guidance the Head of Patient Safety and Quality Assurance completed a post implementation review of the RHN's incident profile in March 2025. This was used to make some minor updates to the RHN's PSIRF policy and plan, which was subsequently submitted to SWL ICB for external approval. A meeting is planned to take place in September 2025 For SWL ICB top comment on the updated PSIRF policy and plan.

To report through the SWL ICB PSIRF Community of Practice forum the RHN's progress in linking PSIRF to continuous quality improvement.

This goal was fully achieved during the reporting period. The Head of Patient Safety & Quality Assurance has remained an active member of the forum, where experiences are shared and system wide learning takes place.

To develop and implement an in-house 2 days staff training package for PSIRF, systems thinking, incident response methodologies, quality improvement and human factors.

This objective was not achieved during the reporting period and will continue into the next reporting period.

To continue to promote PSIRF across the hospital via a roadshow to all wards and departments.

The Head of Patient Safety & Quality Assurance initially gave a series of drop in sessions and plans to turn this into a roadshow, and so this objective will continue into the next reporting period. Patient Safety training levels 1 and 2 are also in place for all staff.

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.

This objective was fully achieved. The Incident Reporting and Management Policy & Procedure, the Being Open & Duty of Candour Policy and Procedure, and the Management of Complaints and Feedback Policy and Procedure were updated during the reporting period.

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.

This goal was fully achieved during the reporting period. In line with national guidance the Head of Patient Safety and Quality Assurance completed a post implementation review of the RHN's incident profile in March 2025. This was used to make some minor updates to the RHN's PSIRF policy and plan, which was subsequently submitted to SWL ICB for external approval. A meeting is planned to take place in September 2025 For SWL ICB top comment on the updated PSIRF policy and plan.

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.

This goal was fully achieved during the reporting period. The Head of Patient Safety & Quality Assurance completed online learning, sessions and assignments for all modules of the course. An additional assignment was completed by 31 December 2024 and a certificate was received for passing the course.

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 2023/2024.

This goal continues to be explored and will continue into the next reporting period.

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 2023/2024 are carried over into the action plan for delivery in 2024/2025:

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 2023/2024.

In August 2024 one of the RHN's long term residents attended the SWL Patient Experience & Engagement Group, supported by the Patient Experience & Safety Officer, to present his experience of being involved in our Patient & Resident Experience & Engagement Strategy. The group was attended by members of the SWL ICB Quality Team and Patient Safety Partners from providers across the SWL ICB area. The presentation was very well received.

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 2023/2024.

This goal has progressed during the reporting period and will continue into the next reporting period. During this reporting period meetings were held, attended by residents, the Patient Experience & Safety Officer and members of the Learning & Development team, to plan the project. It has been agreed that initially a presentation will be provided at staff inductions whilst plans for developing a video continue.

We will explore other potential possibilities for our patients and residents to be involved in staff inductions.

During the reporting period Communicating with Patients training was launched at the RHN, led by one of our residents. This is now included in staff inductions During the training the resident shared his experiences with new staff and a video has also been produced for when the resident is unable to attend in person.

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.

This goal has progressed during the reporting period. The Patient Experience and Safety Officer, Head of Patient Safety & Quality Assurance and Matron for Clinical Education met a number of times to discuss and plan the development of quality and safety boards and welcome boards that will be implemented in all wards. Prototype boards are currently being developed and will be presented and discussed with patients, residents and family members. They will also be produced with input from our Speech & Language Therapy team. This goal will continue into the next reporting period.

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 2023/2024.

The Patient Experience & Safety Officer has progressed with this project, working with action owners to drive improvement and keeping a record on an action's tracker. Each service has an actions tracker on Smartsheet and going forward actions from feedback will be added to them. There are also plans in place to introduce a new audit in relation to patient and resident experience within our Brain Injury Service and Specialist Nursing Home service. The results of the 2024 Annual Patient & Relative Survey were shared with all relevant departments and services. Actions were agreed with all relevant departments and a meeting is planned with Matrons and Ward Managers to discuss further.

We will also further develop an audit on the Tenable 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 project progressed slowly during the reporting period with discussions in relation to obtaining feedback via Tenable. However, it was realised that our current contract only enables 14 audits to be implemented on it and so plans have been made to renew our Tenable contract in July 2025 with unlimited audits and unlimited areas to audit. This will enable this audit to be introduced via Tenable in the next reporting period. We are on track to achieve this by July 2025.

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

This objective was not met during the reporting period and will continue into the next reporting period 2025/2026.

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.

This objective was partially achieved during the reporting period. Communicating with families training and communicating with patients training has been introduced. We are progressing with sourcing appropriate customer services accreditation and so this objective will continue into the next reporting period. We have already trialled an external course for our domestic services which is to be evaluated with a view to further roll out.

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.

The Patient Experience and Safety Officer worked with the Speech & Language Therapy team to identify patients and residents who could participate in the 2024 Annual Patient and Relatives Survey and identify their communication needs. The team were subsequently able to involve 49 patients and residents in the survey, 15 of which required additional support or 'talking mats' (a version of the survey). This was the highest

number of patients and residents we have had involved in the survey. The Speech & Language Therapy team have also supported in the drafting of an easy read version of the survey results. In the next reporting, it is planned to introduce new resources, such as E-Tran boards (a special communication system that enables people to select letters with their eyes. E-tran stands for “Eye Transfer”), to be used in the survey.

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.

This objective was partially achieved. During the reporting period the use of generic patient and resident welcome booklets was reviewed. Plans are in place to replace these with more personalised patient and resident information packs. For the Brain Injury Service work has commenced to draft templates for their welcome packs. Once drafted a working party that includes patients, residents and family members, will review the templates. This objective will continue into the next reporting period.

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.

This objective was fully achieved. The content of our complaints and feedback staff training workshops was updated and implemented. It now places more emphasis on all feedback being encouraged and welcomed and treating complaints with confidentiality so that the complainant does not feel uncomfortable.

We will complete a ‘building therapeutic relationships’ project that aims to engage and involve patients, residents and their families in planning their care.

This objective progressed during the reporting period. An initial meeting took place with patients, residents and family members. Personalised care plans have been introduced onto the RHN’s electronic patient record system and it is planned to add a front sheet to the template that will summarise key information about a person’s needs, including communication and information sharing. This objective will continue into the next reporting period.

Workforce:

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.

During the reporting period we moved from the ‘values based’ recruitment process to inclusive recruitment training. As a part of the training for managers will be introduced and the first session is planned to take place on 05 June 2025.

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.

Although we have now moved from the 'values based' recruitment process to inclusive recruitment training, unconscious bias is also a part of this.

We will reduce staff vacancy levels by 5% each year to 2027.

In March 2025 we achieved staff vacancy levels for nurses and Healthcare Professionals at 7%, and for Allied Health Professionals at 7%.

We will aim to reduce staff turnover levels to 12%.

During the reporting period our reporting methods were improved to provide more accurate figures and so it was realised that our staff turnover levels had been less than 12% as previously reported. In March 2025 our turnover levels were 0.94%.

We will aim to reduce the number of staff who leave the RHN within 2 years of service by 50%.

This objective was achieved during the reporting period. In March 2025 staff leaving within 2 years of service was at 3.87%, which is below our benchmark figure of 5% and comparable with the NHS benchmark figure of 4.9%.

We will also analyse leavers data and other external sources to gain a better understanding of why people leave a role or workplace.

We analyse why people leave a role through offering exit interviews with all staff who leave. This data is reported as a monthly KPI to the Executive Management Team.

We will undertake a review of the feedback we receive from our staff induction events.

We ensure that all attendees at the RHN induction are invited to complete an evaluation of their experience so that we can learn and improve the induction process to meet their needs.

We will continue to complete an internal and external pay parity project in order to make our pay more competitive.

During the reporting period this objective continued and has become a part of business as usual.

We will continue to complete our job evaluation scheme.

During the reporting period we progressed well with this objective, and it will continue into the next reporting period. A new Human Resource system (Workday) is planned to be introduced which will identify pay scales for both clinical and non-clinical staff.

We will introduce a new Applicant Tracking System to the RHN.

During the reporting period we sourced a new Human Resource system, Workday, which will enable effective applicant tracking. This system is planned to be introduced in the next reporting period.

We will work to improve the 'join our team' pages on the RHN website, working in collaboration with the RHN Communications Department

During the reporting period it was assessed that the RHN would benefit from an improved

website and to the Communications team have been scoping this. Once sourced it will include improved 'join our team' pages and so this objective will continue into the next reporting period.

Learning and Development (L&D)

We will further develop our leadership across the organisation by introducing a mentorship / coaching framework by March 2025.

During the reporting period we developed and introduced a new leadership framework that includes mentoring and coaching. Coaching skills training was introduced and to this objective was achieved.

We will introduce a 360 degree appraisal system, commencing with the Nursing Directorate as part of our Pathway to Excellence accreditation®.

The appraisal system was introduced as a part of the new leadership framework and has been successfully piloted across the Nursing Directorate. Plans are in place to cascade the 360 degrees appraisal system across the whole of the RHN.

We will look to increase our number of opportunities for staff to access apprenticeship programmes by March 2025.

This objective was achieved and staff have access to Level 7 apprenticeship programmes.

Learning and Development (L&D)

We will conduct a review of our current external Occupational Health service.

This objective was achieved with a full review of our current external Occupational Health service being completed. After going to tender for new contracts we renewed our contract with our current provider, Medigold.

We will aim to reduce staff sickness due to musculoskeletal injuries / issues by 5% each year to 2027.

This objective was achieved during the reporting period.

We aim to introduce health and wellbeing plans for staff to have the opportunity opt into.

This objective was achieved with the introduction of health and wellbeing plans as part of the new IPR (Individual Performance Review) process.

We will also introduce staff wellbeing discussions at annual individual performance reviews and one to one meetings.

This objective was achieved with the introduction of health and wellbeing plans as part of the new IPR (Individual Performance Review) process. The 2024 Staff Survey showed that 85% indicated that they felt that the RHN takes interest in their health and wellbeing. This compares well with other providers across the ICB, such as Kingston Hospital which scored 62%, and the NHS as a whole, which scored 57%.

We will continue to review the branding on the Wellbeing page of the RHN Intranet with a view to making it more user friendly.

This objective has been ongoing during the reporting period. Branding on the Wellbeing page of the RHN Intranet has been updated regularly. Plans are in place to replace the current Intranet site with a new site and so this will include an updated Wellbeing page

We will train one of our Mental Health First Aiders to be able to deliver training in-house.

This objective was achieved with an internal Mental Health First Aider being trained to deliver the training program in-house.

We will showcase our Mental Health First Aiders externally by March 2025.

This objective was achieved during the reporting period with our Mental Health First Aiders service being included in the RHN Fellows newsletter and some external newsletters. We also plan to host representatives from NHS Wales at the RHN on 02 April 2025 to learn about our journey towards Pathway to Excellence accreditation. We will also showcase our Mental Health First Aiders service at this event.

We will continue to participate in the London Pride parade and continue to support staff via regular meetings of the LGBTQI+ staff network.

This objective was achieved with the RHN participating in London Pride with a float and many staff attending in July 2024. The LGBTQI+ staff network has continued to meet and support staff and is business as usual.

We will further develop the Women's Network and Diverse-ability Group.

This objective was achieved during the reporting period with the continuance of the Women's and Diverse-ability Networks. We plan to have staff with lived experience of diverse-ability to speak at the Diverse-ability Network. We are also in the process of applying for Disability Confidence accreditation and have formed a working party to drive this forward into the next reporting period.

Equity, Equality & 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.

The 2024 Staff Survey results showed that there has been a shift towards equity and equal opportunities, based on individual needs and so this objective was fully achieved.

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.

Work towards this objective progressed during the reporting period and will continue into the next reporting period.

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.

During the reporting period we progressed in the process of applying for Disability Confidence accreditation and have formed a working party to drive this forward into the next reporting period. Plans are in place to apply for this accreditation by 31 July 2025

We will attain the Bronze Award Race Equality Trailblazer Status by September 2024.

This objective was achieved and we attained the Bronze Award Race Equality Trailblazer

Status in September 2024. It is planned for the RHN to achieve the Silver Award Race Equality Trailblazer Status in the next reporting period.

Fundraising:

The following services at the RHN are supported by charitable funds:

- Chaplaincy Service
- Art Occupational Therapy
- Music Therapy
- Research
- Leisure and Family Services
- Capital and ward refurbishments

The past year (April 2024 – March 2025) has been a successful year for Fundraising, with £2.7M of voluntary income raised in support of funding for key therapeutic services, aimed at providing the necessary care needed to enhance the daily experience of our patients and residents.

As part of our contribution in achieving the goals of the RHN's strategy, The Path to Excellence, we have engaged in a number of activities involving the public, businesses and Trusts, including:

- The promotion of our 'Gifts in Wills' service.
- Liaison with solicitors in receipt of legacy notifications, with payments reaching £1.4M.
- Targeted Direct Mail appeals to individuals, which saw a rise in donations by 18% in this reporting period compared with the 2023/2024 reporting period.
- Events and local community engagements, including our Sip and Stick events, a Christmas Fair with Santa's Grotto and our participation in the Hampton Court Half Marathon.

Our quality priorities for the reporting period 2024/2025 included:

To raise funds for the planned Hunter Ward refurbishment project.

We were able to secure £1M in funds which contributed to the successful completion of the Hunter Ward refurbishment project.

To increase our community engagements, which will encompass corporate/business communities, whilst still delivering a small number of special events.

In this reporting period, our engagement with the local community involving schools, churches, businesses and other organisations has been an on-going commitment. We have seen tremendous growth in support for our community activities, including Burns Night events.

The Fundraising team was also successful in joining the Wandsworth Chamber of Commerce and the RHN was shortlisted for the 'Best Charity in Business Awards'

Research

To progress with the implementation of our Research Strategy and/or complete 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.

During the reporting period this PhD was completed and a VIVA was presented in February 2025. Findings of the study are being prepared for publication and the results were also presented at an internal conference hosted by the RHN in March 2025. Plans are in place for the study results to again be presented in October 2025 at the PDOC Research Conference. Some of the findings of the study have been implemented into the work of the Speech & Language Therapy team and the SMART assessment tool.

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 programme on Augmentative and Alternative Communication (AAC) can be effective at improving communication interactions between adults with acquired communication difficulties and their care staff.

During the reporting period this study progressed well. The study is planned to be finalised in 2026 and some of the results were presented at an internal conference hosted by the RHN in March 2025.

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 study received ethics approval in March 2025 and so data collection has commenced. Background to the study was presented at an internal conference hosted by the RHN in March 2025.

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 progressed during the reporting period and analysis of the results has commenced. This study will continue into the next reporting period.

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 study, in collaboration with the University of Surrey, has progressed well and was completed in June 2024.

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.

This research study progressed well during the reporting period and will continue into the next reporting period. The RHN is currently recruiting participants into the study.

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.

This research study progressed well during the reporting period with data collection being completed. Memori has been registered as a medical device and plans are in place to launch it in June 2025 across the RHN. This objective will continue into the next reporting period.

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).

This study progressed during the reporting period and will continue into the next reporting period.

The Support and Training Needs of Staff Managing discontinuation of Clinically Assisted Nutrition and Hydration in Medically Stable Patients with Prolonged Disorders of Consciousness.

This study was paused during the reporting period.

Delphi study” towards a consensus on defining and naming covert awareness”. Project from the International Brain Injury Association that is looking for participation in this Delphi study.

This research study has progressed well and was completed in July 2024.

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.

This study progressed well and was completed during the reporting period. It was subsequently presented as a poster at the British Society of Physical & Rehabilitation Medicine (BSPRM), Annual Scientific Conference on 6 - 8 November 2024.

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.

This study progressed well and was completed during the reporting period. The study was published in January 2025.

Quality Priorities for 2025/2026 (looking forward)

For the next reporting period 01 April 2025 – 31 March 2026, the RHN strives to continue to build on its great progress and carry over any objectives that were not fully achieved from 2024/2025 into priorities for 2025/2026. We aim to build on our successes of the last year and continuously improve patient and resident safety and service quality at the RHN through our focussed objectives and KPIs.

Our key priorities for 2025/2026 which are agreed with our commissioners include:

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

Clinical Effectiveness

Continuing to build on the benchmarking staffing model in our Invasive Ventilation and Complex Respiratory Service, we will complete similar benchmarking across our other RHN services, where possible and where external information is available, to continue to inform our best practice modelling of care provision.

Other services will continue to be reviewed to ensure the MDT approach is clearer and clinical pathways are aligned and clear.

As part of the development of our strategy we will:

- ensure that clinical pathways are aligned with ICB priorities to deliver care as close to home as possible.
- introduce skill mix into our Specialist Nursing Home service to meet the changing needs of the patient population and ensure that our service is value based.
- looking at primary prevention being key to service delivery across continuing healthcare and we will gain a better understanding of current pathways, current challenges and new technologies. We will also identify where we could make a difference and develop prototype solutions.
- review services with an aim to improve access for patients where there is an unmet need, as part of our ongoing strategy.
- develop a business case for introducing a learning academy to go live in June 2026 in line with our strategic priorities.
- We will develop stronger links with Headway and work with the local community. As part of this we will scope accreditation opportunities.
- We will maintain our Pathway to Excellence ® accreditation, showing the demonstrable outcomes attributed to the program.
- We will maintain our Leaders in Safeguarding Gold award for a further two years, until it is time for us to reapply for renewed designation.
- For our Young Adults service, we will ensure that it meets national criteria for Learning Disability Improvement Standards. This will ensure that the service provides the right support, right care, right culture and that the RHN meets the relevant requirements.
- We will review the hospital's infrastructure to ensure that patient and resident rooms are prepared for the introduction of SMART assistive technologies.
- We will expand on our current project to introduce environmental controls. Once the pilot has been completed, we will look to introduce environmental controls across other areas of the hospital.

Patient Safety:

We will aim 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:

- Working with SWL ICB to complete a desktop review of the updated PSIRF policy and plan in order to gain external approval in line with the national framework.
- Continuing to develop and implement an in-house 2 days staff training package for PSIRF, systems thinking, incident response methodologies, investigation methodologies, Duty of Candour, quality improvement and human factors, and to continue to promote PSIRF across the hospital via a roadshow to all wards and departments.

- The Head of Patient Safety & Quality Assurance, as the RHN's Patient Safety Specialist, will look to apply for Fellowship and Chartered status with the Chartered Institute of Ergonomics & Human Factors.
- We will also continue to explore possible options for the RHN to gain a nationally recognised accreditation in quality and safety.
- We will complete a review of our current use of Tendable (for internal audits) and develop a business plan to renew our contract with Tendable that will ensure that an unlimited number of audits can be added, an unlimited number of areas can be audited and that a CQC compliance module is included in the package.

Patient and Resident Experience :

We will 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 2024/2025 are carried over into the action plan for delivery in 2025/2026:

- Patients and residents will continue to be supported to take part in a video to welcome new staff and provide some insight into the things that matter most to them.
- We will continue to work on our 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 includes building on a review of the quality of board information, which has already commenced.
- We will also continue to 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 of implementing a hospital live and recorded streaming service at the RHN.
- We will continue to work with our patients and residents, as well as the Learning & Development team, to implement staff customer service training across all disciplines and gain recognised accreditation in customer service at the RHN.
- We will continue to 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 complete the '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 2025/2026:

Staff Recruitment and Retention

- We will work to improve the 'join our team' pages on the RHN website, working in collaboration with the RHN Communications Department.
- We will implement a new human resources management system, Workday, that will replace current multiple systems and bring them into one. This will include implementing training in using the new system for all staff and managers.
- We will build on the results of our last Staff Survey 2024 we will review why it was indicated that there is a gap between staff knowing how to raise a concern and them being confident that the concern, once raised, has been effectively addressed.
- We will also introduce listening focus groups in order to understand the Staff Survey 2024 results that indicated that staff felt they do not always have time to complete all of the tasks that are included in their work.
- As part of our recruitment processes we will include interview questions that are fed into the process from our patients and residents.
- We will introduce the talent management approach across the RHN.
- We will work with stakeholders to review and update the behaviours framework that feeds into RHN job descriptions, performance management processes and talent management processes.

Learning and Development (L&D)

- We will implement training for staff to become internal coaches as part of establishing a program of internal coaching.

Health and Wellbeing

- In line with new legislation we will introduce a new Sexual Safety in the Workplace Policy. This will include introducing staff training in the subject.

Equity, Equality & Diversity

- 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 aim to achieve the Trailblazers Silver Award accreditation.
- We will apply for Disability Confident Level 1 accreditation by July 2025.
- We will utilise the implementation of Workday to improve access to data that will enable us to report more effectively on ethnically diverse staff and staff with disabilities.
- We will look to ensure that more ethnically diverse staff have opportunity to move into

more senior positions within the RHN.

Fundraising:

Our quality priorities for the reporting period 2025/2026 include:

- To raise funds that will support the Glyn Ward refurbishment project.
- To administer the receipt of legacy payments from new legacy notifications in our pipeline.
- To host a variety of events aimed at increasing the profile of the RHN and strengthening existing connections.
- To promote the value of key services that are in regular need of funding, through our Christmas card sales and targeted communications to both existing and potential supporters.

Research:

To progress with the implementation of our Research Strategy and continue the following research projects:

- 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 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 study is expected to end in 2026.
- 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. Data collection will continue into 2025/2026.
- 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. Results and data analysis will be completed.
- 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).

To commence the following research projects:

- FOCUS: an outcome measure for specialist clinical management of patients in PDOC. The new measure has been trialled and we hope to 1) get the first results of the trial published and 2) get a manual drafted to be able to share with other centres.
- Create oral electronic opportunities in communication and mobility for people with neuro-disability in collaboration with UCL. The aim is to identify the opportunities to boost independence for people with severe disabilities caused by brain injury or illness, by developing a safe, effective, wireless electronic, tongue controlled system that can facilitate a range of functions, including communication, mobility and environmental control.
- Validation of the Simplified evaluation of consciousness disorders (SECONDS) scale in English in collaboration with University of Birmingham.
- The experience of families of people emerged from prolonged disorders of consciousness. This study will explore the experiences of family members of people who emerge from disorders of consciousness and how these experiences may change over time.
- Exploration of Differing Levels of Engagement, Facial and Bodily, in Different Therapies for PDOC Patients in collaboration with UCL.
- Patient-centred oral health prevention for people who have had a stroke.

Care Quality Commission Statement

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

The RHN is registered to undertake the following regulated activities:

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

We were last inspected by the CQC on 14 June 2023, when they 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'.

The RHN has since implemented a comprehensive remedial action plan in order to

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 regular meetings to monitor the changes that were made and gain assurance of their effectiveness.

Statement on Data Quality

Information Governance and Data quality

It is important that data used by the RHN's clinical services is of high quality and can be used to make informed decisions on patient care and to assist organisational decision-making and planning.

The Board of Trustees receives assurance through the Risk and Audit Committee and the Information Governance Committee. Both the SIRO (Senior Information Risk Owner) and the Caldicott Guardian are part of the Executive Management Team and attend the Board.

We have implemented clinical and administrative information systems, designed to improve the richness and completeness of information that is used to care for our patients and residents.

There has also been a 100% compliance with the process and disclosure timeframe during the reporting period. We have made demonstrable progress in data quality in the strengthening of the recording of demographics and key contacts in our Electronic Patient Record. The Information Technology (IT) department has increased its ability to provide enhanced reports and KPI compliance reporting for Heads of Service and the Executive Management Team.



We are also actively engaged with commissioners to monitor the quality of clinical services. This includes performance indicators and reporting through the UK Rehabilitation Outcomes Collaborative (UK ROC).

We are committed to ensuring staff are aware of their responsibility for data quality and the accurate recording of data in all electronic and paper held records.

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

Data Security and Protection Toolkit

Information Governance requires the RHN to set a high standard for the handling of information. The aim is to demonstrate that we can be trusted to maintain the confidentiality and security of personal information.

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.

The RHN's submission of the Data Security and Protection Toolkit responses for the most recent reporting period of 2023-2024 reported an overall assessment of 'Standards Exceeded'. The 2024-2025 declaration of compliance is due on 30 June 2025.

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

The RHN's submission of the Data Security and Protection Toolkit responses for the most recent reporting period of 2023-2024 reported an overall assessment of 'Standards Exceeded'. The 2024-2025 declaration of compliance is due on 30 June 2025.

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

Data Protection and Data Security

The Information Governance Committee oversees the reporting and actions required relating to data breaches in line with the Data Breach Management Procedure. The RHN follows the NHS and the ICO's rules in breach management.

All incident reports are investigated and learning is shared with all staff.

During the reporting period, 4 Data breaches were reported through the Data Security and Protection incident reporting portal. This resulted in 2 of the 4 incidents being reported to the ICO. Following investigation there were no regulatory actions in relation to these 2 incidents.

The RHN has continued to retain its compliance with Cyber Essentials Plus. An annual penetration test was undertaken, which made three low risk recommendations – those have been implemented. 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.

Part 3: Review of quality performance 2024/2025

Performance on Safety

Incidents

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.

In 2024/2025 a total of 2584 incidents were reported, in comparison with 2353 incidents reported in 2023/2024. Thus, as an average, the staff are reporting 50 incidents per week. This is in comparison with an average of 45 per week during 2023/2024.

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 3 reporting periods. All incidents reported over this reporting period were assessed to have resulted in either no harm or low harm. There were no incidents reported over this reporting period that resulted in moderate, severe or catastrophic 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 and individual. A total of approximately 25 staff also attended a two day course in SEIPS and Human Factors provided by an external training provider as part of our ongoing implementation of PSIRF (Patient Safety Incident Response Framework) in April 2024. This was the second time this training has been provided, resulting in approximately 50 staff having received training to date across the RHN.

No incidents during this reporting period met the threshold for reporting externally as a PSII (Patient Safety Incident Investigation). 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 criteria for reporting externally as a PSII (Patient Safety Incident Investigation).

Quality Improvement

A key aim of introducing PSIRF throughout healthcare has been to align incident reporting with quality improvement. As part of the work undertaken to transition to PSIRF the Head of Patient Safety & Quality Assurance completed a detailed incident profile that demonstrated the RHN's natural progression to systems thinking and aligning incident reporting to quality improvement.

These are some of the following quality improvement projects that were presented at the RHN's Patient Safety & Quality Committee during the reporting period:

Laundry Process & Service Quality Improvement Project

This is a project with the aim to improve our internal laundry processes in relation to labelling of patients' clothing and correctly segregating clothing for patients who use our hospital laundry service and for those whose family members take their clothing home to be laundered.

The project has been led by the Head of Facilities and the Domestic Services Manager, with membership of the Head of Patient Safety & Quality Assurance and the Senior Nursing team.

After reviewing different laundry systems available, such as large mesh bags that keep a patient's clothing in it during washing cycles, the team agreed on the Fixxon clothing labelling system, which are easy to apply buttons that can be laser etched with a person's name and location. They are also reusable. A trial was completed, involving residents and their clothing and all clothing items were returned to them successfully after being laundered over a week period.

The team also sourced a disposable laundry bag that is a different colour to others used in our laundry processes and a laundry basket for patients and residents whose family members take their clothing home to wash.

A business case will be developed in the next reporting period for the Executive Management Team to review.

The RHN Pathway to Excellence Journey ®

The ANCC (American Nurses Credentialing Centre) Pathway to Excellence ® is a global reach and accreditation organisation that promotes a positive practice environments, in shared decision-making, leadership, safety, quality, wellbeing and professional development. It is recognised worldwide. It includes a global network of 230 healthcare organisations worldwide that have received the Pathway to Excellence ® designation. Participating hospitals in various countries including the US, Canada, Australia, the Middle East and some European countries.

Our journey to achieving this accreditation started in early 2023, standards were submitted in February 2024 and designation was achieved in August 2024. It took approximately 18 months to achieve.

In order to be assessed and achieve accreditation we had to firstly make a detailed submission on how we meet the following standards:



Once the submission was passed we needed to ask our direct care nursing staff to complete the Pathway Survey, provided by the ANCC. The following results were achieved:

Total eligible respondents (registered nurses and nursing associates)	190
Total number of responses	135
Total responses (%) ¹	71%
Number of survey items greater than or equal to 50% favourable ²	28
Number of survey items greater than or equal to 75% favourable ³	28

¹60% of all eligible respondents must complete the survey

²All 28 survey items must have a 50% favourable response of agree or strongly agree

³21 out of 28 survey items must have a 75% favourable response of agree or strongly agree

A score of less than 50% in any of the 28 survey items results in an unsuccessful pathway application

Survey Item Number	Survey Items	% Favourable (agree or strongly agree)
12	Nurse managers in this organisation are accessible to direct care nurses.	98
15	At this organisation, direct care nurses are involved in addressing patient related safety events.	98
20	The organisation promoted a culture of person- and family-centred care.	98
22	The organisation provides direct care nurses with educational opportunities on how to apply evidence based practice.	98
24	The organisation communicates updates about performance in quality measures.	98
26	The organisation provides nurses with opportunities to create work schedules that support well-being	97
14	At this organisation, direct care nurses feel supported by leadership during periods of planned or unplanned organisational change.	95
10	Nurse managers in the organisation make accommodations for direct care nurses to participate in shared governance committees.	95
29	The organisation has strategies in place to address physical fatigue experienced by direct care nurses.	94
17	The organisation safeguards nurses from verbal abuse from patients and families.	93
9	At this organisation, direct care nurses have input into the hiring process of new staff.	88
13	Nurse managers in this organisation include direct care nurses in cost management discussions.	84

Traffic Light Safety Huddle

This quality improvement project was completed by the Ward Manager for Wellesley Ward and the Matron for Behavioural Services. Wellesley ward is a 13 bedded Neuro-behavioural ward which cares patients with challenging behaviours post brain injury. The main risks to patients on the ward are physical aggression, patient falls, and challenges in nutrition and hydration. It aimed to improve communication between nursing and therapy teams in order to avoid patient and staff injuries. This was achieved by:

- Introducing a visual aid at safety huddles that enabled staff to be aware of all patients and situations on the ward and how to prioritise them according to need.
- The visual aid has a risk management assessment (red, amber, green) to assist in prioritising patients and situations and to allocate resources appropriately.

This system has been extremely effective and a working party has formed with the aim of implementing the traffic light safety huddle across the RHN to improve staff participation, improve the culture of handover and safety huddles, proactively identify safety concerns and empower staff.

Shared Learning

Learning from incidents, complaints and feedback is an important part of how we improve safety and quality of care and service for our patients and residents. At the RHN we have embedded a process of sharing learning across the hospital every 1 -2 weeks. Staff are encouraged to suggest incidents where shared learning could be useful and submit a shared learning document to the Head of Patient Safety & Quality Assurance. The document is posted on the RHN Intranet and in a weekly bulletin for all staff to access. These are then read and discussed at ward huddles and ideas for further improvement or change can come from these conversations.

- At the RHN we share learning from all types of incidents regardless of the harm resulted. We also share:
- positive learning where a particular incident or situation had been dealt with effectively.
- Learning from complaints and concerns.
- Learning from Safeguarding investigations.
- HSSIB (Health Service Safety Investigations Body) investigation reports that are relevant to the RHN.
- Learning from other providers within the SWL ICB area.

There have been instances where staff have supported our patients and residents to draft a shared learning document to inform of their experience of being involved in an incident or making a complaint.

We also review incidents that have been closed in the last week, at our weekly incident meeting, to identify more areas of shared learning and allocate an author. During the reporting period 37 shared learning documents were circulated hospital wide and these are some examples:

- HSSIB Delayed Diagnosis: This investigation explored the safety risk associated with a lack of a system of continuity of care within GP practices. The incident involved a patient with a history of breast cancer who later developed secondary disease that was not diagnosed timely. The HSSIB concluded that GP practices can improve patient safety by aligning their staff wellbeing and patient safety policies to those of NHS England's patient safety strategy (adopting a systems approach to their care processes).
- Effective use of the RHN Bruising Algorithm: Since January, we have had bruise incidents reported via Datix, which is good reporting and is in line with best practice and our Safeguarding Policy for reporting bruises and other markings on patients and residents skin. Some wards have been consistently responsive in completing the photographs of the bruises and completing timely bruise algorithms to investigate the potential causes of the bruises. This shared learning is aimed to share the best practice from some teams to share with all services to provide continuing outstanding care.

- Missed Vaccine Doses: Patients admitted in the RHN normally receive their yearly flu, pneumococcal vaccines etc. and it's the nurses' responsibility to administer these unless indicated. However, an incident happened where vaccines were prescribed but were not given not until a month afterwards and it was found that they were missed by the nurses. There was no clear handover from the medical team about this and there was no follow up. It was only identified when the pharmacist did their routine medication audit for the ward.
- Pressure area care: A resident with mental capacity and with recurrent skin erosion and tears intermittently declined postural management guidelines which had been previously agreed with him. This impacted his wound healing. Although the guidelines had been agreed for optimizing wound healing, the resident's preferences were more aligned with quality of life, evidenced by extended wheelchair seating times to attend communal gatherings off-site, and being nursed on his back, which he found more comfortable. This shared learning was aimed at highlighting that resident's with capacity have the right to make informed decisions even if they could affect on their care outcomes.
- Risk of Absconding: A patient's husband took her outside the hospital without informing the nursing team. She had not yet been assessed by the MDT (Physiotherapist/Occupational Therapist/SLT) to be able to go on a community trip outside the hospital. This shared learning highlighted that there should be clear communication between patients, family, MDT and Nursing regarding the process of community outings assessment. Risk assessments should be in place to maintain patient safety before such outings are facilitated.
- Good Process followed after Falls: A patient was sleeping in her bed, which was positioned at its lowest setting. While attempting to roll over, the patient accidentally fell to the floor and reported hitting her head. Staff promptly attended to her and followed the falls protocol. Although the patient did not sustain any injuries, she declined the use of bedrails as a safety measure. This shared learning highlighted the good practice in staff promptly following protocol on finding that the patient had fallen.
- Safeguarding Incident - Bruising Sustained during Home Leave: A patient with challenging behaviour was admitted to a neuro-behaviour ward with 1-to-1 care in place. As part of his rehabilitation and discharge planning, he goes on home leave every Friday to spend the weekend with his family, returning on Sunday evening or early Monday morning. During one of his home leave, the patient returned with bruises on various parts of his body. When asked how he sustained the bruises, his wife was unable to provide an explanation, stating that there was nothing that could have caused the injuries. Since the patient does not have 1-to-1 care during home leave, the only potential witnesses to the incident were the wife and their son. As the cause was unknown, a Safeguarding referral was raised. On further investigation, it was found out that the property had several hazards including their pet dog, the use of a not suitable commode and a bath seat. A pre and post visit body map is essential for all trips outside the ward or home visits and should be clearly documented in the EPR. Additionally, the bruise algorithm must be promptly completed to better understand the injury timeline.

- Pressure relieving air mattress - trouble shooting and management: Ward staff were not aware of the process for trouble shooting and the management of a pressure relieving air mattresses when a fault occurs. Guidance was available on the Intranet but staff were not fully aware of it. Learning was around ensuring that when a new guidance or resource is added to the Intranet it is highlighted to staff.
- Managing unsafe family involvement in patient care: A patient with multiple bruising due to linked factors, such as medical condition, medications, complete blood count instability and isolated incidents of skin abrasion, was referred to the Safeguarding Adults Local Authority. During the investigation It was found that the family’s involvement in the patient’s care showed some unsafe techniques and unsupervised moving and handling practices when nursing staff present. Immediate actions were taken by the nursing team to prioritise the patient’s safety. Learning was around encouraging open communication with family members, the need for a policy on family involvement in-patient / resident care to support staff, patients and visitors, and ensuring that staff are aware of escalation procedures when they witness unsafe practice.

Safeguarding

The annual Safeguarding Report for this reporting period highlights the organisation’s proactive approach in meeting both evidence-based practices and legal safeguarding requirements. It provides clear assurance of our compliance with the Care Act 2014, the London Multi-Agency Adult Safeguarding Policy, the Care Quality Commission (CQC) registration standards, and the Charity Commission’s governance priorities. Additionally, we continue to uphold the standards set out in the NHS Safeguarding Accountability and Assurance Framework.

At the Royal Hospital for Neuro-disability (RHN), we are fully committed to ensuring that all staff actively safeguard the safety and wellbeing of our patients and residents. Protecting individuals from harm, abuse, and neglect is not only a core responsibility but also a fundamental human right essential to promoting health, dignity, and quality of life. The principle of wellbeing is central to the Care Act 2014 and is firmly embedded within the Care and Support Statutory Guidance, which emphasises the importance of supporting adults at risk to live safely and with dignity.

Training compliance:

Overall training compliance:

Training Level	Current Compliance
Safeguarding Level 1 (eLearning)	99%
Safeguarding Level 2	97%
Safeguarding Level 3	91%
Safeguarding Level 4	100%
Safeguarding Level 5	100%
Safeguarding Level 6	100%

Non-Clinical Staff Compliance: 98%

Medical staff: 85%

Overall Training Compliance by Clinical Ward:

Wards	Current Compliance
Andrew Reed	96%
Chatsworth	99%
Coombs	100%
Devonshire	100%
Drapers	97%
Glyn	100%
Haberdashers House	100%
Hunter	100%
Jack Emerson	99%
Leonora	98%
Wellesley	100%
Wolfson	100%

Department	Current Compliance
Occupational Therapy	97%
Physiotherapy	99%
Speech & Language Therapy	100%
Dieticians	100%
Social Work	100%
Music Therapy	100%
Overall	97%

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 Meeting (SOAM), 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. 35 referrals were made From April 2024 – March 2025 to the Local Authority, in comparison with 16 referrals made from April 2023 – March 2024.

Between April 2024 and March 2025 there were 35 adult safeguarding referrals made to the Local Authority. 29 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. The other 6 referrals were made directly to the Local Authority either by relatives of patients at RHN or other organisations.

Safeguarding activity is broken down for this reporting period as follows:

- 22 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.
- 13 safeguarding referrals progressed to Section 42 enquiries as per procedure of the Care Act 2014.
- Overall, 26 safeguarding enquiries concluded with the allegations being not upheld.
- 9 safeguarding allegations were upheld by the local authority: 2 were in relation to other care providers (reported by RHN), 1 in relation to a relative (financial abuse) and 6 in relation to care at RHN (acts of omission or neglect and emotional abuse).
- 17 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.
- 10 of the cases referred to the Local Authority were reported by relatives and 2 were reported by patients.
- 3 safeguarding referral were made in relation to concerns involving other care providers on the grounds of wider public interest.

The RHN remains committed to maintaining outstanding standards of practice in safeguarding. The hospital has been re-audited in February 2025 and has maintained the Gold Award in Leaders in Safeguarding accreditation standards.

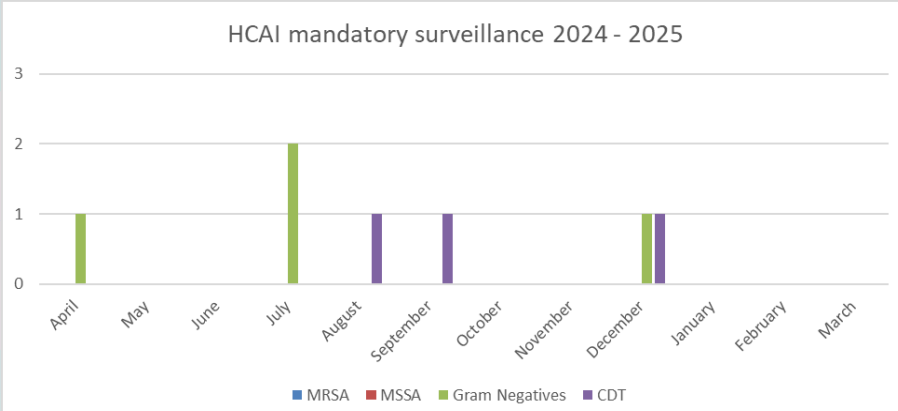
Infection Prevention and Control (IPC)

1. Surveillance

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

The **HCAI 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



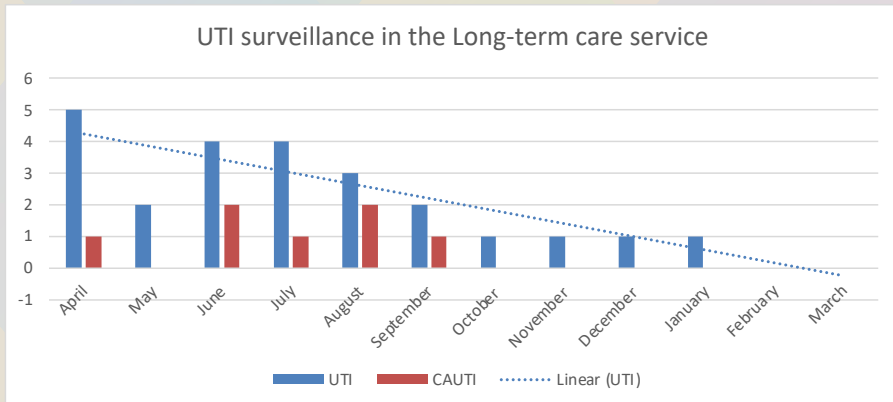
- 3 GNB from a presumed urinary source: 1 was treated in house with antibiotics and 2 (upper Urinary Tract Infection (UTI) and a Pyelonephritis/abscess) were transferred to an acute hospital for further treatment.
- 1 GNB with a primary focus on hepatobiliary issues (cholecystitis): the patient was managed in an acute hospital.
- 3 CDT infections were found to be reoccurrence episodes following antibiotic treatment. No complications resulted.

UTI surveillance in the long-term care service has been part of the IPC monitoring and quarterly report.

The criteria for these UTI cases are: symptomatic, positive urine culture and treated with antibiotics. NB: Catheter associated infection (CAUTI) data was included in this chart to demonstrate the proportion of patients with catheter who develops UTI. The average number of patients with a catheter at the RHN is 35.

UTI surveillance in the long-term care service has been part of the IPC monitoring and quarterly report.

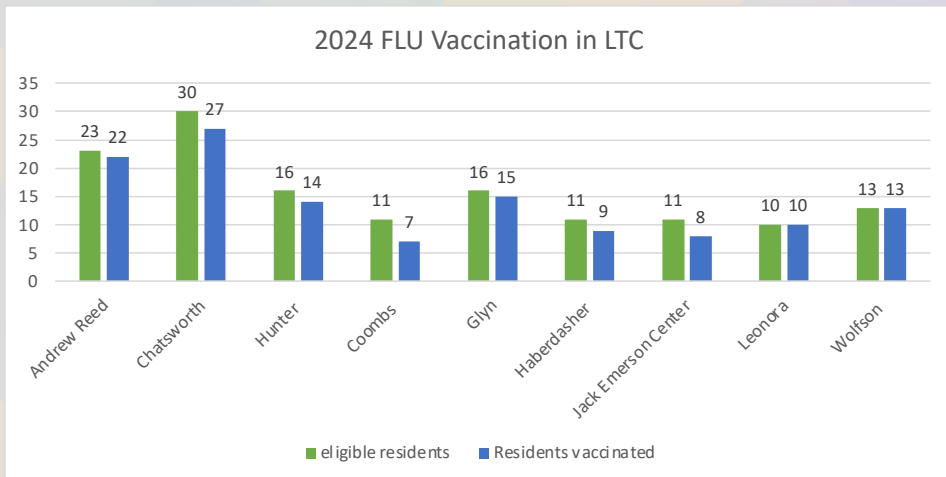
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2. Vaccination

Influenza

There is an annual flu vaccination program for Long Term Care residents at the RHN. The RHN's GP practice nurse facilitates this program.

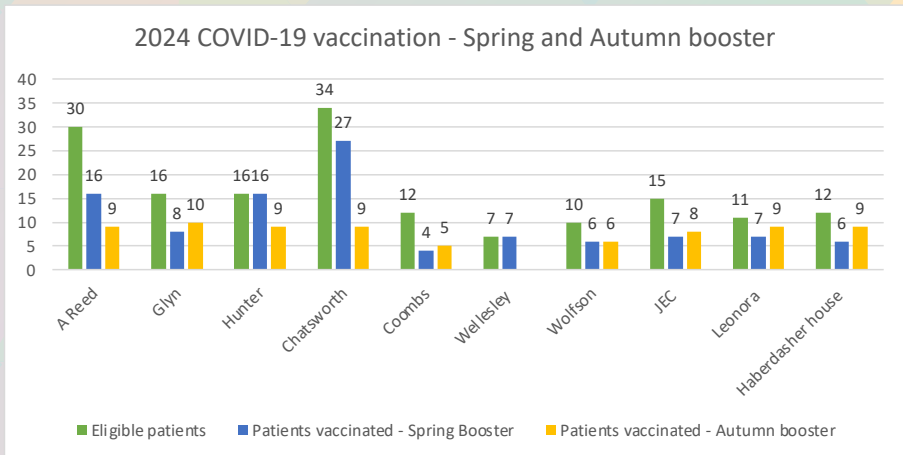


RSV vaccination

The RSV vaccine helps protect against respiratory syncytial virus (RSV), a common virus that can make babies and older adults seriously ill. It's recommended for adults aged 75 to 79 to have it. This vaccination was offered to all eligible patients in the RHN, 6 of the 10 residents who were eligible to receive the vaccination were vaccinated in October 2024.

COVID-19 vaccination

The 2024 Spring and Autumn COVID-19 booster was offered to all eligible patients at the RHN. Many declined to receive the vaccination, and so there has been a noticeable reduction in the uptake of the COVID-19 vaccination during this reporting period.



3. IPC standards audit:

- Hand Hygiene

A hand hygiene audit schedule is in place and is completed monthly by ward staff via the Tendable audit application and results are reported to the Infection Control Committee and Patient Safety & Quality Committee. Results are monitored and actions are implemented as required.

- Cleanliness and Hospital Hygiene

The Patient Led Assessment of Care Environment (PLACE) audit is a national standard audit completed annually at the RHN. The 2024 PLACE audit findings rated the RHN a very clean hospital (scored 100% in the cleanliness aspect).

The Domestic Services Team complete a monthly environmental cleanliness audit to address the challenges (including structural conditions) in maintaining effective cleaning procedures in all clinical areas. The average score across the hospital was above 95% (this is a high standard in terms of environmental cleanliness and in relation to the NHS 2022 standards for hospital cleanliness)

4. Water Safety

A water safety risk assessment for all areas was completed in August 2023. Remedial actions outlined in this risk assessment for actioning during this reporting period were:

- There is a written scheme of action for all clinical water systems. Action was taken develop a written scheme of actions for non-clinical water systems.
- Improving water pressure through a boosted system – Andrew Reed, Hunter, Coombs wards and a section of the Basement offices have been connected to a new boosted water system.
- Replacing steel with copper pipework – Areas listed above have copper pipework. Sectional removal of steel pipework progressed during the reporting period.
- Removing Legionella risk factors, including Thermostatic mixing valve (TMV) where it is not needed, progressed during the reporting period.

Systems to control and reduce the risk of waterborne infection are in place, including maintaining correct hot and cold water temperatures and completing regular flushing of water outlets across hospital areas.

Water testing:

1. Legionella quarterly testing across the hospital
2. Pseudomonas aeruginosa is monitored six-monthly in the ventilation wards

5. IPC Team

During the reporting period, the IPC team, in collaboration with Clinical Nurse Specialists and the Clinical Education team, continued to develop IPC programmes to improve the quality of patient care, including:

- 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.

The IPC service is committed to supporting the RHN sustainability strategy by working on reducing waste volume through promoting the correct use and disposal of PPE (Personal Protective Equipment). The national campaign for correct use of gloves in healthcare is translated locally through education on when to use PPE (gloves) based on infection risk rather than historical practices. This includes easy to follow guidelines to improve staff compliance.

Patient Experience

The Annual Patient / Relative Survey

The Annual Patient/Relative Survey was completed September - November 2024 and results were analysed and reported on by external consultants, Howard Warwick. There were 98 responses received, which was a significant increase from 2023 (69 responses). The 2024 response rate represents 45% of average patient numbers. An electronic link for the online version of the survey and information re where to collect a form was sent via email to all first points of contact. Surveys were completed by 50 patients/residents, which is a notable increase from previous years (38 in 2023). This is likely to be due to the additional processes introduced for supporting those with complex communication and/or cognition needs to participate, including an MDT approach to identifying those that require additional assistance and the availability of talking mat versions.

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

Areas of strength included treating patients and residents with respect and dignity (98%), provision of privacy (97%), given information in a way that is easy to understand (94%), facilitated to participate in religious / cultural beliefs (92%) and overall experience (94%). In addition, almost all staff qualities scored over 90% such as friendliness (95%), respectful (92%) and supportive (92%).

The results also highlighted areas requiring improvement, which are defined as those scoring 75% or lower. This year there were just 4 questions scoring within this category.

In previous years, all aspects of catering services scored 75% or below. In 2024 there was a significant improvement in scores regarding this service; only one aspect (food quality) fell within the 'requires improvement' domain (75%). The Catering Working Party was re-established in 2024. Patients, residents and staff worked together to highlight any issues and identify and plan required actions. These included changes to menus and ordering processes. This working party is currently suspended while the new menu planning/ordering service (Dish) is being introduced; these will be reinstated once this system has been rolled out to capture feedback.

Similarly, scores relating to activity provision have improved, however some aspects continue to score 75% or lower. Ward based activities and access to the grounds and community both scored 63% in 2023 and have increased to 74% and 70% respectively.

The Leisure and Family Services team (LAFS), therapists and ward teams continue to work collaboratively on a number of projects to support patients / residents with recreation and artistic projects. There is also ongoing work on individual wards and/or services regarding access to the grounds and the provision of outings. It was identified that limitations regarding transport have negatively impacted on the latter. A quality improvement project is now underway to review all aspects of transport provision.

Scores regarding the laundry service have decreased further from 70% to 61%. It is anticipated that with the completion of the RHN laundry quality improvement project, and the introduction of new systems and processes, these scores will begin to improve.

Service Level Forums

Service level forums were introduced in March 2024 following the disbandment of the Patients' Representatives Committee (PRC). The 5 quarterly 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.

It was noted that a number of themes were commonly shared / highlighted across most or all of the services. These include outings and community access, communication and information sharing, transport and hydrotherapy. Patients/residents, relatives and staff within individual services then identified and reviewed potential actions aimed at improving experience. Many of these themes link with work streams within the Patient and Resident Experience and Engagement strategy and transport services are being reviewed within a quality improvement Project. Additionally, following feedback and suggestions relating to the sharing of information with patients/residents and relatives, the Communication and IT teams are planning the introduction of a patient/resident/relative hub in 2025. A number of patients/residents will be enlisted to be involved in the review and introduction of this initiative. There will be scope for further developing this to encompass portal systems similar to those seen in the NHS.

Additionally, a hospital wide forum was held in November 2024 which was open to all patients/residents and relatives from across the RHN and attended by representatives from the Executive Team and Board. Updates were shared relating to staffing, CQC rating, refurbishment projects, hospital finances and Pathway to Excellence accreditation. The themes highlighted within the Service Level Forums and subsequent actions were also discussed.

In addition, patients, residents and relatives raised queries, comments and concerns relating to ward staffing levels, outdoor facilities and allocation of funds for patient placements.

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 57 responses, which is a decrease from the previous year (67). The table below shows the Friends and Family Test (FFT) findings from April 2024 to March 2025

	Very good	Good	Neither Good or bad	Poor	Very poor	Don't know	Total
Patients	23	15	1	0	0	0	39
Relatives	14	4	0	0	0	0	18

The results demonstrate that 98% of respondents rated the RHN to be good or better and 2% considered services to be neither good nor bad. No individuals considered their experience to be poor or very poor

Most comments were very positive, especially in relation to kind, supportive, helpful and caring staff, Therapy Services, Leisure and Family Services and Ward Management. There was also praise for the Service Level Forums which provided an opportunity for the sharing of information and feedback and the involvement of patients and families with improvement plans.

There were suggestions shared with the aim of improving service / experience, including more proactive sharing of information with family, a reminder for staff to use sensitive language when discussing personal care, increased opportunity for leisure trips and improvements in food quality. Additionally, there was some feedback received regarding some negative perceptions of the communication and willingness to help of a few Health Care Assistants on one Ward. Feedback from the past 6 months (including FFT findings, complaints, concerns and compliments) was shared with the Ward Manager and Matron to assist with a review.

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 19 formal complaints. This is a slight decrease from the previous financial year when 21 formal complaints were recorded. All were investigated by a senior manager at stage 1 of the complaints process. There were 3 complaints that were referred to Wandsworth Adult Safeguarding Services and subsequently managed via Safeguarding processes. There were no complaints that progressed to stage 2 or 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 69% of complainants, which is a decrease from the previous year (86%). The 5 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, medical treatment and communication. Actions implemented to address individual complaints included the review or introduction of care plans, guidelines and clinical handover processes and the provision of training and support. Additionally, staff huddles and handover times were used to highlight some themes and actions, such as call bell protocols, infection control processes and aspects of communication. Underlying and common themes were identified and many are being addressed within working parties and projects.

Informal concerns

There were 132 informal concerns recorded in this reporting period; this is a marked increase from the previous financial year (155). Informal concerns are viewed positively, as they demonstrate effective processes for patients/relatives to raise concerns and provide an opportunity to address issues and implement learning at an initial/informal stage.

The most common themes were again nursing care, communication and information sharing.

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 324 compliments, which is a decrease from the previous year (414).

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/staff 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 2025/26 are based on our RHN strategy and the department and service strategies that feed into it.





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