

A photograph of a woman with blonde hair, wearing a white button-down shirt and a black shoulder bag, standing in profile and knocking on a bright blue door. She is smiling and looking towards the door. The door has a brass knocker and a small window. The background shows a white-framed window and a red brick wall.

NORTH·LONDON HOSPICE

Registered Charity No. 285300

QUALITY ACCOUNT 2018–2019

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EXECUTIVE SUMMARY

North London Hospice (NLH) reports in this 2018-19 Quality Account on the quality of its clinical services.

The four Priority for Improvement projects completed the year are described which have resulted in work to improve access for people with learning disabilities and homeless people; the introduction of 'Things to know about me' a concise way of communication information about an individual patient on a single page; falls group for community patients; implementation of the productive ward in the Inpatient Unit.

The projects for the coming year are described and are:

- Developing a Carers Strategy
- Organisational review of the integration of User Involvement, Co-production and Community Engagement
- Implementation of the Productive Ward in the Inpatient Unit (Year 2)
- Introduction of a new organisational clinical records database, EMIS

Key service developments and partnership working are reported which include investment in community services from the Sustainability and Transformation Plan (STP) across North Central London, development of Bereavement Support and work with children and young people.

Key clinical services' annual activity data is presented. The User Survey results outline patient and carers experience of NLH services.

Patient safety incidents are reported, with consideration given to falls, medicine and pressure ulcer incidents.

Comments on the Quality Account from external local organisations are included.



PATIENT STORY – PETER’S STORY

“Watching this wonderful man slowly die away in front of our eyes over the nine months of his illness was deeply painful. But the amazing support of North London Hospice enabled him to die with such dignity, in the home he loved, surrounded by all four generations of the family”

These words from Peter Dyer’s daughter, Louise Hodgkinson, show the impact our community nursing team can have on a family facing a journey with a terminally ill loved one.

Peter had many passions. He was a wedding photographer, musician, dog trainer, father-of-three, grandfather, great-grandfather and husband to Pam for 53 years.

In late 2017 Peter was diagnosed with a malignant brain tumour at the age of 75.

While he remained mobile, Peter and Pam utilised the facilities at NLH’s Health & Wellbeing Centre in Winchmore Hill. Peter would attend the exercise classes and lunches and if the pianist was there he would often provide the vocals.

“As a carer, I received much needed support from the Hospice,” explained Pam. “I did the carers course, had massages and tried reiki.”

In his final months, Peter decided he wanted to remain at home so a care team was arranged.

The hospice developed a care plan with Peter and supported him with his symptom management. A Community Palliative Clinical Nursing Specialist visited Peter and Pam every week and they received regular visits and support from a Social Worker and the Palliative Consultant.

“They were all excellent,” added Pam. “They helped us prepare and gave us all the time we needed as we tried to ready ourselves for what would happen next.”

Louise added: “The hospice played a big part in us being able to keep dad at home. During the last couple of weeks the house was full of family.....grandkids, great-grandkids....sometimes we’d have 18 for dinner. We’d all float in and out of his room to chat or read to him. We created some wonderful memories in those last few months, including celebrating his 76th birthday.

“Having dad cared for at home enabled us to be with him and for the children to be more prepared for his passing. On the day he died he received a kiss from one of his grandchildren and two minutes later, he was gone.”

PART 1: CHIEF EXECUTIVE'S STATEMENT: STATEMENT OF QUALITY

It is with great pleasure that I introduce you to North London Hospice's (NLH) 2018 - 2019 Quality Account which has been developed in consultation with NLH users, clinical service staff and managers, the Executive Team and the Board of Trustees.

This year has seen a number of significant service developments. There has been investment in our community services as part of the NHS Sustainable and Transformation Plan (STP) to provide end of life care to more people within our three boroughs. This funding will see additional Nurses, Doctors and Allied Health Professionals joining services. The development will see the Community Services extending hours of operation to 8am-8pm.

We have also increased our service provision Out of Hours. In addition to the telephone advice service, we now have a clinical nurse specialist and healthcare assistant available to visit patients where necessary between 8pm and 8am. Recruitment is well underway to enable the service to operate seven days a week.

The First Contact Service is up and running and will provide a simpler approach to clinical calls from patients and professionals.

I am pleased to see the progress that has been made with our Priorities for Improvements this year. It demonstrates our commitment to the ongoing development and delivery of quality services.

Next year's Priorities for Improvements have been presented to the Patient and Family Feedback Group for their comments and suggestions. We have five projects this year:

- Development of a carer's strategy
- Organisational review of the integration of User Involvement, Co-production and Community Engagement
- Year 2 of the implementation of the Productive Ward on the Inpatient Unit
- Implementation of a new clinical database EMIS
- Development of non-medical prescribing within the community teams

In March we held our second North London Hospice staff conference. Departments presented on a wide variety of topics focused on Leadership, sharing practice to enable a greater understanding and learning across the organisation. It was a successful day, positively evaluated by attendees. Plans are already underway for our next conference in 2020.

I ensure the quality of the care we provide is regularly reviewed and improvements are made as needed and can confirm the accuracy of this Quality Account.

Pam McClinton

Chief Executive of North London Hospice

April 2019

INTRODUCTION

Quality Accounts provide information about the quality of the Hospice's clinical care and improvements to the public, Local Authority Scrutiny Boards and NHS Commissioners.

This year's Quality Account (QA), along with the previous year's QAs, will be found on the internet (NHS Choices and NLH website) and copies are available to read in the reception areas at the Finchley and Winchmore Hill sites. Paper copies are also available on request via our Assistant Director of Quality.

OUR CLINICAL SERVICES

The Hospice's services are provided by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, occupational therapists, social workers, counsellors, clinical psychologists, spiritual care and chaplaincy as well as a range of volunteer roles.

NLH offers the following clinical services:

1. Community Specialist Palliative Care Team (CSPCT)
2. Overnight Clinical Nurse Specialist Service
3. Health & Wellbeing Service (H&W)
4. Inpatient Unit (IPU)
5. Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
6. Patients and Family Support Service (including Bereavement Service)
7. First Contact Service

For a full description of our services please see Appendix One

PART 2: PRIORITIES FOR IMPROVEMENT 2018-19

The following priorities for improvement for 2018-2019 were identified by the clinical teams and were endorsed by the Quality, Safety and Risk Committee, Board of Trustees, local commissioners and Health and Overview Scrutiny Committees.

The priorities for improvement are under the three required domains of patient experience, patient safety and clinical effectiveness:

Priority One: Patient Experience:

Improving Access: Addressing inequalities in service provision (Year 2)

What we planned

This was the second year of a priority for improvement project to address inequalities in accessing our hospice services.

Following the scoping undertaken in 2017 - 2018, it was agreed that the focus for Year 2 would be on:

- People with learning disabilities
- Homeless people
- Improving our working with the significant cultural groups across the three boroughs we service - Barnet, Enfield and Haringey.

Progress against the Plan

Progress was very much aided by the appointment of two Hospice Community Ambassadors.

People with learning disabilities

- Learning Disability champions were identified by our services
- The Ambassadors connected with many borough stakeholders to profile NLH services, explored different ways to refer and to gain commitment for closer partnership working
- A Learning Disability Stakeholder event is being held in May 2019 and will bring together internal and external members to explore partnership working

Homeless People

The Ambassadors met with key stakeholders in the three boroughs to promote the Hospice, particularly the Health & Wellbeing Centre, and to explore partnership working. One referral for a homeless person was reviewed in depth to ensure needs were met.

Working with significant cultural groups

The Ambassadors have met with several cultural groups and continue to build relationships with them. For example: attendance at the interfaith forum, Enfield, and building relationships with the North London Mosque (having been given a monthly slot at the mosque to raise awareness of NLH).

Going forward

During the Priority for Improvement period it was acknowledged that NLH needed to invest resources in community development. The Board approved investment for two years and part of this is to identify new and different groups to assist improvement of access. Community Ambassadors are now in post across our three boroughs with the aim to expand our Compassionate Neighbours initiative and continuing to develop our partnerships.

Work that commenced during this priority for improvement will be addressed as part of the Patient Experience Priority for Improvement in 2019 – 2020. See page 13.

Priority Two: Patient Experience:

Introduction of a “One Page Patient Profile” (now called “Things to know about me”)

What we planned to do

We planned to introduce a One Page Patient Profile across our services, as a simple, concise way of communicating information about an individual patient (includes anything important to them; what they like and how they want to be supported) on a single sheet of paper, completed by the patient or a family member. It is particularly supportive for patients who are not able to tell the staff this information for themselves, for example if they have dementia.

Progress against the plan

The Hospice Dementia Steering Group designed the initial One Page Patient Profile and decided to call it “things to know about me”. The draft was reviewed by members of the Hospice Patient and Family Feedback Group and minor changes were made.

It was piloted on the Inpatient Unit (IPU) and then rolled out throughout the Hospice. It is now used regularly, mainly in IPU, for patients with dementia, or with other patients who are unable to sufficiently communicate.

Staff have found using the document helpful, as have families and patients. Examples where staff have found it supportive in improving patient care include knowing that a patient liked to:

- Have his headphones in for long periods
- Have a handkerchief in his top pocket of his pyjamas
- Have her door kept open.

Staff report that families have said that they felt re-assured knowing that this important information was recorded.

This is an example of the document:

THINGS TO KNOW ABOUT ME

NORTH LONDON HOSPICE
Registered Charity No. 285300

PEOPLE IMPORTANT TO ME

ROUTINES I LIKE TO FOLLOW

HOW I COMMUNICATE

THIS IS ME
I LIKE TO BE CALLED

MY HOBBIES / INTERESTS / JOBS

THINGS THAT WORRY OR UPSET ME

I WOULD ALSO LIKE YOU TO KNOW

THINGS THAT MAKE ME FEEL BETTER

Dementia Steering Group NCH July 18 v2

Going Forward

The use of 'things to know about me' has become established practice in the IPU. It is a regular agenda item at the Dementia Steering Group in order to continue to review its use and to remind staff that it can be used for Community and Health & Wellbeing centre with patients who could benefit from it.

Priority Three: Patient Safety:

Establishing a falls group for community patients

What we planned

We planned to set up a group that was both educational and practical for our Health & Wellbeing patients, community patients and any inpatients waiting to be discharged home.

We planned for a questionnaire to be given to patients before and after they attend the groups to ascertain if the aims as outlined below have been achieved.

For patients to have:

- Increased awareness of why falls happen and know what they can do to reduce them at home
- Better knowledge of what to do if they do fall

Progress against the plan

A pilot group was run in October 2018 with the feedback from the questionnaire showing that participants had been positive about the group and that the goals had been met. Following the pilot a second group ran at the start of 2019.

Handouts were provided, and we will continue to develop these as we refine what we do to ensure we meet the needs of our patients.

Going Forward

A falls group will consist of three, one and half hour long sessions, and will run four times a year.

Each services' multidisciplinary team meeting will identify who would benefit from the group and place the patient directly onto the waiting list for the group.

The group will combine both patients and carers and continue to have a multidisciplinary approach by including a physiotherapist, occupational therapist and a nurse.

Steering group meetings will ensure discussions continue around our falls pathway, ongoing developments and to keep falls awareness at the forefront of priorities at North London Hospice.

Priority Four: Clinical Effectiveness:

The Implementation of the Productive Ward in the Inpatient Unit (IPU).

What we planned to do

We planned to implement the first three core modules of the Productive Ward.

- The Well-organised Ward
- Knowing how we are doing
- Patient Status at a Glance

(The Productive Ward is an initiative developed by the NHS to improve ways of working that leads to "Releasing Time to Care", enabling staff to spend more time with their patients).

Progress against the plan

Elements of all three modules have been introduced leading to meaningful change within the IPU. Some examples of where successful changes were made include:

The well-organised ward:

- Process changes in how medicines were ordered
- Changes to stock being kept in patient rooms to save time by having items to hand
- Improved labelling of stores cupboards so we could easily see contents

Knowing how we are doing:

A board in the ward office was dedicated to providing clear easy to read information on how the unit is doing.

Two examples of information include: a colourful graph to demonstrate to staff the reduction in pressure ulcers over a two-year period and copies of the compliments received from relatives.

This helps to keep staff informed and remind them of the difference they are making to patient care.

Patient Status at a Glance

Magnets were made by our ward clerk to put against patient names on the board in the ward office. For example, to indicate patients who had dementia, who were at risk of falling and who needed help with eating and drinking.

This helps staff and volunteers to identify “at a glance” important patient needs and whilst it does not replace the handover, it releases time to care as it reduces the need to remind staff and volunteers about patient care risks and needs.



CORNEAL DONATION



DEMENTIA PATIENT



PATIENT IS AT RISK OF FALLING



PATIENT NEEDS ASSISTANCE WITH EATING

Examples of magnets used to identify patient needs at a glance.

The introduction of all three modules has enabled time to be saved in different ways, enabling staff to spend more time with their patients.

Going Forward

Whilst continuing to re-enforce the changes introduced through the three core modules, we are going to work on implementing change associated with four further modules, and we will do this as a Priority for Improvement for 2019 – 2020.

LOOKING FORWARD: PRIORITIES FOR IMPROVEMENT 2019-20

The following Priority for Improvement Projects for 2019-20 have been identified by the clinical teams and endorsed by the Quality, Safety and Risk Committee.

All projects were discussed at the Hospice Patient and Family Feedback Group, their comments were incorporated into the plans and users' future involvement in the projects discussed.

The priorities for improvement projects are detailed under the three required domains of Patient Experience, Patient Safety and Clinical Effectiveness:

Patient Experience - Project 1:

Developing a Carers Strategy

How we identified this project

NLH aims to look after not just the patient but to also provide support for the people who care for them. It is our intention to formulate a Carers Strategy to set out how we do this:

By carer we mean the significant family members, friends, children and neighbours that make each day possible for someone living with a progressive and terminal illness. Within our communities they are key people, supporting patients at home and often preventing admission/readmission into hospitals. In addition, within NLH we have extended this definition of carer to include kinship carers. By which we identify those individuals providing care to children, before and after the death of one or both parents. This includes adult siblings, grandparents and other family members as well as friends.

Being a carer of someone who is terminally ill brings particular and specific challenges – not least the fact that these individuals will often fail to recognise themselves as a carer. Our professional behaviour can often reinforce that lack of identification – as we may often see carers only as family members; as individuals who may need bereavement support, without acknowledging also that they could benefit from engagement and support around their carer role specifically.

Our strategy must attend to the identification of carers, as well as attending to our relationship with them, and any additional help they need to enable them to remain resilient and effective in this role.

What we plan to do:

We plan to produce a Carers Strategy to:

- Increase our understanding of need and the work we are doing with carers
- Raise the profile and understanding of needs and work undertaken with carers across NLH
- Provide a wider range and type of support to carers by staff and volunteers – informal to formal involvement

What the outcomes will be:

That a strategy will be in place in order to achieve the above.

Patient Experience - Project 2:

Organisational review of the integration of User Involvement, Co-production and Community Engagement

How we identified this project

Over recent years NLH has undertaken a number of initiatives to engage further with both its users and the public. For example, by establishing user forums, Compassionate Neighbours, development of Health & Wellbeing services through co-production and improving access as a Priority for Improvement.

A review is now needed to identify how we integrate user involvement, co-production and community engagement moving forward

What we plan to do

Initially to hold a workshop with internal stakeholders from across the organisation. This meeting will be key to developing and agreeing the scope of the project, objectives and timeframes and in defining the organisations strategic and operational response. This is to ensure the organisation continues to respond appropriately to both user and engagement agendas.

What the outcomes will be

A consolidated and defined organisational approach to user involvement, co-production and community engagement

Patient Safety - Project 3:

Non-medical prescribing - independent prescribing for Community Teams

Non-Medical Prescribing (NMP) is the prescribing of medicines, dressings and appliances by health professionals who are not doctors.

How we identified this project

NLH acknowledges the benefits to patient care of its nurses being non-medical prescribers. The priority for improvement supports the organisation to expand the number of non-medical prescribers across the community teams.

What we plan to do

We plan to develop and implement a professional development programme for non-medical prescribing. This is a two to three year project.

What the outcomes will be

- Existing Band 7 Community Nurses (excluding those within three years of retirement) to be trained as NMP by March 2022.
- New Band 7 Community Nurses to be trained as NMP within three years of appointment.
- Inclusion of NMP targets. Pay award following successful completion and implementation in practice
- Clinical outcomes:- improved patient outcomes and quicker symptom control through the prescribing of medications including injectable end of life care medications

Clinical Effectiveness - Project 4:

Implementation of the Productive Ward in the Inpatient Unit (Year 2)

How we identified this project

This is part of a two year project. Last year a steering group was set up to undertake work on the three core modules of the Productive Ward.

What we plan to do

This year we plan to address four further modules:

- Meals
- Medicines
- Admissions and Planned Discharges
- Shift handovers

Our intention is for the steering group to review each module in turn and identify areas where practice could be improved following the suggestions outlined in the Productive Ward toolkit.

What the outcomes will be

Elements from the Productive Ward toolkit for each module relevant to our care in the IPU will be implemented so that change occurs, releasing time for our staff to spend with their patients.

Clinical Effectiveness - Project 5:

To introduce a new organisational clinical records database, EMIS

How we identified this project

NLH current clinical records database no longer meets the needs of the organisation.

What we plan to do

Development and deployment of the new database that has been built to meet both the clinical and data reporting requirements of the organisation.

Improve the sharing of information between NLH and patients GPs

Ensure efficient management of processes related to triage and transfer of patient information

What the outcomes will be

To have a clear, standardised, safe and efficient electronic pathway in place to transfer, store, record and use clinical information to communicate both internally and externally.

STATEMENTS OF ASSURANCE FROM THE BOARD

The NLH Quality Account is required to report on a series of mandatory statements. Where they are not applicable to our service, they can be found in Appendix 4.

Review of services

During 2018-19, NLH provided and/or sub-contracted two services where the direct care was NHS funded and three services that were part NHS funded through a grant.

NLH has reviewed all the data available to them on the quality of care in these NHS services.

The NHS grant income received for these services reviewed in 2018-19 represents 34% per cent of the total operational income generated by NLH for the reporting period.

Participation in Audit

The following audits were undertaken during the previous year to ensure that NLH provides a consistently high quality service.

Infection Prevention and Control Audits

Audits have been completed for IPU, Health & Wellbeing Centre and the George Marsh premises with levels of compliance of 95%, 95% and 98% respectively. Areas of non-compliance included the need for improved treatment of lime scale, consistent completion of decontamination checklists and the correct labeling of sharps bins.

Hand Hygiene Audits

The Hospice receives specialist Infection Prevention and Control support from an external specialist. This year we undertook the Hand Hygiene audit provided by the specialists which considered both the handwashing facilities and observation of clinical staff. The audit was completed for IPU, Health & Wellbeing Centre and the George Marsh premises with levels of compliance of 100%, 94% and 100% respectively. The corrective action required was the removal of items that were obstructing access to the clinical hand wash basin.

Audit of Waste Management

This audit was undertaken to ascertain compliance to Hospice policy and relevant legislation regarding management of waste. The initial audit found several areas of non-compliance. Clinical waste was being sealed and labeled with "NLH" and the date, it is common practice to use traceability tags/ties to close / seal bag. Waste being put into the incorrect waste container / bag. Sharps bins were not correctly labelled when being made up with date, clinic/department and initials. However, two subsequent follow-up audits have found that all identified non-conformance were actioned and completed. A further re-audit is to take place next year.

Medication Management Audits

Controlled Drugs, Accountable Officer and Medicines Management audits have been undertaken. All three audits have been devised by Hospice UK to meet the requirements of all relevant legislation and are undertaken annually. This year has seen the

introduction of a new Controlled Drug Register on the Inpatient Unit and policies have been updated to address issues such as handling of controlled drugs in the community and destruction of patients own medication.

Audit of use of bedrail risk assessment tool in IPU

This was a patient safety audit repeated from last year to ascertain compliance to the use of bedrail policy. The audit showed an improvement in completion of the bedrail risk assessment, and some improvement in the frequency of review (re-assessment). However, not all reviews were completed weekly in accordance with the policy.

The outcome of the audit following discussion with the relevant clinicians, led to the policy being updated stating that the review is to be undertaken when the patient's condition changes rather than weekly.

Audit of fall paperwork in IPU

This was a re-audit following the introduction and subsequent audit of the new falls paperwork last year. This audit showed improvement in all standards regarding completion of falls paperwork. Of particular note was that 100% of reviews were fully completed (33% improvement from last time). A further re-audit is planned for January 2020.

Audit of the Dementia-Friendly Environment – Health & Wellbeing Centre

This was also a re-audit from last year. The findings were good. They were discussed at the operational meeting in March 2019: signage is going to be improved (of exit and toilets) and the compilation of a resource box for dementia patients to be held on site will be considered.

Audit of compliance to the Care Quality Commission Standards

Internal audits were carried out in all clinical services throughout the Hospice over a four month period. Practice was audited against the Care Quality Commission (CQC) regulatory standards, and the findings were generally good.

An action plan was put in place for improvements to be made, monitored by the Quality and Risk group. Examples of actions:

- Introduce a policy for the use of chaperones. This has been written and is currently progressing through NLH governance systems.
- Nutrition care plans updated to include information about culture / religion requirements.
- Ensure high level dusting is routinely undertaken in patient rooms. This has been actioned and is being regularly monitored.

The internal audits will be repeated next year.

Audit of admissions to the Inpatient Unit (IPU)

The minimum target for IPU occupancy is 80%. On occasion this is not reached as patients are not able to be admitted from the IPU waiting list. An audit was undertaken to determine the reasons for not admitting a patient on a given day. The audit found that the primary cause of non-admissions cited over the two month period (Oct-Nov 18), was due to a lack of nurses or doctors. The Hospice was already aware of the nursing staffing issues and ongoing work has been undertaken to recruit more IPU nurses, with some recent success. In addition, a rota of doctor availability is going to be available to assist in planning for admissions.

Record-Keeping Audit (IPU)

This was a re-audit looking at how well the paper records used in IPU comply with the record-keeping standards set out in the policy. The audit found improvements in all areas particularly with regards to the use of abbreviations in records. However, further improvement is still required for staff to print their names the first time they make an entry in patient record. The education team will deliver a record keeping update for staff and a further re-audit will take place.

Audit of compliance to the blood transfusion standards (IPU)

This audit looked at the extent to which the documentation pertaining to all blood transfusions undertaken in the IPU over the past year complied with the Blood Transfusion Policy. The findings showed that compliance was good with a few minor improvements to be made. For example ensuring that a full set of patient observations is recorded in the patient records post transfusion. Staff have been made aware of this.

Audit of consent practices throughout hospice services

This audit looked at the records from patient services throughout the Hospice to ascertain the extent to which they complied with the Hospice Consent Policy. Minor areas for improvement were noted that have been discussed at the Information Governance Steering Group and will be addressed with the introduction of the clinical database EMIS.

Use of the new referral form for Patient and Family Support Service Quality, Innovation, Productivity and Prevention Project (QIPP)

This project involved reviewing a new process for referrals from the Inpatient Unit to the Patient and Family Support service. The process was reviewed by a Social Work Manager at quarterly intervals, and included consultation and feedback from those making referrals. Appropriate changes were made to the documentation and process, which is now fully integrated into the IPU. The final review indicated that all referrals contained the required information and staff had become more confident in identifying appropriate issues to refer to the service and their level of urgency. This has resulted in a timelier, effective response from the Patient and Family Support Service.

What others say about us

The Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. They consider five domains of service provision:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

They publish their inspection performance ratings and reports to help the public.

NLH's three sites were separately inspected in 2016. NLH was found to be compliant in all of the areas assessed and each site was rated "Good" in all domains.

NLH is required to register with the Care Quality Commission and its current registration status is unconditional.



DATA QUALITY

Information Governance (IG) refers to the way in which organisations process and handle information, ensuring this is in a secure and confidential manner.

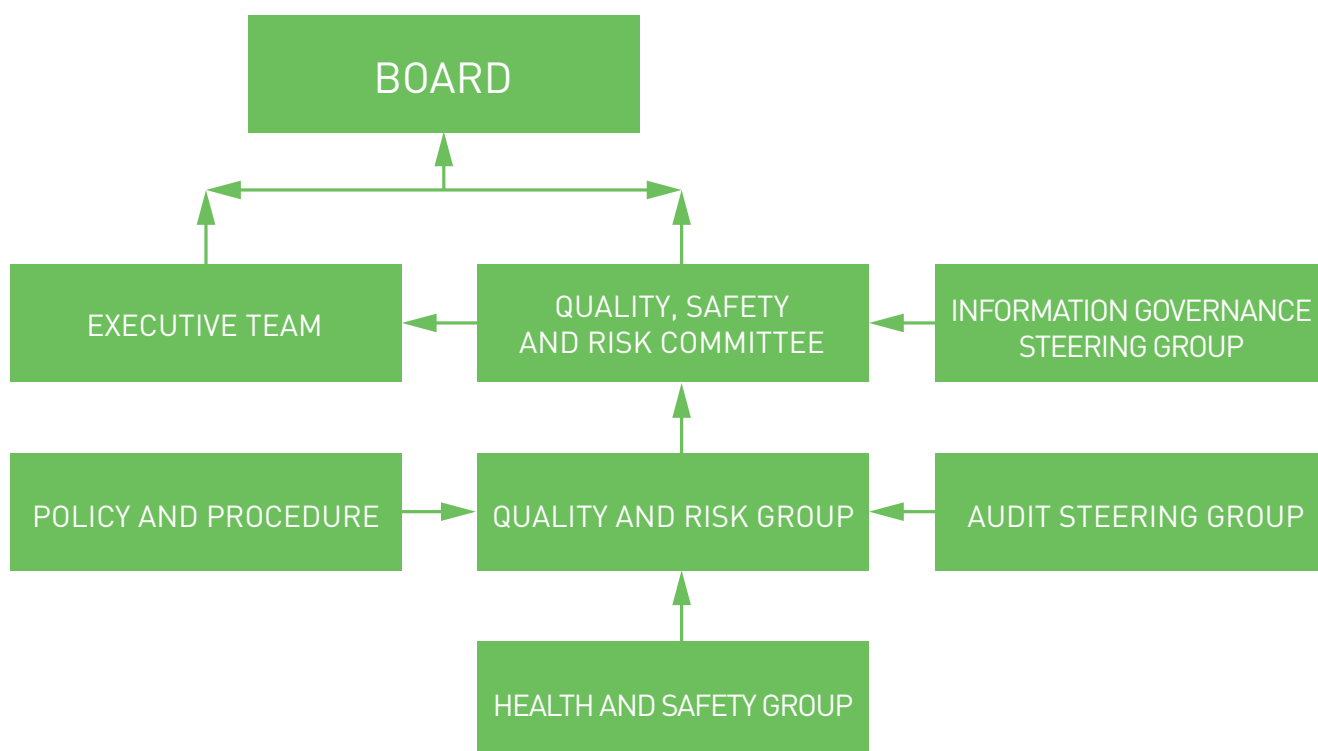
The Data Security and Protection Toolkit was introduced for 2018/19 and is an online self-assessment tool that must be completed by all organisations that has access to NHS patient data and systems. It enables these organisations to measure their performance against the National Data Guardian's 10 data security standards and to provide assurance that they are practicing good data security and that personal information is handled correctly.

The Hospice completed this toolkit in March 2019, completing all mandatory assessments.

PART 3: QUALITY OVERVIEW QUALITY SYSTEMS

NLH has quality at the heart of everything it does as depicted in the diagram of reporting and quality assurance arrangements below:

For a full description of our groups that oversee and review quality please see Appendix 2



KEY SERVICE DEVELOPMENTS OF 2018-19

Health & Wellbeing Service Highlights 2018-2019

Following the launch of The Health & Wellbeing service in March 2018 the service has continued to evolve and develop. The team has consolidated regular courses and workshops which continue to run throughout the year providing rehabilitation and self-management skills, emotional and psychological support, social and companionship opportunities and one to one clinic appointments to support symptom management.

Highlights and new initiatives this year include:

- Working in collaboration with the charity Look Good, Feel Better to provide regular workshops to help women combat the visible side effects of cancer treatment
- After providing the training for the Hospice Biographers last year, we now have trained volunteers to interview and record oral life stories, part of some of the legacy work we undertake
- Following training, our Health Care Assistant has set up a Namaste group for those with impaired cognition, focusing on the senses (Namaste Care is a structured programme of sensory activities that aims to improve end-of-life care for people who have advanced dementia by giving them pleasure and helping them connect with others)
- The Catching the Light photography group has gone from strength to strength and exhibited and sold some of their work at the Affordable Arts Fair on Hampstead Heath as well as learning about photography, setting up monthly photography walks and exploring issues such as self-identity through photography
- We have been fortunate to have a drama therapy student and an art therapy student – both have contributed hugely to the psychological wellbeing services. We have also been able to run a weekly Life Matter group for men.
- The drama therapist worked alongside the physiotherapist to co-produce a group for those with a neurological condition exploring functional and expressive movement
- Following feedback from patients we now run a three session course to understand common sleep problems and strategies to improve sleeping patterns

Community Services

The Community team's **rapid response service** has been running for over a year. The rapid response Clinical Nurse Specialists (CNSs) see approximately five urgent cases per week across the three borough teams. This service helps to ensure we are responsive to urgent need and is supported by the teams Associate CNSs, Social Workers and Health Care Assistants enabling patients to die at home, with support for their family/friends. It also promotes joint working with General Practitioners (GPs) and District Nurses (DNs) and strengthens the development of end of life care practice.

The Community Team have delivered training to GPs and DNs on the **5 Priorities of Care** document:



This is a national document aimed at supporting staff in delivering compassionate care for people and their next of kin at the end of life. The document is now in use as a care plan, with additional information booklets - one with all professionals contact details and pharmacy opening times (borough specific) and a second with vital information to support relatives and friends caring for their loved one.

The community nurses are leading on the implementation of the use of **Coordinate My Care** (CMC). Coordinate My Care is an innovative NHS service that builds medical care around the wishes of each patient. A shared care plan is created and updated that can be seen by all the healthcare professionals who might be involved in providing care: - GPs, community nurses, hospital team, out-of-hours doctors, specialist nurses, London Ambulance Service and NHS 111, enabling them to have information on patient's preferred place of care and current care plan, helping to prevent unnecessary / unwanted admissions to hospitals.

The **overnight CNS service** started in November, building on the existing Out of Hours telephone advice service. This is a three year project where care is provided by a CNS and a Healthcare Assistant between 20.00 and 08.00. It includes giving patients and professionals access to advice on the telephone, and coordination of other services, and where indicated face to face visits to manage a crisis and prevent unwanted /unnecessary admissions to hospital. The service has received 821 calls since November 2018.

Under the **Sustainability and Transformation Plans** (STP) - see page 26 and investment from the Clinical Commissioning Groups (CCGs) in Barnet, Enfield and Haringey we have recruited extra nursing staff of all grades to the Community teams. This means we can extend our reach to more people, supporting them and their loved ones in their preferred place of care and ensuring comfort through effective pain and symptom management and promoting their optimum level of independence.

On the 1st April 2019 we set up a **First Contact Service**. This was where the triage service and the switchboard merged in to one service to ensure all calls into the Hospice are dealt with promptly and by the right person.

Patient and Family Support Services

Community Development (Compassionate Neighbours)

Projected demographic changes relating to end of life; an ageing population and increase of people living for longer with a number of conditions (multiple morbidities), means that what 'Hospice Care' is will change. Our communities will increasingly need to be more involved in the solution to care as well as engaging with us differently.

Our Board of Trustees have invested in development posts to improve our capacity to make essential contacts and develop resources to promote ourselves. We hope that by building relationships with our communities we understand each other better; so they are more likely to use our services, support us and each other.

This development has three main strands to:

- Increase take up of our Health & Wellbeing Services,
- Continue to target specific groups to improve access. E.g. people who are homeless, to identify more ways for patients and families to support themselves ('Self-Management' resources)
- Further increase Compassionate Neighbours who support each other and Community Members who are socially isolated; particularly challenging when facing a life limiting illness. 96 people have been trained as Compassionate Neighbours so far, and they have supported 61 individuals.

Kinship Support

We are proud to be one of two hospices in the UK to have gained funding from St James' Place Charitable Trust, to be the first to have a designated kinship support coordinator. Kinship support is support provided to Grandparents and other kin, as well as unrelated 'friends' of the family, where one or both of a child's parents have died.

The post, which started in January 2019, will be able to scope the range of needs and through working collaboratively, will explore the most relevant and effective service response. For example, providing information, informal support networks (WhatsApp groups), designated volunteer support and signposting to other organisations. This one-year development will raise the profile of kinship supporters and their protective role for children, as well as raise awareness and upskill NLH staff and volunteers via a training programme. This will also link in with a new Priority for Improvement (2019/20) to develop a Carers Strategy.

Outcome Star Development – Working Title 'Preparation Star'

This NLH initiated development with other collaborators (St Joseph's Hospice, Macmillan Cancer Support, Jewish Care and the London Association of Directors of Adult Social Services) will have completed the pilot phase by May 2019. The intention was to develop a collaborative assessment tool. As with all such initiatives we have begun to understand what is useful. The time taken for our nurses and social workers to complete it seems too long. However, for more well patients who attend Come & Connect, it has proved really useful, as a way of opening up conversations. For this reason a 'Self-Completion' version is now part of the pilot. This could become something available to everyone with a life limiting illness to help plan and assist conversations with loved ones, professionals and agencies. (See Appendix 3 for further details on Outcomes Stars).



Bereavement Support Development

In response to service need a targeted volunteer recruitment campaign took place in early 2019. We were delighted with the response and level of interest and have been able to recruit and deliver initial training to 25 additional bereavement support volunteers. This will enable us to continue to develop the options of support available.

Our Bereavement Information Leaflet has been reviewed, updated and now better reflects the service we provide. We have also created several resources to enable people who have received support to provide feedback about their experience and contribute to further development of the service.

Work with children and young people

In response to feedback from staff and service users, we have developed our resources for children and young people. Following consultation with staff we now have a number of books, workbooks and resources that families can borrow to support younger family members themselves. They can also be used by staff and volunteers in our work with families. These have been utilised and well received. Our next stage of development is to further understand need, review current provision and raise the profile of Children and Young People within the organisation.

Dementia Steering Group

The Dementia Steering Group has continued to meet regularly throughout the year and has grown in size.

Highlights and achievements of the year being:

- Successful implementation of the **Things to Know About Me** document (Priority for Improvement for 2018).
- The introduction of clear guidance for Inpatient Unit and Community staff on when and how to use PAINAD (a **pain assessment tool** specially designed to be used with patients who have dementia) as a means to monitor patient pain and response to pain relief.
- A **dementia chest** for the Inpatient Unit containing dementia friendly signs and equipment to set up in a patient's room if they have dementia. This was a recommendation from the Kings Fund audit of the dementia friendly environment which we undertook last year.
- A day long **education** session given by an expert in dementia care and attended by the majority of the Dementia Steering Group – demonstrating our multi-disciplinary team approach to dementia care.



Patient and Family Feedback Groups

Our Patient and Family Feedback Group has continued to take place every 6-8 weeks alternating between our two sites. It is currently open to patients and carers attending the Health & Wellbeing Service and Inpatient Services.

Topics discussed this year:

- 2018-2021 Hospice Strategic Plan highlighting funding issues and additional services NLH will provide
- One page profile – group gave their views on how to present this to good effect and suggested it would be useful for home patients
- NLH website – views on the current website sought and how to improve for the future
- Compassionate Neighbours project – group thought this project was very worthwhile
- Sustainability & Transformation Partnership – all thought it was a good idea to extend Community Services.
- Overnight service – group were pleased that we will be able to offer this service and that the overnight nurse follows up calls in the morning, to check on the situation

Nutrition

International Dysphagia Diet Standardisation Initiative:

NLH have been working collaboratively with Valeside and St Joseph's Hospice catering team to implement the standards on the IPU.

Schwartz Rounds

Schwartz Rounds were introduced in the hospice as a Priority for Improvement in 2016-2017.

Since this time they have continued to be run and have become fully embedded in the Hospice.

Attendance is good and they have been well evaluated with comments such as:

"Excellent Schwartz Round. Made me appreciate and value other colleagues more."

"Today's Schwartz Round reaffirmed my belief that everyone who works here for whatever reason all want to help or make a difference in some way. I work with some amazing people."

"Good insight in to colleagues on an emotional level, and to hear shared experience from audience. Impresses with effort and turnout."

"As usual very insightful. I feel lucky to work for an organisation that is so supportive."

"Safe environment to share personal stories and reflect on own feelings and memories."

Schwartz round topics have included

- "Why I do what I do"
- "I tried my best"
- "Going the extra mile"

Journal Club

The multidisciplinary journal club was implemented as a Priority for Improvement in 2017-2018.

Six papers have been presented over the past year on a range of topics including:

- End of life care for homeless people
- Morphine or Oxycodone for cancer-related pain
- Understanding compassion in palliative care workers

Attendees have found the meetings interesting and useful:

- "it has made me consider a broader view of a physical symptom"
- "increased awareness of issues"
- "good to know we are adhering to practice"

PARTNERSHIP WORKING

Sustainability and Transformation Plan (STP)

NLH continues to be actively involved with North London Partners in Health and Care as members of the North Central London (NCL) STP Last Phase of Life Steering Group. This group is overseeing the implementation of a new Service Specification for Community Palliative Care across the North Central London Clinical Commissioning Groups (CCGs).

This is one of four projects under the NCL STP Urgent and Emergency Care Programme.

The Service Specification is now being implemented across Barnet, Haringey, Enfield, Camden and Islington Community Palliative Care Teams following increased investment by the Clinical Commissioning Groups in the services.

The project has been supported short term (6 months) by a Project Consultant and Project officer working with all providers and based at NLH.

This has resulted in:

- The recruitment of a significant number of new staff across professional disciplines in Barnet, Haringey and Enfield to deliver specialist community palliative care to an increased reach of patients across the borough.
- The implementation of the same referral and triage process across all five boroughs of the STP.
- The completion of baseline data reporting and mechanisms to report Key Performance Indicators for the project until project completion in 2021.
- The adoption of Coordinate My Care (CMC) in routine practice across all five boroughs of the STP.
- Recording educational and training activities to support and develop knowledge and skills of health and social care staff in stakeholder groups across the five boroughs.

This has included Steering Group meetings, service planning meetings and regular teleconferences both with providers and commissioners in addition to working with staff internally to adopt Quality Improvement approaches in implementing change.

EDUCATION AND TRAINING

The NLH education team have continued to provide a quality learning experience and develop new projects over the year.

Within the Hospice, mentorship and individual support was provided to IPU by a Practice Educator on a weekly basis with very positive feedback. The Single Nurse Administration Training (SNAT) was revised and tailored to individual service needs and work is currently underway to provide a robust preceptorship framework.

Following successful accreditation of our two day Palliative Care course for healthcare professionals to a Regulated Qualifications Framework (RQF) Level 5, two courses were delivered. All learners who submitted workbooks were successful in reaching the required standard to pass and the feedback from the external moderator was very positive. "This is very good work and I fully agree with all assessment decisions. The students demonstrate an in depth understanding of the subject, which is a clear reflection of your teaching, learning and assessment strategies. Well done."

Additional courses offered in the Hospice Education prospectus, such as the RQF Level 2 Award in awareness of end of life care, Namaste, Advanced Communication Skills and Summer and Autumn School were all delivered with positive evaluations.

We continued to offer a variety of training to care homes in palliative and end of life care. As part of the Enfield Care Home Project, training focusing on symptom management at the end of life and a Human Rights approach to end of life care has been delivered to over 400 staff in 29 care homes. Bespoke study days were also run in partnership with Barnet Community Education Provider Network (CEPN) to provide end of life care training for Registered Nurses and Healthcare Assistants in Barnet Care Homes.

We continued to welcome nursing and social work students to the Hospice and this year extended placements to physiotherapy students. We were successfully audited by Hertfordshire University for placement quality. In addition, undergraduate and post graduate doctors have had placements and training opportunities at the Hospice. We also welcomed a number of overseas visitors to the Hospice this year, from as far afield as the USA, Japan and Myanmar.

It was a successful year for Apprentices. Three NLH staff commenced a level 2 Team Leading apprenticeship, our first apprentice successfully completed their Health and Social Care course and we were nominated for 'Apprenticeship Provider of the Year' by Barnet and Southgate College for the quality and support offered to our learners by the Hospice team.



A total of 1,569 learners attended our training



Over 700 hours of training and mentoring provided



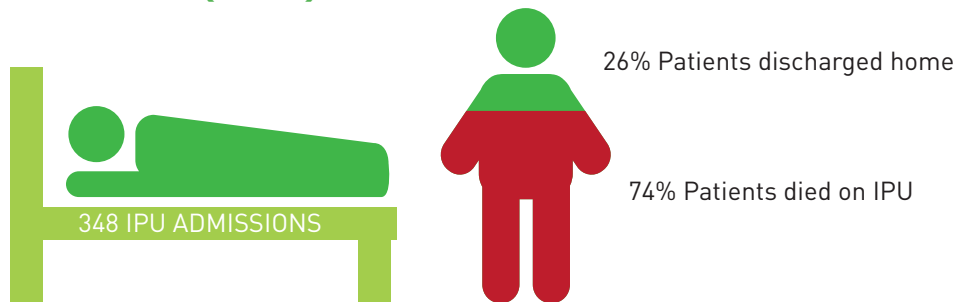
We have worked with 43 external organisations

The Hospice successfully held its second staff conference this year, focusing on the theme of leadership. Breda Athan MBE, led the way as keynote speaker sharing her experience of nursing leadership during the Ebola outbreak in 2015. This was supported by some outstanding presentations from NLH teams on the leadership involved in their everyday work.

SERVICE ACTIVITY DATA

NLH monitors the performance of different aspects of its services quarterly against some annual targets. Highlights of this year are included here.

In Patient Unit (IPU)



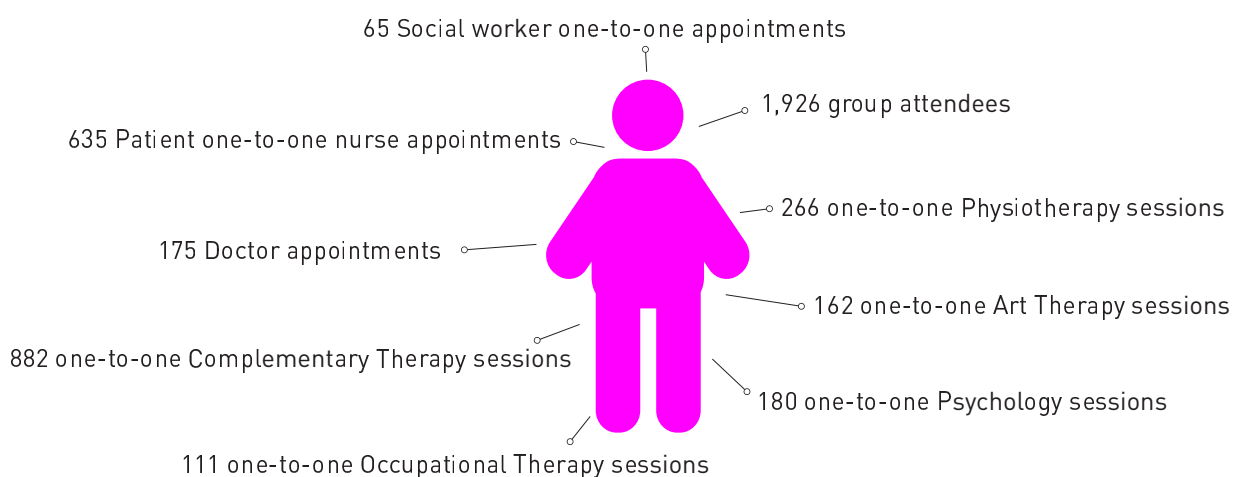
Analysis:

This year there has been an increase in admissions to the unit from 304 in 2017/18 to 348 patients this year, with a similar split between patients who were discharged and patients who died in the unit, as last year.

The percentage of cancer versus non cancer diagnosis has remained consistent (85%), despite NLH referral criteria being inclusive of all life-limiting conditions. The average length of stay has decreased this year from 16.5 to 14.4 days; we have seen 14 patients with stays of over 40 days prior to their death, and 7 patients with 40+ day stays prior to their discharge from the unit. This reflects the complexity of patients' needs.

There were only 12 days when beds were closed (compared to 78 in 2017/18) following the successful implementation of measures to address the problem.

Health & Wellbeing Service

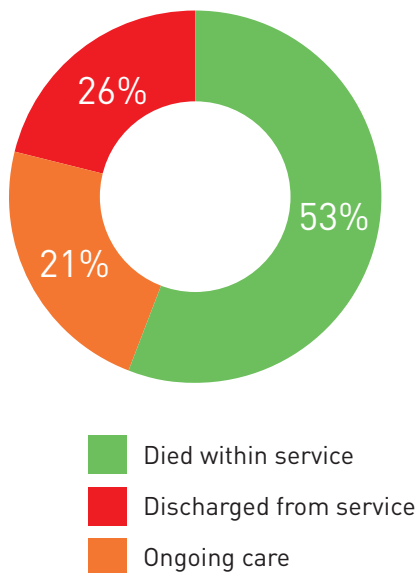


Analysis

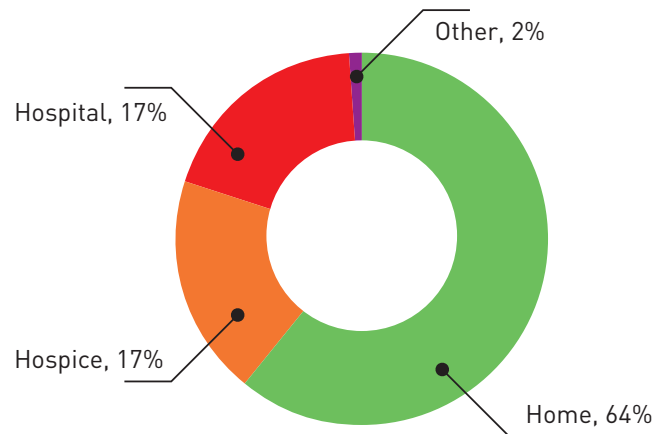
Variations in numbers of appointments undertaken by different healthcare professionals this year to last reflect responding to demand and also posts being vacant at times over the year. For example, group attendances increased by almost 500 and physiotherapy sessions by approximately 50. However, there were fewer social work appointments and fewer one to one appointments with a nurse.

Community Teams

Outcome for Community Team Patients 2018/19



Place of death 2018/19



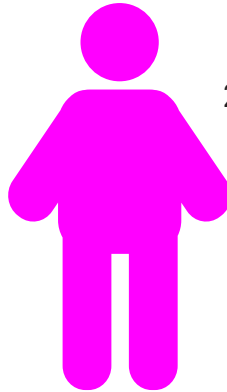
The Community teams have supported 2244 patients in their homes this year which is a 4.5% increase from last year's activity.

Of these community patients, 21% were discharged when they no longer required specialist support, 53% were supported by the service until their death, with 26% remaining on the caseload.

Of the 1209 patients who died whilst under the care of the community team, 64% patients were supported to die in their own homes (including care homes), an increase from 61% last year. Hospital deaths have reduced from 19% last year to 17%.

Palliative Care Support Service (PCSS)

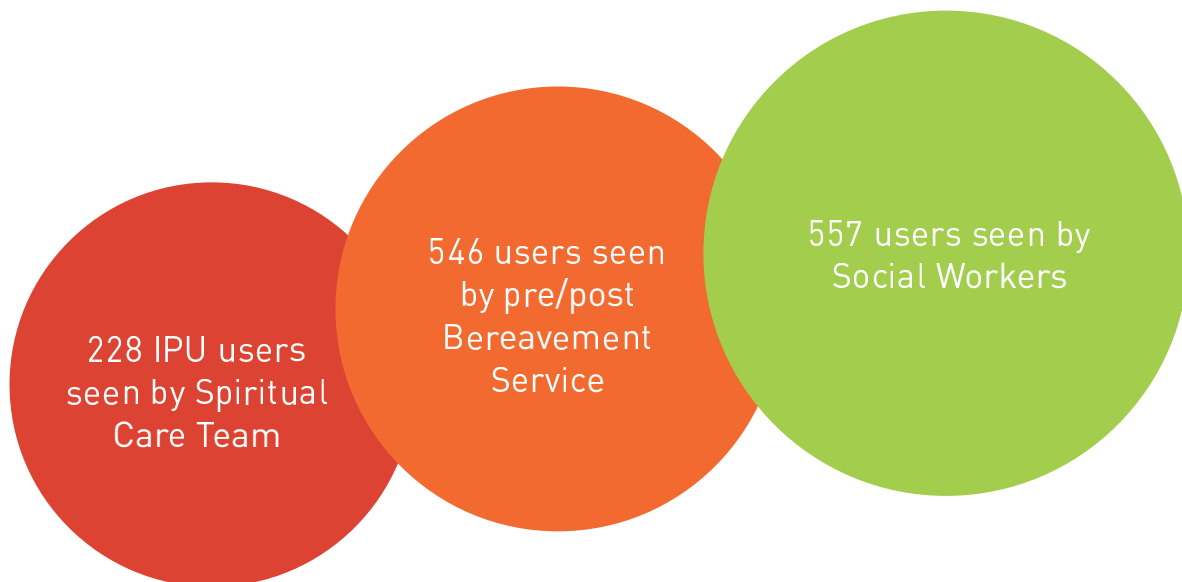
99% of patients died at home



29.1 average hours direct care per patient



Patient and Family Support Services



This year has seen an increase in all three teams within the Patient and Family Support Service. Of particular note is the increase in amount of people who accessed our pre and post bereavement service from 343 last year to 546 this year. This is a reflection of the changes we made over the last year to reach more people.

SERVICE USER EXPERIENCE

User feedback is gathered from a variety of channels: Comments cards, thank you cards, patient/family stories and surveys, concerns and complaints. Feedback is reviewed at service level with team members and also through NLH governance groups. All feedback is collated and analysed for themes and to identify improvements or changes required to endeavour to meet our users' needs.

2018 User Surveys

The annual service-specific surveys in 2018 have been collected by paper surveys and using a tablet device.

Paper surveys were sent from May-October 2018 to:

- Community Team patients as they start to use the service
- Relatives/Carers of Barnet, Enfield & Haringey Community Team patients, 3 months after death
- Relatives/Carers of Inpatient Unit patients, 3 months after death
- Palliative Care Support Service (PCSS) families, 3 months after death
- Health & Wellbeing patients after the first visit

A total of 880 surveys were sent out, 305 returned (35%).

Tablet surveys (43) were completed by Inpatient Unit patients from December 2017 – October 2018. The aim of the tablet surveys is to be able to provide "realtime" feedback so any issues can be dealt with promptly. Positive feedback was received from IPU patients that issues reported during the realtime survey were acted on immediately.

Key Performance Indicators

Key Performance Indicator 1

"Are you/was the patient treated with compassion, understanding, courtesy, respect and dignity?"

Patients – Overall



These results are the averages of the patients' experience for Inpatient Unit, Community Teams and Health & Wellbeing services.

Overall extremely good scores, just a small decrease in compassion and understanding.

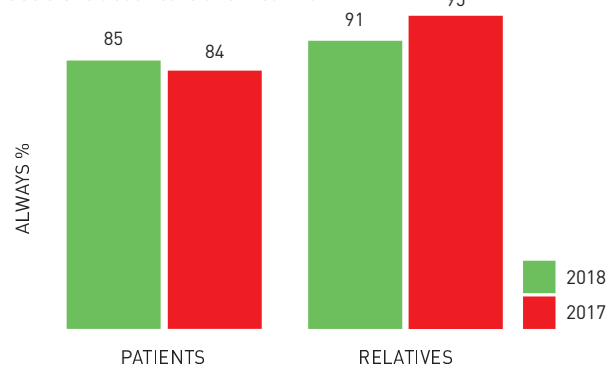
Relatives – Overall



These results are the averages of the “Always” results from Inpatient, Community Teams and Palliative Care Support Service relatives. A comparable result to 2017.

Key Performance Indicator 2

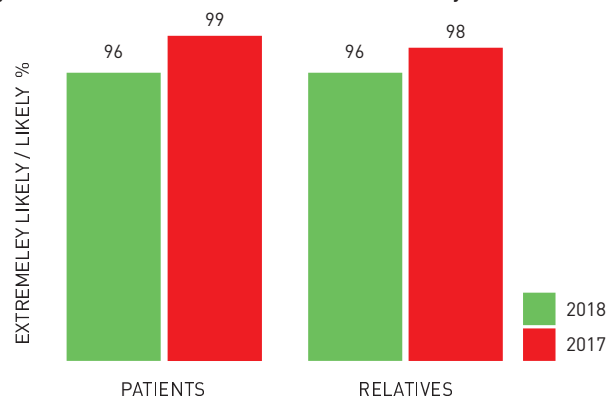
Are you/was the patient involved as much as you he/she wanted to be in decisions about care and treatment



These results show a very good improvement from Health & Wellbeing patients, however a decrease in the number of patients responding ‘Always’ on the Inpatient Unit. This question has been identified as an area for improvement for 2019 for the Inpatient Unit to try to understand what areas patients felt that they have not been involved with.

Key Performance Indicator 3 - Family and Friends test

Would you recommend the services to friends and family



All have decreased this year. Both the Inpatient Unit and the Community Teams had two responses of Unlikely to recommend.

This year, the average of the responses, ‘Extremely likely’ and ‘Likely’ across the services is 96%.

COMPLAINTS

QUALITY PERFORMANCE INDICATOR	2016-17	2017-18	2018-19
NUMBER OF COMPLAINTS (NLH TARGET LESS THAN 30)	10	15	12

QUALITY PERFORMANCE INDICATOR	2016-17	2017-18	2018-19
INVESTIGATIONS COMPLETED, COMPLAINT UPHELD/PARTIALLY	9	12	11
INVESTIGATIONS COMPLETED, COMPLAINT NOT UPHELD	1	2	0
MULTI AGENCY COMPLAINT		1	0
IN PROGRESS			1

Analysis:

NLH receives complaints about clinical and non-clinical (charity shops) aspects of its business.

This year a total of 12 complaints were received:

11 were clinical (patient service) complaints.

5 involved Community Services, 4 Inpatient Unit and 2 our Triage service (now First Contact). This correlates with 0.43% of patients and families supported by NLH this year made a complaint.

Of the completed investigations 11 complaints were upheld or partially upheld.

One complaints investigation is still in progress.

The predominant theme concerned service delivery relating to care given or gaps in service provision.

The following are some actions taken following completed investigations this year:

- For staff to plan the early initiation of syringe driver medication prescription for patients at home/care home
- For Inpatient Unit to ensure that the actual time is recorded when staff reviewed a dying patient.

As well as complaints, we record concerns and compliments. Concerns are an issue raised by a user that requires consideration.

Concerns:

This year we received 23 concerns from our users. 21 related to clinical care. The most frequent theme was service provision (similar to complaints received) The following are some examples of concerns raised this year:

- not being able to meet expectations for more care
- patients' final deterioration was quicker than expected by relatives
- noise by other visitors on IPU
- front of house volunteers perceived insensitive to visitors
- items of patient clothing missing after being sent to be laundered

Compliments:

This year a total of 237 written compliments were received and recorded on NLH Compliments Log. Below is a selection of compliments received:

Community Team Barnet:

"We wish to thank you and all those from the Hospice who made it possible for our beloved wife and mum to end her days in comfort and peace at her own home and for your kind and helpful care provided for her."

Community Team Enfield:

"Many thanks for all the care, love and compassion you showed to our family during the last few weeks. You made what seemed an impossible task, possible."

Community Team Haringey:

"A very belated thank you is in order for you and your team. We will never forget all the support and advice you gave. Please thank the rest of your team."

Inpatient Unit:

"To all at North London Hospice. Every single one of the team was excellent, showing compassion in the care of our mum. Also thank you for looking out for the entire family and friends."

PCSS:

"At the most terrible times of our lives, the PCSS staff made an awful situation a lot more bearable with their love, care and kindness. As a family we want to say a huge thank you to everyone who helped our mum, but also us. We were made to feel extremely safe and knowledgeable with what was going on. This is something we will never forget and we just don't know what we would have done without PCSS help."

Health & Wellbeing Service:

"I cannot thank you enough for the wonderful services you provide. The support you have given me this past year has been invaluable and I am forever grateful to each and every one of you."

Supportive Care:

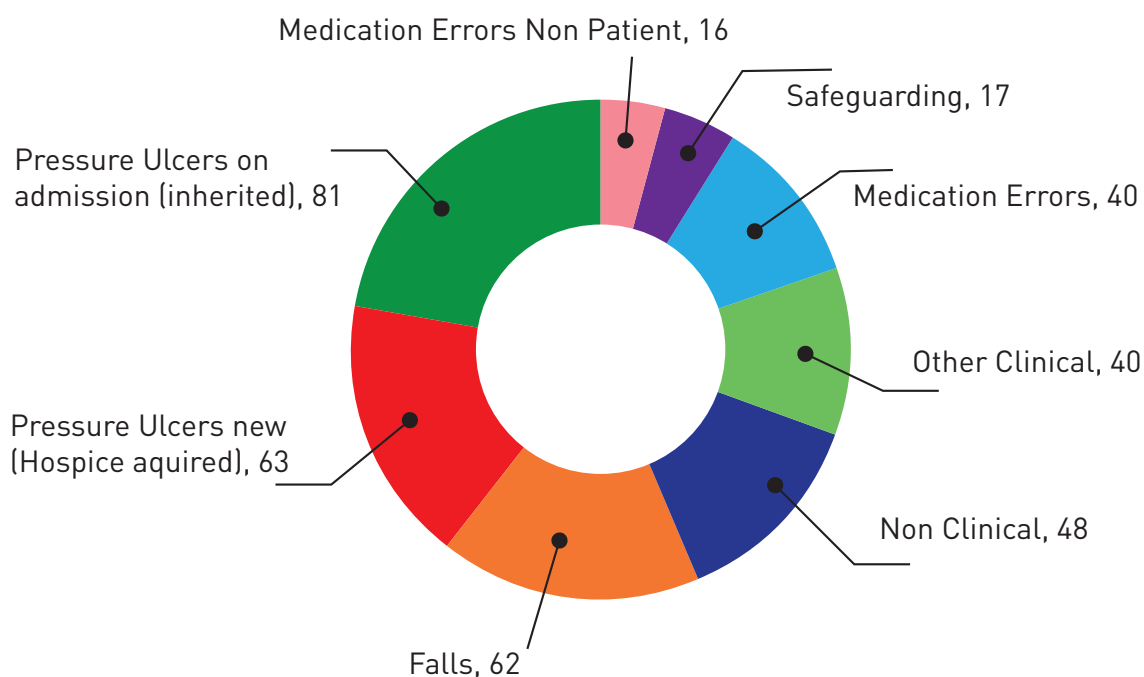
"Just a line to say a BIG thank you for the time and support you have given me over the past months, it really has been appreciated. When I started to come to you I really did not know where I was heading and our meetings have helped me get through that. I also thank you for leaving our meeting open in the event I may need to talk again, I find that reassuring. Once again many thanks for everything."

PATIENT SAFETY

Reported incidents

	2016-17	2017-18	2018-19
Total number of incidents (clinical and non-clinical)	371	352	367

Total safety incidents reported 2018/19



This table shows the various categories of incidents reported in the hospice over the year

Analysis

A similar amount of incidents were reported this year as for the previous two years.

Pressure Ulcers

This year saw a reduction in new pressure ulcers (hospice acquired) and also in pressure ulcers present on admission.

The number of new pressure ulcers reported decreased from 78 to 63. We believe this is partly attributed to the new mattresses purchased in March / April 2018.

We continue to carry out a full Root Cause Analysis on all new Category 3, 4, Unstageable Pressure Ulcers and Deep Tissue Injuries and have concluded that no harm was caused.

Medication incidents

This year saw an increase in medication errors (although comparison with other hospices shows we are still below the average for a hospice of this size). We now separate medication incidents from those that were not patient-related (missing medication, pharmacy dispensing issue etc.) and those that directly affected a patient. Of those that affected patients directly 12.5 % were classed as "near misses". None of the other patient-related medication incidents caused any patient harm. All medication incidents are monitored closely for identification of themes / trends. None have been identified.

Patient Falls

There was an increase in the number of patient falls this year (from 53 to 62) despite the introduction of patient alarms and the purchase of the low bed in IPU, along with the Falls Documentation Audit showing an improvement in record keeping.

One fall was categorized as a Duty of Candour incident. Of the other falls, 39% resulted in no harm and 60% resulted in a low level of harm. All falls are reviewed, and monitored for trends and themes.

Benchmarking with other hospices (This covers IPU incidents only):

Medicine Incidents

	2016-17	2017-18	2018-19
NUMBER OF MEDICINE INCIDENTS	28	17	38
MEDICINE INCIDENTS PER 1,000 OCCUPIED BED DAYS	5.74	3.35	7.6
HOSPICE UK BENCHMARKING MEDICINE INCIDENTS PER 1,000 OCCUPIED BED DAYS	10.4	11.5	12.9

Falls

	2016-17	2017-18	2018-19
NUMBER OF PATIENT RELATED SLIPS, TRIPS AND FALLS	27	53	63
FALLS PER 1,000 OCCUPIED BED DAYS	5.74	10.5	12.6
HOSPICE UK BENCHMARKING FALLS PER 1,000 OCCUPIED BED DAYS (FOR HOSPICES OF THE SIZE OF NLH)	10.8	10.3	10.3

Infection Prevention and Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2016-17	NUMBER 2017-18	NUMBER 2018-19
Patients who contacted Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia whilst on the IPU (NLH target only)	0	0	0

NLH STAFFING

NLH employs a total of 214 permanent staff and 40 bank staff. It benefits from the efforts of approximately 980 volunteers who are used as required in clinical and non-clinical roles. The Hospice has many staff working part time or flexible hours.

	2016-17	2017-18	2018-19	
			CLINICAL	NON-CLINICAL
STAFF JOINED	74	34	23	19
STAFF LEFT	59	64	16	15

In 2017 we commented that of the 64 staff who had left during the year 30 were bank staff, who had been on the books although no longer undertaking bank work in the hospice and had been removed from the list accordingly. We said that in this year's Quality Account we would distinguish between bank staff and permanent staff; the above figures relate only to permanent staff.

Although recruitment of Band 5 and Band 7 nurses remains problematic, a continuing overall increase in establishment has been met with considerable success in recruitment and improved retention of staff in general. We continue to seek and pursue potential recruitment and retention incentives, and are currently considering a group life insurance provision; where there is recognised difficulty in attracting appropriately skilled applicants we now advertise one-off financial incentives to successful applicants and to staff for successful introduction of candidates. The staff Information & Communication Forum has been developed to exercise its role more effectively as a platform for issues and concerns to be raised, discussed and addressed as necessary.

NHS England (2017) asked for comment on NHS Staff Survey KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that the trust provides equal opportunities for career progression or promotion relating to the Workforce Race Equality Standard).

NLH use the Hospice UK-sponsored staff survey where some questions relate to the indicators above. Below are the questions asked and responses in both 2017 and 2018:

2017	IN THE LAST YEAR I HAVE NOT BEEN BULLIED AT WORK			DIVERSITY IS WELCOMED AT THE HOSPICE		
	STAFF N=88	VOLS N=131	UK HOSPICES COMPLETING SURVEY	STAFF N=88	VOLS N=131	UK HOSPICES COMPLETING SURVEY
STRONGLY DISAGREE	12	3	4	5	1	3
DISAGREE	9	4	6	11	2	6
NEITHER AGREE NOR DISAGREE	5	10	8	14	19	22
AGREE	29	30	32	53	53	46
STRONGLY AGREE	45	53	50	17	25	23

2018	IN THE LAST YEAR I HAVE NOT BEEN BULLIED AT WORK			DIVERSITY IS WELCOMED AT THE HOSPICE		
	STAFF N=144	VOLS N=190	UK HOSPICES COMPLETING SURVEY	STAFF N=144	VOLS N=190	UK HOSPICES COMPLETING SURVEY
STRONGLY DISAGREE	4	2	3	2	1	2
DISAGREE	8	2	7	5	3	4
NEITHER AGREE NOR DISAGREE	8	7	9	18	16	20
AGREE	42	25	32	49	49	47
STRONGLY AGREE	38	64	50	26	31	27

As demonstrated above, our most recent staff survey shows a considerably lower percentage of staff believe they have been bullied at work than in 2017, and the latter results were drawn from a significantly larger survey population. The HR department have calculated this figure to be 0.048% of the workforce. The figures are in line with the average for all hospices, as they are in respect of diversity.

We continue to have a robust safeguarding policy and staff training schedule as well as a Bullying and Harassment Policy, a Whistleblowing (Freedom to Speak Up) Policy and an Equal Opportunities Policy.

NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

The Board of Trustees has been impressed by the progress made over the years in a number of key areas that directly impact the experience of patients, their friends and families at some of the most poignant and difficult times in their lives.

In this my first year as Chair of the North London Hospice, I am delighted to commend the achievements under the Priorities for Improvement, as well as the overall Quality measures described in the Quality Account. The Board has been kept informed of progress made throughout the year against the areas identified as Priorities for Improvement. As in previous years, these build on existing good practice both internally and externally.

The Board has been encouraged to see how the investment in the Community Ambassadors has supported the progress of the Priorities for Improvement for improving access to Hospice services for disadvantaged groups and supports the organisation to increase collaborative partnerships both internally and externally. In addition, the introduction of the 'things to know about me' patient profile ensures that we keep the patient and what is important to them at the heart of our work.

For 2019/20, the Priority for Improvements continue to build on the success of previous achievements in relation to user involvement, co-production and improving access. The development of a Carers Strategy recognises the holistic nature of the work of the hospice, we look after those who care for our patients as well as the patients themselves. The introduction of the new clinical database will support our communication with General Practitioners across our three boroughs and support the organisation as it continues to develop the First Contact Service and the expansion of the community services.

The Board welcomes the improvements illustrated in this year's Quality Account and fully supports the Priorities for Improvement identified for 2019/20, recognising that they build on much of the excellent work already being undertaken.

It is encouraging to see the benefits that new initiatives have brought to the safety and positive experience of patients, as well as those caring for them.

Lis Burgess Jones

Chair

North London Hospice Board of Trustees

STATEMENTS FROM COMMISSIONERS, HEALTHWATCH, HEALTH OVERVIEW AND SCRUTINY COMMITTEES

Barnet Health and Overview Scrutiny Committee

- The Committee commended the Hospice for producing an accessible report that was easy to navigate.
- The Committee congratulated the Hospice on the increase in the completion of the falls paperwork since the last falls review and noted that 100% of reviews had been completed.
- The Committee was delighted that nursing staff have been recruited to the Community Teams via the Sustainability and Transformation Plan and that the Hospice also welcomed nursing and social work students and offered placements for undergraduate and post graduate doctors.
- Infection prevention and control was excellent with no cases of C.diff again during the year.
- The Committee was pleased to hear about the implementation of the 'Productive Ward' on the Inpatient Unit to improve ways of working leading to "Releasing Time to Care", enabling staff to spend more time with patients.
- The Committee noted that the number of new pressure ulcers had fallen from 78 to 63 which was partly attributed to the purchase of new mattresses in Spring 2018.
- The Committee noted that there had been an improvement to acceptable standards following the audit of both waste management and hand hygiene.
- The Committee was pleased that successful measures had been taken to address the problem of closed bed days down from 78 in 2017/18 to only 12.
- The reporting of 'near misses' had increased which indicated better awareness and surveillance. All 'near misses' had been 'low harm' or 'no harm'.
- The Committee complimented the Hospice on its training, educational and other initiatives to improve care for patients and allow staff to spend more time on direct patient care. These included:
 - Training 96 'Compassionate Neighbours'
 - Setting up Journal Clubs to share information on various topics
 - Introducing the One Page Patient Profile called 'Things to Know About Me' and a Dementia Chest to help staff care particularly for dementia patients
 - Implementing the use of magnets to identify patients needs and care risks at a glance
 - Running two Palliative Care courses for healthcare professionals
 - Inaugurating a Falls Group for community patients which will run four times a year to increase patient awareness about falls, why they happen and how to manage them

- Training 25 volunteers for Bereavement support
- The service user experience was positive with 237 written compliments received.
- The Committee was pleased to see that the 'Catching the Light' photography group had continued with much success.
- The Committee congratulated the Hospice on having approximately 950 volunteers.
- The Committee commented that non-medical prescribing was a positive step and was pleased to learn that patients would continue to be supported to die at home if that was their preference.

However:

- The Committee was concerned that the 'Infection, Prevention and Control Audits' had revealed areas of non-compliance including the need for improved treatment of lime scale, consistent completion of decontamination checklists and the correct labelling of sharps bins, but was reassured by the remedial action taken.
- Although there had been an improvement in the completion of bedrail risk assessments from the previous year, not all had been completed weekly in accordance with policy. The Committee noted that the Hospice had amended the policy to include risk assessments only being undertaken when a patient's condition changes.
- The Committee was disappointed that the target of a minimum 80% occupancy had not been met due to a shortage of Inpatient Unit nurses and doctors. However, a rota of doctor availability was being set up.
- The Committee noted that 12 complaints had been received, with 11 upheld and one partly upheld. There had also been 23 'concerns' raised by Users mainly relating to clinical care.
- The number of patient falls was of concern as it had risen from 53 to 62, despite the introduction of patient alarms and the purchase of low beds.
- Medication errors had increased to 40 this year, although below average compared with hospices of a similar size. The Committee was informed that the Hospice is now separating out non patient-related medication incidents from those directly affecting patients.
- The staffing issues were noted, including bullying, though this did not appear to be outside average figures.

Statement from barnet clinical commissioning group for north london hospice 2018/19 quality account

Barnet CCG recognises the steps that the North London Hospice (NLH) is taking to improve the quality of services provided to patients, families and carers. The Quality Account statement addresses all statutory requirements as required by the Department of Health Quality Accounts toolkit.

The information provided within this Quality Account presents the quality of end of life care that NLH provides. Commissioners noted that there have been a number of positive initiatives undertaken by the hospice in the last year to engage with the local community and improve the patient and carer experience at the hospice. 2018/19 saw the focus on addressing inequalities of service provision; creating a one page patient profile; establishing a falls group and implementation of the "Productive Ward". Commissioners noted that there was an increase in patient falls last year, which meant the hospice was above the UK average for similar size hospices, and hopes to see an improvement over the coming year as a result of the falls group.

The hospice received a substantial amount of positive feedback from families for the care provided by their teams and services. Commissioners were assured to note that complaints were well below the NLH target and represented only 0.43% of patients and families supported by the hospice. Engagement with the community has also been evidenced by the marked increase in people accessing the pre and post bereavement service.

The plans outlined for 2019/20 build on this work with five major projects planned, aimed at further improving and streamlining services as well as providing support to carers. Successful delivery of these projects should lead to further improvements at the hospice.

Performance indicators across the last year have been good, though it is noted that some scores for this year were not scored as highly as the previous year. However, there have been no marked increases/decreases in these. The number of clinical incidents increased from 2017/18 but not substantially.

Infection prevention and control has remained at zero for the last three years, though it is noted that audited levels of compliance at IPU, Health & Wellbeing Centre and the George Marsh premises were 95%, 95% and 98%. Commissioners are pleased to note that hand hygiene audits were 100%, apart from one area at 94%.

Barnet Clinical Commissioning Group notes the work undertaken to improve staff turnover and morale within the hospice. There has been work undertaken to develop staff and volunteers, as well as engaging with community groups. Staff development is evidenced by courses run that provide qualifications for healthcare professionals.

It is encouraging to note that initiatives introduced such as the "Schwartz round" have already received positive feedback from staff.

Engagement with the Barnet Community Education Provider Network (CEPN), to run study days for end of life care training for registered nurses and healthcare assistants in Barnet care homes, is a positive step towards improving the care for patients at the hospice as well as other organisations throughout the borough. Additionally, the hospice also develops external individuals by offering placements and training opportunities to undergraduates and postgraduates, including students from overseas.

The staff survey shows a good improvement with regards to bullying at work and diversity. Staff retention has improved this year, indicating increased stability and satisfaction across the workforce.

Overall, the commissioners feel that the hospice has improved services to patients and families through delivery of the projects outlined in the 2018/19 Quality Account. We look forward to the realisation of the projects scheduled for the coming year and further improvements being delivered across all areas, in particular the improvements due to the implementation of the Productive Ward project, and welcome the opportunity to continue working together in partnership.

Healthwatch Barnet response to North London Hospice Quality Account 2018-19

Thank you for the opportunity to comment on the Quality Account. We are always interested to read this overview of services and performance and we recognise the hard work and commitment that North London Hospice staff show in their care and support to patients, families and local residents.

In reviewing the Quality Account (QA), we look at the documents from a patient/carer point of view, and consider what would be important for them to know. We also review the feedback we have received from residents through the year, to see how the QA links with their actual experience of the service.

Priorities for Improvement 2018-19

- We have been pleased to see NLH focus on addressing inequalities and their work with different cultural forums, on learning disabilities, and on homeless people. Their commitment is commendable. We would like to see how this engagement is making changes for these communities, to help improve the accessibility and reach of NLH's services.

Priorities for Improvement 2019-20

- These are important and welcome priorities and we are pleased to see the range of services and actions that have been identified, from developing a 'Carers Strategy' to 'Productive Ward'.

General

- We are pleased to see that NLH works to develop good practice and improvements through the year across many areas, from a Kinship Support Co-ordinator, to the partnership working on the 'Outcome Star' to resources for children and young people.

Selina Rodrigues

Head of Healthwatch Barnet

Enfield CCG statement for the North London Hospice Quality Accounts 2018/19 on behalf of the population of Enfield

NHS Enfield Clinical Commissioning Group (CCG) commissions a range of health services from the North London Hospice on behalf of the population of Enfield. This statement has been reviewed by the chair of the CCG's Quality and Safety Committee, to whom its approval has been delegated by the committee, having in turn been delegated the duty to review and endorse Quality Accounts by its Governing Body.

NHS Enfield Clinical Commissioning Group welcomes the opportunity to provide this statement on North London Hospice's Quality Account 2018/19 and we confirm that we have reviewed the information contained within the Account.

We welcome the provider's summary of their actions against their agreed priorities for improvement in 2018/19 and the note the commendable progress made against each one. It is encouraging to read that priorities from previous years continue to be embedded and have a positive impact on quality.

We also note and commend the numerous additional key service developments that have been implemented in 2018/19 and the positive impact that they have had on patient experience, patient safety and clinical effectiveness. The initiatives undertaken to support children & young people and those affected by dementia are particularly notable.

With regards to clinical effectiveness, we note the clinical audits undertaken during the year and the subsequent learning points that have been identified and acted on. We would also highlight the impact of the Productive Ward initiative and the use of magnets to indicate key pieces of information about the patient at a glance.

We note the positive actions taken in relation to patient experience, and those to be taken in the coming year. This is particularly notable in the kinship support coordinator project, of which we note the hospice is one of only two in the UK who were successfully funded for this. The 'things to know about me' profile sheet introduced for dementia patients is also commendable.

We are pleased to see the service user experience scores continuing to be high for recommendation rates, although note the very slight dip in positive recommendation rate from the previous year. It would be valuable for the provider to consider how participation rates of their user surveys could be increased in order to gather a truly reflective view from their patients.

We note and endorse the priorities for improvement identified for 2018/19 and the anticipated results against how they will be measured. It is clear throughout the account that the patient voice, and those of their family and carers, is very important to the provider. This is particularly evident through the involvement of family and carers in setting their quality priorities and a number of the priorities themselves being patient experience focused.

Enfield CCG remains committed to working with the North London Hospice to support its improvement endeavours and achieve their 2019/20 quality targets.



Dr Jarir Amarin
GP Governing Body Member
NHS Enfield Clinical Commissioning Group

APPENDIX ONE: NLH CLINICAL SERVICES

1. Community Specialist Palliative Care Teams (CSPCT)

They are a team of Clinical Nurse Specialist, Doctors, Physiotherapists, Social Workers who work in the Community to provide expert specialist advice to patients (including friends and family network) and Health Care Professionals. They cover the boroughs of Barnet, Enfield and Haringey. They work closely with, and complement the local statutory Health and Social Care services such as General Practitioners, District Nurses, Social Services, Hospital teams and other Health and Social care Professionals. The service operates 7 days a week from 9am-5pm

The service emphasis is based on:-

- * Care closer to home
- * The Facilitation of timely and high quality palliative care

This is achieved by providing:-

- * Specialist advice to patients and health care professionals on symptom control issues
- * Specialist advice and support on the physical, psychological, emotional and financial needs of the patients and their carers.

2. Overnight CNS Service / Out-of-hours telephone advice service

Community patients are given the out of hours number for telephone advice out of office hours. Local professionals can also access this service out of hours for palliative care advice as needed. Calls are dealt with between by a clinical nurse specialist/senior nurse on the IPU 7 days a week between 17.00 – 09.00 If indicated the CNS and HCA can visit patients. At weekends and bank holidays, a community Clinical Nurse Specialist deals with calls between 0900-1700 hours.

3. Health & Wellbeing Service

The Health & Wellbeing Service comprises a multi professional team whose underlying principle aims are to enable and empower those that are living with the effects of a life limiting condition; to manage their symptoms and be in control of their condition, to gain information to help make the decisions they need to make, to function independently and to live as well as is possible, working towards achieving what matters most to them.

The service offers a range of interventions on an individual and group basis as well as opportunities for social interaction and peer support to both the patient and the carer. The services are available from the time of diagnosis and we work closely with the other teams in the hospice.

The multi professional team includes a Palliative Care Consultant, Specialist nurses, physiotherapy, occupational therapy, complementary therapy, psychological therapies, spiritual care and social work.

4. Inpatient unit (IPU)

NLH Inpatient Unit has 18 single en-suite rooms offering specialist 24-hour care. Patients can be admitted for various reasons such as for symptom control and those experiencing complex psycho- social issues or for end-of-life care. As the unit is a specialist palliative care facility, it is unable to provide long-term care.

5. Palliative Care Support Service (PCSS)

Most people would like to be cared for to die in their own homes, in familiar surroundings with the people they love.

The Hospice's Palliative Care Support Service enables more people to do this.

The service works in partnership with the district nurses and clinical nurse specialists providing additional hands-on care at home for patients.

6. Patient and Family Support Service (including Bereavement Service)

Support focuses on the individual and their relationships pre and post bereavement, with a range of service which may include practical and psychological/psycho spiritual support as well as providing information, guidance and education.

As part of a multi-disciplinary approach, following assessment, a plan of support may range from the provision of the specific benefits of experiencing a more informal relationship with a volunteer, now including Compassionate Neighbours, or where the level of complexity of emotional and relational need requires the skills of more highly trained practitioner. Registered nurses, doctors and allied professionals and some hospice trained volunteers should be able to gain a view about general psychological wellbeing and provide appropriate supportive interventions, advice and assist in problem-solving. The Patient and Family Support team are able to offer a further level of support. The department is also responsible for developing services for Carers, including young carers and kinship carers, as well as responding to the needs of children and young people. We work closely with the Health & Wellbeing Service to develop group work, which help create opportunities for peer support and informal networks developing beyond the hospice.

7. First Contact Service

First Contact comprises a team of Specialist Nurses and administrators and is the first point of access for all referrals to NLH and for all telephone enquiries from patients, families and healthcare professionals.

First Contact works in partnership with other hospice services, other Primary and Secondary Care Teams and other Health and Social Care Providers.

The team provides specialist palliative care advice to referrers and patients with any potentially life limiting illness. It acts as a signposting service for patients in the last year of life.

APPENDIX TWO: GROUPS THAT OVERSEE AND REVIEW QUALITY WITHIN NLH

Hospice Board

The Board is accountable and responsible for ensuring NLH has an effective programme for managing risks of all types and ensuring quality. In order to verify that risks are being managed appropriately and that the organisation can deliver its objectives, the Board will receive assurance from the Quality, Safety and Risk Group for clinical and non-clinical risks. It reviews NLH's Balance Scorecard bi-annually.

Executive Team (ET)

ET reviews and monitors the minutes of all quality meetings, NLH's Balance Scorecard, and clinical and non-clinical risk.

Quality, Safety and Risk Committee (QS&R)

Quality, Safety and Risk Group (QSR) is a subcommittee of the Board and provides assurance that an effective system of control for all risks and monitoring of quality is maintained. It reviews NLH's Balance Scorecard quarterly and ensures action plans are delivered as indicated. The committee also reviews the results of audit work completed on the Hospice's Audit Steering Group and the policy review and development work completed in the Policy and Procedure Group.

Quality and Risk (Q&R)

Q&R reports to the QSR with overarching responsibility for ensuring that risk is identified and properly managed. It will advise on controls for high level risks and to develop the concept of residual risk and ensure that all services take an active role in risk management, including the active development of Risk Registers.

Q&R is also responsible together with QSR to ensure that the treatment and care provided by the Hospice clinical services is subject to systematic, comprehensive and regular quality monitoring.

Audit Steering Group (ASG)

ASG is responsible for providing assurance of all audit activity through reports to Q&R and QSR. ASG presents its Audit Plan and Audit Reports and recommendations to Q&R for approval and monitoring. The audit plan is ratified by QSR on an annual basis. ASG will also ensure that any risks identified during an audit process will be added to the appropriate Service Risk Register.

Policy and Procedure Group (PPG)

The PPG group ensures the review of all NLH policies and procedures. It reports to the Q&R and QSR.

Health and Safety Group

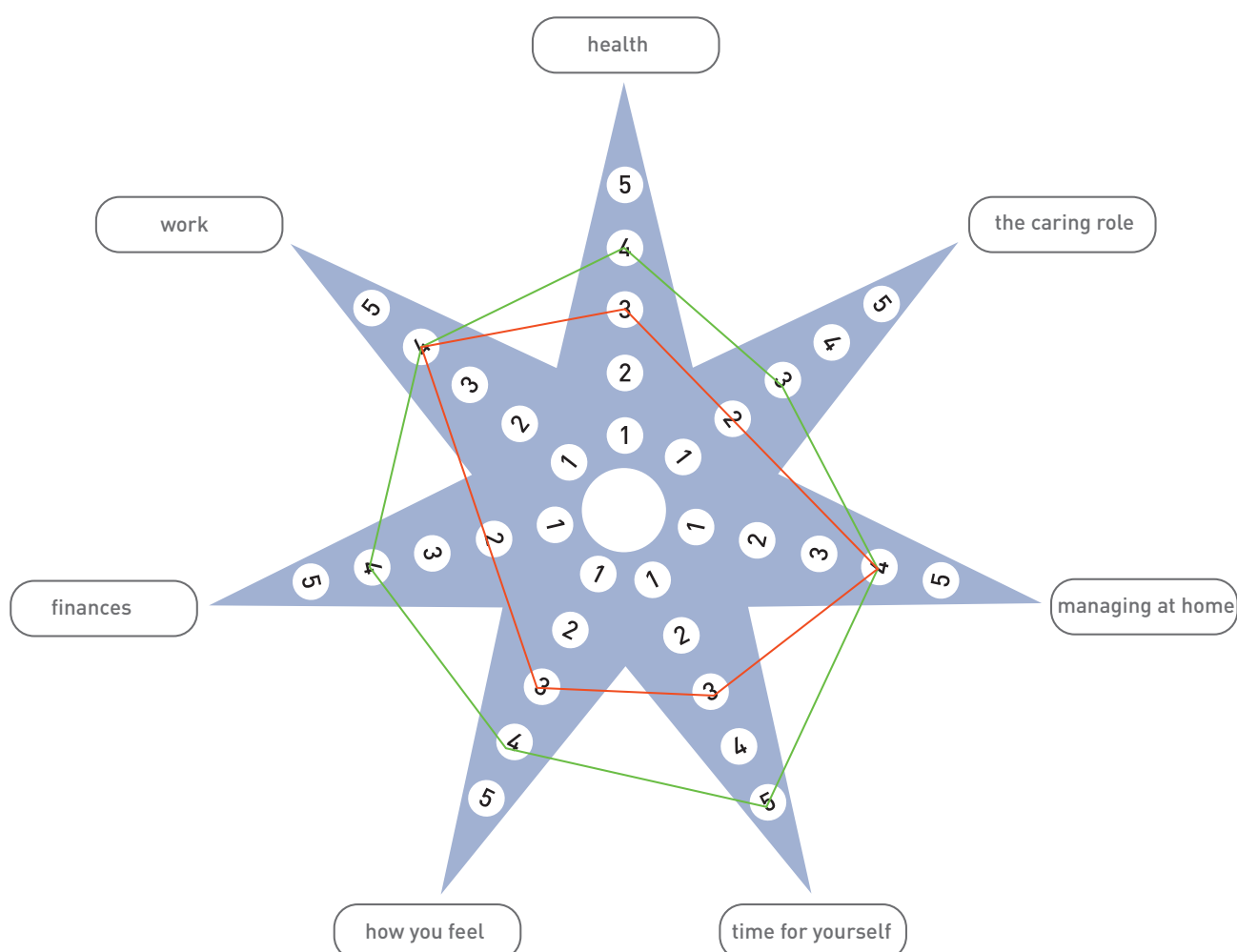
The Health and Safety group ensures the review and monitor of all aspects of Health and Safety that affect the organisation. It reports to the Q&R and QSR.

Information Governance Steering Group

The Information Governance Steering Group supports and drives the broader information governance agenda and provides the Board and Executive Team with the assurance that information governance best practice mechanisms are in place within the Hospice.

APPENDIX THREE – THE OUTCOME STAR

Outcomes Stars™ are evidence-based tools for both measuring outcomes and supporting change. Each version is an assessment, support planning, and review and outcomes tool in one, measuring change however that is defined for the particular client group. They are also tools to engage people, open discussion and encourage professionals and other workers to listen, empowering people to express what is important to them and make changes.



APPENDIX FOUR: MANDATORY STATEMENTS

The North London Hospice Quality Account is required to include the following mandatory statements despite not being applicable to the work we do.:

Participation in clinical audits and research

During 2018-19, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that NLH provides. During that period NLH did not participate in any national clinical audits or national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that NLH was eligible to participate in during 2018-19 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2018-19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (nil). The reports of 0 national clinical audits are reviewed by the provider in 2018-19 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2018-19, that were recruited during that period to participate in research approved by a research ethics committee was nil.

There were no appropriate, national, ethically approved research studies in palliative care in which NLH was contracted to participate.

Quality improvement and innovation goals agreed with our commissioners

NLH income in 2018-19 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Care Quality Commission

NLH is required to register with the Care Quality Commission and its current registration status is unconditional. NLH has the following conditions on its registration (none). The Care Quality Commission has not taken any enforcement action against North London Hospice during 2018-19 as of the 31st March 2019.

NLH has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

DATA QUALITY

NLH did not submit records during 2018-19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it is not applicable to independent hospices.

NLH was not subject to the payments by results clinical coding audit during 2018-19 by the Audit Commission. This is not applicable to independent hospices.

ACCESSING FURTHER COPIES

Copies of this Quality Account may be downloaded from **www.northlondonhospice.org**

HOW TO PROVIDE FEEDBACK ON THE ACCOUNT

North London Hospice welcomes feedback, good or bad, on this Quality Account.

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