

NORTH·LONDON HOSPICE

Registered Charity No. 285300



QUALITY ACCOUNT 2019 - 2020



CONTENTS PAGE

Executive summary	5
Patient story	6
Part 1	
Chief Executive Statement	8
Introduction	9
Our Clinical Services	9
Part 2	
Looking Back – Reviewing priorities for improvement 2019-20	10
Looking forward – Priorities for 2020-21	14
Statement of Assurance from the Board	18
Data Quality	23
Part 3	
Quality Review	24
Key Service Developments	25
Partnership Working	28
Education and Training	29
Service Activity Data	30
Service User Experience	33
Complaints	38
Patient Safety Incidents	41
NLH Staffing	45
Supporting Statements	50
Appendix	53

EXECUTIVE SUMMARY

North London Hospice (NLH) reports in this 2019-20 Quality Account on the quality of its clinical services.

The four Priority for Improvement projects completed this year are described which have resulted in: a Carers Strategy; a collaborative understanding of the interfaces between co production, user involvement and community engagement to support future workstreams; systems to support an ongoing programme of nurse prescriber’s training; a review and developments to meal times, discharge planning, handover and medication administration on the inpatient unit and the move to a new integrated patient record system–EMIS.

The projects for the coming year are described and are:

- Year 2 Carers project-to include a quarterly newsletter, new resources, consultation group, information sessions
- Year 2 EMIS-ongoing development of new patient record system
- Year 2 Non medical prescribing-training more nurses to become nurse prescribers
- Provision of virtual support by the Health and Wellbeing Service

Key service developments and partnership working are reported which include patient & carer led photography exhibition, further development of a Compassionate Neighbours programme, leadership walk rounds, kitchen refurbishment and learning disabilities and homelessness and substance abuse stakeholder events.

Key clinical services’ annual activity data is presented. The User Survey results demonstrate an improvement in patient and carers experience of NLH services.

Our 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- JACK'S STORY

When Jack Morgan passed away at just 22-years-old, he'd achieved more than many in over 70 years on this Earth.

He became an inspiration as he blogged on Instagram (itsme_jmo) about every step of his two-year journey with a rare form of cancer. His determination, openness and honesty in his posts led to a following of almost 30,000 and support from across the world, including footballer Paul Pogba and musician Craig David.

Jack beat Stage 3 cancer but when it returned and the chemo was unsuccessful he embarked on a clinical trial in Belgium in March 2019 and began receiving support from North London Hospice.

NLH provided symptom relief at home in Barnet to the graduate of Bristol University, whose Department of Engineering and Maths has since created the Jack Morgan Award for Ardour in his memory. A proud moment for the family, as was attending Jack's graduation ceremony on his behalf in February 2020. Parents Grant and Emma and his three siblings, Joshua, 22 and 18-year-old twins Charlotte and Sam were all there.

North London Hospice's Dr XXX and nurse XXX visited Jack regularly to help with his symptom management. "Jack and Dr XXX are angels on Earth," explained Jack's dad Grant.

"XXX was, and still is, an incredible support. Jack had a phenomenal brain and it felt like he knew more about his condition than many medical professionals. He wanted to understand what was happening to him and shared his experiences with the wider world."

In the summer of 2019 it was suggested Jack came into the Hospice's Finchley in-patient unit for a week for specialist care.

"He didn't want to come in but Dr XXX explained that many people come for symptom management and then go home. And when we arrived it had a very homely environment. The staff were phenomenal; the nurses so caring. We as a family have never experienced anything like that level of care and compassion before."

After a week Jack left the Hospice and spent two weeks in hospital before returning home in August, where he received the devastating news that the clinical trial hadn't worked.

"Jack really wanted to be at home and we wanted him there too. He needed specialist equipment and the Hospice just made it happen. They took all the stress of the admin and phone calls away and arranged all the things he needed."

Jack passed at home at 1.30am on August 26, surrounded by his family. "He'd made the decision to pass on this particular fight, part company with his nemesis and focus his energies elsewhere. The hospice provided a nurse on that night and she was there to make things that bit easier for Jack and all of us".

"People perceive that a hospice is all about end-of-life care... but it's so much more than that. Our own experience is testament to this. Five months after Jack passed, we still have a relationship with North London Hospice."

Dr XXX added:

"Jack truly was a remarkable young man who, through his brilliant brain, taught me lots about science and we negotiated treatment plans collaboratively. But more than that he taught me to live life as fully as possible, to keep fighting for a better day and the power of sharing stories. I feel lucky to have spent time with him and his family and am eternally grateful for their support of the hospice. He leaves a footprint in my heart."

Jack's Legacy

Jack had a passion for AI (artificial intelligence) and the science behind it. During his illness he put his knowledge and experience together and worked with Bradley Gudger to create an app called Alike (www.alike.org.uk) to bring people affected by cancer together. "He was totally selfless and always wanted to help others," said Grant. Fundraising is underway to bring the app to market in the coming year and Jack will be made an Honourary Patron. It's one of many projects the Morgan family have planned as part of Jack's legacy.

The Morgan family and Jack's friends have already raised thousands of pounds for causes and charities that supported Jack, including North London Hospice, which received over £9000 from a football tournament arranged by his best friend Teddie in November.

Throughout his illness Jack's mantra became

'I haven't come this far to only come this far'

and this powerful message was set to be used on a new fashion collection launching on 29 February 2020 created by the presenter of You, Me and the Big C, Lauren Mahon. Proceeds from the collection were donated to North London Hospice.



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

It is with great pleasure that I introduce you to North London Hospice's (NLH) 2019-2020 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 saw over 3000 people use our services from the comfort of their homes, in our Health & Wellbeing Centre or on our Inpatient Unit.

One of our Priorities for Improvement this year was changing our clinical database, where we hold our patient records, onto a new system called EMIS. This has been a significant project for the hospice involving all clinicians and some support staff. The system went live in January and, though there is further development work required this coming year, it has already been welcomed by the clinical staff for its improved efficiency and ease of use. Projects this year have also developed a draft Carers Strategy; a training and support plan for developing our community nurses in physical assessment skills and non medical prescribing; in patient unit reviews and developments of mealtimes, discharge planning, medication and handover; a clearer vision for user involvement and community engagement at NLH.

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 see second years for three of our 2019-20 projects and will focus on implementing our Carers Strategy, extending the training of our senior nurses in physical assessment skills and non medical prescribing, the ongoing development of EMIS and the development of virtual support for Health & Wellbeing service users.

As we work collaboratively in new ways during the current pandemic, I am proud of how the hospice team has worked flexibly and innovatively to continue to provide the care that is required to our communities in the boroughs of Barnet, Enfield & Haringey. Equally we are grateful for the continued support that our local community has shown us both financially as well as through the many donations of items such as personal protective equipment and gifts of food for staff.

As I retire this summer I am delighted to handover to Declan Carroll who will take up the position as Chief Executive for North London Hospice.

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

Pam McClinton

Chief Executive of North London Hospice

May 2020

INTRODUCTION

Quality Accounts provide information about the quality of the Hospice's clinical care and improvements to the public, local authority scrutiny boards and commissioners. Some sections and statements are mandatory for inclusion. These are italicised to help identify them.

North London Hospice (NLH) started to produce and share its Quality Accounts from June 2012. The full 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 will be readily available to read in the reception areas at the Finchley and Winchmore Hill sites. Paper copies will be also available on request via our Patient and Family Feedback Lead.

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/Out-of-Hours Telephone Advice Service
3. Health & Wellbeing Service (H&W)
4. Inpatient Unit (IPU)
5. Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
6. Bereavement Service
7. First Contact Centre Service

For a full description of our services please see Appendix One

PART 2: PRIORITIES FOR IMPROVEMENT 2019-20

The following priorities for improvement for 2019-2020 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:

Developing a Carers Strategy

What we planned to do

Produce a Carers Strategy to:

- Identify carers, including those from seldom heard groups
- Raise the profile of carers across NLH and gain a greater understanding of their needs
- Provide a creative, meaningful response to identified need, utilising a wider range and type of support e.g. individual and group/peer

Progress against the plan

- Carers consultation (Oct 2019) across clinical services – identified and prioritised topics of interest
- A working party was established, including NLH staff and representatives from local agencies
- NLH social work team planned information sessions relating to first 3 topics prioritised in the consultation – Advanced Care Planning, Care of Self and Cost of Caring
- Sessions will be delivered cross site
- Carers Newsletter planned
- Draft NLH Carer Strategy developed

Going Forward

- The Carers Strategy is a Priority for Improvement project also for 20/21
- We will deliver and review first information sessions
- Continue to consult and work in partnership with carers, ensuring a co-produced and responsive carers service
- Share learning and development with colleagues, internal and external, to raise the profile of carers and develop a consistent, collaborative response

Priority Two: Patient Experience:

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

What we planned to do

To hold an internal workshop to consider if these areas may be integrated and then define NLH's strategic and operational response.

Progress against the plan

A workshop was held with internal stakeholders to consider the similarities and differences of the three workstreams. The meeting identified that User Involvement and Community Engagement had distinctive aspects and fell into separate organisational workstreams. It was acknowledged that the principles of co-production were already embedded in the approach the hospice takes to developing services in partnership with users and stakeholders.

The plan that emerged from this initial meeting was to review NLH approach to User Involvement and to develop a revised strategy and for Community Engagement to agree the key objectives for the team and identify the forum where this work would be supported and reviewed.

User Involvement – NLH's Patient and Family Feedback Lead post became vacant in April 2019. A review of the post was undertaken and a new postholder commenced in January 2020. The key User Involvement activities were maintained during April 2019 -January 2020. The new postholder has commenced a review of the NHS Patient Experience Improvement Framework assessment tool to identify how the hospice performs against: leadership organisational culture, collecting feedback, reporting and publication in order to inform the future strategy.

Community Engagement - the funding for the Community Engagement team was extended to September 2020. The team provide regular updates to the Clinical Leadership Group in order to develop the integration with the NLH clinical services. The team continue to meet with external organisations to promote NLH services and develop collaborative relationships and have led two successful engagement and information sharing events around Learning Disabilities and Homelessness, bringing together external agencies and NLH.

Going forward

The User Involvement Strategy will be developed in 2020. Sustainability of the Community Engagement work is currently being considered as the current funding ends.

Priority Three: Patient Safety:

Non-medical prescribing(NMP) – independent prescribing for Community Teams

What we planned to do

This was year 1 of developing and implementing a professional development programme for non medical prescribing over two to three years to expand the number across the community teams.

Progress against the plan

- A training needs analysis was undertaken in 2019 of all Band 7 and 8's to establish nurses appropriate for the project
- An educational training timeline was developed for appropriate nurses across the 3 teams to undertake their physical assessment course prior to NMP course.
- An NMP Steering Group was established with a clear remit of supporting the operational aspects of the project for 2-3 years
- Two clinical nurse specialists have been trained in physical assessment and NMP and are prescribing to our community patients
- One NMP who now undertakes an educational role, runs a H&W clinic every fortnight and utilises her NMP skills in this setting, demonstrating innovative practice and more expedient management of patient's symptoms

Going forward

During the training needs analysis it was acknowledged that many Band 7 nurses are within 3 years of retirement, and are therefore not eligible to participate in the programme. Future Band 6 nurses who are interested in undertaking the programme have been identified as priority for attending the physical assessment course as soon as they are deemed experienced enough, with a view to undertaking the NMP course as soon as they develop into a Band 7 CNS role.

Priority Four: Clinical Effectiveness:

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

What we planned to do

- To implement change associated with meal times to enable nurses to spend more time with patients
- To implement change associated with discharge planning to enable nurses to spend more time with patients
- To implement change associated with medication administration to enable nurses to spend more time with patients
- To implement change associated with handover that enables nurses to spend more time with patients

Progress against the plan

- Meal time survey
 - * Review of meals available at supper time to meet patient wishes completed
 - * Review of timing of suppers and catering staff availability so that it is easier to change meal choice if patient requests it completed
- Discharge - New hospice-wide discharge plan final version written and being final proof read before circulation.
- Medication: Process for having access to drug room using key card rather than keys agreed.

- Handover: Following changes made to nursing handover sheet, audit undertaken looking at medical and nursing handover sheet with view to condense to one. Findings from audit were that nurses and doctors need to collect slightly different information and therefore will keep separate. However standards written to ensure follow same process.

Going Forward

- Meal time: The changes identified through the review will be implemented once main kitchen is open again after Coronavirus episode.
- Discharge planning: Waiting for final version to be proof read, and then will be put on EMIS
- Medication: Process agreed March 2020 but work on hold until Coronavirus episode over
- Handover: Standards agreed March 2020, but not yet implemented

Priority Five: Clinical Effectiveness:

To introduce a new organisation clinical records database, EMIS

What we planned to do

- Development and deployment of the new database that had been built to meet both the clinical and data reporting requirement of the organisation
- Improve the sharing of information between NLH and patient's GPs
- Ensure efficient management of processes related to triage and transfer of patient information

Progress against the plan

- The organisation had to transfer from an N3 connection to the new Health and Social Care Network (HSCN) in order for EMIS to be functional across our three sites
- Over 71 templates for recording data were developed using the coding system within EMIS to meet the organisation's reporting requirements
- User Manual and Standard Operating Procedures were produced covering all aspects of the system
- 21 Super Users established and trained, 180 staff completed training
- Manual migration of over 1000 patients and carers onto the new database
- The system went live on 13 January 2020
- Introduction of the use of NHS SMART cards within the First Contact service to provide access to patient's demographic information on the NHS spine. Improving efficiency when registering new referrals
- Initial meetings held with GP leads across 3 boroughs to consider the principles of data sharing. Met with the North Central London Heath Information Exchange (HIE) programme team to consider how the hospice links in with these developments

Going forward

The organisation has funded a 2 day per week administration post for 12 months to support the phase II developments of EMIS which are reflected in Year 2 Priority for Improvement project.

LOOKING FORWARD: PRIORITIES FOR IMPROVEMENT 2020-21

The following Priority for Improvement Projects for 2020-21 have been identified by the clinical teams and endorsed by the Quality, Safety and Risk Committee.

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 Year 2

How we identified this project

There is an increased national awareness around recognising, valuing and responding to the needs of carers. Supporting informal carers is crucial, empowering and maximising opportunities for those who are cared for to remain in their preferred place of care and death.

Our first year Priority for Improvement highlighted that we needed more than one year to robustly implement this.

What we plan to do

To develop a strong, consistent 'think carer' narrative within the organisation, ensuring that all carers are recognised, valued and supported.

What the outcomes will be

- Carers will feel better supported and valued
- Enhanced profile of carers across NLH social media platforms
- Increase in number of carers accessing NLH services
- Carers will have their own electronic record
- An increase in numbers of carers accessing formal assessments and welfare benefits
- NLH carers will receive quarterly newsletter
- Regular cross site carer information sessions and social events will take place
- Development of additional resources for carers.
- Development of an in-house multi-disciplinary carer service working party
- Development of a carer consultation group
- Improved collaboration with local carer agencies.
- Delivery of the responsive organisational carer strategy that reflects national and local policy.

Patient Experience - Project 2

IPU Bathroom Spa Experience

How we identified the project

We currently have a patient bathroom with a Jacuzzi bath in situ. However although it is fully functional the room itself has a slightly cold and clinical feel. The environment itself does not lend itself to providing our patients with a relaxing or enjoyable bathing experience. Patients do not choose to have a bath and prefer to use their en-suite shower. However as having a bath can often have a beneficial effect on both physical and mental health we would like to encourage more of our patients to make use of this facility. In order to do this we would like to make the room more tempting and to create more of a feeling of having a relaxing treat rather than a functional bath

What we plan to do

We plan to develop our existing functional bathroom facility to create a warm, inviting space which will tempt patients to relax and soak in the Jacuzzi bath. This experience could be beneficial for patients both physically and mentally. We plan to approach funders to donate funds to cover the cost of replacing the current lighting which is bright and quite harsh to softer dimmable lighting. We will add warmth to the room by changing the blinds and adding accessories. To help patients feel secure we will install a privacy curtain and create a small changing area. We will purchase the aids necessary to ensure the bath is accessible to all patients.

What the outcomes will be

We will be able to offer patients a facility which will enhance their experience while they are patients on our In Patient Unit.

Due to the COVID-19 pandemic and the need to close the communal spaces within the Inpatient Unit it is not possible to progress with this project.

The replacement Patient Experience Project is:

Provision of virtual support by the Health and Wellbeing Service

How we identified this project:

The Covid 19 pandemic and the resulting social distancing requirements has impacted the way that patients can engage with the Health and wellbeing service. Prior to Covid-19 the HWB service delivered both one to one appointments and a range of group support. Innovative ways of delivering support now need to be considered

What we plan to do:

We will work with internal and external stakeholders to develop and pilot a range of virtual programmes to support patients

What the outcomes will be:

- We will have scoped a potential range of virtual support that could be delivered
- Piloted a number of the virtual support options
- Understand the barriers to service users of accessing virtual support
- Gain patient/carers feedback on their experience

Patient Safety - Project 3:

Non Medical Prescribing Year 2

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:

Continue the programme of developing and implementing a professional development programme for non-medical prescribing to expand the number across the community teams.

What the outcomes will be:

There will be 9 Band 7 Community Nurses trained by the summer of 2021 to complement 3 already practising, with a rolling programme for those outstanding to undertake the course in 2022

New Band 7 Community Nurses to be trained as NMP within 3 years of appointment following undertaking their Physical Assessment Course (if they have not already done so)

NMP targets to be reviewed

Clinical outcomes: improved patient outcomes and quicker symptom control through speedier access to medications.

Clinical Effectiveness - Project 4:

To ensure the ongoing development of the new Clinical Database, EMIS (Year 2)

How we identified this project

We have created a robust and innovative platform for developing improved electronic patient records at the hospice in 2019/20 which puts us in a good place to develop phase two of our project. Our first year Priority for Improvement highlighted that we needed more than one year to fully implement EMIS.

What we plan to do

- To work with North Central London Health Information Exchange (HIE) project on the sharing of electronic patient information from EMIS. improve co-ordination of care, planning of care and anticipation of crisis
- To develop enhanced reporting requirements both internally and externally
- To consider the IT requirements for the Palliative Care Support Service
- Continue working with the Super Users and other team members to ensure there is a

strategy for sustainability

- Collaborative working with all stakeholders internal and external to respond to changes in order to continue to develop and improve the database

What the outcomes will be

- New reporting parameters that measure the effectiveness of our services
- Through the sharing of electronic patient information, improved co-ordination of care, planning of care and anticipation of crisis
- An organisation model of EMIS sustainability



STATEMENTS OF ASSURANCE FROM THE BOARD

The following are a series of statements (italicized) that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers such as NLH.

Review of services

During 2019-20, NLH provided and/or sub-contracted 2 services where the direct care was NHS funded and 3 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 2019-20 represents 35% per cent of the total operational income generated by NLH for the reporting period.

Participation in clinical audits

During 2019-20, 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 2019-20 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2019-20, 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 2019-20 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).

To ensure that NLH is providing a consistently high quality service, it conducts its own clinical audits. In 2019-20 the following local clinical audits were carried out and NLH undertook the following actions to improve the quality of healthcare provided.

Infection Prevention and Control Audits

Audits have been completed for IPU, Health & Wellbeing Centre and the Haringey team office premises with levels of compliance of 94%, 99% and 100% respectively. Areas of non-compliance included the need for food hygiene training for staff, improved outdoor storage of hazardous waste and consistent completion of decontamination checklists.

Hand Hygiene Audits

This year we undertook the Hand Hygiene audit 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 84%, 83% and 69% respectively. The corrective action required was to ensure alcohol and soap products are

available at the point of care and to consider alternative products when staff report allergies to products.

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. Amendments have been made to the medicines policies including changes to the procedure for accepting instructions out of hours to change medication, reflect arrangements for giving medicine covertly. The policies have also been reviewed to reflect changes in relation to the Covid pandemic.

Audit of fall paperwork in IPU

This was a re-audit following the introduction and subsequent audit of the new falls paperwork. This audit showed that 100% of reviews undertaken were fully completed, 80% of fall risk assessment reviews are occurring on a weekly basis and 20% of fall risk assessment reviews occurred late / overdue. With the implementation of EMIS, the need for a falls risk assessment will be monitored electronically. A further re-audit is planned for next year.

Audit of Deprivation of Liberty Safeguards (DoLS)

This audit was undertaken to ascertain compliance to Hospice policy and relevant legislation regarding DoLS. The findings showed compliance with legislation and some minor improvements required regarding policy compliance. A few submissions had been sent via the clinical area nhs.net account rather than the central nhs.net account, the DoLS code on the electronic patient record had not been utilised and the DoLS numbers are recorded monthly without a patient identifier (identifiable or anonymised), leading to loss of traceability. These non-conformances have been actioned and completed.

Audit of the Dementia-Friendly Environment – Inpatient Unit, Finchley

The inpatient unit was re-audited using the Kings Fund EHE Environment Assessment Tool "Is your hospital dementia friendly". The findings were good with a resource box for dementia patients being held on site. A few potential improvements were identified of removing artwork which could cause confusion, signage (of public toilets and exits / IPU), and the availability of finger food on request highlighted. These suggestions were discussed at the IPU SMT in June 2019. The artwork has been changed and finger food added to the inpatient food options.

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. The audits focused on compliance with the CQC Key Lines of Enquiries (KLOEs) of "Safe" and "Well Led". 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:

- Preparation of staff for CQC inspections. This has been actioned by the introduction of CQC workshop and guidance document(s).
- Ensure patient notes are not left unattended in corridors or open nurse's office. This has been actioned and is being regularly monitored. The internal audits will be repeated next year.

Audit of 5 Priorities of Care

This audit was undertaken to assess the documentation used for patient care on the Inpatient Unit during the last days of life, known as '5P's paperwork'. An electronic version of this documentation was introduced in January 2020 as part of the EMIS project. The results indicated that the 5P's documentation had been fully completed for all the patients reviewed. Previously auditing the 5 priorities of care had been complicated by the fact that a mixture of electronic and paper records were used in the past.

Audit of Waste Management

This annual audit was undertaken to ascertain ongoing compliance to Hospice policy and relevant legislation regarding management of waste. The audit found several areas of non-compliance. The external clinical / infectious waste stores are not always locked. Sharps bins were not always correctly labelled when being made up (date, clinic/department and initials) or closed when full. This audit will take place next year.

Audit of MHRA Doorstop Alert

This audit was undertaken in response to the MHRA Alert (EFA/2019/005a), on doorstops / door buffers in healthcare settings may present a hazard to patients. The audits showed that doorstops / door buffers represent a low risk of harm to patients. The audit will be repeated if door stops / door buffers are moved / added to the health care environment.

Audit of Preferred Place of Death (PPD)

Advance Care Planning (ACP) enables better planning/provision of care for people nearing the end-of-life so that they can live and die in the place/manner of their choosing (Gold Standards Framework 2014). Part of the ACP is to document the preferred place of death (PPD), which was audited. The findings showed that the presence of a PPD ranged from ~50-70% between the clinical services. In ~5-27% of the cases the absence of the PPD was due to the short time between triage and death. An electronic form has been developed as part of the EMIS project to support completion. A re-audit will occur next year.

Audit of Tissue Viability

This audit utilised the Hospice UK National Audit Tool (NATG Ref No. TC05), for pressure ulcer (PU), management and reporting. The finding showed there is good compliance with documented, admission, ongoing care and discharge requirements with a few minor improvements to be made. For example the risk assessment tool does not include previous or current pressure ulcer(s) and whether the patient was able to comply with PU care. The discharge letters do not provide details of any pressure ulcers and the treatment plan. The staff have been made aware of this.

Audit of Equipment Maintenance

The CQC safe standard S1.10 requires the maintenance of equipment to keep people safe. An audit of equipment maintenance and PAT testing was undertaken. The findings were good with no improvements noted.

Resuscitation Equipment Trolley Project (QIPP)

This project involved a review of the resuscitation trolley equipment against the Resuscitation Council equipment standards for community hospitals. The review found that the resus trolley location, contents, PPE and checks met the standards. CPR onsite training is available to all staff on a monthly basis. Two pieces of additional equipment were recommended by the Resuscitation Council and local training.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) Audit

This audit was undertaken as part of a national UK Palliative Trainee Research Collaborative (UKPRC) audit on DNACPR; retrospectively looking at patient involvement in decisions regarding DNACPR before and after the Tracey judgement in 2014. The findings showed documentation of discussions with patients about resuscitation have increased between 2013 and 2015 locally.

Research

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2019-20, 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 2019-20 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

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 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 2019-20 as of the 31st March 2020.

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

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.



DATA QUALITY

NLH did not submit records during 2019-20 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.

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 is an online self-assessment tool that must be completed annually by all organisations that have 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 information governance ensuring data security and personal information is handled correctly. For the 2019/20 Toolkit the date for submission has been deferred to 30 September because of the Covid-19 pandemic.

For the 2019/20 Toolkit the Hospice has one mandatory evidence item outstanding to be provided and six assertions to be confirmed. It is expected that these will be completed before the delayed submission date.

NLH was not subject to the payments by results clinical coding audit during 2019-20 by the Audit Commission. This is not applicable to independent hospices

For details regarding Information Governance please see Appendix Two

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 Three

KEY SERVICE DEVELOPMENTS OF 2019-20:

Volunteering

Our volunteer community (830) has remained stable over the last year and we have recruited fewer volunteers than in previous years, focusing on ensuring that NLH volunteers have an enjoyable experience. We have introduced recognition awards, increased opportunities for volunteers to come together and improved our feedback to volunteers through regular newsletters. Some of our volunteers are working in new roles, for example with the H&W Occupational Therapy Horticultural Group and as Compassionate Neighbours.

Compassionate Neighbours

Compassionate Neighbours is a programme that is being rolled out in Hospices across London and the South East initially, and we were one of the first hospices to be involved. It is a light touch programme where vulnerable people who are socially isolated are enabled to reconnect to the community around them. We take referrals from the NLH team as well as other agencies and not all of the community members that we support are NLH patients.

Our Compassionate Neighbour volunteer's are supported and trained. The support they give is unique to the client's needs and the volunteers offer.

This year we have trained 50 people, received 89 referrals and made 32 matches , currently we are supporting 47 Community Members.

This year we have worked in partnership with Public Voice Haringey, Haringey Reach and Connect as well as Living Under One Sun, BreadnButter CIC and Lordship Hub in Tottenham. This has enabled other organisations to work with similar principles of agency, as well as open up new opportunities for Compassionate Neighbours to be involved – as well as involve the community members in a broad range of activities in the local community.

Service User on CEO appointment interview panel

This year one of our service users sat on the interview panel for the appointment of our new Chief Executive. The feedback was that they were a valued member of the panel formulating excellent questions and were thoughtful, reflective and professional.

Fire Safety Work

Following a routine inspection by London Fire Brigade we were advised to undertake a programme of works to increase the level of fire protection within our main building in Finchley. From April - June 2019 a new L1 fire alarm system was installed - an L1 system provides coverage in all areas of the building including ancillary areas. In June 2019 we began an extensive programme of fire stopping throughout the building which included works to each of our 18 patient rooms. The work was completed in February 2020. Each bedroom was closed for three days with works carried out to the fire doors and ceilings, every room was then re-decorated and fully refreshed. Patient bedrooms now have an increased level of fire protection and works to the loft space have compartmentalised the building to enable us to have areas of safety should a fire situation occur. These works were essential, however, they have affected our occupancy rates this year.

Health & Wellbeing

Photography Group

The established Catching the Light patient and carer peer led photography group co-produced its very first exhibition of some of its members work in December with our teams including those of fundraising and communications. More than 100 people came along to the H&W Centre to view and purchase the work of our talented group and have a look around the Centre. Our art therapist presented with an ex-patient about her experience with art therapy. Our Music Therapist worked with our Bereavement Service Co-ordinator to create a song, which was performed at the exhibition. This group provides a forum for emotional support, art studio sessions - learning about photography, photowalks. It includes patients, volunteers, bereavement and H&W staff.

Breathlessness Group

Pilot sessions for 15 weeks for Singing for Breathing - 8 - 10 people with breathlessness working with a trained musician to improve breathing technique and stamina.

Gardening Group

In process of co producing Horticulture Sessions which have had to be put on hold following COVID19 lockdown.

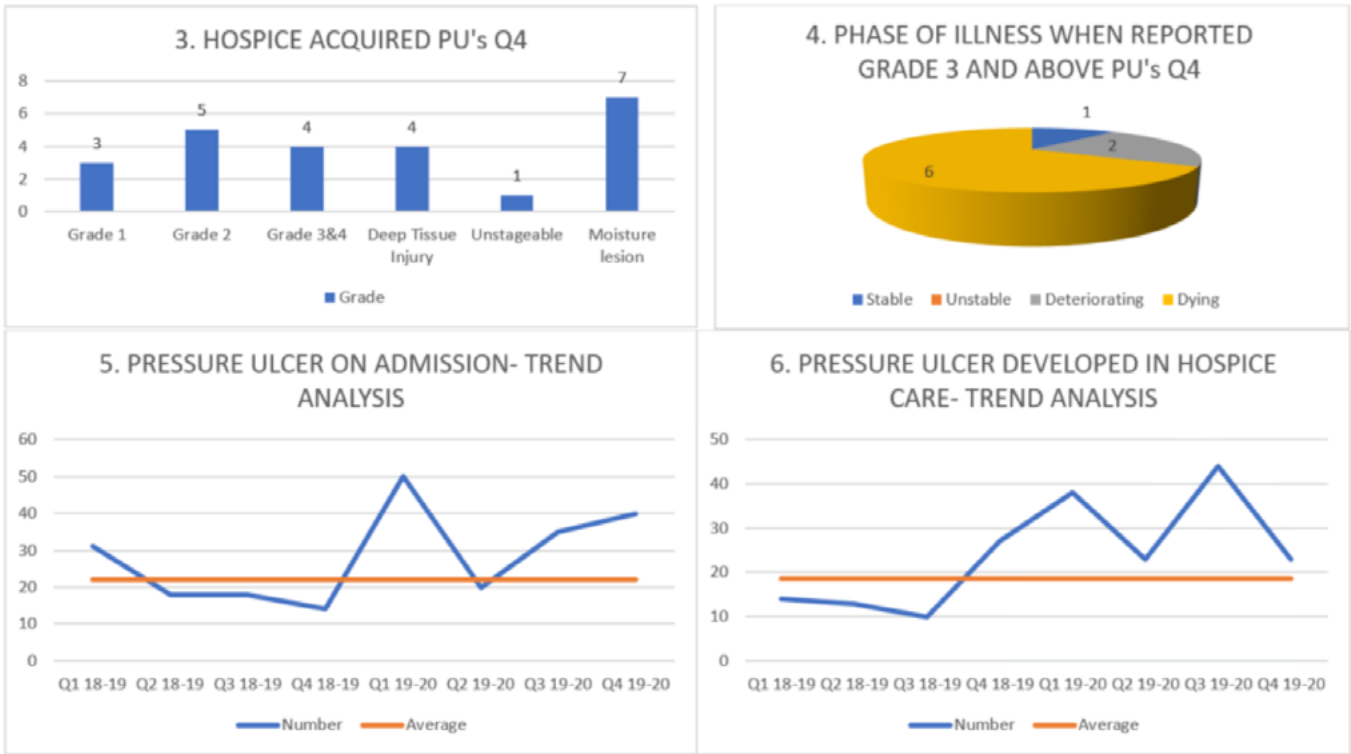
Quality Improvement Workshop

We designed and held a Quality Improvement Workshop in October 2019 for clinical and non-clinical staff to stimulate knowledge in Quality Improvement (QI) activity. The workshop was an interactive session attended by 14 staff which introduced the key principles and concepts of QI and Safety in a hospice setting. We found this to be a unique opportunity to develop quality and efficiency improvement capability to build up a local skills base.

Quality and Safety Reporting

We have further developed the presentation of our quality data reporting to include trend reporting with the overall aim of improving care, practice and culture. Focusing on data in a more meaningful way ensures that we are being more responsive to data and informs future thematic reviews.

An example extract:



Leadership Walk Rounds Framework

In February 2020 we developed a Leadership Walkround Framework as a means of engaging with services on a regular basis using an 'appreciative enquiry approach' that facilitates talking points to discuss patient safety and staff experiences, creating a safety culture. This is designed to encourage an open and self-reflective dialogue with Board members and Trustees so that they have first-hand knowledge of local safety issues and can offer practical advice and support to resolve. This allows the Board and Trustees to have confidence that safety and staff experience is being consistently considered at all locations.

Executive Team Involvement in Internal Care Quality Commission (CQC) Audit

We have performed a series of focused audits this year to focus on the CQC Safety and Well-Led domains. These have involved members of the Executive Team that have had a direct impact on actionable feedback and building positive relationships with staff.

Finchley Main Kitchen Refurbishment

Building works began on 24th February 2020 to carry out a complete refurbishment of our main kitchen. The kitchen has been in constant use since 1992 and was the only area within the building which had not been renovated since the Hospice first opened. All patient, staff and visitor food is prepared on the premises by our catering team and we pride ourselves on offering patients fresh, homemade and appetising meals. Unfortunately following the announcement on March 23rd and imposed lockdown, work has been put on hold but we look forward to work resuming as soon as it is possible.

PARTNERSHIP WORKING

Nordoff Robbins Music Therapy

Music Therapist - working with Nordoff Robbins and providing inpatient and outpatient individual and group sessions. They also worked with bereavement team co-writing and performing a song.

Noah's Ark Children's Hospice

We continue to work with Noah's Ark to look at how we transition children into adult hospice support.

Homelessness And Substance Misuse

In November the community development team hosted a homelessness and substance misuse event for 40 staff and external stakeholders from the three boroughs. The aim was to improve the delivery of quality end of life care for this client group and to support collaborative partnerships. Dr. Caroline Shulman, Kings College Hospital, attended the day to talk about her research. She was instrumental in putting together the Homeless Palliative Care Toolkit (<https://www.homelesspalliativecare.com>). Following the event there has been an increase in referrals, as well as invitations from clinical staff to be part of case discussions in our local community.

Learning Disabilities

In May we held an Improving Access Coming Together workshop with our local boroughs to promote NLH access to enhance the delivery of high quality end of life care for those with a learning disability and those close to them through:

- Promoting equal access to NLH services
- Developing knowledge of local EOL care for people with learning disabilities
- Supporting collaborative practice between local care providers.

Dying Matters Event

A comprehensive plan was worked up across all three boroughs for Dying Matters Week "Dying to be heard" 11-17 May 2020. This included pop up stalls in a hospice shop, a library, GP surgeries and a video was created to run before cinema performances. In Barnet this work was done in partnership with Barnet Patient Engagement Group a subgroup of Barnet CCGs End of Life group, of which NLH is a partner organisation. This work has had to be put on hold due to COVID-19. Our main contribution will be through social media communication.

EDUCATION AND TRAINING

Achievements and Developments

It has been another busy year for the Education Team.

Internally focus has been on ensuring Hospice staff are provided with quality mandatory training and additional training based on identified need. The training databases are currently being reviewed to ensure they are accurately recording the required data.

Students were welcomed into the Hospice from a variety of professions and a preceptorship programme was designed to support newly qualified staff on IPU. It was a successful year for the Hospice apprentices: 3 completed a Level 2 apprenticeship in Team Leading, 1 completed a Level 3 Health and Social Care apprenticeship and 1 completed a Level 4 in Business Management apprenticeship.

A new education prospectus was produced which contained a variety of courses. This included 3 accredited courses that we continue to offer in partnership with Barnet and Southgate College and a variety of other study days focusing on Communication skills, Dementia, Bereavement, Clinical skills and Record Keeping. All were very positively evaluated.

Two Successful Summer Schools were also held for 40 local young adults considering a career in healthcare. Over 100 international young learners were also welcomed to the Hospice for training as a result of a new partnership with a global training company. The medical work experience project offers learners who are interested in a career in healthcare the opportunity to visit and learn from different healthcare environments. The young learners came from over 20 different countries and feedback about their experience at the Hospice was extremely positive and we hope to welcome new learners back this year. We have also welcomed fee paying tours from around the world, from as far afield as the USA, Japan and China, to learn about the work of the Hospice.

We continue to work in partnership with Higher Education Institutions. We are developing a new accredited course with Barnet and Southgate College and we continue to welcome Student learners from a number of different Universities.

End of Life Care Training continued in the Enfield Care Homes and for Enfield GPs. Bespoke training was also delivered to the London Ambulance Service, the Tavistock and Portman NHS Trust, Enfield District Nurses, Barnet Hospital student Nurses. Barnet Patient Engagement Group and Barnet and Enfield Care Homes.

We have commenced new apprenticeship partnerships with two different universities. Looking forward 2020 will see 6 staff commence Nursing Associate Apprentices. A staff conference is planned for October and a range of new study days are available in the new prospectus.



A total of 1923 learners attended our training



Over 720 hours of training and mentoring provided



We have worked with 85 external organisations

SERVICE ACTIVITY DATA

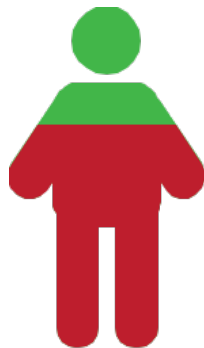
NLH monitors the performance of different aspects of its services quarterly against some annual targets. Highlights of this year are included here.

Due to the migration to a new clinical database and establishing the new reporting requirements in quarter 4 some data was not available for comparison

Inpatient Unit (IPU)



338 IPU Admissions



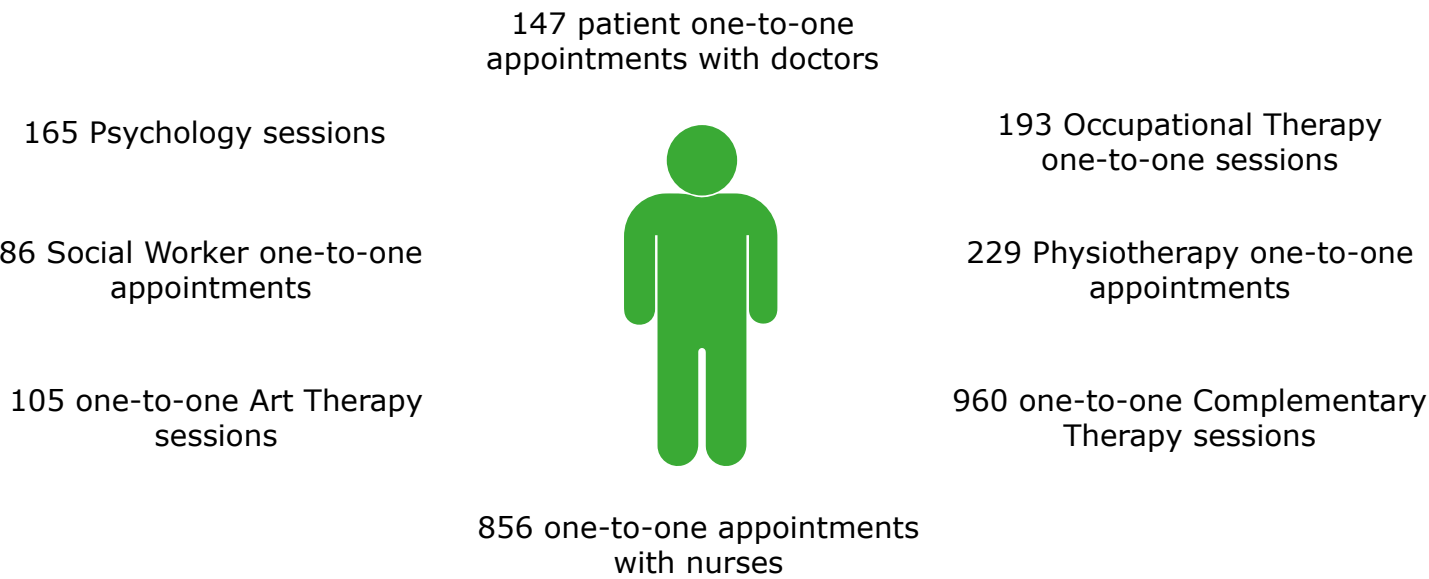
23% patients discharged home

77% patients died on IPU

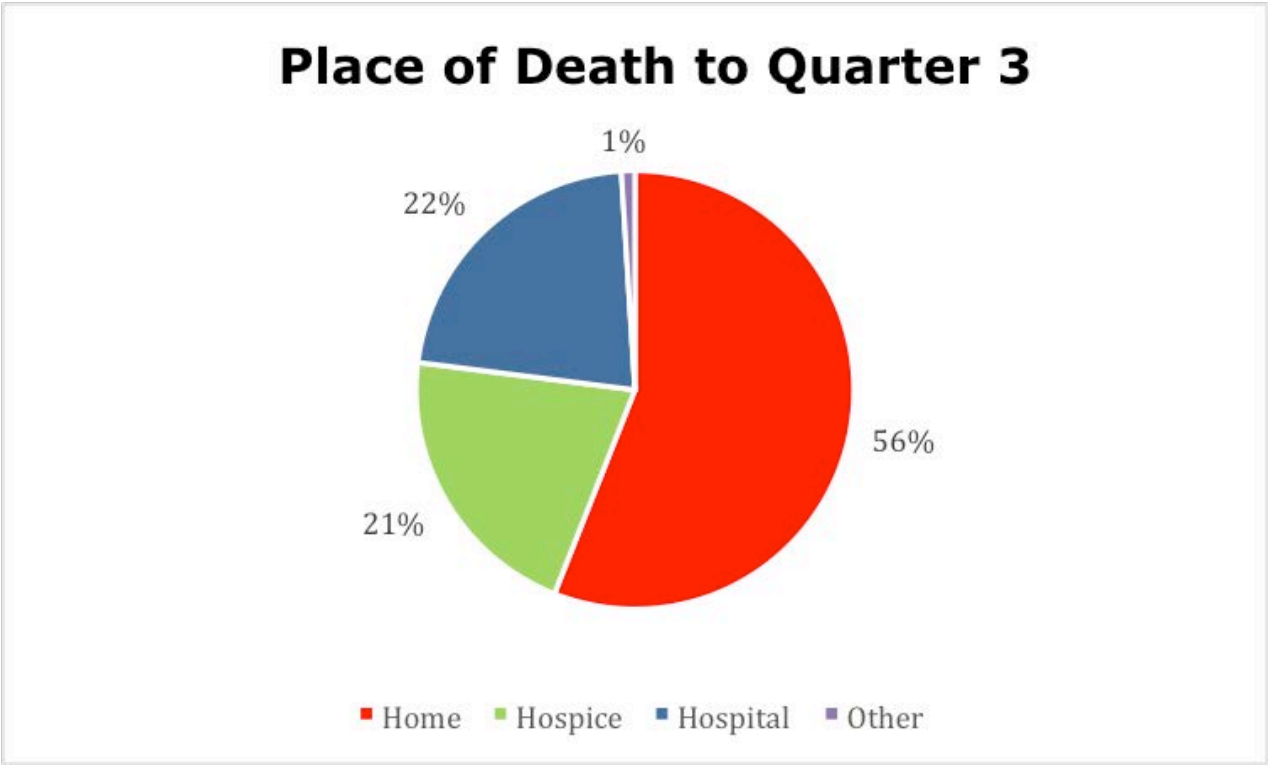
This year has seen a similar number of admissions to the unit as 2018-19. The average length of stay to the end of quarter 3 was 14.2 days, comparable to 2018 at 14.4 days. 6 patients had extended length of stays of over 40 days.

Closed bed days this year has been significant, 160 compared to 12 in 2018-19. The majority of closures were related to the additional fire safety work that had to be undertaken.

Health & Wellbeing Service 2019-20



Community Teams



The community teams have cared for over 2600 patients in their own homes this year.

Palliative Care Support Service (PCSS)



365 patients supported to remain at home



29 average hours of direct care per patient

SERVICE USER EXPERIENCE

NLH values all feedback from people who have used our services and gain it in a variety of ways: 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 identify any improvements or changes required as we endeavour to meet the needs of our patients and their families.

2019 User Surveys

The annual service-specific surveys in 2019 have been collected by both paper and using a tablet device.

Paper surveys were sent from May-October 2019:

- Community patients and relatives
- Palliative Care Support Service relatives
- Inpatient unit relatives

A total of 665 surveys were sent out, 200 returned (30% response rate).

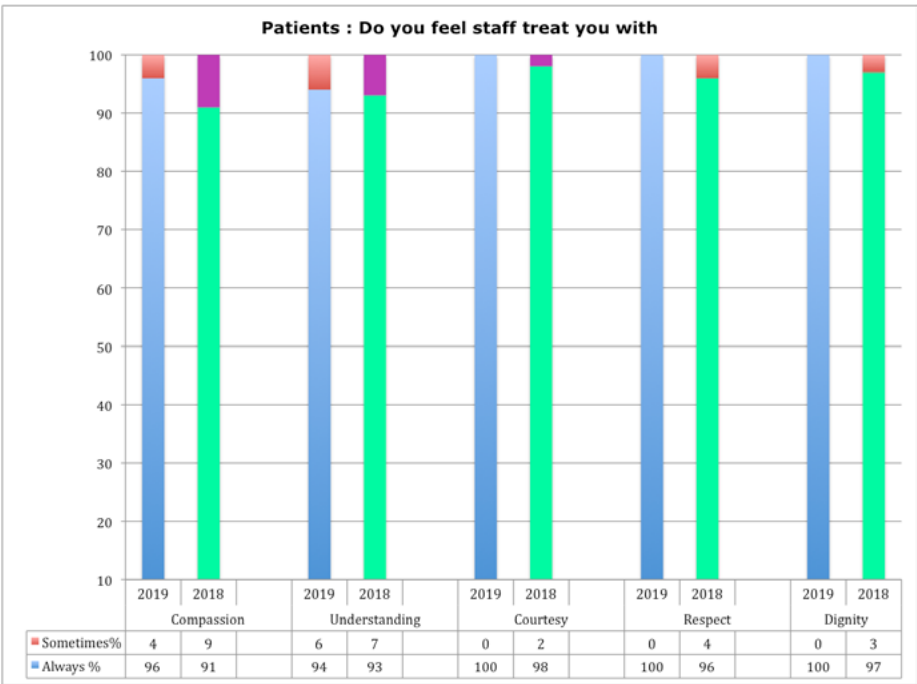
Tablet surveys were completed by Inpatient Unit (n=17) and Health & Wellbeing patients (n=15) during the year. The aim of the tablet surveys is to be able to provide real-time feedback so any issues can be dealt with immediately.

Results: Key Performance Indicators

Key Performance Indicator 1:

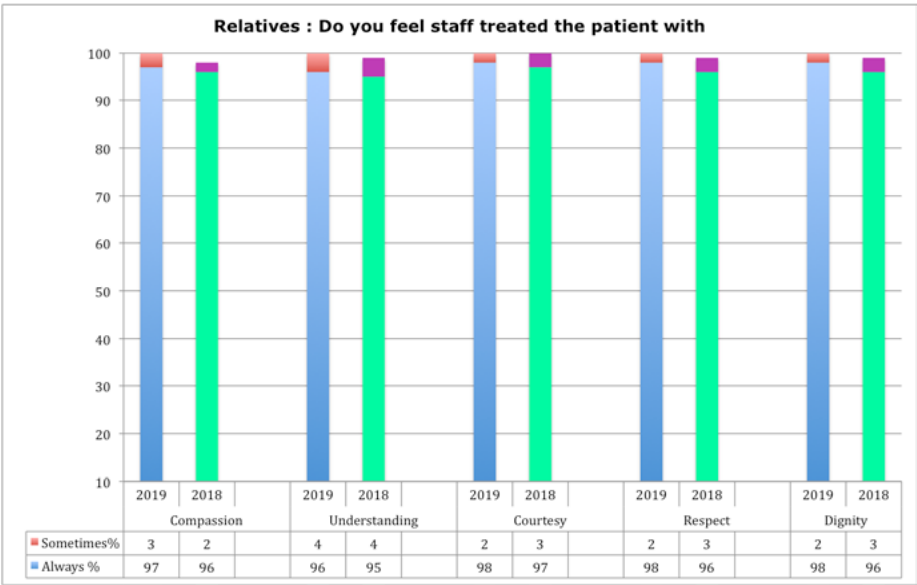
"Are you/was the patient treated with compassion, understanding, courtesy, respect and dignity?"

Patients – Overall



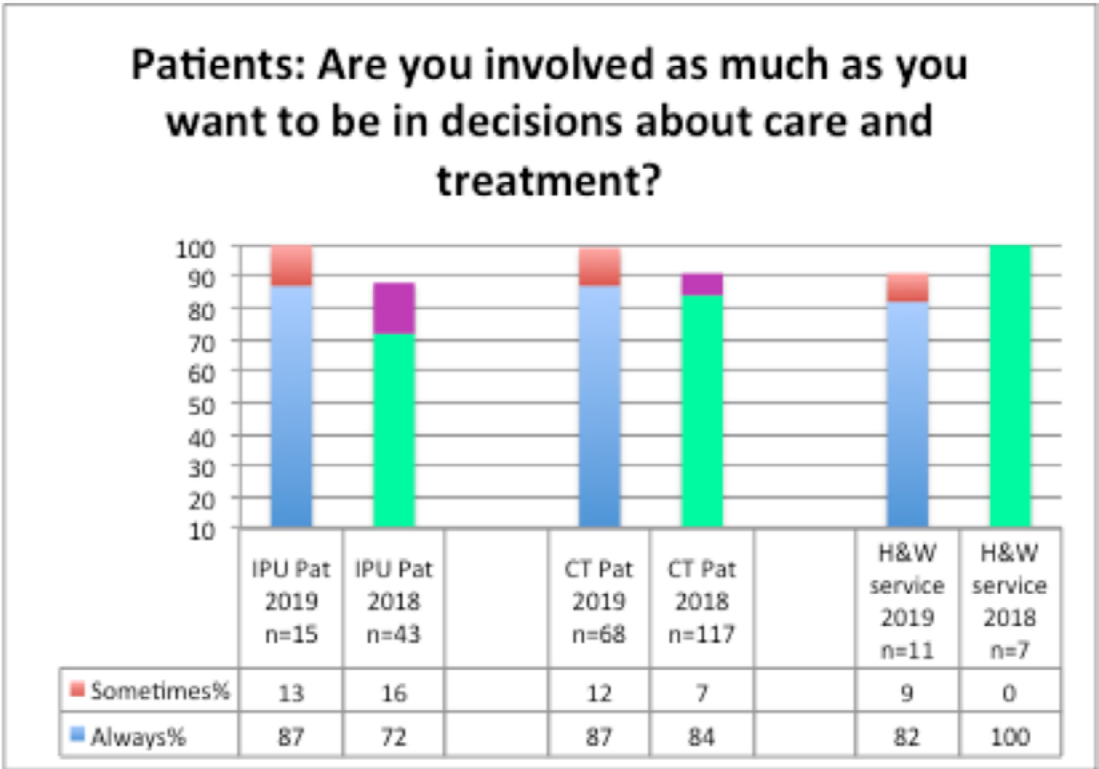
These results are the average of IPU, Community and H&W patients’ responses. An increase in all areas is demonstrated. Overall extremely good scores.

Relatives - Overall

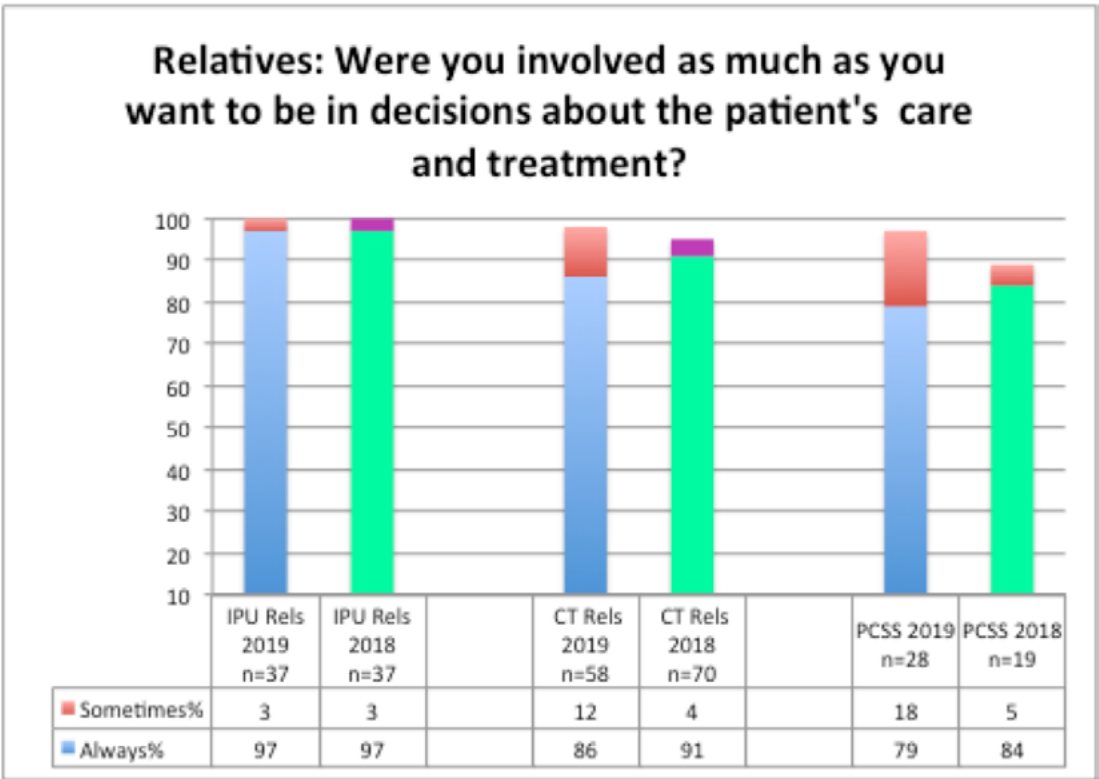


The average of the IPU, Community Teams and PCSS relatives’ responses. A comparable result to 2018 – with no service scores lower than 96%.

Key Performance Indicator 2:



A very good improvement from IPU. The CT response is very similar for “always” but an increase when “sometimes” added to 2019 responses. A decrease is noted for H&W patients from 100% in 2018.



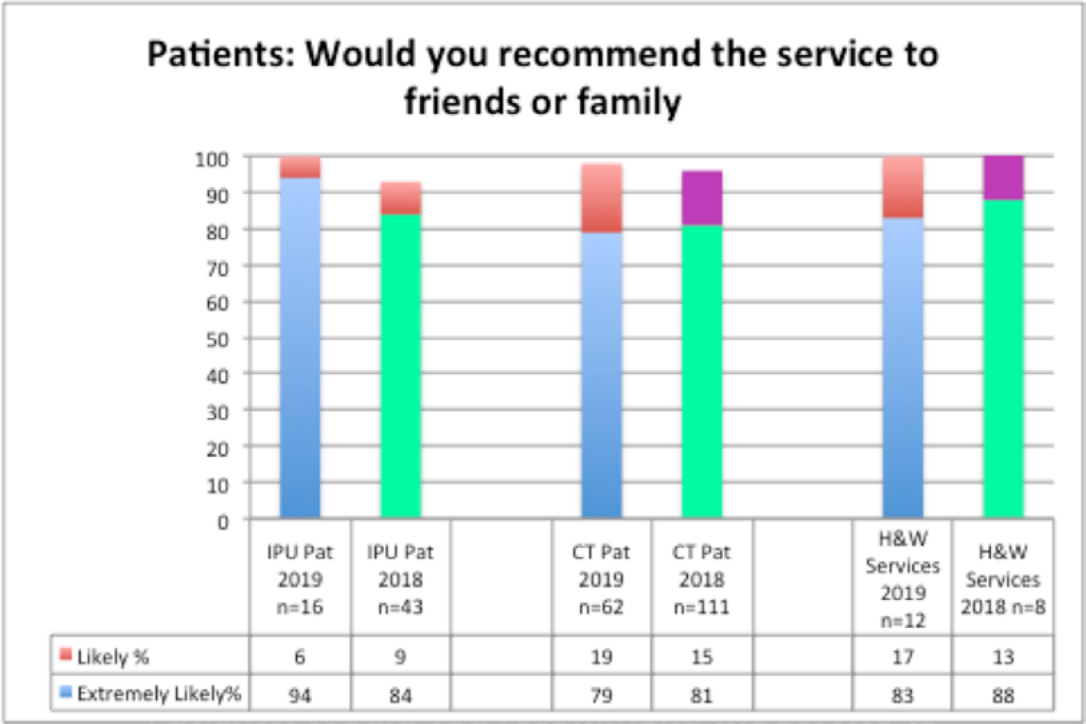
The IPU relatives felt more involved “always” though CT and PCSS Relatives total scores for “always” and “sometimes” improved from 2018.

Key Performance Indicator 3 - Family and Friends test

Our responses are in line with those used in the NHS Family and Friends test:

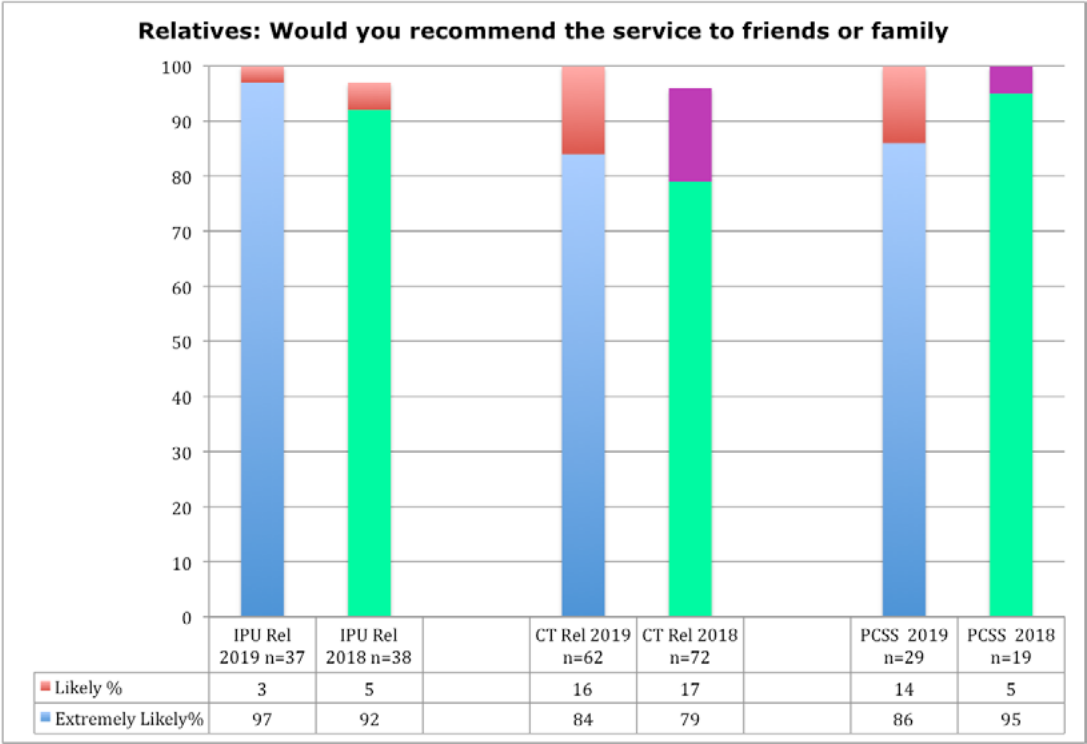
- Extremely likely
- Likely
- Neither likely or unlikely
- Unlikely
- Extremely unlikely
- Don't know/not applicable

PATIENT’S RESPONSES



All areas have increased this year with slight decreases only in “extremely likely” scores for Community and H&W.

RELATIVE’S RESPONSES



IPU and Community have seen improvements in total scores. PCSS showed slight decrease in “always” scores.

This year, the average of the responses, ‘Extremely likely’ and ‘Likely’ across the services is 100%.

COMPLAINTS

Quality Performance Indicator	2018-2019	2019-2020
Number of Complaints (NLH target less than 30)	12	19

Quality Performance Indicator	2018-2019	2019-2020
Investigations completed, complaint upheld/partially	12	19
Investigations completed, complaint not upheld or part upheld	0	3
Investigations unable to proceed as complainant not able to give full information	0	0
In progress	0	0

NLH receives complaints about clinical and non clinical (charity shops) aspects of its business. This year we received a total of 19 complaints:

10 were clinical (patient service)

6 involved the Community Service, 3 Inpatient unit, 1 H&W Service. This correlates with 0.3% of patients and families supported by NLH this year made a complaint

The themes of clinical complaints raised this year were staff communication and service response.

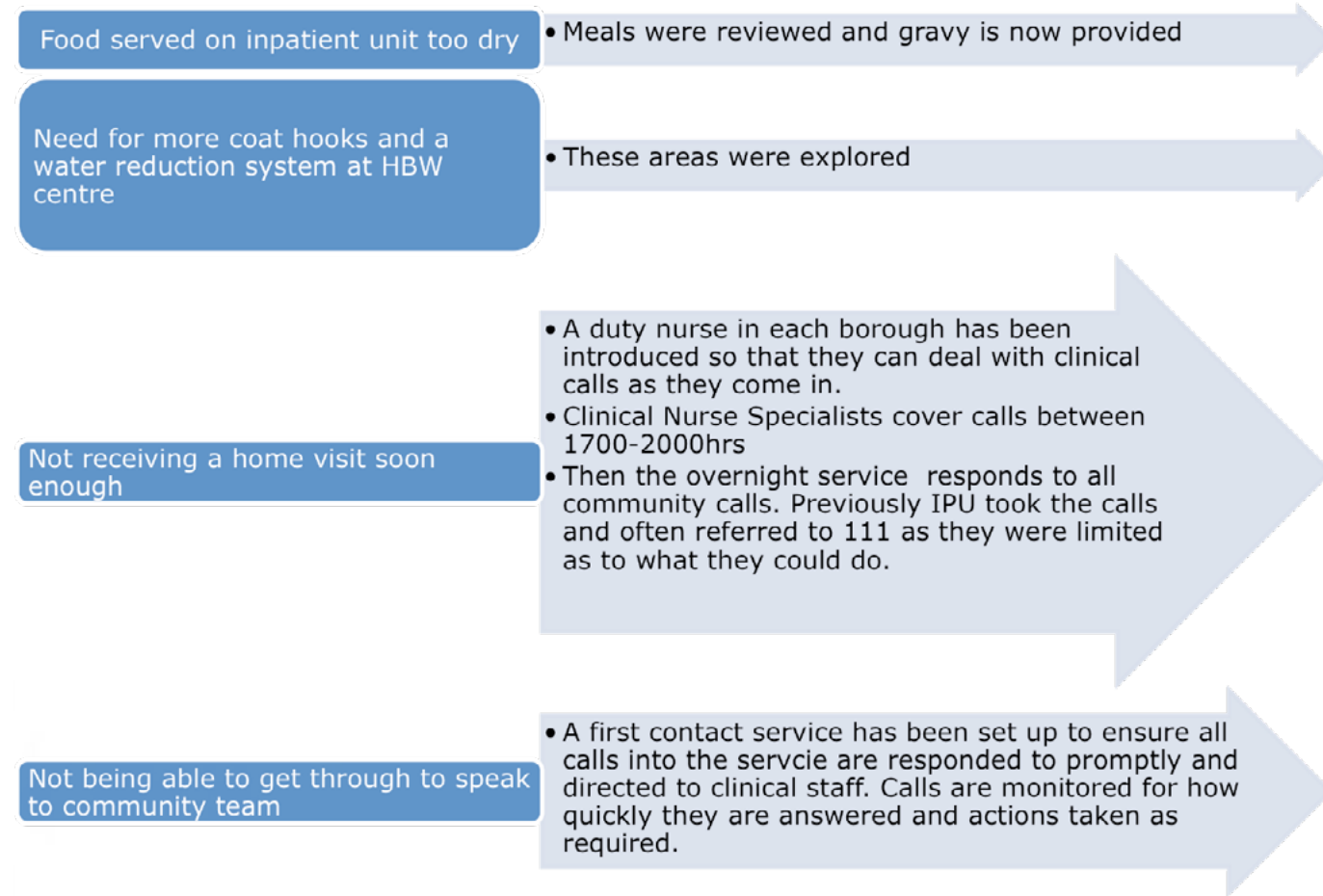
Of the 9 completed clinical complaint investigations 9 have been upheld fully or partially and learnings taken into actions.

- The following are some actions taken following completed investigations this year:
- individual CNS reflection & development in decision making
 - individual CNS communication skills training
 - to confirm preferred method of communication at 1st assessment ensuring staff aware of need & importance of keeping people informed of all actions, decisions & progress on their behalf particularly with external agencies even where no progress to report
 - to ensure all calls through a clinician who will assess urgency of visit

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

Concerns:

This year we received 20 concerns. 17 related to clinical care. The most frequent theme was care provision, staff communication and behavior. The following are some examples of concerns raised this year and actions to be taken in response.



Compliments:

This year we recorded 153 written compliments. Themes were care for patients, relatives, carers, above and beyond, kindness of staff, overwhelming support during difficult times

"In my mum's final weeks we had daily visits from a nurse from North London Hospice. As well as providing care she would just stay, chat and listen. My mum could share her deepest worries and say things you feel unable to say to your family. I can't describe how much we all valued it."

(Community Team Barnet)

"I know that xxxx really appreciated your approach and straight talking. I am also aware that you went above and beyond in your support for me. I think that I leaned on you rather more than I realised and will always remember your kindness and care in what I found to be a very difficult & lonely situation."

(Community Team Haringey)

"Every person that works at the North London Hospice really does personify all the attributes required to be a special human being. Compassion, empathy and going the extra mile are evidently part of everyone that works at the hospice. Thank you."

(In Patient Unit)

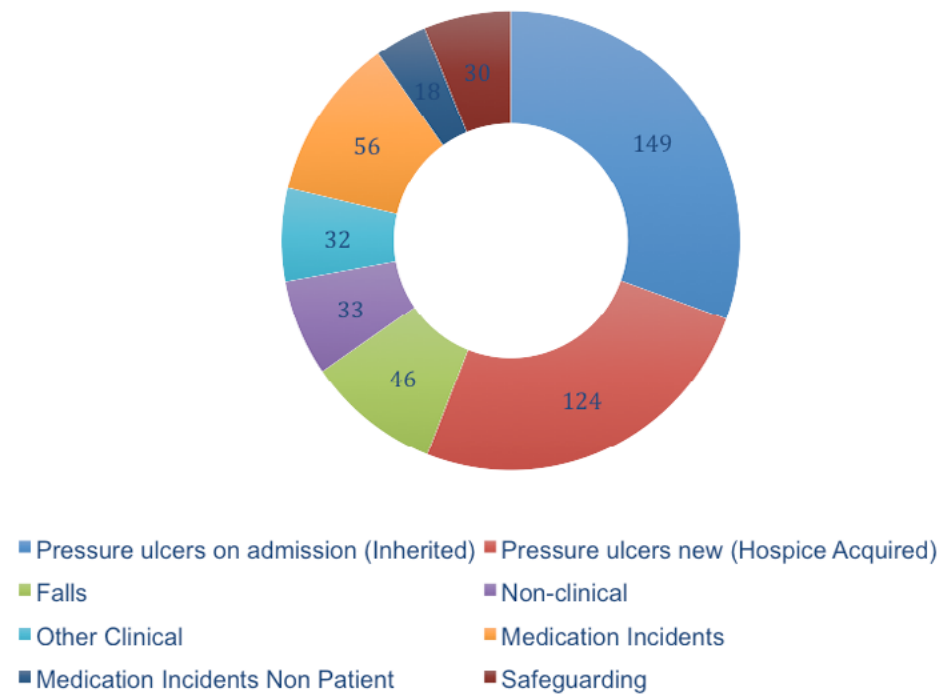
"Thank you very much for your card and kind words acknowledging the anniversary of my partner xxx passing. It has been a very difficult year for me but with the ability to talk at length to family and friends it has got me through. Of course I miss him terribly and think about him every minute of every day but am now able to remember all the good times we shared. I am so grateful for all the care for xxx from the hospice and the support for myself. In particular, the care from XXX. We always looked forward to the visits from XXX and she was always able to lift our spirits."

(Bereavement Team)

PATIENT SAFETY

	2017-18	2018-19	2019-20
Total number of Incidents (clinical and non-clinical)	352	367	489

Total safety incidents reported from 2019-20



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

Analysis

An increase in the amount of incidents were reported this year from the previous two years. This is due to an increase in the numbers of pressure ulcers reported due to changes in definitions from Hospice UK.

Pressure Ulcers

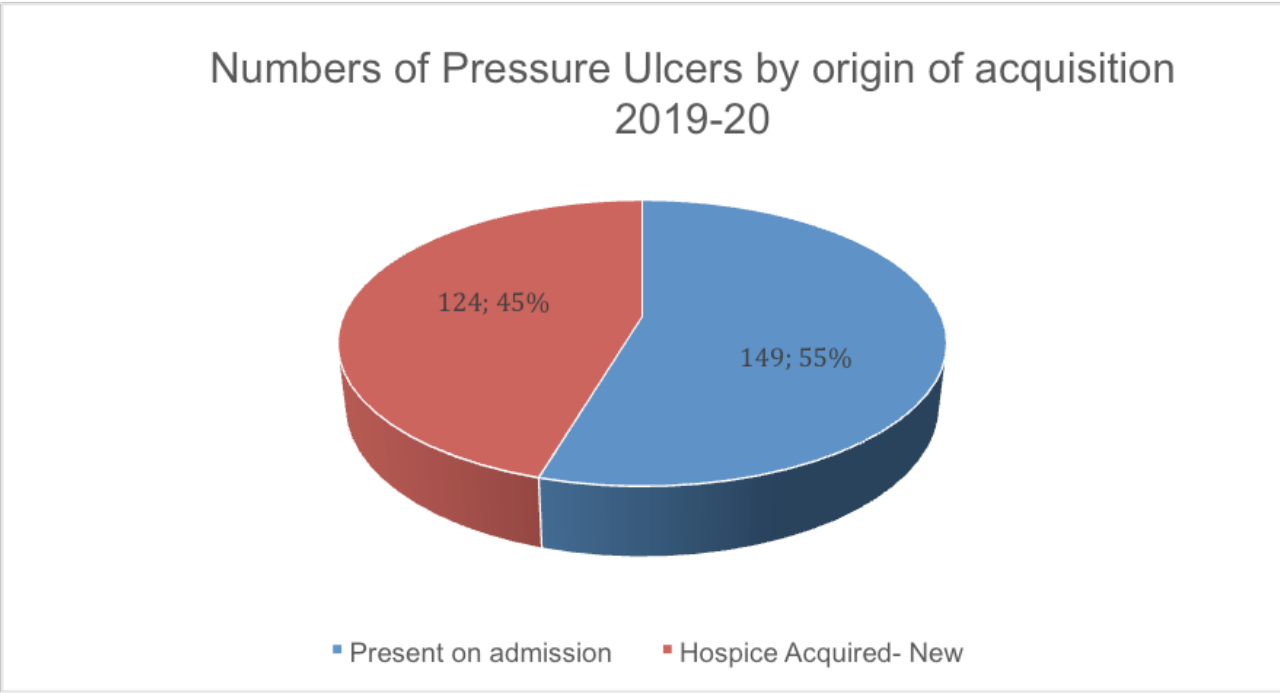
This year saw an increase in new pressure ulcers (hospice acquired) and also in pressure ulcers present on admission. This is partly due to a number of changes in the measurement definitions from Hospice UK in the way that pressure ulcers are reported this year to include the reporting of moisture lesions.

The number of new pressure ulcers reported increased from 63 to 124 this year. We continue to carry out a full Root Cause Analysis on all new Category 3, 4, Unstageable Pressure Ulcers and Deep Tissue Injuries root cause analysis, were found to be unavoidable and have

concluded that no harm was caused. Statutory notifications are made to the Care Quality Commission and incident rates are provided to the relevant Clinical Commissioning Group. Analysis now includes phase of illness, functional status at the time of pressure ulcer development. This will enable us to identify and describe the different ways clinicians understand why a pressure ulcer is unavoidable thus ensuring best practice.

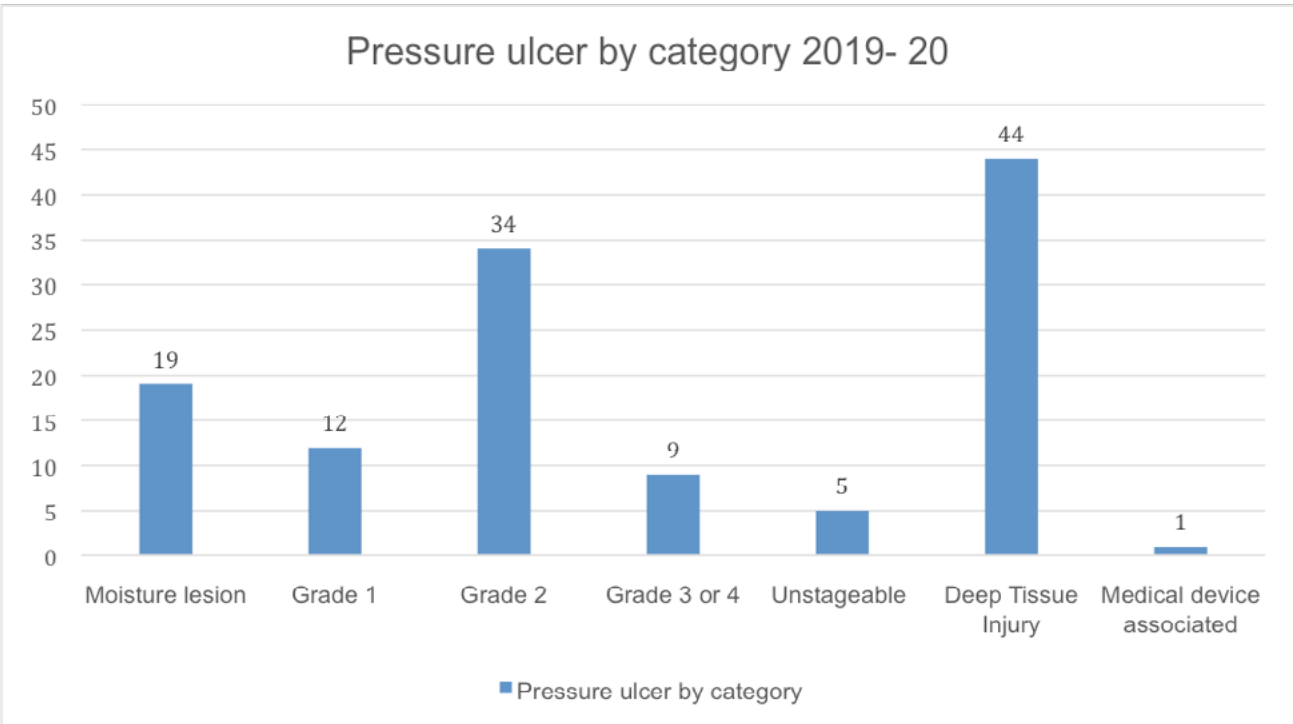
Pressure Ulcers 2019/20

The majority of Pressure Ulcers reported were already present on admission to the hospice (55%). This is particularly challenging for staff when trying to manage any further deterioration which may be avoidable for patients presenting in the last phase of illness.



Hospice Acquired New Pressure Ulcers and Moisture lesions on admission

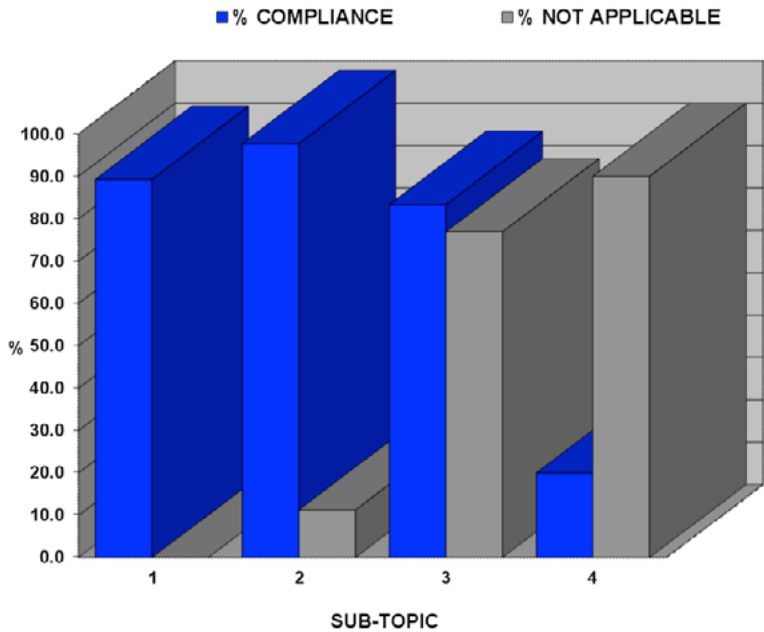
New pressure ulcers reported are higher than the national average. Detection, grading and documentation of pressure ulcer management have improved which may account for some of this increase, new definitions and parameters for reporting as well as caring for more patients with increasingly complex needs compared to our peers.



Our Pressure ulcer audit conducted in August 2019 demonstrated good compliance overall in the prevention, management and reporting of pressure ulcers within the inpatient unit. We are assured there is good compliance on discharge documentation. The 80% not achieved is not relevant to our organisation. Specific learning points include ensuring the use of digital photography/drawings of the pressure ulcer to be able to track any deterioration as per the standard operating procedure.

CHART - COMPLIANCE BY SUB-TOPIC

TOPIC	
Prevention, management and reporting of pressure ulcers within the Inpatient Unit.	
SUB-TOPIC	
1	Policies and Procedures
2	On Admission
3	Ongoing Care
4	On Discharge



Medication Incidents

This year saw an increase in medication errors (in comparison with other hospices the number of medication errors at NLH is below average). 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 15 % were classed as “near misses”(where incident actually never happened but could have). 6 errors resulted in low harm and of the other patient-related medication incidents did not cause patient harm. All medication incidents are monitored closely for identification of themes / trends. Administration error and dose omissions were the first and second most recorded type of incident. We have developed an action plan for 2020-21 for future improvement work which includes a commitment to point prevalence audits for dose omissions. We have also improved the way in which we analyse medication incidents through the development of a medication incidents score card.

Patient Falls

There was a decrease in the number of patient falls this year (from 62 to 46 patient related) with even lower trends for quarter 3 and 4 demonstrating a positive trend since the introduction of patient alarms and the purchase of the low bed in IPU last year. Of the 45 patient falls, 38% resulted in no harm, 60% resulted in low harm and 2% of falls resulted in moderate harm. All falls are reviewed, and monitored for trends and themes.

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

Pressure Ulcers (please note comparison data is not available due to the changes in classification and reporting)

	2019-20
Number of pressure ulcers	105
Pressure ulcers per 1,000 occupied bed days	21.9
Hospice UK Benchmarking Pressure Ulcers per 1000 occupied bed days (for Hospices of the size of NLH)	8.1

Falls

	2017-2018	2018-2019	2019-20
Number of patient related slips, trips and falls	53	63	46
Falls per 1,000 occupied bed days	10.5	12.6	9.9
Hospice UK Benchmarking Falls per 1000 occupied bed days (for Hospices of the size of NLH)	10.3	10.3	10.7

Medicine Incidents

	2017-2018	2018-2019	2019-20
Number of medicine incidents	17	38	51
Medicine incidents per 1000 occupied bed days	3.35	7.6	10.8
Hospice UK Benchmarking Medicine incidents per 1000 occupied bed days	11.5	12.9	12.9

Infection Prevention and Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2017-18	NUMBER 2018-19	NUMBER 2019-20
Patients who contracted Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia whilst on the IPU (NLH target 0)	0	0	0

NLH STAFFING

NLH employs a total of 223 (188.5 WTE) permanent staff and 49 bank staff. It benefits from the efforts of approximately 830 volunteers who are used as required in clinical and non-clinical roles. The Hospice has many staff working part time or flexible hours.

	2017-18	2018-19	2019-20
Staff joined	34	59	71
Staff left	64	53	65

There is an ongoing challenge in relation to recruiting both doctors and nurses at the Hospice, which is a national issue, although potentially more challenging in London. Despite this we have been able to recruit to a significant number of the new vacancies but some more senior posts have been more difficult to recruit in some areas particularly the community services. As a result there is an urgent need to invest in growing our own nurses and developing career grades for our nursing staff. We additionally need to look at other professional groups to potentially re- train into nurses in the longer term. We are developing ways of addressing these issues.

Staff Survey

NLH use the Hospice UK-sponsored staff survey where some questions relate to the indicators above. Below are a few of the questions asked and responses:

The following is a summary of feedback received from the Staff and Volunteer Engagement Survey in July 2019. Overall there was a very positive response to the survey with overwhelmingly high scores across a number of questions as follows:

- 94% of staff and 93% of volunteers said that if a friend or relative needed treatment they would be happy about the care provided by the Hospice
- 93% of staff said they enjoyed the work that they do
- 92% of staff and 93% of volunteers said that they enjoy working with the people at this charity
- 90% of staff and 94% of volunteers said that they believe in the aims of this charity
- 88% of staff said that understood what this charity wants to achieve as an organisation
- 88% of staff said that they feel like they are making a difference
- 97% of volunteers said that they enjoy the work they do
- 93% of volunteers said that they are proud to volunteer for this charity
- 93% of volunteers said that they are treated with fairness and respect

However, there are some areas where there is room for improvement, specifically in relation to leadership and communication, engagement, communication between teams and managing performance.

In the last year we have developed a new People Strategy to take forward a range of people issues in the organisation and the key themes are as follows:

- Creating a thriving work environment to support the best quality of care for people we are supporting
- Developing our People/Becoming a learning organisation
- Creating a sustainable workforce
- Developing our Communications and Engagement

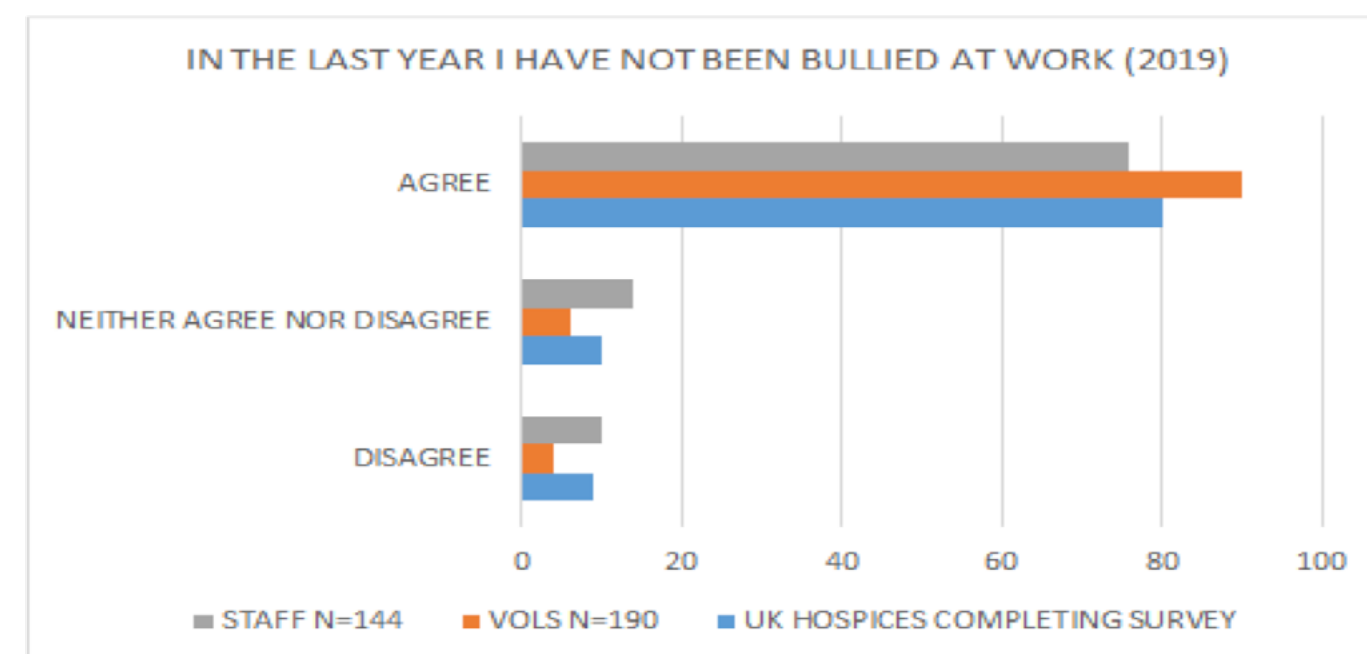
There is a detailed action plan within the strategy beneath these overall objectives with specific indicators linked into the staff and volunteer survey as well as other deliverables. Within the current year key deliverables have included the following:

- Establishing a Freedom to Speak up Guardian
- Rolling out a new Management Development programme combined with a people management programme
- Simplifying the appraisal format to make it easier to use, and revising the training needs analysis process
- Reviewing the establishment needs of the nursing workforce
- Considering how we can support staff wellbeing
- Developing further how we recruit our hard to recruit workforce specifically our nurses
- Developing ways to increase the leadership visibility
- Developing opportunities for cross team working

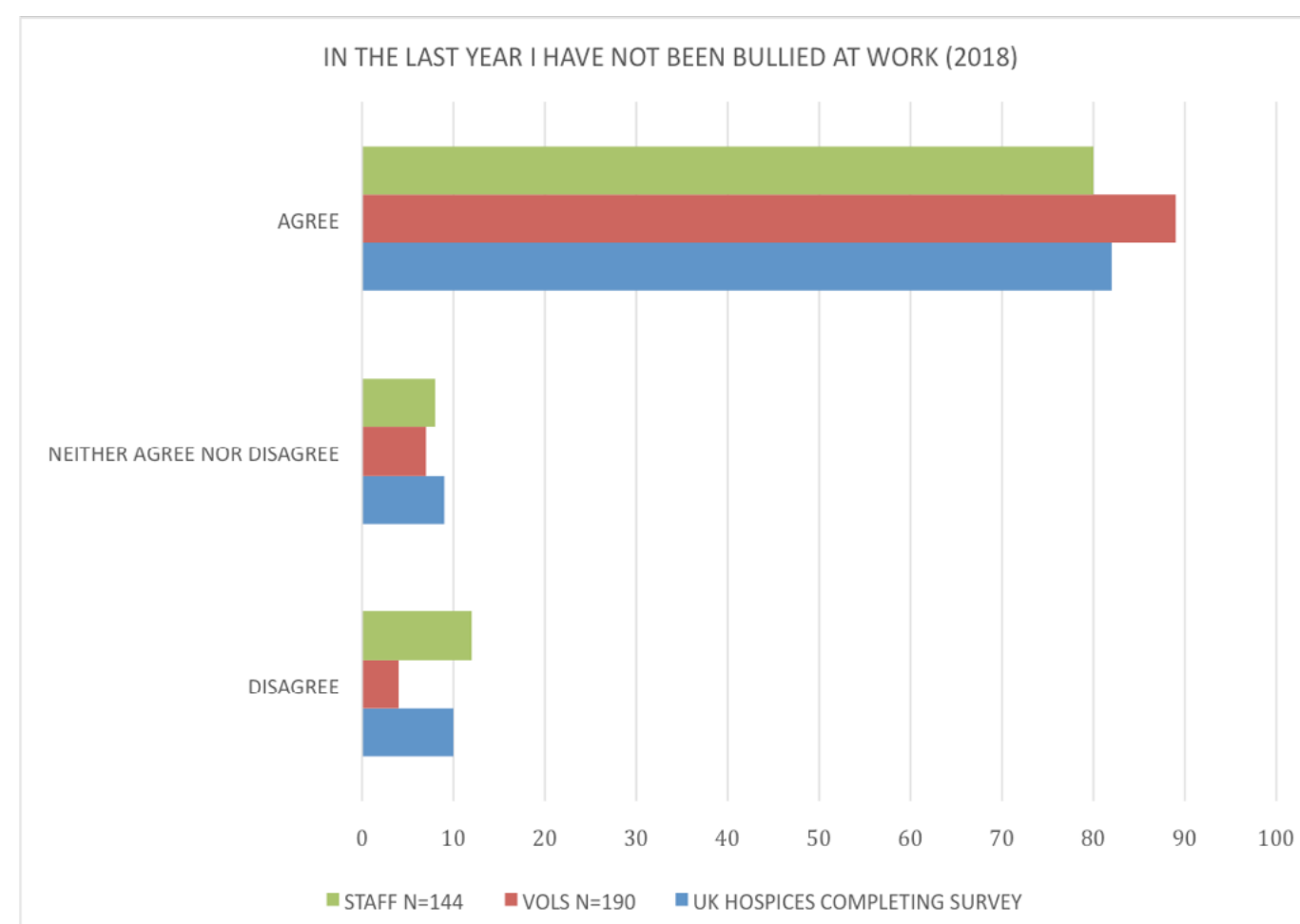
In addition the Staff Information and Consultation Forum has become more embedded in the organisation and has a clear role in raising issues for staff. We are also planning to revise our values in the next year and have now started planning some innovation workshops to ensure that we are creating new ways of working for the future.

As explained NLH use the Hospice UK-sponsored staff survey where some questions relate to the indicators concerning bullying and diversity in the workplace. Below are the questions asked and responses in both 2018 and 2019:

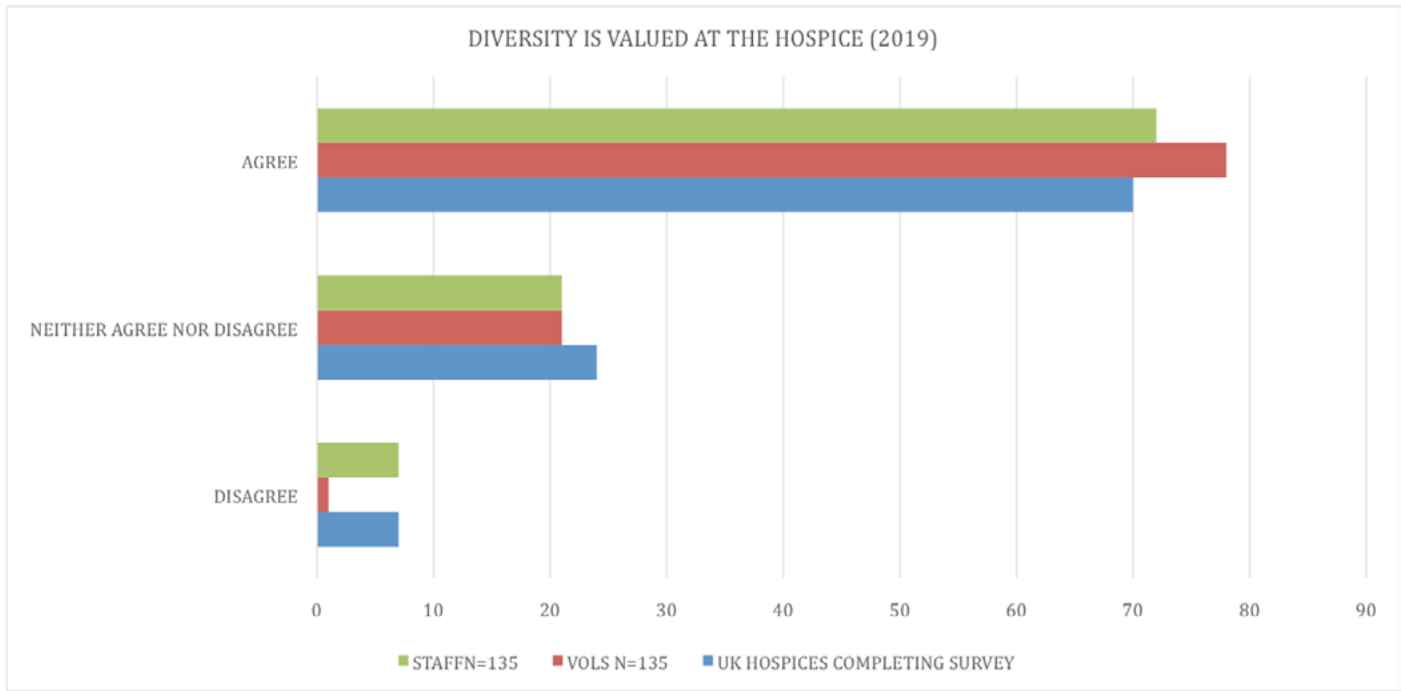
2019 Bullying at work:



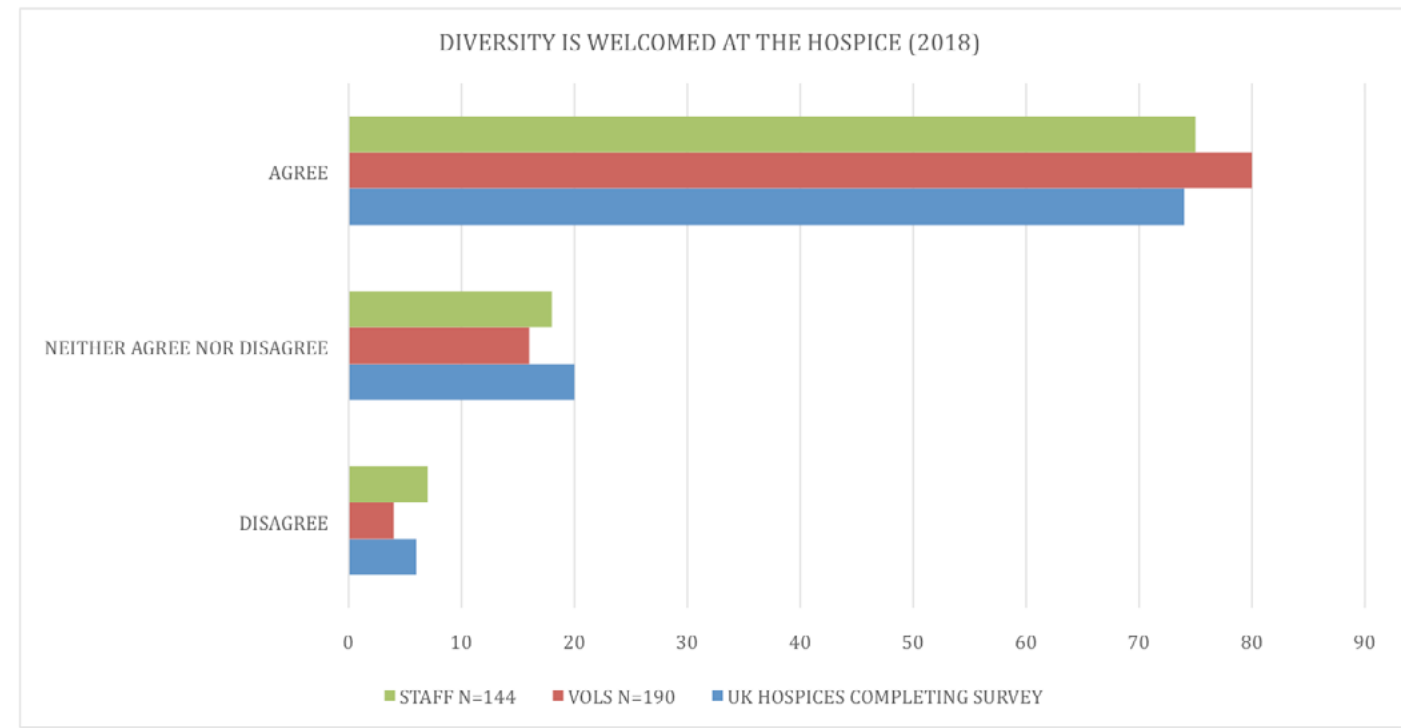
2018 Bullying at Work:



2019 Diversity:



2018 Diversity:



As demonstrated above there has been no significant change in the last year in relation to how staff feel about being bullied at work and in relation to diversity. Additionally overall the figures are generally in line with the Hospice sector.

NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

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.

As Chair of Trustees of 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 the focused work to co produce a Carers Strategy with carers and internal and external professionals. I look forward to seeing the difference strategies will make for the carers of NLH patients this coming year.

For 2020/21, the Priority for Improvements continue to build on the success of previous achievements in relation to the new EMIS clinical database , developing more community nurses to be non medical prescribers, the Carers project as well as a new Spa bath experience to improve the patient experience on in patient unit.

The NLH team continues to explore collaborative relationships be it to expand our educational offer or ensuring our service is accessible to all.

The Board welcomes the improvements illustrated in this year’s Quality Account and fully supports the Priorities for Improvement identified for 2020/21, 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

North London Hospice Draft Quality Account 2019/20

Comments from Barnet Health Overview and Scrutiny Committee

- The Quality Account was well presented and easy to navigate with an interesting mixture of information and including a 'Patient Story' demonstrated the ethos of the Hospice.
- The Committee was delighted to see that three of last year's 'Priorities for Improvements' will continue again this year, as Members felt that they were of great importance: the Carer's Strategy, training on Non-Medical Prescribing and ongoing development of Egton Medical Information Systems (EMIS). EMIS was considered of vital importance providing the Hospice with access to patients' records and information sharing as 96% of GP Practices in Barnet, Enfield and Haringey are on the same system.
- The Committee praised the progress made on the "Productive Ward" in the Inpatient Unit to improve and initiate new ways of working thereby enabling nurses to spend more time with patients.
- The Committee noted that a Priority for 2021 'IPU Bathroom Spa Experience' aimed to improve the current facility by adding new blinds, a privacy curtain as well as creating a small changing area and expressed disappointment that the facility was currently closed due to Coronavirus social distancing recommendations.
- The Committee was glad that the Audit of the Dementia-Friendly Environment had been rated 'Good' and looks forward to hearing how work progresses on the few potential improvements which were identified.
- The Committee was pleased that there were positive results in the Audit of Five Priorities of Care following the introduction of electronic documentation in January 2020 as part of the EMIS project.
- The Committee noted that the Resuscitation Council had recommended the purchase of two additional pieces of equipment, although the review of the resuscitation trolley equipment met the standards.
- The Committee was pleased that the Hospice had trained another 50 people as 'Compassionate Neighbours' to add to the 96 who underwent training last year and that students continued to be welcomed as well as 40 young adults considering a career in healthcare who had attended two successful Summer Schools.
- The Committee congratulated the 'Catching the Light' Photography Group on holding its first exhibition with over 100 people attending who had had the opportunity not only to view but also to purchase some of the exhibits.
- The Committee was impressed that all sections of Key Performance Indicator 1 regarding patients' and relatives' views on how staff treat patients were even higher than last year.

- The Committee was delighted to hear that the number of patient related falls was down from 62 to 45 this year, showing a positive trend since the introduction of patient alarms and the purchase of low beds in IPU last year.
- The Committee congratulated the Hospice on developing an Action Plan to learn from near misses and recognising these as an opportunity to prevent further incidents.
- The Hospice was complimented on achieving zero cases of Clostridium Difficile (C.Diff) again this year.

However:

- The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic.
- The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue.
- Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full.
- The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff.
- The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level.
- In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and also a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results.
- The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld.
- The Committee was alarmed at the upward trend in 'Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20.
- The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories.
- The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21.



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Healthwatch Barnet: Our response to the North London Hospice Quality Account 2019 /2020.

Healthwatch Barnet welcomes the opportunity to provide feedback to North London Hospice's (NLH) Quality Account, and we are pleased to offer comments and acknowledge the progress made over the last 12 months.

We welcome the inclusion of two patient experience priorities in NHL's Priorities for Improvement for 2019-2020, including developing a Carers' Strategy and the Organisational Review of Integration of User Involvement, Co-production and Community Engagement.

It is encouraging to note that the NHL is committed to continuing to develop their Carers Strategy as a Priority for Improvement project for 20/21. As the project moves forward, we would encourage NLH to continue to meaningfully consult with carers, and to use co-production techniques to lead service design.

We welcome the appointment of the new Patient and Family Feedback lead after a period of vacancy; and it is reassuring that key user involvement activities were maintained during the vacant period. We note that a user representative was recently included on the interview panel for the appointment of your new Chief Executive, we would strongly encourage you to incorporate user representatives more widely into your recruitment practices, particularly when recruiting for user involvement roles.

However, it is disappointing to learn that NHL's funding for Community Engagement work will end in 2020. We would urge NLH to consider ways of continuing to fund and support this important work into 20/21.

NLH's IPU Bathroom Spa Experience for 2020 -2021 highlights NLH's continuation of planned work around patient experience. Healthwatch Barnet would encourage, where possible, user involvement in this project to ensure that funds spent on changes truly meet the needs of patients and enhance experience.

Additionally, we welcome the focus on patient safety and clinical effectiveness as Priorities for Improvement projects for 2020-2021.

We commend NLH's work around service user experience, and we note that patient and relatives' satisfaction with staff treatment has gone up across the board.

However, we note that Health and Wellbeing patients and their relatives were less satisfied with their involvement in their treatment and care than last year, whilst more community patients and relatives were only 'sometimes' involved in their care as much as they wanted to be than the previous year. Additionally, there were decreases in the likelihood of Health and Wellbeing and Community patients and relatives recommending services to family or friends.

We would encourage improvement in these areas and suggest that patient voice and involvement work in these areas could play a role in this.

Healthwatch Barnet welcomes the improvement seen in this year's Quality Account and looks forward to seeing continued progress in the areas mentioned in this response next year.

Healthwatch Barnet
July 2020

APPENDIX ONE: NLH CLINICAL SERVICES

1. Community Specialist Palliative Care Teams (CSPCT)

They are a team of Clinical Nurse Specialists (CNSs), Associate CNSs (ACNS), Health Care Assistants (HCA), Doctors, Physiotherapists, Occupational Therapists and Social Workers who work in the Community to provide expert specialist advice and support 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 (GP), District Nurses (DN), Social Services, Hospital teams and other Health and Social care Professionals. The service operates Monday – Friday 08.00 – 17.00.

The service emphasis is based on:-

- * Care closer to home - promoting and supporting people in their preferred place of care and preferred place of death
- * Facilitation of timely high quality palliative/ end of life care

This is achieved by:-

- * Carrying out an Holistic needs assessment and developing individualised care plans
- * Specialist advice to patients and health care professionals on symptom management
- * Specialist advice and support on the physical, psychological, emotional and financial needs of the patients and their carers
- * Communication and coordination of services including completion of Coordinate My Care (CMC) records - CMC is a shared electronic patient care plan that can be accessed by other professionals such as London Ambulance Service (LAS), GPs and D/Ns. The care plan includes the patient's wishes and preferences and their resuscitation status supporting them in their preferred place of care

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 by a clinical nurse specialist/senior nurse on the IPU 7 days a week between 17.00 – 08.00 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. Bereavement Service

The bereavement service provides telephone, individual and group support, including regular walk and talk groups in local open space with the support of paid staff and trained bereavement volunteers.

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 NLHs Board Level Scorecard and Assurance Framework 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 Group (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: 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 2019 -20, 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 2019-20 are as follows (nil). The national clinical audits and

national confidential enquiries that NLH participated in, and for which data collection was completed for 2019-20, 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 2019-20 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 2019-20, 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 2019-20 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 2019-20 as of the 31st March 2020.

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 2019-20 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 2019-20 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. If you have comments contact:

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