Appendix 1

NORTH·LONDON
HOSPICE

Six Month Update Report on Comments Made by Barnet Health OSC on NLH's 2012-13 Quality Account.

Outline of Report:

This report will update the Committee on the following areas commented on in NLH's Quality Account 2012-13 by Barnet Health OSC:

1. The Committee supported the introduction of a target of a 75 – 80% bed occupancy rate for 2013/14.

2. The Committee welcomed the decrease in the number of closed bed days from 156 in 2011/12 to 85 in 2012/13.

3. The Committee welcomed the Hospice beginning to work within a local five hospice consortium to benchmark performance.

4. With reference to Information Governance Assessment, the Committee noted that the Hospice had achieved an overall score of 60% and had been graded 'not satisfactory'. Hospice staff reported that this had been due to issues regarding connecting IT systems to the NHS Intranet which had very high security requirements. Members were advised that was an action plan in place to ensure that the required score of 66% was achieved for 2013/14. The Committee noted the response and supported the actions taken to improve performance.

5. The Committee noted that staff had been considering recommendations made in the Francis Report and how the Hospice would respond to these.

6. The Committee highlighted the increase in pressure sores (an increase from one in 2011/12 to four in 2012/13) and noted that these were attributable to an increased number of patient days in the hospice and the medical conditions suffered by the patients which made regular movements painful.

Update on points 1-6:

1. **Bed Management**

   - ***The Committee supported the introduction of a target of a 75 – 80% bed occupancy rate for 2013/14***
   - ***The Committee welcomed the decrease in the number of closed bed days from 156 in 2011/12 to 85 in 2012/13.***

Bed Occupancy Rate

As can be noted from table one on the next page, the current bed occupancy for the first two quarters of 2013-14 is 70%. Compared to 2011-12 and 2012-13 this shows a decrease in bed occupancy in the first two quarters (73% in previous two year full year figures).

Occupancy is taken as a live patient in a hospice bed at midnight. This does not include beds that may be occupied by patients who have died, patients who were discharged in the afternoon nor day case patients. In this first two quarters of this year an increase in day case patients is noted(7 compared to full year figures of 4 in 2011-12 and 9 in 2012-13). Reserved beds are where an admission has been agreed for the next week day. Same day admission may not have been possible due to hospital ambulance booking availability.

During this period there were uncharacteristically significant periods of reduced demand for IPU beds.

Closed Bed Days

The total number of closed bed days for Quarter 1 & 2 of 2013-14 is 64. Half year figures for 2011-12 and 2012-13 are not available. However it could be predicted that the full year figure for 2013-14 may be lower than full year figures for 2011-12 of 156 but may be higher than 2012-13 figure of 85.

Closed Bed Days are attributed predominantly to:

- room closures required when rooms were affected with plumbing problems (n=51).
- two beds being broken at the same time so spare bed in use
- the deep cleaning of rooms following patients with MRSA.

	H1 2011/12	H2 2011/12	2011/12	H1 2012/13	H2 2012/13	2012/13	H1 2013/14
Number of Admissions	153	179	332	167	175	342	162
Hospice Beds (17 beds/annum)	3111	3111	6222	3111	3094	6205	3111
Closed Beds *			156			85	64
Available Beds	3033	3033	6066	3069	3051	6120	3047
Occupied Beds	2167	2232	4399	2180	2278	4458	2124
	71%	74%	73%	71%	75%	73%	70%
Reserved Bed	193	188	381	213	210	423	189
	6.2%	6%	6.1%	6.8%	6.8%	6.8%	6.1%
Discharges and Deaths	149	178	327	169	183	352	169
	4.8%	5.7%	5.3%	5.4%	5.9%	5.7%	5.4%
Day Cases	1	3	4	3	6	9	7

Table 1: Comparative IPU activity relating to bed occupancy and closed bed days 2011-2013.

2. Benchmarking

- ***The Committee welcomed the Hospice beginning to work within a local five hospice consortium to benchmark performance.***

Specific data is currently being collected but has not been shared for any comparison.
Quality benchmarking between hospices is embryonic. The group has had to work with the challenge of how small organizations, such as independent hospices, can undertake such activity within limited resources and expertise in data management/analysis. The group have had to unravel differences in data definition between the hospices involved. Help the Hospice launched last month a National Hospice In Patient Safety Benchmarking project. NLH have subscribed to be an early implementer. Data collection is due to start in January 2014.

3. Information Governance Tool Kit

- ***With reference to Information Governance Assessment, the Committee… noted the response and supported the actions taken to improve performance.***

IG Toolkit 2012-13

The Hospice's submission of the IG Toolkit for 2012-13, made in September 2012, achieved an overall score of 60% and was graded 'not satisfactory' at Level 2. The NHS accepted the Hospices Action Plan to achieve the target score of 66% and, since that submission, these actions have been taken and ensure the Hospice is now compliant at Level 2. These actions have been monitored by the Information Governance Steering Group.

IG Toolkit 2013/14

The IG Toolkit is now in its eleventh year and 2013/14 will be the second time that the Hospice completes it. There have been no changes to the standards the Hospice must complete. The final submission for the year must be made by the 31 March 2014. Work against these Standards is continues to ensure that we achieve a Satisfactory level in the assessment.

4. The Francis Report

- ***The Committee noted that staff had been considering recommendations made in the Francis Report and how the Hospice would respond to these.***

  - NLH reviewed its Mission, Vision and Values detailing patient at the centre of all that we do.
  - Revised nursing job descriptions and professional development review process has both the Knowledge and Skills framework and NLH values reviewed within it. This is being rolled out across different hospice departments.
  - Nursing competency working group is continuing to develop competencies for NLH nurses.
  - NLH staff are producing a NLH action plan in response to Compassion in Practice (Commissioning Board, December 2012) a nursing vision to deliver compassionate care.
  - A nursing skill mix review in 2011-12 is incorporating a model of nurse managers in supervisory roles in clinical areas.
  - NLH is in its third year of an internal Management Development Programme (MDP) for all managers.
  - MDP has focused staff's attention that all staff do is to provide optimum individualized patient and family care.
  - NLH incident reporting levels and issues continue to reflect staff openness to report concerns. Mandatory staff training to all staff and volunteers on incident and complaints has a central message that these issues enable NLH to learn how to improve care and are managed from this ethos not from a blame culture.
  - A Board development programme commenced in 2012, facilitated by Help the Hospices, resulted in a change of governance structure and a move to an integrated governance approach.
  - The Hospice Board of Trustees will be considering the implications of the Government's response to the Francis Report published on 19 November 2013, particularly in relation to people's experience of care, staffing levels, staff support and Board level accountability for Quality and Standards of care.

5. Pressure Sores

- ***The Committee highlighted the increase in pressure sores (an increase from one in 2011/12 to four in 2012/13) and noted that these were attributable to an increased number of patient days in the hospice and the medical conditions suffered by the patients which made regular movements painful.***

	2011/12	2012/13	April to September 2013
Patients who developed pressure sores graded 3 or 4 after 72 hours of admission to IPU	1	2	2

It has been noted that there is an increase in pressure sores that have developed 72 hours post admission.

A Pressure Sore Case Review of quarter one pressure sores grade 3 and above was completed in September 2013 by NLH IPU wound care lead. It included a review of current NICE Guidance (Sept 2005) and European Pressure Ulcer Advisory Panel consensus statement (2009) on skin changes at end of life. The consensus statement states the physiological changes that occur as part of the dying process impact adversely on skin integrity.

It was concluded that good systems and care are in place to prevent and manage pressure sores on the In Patient Unit at NLH. Areas for improvement were noted and an action plan has been presented to the hospice's Quality and Risk Group (31/10/13) and is being actioned by the IPU service management team.

Conclusion:

The above indicators and other quality data, including draft versions of the developing 2013-14 Quality Account and the hospice's Balance Scorecard, are regularly reviewed by the Quality, Safety and Risk Committee and the Board of Trustees.

Giselle Martin-Dominguez, November 2013