NORTH·LONDON
HOSPICE

Day Services
BARNET **Bereavement Support**
Community ENFIELD
Haringey **EDUCATION**
PATIENT **CARE**
North London Hospice
PALLIATIVE CARE SUPPORT SERVICES
24-hour advice line for NLH patients and professionals

OVER **90%**
SUPPORTED AT HOME

1607 **individual patients**
cared for by all NLH services this year

QUALITY ACCOUNT 2013-14

CONTENTS

"You don't meet people like that so much any more but the Hospice is truly kind and caring - exceptionally."

COMMUNITY PATIENT STORY

XXXX lives at home and cares for her father and also looks after her disabled mother. Her father is visited by a North London Hospice Community Clinical Nurse Specialist in Specialist Palliative Care (CNS).

"Dad has been receiving visits from the CNS since June. Our GP at that time referred dad to the Hospice and I admit that I was worried as I just associated the word Hospice with dying. But after I met the CNS and saw how lovely she was, I became much more confident and not worried at all.

I'm just so happy that our GP put us in touch.

There is always someone there to help and I can phone up at any time and never get told to call back. If the CNS isn't there at that moment, she will always call back in about 5 or 10 minutes – I've never waited longer than 10 minutes. All the people there are very helpful. I've never met them but everyone I speak to is lovely.

Dad is treated with complete respect and dignity. He really looks forward to the CNS's visits. I feel that she genuinely cares for him and I have 100% confidence in her, and I know dad has as well.

If anything happens and dad's not feeling well or something like that, he'll ask me to phone her, not the GP.

As well as the care being great for my dad, it's excellent for us, the family. My mum and I are both included and I feel that I understand everything that they are telling me. My dad's English isn't all that good and the CNS explains everything to me after she's spoken to dad.

We are kind, decent and caring people. You don't meet people like that so much any more but the Hospice is truly kind and caring - exceptionally.

I feel that I can ask our CNS anything. We recently had a problem with our landlord wanting us to move out, which dad is far too ill to do. The Hospice wrote a letter and that is all on hold now, thanks to them.

I arranged for some carers to come in for dad that we were going to have to pay for but again the CNS stepped in and sorted it all out for us.

Dad was quite poorly and not able to get out of his chair so the CNS arranged for an Occupational Therapist to come round and now the chair has been raised which is a real help. She helps us in every way.

If it was suggested that dad might want to come into the Hospice for any reason, I would have no concerns as I have 100% confidence in everyone there. Dad wouldn't want to come though as he's very proud and wants to die at home.

I would recommend the Hospice to anybody and everybody. The service that it provides is excellent – nothing like a hospital or the NHS. I'm so impressed – it is just fantastic."

EXECUTIVE SUMMARY

The Quality Account is produced to inform current and prospective users, their families, our staff and supporters, commissioners and the public of our commitment to ensure quality across our services.

North London Hospice (NLH) is a registered charity (No.285300) and has been caring for people in the London Boroughs of Barnet, Enfield and Haringey since 1984.

It provides Community Specialist Palliative Care Teams, an Out-of-Hours Telephone Advice Service, Day Services, Inpatient Unit (IPU), Palliative Care Support Service (PCSS,NLH's Hospice at Home service) and a Loss and Transition Service (including Bereavement Service).

The following three priorities for improvement for 2014-15 are proposed:

Patient experience project - to develop our newly refurbished reception area driven by user feedback to provide a social environment for users.

Patient safety project - to ensure care needs are met and documented using structured care rounds on the In Patient Unit.

Clinical effectiveness project to respond to the Dementia Challenge (2012) by raising awareness of the needs of people with dementia especially at end of their lives.

Clinical effectiveness project to pilot the use of the holistic needs assessment tool which is completed by users to support clinicians delivery of person centred care.

The 2013-14 priorities for improvement projects are reported and have contributed already to increased user feedback around volunteering roles, the establishment of an ultrasound service for diagnosis of ascites and its safe management, the introduction of intentional care rounds to the In Patient Unit.

Key service developments are described. The remodelling of reception at the Finchley site and development of a meet and greet model of visitors being welcomed on arrival and supported in the reception area. Developments within our day services which include the provision of art services and a new psychological therapy service as well as plans to provide day therapy at Finchley site this coming year also. A new collaborative project with Macmillan Cancer Support to further test a model of care that maximizes patient choice by providing as much treatment and support in the home or the community.

Service data is highlighted and discussed. IPU had 314 admissions this year and their average length of stay was 13.3 days. 24% patients were discharged from IPU. The Day Service cared for a total of 184 patients and 160 therapy sessions were delivered to carers. The community teams cared for a total of 1251 patients in their own homes and supported 58% of these patients to die at home where this was their preferred place of care. PCSS cared for 278 patients and provided a total of 16,244 hours of one-to-one nursing care to people in their own homes.

NLH's user surveys revealed that 99% patients were satisfied with our service and 98% would recommend service to families and friends. User case studies reported on pages 5 and 52 provide two current users feedback (of NLH services this year's).

The Board of Trustees give assurance to the public of the quality of North London Hospice's clinical services.

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

On behalf of North London Hospice it gives me great pleasure to introduce the Annual Quality Account 2013/14. It demonstrates the level of quality of clinical care NLH provides.

The Quality Account provides North London Hospice with an opportunity to demonstrate its commitment to quality improvements. It also describes the quality priorities that we will be focusing on in 2014/2015.

NLH as a charity makes no charge to its patients or their families. It has cost £5.8 million to provide NLH care during 2013-14. NHS grants contributed 41%.

NLH's vision is that everyone in our diverse community affected by a potentially life limiting illness has equal access to the services and support they need to optimise their quality of life. NLH carries this out through:

- delivering specialist palliative care
- providing additional support and services to meet individual needs
- sharing our skills and experience to influence others providing care
- maximising and supporting community involvement

Our feedback from users remains excellent with 98% (n=119) of service users saying they would recommend NLH service to friends and family. There is no place for complacency and any critical feedback received from survey, comments cards, patient stories or complaints are investigated to identify the improvement or developments. In the coming year we will introduce real time user feedback reporting to better influence individual care.

I am pleased to report that routine unannounced inspections by the Care Quality Commission to both sites this year showed NLH to be compliant in all standards inspected.

NLH has cared for a total of 1607 individual patients this year who may have used several of our services at different times.90% of these patients were supported at home by NLH. In supporting patient's choice to die in their own homes, the community service enabled this in 58% of cases where the national average for cancer deaths is 24.5%.*6747 more hours of care were delivered by our expanding Palliative Care Support Service.

In 2014-15 four quality projects are proposed. A patient experience project will develop our newly refurbished reception area driven by user feedback to provide a social environment for users (see page 9). A patient safety project will ensure care needs are met and documented using structured care rounds on the In Patient Unit (see page 9). Our first of two clinical effectiveness projects will respond to the Dementia Challenge (2012) to raise awareness of the needs of people with dementia especially at end of their lives (see page 10). The second project will pilot the use of the holistic needs assessment tool which is completed by users to support clinicians deliver person centred care (see page 11).

This year sees NLH embarking on a collaborative project with Macmillan Cancer Support to further test a model of care that maximizes patient choice by providing as much treatment and support in the home or the community (see page 19).

As a Gold Standards Framework regional centre we have delivered training to some 50 care homes in our boroughs as well as extending it to Tower Hamlets, Hackney, Newham, Camden and Islington. This now covers 50 care homes.

NLH's Board of Trustees reviewed and approved this Quality Account at a meeting planned for

I Pam McClinton confirm that, to the best of my knowledge, the information set out in this Quality Account is accurate.

I welcome any comments or suggestions you may have on this Quality Account and on our care.

Quality care for end of life patients is what drives us, we hope this account demonstrates how we achieve this.

Pam McClinton,
Chief Executive of North London Hospice
April 2014

*Gao W, Ho YK, Verne J, Glickman and Higginson I (2013) Changing Patterns in Place of Cancer Death in England: A Population Based Study Journal of Palliative Medicine 26 March .

INTRODUCTION

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

NLH started to produce and share its Quality Accounts from June 2012. This year's Quality Account (QA) and previous year's QAs can be found on the internet (NHS Choices and NLH website) and copies are readily available to read in the reception areas at the Finchley and Enfield sites. Paper copies are available on request.

OUR CLINICAL SERVICES

The Hospice's services are provided by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, social workers, counsellors, 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. An Out-of-Hours Telephone Advice Service
3. Day Services (DS)
4. Inpatient Unit (IPU)
5. Palliative Care Support Service (PCSS, NLH's Hospice at Home service)
6. Loss and Transition Service (including Bereavement Service)

For a full description of our services please see Appendix One

PART 2

Priorities for Improvement 2014-15

The following Priority For Improvement Projects for 2014-15 were identified by the clinical teams and endorsed by the Clinical Governance Sub Committee (now Quality, Safety and Risk Group), Board of Trustees and local commissioners and Health and Overview Scrutiny Committees.

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

Patient Experience: Priority for Improvement

The Living Room Project

We have received feedback from a significant number of Inpatient Unit patients over the last year, indicating that patients who are active and mobile are feeling isolated, lonely and bored by being confined to their room. People staying in the Inpatient Unit could previously attend the Day Centre during their stay but this service was moved to the Hospice site in Enfield during 2012. Inpatients would like more interaction with other patients/visitors which is reiterated by patients who attend Day Services at our Enfield site and say that they find great benefit from meeting and being able to chat with other people in a similar position.

We would like the newly refurbished reception area at our Finchley site to be used by patients and visitors however they wish. We also want to bring in local community groups to see the work of the Hospice and offer them fundraising and volunteering opportunities as well as encourage them to contribute to social events or activities for the benefit of our users.

User feedback will be a key factor in determining how the space is used in the future and what is provided there.

Patient Safety

To ensure fundamental care needs are met and evidenced through structured intentional care rounding and improved documentation on IPU.

The priority for improvement project commenced in the Autumn of 2013 on introducing Intentional Care Rounding (IC) on IPU (see page 43) is to be extended for 2014-15. NLH have seen benefits in patients identified at high risk from falls and pressure sores.

NLH want to introduce this initiative to:

- Reduce incidence of falls. NLH Quarter1 2013-14 figure =17.5 falls per 1000 OBDs (n=19/13) is taken as a baseline. The objective is to reduce falls to range between 6.5(NPSA benchmark*) and 12.5 falls per 1000 Occupied Bed Days (OBDs)
- Improve documentation of
    - Food and drink being within reach and received where appropriate or mouth care offered when oral nutrition is not appropriate. The objective is that there will be 100% documentation of this.
    - Pressure area positional changes. The objective is that there will be 100% documentation of appropriate position change.
- Consider the benefits of IC for all patients including patients in their last few days of life

* NPSA benchmark: National Patient Safety Agency national benchmarking figure for NHS falls

How we hope to achieve this

The IPU team will continue with the momentum of introducing IC gained in the Autumn of 2013 to a staff selected high-risk group of patients. In the Spring of 2014 a revised checklist will be created which will be relevant to the care needs of patients in their last few days of life also so IC can be introduced for all IPU patients.

In 2014-15 IC will be rolled out to IPU patients regardless of staff perceived risk using a NLH adapted IC checklist in one of two teams on the IPU. The use of the checklist in achieving the above stated objectives will be monitored and the value of IC for all patients on IPU will be evaluated in the Spring of 2015.

TIME	ACTION
April 2014	Adapted tool introduced to IPU staff and planned Red team (9 beds) three month pilot
May 2014	Pilot commences with Monthly review
August 2014	Review of pilot
October 2014	Consideration of roll out of adapted IC to all patients on IPU.
March 2015	Final review

Clinical effectiveness:

Project One: Dementia care

At the North London Hospice we want to make a real difference to the lives of people with dementia and their carers by building on the National Dementia Strategy (2009) and the Prime Ministers challenge on dementia (2012).

There is a real opportunity to build on this nationally led momentum to improve our services and extend our reach to a wider community. This will impact on our inpatient unit, supporting people in the community and providing specialist training and education to care homes.

We hope to achieve this by doing the following:

- Provide dementia awareness sessions for all staff and volunteers.
- Provide different levels of dementia training for staff according to identified needs.
- To train key staff from NLH to become Dementia trainers who can then deliver further training.
- We plan to deliver dementia training externally to care homes and district nurses.
- We will work in partnership with the Enfield Dementia Action Alliance initiative.
- We will use the Kings Fund Dementia friendly assessment tool to enable us to assess our current environment and help identify areas that need modification. We will then use this information to inform the Inpatient refurbishment plan. The assessment tool can then be repeated to ensure we have addressed the issues relevant to our care setting.
- We plan to trial a clinical assessment tool for monitoring dementia patient's symptoms who are unable to communicate verbally on the in patient unit.

Project Two: Introduction of Holistic Needs Assessment to work with patients and carers

The initial impetus for the development of the use of the Holistic Needs Assessment (HNA) came from the aim to improve communication and co-ordination of support provided by the multi disciplinary team (MDT), particularly psychosocial needs and internal referral to Supportive Care Team (consists of Specialist Social Workers, Spiritual Care Coordinator, Loss and Transition team and Supportive Care Volunteers). Some of our newer staff had experienced working with the Distress Thermometer as a useful to understand patients' stress in a number of areas; valuing the way that what is important to patients becomes highlighted rather than relying on professional judgement alone. London Cancer have now licensed the tool so this makes the development more viable. They will be providing familiarisation sessions and structures to implement the HNA.

We recognise that this development will require a change to current practice, which has established over many years within a busy workforce. Its success will depend on staff believing/feeling that it enhances their role and

is not 'just another procedure' to follow. Our aim is that twelve members of staff are providing access to the HNA to 120 Patient/carer cases during the first year-three staff members from the two community teams, day services and the In Patient Unit respectively.

What we would like to achieve

- Improved understanding of patient stress/need
- More accurate record of patient stress identified by patients & carers in care plans
- Systematic way of ensuring patient defined need is included in MDT meetings - ensuring that the results of a patient's HNA are taken into account in the decision making process.
- A clearer mechanism for internal referral from staff qualified to assess psychosocial need (nursing and medical staff) to Supportive Care staff specifically trained to work with greater complexity in this area.
- A mechanism that will assist Clinical Supervision Development, i.e. help practitioners identify psychosocial complexity and their need for support to address this

"This has been the best organisation we have contacted since my husband was diagnosed with a brain tumour. Everybody we have seen has been caring, effecient, practical and supportive. Couldn't ask for more."

Statements of Assurance from the Board

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

Review of services

During 2013-2014, North London Hospice provided and/or sub-contracted 1 service where the direct care was NHS funded and 3 services that were part NHS funded through a grant.

The North London Hospice 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 2013-2014 represents 27 per cent of the total operational income generated by the North London Hospice for the reporting period 2013-2014.

Participation in clinical audits

During 2013-2014, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that North London Hospice provides. During that period North London Hospice 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 North London Hospice (NLH) was eligible to participate in during 2013-2014 are as follows (nil). The national clinical audits and national confidential enquiries that North London Hospice participated in, and for which data collection was completed for 2013-2014, 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 2013-2014 and North London Hospice 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.

The provider reviewed the reports of 7 local clinical audits in 2013-14 and North London Hospice undertook the following actions to improve the quality of healthcare provided. A further, 6 were proposed and have been transferred over to next year's audit plan. More were planned but not completed in year. The reasons for this were the need to implement improvements first, staffing issues and national driver changes. In NLH Audit Strategy this year, the Audit Steering Group Chair has highlighted the need to increase competence and quality of audits. A business case is to be prepared for an Audit Lead post to support staff training. Additionally awareness had been raised of increased organizational support for audit and audit is to be included in staff appraisals and the 14-15 strategic plan.

NLH has taken or intends to take the following actions to improve the quality of healthcare provided:

Summary of Audits 2013-14:

AUDIT TOPICS	KEY FINDINGS	ACTIONS	ACTIONS OUTSTANDING
Internal CQC standards across services audit	All standards were met. 40% standards some actions for improvement were identified.	Consent policy to be reviewed.	IPU Consultant to action (May 14)
		Safeguarding and DOLS process require further embedding. Action plan in place.	Ongoing. Completion of action plan June 14.
		Care plans require development so incorporated into iCare. Work in process.	IPU nursing management leading (June 14) Draft being consulted upon. Completion due June 14
		First assessment and risk assessment tools need to be made into SMART forms. Work in process.	Complete
		In Patient volunteer communication log needs nutritional requirements updating-now in place.	Drug room being developed to support practice and training review planned after.
		Single nurse admin training and competency require review.	By end July 14
		PAT testing periodicity required review. Asset register to be updated and policy updated	
		Clinical waste SLA required	Completion due Dec 14.
		H&S Audit and Enviro Audits due. In process	
		Review of staff files so more ordered and usable. Programme underway.	By June 2014

AUDIT TOPICS	KEY FINDINGS	ACTIONS	ACTIONS OUTSTANDING
		Nurses' competency working group to be set up. Set up. Standard induction document required. Agreed list of abbreviations required. Draft list being consulted on.	By September 2014
External Infection Control	Extensive audit Some recurrent IPU themes from last year relate to refurbishment need. Enfield site included for first time and minor areas identified.	IPU plan with costings currently being considered. Enfield action plan underway.	IPU refurbishment due to commence April 14.
Advanced care Planning	Overall evidence of an ACP discussion, or decision not to discuss ACP was documented in 23/40 (57.5%) notes This overall documentation included patients who were offered ACP discussions but declined conversation or were unable to participate in ACP. Patients without capacity, but for whom care planning discussions were held in best interests, are included. 3 patients overall had completed an ADRT.	Present results to community team business meeting Lead discussion with CNSs re use of ACP code and SMART forms to understand reasons not used Agree standard for documentation in 1st visit and MDT forms and use of ACP code Revise SMART form attached to ACP code and introduce new form Teaching session for community team Use of MDT monitor to en sure code in place	Planned for next meeting Draft SMART form being consulted upon by team

AUDIT TOPICS	KEY FINDINGS	ACTIONS	ACTIONS OUTSTANDING
LCP Communication Audit	95% records show relative aware patient dying 42% records of conversation with relative prior to commencing pathway 80% record of ongoing conversations re pathway use 40% use of ICare code for conversations	Leaflet introduced for families re use of LCP. In view of national LCP review recommendations issues relating to communication and documentation will be incorporated into new end of life care plans	Leaflets were introduced but now withdrawn due to LCP withdrawal Awaiting national recommendations End of life care plan documentation has been adapted. Work ongoing to amalgamate this with care rounding work.
Anti emetic prescribing in the Community	In 79% cases drugs were documented and review plans were in place. 62% adherence to 1st line prescribing and 67% to 2nd line. Unable to comment on teams adherence to guidelines as audit identified it was not always clear if initial prescriber was advised by NLH.	Guidelines to be reviewed including access. Standards to be set on documentation of prescribing advice	Guidelines reviewed, awaiting ratification at Q&R Standards agreed and to be incorporated into operational policy (May 14)
Re audit of documentation of opioids on ICare for community patients	Total agreement between medication chart and notes 43% (45% in 2012-13) No prescribing outside guidelines noted	Ops policy to include standards expected re documentation and communicated at induction Medication monitor introduced in MDT meeting to ensure drug chart completed All staff training on ICare documentation of medication	Operational policy due to be updated by May 14 Commenced and ongoing Ongoing

AUDIT TOPICS	KEY FINDINGS	ACTIONS	ACTIONS OUTSTANDING
Baseline ascites practice and documentation audit	In general documentation was good. Each patient had a full admission clerking with a drug history and with a plan for paracentesis. There was a lack of documentation of plans for future paracentesis procedures and discussions with patients about the proposed benefits of these future drains.	Develop discharge summaries template Develop ICare SMART form re paracentesis to ensure key information documented. Develop policy and pathway re ascites referral for paracentesis Repeat audit after introduction of NLH ultrasound service.	Jo Brady to action by May 14 Jo Brady to action by May 14 Policy written and peer review. Awaiting agreement by policy group All patients requiring paracentesis accessed an ultrasound since development of ultrasound service. Will aim to review policy adherence once ratified and embedded.

Research

The number of patients receiving NHS services, provided or sub-contracted by North London Hospice in 2032/2014, that were recruited during that period to participate in research approved by a research ethics committee was 0.

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

Quality improvement and innovation goals agreed with our commissioners

North London Hospice income in 2013/2014 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

What others say about us

NLH is required to register with the Care Quality Commission and its current registration status is unconditional. North London Hospice has the following conditions on its registration (none).

This registration system ensures that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights

The Care Quality Commission has not taken any enforcement action against North London Hospice during 2013- 2014.

NLH is fully compliant with "Essential Standards of Quality and Safety" (Care Quality Commission, 2010).

In February 2014 (Finchley site) and November2013 (Enfield site) the CQC carried out unannounced inspections as part of a routine schedule of planned reviews. Full details can be viewed at www.cqc.org.uk/node 293531 and www.cqc.org.uk/node/504055 respectively.They observed how people were being cared for, talked to staff and talked to people who used our services. NLH was found to be compliant in all of the areas assessed.

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

Data quality

North London Hospice did not submit records during 2013-2014 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 Toolkit Version 11 submission March 2014

The IG Toolkit is an online system which requires NHS organisations and business partners to assess themselves against Department of Health Information Governance Standards. For a more detailed explanation see Appendix Two page 50.

In March we completed the year end report and the Hospice has declared compliance at Level 2 for all the Standards. In addition we have compliance on 24 standards at Level 3. North London Hospice Information Governance assessment reports overall score for 2013-14 was 96% and was graded as satisfactory. The Hospice has been unable to declare competence at Level 3 against three Standards. In each case, the reason is that we have not completed a formal satisfaction survey to check that service users feel confident that their confidentiality is respected. For the Hospice to be compliant in 2014/15 we have included a suitable question in the User Survey for that year.

To access the report see https://www.igt.hscic.gov.uk/AssessmentReportCriteria.aspx?tk=417355612015766&lnv=3&cb=fd03fc cd-efaa-42b3-93bc-4b80534f46ee&sViewOrgId=10252&sDesc=8A601

Action Plan for 2014/15

During 2014/15 the Hospice will aim to achieve compliance at Level 3, subject to the publication of the revised V12 of the IGT, due July 2014.

Connecting to the NHS System (N3)

The Hospice has applied to the Health and Social Care Information Centre for access to the NHS N3 network. This has been approved and in September the necessary lines and equipment were installed.

Following the connection to the N3 service, identified Hospice staff have access to the nhs.net e-mail system. NHSmail is a secure service, approved for the transmission of patient data. Using NHSmail instead of traditional paper and phone based processes speeds up communication, benefitting patients

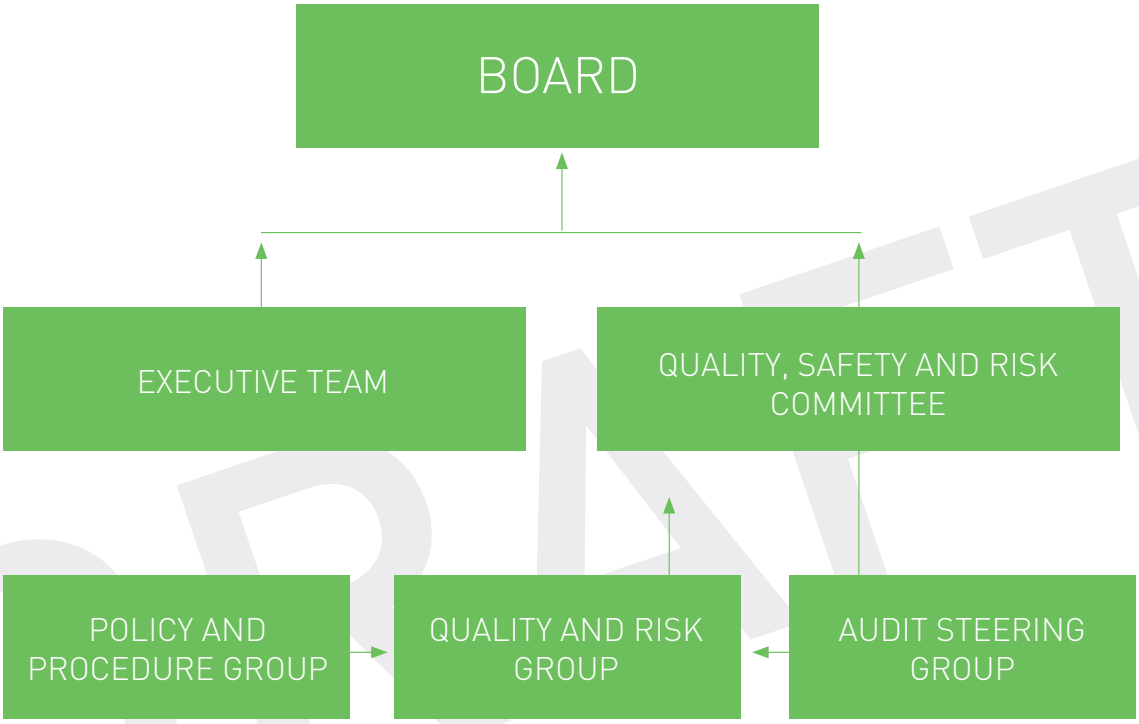
In due course, it will allow the Hospice to fully engage with the Coordinate my Care service which shares information between healthcare providers in coordinating care which is focused around patient preferences.

North London Hospice was not subject to the payments by results clinical coding audit during 2013-14 by the Audit Commission. This is not applicable to independent hospices.

PART 3: QUALITY OVERVIEW

Quality Systems

NLH has quality at the centre of its agenda. The Executive Team identified "A unified organisation which is financially viable and delivering high quality services" as its overall strategic planning aim for the subsequent three years in December 2011. It has six main groups that oversee quality review and development within the organisation.



See Appendix Three (see page 50) for role description of above groups

Key Service Developments of 2013-14:

Remodelling of Reception area at Finchley site

A DoH grant awarded in April 2013 enabled us to undertake an 8-week project to re-model our Reception Area and communal space and we now have an area, which is bright, light and airy where patients and visitors can sit and chat over a cup of tea, and where patients and their families can enjoy a meal together. We also have four multi – purpose rooms to be used for a range of patient focused activities.

Meet and Greet development at Finchley site

Following the success of the "meet and greet" model of working at our Enfield site we now have a similar way of working at Finchley. In office hours, every visitor is met at the door by a volunteer or staff member and directed or supported accordingly. The role of our Front of House team has been enhanced to ensure we display behaviours, which allow visitors, and patients to feel acknowledged and looked after from the moment they arrive to the moment they leave. Our goal is to ensure there is always someone available when anyone wants to talk or would like to have some company. Spending time at the Hospice can be difficult so we aim to do all we can to make it as comfortable as possible.

Day Services Developments

Work has been taking place to develop our range of programmed therapies in anticipation of growth in numbers of patients and carers using the service and the move to cross-site working so that day services will be more accessible. A new chef has helped create a vibrant atmosphere, providing restaurant standard meals. The menu is seasonal, using products we have sourced from local supplies. Funding has been secured from an individual donor for an Art Therapist for six months, who provides an Art Therapy Group as well as seeing individual patients. The Psychological Therapies service started in the autumn of 2013 providing programmes of support to individual patients and carers.

Therapy Dog Visits

Registered Therapy Dog, Blossom, and her owner, have joined the team in the Open Space every Thursday. The In Patient Unit also have a therapy dog called Simba who visits weekly.

Wound management on IPU

In 2012-13 wound care planning was a Priority for Improvement project. IPU nurses were surveyed about their learning needs in this area and an audit of pressure sore documentation was completed. Subsequently wound care competencies were written and training sessions were held. This year further training has occurred and governance agreement is being sought from SMT before implementing competencies. A reaudit is planned for 2015-16 audit cycle.

Community Intervention Project

NLH were successful in a bid it put together to Macmillan Cancer Support to become one of six pilot sites for a 2-year joint Community project which would further test a model of care that maximizes patient choice by providing as much treatment and support in the home or the community. The overall aims of the project are to provide data on how realistic and cost effective to the NHS this model of care is.

Our vision for the project is to develop and integrate our day care services with our community services to provide greater patient choice and flexibility in out of hospital/hospice care. In addition, we wish to extend our range of community clinical and voluntary services and introduce further capability for rapid response when a patient is in crisis and the ability to support patients earlier on in their illness trajectory. Delivery of our vision for this project will enhance our existing services

Both Barnet and Enfield Community Services have adopted PCSS with great success and hence the number of patients using the service has steadily increased over the year. Due to this increase of activity, an electronic booking system will be introduced in 2014. This will expatiate the process providing a greater scope for management of an increased number of staff, and therefore enable more patients to receive the service.

PCSS developments

PCSS has been providing volunteers as a friendly neighbour scheme for over a year. Limited recourses have meant growth has been slow. This was identified as a need and therefore within the Community Intervention project funded by Macmillan Cancer Support, there is provision for a Volunteer Coordinator to work with existing NLH Volunteer Leads to increase the number of volunteers and promotes the service within patients homes.

Following an audit on the last audit cycle, there was an identified need for a greater awareness of personal safety for our lone workers. An 'Am I Safe?' culture has been introduced throughout the service.

Partnership working

In addition to the clinical service provision, NLH works with voluntary and statutory agencies within the locality in the following ways:

1. NLH is actively involved in local End-of-Life Boards which work in partnership to achieve local end-of-life strategies and share best practice.
2. Clinicians attend General Practice Gold Standard Framework meetings which review the care of end of life patients being cared for by individual practice teams.
3. NLH is part of PallE8 a specialist palliative and end of life care expert group for North Central and North East London.
4. NLH is a member of Enfield Dementia Action Alliance (see page 10)
5. NLH is providing specialist palliative care input into Barnet CCG's 'frail elderly MDT' pilot. Initial assessment suggests the MDT is reducing unnecessary admissions. This will be reviewed formally in June of this year.
6. NLH participates in London Cancer's Psychosocial Forum which has developed a multiagency approach to introducing the Holistic Needs Assessment (see page 11).
7. In 2013 NLH embarked on some early work for hospice services to benchmark incident data for falls, pressure ulcers and medicine errors. This has proved to be difficult due to the inconsistency between hospices of how such data is collected and the lack of data analysis resources within small independent hospice organisations. This inter hospice group has however proved invaluable in sharing good practice. Help the Hospice the national organisation for Hospices is now going to build on this early work and as a result have set up a national benchmarking exercise which NLH have registered to be a pilot site. Data will start to be shared this year.

Education and training

NLH delivers for external professionals

- Bi-annually 'Introduction to Palliative Care' course aimed at trained nurses and allied health professionals and runs over four days.
- 'Introduction to Palliative Care' course aimed at Health Care Assistants and Support Workers and runs over four half days.
- Syringe driver training, assisting nursing homes and district nurses to become familiar with the new CME T34 syringe driver.
- Twice a year we run a session for King's College Medical students, providing them with an insight into palliative care and the role of the hospice.

New this year:

- We have also run a new course this year, 'Communication skills and advance care planning'.
- As a Gold Standards Framework regional centre for end-of-life training for care homes the hospice has commenced three training programmes for over 50 care homes in the boroughs of Barnet, Enfield, Haringey, Tower Hamlets, Hackney, Newham, Camden and Islington.

NLH provides a variety of training placements for:

- Placements for Specialty Registrars from LETB- Health Education North Central and East London and SHOs from Barnet General Practitioner Vocational Training Scheme
- Student nurses with the University of Hertfordshire
- Social work students' placements with London South Bank University

- Half & one day hospice placements for final year medical students
- Chaplaincy placements
- Work experience for 16 and 17 year-olds wishing to apply for nurse, medical, allied health professional training.

NLH provides a rolling induction programme for NLH new staff and volunteers as well as annual mandatory training. Additional internal training is also provided for staff. This year, 10 clinicians have attended an in-depth advanced communication skills course.

Care Environment

On a daily basis the Facilities team at NLH seek to create a welcoming, pleasant and comfortable care environment, which makes patients, and their visitors feel at ease. Safety and cleanliness are at the centre of our routines. During our most recent CQC inspection of the Finchley site one of our patients stated, "they clean everything every day and even that is done with care." Another said, "the cleanliness is excellent, the floors are always being mopped and the sinks are cleaned too." The CQC inspector noted the patient rooms and clinical areas were clean and free from clutter. As a team we are delighted that patients are satisfied with the levels of cleanliness in the Hospice. Alongside the need to have a clean environment is our desire to maintain a homely and relaxed atmosphere, little touches such as the volunteer flower ladies who look after our plants and arrange flowers make this achievable. Whenever possible patients are encouraged to use the outside space to have some fresh air and see a different perspective.

"The only complaint he had was boredom. When he felt well he would have liked maybe to see other patients. It makes the time go quicker. He never saw any of them."

SERVICE ACTIVITY DATA

IPU Service

The figures for the In Patient Unit have been provided in line with the Minimum Data Set information collected by the National Council for Palliative Care. This data relates to completed admissions by end of March 2014.

ALL ADMISSIONS	2011 TO 2012	2012 TO 2013	APRIL 2013 TO MARCH 2014			
			BARNET	ENFIELD	HARINGEY	TOTAL
Admissions to the IPU:						
Patient Admissions	304	313	161	131	22	314
% Patients with cancer	90%	89%	83%	88%	86%	86%
% Patients with non cancer	10%	11%	17%	12%	14%	14%
Completed in patient stays:						
Total number discharged	82	89	37	39	6	82
Discharged to acute	12	4	3	3	1	7
% patients returning home	25%	25%	24%	25%	24%	24%
Total number of patients	233	264	125	113	18	256
% patients who died	72%	74%	75%	72%	72%	73%
Average length of stay	14	12.6	14.2	12.2	8.5	13.3
Day Cases	4	9	0	3	5	8

Analysis:

- Activity has not changed significantly compared to previous two years data.
- Except the percentage of patients with a non cancer diagnosis has increased to 14% compared to 115 in 22012-13 and 10% in 2011-12.

Bed Usage

ALL ADMISSIONS	2011 TO 2012	2012 TO 2013	APRIL 2013 TO MARCH 2014			
			BARNET	ENFIELD	HARINGEY	TOTAL
Bed Occupancy	73%	73%	39%	30%	3%	73%
Closed bed days	156	85				

Analysis:

- Bed occupancy has remained at 73% on NLH's 17 bedded IPU.
- Closed bed days at 116 was higher than 2012-13 of 85 days but lower than 2011-12 figures of 156.

Comment:

- The majority of closed bed days was due to plumbing problems that were experienced during the year in several different patient rooms which have now been rectified. There were also closed bed days due to deep cleaning requirements of rooms in which patients with MRSA had been cared for.
- There have been times when there has been capacity to admit but no patients ready or on the list for admission.
- Staffing issues have affected bed occupancy this year. IPU staff sickness and junior doctors maternity cover have impacted. Staff sickness is being addressed from the 1st April 2014 with the implementation of the Bradford Score (looks at frequent short sickness episodes within a framework of actions).
- This year the rotas of doctors on IPU have been adjusted to enable seven day a week planned admissions.

Day Care Services

This is the first full year data is available on the new model of Day Service at the Enfield site which started caring for patients in August 2012.

	APRIL 2013 TO FEBRUARY 2014			TOTAL
	BARNET	ENFIELD	HARINGEY	TOTAL
Total number of Patients	64	110	10	184
Patient Attendances	294	603	30	927
% patients with cancer	80%	94%	90%	88%
% patients with non cancer	20%	6%	10%	12%
Therapy session -patient	461	1116	61	1638
Therapy session- carer	58	95	7	160

Analysis:

- It is noted that more Enfield patients use Enfield Day Service than Barnet patients.

Comment:

These differences have been noted. It has always been NLH's vision to deliver day services sessions at the Finchley site once the new Day Services model was established at Enfield and resources allowed expansion to two sites. Day service expansion to the Finchley site is planned for the summer of 2014.

COMMUNITY TEAMS

Highlight information

	2011 TO 2012	2012 TO 2013	APRIL 2013 TO MARCH 2014			
			BARNET	ENFIELD	HARINGEY	TOTAL
Total number of Patients	1237	1265	634	567	50	1251
% Patients with cancer	79%	76%	77%	82%	88%	80%
% Patients with non cancer	21%	24%	23%	18%	12%	20%
Number of Patients who died within the Service	717	772	346	299	27	672
Died (%) at home (care home)	56%	55%	57%	59%	37%	58%
Died (%) hospice	24%	22%	20%	20%	40%	21%
Died (%) hospital	19%	20%	21%	21%	20%	20%
Died (%) other	1%	3%	2%	0	3%	1%
Average number of Visits and Telephone Calls made by the Community Team to each patient during office hours						
Visits	5	5	4.7	5.5	6	5.1
Phone calls to Patient/Family	16	12	11	13	11	12
Phone calls to other professionals	9	12	8	8	8	8
Average number of Telephone Calls made out of hours and at weekends to each patient						
Phone calls to Patient/Family	0.5	3	2	3	3	2
Phone calls to other professionals	0.6	1	1	1	1	1

Analysis:

- Total number of patients cared for by the service has remained fairly consistent with previous two years.
- The percentage of non cancer patients has decreased to 20% compared to 24% in 2012-13 but similar to 2011-12 figure of 21%.
- Less patients are dying with the service 54% versus 61% in 2012-13 and 58% in 2011-12.
- More patients are being supported to die at home 58% versus 55% in 2012-13 and 56% in 2011-12.
- The average number of visits made to community patients during office hours remains consistent at a total of 5.1 as have the average number of phone calls to patients and families at 12 per patient.
- It is noted that the average number of telephone calls to professionals has decreased to 8 from 12 in 2012-13 and 9 in 2011-12.

Comments:

- The drop in 4% of non-cancer patients between 2013-14 compared to 2012-13 may be attributable to the presence of the new Day Service model which may be where these patients are being seen.
- It is to be noted that staff are logging more multiple calls into one entry affecting re number of professional calls.

Palliative Care Support Service (PCSS)

	2011 TO 2012	2012 TO 2013	APRIL 2013 TO MARCH 2014		
			BARNET	ENFIELD	TOTAL
Total number of Patients	188	241	143(142)	135	278 (277)
% Patients with cancer	82%	83%	78% (78%)	84% (84%)	81% (81%)
% Patients with non cancer	18%	17%	22% (22%)	16% (16%)	19% (19%)
Total hours direct care	8339	9497	8751 (6785)	7493	16244 (14278)
Average hours direct care per patient	44	39.25	61.2 (47.8)	55.5	58.4 (51.55)

Total year figures are provided out of brackets.

The totals in bracket do not include care given to a Barnet resident who required high levels of multidisciplinary specialist care that could only be provided in an inpatient hospice setting. This patient was cared for on the IPU from December 2013 and required PCSS nursing care as well as IPU team care. An additional 1,966 hours of care have been given since admission. If these hours are included the average hours of direct care for Barnet patients is 61.2 and for the Service as a whole, 58.4, as detailed above.

PCSS CARE PROVIDED FOR EACH BOROUGH APRIL 2013 TO MARCH 2014			
	BARNET	ENFIELD	TOTAL
Total hours of care	8751	7493	16244
Health Care Assistants	8073 (92%)	6893 (92%)	14966 (92%)
Registered Nurses	678 (8%)	600 (8%)	1278 (8%)

Analysis:

- Total number of patients has increased by 15 % since 2012-13.
- There has been a very slight increase in care provided to non cancer patients (19% in 2013-14 vs 17% in 2012-1 and 18% 2011-12)
- Total hours of direct care has increased by71% since 2012-13
- Average hours of direct care per patient has increased to 51.55 (not including complex IPU patient) a rise of 31% versus 39.2 in 2012-13
- The division of care between HCAs and RNs in consistent across boroughs at 92% HCA and 8% RN.

Supportive Care Team

	OCTOBER 2013 TO MARCH 2014			
	BARNET	ENFIELD	HARINGEY	TOTAL
1. Spiritual Care Team (IPU)				
Number of clients in the In Patient Unit	134	110	18	313
Number of clients seen by the Spiritual care Coordinator	47	42	9	98
Number of contacts by Spiritual Care Coordinator	95	86	13	194
Average number of contacts by Spiritual Care Co-ordinator	2.0	2.0	1.4	2.0
Number of clients seen by the Spiritual Care Chaplains	60	53	7	120
Number of contacts by volunteer IPU Chaplin's	318	330	30	678
Average number of contacts by volunteer IPU Chaplains	5.3	6.2	4.3	5.7
2. Social Workers Team (IPU and Community)				
Number of clients seen by Social Workers	133	166	14	263
Number of face to face visits by Social Workers	264	215	35	514
Number of Telephone Contacts by Social Workers	711	503	76	1290
Average number of contacts by Social Workers	7.3	4.3	7.9	6.9
3. Loss and Transition Service (including Crimson Volunteers)				
Number of clients seen by Staff	45	41	4	90
Number of visits made by Staff	102	119	12	233
Average number of visits by staff per client	2.25	2.9	3	2.6
Number of clients seen by Volunteers	27	25	3	55
Number of Volunteer Sessions	323	308	33	664
Average number of sessions by Volunteers per client	12	12.3	11	12.1

Client=patient or significant others

Comment:

This is the first year we have reported on Supportive care team activity. Supportive Care makes a significant contribution to the multi-disciplinary team working who support patients and families. This ranges from specialist professional support provided by the Spiritual Care Co-ordinator, Specialist Social Work staff as well as Loss and Transition staff who offer bereavement support for more complex situations. Integral to our social work and spiritual care offer is the vital work undertaken by dedicated volunteer chaplains who are volunteers as well as trained volunteers attached to the Loss & Transition service which is part of the community team and who provide pre and post bereavement emotional support. In a six month period these volunteers have provided 664 support session whilst their chaplaincy colleagues provided 678 contacts to patients on the Inpatient Unit. This amounts to an involvement by Supportive Care volunteers for 223 times during an average month. This is a significant contribution to our service delivery and it takes a great deal of dedication by paid staff to train and support volunteers to provide this so that in the community volunteers are able to provide quality and quantity of time thatt patients and carers need.Equally in the IPU the combination of only one staff member and a team of volunteer chaplainswho make up thee spiritual care team has resulted in a high degree of response and support.

SERVICE USER EXPERIENCE:

NLH remains committed to listening to the views of patients, relatives, carers and friends across all of its services. Since 2011 NLH has been sending out user surveys annually. Comments cards remain in use. Since 2012 NLH has been gathering patient stories to add richer narrative data to our user feedback. These have enabled us to gain more up to date feedback and as also not anonymised enables us to take immediate action. This is known as real time reporting and is an area we plan to develop further in 2014-15 with new external funding for real time reporting software and devices.

The following are key performance measures we rate NLH against.

QUALITY AND PERFORMANCE INDICATORS	QUALITY AND PERFORMANCE INDICATOR(S)	THRESHOLD	OUTCOME 2012-13	OUTCOME 2013-14
Service User Experience	% of patient/carers satisfied with the service	80%	100% (n=87) rated care as satisfactory and above	99% (n=102) rated care as satisfactory and above
Service User Experience	% who would recommend service to friends & family	80%	98% (n=85) would recommend service to friends & family	98% (n=103) would recommend service to friends & family
Relatives Experience	% of patient/carers satisfied with the service	80%	100% (n=138) rated care as satisfactory and above	99% (n=116) rated care as satisfactory and above
Relatives Experience	% who would recommend service to friends & family	80%	99% (n=216) would recommend service to friends & family	98% (n=119) would recommend service to friends & family

Surveys:

232 survey responses were received from the total of 729 sent to:

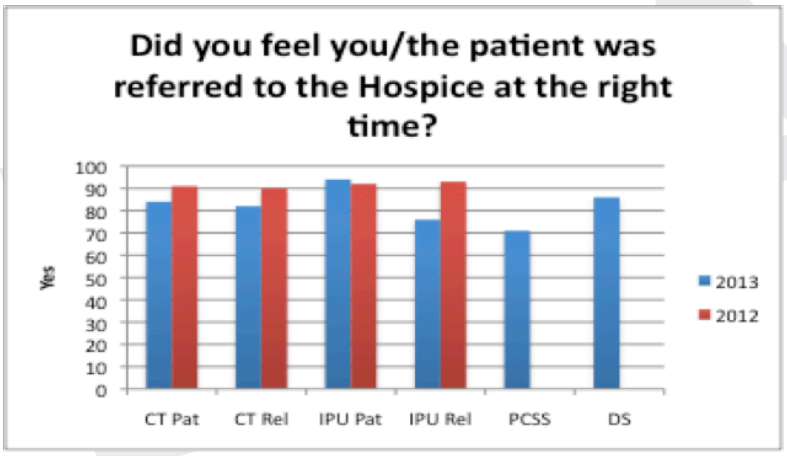
- Community Team patients (CT)
- Relatives/carers of Community Team patients (CT Rel)
- Inpatient Unit patients (IPU)
- Relatives/carers of Inpatient Unit patients (IPU Rel)
- Relatives/carers of patients who used the Palliative Care Support Service (PCSS)
- Day Services (DS) patients*

*Day Service patients were not surveyed in 2012 as the service was not fully operational during the survey period, so no comparisons with 2013 are available.

As in previous years, the results have been calculated using the answer Yes/Agreed in any degree (including Sometimes/Somewhat).

3 Key Performance Indicators were measured in the 2012-13 & 2013-14 surveys:

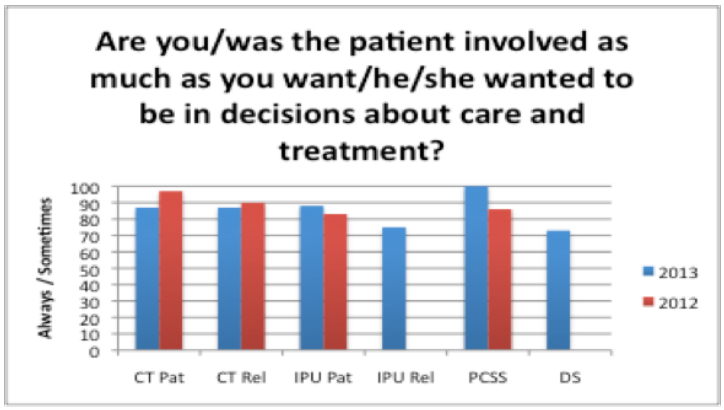
Key Performance Indicator 1: 2013



CT Pat	84%	N=61
CT Rel	82%	N=51
IPU Pat	94%	N=18
IPU Rel	76%	N=46
PCSS	71%	N=24
DS	86%	N=28

The results show that patients felt that they had been referred at the right time. However there was an increase in CT and IPU relatives feeling referrals should have been made sooner.

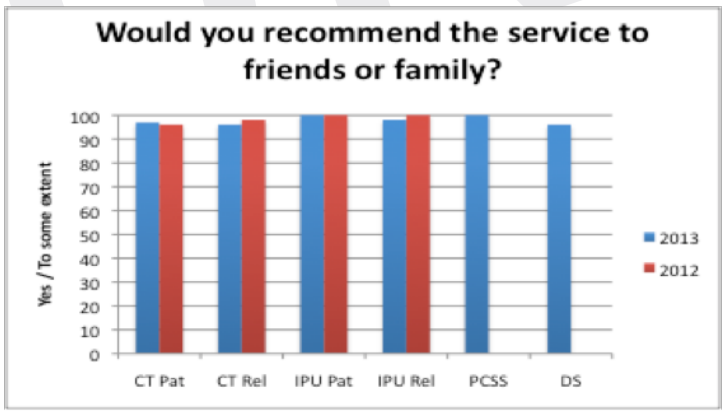
Key Performance Indicator 2: 2013



CT Pat	87%	N=60
CT Rel	87%	N=51
IPU Pat	88%	N=17
IPU Rel	75%	N=35
PCSS	100%	N=22
DS	73%	N=26

2013 has seen an increase in positive responses from PCSS & IPU patients. Two CT patients responded 'No', however we cannot determine if they felt they wanted to be more or less involved.

Key Performance Indicator 3 - NHS Family and Friends test



This question is for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from A&E. It is not currently a mandatory question for other healthcare providers but is likely to become one in the future. The Hospice has included this question to all services since the first surveys in 2011.

	CT Pats	CT Rels	IPU Pats	IPU Rels	PCSS	DS
2013 n=	59	53	18	43	23	26

The average of all services is the same as in 2012 at 98%. The IPU Rels reduction is due to one person responding 'Not Sure'. The Ct Rels reduction is due to 3 people responding 'To some extent'.

Other Key results:

Overall care rated 'satisfactory' and above

	CT	CT Rel	IPU	IPU Rel	PCSS	DS	Average
2013	100%	96%	100%	98%	100%	96%	98%
n=	58	51	18	42	23	26	
2012	100%	100%	100%	100%	100%	-	100%
n=	74	88	13	43	7	-	

Were you/the patient treated with respect and dignity?

	CT	CT Rel	IPU	IPU Rel	PCSS	DS	Average
2013	100%	98%	100%	100%	100%	96%	99%
n=	59	52	18	41	23	28	
2012	97%	n/a	100%	100%	100%	-	99%
n=	75	n/a	11	42	7	-	-

The surveys also gave an opportunity to make individual comments throughout.

Comments:

TOTAL NO. OF COMMENTS INCLUDED:	612	
Positive comments:	338	55%
Negative comments:	122	20%

SERVICE	POSITIVE	NEGATIVE	OTHER
Community Team patients (n=56)	70%	4%	26%
Community Team relatives (n=87)	60%	21%	19%
Inpatient Unit patients (n=92)	47%	27%	26%
Inpatient Unit relatives (n=183)	55%	16%	29%
Palliative Care Support Service (n=86)	59%	28%	13%
Day Service Patients (n=108)	48%	21%	31%

Some comments from surveys:

" Overall the staff at the Hospice do an excellent job. They are caring and listen to what you have to say. They also give excellent service with regards to controlling side effects as a result of treatment and are able to prescribe necessary drugs to help."

"I don't like the unwillingness of staff to let patients get up before 8am. I have asked to be moved to my chair before 8am & staff are reluctant to oblige"

"Thank you for your lovely and kind support to me and my family. It was my great pleasure being here and they did make my life a bit easier and also manage my pain."

Case Studies

By giving people the opportunity to tell their own story, we can hear about their experience as a whole and it is often the smaller details that give us greater insight into what makes a difference to patients and families in our care.

Case studies have been obtained from across all services - some involve more than one service. Two examples of these are on pages...and ...

SERVICE	TOTAL	POSITIVE	NEGATIVE	MIXED	OTHER ISSUES
Inpatient Unit	10	8		1	1
Community Teams	4	4			
Day Services	10	7	1	2	
PCSS	0				
Mixed	1			1	

NLH is committed to listening to the views of patients, relatives, carers and friends across all services. We will continue to ensure that staff across the organisation consider these views when evaluating and developing services.

User feedback is sent to service management teams at least every quarter and action plans are created. These action plans are monitored by User Involvement Lead and Governance groups as agenda items.

COMPLAINTS

Quality Performance Indicator	Threshold	Outcome 2011-12	Outcome 2012-13	Outcome 2013-14
Number of Complaints	25	31	19	34

Quality Performance Indicator	Outcome 2011-12	Outcome 2012-13	Outcome 2013-14
Investigations completed at 31st Mar 14	25	14	25
Investigations incomplete at 31st Mar 14	6	5	9
Investigations completed, complaint upheld/partially upheld	21	13	18
Investigations completed, complaint not upheld	4	1	7

The number of complaints action plans completed	90%	100%	19(90.4%) completed 2 (9.6%) Action Plans being completed	14 (100%) completed	17 (65%) completed. 9 (35%) action plans being completed)

Analysis:

It is noted that complaints have increased to 34 from 19 in 2012-13 but were 31 in 2011-12. It is highlighted that NLH also reports here complaints received from its retail operations (number =8).

Trends examined during the year were:

- Managing patient expectation (August 2013)
- Staff communication (November 2013)
- Care quality (December 2013).

Some actions taken by NLH in response to complaints are:

- Community service standard re repeated patient calls in short period trigger a home visit.
- Communications training attendance for identified staff
- Plan for assessment of literacy and numeracy at recruitment.
- Staff communication training needs analysis
- Specific staff training on care of a patient with multiple sclerosis/hydration in the dying cared for by PCSS
- Shops memo re not selling real fur

No complaints were referred to The Parliamentary and Health Service Ombudsman.

PATIENT SAFETY

Incidents

	2011-12	2012-13	April 2013 to March 2014			
Total number of Incidents	207		279		246	
Number of Clinical Incidents	147	71%	168	60%	167	68%

- Slips, Trips and Falls remain the most frequent clinical incident reported (see further discussion below).
- 5 root cause analyses (RCA) were undertaken to examine deeper the causes of incidents and action plans developed and learning shared.
- One incident had a "catastrophic" harm level and related to a patient suicide.RCA identified nothing that NLH could have done to prevent this occurring.
- Six of the 168 incidents (3.6% of all incidents) were scored as major. This is a drop in the previous year where the incidence was 5% (n=279) Quarter One Incident Review noted peak time of all incidences of 1200-1800. This was communicated to all staff to increase vigilance and awareness and no new peak time was noted in subsequent quarters.
- An increase in Drug Error incidents reported prompted a retrospective drug error review along with on-going monthly scrutiny. Omissions were the commonest of errors. It was reinforced the importance of not interrupting staff during drug administration. Errors were detected sometime after drug was due despite the practice of repeated drug chart scrutiny. Results showed no specific identified trends relating to times of day or how busy the unit was. There were trends noted however around staff involvement. A retrospective Specific Staff Drug Error Review (1st October 2012-30th September 2013) was undertaken to review individuals involved and to address any competency and training needs. The key learning identified was to review policy/procedure around Single Nurse Administartion Training competencies/when staff undertake a re-test.

  The number of reported drug errors has decreased since these issues were highlighted to the team.
- 49 reported incidents related to pressure sore presence on admission or development (see page 37). This is an increase since 2012-13 and 2011-12 when there were 11 each year reported through the incidence process. This however can be attributed to new procedure of the reporting of grade two pressure sores which account for 39 incidents reported this year.

Comment:

- The scrutiny of all patient safety incidents continue through our incident reporting process and review where any learning or ongoing risk is identified and acted on. Monthly scrutiny through governance structures looking for trends and service risks occur.
- Risk assessments and risk registers are monitored and risk reduction measures undertaken where possible.

Falls:

	2011-12		2012-13		2013-14	
Number of Patient related Slips/Trips/Falls (% of all incidents)	57	28%	60	22%	59	24%
Falls per occupied bed days	12.9		13.45		13.2	

National benchmark of 6.5 falls per 1000 bed days

Analysis:

- One patient suffered a major injury as a result of their fall. Risk reduction measures were in place but due to the patient having underlying bone condition, the patient suffered a pathological fracture to her arm.
- Number of falls per occupied bed days has fallen slightly to 13.2 compared to 2012-13 when it was 13.45 but is higher than 2011-12 figure of 12.9%.

Comment:

Higher incidence of falls are recognised in hospices due to the deteriorating condition of hospice patients. Confusion, unsteady walking, deteriorating continence and patient's personal struggle to accept the limitations of their illness are common contributory factors in hospice patients.

Individual patient risk assessments for falls are completed on admission and reviewed regularly, guidance and therapy is given by the physiotherapist. In May 2013 Intentional Rounding with the implementation of the Red Flag Checklist for patients identified by the nursing team as high risk patients of falls or unable to use the call bell was implemented (see pages 43-44) to reduce the level of falls. A Falls Group has been set up on IPU to review IPU Falls Management. and Falls risk assessment and screening tool is being amended to more effectively demonstrate NICE guidance (June13) so that staff's awareness is heightened. A Falls Audit is planned for 2014-15 and training sessions for clinical staff on falls risk will be given.

Interhospice benchmarking work has seen the sharing of practices to reduce incidence and harm (eg Red Flag list, patient movement sensors), to more objectively categorise harm levels and will help NLH scrutinise it falls incidence further in the light of similar units.

Pressure sore monitoring and reporting

Over the last two years, NLH has reported here the number of patients who developed pressure sores of the more severe level grades 3 and 4 and reported on number of patients admitted with these, those that developed them within 72 hours of admission and those that developed them after 72 hours of admission. This supported NLH in embedding pressure sore monitoring and mandatory external reporting to CQC, commissioners and local authority safeguarding services which is now routine practice.

From 2013-14 NLH focus has been on the last group (those that have developedpressure sores grade 2 and above after 72 hours of admission) which need careful monitoring to ensure the incidence of these does not reflect sub optimal care. The Department of Health as part of its Patient Safety First Campaign has defined pressure sores as "avoidable" and "unavoidable" (see appendix five page 51 for definition).Grade 3 and above pressure sore development after 72 hours of admission are detailed here.

Summary of pressure sores reported April 2013 to March 2014

	UNAVOIDABLE	AVOIDABLE
Developed Grade 3 more than 72 hours of admission	9	0
Pressure Sores developed Grade 3 more than 72 hours of admission per 1000 Occupied Bed Days*	2.02	0

*Occupied bed Days = 4462

Analysis:

- Of the 9 pressure sores of grade 3 and above that developed after 72 hours of admission, none were deemed avoidable.

Comment:

There have been no patients with grade 4 pressure sores cared for on the IPU in2013-14.

In September 2013 A Pressure Sore Case Review of quarter one of all pressure sores grade 3 was completed. Good practice was noted and it was noted that all cases had contributory factors for developing pressure sores and were unavoidable. As part of the review NICE Guidance (Sept 2005) was re-examined and an action plan to improve practice further was implemented. The following actions have been taken:

- Skin Changes at Life's End (SCALE) Final Consensus Statement of the European Pressure Ulcer Advisory Panel (2009) noted as evidence to support increased vulnerability and incidence of pressure sores in hospice client group
- Standard of pressure ulcers assessed within 6 hours of admission embedded in practice through addition to admission checklist
- More pressure relieving booties obtained
- Patients with grade 1 and above pressure sores are now commenced on Intentional Care Rounding.
- All patients with grade 2 pressure sores are now reported through incident reporting process as trigger to review care and prevent development of grade 3 and above pressure sores.

Infection Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2011-12	NUMBER 2012-13	NUMBER 2013 –14
The number of patients known to be infected with MRSA on admission to the IPU	2	4	3
The number of patients known to be infected with Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia on admission to the IPU	0	0	2 with known Clostridium Difficile
Patients who contracted these infections whilst on the IPU	0	0	0

NLH notes patient's infective status on admission and tests where clinically indicated. The clinical team agree, on an individual basis, what is the most appropriate treatment plan, if any, depending on the patient's condition. During 2013-14 there were no cases noted where patients contracted reportable infections whilst on the IPU.

PRIORITIES FOR IMPROVEMENT 2013-14

Following consultation with hospice staff and local palliative care commissioners and scrutineers, the following three priorities for improvement were agreed for 2013-14:

Priorities for Improvement 2013-2014

The following priorities for improvement for 2013-2014 were identified by the clinical teams and were endorsed by our internal governance structures.

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

1. Priority One: Patient Experience

The Hospice is developing its volunteer workforce into new roles to more closely and more flexibly match the need of patients and their carers. Alongside this user need is the Hospice's goal to develop a more skilled and patient-centred volunteer workforce. New roles currently exist supporting patients living at home and their families (through the first year following their bereavement). They work alongside the Hospice's community, day service and Palliative Care Support Service teams providing emotional and practical support. New volunteer roles are planned for Finchley Site Hospitality and the in-patient unit.

This project proposed to survey service users, as well as volunteers and affected staff, concerning the impact of the newly developed and future volunteer roles on the patient experience.

ACTION	LEAD	COMPLETED BY	UPDATE AS AT OCTOBER 2013	REVISED COMPLETION DATE
Inaugural meeting of Project Group to identify key elements of the survey	DD	April 2013	Completed	N/A
Appoint Volunteer Transition Lead, who will join the Project Group	DD	May 2013	Completed	N/A
Recruit survey volunteers (User Involvement volunteers)	DD/ DM	May 2013	Completed (carried out by User Involvement Vols as part of main survey – see below)	N/A
Agree survey template - the Annual User Survey was noted tocover overall effectiveness without specific reference to volunteer contribution. It was agreed to incorporate specific volunteer questions as part of annual user surveys and greed through service leads (Day Services, PCSS, Community). A specific survey for reception/ hospitality (usually 'welcoming' is covered by the IPU survey)	DD/ DU/ DM	May/June 2013	Decision was taken to ask a generic question about volunteering rather than service-specific and include this in the general survey. Unfortunately the capacity to locate the specific service relating to the feedback was not incorporated into the form. This has now been addressed (Rider to survey form).	N/A
SURVEY PERIOD – BETWEEN JUNE TO DECEMBER 2013				
Complete current Reception volunteers survey early on to help obtain a baseline for the transition role – to develop this volunteer group into Hospitality Volunteers	DD/ DU/ DM	June/July 2013	It was not possible to carry out an early survey due to the closure of Reception while refurbishment took place	N/A
Analyse Reception survey to assist joint work plan between transition role and Facilities Manager to help further develop Hospitality role	DD/ DU/ DM	July 2013	13 responses were received from Front of House service users. Despite overwhelmingly positive assessments, there was slight indication that some improvement might be required in willingness to listen and inspiring confidence. These are areas now included in training to further develop the role.	April 2014

Overall Summary/Analysis

- Apart from the Front of House results, eight responses were received from IPU service users and 16 from users of the Community/at Home service. Across the board, assessments were overwhelmingly positive, with the few imperfect assessments appearing under 'Knowledge of their role', 'Willingness to listen' and 'Your confidence in them'. As for Front of House volunteers, these aspects now form key elements of training for IPU and Community volunteers.

  Many respondents rated staff activity rather than that of volunteers (sometimes also confusing NLH nurses with 'Macmillan nurses'), and often patients/carers did not know whether particular elements of their experience involved staff activity or volunteers activity. Given the generally high assessments (few would wish to criticise volunteers), the value of the survey was reduced in that it will be difficult to identify more positive perceptions generated by changes currently underway (even any reduced satisfaction level might be difficult to detect, given likely continuing high levels of user gratitude).

  The intention to run a follow-up survey for comparison purposes has been put back due to a longer transition exercise than had been anticipated, and disruption arising from Open Area development (including closure of the Coffee Shop – a significant element of the Hospitality service). Time is required for changes to bed in.

- Whilst the same questions regarding volunteering will be asked in the User Survey 2014-15, there might be an alternative survey aimed at Front of House volunteering.

  Staff involvement: initiatives are developing to address staff involvement e.g. Living Room Project and Staff & Volunteer Steering Group relevant to Front of House role as well as investment of a staff member on IPU to oversee ward volunteer development and a further investment in a volunteer coordinating role attached to the Palliative Care Support Service. In Day Services we have re-structured the Centre Manager role to be Therapies Lead with specific responsibility to oversee and support generic volunteers.

PRIORITY TWO: PATIENT SAFETY INTRODUCTION OF ULTRASOUND SERVICE

We are currently developing an ultrasound service for IPU patients, which can also be accessed by community patients who are able to attend the hospice for assessment. This will improve the diagnostic certainty regarding the presence of significant ascites and exclude differential diagnoses. It will also enable us to identify if proceeding to paracentesis is safe and appropriate.

The use of ultrasound commenced on IPU in January 2013 following the medical restructuring of the unit.

This year has seen access to ultrasound for inpatients prior to paracentesis available 5 days a week. Therefore it is now standard practice for all inpatients to be assessed by ultrasound prior to paracentesis. The long-term plan is to have all 4 consultants and the day services Clinical Nurse Specialist trained to facilitate the access of ultrasound assessment for community patients also. The consultant conducting the ultrasound examinations now completes a logbook monitoring all patients. This includes the results of the ultrasound assessment, whether we proceeded to paracentesis and the outcome of the paracentesis procedure. It also includes a reflection on any learning derived from the use of the ultrasound and how it may have influenced the clinical decision-making, patient safety and overall care.

We have completed the baseline audit of paracentesis activity on the unit prior to introduction of the ultrasound assessment to assess practice. The results of this audit have informed the development of a paracentesis policy and pathway. This policy has been drafted and will be reviewed at the policy group then via the governance structure. We hope to implement this by March 2014. Once embedded we will audit adherence to the policy in the audit year 15/16.

ACTION	LEAD	COMPLETED BY
IPU ultrasound assessment pre paracentesis for ascites management for Inpatients	JB	Commenced Jan 13
Log Book maintained on cases treated and reflection on cases where complications occur	JB	Commenced Jan 13
Baseline audit of paracentesis activity on IPU	JB	Completed August 2013
Protocol on Paracentesis approved by Q&R and QSR		1st Draft completed October 2013. For review by Policy group then Q&R and QSR. Aim to implement by March 2014
Review of access to IPU ultrasound service on IPU		Review level of access to ultrasound from January 2013 (Complete by Feb 2014)
Audit of adherence to the new NLH protocol and policy for paracentesis		Audit adherence to policy once implemented (This audit will be conducted in the audit cycle 15/16 to ensure we have had time to embed the new policy and protocol)

PRIORITY THREE: CLINICAL EFFECTIVENESS

Implementation of the most up to date version (version 12) of the Liverpool Care Pathway tool into the community (Barnet and Enfield)

This project was commenced and closed in Autumn 2013 following national guidance that this tool would no longer be best practice. Below records actions that were taken in bold, actions planned within project but not actioned are in normal font.

ACTION	LEAD	COMPLETED BY
WORK UNDERWAY PRIOR TO APRIL PROJECT START:		
• Meeting with Judith Tobin (GP)re proposed changes	**LP**	**28/1/13**
• Meeting with DN (Barnet) – re proposed changes	**LP**	**Feb 2013**
• Meeting with NLH Community Team re proposed changes		
• Pathway adapted for local community use.		
• Adapted pathway presented to CQG		
• Pathway presented to Enfield commissioner and End of Life Steering Group		
PROJECT CLOSED		
Teaching to Community CNSs Explore implementation	LP	May 2013
Agreement from Enfield CCG to take responsibility for LCP document	JB	June 2013
If above agreement gained & offer of our support accepted:		
Clinical Governance Committee	Comm. SMT	July 2013
Submit to Liverpool (Marie Curie Palliative Care institute) for matching	Comm. SMT	July 2013
Confirm implementation programme with CNS/DNs teams	Comm. SMT	Aug 2013
Implement V12 LCP to community – to include adapting current LCP training delivered by NLH CNSs to DNS	Comm. SMT	Sept 2013
Audit after 6/12 of use (of complete document using audit tool provided by Liverpool) ?? appropriate	Comm. SMT	March 2014

A new project was proposed for the second two quarters of 2013-14 and will roll into 2014-15.

Introduction of intentional care rounding on IPU to reduce patient falls

Intentional Care Rounding (IR) has been developed as evidence based structured process and used in the UK as part of larger quality improvement initiatives such as the NHS "Harm Free" care campaign. It involves health care professionals carrying out regular individualised patient checks at set intervals. Integrated with patient centred care planning it provides a focus on regular attention to the fundamental needs of the patient.

NLH saw 60 patient falls in 2012/13 which equated to 13.45 falls per 1000 occupied bed days. None of these falls resulted in a major injury. NLH are aware that due to the deteriorating nature of its IPU client group, who are often in the last days of life and adjusting to reducing independence and function, it is highly likely that despite optimum care to minimise falls, patients will fall. The benefits of introducing IR was highlighted at the inter hospice quality benchmarking group that NLH attends. A member hospice had experienced a reduction in falls following the introduction of IR; NLH considered it an initiative to explore to maximise best practice.

Following the cessation of its 2013-14 priority for improvement project relating to the Liverpool Care Pathway detailed on page 42, NLH decided to introduce IR on its IPU in Autumn 2013-14 to evaluate its potential to reduce falls on the inpatient unit.

How it was done:

September 2013

- IR introduced to the team. Its potential in documenting pressure area repositioning and nutritional support noted as an additional value. Implementation plan was agreed
- IR commenced on IPU patients identified at increase risk re falls/ pressure areas

October/November 2013

- One month review identified :
  - staff had embraced tool and were carrying out 2 hourly assessment.
  - Further reinforcement and monitoring was required.
  - IPU Falls Group to look if tool needs adapting from falls risk viewpoint.
  - Its lack of application to patients in the last few days of life was noted and the need to review the tool to extend its use to this group was realised.

December/January:

- Considered the need to evaluate the extension of IC to all IPU patients.
- SMT discussed how to link with LCP review work and need for adaptation of tool.
- Implementation plan agreed for 2014-15 extension.
- Outcome measures agreed.

April 2014:

- Tool is being adapted for use with end of life patients.
- formal review by shift coordinator is to be Introduced to review daily use of IR in IPU patients
- Plan for extension of IR for all patients from October 2014 is being developed.

Results:

Falls in 2012-13

Total falls =60

Falls per 1000 occupied bed days =13.45

Falls in 2013-14

Total falls = 59

Falls per occupied bed days =13.2

Falls per 1000 Occupied Bed Days (OBD's)

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	TOTAL
Falls	18	13	10	18	59
OBD's	1083	1041	1180	1158	4459
Falls per 1000 OBDs	16.6	12.5	8.5	15.5	13.2

Analysis:

IC may be attributable to the drop in falls noted in quarter three from 16.6 and 12.5 in previous two quarters to 8.5 in quarter three but an increase to 15.5 was noted in the last quarter. Plan for 2014-15:

To give this project time to embed and see if a difference can be made this project is to be continued in 2014-15 as a priority for improvement.

WHAT NLH STAFF SAY ABOUT THE ORGANISATION

NLH employs a total of 160 regular staff and 23 bank staff, and benefits from the efforts of some 950 volunteers who are used as required in clinical and non-clinical roles. The Hospice has many staff working part time or flexible hours.

	2011-12	2012-13	2013-14
Staff joined	17	38	52
Staff left	21	16	30

The following significant staff improvement initiatives have been put in place this year:

- A revised Performance Development Review (PDR) process and documentation that was implemented within the nursing workforce in 2013-14 is being rolled-out across the whole Hospice. It includes review against the hospice core value's and this year key management dimensions have been added for review where indicated.
- In 2014 we have embarked on the fourth year of NLH's Management Development Programme which will concentrate on specific skills alongside continuing to improve reflecting on management experience across departments and disciplines.
- A monthly staff newsletter is also compiled and distributed to keep all staff aware of what is happening across the Hospice.
- Review of all Human Resources policies and procedures is almost complete.
    - The composition of a new staff Information and Communication Forum is being finalised.
- Staff.Care is a staff rostering and workforce management system which was introduced in 2013. Its provides a new HR management system for the Hospice. In addition it provides the following functions:
    - 1. Staff rostering
    - 2. Work planning
    - 3. Annual leave management system
    - 4. Sickness management
- During 2013/14 each of these functions have been introduced in the Inpatient Unit. During Quarter 1 2014/15 It is planned that the Work Planning system will be introduced to the Palliative Care Support Service. This will enable the team to manage the service more efficiently and providing a saving of both time and costs. During the year the Annual Leave and Sickness management system will be introduced across the Hospice.
- A review of clinical supervision has continued this year. The Clinical Directors have been working with the Institute of Family Therapy to consider reflexivity in order to lead in a co-ordinated way around the issue. Clinical managers are leading in their respective departments on enhancing or introducing reflective and reflexive processes in to their regular team schedule and we are jointly considering the best way to take forward a revised group approach to clinical supervision.
- Following our last staff survey in 2012, NLH are currently exploring a combined staff and volunteer survey for 2015-2016

NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

The Board welcomes this year's Quality Account as another positive milestone on the journey that is about continuous improvement, maintaining high standards and being responsive to the views and experience of patients, carers and staff.

In a challenging financial and political climate, the evidence in this report of sustained improvements and high standards of care is a tribute to a committed workforce that includes dedicated staff from a range of disciplines and an impressive cohort of volunteers, without whom, the work of the Hospice could not be sustained at this high standard.

Once again, the Board is assured by the progress made against the priorities identified for this year. Building on the Volunteer Strategy that includes the comprehensive development of the critical volunteer resource has progressed well, with carefully tailored training that enables volunteers to be used to their optimum capacity. This is an evolving matrix of skills development, training and matching of capability to best meet the needs of individuals and families. The rich diversity of skills and experience in the volunteer workforce underpins the Hospice's capacity to extend its care and support more widely.

Progress on the introduction of innovative ultra sound diagnostic procedures have contributed to more responsive clinical care to alleviate distressing symptoms. This is a significant contribution to the quality of care that the Hospice is able to provide.

Work underway in relation to achieving shared standards across our partner organisations relating to the then 'Liverpool Care Pathway' was curtailed due to a review of national guidance. However, the Hospice moved swiftly to identify further areas for improvement addressing personal care needs more systematically through intentional care rounds which also addressed risks associated with falls, fundamental elements in the experience of any patient at the Hospice.

The Board fully endorses the priorities for 2014/15, welcoming the ambitions for a more social environment for IPU, the continued attention to structured care rounds and the focus on raising awareness around Dementia and its life limiting implications as well as supporting the focus on holistic assessment to inform genuine person centred care.

We remain committed to the belief that it is the experience of our service users that matters most, and that our principal priority is realising the dignified, respectful and safe care that people want for themselves and for their loved ones.

John Bryce

Chair

North London Hospice Board of Trustees

STATEMENTS FROM COMMISSIONERS, HEALTHWATCH, HEALTH OVERVIEW AND SCRUTINY COMMITTEES

APPENDIX ONE: OUR CLINICAL SERVICES

1.Community Specialist Palliative Care Teams (CSPCT)

They are a team of Clinical Nurse Specialist, Doctors, Physiotherapists, Social Workers who work in the Community to provide expert specialist advice to patients and health care professionals. They cover the Borough of Barnet, Enfield and parts of Haringey. They work closely with, and compliment the local statutory Health and Social Care services such as General Practitioners, District Nurses, Social Services, Hospital teams and other Health and Social care Professionals.

The service emphasis is based on:-

* Care closer to home

*The Facilitation of timely and high quality palliative care

This is achieved by providing:-

* Specialist advice to patients and health care professional on symptom control issues

* Specialist advice and support on the physical, psychological, emotional and financial needs of the patients and their carers. An out-of-hours telephone advice service

Community patients are given the out-of-hours advice telephone number for advice out of office hours. Local professionals can also access this service out of hours for palliative care advice as needed. Calls are dealt with between 1700-0900 by a senior nurse on the inpatient unit. At weekends and bank holidays, a community Clinical Nurse Specialist deals with calls between 0900-1700 hours.

2. Day Services

Day Services based in our new building in Enfield provides additional specialist palliative care support to patients and carers using a new bespoke day service model. The service offers a range of programmes providing a safe and inviting environment and the opportunity to discuss physical and emotional symptoms, concerns and anxieties.

The clinical team is supported by a large number of volunteers providing flexible support as well as professional volunteers who provide a range of complementary therapies including acupuncture, reiki, reflexology, massage and hypnotherapy. Art therapy and individual psychological therapy are also provided, as well as a relaxation group, CAB Macmillan Welfare Benefits Project, beauty therapy and hair dressing, alongside the hands-on care. Carers/families can attend carer's groups and can join "Open Space" activities and relaxation groups. Nutritious, low cost lunches are on offer in the cafe.

Day Therapies are currently running four days a week, including a physiotherapy clinic on Mondays. In early 2013, in response to commissioner feedback, the service's referral criteria expanded to also offer specific timed intervention for adults with potentially life-limiting illnesses, whom fit the following criteria:

- Those who are recovering post treatment/surgery and are in need of psychological and/or physical support to optimize strength, confidence and self- management
- Those who may benefit from physiotherapy assessment to improve, maintain, accept or self-manage their level of function
- Those who have a poor prognosis and are likely to deteriorate but have no specific symptoms or need for Community Team involvement

NLH aims to eventually offer a five-day a week service to include out-patients clinics, clinical interventions such as an infusion and transfusion service, as well as additional therapies, such as music therapy, creative writing and psychological therapy groups. Bereavement support will also be developed alongside the Loss & Transition Service, to include an art therapy bereavement group.

By the summer of 2014, Day Services will be operating across sites, with most services currently offered in Enfield also available in the newly refurbished space on the Finchley site.

3. Inpatient unit (IPU)

NLH has 17 single en-suite rooms offering specialist 24-hour care. Patients can be admitted for various reasons including symptom control or end-of-life care. As the unit is a specialist palliative care facility, it is unable to provide long-term care.

4. Palliative Care Support Service (PCSS)

Most people would like to be cared for and finally 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.

5. Loss and Transition Service (including Bereavement Service)

The Loss and Transition Support Service supports:

- Individual North London Hospice patients in coping with the emotional effects of loss of health.
- Their families/close friends in coping emotionally with their roles as carers and adjustment to change over time.
- Patients' bereaved families/close friends in expressing their grief and eventually to make the transition to a new way of living.

The support is provided by volunteers who we have trained in support skills on our Oyster Training Programme or who are qualified counsellors. This service is in addition to that provided by our specialist palliative care staff (nurses, social workers and doctors) and is offered pre-bereavement and for up to 14 months after bereavement. This service is developing social drop-in bereavement groups on both sites and supports our ranging response to bereavement including our regular Ceremonies of Remembrance as well as events that commemorate those who have died, such as Light up a Life.

APPENDIX TWO: INFORMATION GOVERNANCE

Information Governance

Information Governance (IG) refers to the way in which organisations process and handle information, ensuring this is in a secure and confidential manner. It includes information relating to our service users as well as personal information held about our staff and volunteers and corporate information e.g. finance and accounting records.

IG provides a framework in which North London Hospice is able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled e.g. Data Protection Act 1998, Confidentiality NHS Code of Practice.

For the Hospice the purpose of the annual assessment is to provide IG assurance to:

1. The Department of Health and NHS commissioners of services
2. The Health and Social Care Information Centre (HSCIC) as part of the terms and conditions of using national systems, including N3

The Hospice is measured against four initiative sets and 27 standards. The four sets are:

1. Information Governance Management
2. Confidentiality and Data Protection Assurance
3. Information Security Assurance
4. Clinical Information Assurance

APPENDIX THREE: HOSPICE 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 Balance Scorecard1 bi annually.

Executive Team

ET will review NLH's Balance Scorecard quarterly.

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

Quality and Risk (Q&R)

The 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 c risks and to develop the concept of residual risk and ensure that all Directorates take an active role in risk management and that this includes the active development of Risk Registers2.

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

Audit Steering Group (ASG)

The ASG is responsible for providing assurance of all audit activity through reports to the Q&R and QSR. The ASG presents its Audit Plan and Audit Reports and recommendations to the Q&R and QSR for approval and 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.

APPENDIX FOUR: DEFINITION OF AVOIDABLE AND UNAVOIDABLE PRESSURE SORES

Avoidable Pressure Ulcer:

"Avoidable" means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate."

Unavoidable Pressure Ulcer:

"Unavoidable" means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person's clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence"

Department of Health, Patient Safety First (2014)

APPENDIX 5 PATIENT CASE STUDY

XXXX has been visiting Day Services for the last 5 months. On this occasion she was accompanied by her daughter.

"I was diagnosed with cancer about 3 years ago and was visiting Nightingale Cancer Trust in Enfield – they suggested that perhaps I should come to North London Hospice.

When I arrived for the first time I was a bit worried about what to expect although I'd stayed at St. Joseph's Hospice on two precious occasions. That was a lovely place – even the people who served the food were nice.

As soon as I came into North London Hospice I felt very welcomed.

I have reflexology every week which is lovely – I enjoy it. The lady uses oils when she does the massage.

I like to chat to my friends here – everyone is my friend. I do my knitting too and a volunteer is showing me how to crochet. A volunteer comes to collect me and I really enjoy my day.

I see the physiotherapist – my wish is to be able to stand up. She has made me feel that I might walk again one day. I would like more physiotherapy.

The volunteers are so nice – I've no complaints about them. They all treat me well and are nice and friendly. There is no chef here now and I miss him – he used to tease me! Today we have jacket potatoes, cheese and salad on the menu – the food is alright.

My CNS comes to visit me and she sorted out my pain very quickly.

I am treated with respect here and I would ask for something if I wanted it. You can ask for anything tea, biscuits, chocolate.

It's very nice and very good here and I'm well looked after. When I feel well I really look forward to coming."

XXXX's daughter

"I'm really happy for mum to come here – she interacts and engages with all the other people. It's also good for my dad to have some time off as he has to look after her all the time. Mum gets pampered here and she likes that.

Sometimes she likes to stay in bed all day but now she has something to get up for. As soon as she arrives she bursts into smiles – she's so happy.

Mum was in a lot of pain a few weeks ago but now her CNS has sorted her out, she's a different person. It makes me happy to see her so content.

I think that it might be good for her to talk to someone about how she feels about her illness – she's not really done that at all.

I can see that she is emotionally supported here and that helps her and makes her happier – if mum is feeling ok then I feel ok. "

“So many staff. Everyone is so polite. This is like a 5 star hotel.”

“ Overall the staff at the Hospice do an excellent job. They are caring and listen to what you have to say. They also give excellent service with regards to controlling side effects as a result of treatment and are able to prescribe necessary drugs to help.”

“The Hospice always tried to meet our needs.”

ACCESSING FURTHER COPIES

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

or **www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/quality-accounts-2013-2013.aspx**

HOW TO PROVIDE FEEDBACK ON THE ACCOUNT

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

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