

North London Hospice
DRAFT
QUALITY ACCOUNT 2015-16

DRAFT

DRAFT

CONTENTS

Page Number

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, a Palliative Care Support Service (NLH's Hospice at Home service), an Outpatients and Therapies Service (formerly Day Services), an Inpatient Unit (IPU), an Out-of-Hours Telephone Advice Service, a Triage Service and a Loss and Transition Service (including Bereavement Service).

The following four Priorities for Improvement Projects for 2016-17 are proposed:

Patient Experience Project 1: To create a user forum

Patient Experience Project 2: To introduce elements of the national initiative "Hello My Name Is"

Patient Safety Project: To introduce the national and international initiative Schwartz Rounds

Clinical Effectiveness Project: To improve NLHs evidence of the implementation of the national initiative "Five Priorities of Care"

The 2015-16 priorities for improvement projects are reported and have contributed in the following ways: realtime patient experience feedback has led to changes to care delivered; a bespoke risk management system has been introduced and has centralised incidents, concerns, compliments and complaints information; and a model of care for patients with a Long Term Condition has been identified.

Key service developments are described: (i) the development of community provision in Haringey; (ii) the development of "Come and Connect" flexible model of care; (iii) the creation of an Independent Nurse Prescribing Strategy; (iv) the partnership working on local integrated care agendas; (v) the availability of a hearing aid resource on both public NLH sites; (vi) the development of dementia care and training; (vii) the installation of day and date clocks in the IPU patient room.

Service data is highlighted and discussed. The IPU had 342 admissions this year. There was an increase in admissions to the IPU of 17% with a minimal reduction in average length of stay when compared with the previous year. 30% of patients were discharged from IPU. The Outpatients Service cared for a total of 248 patients and the Therapies Service cared for 247 patients. The community teams cared for a total 1973 patients in their own homes and supported 60% of these patients to die at home. Palliative Care Support Service cared for 321 patients and provided a total of 13,062 hours of one-to-one nursing care to people in their own homes.

The Board of Trustees gives assurance to the public of the quality of NLH's clinical services.

USER FEEDBACK:

On Losing, Wondering and Tea

To the staff at North London Hospice, who impact lives every single day and will never know how amazing they are.

Thank you for always understanding the subtext, even when I didn't realise there was any. The subtext behind every "I'm fine thanks how are you?" that really meant "I don't have the words to express the way my heart is breaking and I have no way to try and cover up the cracks that are starting to show but I'll tell you I'm fine because it's far more convenient and I don't want the hassle".

You saw past me in the way I wanted you to, but the way I'd never admit to. The way that gave me permission to curl up on the hospice sofa in the same dirty jumper and tracksuit trousers I'd worn every day for the past 3 days because I didn't really see the point in taking care of myself when I was figuring out what my life was going to be like with a gaping hole in it. You allowed me to understand my own pain and you let it be about me when I needed it. Heck, you reminded me it wasn't about me at all when I needed it too, although those times are harder to admit to.

Thank you for treating him like a man with 80 years of wisdom and worldliness and not like someone who had ceased to be able to look after himself. He was hurting too, and I know that now.

Thank you for being the embrace that held my family when I didn't think I could give it to them. Thank you for letting my beautiful Nana walk around in barefoot and leave empty mugs all over reception because she was desperate to make this place that housed her dying husband feel like her home too. When she insisted that she wanted to sleep here every single night so she could take care of her love the way she had for the past 60 years you didn't try and talk her out of it. You put up the bed every night and took it down every morning and made her toast for breakfast and gave a wash bag just in case she felt like thinking about herself for a second. She never did, and you never made her feel bad about it.

When he stopped being able to hold my hand back because he didn't know what in this world was going on, you were there. You never tried to make it better, together we watched the cracks appear and we watched things get worse and you stood next to me when I wanted you to and when I thought I didn't want you to and merely your presence reminded me that sometimes it's easier to open your heart to someone you don't really know.

He chose that Thursday morning to see what it would be like to leave suffering behind. And you were there, ready and positioned to do what you do best. To catch the falls of the people whose lives have changed in a second. The people who turn their fingers into clenched fists so they can hold the anger of their hearts in their hands, the people who when they hear the words, don't know what else to do but hold their face in their raw palms and pretend they want to be alone when actually that's the last thing they need. And you know, because you always know.. Time and time again. In the moment when we think we can't find a way out, the moment that hurts the worst right in our guts, when we feel so wronged by some higher power, you give us unspoken permission to ride all those waves and when we feel like coming back to shore you have your arms held wide, and a cup of tea ready...because there's always a cup of tea ready.

And as we packed up the things that painfully reminded us of the last 3 weeks, and the last 80 years, I thought your work must have been done. But as I sit in

the quiet room of the Hospice that currently houses 20 bouquets of flowers that will be used tomorrow to decorate wedding of a young patient who expressed her last wish was to have the wedding of her dreams to the one she loves, I realise just how wrong I was. Somehow you find a way to give your world hundreds of times over. You support families whose worlds come crashing down around them. You give them substance and strength and support, and tea. You facilitate people's understanding that losing someone you love is s**t and painful, but it gets better if you let it. How difficult it is to take that first blind step if you don't believe there is anyone there to guide you through.

You make miracles every day, and this has been nothing but a painfully inadequate attempt to express how thankful I am, and how thankful I will always be.

With the kind permission of IPU relative, Rachel Vogler

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

Welcome to North London Hospice's fourth Quality Account.

I am delighted to report that we have cared for 2232 patients and those important to them this past year. It is important to reflect how the reach of our care to more people with palliative and end of life needs continues to extend with us caring for 1409 patients just three years ago in 2013-14.

Our care of people in their own homes has extended significantly and now NLH provides a community specialist palliative care service in all three boroughs of Barnet, Enfield and Haringey. NLH partnership working is seeing us work as part of an integrated end of life service with 4 other partner providers in Haringey (page..).In Enfield and Barnet our partnership working over the past two years with Macmillan Cancer Support has supported us to pilot a project of delivering extra resources into people's homes enabling earlier referrals, provision of clinical interventions like phlebotomy, rapid response health care assistant care at times of crisis and practical support by trained volunteers providing respite, befriending and good neighbour services (pages...).

Our past year's Priority for Improvement projects (see pages..) have delivered positive results to improving the quality and effectiveness of care to patients. Our proposed projects for 2016-17 (pages...) see us integrating national initiatives like "HelloMyNameIs", the Five Priorities of Care and Schwartz Rounds into our ways of working to continue this commitment to strive for improvements in our care for our users and staff.

Our Education team continue to develop and expand its portfolio of training , courses and placements. Its prospectus details providing development to internal staff and volunteers, external professionals like care home staff, community nurses, student nurses and medical students. Members of the public also attend our monthly hospice tour events which gets people talking about end of life and hospice care helping to dispel some of the misconceptions that can be barriers to accessing appropriate palliative and end of life services like ours.

The recent year's refurbishment of our Finchley site and investments in equipment like beds is showing real improvements for our users with a substantial reduction in the number of days that rooms on our In Patient Unit have been closed. This has reduced from 116 in 2013-14 to just 30 this last year. Our Living Room continues to be a

well-loved space with users enjoying together Tea at 3 or attending Come and Connect (see pages) and we were delighted to see it used by one of our in patient's to host their wedding this year.

I would like to thank our community who continue to volunteer, fundraise and support us in so very many ways who make this all possible.

I will conclude on a quote from one of our relatives, Rachel Vogler, who describes what impact we made to her and her family so eloquently.

"Thank you for treating him like a man with 80 years of wisdom and worldliness and not like someone who had ceased to be able to look after himself... And you were there ready and positioned to do what you do best. To catch the falls of the people whose lives have changed in a second....Thank you for being the embrace that held my family when I didn't think I could give it to them."

Pam McClinton

Chief Executive, North London Hospice, April 2016

INTRODUCTION

Quality Accounts provide information about the quality of the Hospice's clinical care and initiatives to the public, Local Authority Scrutiny Boards and NHS Commissioners. Some sections and statements are mandatory for inclusion. These are italicised to help identify them.

NLH started to produce and share its Quality Accounts from June 2012. This year's Quality Account (QA) and previous years' QAs can be found on the internet (NHS Choices) and copies are readily available to read in the reception areas at the Finchley and Winchmore Hill 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. Outpatients & Therapies (OP&T)
4. Inpatient Unit (IPU)
5. Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
6. Loss and Transition Service (including Bereavement Service)
7. Triage Service

For a full description of our services please see [Appendix 1](#).

PART 2:

PRIORITIES FOR IMPROVEMENT 2016-17

The following Priority For Improvement Projects for 2016-17 are identified by the clinical teams and endorsed by the 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 quality domains of patient experience, patient safety and clinical effectiveness:

Patient experience - Project 1:

Listening to users through creating a user forum

The patient's experience is central to NLH business and is the reason why most employees and volunteers associate with NLH. It is one of the three elements of clinical quality - the other two being patient safety and clinical effectiveness. That is why monitoring, evaluation and development of patient experience is crucial to NLH providing high-quality clinical services. The User Involvement Strategy 2015-18 recognises that NLH needs to see user involvement further embedded into the everyday core business and practice of all services. Specialist palliative care user involvement has its challenges owing to many of its users having a frail and deteriorating condition and/or using the service for a short period of time. However, with the widening of referral to patients earlier in their illness being cared for by our OP&T service, the long-held aspirational concept of developing a user forum can now be implemented.

Current baseline: user feedback is received individually through surveying, patient stories, complaints, compliments and comments cards. One-off user focus groups have been held, but no regular user forum exists.

Outcome for success of project: agreed Terms of Reference put in place; users recruited; schedule of planned meetings for the year put in place; minutes of meetings held produced.

Timescale: to develop, consult and introduce the user forum by the end of March 2017.

Patient experience - Project 2:

Introduction of elements of "Hello My Name Is..." national initiative on IPU

Dr Kate Granger, a senior registrar specialising in the care of older people, and who is also terminally ill, was an in-patient in NHS care and noticed that only some members of the healthcare team looking after her introduced themselves. Kate wondered why this fundamental element of good communication (the introduction) seemed to have failed. As a result, the idea of "Hello my Name Is..." was born.

The drive for this initiative is to recognise the human nature of healthcare with the patient being at the centre of this. "Hello my name is..." reminds all staff and volunteers engaging with patients and families to introduce themselves at every patient/family interaction. This develops trust and facilitates dignity and compassion as the bedrock of Hospice care.

Current baseline: IPU Staff have a mixture of name and ID badges and some staff introduce themselves to patients and families. In the User Survey 2015, patients and relatives reported a reduction in staff introducing themselves and explaining their role. In a complaint a relative highlighted that they could not clearly identify staff members. It was decided whilst introducing new name badges that they should be of a dementia friendly design. Dementia friendly "Hello My Name Is..." name badges will be used to support the ongoing work of creating a dementia friendly environment that was started last year. The IPU team have identified this as an area for improvement for 2016-17 and proposed this project.

Outcome for success of this 2 year project: improved scores in response to the question in the IPU user survey 2017 - "Do staff introduce themselves and their roles (to patients)" to "always" by 80% of patients. 100% IPU staff and volunteers to be aware of the project and its rationale, and be using the standard new "Hello My Name Is..." badge. No further complaints or concerns raised by users from 2017 regarding staff not introducing themselves.

Timescale: project implemented by March 2017, evaluation March 2018.

Patient safety - Project 3:

Introduction of Schwartz Rounds

Schwartz Rounds (SR) are evidence-based forums for health-care staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. The aim is to offer staff a safe environment in which to share their stories and offer support to one another. Evaluations of SR have been taken in USA and UK, and it has shown that staff involved have reported a vast improvement in dealing with stress, better team working and a greater focus on delivering patient-centred care. NLH consider it is timely to introduce Schwartz Rounds to add to its suite of reflective/reflexive opportunities for all staff including non-clinical. It will also give the opportunity to review the patients pathway by all individuals, teams and services involved in patient care. By providing forums for staff support and learning it will contribute to building staff resilience as well as an opportunity to reflect and share learning in relation to complaints and incidents in order to identify areas for improvement.

Current baseline: group supervision has been established for all front-line clinical staff for the past two years.

Outcome for success of the project: register of attendance of at least three NLH Schwartz Round Meetings.

Timescale: by end March 2017.

Clinical effectiveness - Project 4:

NLH improving its evidence of the implementation of the national initiative "Five Priorities of Care"

Following an independent review of the Liverpool Care Pathway for the Dying Patient (LCP), the Leadership Alliance for the Care of Dying People (LACDP) published "One Chance to Get it Right:

Improving people’s experience of care in the last few days and hours of life” (June 2014). This document sets out the approach to caring for dying people that health and care organisations, and staff caring for dying people in England should adopt, irrespective of the place in which someone is dying. The approach focuses on achieving five priorities for care. These are:

1. Recognising that someone is dying and communicating this clearly
2. Communicating sensitively with them and others important to them
3. Involving them and others important to them in decisions about treatment and care as much as they wish to be involved
4. Supporting the family and others identified as important to the dying person
5. Creating an individualised plan of care, delivering it with compassion – Plan and Do

Current baseline: These priorities are well known, by specialist palliative care services like NLH, as core components of everyday palliative care best practice. NLH recognises, however, that its documentation may not be able to consistently evidence that it is delivering this best practice. Therefore this project has been identified by both IPU and Community Service as an improvement area for the coming year. The Community Service has also agreed to work with its respective borough community services to support their own implementation of this initiative.

Outcome for success of the project: New 5 Priorities of Care documentation (SMART form) will be in use to evidence the delivery in NLH IPU and Community Services. In-house and external offer of education programme in place and attended by IPU and Community Team staff.

Timescale: project implemented in NLH services by October 2016.

STATEMENTS OF ASSURANCE FROM THE BOARD

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

Review of services

During 2015-16, NLH provided and/or sub-contracted 2 services where the direct care was NHS funded and 3 services that were part NHS funded through a grant.

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

The NHS grant income received for these services reviewed in 2015-16 represents 27 per cent of the total operational income generated by NLH for the reporting period .

Participation in clinical audits

During 2015-16, there were 0 national clinical audits and 0 clinical outcome review programmes covering NHS services that were appropriate to NLH provision. During that period NLH did not participate in any national clinical audits or clinical outcome review programme which it was eligible to participate in. The national clinical audits and clinical outcome review programme that NLH was eligible to participate in during 2015-16 are as follows (nil). The national clinical audits and clinical outcome review programme that NLH participated in, and for which data collection was completed for 2015-16, are listed below alongside the number of cases submitted to each audit or review as a percentage of the number of registered cases required by the terms of that audit or review (nil). The reports of 0 national clinical audits are reviewed by the provider in 2015-16 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).

To ensure that NLH is providing a consistently high-quality service, it conducts its own clinical audits.

The provider reviewed the reports of 6 local clinical audits and 1 Quality Improvement project in 2015-16 and NLH undertook the following actions to improve the quality of healthcare provided.

1. Controlled Drugs and Controlled Drugs Accountable Officer Audit

The audit has been devised by Hospice UK to meet the requirements of the Misuse of Drugs Regulations (2001) as amended 2007, The Health Act (2006) and The Controlled Drugs (Supervision of Management and Use) Regulations 2013. The audit highlighted the need to develop some specific Standard Operating Procedures and to ensure corrections made in the Controlled Drugs Register (CDR) are all clearly signed and dated. Policies will be reviewed by June 16 with guidance from the Pharmacist from Barnet and Chase Farm.

2. Safe Practice in the Management of Medicines

The audit has been devised by Hospice UK to meet the requirements of the Misuse of Drugs Regulations (2001) as amended 2007 and The Health Act (2006). The audit highlighted the need for some policy updates and the consideration of the need for patient information.

3. Monitoring of Patients in the Community on Steroids Audit

A steroid prompt laminated card was developed and given to each Clinical Nurse Specialist (CNS) to assist them in documenting accurately the monitoring process for steroids for each individual patient. The community consultants are also reviewing the NLH guidance and utilizing the recently updated Pan National Guidelines (symptom management clinical guidelines).

4. Documentation of Medication Changes on Admission to and from IPU (Quality Improvement Project)

Adaptations to the discharge proforma and teaching of junior doctors led to improvement in medication documentation of patients discharged from IPU. Results were also shared with the community teams to encourage accurate timely documentation of community patients medication before admission, although recognised community CNSs are not always able to keep accurate records as GPs are the primary prescribing physicians for this patient group.

5. First Visit Response to Referrals for Psychological support

Referral pathways to social work and other parts of the Patient & Family Support Service, including bereavement, are being reviewed in their entirety as the Social Work Manager has changed. This will involve consideration about the way psychosocial and psychospirtual needs are identified from point of triage, the electronic recording process, so that the initial assessment is built upon by the Multidisciplinary Team (MDT) more generally as well as in more depth. This will be summarized in in a new Patient & Family Support Policy and Procedure to be implemented from September 2016.

6. External Infection Control Audit

There is a comprehensive action plan for both sites.

7. Baseline Audit of Documentation of Admission to IPU

Audit results of the triage process are being used to inform the triage operational policy currently being drafted for May 2016. Standards of documentation from the Hospice UK tool were used to develop a NLH triage SMART (electronic reporting form) form to standardise documentation of triage processes – currently being piloted.

IPU Service Management Team (SMT) are using audit results to review the MDT approach to admissions aiming to ensure adequate holistic information is obtained at admission by the whole MDT, while minimising overlap to keep processes efficient and prevent the burden of duplication to patients. The SMT are also using the Hospice UK audit tool and standards to inform review of IPU 1st admission SMART form.

8. Hand-Washing Audit

This Audit has been completed at the Finchley and Winchmore Hill Sites. A self-monitoring tool is used. Staff members and volunteers working on the IPU and within OP&T were given a compliance sheet with hand-hygiene moments listed. Staff and volunteers were asked to completed compliance over a one-two hour period of their choice.

8.1 Finchley Site Audit

This is the sixth audit completed on the IPU. There was a 97% compliance which is the same result as 2014 -15

8.2 Winchmore Hill Site Audit

This was the second audit carried out. It is extremely disappointing that we have seen a significant decrease in compliance since the first audit. The 2015-16 compliance was 61% compared with 77% for the first audit. The developments at Winchmore Hill have seen an increase in the number of staff and volunteers within the service. It is evident from the audit results, that despite completion of induction training (which includes infection control training), e-learning and face-to-face training from the infection prevention link nurse, the theory of infection control and hand hygiene is not relating into practice. Further training has been, and will continue to be, provided for staff and volunteers. The importance of highlighting poor practice when observed is being reinforced to staff and volunteers.

The audit will be completed again in 6 months to continue to monitor compliance.

9. Audits deferred to 2016/7:

1. Documentation audit across organisation

(Originally planned for IPU only but cross-organisational issue.)

2. Spiritual Care re-audit – deferred to allow embedding of spiritual care SMART form

3. Number of calls to patient in community from referral to first visit

Research

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2015-16, that were recruited during that period to participate in research approved by a research ethics committee was zero.

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

Quality improvement and innovation goals agreed with our commissioners

NLH income in 2015-16 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. NLH 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 2015-16.

At both the Finchley and Wichmore Hill sites, the CQC carried out unannounced inspections as part of a routine schedule of planned reviews last in 2012 and 2013. 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.

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

DATA QUALITY

NLH did not submit records during 2015-16 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data as it is not applicable to independent hospices.

Information Governance (IG) refers to the way in which organisations process and handle information, ensuring this is in a secure and confidential manner (see Appendix 2). As part of the monitoring of the IG Standards within the Hospice, NLH completed the annual IG Toolkit in March 2016 with a score of 97% as satisfactory. It is expected that Health and Social Care Information Centre will notify NLH that it has approved the submission in April 2016.

Information Commissioners Advisory Visit

At the start of 2015, the Hospice requested that the Information Commissioners Office (ICO) undertake an advisory visit, the aim of which was to give advice on how to improve data protection practices. The visit was completed on the 28 August 2015.

Before the advisory visit it was agreed that the three main areas that ICO would look at were:

1. Security of personal data, reviewing how NLH keeps electronic and manual personal data secure
2. Records management, looking at how NLH process records containing personal data, including their creation, maintenance and eventual destruction
3. Requests for personal data, reviewing how individuals' requests for copies of their personal data are handled and how NLH manage one-off and routine disclosures to other organisations.

The Hospice has benefitted from the knowledge and experience of the Auditor to identify what NLH were doing well and areas in which improvements were required. The report received has been reviewed by the Executive Team and the actions are being monitored by the Information Governance Steering Group. Actions that have been taken include:

- Access code number to be changed more frequently
- Printing to be to printers in secure areas or the need to use pass keys to authorise it
- Confidential waste to be stored in secure bins before collection for destruction.

NLH was not subject to the payments by results clinical coding audit during 2015-16 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 "Working together to make a difference to palliative and end of life care in our communities" as its overall strategic aim for 2015-18. There are specific aims and objectives around sustaining and ensuring quality outcomes.

KEY SERVICE DEVELOPMENTS OF 2015-16:

Day and Date Clocks in In Patient Rooms

Clocks have been added into all patient rooms to help patients stay oriented and not lose track of the day /date.

Availability of new hearing aid device

Following user feedback and report by Enfield Healthwatch on improving access to services for the hearing impaired, an individual hearing device which patients or visitors can use to communicate is now available on both sites.

Development of community provision in Haringey

NLH have recruited to the posts and are now delivering a 7-day a week service to the borough of Haringey as part of the Haringey Partnership of providers including: North Middlesex University Hospital as lead provider, St. Josephs Hospice, Whittington Health District Nursing and Marie Curie Hospice

Hampstead.

Enhanced community provision in Barnet and Enfield

Since June 2014, NLH has been working in partnership with Macmillan Cancer Support to pilot a project, delivering specialist care at home for people with life-limiting conditions, which provides extra resources to supplement the existing NLH specialist community teams and Palliative Care Support Service (PCSS).

The key features of the project have been (i) early referral to the service; (ii) the provision of clinical interventions in the home or in an Outpatient setting; (iii) rapid response to patients and families in crisis by trained Health Care Assistants (HCAs); and (iv) practical support to patients and carers by trained community volunteers.

In 2015-16, 181 new patients were referred to the service. There were 80 phlebotomy interventions by the HCAs responding rapidly to support symptom management and prescribing, and potentially prevent unnecessary hospital admissions. 43 patients who were in crisis, or when their condition was unstable, or were at the end of their life, received a rapid response from the HCAs.

There was a total of 81 community volunteer support visits made. These visits may be of three different types:

- "sitting" – providing respite for patients and/or carers
- "befriending" – providing friendly conversation and companionship
- "good neighbour" – providing a visit to do a specific task that make all the difference.

The recent appointment of a Consultant and Advanced Nurse Practitioner has enabled the interventions arm of the project to be expanded and this will continue until 2017. Further funding of the services will be discussed with commissioners.

Extension of PCSS into Haringey

From April 2016, PCSS will be provided in Haringey as part of a 2-year pilot, funded by North London Hospice

Dementia

Dementia Friends information sessions are now included as a core element of the induction programme for new staff and volunteers. 138 staff and volunteers have received training in 2015-16. The Dementia Friend information sessions are being advertised externally in 2016-17. The education team has attended the Dementia Café run at Hornsey Housing Association to support a session.

NLHs dementia champions have started to Benchmark NLH against the Hospice UKs Hospice Enabled Dementia Care: the first steps provided checklists to support the development of an NLH dementia strategy moving forward. The Director of Clinical Services has met with Barnet CCG to understand how NLH can work in partnership to support the CCGs dementia work.

Train the Trainers and Implementing the 5 Priorities Of Care Initiative via education

As part of the national initiative for end of life care, the 5 Priorities Of Care (see page ...), we are working in conjunction with our colleagues in the acute sector. Representatives from all 3-community teams and an educator have attended the University College London Partners' Train the Trainers programme to support delivering end of life education and embedding the principles of the 5 Priorities of Care.

"Come & Connect"

"Come & Connect" is for registered patients as well as those who have been discharged from OP&T clinically, but who wish to continue their social relationship with each other and the hospice. We learnt through user feedback that this is particularly important for some patients who are perhaps more

socially isolated and who have found that other means of meeting socially have become compromised through illness. We have moved away from seeing social connection as 'a programme' to a more natural experience so that users adjust their attendance according to their wishes.

"Come & Connect" includes elements of body, mind and spirit. *Body:* patients have the opportunity to access basic Yoga or Tai Chi, both of which can be done from a sitting position. Weather and volunteer numbers permitting, trips to the nearby local park have also become a regular feature of 'Come and Connect.' *Mind:* many patients report a sense of social isolation at home. Attending the socially ('come') allows them to 'connect' with other patients, with volunteers and with staff. Patients have access to a variety of social and craft activities ('knit and natter') which stimulate the mind and provide a sense of social normalisation. In Finchley there is a group and individual Music Therapy element, which has proved very popular. *Spirit:* both Finchley and Winchmore Hill currently have access to Mindfulness based Meditation, led by a member of the Chaplaincy Team. All patients have the opportunity to talk in depth with trained volunteers or members of staff about what matters most to them.

Independent nurse prescribing strategy

NLH are developing a strategy to support its community CNSs to progress through the assessment skills training then prescribing courses to enable them to prescribe certain specified medications for patients. The first nurse is scheduled to start this training in September 2016, which will lead to her becoming an independent nurse prescriber.

Integrated care agenda

NLH are an integral part of working with the Commissioners to develop the integrated care agenda, which will promote joint working and ensure that the most vulnerable in the community are identified and receive prompt referrals into the appropriate services. This may also help to support wishes and preferences for care and helps to promote advanced care planning, supporting people with their choices.

Each commissioning group is developing a strategy for developing integrated locality teams and NLH are ensuring North London Hospice engages with this and is a key member of the newly developed integrated services.

NEW PARTNERSHIP WORKING



HARINGEY PALLIATIVE CARE

- North Middlesex University Hospital NHS Trust
- North London Hospice
- St Joseph's Hospice
- Marie Curie Hospice Hampstead
- Whittington Health

Haringey Community Palliative Care Team
George Marsh Centre
St Ann's Hospital
St Ann's Road
London N15 3TH

t: 020 8343 8841
f: 020 8343 7672
(North London Hospice)
e: triage.team@nhs.net

Haringey integrated end of life care service

The launch of the Haringey integrated end of life care service, in conjunction with Haringey Health Watch and Haringey Clinical Commissioning Group, is planned for public and professionals to introduce the service on 13/05/2016 at Tottenham Town Hall. NLH are one of 5 partners who deliver the service. NLH are delivering a Community Specialist Palliative Care Service, an out-of-hours advice line and an integrated Triage service with a Single Point of Access for Haringey end of life care referrals.

Joint community working

Clinical Nurse Specialists (CNSs) continue to work closely with general practitioners attending regular practice meetings to discuss and plan patients' care. Meetings are now in place to support joint working with our district nursing colleagues in all three boroughs.

Pilot data set projects

This year has seen NLH work in partnership with Public Health England and NHS England supporting the pilot of two data sets. NLH has been a pilot site for the Palliative Care Clinical Data Set (Public Health England (PHE)) and Palliative Care Funding Review (NHS England). Both pilots have required the organisation to establish the use of a number of outcome measures across the clinical services. The PHE data set has been concerned with informing the roll out of a data set across all palliative care providers – the pilot has considered the implementation and IT requirements for organisations, ensuring the data set was clinically and technically fit for purpose and to test the submission requirements.

The Palliative Care Funding Review pilot has seen the organisation supporting the quantitative and qualitative testing of a currency (as defined by NHS England in developing a new approach to Palliative Care Funding, March 2015). NLH have been providing a data return and considering with Enfield Commissioners how the data produced in relation to a patient Phase of Illness, functional status and the recorded patient outcomes could support commissioning of services.

Work with Royal College of Physicians(RCP) and Royal College of Nursing(RCN)

NLH's Assistant Director –Quality, Giselle Martin-Dominguez has been the RCN and sole nursing representative on the RCPs Hospital End of Life Care National Audit which produced its report in April 2016.

NICE guidelines review panel for dementia

NLH consultant Dr Jo Brady was appointed to the NICE guidelines review panel for dementia providing palliative medicine expertise in dementia care.

EDUCATION AND TRAINING

New

- The Hospice has started working in partnership with Barnet and Southgate College to develop a CACHE Level 2 Award in End of Life Care. The award is a nationally recognised qualification and can be used as Continuing Professional Development (CPD) across all levels in the Health and Social Care industry.
- The Hospice is offering monthly tours of the Finchley site to get people talking and thinking about Hospice care, to dispel common myths and encourage people to support their local Hospice. The tours have been attended by Health Care Professionals, students and members of the community alike. One person wrote:

"I want to pass on my thanks for the guided tour of NLH last Friday. It was a fascinating insight into a service I knew so little about. You have a magnificent facility, so bright and airy and it was a privilege to be shown around and introduced to the work that goes on there. I left feeling very impressed and grateful to know the Hospice is there for all who need it."

- The Hospice has also welcomed visitors from as far afield as the USA to learn about the care and services offered.
- NLH provides an induction programme for new staff and volunteers as well as annual mandatory training. The Induction training has been revised and now includes emotional resilience and Dementia Friends Information Sessions. Additional internal training is also provided for staff.

NLH continued to deliver

- A bi-annual 'Introduction to Palliative Care' course aimed at trained nurses and allied health professionals that runs over four days.
- A bi-annual 'Introduction to Palliative Care' course aimed at Health Care Assistants and Support Workers that runs over two days.
- Monthly syringe driver training, assisting nursing homes and district nurses to become familiar with the CME T34 syringe driver.
- Three times 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.
- As a Gold Standards Framework regional centre for end of life training for care homes, the Hospice has continued to support care homes to help them become accredited GSF homes.
- Bespoke training for care homes and District Nurses.
- The Hospice has continued to offer free Sage & Thyme, foundation level communication training to both internal and external staff.
- Our own 'Oyster' Training to volunteers to help develop emotional competence and resilience. This is becoming more widely recognised and we are currently seeking the accreditation of this training.

NLH continues to offer a variety of training placements including:

- Student nurses with the University of Hertfordshire
- Speciality Registrars from the Local Education and Training Board (LETB)
- Senior House Officers from Barnet General Practitioner Vocational Training Scheme
- Social work student placements with London South Bank University
- Half- and one-day hospice placements for final year medical students
- Chaplaincy placements

- Work experience for 16- and 17-year-olds wishing to apply for nursing, medical or allied health professional training.
- Erasmus students (European students).

SERVICE ACTIVITY DATA

NLH sets itself annual targets on activity, some of which are included in the following tables in brackets e.g. first table IPU admissions (NLH target 330). The targets relate to 2015-16 activity only.

IPU

The figures for the IPU have been provided in line with the Minimum Data Set information collected by the National Council for Palliative Care. This data relate to completed admissions by end of March 2016.

ALL ADMISSIONS	2012 TO 2013	2013 TO 2014	2014 TO 2015	APRIL 2015 TO MARCH 16			
				BARNET	ENFIELD	HARINGEY	TOTAL
Admissions to the IPU:							
Patient admissions (NLH target 330)	313	314	295	161	132	49	342
% Patients with cancer	89%	86%	93%	88%	89%	84%	88%
% Patients with non-cancer	11%	14%	7%	12%	11%	16%	12%
Completed in-patient stays:							
Total of completed stays	357	345	288	167	133	50	350
Total number discharged home (including care home)	89	82	55	52	36	12	100
Discharged to acute	4	7	3	2	3	0	5
% patients returning home	25%	24%	19.1%	32%	27%	24%	29%

Total number of patients who died	264	256	234	113	94	38	245
% patients who died	74%	73%	80.9%	67%	70%	76%	70%
Average length of stay (NLH target 14)	12.6	13.3	14.(13.6*)	16.2	10.5	14.2	13.8
Day Cases	9	8	2	9	12	7	28

*Average length of stay includes one patient who was in the Hospice for 120 days who died in April 2014 and another patient who stayed for 130 days and died in January 2015. If these patients are excluded from the figures the average length of stay is 13.6

Analysis & Comment:

It can be seen that there has been an increase in the number of patients that have been admitted to the IPU this past year compared with the previous years 2012-13, 2013-14, 2014-15. Compared with last year a similar percentage were Enfield patients ;an increase in Haringey patients and a slight decrease in Barnet patients . The actual number of Barnet admissions remained fairly constant at 161 this year compared with 166 last year. This past year has seen a return to 2012-13, 2013-14 year's levels for percentage of patient admissions with a non-cancer diagnosis.

A higher percentage of patients have been discharged home this year compared with previous years. This has had the effect on a lower number of patients dying on the unit compared with 2014-15. It should be noted, however, that the % of patients who died on IPU in 2015-16 was similar to 2012-13 and 2013-14.

There has been a significant increase in day-case admissions. The majority of these (20) were for blood transfusions.

Bed usage

ALL ADMISSIONS	2012 TO 2013	2013 TO 2014	2014 TO 2015	APRIL 2015 TO MARCH 2016			
				BARNET	ENFIELD	HARINGEY	TOTAL
Bed occupancy (NLH target 75%)	73%	73%	81%	38%	21.3%	10.7%	70%
Closed bed days: Refurbishment			596				
Closed bed days	85	116	75				30

9% of beds were closed for refurbishment during the Year 2014/15

Analysis & Comment:

It is noted that bed occupancy is lower this past year compared with 2014-15 but similar to 2012-13 and 2013-14.

Decrease in bed occupancy may be attributed to a variety of factors. There were more available bed days this year, whereas last year there was a high number of unavailable beds owing to the IPU refurbishment. This may explain why occupancy of available beds was higher. Bed occupancy can be affected by the ebb and flow of referrals, problems with NHS transport, and staffing shortages of nurses and doctors. There are times when we receive referrals, but there is no bed availability and times when there are available beds and no referrals.

It is pleasing to see closed bed days continues to reduce year on year. This could be attributable to the purchase of 18 new beds made possible by the Fund a Bed Campaign, extending the availability of housekeeping, the replacement of carpeted bedrooms to hard flooring making cleaning of rooms quicker as part of last year’s IPU refurbishment and the resolution of long-standing plumbing issues.

OP&T services

Until March 2015 the Hospice operated a single OP&T Service. These were split in to two separate services from 1 April 2015. The overall activity figures for 2013-15 are provided for information purposes only

OP&T 2013-15

	2013 TO 2014	2014 TO 2015
	ALL PATIENTS	ALL PATIENTS
Total number of patients	184	243
Patient attendances (NLH target 1665*)	927	1316
Patient did not attend		890
% patients with cancer	88%	82.9%
% patients with non-cancer	12%	17.1%
Nursing and Therapies session (NLH Target 3300)	621	819
Complementary Therapy session-patient	1638	1096

Description of data fields:

Nursing and Therapies activities are any other care provided by Hospice staff and volunteers including Physiotherapy, Spiritual Care, and Nursing; Psychological Therapy (includes Psychology, Art Therapy and Music Therapy).

Outpatients service 2015-16

	April 2015 to March 2016			
	Barnet	Enfield	Haringey	Total
Total number of patients	113	115	20	248
Number of attendances	330	388	83	801
Patients did not attend	39	54	8	101
% of patients with cancer	68%	85%	71%	77%
% of patients with non-cancer	32%	15%	29%	23%

Therapies service

	April 2015 to March 2016			
	Barnet	Enfield	Haringey	Total
Total number of patients	116	107	24	247
Patient attendances Winchmore Hill	137	588	94	819
Patient attendances Finchley	265	44	8	317
Patients did not attend Winchmore Hill	27	73	2	102
Patients did not attend Finchley	46	5	2	53
% of patients with cancer	70%	84%	70%	77%
% of patients with non-cancer	30%	16%	30%	23%
Complementary Therapy Sessions	257	401	50	708
Other Therapy sessions	142	227	26	395
Social Program attendances	138	188	38	364

Analysis & Comment:

Only a decrease in patient non-attendance can be noted.

Community teams

	2012 TO 2013	2013 TO 2014	2014 TO 2015	APRIL 2015 TO MARCH 16			
				BARNET	ENFIELD	HARINGEY	TOTAL
Total number of patients	1265	1251	1299	830	687	456	1973
% Patients with cancer	76%	80%	83.5%	76%	78%	77%	77%
% Patients with non-cancer	24%	20%	16.5%	24%	22%	23%	23%

Completed periods of care	930	851	1056	647	547	338	1532
Patients discharged from the service	158 17%	179 21%	215 21.5%	158 24%	129 24%	118 35%	405 26%
Number of patients who died within the service	772 83%	672 79%	841 79%	489 76%	418 76%	220 65%	1127 74%
Died (%) at home (including care home)	55%	58%	59%	63%	60%	52%	60%
Died (%) hospice	22%	21%	18%	19%	17%	26%	19%
Died (%) hospital	20%	20%	19%	17%	22%	21%	20%
Died (%) other	3%	1%	4%	1%	1%	1%	1%

Average number of visits and telephone calls made by the Community Team to each patient during office hours

Visits	5	5.1	5.2	4.9	5.3	5.2	5.1
Phone calls to patient/family	12	12	14.9	10.1	10.4	8.2	9.5
Phone calls to other professionals	12	8	9	5.7	5.7	7.0	6.3

Average number of telephone calls made out of hours and at weekends to each patient

Phone calls to patient/family	3	2	0.8	1.8	2.7	1.0	1.9
Phone calls to other professionals	1	1	0.5	0.9	1.3	0.8	1.0

Note: During the half-year Haringey did not provide a 7-day service.

Analysis & Comment:

The number of patients seen by the community teams has increased significantly. This is in partly attributable to the extension and development of NLH's community service provision in Haringey. The percentage of patients discharged this year has increased. Year on year the number of patients the service supported to die in their homes has increased and is now at 60%.

PCSS

	2012 TO 2013	2013 TO 2014	2014 TO 2015	APRIL 2015 TO MARCH 2016		
				BARNET	ENFIELD	TOTAL
Total number of patients (NLH target 400)	241	278 (277)	279	148	173	321
% Patients with cancer	83%	81%	82%	73%	72%	72%
% Patients with non-cancer	17%	1 (19%)	18%	27%	28%	28%
Total hours direct care (NLH target 14589)	9497	16244 (14278)	14985	5179	7883	13062
Home death rate			97.5%	98%	94%	96%
Average hours direct care per patient	39.25	58.4 (51.55)	53.7	35	45.6	40.7

Please note in 2013-14 the difference in figures provided in parentheses and out of parentheses demonstrates the influence of one complex patient cared for on the JPU that also required PCSS nursing care hours. Total year figures are provided out of parentheses.

	PCSS CARE PROVIDED FOR EACH BOROUGH APRIL 2014 TO MARCH 2015			PCSS CARE PROVIDED FOR EACH BOROUGH APRIL 2015 TO MARCH 2016		
	BARNET	ENFIELD	TOTAL	BARNET	ENFIELD	TOTAL
Total hours of care	6286	8699	14985	5179	7883	13062

Health Care Assistants	5813	7578	13391	4083	6643	10726
Registered Nurses	473	1121	1594	1096	1240	2336

Analysis & Comment:

PCSS data show an increase in number of total patients and an increase in non-cancer patients seen. There is a similar high home death rate at 96%. Average hours of direct care per patient total numbers has reduced as well as the total hours of care. This was noted by the Service Lead and meetings with the District Nursing services were held and a promotion exercise is underway.

Supportive care team

	2014 TO 2015	APRIL 2015 TO MARCH 2016			
1. Spiritual care team (IPU)		BARNET	ENFIELD	HARINGEY	TOTAL
Number of clients in the IPU	295	162	130	52	344
Number of clients seen by the Spiritual Care Coordinator	222	52	46	17	115
Number of contacts by Spiritual Care Coordinator	590	156	103	45	304
Average number of contacts by Spiritual Care Co-ordinator	2.65	3.0	2.2	2.6	2.6
Number of clients seen by the Spiritual Care Chaplains	208	111	86	33	230
Number of contacts by volunteer IPU Chaplains	1380	680	412	177	1269
Average number of contacts by volunteer IPU Chaplains	6.6	6.1	4.8	5.4	5.5

	2014 TO 2015	APRIL 2015 TO MARCH 2016			
2. Social workers team (IPU and Community)		BARNET	ENFIELD	HARINGEY	TOTAL
Number of clients seen by social workers	557	315	193	165	673

Number of face-to-face visits by social workers	1102	770	353	393	1516
Number of telephone contacts by social workers	2869	168/3	675	596	2954
Average number of contacts by social workers	7.1	7.7	5.3	6.0	6.6

	2014 TO 2015	APRIL 2015 TO MARCH 2016			
3. Loss and transition service (including crimson volunteers)		BARNET	ENFIELD	HARINGEY	TOTAL
Number of clients seen by staff	399	99	79	116	294
Number of visits made by staff	942	186	133	247	536
Average number of visits by staff per client	2.4	1.9	1.7	1.9	1.8
Number of clients seen by volunteers	121	144	103	39	286
Number of volunteer sessions	1153	588	383	124	1095
Average number of sessions by volunteers per client	9.5	4.1	3.7	3.2	3.8

Client=patient or significant others

Analysis & Comment:

The data show the significant contribution that the Supportive Care Team make to the multidisciplinary care provided by NLH to its users. This ranges from specialist professional support provided by the Spiritual Care Coordinator, Specialist Social Work staff as well as Loss and Transition Staff who offer bereavement support for more complex situations. The team has the expertise to provide more complex psychosocial interventions to patients and families; this includes young people and children in the patient's family. The Social Work Team saw more patients this year than previous. This could be attributable to the expansion of the team with Haringey community provision. The Spiritual Care Team provides a safe space for patients and family members to explore many of the deep and difficult questions associated with dying. They make no assumptions about a person and there is no expectation that a person is or ought to be religious. The key question is: how does this person make sense of their illness? What do they need in terms of support? The team never provides 'ready-made' answers, but accompanies each person on their journey to find their own answers. Respect, compassion and genuineness are key to this person-centred expression of Hospice care. More clients were seen by the Spiritual Care Team than last year, but received less average contacts by the volunteer IPU chaplains. The Loss and Transition service (see Appendix 1 for service role description) saw significantly less clients with a lower average number of visits by staff and trained volunteers. This service is currently being reviewed and will return to be part of the Social Work team.

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 Annual User Surveys. This year on the IPU and Outpatients Service patients have been offered the opportunity to complete the survey with trained user volunteers (see Priority for Improvement Project 2015-16 [on page...](#)). Comments cards remain in use. This year any feedback that raises a concern is now processed formally where possible by the service to see if improvements are required. In the autumn of 2014, NLH started to log compliments making data available to meet CQC pre-inspection requests. Since 2012 NLH has been gathering patient stories to add richer narrative data to our user feedback ([see pages ...](#)). These have enabled us to gain more up to date feedback and as they are not anonymised enables us to take immediate positive action where needed. Below the number and examples of concerns and compliments received from April 2015-March 2016 are recorded.

Concerns

Total: 40 received.

Example 1: Bunch of keys used to open drug cupboard on Inpatient Unit makes a lot of noise at night and disturbs those in nearby room.

Response: Lock to drug cupboard changed

Example 2: Patient felt she was dealt with abruptly when calling the Hospice

Response: Staff informed and undertook Sage & Thyme communication training

Compliments

Total: 195 recorded on Compliments Log

Community Team Barnet: Total for service=37

"Thank you for all you've done to help my father, He liked you very much and thought of you as a caring and kind person. Thank you for caring."

Community Team Enfield: Total for service=30

"Thank you so much for your support and reassurance. With your support I was able to keep my Aunty at home where she wanted to be and for that I am grateful. Thank you once again."

Community Team Haringey: Total for service=10

"I just wanted to thank you and all the other staff involved in XXX's care. She was given so much time in her final months of her life to reflect on what we were all facing and I know she faced her death without any fear."

Inpatient Unit: Total for service=94

"You put so much thoughtfulness into everything you all do. Thank you so much"

PCSS: Total for service=2

"Just a few brief words to thank you for your support to XX for end of life care. XXX, XXX and other younger lady were of inestimable value to me in last few days. I am most grateful."

Outpatients: Total for service= 5

"I would like to thank everyone at North London Hospice for their help. I found it easy to discuss my illness with members and staff. There is always a good relaxing presence with everyone around. I myself have felt less stressful and I enjoy my talks with the staff. Cancer is a terrible illness to live with, but with places like the Hospice it helps greatly to know you're not alone."

Therapies: Total for service= 9

"I have had six sessions of acupuncture for hot flushes, which are a side-effect of medication. The treatment has been life changing because the hot flushes have now stopped. Thank You"

Supportive Care: Total for service= 6

"Thank you and everyone involved with yesterday's Ceremony of Remembrance. It was an enormous amount of work and was so tastefully done. My mother would have also been very complimentary to you and I only hope she is somehow looking down at everything."

Volunteers: Total for service= 2

"To all the volunteers at the Hospice. Thank you for everything. "

Case Studies

Total: 5

Barnet Community Team: 2

"Happy with service from NLH although would have liked more visits".

Community Nurse helped all along the way and didn't speak in 'medical talk'. When patient came into IPU, he was in the best place and died peacefully and quietly. Relative looked after well too – made sure she was warm at night.

Haringey Community Team: 1

NLH involvement minimal as patient deteriorated and was taken to hospital, which was easier for family to get to. Thought some bereavement counselling would be useful which was passed on to Haringey bereavement services.

Therapies: 1 (Winchmore Hill)

Patient comes along to sit and be quiet – feels safe as staff would know what to do if he needed help. Finds it peaceful, people decent and enjoys the conversation. Good food, nice chef.

IPU: 1

Thank you for treating him like a man with 80 years of wisdom and worldliness and not like someone who had ceased to be able to look after himself.

User Surveys 2015

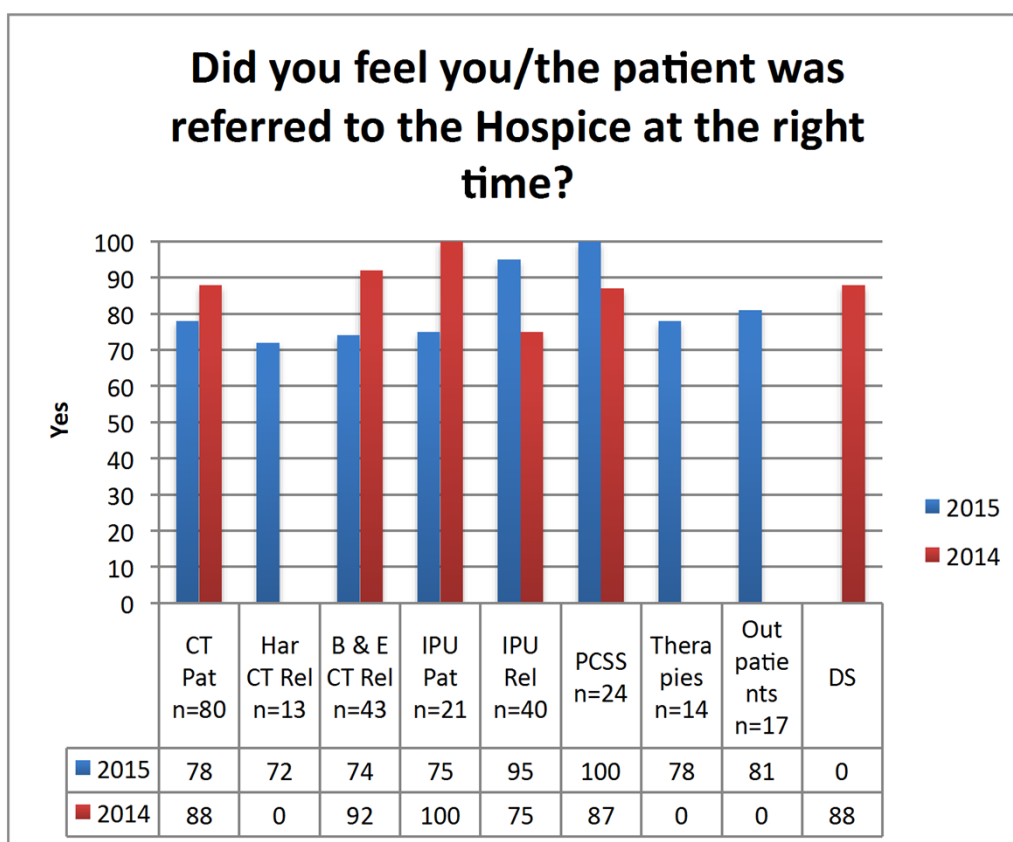
As in previous years surveys were sent out to all services in a 6 month period from May-Oct 2015.

For the first time this year the results were reported using new 'real time' software which meant that for the first time, any questions that had been 'skipped' were included in the reporting under 'Not applicable / Not answered'.

This means that for 2015, n=all responses including Not applicable / Not answered, which may be a contributing factor as to why the 2015 results are on the whole lower than in previous years.

Key Performance Indicators

Key Performance Indicator 1



If not referred at the right time, more people felt they had been referred 'Not soon enough' than answered 'Not sure'.

	Not soon enough	Not sure
CT Pats	n=12	n=5
Har CT Rels	n=3	n=1
B&E CT Rels	n=10	n=3
IPU Pats	n=5	n=2
IPU Rels	n=1	n=1
Therapies	n=3	n=1
Outpatients	n=1	n=2

Across the services, 2% did not respond to the question.

Not answered

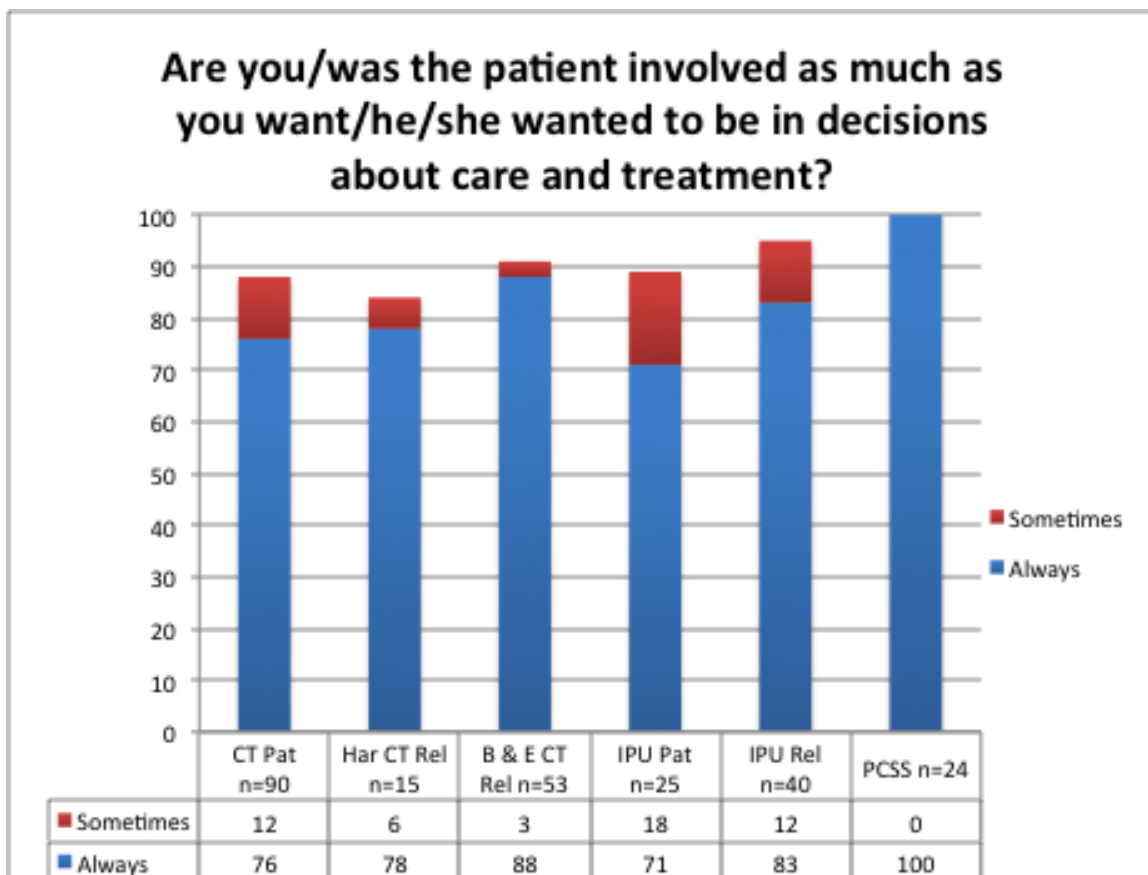
CT Pat	Har CT Rel	B&E CT Rel	IPU Pat	IPU Rel	PCSS	Therapies	O/P
5%	6%	3%	0	0	0	0	5%
n=5	n=1	n=2	0	0	0	0	n=1

Comment:

After consideration, it is felt that this is not a question that NLH are able to sufficiently influence or improve upon, nor is it integral to the user’s experience of our service.

We will therefore be replacing this Key Performance Indicator from 2016/17 with the following question: Do you feel staff treat you with compassion; understanding; courtesy; respect; dignity? This will give us clear information of how users across the services experience our care and gives us the opportunity to see where improvements could be made.

Key Performance Indicator 2



This question did not feature on the 2015 OP&T survey.

In 2014 the results were all slightly higher, with the exception of the PCSS who have remained at 100%.

Across the services, 6% did not respond to the question.

Not answered

CT Pat	Har CT Rel	B&E CT Rel	IPU Pat	IPU Rel	PCSS
9%	17%	7%	7%	5%	0
n=9	n=3	n=4	n=2	n=20	0

Key Performance Indicator 3 - Family and Friends test

This year we brought our responses to the Family and Friends test in line with those used across the NHS in their Family and Friends test.

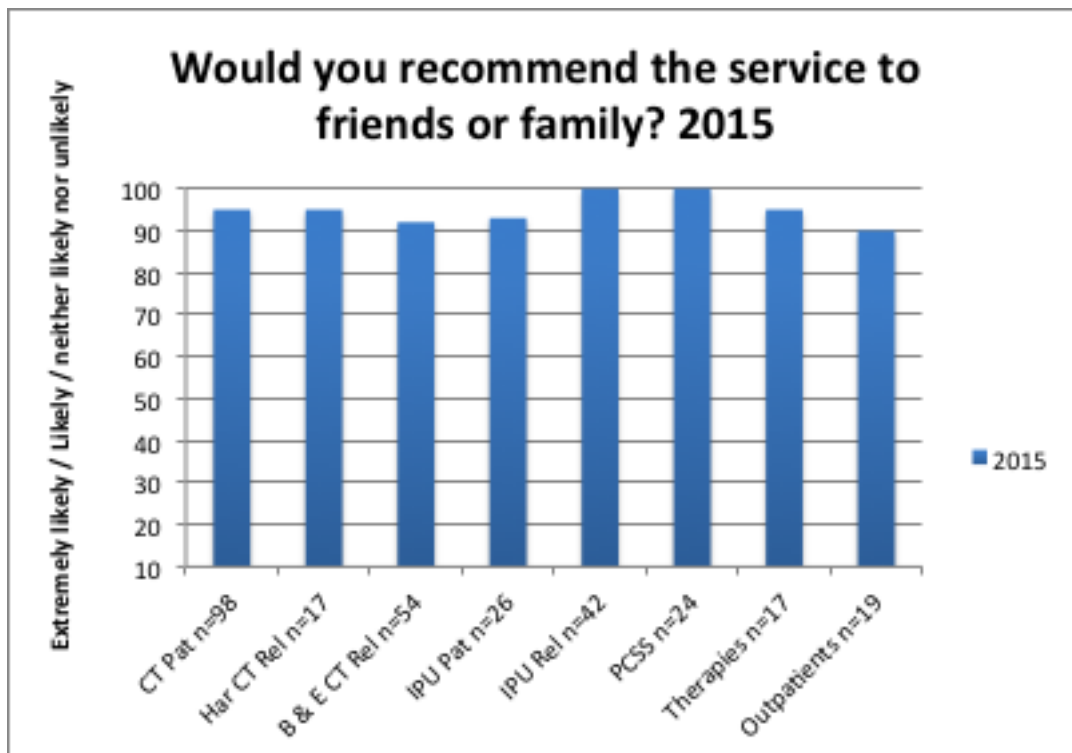
Q. Would you recommend the service to friends or family?

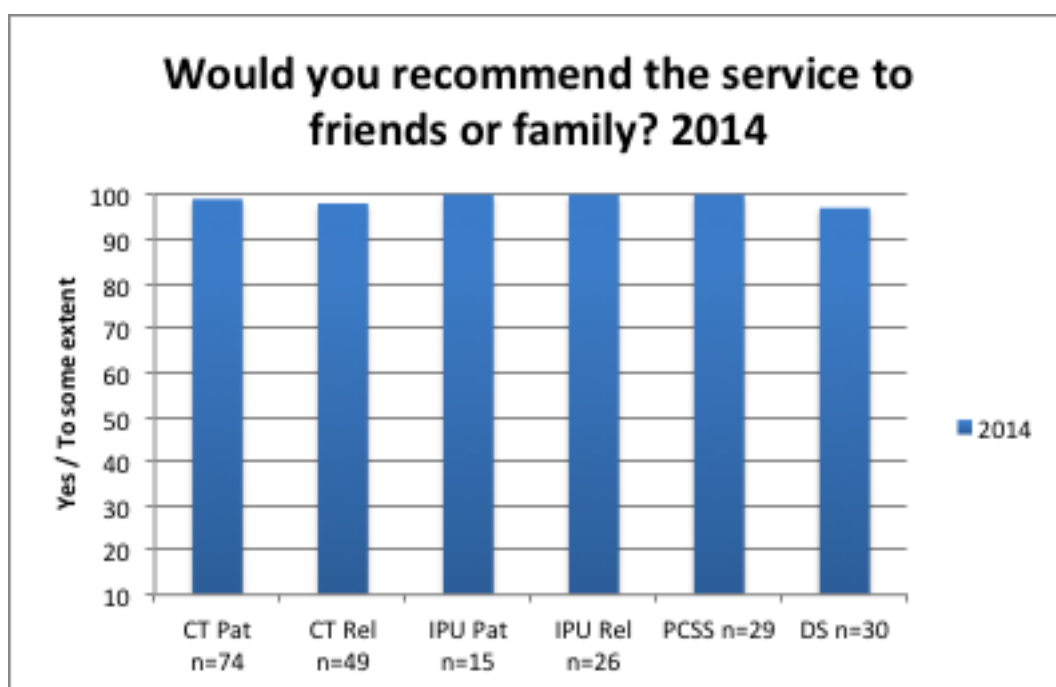
LH response wording 2015 (as NHS):

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

NLH response wording 2014:

- Yes
- No
- To some extent
- Not sure





In 2014, the average of the responses 'Yes' and 'To some extent' across the services was 99%.

In 2015 the average of the responses, 'Extremely likely', 'Likely' and 'Neither likely nor unlikely' across the services is 95%.

The average of those who answered 'Don't know/Not applicable' is 4% (Reported for the first time in the new system.)

Both the IPU Patient and Haringey relatives had one person who said they would be unlikely to recommend the service.

Haringey CT Relatives, PCSS and IPU Relatives had no instances of 'Don't know/not applicable'.

Comment: It is noted that NLH performs well in this indicator.

Following consideration by services of their service's user survey results, below are listed some areas services have identified for improvement in 2016-17:

- Review of verbal and written patient information about community service to emphasise contact numbers for users (Community Team)
- Review of catering provision (IPU)
- Seek clarification from users that they understand answers given to their questions (Therapies)
- Therapy volunteers to undertake refreshers course in listening skills (Therapies)
- Review of how information is given by staff to users

COMPLAINTS

Quality Performance Indicator	2012-13	2013-14	2014-2015	2015-2016
Total number of Clinical and Retail Complaints -NLH annual targets less than (n)	19	34	18 (30)	21 (20)

Quality Performance Indicator	2013-14	2014-15	2015-16
Investigations completed, complaint upheld/partially upheld	18	12	9
Investigations completed, complaint not upheld	7	0	6

Analysis:

21 complaints have been received this year. 12 complaints relate to clinical services, of these 5 relate to quality of care, 5 relate to communication and 2 to staff behaviour. There were 5 shops complaints.

15 complaints investigations are completed. Of the remaining 6:

one multi-agency complaint & not about care from NLH (other providers investigating)

one about care given by NHS only (other providers investigating)

one complainant failed to respond to NLH requests to progress complaint

one complaint not progressed as matter had previously been addressed (shops)

two complaints investigations are ongoing

(One multi-agency complaint from 2014-15 has now been referred to The Parliamentary and Health Service Ombudsman.)

The following are some examples of actions taken following completed investigations (15) this year:

- Customer Service training is being given to all shop staff.
- Interpreter to be used at all Community visits for patient to avoid mis-interpretation or misunderstandings and provide an equitable service compared with other patients and families. NLH will endeavor wherever possible to use an interpreter when required, but sometimes this is not possible if a visit has to be urgently arranged.

PATIENT SAFETY

Incidents

	2012-13	2013 -14	2014-15	2015-16
Total number of incidents	279	250	216	250
Total Number of clinical incidents	168	173	152	205
Clinical incidents as a percentage of total number of incidents	60%	69%	70%	82%

Analysis & Comment: total number of incidents appears consistent with previous years, but with an increase in clinical incidents as percentage of total.

COMPARISON OF CATEGORY OF CLINICAL INCIDENTS

	2013-14	2014-15	2015-16
Major	6	5	3
Moderate	60	53	59
Minor	62	68	153
No effect	45	26	35

Of the three major clinical incidents in 2015-16, one related to unaccounted CD ampoule which had significant internal and external investigation; a second related to a missing wedding ring, the recording of patients property on admission is under review in addition to the information given to patients and their families and the third related to a patient admitted to the IPU with a Grade 4 Pressure Sore.

Falls:

	2012-13		2013-14		2014-15		2015-16	
Number of patient-related slips/trips/ falls(% of all incidents) (NLH target less than 65)	60	22%	61	24.4%	49	22.7%	36	14.4
Falls per 1000 occupied bed days	13.45		13.7		9.75		7.83	
Hospice UK Benchmarking Falls per 1000 occupied bed days								

Comment [GM1]: To be added once data available in May

Analysis & Comment: number of reported falls is lower. The level of harm caused to patients who have fallen remains low (30%) or none (70%). It is pleasing to see the falls per 1000 occupied bed days improving.

Pressure sore monitoring and reporting

Summary of pressure sores reported 2015 to 2016

	2013-14		2014-15		2015-16	
	UNAVOIDABLE	AVOIDABLE	UNAVOIDABLE	AVOIDABLE	UNAVOIDABLE	AVOIDABLE
Developed Grade 3 more than 72 hours of admission	9	0	6	0	0	15
Pressure sores developed Grade 3 more than 72 hours of admission per 1000 Occupied Bed Days*	2.02	0	1.3	0	0	3.26

*Occupied bed Days April to March = 4727 April to March 16 = 4593 bed days, 25 Grade 2 acquired after 72 hours

Hospice UK Benchmarking **Project** looks at grade 2 and above pressure sores that developed after 72 hours of admission and has shown this year that NLH at is...

Comment [GM2]: Full year Hospice UK data to be added in May

Explanation:

NLH's services and governance systems scrutinise Grade 2 and above pressure sores that develop 72 hours after admission to NLH IPU. It is agreed nationally that the most likely cause of such pressure sores relates to care provided within the healthcare setting the patient is in i.e. NLH. The identification of such sores is reported through NLH's incident process so that Governance Systems review care being provided and take any necessary additional actions. Grade 3 and above pressure sores are reported externally also to local Clinical

Commissioning Groups, tissue viability nurses and Local Authority Safeguarding teams. NLH carries out in-depth case review called "Root Cause Analysis" or abbreviated commonly to "RCA" for all Grade 3 and above pressure sores that develop after 72 hours of hospice admission. These are undertaken in house and scrutinised by NLH's governance systems described in Part 3-Quality Systems and Appendix 3. A judgement is made by the investigator leading the RCA as to whether the pressure sore development is considered "avoidable" or not and reviewed by governance groups. Please see Appendix 4 for definition of "avoidable" and "unavoidable" pressure sores.

Analysis & Comment:

An increase in the number of Grade 3 or 4 pressure ulcers developed more than 72 hours after admission on IPU has been noted. 14 of the 15 patients who developed Grade 3 or 4 pressure sores were admitted with pressure sores which progressed under NLH care. While it is internationally recognised (Skin Changes at Life's End –SCALE- Final Consensus Statement of the European Pressure Ulcer Advisory Panel ,2009) that the Hospice client group is prone to increased incidence and vulnerability to pressure ulcers , NLH continue to scrutinise care to ensure its quality of care. RCAs have been completed for 12 of the 15 Grade 3 or 4 pressure sores developed more than 72 hours, with the remaining RCAs currently being completed.

In previous years pressure ulcers have been deemed as "unavoidable". NLH's improved scrutiny through this year RCAs, have demonstrated a paucity of documentation of care delivered, therefore the ulcers that developed could not be deemed as "unavoidable".

The completion of the RCAs and review of the themes has resulted in significant focus on the management of pressure ulcers, informing changes in practice. This has been supported by the publication of NICE Guidance for Pressure Ulcer Prevention 2015 to develop a systematic approach to demonstrate effective care delivery. The use of the SSKIN (any defn needed?) bundle has been introduced to the IPU to improve documentation and to evidence the nursing care delivered. Improvements in documentation are being noted.

This year will see the reporting of Grade 1 pressure ulcers through NLH incident reporting processes in line with the Hospice UK Benchmarking requirements.

Questions remain for the organisation in regard to the increase in Grade 3/4 hospice acquired pressure ulcers, i.e. whether this is related to the education and training that has been undertaken this year, which means pressure ulcers are being graded more accurately and consistently than in previous years, or whether changes are required to our care. April 2016 will see the publication of the Hospice UK 'Management of pressure ulcers in the in-patient unit' audit tool. The tool was created by the National Quality Advisory group and has been endorsed by NHS England. The audit will be completed in 2016-17 to support the ongoing review of pressure ulcer management on the IPU

Infection control

QUALITY AND PERFORMANCE INDICATOR(S)	2012-13	2013 -14	2014-15	2015/16
The number of patients known to be infected with MRSA on admission to the IPU	4	3	7	1
The number of patients known to be infected with <i>Clostridium Difficile</i> , <i>Pseudomonas</i> , <i>Salmonella</i> , <i>ESBL</i> or <i>Klebsiella pneumonia</i> on admission to the IPU	0	2 with known <i>Clostridium Difficile</i>	1 patient known to have Vancomycin-resistant <i>Enterococci</i>	1 Patient known to have vancomycin-resistant <i>Staphylococci</i> 1 patient known to have <i>Clostridium difficile</i>

Patients who contracted these infections while on the IPU (NLH target 0)	0	0	0	0
--	---	---	---	---

Comment: It is pleasing to report that patients did not contract any of the above infections while under NLH IPU care and it could be concluded that NLH Infection and Prevention Control Plan and processes are effective.

PRIORITIES FOR IMPROVEMENT 2015-16

The following priorities for improvement for 2015-2016 were identified by the clinical teams and were endorsed by our internal governance structures.

1. Priority one: patient experience:

Listening and responding to current individual user feedback

NLH wanted to pilot real time user feedback to identify what aspects of the current service experience could be improved so prompt actions could be made to improve the individual's care experience. The feasibility of using this method of user surveying was reviewed by Hospice UK with Marie Curie Cancer Care and NHS Improving Quality in 2014. Unexpected learning from this study highlighted:

- the value made through the volunteer-patient interaction;
- increasing patient reporting of concerns and wishes;
- the enjoyment of the social interaction.

Baseline in April 2015:

NLH carried out user postal surveys each year over a 6-month period. Feedback was entered manually into a spreadsheet, analysed after collation of all the survey results, and action taken to develop and improve services where required. In 2014, NLH only received 16 completed surveys from IPU patients with the support of one volunteer as this patient group is often quite frail and unwell.

Outcome proposed in April 2016:

Users will be enabled to provide feedback on treatment, care and preferences relating to their current needs. Staff will receive prompt patient feedback so changes can be made to care delivered. Patients will be empowered by volunteers to raise concerns or requests. NLH would hope to increase the number of volunteers to 6 involved in supporting patients to complete the user survey. It is envisaged this would support the completion of at least 32 IPU patient surveys and hence provide a minimum of 32 patients with increased social/personal interaction time with volunteers.

Timescale:

A pilot of IPU and OP&Ts patients will inform initially potential prospective surveying to these patient groups and then progress to telephone surveying of community patients.

Project delivery:

Two tablets and new patient Experience Real Time reporting software were purchased with a grant from Towergate. More time than expected was involved in transferring NLH surveys into the software package, which did cause some delays to the project. 4 patient feedback volunteers were recruited and trained for the first phase of introduction of the project on IPU. Since the start in September of the use of the tablets with IPU patients, a total of 32 surveys have been completed on the tablet by volunteers with IPU patients. This is double the amount of paper surveys that were returned in the 2014 survey period for this group of patients. This mode of surveying will continue throughout 2016-17. 14 surveys have been completed with Therapy Service patients.

We have had 9 instances of realtime feedback:

Request	Action
Patient wanted morning shower earlier	Entry made in patient's notes
Patient wanted a daily newspaper	Newspapers now available for purchase
Hot water in patient's room never hot	Reported to facilities and engineers are actioning
Bacon always burnt and portion too small	Reported to co-ordinator
Diabetic food required	Now a small range of diabetic products are available
Patient requested dressing change 3 times – not actioned	Discussed with patient and apologized. To be discussed at ward meeting 9/5/16
Member of night staff 'brisk' when helping patient to bathroom	To be discussed at ward meeting 9/5/16
Patient given prunes with stones in	Kitchen will only order food without stones in future
Request for protective bib when eating	Responded to patient need. To be highlighted to staff at ward meeting 9/5/16

The remaining 2015 paper surveys were inputted into the software by supported volunteers and have facilitated the easier production of this year's User Survey Report that was presented to the Hospice's Board in April 2016.

Challenges to date:

- Usability of software package
- Sometimes it is not possible for the volunteer to find a patient to survey owing to the presence of visitors, patient sleeping, patient requests survey at another time, etc.
- Recruitment of patient feedback volunteers
- Winchmore Hill – patients often come for a therapy and then go home, sometimes difficult to 'catch them'

Conclusion/ongoing plan:

The project has realised the provision to NLH services of user feedback that can quickly improve current patient experience. The delivery of the project in IPU and OP&T is continuing and will be reviewed regularly. The vision is to deliver the user survey to PCSS and Community Service users via the same software using patient feedback volunteers telephoning users and supporting the survey completion online.

2. Priority two: to introduce a bespoke risk management database

To introduce a bespoke risk management database

Baseline

NLH is committed to improving the safety of all users of its services, including patients, carers and relatives, as well as all members of staff and volunteers. NLH had previously logged and managed incidents using a number of in-house developed Excel spreadsheets, which had limitations in their use and effectiveness. The introduction of a new bespoke risk management database, Sentinel, will enable the Hospice to build on the progress we have made with patient safety. The database will enable ongoing improvements of reporting, monitoring of outcomes and learnings.

The database provides:

1. A robust, accessible reporting and management system for incidents and complaints.

2. A central register of compliments.
3. A centralised service specific and organisational risk register.
4. Triggers to manage Duty of Candour incidents.

Initial plan

To complete the construction of the bespoke database by the end of May 2015, with all data on incidents, complaints, critical feedback and compliments from the 1st April to be uploaded centrally on to the system. To have members of the Quality Team trained on the system by the end of the first quarter and roll out training across all services to 60 key staff.

Project delivery

All incidents, complaints, compliments and critical feedback are now logged and managed on Sentinel. Training was completed with the key staff across the organisation who are now supporting their teams in recording on the Sentinel.

The Quality and Governance Team and Service Managers are becoming familiar with the system and developments are ongoing in relation to reporting, presentation and use of reports within internal governance meetings.

Conclusions/ongoing plan

We have seen an increase in reporting of incidents in 2015-16, which could be attributed to how the profile of incident reporting and management has been raised within the organisation through the training, and the ease of access to the system for logging and reporting of incidents. We need to ensure that we fulfil the ongoing training needs of staff, identifying and addressing areas of improvement in the content and quality of incident reports.

We have established the reporting requirements for the key governance meetings. In 2016-17 further work will be undertaken with teams and departments to understand and meet their reporting requirements to ensure the database is supporting them in delivering feedback to teams and supporting outcomes and learning.

Staff views and experience of incident reporting will be sought in the summer of 2016 to continue to inform development of the database and processes.

3. Priority three: clinical effectiveness:

There was a change in the Clinical Effectiveness Priority for Improvement project delivered this year. The scoping exercise on supporting those living and beyond chronic illness was unable to progress following the project Lead leaving the organisation. It has not been possible to identify another member of staff to progress the work. The organisation, however, remains committed to supporting this patient group through the OP&T service, and revised the project to investigate the needs of people living with Long Term Conditions (LTC) in the catchment areas of Barnet, Enfield and Haringey to support future investment and service development.

Investigating the need of people living with LTC

Baseline

The Hospice wanted to ensure the best use of its resources and wanted to look at how to broaden its reach to more patients, and to make maximum use of its facilities and staff.

Initial plan

The following questions were addressed through the scoping exercise and resultant report:

1. Is there an unmet need for patients living with LTC's in our catchment area?
2. Can NLH do more to meet this need?

Project delivery

An external management consultant was appointed and a project plan developed. They successfully engaged and met with internal and external stakeholders to scope the needs. The process of external engagement in itself is acting as an opportunity for promoting and marketing the current service provision.

It proved challenging to gain clear data on the numbers of those living with a LTC within the three boroughs. The scoping did identify that there are needs of those living with LTCs that can be met through the provision of Hospice Service, in particular through the development of the OP&T service provision.

Conclusions/ongoing plan

The scoping identified a model of care for the LTC group of patients, including the need for outpatient clinics, therapies provision, social support, carer services and, in addition, continuing to develop wellbeing/social support for patients and carers in the community.

The report recommended that the organisation continues to explore the development of models of care through a process of Experienced Based Co-Design engaging with patients, carers, staff and volunteers.

The scoping highlighted the need for the organisation to consider how current and future service developments are marketed to both users and referrers. The report identified that GPs and referring clinicians were unaware of the extent of the Hospices services and the support available for those with a LTC.

A proposal was submitted to the Board of Trustees in February 2016 for investment in staffing for the OP&T service to further develop services. The Board of Trustees approved the appointment of an Associate Director for Outpatient and Therapies, part time Physiotherapy, Occupational Therapy and Social Work provision.

NLH STAFFING

NLH employs a total of 172 regular staff and 45 bank staff. It benefits from the efforts of approximately 750 volunteers who are used as required in clinical and non-clinical roles. The Hospice has many staff working part time or flexible hours.

	2012-13	2013-14	2014-15	2015-16
Staff joined	38	52	54	50
Staff left	16	30	50	52

Comment:

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

The staff Information & Consultation Forum has been firmly established as an effective representative body, meeting regularly and communicating with the Executive Team on a wide range of employment and other topics. It has enabled senior management to present, explain, obtain feedback on, and develop significant ideas and plans. It has acted as an important further conduit through which individual employees have been able to express views or concerns (anonymously if they wish) and have them addressed.

The Hospice has adopted the Bradford scoring approach to sickness-absence monitoring/reporting. That has enabled speedy, informed, management intervention to examine and handle absence issues, and has reduced the incidence of sickness absence.

Processes have been developed to alert managers on a timely basis to significant events in the employment cycle of their staff (induction progress, probation review, contract expiry, etc.), as an aid to efficient staff management and planning.

NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

Once again this year, the Board of Trustees of the North London Hospice welcomes the Quality Account. The 2015/16 report reflects continued high standards of care, the extension of services to reach more people in the community and a commitment to providing safe, effective care in whatever settings best meet the needs of those who use the services provided by the North London Hospice.

In reviewing progress made against the quality improvement priorities for this year the Board is assured that improvements to the quality of care and patient experience have been effectively demonstrated. The user feedback pilot, using the real time methodology drawing on the work of trained volunteers, has offered opportunities to respond promptly to issues raised by patients and their carers. In terms of the improvements to Risk Management through the Sentinel system, assurance to the Board has been strengthened by the demonstrably improved data quality that underpins risk management at the Hospice, as well as the learning from complaints and incidents. The Board has been particularly interested in and encouraged by progress in relation to the Outpatients and Therapies services developing at both the Enfield and Finchley sites. These developments have been informed by the scoping exercise undertaken as one of the priorities for improvement in this last year, and also informs the priorities for the coming year.

The Board welcomes the priorities identified for 2016/17 introducing a User Forum, the Schwartz round model, *"Hello my name is..."* and the Five Priorities of Care approach. The User Forum initiative builds on our long held aspiration to extend the reach of our services to meet the needs of people earlier in their experience of long term illness and being able to engage users more in the shape and design of services and care provision. The national *"Hello my name is ..."* initiative highlights the need to constantly refresh and refocus attention on the ordinary small kindnesses and courtesies at the heart of human interaction. Again, the national Five Priorities of Care model is another opportunity to refresh and update practice. The Board especially welcomes the introduction of the well established model of Schwartz rounds as a means of supporting staff, and facilitating learning to enhance the quality of care in often challenging circumstances. All these initiatives will contribute to greater consistency of approaches to care across all settings, improve shared learning and raise standards of practice.

Of note this year is the number of national initiatives that Hospice staff have been engaged in, using their experience and expertise to inform wider developments. All these achievements reflect the dedication and commitment of skilled staff both clinical and non-clinical, as well as the huge contribution of the Hospice Volunteers to the whole enterprise of making the Hospice work for patients.

This report once again illustrates that the Hospice is committed to serving the local community and making services more accessible to a greater number of people. Of importance this last year has also been the successful partnership with MacMillan, a model to build on in the future in order to continue to be able to offer the best possible services for the community.

John Bryce
Chair
North London Hospice Board of Trustees

STATEMENTS FROM COMMISSIONERS, HEALTHWATCH, HEALTH OVERVIEW AND SCRUTINY COMMITTEES

Barnet Health and Overview Scrutiny Committee

The Committee scrutinised the NLH Quality Account 2014/15 and wish to put on record the following comments:

APPENDIX 1: OUR CLINICAL SERVICES

1. CSPCT

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

The service emphasis is based on:

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

This is achieved by providing:

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

2. Out-of-hours telephone advice service

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

3. OP&T

The OP&T service aims to improve the quality of life for patients and carers in a supportive environment. Referrals are based on the patient's needs rather than diagnosis, allowing for access at an earlier stage in their illness. Outpatient Clinics are held throughout the week at both sites.

Outpatient Clinics include

- Medical Clinics
- Clinical Nurse Specialist Clinics
- Physiotherapist Clinics
- Complementary Therapy Clinics

Following the initial assessment, a management plan based on the patients reported goals will be agreed. This may include referral on for Therapies support.

The Therapies service includes access to Psychological Therapies (including Psychology and Art Therapy), informal Art and Music groups. There is access to a Macmillan CAB advisor and support for Carers. The service enables patients to access volunteer-led social support through 'Come and Connect'

4.IPU

NLH has 18 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.

5.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 PCSS enables more people to do this.

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

6.Loss and Transition Service (including Bereavement Service)

The Loss and Transition Support Service supports:

- Individual NLH patients in coping with the emotional and psychological effects of loss of health.
- Their families/close friends in coping emotionally with their roles as carers and adjustment to change over time.
- 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 will be developing a range of support groups on both sites. Regular Ceremonies of Remembrance and the annual Light Up A Life event commemorate those who have died.

7.Triage Service

The Triage Service comprises a team of Specialist Nurses and administrators and is the first point of access for all referrals to NLH.

The Triage Service works in partnership with other hospice services, other Primary and Secondary Care Teams and other Health and Social Care Providers.

The team provides specialist palliative care to referrers and patients with any potentially life-limiting illness. Haringey are a signposting service for patients in the last year of life.

APPENDIX 2: INFORMATION GOVERNANCE (IG)

IG refers to the way in which organisations process and handles 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 NLH 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 3: 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. To verify that risks are being managed appropriately and that the organisation can deliver its objectives, the Board will receive assurance from the Quality, Safety and Risk Group for clinical and non-clinical risks. It reviews NLH's Balanced Scorecard bi-annually.

Executive Team (ET)

ET will review NLH's Balanced Scorecard quarterly.

Quality, Safety and Risk Group (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 Balanced Scorecard quarterly and ensures action plans are delivered as indicated. The committee also reviews the results of audit work completed on the Hospice's Audit Steering Group and the policy review and development work completed in the Policy and Procedure Group.

Quality and Risk (Q&R)

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

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

Audit Steering Group (ASG)

ASG is responsible for providing assurance of all audit activity through reports to Q&R and QSR. ASG presents its Audit Plan and Audit Reports and recommendations to Q&R 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 4: 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 person’s 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 STORY

Patient Story Taken at Winchmore Hill, 1st Sept 2015

“ I had some hospital tests today and decided to come here afterwards, to relax. I wanted to be somewhere quiet. I feel safe with the staff here – nice to be here in case something goes wrong.

It’s very peaceful here. I’m a bit shy but the people are decent here and I enjoy the conversation.

I’m still in shock about getting the cancer diagnosis. It changes your life, the way you think and the way other people think about you. Sometimes they treat you with pity.

I’ve been offered some therapies but I want to take my time. The food is very nice and the chef is lovely. Sometimes I see the same faces here. I’m happy so far.”

Comment:

A key objective of the Social Programme is to provide patients with a place where they can feel safe, supported and ‘normal’, in spite of their life-limiting diagnosis. It is important to hear from patients that we are achieving these objectives, and also when we are not achieving them. In this instance, the patient refers to feeling safe.

The patient also speaks of the way in which people treat him/her, resenting people’s pity. Another key objective of the social programme is to offer a context in which we can assist the patient in building confidence, as well as enriching their quality of life. The patient clearly appreciates the fact that staff do not focus on his/her illness per se, but respond to the whole person. If we contribute positively to the patient’s sense of personal dignity, then it is important to know that we are on the right track.

ACCESSING FURTHER COPIES

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

HOW TO PROVIDE FEEDBACK ON THE ACCOUNT

NLH welcomes feedback, good or bad, on this Quality Account.

If you have comments contact:

Fran Deane
Director of Clinical Services

North London
Hospice 47 Woodside
Avenue London N12
8TT

Tel: 020 8343 8841

Email: nlh@northlondonhospice.co.uk

