NORTH·LONDON
HOSPICE

Quality Account

2011-2012

The care that our father receives from the Specialist Palliative Care Team has been excellent. We have been very happy with the friendliness and professional expertise. We have felt entirely confident with their advice and nursing skills. They have been most understanding and spent time to explain the process and help us to come to terms with what is going to happen. We have also felt able to ask questions and have been given helpful advice. Thanks for all the care received.

Community team patient's relative, October 2011

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Part 1
Chief Executive's Statement: Statement of Quality

North London Hospice is a registered charity (No.285300) and has been caring for people in the London Boroughs of Barnet, Enfield and Haringey since 1984, due to the generous support of our local community.

The charity makes no charge to its patients or their families or carers. It costs 7 million per annum to provide this service for which NHS contributes 23% of this funding.

Our Vision is that everyone living with terminal illness in Barnet, Enfield and Haringey should receive the specialist palliative care (including practical, spiritual and emotional support) that they require to minimize their symptoms, maximize their quality of life and allow them to live and die with dignity in the surroundings of their choice.

Our Vision includes their friends, family and carers and to ensure that they have the support they need to cope with any difficulties arising from their illness and to recover and rebuild their lives afterwards.

We acknowledge that as we are serving a population approaching a million people, we will not always be able to be the direct provider of care and that to achieve this Vision, we will need to build partnerships with the NHS, social services, voluntary, religious and cultural organisations to assist them to provide the best possible end of life care.

This is the first Quality Account that North London Hospice has produced. In May 2011, North London Hospice decided to move from producing an internal Annual Quality Report to complete annual Quality Accounts. It is not mandatory this year for us produce a Quality Account as a voluntary hospice without a community contract with the NHS. However, the Trustees supported the proposal from the quality team to create Quality Accounts. It was felt to be good practice to make the Hospice's quality reporting systems more transparent to external agencies and the public and reflects our ongoing commitment to public involvement and feedback on the future development of our services.

Central to our focus on providing quality care is that we are aware that we care for patients and their families at a very critical time in their lives. We want to get things right as we do not get a second chance.

NLH Board of Trustees reviewed and approved this Quality Account at a meeting on 14th May 2012. tbc

To the best of my knowledge the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by North London Hospice.

Douglas Bennett
Chief Executive
May 2012

Introduction

This is the first Quality Account that North London Hospice has produced. It covers the time period April 2011-March 2012 and demonstrates the following:

- our continuous commitment to evidence based quality improvement
- how we receive challenge and support from local scrutinisers on what we are trying to achieve
- how we are held to account by the public and local stakeholders for delivering quality improvements

North London Hospice has decided to focus on service activity data relating to Barnet and Enfield for this first Quality Account.

The Quality Account replaces North London Hospice's Annual Quality Report, which was scrutinised in previous years by NLH's Clinical Governance Team, Management Team and Trustees.

This is the first time that NLH's quality agenda has been made available to the public and reflects our openness to external scrutiny, ongoing commitment to public involvement and provides feedback for the future development of our services.

Our services are provided free of charge by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, social workers, counsellors, chaplains and volunteers.

North London Hospice offers the following services:

1. Community Specialist Palliative Care Teams

"All members of the Team are very supportive and professional."

Two teams of nurses, doctors, physiotherapists and social workersworking in the community, provide expert support and advice. One team is based in Finchley and provides care to Barnet and Haringey patients, another is based in Enfield and provides care to Enfield patients. Their work complements that of GPs, district nurses, social services and hospital teams. This specialist service includes:

• Advice to patients on symptoms, both physical and emotional

• Help with any anxieties or concerns that patients, carers, families and children may have. This includes care at home, housing and financial matters

"I may not have been able to cope without all their help."

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

3. Day Services
Our Day Services which included a Day Centre and outpatient facilitiesare currently under review. Later this year we plan to open a new Day Services centre in Enfield. All existing Day Centre patients will continue to receive a service in the meantime. The purpose of the transition is to provide a more bespoke service to a greater number of patients and to be more inclusive of carers - offering pre and post bereavement support. Eventually we are aim to provide more choice to three times the amount of patients. The service will be opening early summer 2012.

4. Inpatient unit

"Thank you for the care, it cannot be faulted."

We have 17 single en-suite rooms offering specialist 24-hour care. Patients can be admitted for various reasons including symptom control or end-of-life care. Unfortunately the unit is unable to provide long-term care.

5. Palliative Care Support Service (PCSS) (Hospice at Home)
Most people would like to be cared for and finally to die in their own homes, in familiar surroundings with the people they love.
Our Palliative Care Support Service enables more people to do this.
The service works in partnership with the district nurses and clinical nurse specialists providing additional hands-on care at home for patients.

6. Bereavement service
This service is offered to families, - including children - friends and carers of all our patients, up to 14 months after the patient has died. Specially trained counsellors are available offering support and help as needed.

Part 2

2.1 Priorities for improvement 2012-2013

The following priorities for improvement for 2012-2013were identified after initial consultation by NLH service management teams with their clinical team members. These service management teams made proposals to NLH's Management Group and Executive Team in February 2012.

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

1. Patient experience: Share your experience
   For many years NLH has been listening to service users through focused projects, complaints analysis and the introduction of user surveys in 2011. In 2011 our complaints form and training encouraged all types of feedback to be received, both good and bad, as a way of reviewing the quality and service responsiveness to user needs. In 2012-2013 NLH plans to collate the rich text of users' narrative to elicit individual experience and key themes of user feedback and experience. We must continue to listen to users to help improve our services and explain in our service information and fundraising communications the care that NLH provides. We hope it will make user feedback more accessible to those whose first language is not English or those whose literacy levels make it difficult for them to use our survey form. This work correlates with NLH's User Involvement Strategy and future plans of creating service users forums, developing NLH's website for users and user involvement literature.

2. Patient safety: Care planning and how it ensures patient risk is minimised.
   The Inpatient Unit team plan to critically review its wound care plans. Patients on the unit have a variety of wounds from pressure sores, fungating tumour lesions to post operative wounds. Due to many patients being near the end of their lives, the focus of wound care is often on maximising comfort and preventing further deterioration rather than the healing of wounds.The quality of wound care appears to be achieving this aim but it has not been audited for some time. The team plan to audit their wound care plans, implementing any learning and recommendations.

   The Community teams plan to review the process of risk assessment for Community patients. The plan is for the project group to work with the local Community Nursing Services, which will involve process mapping on how risks are identified, how the

risks are documented, recorded, stored and communicated. It is hoped that best practice will be agreed and joint action plans created, appropriate policies amended and the information cascaded to the relevant services.

3. Clinical effectiveness: Advanced Care Planning(ACP)
   NLH has carried out some internal training and developed a policy to support:
   - more systematic communication with patients
   - recording of patients' preferred place of care (PPC)
   - statements of wishes and preferences
   - advanced directives of refusal of treatment in end of life care.

   The project group plan to develop a user information leaflet on ACP, audit documentation of PPC and roll out internal training to all clinicians.

Project plans will be monitored through management structures and quarterly progress reports to the Clinical Quality Group. The Clinical Governance subcommittee will receive reports on progress every six months.

Statements of Assurance from the Board

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

Review of services

During 2011-2012, NLH provided and/and or sub-contracted 1 service where the direct care was NHS funded and 3 services that were part NHS funded through a grant.

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

TheNHS grant income received for these services reviewed in 2011-2012 represents 25per cent of the total operationalincome generatedby the North London Hospice for the reporting period 2011-2012.

Participation in clinical audits

During 2011-2012, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that North London Hospice provides.

During that period NLH did not participated in any national clinical audits or national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that North London Hospice was eligible to participate in during 2011-2012 are as follows (nil).
The national clinical audits and national confidential enquiries that North London Hospice participated in, and for which data collection was completed for 2011-2012, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (nil).
The reports of 0 national clinical audits are reviewed by the provider in 2011-2012 and North London Hospice intends to take the following actions to improve the quality of healthcare provided (nil).

To ensure that we are providing a consistently high quality service, we take part in our own clinical audits, using national audit tools developed specifically for hospices where available e.g. Help the Hospices' Controlled Drugs Audit Tool and Infection Control and Prevention Tool. This allows us to monitor the quality of care being provided in a systematic way and through use of the audit cycle there is a framework where we can review this information and make improvements where needed.

North London Hospice identifies priority areas to audit formally, according to which areas have impact on patient care, health outcomes, issues arising from complaints or incidents, interests of staff and users, as well as any national, regional or local requirements. Each year, an annual audit plan is created which North London Hospice's Clinical Governance Committee recommends to the Trustees Board to approve. North London Hospice's Audit Steering Group meets monthly and is made up of clinicians and non-clinicians, and includes a volunteer. It receives audit results and ensures learning is shared. If areas of risk are identified, then a plan to minimise risk is actioned. It reports quarterly to North London Hospice's Clinical Governance Committee.

Through the Clinical Governance report, the Board of Trustees is kept fully informed about the audit results and any identified shortfalls. Through this process, the Board has received an assurance of the quality of the services provided.

The reports of 13 local clinical audits were reviewed by the provider in 2011-12 and North London Hospice undertook the following actions to improve the quality of healthcare provided.

Antiemetic/Opioid documentation in the Community
Action was required to improve standard of medication record keeping.In their corporate plans for 2011-2012, the Service Management Teams identified the need to improve documentation and held three training sessions to address this with practitioners.

A new Community Team Audit Group was also created to enhance the integration of clinical audit in the team's practice. Re-audit is planned for 2012-2013.

Daycare and volunteer private transport
Improved service delivery noted with new private ambulance contractor so contract maintained.

Audit of Information Pack and Bereavement Pack documentation on IPU
The documentation of patient information pack giving was good. Tracking of patient notes was identified and raised as a clinical risk and incident management process commenced.As a result there is a new administrative system in place for tracking the movement of patient notes. This is being added to the Health Records policy.
Ongoing feedback about IPU patient information is being captured through the annual user survey.

Audit of documentation of falls in the IPU
Audit identified a lack of proactive management of falls on the Inpatient Unit. An action plan incorporated this area as a Priority for Improvement for 2011-12 and as detailed in Part 3, resulted in development of a falls risk assessment tool, guidelines, core care plan and Prevention of Falls Policy. A re-audit is planned for 2012-2013.

Drug errors re-audit
A high proportion of mechanical errors were noted with syringe drivers. As a result, a log has been created to monitor syringe driver history and maintenance. The incident form was revised to incorporate learning from the audit where drug error management and documentation needed improving.

First visit documentation audit – allergies
In the Community Service, action was required to improve the standard of record keeping of allergies. Following the audit, the cause of poor documentation was identified as a technical error when saving electronic records data. All community staff have been informedof how to save an allergy record effectively. A re-audit this year has showed significant improvement, averaging 93%.

Complementary therapies compliance audit against the new Network Criteria
An action plan was created to ensure compliance. A register of therapists is now in place and also a new process for seeking updates on indemnity insurance details. A complementary therapy patient information leaflet has been produced.

A consent form has been added to the complementary Therapy Policy and therapists are to be trained in using the multi-professional electronic patient record system.

Hand-washing audit
This audit revealed 96% compliance with hand hygiene technique. The mandatory training and annual update in hand hygienenow includes monitoring the effectiveness of hand hygiene, using a light box. To increase the return of data tools, improved monitoring will be put in place. A re-audit is planned for 2012-2013.

Infection control audit
An extensive internal and external audit against the standards of the Health and Social Care Act 2008 was undertaken and an action plan created. Significant action has occurred during this year. A training programme is currently being commissioned relating to practical assessments of aseptic technique competencies for all clinical staff. The Job Description of the Nursing Director requires updating to include Infection Control requirements that are now reflected in the role. A re-audit is planned.

Care Quality Commission standards compliance audit for all clinical services
As part of our ongoing commitment to continuing quality, we audit our services annually against CQC Essential Standards of Quality and Safety. An action plan has been created for all services. It has been incorporated into the individual services corporate objectives and is monitored by Clinical Quality Group. As this is an annual audit, re-audit is planned for September 2012.

Oxygen cylinders audit
Good compliance against Oxygen Procedure was noted. Our Policy and Procedure is due for renewal and will be actioned. It was noted that the 87% compliance of the daily checking of the Inpatient Unit emergency equipment, falls short of the 100% standard. The inpatient team have been reminded that a 100% standard must be achieved and any deviation from this standard will be followed up with individual staff.

Inpatient workforce review
A high quality of care was noted. Workforce issues are to be discussed with the inpatient team and an action plan to be created.

Controlled drugs audit
Good results (above 80%) in adequacy of premises/security, procurement, examination of stock held, CD register and records review, CD prescribing/administration and destruction were recorded. An action plan is in progress.

Research

The number of patients receiving NHS services, provided or sub-contracted by North London Hospice in 2011/2012, that were recruited during that period to participate in research approved by a research ethics committee was 0.

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

Quality improvement and innovation goals agreed with our commissioners

NLH income in 2011/2012 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. Improvement goals were discussed with the Barnet commissioner of services. No one was in post for the discussion to take place with Enfield at the time.

What others say about us

North London Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. Registration was conditional on the appointment of a Registered Manager which was completed on 7th July 2011. NLH has the following conditions on registration - none.

The Care Quality Commission has not taken any enforcement action against North London Hospice during 2011-2012

North London Hospice is subject to periodic reviews by the Care Quality Commission (CQC) and its last review was in May 2010. The last on-site inspection took place in March 2006.

In their assessment, CQC raised that NLH did not have a Health and Safety competent person. This has been actioned and one has now been appointed (1/12/11).

The Hospice was fully compliant and rated as low risk.

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

Data quality

In consultation with user groups, a review of the structure of the data recorded is in progress with a view to:

- standardise information and statistics reported
- enable a consistent approach throughout the organisation
- avoid misinterpretation
- improve understanding of the data by the various user groups

This in turn will lead to the production of better quality information.

North London Hospice did not submit records during 2011-2012 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.

Statistics relating to activity for the various services

North London Hospice Information Governance assessment report score overall score for 2011-2012 was 0% and was not graded. North London Hospice score for 2011-2012 for Information Quality and Records Management was not assessed during 2011-2012 as not mandatory for independent hospices.In 2012-2013, North London Hospice will be producing an Information Governance Toolkit (IG Toolkit) application, to establish an NHS N3 connection for the Hospice. An N3 connection will enable the Hospice to acquire services available on the NHS network and to link with hospitals, medical centres and GPs in England and Scotland via this network.

The IG Toolkit involves extensive analysis of our core policies which relate to information security, data protection, data handling and retention, review of staff training and reviewing information and communications technology.

Infrastructure: work has begun on this and will continue during 2012-2013.

North London Hospice was not subject to the payments by results clinical coding audit during 2011-2012 by the Audit Commission. This is not applicable to independent hospices.

Part 3
Quality overview

“Our Vision is that everyone living with a terminal illness in Barnet, Enfield and Haringey should receive the specialist palliative care (including practical, spiritual and emotional support) that they require to minimise their symptoms, maximise their quality of life and allow them to live and die with dignity in the surroundings of their choice.

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We acknowledge that as we are serving a population approaching a million people, we will not always be able to be the direct provider of care and that to achieve this Vision, we will need to build partnerships with the NHS, social services, voluntary, religious and cultural organisations to assist them to provide the best possible end-of-life care.”

NLH has quality at the centre of its agenda. The Executive Team identified “A unified organisation which is financially viable and delivering high quality services” as its overall strategic planning aim in December 2011. It has four main groups that oversee quality review and development within the organisation. The Clinical Quality Group meets every three weeks and has an overview of both strategic and operational quality issues in relation to clinical services. The Clinical Governance Committee meets quarterly and provides a framework for continuous improvement of the quality of its services for patients and those who care for them.
The Risk Committee meets monthly and is responsible for the management of non-clinical risk.

The Audit Group meets monthly and ensures that there is a robust process for audit within North London Hospice that facilitates learning and change in practice. Quality issues are cascaded to front line staff through clinical and non-clinical team meetings.

NLH is fully compliant with “Essential Standards of Quality and Safety” (Care Quality Commission, 2010). It self assesses itself against these standards annually (last Audit June 2012) and action plans are put in place where needed. These are added into individual service’s corporate objectives plan and reviewed quarterly by the Clinical Quality Group.

At North London Hospice we are committed to providing a warm, friendly and welcoming environment for our patients and their visitors. We realise we will not get a second chance to make a good first impression. Prior to a new patient being admitted, their room undergoes a series of maintenance and housekeeping checks to guarantee the room and bathroom meets the required standard of cleanliness and functionality.

Fixtures and fittings are regularly checked to ensure they are fit for purpose and meet the needs of our patients.
While a patient is with us their room and bathroom are cleaned daily by members of our housekeeping team who follow a cleaning schedule. In common areas we have a quarterly high-level cleaning regime in place. All areas of the Hospice are on a rolling programme of re-decoration to ensure the Hospice looks clean and fresh and well cared for at all times. We have an annual infection control audit carried out by an external auditor. Our overall score in 2011 was 91% with Clinical Environment scoring 100%. Our facilities team take pride in their work and gain satisfaction from providing our patients with a facility we can all be proud of.

"Pleasantly surprised by the friendly atmosphere."

Central to achieving NLH's vision, NLH works in partnership with voluntary and statutory agencies within the locality.

NLH is actively involved in local End of Life Boards whichwork in partnership to achieve local end of life strategies and share best practice. Our clinicians attend General Practice Gold Standard Framework meetings which review the care of end of life patients being cared for by individual practice teams.

Our Finchley Community Team has been working collaboratively with the Barnet Disability Team to improve end of life care for people with learning disabilities in Barnet.

NLH delivers a bi-annual "Foundations in Palliative Care" four day course, open to all trained nurses and allied health professionals. We deliver basic and advanced syringe driver training and Liverpool Care of the Dying Tool training to community nurses on a rolling programme, at both the Finchley and Enfield sites.

We provide a variety of training placements:

- for student nurses with the University of Hertfordshire
- for social work students' placements with London South Bank University
- chaplaincy placements
- work experience for those wishing to apply for nurse, medical, allied health professional training
- half-1 day hospice placements for final year medical students
- 6 month placements for junior trainee doctors (recognised training unit with Barnet GP Vocational Training Scheme) and for Specialist Registrars on annual placements from London Postgraduate Deanery.

We are currently providing a commissioned End of Life training programme in care homes in Enfield.

NLH provides a rolling induction programme for new staff and volunteers as well as annual mandatory training. Additional internal training is also provided for staff.

From April 2012, it is planned to build up NLH's external course provision for clinicians.

1.1 Service Activity Data

INPATIENT UNIT

Highlight Information

In 2011-2012, the inpatient unit cared for a total of 316 patients, involving a total of 325 admissions.

71% bed occupancy rate.
15% of patients admitted had been cared for on the unit before.
A patient's average length of stay was 14 days.
1% of cases admitted as day cases.
232 of the patients admitted to the unit died.
71% patients died on the unit.
22% were discharged home.
3% were discharged to a care home.
4% were admitted to hospital for acute care management.

New patients

Data Item	Definition	Analysis	NLH
No. of patients	No. of new patients	No. of new patients	300
		New patients as % of all patients	92%
Total admissions			325
Age of patients-female		Under 25 25- 64 65 to 74 75 to 84 Over 84	0 55 42 50 28
Age of patients-male		Under 25 25- 64 65 to 74 75 to 84 Over 84	0 48 36 39 16
Number of unrecorded genders			2

Analysis of admissions and outcomes

Data Item	Definition	Analysis	NLH
Day cases		Day cases as % of admissions	1% (n=4)
Admission type		Re-admissions as % of all admissions	15% (Admissions=325 Readmissions=50)
Average length of stay		Average	14 days
Ratio of deaths to deaths and discharges -total -home/hospital/ care home/ elsewhere (define)	No. of deaths to no. of discharges (completed episodes)		2.49 (Deaths=232, discharges=93)
Total percentage of deaths	Patients admitted 325	Deaths 232	71%
Total % of discharges to home		Patients 72	22%
Total % of discharges to care homes		Patients 9	3%
Total % of discharges to acute hospital		Patients 12	4%

Bed Usage

Data Item	Definition	Analysis	NLH
% Bed occupancy	Available beds 6222 Occupied beds 4412	Average per unit	71%
Throughput (admissions per bed per year)	Admissions/17 beds (325/17)	Average per unit	19.12 admissions per bed

DAY CARE SERVICES

As explained in the introduction, our Day Service model is currently under review. As we plan to open new Day Services in Enfield, the current Day Service and outpatient services at the Finchley site ceased to accept new referrals from July 2011. The day service at the Finchley site operated 8 sessions a week until November 2011. As patient activity has decreased, the number of sessions has also decreased. It was considered not to be useful to report on service activity here.

Community Teams Highlight information

NLH has two specialist community multidisciplinary teams, one supporting Barnet patients and another supporting Enfield patients.
In 2011-2012, a total of 1255 patients were seen by the two specialist community teams.
924 of these patients (Barnet=466, Enfield=458) were new patients.
79% had a cancer diagnosis.
17% had a non-cancer diagnosis.
4% diagnosis not recorded.

Each patient had an average of:
5 visits.
16 phone calls to patient and family.
11.5 phone calls to other professionals from the specialist community teams.

58% of the total patients seen by the two specialist community teams died during their care period. Of these:
46% died in their own home.
10% died in a care home.
24% died in a hospice.
19% died in hospital.
1% died in other places.

Data Item	Definition	Analysis	Enfield	Barnet	NLH
No. of patients	No. of**NEW** patients seen for the first time per service	Average no. of**NEW** patients per service	458	466	Total: 924 Ave: 462
	No. of re-referrals	No. of re-referrals	29	23	52
	No. of continuing patients	No. of continuing patients	158	121	279
Total no. of Patients			645	610	1255
Diagnosis		Cancer Non-cancer Not recorded	497 106 42	488 112 10	985 (79%) 218 (17%) 52 (4%)
Total Visits	Face to Face visits		3444	3039	Total: 6483
Average no. of visits per patient			5.33	4.98	5.16
Total phone calls to patient and family			9880	10434	20314
Average no. of phone calls to			15.31	17.10	Avg: 6.19

patient and family					
Total phone calls to professionals			5990	8485	Total: 14475
Average no. of phone calls to professionals per patient			9.28	13.90	11.59
Caseload	Average per CNS	Enfield 6.8 Staff Barnet 9.9 Staff	95	61	Avg: 78
No. of Deaths during the year			351	377	728
Ratio of deaths to deaths and discharges -total -home/ hospital/ care home/ elsewhere (define)	No. of deaths to no. of discharges (completed episodes)	Enfield: Deaths 351 Discharges 201 Barnet: Deaths 377 Discharges 132	1.75	2.86	2.19
Total % of deaths			54% 351 Death 645 Patients	60% 377 Deaths 610 Patients	58% 728 Deaths 1255 Patients
Patients who died analysis		Patient Home inc. Care Home residents	52% 181	59% 224	56% 405
		Hospice/Specialist Palliative Care Unit	26% 90	22% 82	24% 172
		Hospital (Acute)	22% 79	17% 64	19% 136
		Hospital (Community)	0	0	0
		Other	0% 1	2% 7	1% 8
Age of patients-	Male	Under 25	3	0	3
		Under 65	87	77	164
		65 to 74	77	78	155
		75 to 84	95	91	186
		Over 84	45	44	89
		Not recorded	0	1	1
Age of patients-	Female	Under 25	0	3	3
		25- 64	91	103	194
		65 to 74	76	58	134
		75 to 84	103	86	189
		Over 84	64	62	126

		Not recorded	2	2	4
		Number unknown gender	2	5	7

Palliative Care Support Service

Palliative Care Support Service (PCSS) was launched as a new service in Barnet on 1st April 2011.
It has cared for 188 patients in its first year and provided a total of 8339 hours of direct care to patients in their own homes.
This is an average of 39.9% hours of care per patient.

Data Item	Definition	Analysis	NLH
No. of patients	No. of patients seen for the first time		188
	No. of re-referrals		0
	No. of continuing patients		12
Age of patients-male		Under 25 25-60 61-70 71-80 Over 81	0 15 19 29 34
Age of patients-female		Under 25 25-60 61-70 71-80 Over 81	0 17 17 21 36
No. of total hours per patient		average no. of total hours per patient per episode	8339 total hours 44 hours average

2.1 Service Quality Data

Indicator	Threshold	Outcome
Percentage of audits completed on schedule	80%	85%

Eleven of thirteen audits have been carried out and findings presented to the Audit Steering Group and Clinical Quality Group and were reported on

earlier in this document. Two further audits are due to be presented in April 2012.

2.2 Patient Experience

Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Outcome
Service User Experience	% of patient/carers satisfied with the service	80% of patients/carers satisfied with the service	99% rated care as satisfactory and above
Relatives Experience	% of patient/carers satisfied with the service	80% of patients/carers satisfied with the service	95% rated care as satisfactory and above
Number of Complaints			31
Of complaint investigations completed (n=24), the number of complaints that were founded			20
Of complaint investigations completed (n=24),the number of complaints which were unfounded			4
The number of complaints action plans completed		100%	*18 (78%) completed* *5 (22%) Action Plans being completed*

Complaints are an important source of information which tell us about the experiences of service users. They are a crucial way of enabling the Hospice to evaluate if they are being successful in meeting the needs and expectations of both patients who use our services, as well as their carers and relatives.

"More information about the Hospice, general information and about the services and things on offer would be good."

North London Hospice aims to give the best possible care to patients and support to their families, friends and carers. However, sometimes expectations are not met. To help us improve our services, feedback of any problems or concerns people may have are encouraged. Any feedback received, however minor, is actioned as a complaint to ensure that it is fully investigated and that learnings are identified and acted upon.

A leaflet is available which explains how to lodge a complaint, either formally or informally. Complaints can be made to any member of staff, either verbally or in writing. The leaflet also explains how the Hospice will respond to any complaints received and how to proceed if not satisfied with the response that the Hospice provides.

"I would prefer the same person to come and see me."

During the period April 2012 to March 2012 we received 31 complaints. Full responses have been completed for 24 with seven investigations ongoing.

Category of Complaint	
Admission	3
Communication	12
Other	7
Staff Member	5
Treatment	3
Violence and Aggression	1

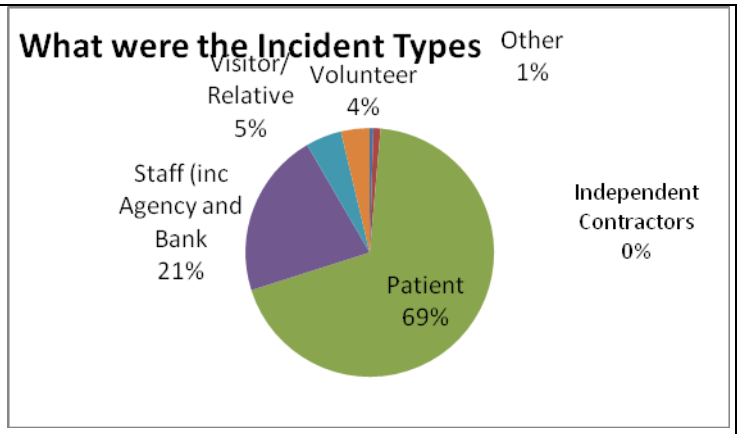
No complainants expressed any dissatisfaction with the responses made and none have asked for an independent review through the services available, including the Health Service Ombudsman or the Care Quality Commission.

2.4 Patient Safety

Quality and Performance Indicator(s)	**Threshold**	
Number of Incidents	Total Patient Only	214 148
The number of patients who experience a fracture or other serious injury as a result of a fall		1
Number of patients admitted to the IPU with pressure sores graded 3 or 4		9
Number of patients who developed pressure sores grade 3 or 4 within 72 hours of admission whilst on the IPU		1
Number of patients who developed pressure sores grade 3 or 4 after 72 hours of admission on IPU		1

During the period 1 April 2011 and 31 March 2012, we received 214 Incident Reports. This report is based upon these. It is expected that we will receive a number of other forms during the next few days which also relate to this period which will increase the actual number received for the year. The breakdown of the forms received to date is as follows:

Independent Contractors	1	0%
Other	2	1%
Patient	147	69%
Staff (inc Agency and Bank	46	21%
Visitor/ Relative	10	5%
Volunteer	8	4%



Pressure sore monitoring and reporting

When patients are admitted to the Inpatient Unit with pressures sores or risk factors associated with their development, our focus is to support healing where possible or minimise progression and provide comfort and relief from pressure sores. All patients are assessed within 24 hours of admission using the Waterlow Score (Pressure Ulcer Risk Assessment Tool) and again as change of condition indicates or weekly. All beds have air layer pressure relieving mattresses. Motorised air mattresses and 2-4 hourly change of patient's position are employed where indicated.Due to the advanced stage of illness and the debilitated condition of many of our patients on admission to the Inpatient Unit it is not unusual to find that we care for patients with pressure sores on admission or they develop or worsen whilst on the Inpatient unit. Grade 3 or above pressure sores are reported using our Serious Incident Procedure. If the pressure sore was identified as grade 3 or above within 72 hours of admission NLH ensures that the previous service provider that cared for the patient is aware and reports this to the local NHS Trust Quality Department. Where the pressure sore develops after 72 hours an internal investigation is carried out to identify why this occurred so that we can minimise their reoccurrence. NLH also reports these to Care Quality Commission and local NHS Quality Department.

One such incident occurred where a patient was reported on admission to have a sacral pressure sore grade 1. It was assessed and four days later was noted to be grade 3. The patient who was receiving end of life care and was breathless, could not tolerate being off her back as this position helped to ease her breathing.

Despite being cared for on a pressure relieving mattress, receiving wound care and regular repositioning, the patient experienced deterioration in her pressure sore.This was regrettable but unavoidable.

Following procedure, CQC and local NHS were notified and an investigation carried out to understand why this had happened and what steps could be taken to improve care. The presence and grading of pressure sores is now documented at the point of referral by the Triage Nurse and the IPU nurse re-grades the sore within 24 hours of admission.

The case where the grade 3 or above pressure sore developed within 72 hours of admission, was reported to the previous care provider and local NHS quality department.

Patient Related Incidents

The services that North London Hospice providesare not just for the patient who is being cared for. The service extends togivingsupport and advice to members of their families, to help them care for the patient.

A patient safety incident is any unintended or unexpected incident which could have, or did lead to harm for patients receiving care from North London Hospice. The purpose of reporting incidents is to learn from them in order to reduce the likelihood of the event occurring again.

Why is reporting important?

- Isolated incidents may seem trivial or of little consequence. However, the aggregated data may show certain trends which are impacting on the Hospice's ability to provide a safe environment in which to care for our patients.

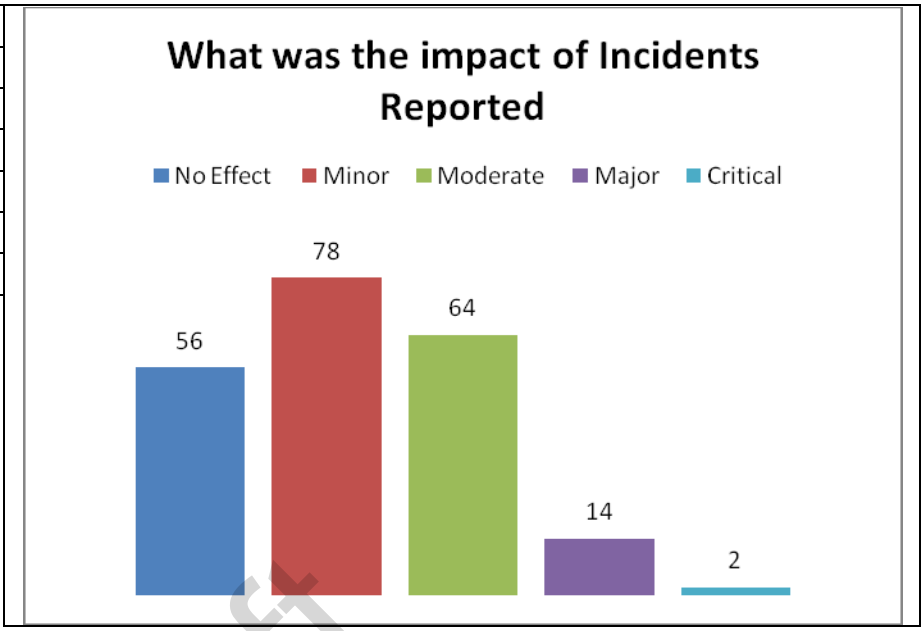
- Reporting incidents promotes learning. Sharing the experience enables us to look at the systems in which we work and the contributory factors which may have increased the likelihood of the event occurring.

- The sign of a good reporting system is one where the number of incidents reported increases, but their severity falls. This is an indicator that staff are identifying risks earlier, before they become more serious. It also indicates that they feel able to report incidents without the fear of being criticised by other staff. This helps to build an open and fair culture.

Of the 214 incidents reported within North London Hospice during the year April 2011 and March 2012, 147 (69%) related to incidents which affected a patient.

Every incident is graded into one of five categories to ascertain the likely impact it had on the patient or the Hospice in being able to provide care. The chart below shows how the patient only incidents reported have been graded.

		Total
No Effect	26%	56
Minor	36%	78
Moderate	30%	64
Major	7%	14
Critical	1%	2
Total		214



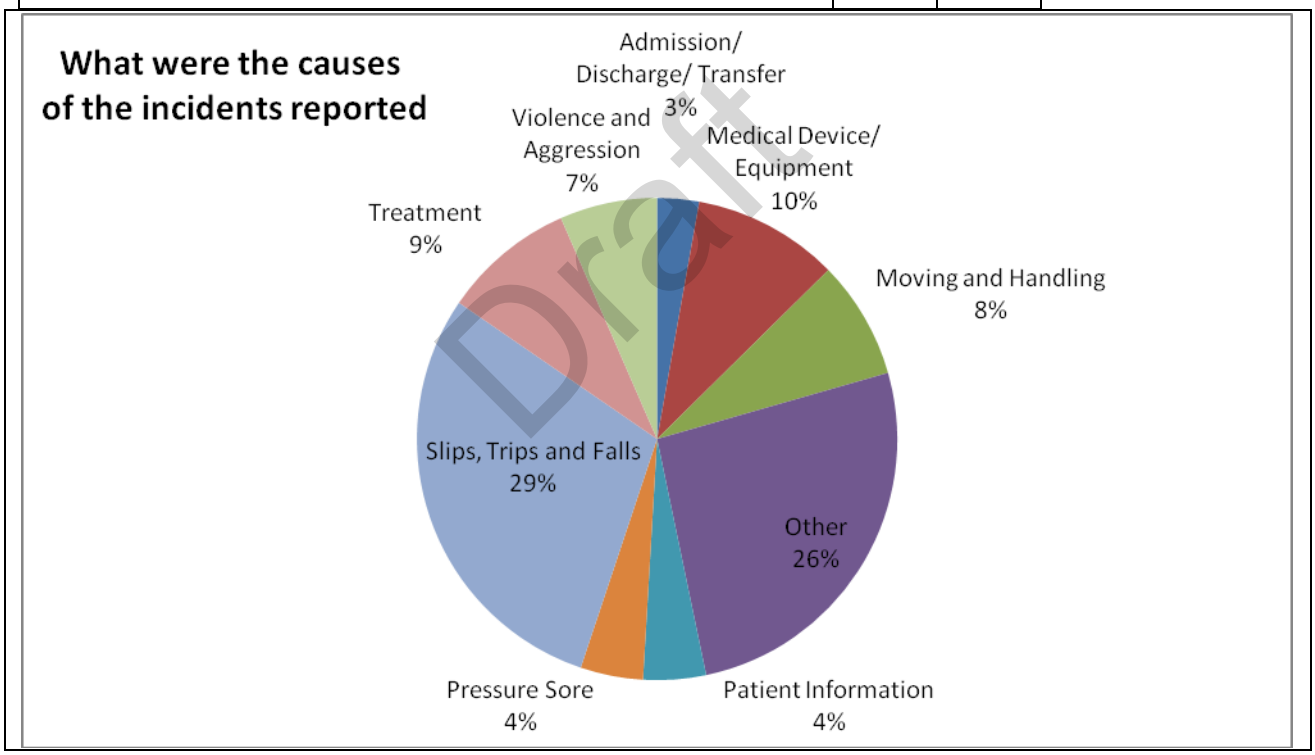
Incidents that came within the major and critical categories combined (total 16 (7%) of 214 incidents) included

- A patient who was in last few days of life died following her own removal of medical equipment
- Unable to provide home carer due to threats made to staff
- Unable to provide home care because staff were already allocated
- Family returned controlled drugs to the Hospice rather than a Pharmacist, which meant staff had to contravene policy (x2)
- Patient sustained a pathological fracture following a fall
- Patient who had died was found by a visitor
- Patient was found unresponsive in Day Centre by staff but they were subsequently assessed and made a recovery

What were the causes of the incidents reported?

When we look at the causes of the incidents reported the reasons are very varied, as shown in the chart below.

What were the causes of the incidents reported?		
Admission, discharge and transfer	3%	6
Medical device / equipment	10%	21
Moving and handling	8%	17
Patient information	4%	9
Pressure Sores	4%	9
Slips, trips and falls	29%	63
Treatment	9%	19
Violence and aggression (Patient on staff)	7%	14
Other	26%	56
		214



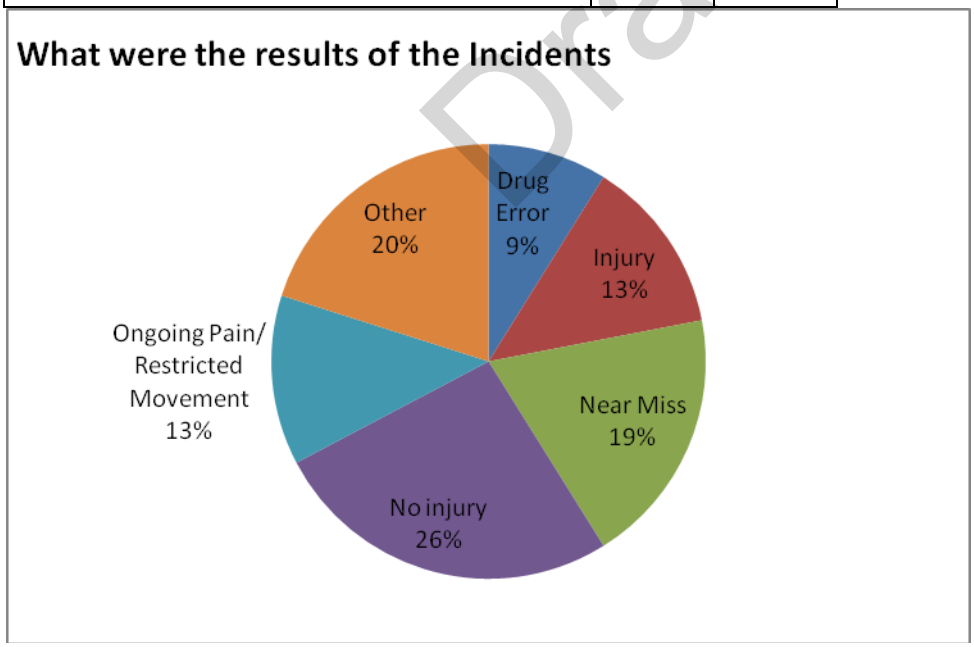
Falls by Hospice patients are seen as the biggest reason for incidents occurring. During the twelve months period April 2011 to March 2012 they accounted for 57 incidents which equates to 27% of all incidents. We have begun work to manage the number of falls but because of the deteriorating medical condition of the majority of patients, we cannot eliminate them. During the past year this work includes the introduction of a Prevention of Falls Policy, which includes a Falls Risk Assessment to be completed for all patients, a Use of Bedrails Policy and a Room Environment Assessment.

To ensure the wellbeing and safety of the patient following a fall, if it can be seen that they have suffered any injury, or if they say they have, they will always be seen by a doctor to ensure they have suffered no ill effects. They will then be monitored to make sure that there are no after effects from the fall and any contributory factors are reduced where possible.

What were the results of the incident?

The result of any incident will always be assessed according to the impact it had on the person affected. The following chart shows that 52% of reported incidents resulted in no injury, including where it was categorised as a near miss. In the case of patient falls, the result is often bruising, a laceration or a minor injury. In all cases where there has been an effect on the patient, they will be monitored to ensure there are no adverse effects on them.

What were the Results of the Incident?		
Drug error	9%	19
Injury	13%	28
Near miss	19%	41
No injury	26%	56
Ongoing pain/ Restricted movement	13%	27
Other	20%	43
Total	100%	214



What about the future?

During the forthcoming year North London Hospice will aim to build on the progress that has been made during the present year to improve the safety of all persons who use the services provided.

Over the past year, a number of initiatives and actions have been completed which are intended to improve the level of incident reporting and provide support to staff undertaking incident investigations.

A new incident reporting Policy and Procedure, including a new Incident Reporting Form, was approved by the Board in May. The need for, and the benefits of, incident reporting are included in the Hospice Induction Training, together with guidance for staff on undertaking an incident investigation. In addition, specific training on incident reporting has been provided to some teams within the Hospice. The result of this has been to increase staff awareness of incident reporting. There was a 62% increase in the number reported during the year April 2011 to March 2012 - against the same period in 2010/11.

In addition to the Incident Policy, the Hospice has also approved and introduced a Serious Incident Policy. This details a number of specific incidents that would need to be reported immediately to the Service Director or On Call Director and a formal investigation undertaken. During the period there were no serious incidents.

The majority of incident investigations are straightforward and do not require a full investigation. During the year there was one incident which required a formal investigation which was undertaken by a member of the nursing team with support and guidance provided.

Details of all incidents are reported to and reviewed by the Risk Committee (non clinical incidents) and the Clinical Quality Group (clinical incidents). Feedback is available for all teams so that staff are able to learn from incidents that occur.

To support these policies and to reduce the occurrence of the number of incidents, the Hospice introduced a Risk Assessment Process. This enables the staff to take proactive action to identify and manage risks in different areas, thus potentially enabling them to reduce the number of incidents reported.

Infection control

Quality and Performance Indicator(s)	Threshold	
The number of patients known to be infected with MRSA on admission to the IPU		2
The number of patients known to be infected with Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia on admission to the IPU		0
Patients who contracted these infections whilst on the IPU		0

NLH notes patient's infective status on admission and tests where clinically indicated. The clinical team agree, on an individual basis, what is the most appropriate treatment plan, if any, depending on the patient's condition.

Priorities for Improvement:
Following consultation with Hospice managers, clinical governance group, trustees and local palliative care commissioners, the following three priorities for improvement were agreed for 2011-2012:

Priority 1 Patient Experience: User involvement survey and development of user forums

Priority 2 Patient Safety-Development of Falls toolkit and Falls Risk Management Policy

Priority 3 Clinical effectiveness - Enhancing nutritional care of patients

Priority 1 - Patient Experience

User Involvement

In order for NLH to meet the needs of the local population in the boroughs we serve, the patients, their carers and community members need to be consulted in all aspects of service delivery, development and redesign.

NLH has spent many years working on user involvement feedback. We know from experience that the people who use our services need to be given a 'voice' to share their views on our services and how they should be developed and delivered.

Over the past seven years patients and their families have fed back to our team of volunteer researchers. During this period each project captured a small sample of in-depth views and experiences of service users.

NLH is hoping to see User Involvement embedded into the everyday core business and practice of all our services. We want to ensure that we take into account the views and experience of all service users (patients, carers, families and referrers to the services) in order to improve the user experience in a seamless delivery of all services throughout the Hospice.

In 2011 NLH User Involvement Strategy was developed. Its aims are:

- To develop an organisational culture that value the views of service users and remains consistently receptive to their views
- To have evidence of high quality services tailored to the needs of service users.
- To develop services and facilities through proactive involvement of service users, representing the diverse range of people in our care.
- To implement a practical structure that encourages and enables the involvement of service users at all levels of the organisation.
- To introduce service user forums and ensure that they have a clear purpose.
- To ensure that the whole community is represented.
- To ensure an approach to service user involvement that is consistent with recognised best practice.
- To ensure that all staff and service users understand the principles behind service user involvement and the process by which to involve or be involved.
- To ensure that all services users feel valued and supported.

In 2011 it was agreed to distribute a patient survey and develop user forums as one of NLH's three priorities for improvement.

Patient and relative / carers surveys

Surveys were sent to all patients and relative / carers who are receiving or have received a service from the Hospice during the period 1st June 2011 to 23rd December 2011.

	No Issued	Responses	%
Inpatient Unit. Relatives (Sent to relatives/ carers 3 months after patient death)	39	19	49
Inpatient Unit Patients (Given or posted to patient on the day of their discharge)	24	7	29
Community Services Relatives (Sent to relative/carer 3 months after patient death)	91	30	33
Community Services Finchley (After direct face to face contact with the Service)	154	61	40
Community Services Enfield (After direct face to face contact with the Service)	181	67	37
Day Care Centre (To each patient after six weeks using the Service)	50	28	56

A total of 539 surveys were sent to patients and carers and recorded on ICare (Patient information system).
212 surveys were returned with a response rate of 38%.

These figures include surveys sent to Day Centre patients which was still fully operational at the commencement of the survey initiative, although not accepting new referrals.

Palliative Care Support Services (PCSS)

A survey was sent to patients' families three months after the death of the patient. The surveys were sent to families who received the PCSS service only.
28 surveys dispatched by post but only three returned therefore, for this year they do not provide any meaningful data.

Survey 2011 results

The highlights of the survey are:

Did the care you received meet your expectations	94%
Did the service meet your needs and priorities	96%
Were you treated with respect and dignity	94%
Would you recommend the service to friends and family	92%

"I felt you gave the right amount of support to patient and wife."

Inpatient Unit

- The survey forms for the patients were either handed to or posted to them on the day of their discharge
- The survey forms for relatives and carers were posted to them 3 months after the patients death

Comparing the Inpatient Unit patients and relatives responses to the service provided.
(Question 4 N/A)

Comparing the IPU patients and relatives responses to the staff provided.
(Question 2 N/A)

The results of the Inpatient surveys are extremely encouraging with all questions showing positive results and none below 60%. From these we have identified 3 areas to concentrate on to bring them up to the levels of the other responses:

- Increasing the involvement that patients feel about their care
- Increasing accessibility to ask questions
- Reviewing how we respond to patients and relatives' questions

"Use this opportunity to express deep appreciation and thanks for the support and help offered with such care and sensitivity."

Community Nursing Teams

- Survey forms were sent to the patients after the 1st or 2nd meeting
- Where the patient had not responded the relative/carer was sent a form 3 months after the patients death

Comparing the Enfield and Finchley Community Teams Services and the relatives

"I cannot thank you enough for making my mothers last days pain free."

Comparing the Enfield and Finchley Community Teams staff

Again some excellent results, all 80% or more positive. We have identified two areas to bring up to the levels of the majority of responses:

- Increasing the awareness of the religious, cultural and spiritual needs
- Increasing the awareness of meeting the needs of close family and friends

"I have every confidence in the members of the Community Team."

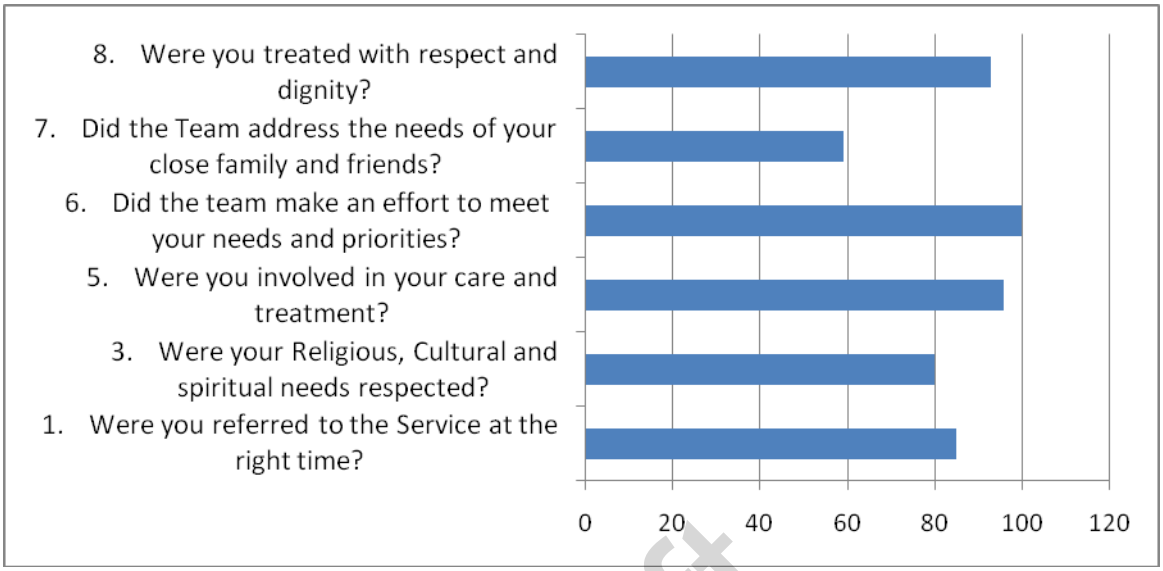
Comparing the results of theInpatient Unit and Community relatives responses regarding staff

There are two issues that may have affected these survey results:

- The Inpatient Unit relatives come into the Hospice and see first-hand the care that is provided
- The relatives of community team patients are more likely to not have been present when a member of the Community Team is visiting and may therefore be responding to comments relayed to them

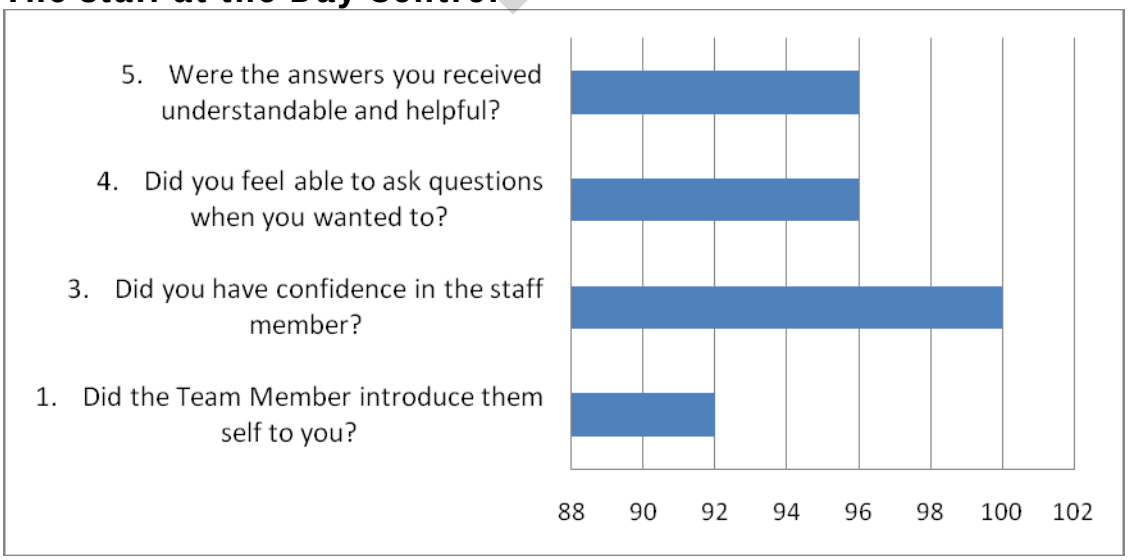
The services offered to Day Centre patients:

Survey forms were sent to Day Centre patients 6 weeks after they used the service. Half the forms were sent out before the announcement was made about the changes to the service.



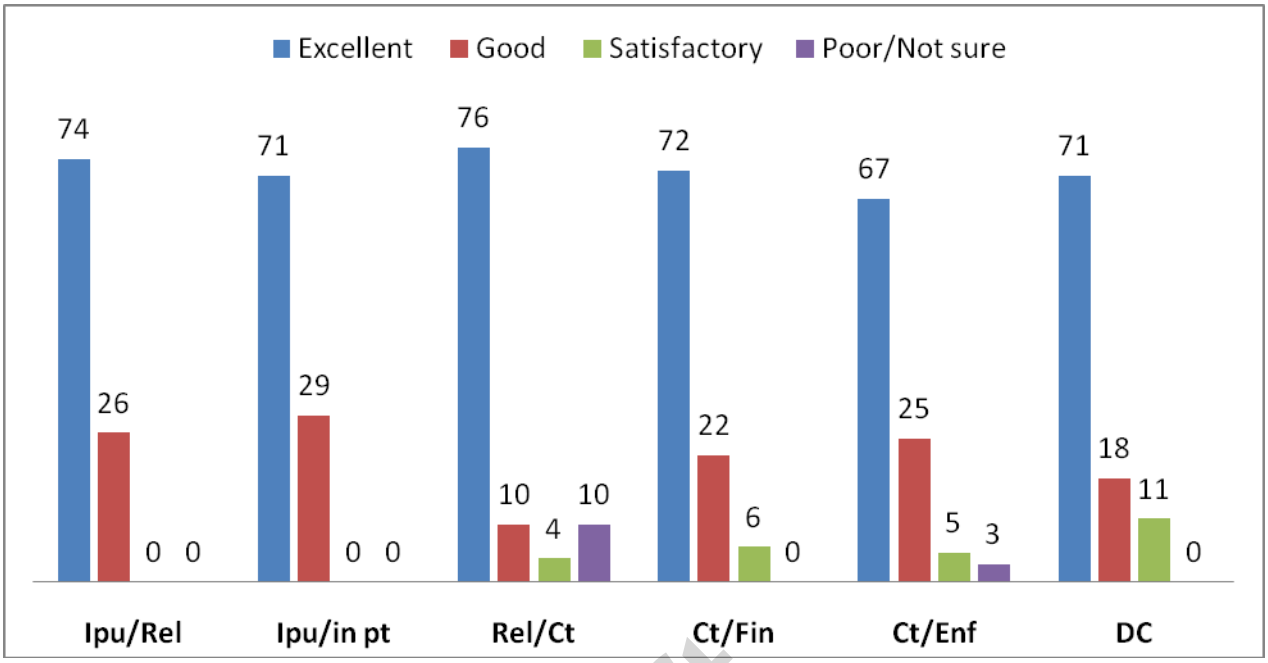
These results show that Day Centre patients were extremely happy with the service they received. We will ensure that these needs are similarly met when we open the new Day Services at Enfield. We will also concentrate on the needs of close family and friends in order to improve their experiences.

The staff at the Day Centre:



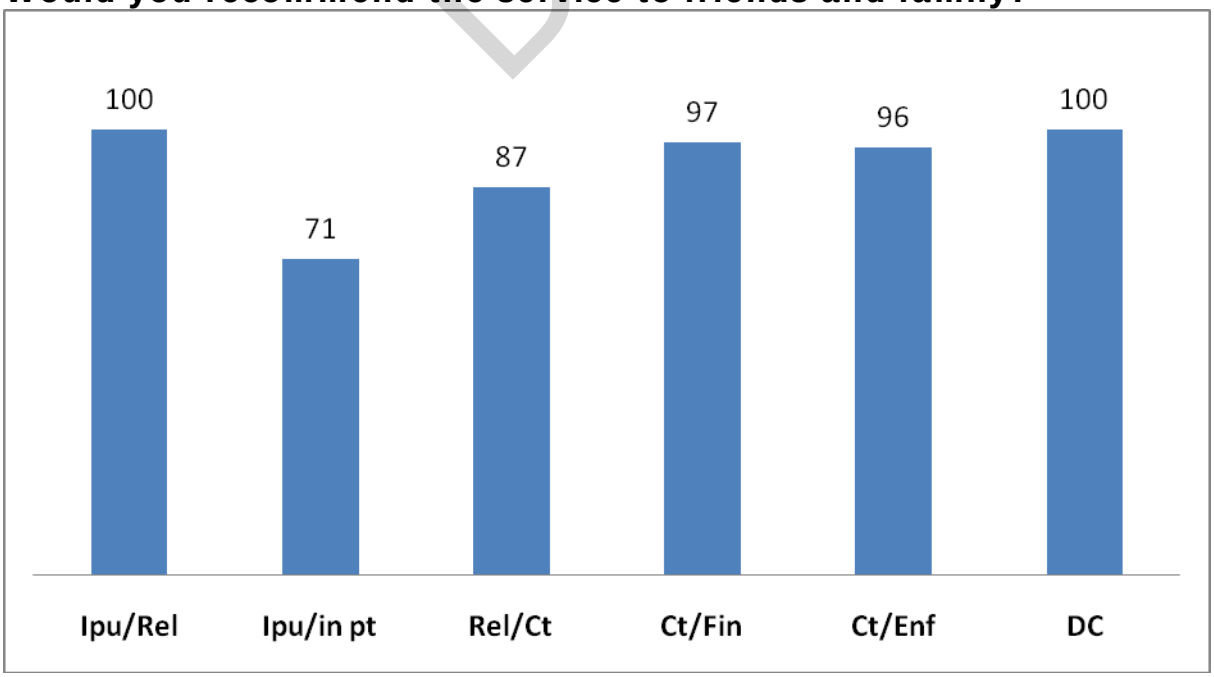
These results show that Day Centre staff were well received by the patients. The issues that have been identified will be reviewed and monitored as the new services on the Enfield site are developed and introduced.

Rate the care and treatment that you have received from North London Hospice.



It is interesting that in their responses to the individual questions, the relatives of the Community patients have scored consistently lower than otherareas but they are the ones who gave the service the highest excellent score.

Would you recommend the service to friends and family?



Overall 95% of patients and carers who responded to the survey would recommend the service to family and friends.

Performance measures

	Ipu/Rel	Ipu/inpt	Rel/Ct	Ct/Fin	Ct/Enf	DC	PCSS	Total	
1.Patients referred to the service at the right time for them.	89%	86%	56%	90%	87%	85%	0	0	
	N=19	N=7	N=27	N=61	N=67	N=27		208	83%
2.Staff always introducing themselves	79%	71%	90%	95%	93%	77%	100%		
	N=19	N=7	N=30	N=61	N=67	N=26	N=3	213	89%
3.Patients feeling confident in the staff caring for them.	79%	57%	55%	86%	91%	82%	100%		
	N=19	N=7	N=29	N=61	N=67	N=28	N=3	214	82%
4.Patients q's answered in a way they could understand	53%	57%	50%	84%	83%	74%	100%		
	N=19	N=7	N=28	N=61	N=66	N=27	N=3	212	74%
5.Pts having the opportunity to ask Q's when they wanted	0	57%	50%	95%	95%	67%	0		
	0	N=7	N=28	N=61	N=66	N=24	0	186	83%
6.Pts reporting that their privacy is respected when being examined or during discussions with staff	88%	71%	0	0	0	81%	0		
	N=17	N=7	0	0	0	N=27	0	51	82%
7.Patients being involved as much as they want to in decisions about their care	63%	57%	61%	83%	85%	56%	100%		
	N=19	N=7	N=28	N=59	N=67	N=27	N=3	210	75%
8.Pts feeling that they are being treated with respect & dignity	94%	71%	0	90%	91%	93%	100%		
	N=18	N=7	0	N=61	N=66	N=28	N=3	183	91%
9.Pts religious, cultural & spiritual needs are always acknowledged and respected	100%	86%	73%	78%	78%	58%	0		
	N=15	N=7	N=30	N=60	N=65	N=26	0	203	77%
10.Pts would recommend the service to friends/family	100%	71%	87%	97%	96%	100%	0		
	N=19	N=7	N=30	N=61	N=67	N=28	0	212	95%

In February 2012 the results were forwarded to the Executive and Management teams of the NLH. The teams have an opportunity to review the results and identify any improvements required to be put in place.

The timeframe and targets for changes will be set by March 2012 to be contained within their service plans for the year.

Conclusion
A number of areas have been identified for actions or reflection about the way that the services are provided and these results establisha benchmark against which the Hospice can be measured in the future.

Teams will work towards taking forward the actions and reflections and aim to ensure that they are implemented before the 2012 survey is sent out.

A final report with the findings of the research will be produced by April 2012, for distribution to patients and family/carers and referral agencies.

Volunteer Involvement

Three new volunteers were recruited and have been trained to help those users who requested assistance in completing the survey.

Service User Forums

A request was made to the Enfield team to provide a list of patients and carers who we could invite to join the Enfield forum to discuss current provision and services within the new building. A Hospice volunteer was identified, whose wife was cared for by the Hospice. He now sits on the Enfield Site Development Steering Group.

A meeting was held in October with current Day Centre volunteers and drivers to introduce the proposed new services that would run from the new Enfield building.

During October volunteers were recruited and trained in how to interview patients about the new Enfield development and to find out any issues or ideas they may have regarding the Enfield site and the services. 24 patients and 4 family members/carers were interviewed. Patients rated the importance of the current Day Centre service and fed back on what they enjoyed about it and what they would like to see in the new Enfield site.

A stakeholders' consultation meeting with voluntary providers and faith groups was held on 2nd November to gauge their views on the services to be run from the Enfield site. There was support for the proposed new services and support offered to the team.

Future plans

Future plans for user involvement are:

- Creation of Service User Forums across all services.
- Web page to be developed for User Involvement.
- Gathering case studies from users wishing to tell their story.
- Designing of user involvement literature.

Further surveys will be sent from June to December 2012.

Priority 2-Patient safety

Falls

Falls are known to be the most reported safety incident countrywide. Whilst many falls do not result in harm to the person receiving care, in some cases injury occurs with the potential for serious injury, resulting in distress to the person receiving care and possible admission to hospital. North London Hospice incident figures indicated that the risk of falls was and is a key area of risk within the organisation. We recognise that given the nature of the people we care for, there will always be a risk of falls within health and social care services. There is much that can be done to reduce the risk of falls and to minimise harm, whilst at the same time enabling service users to be independent and as mobile as possible.

Plan for 2011

1. Falls Audit - this was presented in April 2011 to the Audit Steering Group and in June to the Clinical Quality Group.
2. Prevention of Falls Policy - this was approved by the Clinical Governance Committee in October 2011 and a pilot commenced on the inpatient unit in November 2011.
3. Development of a 'Falls Toolkit' including:

    - Validated Falls Risk Assessment tool - in pilot November 2011
    - Falls Risk Assessment Guidelines - in pilot November 2011
    - Falls Care Plan and Guidance - in pilot November 2011
    - Generic Risk Assessment for use of lap belts with wheelchairs - in place August 2011
    - Safe Use of Bedrails Policy approved by Clinical Governance Committee October 2011
    - Bed Rails Risk Assessment and Decision making tool - introduced October 2011

4. Inpatient unit room environment assessment tools - commenced November 2011.
5. Training - initial training to support the introduction of the policy happened locally.

Plan for 2012-13

1. Falls Risk Management training to be incorporated into mandatory training programmes, at induction and annually.
2. Audit of compliance with policy to be carried out in April 2012.

Sustaining Change

With the introduction of the policy, risk assessments, care plans and guidance we have set standards which include:

- Falls assessment screening tool to be completed on all patients within 24 hours of admission
- Full falls assessment to be completed within 24 hours of need being identified from screening tool
- A falls care plan to be completed for every patient for whom a full assessment is required
- IPU room environment risk assessments completed annually
- Bed maintenance checks completed twice yearly
- Risk Committee to undertake quarterly review of falls incident data

Priority 3 -Clinical effectiveness

Enhanced nutritional patient care

Nutritional care is an essential aspect of palliative care having physical, social, cultural, spiritual and emotional aspects. The nutritional needs of people with specialist palliative care needs differ according to the patients' disease and the stage they are at in their illness. Thus nutritional care needs to be individualised.

The following targets were set to address enhancing nutritional patient care at NLH:

- 100% of patients are cared for according to NLH nutritional policy
- 100% patients nutritional care is individualised and care plans reflect this

The following action plan was agreed and progress to date is detailed below:

1. **Development of a nutritional policy**
   - Policy ratified by Clinical Quality Group March 12.
   - NLH Consensus Statement on Nutritional Care available to all staff.

2. **Review of nutritional assessment tools and the value of introducing to NLH services**
   - Nutritional Assessment Tool for IPU ratified by Clinical Quality Group March 2012

3. **Development of core care plan on nutrition and hydration**
   - Core care plan ratified by CQG March 2012.

4. **Provision of training on nutritional needs, assessment and care**
   - Planned to commence March 2012

5. **Staff involved in food handling to receive annual food handling awareness training**
   - 81% of staff (n=78) and 75% volunteers (n=230) have completed training.

6. **Catering staff have minimum of level 2 food handling qualifications**
   - 100% achieved

In addition to the above objectives, the following initiatives have been implemented or are being planned, to improve the whole nutritional care experience for patients and staff:

- Patient menu folder in all patient rooms listing: menu, alternatives meals, breakfast menu, snacks, condiments and the availability of pre-ordered cakes for special occasions
- Increased availability of water for visitors
- New patient jugs with indicators for where patient needs assistance
- Trained volunteers feeding and serving patients where indicated
- Pre meals drinks trolley
- Tea at 3pm initiative
- Protected meal times
- Catering staff visits to inpatient unit patients to seek feedback

What our staff say about the organisation

We employ 137 staff, have 450 volunteers and bank staff are used as required in clinical and non clinical roles.
During 2011-2012, 17 staff joined NLH and 21 staff left.
Staff have the following opportunities to air their views:

- 1:1 meetings with line manager
- Annual appraisals
- Staff meetings
- Management Development Programme
- Employee Assistance Programme (this is an anonymous and confidential forum for obtaining assistance. Statistics only are provided on the issues discussed).
- Consultation groups e.g. Workforce Review Group
- HR surgery held twice a week for all staff to discuss any issues regarding terms and conditions (started March 12)
- Voluntary exit interviews for staff leavers with HR

NLH is currently reviewing hospice wide staff sickness. It has been noted that there is significant short term sickness in some areas. To address this, new absence management training is being rolled out to the organisation by the HR Manager and the "Bradford Score" is being piloted in one service. It is hoped that the reasons behind such absences will be better understood and help to reduce sickness absence.

Volunteers survey

The survey was sent out 6 weeks after major changes were announced in the Hospice. The purpose of the survey was twofold –

1) To find out how well volunteers felt supported and part of the Hospice

2) To find out the reaction to proposed changes in volunteering practices and roles.

50% of volunteers responded. All volunteer groups responded so there was a good representation across the board.

Volunteers wanted

- More training and ongoing training
- To develop sustained relationships with patients/carers
- More clarity about roles & more utilisation
- More ongoing support
- More positive feedback about how a volunteer role makes a difference
- More sense of being a core part of a team with staff
- A chance to meet with other volunteers/work as volunteer team/feedback to each other
- More effective pro-active communication and consultation
- More ongoing information about developments – Enfield development particularly

We feel that many volunteers see the NLH as the Finchley site only. We need to improve communication about the wider picture in the community – (ambassadors).

What our regulators say about the organisation

North London Hospice is regulated by the Care Quality Commission (CQC) formally the Health Care Commission. The CQC may request evidence that we are meeting the 16 Essential Standards of Quality and Safety at any time, either at an unannounced inspection visit or by producing Provider Compliance Assessmentdocuments which contain detailed evidence about each outcome area. At the point of registration with the CQC we were issued with a Quality Risk Profile which showed us as low risk but highlighted 2 risk areas, no permanent Accountable Officer- now resolved, and the need to have a permanent Registered Manager- this too is now resolved.

Statements from PCT, LINks, OSCs

….. To be inserted

How to provide feedback on the account

North London Hospice welcomes feedback, good or bad, on this Quality Account. If you have comments contact:

Pam McClinton
Director of Nursing
North London Hospice
47 Woodside Avenue
London N12 8TF

The Board of Trustees' commitment to quality

…….. ***To be inserted***