

**NORTH LONDON HOSPICE  
QUALITY ACCOUNT  
2017-18  
DRAFT FINAL**

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# Executive Summary



# Patient Story

I decided to refer myself to North London Hospice back in 2016. I happened to pick up a leaflet about the Hospices and its services in my local North London Hospice charity shop and decided to give them a call. At the time I was undergoing chemotherapy treatment and found myself really struggling with the side effects. I wasn't functioning well physically or emotionally and I felt I needed some extra support. I was then invited to the Hospice for a clinical assessment and the nurse who saw me suggested I should try a course of reiki to ease the pain I was feeling and to help me relax.

Since then I have also had four sessions of psychological support to help me deal with my illness mentally. Being told you have an incurable illness is a mammoth thing to deal with. I felt very alone and unsupported and having North London Hospice has been an immense help, allowing me to process the ordeal I am going through.

The Health and Wellbeing Centre offers a variety of supportive groups. I have taken part in one-to-one sessions with an art therapist. It has really helped me to cope and process my feelings and emotions. Most recently, I joined the photography group, which is run by a professional photographer. It's great fun. There are five patients and some carers in the group and we meet on a monthly basis. We learn and share tips on taking good photos and sometimes meet up to go to photography exhibitions.

I can't give up. I know my illness isn't going to go away and I'm not going to get better but that doesn't mean I have to stop living and doing all the things I enjoy doing. I urge everyone to write a bucket list. I have 81 things listed on mine and I have so far completed 28 of them, I intend to keep going and cross off as many of them as I can. I'm so thankful to North London Hospice for all their support. Hospices aren't just there to care for people during their final few days they are there to make an unbearable bearable and enable people to live despite having an incurable illness.

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

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It is with great pleasure that I introduce you to North London Hospice's (NLH) 2017 - 2018 Quality Account which has been developed in consultation with NLH users, clinical service staff and managers, the Executive Team and the Board of Trustees.

This year saw the re-naming of our Outpatient and Therapy Service to that of the Health and Wellbeing Centre. The feedback from user's of the service were instrumental in the re-naming of the service as it was important that the name resonate with them and those who will use our services. The work of the services was showcased at our Health and Wellbeing Centre launch in March 2018.

One of our Priorities for Improvement this year was to adopt a "co-production" model to use when developing the new services in the Health and Wellbeing Centre. This means involving people who have used our services in deciding what new services to offer and how to develop them. Throughout the year a variety of new services and groups have been set up, all with the aim of enabling health and wellbeing. This includes groups for people with long term conditions other than cancer, offering services to patients earlier in their illness and support for carers.

I am pleased to see the progress that has been made with our Priorities for Improvements this year. It demonstrates our commitment to the ongoing development and delivery of quality services.

Next year's Priorities for Improvements have been presented to the Feedback Group for their comments and suggestions. The projects being: the implementation of a one page patient profile, the productive ward in the inpatient unit, a new falls group for our community patients and the continuation of our Hard to Reach Group and the work they are doing to improve access to our services.

In October we held our first North London Hospice staff showcase conference as part of the celebration of the 25 year anniversary of our inpatient unit. Seven departments presented on a wide variety of topics sharing practice to enable a greater understanding and learning across the organisation. It was a successful conference, positively evaluated by attendees. Plans are underway for another conference next year.

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

Pam McClinton  
Chief Executive of North London Hospice  
April 2018

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## INTRODUCTION

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Quality Accounts provide information about the quality of the Hospice's clinical care and improvements 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.

North London Hospice (NLH) started to produce and share its Quality Accounts from June 2012. The full year's Quality Account (QA), along with the previous year's QAs, will be found on the internet (NHS Choices and NLH website) and copies will be readily available to read in the reception areas at the Finchley and Winchmore Hill sites. Paper copies will be also available on request via our Patient and Family Feedback Lead.

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## OUR CLINICAL SERVICES

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The Hospice's services are provided by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, occupational therapists, social workers, counsellors, clinical psychologists, spiritual care and chaplaincy as well as a range of volunteer roles. NLH offers the following clinical services:

1. Community Specialist Palliative Care Team (CSPCT)
2. Out-of-Hours Telephone Advice Service
3. Health & Wellbeing Service (H&W) Formally Outpatients and Therapies (due to the re-naming of service at the end of the year, both names are used in the Quality Account)
4. Inpatient Unit (IPU)
5. Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
6. Patients and Family Support Service (including Bereavement Service)
7. Triage Service

For a full description of our services please see Appendix One

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## Part 2: PRIORITIES FOR IMPROVEMENT 2017-18

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The following priorities for improvement for 2017-2018 were identified by the clinical teams and were endorsed by the Quality, Safety and Risk Committee, Board of Trustees, local commissioners and Health and Overview Scrutiny Committees.

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

### Priority One: Patient Experience:

#### Scoping Hard to Reach Groups to address potential inequalities in service provision

##### **What we planned to do:**

- To identify current reach, potential reach and mechanisms for widening access and to identify barriers to access and specific needs of groups. This was in response to the report by the Care Quality Commission "A Different Ending: Addressing inequalities in end of life care" (2016).
- To find out what local Clinical Commissioning Groups (CCGs), Boroughs and Hospice UK identified as gaps in the provision of specialist palliative care by Hard to Reach Groups (HTR) in order to improve their access to services.
- To find out how much HTR groups were currently accessing our services and where the gaps in referrals were and finally use this information to prioritise one HTR group and begin to identify recommendations for the hospice to widen access

##### **Progress against the plan**

The initial task was to undertake an external overview to identify who is Hard to Reach at End of Life in our boroughs. This exercise took the form of internet research as well as reading publications, and telephone conversations with local authority/CCG employees. From the information gained, we then undertook a series of internal surveys to gain qualitative and quantitative data to create an initial picture of who we are reaching and possibly who we are not reaching.

In addition links were made with external agencies such as the Westminster Drugs Project and the Substance Misuse Service in Barnet and Harrow, as well as linking with our three Healthwatch Leads.

Despite it being difficult to get accurate information about local priorities as well as which groups are currently accessing our services and to what degree, it has been possible to identify groups to focus on. The groups identified are: working with Substance Misuse and Homelessness, people with learning disabilities and most prevalent cultural groups in our boroughs.

## **Going forward:**

This is a two year project. Please see 2018-19 Priority for Improvement for details of ongoing work.

## **Priority Two: Patient Experience:**

### **Co-production of services in Outpatient & Therapies (OP&T) – now Health & Wellbeing**

#### **What we planned to do:**

To develop a model where all new service developments within the service are co-produced by all relevant stakeholders to ensure the right intervention at the right time is delivered by the right people.

This came from the identification in a previous Priority for Improvement that identified a need to develop a model of care for people with long term conditions which included outpatient clinics, therapies provision, social support, carer services and the development of wellbeing/social support for patients and their carers in our communities. It recommended the development of these services using a co-production model of engaging with current and potential patients and carers as well as staff and volunteers from other local provider services.

#### **Goals:**

To introduce:

- 3 new interventions for those with long term conditions
- 2 new interventions for carers
- 2 new interventions for those with cancer by March 2018
- A resource folder

#### **Progress against the plan**

The co-production model for service development within the Health and Wellbeing Service (previously Outpatient and Therapies) is now thoroughly embedded and has become part of how the service works.

All the goals were met. We have new services for those with long term conditions, cancer and carers including:

Relaxation group

Breast cancer support group

Managing fatigue sessions

Men's group

Carers skills course,

Relaxation for Carers

Support group for carers

Teens support group

Catching the Light photography group

A Resource folder with information about co-production and examples of how the model has been used in practice is available for staff.

Alongside these outcomes there have been other initiatives developed using this model such as working with Noah's Ark (a Children's Hospice, in Barnet) to support the transition of young people to adult hospice services.

Links have been made with several external teams such as the Heart Failure Team and the community neurology teams and we are hoping to work with the Head and Neck cancer teams, using a co-production model to plan and develop collaborative services for these areas.

The stakeholders, particularly the users of the services have found the inclusion in developing services for them and around them an empowering experience which has had other positive effects for them in other aspects of their lives. It has also shown that investment in this model encourages 'buy in' from the stakeholders and the services co-created are successful.

### **Going forward**

Further development of services is planned using the co-productive model.

The development of a resource folder has been key to supporting the development and change of the service. This model will be shared with the NLH management group to support other internal service developments.

## **Priority Three: Patient Safety:**

### **Falls Management and Prevention Project on the Inpatient Unit**

#### **What we planned to do:**

- Revise falls risk and manual handling risk assessment documentation and modify policies accordingly.
- Daily review of Karnofsky and Phase of Illness tools to be used as a prompt to review patient risk of fall through a new assessment. This will be monitored through spot checks.
- Improve on the completion of falls risk assessment and manual handling risk assessment documentation. To be monitored by pre and post documentation audit.
- Have falls prevention training programme for the IPU MDT in place and 75% IPU staff having completed
- Improve knowledge and confidence of falls prevention strategies. This will be measured by before and after staff questionnaire

#### **Progress against the plan**

- The existing falls and moving and handling paperwork were revised and policies modified accordingly. An audit of relevant paperwork completed before and after the project showed improvements in all key areas. Of particular note is the 75% improvement in number of patients with a falls care plan and the 50% improvement in completion of first assessments.
- Daily review of Karnofsky and Phase of Illness tools were used as the prompt to review patient risk of fall through a new assessment. The audit showed improvement in timely reviews. Changes in the Karnofsky and Phase of Illness were prompts for this to happen.

- Staff surveys carried out before and after the project showed that 100% of staff had more confidence in their knowledge of assessing falls risks and subsequent strategies to attempt to reduce the risk.
- It had been anticipated that specific training would be provided, however in practice the decision was made that the mandatory moving and handling training was revised to include a section on the new falls paperwork. The revised training commenced in July 2017, in addition the physiotherapist has been undertaking one to one training with staff on the unit as required.
- Alarms have been purchased to use for patients at risk of falls as they alert staff to when a patient is on their feet, and a low bed is to be purchased when funding has been secured

### **Going forward**

- To re-audit audit in September 2018 to ensure standard of paperwork completion remains high
- To write an e-learning module for the NLH staff on Falls Management by August 2018

## **Priority Four: Clinical Effectiveness: Establishing a Multi Professional Journal Club for hospice clinicians**

### **What we planned to do:**

To set up a multi-professional journal club to support continuing professional development for clinical staff and promote multi-professional working, with aims being to:

- Keep staff abreast of new literature, clinical evidence and research
- Enable staff to learn / improve their ability to critically analyse and appraise research
- Improve clinical care & patient outcomes by promoting professional practice that is evidence based

### **Progress against the plan**

The Journal Club was launched in July 2017 following planning by the steering group, and seven sessions were subsequently held. Attendance varied from 4 – 12 people, with an average of six members of staff per session. Articles were presented by staff from the following departments: medicine, physiotherapy, Health & Wellbeing Centre, Patient & Family Support Services and the Inpatient Unit.

The Journal Club provided an arena for continuing professional development in a multi-professional setting for those staff that attended. It enabled a cross-section of staff to meet, who would not necessarily do so in the ordinary working week, and provided stimulating discussion on a variety of topics, from neuro-muscular stimulation to care for Lesbian Gay Bisexual and Transgender people. Staff considered and critiqued articles on topics that would not necessarily be foremost to their practice, thereby broadening their knowledge and outlook. The Journal Club also enabled members to become more aware of the importance of critiquing articles and the skills required to do this.

Analysis of the evaluation sheets attendees were asked to complete after each session found that:

85% felt multi-professional working had improved

78% felt more up to date with new literature

71% felt better able to critically analyse an article

89% felt the session they attended would result in improved patient care

## **Going forward**

The setting up of a multi-professional journal club has been a positive initiative and valued by those who have attended.

The intention is to continue the Journal Club, whilst looking at how it might be adapted to enable more staff to attend. A survey has been undertaken to determine why some people did not attend. Results will be discussed at a Journal Club Steering meeting with a view to change the date / time / location of the meeting if a better proposal is put forward.

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# PRIORITIES FOR IMPROVEMENT 2018-19

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The following Priority for Improvement Projects for 2018-19 have been identified by the clinical teams and endorsed by the Quality, Safety and Risk Committee.

All projects were discussed at the Hospice Feedback Group, their comments incorporated into the plans and users' future involvement in the projects discussed.

The priorities for improvement projects are detailed under the three required domains of Patient Experience, Patient Safety and Clinical Effectiveness:

## Patient Experience - Project 1:

To address inequalities in service provision through improving access targeting Hard (Need) to Reach Groups previously identified the 2017 - 2018 Priority for Improvement (Year One).

### **How this was identified:**

Following the scoping undertaken in 2017 - 2018, it was agreed that focus for Year 2 will be on:

- People with learning disabilities,
- Homelessness people (with substance misuse in particular)
- Improving our working with the significant cultural groups across the three boroughs we service - Barnet, Enfield and Haringey.

Relationships with specialist providers formed in Year One informed us that there is greater need for a coordinated approach to these groups at end of life.

In addition, the NLH literature and website will be up-dated to ensure it is inclusive of all groups who may need to access our services.

### **What we plan to do:**

- To work via the Steering Group to address the areas outlined above. This will include service user involvement and a member from our Communications Teams.
- To develop a flexible model to improve engagement and support of Hard (Need) to Reach Groups identified.
- To build on work commenced at the end of Year One with the Westminster Drugs Project (providing substance misuse services in Barnet) of providing mutual training and awareness sessions, from which we can question existing practice. We will bring stakeholders together from all three boroughs to share learning and develop a consistent approach. We will aim to identify champions/link workers in each borough from the Community Teams and Health and Wellbeing Service.
- Our Compassionate Neighbours development will target the top one or two cultural groups in each borough. The intention will be to recruit Compassionate Neighbours from

these communities as well as provide Community Members with a good fit with a Compassionate Neighbour volunteer. Information and learning from this networking will be brought back to the Steering Group where consideration can be given for further work; for example following the model described above, of mutual training between NLH and organisations supporting/representing those communities as well as consideration of the best pathways of support. (See page xx for more information on Compassionate Neighbours).

### **What the outcomes will be:**

- We undertake to show evidence of:
  - changes made to image/literature/website
  - mutual training, ideas and implementation of some different pathways of practice
  - identification of champions/link workers
  - knowledge about cultural groups and their specific needs around end of life
  - specific case examples that could demonstrate the impact of the development

## **Patient Experience - Project 2:**

### **Introduction of a “One Page Patient Profile”**

NLH wants to introduce the use of a One Page Patient Profile across its services.

A one-page profile is a simple, concise way of communicating information about an individual patient. It includes what is important to them, what they like and how they want to be supported - on a single sheet of paper. They are completed by the patients themselves or if they are unable to do this, by people who know them well. The information obtained is used when planning patient care and prevents patients being asked repetitive questions. It helps staff to see the patient as the person he / she is.

### **How this was identified:**

2017 – 2018 has seen the establishment of a Dementia Steering Group. The concept of a One Page Patient Profile was part of a presentation by the group at the NLH Staff Showcase Conference. It was agreed that this would be a good initiative to introduce to enhance our patient-centered approach. This is particularly relevant for those patients who are not able to tell us what is important to them either because they have dementia or any other problem affecting their communication ability. Also a member of our Feedback Group brought up the concept of having a visual aid in the patient’s bedrooms on IPU of how patients were before they became ill to help staff delivering patient centered care.

### **What we plan to do:**

The Dementia Steering Group will take the lead on producing a One Page Patient Profile which will be initially presented to the Feedback Group for comment. Once the format and wording is agreed, the intention is to implement it across all our services (Community, Inpatient unit, Health and Wellbeing Services).

### **What the outcome will be:**

The outcome will be that all patients will have the opportunity to have a One Page Patient Profile unless they express they do not want one. Staff will be able to use this information to improve the individualised patient-care given.

## Patient Safety - Project 3:

### Establishing a Falls Group for Community Patients

This is a group that is both educational and practical.

The aims of the Falls Group are to:

- Improve patient awareness of why falls happen
- Give strategies to reduce the risks
- Give strategies of what to do if they do fall
- Give strategies to help / improve their balance

#### **How this was identified:**

This Priority for Improvement was proposed by members of the Feedback Group. The group had been up-dated on the progress of the 2017 – 2018 Falls Project on the inpatient unit and wished to see a falls project for community patients.

#### **What we plan to do:**

To set up a multi-disciplinary steering group to run a Falls Group for our Health and Wellbeing patients, community patients and any inpatient unit patients admitted for symptom control who will be discharged home.

We plan to:

- Establish the multi-disciplinary steering group
- Distribute a questionnaire to Feedback group members to ascertain their views and baseline knowledge of above aims.
- Review similar groups set up other hospices and local community groups and then plan their model based on information gained.
- Pilot the falls group and evaluate it.

#### **What the outcomes will be:**

A questionnaire will be given to patients before and after they attend the groups to ascertain if the aims have been achieved.

The outcomes will be for patients to:

- Have increased awareness of why falls happen and know what they can do to reduce them in their home environment.
- Have better knowledge of what to do if they do fall.

## Clinical Effectiveness - Project 4:

### The Implementation of the Productive Ward in the Inpatient Unit (IPU).

The Productive Ward has been developed by the NHS Institute for Innovation and Improvement. It comprises of a series of 15 modules that are introduced on the ward to improve ways of working that leads to "Releasing Time to Care". This in essence means making changes in the ward setting to enable nurses to spend more time with their patients.

#### **How this was identified:**

This was identified after hearing encouraging feedback from other hospices who have implemented the Productive Ward and from reading literature describing positive outcomes following its implementation. As the IPU have a new management team in place, the time is ideal to review practice and ensure maximum time is spent with patients.

#### **What we plan to do:**

To set up a steering group made up of IPU staff of all grades of nurses, health care assistants and a ward administrator.

The group will develop an action plan to introduce the three core modules over the first year as a minimum.

#### **What the outcome will be:**

The outcome will be that the 3 core modules will be implemented by March 2019

- "The well-organised ward",
- "Patient Status at a Glance" and
- "Knowing How we are doing"

This is a two year project, further outcomes will be identified in year two.

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# STATEMENTS OF ASSURANCE FROM THE BOARD

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

## Review of services

During 2017-18, 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 2017-18 represents 27 per cent of the total operational income generated by NLH for the reporting period.

## Participation in clinical audits

*During 2017-18, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that NLH provides. During that period NLH did not participate in any national clinical audits or national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. The national clinical audits and national confidential enquiries that NLH was eligible to participate in during 2017-18 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2017-18, 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 2017-18 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).*

To ensure that NLH is providing a consistently high quality service, it conducts its own clinical audits. In 2017-18 the following local clinical audits were carried out and NLH undertook the following actions to improve the quality of healthcare provided.

### **1. SAFE USE OF BEDRAILS**

An audit was undertaken in the inpatient unit to determine how many patients had a bed rail risk assessment carried out. The audit concluded that 100% of patients had the risk assessment completed and that 91% were completed on the day of admission. However, only 54% of the risk assessments were fully completed. Review identified this was because the assessment form was over complicated. A simplified version was produced, piloted and is now routinely in use. A re-audit has been planned for summer 2018.

## **2. TIME TO FIRST CONTACT POST TRIAGE (OUTPATIENTS & THERAPIES)**

100% compliance with the timescale required by current in-house policy was observed. However, it was noted during the audit that the policy did not define when the required timeframe is measured from i.e. from when the patient is released from Triage or from when the OP&T team receives the paper referrals. The Out Patient & Therapies Operational Policy has now been updated to clarify this requirement as being from receipt of referral by OP&T.

## **3. MANAGEMENT OF PRESSURE ULCERS**

This audit was undertaken using the Hospice UK Pressure Ulcer Audit tool. The audit results were adequate and overall validated the known concerns (previously identified through pressure ulcer Root Cause Analysis investigations undertaken). The key areas for improvement were addressed through the ongoing Pressure Ulcer Management Action Plan and included improved communication with patient regarding pressure ulcer prevention and the photographing of pressure ulcers with consent. A re-audit is planned for June 2018.

## **4. PREVENTION OF FALLS**

The results of the first audit highlighted known issues of concern with regard to the appropriateness and use of current falls risk assessment forms and the linking to individualised care planning. All the required outcomes have been actioned under the Fall Prevention Priority for Improvement Project 2017 – 2018. A re-audit was undertaken at the end of the project and found improvements in all areas of paperwork. Of particular note was the 75% improvement in care planning. A re-audit is planned for September 2018.

## **5. AUDITS OF DEMENTIA FRIENDLY ENVIRONMENTS AT WINCHMORE HILL and FINCHLEY**

This audit was developed by the Kings Fund to determine how “dementia – friendly” the care environment is.

It was undertaken in Winchmore Hill (Health and Wellbeing centre). The results were good and only a few changes were recommended for consideration. Some changes are cost prohibitive such as flooring. However, there are other areas that are being considered such as signage and alternative artwork.

The audit was also repeated on the Finchley site having last been undertaken in June 2016. Similarly, the findings were good. An action plan was developed to ensure all the minor recommendations were acted upon (mainly concerning equipment and signage to be easily accessible if a patient with dementia / cognitive impairment is admitted to the unit). We plan to have achieved the required actions by 1<sup>st</sup> August 2018. Both audits will be repeated during the autumn of 2018.

## **6. ANTIMICROBIAL STEWARDSHIP**

Overall levels of compliance were encouraging, but further consideration was required about the requirement (in National guidance) that the use of antibiotics be reviewed within 48-72 hours of commencement. Therefore, following the audit the ‘Start Smart’

national guidelines were circulated to all NLH doctors and the Royal Free Antibiotic prescribing guidelines have been adopted for use by NLH.

#### **7. IPU DISCHARGE PROCESSES**

This audit against standards set within an in-house policy evidenced much good practice, but raised some questions about the need to improve documentation in terms of whether/when Continuing Healthcare (CHC) Fast Track funding was awarded and when GP discharge letters have been written and sent. Amendments have been made to the electronic patient database. Review of Discharge planning practice is part of the Inpatient Units objectives for 2018.

#### **8. MANAGEMENT OF SAFEGUARDING INCIDENTS**

This was a review of the processes around the management of safeguarding incidents logged over a 12 month period. Much good practice was noted, although there was some deviation from the standards laid down in the NLH Safeguarding Adults Policy. Initial discussions with a relevant Manager, referral to the relevant Borough and analysis meetings did not always take place within the internally set time frames. In addition, some incidents remained open over an extended period.

As a result, a Safeguarding Key Worker for each incident has been introduced to ensure regular reviews take place and incidents are closed in a timely manner. This area of practice was re-audited after 6 months and demonstrated that safeguarding incidents are now being managed and closed in a timelier manner and that the Safeguarding Key Worker role is becoming embedded in working practice.

#### **9. HAND HYGIENE AUDITS**

These audits have been undertaken for all 3 Community Teams, Health and Wellbeing team and IPU. Levels of compliance in the Community teams ranged from 78 – 89% (down from 86-91% last year), for Health and Wellbeing 85% (down from 91% last year) and for IPU was 94% (up from 88% last year).

These audits are undertaken by means of a self-assessment tool and in the Community and Health and Wellbeing Teams are completed by a relatively small number of staff (ranging between 5 and 24 per audit). Consequently percent compliance scores can be misleading as a small change (such as a single member of staff not filling the form in correctly or acknowledging a lapse in an element of best practice) can have a significant impact on overall percent compliance.

The action plan for all areas is to use the Link Nurses to re-enforce good practice amongst staff.

#### **10. INFECTION CONTROL AUDITS**

This audit has been undertaken for IPU, Winchmore Hill and George Marsh Centre premises, with levels of compliance of 95%, 95% and 100% respectively. Action plans are being developed to address the elements of non-compliance for IPU and Winchmore Hill.

#### **11. MEDICINES MANAGEMENT AUDITS**

Controlled Drugs, Accountable Officer and Medicines Management audits have been undertaken. All three audits have been devised by Hospice UK to meet the requirements of all relevant legislation and are undertaken annually. Levels of compliance have not changed significantly since last year's audits, with a small increase in compliance with regard to prescribing of Controlled Drugs. An action plan to further improve compliance is now being progressed by the Accountable Officer working with the recently recruited specialist pharmacist.

## **12. AUDIT OF 5 PRIORITIES OF CARE**

This audit was undertaken to assess the documentation used for patient care on the Inpatient Unit during the last days of life, known as '5P's paperwork'. This is the documentation introduced in accordance with the new Priorities for Care which succeeded the Liverpool Care Pathway (LCP) in 2015.

The results indicated that the 5P's documentation had not been fully completed for all the patients reviewed. Reference to nutrition & hydration was least well documented and looking for evidence of the various aspects of 5Ps care was complicated by the fact that a mixture of electronic and paper records are used and sometimes information is repeated in both format of notes.

Review of the documentation process is a strategic objective for IPU in 2018.

## **13. USE OF IPOS IN OUTPATIENTS**

The Integrated Palliative Care Outcome Scale (IPOS) invites patients to list their main symptoms and concerns and is a key tool when seeking to measure, demonstrate and improve patient care. Patients attending an Out Patient Clinic should be asked to complete an IPOS form prior to their first and every subsequent visit. This audit was undertaken to assess how reliably these forms are being completed and how well the information they contain is being used to influence subsequent care planning for each patient.

This audit is in the process of being analysed but initial results show that the service is good at ensuring completion of the IPOS every visit and the discussion of IPOS is part of every conversation with the patient, however it does not always influence the care plan.

## **Research**

*The number of patients receiving NHS services, provided or sub-contracted by NLH in 2017-18, that were recruited during that period to participate in research approved by a research ethics committee was nil.*

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

## Quality improvement and innovation goals agreed with our commissioners

*NLH income in 2017-18 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.*

## What others say about us

The Care Quality Commission (CQC) monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. They consider five domains of service provision:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

They publish their inspection performance ratings and reports to help the public.

*NLH is required to register with the Care Quality Commission and its current registration status is unconditional. NLH has the following conditions on its registration (none). The Care Quality Commission has not taken any enforcement action against North London Hospice during 2017-18 as of the 31<sup>st</sup> March 2018.*

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

NLH's three sites were separately inspected in 2016. NLH was found to be compliant in all of the areas assessed and each site was rated "Good" in all domains.



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## DATA QUALITY

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*NLH did not submit records during 2017-18 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.

As part of the monitoring of the IG Standards within the Hospice NLH completed the annual IG Toolkit in 2017 - 18 and received a satisfactory score of 98%.

For 2017 - 18 NLH has not yet received confirmation that our assessment has been reviewed by the Health and Social Care Information Centre (HSCIC). The review of our submission by the NHS usually takes a few weeks and we may receive confirmation of this before the Quality Account is published

A statement about GDPR:

The General Data Protection Regulations are due to become law on the 25 May 2018, replacing the Data Protection Regulations. North London Hospice is working towards ensuring that they have procedures in place to ensure that they are compliant with the new regulations.

*NLH was not subject to the payments by results clinical coding audit during 2017-18 by the Audit Commission. This is not applicable to independent hospices*

For a details regarding Information Governance please see Appendix Two

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## PART 3: QUALITY OVERVIEW

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### QUALITY SYSTEMS

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NLH has quality at the heart of everything it does as depicted in the diagram of reporting and quality assurance arrangements below:



For a full description of our groups that oversee and review quality please see Appendix Three

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## KEY SERVICE DEVELOPMENTS OF 2017-18:

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### **Corneal donation project**

This year we have worked with Moorfields Eye Hospital NHS Foundation Trust to explore corneal donation. The team from Moorfields came to the Hospice to provide a training and education session for staff on Corneal donation including the process of donation, the factors that would prevent an individual from donating and the role that the Hospice could play in raising the profile of donation with our patients. A study had been undertaken in another Hospice that had identified that there had been 'no harm' to patients where they had raised corneal donation with patients on admission to the inpatient unit.

A small working party was established to consider corneal donation and agreed that it was an area that we should be promoting with our patients. Corneal donation gives patients the opportunity to give something back and leave a legacy, it is enabling those who had registered as organ donors to fulfil their wishes.

The pilot was launched in November 2017. Changes were made to the initial patient assessment to facilitate conversations with patients, information on corneal donation was provided by Moorfields and a guide for staff on the process until death was produced. Staff have also had the opportunity to observe the corneal retrieval process in order to be able to speak with firsthand knowledge to patients and families regarding the process.

Between November and February 2018, corneal donation has been approached with 93 of the 106 patients admitted to the inpatient unit. 4 patients have been referred to Moorfields, resulting in 2 donations. One patient was ultimately contraindicated for donation and one referral was deferred due to a change in the decision to donate following contact with the next of kin. The two patients who donated could have helped save or even restore sight in up to ten people.

Following feedback from staff the guidance for staff will be updated and corneal donation will be covered in the inpatient unit Doctors and Nurses induction to ensure consistency approaching the subject with patients and their relatives.

## **Dementia**

At the beginning of the year the dementia steering group was established with clear objectives for the forthcoming year based on Hospice Enabled Dementia Care (Hospice UK 2015):

- To develop, educate and support staff in dementia care
- To scope and recommend models of care for the organisation
- To build collaborative relationships within our community

Achievements to date:

- Presentation at the staff conference in October 2017 to promote awareness of dementia care and the steering group.
- Audits of the Dementia Friendly Environment were undertaken at Winchmore Hill and Finchley sites
- Current models of hospice care were explored and examples of good practice added to the virtual "dementia library" to consider adopting should grants become available
- A wealth of good practice was collected over the year and added to the virtual "dementia library" (in the shared folder).
- Links were made with all 3 Admiral Nurses and joined the 3 local Dementia Action Alliances
- The Hospice UK Dementia Community of Practice Group was attended.

Information gained and links made have enabled NLH Dementia Steering group to start to map and understand local care provision for dementia. A plan for 2018-2019 year has been written based on knowledge gained and gaps identified.

### **Increased Pharmacy Provision**

This year the Hospice has invested in additional Pharmacy provision for the inpatient unit through the appointment of a part time pharmacist. This dedicated specialist palliative care pharmacist oversees drug regulations especially with regard to controlled drugs, makes suggestions on possible changes to our formulary (including cost savings). The pharmacist reviews the medication every patient is taking on admission to the inpatient unit to ensure patients are provided with the correct medication. Attending the consultants ward rounds and the multi-disciplinary team meetings enables them to give both specialist and general advice on medication to support symptom management and patient care.

### **Faith Communities**

Spiritual Care and Volunteering Engagement have been working together to develop and deliver a short course aimed at ensuring members of each community feels enabled and empowered to support people who are living with illness, dying or are around people who are dying. This grew into NLH challenging local Church of England and Catholic churches to take up the Lenten challenge - "rather than give something up for Easter why not take something up and become a Compassionate Neighbour?" We have had a great response and are planning to repeat this with other faith communities throughout the year at relevant times.

### **Hospice Biographers**

This is a new organisation that recruits volunteers to digitally record patients' life stories, and gives the patient a choice of format in which to receive it, as well as nominating people who can receive it. Having heard about the training in Emotional Resilience provided by NLH they approached us to tailor the course for them and deliver it to all of their volunteers. This is an income generating initiative that also promotes the training and the NLH model of volunteer support to all hospices participating in this project.

### **Compassionate Neighbours**

Whilst not an NLH innovation, as part of the roll out of the model adopted by St Joseph's Hospice, we are being innovative in the way in which we are delivering. Aiming to enable people who have become isolated to reconnect with the community around them, we are encouraging neighbours to not only visit people in their own homes, but also to co-produce activities as an opportunity for social interaction. We are working in partnership with other local community organisations to help make this happen.

### **Renaming of Outpatients & Therapies to Health and Wellbeing (through the Feedback Group)**

With the investment over the last couple of years into the Outpatient and Therapy Team the service has been able to develop and evolve. However, it became clear that it lacked its own identity and that stakeholders were unclear what the service offered. As the new team settled and developed a broader range of interventions that were more appropriate for people earlier in their disease trajectory, a new name for the building and consequently the service was required.

In order to ensure that the name reflected what the stakeholders saw the building and service as, the renaming was put to the Feedback Group for discussion and ultimate naming.

The Health and Wellbeing Centre was officially launched in March 2018.

## Health and Wellbeing Centre Highlights 2017 – 2018

The Outpatient and Therapies service has undergone a transformation during the last year culminating in the renaming of the building and service to the Health and Wellbeing Centre.

The multi professional team has now embedded a number of new initiatives and extended interventions not just for patients but also for carers.

Interventions come under the headings of

- Symptom Management,
- Rehabilitation and Self-management,
- Emotional Wellbeing,
- General Wellbeing and
- Community Engagement

Using the co-production model has enabled us to have a broad range of activities that our patients and carers have identified as their concerns.

The highlights for this year are:

- The development of Carer support and interventions:
  - Five week course for carers caring at the end of life.
  - monthly support group
  - relaxation course
  - Complementary therapy
  - Psychosocial support
- 'Catching the Light' photography group. In May we held an exhibition of landscape photographs by one of our patients which we invited internal and external people to. Using a co-production model at this event we started to develop a photography group. The group has two elements – the 'creating' and the 'being'. It is a space to learn, share and enjoy photography as well as a place to support each other through illness, decision making and treatment. This group has an online platform where they share their photographs with the group, they have been to exhibitions and regularly meet to take photographs
- Death Café – during Dying Matters week 2017 we launched our first Death Café at the hospice. Based on the Swiss Café Mortel movement, Death Cafés were created by Jon Underwood in 2011 and offer an open and confidential space with tea and cake, to share our thoughts, concerns, hopes and experiences of death. It is a discussion group rather than bereavement support. These are run bimonthly
- Teens Support group – this group is very much in its infancy but had been developed and met monthly for the last three months offering psychosocial support alongside peer support to young people living with a family member diagnosed with a life limiting illness
- Community engagement
  - Visiting musicians, folk dancers and theatre group performances throughout the year
  - Two workshops in conjunction with the National Portrait Gallery – 'What's in a Portrait?'
  - 16 talks to local community groups about North London Hospice showcasing the Health and Wellbeing Centre
- Dramatherapy Student placement – a yearlong placement which has enabled us to develop further our creative psychotherapy services including 'Life Matters men's group'

an 8 session confidential creative group offering space to explore things that matter and meeting others facing similar challenges

- The Launch of the Health and Wellbeing Centre and the Health and Wellbeing Service in March 2018 promoted the service and hospice. Current and prospective users attended as well as local health, social care and local leaders.

### **Home from Home**

At North London Hospice we realise the importance of mealtimes to both patients and their families. Our Catering Manager visits each patient on admission, she introduces her team and explains what we offer patients and also what is available for visitors. Patients enjoy eating their meals joined by their spouse /partner. It adds a feeling of normality into a situation which can feel very alien.

We are constantly striving to make our environment feel warm, friendly and comfortable for all who access our services. During the last year we have updated our family room so it now has a much more homely rather than institutional feel. It is now a calm, quiet space where family members can sit and reflect.

Within our Living Room we try to provide distractions for patients and visitors - we have a piano available for anyone who wishes to play and we have recently introduced a jigsaw table. We mark celebrations/ festivals and screen showings of major sporting tournaments. Our "Come and Connect" programme continues to create a vibrant atmosphere of IPU and community patients and families coming together for lunch and volunteer supported activities. Again this helps patients stay connected to the outside world.

### **Outcome Star Development – Working Title 'Preparation Star'**

NLH initiated the development of an 'End of Life Star' to be used in palliative/End of Life care and invited in other collaborators (for example St Joseph's Hospice, Macmillan Cancer Support, Jewish Care and the London Association of Directors of Adult [Social] Services) to help fund the development.

The progress of development of the Outcome Star was delayed in 2017. The draft Star, called 'Preparation Star' was produced by the summer 2017 and staff from collaborators, including NLH, were trained to test it out. A question was raised about ethical approval for this development, for organisations, like NLH, who are part funded by NHS. Seeking this approval has delayed the development. It is now in place, though we were ultimately advised it had not been necessary but was considered best practice. However, approval will give greater legitimacy to the final product and make it more likely to be used in NHS settings. NLH staff are due for refresher training in April 2018. The final version should be available nationally by the spring of 2019. (See Appendix Four for further details on Outcomes Stars)

### **Feedback Group**

The user Feedback Group set up in 2016 has continued to meet regularly. The group's scope has extended this year to include inpatients and their families as well as users who have been discharged from our care and bereaved family members. Themes discussed have been catering provision, feedback from the user survey 2016, suggestions for and presentation of potential new priority for improvement projects 18-19, the hospice's new strategic plan and have included face to face discussions with NLH's CEO, Directors, clinicians and managers. Some changes made following suggestions:

- Smoothies added to inpatient unit menu

- Soup for patients pureed not sieved
- Provision for carers to be included in new falls group development
- Feedback Group attendee offered to be part of Need to Reach project with his experience of the local Mauritian community

The revised Steering Group continues to involve two users and next year hope to explore how best to involve community team users.

### **Community Teams: Rapid Response**

Each community team identify a Clinical Nurse Specialist (CNS) daily to act as a rapid response (RR) nurse who has the capacity to respond to urgent need, this may be a new urgent referral or a patient already known to the service who has unexpectedly deteriorated. The RR nurse can visit the patient the same day to assess them, develop a treatment plan and coordinate their care working with the patient's general practitioner and district nursing service to support the patient and their family / friends. The aim of the rapid response nurse is to promote patient comfort and prevent unwanted / unnecessary admissions to acute hospitals. Each team have a health care assistant (HCA) who is able to offer practical help should the patient require it and has the capacity to spend time with the patient supporting them and their family.

### **Integrated Community Palliative Care Team**

The Palliative Care Support Service (PCSS) have integrated a HCA into each borough team who work supporting the CNSs in caring for patients at home, the HCA can help with practical issues for example providing personal care until statutory services commence, as well as, supporting relatives when patients are dying. In addition, commencing in April 2018 the Enfield and Haringey teams have recruited a Palliative Care Nurse (Band 6). The aim of this post is to be able to support patients in a more practical way and supporting the work of the district nurses and the rapid response service aiming to help patients to remain in their preferred place of care and promote their comfort.

### **The end stage renal failure project**

The project has now completed and recommendations have been made for developing the implementation of advanced care planning for patients undergoing renal dialysis, who are not responding to treatment. We have offered collaborative working and are in discussions about how this will work in the future.

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# PARTNERSHIP WORKING

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## **NLH are working together with:**

### **Sustainability and transformation Plan (STP)**

*NLH is actively involved with North London Partners in Health and Care, being members of the North Central London (NCL) STP Last Phase of Life Steering Group progressing the business case which is one of four projects under the NCL STP Urgent and Emergency Care Programme.*

The business case is looking to:

- increase investment in community based specialist palliative care services throughout NCL, with a focus on the provision of care in Care Homes.
- develop a Single Point of Access for Last Phase of Life.
- redesign commissioning arrangements for Last Phase of Life services across NCL.
- support Acute Trusts to equalise investment in acute palliative care services.

This has included Steering Group meetings, service planning meetings and regular teleconferences between providers.'

### **Sharing Skills & Knowledge**

Working together with Westminster Drugs Project to identify each agencies gaps in knowledge about one another's' service area and looking at how we can fill these. Intending to use this as a model for ways of working in the future. This not only increases the skill and knowledge of frontline workers, but also introduces NLH to client groups that may otherwise not have accessed our services.

### **Specialist Palliative Care Community Teams**

Each of the three Community Teams have continued to develop their working relationships and practices with District Nurses, Community Matrons, Heart Failure Team, Respiratory Teams, Dementia services and with the Neurological / Frailty Multi-Disciplinary Teams.

**Noah's Ark (Children's' Hospice).** The Health and Wellbeing service has been working in collaboration with Noah's Ark looking at what their young people (and their parents) who are transitioning to adulthood may require to support this transition and move into adult hospice services

### **Quality Team**

The Assistant Director's Quality have been supporting the Royal Collage of Nursing's work with Royal College of Physicians and NHS Benchmarking to develop the National Audit of End of Life Care in hospitals and are also part of the Hospice UK advisory group for the National Benchmarking of Hospice inpatient unit safety metrics programme.

# EDUCATION AND TRAINING

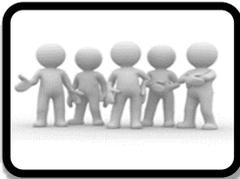
## Achievements and Developments



57 sessions or courses delivered during 2017/18



All sessions lasted between 1 hour and 2 days



A total of 771 learners attended these session

- Two new courses, the Level 5 Award in Palliative Care Awareness and the Level 2 Award in Emotional Resilience were developed this year. These new accredited courses have been created in partnership with Barnet and Southgate College and OCN London. These awards are nationally recognised qualifications and can be used towards Continuing Professional Development (CPD) evidence across all levels in the Health and Social Care setting. The already successful QCF Level 2 Award in End of Life Care continues to be well subscribed and has received excellent feedback from the external moderator with Barnet and Southgate college:

**Level 2 Award in End of Life Care Feedback - Good Practice** – *"All portfolios sampled today have clear assessment planning and supportive feedback which confirms what has been achieved. The quality of the evidence submitted was to a high standard and it is clear assessors expect learners to take a pride in the presentation and standard of their work". "Please continue with the excellent work".*

- North London Hospice (NLH) is a Gold Standards Framework (GSF) Regional Centre, offering the Gold Standards Framework Care Home Programme (GSFCH). The Education Team were actively involved in the successful completion of the cohort programme by three care homes. These care homes are now working towards accreditation. The aims of the GSFCH programme are to improve:

The quality of care for all residents in the home  
The coordination and collaboration with others  
Outcomes, by reducing hospital admissions and deaths  
The programme equips homes to apply for GSF accreditation.

- NLH provides an induction programme for new staff and volunteers in addition to the annual mandatory training. The induction training has been revised and now includes a “*Patient Journey*” session in the form of a case study. This session is facilitated by internal clinical and non-clinical staff. A case study team has been formed to prepare and discuss the delivery of each of these sessions.
- The Education Team supported the development of three posters presented by NLH at Hospice UK conference November, 2017.  
Poster titles:
  - “*Educating the Next Generation*”
  - “*Developments in Pressure Ulcer Management and prevention*”
  - “*Inpatient Unit Education Programme*”
- This year saw the first NLH Staff Showcase Conference as part of the 25 year anniversary of Inpatient care. Seven departments presented topics using a variety of methods from Case Studies, Practical Demonstrations, from popular Game Shows to PowerPoint presentations. This conference demonstrated the knowledge and expertise within NLH and is informing the planning of an external conference in 2019.



- New Head of Education role  
This role was successfully filled in October 2018. The key functions of this role are to:
  1. Manage and lead the development of excellent education programmes that are financially viable and relevant to the work of NLH.
  2. Establish relationships with external stakeholders in order to secure external education contracts to achieve a budgeted income.

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## SERVICE ACTIVITY DATA

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

### In Patient Unit (IPU)

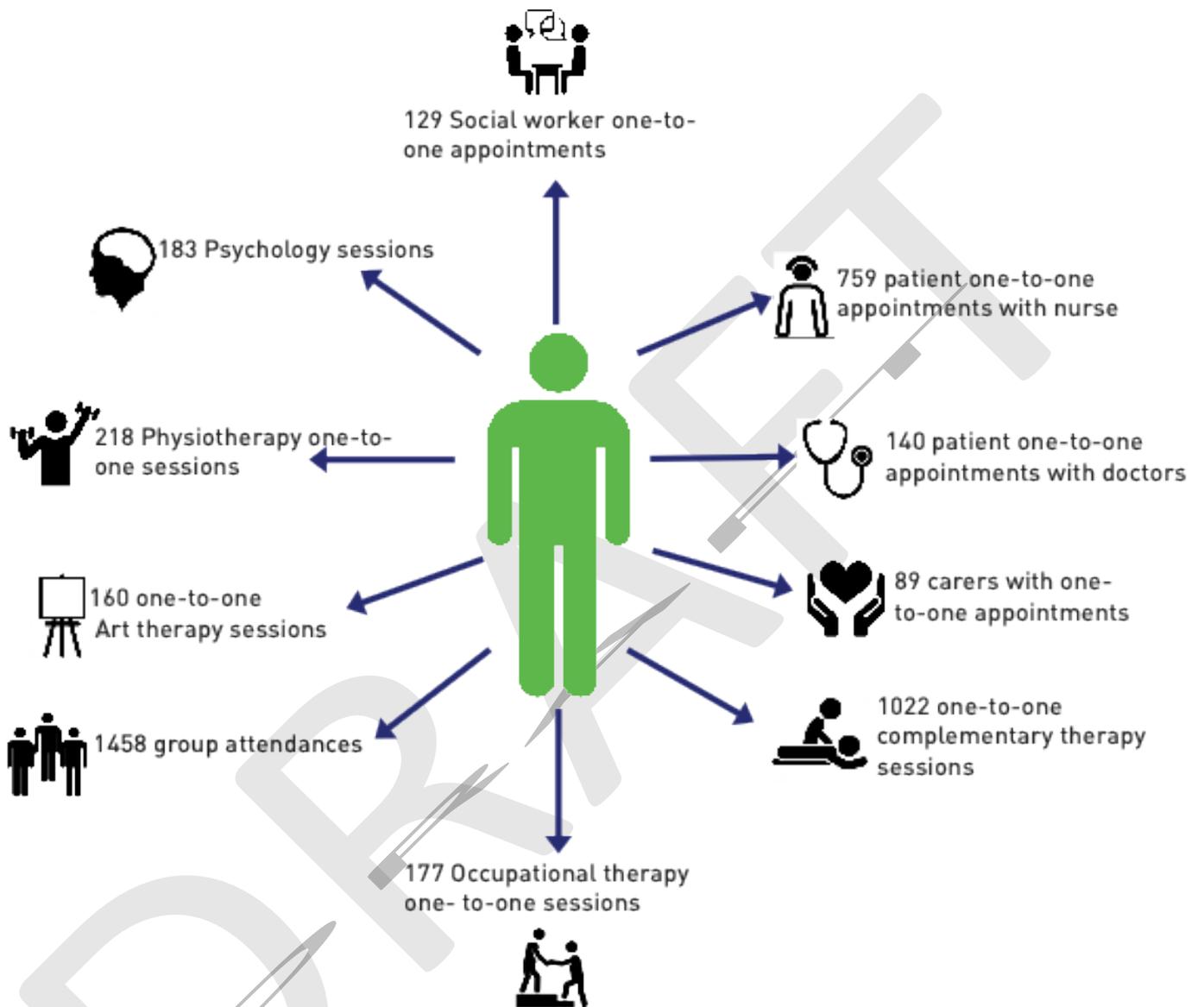


This year has seen a decline in admissions to the inpatient unit, however there has been an increase in bed occupancy from 75% in 2016-17 to 78% this year.

The percentage of cancer versus non cancer diagnosis has remained consistent (85%), despite NLH referral criteria being inclusive of all life-limiting conditions. This year has seen an increase in patients being discharged from the IPU. The average length of stay has increased this year from 13.5 to 16.5 days; we have seen 18 patients with stays of over 40 days prior to their death, and 8 patients with 40+ day stays prior to their discharge from the unit. This reflects the complexity of patients' needs.

There were more days this year than last where beds were closed (78 days this year, 39 days last year). This was due to specific issues with three rooms this year that have meant prolonged closures of rooms. In addition we have experienced issues with housekeeping provision. Members of the facilities team now attend our daily IPU bed allocation meeting to ensure facility issues are highlighted and dealt with promptly to limit the impact of closed bed days.

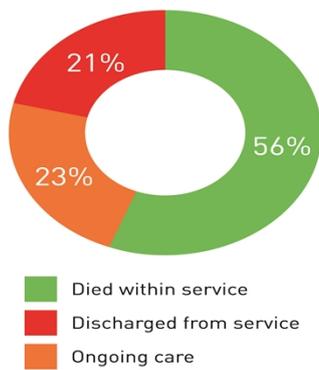
# Health & Wellbeing Service



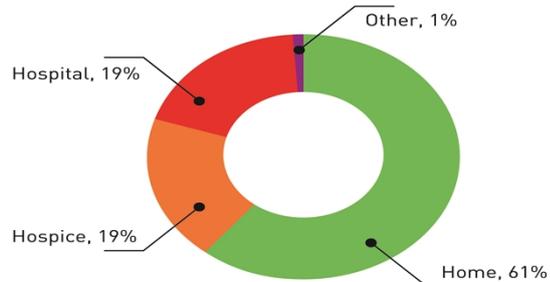
This year, in line with the reorganisation of services in the Health and Wellbeing Service the statistics have been collected to reflect the one service. There has been an increase in group activities and in new areas of work specifically with carers and peer support.

# Community Teams

Outcome for Community Team Patients 2017/18



Place of death 2017/18

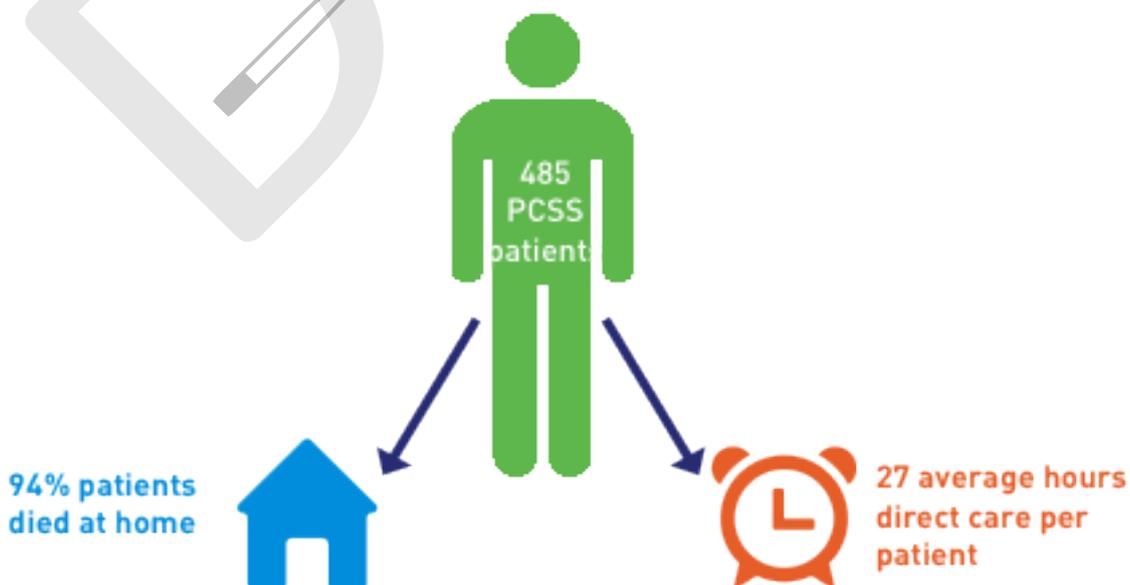


The Community teams have supported 2145 patients in their homes this year which is comparable to the activity last year.

Of these community patients, 21% were discharged when they no longer required specialist support, 56% were supported by the service until their death, with 23% remaining on the caseload.

Of the 1201 patients who died whilst under the care of the community team, 61% patients were supported to die in their own homes (including care homes), an increase from 56% last year. Hospital deaths have reduced from 21% last year to 19%.

## Palliative Care Support Service (PCSS)



## Patient and Family Support Services



This year has seen an additional investment within social work with the introduction of a part time social worker into the Health and Wellbeing Service. The activity for social work shows an increase from the 462 users seen in 2016-17. There has been a reduction in the number of users seen for Pre/Post Bereavement this year, this is due to gaps in service provision due to Bereavement Personnel and changes in Social Work Management. The slight reduction in Spiritual Care support on IPU is due to re-aligning the role of the Spiritual Care Manager. The original intention of this role was to provide expert Spiritual Care Support (in addition to training and oversight of the chaplaincy team) across all services in the organisation. The post holder became increasingly involved in the IPU only. During 2017/18 the strategy was to provide more support in the community [please put in figures if they are available]

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# SERVICE USER EXPERIENCE

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NLH values all feedback from people who have used our services and gain in it a variety of ways: Comments cards, thank you cards, patient/family stories and surveys, concerns and complaints.

Feedback is reviewed at service level with team members and also through NLH governance groups. All feedback is collated and analysed for themes and identify any improvements or changes required as we endeavour to meet the needs of our patients and their families.

## 2017 User Surveys

The annual service-specific surveys in 2017 have been collected by both paper and using a tablet device.

Paper surveys were sent from May-October 2017 to:

- Community patients and relatives
- Inpatient unit relatives
- Health and Wellbeing Service patients

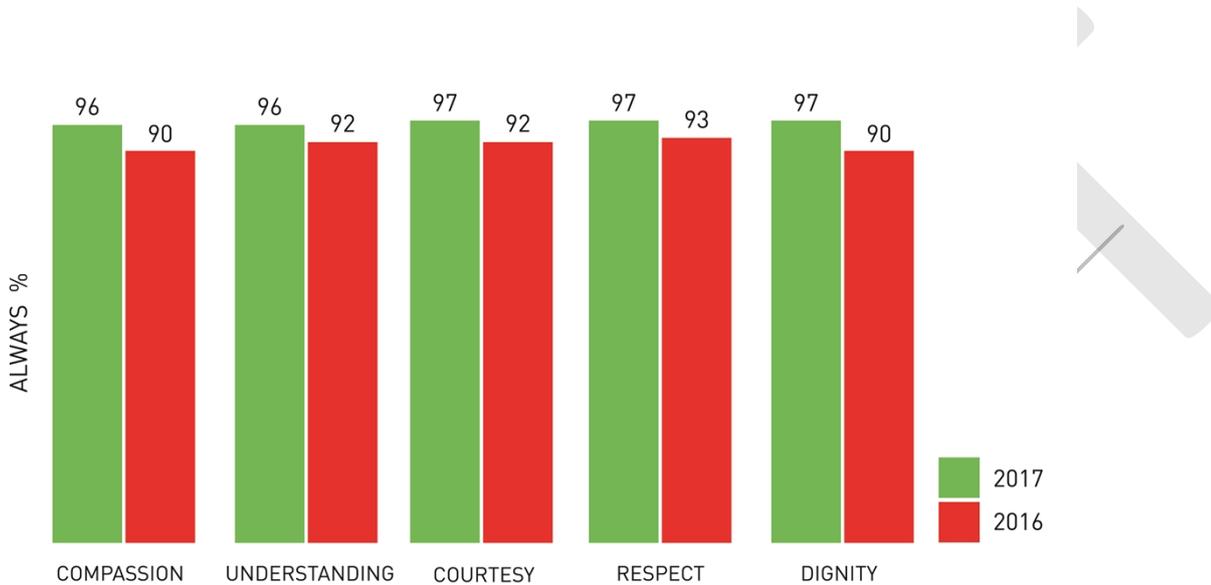
A total of 786 surveys were sent out, 282 returned (36%).

33 Tablet surveys were completed by Inpatient Unit patients during the year. The aim of the tablet surveys is to be able to provide real-time feedback so any issues can be dealt with immediately.

# Key Performance Indicators

## Key Performance Indicator 1

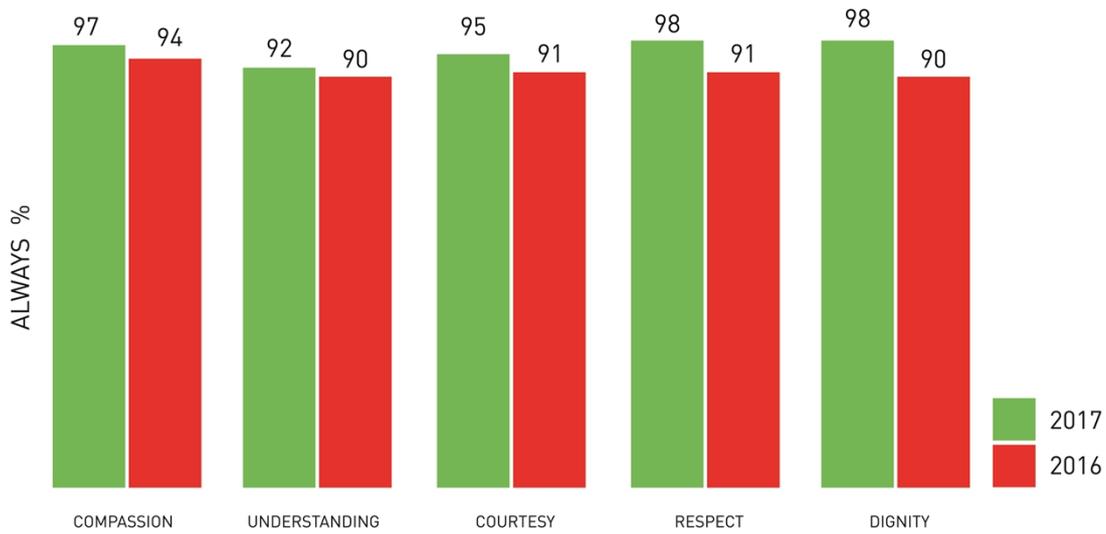
**Patients: Do you feel staff always treat you with:**



These results are the averages of the patients' experience for Inpatient Unit, Community Teams and Outpatients and Therapies services.

We are pleased to see an increase in all areas from our patients.

## Patients: Do you feel staff always treat you with:

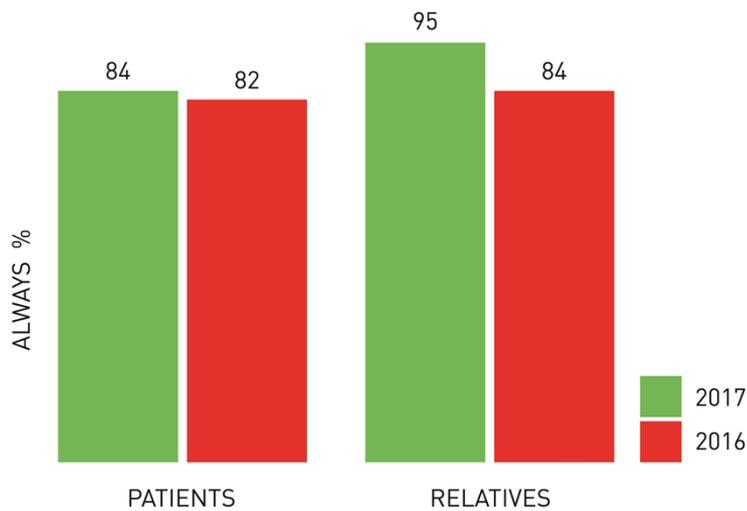


These results are the averages of the "Always" results from Inpatient, Community Teams and Palliative Care Support Service relatives.

An improvement in all areas from relatives.

## Key Performance Indicator 2

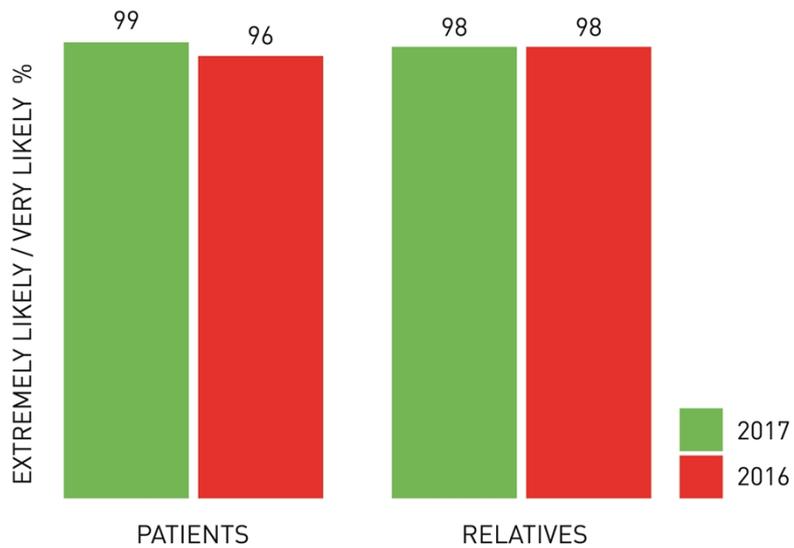
Are you/was the patient involved as much as you want/he/she wanted to be in decisions about care and treatment



For patients, one person from the Community Team answered 'Never', the remaining responses are 'Not Sure'.

For relatives, the Barnet and Enfield Community Teams' results have remained similar. A good improvement from the Inpatient Unit, Haringey Community Team and Palliative Care Support Service.

### Key Performance Indicator 3 Would you recommend the service to friends and family



This year 100% of Inpatient Unit patients said they would be extremely likely to recommend the service. For the Community Teams, 1 respondent replied 'Unlikely' and 1 person replied 'Extremely Unlikely'.

## COMPLAINTS

Quality Performance Indicator	2015-2016	2016-2017	2017-2018
Number of Complaints (NLH target less than 30)	21	10	15

Quality Performance Indicator	2015-16	2016-17	2017-18
Investigations completed, complaint upheld/partially	11	9	11
Investigations completed, complaint not upheld	5	1	1
Investigations unable to proceed as complainant not able to give full information	4	0	0
In progress			3

### Analysis:

Of the 15 complaints received, 8 were regarding patient care. Three of these involved IPU, 3 community, one Health and Wellbeing and one was concerning our facilities at the Finchley site. This correlates with 0.03% of patients and families supported by NLH made a complaint.

Of these eight complaints five were upheld, one was partly upheld and two are currently being investigated. Four of them related to education staff/volunteer communication, and five to clinical care or practice.

The following are some of the actions taken following completed investigations this year:

- IPU staff informed of need to document all conversations regarding care of the deceased
- Community team now meet every morning to understand that day's capacity to respond to non-planned home visits

As well as complaints, we record any concerns or compliments that we receive. Concerns are an issue raised by a user that requires consideration.

### Concerns:

This year we received 19 concerns from our users. 14 related to clinical care.

**Compliments:**

This year a total of 215 written compliments were received and recorded on NLH's Compliments Log

**Community Team Barnet:**

"On behalf of mum, my brothers and I would like to pass on our gratitude for all your help and support through such a difficult time. Mum really enjoyed talking to you and appreciated the care you gave. Can't thank you enough for being there for her and us."

**Community Team Enfield:**

"On behalf of all the family we would like to say a very big "THANK YOU" for all that you did for dad over the past year. The care he had from everyone was exceptional but you were particularly kind and supportive, especially to xxxx and we are very grateful for the way you eased the journey for all of us."

**Community Team Haringey:**

"Just a small note to say thank you for all the help and support you gave to my mum and me in the last few months. I imagine that your job can be a really hard one but you keep going and we admire you for that. Please keep up the good work."

**Inpatient Unit:**

"I would like to thank you for the excellent care and friendship that you showed towards my dear friend during his last 3 weeks and whilst her was in your care. At all times he felt safe whilst he was with you and he was always treated with dignity and respect. Furthermore his wife was always made to feel welcome and involved. I know he could not have had a better place to spend his final days and my heartfelt thanks for all the brilliant work that you carry out on a day to day basis."

**PCSS:**

"Thank you so much for all your invaluable help with my lovely mum. Your support was appreciated by us on the sad day. You went beyond your call of duty."

**Health and Wellbeing Service:**

"This centre is the most marvelous place offering great help and information in the most difficult of times. The welcome is always warm and friendly, the lunches are amazing, the exercise classes very helpful & informative by experienced professionals. As for the carers, you look after us so well, the massages by xxxx are extraordinary & help so much with my stress & anxiety. The carers skills group is wonderful - to be able to share grief & fear openly helps so much. Thank you for everything. NLH is our lifeline right now."

**Supportive Care:**

"We wish to thank you most sincerely for your care, concern and support. Your gentle sympathy and practical kindness will be remembered with great affection and gratitude."

# PATIENT SAFETY

## Incidents

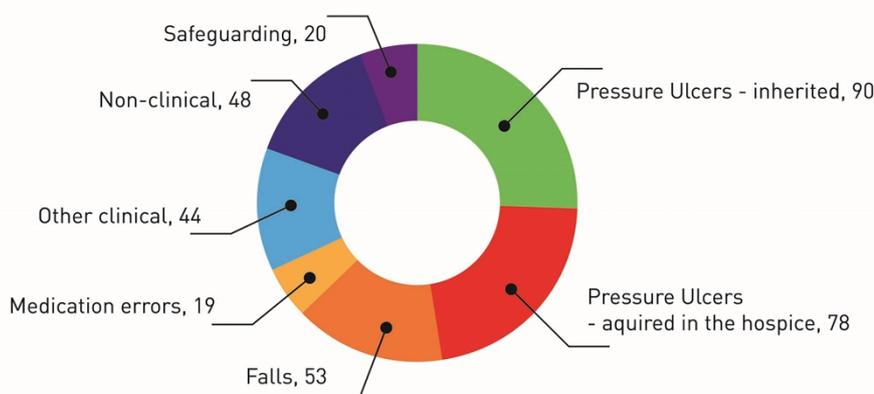
	2015-16	2016-17	2017-18
Total number of Incidents	216	371	352

### Analysis

The total number of incidents reported this year is very similar to last year. Last year we commented on the increase in incidents from 2015-16 and attributed it to the introduction of a risk management database which improved reporting. We have had one Duty of Candour incident related to a patient fall.

This year we updated our Sentinel (electronic reporting system) making several minor changes to ensure it is user friendly and helps us to meet our reporting requirements. We have refined our systems to ensure reporting, monitoring and analysing of incidents takes place in a blame free culture, so incidents can be learnt from and wherever possible, prevent re-occurrence.

Patient Safety  
Total incidents reported 2017/18



Pressure ulcers, whether inherited (patient was admitted to the IPU with them) or acquired (developed whilst on the IPU) continue to make up almost half of all reported incidents. We have robust reporting arrangements and are confident that all pressure ulcers are reported and reviewed in a comprehensive manner. This enables practice to be improved by learning from all aspects of it.

This year we have continued to ensure we are doing everything we can to prevent pressure ulcers developing. A full Root Cause Analysis was undertaken for all Grade 3 and Grade 4 pressure ulcers, as well as for Ungradeable pressure ulcers and Deep Tissue Injuries. In all cases the ulcers were found to be unavoidable, in that everything was done to prevent them developing. All pressure ulcers of any grade, acquired in the hospice were unavoidable (compared to 6 last year that were found to be avoidable).

We continue to work through our Pressure Ulcer Management Action Plan. Having listened to our patients, who reported they found our current pressure relieving mattresses uncomfortable, we have replaced all mattress with an alternative brand.

### **Inpatient (IPU) incidents:**

NLH continues to benchmark itself by submitting quarterly data to Hospice UK and comparing its IPU incident numbers with other hospices of this size. This year, Hospice UK were only collecting data on falls and medication incidents.

### **Falls**

	2015 - 2016	2016 - 2017	2017-18
Number of Patient related slips, trips and falls	36	27	50
Falls per 1,000 occupied bed days	7.83	5.74	9.86
Hospice UK Benchmarking Falls per 1000 occupied bed days (for Hospices of the size of NLH)	10.6	10.8	10.4

Comment: This year our numbers of patient falls has increased. We have reviewed our practice and made changes as part of the Priority for Improvement (see section 2) and can report that for the last six months of the year, our numbers are more in line with the average number of falls for a hospice of this size. In particular we closely monitor patients who fall more than once. A Root Cause Analysis was undertaken for a patient who fell three times and small changes to practice were made as a consequence of the investigation.

### **Medicine Incidents**

	2015 - 2016	2016 - 2017	2017-18
Number of medicine incidents	22	28	17
Medicine incidents per 1000 occupied bed days	4.8	5.74	3.35
Hospice UK Benchmarking Medicine incidents per 1000 occupied bed days	6.4	10.4	11.5

Comment: We are significantly below the number of average medicine related incidents and can partly attribute this to our rigorous prescription chart checking system.

## Infection Prevention and Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2015-16	NUMBER 2016-17	NUMBER 2017-18
Patients who contracted Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia whilst on the IPU (NLH target 0)	0	0	0

NLH are pleased to note that no patients have contracted any of the above infections whilst under the care of IPU.

## NLH STAFFING

NLH employs a total of 203 (156.8 WTE) permanent staff and 45 bank staff. It benefits from the efforts of approximately 980 volunteers who are used as required in clinical and non-clinical roles. The Hospice has many staff working part time or flexible hours.

	2015-16	2016-17	2017-18
Staff joined	50	74	34
Staff left	52	59	64

Of the leavers indicated above, 32 were bank staff whose contracts were terminated since they had not recently completed any shifts.

Difficulty in recruiting Band 5 and Band 7 nurses has persisted, despite continuing efforts to address the issue. Three current employees are undertaking appropriate advancement apprenticeships. Potential recruitment and retention incentives continue to be sought and pursued where appropriate. An annual leave sale/purchase scheme was launched during the year, as well as a discounted cinema arrangement, and staff benefit from goods free-sampling opportunities arranged through 'Gems at Work' and 'Work Perk'. Long service is recognised by presentation of appropriate certificates during suitable staff functions, including an inaugural Staff Conference held in October. Approval has been given to apply one-off financial incentives to attract applicants to roles of special scarcity and to reward staff for successful introduction of candidates where appropriate. As one of a range of measures to improve internal communication, weekly Staff News Exchange events, to which all are invited, are held. The staff Information & Communication Forum continues to mature and plays an important role as a platform for issues and concerns to be raised, discussed and addressed as necessary; it served a valuable role during the year in the consultation

process associated with outsourcing a service function under TUPE arrangements.

NHS England (2017) asked for comment on NHS Staff Survey KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that the trust provides equal opportunities for career progression or promotion relating to the Workforce Race Equality Standard).

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

	<b>In the last year I have not been bullied at work</b>			<b>Diversity is welcomed at the Hospice</b>		
	%			%		
	Staff N=88	Volunteers N=131	All hospices	Staff N=88	Volunteers N=131	All hospices
Strongly disagree	12	3	4	5	1	3
Disagree	9	4	6	11	2	6
Neither agree nor disagree	5	10	8	14	19	22
Agree	29	30	32	53	53	46
Strongly agree	45	53	50	17	25	23

The survey was completed by 44% of our staff and 17% of volunteers. Participation was marginally lower than the average for all hospices using the survey, and lower than that the previous year. The Executive Team noted a slight increase in dissatisfaction in these areas. The data were presented to the Board of Trustees, where it was felt participation needed to increase to give a more definitive reflection of opinion amongst both staff and volunteers and it was agreed a more proactive approach would be taken in future to broaden participation. The Executive Team continue to seek clarification where possible and to address any issues felt to be relevant, and satisfaction levels will continue to be monitored through staff surveys, open forums, Personal Development Review comments and exit interviews. Any allegations of bullying would be rigorously investigated and dealt with (although none have been received).

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# NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

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## **NLH Board of Trustees Quality Account Comment**

Over the last 5 years, as a Board of Trustees, we have been impressed by the progress made in a number of key areas that directly impact the experience of patients, their friends and families at some of the most poignant and difficult times in their lives.

In this my last year as Chair of the North London Hospice, I am delighted to once again commend the achievements under the Priorities for Improvement, as well as the overall Quality measures described in the Quality Account. The Board has been kept informed of progress made throughout the year against the areas identified as Priorities for Improvement. As in previous years, these build on existing good practice both internally and externally.

The Board has been especially impressed by the transformation of a fairly traditional model of Out Patient services into a more responsive service, focussing on Health and Wellbeing. Significantly, this change was shaped using a co-production model involving patients, carers, volunteers and staff. At an inspirational launch held on the 15<sup>th</sup> of March, those of us who attended heard first hand from patients and family members about the tangible benefits of the new model in terms of their positive experiences. The complexity of the task of identifying Hard to Reach groups has further highlighted the value and importance of joint work with other organisations already assisting people in what may be regarded as groups who do not regularly access Hospice services. Much of this work is ongoing, is reflected in the Priorities for 2018/19, and supports our aim of extending the reach of Hospice services. In terms of patient safety, a greater understanding of the factors that contribute to slips, trips and falls have increased patient safety on the In Patient Unit, helping staff, patients and carers contribute to a safer environment. The multi-disciplinary journal club has fostered greater shared understanding across professions and different parts of the service.

For 2018/19, the Priorities for Improvement build on the positive outcomes on the In Patient Unit in relation to falls, extending the learning into community settings. The Productive Ward programme aims to improve efficiency and safety on the ward in order to release time to care, is especially welcomed. In addition, an initiative derived from good practice in Dementia Care will introduce a one page Patient Profile for everyone, compiled with the patient and their friends and families. Acknowledging the complexity of the work in relation to Hard /Need to Reach groups, further work is to be undertaken on this initiative in the year ahead.

The Board welcomes the improvements illustrated in this year's Quality Account and fully supports the Priorities for Improvement identified for 2018/19, understanding that they build on much of the excellent work already being undertaken.

Over successive years, it has been very encouraging to see the benefits that new initiatives have brought to the safety and positive experience of patients, as well as those caring for them.

**John Bryce**  
**Chair**  
**North London Hospice Board of Trustees**

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# STATEMENTS FROM COMMISSIONERS, HEALTHWATCH, HEALTH OVERVIEW AND SCRUTINY COMMITTEES

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**Barnet Clinical Commissioning Group**

**Barnet Health and Overview Scrutiny Committee**

**Healthwatch Barnet response to North London Hospice Quality Account for 2017-18**

**Enfield Clinical Commissioning Group**

**Healthwatch Enfield**

**Haringey Clinical Commissioning Group**

**Healthwatch Haringey**

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# APPENDIX ONE: OUR CLINICAL SERVICES

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## 1. Community Specialist Palliative Care Teams (CSPCT)

They are a team of Clinical Nurse Specialist, Doctors, Physiotherapists, Social Workers who work in the Community to provide expert specialist advice to patients and Health Care Professionals. They cover the boroughs of Barnet, Enfield and 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.
- \*An out-of-hours telephone advice service

## 2. Out-of-hours telephone advice service

Community patients are given the out of hours number for telephone advice out of office hours. Local professionals can also access this service out of hours for palliative care advice as needed. Calls are dealt with 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. Health and Wellbeing - H&W (formerly Outpatients and Therapy)

The Health and Wellbeing Service are a multi professional team whose underlying principle aims are to enable and empower those that are living with the effects of a life limiting condition to manage their symptoms and be in control of their condition, to gain information to help make the decisions they need to make, to function independently and to live as well as is possible, working towards achieving what matters most to them.

The service offers a range of interventions on an individual and group basis as well as

opportunities for social interaction and peer support to both the patient and the carer. The services are available from the time of diagnosis and we work closely with the other teams in the hospice.

The multi professional team includes a Palliative Care Consultant, Specialist nurses, physiotherapy, occupational therapy, complementary therapy, psychological therapies, spiritual care and social work.

## 4. Inpatient unit (IPU)

NLH has 18 single en-suite rooms offering specialist 24-hour care. Patients can be admitted for various reasons such as symptom control, those experiencing complex psycho social issues or for end-of-life care. As the unit is a specialist palliative care facility, it is unable to provide long-term care.

## 5. Palliative Care Support Service (PCSS)

Most people would like to be cared for and finally to die in their own homes, in familiar surroundings with the people they love.

The Hospice's Palliative Care Support Service enables more people to do this.

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

## 6. Patient and Family Support Service (including Bereavement Service)

Support focuses on the individual and their relationships pre and post bereavement, with a range of service which may include practical and psychological/psychospiritual support as well as providing information, guidance and education.

As part of a multi-disciplinary approach, following assessment, a plan of support may range from the provision of the specific benefits of experiencing a more informal relationship with a volunteer, now including Compassionate Neighbours, or where the level of complexity of emotional and relational need requires the skills of more highly trained practitioner.

Registered nurses, doctors and allied professionals and some hospice trained volunteers should be able to gain a view about general psychological wellbeing and provide appropriate supportive interventions, advice and assist in problem-solving. The Patient and Family Support team are able to offer a further level of support. The department is also responsible for developing services for Carers, including young carers and kinship carers, as well as responding to the needs of children and young people. We work closely with the Health and Wellbeing Service to develop group work, which help create opportunities for peer support and informal networks developing beyond the hospice.

## 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 advice to referrers and patients with any potentially life limiting illness. In Haringey, NLH is a signposting service for patients in the last year of life.

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## APPENDIX TWO: INFORMATION GOVERNANCE

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The NLH Information Governance Framework sets the process and procedures by which the Hospice handles information about patients and employees, in particular personal identifiable information. To support this framework the Hospice annually completes the NHS Information Governance Toolkit. The annual submission process provides assurances to external agencies and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

Delivery of the information work programme is overseen by the Information Governance Steering Group which is chaired by the Commercial and Financial Director.

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

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

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

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

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

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# APPENDIX THREE: HOSPICE GROUPS THAT OVERSEE AND REVIEW QUALITY WITHIN NLH

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## Hospice Board

The Board is accountable and responsible for ensuring NLH has an effective programme for managing risks of all types and ensuring quality. In order to verify that risks are being managed appropriately and that the organisation can deliver its objectives, the Board will receive assurance from the Quality, Safety and Risk Group for clinical and non-clinical risks. It reviews NLH's Balance Scorecard bi-annually.

## Executive Team (ET)

ET reviews and monitors the minutes of all quality meetings, NLH's Balance Scorecard, and clinical and non-clinical risk.

## Quality, Safety and Risk Committee (QS&R)

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

## Quality and Risk (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)

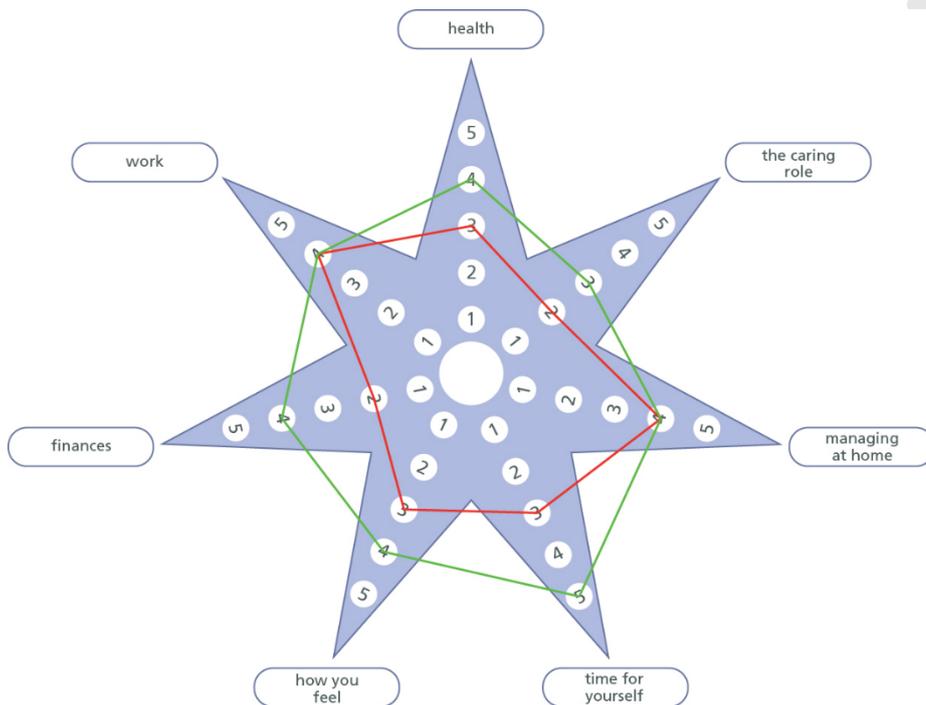
ASG is responsible for providing assurance of all audit activity through reports to Q&R and QSR. ASG presents its Audit Plan and Audit Reports and recommendations to Q&R for approval and monitoring. The audit plan is ratified by QSR on an annual basis. ASG will also ensure that any risks identified during an audit process will be added to the appropriate Service Risk Register.

## Policy and Procedure Group (PPG)

The PPG group ensures the review of all NLH policies and procedures. It reports to the Q&R and QSR.

# APPENDIX FOUR – THE OUTCOME STAR

Outcomes Stars™ are evidence-based tools for both measuring outcomes and supporting change. Each version is an assessment, support planning, and review and outcomes tool in one, measuring change however that is defined for the particular client group. They are also tools to engage people, open discussion and encourage professionals and other workers to listen, empowering people to express what is important to them and make changes.



Carers Star™ © Triangle Consulting Social Enterprise Ltd  
Authors: Sara Burns, Joy MacKeith and Amaragita Pearse  
[www.outcomesstar.org.uk](http://www.outcomesstar.org.uk)

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## ACCESSING FURTHER COPIES

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Copies of this Quality Account may be downloaded from [www.northlondonhospice.org](http://www.northlondonhospice.org)

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## HOW TO PROVIDE FEEDBACK ON THE ACCOUNT

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

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