North London Hospice Update 2019/20 Quality Account

The actions taken on the committees comments are highlighted in bold below:

The Committee was most concerned at the low levels of compliance recorded during the Hand Hygiene Audits completed for IPU, the Health and Wellbeing Centre and George Marsh Premises at 84%, 83% and 69% respectively, especially at the time of a Coronavirus pandemic.
This year the organisation is taking the approach of a Hand Hygiene focused month in December when the hand hygiene audits will be undertaken across the organisation

The Committee was disappointed that under the heading Audit of Fall Paperwork in IPU, 20% of falls risk assessment reviews occurred late or were overdue.
This year so far has seen an improvement in the completion of falls risk assessments with lower levels of falls being reported. The audit is due to be repeated in November 2020.

Great concern was expressed that the Audit of Waste Management found several areas of non-compliance: the external clinical /infectious waste stores are not always locked and the sharps bins were not always correctly labelled or closed when full.
An audit of waste management was completed in November 2020 and showed compliance in all areas previously reported on.

The Committee was saddened to learn that the number of volunteers had decreased from 950 last year to 830 this year as they play such a vital role in augmenting the staff.
The pandemic has impacted on volunteer numbers within the organisation. There are a number of factors including the demographics of the volunteers, volunteer choice, the inability to bring back all volunteer roles due to the requirements to maintain a covid secure working environments, the limitations of space, the change of delivery of some of our services for example the need to move to virtual groups within Health and Wellbeing service. We are keeping in contact with volunteers who are not actively volunteering for us at present. We have also been successful in recruiting some new volunteers across retail and the inpatient unit where volunteers have not been able to return.

The Committee noted that there had been a huge increase in 'closed bed days' this year, 160 compared to 12 in 2018/19, which was due to extensive fire and safety work being carried out in the bedrooms. The Hospice confirmed that the work was now complete and the number of 'closed bed days' was back down to the normal level.
We continue to monitor closed bed days

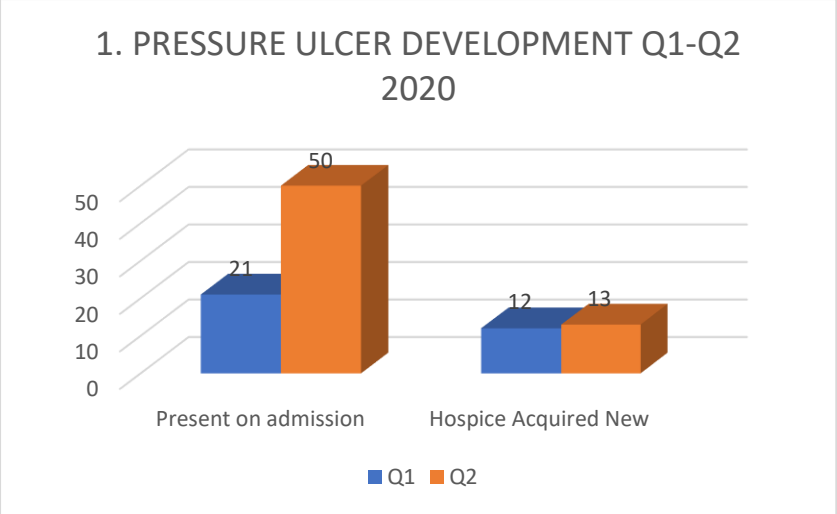
In the graph for Key Performance Indicator 2, the Committee was concerned to see a decline in whether patients and relatives feel involved as much as they want to be in decisions about care and treatment and also a decline in Key Performance Indicator 3 whether patients and relatives would recommend the service to family or friends. The decline in satisfaction in both Key Performance Indicators 2 and 3 was particularly noticeable in the Health and Wellbeing and Palliative Care Support Services, with the Community Team having slightly mixed results.
H&W have supported and are ensuring all qualified staff have complete advanced communications training. "No decision without me" user facing posters in place in IPU are being rolled out to all services once this year's internal review of patient information leaflets is completed.

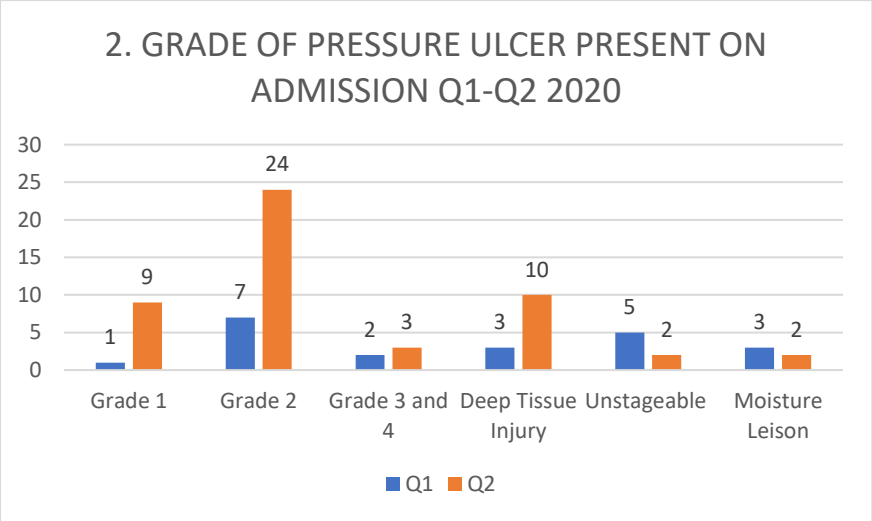
The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld.
NLH continues to monitor themes and disseminate learning from complaints to improve user experience.

The Committee was alarmed at the upward trend in' Patient Safety' reported incidents from 352 in 2017/18 to 367 in 2018/19 and to 489 in 2019/20.
There has been increased reporting due to changes in the definitions of pressure ulcers in 2019/20 and an increased safety awareness culture across services.

The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various categories of pressure ulcers so that it could be clearly seen how many of the ulcers were either Category 3 or 4 or if some fell into the lower categories.
Our Q1 clinical benchmarking data shows for new pressure ulcers these were 7.9 per 1000 bed days which is below the national average of 8.8. We have seen a greater trend of patients being admitted to the hospice with pressure ulcers present on admission in Q1 and Q2 20/21 than from previous quarters during 2019-20, see graph. A speculation whether this is due to patients staying longer at home as a result of the Covid-19 situation and being quite frail on admission. Hospice UK data shows for Q1 there were 17.8 pressure ulcers present on admission per 1000 bed days which is higher than the national average of 16.1 for those pressure ulcers present on admission. We have previously discussed there being a correlation between high falls and low pressure ulcers and then low falls but higher levels of pressure ulcers which reflects the type of patients we had at the time.

There were 13 Acquired pressure ulcers whilst in hospice during Q2 - a slightly higher trend to Q1 2020 where there were 12, a significantly lower trend compared to Q1 and Q2 19/20. There were no new stage 3 or 4 in last two quarters which is very positive.





The Committee noted that there had been an increase in medication errors but was relieved that the Hospice was taking this matter seriously and had already put several measures in place and had also developed an action plan for future improvement in 2020/21.

For staff who have been involved in the medication errors (mainly new staff) on IPU we have put in place increased educational intervention from Practice Educators. There is a medication safety quality improvement project underway which is focused around three themes for improvement:

THEME 1 –REPORTING, LEARNING AND SHARING: to develop a reporting, learning and sharing culture to create a bridge to get learnings really shared effectively

THEME 2 - EVIDENCE BASED PRACTICES: to develop evidence-based practices to improve medication safety-POLICIES AND GUIDELINES which involves improved communication about policy changes and monitoring compliance

THEME 3 – EDUCATION: to empower staff working in interdisciplinary teams in the role they have to play in medication safety, and the roles individuals can and should play must be understood by all

Fran Deane
Director of Clinical Services
November 2020