

Minute extract and mid-year QA 2019/20, North London Hospice

- The Quality Account was well presented and easy to navigate with an interesting mixture of information and including a 'Patient Story' demonstrated the ethos of the Hospice.
- The Committee was delighted to see that three of last year's 'Priorities for Improvements' will continue again this year, as Members felt that they were of great importance: the Carer's Strategy, training on Non-Medical Prescribing and ongoing development of Egton Medical Information Systems (EMIS). EMIS was considered of vital importance providing the Hospice with access to patients' records and information sharing as 96% of GP Practices in Barnet, Enfield and Haringey are on the same system. (P.6-9)
- The Committee praised the progress made on the 'Productive Ward in the Inpatient Unit' to improve and initiate new ways of working thereby enabling nurses to spend more time with patients. (P.10)
- The Committee noted that a Priority for 2021 'IPU Bathroom Spa Experience' aimed to improve the current facility by adding new blinds, a privacy curtain as well as creating a small changing area and expressed disappointment that the facility was currently closed due to Coronavirus social distancing recommendations. (P.13)
- The Committee was glad that the Audit of the Dementia-Friendly Environment had been rated 'Good' and looks forward to hearing how work progresses on the few potential improvements which were identified. (P.16)
- The Committee was pleased that there were positive results in the Audit of Five Priorities of Care following the introduction of electronic documentation in January 2020 as part of the EMIS project. (P.17)
- The Committee noted that the Resuscitation Council had recommended the purchase of two additional pieces of equipment, although the review of the resuscitation trolley equipment met the standards. (P. 17)
- The Committee was pleased that the Hospice had trained another 50 people as 'Compassionate Neighbours' to add to the 96 who underwent training last year and that students continued to be welcomed as well as 40 young adults considering a career in healthcare who had attended two successful Summer Schools. (P.21 and P24)
- The Committee congratulated the 'Catching the Light' Photography Group on holding its first exhibition with over 100 people attending who had had the opportunity not only to view but also to purchase some of the exhibits. (P.21)
- The Committee was impressed that all sections of Key Performance Indicator 1 regarding patients' and relatives' views on how staff treat patients were even higher than last year. (P. 29)
- The Committee was delighted to hear that the number of patient related falls was down from 62 to 45 this year, showing a positive trend since the introduction of patient alarms and the purchase of low beds in IPU last year. (P. 36)

- The Committee congratulated the Hospice on developing an Action Plan to learn from near misses and recognising these as an opportunity to prevent further incidents. (P.36)
- The Hospice was complimented on achieving zero cases of Clostridium Difficile (C.Diff) again this year. (P.37)

However:

- 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. (P.15)
- 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. (P16)
- 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. (P.17)
- 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. (P.20)
- 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. (P.26)
- 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 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. (P.30 and 32)
- The Committee was disappointed that the number of complaints had increased from 12 last year to 19 this year with 16 being upheld. (P.33)
- 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. (P.35)
- 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. (P.36)
- 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. (P.36)

Mid-Year Update, North London Hospice

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.

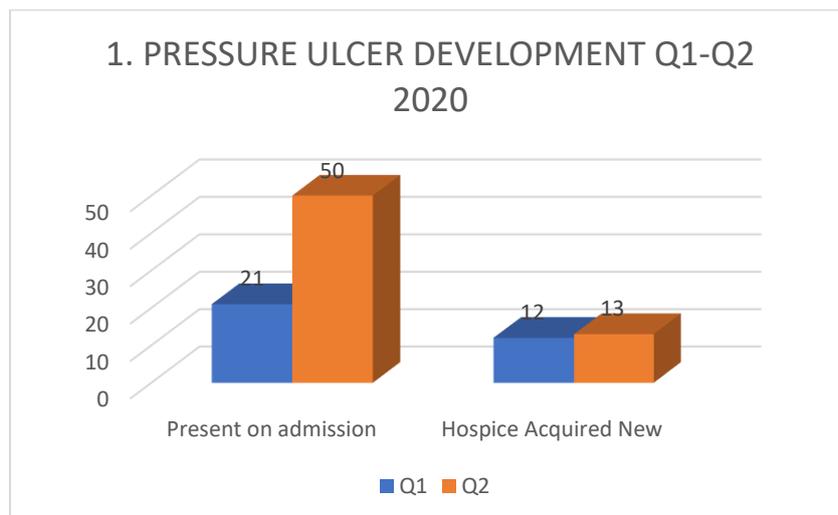
The number of pressure ulcers reported had increased from 63 in 2018/19 to 124 this year. The Committee was concerned that this upward trend should not continue, despite the frailty of many of the patients, and suggested that it would be helpful if the Hospice divided the total of 124 into the various 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.

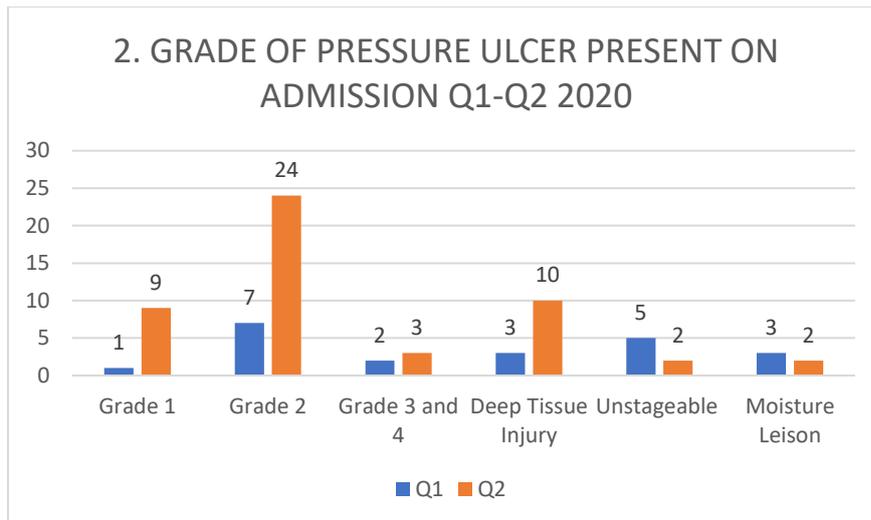
Our Q1 clinical benchmarking data shows for new pressure ulcers these were 7.9 per 1000 bed days which is below the national average of 8.8.

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.