

NORTH·LONDON  
HOSPICE

Registered Charity No. 285300

# QUALITY ACCOUNT 2020 – 2021

DRAFT V0.8

# Values that we live and breathe in our day to day work



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## EXECUTIVE SUMMARY

North London Hospice (NLH) reports in this 2020-21 Quality Account on the quality of its services.

The four Priority for Improvement projects completed this year are outlined in the account and have resulted in:

- a formal service for our carers, including the development of resources, consultation group and information sessions
- provision of virtual support by the Health and Wellbeing Service through rehabilitation and self-management groups, wellbeing activities and psychological/emotional online courses
- a continuation of systems to support an on-going programme of non-medical prescribers' training
- further development of our new patient record system (EMIS) and training of staff.

The three projects for the coming year are outlined in the account. They are:

- Digital transformation of patient information so patients are able to have instant access to digital information if they require
- Development of a 'just and learning culture' framework to support some of the improvement work already undertaken
- Virtual assessments - Community Teams to explore how these are delivered effectively.

Key service developments and partnership working are reported on and the key clinical services' annual data is presented. The user survey results demonstrate an improvement in patient and carers' experience of NLH services.

Our incidents are reported, with consideration given to falls, medicine and pressure ulcer incidents.

Comments on the Quality Account from external local organisations are included.

## PATIENT STORY- Sunil's Story

### Caring For Body & Mind

**"North London Hospice cares for the emotional as well as the physical needs of a patient, something that was so important to my husband," wife of Sunil Modi-Nichols.**

Sunil Modi-Nichols lived with heart failure. After more than five years trialling new and existing treatments - which provided him with precious time with family and friends - he was referred to the hospice in November 2019.

"Sunil was very fearful when he was referred but we were struggling and had run out of options so the hospital advised him it was time for palliative symptom-based support.

"From the moment we arrived we felt very safe. For me, I had a lot of responsibility as Sunil's main carer and that responsibility was immediately shared as soon as we walked into the beautiful building in Finchley," added Sunil's wife.

Sunil, 53, a Communications Manager, met his wife through mutual friends and they remained together for 25 years. They married in Goa and lived in Barnet with their 11-year-old son.

"Heart failure is an unpredictable illness. There are peaks and troughs," adds Sunil's wife. "I was Sunil's main carer, had a full-time job and our son to look after. On several occasions the hospice suggested Sunil went in for two-weeks of respite care.

"His first visit was a revelation to us. The staff cared not just for his physical needs but provided emotional support too. He had a room with a balcony where he could sit outside and there were big sofas for our son to lounge on if he wanted to. His time on the ward also gave me a chance to sleep and recharge. The doctors and nurses encourage independence and during each stay they helped and supported him to get back to living at home."

During the pandemic North London Hospice maintained its services and kept its ward open. Technology was utilised and consultations were often conducted via phone or video link. Access to the ward was limited and visitation restrictions were introduced to keep patients, staff and families as safe as possible.

"Throughout the lockdown we felt supported. xxx from the social work team called regularly, sometimes just to see how I was, and the spiritual care team have been wonderful. xxx from the team arranged video meets with Sunil which he really appreciated and he also calls me too."

"Sunil wanted to be at home but he was not at peace or at ease so he went back into the hospice on 20th August. When he arrived he suddenly relaxed, he stopped fighting, and the next day he passed away peacefully. I was there

holding his hand along with his sister and his best friend. I was so grateful I was by his side. We couldn't have asked for anything more."

Sunil's wife concluded: "Each member of staff is so caring and they have time for their patients. In a hospital the nurses are so busy but at the hospice they stop and spend time with you. We all really valued that. The holistic care that we received was so important to us. They cared for the mind as well as the body. We've had an unbelievable experience with North London Hospice, and can't thank them enough."

During the years he lived with heart failure, Sunil was aware of the lack of knowledge in the wider community and gaps in care when it came to heart failure. He collaborated with the British Heart Failure Society and spent four years capturing his experiences for them, which featured in a campaign documentary 'Fighting Failure', which screened in Autumn 2020.



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

It is with great pleasure that I introduce you to North London Hospice's (NLH) 2020-2021 Quality Account which has been developed in consultation with NLH clinical service staff and managers, the executive team and the board of trustees. We have prepared this Quality Account in the midst of the Covid-19 pandemic; none of us would have predicted just what challenges and change we would have been presented with this year. It does seem a little strange to be reflecting on the last year when life at the hospice has been so dramatically changed. I was very fortunate to be appointed as Chief Executive in August 2020 and I am proud of how the hospice team and volunteers have worked flexibly and innovatively to continue to provide the care that is required to our communities in the boroughs of Barnet, Enfield & Haringey during the intense pressures of the pandemic.

Despite all of this, this year saw over 3,000 people use our services from the comfort of their homes, though our Health & Wellbeing Centre or on our In-Patient Unit.

One of our Priorities for Improvement this year was to further develop our clinical database (EMIS) where we hold our patient records. This has been a significant two year project for the hospice involving all clinicians and support staff which has demonstrated improved efficiencies across services. Projects this year have also included year two of our carers strategy and community engagement; year two of supporting training for non-medical prescribers and developing virtual support for patients in health and wellbeing services. I am pleased to see the progress that has been made with our 'priorities for improvements' this year despite the Covid-19 pandemic. It demonstrates our commitment to the ongoing development and delivery of quality services.

Next year's 'priorities for improvements' see some dedicated development work on virtual consultations which involves assessments and reviews for our community patients, digital transformation of patient information and the development of a just and learning culture framework building upon some of the patient safety initiatives already in place at the hospice.

This year, more than ever, we would like to thank all our staff, trustees, donors, volunteers and supporters for everything they do to continue to help us achieve our aims, despite significant pressures. The longer-term impact of the pandemic will be on our income streams and we anticipate that our retail operations, which make a significant contribution to our funding, will take some time to recover to their previous levels, similarly we have had little income from events. We continue to be forward looking and open to opportunities which will enhance the quality of palliative and end-of-life care locally including those which involve

partnership working and collaboration. Agility as well as creativity and innovation is what has and will drive our successes going forward. New and innovative ways of working, delivering events and raising much-needed funds, have captured the imagination of the local community and will become part of everything we do going forward. We will continue to deliver the exceptional care to which we believe every one of our patients and families is entitled.

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

**Declan Carroll**

**Chief Executive**

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## INTRODUCTION

Quality Accounts provide an overview of our services, information about the quality of the hospice's clinical care and improvements to the public, local authority scrutiny boards and commissioners. This is our opportunity to share with you information about how well we have delivered services in the past year which are safe, effective and offer our patients and their loved ones a good experience. We also can highlight our priorities for the coming year which is based on our strategic plan. Some sections and statements are mandatory for inclusion. These are italicised to help identify them.

Our care is centred on the patient. We respect individuality and each person's dignity and right to privacy. We care for the whole person – their physical, emotional, spiritual, social needs and goals. The care includes support for their families and carers through an individual's illness and into bereavement. We care for people during the advanced stages of all life-limiting conditions, including cancer, heart failure, lung, kidney and neurological diseases.

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.

## OUR CLINICAL SERVICES

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:

- Community Specialist Palliative Care Team (CSPCT)
- Overnight Clinical Nurse Specialist Service/Out of Hours Telephone Advice Service
- Health & Wellbeing Service (H&W)
- In-Patient Unit (IPU)
- Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
- Bereavement Service
- First Contact Centre Service

For a full description of our services please see Appendix One.

## PART 2: PRIORITIES FOR IMPROVEMENT 2020-21

The following priorities for improvement for 2020-2021 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: Developing a carers strategy and engaging with carers to inform the service development (year 2)

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

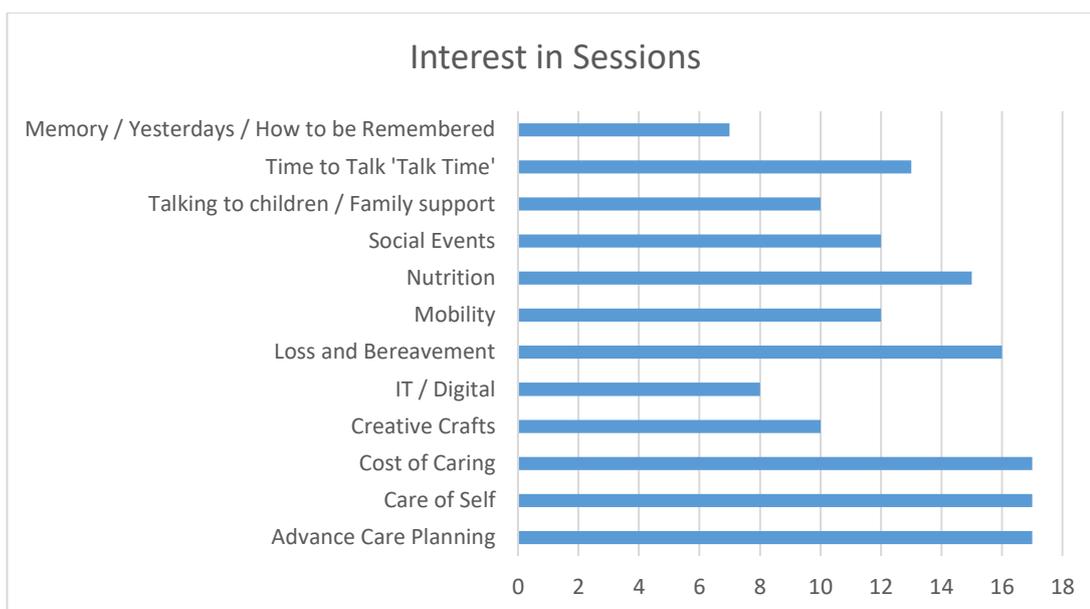
- Developing a carers strategy
- Carry out consultation with carers, to inform service development
- Develop relevant working parties
- Develop and deliver four cross site carer groups and activities.

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

It has been a challenging year but the social work team has remained committed to the development of a formal service for carers and continued to review and revise our project plan accordingly, learning as we went along.

#### **Consultation**

Our previous consultation with carers continued to influence service development and delivery and topics identified have been the themes of our online sessions, newsletter content and directory themes. See graph below for details of sessions that carers are interested in.



## Newsletters

We compiled and distributed two newsletters and have a template for further quarterly newsletters to be posted, emailed or given to all carers. Feedback of the first edition was positive from carers and colleagues.

## Virtual Sessions

A total of 22 sessions have taken place on zoom, facilitated by team members and we have tried various themes and models and varied the day and time.

Feedback includes:

- Able to talk to people who understood what they experienced
- Carers don't want to burden friends and families by talking about how they feel. Some people in their social networks have no insight into what being a carer involved
- Carers look forward to being able to meet in person.

## Strategy

Draft NLH strategy developed in line with national, local and NLH guidelines and consultation.

## Website

During the first lockdown, two articles for carers were added to the NLH website – Caring from a Distance and Are You a Carer?

## Going Forward

### We will:

- Continue to deliver and review the information sessions
- Continue to consult and work in partnership with carers, ensuring a co-produced and responsive carers service
- Share learning and development with colleagues, internal and external, to raise the profile of carers and develop a consistent, collaborative response.
- Gain feedback from carers and colleagues on a draft 'in case of emergency / carer contingency plan' with aim to introduce and pilot over next few months.

## Priority Two: Patient Experience: To explore the provision of virtual support by the Health and Wellbeing Service

### What we planned to do

- Scope potential range of virtual support that could be delivered
- Pilot a number of the virtual support options identified
- Understand the barriers to service users of accessing virtual support
- Gain patient/carer feedback on their experience.

### Progress against the plan

A large proportion of the work by the health and wellbeing team during the last year has been conducted via video conferencing. We have set up and run the following sessions/activities throughout the last year:

#### 1. Rehab and Self-management

Objective: Establish three virtual group sessions

Outcome: Four different group sessions have run

- **Exercise groups:** Two levels - sitting and standing have been run weekly
- **Breathlessness and Fatigue management** – Four courses of three week duration
- **Falls group** – a pilot session has been run and evaluated
- **Neuro group** – ongoing session have been run. However, there have been challenges for those with poor function, cognitive issues and speech difficulties leading to a drop-off of attendees. We have reviewed the group and are running a pilot course which is open to anyone who is known to our professional colleagues in our three boroughs who specialise in

neurological conditions. This may help further referrals as well as giving an early introduction to the hospice.

## 2. Wellbeing activities

Objective: Establish five different on-line wellbeing sessions

Outcome: Eight wellbeing sessions have been run

- **Relaxation course** – two eight-week courses have been run with another planned to start the first week of April
- **Singing group** – led by a volunteer this ran over the year on alternate weeks
- **Yoga** – transferred from face-to-face to an online weekly session, run by a volunteer
- **Photography Group** – the 'Catching the Light' photography group transferred online and has successfully prepared their next exhibition which will be launched initially as a virtual exhibition
- **Death Café** – three 'Death Cafes' have taken place during the last year
- **North London Hospice Choir** – a new venture set up by the music therapist which is open to all
- **Gardening Group** – the Occupational Therapist was due to run this just as the pandemic started and has now adapted the sessions to be a virtual gardening group, with the materials required for the activity being delivered to people's homes ahead of the group session
- **Exercise group** – general wellbeing exercise group.

## 3. Psychological/ emotional

Objective: Establish one session

Outcome: Two different courses have run

- **Sleep Hygiene course** – two group courses have been run
- **Mindfulness course** – the first mindfulness course that the health and wellbeing team has run, over eight weeks. It's currently evaluated.

## 4. Symptom management

Objective: Establish online activity

Outcome: All professions have undertaken one-to-one online consultations to address symptom issues

- **Acupressure sessions** – the complementary therapist taught patients individually how to self-administer acupressure to alleviate symptoms such as pain and peripheral neuropathy
- **Initial Holistic Needs Assessments/reviews/follow up** - the majority of assessments and reviews were managed online.

## **5. To understand the barriers of accessing virtual support**

Objective: Develop a survey for patients to evaluate the barriers Outcome: Most users had access to a computer/tablet/smart phone, yet over 80% would not attend computer training and only just over half were interested in attending online activities. The barriers appear to be personal preference of not attending online activity.

## **6. To gain feedback on the experience of groups and session.**

Objective: To evaluate users' experience of both individual sessions and group activities

Outcome: Different methods of evaluation have been tried, the most successful are when the evaluation is incorporated into the sessions that are running and the use of QR codes at the end of the session that directly link to an evaluation on Survey Monkey have given much higher response rates.

### **Going forward**

2020 - 2021 has been a year like no other and has particularly affected the service provision within the Health and Wellbeing Service. Despite the steep learning curve by the team into the use of technology, adapting many of our activities to online and the results of our user digital survey with a higher proportion than we thought having the ability to use technology, a number of our service users have not engaged with the group activity. However, there have been benefits for some who have been able to access groups which previously (due to fatigue/inability to travel) they may not have been able to if it was held on site. A patient on the In-Patient Unit was also able to participate in the online exercise group from the confines of their room.

Going forward we are hoping to work towards a blended approach of face-to-face and online activity which will allow increased reach and choice to our service users.

## Priority Three: Patient Safety: Non-Medical Prescribing (NMP) Independent Prescribing for Community team (Year 2)

### What we planned to do

The development of NMP within services enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings, including management of long-term conditions and palliative care. Clinical Nurse Specialists (CNS) have the appropriate pre-requisites to be trained in this skill and this will empower them to improve patient care but prescribing, where appropriate, for community patients.

- This project was previously identified as a Priority for Improvement by NLH under the CQC domain “demonstrating Clinical Effectiveness”
- Year 1 (2019-20) included training needs assessment of existing community nurses and identification of staff to undertake NMP training
- Year 2 (2020-2021) included the implementation of a professional development programme for non-medical prescribing, linked to accredited university courses.

### Progress against the plan:

- Four cohorts of two CNSs or Team Leads to be trained in NMP by November 2021 (Total = eight staff) with a development of an NMP group to support the learning and a programme for multi-professional meetings/visits – On target
- While Cohort 1 are undergoing training, Cohort 2 are undertaking Physical Assessment Courses in preparation for their NMP course - In progress
- Existing Band 7 Community Nurses (excluding those within three years of retirement) to be trained as NMP by March 2022 – ongoing
- New CNSs to be trained as NMPs within three years of joining the organisation- ongoing.

**Conclusion:** Six staff are expected to have completed their qualification by November 2021, with a further two staff due to commence courses in September 2021 which will result in a total of eight qualified NMPs by April 2022.

### Challenges to Date:

The pandemic and some staff’s personal circumstances resulted in some trainees having to defer course start date, delaying project timelines.

Medical short staffing for the majority of 2020 has resulted in fewer trainees being able to attend courses due to the support required from our medical team.

### Going forward:

The NMP project will be sustained moving forward by being embedded as part of the new NLH clinical strategy currently being developed by the clinical leadership team. It is the intention that Non-Medical Prescribing will also expand further throughout the organisation (beyond community and health and wellbeing teams) to include the In-Patient Unit (IPU) which will enhance patient care. The NMP project will also expand to include allied health professionals such as paramedics.

## Priority Four: Clinical Effectiveness: To further develop our organisation's clinical records database, EMIS (Year 2)

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

We created a robust and innovative platform for developing improved electronic patient records at the hospice during 2019/20 which put us in a good place to develop phase two of our project. This included:

- Development of training for 'super users' and other clinical and support staff to maximise use of the new database that had been built to meet both the clinical and data reporting requirements of the organisation
- Improve the sharing of information between NLH and patients' GPs by working with North Central London Health Information Exchange (HIE)
- Further development of our management processes and use of templates to aid good record keeping
- Development of reporting parameters and data quality that measures the effectiveness of our services
- Consider the information technology requirements of our Palliative Care Support Service (PCSS)
- Implementation of initiatives.

### **Progress against the plan**

It has been a challenging year however services have remained committed to the further development of EMIS and training.

- We have had regular clinical database meetings to support our super users in their roles. We have held regular super user training held with all of our services and we have seen improved confidence and quality of usage of EMIS across our service.
- Health Information Exchange (HIE) work has been progressed and the first phase completed by Cerner/EMIS enabling the hospice to be able to access patients records uploaded onto HIE from acute and community health providers including general practice. This is already proving to be very beneficial to the hospice. We hope to work with HIE during 2021/22 to enable NLH records to be shared on HIE. There is a comprehensive

range of document templates available to services which have been systematically developed and reviewed by services as required to enable records to be completed accurately. We recruited a second analyst to a job share position earlier this year recognising the need to build our reporting capability. Data analysts continue to build reporting queries, this is not yet completely refined although significant progress has been made. We recognise that further development work will be required during 2021

- We reviewed the IT requirements of the PCSS service. A grant was secured and are in the process of purchasing equipment for the PCSS service
- There have been specific initiatives that have been a priority, for example the roll-out of NHS Mail across services and AccurX (a system to support video consultations with our patients during the Covid-19 pandemic).

### **Going forward**

We recognise that further development work will be required during 2021-22 particularly in terms of developing our reporting capabilities, supporting our nurses and healthcare assistants in our IPU in gaining confidence with using EMIS and ongoing training for staff as new developments occur.

## LOOKING FORWARD: PRIORITIES FOR IMPROVEMENT 2021-22

The following 'Priority for Improvement Projects' for 2021-22 have been identified by the clinical teams and endorsed by the quality, safety and risk committee.

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

### Patient Experience - Project 1: Digital Transformation of Patient Information

#### **How we identified this project**

Service user information is vital in helping patients, families and carers who are using our service or receiving our care, it not only supports the communication between NLH and the service user but helps people to understand the various services we are able to provide. We have largely relied on producing and giving out paper leaflets in the past. This approach has proved to be a significant drain on resource and cost. User feedback also tells us that paper leaflets are not representative of how all of our service users want to receive information.

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

- Digitalise user information leaflets so that service users can have instant access to digital information as a primary option with printed information sent / given where needed
- Link service user information to scannable QR codes (barcode) with all codes to be added to all leaflets published by NLH
- Work with the marketing and communications team to ensure consistency of all our publications
- Seek user feedback on our publications, including meeting the needs of minority groups in our community.

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

- Service users will be able to instantly download a copy of the information directly to their electronic device
- The assumption is that once leaflets are reviewed / revised and QR codes are in place, there will be a significant reduction in printing costs and people resource and a 'greener approach'
- Once downloaded, the leaflet content is able to be changed to large print or translated into different languages, meaning it becomes more accessible to a much larger audience
- The priority supports our commitment to equality, diversity and inclusion

- Updates to information can be quick and cost effective
- The digitalisation of service user information will be delivered in 2021.

## Patient Safety - Project 2: Developing a just and learning culture framework

### **How we identified this project:**

A just culture is fair treatment of staff that supports a culture of fairness, openness and learning in healthcare by making staff feel confident to speak up when things go wrong, rather than fearing blame. NLH recognises that there is an opportunity to do further work in this area to include strengthening some of the mechanisms and processes in place to be able to support and embed a positive safety culture at NLH.

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

- Obtain understanding of some of the key safety issues from all services and to learn about culture as part of continuing to facilitate the leadership walkarounds framework which was impacted by Covid-19
- Review and update the existing sentinel system (our database for reporting incidents, near misses and complaints) and provide a mechanism for 'excellence' reporting
- Develop a just culture development framework accessible to all staff to further document and communicate our approach to embed a just and learning culture. This will include standardised quality improvement tools available to all and will involve a framework to support learning when things have gone wrong including determining targeted support for staff and how to debrief effectively. This will also support and benefit existing governance, policy and validation mechanisms to improve the safety and experience of the people we serve and our colleagues.

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

- Improved staff knowledge and confidence when carrying out incident/complaints investigations
- Undertake regular leadership walkarounds in all of our services to identify areas for improvement and excellence
- Improved user friendly sentinel database which facilitates reporting and learning
- Staff having a quick standardised guide to improvement methodologies
- A positive safety culture that embraces learning.

## Clinical Effectiveness - Project 3: Virtual assessment Community Services

### **How we identified this project**

Traditionally our community teams have based their specialist palliative care support around face-to-face assessments in patients' own homes, supplemented by planned and when needed telephone calls. However, while the world has embraced digital solutions and virtual visits it has taken the Covid-19 pandemic to force an 'instant' culture change in our service. As a response to the Covid-19 pandemic we introduced virtual consultations across community services. Following this rapid implementation we recognise that we need to look more closely at the issues spanning clinical, ethical and logistics domains; identifying areas of benefit as well as drawbacks, as to-date there have been varying degrees of success.

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

This project aims to explore virtual assessments in terms of:

- Defining the scope
- Documenting the processes required to ensure consistent, safe, equitable, high quality delivery
- Ensuring appropriate user selection to develop working practices for the future
- Developing staff knowledge, skills, confidence and competence.

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

- Adding choice to how assessments are carried out
- Increased accessibility of senior staff by reducing travelling time
- Clear consistent structure for carrying out virtual assessments
- Improved staff knowledge and confidence when carrying out virtual assessments.

## STATEMENTS OF ASSURANCE FROM THE BOARD

The following are a series of statements (italicised) 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 2020-21, NLH provided and/or sub-contracted two services where the direct care was NHS-funded and three 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 2020-21 represents 43% per cent of the total operational income generated by NLH for the reporting period.*

### Participation in clinical audits

*During 2020-21, 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 2020-21 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2020-21, 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 2020-21 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).*

North London Hospice recognises that audit has two main drivers-Quality Improvement and Quality Assurance. It provides the opportunity to both change practice and improve practice. The hospice produces an Annual Audit Programme of Planned Audit Activity and reports on each audit. Audit underpins several quality improvement areas for North London Hospice including:

- Clinical Governance
- Risk Management
- Quality improvement
- Benchmarking.

In 2020-21 the following local clinical audits were carried out and NLH undertook the following actions to improve the quality of healthcare provided.

### **Infection Prevention and Control Audits**

Audits have been completed at all three of our sites. Our site in Haringey was 100% compliant. The In-Patient Unit (IPU) and the Health & Wellbeing Centre had levels of compliance of 98% for both service areas. Areas of non-compliance included the need for improved stock rotation of clinical equipment, improved labelling of sharps bins, ensuring carpets are in a good state of repair, urine jugs being allocated to a single service user.

### **Hand hygiene**

This year we undertook the hand hygiene audit which considered both the handwashing facilities and observations of clinical staff. We completed this for IPU with a level of compliance of 84%. Corrective action was to ensure that alcohol and soap products and gloves were available at the point of care. Our infection control training has continued all year which includes hand hygiene observations of all staff at face-to-face training and an online module, 98% of staff have completed one or both trainings.

### **Medication 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. Amendments have been made to the medicines policies to include system for documenting deviations from standard operating procedures. A drug chart steering group has been established to review and redesign the current drug chart.

### **Audit of fall paperwork in IPU**

Usage of the updated patient manual handling risk assessment tool was audited. This audit showed good compliance of the assessment being undertaken and the care plan being completed for each patient. Only minor areas of improvement were noted; documenting patient's name and clinician signature on each page and not just the first page. A further re-audit is planned for next year.

### **Audit of Waste Management**

This annual audit was undertaken to ascertain ongoing compliance to hospice policy and relevant legislation regarding management of waste. The audit found significant improvement with compliance. Only a minor non-compliance was found of a single sharps bins not correctly labelled when being made up (date, clinic/department and initials). This audit will take place again next year.

### **Audit of Preferred Place of Death (PPD)**

Advance Care Planning (ACP) enables better planning/provision of care for people nearing the end-of-life so that they can live and die in the place/manner of their choosing (Gold Standards Framework 2014). Part of the ACP is to document the preferred place of death (PPD); electronically since the implementation of EMIS, which was audited. The findings showed that the presence of a PPD was ~60% between the clinical services. In ~15% of the cases the absence of the PPD was due to the short time between referral and death (equal to, or less than, 5 days). In 29% of cases where a PPD was documented, however, the outcome was not recorded. In 33% of patients nothing was documented and it was not indicated if a discussion had been offered but declined. The electronic PPD form process has been updated to capture the outcome when the death is recorded. A re-audit will occur next year.

### **Audit of Medication Dose Omissions**

We commenced a programme of point prevalence dose omissions audits in February and from this have developed a list of critical medicines that should not be omitted. We are currently using the first few audits to establish a baseline. We have found that not all omitted doses are an issue- for example if the drug was newly prescribed and not yet available whilst administration was happening. We will use the audit data to inform the review of the current drug chart.

### **Audit of Community Non-Medical Prescribing Practice**

This audit demonstrated that non-medical prescribing is carried out safely and effectively in line with audit standards, however the audit identified that communication with GPs could be improved and that FP10 handwritten prescriptions are not always accepted by pharmacists. A separate template letter will be attached on our clinical system with clear concise assessment and prescribing action within 24 hours of the visit and our prescribers have been informed to check with the patient/carer that medication has been received within 24-36 hours.

### **Audit of transdermal patch medication incidents**

This review was undertaken to describe and characterise medication errors regarding transdermal opioid patches, containing fentanyl and buprenorphine and identify any learning. Buprenorphine and fentanyl patches are associated with a number of safety concerns. For example, increased drug absorption and toxicity on exposure to heat and risk of accidental transfer or exposure of the drug to another person. We found that the three most commonly reported error types i.e. wrong dose, and omission of dose, and late discovery of a patch following admission, constitute 70% of all reported incidents involving transdermal patches. We have updated our checklist to ensure that patches are checked which has led to improved routines in our In-Patient Unit.

## Research

*The number of patients receiving NHS services, provided or sub-contracted by NLH in 2020-21, 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.

Over the last year we have achieved our ambition of becoming research active. The hospice has been involved in a number of ethically approved research studies:

- The CovPall study; a multi-centre multi-national observational study of palliative care during the Covid-19 pandemic
- The PALLUP study to identify and understand the palliative care needs of older people with severe frailty and has presented a research poster on the methods to capture user experience of video consultations in palliative care at the RSM Palliative Conference. We have therefore achieved our ambition this year to become research active.

Our Medical Director has also been involved in a systematic rapid review of literature regarding optimum methods of capturing user feedback on video consultations in the context of increased digital services and video consultations. This original research aimed to identify how palliative care teams can best capture patient and family feedback following video consultations. Poster presentation submitted. This has provided some useful insights and considerations when gathering user feedback from patients involved in online assessments and reviews.

## Quality improvement and innovation goals agreed with our commissioners

*NLH income in 2020-21 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 2020-21 as of 31 March 2020.

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. Our Director of Clinical Services maintains regular contact with our CQC inspector.

This year the hospice has engaged with our CQC inspector in our first 'Transitional Monitoring Approach' call.



## DATA QUALITY

*NLH did not submit records during 2020-21 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. The Data Security and Protection Toolkit is an online self-assessment tool that must be completed annually by all organisations that have access to NHS patient data and systems. It enables these organisations to measure their performance against the National Data Guardian's 10 data security standards and to provide

assurance that they are practicing good information governance ensuring data security and personal information is handled correctly. The hospice completed its 2019/20 toolkit submission in September 2021. The 2020-21 submission will be completed by June 2021.

*NLH was not subject to the payments by results clinical coding audit during 2020-21 by the Audit Commission. This is not applicable to independent hospices.*

For details regarding Information Governance please see Appendix Two.

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## PART 3: QUALITY OVERVIEW- QUALITY SYSTEMS

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. NLH strives to see quality improvement across its services, and this Quality Account represents a small reflection on some of the initiatives we undertake.

### KEY SERVICE DEVELOPMENTS OF 2020-21:

#### **North London Hospice response to the Covid-19 and emerging needs**

Our response to the crisis has been built on a true team ethic, with representatives from all parts of the organisation meeting frequently to plan our response and consider how this may impact the communities that we serve and the quality of care that we provide. NLH has made significant changes to its services during the pandemic to ensure high quality care could continue to be provided. This involved the development of new policies and procedures, training in new technology, revised guidance to patients and their families and our health professionals.

## **How our staff supported the local community and regional work as part of the Covid-19 response through volunteering**

Our staff also volunteered and contributed to staffing community verification of death teams, vaccination centres and intensive care units. Consultant staff participated in a voluntary regional on-call specialist telephone advice service covering the acute hospitals out-of-hours during the first wave of the pandemic on a voluntary basis and provided membership to ethics and clinical decision-making groups.

### **Community services response to Covid-19**

It was clear at the start of the Covid-19 pandemic that there would be greater numbers of people dying in the community and we led and supported a number of critical initiatives during the crisis. In order for the hospice to prepare and remain up-to-date we worked closely with our external networks. Our consultants joined the National Palliative and End of Life Care Network (PEoLC), representing the London Clinical Leadership Group.

We played a critical role in developing clinical guidelines for managing end-of-life in the community in relation to medication and care which were cascaded across London. We continue to actively work with the London Respiratory Network and the London Oxygen Group representing end-of-life care.

As visiting and assessing people at home became more complex due to the risk of Covid-19, we adapted the way we work to include virtual assessments as well as face-to-face assessments, giving people referred to us a choice. At this time more people wanted to remain at home to avoid being admitted to hospital or hospice due to the visiting restrictions. This strengthened partnership working with our community colleagues including general practitioners and district nurses to support more people to die at home. The community Clinical Nurse Specialists provided additional support out-of-hours by being on call from 17.00 -20.00 for patients and professionals to ensure a 24-hour service. We streamlined the referrals process by accepting referrals out-of-hours 24 /7.

### **Care Homes**

In response to the increasing cases of Covid-19 in care homes we adapted our model of care to facilitate supporting care homes through the pandemic. Many care homes were not allowing visits even from clinical teams. We quickly introduced virtual assessments by telephone or video and offered virtual ward rounds to support whole units during outbreaks within homes to respond to urgent needs. Throughout the first wave we attended monthly North Central London (NCL) care home strategy meetings to share best practice, develop a learning resource pack and to ensure a joined-up co-ordinated approach at an NCL level.

## **Covid-19 Step down beds**

As models of care for 'step down' beds for Covid-19 patients emerged at the beginning of 2021 we have responded by ensuring that the facilities have access to palliative care advice and support as required. This has included in-reach palliative care support and facilitating transfer to our In-Patient Unit.

## **In-Patient Unit (IPU) Covid-19 response**

The In-Patient Unit's (IPU) Covid-19 experience very much reflects the national picture and the experiences of other hospices:

In March 2020 the IPU was caring for patients whose Covid-19 status was largely unknown as access to testing was very limited, and with almost no Personal Protective Equipment (PPE) available. However, patients continued to be admitted from hospital and home, and minimal visiting for patients at end-of-life was permitted. Unfortunately during March and April there was an outbreak of Covid-19 amongst the IPU staff.

However, as the months went by, the PPE supply became sufficient via the Hospice UK weekly pallet drop, testing of patients for Covid-19 became routine, and approximately six known Covid-19 positive patients were in the unit during the first lockdown.

By the time the country entered the 2nd wave during December 2020, the unit was much better prepared:

- IPU Covid-19 operational guidance was in place - and staff training
- Plentiful supply of PPE
- 5 members of staff trained to "fit test" staff for FFP3 masks (should they be required for Aerosol Generating Procedures)
- Weekly swabbing of staff (PCR swabs)
- Weekly testing of patients
- All staff had undergone Covid-19 risk assessments.

During December and March 2021, 11% of patients cared for on the Unit were Covid-19 positive.

From the end of December staff had access to the Covid-19 vaccine and to a programme of staff testing.

## **Visiting**

Setting the visiting guidance for the unit during the pandemic was one of the greatest challenges.

Visiting the unit was extremely restricted at times with staff helping patients to remain in contact with their loved using electronic devices and regular phone calls.

Visiting guidance was (and still is) discussed every fortnight at the IPU service management team meetings and visiting access has varied over the year in conjunction with Covid-19 tiers and government guidance. We have endeavoured to allow as much visiting as we believe is safe at the time and have put procedures in place to facilitate this.

Patients at the very end-of-life have continued to always have visitors throughout, although restricted in numbers.

## **Admissions**

The IPU has remained open throughout the year, with a short period in December when we closed to new admissions due to the number of Covid-19 patients in the unit at that time.

## **Health and Wellbeing Service**

### **Covid-19 Response**

The Health and Wellbeing Service, being an outpatient service, immediately stopped all appointments on site as soon as 'lockdown' was announced, moving initially to a phone service and within 10 days offering individual video consultations as well. Home working ensued with limited staff in the building and with a steep learning curve, groups sessions were moved to online from early May. Some of the staff have been furloughed at some point during the pandemic – those who were unable to continue their role due to the restrictions.

The wellbeing part of the service has been hardest hit –so much of the activities were based on companionship and socialisation with a group that were not IT literate. Some one-to-one appointments continued following meeting hospice criteria and screening. However, for some service users they have much preferred an online approach. The volunteers that have supported the service have also not been able to attend the centre although some have been able to support the online sessions.

Referrals initially dropped off for the Health & Wellbeing Service as people were not attending hospital appointments/GPs and oncology staff in the acute sector were redeployed. When referrals picked up, there were more symptomatic people who required increased individual input to manage symptoms.

The Priority for Improvement (see Part 2) has seen the service transform to a virtual delivery of support.

## **Paramedic Role**

This new role at NLH was introduced in Sept 2020 as there was a recognition with ongoing challenges of recruiting to our nursing workforce we needed to explore new opportunities. Paramedics play an integral part in community end-of-life care and thereby frequently encounter patients who are receiving palliative or end-of-life care. This post is demonstrating how the paramedics skills, knowledge and experience can be used to benefit patient care within a specialist palliative care community team.

## **Volunteering**

We currently have 620 volunteers on the books of whom around 500 are currently active. The last year has been a rollercoaster for all volunteer-involving organisations and we are no exception. While our service delivery model changed, our shops closed and we reduced footfall into our buildings, some of our longer-term volunteers took the opportunity to retire from volunteering. Throughout all of that we managed to retain a steady 120 volunteers engaged in delivering support to our patients and their family members. We are delighted that we are welcoming volunteers back into our In-Patient Unit, we are developing new models of volunteers delivering services to our patients in the community.

## **PARTNERSHIP WORKING**

### **Compassionate Neighbours**

Compassionate Neighbours continued to support community members during the year, with a move to more telephone or virtual support. We secured funding from the National Lottery Community Fund at the end of the year to recruit three community connectors on temporary part-time contracts. These posts enabled us to engage with more organisations in our communities to promote the service. We have worked to increase our social media. Our training programme is now being run by Compassionate Neighbours.

### **Barnet Patient Engagement Group**

NLH continue to work closely with colleagues in Jewish Care, Healthwatch, Barnet Carers, Age UK, Dementia services, Multifaith Forum and GP Patient Engagement to encourage a local conversation about preparing for end-of-life decisions and care. This year NLH are once again working closely in preparation for Dying Matters Week, a national public engagement campaign.

### **Partnership working with Marie Curie Hospice Hampstead**

We have continued to meet regularly with the senior management team at Marie Curie in Hampstead to share experiences and consider opportunities for collaborative working.

### **Noah's Ark**

We have re-ignited this connection to support the transition from child to adult palliative care support.

### **Age UK**

We are working to join their 'Planning for the Future' sessions to supplement the more clinical aspects of advanced care planning.

### **Enfield Respiratory Team**

We continue to provide input into their 'Pulmonary Rehabilitation' courses exploring advanced care planning and the role and services of North London Hospice.

### **Palliative Heart Failure CNS**

Isabel Hospice - links have been made and a referral pathway shared for those with heart failure.

### **Local Hospice Lottery partnership**

We have developed a partnership with Local Hospice Lottery, which will help provide vital funds for patient care and give supporters the chance to win cash prizes.

## **LEARNING AND DEVELOPMENT**

Despite the challenges of Covid-19 and recruitment, the learning and development team have had a positive and busy year.

During the first lockdown the clinical team members supported the wider clinical areas when staffing was reduced, whilst adapting training and courses so these could be delivered virtually or - when allowed in - socially distanced, secure environments. This meant that despite the restrictions, many courses have successfully continued, including communication skills, verification of expected death and single nurse administration training.

Funding was also gained from Health Education England which enabled palliative and end-of-life care training to be delivered to London Ambulance Service paramedics and technicians. 36 staff were trained in total and 10 successfully completed the Level 5 accredited course.

The summer and autumn schools continued, although at reduced numbers to allow for social distancing, and were delivered to local and international students with a very positive reception: "Every part of the course had a purpose and was extraordinarily enticing and intriguing." A virtual training workshop highlighting the work of NLH was also delivered to over 250 students.

To ensure care homes continued to be able to access training, a Moodle, an online training portal, was developed to enable the delivery of training. Different voiced presentations and accompanying material were made available online for the homes to access at convenient times to them.

Corporate and mandatory training were revised in partnership with HR and emphasis placed on completion. End-of-year figures show that mandatory training compliance levels stand at 95%.

Six trainee nursing associates commenced their apprenticeships with Middlesex University, despite the immediate challenges of Covid-19 and their course moving online. They all progressed well with the support of their mentors and the learning and development team and have successfully passed the first year of the course. The Business Management degree apprentice also continued to make excellent progress with their course.

External healthcare learners also continued to be welcomed into the hospice and positive feedback was received from the students, including: "what a fantastic, supportive team".

The year also saw the lecture theatre being refurbished and a welcoming fresh learning environment has been created to support learning.

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***1,180 learners attended courses or training***

***Over 728 hours of support given through mentoring***

***Over 88 hours of virtual training provided (in response to Covid-19).***

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## SERVICE ACTIVITY DATA

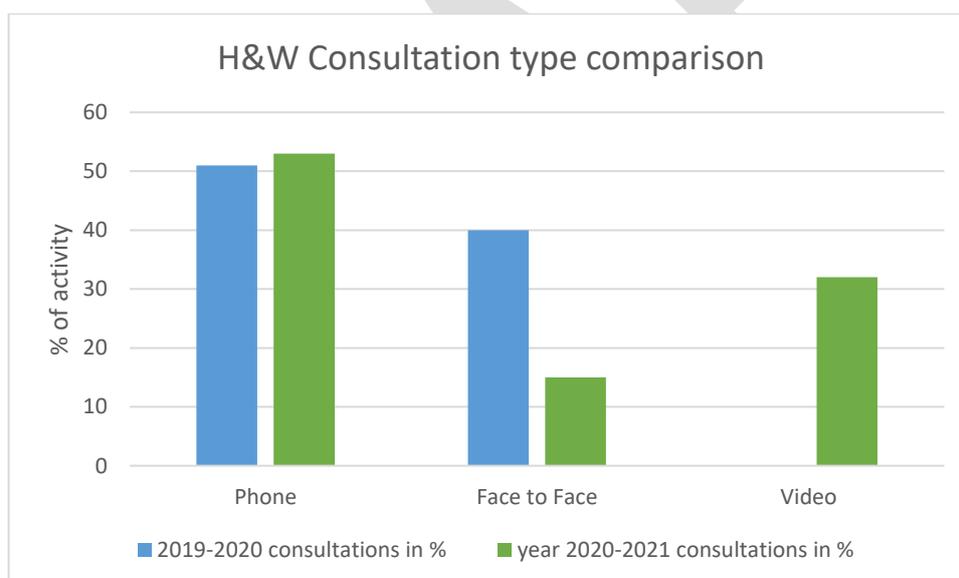
NLH monitors the performance of different aspects of its services quarterly against some annual targets. Highlights of this year are included here.

### Inpatient Unit (IPU)

	2019-20	2020-21
Admissions	338	341
Patient died on IPU	77%	71%
Patients discharged home	23%	29%
Length of stay	14.4 days	13.1 days
Closed bed days	160	141

### Health & Wellbeing Service

Despite the closure of Health and Wellbeing Centre to most patients at the start of lockdown we have continued to see referrals being made to the service, what has changed is the type of consultation. There has been a 13% decrease in referrals this year compared to 2019-20



### Community Teams

	2019-20 (to Qtr 3 due to move to new clinical database)	2020-21
Home (included nursing and care home)	56%	72%
Hospice	21%	17%
Hospital	22%	11%
Other	1%	0%

Percentage of patients achieving their preferred place of death	unavailable	87%
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### Palliative Care Support Service (PCSS)

	2019-20	2020-21
Number of patients support	365	374
Average hours of direct care per patient	29	27

### Community Overnight Service

	2019-20	2020-21
Total number of calls received (5pm-8am)	3344	7059
Total number of visits (8pm-8am)	122	428

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## SERVICE USER EXPERIENCE

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

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

### **2020 User Surveys**

The annual service-specific surveys in 2020 have been collected by both paper and using a tablet device.

Paper surveys were sent from June-November 2020 to

- Community patients and relatives
- Palliative Care Support Service relatives (PCSS)
- Inpatient unit relatives (IPU)

A total of 1,843 surveys were sent out (178% increase on 2019), 414 surveys were returned representing a 22.5% response rate.

Tablet surveys were completed by 27 patients whilst on the In-Patient Unit and by 29 Health & Wellbeing patients during the year. The aim of the tablet surveys is to be able to provide real-time feedback which allows issues to be dealt with immediately.

### **Results: Key Performance Indicators**

Key Performance Indicator 1: Are you/was the patient treated with compassion, understanding, courtesy, respect and dignity?

#### **Patients results:**

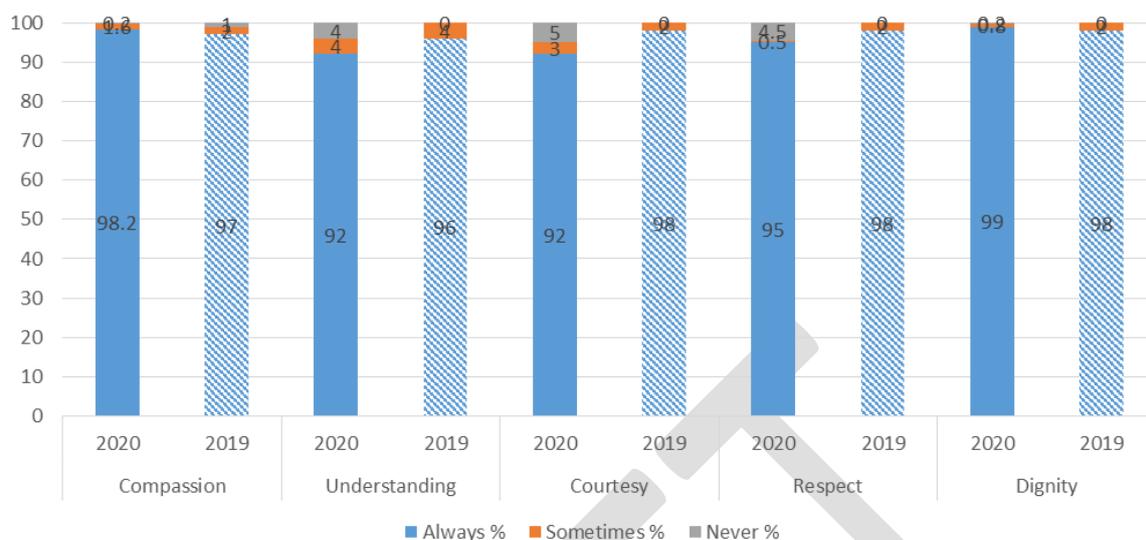
### ALL PATIENTS: Do you feel staff treat you with...



These results are the average of IPU, Community and H&W patients' responses. Despite some differences noted by services, overall scores are extremely good.

### Relatives' results:

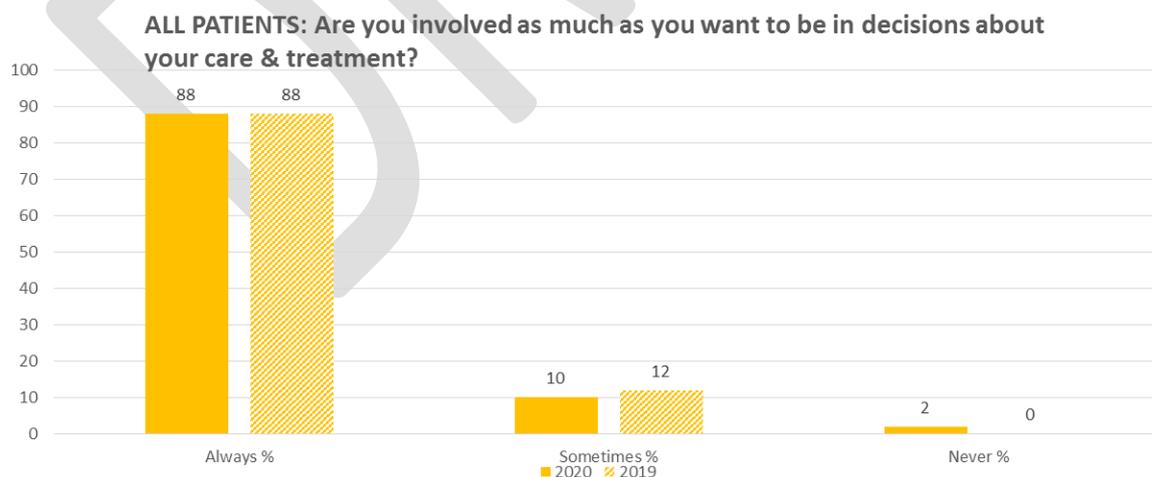
### ALL RELATIVES: Do you feel staff treat the patient with...



The average of the IPU, community teams and PCSS relatives' responses. A comparable result to 2019 – with no service scores lower than 92% in the "Always" category.

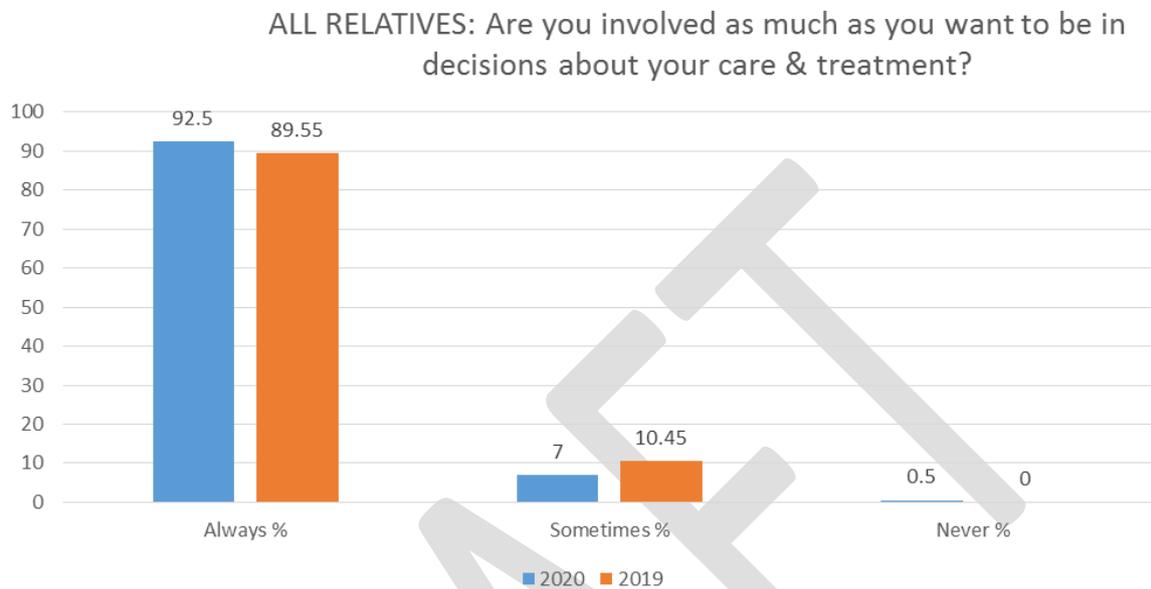
**Key Performance Indicator 2:** Are you involved as much as you want to be in decisions about your care and treatment?

#### Patients results:



When viewed across all services similar results to 2019. One community patient and one IPU patient reported "Never".

**Relatives' results:**



Improvement in relatives (IPU & Community) reporting "Always".  
One community relative replied "Never".

**Key Performance Indicator 3:** Would you recommend the service to friends and family?

Our responses are in line with those used in the NHS Family and Friends test:

Extremely likely

Likely

Neither likely or unlikely

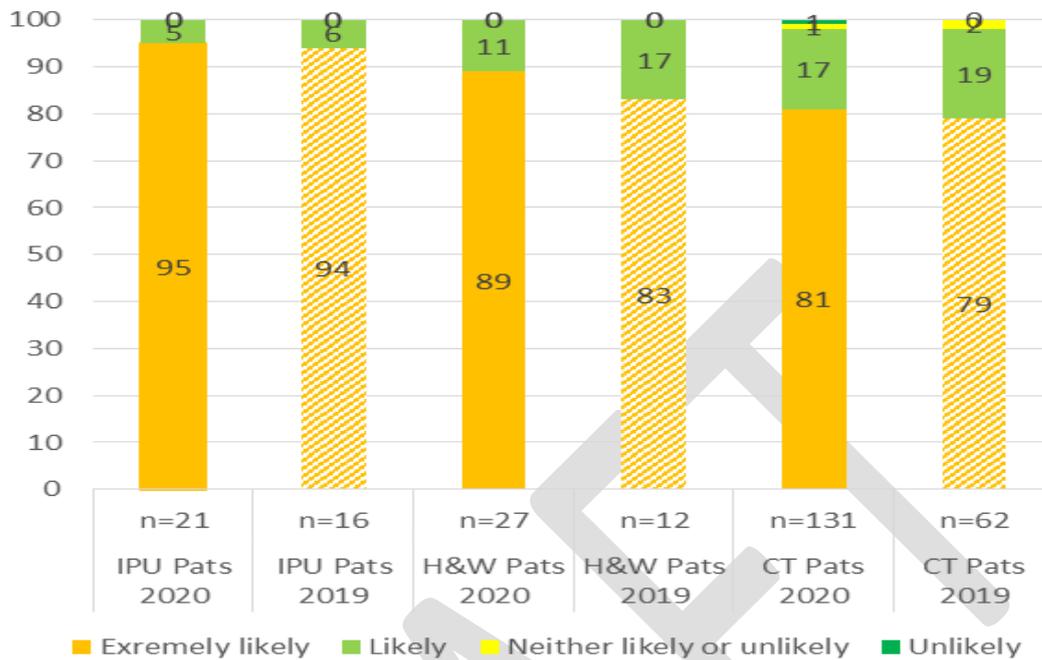
Unlikely

Extremely unlikely

Don't know/not applicable

**Patients' responses:**

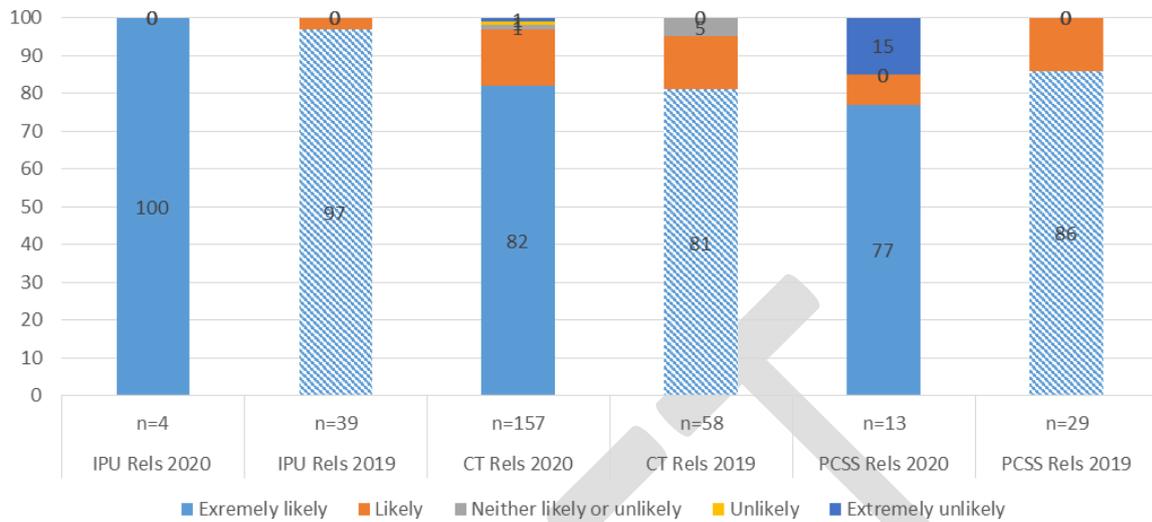
## ALL PATIENTS: Would you recommend the service to friends & family?



Improvement noted in all areas. The average of responses "Extremely Likely" and "Likely" across patients all services is 99%.

### Relatives' responses:

**ALL RELATIVES: Would you recommend the service to friends & families?**



Improvement noted in all areas except PCSS and community relatives

The average of responses "Extremely Likely" and "Likely" across relative all services is 87%.

**COMPLAINTS**

Quality Performance Indicator	2019-2020	2020-2021
Number of Complaints (NLH target fewer than 30)	19	18

Quality Performance Indicator	2019-2020	2020-2021
Investigations completed, complaint upheld/partially	16	15
Investigations completed, complaint not upheld	3	2

Investigations unable to proceed as complainant not able to give full information	0	0
In progress	0	1

NLH receives complaints about clinical and non-clinical (charity shops) aspects of its business. This year we received a total of 18 complaints:

- 15 were clinical (patient service) 3 were retail

Of the 15 clinical complaints, 10 involved the community service, 4 In-Patient Unit, 1 H&W Service. Less than 1% of patients and families supported by NLH this year made a complaint.

The themes of clinical complaints raised this year were care of patient and communication of staff to service users. Of the completed clinical complaint which been upheld fully or partially learnings and actions have been taken forward including:

- Development of rapid response standard operating procedure for all community staff to follow
- Ensure all agency staff are familiar with all aspects of patient care
- Introduction of revised care rounding form on the In-Patient Unit
- Care homes offered end-of-life training via NLH education department where necessary
- Child protection procedures updated to reflect local authority reporting requirements
- Staff to ensure clinical records are inclusive and complete
- Overnight staff undergoing verification of death training to support relatives and friends of patients
- Development of training package for staff on oxygen concentrators
- Advanced communication training for staff.

As well as complaints we record and monitor concerns and compliments. Concerns are an issue raised by a user that requires consideration.

## Concerns:

This year we received 12 concerns all relating to clinical care. The most frequent theme was care of patient and communication of staff to service user. The following are some examples of concerns raised this year and actions to be taken in response.



## **Compliments:**

This year we recorded 155 written compliments. Themes were care for patients, relatives, carers, above and beyond, kindness of staff, overwhelming support during difficult times. Below are some compliments received from our patients and families.

Thank you for all the amazing job you do daily. The care and support you provide not only for the patients but their relatives and friends. Our friend spent her final days in your excellent care. The home care palliative care you provided was such a great support to us. Thank you again for all that you have done and all that you continue to do. **Community team compliment**

I received a lovely card from the hospice bereavement service yesterday and I just wanted to let you know that I am fine now and we had a nice memorial service for my husband. I am back to my normal self, it has been a year and we are always thinking of him. Thank you for all you have done. **Spiritual care compliment**

To the wonderful staff at the North London Hospice, I cannot begin to express how grateful I am for everything you have done for xxx, myself and my family. A traumatic and unbelievably difficult last few months, have been somehow made a little easier to endure with your support, care, love and smiles. You became family and I shall never forget you all. With love and eternal gratitude.

**In-Patient Unit compliment**

## PATIENT SAFETY

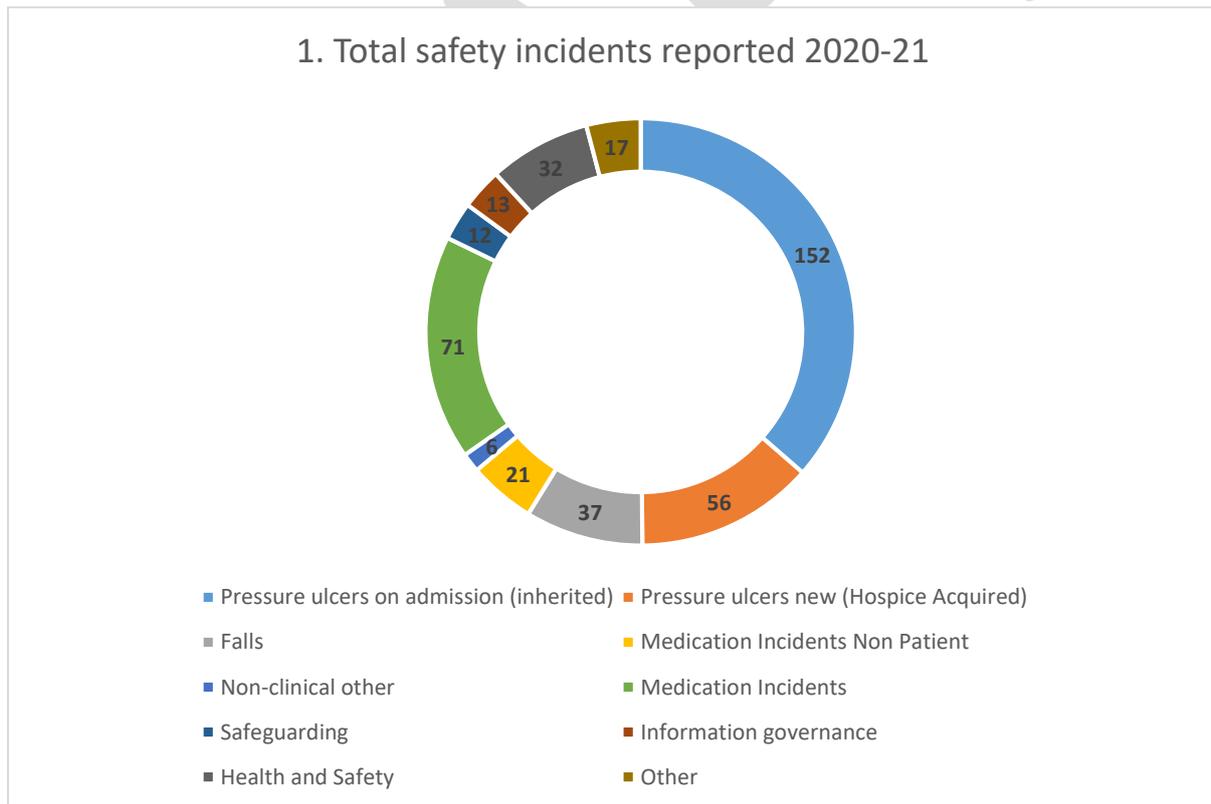
North London Hospice continues to report clinical, non-clinical incidents and near misses and reports on organisational learning and encourages an open approach. The quality and risk group review the themes, trends and improvements relating to incidents.

Table 1 below shows the number of incidents and near misses reported over the last three years.

Table 1 Total number of incidents 2018-21

	2018-19	2019-20	2020-21
Total number of incidents	352	489	417

Chart 1 below shows the various categories of incidents reported during 2020-21.



## Duty of candour

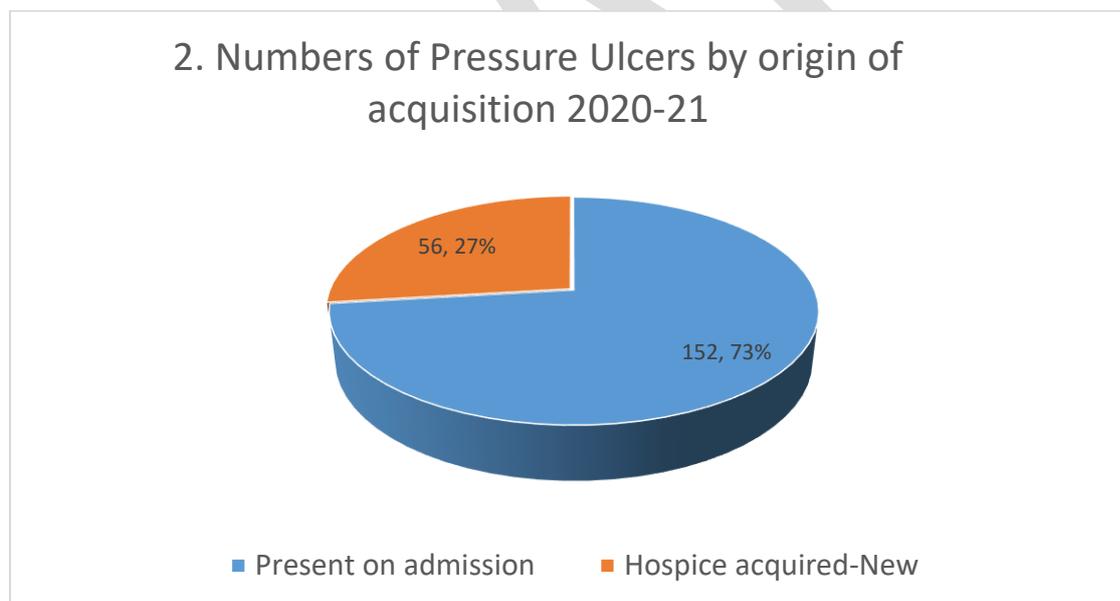
NHS England requires providers to indicate how they are implementing duty of candour. The duty relates to the culture as well as the practice of being open and transparent with service users and relevant stakeholders, regarding care and treatment. In the case of any serious clinical incidents reported then it will be subject to duty of candour. There were no duty of candour incidents reported during 2020-21.

## Analysis of incidents 2020-21

A decrease in the amount of incidents were reported this year from the previous year. This is due to a significant reduction of new pressure ulcers (hospice acquired) being reported in the hospice.

## Pressure Ulcers 2020/21

Chart 2 below shows the number of pressure ulcers present on admission compared with those pressure ulcers newly acquired in the hospice.



This year saw a significant decrease in new pressure ulcers being reported, this is partly due to lower bed occupancy since the Covid-19 pandemic and improvements made in skin assessments. The number of new pressure ulcers reported decreased from 124 to 56 this year.

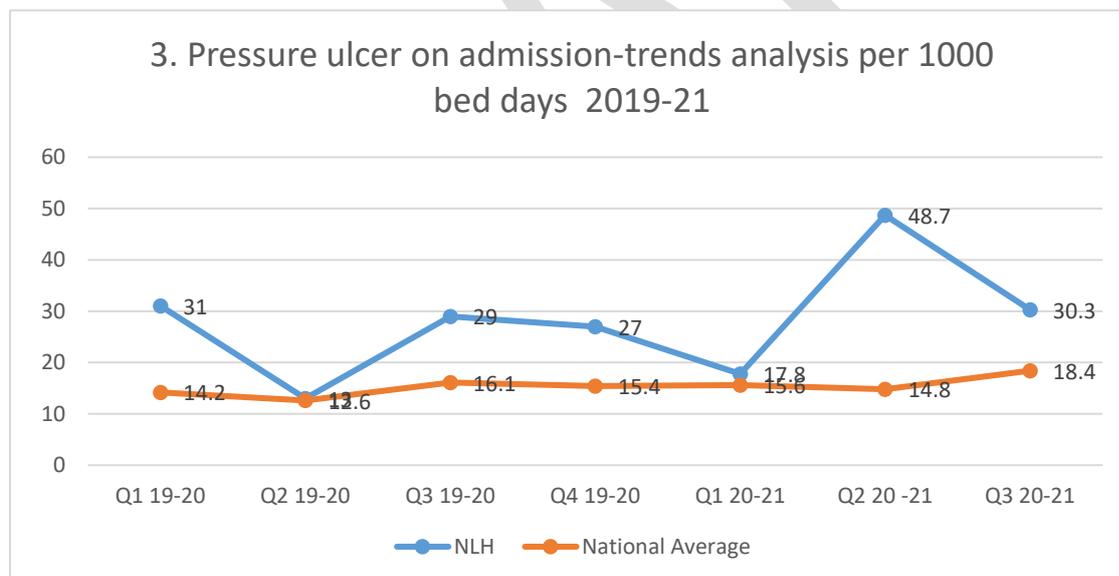
There was a slight increase in pressure ulcers present on admission. This could

be due to the impact of the Covid-19 pandemic and patients staying longer at home and being quite frail on admission.

We continue to carry out a full root cause analysis on all new Category 3, 4, unstageable pressure ulcers and Deep Tissue Injuries. The completed root cause analysis concluded that all of the injuries reviewed were found to be unavoidable and no harm was caused. Statutory notifications are made to the Care Quality Commission and incident rates are provided to the relevant Clinical Commissioning Group. Analysis includes phase of illness, functional status at the time of pressure ulcer development. This will enable us to identify and describe the different ways clinicians understand why a pressure ulcer is unavoidable.

### Pressure ulcers and moisture lesions on admission

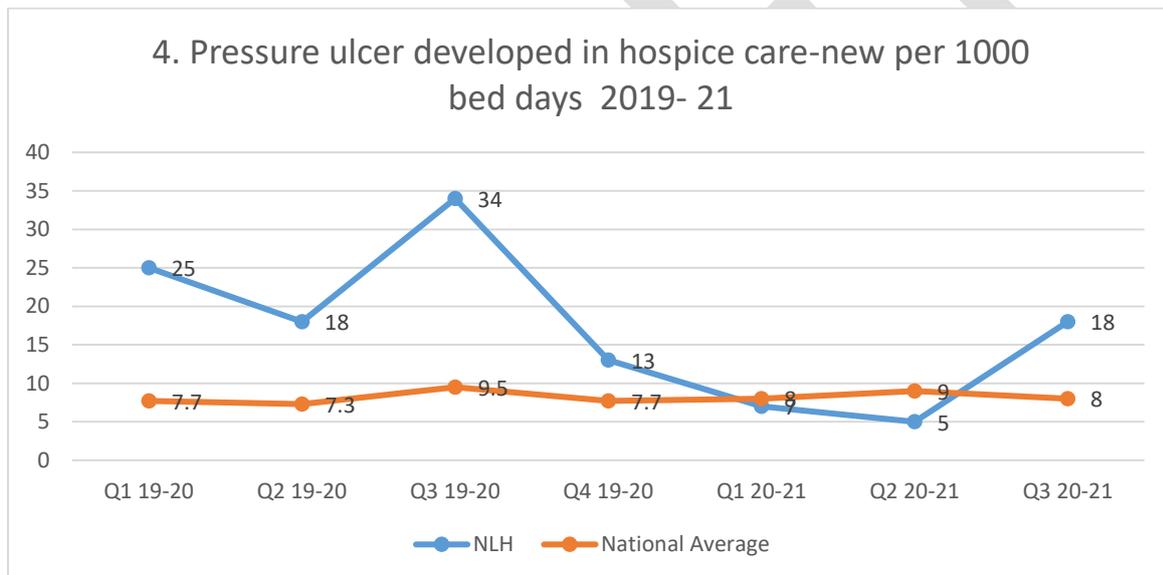
The majority of pressure ulcers reported were already present on admission to the hospice (73%) (in comparison with other hospices the pressure ulcers already present on admission at NLH are above average). See graph 3 below for trends over the past two years per 1,000 bed days. This is particularly challenging for staff when trying to manage any further deterioration which may be avoidable for patients presenting in the deteriorating or dying phase of illness.



## New pressure ulcers and moisture lesions –hospice acquired

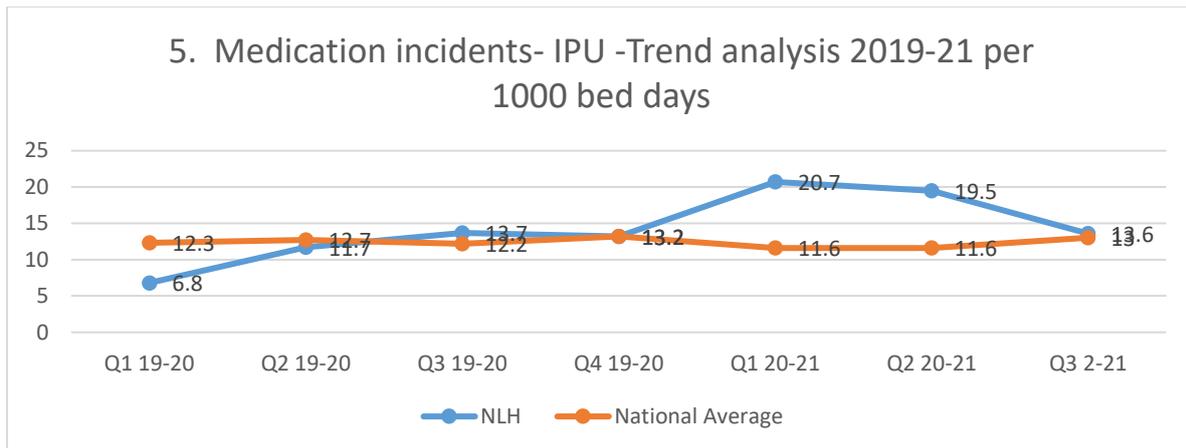
27% of all pressure ulcers reported were new hospice-acquired pressure ulcers and moisture lesions. There was a significant reduction in the numbers reported this year possibly due to the impact of the Covid-19 pandemic on bed occupancy and patients staying at home for longer. Detection, grading and documentation of pressure ulcer management have improved significantly. Our pressure ulcer audit conducted in February 2021 demonstrated good compliance overall in the prevention, management and reporting of pressure ulcers within the In-Patient Unit. We are assured there is good compliance on discharge documentation.

Graph 4 below shows trends in new pressure ulcers reported over the last 2 years per 1,000 bed days compared to the national average. It demonstrates a decreasing trend of new pressure ulcers over the last two years.

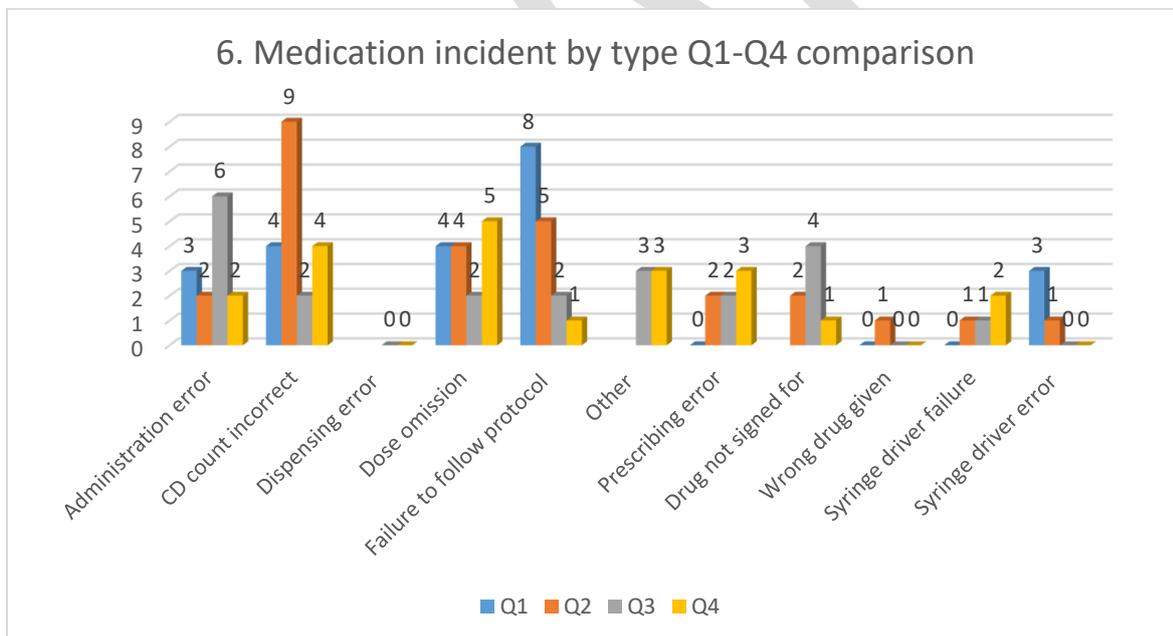


## Medication incidents

This year saw an increase in medication errors in our In-Patient Unit (in comparison with other hospices the number of medication errors at NLH is above average). See Graph 5 below for trends over the last two years per 1,000 bed days. All medication incidents are monitored closely for identification of themes / trends. However, with a greater emphasis on improving working practices in the safety of medicines this year we have seen an increase in reporting of incidents.



We separate medication incidents from those that were not patient-related (pharmacy dispensing issue etc.) and those that directly affected a patient. Our highest category of medication incidents are administration errors followed by dose omissions. Graph 6 below shows a comparison of the types of incidents over the last year. Of those that affected patients directly 9% were classed as “near misses” (where incident actually never happened but could have and harm was prevented). 80% of errors resulted in level one (no harm to patient) and of the other medication incidents these were of low harm to the patient.

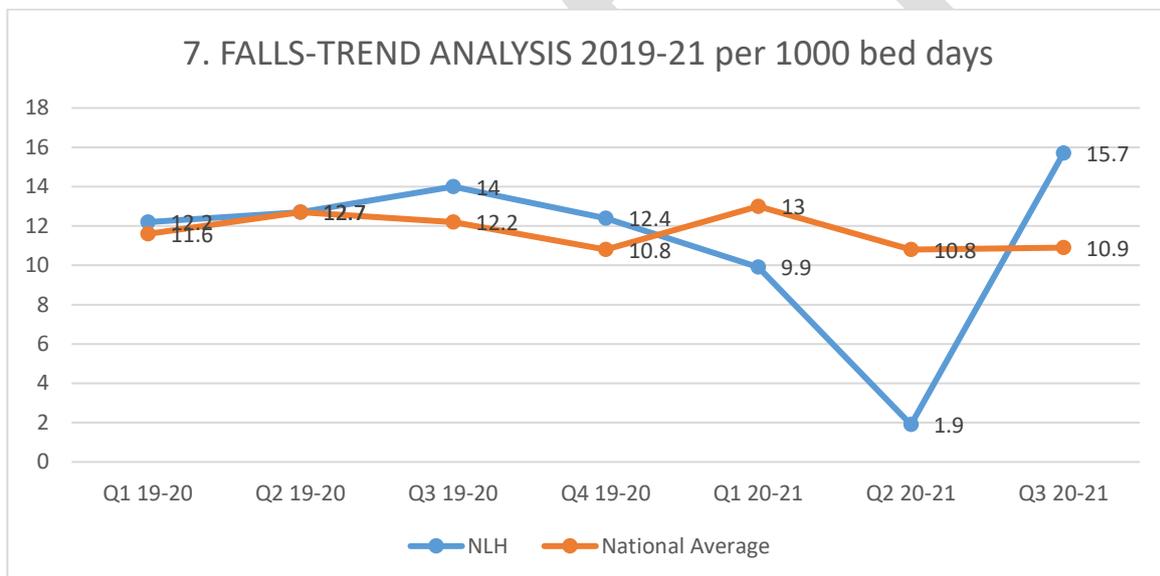


In terms of improvement actions we have developed a quality improvement project on medication safety which includes a programme of point prevalence dose omissions audits, a safe prescribing audit and the development of a prescription chart steering group to review our prescription chart. New policies on medicines management have been developed focusing on safe working

practices. We have also developed a medication safety workbook aimed to support registered nurses through their induction period and beyond supported by increased educational support from our learning and development team to support nurses in meeting their competencies. The hospice also contributes to the Hospice UK medication safety work stream.

### Patient Falls

There was a decrease in trends in the number of patient falls overall this year demonstrating a positive trend since last year since the introduction of patient alarms and the purchase of the low bed in IPU last year (see Graph 7). Last year 46 falls were reported compared to 37 this year. There was an increase in falls reported during Q3. Of the 37 patient falls, 70% resulted in no harm, 30% resulted in low harm. All falls are reviewed and monitored for trends and themes.



### National benchmarking with other hospices (this covers In-Patient Unit incidents only)

Patient safety is a key domain of quality in hospice care. Quality indicators are useful to demonstrate safe and harm-free care. The Hospice UK Clinical Benchmarking toolkit focuses on three core patient safety metrics relating to patient activity:

- Falls
- Pressure ulcers
- Medication incidents

## Pressure Ulcers

	2019-20	2020-21 to add when data available
Number of pressure ulcers	105	
Pressure ulcers per 1,000 occupied bed days	21.9	
Hospice UK Benchmarking Pressure Ulcers per 1,000 occupied bed days (for hospices of the size of NLH)	8.1	

## Falls

	2019-20	2020-21
Number of patient related slips, trips and falls	46	
Falls per 1,000 occupied bed days	9.9	
Hospice UK Benchmarking Falls per 1000 occupied bed days (for Hospices of the size of NLH)	10.7	

## Medicine Incidents

	2019-20	2020-21
Number of medicine incidents	51	
Medicine incidents per 1000 occupied bed days	10.8	
Hospice UK Benchmarking Medicine incidents per 1,000 occupied bed days	12.9	

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## Infection Prevention and Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2018-19	NUMBER 2019-20	NUMBER 2020-21
Patients who contracted Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia whilst on the IPU (NLH target 0)	0	0	0

There were no hospice attributable MRSA, C-difficile, or Norovirus cases in 2020-21. To ensure compliance and regular review, internal audits are undertaken for infection control compliance.

### **Covid-19 pandemic**

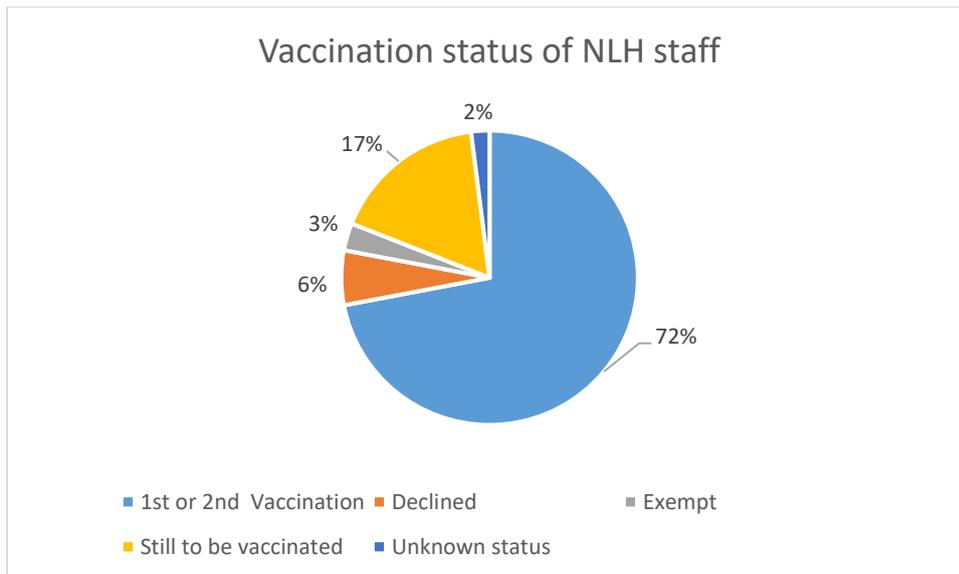
In response to the Covid-19 pandemic the organisation has implemented all Public Health England (PHE) guidance related to the care and management of suspected and confirmed cases of Covid-19.

### NLH PEOPLE

NLH employs a total of 224 (181.6 WTE) permanent staff and 29 bank staff. It benefits from the efforts of approximately 620 volunteers who are used as required in clinical and non-clinical roles. The hospice has many staff working part-time or flexible hours. In addition, we have a further 11 medical staff that make up our workforce and are employed by our local NHS employers.

	2018-19	2019-20	2020-21
Staff joined	59	71	39
Staff left	53	65	62

All hospice staff have been offered a vaccination. Medicus Health Partners provided vaccinations to the majority of the hospice's patient-facing staff ahead of the hospice being able to access the North Central London vaccination programme. Volunteers working on our In-Patient Unit have also been offered a vaccination.



### **Staff Survey**

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

The following is a summary of feedback received from the staff and volunteer engagement survey in October 2020. Overall, there was a very positive response to the survey with overwhelmingly high scores across a number of questions as follows including:

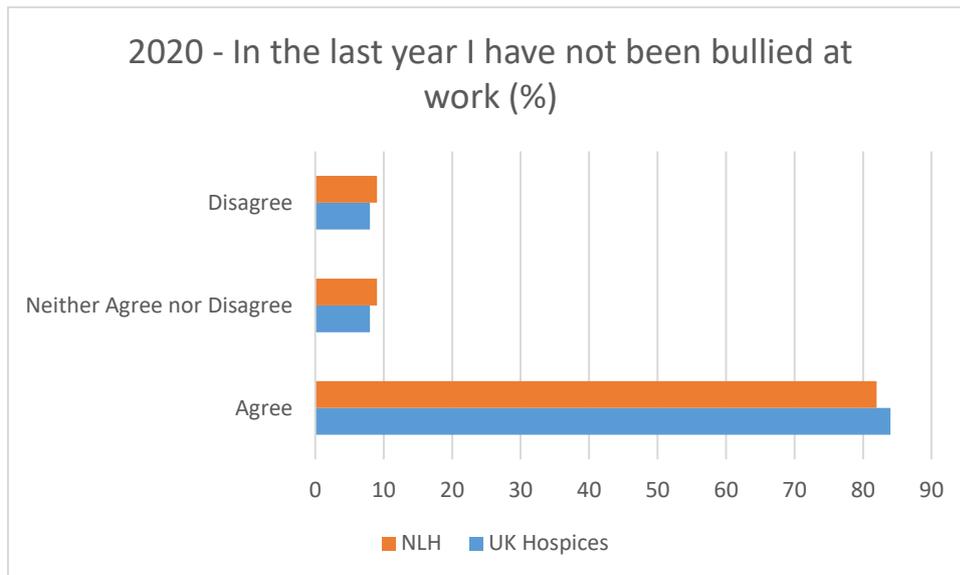
- Enjoying the work they do and the people they work with
- Being proud to work for the organisation and feeling like they make a difference
- Understanding what is expected of them in their role
- If a friend or relative needed treatment they would be happy with the standard of care provided.

There were some clear areas of improvement from the previous year as follows:

- Being happy with the flexible working practices
- Staff stating that their workload is manageable
- Feeling their morale at work is high
- Feeling trusted to do their job and make decisions
- Staff thinking that managers give clear feedback
- The chief executive and leadership team communicating effectively.

However, there are some areas where there is room for improvement, specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. The organisation has appointed an Interim Head of Communications, Marketing and Digital who will support us in reviewing our internal and external communications.

## Bullying at Work:



Overall, NLH figures are in line with the hospice sector.

In the last year we have continued to deliver elements of our people strategy, this has included:

- Establishment of an equality, diversity and inclusion group
- Ongoing promotion of our 'Freedom to Speak Up' guardians. One cohort of staff completed the management development programme and a second has commenced the programme
- Delivery of HR management training
- Increasing our compliance with mandatory training
- Agreeing our organisation's mental health pledge, training a team of 'mental health supporters' and providing staff with wellbeing resources
- Commenced a collaborative review of our vision, purpose and values that will launch in 2021-22 alongside our new strategic plan
- Regular staff forum meetings.

## NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

### **NLH board of trustees Quality Account comments**

The board of trustees has been impressed by the progress made over the year 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. It is important, however, to recognise the significant impact of the Covid-19 pandemic on the UK which has brought challenges for North London Hospice from a perspective of safety, maintaining services, contributing to the local and regional Covid-19 response and our financial stability. I am very pleased to see that through our dedicated commitment of our teams, volunteers, the on-going support from many donors, the pragmatic assistance from our local CCGs and some supportive government funding (providing exceptional additional contractual funding to maintain the capacity of UK hospices across the lockdown period) we have confidence that we can sustain our services for the future.

I am delighted to commend the achievements under the Priorities for Improvement, as well as the overall quality measures described in the Quality Account despite the intense pressures of the pandemic. 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 is encouraged to see the continued focused work on the further development of EMIS our patient clinical system and our carers strategy. I also look forward to seeing how virtual support will continue beyond the pandemic for health and wellbeing services and how the hospice continues to progress non-medical prescribers.

For 2021/22, the Priority for Improvements are a practical implication of the very lean but safe way of working we all need to follow. This includes further work around developing virtual consultations in terms of assessments and reviews for community patients, digitalising patient information; and in relation to patient safety; developing a just and learning culture framework which builds upon some of the existing patient safety culture work already undertaken.

The board welcomes the improvements illustrated in this year's Quality Account and fully supports the Priorities for Improvement identified for 2021/22, recognising that they build on much of the excellent work already being undertaken around safety, clinical effectiveness and patient experience.

It is 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.

**Julia Brown**

**Chair- Quality, Safety and Risk Committee**

**North London Hospice trustee**

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## PART 4: STATEMENTS FROM COMMISSIONERS, HEALTHWATCH, HEALTH OVERVIEW AND SCRUTINY COMMITTEES

### APPENDIX ONE: NLH CLINICAL SERVICES

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

They are a team of Clinical Nurse Specialists (CNSs), Associate CNSs (ACNS), Health Care Assistants (HCA), Doctors, Physiotherapists, Occupational Therapists and Social Workers who work in the community to provide expert specialist advice and support to patients (including friends and family network) 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 (GPs), District Nurses (DN), Social Services, hospital teams and other health and social care professionals. The service operates Monday – Friday 08.00 – 17.00.

The service emphasis is based on:-

- Care closer to home - promoting and supporting people in their preferred place of care and preferred place of death
- Facilitation of timely high quality palliative/ end-of-life care. This is achieved by:
  - \* Carrying out an holistic needs assessment and developing individualised care plans
  - \* Specialist advice to patients and health care professionals on symptom management
  - \* Specialist advice and support on the physical, psychological, emotional and financial needs of the patients and their carers
  - \* Communication and coordination of services including completion of Coordinate My Care (CMC) records - CMC is a shared electronic patient care plan that can be accessed by other professionals such as London Ambulance Service (LAS), GPs and D/Ns. The care plan includes the patient's wishes and preferences and their resuscitation status supporting them in their preferred place of care.

#### Overnight CNS Service / 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 by a clinical nurse specialist/senior nurse on the IPU 7 days a week between 17.00 – 08.00. If indicated, the CNS and HCA can visit patients. At weekends and bank holidays, a community Clinical Nurse Specialist deals with calls between 0900-1700 hours.

### Health & Wellbeing Service

The Health & Wellbeing Service comprises a multi-professional team whose underlying 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.

### In-Patient Unit (IPU)

NLH In-Patient Unit has 18 single en-suite rooms offering specialist 24-hour care. Patients can be admitted for various reasons such as for symptom control and 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.

### Bereavement Service

The bereavement service provides telephone, individual and group support, including regular walk and talk groups in local open space with the support of paid staff and trained bereavement volunteers.

## First Contact Service

First contact comprises a team of specialist nurses and administrators and is the first point of access for all referrals to NLH and for all telephone enquiries from patients, families and healthcare professionals.

First contact 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. It acts as a signposting service for patients in the last year of life.

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## APPENDIX TWO: GROUPS THAT OVERSEE AND REVIEW QUALITY WITHIN NLH

### Hospice board

The board is accountable and responsible for ensuring NLH has an effective programme for managing risks of all types and ensuring quality. 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 board level scorecard and assurance framework 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 (QSR)

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 group (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 services take an active role in risk management, including 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's 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/ quality improvement work 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.

### Health and safety group

The health and safety group ensures the review and monitor of all aspects of health and safety that affect the organisation. It reports to the Q&R and QSR.

### Information Governance Steering Group

The information governance steering group supports and drives the broader information governance agenda and provides the board and executive team with the assurance that information governance best practice mechanisms are in place within the hospice.

## APPENDIX THREE: MANDATORY STATEMENTS

The North London Hospice Quality Account is required to include the following mandatory statements despite not being applicable to the work we do.

### Participation in clinical audits and research

During 2020 -21, 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 2020-21 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2020-21, 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 2020-21 and NLH intends to take the following actions to improve the quality of healthcare provided (nil).

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2020-21, 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 2020-21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

### Care Quality Commission

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 2020-21 as of 31 March 2021.

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

## DATA QUALITY

NLH did not submit records during 2020-21 to the secondary uses service for inclusion in the hospice episode statistics which are included in the latest published data as it is not applicable to independent hospices.

## ACCESSING FURTHER COPIES

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

## HOW TO PROVIDE FEEDBACK ON THE ACCOUNT

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

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Tel: 020 8343 6839

Email: [nlh@northlondonhospice.co.uk](mailto:nlh@northlondonhospice.co.uk)