

## North London Hospice Update 2020/21 Quality Account

The actions taken on the committee's comments are highlighted in bold below:

1. That there were some areas of non-compliance in the infection prevention and control audits including the need for improved stock rotation for clinical equipment, improved labelling of sharps bins, ensuring carpets are in a good state of repair and ensuring that urine jugs are only being allocated to a single service user.  
That the hand hygiene audit that took place in IPU only had an 84% compliance level.  
**There are improved levels of compliance for a recent infection control audit in community services and in IPU. This included hand hygiene and a sharps bin audit. There is on-going work to ensure our communal carpeted areas are in a good state of repair which has included replacement of flooring. There are no carpeted areas in clinical areas.**
2. That the audit of preferred place of death seemed haphazard.  
**There has been improved reporting on EMIS over the past six months. During July to Sept out of 443 deaths across community teams, 87% (384) had Preferred place of death (PPD) recorded, 13% (59) had no PPD recorded. This represents an improvement from the initial audit where it was recorded in 60% of cases.**  
**A full re-audit will be undertaken in April 2022.**
3. That the Audit of Community Non-medical prescribing identified that communication with GPs could be improved and that handwritten prescriptions are not always accepted by pharmacists.  
**Communication with our local GPs has improved since the last audit. The handwritten prescription issue has now been resolved with the local pharmacist. The non-medical prescribing policy has been reviewed.**
4. That there had been some transdermal patch incidents with the wrong dose being given in some cases and omissions of doses in other cases.  
**We continue to monitor these medication incidents; in the first six months of this year, we have had 5 incidents which is a lower trend to last year. We were unable to find any themes in these incidents and there were no adverse reactions reported.**

5. That the number of volunteers was down to 620 from 830 the previous year (2019-20) and from 950 two years ago (2018-19).

**The pandemic has impacted greatly on our volunteer numbers within the organisation. Not only have we changed the delivery of some of our services for example virtual groups in our Health and Well-being service, but there also continues to be other significant factors including the demographics of the volunteers and volunteer choice. We are keeping in contact with volunteers who are not actively volunteering for us at present. We have been successful in recruiting some new volunteers across retail and the inpatient unit where volunteers are now supporting these areas.**

6. That there had been 141 closed bed days during the year compared with 160 in 2019-20, which was largely due to fire and safety work in the bedrooms, and only 12 in 2018-19. However, it was noted that this had not prevented any admissions.

**We continue to monitor our closed bed days. Our bed occupancy levels have greatly increased this year from 65.6% in Q1 to 73.2% in Q2, this is now higher than the national average for medium sized hospices. Our Q1 closed bed days were 156 (one room was being refurbished and one room had a long-term shower issue). In Q2 our closed bed days were 6, the fuel crisis affected our services during this time.**

7. That the highest category of medication incidents are administration errors followed by dose omissions, although action is being taken and there is a quality improvement project on medication safety being developed.

**Our medication incidents remain high compared to the national average over the last two quarters. We have implemented a dose omission point prevalence audit which demonstrates that true dose omissions have reduced in Q1 and Q2. We have re-designed the hospice drug chart in a way that reduces the risk of making errors when prescribing, drug administration and drug documentation errors. This is due to be trialled alongside the regular charts, but we believe that this will go a long way in reducing our medication incidents. Additionally, we continue to provide educational support to our staff and provide real time feedback with a focus on supporting staff in achieving their competencies.**

8. That the number of patient falls had increased over the last quarter of 2020/21, though these had not resulted in serious harm.

**Our patient falls have reduced over the last two quarters and have not resulted in any harm. We have participated in the Hospice UK falls audit programme for Q1 which aims to explore the reasons**

**and learning from patient falls. Our falls reporting is significantly lower than the national average.**

9. That the number of staff being recruited to the Hospice had gone from 71 the previous year to 39 this year.

**We have experienced some recruitment challenges during the Covid-19 pandemic. However, we have had some significant successes, for example our community services now have a full complement of staff, additionally our medical staffing has greatly improved.**

10. That there were some areas needing improvement in the staff satisfaction survey specifically in relation to processes and procedures to support effective working, communication, leadership and engagement, career development and the environment. However, the Committee noted that the hospice had appointed an interim Head of Communications, Marketing and Digital who will help in reviewing the Trust's internal and external communications.

**We have successfully implemented our leadership walkround framework which has been an excellent mechanism to improve how the leadership team and Trustees engage with local services on matters that are important to them in improving patient and staff safety and to deliver news on service developments. We have a very active staff forum and have recently engaged with staff on the development of our new vision and values. Our staff newsletter has also been updated so that it is more engaging to all audiences. We have also developed new local operational policies to support the effective working of teams.**

**Our 2021-22 staff/volunteer survey is currently open. In the last six months we have developed a new Organisational Strategy, Equality, Diversity and Inclusion Strategy, Clinical Strategy, and a People Organisational Development Strategy.**

**Fran Deane, Director of Clinical Services  
Nada Schiavone, Assistant Director Quality  
25.11.2021**