

NORTH·LONDON
HOSPICE

Registered Charity No. 285300

QUALITY ACCOUNT 2021 – 2022

DRAFT V0.7

Our Vision, Our Purpose, Our Values, Our Strategic ambitions

OUR VISION

The best of life, at the end of life, for everyone.

OUR PURPOSE

North London Hospice - working together to provide palliative care and support, when and where you need us most.

OUR VALUES

Collaborative and learning
Share learning, educate and work supportively together.

Open and honest
Be clear and transparent in the way we work and respond to others.

Respectful and empowering
Be kind, enable and value everyone's contribution.

Equal and Inclusive
Treat people fairly, be welcoming and involve them.



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CORPORATE

strategic ambitions



Compliments from Our Community

FIRST CONTACT, Palliative Care Support Service & BARNET COMMUNITY TEAMS - "I am writing to say a very big thank you to all of the members of the hospice who helped care for my mum xxx and who also offered kindness and help to me and my aunt, you were all angels - you really were. So, kind and I really don't know how we would have been able to care for mum in her own home as she wished in her final weeks without you all. From my first phone call with xxx and xxx who helped with advice, also with xxx and the wonderful nurses who came at night to be with mum. Thank you all."

ENFIELD COMMUNITY & BEREAVEMENT TEAMS - "We are writing to send you our heartfelt thanks for everything you did for our mum in the last weeks of her life, Mum became quite worried about going into hospital, and it was with your help and care that we were able to keep her at home as she wished. Every single person that we spoke with or met - from the person who answered the phone to the nurses that visited - and all those we spoke with in between, were kind, compassionate and caring as well as practical and helpful. The phone calls we received from you during mum's last weeks to check how things were going as well as the visits were really reassuring. Both we and mum's carers felt we were safe knowing you were there, and we could talk with you whenever we needed. The Bereavement service has also been so very welcoming indeed. We cannot thank you enough for everything you did and for taking so much anxiety from our shoulders in those last weeks and days."

Thank you for the breathlessness group. I have been really good over the last month, my breathing feels a bit better. I have followed your advice about exercise and am really proud of myself – I have been increasing my exercise and am now able to go up and down the stairs without really thinking about it. I am noticing that my legs feel stronger and am now trying to do small amounts of walking without my walking stick.

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EXECUTIVE SUMMARY

North London Hospice (NLH) reports in this 2021-22 Quality Account on the quality of its clinical services.

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

- Digitalisation of patient information so patients can have instant access to digital information if they require
- Development of a 'just and learning culture' framework and learning tools to support some of the improvement work the hospice has undertaken
- A review of how virtual assessments are undertaken in these services to ensure delivery is more effective.

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

- A review of Health and Wellbeing Service Intervention Pathways
- Nutrition management in our Inpatient Unit
- Managing Medication Authorisation and Administration Charts (MAAR) in the Community

Key service developments and partnership working are reported on, and the key clinical services' annual data is presented. The results from the user survey showed that patient and carers were highly satisfied with their 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- The Journey of a patient's wife

My thoughts as a wife on how you have helped me craft a good death

The Community Nurse Specialist, xx helping me plan where M would die.

The team helping me plan for toileting requirements when M got progressively weaker. We were always prepared for the next stage with urine bottle, commode and for the last 12 hours nappies

The team avoiding an acute admission- the clinical nurse specialist's home visit with London Ambulance Service when M dropped his systolic blood pressure to 60, xx and the GP doing a joint home visit when he developed heart failure.

xx putting in an urgent request for carers, they started 24 hrs before he fell which was exactly why I requested carers to ensure he was never alone when I was doing the school run. They also bathed him properly when he got too weak to shower, and after 5 months of me being his sole carer, it gave me some respite so I could enjoy being a wife to my husband in the last four weeks. They helped with creams and positioning, so M never developed pressure sores. They afforded him dignity and autonomy as he was not dependent on me alone.

xx helping escalate our application for Attendance allowance and disability badges. She also managed a difficult zoom consultation between M and myself when I knew he was dying and needed him to be intentional about how he spent his time and expressed his appreciation for me!

Everyone prescribing syringe driver drugs in advance so when M wanted to start the drugs, it happened within 4 hours of his request, and he was pain free and comfortable for the last 4 days.

The whole team allowing me to be the wife, not the doctor and supporting me emotionally

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

It is with great pleasure that I introduce you to North London Hospice's (NLH) 2021-2022 Quality Account which has been developed in consultation with NLH clinical service staff and managers, the executive team and the board of trustees. As we look at the publication of the 2021/22 report, we are in a period of recovery from being significantly challenged by the Covid-19 pandemic which has affected every aspect of the hospice operations. With our priority in keeping our patients and staff safe from infection to our income-generating capability, every single aspect of how the hospice is run and operated continued to be reviewed. As a small organisation with extremely dedicated, creative, innovative and responsive staff, we are proud that we have found ways around the different challenges created through the pandemic. We believe North London Hospice has more than survived throughout the Covid-19 pandemic and has in fact become stronger in many ways now that we are in recovery.

Despite the operational pressures to our services during the year, we have remained focused on continuing to deliver quality improvements at the hospice and held a very successful staff conference celebrating our achievements. We saw over 3,600 people use our services through our Health & Wellbeing Centre, our community services or on our In-Patient Unit. The Health and Wellbeing service has been the hardest impacted service during the Covid-19 pandemic due to it being primarily an outpatient service and so much of the activities were based on the provision of groups and opportunities for socialisation and peer support.

The last year saw us launch our new Strategic Plan (2021-25), where our new vision – ***The best of life, at the end of life, for everyone***, was designed through staff and volunteer engagement. The launch of our strategy together with our new CORE values and purpose at our all-staff conference was an opportunity for us to share our ambitions for the future. We must now look ahead and focus our efforts on implementing our new Strategic Plan, with our priorities being a continued focus on the quality of care we provide and our staff and volunteer experiences of working at North London Hospice. These two areas are critical to our future success.

Over the past 12 months, our Clinical, People, Finance, Communications and Marketing and Equality, Diversity and Inclusion Strategies have all been supported and approved by the board. The executive team have worked hard to ensure each strategy aligns with our approach to innovation and ambition and we want all our staff and volunteers to come with us on our strategic journey.

These strategies will give us all a framework from which to work and help us all to achieve more together than ever before.

With innovation and ambition, comes an opportunity to gain experience and change as an organisation and we have looked at many emergent ideas for improvement. One of our Priorities for Improvement this year was to implement a Patient Safety Culture to further develop our leadership walkrounds and develop a culture guide for staff.

Two further projects this year have also seen us firstly develop the effectiveness of our virtual assessments and reviews to support patients at home in the community and secondly the digital transformation of patient information. I am pleased to see the progress that has been made with our 'priorities for improvements' this year despite our operational pressures due to Covid-19. It demonstrates our commitment to the ongoing development and delivery of quality services.

Next year's 'priorities for improvements' will see some dedicated development work on nutrition management in our Inpatient Unit, Health and Wellbeing Service Intervention Pathways and Managing Medication Authorisation and Administration Charts (MAAR) in the Community.

I continue to remain proud how teams and volunteers work flexibly and innovatively to provide care that is required to our communities in the boroughs of Barnet, Enfield & Haringey. 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 continued significant pressures, they have risen to the many varied challenges we have experienced.

We are absolutely committed to delivering the highest standards of quality and safety and 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. This year's Quality Account details some of this work and we are pleased to share this with you as we continue our journey of improvement in a post COVID-19 world.

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

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 support network a good experience. We also 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 to those important to them, 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) will be found on the internet (NHS website and NLH website) and copies will be readily available to read in the reception areas at the Finchley and Winchmore Hill sites.

OUR CLINICAL SERVICES

The hospice's services are provided by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, occupational therapists, a paramedic, 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 (H&W)
- In-Patient Unit (IPU)
- Palliative Care Support Service (PCSS) - NLH's Hospice at Home service
- Bereavement Service
- First Contact Centre

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

PART 2: PRIORITIES FOR IMPROVEMENT 2021-22

The following priorities for improvement for 2021-2022 were identified by the clinical teams and were endorsed by the clinical governance and assurance 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 Safety - Developing a just and learning culture framework

What we planned to do:

- To further develop our leadership walkrounds through our clinical services
- Developing a just culture guide with quality improvement methodology tools
- Review our system for reporting incidents and make improvements.

Progress against the plan:

Leadership Walkrounds

It has been a challenging year operationally, but we completed our intended programme of leadership walkrounds completing the cycle with all services. This was an opportunity for members of the Executive Team and Trustees to engage with staff in all clinical services on matters relating to patient and staff safety in an open and sensitive way. The outcomes of these walkabouts is feedback to the board and a plan is formulated to address any concerns or innovations going forward.

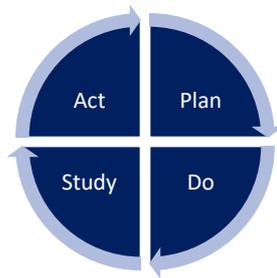
Just culture guide -development framework

We developed a just culture guide accessible to all staff to further communicate our approach to a just and learning culture. This includes a learning tools section which contains standardised quality improvement tools available to all staff. This also supports and benefits existing governance, policy and validation mechanisms to improve the safety and experience of the people we serve and our colleagues.

To support the delivery of our new clinical strategy we have further developed our approach to quality improvement to help teams solve problems at their own level and to ensure a culture of quality, safety and learning. Our experience is

that we will best achieve this by using a simple yet effective improvement model to bring about positive change which is embedded in our improvement tools:

Plan, Do, Study, Act (PDSA)



Incident reporting system

We reviewed our existing system for reporting incidents (sentinel) and following system upgrades this has improved our dashboard reporting and we are able to capture actions and learning more readily and more importantly to encourage our staff to report incidents and to learn from them. Throughout the year we have further developed how our Quality reports are developed. There was not an appetite to use the 'excellence reporting' module on sentinel in the organisation to capture examples of excellent practice. A proposal on an award recognition scheme was put forward to the Executive Team to show the considerations and benefits of developing a recognition scheme to support embedding the new values.

Challenges to date:

Due to the impact of Covid-19 on service operations we have not always been able to get the right level of engagement to progress project timelines timely and with support.

Going forward:

Our leadership walkrounds have proved to be very beneficial to staff who have welcomed this type of engagement and so we want to extend these in the coming year to retail, volunteering and other non-clinical services. We will continue to promote our approach to quality improvement by providing staff training and coaching on improvement methodologies and development an intranet page on Quality for staff to access tools.

Priority Two: Clinical Effectiveness - Virtual consultations (Video Consultations)

What we planned to do:

- To explore virtual assessments - the scope, processes required to ensure consistent, safe, equitable, high-quality delivery and appropriate user selection to develop working practices for the future and develop staff knowledge, skills, confidence and competence. To look at mechanisms for reporting on excellence.

Progress against the plan:

- We identified staff's views and training needs
- Trainers were identified to train and support staff in each NLH location/ office
- Reviewed the decision-making flow chart that identifies when it is appropriate to carry out a video consultation
- Developed a policy for undertaking virtual video consultations (in Draft)
- We are currently offering patients the option of a video consultation

Challenges to Date:

Due to the third wave of the Covid-19 pandemic and the impact on staff it was not possible to review all real-time user and staff survey for all virtual consultations.

Going forward:

Partnership meeting scheduled with North Central London Palliative care services – Camden and Islington to share practice plan for the future to develop a North Central London policy. The review of real time user and staff surveys will be undertaken this year.

Priority Three: Patient Experience - Digital Transformation of Patient Information

What we planned to do:

- Digitalise user information leaflets so that service users can have instant access to digital information as a primary option, in line with our strategic plan, driving the "digital first" approach with printed information sent / given where needed
- Link service user information to scannable QR codes (barcode) with codes to be added to all leaflets published by NLH and linked to the NLH website,

reducing printing costs to reduce the environmental impact, resources and driving service users to the NLH website for further information on the services and care we provide

- Develop online user survey links to replicate the paper surveys and link to the current data input system so that results are uploaded in real-time
- Work with the marketing and communications team to ensure consistency of look, feel and messaging across all NLH service user publications and identify opportunities to drive the advancement of equality, diversity and inclusion (ED&I) through service user information
- Seek user feedback on our publications, including meeting the needs of minority groups in our community.

Progress against the plan:

All leaflets have been updated and are available in a digital format on the NLH website and in a paper version, we have an on-going rolling programme for leaflet updates.

QR codes have been created for all leaflets and there is a standalone leaflet detailing all the codes. This can be used by all staff when meeting patients, relatives, and carers.

There is an on-going system in place for reviewing the clinical content of all leaflets by named individuals, the process is supported by the User Involvement Lead.

Relationships are progressively being formed with both patients and relatives who are asked to review service user information to ensure the content is appropriate, easy to read and understand, this work is on-going, and we are actively seeking out opportunities where service users can be involved in driving improvements in the service and care we provide.

A small number of resources are available in both standard and large print, the use of infographics is increasing, and we are progressively ensuring the content is accessible to all users.

We have worked with the commissioner and other specialist palliative care providers in North Central London to review patient and users surveys, agreeing a core set of questions to be used by all providers in 2022-23. Work will now progress on digitalising the new surveys.

As part of our Communications and Marketing strategy we have started a rebranding exercise, and this will inform further improvements in this area through 2022 – including the use of information and surveys in different formats and language in line with our ED&I Strategy.

Challenges to Date:

Paper leaflets have been used by services to provide user information over several years and whilst we are making progress, it has proved a challenge to drive the “digital first” approach. It should also be noted that a significant number of our patients and relatives fall within an age group who often prefer to have resources in a non-digital format.

The pandemic and some vacant staff posts have made it a challenge to produce all resources in a format which is accessible to a wider group of users (i.e., standard, and large print) but there is a resource review programme in place and the organisation has recently recruited a Digital Design and Content Co-ordinator to support this area of work.

Going forward:

The digital transformation of patient information is on-going and has been embedded in both our communications and organisational strategic plan.

We will manage our resources to ensure we achieve the greatest impact amongst the communities we serve, we will broaden our reach and continue to seek out opportunities to involve our service users, listening to their feedback and adopting a culture of continuous improvement.

Our resources and methods of seeking feedback will continue to be more inclusive, driving the advancement of ED&I (Equality, Diversity and Inclusion), widening our reach, and continuously striving to meet the needs of minority groups in our diverse community. We are currently looking to develop a Patient Experience and Engagement Strategy.

LOOKING FORWARD: PRIORITIES FOR IMPROVEMENT 2022-23

The following priority for improvement projects for 2022-23 have been identified by the clinical teams and approved by the clinical governance and assurance committee and the Board of Trustees.

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

Priority One 1: Patient Safety - Managing Medication Authorisation and Administration Charts (MAAR) in the Community

How we identified this project:

Currently Clinical Nurse Specialists (CNSs) in the community palliative care teams recommend medications for subcutaneous use to be administered to patients to manage their symptoms (pain, nausea and vomiting, noisy secretions, breathlessness and anxiety and distress). This is usually when patients are unable to take their medication orally, usually for end-of-life care. As part of our current process the nurses complete the MAAR chart with the medications and doses and send it to GPs to check, agree, and authorise (sign) the MAAR chart so the medication can be administered.

Best practice is that the MAAR chart should be written and signed by the prescribing professional either the GP, Hospital or Hospice Doctor or Non-Medical Prescriber and not prepopulated. The Palliative care team continue to offer specialist advice regarding symptom management and guidance on how to complete MAAR charts but will no longer prepopulate a MAAR chart. This is the recommendation of the Pan London MAAR Chart Group.

What we plan to do:

To ensure safe practice in line with national recommendations, the project will involve working with NLH staff to introduce a change in practice and to work with external colleagues mainly GPs and District Nurses to provide education and to support the change in the wider community.

What the outcomes will be:

- Provide information and education for NLH staff on changes to practice
- Develop internal processes for advising on MAAR Charts including template letters and safety checks
- Review the community operational policy and introduce a revised policy as appropriate
- Provide information and education to GPs with the support of the end of life care leads and NLH community teams.

Priority Two: Clinical Effectiveness - Health and Wellbeing Service Intervention Pathways

How we identified this project:

The Health and Wellbeing service has had a significant review of its provision post-pandemic alongside the launch of the new Strategic Plan 2021-2025 and Clinical Strategy. To support the objectives within our strategy, the Health & Wellbeing service model is changing to that of an 'Outpatients model, with a goal

centred, intervention pathway approach aimed at those with a palliative diagnosis.

What we plan to do:

Using a co-productive model, we will develop pathways of interventions based on common symptoms and diagnosis. We will engage with patients and colleagues to identify the common themes of symptoms to help develop a menu of treatment interventions alongside identifying trigger factors for referral into palliative care.

We will pilot the use of Goal Attainment Scale (GAS-Light)– a framework to support goal setting, monitoring and reviewing outcomes, using the Outcome Assessment and Complexity Collaborative (OACC) suite of outcome measures to identify the point where GAS-light will be able to be used.

What the outcomes will be:

1. To establish intervention pathways for:
 - Heart Failure
 - Respiratory Disease
 - Rare neurological conditions
 - Peripheral neuropathy (as an additional issue)
2. To establish trigger factors for when those with Heart Failure, respiratory disease, rare neurological disease should be referred to palliative care
3. Pilot and evaluate the use of GAS- light in an outpatient setting
4. To increase reach
5. To provide self-management skills

Priority Three: Patient Experience - Nutrition development in the Inpatient Unit

How we identified this project:

Existing patient feedback on nutritional care and catering on the inpatient unit indicates there is an opportunity for improvement. Additionally, staff feedback suggests the current nutritional assessment policy is not adequately meeting the needs of our patients.

What we plan to do:

1. Development of a working group to include key internal stakeholders.
2. Collect baseline data on current nutritional assessment and care by auditing against existing policy.
3. Review of existing patient feedback and identification of themes prior to seeking further, more detailed feedback as required.
3. If required, identification and implementation of an improved nursing assessment of patients' nutritional needs which focuses on the individual patient's goals and preferences e.g., the PLANC tool devised by Dorothy House Hospice.
4. Revision of Nutrition Policy to include high quality, individualised nutritional advice.
5. Development of the catering menu and provision outside usual mealtimes.

What the outcomes will be:

Implement assessment tool & advice.

Changes to menu based on patient / family information.

Improved awareness of patients of the access to food / drink out of hours.

How progress to achieve these priorities will be monitored

The progress against the outcomes outlined against our quality priorities above will be reported and monitored by quarterly progress reports to the Quality and Risk Group and quarterly progress reports to the Clinical Governance and Assurance Committee, a sub-committee of the Board.

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 2021-22, 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 2021-22 represents 33% per cent of the total operational income generated by NLH for the reporting period.

Participation in clinical audits

During 2021-22, 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 2021-22 are as follows (nil).

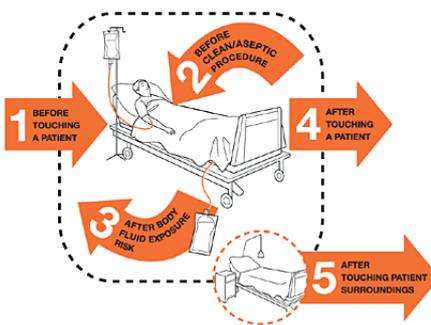
The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2021-22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (nil).

The reports of 0 national clinical audits are reviewed by the provider in 2021-22 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 2021-22 the following clinical audits were carried out by NLH and the organisation undertook the following actions to improve the quality of healthcare provided. This year we have focused on documenting our improvements.

Infection Prevention and Control Audits	
	
<p><i>Background</i> Audits have been completed at all three of our sites against national standards for infection prevention and control.</p>	
<p><i>What we did well</i> Our annual infection control audits demonstrated 98% compliance in IPU, 96% compliance in Health and Well-being (HWB) service and 100% compliance in community teams. We commenced a programme of monthly hygiene audits in IPU.</p>	
<p><i>Where can improvements be made</i> In IPU - catheter care plans were not always updated to demonstrate reassessment of care provided. Ensure that no inappropriate items are stored in the dirty utilities.</p>	
Use of Integrated Palliative Care Outcome Scale (IPOS) in Outpatients Audit	
	
<p><i>Background</i> This audit looked at the use of the IPOS for health and wellbeing patients and if practice reflects the services operational policy. IPOS is a tool for measurement of palliative care concerns covering multiple domains of physical and psychological symptoms, social and spiritual issues, communication, information needs and practical concerns. IPOS form(s) are to be completed initially at the first assessment and repeated if the patients phase of illness changes.</p>	

What we did well

Our audit demonstrated 100% compliance with completion of the tool.

Where can improvements be made

There were no improvements identified.

Five Priorities of Care Audit across all our services



Background The Five Priorities of Care provide the basis for caring for someone at the end of their life and recognises that in many cases, enabling the individual to plan for death should start well before a person reaches the end of their life. The five priorities focus on: recognising that someone is dying; communicating sensitively with them and their family; involving them in decisions; supporting them and their family; involving them in decisions; supporting them and their family; and creating an individual plan of care that includes adequate nutrition and hydration. It involves developing and delivering an individualised plan of care to achieve the essentials of good care. The aim of this audit is to ensure that the electronic documentation at the end of life is clear and complete.

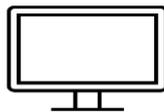
What we did well

Our audit showed 100% of patients had 5P's paperwork that was clearly completed.

Where can improvements be made

There were no improvements identified from the audit.

Content of IPU discharge summaries audit



Background In this audit, we included standards including content of summary of admission, discharging drug list, ACP (Advance Care Planning) discussions including DNAR (Do not attempt resuscitation) discussions, and copy sent to GP within 2 working days.

What we did well

100% of patients had a discharge summary

100% of patients had a clear summary explaining the patient issues, including appropriate actions for the GP

100% of patients had a drug list in their discharge summary

Where can improvements be made?

Content of discharge letters - 7% of letters did not have the patients admission and discharge date, 27% of letters did not have the Do Not Attempt Resuscitation

status of the patient and 13% of letters did not include the patients treatment escalation plan recorded.

DoLS (Deprivation of Liberty Safeguards Audit)



Background An audit was undertaken to determine the level of compliance with completing and submitting the DoLS forms to the CQC (Care Quality Commission). The audit supports preparations in 2022-23 for the introduction of the new Liberty Protection Safeguards.

What we did well

The audit demonstrated that 100% of DoLS forms are completed accurately, and always submitted to CQC and since August 2021 they are recorded on EMIS via DoLS template as per policy.

Where can improvements be made

Our next audit will look at the quality of the DoLS procedure undertaken.

Medication Management Audits



Background Controlled Drugs management (92%), Accountable Officer (94.5%) and Medicines Management (94.5%) audits have been undertaken. All three audits have been devised by Hospice UK to demonstrate the organisations compliance with current law and regulation and in accordance with best practice.

What we did well

A quality improvement project on the development of a new drug chart has been implemented which will support increased compliance.

Where can improvements be made- review of the Controlled Drug register to make improvements ahead of a re-print.

Prescribing at the End of Life (EOL) on the Inpatient Unit



Background This audit reviewed eight randomly selected deaths looking at prescribing, discussions with patients and their nominated person(s) regarding recognition of dying.

What we did well

Our results demonstrated that it had been recognised that patients were dying and discussions about death and dying were taking place. Every patient had been prescribed anticipatory medication for pain.

Where can improvements be made

Continuing to ensure the use of the Five Priorities of Care template in the clinical database as identified in the related audit which meets the documentation standards discussed in the audit.

Dose omissions audits

<p><i>Background</i> We continued monthly point prevalence dose omissions as part of our medication safety quality improvement project; we measured the frequency at which medications prescribed were omitted.</p>
<p><i>What we did well</i> We continued to do these monthly. The results of the audit are shared with nursing staff monthly to highlight how many doses did not have omission codes and signatures. There has been a reduction in these unsigned omissions following the audit and there are now usually 2-3 omissions found each time the audit is carried out. Each of these is investigated and summarised in the result write up. Our earlier dose omission audits were 7-9 omitted doses. We used our findings to inform the development of the new drug chart.</p>
<p><i>Where can improvements be made</i> In the last audit in March 2022, it was found that dose omissions were occurring because patients were unable to take their medications at prescribed times as they were either asleep or have personal care and the nurse planned to give them medicines once they were able to take them. We have reiterated that dose omission codes should be documented during drug rounds and the medication can be signed for later rather than leaving charts blank. This will aim to get our dose admission to zero.</p>
Medical gases audit

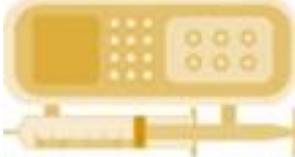
<p><i>Background</i> The North London Hospice, stores oxygen (gas cylinders), for medical use by patients within the in-patient unit and outpatient unit (H&W) as required and appropriate. Medical gases, such as oxygen are regulated and certain standards must be adhered too. This audit will determine compliance of current processes with the required medical gases standards.</p>
<p><i>What we did well</i> Overall, we had 100% compliance in 7 out of the 8 audited domains.</p>
<p><i>Where can improvements be made</i> Maintenance to the cage for cylinder storage to ensure safe. Review of the oxygen standard operating procedure system and training requirements for staff.</p>

Clinical record keeping audits IPU

<p><i>Background</i> This audit was carried out to give evidence-based assurance that clinical record keeping standards and best practice is being carried out within the service which complies with NLH Records Management Policy.</p>
<p><i>What we did well</i> Where it was identified in the clinical record that there was a record of problems that had arisen, actions taken to rectify them was documented in 100% of cases. There were no abbreviations used that were not on the agreed abbreviations list. No records contained any personal judgements.</p>
<p><i>Where can improvements be made</i> 57% records did not include the name, designation, and signature of the staff member. This has been shared with staff and we will re-audit in 2022-23.</p>
Clinical record keeping audits H&W

<p><i>Background</i> The clinical record keeping audit checklist for clinical notes was adapted slightly to include further information – who was the patient known to within the team, the last date of contact and is there a date for a discussion at a future Multidisciplinary (MDT) meeting.</p>
<p><i>What we did well</i> The H&W team maintain accurate and timely records with very clear treatment plans related to the patients issues and clear evidence of the patient involvement in the decisions making process. No records contained any personal judgements.</p>
<p><i>Where can improvements be made</i> Do not attempt resuscitation is not always appropriate to discuss with the H&W cohort of patients, however when it was discussed it was not always documented accurately and therefore did not appear on the summary page on the electronic records. Common abbreviations for therapy staff are in the notes, however, they are not within the agreed list for the hospice. The abbreviation list is being updated accordingly</p>

Clinical record keeping audits Community Services

<i>Background- as above audits</i>
<p><i>What we did well</i></p> <p>The Community teams maintain accurate and timely records with very clear treatment plans 100%. Good compliance with patient involvement in decisions about their care 95%. Notable practice with identification of carers and the identification of problems and team actions.100%</p>
<p><i>Where can improvements be made</i></p> <p>Recording of ethnicity, keeping DNAR status up to date and the recording of consent.</p>
Safe Management of Equipment Audit

<i>Background</i> This audit determined compliance of current processes with the required medical devices standards.
<p><i>What we did well</i></p> <p>Equipment on the IPU in good working order. Staff aware of responsibilities for decontamination of equipment. 'I am clean' stickers were present on all equipment in H&W. Significant work is underway to develop comprehensive asset registers and organisation of servicing contracts. We developed an organisational risk assessment in response to the audit findings.</p>
<p><i>Where can improvements be made</i></p> <p>Improving equipment storage facilities in IPU, improving the completion of checklists for cleaning where these are used. In March we were able to see an improvement in completion of these. We have introduced a new electronic asset register.</p>
Verification of Expected Death Audit
<i>Background-</i> To audit current practice on IPU against 4th edition of Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD) guidance (Jan 2022, Hospice UK) prior to identifying and implementing opportunities for improvement.
<p><i>What we did well</i></p> <p>All patients were verified within the 4 hour timeframe within the policy with 80% of patients verified in less than 1 hour after death.</p>

Where can improvements be made

Results indicate good level of timely verification within 1 hour but we need to explore strategies to improve documentation as some data missing from initial review of EMIS records. We will update our policy to reflect the timings and also amend induction information for junior doctors.

Internal CQC Audits



Background We completed a programme of CQC style very detailed audits across all our services aimed at CQC preparedness against the 5 CQC Domains.

What we did well

The audits showed that NLH fulfilled all the CQC requirements for SAFE, EFFECTIVE, CARING, RESPONSIVE and WELL-LED domains to a high standard across IPU, H&W and our community services. We triangulated our information by talking to a cohort of patients and different staff groups and observed episodes of care where possible.

Some examples are listed below:

SAFE: Implementation of a new drug chart to facilitate improvements in medication safety. Implementation of safety huddles in community services to improve communication in teams and management of cases.

EFFECTIVENESS: Some virtual groups have been working very well, for example acupuncture online. The breathlessness and fatigue group has been very beneficial to our patients.

CARING: Compassionate Neighbours continued to support our patients during the year, with a move to more telephone or virtual support. The hospice receives many compliments.

RESPONSIVE: Implementation of a duty desk to streamline patient contact to ensure the right care at the right time.

WELL-LED: In the last year there have been efforts to deliver elements of a people strategy for example the establishment of an equality, diversity and inclusion group, on-going promotion of freedom to speak up guardians, increasing compliance with mandatory training, regular staff forums, a collaborative review of the hospice's vision, purpose and values.

Where can improvements be made

We recognised the need to formalise our clinical record keeping audits across services, improve the closure rates of all incidents, increase our hand hygiene audits, improve practice with the decontamination of medical devices and revisit the membership of our Audit Steering group to improve mechanisms for feedback and learning. These have been achieved.

Over the last year we have achieved our ambition of becoming research active hospice. We are developing a Research Strategy focusing on external partnerships and collaborations and encouraging research engagement and participation. The hospice has been involved in several ethically approved research studies:

1. Investigating Methods to Capture User Experience of Video Consultations in Palliative Care project with our Medical Director and a Medical Student had two notable outcomes with reference to disseminating findings:

Won first place prize for best oral presentation at Royal Society of Medicine 16th December our Medical Director presented a Poster Abstract at the 17th World Congress of the European Association for Palliative Care online, 6th-8th October 2021. "Investigating Methods to Capture User Experience of Video Consultations in Palliative Care " poster number L-66. This original research aimed to identify how palliative care teams can best capture patient and family feedback following video consultations with some useful observations.

2. The PallUP study looking at improving home-based palliative care for older people. Our deputy Medical Director is a member of the research steering group supporting the research team reframe the research programme due to the impact of covid. As an organisation we have also participated in the 2 surveys they have circulated on identifying the palliative care needs of older people living with frailty in the community.

3. Participated in a survey exploring the Roles, Benefits and Drawbacks of Paramedics in Hospice Palliative Care.

4. Participated in the National survey on the provision of physical activity in hospice care across the UK.

5. Participated in a survey exploring Emergency department (ED) attendance by people with dementia towards the end of life.

6. Participated in an Optimal Care study. (Optimising Palliative Care through electronic coordination): Survey of team members working with patients in palliative or end of life care. Participants contributed to a detailed survey examining the value and impact of Electronic Palliative Care Co-ordination Systems (EPaCCS) on advance care planning in the management of patients receiving Palliative Care.

7. Participated in a study on the use of subcutaneous anxiolytics in palliative medicine which are largely based on clinical expertise. To summarize practices and experiences in the use of subcutaneous midazolam in palliative medicine researchers conducted a survey in Norway, Denmark, and the UK. Survey developed at The Palliative Care Unit, St. Olavs hospital, Trondheim University Hospital in cooperation with the Palliative Care Research Centre, NTNU and external co-developers.

Quality improvement and innovation goals agreed with our commissioners

NLH income in 2021-22 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 2021-22 as of 31 March 2022.

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 the areas assessed and each site was rated "Good" in all domains. Our Director of Clinical Services maintains regular contact with our CQC inspector.



DATA QUALITY

NLH did not submit records during 2021-22 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.

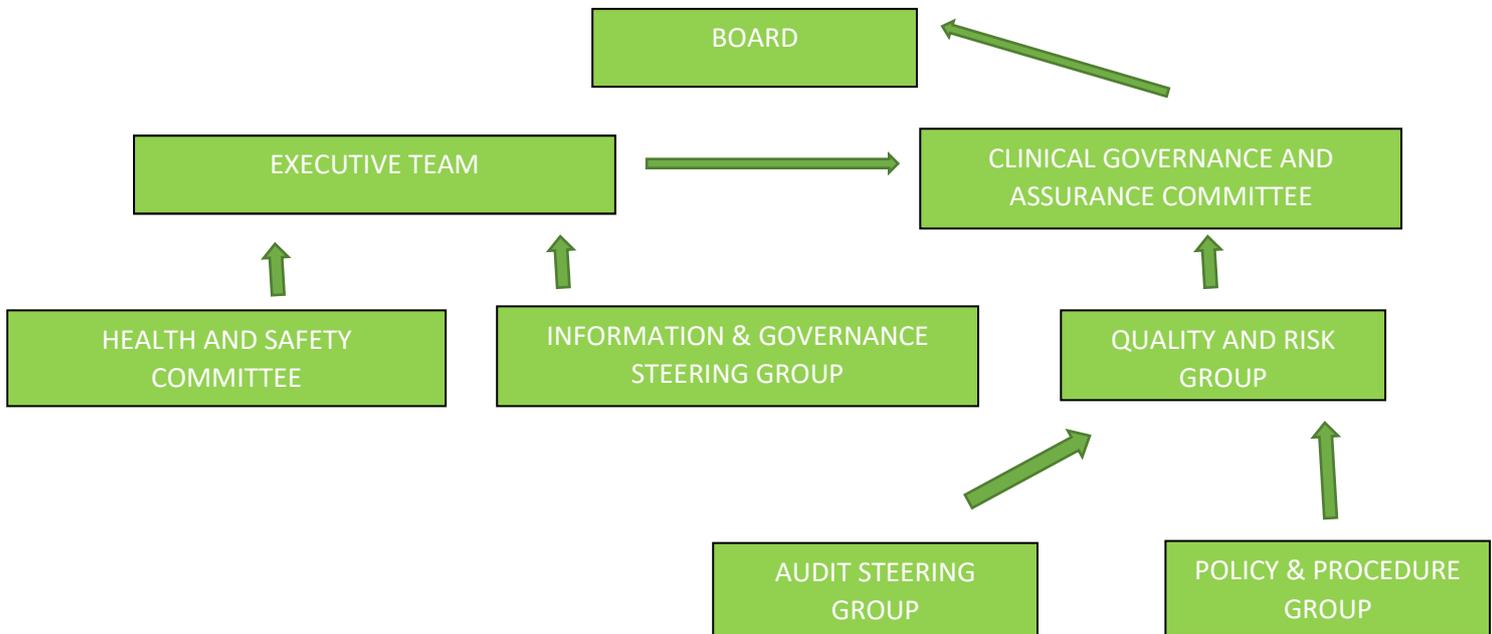
The hospice completed its 2020/21 toolkit submission in April 2021. The 2021-22 submission will be completed by June 2022.

NLH was not subject to the payments by results clinical coding audit during 2021-22 by the *Audit Commission*. This is not applicable to independent hospices.

For details regarding Information Governance please see Appendix Two.

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 2021-22:

Clinical Strategy

The clinical leadership group produced its first clinical strategy for 2021-25. The clinical strategy is aligned and supports the delivery of the overall organisational 4 year strategic plan. It also aligns and supports with other key strategy documents including people, fundraising, equality, diversity and inclusion, communications and Marketing and Retail. The strategy has six overarching clinical objectives:

- We will work towards understanding the needs of our population to ensure we provide our services to more people. We will ensure our services are responsive to the identified need and promote equity of access.
- We will work together with our patients, service users, their support networks, our communities and partners to ensure the provision of

integrated and individualised palliative care and support. We will continually monitor our performance and measure the impact of our services.

- We will use learning to influence and develop our services.
- We will embrace a culture of innovation and creativity to ensure we continually meet the needs of our service users.
- We will develop our workforce (staff and volunteers) to ensure we have the right people, with the right skills to meet the needs of our service users.
- We deliver high quality safe care, ensuring a culture of learning development and improvement.

Non-Medical Prescribing

Expanding the number of non-medical prescribers within the organisations has continued this year. Three staff successfully completed their qualifications. A further three staff commenced their courses and will graduate in 2022-23.

Bereavement

The challenges the pandemic created are unprecedented and stretched most of us to the limit, particularly those who were bereaved.

Walk&Talk group – going the extra mile

Volunteers leading the group kept up to date and responded to changing guidelines, meeting as often as possible. Those unable to attend were still supported by the group and nobody coped alone when times felt tough. Many of the group members also choose to connect outside the walk and talk session and have been a great support to each other. This is such an amazing achievement and correlates with the core values of the service, recognising that authentic human understanding has a worth beyond measure, and is not exclusively achieved within the confines of counselling or one to one contact. Having access to others who have had a similar shared experience, want to listen, and try to understand, without judgement, is a great gift to offer someone.

48 sessions took place in 2021, sometimes with over 20 people attending each session.

Feedback from attendees:

"I have found the walks very helpful and I'm extremely grateful to you for putting me in touch with the group. I received a warm welcome and the volunteers were very kind."

"I have found and made so many friends through this group it breaks down the isolation often felt when losing a loved one."

Over the last 6 months we have recruited and trained an additional 17 bereavement support volunteers, bringing our total to 33. The training received excellent feedback and all volunteers are contributing to the service and have been allocated reflective practice groups.

Volunteering

We currently have 592 active volunteers. 351 volunteers work in retail and 242 are patient facing. Responding to our volunteer survey we have focussed on maintaining connection with volunteers who were unable to volunteer during the Covid-19 restrictions as well as welcoming volunteers back with refresher training and ongoing support. As a result, those volunteers who have returned report feeling well prepared and well supported. In a survey comparing results with other hospices across the UK, North London Hospice scored 5% higher than others for volunteer satisfaction in terms of development (83%) and support (94%). We have also streamlined our recruitment process and are able to offer online presentations for training ensuring that volunteers can start swiftly and easily.

Health and Wellbeing Service

During a second year of restricted activity due to the pandemic the team now operates a fully hybrid service where the patient has choice whether to engage face to face, virtually or by phone. There has been an increase in attendance at the centre since January 2022 however, many users of the service prefer the virtual interventions, particularly for the group-based activities. The referrals have remained lower than pre pandemic and those that have been referred have been more symptomatic.

The general wellbeing and social activities are now delivered by the Compassionate Neighbour programme. With the changes in referrals and some current staffing vacancies we have taken the opportunity to review the Health and Wellbeing Service during the last quarter of the year. Although this is not complete, there are work streams considering:

- nursing and medical roles within the Health and Wellbeing team
- our approach to Outreach and wider engagement within the community
- Multi-disciplinary meetings

The review has also led to a Priority for Improvement for next year working on pathway interventions.

Community Development

Community Development supports the North London Hospice ambition to reach further into our communities. It connects the hospice with community in a variety of ways such as through bespoke talks, forum membership and

involvement and stakeholder events. Fostering this connectedness raises awareness of our services, builds trust and partnership opportunities.

This year we have identified a need to formalise our strategy for community engagement and user involvement in 2022-23. This will help increase our knowledge of the palliative care needs of the communities in our area and adapt care, support, services, and information to support them. There has also been close collaboration with the Equalities, Diversity, and Inclusion project through which we have started to reach out to a range of communities.

Ways Community Development engages:



Compassionate Neighbours

This year we have reviewed and developed the Compassionate Neighbours model. The referral criteria for external organisations were refined from 'chronic' to 'life limiting' to align with those of the Hospice and this has improved the appropriateness of the referrals received.

In addition to the one-to-one matches – which have risen by nearly 50% in the last 12 months and are predominantly face to face again – the model has grown to include three new components:

- Face to face and virtual groups
- a respite service
- transition service where time-limited support is available for those being discharged from NLH services.

The group activities were designed to support patients, community members, carers and people who were wanting to engage within community members experiencing similar issues of ill health and/or bereavement. The groups are

volunteer led and each has a specific area of interest (for example silk painting, film club, gentle exercise, and knitting/crochet) with a social element to encourage new friendships. In February 2022, the scheme also took on an allotment close to the Health and Wellbeing building for use by anyone connected with the Hospice.

Training for new Compassionate Neighbours is now offered quarterly and is facilitated by a small team of Compassionate Neighbours. The network of actively involved Compassionate Neighbours is now over 100 and they speak at least 24 languages between them.

The connections with local partnerships continue, particularly in Haringey where we have good links with social prescribers and the Haringey Memory Service.

Compassionate Neighbours in numbers 2021/2022

	2020/2021	2021/2022
Compassionate Neighbours trained	91	39 (total:271)
Referrals received	84	165
Referral source ratio (internal: external)	58:42	72:28
Introductions/matches	67	100
Number of new group activity launched	N/A	7

IPU

Over the past year we have freshened up our patient bedrooms by replacing curtains and bedding, the rooms now look more inviting and welcoming. We replaced our existing riser recliner chairs with chairs with an enhanced level of pressure relief and have replaced several patient fridges.

Our Clinical Team work closely with our catering provider Valeside to provide personalised menus for our patients. This ensures patients are able to enjoy meals which meet their needs.

We have created a Staff Rest room on our In-Patient Unit which provides staff with an area to relax and recharge during their break times.

We have seen some challenges of facilitating timely admissions to the IPU due to issues with ambulance transport from both acute hospitals and in the community. This has meant on occasion admissions have had to be cancelled as the patient would not arrive whilst a doctor was available on the unit. In order to try and limit these occasions we changed the doctors hours in order to have a doctor working till 7pm a number of days a week. We have also facilitated

doctors seeing patients in the community on the day of their planned admission to complete the clerking of the patient whilst awaiting transport.

Quality Improvement projects (QIP) informing service developments in IPU

1. Responding to Urgency of Need in Palliative Care (RUN-PC) triage score used by First Contact to prioritise admissions to IPU

We developed a quality improvement project to improve the prioritisation of referrals response times and inter-rater reliability. The RUN-PC Triage Tool is a novel evidence-based and validated specialist palliative care triage decision-making tool to facilitate equitable, efficient, and transparent allocation of specialist palliative care services by urgency of need. The prioritisation of referrals to IPU occurs during the daily bed meeting. To prioritise a referral the RUN-PC score is utilised. Data collected on the distribution of RUN-PC scores of referrals to IPU show the compliance with recommended response times and inter-rater reliability is not always being met. The aim of this project is to improve the referral response time and inter-rater by changing the scoring methodology.

The QIP has led to several improvements:

- Using the recommended response times as described by the RUN-PC manual.
- Developing more detailed scoring guidance to ensure scoring is more objective and reproducible.
- Discussion at bed meeting restricted to fully assessed and scored referrals unless clearly very urgent.
- Addition of target admission date to referrals list on the clinical database.

PARTNERSHIP WORKING

North Central London Clinical Commissioning Group (CCG)

NLH has worked with our North Central London(NCL) commissioner to support the development of a service specification that has been approved by the CCG to establish a Single Point of Access (SPA) for palliative care services across NCL. A steering group has been established and terms of referenced established.

The SPA for Palliative Care, will provide a 24/7 single point of access for patients, their carers, and professionals to enable them to access support, help, advice, and onward referrals to other appropriate services if required. It aims to support patients in their preferred place of care (PPC) wherever possible and will

be staffed by Clinical Nurse Specialists. The SPA will have access (with patient consent) to the full electronic patient record to inform and enhance care and the advice provided. NLH and Marie Curie are working in partnership with NCL CCG to be lead providers for the service once operational in Quarter 3 of 2022/23.

We have supported the commissioner with completion of the Ambitions for Palliative & End of Life Care self assessment tool for the three boroughs that we serve.

Ongoing partnership working

We have continued to work in partnership with Noah's Ark, the Enfield Community Heart Failure team and Enfield Pulmonary rehabilitation service. We are also working with the North Central London Cancer Alliance on the Personal Cancer Care Programme.

Partnership working continues with the Barnet Patient Engagement Group and colleagues in Jewish Care, Healthwatch Barnet, 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, once again, NLH worked closely to produce a public engagement campaign for Dying Matters Week.

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.

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.

Partnerships Community Borough teams

Our community teams have regular meetings with Partnerships Community Borough Teams. These include:

- Regular meetings with district nursing to discuss care plans for people under joint care
- GP meetings
- Neurological meetings
- Heart failure meetings
- Enhanced health for care homes meetings
- Multi Agency Care and Coordination (MACCT) case by case as needed

Overnight Service

The Betty Messenger Foundation funded the establishment of our Overnight Service in 2019. This three year funding came to an end in December 2021. Whilst the NCL single point of access model is agreed, NLH board have agreed to continue to fund the service.

LEARNING AND DEVELOPMENT

The continued altering covid restrictions impacted the work of the learning and development team. However, adaptability and teamwork ensured another successful year for education in the hospice.

A wealth of internal courses were offered in addition to mandatory training including coaching, mentoring, IT skills and handling difficult conversations and bespoke training days covering the care certificate. The virtual clinical training went from strength-to-strength and a poster detailing its success was presented at the Hospice UK conference in Liverpool. Additional posters were presented outlining the overnight service and our online mindfulness and meditation psychological support group.

Direct mentoring, support and reflection opportunities were also regularly offered by the team. A new e-learning and booking training system 'Relias' was also introduced. The system provides a more engaging, informative, and accurate learning experience and has been received positively by staff.

Despite the restrictions imposed by covid, several external courses were safely delivered including our accredited level 5 palliative care course, Namaste, Summer School and DNACPR training. We received positive feedback from Barnet and Southgate College over the quality of the Level 5 course; "Overall, excellent work and clear feedback, so well done."

We also commenced the running of the European certificate in essential palliative Care (ECEPC) in partnership with 13 other hospices. Bespoke training packages were also delivered to care home staff on individualised care planning and dementia. 8 courses were also provided in partnership with an international school to provide an insight into a career in healthcare. These were very well attended, received excellent feedback, and resulted in additional fundraising for the Hospice. Comments included:

"The whole day was an incredibly valuable experience"

"Really enjoyed it, such an informative and interesting day"

Information events to raise awareness of careers in healthcare was also held for students within our boroughs. This was attended by over 70 young people.

As many care homes remained 'closed' to non-essential visitors we continued to support Enfield care homes through virtual means. Recorded teaching presentations were available for access via a Moodle and 'live' virtual end of life training sessions were also offered to all the homes.

The team continued to support seven apprentices: six completing Nursing Associate Training (TNA) and one a management degree. We are very proud that four of the TNAs successfully completed their course at the end of March and are being interviewed for roles within the hospice. The team also supported a 'Kickstarter' for a six-month placement in gaining valuable work experience to support them in a future career.

The wonderful work of the hospice was also celebrated with a staff conference held at Stone X stadium. Despite the challenges of Covid, 119 staff safely attended and the overall feedback was positive with the day receiving a rating of 4.3/5.

Learning & Development - A year in figures

End-of-year figures show that mandatory training compliance levels stand at 91%.

1741 learners attended courses or training

443 hours of support given through mentoring

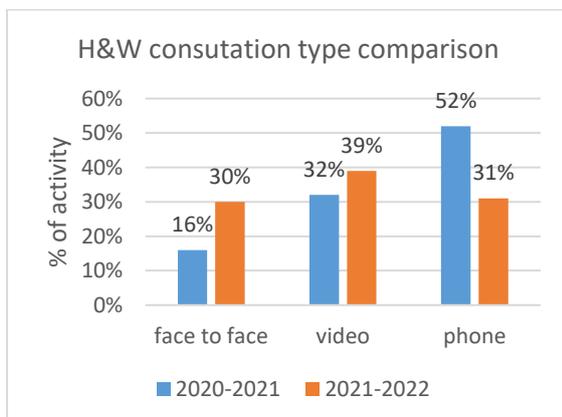
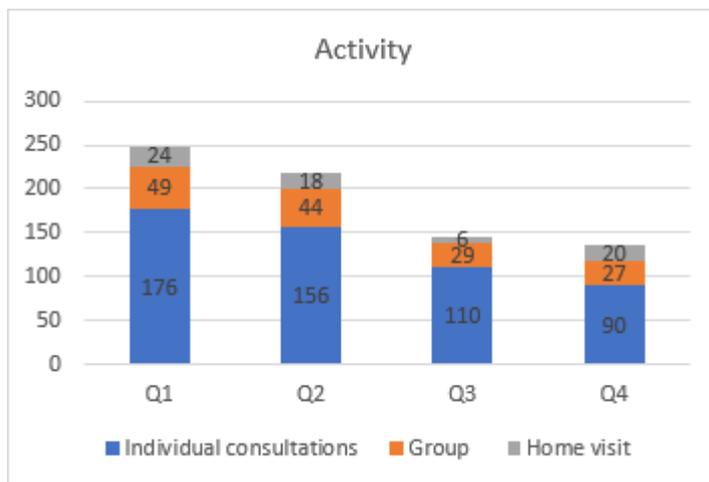
SERVICE ACTIVITY DATA

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)

	2020-21	2021-22
Admissions	341	346
Patient died on IPU	71%	77%
Patients discharged home	29%	23%
Length of stay	13.1 days	
Closed bed days	141	156

Health & Wellbeing Service



Community Teams

Place of death	2020-21	2021-22
Usual place of residence	72%	75%
Hospice	17%	14%
Hospital	11%	11%
Other	0%	0%
Percentage of patients achieving their preferred place of death	87%	89%

Palliative Care Support Service (PCSS)

	2020-21	2021-22
Number of patients support	374	442
Average hours of direct care provided per patient supported	27 (equates to 3 nights)	28 (equates to 3.1 nights)

Community Overnight Service

	2020-21	2021-22
Total number of calls received (5pm-8am)	7059	6724
Total number of visits (8pm-8am)	428	316

SERVICE USER EXPERIENCE

NLH values all feedback from people who have used our services and experienced our care. The hospice has a range of feedback resources which are used to capture experience: comment cards, verbal or written suggestions, compliments and thank you cards, patient/family stories, routine surveys (both internal operational surveys and NCL aligned surveys), concerns and complaints.

Feedback is shared and reviewed by services with team members and through NLH governance groups.

Patients and families can provide feedback on the service and care they receive, and the User Involvement Lead is available to support where needed.

All feedback is collated and analysed for themes and used to identify improvements and implement changes. We adopt a user centred approach and endeavour to drive a culture of continuous improvement through understanding the needs and preferences of our patients and their families.

2021 User Surveys

In 2021 the annual service-specific surveys have been undertaken by both paper and real-time surveys using a tablet device.

Paper surveys were sent from May 2021-October 2021

- Community patients and relatives
- Palliative Care Support Service relatives (PCSS)
- Inpatient unit patient and relatives (IPU)
- Health and Wellbeing patients (H&W)

A total of 2,357 surveys were sent out (28% increase on 2020), 462 surveys were returned representing a 19.6% response rate.

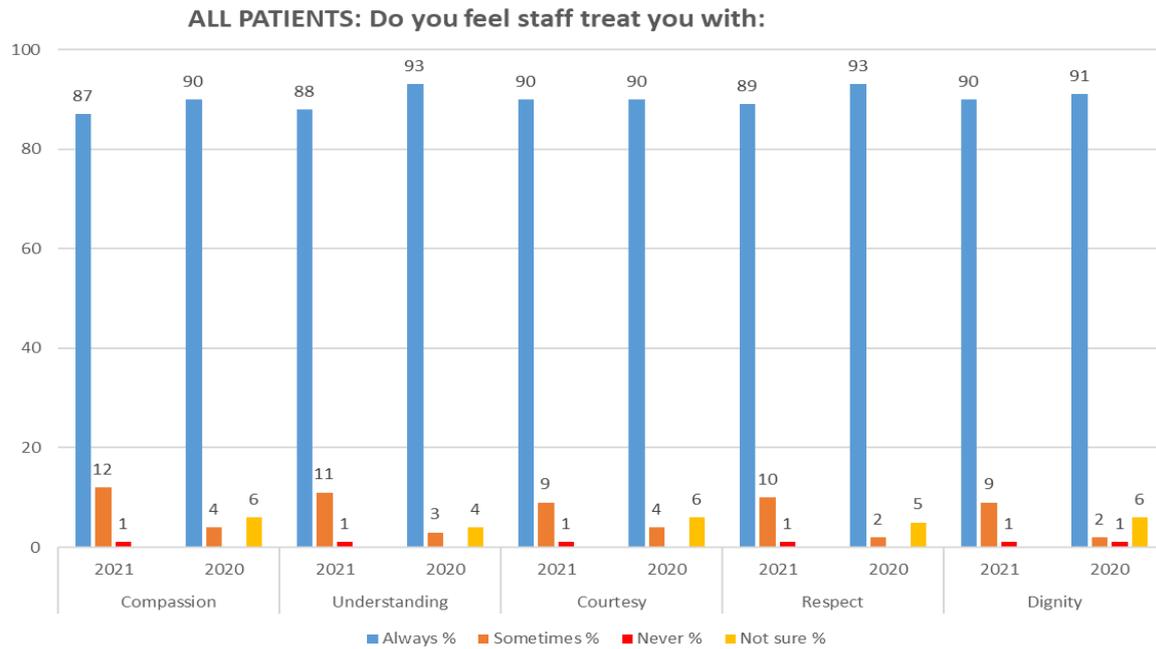
In 2021, 36 In-Patient Unit and 29 Health & Wellbeing surveys were completed the aim of the tablet surveys is to be able to provide real-time feedback which allows us to be immediately responsive to issues raised.

When analysing our comparative results from 2020 we noted an error in the data presented in the 2020 quality account. The 2020 data has been corrected in the graphs that follow and the results are comparable with the 2021 results.

Results: Key Performance Indicators

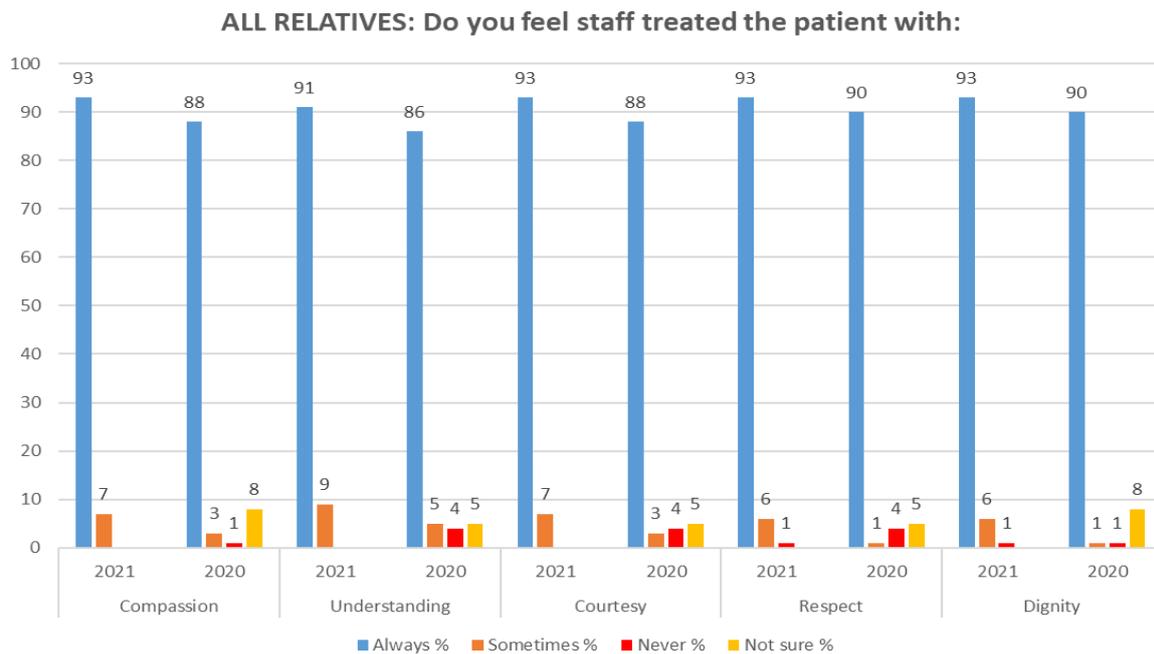
Key Performance Indicator 1: Are you/was the patient treated with compassion, understanding, courtesy, respect, and dignity?

Patient results:



Overall results show, above 85% "Always" scores were reported across all patient services. The option of not sure was removed in the 2021 surveys

Relative results:

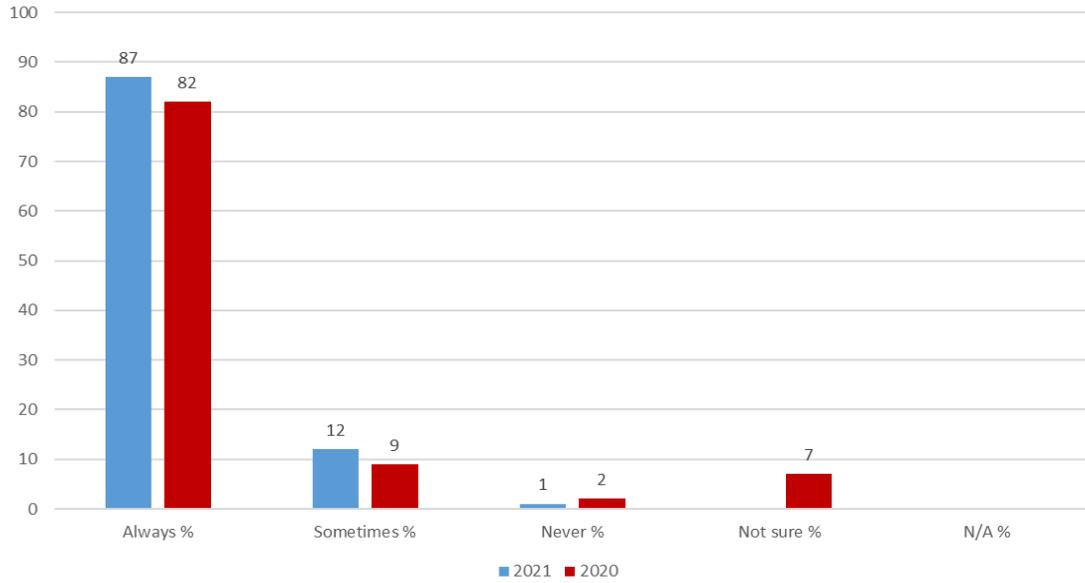


Overall results show, above 90% "Always" scores were reported across all relative services.

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

Patients results:

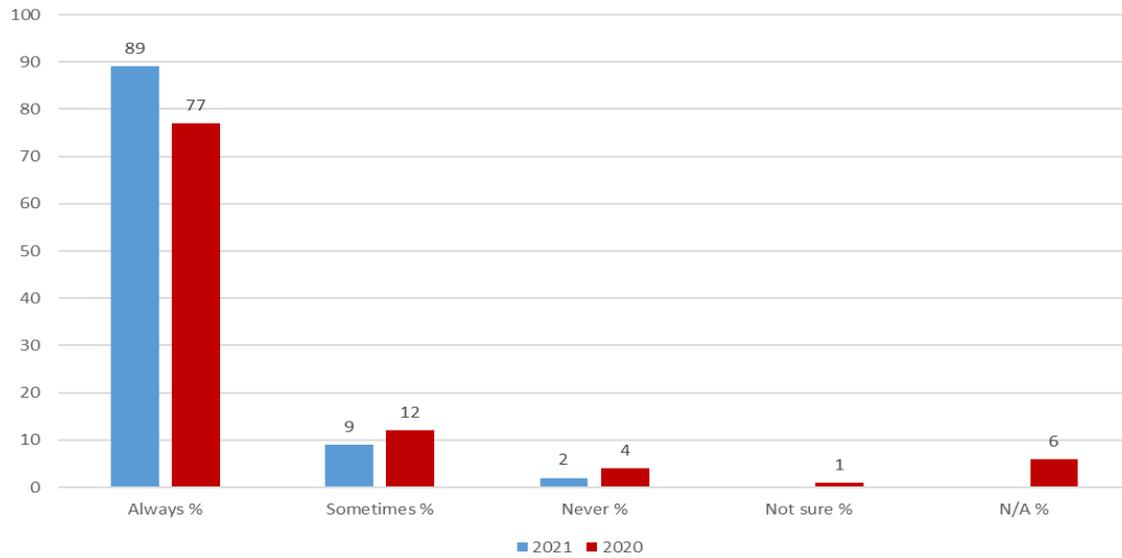
All PATIENTS: Are you involved as much as you want to be in decisions about your care and treatment:



Overall results show, 87% "Always" scores were reported across patient services with 1% of patients reporting a score of "Never" (2 CT Barnet / 1 IPU patient)

Relative results:

ALL RELATIVES: Were you involved as much as you wanted to be in decisions about the patients care and treatment:



Overall results show 89% "Always" scores were reported across relative services with 2% of relatives recording a "Never" score (2 CT Haringey, 2 CT Barnet, 1 IPU patient)

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:

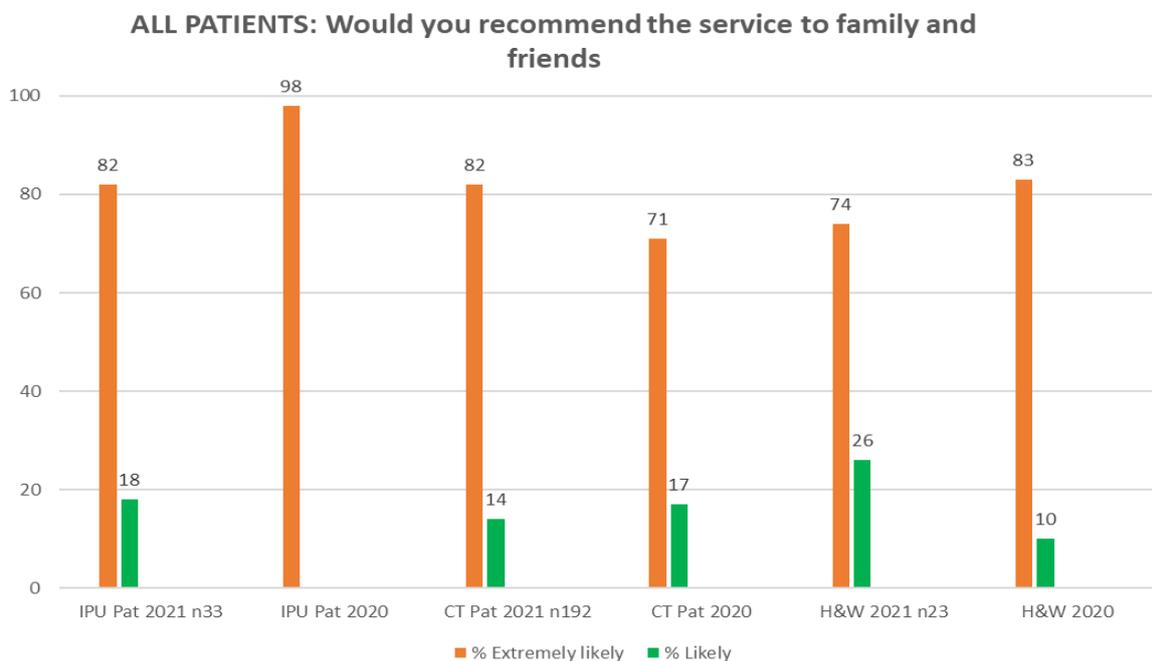
Extremely likely

Likely

Neither likely or unlikely

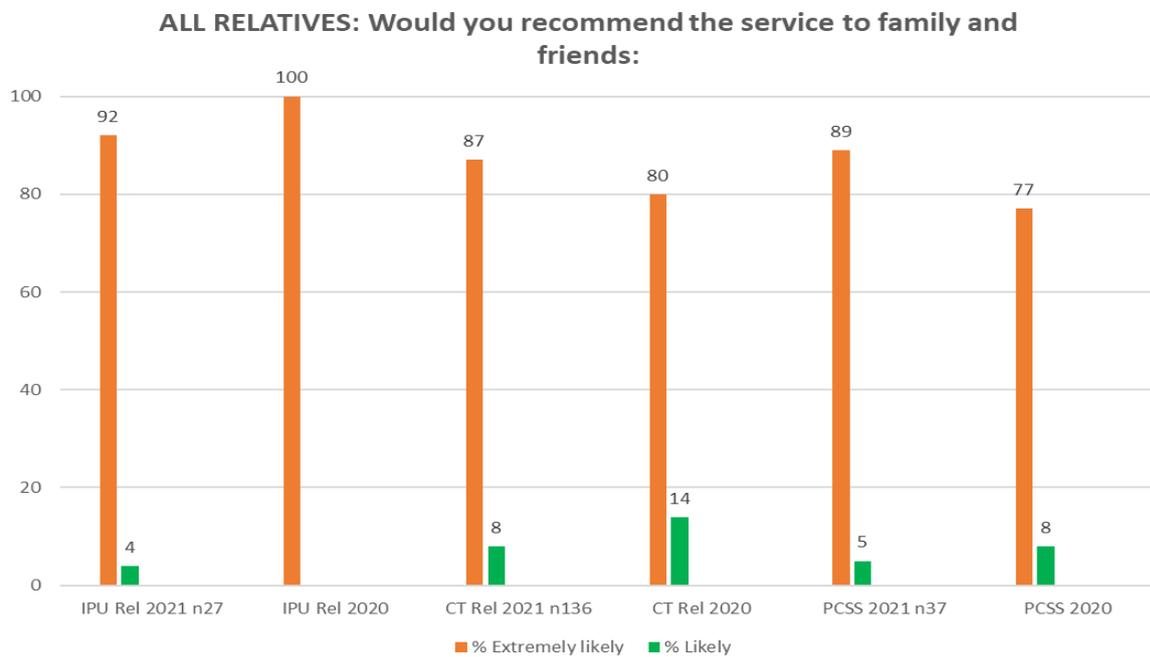
Unlikely

Patient results:



Above 80% "Extremely likely" scores were reported across IPU and Community patients. H&W reported a score of 74% in Extremely Likely. It should be noted that in 2021 there has been a reduced Health & Wellbeing service

Relatives' results:



Above 85% "Extremely likely" scores were reported across all relative service areas

Complaints

Quality Performance Indicator	2020-2021	2021-2022
Number of Complaints (NLH target fewer than 30)	18	15

Quality Performance Indicator	2020-2021	2021-2022
Investigations completed,	16	13

complaint upheld/partially		
Investigations completed; complaint not upheld	2	2
Investigations unable to proceed as complainant not able to give full information	0	0
In progress	0	0

NLH receives complaints about clinical and non-clinical (charity shops) aspects of its business. This year we received a total of 15 complaints:

- 10 were clinical (patient service) 4 were retail, 1 related to facilities

The 10 clinical complaints involved the community services. Less than 0.3% of patients and families supported by NLH this year made a complaint.

The themes of clinical complaints raised this year were predominantly communication of staff to service users and care of patient.

All clinical complaints upheld, partially upheld or not upheld have been completed and actions and learnings have been taken forward including:

- Booking and out of hours processes have been examined to ensure the PCSS service are fully aware when staff are booked to attend patient homes
- Teams are regularly reminded of transparency when communicating corporate caseloads and outstanding tasks are routinely distributed at morning team meetings
- Clear and comprehensive information is provided in respect to end-of-life "anticipatory" medication to both relatives and patients
- Teams are given the autonomy to consider purchasing medications over the counter when appropriate or necessary
- Service user surveys will be undertaken across 12 months of the year, providing a more equitable and inclusive service to all users, promoting

good practice, and supporting our advancement of equality, diversity and inclusion

- Community clinical teams have undertaken an education session on nerve block

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

Concerns:

In 2021 we received 4 concerns all relating to clinical care. The most re-occurring theme was communication of staff to service user and care of patient. The following are examples of concerns raised this year and actions taken in response.

Patients' family requested PCSS/HCA visit by overnight service – visit did not take place and family feel they did not have the support they needed

The PCSS booking process has been reviewed and HCA's now telephone PCSS staff to ensure they are aware they are booked and required to attend a patients home

Delay of sample being requested by doctor and being sent to laboratory, delay of medication being prescribed and administered to patient

Significant improvement and clarity of written communication on the nursing handover sheets

Family concerned that they wanted to be with the patient when they passed away. There was no discussion with them about patient prognosis on admission

Doctors / nurses speak with relatives together
Joint handover sheets to improve communication
Review of patient "Things to know about me document"

Compliments:

This year we recorded 207 written compliments. Themes were care for patients, relatives, carers, above and beyond, kindness of staff, overwhelming support during difficult times. Below are examples of compliments received from our patients, families and carers.

To the many nurses, doctors, assistants, cleaners, and volunteers who cared for our father. We are more grateful than we can ever express for the skill and tenderness you showed him and for the two days he was with you. Thank you, we plan to fundraise for you in a number of ways.

In-Patient Unit compliment

To everyone at North London Hospice, thank you so much for making it possible for my partner to pass away peacefully at home. With your wonderful support I was able to fulfil her wishes. You are a fantastic organisation, and I will try to repay a small part of what you gave us by giving you my support.

Community team compliment

I would just like to say an enormous thank you to the staff, at the North London Hospice. At 8:45 on a Saturday evening you helped me with medication for my mum
Your kindness to us was so very much appreciated and you looked after Mum with kid gloves over her final week.
Please accept the enclosed donation on behalf of our wonderful Mum With appreciation and very best wishes,

PCSS 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.

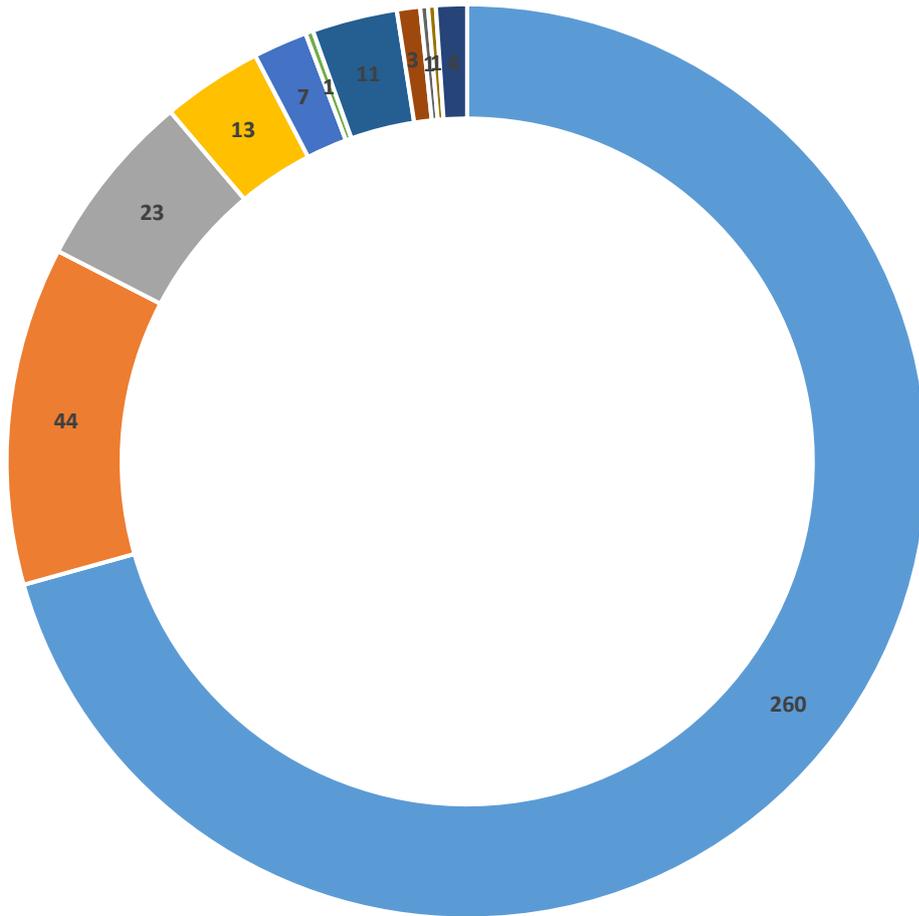
Table 1 below shows the number of incidents and near misses reported over the last three years.

Table 1 Total number of incidents reported on sentinel 2019-22

	2019-20	2020-21	2021-22
Total number of incidents	489	417	368

Chart 1 below shows the categories of incidents reported during 2021-22.

1. Total safety incidents reported 2021-22



- Total number of clinical incidents (Includes pressure ulcers, medication incidents)
- Accidents (includes patient falls)
- Communication
- Safeguarding
- Abuse towards a member of staff/volunteer
- Work related ill health
- Confidentiality/IT
- Security
- Theft
- Equipment failure
- Other

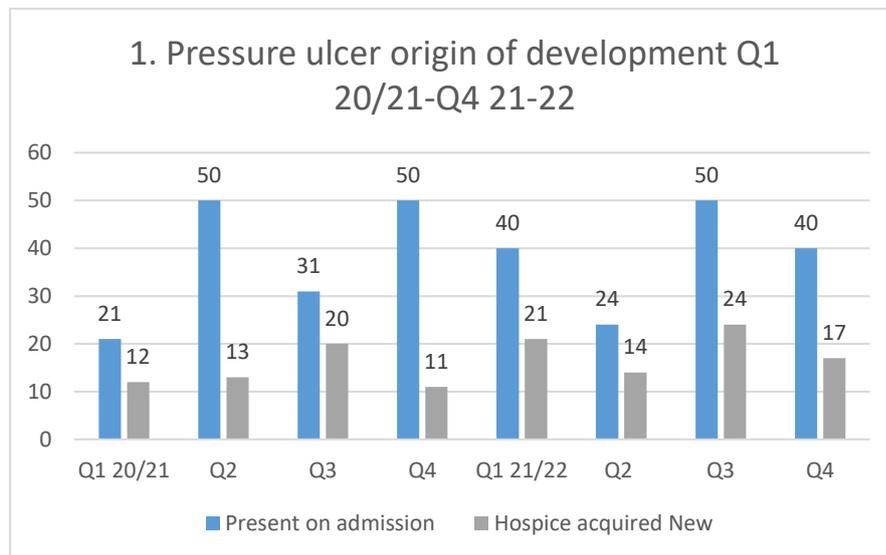
Analysis of incidents 2021-22

A decrease in the number of incidents were reported this year from the previous year.

Pressure Ulcers 2021/22

Our highest reported category of type of clinical incident is pressure ulcers. We report on newly acquired pressure ulcers and those that are present on admission and not attributed to the hospice hence our greater numbers of incidents reported.

Graph 1 below shows the number of pressure ulcers present on admission compared with those pressure ulcers newly acquired in the hospice over the past two years. The majority of pressure ulcers reported were already present on admission to the hospice (in comparison with other hospices the pressure ulcers already present on admission at NLH are above average).



New pressure ulcers

This year saw an increase in new pressure ulcers being reported, from 56 reported last year to 76 this year. There were similar trends in those pressure ulcers present on admission to last year. IPU has had higher numbers of hospice acquired pressure ulcers when compared with other hospices (Hospice UK Benchmarking reports). Whilst we continue to strive to reduce the number of hospice acquired pressure ulcers, it is of note that the numbers of patients admitted with pressure ulcers is also higher than national average (patients admitted from home, care homes and hospital). This has led staff to reason that it is something about our cohort of patients – elderly and frailty in the main, that leads to high numbers of ulcers.

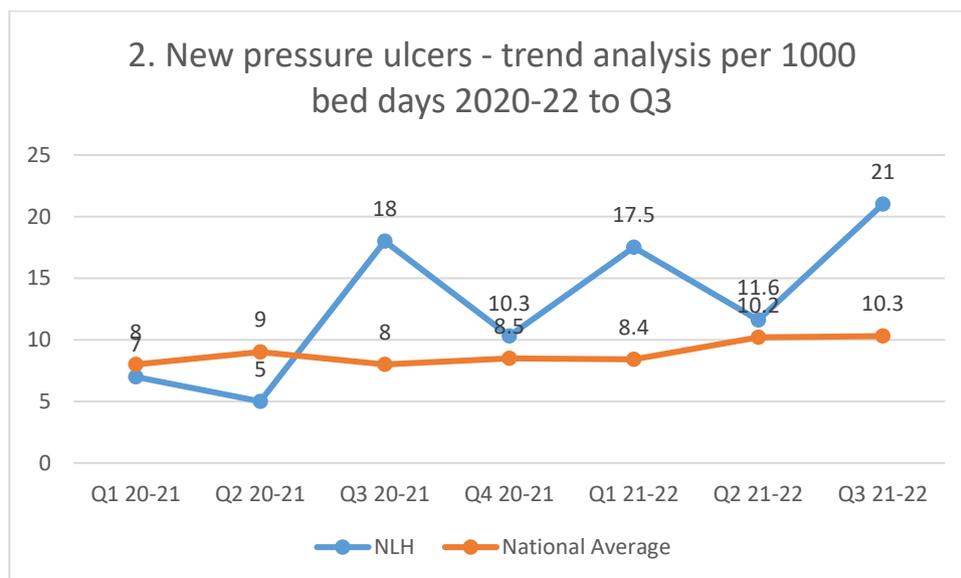
What has been done?

SSKIN (Skin, surface, keep moving, incontinence, nutrition and hydration) charts have been reviewed and amended to support care.

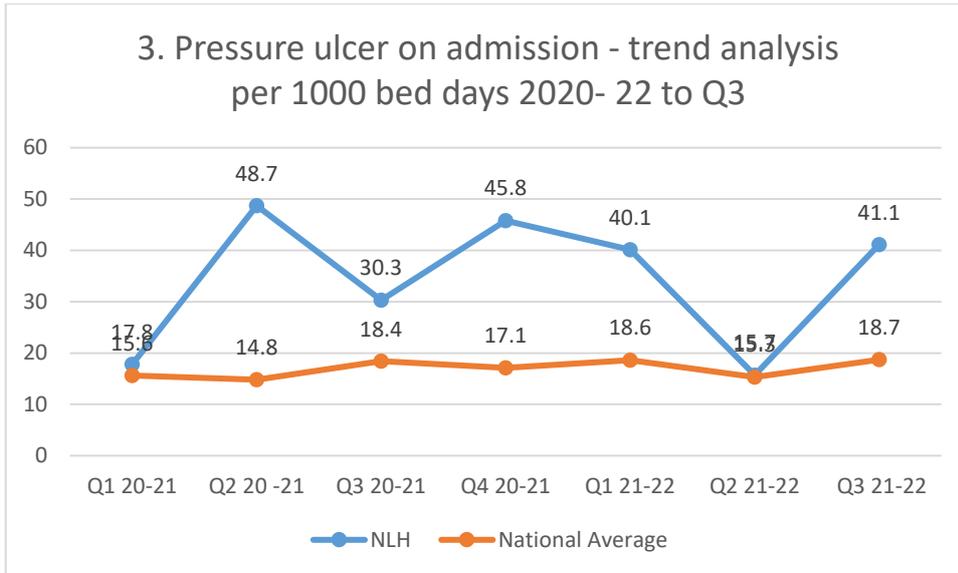
RCAs (Root Cause Analysis) are undertaken for hospice acquired Stage 3, 4, ungradable and deep tissue injury pressure ulcers. They demonstrate care undertaken with thought given to maintaining patient comfort, and in accordance with their wishes.

Our areas of focus have been on RCAs – this has mainly been for DTIs (Deep Tissue Injuries), and mainly developed during the last week of life, and therefore their development has been consistent with organ failure at end of life. However, going forwards we want to conduct a quality improvement project to look in more detail at the other hospice acquired pressure ulcers and not just high grade to see if there is anything different that should be done in practice.

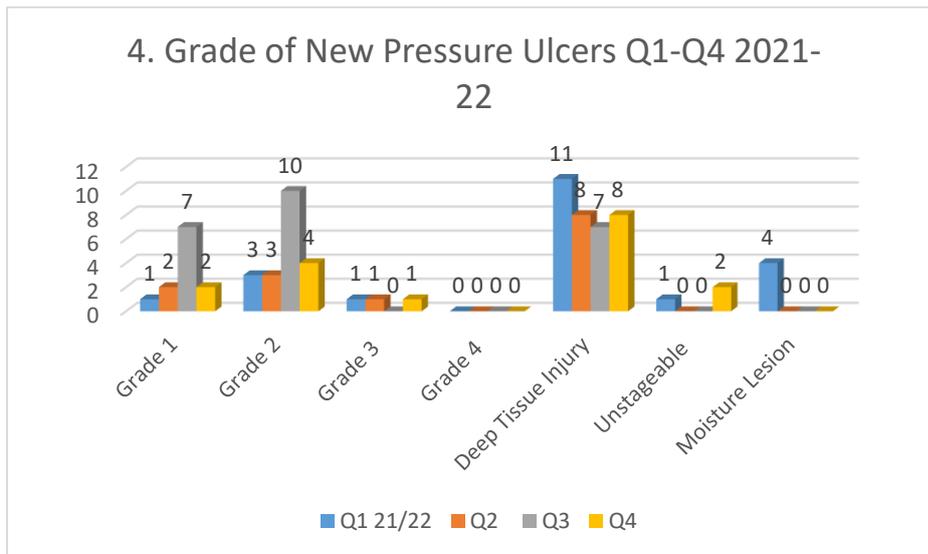
Graph 2 below shows trends in new pressure ulcers reported over the last 2 years per 1,000 bed days compared to the national average. It demonstrates a decreasing trend of new pressure ulcers over the last two years.



Graph 3 below shows trends in pressure ulcers present on admission reported over the last 2 years per 1,000 bed days compared to the national average. It demonstrates similar trends to last year possibly due to the impact of the Covid-19 pandemic on frailer patients staying at home for longer.



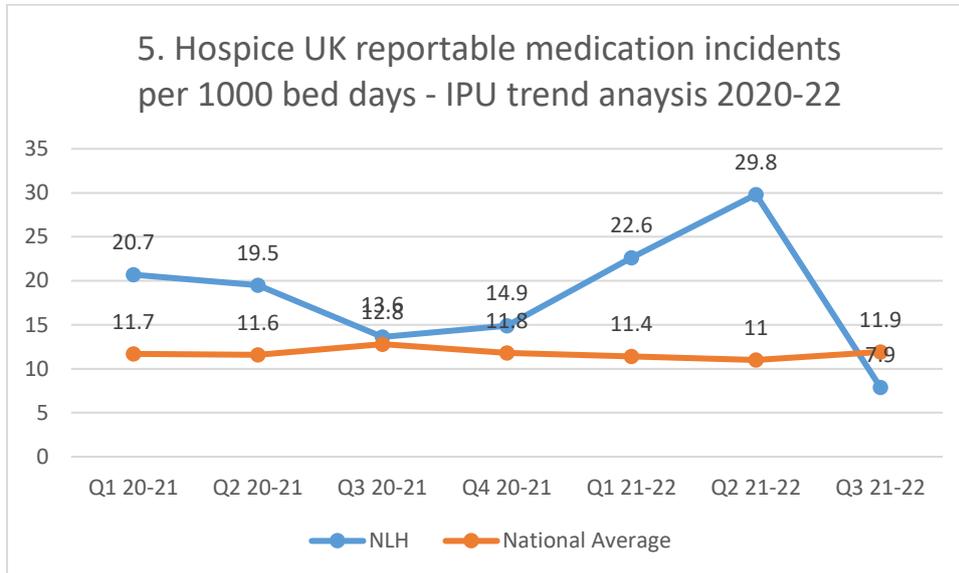
Graph 4 below shows the grading of all new pressure ulcers over the year. Moisture lesions, grade 1, grade 2, grade 3, grade 4 and unstageable pressure ulcers remain at low levels. Deep Tissue injuries were found in patients who were mostly in the dying phases (last week of life).



Medication incidents

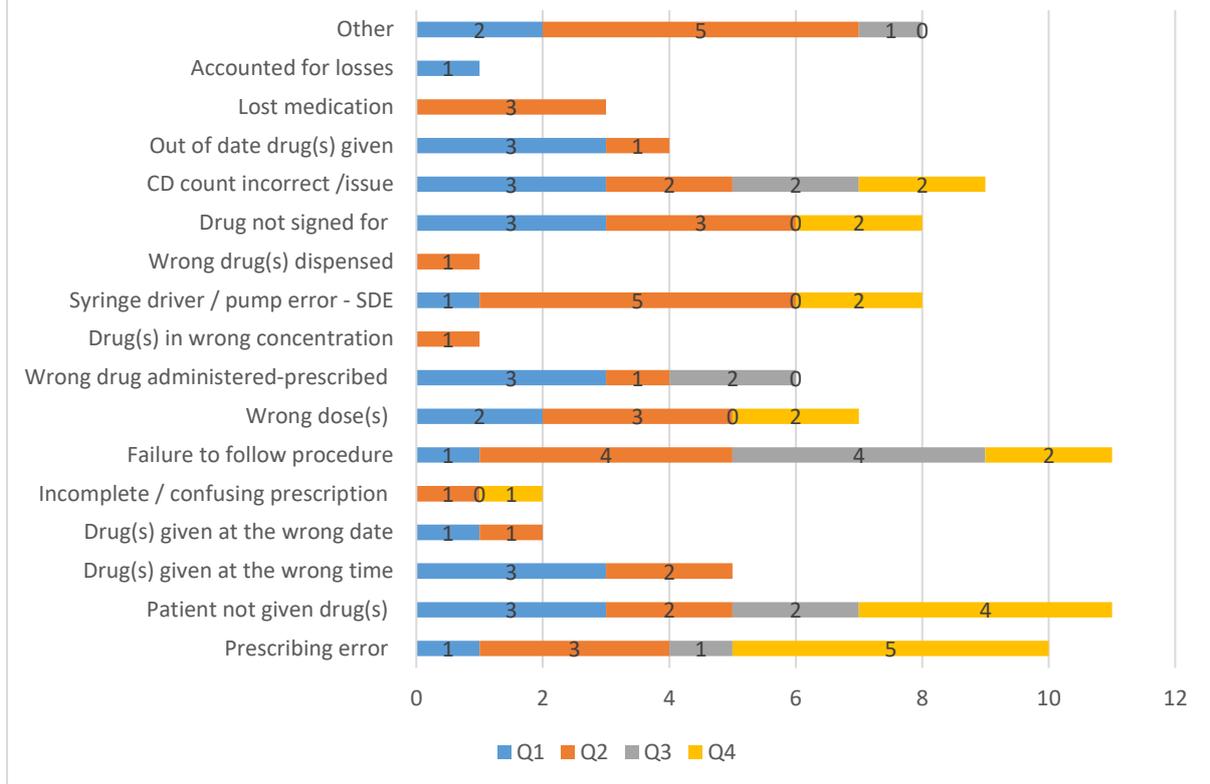
Last year we reported 67 medication incidents in IPU compared to 94 this year. In the Hospice UK clinical benchmarking graph 5 you can see that our medication incidents in Q1 were 22.6 per 1000 bed days compared to a national average of 11.4. However, in Q3 these had reduced significantly to 11.9 per 1000 bed days and overall, for the year a lower trend has been seen in Q3-Q4.

This year we completed our Quality Improvement Project on the development of a new drug chart and have implemented new patient identification wrist bands on IPU to improve safer working practices.



We separate medication incidents from those that were not patient-related (pharmacy dispensing issue etc.) and those that directly affected a patient. Graph 6 below shows a comparison of the types of incidents over the year. No patient harm occurred as a result of medication incidents. We have improved the way in which we categorise our medication incidents in the last two quarters. Some of our incidents are not attributable to NLH and involve external health care professionals, there were 5 of these reported by our community services.

6. Medication incidents by type Q1-Q4 2021-22



Patient Falls

There was a significant decrease in trends in the number of patient falls overall this year. Last year 37 falls were reported on IPU compared to 24 this year. Of the 24 patient falls, 70% resulted in no harm, 30% resulted in low harm. All falls are reviewed and monitored for trends and themes via a falls dashboard developed by Hospice UK.

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

Newly acquired Pressure ulcers IPU Only

	2020-21	2021-22
Number of pressure ulcers	56	75
Pressure ulcers per 1,000 occupied bed days	10.6	
Hospice UK Benchmarking Pressure Ulcers per 1,000 occupied bed days (for hospices of the size of NLH)	8.7	

Falls IPU Only

	2020-21	2021-22
Number of patient related slips, trips and falls	37	24
Falls per 1,000 occupied bed days	9.6	
Hospice UK Benchmarking Falls per 1000 occupied bed days (for Hospices of the size of NLH)	11.7	

Medicine Incidents IPU Only

	2020-21	2021-22
Number of medicine incidents	67	83
Medicine incidents per 1000 occupied bed days	17.3	
Hospice UK Benchmarking Medicine incidents per 1,000 occupied bed days	11.9	

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 2021-22.

Infection Prevention and Control

QUALITY AND PERFORMANCE INDICATOR(S)	NUMBER 2020-21	NUMBER 2021-22
Patients who contracted Clostridium Difficile, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia whilst on the IPU (NLH target 0)	0	0

There were no hospice attributable MRSA, C-difficile, or Norovirus cases in 2021-22. 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 guidance related to the care and management of suspected and confirmed cases of Covid-19.

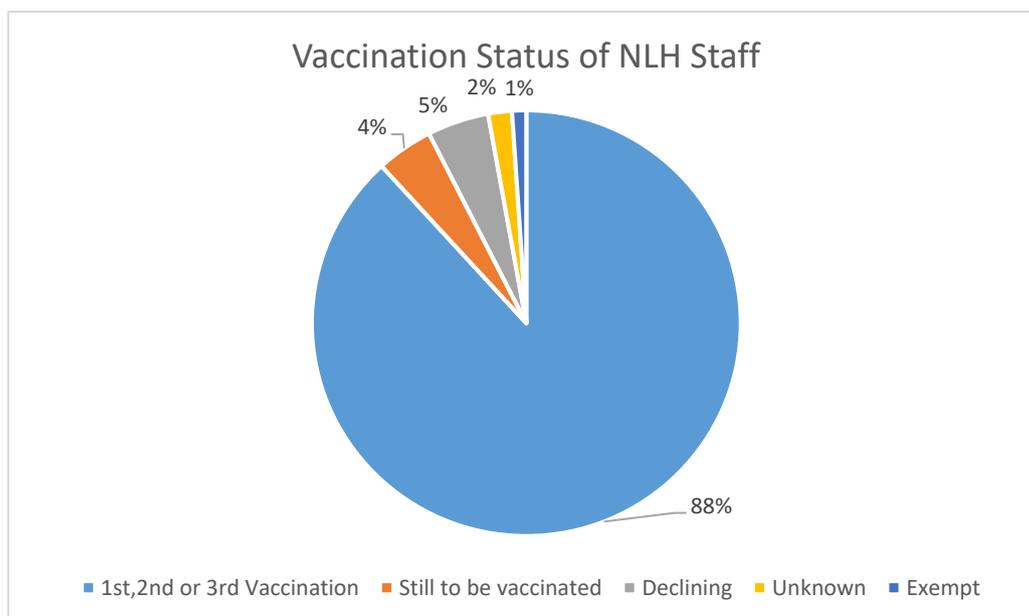
NLH PEOPLE

NLH PEOPLE

NLH employs a total of 215 (173.99 WTE) permanent staff and 43 bank staff. It benefits from the efforts 592 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 13 medical staff that make up our workforce and are employed by our local NHS employers.

	2020 -21	2021 -22
Staff joined	39	41
Staff left	62	52

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 November 2021. Overall, there was a very positive response to the survey with a staff response rate of 71% 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
- If a friend or relative needed treatment they would be happy with the standard of care provided.
- Believing in the aims of the charity

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

- Feeling supported in developing their careers
- The charity making the best use of their abilities
- The charities processes and procedures helping them to do their job more effectively
- Being happy with the personal development at the Hospice

However, there are some areas where there is room for improvement, specifically and we have agreed a number of actions to take these forward and these are:

- Diving deeper through follow up surveys around communication and wellbeing
 - Further promotion of our wellbeing resources and the EAP service
 - Communication strategy roll out
 - Spotlight on the environment and green issues
 - Career development for staff overall and time given to undertake mandatory training

Bullying at Work

There was a more positive response to the question in the last year I have not experienced bullying at work with 83% stating they agree or strongly agree and 79% of staff in the Hospice benchmark.

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

In the last year we have developed a new people strategy in line with our new strategic plan and have continued to deliver elements of our people strategy, this has included:

- Developing Values and the behaviours that underpin these with staff and volunteers. Integrating these values into our people practices through one-to-one meetings and appraisal
- Recruitment to an Equality, Diversity, and Inclusion Project lead to take forward our EDI strategy initially concentrating on ensuring we have data on our staff, volunteers and patients but also developing engagement across the Hospice on EDI
- Ongoing promotion of our 'Freedom to Speak Up' Guardians.
- The second cohort of managers have successfully completed the management development programme
- Delivery of HR management training
- Introducing a new e- learning system for both mandatory training as well as more general courses
- Integrating wellbeing into our appraisal process and promoting our team of 'mental health supporters', Employee assistance programme and clinical supervisor
- Regular staff forum meetings and the establishment of a new Volunteer forum.

NLH BOARD OF TRUSTEES QUALITY ACCOUNT COMMENT

NLH board of trustees Quality Account comments

I am proud to be part of a diverse and skilled board which are focused on providing outstanding governance to North London hospice particularly during a period of recovery and resilience building from the Covid-19 pandemic. As trustees, it is our role to ensure robust performance monitoring and to champion on behalf of all patients and families who use the service. We advise and support across all sectors of the organisation, including clinical and fundraising.

The introduction of a five year clinical strategy in 2021 has demonstrated to me the clear vision of the Chief Executive and clinical leadership team and, in addition, the commitment of the hospice staff and board of trustees to develop and improve the services and reach of the hospice.

This year's quality account provides an insight into some of the areas where service improvements have been achieved, improving patient safety, clinical effectiveness, and the patient experience. Our organisation seeks to be transparent in its work and I have seen evidence of this in the last year in its management incidents and complaints and more improved reporting and feedback to the Clinical Governance and Assurance Committee. By learning from all we do, we aim to provide a clear vision for excellent care for our communities.

I am delighted that NLH has striven in the past year to develop its research capabilities and has been involved in both national projects and local studies the results of which have been presented at national and international conferences.

It has been a privilege to support the truly dedicated Chief Executive and his leadership team to meet the challenges of this past year and to see the resilience and innovation employed during the Covid-19 pandemic.

The response from North London Hospice post Covid-19 pandemic continues to be determined and proportionate and follows these principles:

- Patients, their families, our staff, and volunteer safety is paramount.
- Maintain services where we can –change the models if necessary.
- Look at novel approaches to support the community.
- Maintain our reputation in the community.
- Be here after the outbreak and to be financially robust.

North London Hospice is ever-evolving, as is best shown by our commitment for continuous improvement and the Priorities for Improvement identified for 2022/23.

Cate Woodwark

Chair- Clinical Governance and Assurance Committee

North London Hospice trustee

**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, Paramedic, 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 a 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 urgent care records for patients which is a shared electronic patient care plan that can be accessed by other professionals such as London Ambulance Service (LAS), GPs and DNs. The care plan includes the patient's wishes and preferences and their resuscitation status supporting them in their preferred place of care.

The service operates between 08.00 – 17.00 on Saturdays and Sundays with a reduced team of CNSs, ACNS and HCA.

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 7 days a week between 17.00 – 08.00. If indicated, the CNS and HCA can visit patients (currently visiting is not available between 17.00-20.00).

Health & Wellbeing Service

The Health & Wellbeing Service comprises a multi-professional team whose underlying aims are to provide early interventions for those with a palliative diagnosis that may be treatable but not curable. To enable individuals 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. However, most of these activities have moved to online due to the impact of the Covid-19 pandemic. 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. It acts as a signposting service for patients in the last year of life.

APPENDIX TWO: GROUPS THAT OVERSEE AND REVIEW QUALITY WITHIN NLH

Board of Trustees

The board is accountable and responsible for ensuring NLH has an effective programme for managing risks of all types and ensuring quality. To verify that risks are being managed appropriately and that the organisation can deliver its objectives, the board will receive assurance from the clinical governance and assurance committed for clinical and non-clinical risks. It reviews NLH's board risk assurance report.

Executive team (ET)

ET reviews and monitors the minutes of all quality meetings, risk assurance frameworks and clinical and non-clinical risk. Provides comprehensive reports on the organisations key performance indicators for the board and is responsible for the implementation and delivery of the organisations strategy.

Clinical Governance and Assurance Committee (CGA)

Clinical Governance and Assurance Committee (CGA) 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 clinical key performance indicators 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 CGA 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 CGA 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 CGA. ASG presents its audit plan and audit reports and recommendations to Q&R for approval and monitoring. The audit plan is ratified by CGA 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 CGA.

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 Executive Team and CGA.

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 202-22, 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 2021-22 are as follows (nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2021-22, 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 2021-22 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 2021-22, 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 2021-22 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 2021-22 as of 31 March 2022.

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 2021-22 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

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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