



# QUALITY ACCOUNT 2023-2024

**CONTENTS (complete for published version)**

<b>Part one – Introduction to North London Hospice</b>	
Patient Story	
Introduction and Statement on Quality from the Chief Executive	
Statement of Assurance from the Board of Trustees	
Vision, Purpose, and Values	
Strategic Ambition	
Our Clinical Services Overview	
Activity and Funding	
<b>Part two – Priorities for Improvement</b>	
Review of Priorities for Improvement 2022-23	
Looking Forward: Priorities for Improvement 2023-24	
<b>Part three – Quality Performance and Improvement</b>	
Governance	
Patient Safety Data- Incidents	
Audit	
Information Governance	
Research	
Internal CQC and Executive Walk Rounds	
Service Improvement	
Learning and Development	
<b>Part four – Experience and Collaboration</b>	
Service user experience; surveys, complaints and compliments	
Staff and Volunteer Experience	
Equality, Diversity and Inclusion	
Community Engagement and Compassionate Neighbours	
Other Partnership Working	
<b>Part five- What others say about us and Mandatory Statements</b>	
Care Quality Commission	
Statements From Commissioners, Healthwatch, Health Overview and Scrutiny Committees	
Accessing Further Copies and Providing Feedback	
Additional Mandatory Statements	

# Part 1- Introduction to North London Hospice

## Patient Stories

### Music as therapy in our Outpatient and Wellbeing Service

As a musician, the frontman and drummer in a reggae band for many years, Barry brings an infectious and encouraging passion to the weekly music therapy group at Outpatients & Wellbeing. Barry describes his experience of our service:

**“I love that music therapy class. It gives people a real sense of confidence, inclusion and encourages expression. It gets you out of the house and gives us all something to do that doesn’t revolve around medical appointments. You can just be in the moment. Every week, everyone that attends, leaves feeling better than when they arrived.”**

Barry is living with chronic obstructive pulmonary disease Emphysema and said, **“I was very frightened. It was scary for my family too, but my body just wasn’t working, and I knew North London Hospice would look after me. They’d have the care facilities and the expertise to help. But they’ve given me so much more. Sometimes you need to talk to someone, other than your family, and they are always there if I need to talk. They make me feel things are ok. The hospice has been able to really support my mental wellbeing.”**

Barry receives individualised care involving regular home visits by specialist nurses who monitor his medication and have helped him manage his anxiety as well as bi-weekly visits from our physiotherapist Rob, who takes him for walks to build and maintain strength: **“He always encourages me to go just that little bit further. I’ve made real progress, thanks to Rob.”** Barry said.

He also attends our Breathlessness and Fatigue sessions, which have given him coping strategies and help him continue to sing. **“My condition means I often struggle for breath. There are six or seven people at each session who are going through the same or similar thing, and that makes me feel like I’m not alone.”**

Barry said **“The support of the hospice has been a life saver to me. My world was crumbling around me, and I was at risk of becoming a hermit. The care they are giving me, has given me the confidence to be my extrovert self again! They’ve made me realise I can still live my life.”**

## Writing as Therapy on IPU

Tricia was diagnosed with fibrosis of the liver ten years ago and spent some time at the hospice during a period of deterioration. During her stay her laptop or notepad were never far from her grasp. Having kept diaries for most of her life, putting her experiences in writing had become a need as much as a want. We share one of the poems she penned about the uncertainty of a hospice stay.

**“Before I came here I was scared. I thought you only came to die but it’s also about trying to live better. It feels like a hotel where they can’t do enough for me and I feel safe here. My children leave me knowing they don’t have to worry. I feel surrounded by angels where everyone cares.”** With Tricia’s permission, we share one of the poems she finished during her stay.



I am going to a hospice  
I do not want to go  
I do not like the sound of it  
Please tell them it’s a no

But when I got inside my room  
A different view I saw  
A warm welcome awaited me  
Like I have never had before

I didn’t want to come here  
Now I don’t want to go  
I feel so safe and cared for  
It shows you just don’t you know

You don’t know what awaits you  
Behind each new closed door  
So trust those looking after you  
To guide you on your tour

I must close my eyes and rest  
now  
Tomorrow is another day  
No more thinking of anything  
I will close my eyes and pray

# **Introduction and Statement on Quality from the Chief Executive**

## **Statement on Quality from the Chief Executive**

I am delighted to introduce you to North London Hospice's Quality Account 2023-24, which has been developed in consultation with our patient and clinical service staff and managers, the Executive Team and the Board of Trustees. This year we have further invested in quality improvements to ensure that we are consistently delivering a high standard of care to our patients.

Last year saw the Executive Team grow and evolve, with the introduction of a new Director of Nursing & Quality role to dedicate more time to ensuring our services are safe, effective, well led, responsive and caring – helping us to achieve and offer good patient experiences. We have a renewed culture of learning, improvement, and incident reporting as evidenced in the report. The Executive and Senior Management Group took significant strides together to present a Transformation Plan to the Board of Trustees, which in turn, has helped us develop a new Strategic Plan 2024-27. This work builds on our previous plan and will help us transform our services for patients and the wider community.

Our new Head of Quality & Assurance has helped us introduce the development of improved and enhanced scrutiny of our processes, policies and governance. This has led to improved incident reporting, a reduction in medication, as well as health and safety incidents and in-year improvement in infection prevention control compliance. We are working to introduce the national Patient Safety Incident Response Framework, which will further improve compliance with quality standards and the patient experience.

We have been closely following the conversation on assisted dying as it has been raised in parliament, and remain grateful to Hospice UK for their expertise in representing all hospices in the national conversation. As debate intensifies around potential law changes, we believe discussion must include how we can make good palliative care accessible to all, with our vision for the best of life, at the end of life, for everyone at the heart.

I am proud of the work that has gone into working with the diverse communities we serve and identifying perceived barriers to our services, that will be addressed through our new strategic plan. We thank all staff, trustees, donors, volunteers and supporters for everything they do to help us achieve our vision. It is also important to note the strong relationship we value with our communities and with North Central London Integrated Care Board and partners. Without their trust and commitment, we could not deliver the range and scope of services we do.

I 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**

## **Statement on Assurance from the chair of the Clinical Governance and Assurance Committee**

As the chair of the Clinical Governance and Assurance Committee of North London Hospice, I am pleased to confirm that this report represents an accurate record of the work undertaken by the hospice during the past year in pursuance of its CORE values and ambition to continuously improve the quality of services.

Through the bi-monthly meetings of the Clinical Governance and Assurance (CG&A) committee, which reports back to the full board, the Trustees review progress against priorities, patient feedback, complaints, risk, and key performance indicators. As trustees we provide challenge, both scrutinising and supporting the Executive Team to ensure a robust clinical and corporate governance structure.

This year we have welcomed Michelle Forde and Wolfie Smith to the Executive Team in the roles of Director of Nursing and Quality, and Director of Patient Service respectively. They have brought new insights and vision to maintaining and improving the safety, experience, and effectiveness of the hospice.

In addition, much work has been undertaken by the Quality Team over the last year to improve the IT systems. This has led to greater capture, and greater accuracy of data provided to the CG&A committee. The reports produced are of improved quality and will continue to evolve to give us even greater assurance and tighter governance.

As you can read in the report, last year's priorities for improvement have progressed well, a new way of learning from incidents (PSIRF), in line with national guidance, is being embedded; training around advance care planning conversations on the Inpatient Unit has shown improved results though some further work is needed to ensure all patients leave with a personalised universal care plan; and the work undertaken on learning from complaints has led to a reduction in the number of complaints relating to communication and also to the launch of a cross-service user engagement group. The hospice strives to have a culture of openness and transparency where everyone is encouraged to speak out to identify areas for change. We welcome feedback from every quarter.

Throughout the last year the trustees have had the opportunity to be involved in Walkarounds with the executive team visiting all the different service areas in turn. These visits have given the trustees a chance to learn more about the work undertaken by each team, getting to meet the staff and volunteers, and hearing about both their experiences and those of our service users and to more fully appreciate the huge difference that the hospice is able to make to the lives of all the people it touches. As a board we remain extremely grateful to all our staff, volunteers and the community for their continuing efforts and support.

**Cate Woodwark**  
**Chair of Clinical Governance and Assurance**



## 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

C

Collaborative and learning

O

Open and honest

R

Respectful and empowering

E

Equal and inclusive

### AMBITION 1 – Our Reach

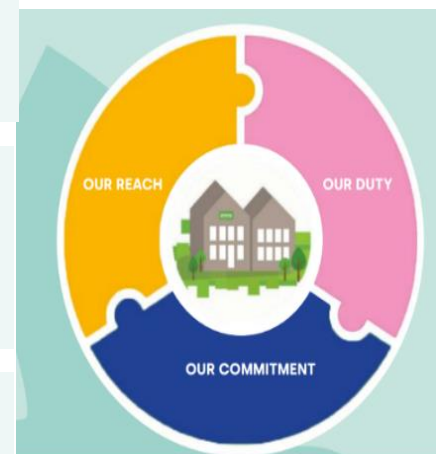
We will drive innovation and deliver quality through everything we do

### AMBITION 2 – Our Duty

We will manage our charity efficiently and effectively to achieve long term sustainability

### AMBITION 3 – Our Commitment

We will value and support our staff and volunteers to do their jobs well



## Our Clinical Services

At the heart of our services at North London Hospice is our commitment to providing free and inclusive, outstanding care and support to those facing a life limiting illness. All that we do is designed to be personalised and holistic. We work primarily across the communities of Barnet, Enfield and Haringey. Our 8pm to 8am Palliative Advice Team (PAT) telephone service is also accessible to the communities of Camden and Islington.

Our clinical services are provided by highly trained multi-disciplinary teams comprising of:

- Doctors (including palliative care consultants)
- Registered Nurses, Paramedics, Nursing Associates and Nursing Assistants
- Physiotherapists, Occupational therapists, Clinical Psychologists
- Social workers and spiritual care team
- Drama therapist, Music Therapists and other Complementary Therapists
- Bereavement counsellors
- These are supported by a quality team, learning and development team, contracted services for cleaning, laundering, and catering and over 600 incredible volunteers.

We have a single point of access for all referrals to the hospice, known as First Contact, which is staffed by experienced nurses and administrators. Referrals are made to our clinical services through a wide range of physical, emotional, spiritual, and practical support.

**Inpatient Unit (IPU)** which is a purpose built ensuite unit with 17 patient rooms offering specialist 24-hour care. Patients can be admitted for various reasons such as for symptom control, complex psycho-social issues or for end-of-life care.

**Community Specialist Palliative Care Team** care for people in their own homes or care homes between 08:00- 17:00 – promoting and supporting people in their preferred place of care and preferred place of death, preventing hospital admission.

**Palliative Care Support Services** provides specialist overnight hands-on nursing care in the home for those who need it most nearing the end of life.

**Patient and Family Services** which includes social work who provide practical and emotional support; spiritual care and pastoral support with links to all faith groups and bereavement services who work with families before and after bereavement.

**Outpatient and Well-being** offers a range of interventions on an individual and group basis as well as opportunities for social interaction and peer support.

**Palliative Advice Team (PAT)** is an overnight telephone service ran by clinical nurse specialists 7 days a week between 20:00- 08:00 for the entire North Central London area. It is for patients, carers, and professionals to enable them to access support and advice, and onward referrals to other appropriate services if required.





## Service data


Referrals into all our services has grown this year. Our Inpatient Unit has seen an increase in its occupancy rate this year, with a year average of 73% through less closed bed days and improved flow through the implementation of a discharge pathway.


Referrals for all community teams have increased with Barnet referrals increased for 9%, Enfield by 18% and for Haringey 9%. Our Palliative Care Support Service (PCSS) which is an internal referral saw less patients due to staffing availability. This resulted in a 49.8% increase in unmet need when compared to last year. Recruitment into PCSS is a priority for the year ahead.

The total costs for running our services this year was around £15.9m. The NHS grant income is £5.3m representing around 34% of our total income. This part of North London Hospice income in 2023-24 was not conditional on achieving quality improvement and innovation goals through the commissioning for Quality and Innovation payment framework. Activity and performance monitoring is defined by North Central London Integrated Care Board who commission the community services. In addition, we define and monitor key performance indicators and report them to the Trustees.


IPU		2022-23	2023-24
	Admissions	284	306
	Patient died on IPU	75%	79%
	Discharged home	23%	68%
	Length of stay	15.3 days	14.3 days
	Closed bed days	646 (due to refurbishment)	32


Community		2022-23	2023-24
	Referrals	2774	3155
	Number of first visits	3578	3508


Palliative Care Support Service		2022-23	2023-24
	Patients supported	394	317
	Unmet need	211	420

<b>Community 5-8 and Palliative Advice Team (PAT)</b>		<b>2022-23</b>	<b>2023-24</b>
	Total Calls 17:00-20:00	*	2047
	Total Calls 20:00-08:00 (PAT)	*	4288
	Total Calls 17:00-08:00	6232	6325

\* January 2023 the PAT service was commissioned with resultant changes to community team structure.

<b>Outpatient and Wellbeing Services</b>		<b>2022-23</b>	<b>2023-24</b>
	Referrals	252	267
	Attendees	1421	1598

<b>Compassionate Neighbours</b>		<b>2022-23</b>	<b>2023-24</b>
	Compassionate Neighbours trained	35	46
	Referrals received	147	175
	Introductions/matches	83	100
	No. group sessions held	179	255
	No. participants at sessions (min)	895	1338

<b>Community Development</b>		<b>2022-23</b>	<b>2023-24</b>
	1-1/small meetings (with a representative/s of an organisation)	17	27
	Planned/targeted community group talks and events	9	19
	People reached through planned/targeted talks or events	380	600+
	External events attended. (e.g. stalls at fayres)	11	9
	Large network meetings attended	20	12

Our community engagement team (compassionate neighbours and community development) have grown their activity and continue to recruit and train volunteers to further increase capacity and organisational reach.

## Part 2- Priorities for Improvement

### Review of last year's priorities for improvement from 2022-23

#### Review priority 1: Learning from Complaints and Concerns

##### What we planned to do

To improve on our learning from complaints, which will increase the quality of our patient care; we said we will review and update our policies, processes, and systems around complaints. We set an objective to see a 25% drop in the total number of complaints relating to communication. We chose this as a thematic review had indicated that communication was a common thread through many of the complaints we had received the previous year.

##### Progress against the plan

We completed an extensive revision of our Complaints, Concerns and Compliments Policy. We developed and delivered organisation wide interactive COREmunication training. Training was based on actual complaints recorded in 2022/23 and external actors were used to play out complaint scenarios in both clinical and non-clinical settings. The training has been well received by staff, raising awareness of how we learn from complaints, provided staff with tools for early resolution and ensured that we, as an organisation, are consistent with how we communicate with our service users and each other. The impact has been a 24% reduction in complaints relating to communication.

We launched our User Engagement Group which had been identified in our Patient Experience and Engagement Strategy. The group meets monthly and has oversight of both strategic and operational issues relating to Patient Experience and User Engagement. Complaint feedback themes are disseminated and used to identify and lead on the implementation of improvement activity. Meetings promote cross team collaboration and encourage a patient centred culture.

Meetings also provide a forum for service user engagement and an opportunity to hear directly from our users, including complainants.

We invested in the development of our digital quality system, Vantage, that hosts our complaints. Changes include automated distribution and reminders until completion of improvement actions agreed are completed. A dashboard gives oversight of complaint numbers but also progress against actions for assurance that the learning is being taken forward.

##### Challenges to date

We soon realised that as our policy became more widely accessed and understood by our frontline staff, they were more likely to recognise a complaint and encourage and support service users to report concerns to ensure that we can learn from their experience and improve the quality of our services. The impact of this has been an overall increase in the total number of complaints but with more varied themes than previous years. Some of our complaints are also multi-agency, such as the provision of equipment, which is not always under our control and therefore we must explore opportunities and develop relationships to collaborate around complaint learning.

##### Going forward

We plan to continue with our COREmunication training and to extend this to our volunteers. We will strengthen our training for staff investigating complaints to ensure consistently high standards and commitment to turning learning into continuous improvement. We will continue to take every opportunity to partner with complainants so that we understand the impact on them when things go wrong and what matters to them so that we can understand where to direct our efforts and improve services.

## Review priority 2: Improving Advance Care Planning in the Inpatient Unit

### What we planned to do

Advance Care Planning (ACP) is a cornerstone of current end of life care. Early clarity of patient wishes allows the various teams across North London Hospice to work effectively together to deliver care that reflects patient preferences. We planned to ensure that all patients discharged from IPU were offered either the creation of or, an update of, a pre-existing Universal Care Plan (UCP), which is accessible for all to reflect their end-of-life care wishes. We planned to ensure that a paper copy is also offered to the patient.

We planned to ensure our discharge summaries included information on resuscitation status and the patient's ACP wishes. An additional aim was to improve the involvement and confidence of the multi-disciplinary team's participation in Advance Care Planning discussions and documentation, which traditionally has been medical led.

### Progress against the plan

An initial audit was conducted to establish the baseline of the level of compliance with nine standards. Overall compliance at the beginning of the Priority for Improvement period was 59%.

ACP education sessions were delivered, with 90% of the nursing team attending. There was additional support on the unit in real time through the Ward Managers, Coordinators and the Learning and Development team.

Following the education sessions, the follow up post audit showed increased compliance to

78%, with specific improvements including correct location of documentation on the electronic template, conversations including family members, and staff being able to access the Universal Care Plan document. 100% of all patients either had a Universal Care plan written during admission or their current one was reviewed.

### Challenges to date

We had initially set a goal for all patients discharged to receive a paper copy of the Universal Care Plan. This has not been successful so far but as the Priority for Improvement for next year relates to personalisation of care this will be implemented.

On the unit the medical team has always led on advanced care planning discussions and as a change in culture this has taken longer to put in place than anticipated. As nurses are now more engaged in documenting conversations with patients and families, we will further support them to feel confident to add this to the UCP.

### Going forward

As part of a new planned Learning and Development Framework, nursing team, allied health professions and healthcare assistants will have further training sessions to help empower them to complete the Universal Care Plan. We will continue to audit to measure effectiveness. Prompts will also be added to our electronic templates as a reminder to staff to ensure that patients receive a paper copy of their UCP.

## Review priority three: Implementing the Patient Safety Incident Response (PSIRF) Framework

### What we planned to do

Review our current systems and processes to understand how developed they currently are to respond to patient safety incidents. This includes understanding our safety profile, improvement profile and available resources. We will engage with the Integrated Care Board (ICB) and collaborate with others journeying into PSIRF.

We said we will ensure staff receive training at the appropriate level for their responsibilities to understand PSIRF, with the promotion of a system-based approach to learning.

We said we would publish a Patient Safety Incident Response Plan to define our learning responses, using the NHS preparation guidelines and a new policy to replace the Serious Incident Reporting Policy.

### Progress against the plan

We reviewed the statutory and sector requirements for implementation and shared a briefing paper with the board. We surveyed our staff to understand culture of patient safety and made changes to our **Vantage** incident reporting module to make it easier to report and change the language around learning from incidents.

Our director of Nursing and Quality joined a local patient safety specialist hospice forum to work together to achieve a united goal as the framework is vast and did feel overwhelming. We are also members of the Pan London PSIRF Community of Practice.

We communicated with our staff about PSIRF via intranet bulletins. All staff have PSIRF training relevant to their role as part of their mandatory training and 2 of our senior leaders are on a 9-month Patient Safety Specialist training course which is based on the fundamentals of PSIRF

and are already bringing knowledge to improve the way that we think about patient safety.

A draft policy has been shared internally and with the ICB but has not yet been formally published with some further changes planned as a result of expanding knowledge and experience.

### Challenges to Date

As we are not an NHS organisation, we have limited access to the PSIRF host training system and we are unable to extract compliance data. We worked around this by replicating the content within our learning and development platform. Being a non-NHS provider also delayed gaining access to training at a senior level. Both have delayed finalising the policy as we wanted to ensure that our learning responses are well considered for our organisation and staff have the right knowledge to implement.

### Going forward

We are due to publish our PSIRF plan and policy by quarter 2, with more engagement from the ICB to be sought. Further practical training is needed at an operational level on response types and embedding a system-based approach to learning in practise through systems-learning tools. This will be achieved though the quality training focused priority for improvement in 24-25.

Further development work on the event response section of Vantage is planned to ensure the infrastructure promotes the correct language and a systems approach to learning from incidents. We have further work to do on engaging service users and having patient safety partners.

## Looking Forward: Priorities for Improvement 2023-24

### Priority for Improvement 1- Personalisation from Good to Great

#### How we Identified This Project

Through the quality improvement related to complaints in 2023/4 we have increased awareness of the opportunity for people to provide us with feedback. A common theme through the complaints and concerns has been the need to provide more personalised care.

An initial project has been undertaken on IPU to understand why the *This is me* system was not leading to an impact that patients and their families could see and feel. It was found that the form was not completed for every patient and where it was, it was often filed away and not referred to again.

The senior leadership team has identified that this is replicated across patient services, and it is for this reason that personalisation has been chosen as an improvement programme for the whole service.

#### What we Plan to Do

This Priority for Improvement will be a collaboration across IPU, Community Services and Outpatients and Wellbeing. It will include contributions from nurses, doctors, allied health professionals and complimentary therapies.

On IPU we will be looking at how we can use digital solutions to enable a more personalised feel for patients or their families to express their personal preferences for care, the environment of their room and their interests. We will also be looking at how we can manage a similar approach through mobile phones in the community settings.

We will be encouraging staff to self-report when they fail to use the *This is me* information for their interactions with patients and their families. That

this will be seen to be as important as any clinical incidents when working with people at the end of life.

We will be ending the practice of referring to patients by their bed numbers. We will give patients the choice about whether they have their preferred name on their room door or not. This will support staff to refer to them by their preferred name as they enter the room. It will be important that patients are given the opportunity to understand the strengths and risks associated with this.

We will be exploring how we can communicate with patients in a meaningful way so that they know who is looking after them on a particular day. Recognising that this is complex as the nurse and doctor for the day will change but also important as patients will tend to remain in their room and access to this information provides a sense of safety and care.

#### What the Outcomes will be

Our key outcome will be a 20% reduction in personalisation related complaints and concerns this year compared to 2023/4.

We will also aim to have tested the useability of tablets and mobile phones to support this work and drawn a conclusion as to the best way to manage this approach for the future.

We will have eradicated the use of bed numbers when talking about patients and changed the culture on the IPU so that individual difference is celebrated and accommodated wherever possible.

## Priority for Improvement 2- A Fresh Approach to Quality Training

### How we Identified This Project

North London Hospice is on a continuing journey of building and embedding a systematic process to always improve the quality of care and patient safety. We have started to see the introduction of quality improvement methodology, such as Plan-Do-Study-Act but recognise that this has been driven and led by a small number of senior leaders.

We want all our workforce to be empowered to see improving the quality of our services (defined as safe, effective with positive patient experience) as their business, truly shifting to a cultural embracement of continuous improvement. We already have a comprehensive suite of mandatory training, which is designed to keep our patients safe and introduce the core aspects of quality via eLearning, supported by our policies and clinical audit training. To see real impact in engaging all staff in quality we have identified the need to develop a fresh approach to our staff training around quality.

### What we Plan to Do

This Priority for Improvement will be a collaboration between the Quality Team and the Learning and Development team (L&D). L&D will develop a new teaching framework due for launch in April 2024. Part of the clinical staff core teachings will have quality embedded with a reflective approach aligned to the End Of Life Care Core Skills Education and Training Framework standard 'Improving quality in end-of-life care through policy, evidence and reflective practice.'

This will be paired with teachings of the themes within the NHS Patient Safety Syllabus in a relatable way. Training will equip all staff with the knowledge, skills and practical insight to understand what we mean by and how we measure quality and give them experience of quality improvement methodology in practise.

Reflective questions will be asked such as: What is quality? Whose job is it to improve patient care, patient safety or experience? How do you measure the impact?

### What the Outcomes will be

- Staff will have an increased reflective approach to the quality of their work. They will feel more confident in how to deliver on continuously looking to improve quality and measure impact using a systematic approach, allowing creativity and innovation when finding solutions to issues services may have struggled with for some time. We expect this to be measured by at least one quality improvement test being led by frontline staff in each service.

We will see a shift in the culture and language used supporting last year's priority for improvement to embed PSIRF with a systems thinking approach to change. This will be seen through both quality improvement initiatives and learning from incidents and complaints to increase the quality of our services, involving our service users along the improvement journey at every opportunity.

## **Priority for Improvement 3- Patient Reported Outcomes Measures: Embedding the use of the IPOS tool in assessments and integrating these with Multi- Disciplinary Meetings (MDTs)**

### **How we Identified This Project:**

The North London Hospice has been utilising the Integrated Palliative Outcome Scale (IPOS) for patients with cancer and other single diseases, which is part of the Outcome Assessment and Complexity Collaborative (OACC) suite of outcome measures. The use of the tool has been relaunched in community and is also used in an inpatient setting. Our Multi-Disciplinary Meetings (MDTs) may review these but these are not used to guide care planning in a structured way.

### **What we Plan to Do:**

The aims of this project are to align the work started in a community setting refreshing confidence in the use of the IPOS tool. We will also audit the current use of IPOS on the inpatient setting and consider whether a learning and development programme would support further implementation.

Alongside this we will be reviewing how we record these electronically on our electronic patient record system EMIS. We will explore how these are received and displayed to monitor this over time. We would then aim to review our MDT meetings in both community and inpatient seeking to integrate the reported patient outcomes from the IPOS tool. E.g. Pain or reported main problems or concerns.

### **What the Outcomes will be:**

Objectives are to improve and evidence the use of patient reported outcomes using the IPOS tool for all new patients in community and in patient setting. This information can then be collected and recorded in a consistent way across hospice services and used to guide the care plans developed in MDT meetings.

The EMIS steering group will review current templates for recording IPOS and integrate this into MDT template for meetings recording care plans. The aim will be to Improve recording in the EMIS clinical record across care settings and to evidence use of outcomes to develop MDT care plans.

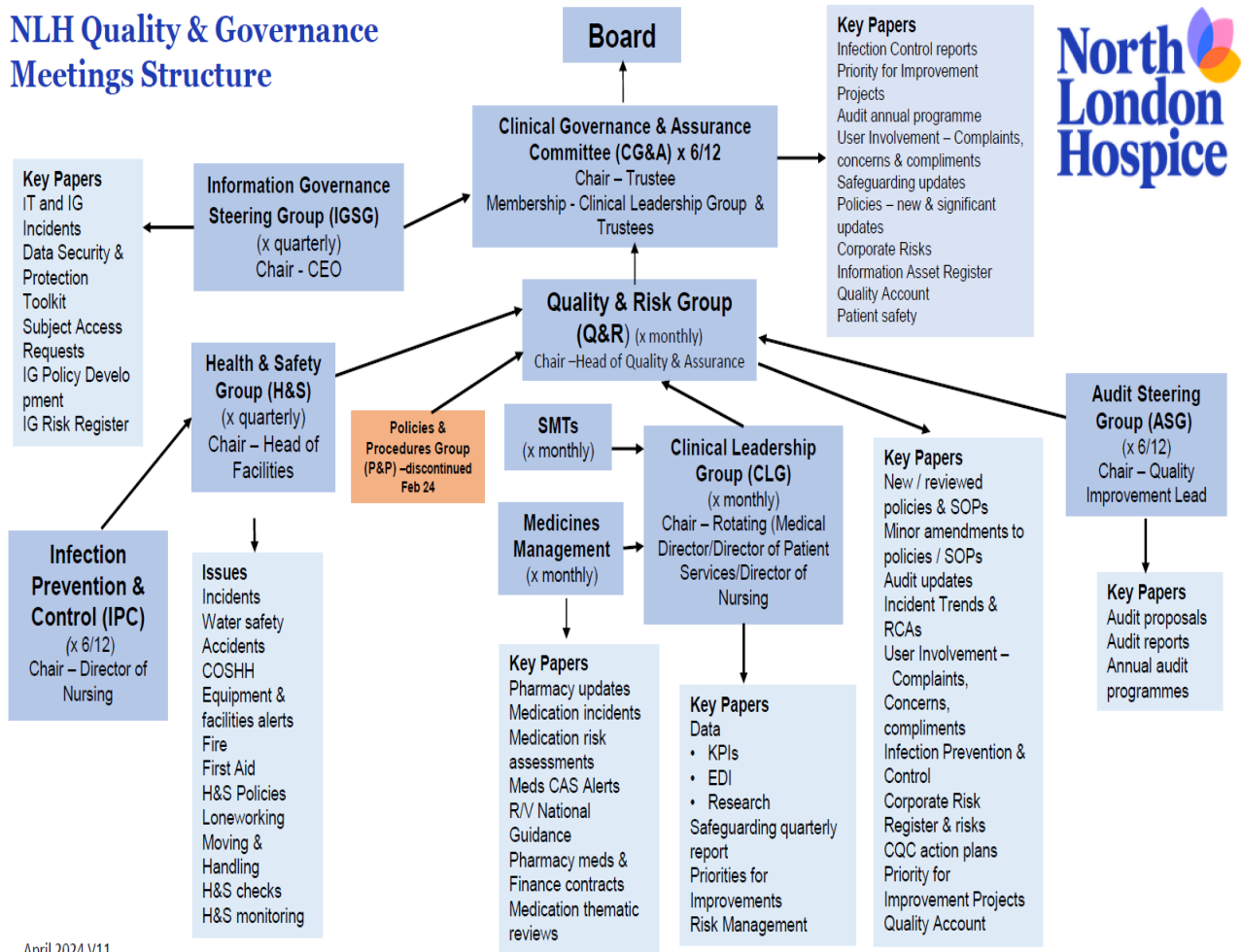


## Part 3- Quality Performance and Improvement

### Governance

North London Hospice has quality at the heart of everything we do, with our reporting and governance arrangements depicted below.

### NLH Quality & Governance Meetings Structure



This year the quality team has focused on developing its quality management processes and compliance monitoring database, Vantage. We continue to embrace digital innovations to help us modernise our quality data collection and reporting to make it more efficient and purposeful. The organisation invested in the top tier Vantage license, allowing access to over 40 customisable modules.

We migrated our policies and procedures onto Vantage in March, with benefits including easier retrieval for our staff, improved efficiency in version control and automated scheduling of policy and procedure reviews. In February we launched a Central Alert System module, which directly receives all safety alerts issued by the Department of Health. The dedicated module has ensured a consistent approach to recording, distribution and response of key safety information.

This year we introduced a real-time Vantage dashboard to service senior management teams, visually displaying key quality data. Our teams report that the dashboards have particularly helped with accountability and reduced administration time preparing for meetings. Development work has begun on the risk and audit Vantage module, with the ambition to have all modules feeding information into a CQC Quality Standards Framework module.

### Patient Safety Data- Incidents

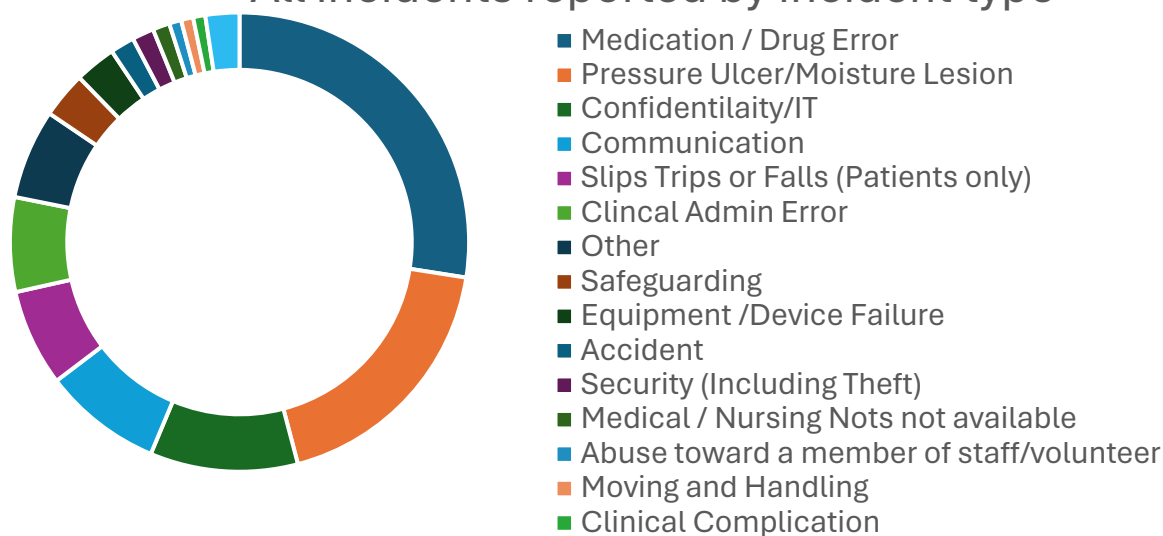
North London Hospice promotes a no blame, open reporting culture, encouraging the reporting of clinical and non-clinical incidents and near misses. A staff survey this year found that 83% of our staff felt we had a supportive, no blame incident reporting culture, 12 % of responses were neutral and 5% expressed concerns of psychological safety about reporting an incident they were involved in. We continue to strive to understand, facilitate and remove any barriers to a just culture through anonymous surveys.

As discussed in part 2, Review of Priorities for Improvement, our learning approach to incidents has grown this year as we work towards fully embedding the PSIRF. Incident reporting system redesign has meant that our systems and drillable layers have evolved as we look to better understand our patient safety data, including the use of statistical process control (SPC).

Incidents reported on Vantage	2021-22	2022-2023	2023-2024
Total number of incidents and near misses	368	383	586 (498 patient safety incidents)

The table above shows the total number of incidents and near misses reported have increased this year. We believe that our systems are no less safe, but this is reflective of two main reasons. Firstly, customisation of the system to make it more reporter friendly. Secondly following feedback on our CQC Haringey community report that we did not always report errors which related to third party activities, we have committed to ensuring this data is now captured. 139 of our incidents were identified as being 'initiated by third party organisations' (such as GPs, district nurses, equipment suppliers). There is good evidence to suggest that organisations that report more incidents usually have a better and a more effective safety culture. NLH intends to continue to improve the quality of its services by continuing to encourage staff to report, as we see this as indicative of a proactive risk management and patient safety culture.

## All incidents reported by incident type



Patient falls, medication events, and pressure ulcers have continued to be our areas of highest risk and are closely monitored, including benchmarking against similar sized hospices through the Hospice UK Patient Safety Project. Incidents are proportionality discussed at monthly senior management team (SMT) meetings and any relevant specialist group with responsibilities for learning, such as Medicines Management or Infection Prevention and Control. Any safety learning which can be shared across clinical services is escalated to the Clinical Leadership Group. Emerging risks identified are discussed at the Quality and Review Group and a quarterly Quality and Safety report is produced for the Clinical Governance and Assurance Committee. We are reviewing the way we share our incidents with staff in operational meetings as we continue to focus on learning, through a systems approach and IPU have launched dedicated thematic incident review meetings for all staff.

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. There were no serious incidents resulting in severe harm or death requiring statutory duty of candour reported during 2023-24. We continue to take our professional duty of candour very seriously with staff being open with service users when things have gone wrong. We contacted the coroner about one fall but it was concluded not to have been the cause of death. There was one incident reported to HSE (RIDDOR) related to retail. We continued to keep our patients safe by fulfilling our safeguarding responsibilities with 19 safeguarding incidents reported and submitted to the local authorities and our regulators.

Hospice Acquired Pressure Ulcers	2021/22	2022/23	2023/24
Number of hospice acquired pressure ulcers	72	46	54
Pressure ulcers per 1,000 occupied bed days	17.2	11.1	12.3
Hospice UK Benchmarking Pressure Ulcers per 1,000 occupied bed days	9.5	11	11

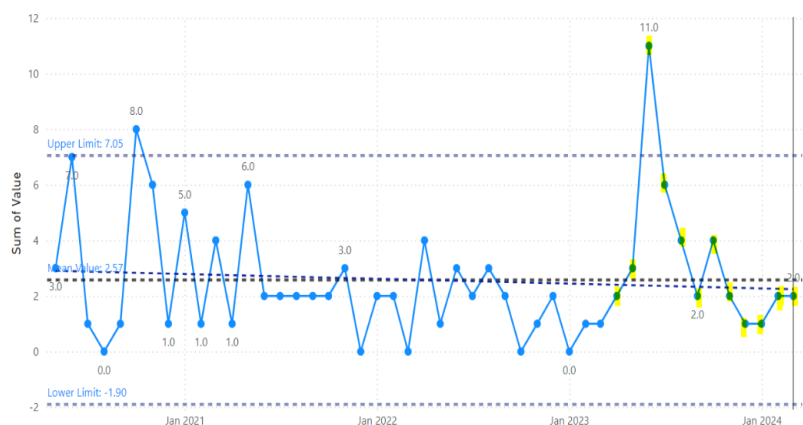
We investigated all hospice pressure ulcers recorded. Where statutory root cause analysis was undertaken, it showed that all hospice acquired pressure ulcers were unavoidable, with appropriate care and clinical input implemented and documented clearly. NLH has taken the following actions to improve the number of hospice acquired pressure ulcers, and so the quality of its services:

- The tissue viability link nurse in IPU has undertaken advanced practice training.
- We are reviewing our assessment tools to ensure we are using current evidence-based practise.

We also record pressure ulcers present on admission so we can understand further support that may be needed in the community.

Falls IU only	2021/22	2022/23	2023/24
Number of patient slip, trip or falls	24	20	40
North London Hospice falls per 1,000 occupied bed days	5.7	4.8	9.1
Hospice UK Benchmarking falls per 1,000 occupied bed days	9.9	9	9.7

Our falls have increased this year although remain below the national average for medium sized hospices. All falls reported were either No Harm or Low Harm. 70% of these were in quarter 1 and 2 as shown by graph 1. In this period, there were multiple patients with multiple falls where they were not using the call bell system where ‘non-compliance’ was recorded. NLH has improved the number of falls and so the quality of its services by installing a new call bell system. Our falls are now back to below our normal level as seen on graph 1.



Graph 1- Statistical process control for number of falls over time.

### Increasing the safety of falls - New Call Bell system

The call bell system in the Inpatient Unit was 30 years old and in need of replacement. In the spring we installed a new system that not only gives patients the ability to call from anywhere in their room but also includes portable devices that can be used anywhere in the building – giving patients the opportunity to visit other areas of the hospice but remain in contact with the unit. The call bell system also enables the use of add on devices (big red buttons, pendant alarms, falls sensors) so that patients who could not traditionally use the call bell system are now able to do so, personalising the system and increasing patient safety.

Medication Incidents IPU only	2021/22	2022/23	2023/24
Number of medication incidents (excluding <b>Controlled Drug register errors</b> )	81	63	55
North London Hospice Medication per 1,000 occupied bed days	19.3	15.2	13.8
Hospice UK Benchmarking Medication per 1,000 occupied bed days (medium sized hospices)	11.9	11.4	12.3

The overall number of medication incidents reported has decreased slightly. NLH has taken the following action to reduce the number of medication errors through a systems approach:

- **Modification to environment** - Opaque covering put over medication room window to prevent distraction of nurses administering meds and as a visible sign to others to not disturb them.
- **Review of task timings** - Moving of 20.00 hrs medication round to 21.00 to avoid clashing with handover- this will help with long-lasting drugs finishing at 9am rather than 8am.
- **Change in flow of verbal information** – doctors, HCAs and other staff to communicate through ward co-ordinator and unit managers during medication rounds.
- **Medication champion role** created to drive opportunities for learning to come from those most frequently carrying out medication administration tasks rather than top down.
- Plans for **medication pods** to be put in place in patient rooms in Q1 of 2024.

Our Accountable Officer this year has worked nationally with the Controlled Drug Local Intelligence Network (CD LIN) to streamline controlled liquid medication measurement and has collaborated with a local group of hospices to look at reducing incidents and improving safety.

In response to incidents reported and a complaint relating to food, we have made some process changes and are working towards offering a fully personalised catering service to improve patient safety and patient

experience. Initially we implemented fortnightly meetings with the catering team, facilities and patient experience. We since have introduced visits to patients by our Head Chef to discuss food preferences, or special dishes they would like as well as understanding any allergies or specific dietary requirements patients may have and helping patients to access the meals that are best suited to them. We have introduced a pureed food menu as well as an alternative lighter meal menu which complements the main daily menu, and the feedback has been positive.

Understanding our patients' preferences is a key priority for us as we plan their care and transfers. We closely monitor % preferred place of death. Although we have seen a decrease in the percentage of patients achieving their preferred place of death on IPU we have seen a significant increase in the number of patients where preferred place of death is known therefore increasing the accuracy of our data. We are pleased to report an increase in community patients achieving their preferred place of death, with a significant decrease in those dying in hospital.

<b>IPU</b>	<b>2022-23</b>	<b>2023-24</b>
% of patients with PPD known	66%	83%
% of patients achieving their preferred place of death	91%	81%

<b>Community</b>	<b>2022-23</b>	<b>2023-24</b>
Usual place of residence	63%	68%
Hospice	12%	11%
Hospital	25%	17%
Other	0%	4%
% of patients achieving their preferred their place of death	85%	91%

### Audit

Clinical audit is one of a range of quality improvement methodologies that can deliver better quality of care and patient outcomes alongside improvement in operational, organisational, and financial performance, minimising risk, waste, and inefficiencies. This year we undertook a major rewrite of our Clinical Audit Policy and expanded it to include other quality improvement methodologies.

The hospice plans its annual core clinical audit activity through the multi-disciplinary Audit Steering Group, overseen by the Clinical Governance and Assurance Committee. The plan remains dynamic with audits added to the programme in response to new risks and priorities. In 2023-2024 the clinical audit programme was designed to ensure compliance with local and national standards and to identify opportunities for continuous improvement.

Mandatory statements on audit:

1. The reports of 0[nil] national clinical audits were reviewed in 2023-2024 and North London Hospice intends to take no actions to improve the quality of healthcare provided using this route as there were none relevant to the business of the hospice.
2. The reports of 20 local clinical audits were reviewed in 2023-24 and North London Hospice has taken the actions shared below to improve the quality of healthcare provided.

Areas audited include:



**Infection Prevention and Control (IPC)** which includes a monthly hand hygiene audit and an annual audit covering areas such as personal protective equipment, laundry and waste, spillages, sharps and equipment.



**Medication audits** with annual audits of the accountable officer, medicines management, controlled drugs, non-medical prescribing, and monthly drug omissions audits. All medication audits have met the requirements of all relevant legislation.



**Other Clinical** including safeguarding, falls prevention, bedrails, medical gas, DNACPR, advanced care planning, pain assessment, verification of expected death.



**Record keeping** including Outcome Assessment and Complexity Collaborative (ACC) and consent and **information governance** audits.

Examples of improvement activity as a result of audit:

**Safeguarding audit:** The safeguarding adults flowchart in the Safeguarding Adults at Risk Policy was amended to include the timescales as our audit showed we did not meet the standards we had set internally. There is a copy of the flow chart in key clinical areas to assist staff. The safeguarding lead now receives automated notifications as a prompt of action required.

**Non-medical prescribing (NMP):** The annual audit of non-medical prescribing practise showed that assessments were clearly documented in the patient records and all the medications prescribed and the medication doses used were in accordance with palliative care guidelines. It however indicated communications with GP practises when prescriptions were issued by a non-medical prescriber could be improved. A NMP template letter to send to GP's was developed and is now in use. A specific section was created within the electronic holistic assessment record to improve the monitoring and reporting of non-medical prescribing. It is now possible to obtain an electronic report for non-medical prescribing.

**Verification of Expected Death and Care After Death** standards remain high. Documentation of the bereavement meeting and a clearer pathway for corneal donation were identified as areas which needed improvement. The hospice was approved to participate in a pilot with NHS Blood and Transport to increase rates of tissue donation and new documentation to record this conversation introduced.

**A Pain Assessment Tool** was introduced in April 2023 to standardise pain assessment in the community. Audit showed there was evidence of regular pain assessment in the patient records but the tool was not used consistently. Similarly, repeat **Record Keeping** audits showed the community team were not always completing the environment risk assessments as on occasions the required template failed to be added.

The new community services manager has invested significant time in redesigning the community electronic medical records templates on EMIS, integrating templates into a single Health Needs Assessment Template designed to reflect the community workflow. This includes assessment of pain and environmental risk assessment as well as other core assessment tools such as the evidence-based Outcome Assessment and Complexity Collaborative suite of measures, consent, resuscitation status, advanced care planning and RAG rating and care plan. Our monitoring of the impact of this continues but we have already seen it increase efficiency and compliance, while retaining the ability to ensure it is flexible enough to meet the varied need of the population our community team serves.

**Infection Prevention and Control Audit:** The Hospice UK tool was used for this audit. This audit showed overall good compliance with infection control on the Inpatient Unit. A review of infection status was changed to regular intervals during an inpatient stay instead of just on admission as we failed to meet standards on evidencing review. Hand hygiene rates across the service remain high. When they did fall below the expected standard on IPU an action plan included new branded signage, a hand hygiene champion for each shift and written leaflet for patients and visitors empowering them to challenge staff if they saw poor hand hygiene. A new hand hygiene audit tool is also due to be implemented.



## Information Governance



Following an independent audit this year the hospice achieved Cyber Essentials Plus certification. This is a UK government-backed scheme awarded to organisations that can demonstrate compliance with IT best practices and protection against a wide range of cyber-security threats. In recognition of this, NHS Digital has also awarded the hospice the Data Security Protection Toolkit Standards Exceeded status, demonstrating that we are practising good data security, and that personal information is handled correctly.



Spot checks are undertaken to assess compliance with information governance policies around data security and data protection risks. Posters were developed to outline the Caldicott Principles. An IG Spotlight series was started to improve knowledge and skills on data protection and how to reduce risks. The first topic was covered sending electronic information securely, as we had a couple of incidents and a complaint around this theme. We had no data breaches requiring reporting to the Information Commissioner's Office.

## Research

### Research

Over the last year we have developed and continued our research activity. Our Research Steering Group (RSG) and have reviewed and redrafted our Research Policy and developed partnerships with the National Health Institute of research (NIHR) North Thames Clinical Research Network (CRN) team and their Agile workforce team. This year the hospice has attended Research Conference: Harnessing the potential for hospices to deliver innovative research sending four delegates to network and learn within the sector. A Research Strategy focusing on: Research Culture, collaboration and creating working partnerships; enabling access to take part and contribute to research and developing the governance structure for research has been completed for 2024-27.

The hospice has taken part in two main studies:

1. CHELsea (II) Trial- A Cluster Randomised Trial of Clinically Assisted Hydration in Patients in the last days of life. The aim of the CHELsea II trial is to assess whether giving patients in the last days of life fluids via a drip ("clinically-assisted hydration", CAH) is effective at preventing them from developing delirium ("terminal agitation"). North London Hospice opened as one of over 80 sites nationally and we have recruited 15 of the expected 20 patients. We have enrolled our clinical fellow in the National Institute for Health Research (NIHR) Associate Principal Investigator

(PI) Scheme working to support this trial- which will enable the development of research skills in our workforce.

2. NHS Blood and Transplant (NHSBT)- Eye Donation from Palliative and Hospice Care settings: Investigating Potential, Practice, Preference and Perceptions (EDiPPPP). The NLH inpatient unit was one of six hospices selected to participate in this pilot of new training materials and an electronic screening tool developed following a previous research project. The three month data collection period closed at the end of March 2024. To support a sustainable approach to Eye Donation a Standard Operating Procedure (SOP) & an EMIS electronic record template for eye donation have been developed and implemented, alongside training for key staff. We have appointed three Eye Donation Champions in the nursing team on the inpatient unit who are leading the way amongst the nursing staff. Analysis of the pilot data is in progress but early results indicate that all new admissions have been screened by the doctors with 72% of patients screened as eligible for eye donation. Almost all of these patients were offered eye donation and supported with supplementary information. All consented patients were referred after death, with 58% being accepted for donation. At least, 5 patients have successfully donated their eyes since starting the pilot in October 2023– 3 recipients have received a cornea and 7 corneas have been used for research and development. Organisational goals were to increase confidence amongst the nursing staff to discuss and seek consent after the initial conversation and update the electronic record.

As part of our clinical governance framework, we aim to take one 'mock' internal CQC inspection a year and have a schedule of Executive Walk rounds.



### **Internal CQC Audit**

This year we conducted a CQC 'Mock Inspection' of our Community Services and Outpatients and Wellbeing services for compliance against CQC regulations, focusing on the five key lines of enquiry domains; safety, effective, caring, responsive and well-led.

Some of the findings include:

#### **What we did well:**

Patients and their relatives reported that they were well cared for with feedback being exceptionally complimentary. Patients felt they had adequate pain relief when they needed it and felt they could voice any concerns they had with the staff. Staff reported that the community team senior managers were very supportive, with a strong sense of teamwork.

#### **What we needed to improve and what we did:**

Equipment management needed improvement: We made changes to the Asset Register on Vantage, with alerts now being sent to team leaders when equipment is due for servicing. Process for stock management was not well defined and although all equipment was clean and safe, responsibility and recording around this was unclear. We have introduced a new hospice wide stock management audit for next year and have new assurance checking for monitoring medical device cleaning. Spiritual care in the community was not well documented therefore we have identified this as a quality improvement project, starting in April 2024.



### **Executive Walk Rounds**

We have continued with the Leadership Walk Rounds with a Trustee and a member of the Executive Team, which are an important opportunity to demonstrate our commitment to build a safety culture and listen to staff /volunteer views and experiences of working at NLH. The Walk Rounds are based on both the Institute for Healthcare Improvement (IHI) and Patient Safety First Campaign patient safety material. An example of learning from the Executive Walk Round is the importance of extending our values to our non-clinical contractor, reflecting on the need to acknowledge and support their engagements and emotional interactions with patients and families. Walk Rounds highlighted the need to ensure our hardware use is maximised to its full capabilities (iPads and Medicows) and the need for a review of EMIS (our electronic medical record) workflow on IPU.

## Service Improvement

### **Community Quality Improvement Project - Feasibility study of the introduction of Run PC scoring**

**Issue:** Community patients are triaged and ragged by individual clinical nurse specialists which can be subjective despite having some written guidance. Currently many patients are ragged amber (to be seen within 72 hours) which makes it challenging to see them within the required timeframe specified by the commissioner. There was also a community complaint where the RAG was questioned therefore greater transparency sought.

**Quality Improvement Test:** Feasibility study of the introduction of Run PC scoring (a tool currently used on IPU to support admissions) to community patients with assessment via community team managers.

**Results:** The pilot helped to understand some of the subjectivity and reduce the amount of ambers within the community to ensure the greatest need is met. It has shown areas of the tool which need amending to better serve the community population for the next phase of the project.

**Looking forward:** A trial is planned across the community services for 3 months with weekly monitoring ahead of implementation and communicating with commissioners around additional data capture.

### **The IPU Project**

The IPU Project was developed to inform the future IPU operating model and begin the process of constant incremental improvement to patient flow. It was expected that more efficient internal pathways could improve admitting capacity, increase the proportion of appropriate referrals admitted and reduce time on waiting list. It would also help with an understanding of the number of beds required and staffing to safely manage the service using Establishment Genie.

#### **IPU Tasks**

- Developing a Discharge pathway on EMIS
- Improve MDT communication
- Band 5 staff nurses to undertake professional development to ensure they are able to lead on the continuing healthcare funding (CHC process and manage a unit shift in the Senior Staff Nurses
- Work with staff on generating a culture of engagement with admission and discharge processes

#### **First Contact Tasks**

- To develop a CHC escalation plan
- Work with the ICB to assist in predicting capacity
- Take part in the Pan London referral form working group

**Outcomes:** A sustainable ability to operate at higher occupancy with improved discharge. Staff satisfaction improved with a clear discharge pathway following education sessions. Work continues on how the project will affect the length of stay. Successful implementation of the Inpatient Unit CHC Escalation pathway leading to a reduction in delay in patients being discharged using this route. This led to staff having the confidence to trial an admissions escalation pathway. This was successfully implemented and reduced the length of time patients are on the waiting list for admission.

## Changes to the Bereavement Service

We were aware that our universal referral meant that the bereavement services were overstretched, and our offering was at times disproportionate to need. We have now changed to a model where the clinical staff involved in care with established relationships assess the bereavement risk of the family and only directly refer those people with the highest need. Everyone else is sent information on the service and asked to self-refer if they want to access the service in the future. This has meant much better outcomes for the people who really need the service.



## Learning and Development(L&D)

It has been a very positive year for the L&D team with a lot to celebrate! All three nurses in the team were awarded the prestigious title of **Queen's Nurses** for their high level of commitment to delivering and leading outstanding patient care and nursing practice.

The team were successful in their application to be a City and Guilds centre. This allows us to take responsibility for all the processes related to accredited courses and ensures their quality as well as reducing costs for the hospice. We educated two cohorts of learners to complete the European Certificate in Essential Palliative Care course, with learners being welcomed from as far afield as India and Australia. Local care homes received training on subjects such as symptom management, verification of expected death and communication skills. Feedback included:

**“I would like to thank the organisers, the most exceptional lectures /presenter of the training, you all are amazing. Attending this training has further broadened my skills, knowledge, and confidence caring for palliative patients.”**

The team continued to support several apprentices in both non-clinical and clinical areas. Apprenticeships included data analysis, leadership, and social work. The team also continued to provide several different training opportunities for external learners and welcomed young learners and students from a number of different professions to experience working in healthcare.

An unforeseen challenge this year was the need to change the e-learning training system due to the financial difficulties of the previous company. This was a substantial undertaking, but the new system was implemented in August. In addition to e-learning staff were offered a wealth of internal training opportunities. Courses included psychological training and non-invasive ventilation. The team also continued to directly mentor clinical team members and offer reflection opportunities.

The team have been looking towards the future and working on a learning and development framework that sets out the education and training that all staff require to fulfil their role effectively in both clinical and non-clinical roles. The framework will demonstrate the steps the hospice takes to ensure staff are competent and able to give high quality care and follow best practice. The framework will also enable training to be appropriately costed to enable staff to have allocated time to undertake training.

It will ensure equity in the allocation of training across the hospice and provide guidance for managers on training and development requirements, and training opportunities available to help identify career progression requirements. Roll out for the training will commence in April 2024 and will incorporate all existing staff as well as new team members.



## Part 4 – Experience and Collaboration

### Service User Experience

We are now into our second year of our Patient Experience and Engagement Strategy. This year we expanded our Patient Experience and Engagement Team. The team is made up of two dedicated patient experience staff and our patient experience volunteers. Together they focus on what really matters to our patients and carers, recognising the connection between patient experience and positive outcomes for our service users. Patient input is actively sought both verbally and written, genuinely valued, and meaningfully acted on to ensure we are constantly improving.

We recognise that people with lived experience are usually best placed to advise on where to invest our limited resources to really make a positive difference. Our aim is for co-production to be a core consideration. In 2023 we continued to co-produce with our service users at the earliest stages of design, development, and evaluation. We co-produced several resources for patients and their loved ones, such as our booklets ‘When Someone you Know is Dying’ and ‘Welcome to the Inpatient Unit’ booklet.’

We did not have sufficient experience and understanding of Motor Neurone Disease (MND)	We introduced further staff education sessions related to MND. We developed and implemented an MND champion, and the team made links with MND specialist nurses at the National Hospital for Neurology for support and ongoing expert education.
Our community patients told us that sleepless nights at home made them feel helpless	Co-produced with patients and carers a sleep leaflet, including specific clinical conditions such as anxiety. Our next step is to re-introduce relaxation classes in our Outpatient and Wellbeing Services to support healthy sleep.
Our IPU patients told us the night lights were too bright	We introduced new softer nightlights which change colour and feedback has been that they are soothing for patients and much more restful.



For many of our patients, it can be difficult to find veins and yet the process is necessary for blood taking and adding drip lines for treatment, food or drink. Thanks to a generous donation this year we now have a portable vein viewer, which can allow our care teams on IPU and in the community to detect veins via an LED red light; increasing the accuracy and efficiency of needle insertion and giving our patients a more relaxed experience.

In March we proudly introduced an ensuite guest room to our Inpatient Unit. Visitors have always been able to stay overnight in the patients' room however for some patients this is not appropriate. The guest room allows visitors to remain close to their loved one while maintaining their privacy and that of the patient.



In addition to the twice daily hot drinks trolley, we now offer a daily trolley serving both alcoholic and soft drinks to patients. The trolley is manned by various non-clinical staff and volunteers and has proved enjoyable for both the servers and patients, with one patient telling us:

**‘What a wonderful way to meet the staff and enjoy a drink with my family, a sense of some normality for all of us. This service is amazing.’**

We understand that for those who celebrate, Christmas can be a particularly sensitive time for patients and carers. This year we offered patients on IPU the option to have a mini pre-lit Christmas Tree. Trees were well received with one patient reporting the beauty of the twinkly lights on the tree as darkness fell and some families chose to take them home after the patient had died. We celebrated the King's Coronation by providing individual cupcakes to each patient and welcomed Spring and Mother's Day with daffodils for each patient.

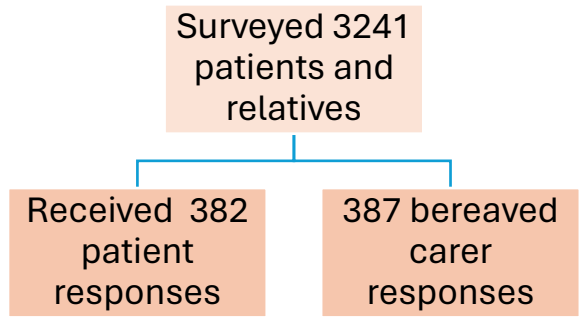
Our spiritual care team provide invaluable emotional support for our patients, including during our fundraising events such as "Celebrations of Life" and "Forever in Our Hearts." This year we introduced a weekly 15-minute time of collective silence facilitated by the spiritual care team open to patients and their visitors and staff. The aim of this is to create a sense of stillness and grounding at the heart of our life together, making space to reflect and reconnect with compassion, which is the foundation of our work.

Our monthly User Engagement Group launched this year. It promotes cross team collaboration, learning and encourages a patient centred culture. As service users attend, we have found staff hearing from family members reporting both positive and negative experiences is powerful in humanising what excellent or poor service means for them to then drive forward improvement activity.

### [Patient and Carer Surveys](#)

Patient and carer feedback is extremely important. We are able to use the information to understand the quality of patient experience and improve and transform our services. Many patients and families expressed how valuable the service has been for them, allowing us to recognise and celebrate outstanding service and care. All feedback is shared with relevant Heads of Department and detailed reports are reviewed by the Executive Team and Clinical Governance and Assurance Governance Committee.



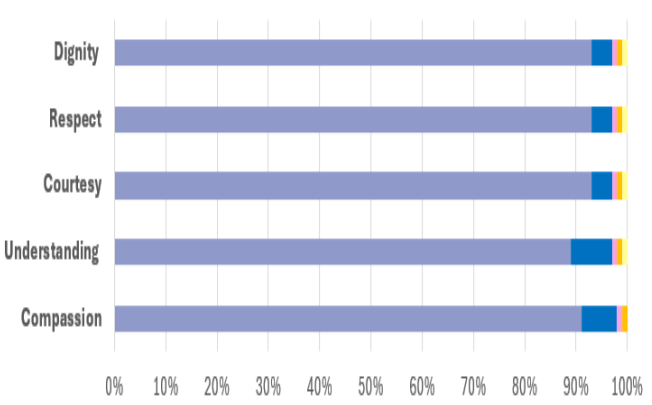
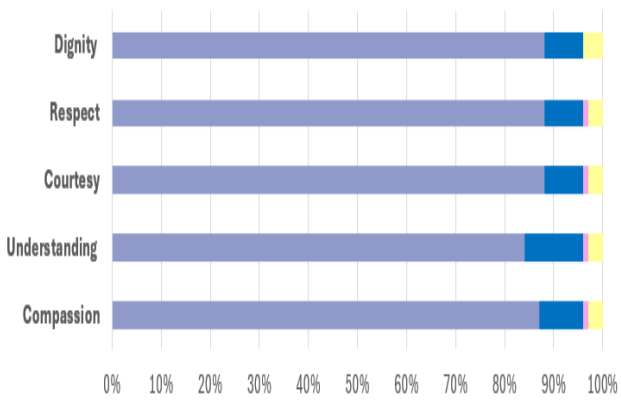


**KPI 1 Do you feel staff treat you / treated the patient with**

Always Most of the time Sometimes Never Don't know

**Patient data**

**Carer data**

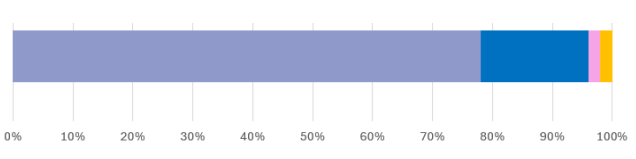
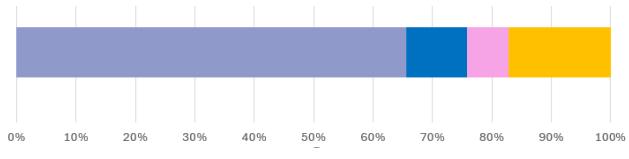


**KPI 2 Are you involved as much as you want to be / wanted to be in decisions about your care / the patients care**

Most of the time Sometimes Never Don't know

**Patient data**

**Carer data**

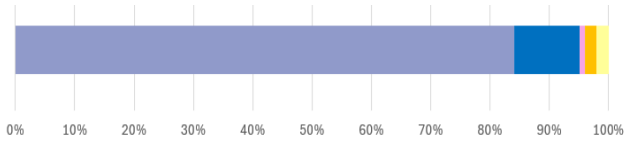
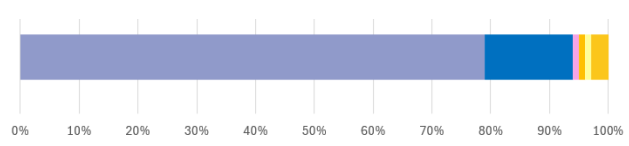


**PI 3 Overall how is / was your experience of our service**

Very good Good Neither good nor poor Poor Very poor Don't know

**Patient data**

**Carer Data**



## Complaints

We offer every service user who raises a concern or complaint the timely opportunity to meet so that we can fully understand their lived experience and the impact on them as the patient or carer. Where it is appropriate, complaints are addressed immediately, this provides us with an opportunity for early resolution and means that concerns do not always escalate to formal complaints.

Where concerns are recorded as formal complaints, they are fully investigated and dealt with efficiently with respect and courtesy. All complainants receive a detailed response, are advised of the investigation outcome and are told about any actions taken arising from the outcome of their complaint. The implementation of recommendations is overseen by the appropriate Head of service and relevant Senior Management Team. Investigations are routinely undertaken by senior staff outside of the service area of concern, this approach supports our organisational culture of cross-service learning and collaborative working.

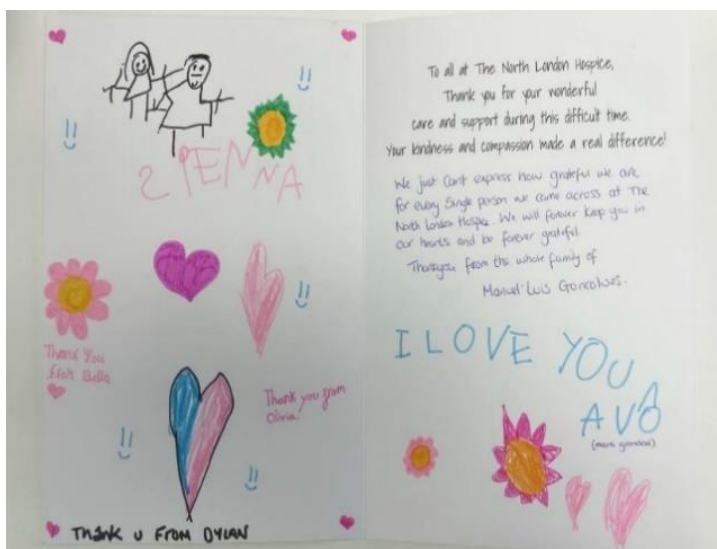
In 2023 we recorded a total of 30 complaints and 495 compliments. Complaints form a minority of the feedback we receive.

Clinical complaints	Clinical complaints upheld or part upheld	Non-clinical complaints	Non-clinical complaints upheld or part upheld
21	19	9	7

In 2023-24, the overarching themes in complaints were communication, including alignment to organisational values and behaviours, followed by patient care and availability of third-party equipment for community-based patients.

Overarching themes in compliments were kindness, compassion and empathy of staff, outstanding communication of clinical staff and excellent holistic care for both patients and carer.

## Compliments



### Inpatient Unit

**“After six months of going through feelings of helplessness and fear, hope and courage, I found myself at North London Hospice.”**

## Community Services

**“Words cannot express how grateful I am for the exceptional support & care you have provided me with over the past few months. Your practical assistance and emotional support have been a beacon of strength for me making a hard time so much more manageable.”**

## Compassionate Neighbours compliment

**“I wanted to let you know how wonderful and absolutely lovely and what a joy our Compassionate Neighbour has been. They are amazing with our mum when they visit and this is such respite support for both her and us, it is wonderful that our mum enjoys their company so much. We are so grateful to Compassionate Neighbours for supporting our family.”**

## Social Work Team

**“Thank you to the Social work Team for all the help and support they have given me to return to my home, they have given me advice on finances, services available and even de-cluttering my home to make space for a hospital bed. I am really grateful.”**



## Staff and volunteer Experience

With the retirement of the previous Director of People, we welcomed a new Director of People and Culture in July 2023, who is using her breath of experience to further develop our people systems to ensure the smooth operation of people processes generate insight, scope issues, and demonstrate impact and further support the well-being of our staff. This year we have:

- Implemented a new staff engagement system - a live staff survey platform which following an initial longer survey, generates fortnightly pulse surveys across 10 indicators to understand how our staff are feeling. Live 'temperature' data is being used to identify priorities for action at team and organisational level.
- Produced and shared with staff a guide to living our values, putting our patients at the heart of all we do, including through the way we recruit and our performance management. We have continued our 'Values Awards' to celebrate staff who are living our values.
- Job descriptions have been updated and re-evaluated to ensure we remain competitive and to harmonise historic pay scales into a single grading structure.

Volunteers continue to be an integral part of our people resource, with 602 volunteers registered as active in our system, 275 of whom joined us in 2023-24. As a charity we are reliant on them to support the delivery of many of our services. Continuous improvement of our recruitment and management of our volunteers is a core priority within our People Strategy. Ensuring a good pipeline of volunteers to support IPU, patient services and retail remains a particular challenge.

#### Staff Voice Improvement initiative - Away Days

Supported by the Learning and Development team, many of our clinical service teams this year had away days, holding a space away from the usual work environment allows staff to suggest, explore and voice different ways of working to improve patient experience and working processes. This also included giving staff the opportunity to discuss their 'Biggest Frustrations' and work together to find resolutions in our commitment to continuous improvement. An example of a positive outcome was the social work away day shaping new guidance for teams referring into the social work service.

#### Equality Diversity and Inclusion

This year we have continued with our Count Me In survey of our staff, inviting and encouraging staff to share with us diversity data so that we could develop a plan



both to address under-representation but also to develop our inclusion priorities. According to our Count Me In data\*, 14% of our staff declared a disability, which is consistent with data from the three boroughs. In January we committed at level one to the Disability Confident standard and are working towards becoming level two Disability Confident.

We have developed an inclusive recruitment guide for managers and our diversity calendar elevates key events during the year to celebrate our diversity and promote inclusion. We are working to strengthen our ties with Barnet Inclusion.

#### Community Engagement

This year has seen Community Engagement continue to connect people to North London Hospice and work together with our communities in innovative and meaningful ways. We have worked closely with the local communities for Dying Matters week. Joint working and partnerships this year include collaboration with Barnet, Enfield and Haringey Libraries, South West PCN, Chickenshed Theatre, Haringey Housing Supported Living, Black Heritage Hub and the Gypsy Roma Traveller Showman Boater Board.

**“The North London Hospice are valuable stakeholder on Enfield’s Gypsy Roma Traveller Boater Showman Project Board. Their support is significant in removing barriers for all our communities and equally being so creative and innovative in developing community projects”**

**GRTBS Lead /Senior Surveyor,  
Enfield Council**

\* Full Count Me In survey data is available on request.

Some of the work done this year by the community engagement team includes:

- Bringing to North London Hospice a month-long Hospice UK & Rankin 'I Remember' photography exhibition exploring the themes of grief.
- Introducing three cultural community groups representing the diversity of cultures in our boroughs to support the Learning and Development's new Training Framework.

The Community Engagement and Bereavement Team have worked together to:

Host the first community Grief Café at Enfield Town Library to provide mutual support and connection for the bereaved.

Launch 'Boxing through Grief' aimed at exploring and acknowledging grief by using boxing alongside mindfulness techniques in a friendly, welcoming environment.



### Compassionate Neighbours

Tackling social isolation for people with a life limiting illness and supporting resilient communities, Compassionate Neighbours continues to go from strength to strength, proudly celebrating its 5-year anniversary in December. Since June 2023, City Bridge Trust funding for the Compassionate Neighbours scheme over a three-year period was confirmed. The aim of this funding is to enable the expansion of our Compassionate Neighbours project.

Our compassionate neighbour programme has collaborative partnerships and strong network links with other voluntary and statutory organisations, enabling referral and signposting to help get the right support for people with life-limiting illnesses. This includes GPs and voluntary organisations such as Reach and Connect Haringey, and Age UK Enfield. We use Compassionate neighbours in our working with Noah's Ark Children's Hospice to offer transitional support for children as they progress to adult services.



*Compassionate Neighbours 5 year celebration event, December 2023*

**“This for me has been the most wonderful involvement. I simply want to say how proud I am to be involved with Compassionate Neighbours'. (Compassionate Neighbour)**

**'Really and truly it's a wonderful thing that you do. [Compassionate Neighbours] has been really helpful'.**

**(Community Member)**

## **Other Partnership Working**

We look for opportunities to collaborate and influence within our local areas and appreciate that this isn't always easy, not least when many providers face pressures.

## **Regional**

Members of the clinical teams have been involved in discussions on updating the regional standard drug chart and referral form.

## **NCL ICB**

NLH invited the Chief Nursing and Chief Medical Officers of the ICB to the NLH Head Office in Finchley. This was an opportunity for the Clinical Directors, CEO, Chair of Governance and Assurance and clinical practitioners to meet with them and understand our place within the Integrated Care System. It has helped our staff to understand the move from competition to collaboration.

## **Marie Curie Hampstead**

We have continued to work collaboratively with our colleagues in Marie Curie. This included supporting them when they were forced to close due to finding RAAC in their building, creating secondment contracts for their Patient Advice and Family Support team to work with us short term and now that we know that the closure is permanent, recruiting from their staffing pool. We will continue to collaborate with them in their new virtual format.

## **Community Borough Meetings**

Our community teams participate in Borough Partnership groups and have regular patient focused meetings with district nursing teams, GPs, specialist community teams, care and nursing homes, multi-agency care and co-ordination as needed.

## Part 5- What others say about us

### Care Quality Commission

North London Hospice is required to register with the Care Quality Commission (CQC). Its current registration status is unconditional.

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's three sites were separately inspected in 2016 and most recently our Haringey site was inspected in March 2023. NLH was found to be compliant in all the areas assessed and all our services were rated "Good." Our Director of Nursing and Quality maintains regular contact with our CQC inspector.

In March 2024 we had an unannounced CQC inspection of our Inpatient Unit. At the time of writing the quality account, we had not received the report internally and it is not yet published. The post inspection feedback indicates that the current joint computer and paper systems for patient notes on IPU make it difficult to access patient information. It was noted that this was on our risk register and application specialist training from EMIS, our electronic medical records was already scheduled as we journey into a fully paperless working environment. There was also a concern raised around out of date consumables and drugs in a miscellaneous cupboard which was introduced during the Covid-19 pandemic and is now redundant. The positive findings included that staff loved working here, patient experience was on the whole was positive, and the volunteers felt supported and valued.

Insert statements from ICB, scrutiny committee and Healthwatch



[Accessing further copies](#) Copies of this Quality Account may be downloaded from [www.northlondonhospice.org](http://www.northlondonhospice.org). Hard copies of the Quality Accounts for 2022-2023 and 2023-2024 can be made available on request.

[How to provide feedback on this Account](#) Please contact [Qualityteam@northlondonhospice.co.uk](mailto:Qualityteam@northlondonhospice.co.uk)

This year's Quality Account has been prepared by our Head of Quality and Assurance, with support and input from teams across the Hospice. The Hospice Leadership Team has been closely involved in setting our priorities and leading improvements within the Hospice. The Board of Trustees has endorsed our Quality Account for 2023/24.

### [Additional Mandatory statements](#)

To meet the National Health Service (Quality Accounts) Regulations (2010) the North London Hospice is required to include defined statements. Some of the mandatory statements are included in the relevant section of the report. Additional statements are as follows:

During 2023-2024 NLH provided NHS service to the community. It has reviewed all the data available to them on the quality of care in this service.

NLH did not submit records during 2023-24 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.

The national clinical audits and national confidential enquiries that NLH was eligible to participate in during 2023-24 are as follows 0(nil). The national clinical audits and national confidential enquiries that NLH participated in, and for which data collection was completed for 2023-24 is 0(nil). The reports of 0(nil) national clinical audits are reviewed by the provider in 2023-24 and NLH intends to take the following actions to improve the quality of healthcare provided 0(nil).

The number of patients receiving NHS services, provided or sub-contracted by NLH in 2023-24, that were recruited during that period to participate in research approved by a research ethics committee was 0(ni). There were no appropriate, national, ethically approved research studies in palliative care in which NLH was contracted to participate.

The Care Quality Commission has not taken any enforcement action against North London Hospice during 2023-24 as of 31 March 2024. North London Hospice has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.