North London Hospice

Quality Account

2025 – 2026

Contents

Part 1 – About North London Hospice 3

Patient Story 4

Introduction and Statement on Quality from the Chief Executive 5

Statement of Assurance from the Chair of the Clinical Governance and Assurance Committees 6

Vision, Purpose, Values and Strategic Ambition 7

Our Clinical and Patient Services 8

Part 2 – Priorities for Improvement 10

Review of Priorities for Improvement 2025-2026 11

Looking Forward: Priorities for Improvement 2026-2027 12

Part 3 – Quality Performance and Improvement 17

How We Monitor Quality and Safety 18

Patient Safety and Learning from Incident Overview 22

Learning from Deaths 23

Pressure Ulcer Prevention and Skin Integrity 26

Falls Prevention and Learning 28

Medication Safety 29

Information Governance and Safeguarding 31

Infection Prevention and Control 32

Participation in Clinical Audit 33

Research 34

Peer Review and Building a Shared Quality Culture 35

Part 4 – Experience, Collaboration and Involvement 36

Service User Experience 37

Engagement and Coproduction 40

Listening to Feedback, Complaints, Compliments and You said, We Did 44

Community Engagement and Partnership Working 47

Equality, Diversity and Inclusion 49

Staff and Volunteer Experience 50

Learning and Development 51

Part 5 – What Others Say About Us and Mandatory Statements 52

Care Quality Commission 53

Statements From Commissioners, Healthwatch, Health Overview and Scrutiny Committees 54

Accessing Further Copies and Providing Feedback 55

Additional Mandatory Statements 56

Part 1

Introduction to North London Hospice

Patient Story

Natalie's Story

When Natalie first came to stay at the hospice, she was living with extreme pain caused by stage four bowel cancer. At 46 years old and a mother of three, she was navigating not only the physical impact of her illness, but also the emotional weight of fear, uncertainty and loss of control.

Professionally, Natalie worked as a Victim Support Coordinator, supporting people who had experienced trauma and injustice. Becoming the person in need of care was unfamiliar and unsettling, and like many patients, she arrived at the hospice with apprehension about what admission might mean.

Natalie reflected on how, despite this fear, her understanding of hospice care quickly changed:

"However frightening it was to come into the hospice, I realised that it didn't have to mean I was at the end of life. I had to accept a new chapter, but instead of seeing it as an ending, I began to view it as a new beginning; one focused on putting my own needs first."

For Natalie, a significant part of this shift came through her spirituality. While faith had always been part of her life, her diagnosis led her to lean into it more deeply, with support from the chaplaincy team and hospice staff:

"With guidance from the hospice chaplains and staff, I learned how to harness my belief to find strength and moments of happiness, even in the darkest times."

Being on the Inpatient Unit gave Natalie time and space to reflect and focus on what mattered most to her. Through writing, introspection and support from those around her, she described regaining a sense of agency in circumstances where so much felt out of her control:

"While so much feels out of my control these days, finding my voice and learning to advocate for myself has given me a sense of empowerment and helped me feel truly seen and involved in my own care," she explained.

One of the most significant changes for Natalie was learning to receive care, rather than provide it. Allowing herself to lean on others, particularly the nursing team, was both challenging and transformative:

"For me, perhaps the steepest and most important learning curve was allowing myself to be cared for; truly leaning on my caregivers, trusting the nurses to hold me through those dark, lonely nights and accepting that needing help did not make me weak, but human"

Natalie's experience highlights the impact of holistic, person centred care at North London Hospice. Care that supports physical comfort, emotional wellbeing, spiritual needs and dignity. Her story reflects how compassion, time and trust help patients feel safe, valued and involved during some of the most vulnerable moments of their lives. In turn, Natalie shared feedback on her experience, which helped us learn through caring for her too.

Statement on Quality from the Chief Executive

I am pleased to present North London Hospice's Quality Account for 2025–2026. This report reflects a year of sustained delivery, learning and improvement across our Clinical and Patient Services, during a period of significant change for the organisation. Throughout the year, our focus has remained on strengthening access, coordination and reliability, while continuing to provide safe, clinically effective and compassionate care.

Our priority has been clear: to ensure that people receive the right care, at the right time, in a way that is safe, person centred and grounded in what matters most to them and those close to them. Insight from patients, families, staff and volunteers has informed both day to day care and wider service development, helping us remain focused on quality, experience and outcomes.

Improving access to hospice care and supporting timely clinical decision making in the community has been a particular area of focus. The introduction of our Care Coordination Centre, with direct medical support, has strengthened triage, admission decisions and clinical oversight. Alongside this, the development of our Rapid Response service and the use of digital tools to support active case management have improved how referrals are prioritised and how care is coordinated when needs escalate.

We have continued to develop our Living Well services to improve inclusion, flexibility and access. During the year, we piloted a new group based model in partnership with the London Irish Centre and One to One, a learning disability and autism charity in Enfield. Learning from this work has directly shaped both the future direction of the service and the planned opening of our new Living Well Centre, ensuring it is informed by local need and rooted within one of London's most deprived boroughs.

Within the Inpatient Unit, we have continued to strengthen clinical leadership and enhance the support available to patients through catering and volunteer services. The appointment of our Nurse Consultant has supported the ongoing development of nurse led Inpatient beds, demonstrating the strength and value of advanced nursing practice within the hospice. We have also introduced a more structured and consistent approach to peer review, involving a wider range of frontline staff, supporting shared learning and providing clearer assurance about the quality and effectiveness of care.

Patient and family experience has remained central throughout the year. Much of the feedback we receive continues to reflect dignity, compassion and professionalism. At the same time, learning from complaints and concerns has highlighted areas where communication, coordination and consistency needed strengthening during periods of service change. Safety has remained a constant priority, underpinned by our commitment to an open, learning focused culture that uses insight to strengthen systems and reduce risk. Alongside service development, we introduced a single Operational Policy across Clinical and Patient Services, providing greater clarity for staff about expectations, roles and ways of working, and supporting more consistent practice across teams.

I would like to thank our staff and volunteers for their professionalism, compassion and resilience throughout a demanding year. I am also grateful to the Executive Team for their leadership and steadfast focus on quality, safety and experience and to our Trustees for their ongoing challenge and support. As we look ahead, I am confident in our continued ability to learn, improve and deliver high quality hospice care to the communities we serve. I confirm that this Quality Account provides a true and accurate reflection of the quality of care delivered by North London Hospice during 2025–2026, and of our ongoing commitment to learning and improvement.

Declan Carroll
Chief Executive

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

Throughout the year, through a balanced range of information, the Clinical Governance and Assurance Committee monitored all aspects of the care given at North London Hospice to ensure that it was safe, effective and delivering a good experience for patients and families. In simple terms, our role is to provide independent oversight, making sure learning is acted on, risks are managed and improvements are made where needed.

Exciting developments this year which highlight the hospices desire to continue to deliver excellent, safe and responsive care are the introduction of a Peer Review Programme to review all areas examined by the CQC, the establishment of the Care Coordination Centre, the introduction of Patient Safety Partners and a Nurse Consultant.

In addition, the Committee saw the embedding of a clearer governance structure, with specialist groups now reporting more consistently into core decision making meetings. This has improved visibility of issues, helped learning to be shared more effectively and strengthened overall oversight.

A key part of the Committee's work was overseeing the hospice's Priorities for Improvement. As you can read in the report, these priorities focused on cultural awareness, learning from deaths and medicines management. These priorities represent a focused selection of areas where improvement would have impact, alongside a much wider programme of learning and development across the organisation.

The Committee recognised that not all improvement work could be completed within the planned time frame but were assured that unfinished work will be carried forward and we will continue to receive updates on how this work is being embedded in the coming year.

The Committee also reviewed learning that showed some environmental and infrastructure issues could not be resolved through temporary measures alone. We are satisfied that this learning has and will continue to appropriately shape the IPU redevelopment plans, which are clearly focused on supporting safe, effective and reliable care in the future.

Based on the assurance received, the Committee is confident that North London Hospice has effective systems in place to monitor quality, manage risk and support ongoing improvement. On this basis, I confirm that this Quality Account provides a true and accurate reflection of the hospice's quality performance during 2025–26.

Dr Cate Woodwark

Chair of Clinical Governance and Assurance

Our Vision

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

Our Purpose

Working togeter to provide palliative care and support when and where you need us most

Our Values

C **Collaborative learning**
– share learning, educate and work supportively togther

O **Open and honest**
– to be clear and transparent in the way we work and respond to others

R **Respectful and empowering**
– be kind, enable and value everyone's contribution

E **Equal and inclusive**
– treat people fairly, be welcoming and involve them

Corporate Strategic Ambitions

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 and Patient Services

At North London Hospice, our Clinical and Patient Services focus on delivering the best of life, at the end of life, for everyone. We provide free specialist palliative and end-of-life care to people living with a life limiting illness, and to those important to them, guided by compassion, dignity, respect and a strong commitment to equality and inclusion.

A registered charity, founded in 1984, we are the UK's first multi-faith hospice and welcome people from all faiths, including no faith, from diverse communities within the boroughs of Barnet, Enfield and Haringey. We also offer some of our services to people within Camden and Islington. Our approach is deliberately personalised and holistic, recognising that high quality palliative care supports not only physical needs, but also psychological, emotional, social and spiritual wellbeing. We aim to help people remain in their preferred place of care wherever possible.

How we are funded

Every donation is essential to us to allow us to continue our patient services, and we value our supporters immensely. The total cost of running North London Hospice this year was around £16.5 million, similar to last year. Approximately 40% of this funding came from the NHS, including £1 million from the Department of Health and Social Care, which was restricted for capital use such as buildings, equipment and infrastructure. The remaining funding is raised through charitable donations, our retail shops, fundraising and the generosity of our local community.

Our people

We are proud to be supported by a highly skilled, compassionate and diverse multidisciplinary workforce, who bring expertise and care to every aspect of our service.

Our teams include:

- Doctors, including Palliative Care Consultants
- Registered Nurses, Paramedics, Nursing Associates and Nursing Assistants

- Physiotherapists, Occupational Therapists and Clinical Psychologists
- Social Workers and members of our Spiritual Care Team
- Drama Therapy, Music Therapy and other Complementary Therapy practitioners
- Bereavement Counsellors

Our clinical teams are supported day to day by colleagues in administration, facilities, our Quality Team, and Learning and Development, alongside contracted services for cleaning, laundry and catering.

We are also incredibly grateful for the commitment of more than 600 volunteers, whose contribution is integral to the care and support we provide.

Accessing our services

This year we changed the way access to our service is coordinated with the launch of our Care Co-ordination Centre. This has improved how patients, families and professionals are directed to the most appropriate hospice team, with medical input into triage decisions and the introduction of a Rapid Response service to support people whose needs escalate quickly.

Our core clinical services include:

Inpatient Unit (IPU)

A purpose built up to 15 bed unit with single en suite rooms, providing specialist nursing and medical care 24 hours a day for people with complex palliative care needs.

Community Specialist Palliative Care Team

Supporting people in their usual place of residence and helping them remain in their preferred place of care, while preventing unnecessary hospital admissions where possible.

Living Well Service

Providing a range of individual and group based interventions, alongside opportunities for social connection, peer support and wellbeing.

Palliative Care Support Services

Providing specialist overnight, hands on nursing care in the home for people nearing the end of life who require a high level of support.

Palliative Advice Team

An overnight telephone advice service delivered by Clinical Nurse Specialists, available seven days a week from 8pm to 8am across North Central London, supporting patients, carers and professionals with timely specialist advice and onward referral where needed.

Patient and Family Services

Offering practical, emotional, spiritual and pastoral support for patients and those close to them, with strong links to faith communities and bereavement services that support families both before and after a death.

Introducing our Nurse Consultant

This year, we strengthened advanced nursing leadership within the hospice through the introduction of a Nurse Consultant, supporting high-quality clinical expertise, continuity of care and the ongoing development of nurse led practice within the Inpatient Unit. The Nurse Consultant is the accountable clinician for the Nurse Led Beds, which provide end of life care for people who have chosen the hospice as their preferred place of death and whose needs can be safely supported through this model.

Patients are admitted to either nurse led or medical consultant led beds based on their clinical needs. The nurse led model is designed for people whose needs can be met safely through advanced nursing care, while medical consultant led beds support those who require ongoing medical review or more complex clinical decision making.

Between April 2025 and March 2026, 90 patients were supported through the Nurse Led Bed model, with the majority admitted directly from the community, helping to avoid unnecessary hospital stays and supporting people to die in the place they had chosen. While all patients are admitted for end-of-life care with the hospice as their preferred place of death, enhanced clinical support for the patient and their family/carers this year enabled ten patients to be discharged following improvement in their condition and a period of preparation, care planning and confidence building to support ongoing care outside the hospice.

"I would like to thank you from the bottom of my heart for all you have done for our family. You oversaw my wife's care and advocated for our family in an exemplary way, far beyond the call of duty. You also supported me at a time when I was not even a patient myself. I know that many more people will benefit from your expertise."

Compliment for our Nurse Consultant Ryan

Part 2

Priorities for improvement

Review of last year's priorities for improvement 2025-2026

Review priority 1 – Improving our Cultural Awareness

What we planned to do

In 2025–2026, we set out to improve how well the hospice understands and responds to people's cultural, faith and belief needs around death and dying, reducing the risk of negative experiences where these needs are not fully understood.

Our plans included participating in Dying Matters Awareness Week, to both communicate with and learn from the many different faiths and cultures that make up our multicultural community. We also planned to explore unconscious bias to understand baseline awareness across the organisation and measure the impact of any change introduced. A key part of the plan was to develop practical resources for staff, including short videos exploring what may be important for people from different religious and spiritual backgrounds at the end of life.

Progress against plan

Our Dying Matters Awareness Week events went ahead as planned and were well attended across community settings, including local shopping centres, with participation from hospice staff alongside senior community nursing, district nursing and planned care leaders from local community services.

As planned, we developed a series of short films exploring faith and spiritual perspectives on death and dying. Seven films were produced for staff, covering Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism and non religious spirituality. An additional overview film on spirituality at the end of life was created for a wider audience. Early feedback from staff has been positive.

Cultural awareness was also incorporated into the Achieving Clinical Excellence clinical education programme. These sessions use learning from previous complaints to explore situations where cultural needs werenot fully met, alongside examples of good practice, supporting staff reflection on how understanding cultural identity can improve care.

Challenges to date

A survey developed to measure impact as part of our Dying Matters Week event did not give enough meaningful information. As the work developed, it became clear that testing staff knowledge was not the best way to measure improvement, particularly alongside other equality and inclusion work taking place across the hospice. As a result, the focus shifted to understanding cultural awareness from the perspective of patients and families. This included using an existing feedback question about whether cultural needs were understood and respected and adjusting feedback letters to encourage people to comment on cultural aspects of care.

Going forward

In April 2026, the Diverse Faith videos will be formally launched with staff. A launch event will also bring together religious leaders, service users, executives and Trustees to share progress and reflect on this work, which is considered unique within the hospice sector. We will review and evaluate the impact of the project on staff and patient experience after six months, once staff have had time to use the resources in practice. We will continue to monitor any complaints related to unmet cultural needs.

This work also explored how staff can support patients when access to an appropriate religious representative is not possible. This has led to the development of additional comfort videos for patients and families facing emotional or spiritual distress.

Review priority 2 – Strengthening Medicines Safety: A Systems Approach

What we planned to do

Medicines safety is consistently the hospice's highest profile patient safety risk, reflecting the volume and complexity of medications used. Importantly, incidents are predominantly reported as no harm, with occasional low harm. Following the introduction of the Patient Safety Incident Response Framework (PSIRF), the focus in 2025-2026 was on improving how we learn from medication incidents and use that learning to make care safer.

This work built on the pilot of a multidisciplinary Medicines Incident Group reporting to the Medicines Management Group at the start of 2025. The planned focus was to strengthen systems learning, improve incident categorisation to support identification of themes, strengthen medicines safety education, progress patient owned drugs (PODs) and self administration, and explore options for digital prescribing.

Progress against the plan

The Medicines Incident Group (MIG) was embedded during the year and met weekly, bringing together different professional groups. It became the forum for reviewing medication incidents, identifying themes and agreeing learning and actions. Learning continued to focus on understanding how systems work in practice. Key messages were shared through targeted communications such as the Summary of Omitted Doses bulletin. Changes to how incidents are categorised and recorded also made it easier to extract data and spot trends over time.

The work also led to a positive shift in how medicines safety is audited. In addition to standard audits, more observational approaches explored including the use of CCTV to understand movement and workflow within the medicines room. This helped identify system and environmental risks rather than individual behaviour.

Progress was made on safer systems through development of POD and self administration arrangements, although these have not yet been fully implemented. Learning from community medication incidents was increasingly discussed within existing forums. A Patient Safety Partner is now a member of the Medicines Management Group meeting, providing independent oversight and challenge as part of hospice governance.

Challenges to date

At times, limited staff capacity affected how consistently a systems based approach could be applied. Confidence in identifying the most appropriate learning response under PSIRF is still developing.

Some planned developments, including full rollout of patient owned drugs, depended on wider organisational factors, including the temporary move linked to Inpatient Unit redevelopment.

Going forward

The Medicines Incident Group now established will continue to provide weekly monitoring and surveillance of medicines incidents with a new oversight dashboard.

The Single Nurse Administration study day is being redesigned into Safer Management of Medicines, using learning from incidents and is planned for rollout in Quarter 1. Learning from incidents and audits will also inform the redesign of the medicines room as part of the Inpatient Unit move, with a focus on safer workflow, better system design and raising staff awareness of behaviours that affect medicines safety.

Review priority 3: Learning from Deaths

What we planned to do

In 2025–2026, we planned to improve how North London Hospice learns from deaths so that we can continue to improve the care we provide. We wanted to make sure that reflection, review and feedback are used consistently to help keep people safe and improve quality.

This work was shaped by the introduction of the Medical Examiner process and by our earlier experience using it on the Inpatient Unit since 2022. From this, we recognised the opportunity to strengthen how the learning from deaths is organised and shared across the hospice.

We planned to introduce a clear and consistent way of learning from deaths across all services. This included making better use of feedback from families, learning how to carry out Structured Judgement Reviews, and completing an end of life care audit using national standards. We also planned to set up a dedicated group to review learning from deaths and make sure this learning fed into hospice quality and patient safety oversight.

Progress against plan

During the year, we engaged with national Learning from Deaths work through Hospice UK and the Medical Examiner service, informing the development of a local framework appropriate for hospice care.

Structured Judgement Review training was delivered in November 2025 to 11 staff by the NHS Improvement Academy, with staff from North London Hospice attending alongside colleagues from another hospice. This built internal capability and confidence in applying a consistent framework and methodology for mortality reviews.

A Learning from Deaths Group was established, with agreed terms of reference, and integrated into the hospice's quality and patient safety governance arrangements, reporting into the Quality and Patient Safety Meeting. This created a clear forum for reviewing selected cases, identifying learning and agreeing actions.

An end of life care audit focusing on Inpatient Unit deaths was completed, drawing on nationally recognised standards. Findings and learning are now being disseminated internally. Processes were also developed to systematically collate and review feedback from the Medical Examiner, ensuring it informs ongoing learning and improvement.

Challenges to date

Some elements of the work progressed more slowly than planned due to workforce pressures at points during the year, particularly over the summer period. Confidence in applying newer approaches to learning from deaths, including identifying the most appropriate learning response, continues to develop as staff gain experience.

Going forward

Learning from Deaths is now established as a core component of the hospice's governance framework. During 2026–2027, the focus will be on embedding Structured Judgement Reviews into practice through a programme of work, with the aim of expanding reviews across services and strengthening the link between identified learning and improvement actions.

Looking Forward: Priorities for Improvement 2026-27

Priority 1 - Improving Clinical Documentation and Communication Using Ambient Voice Technology

How we identified this priority

During 2025-2026, peer reviews, staff feedback and governance discussions highlighted the significant time clinicians spend completing clinical documentation. While community clinical record audits demonstrated 100% compliance with documentation standards, staff feedback showed that the administrative effort required to achieve this can, at times, reduce the time available for direct patient and family engagement.

Staff feedback and learning from instances of delayed documentation during periods of operational pressure highlighted that retrospective note writing can delay the visibility of records affecting timely follow up, multidisciplinary coordination and continuity of care in a hospice setting.

Recent digital developments also reinforced the importance of understanding cumulative administrative workload, ensuring that digital tools support efficiency and further enhance person centred clinical work. In considering potential approaches, we also drew on positive feedback and shared learning from partner organisations who have implemented ambient clinical voice technology.

This priority reflects our commitment to maintaining high standards while improving how care is delivered and experienced, using digital tools thoughtfully to support, not replace, the human aspects of hospice care.

What we plan to do

During 2026/27, we will pilot the use of ambient clinical voice technology within selected community clinical teams. This technology supports clinicians by securely generating draft clinical notes and care summaries from conversations, which clinicians then review, edit and approve before saving to the patient record. Professional judgement and accountability for clinical records will remain unchanged.

The pilot will be:

- Carefully scoped and time limited, involving a small number of clinicians
- Subject to safety assessment, information governance approval and clear consent processes
- Supported by staff training and clear guidance
- Evaluated against defined measures, including documentation quality, communication and handover, staff experience and patient experience

What the outcomes will be

Improvements will support more efficient and responsive care delivery, indirectly benefiting patients and families by freeing up staff time to focus on care.

Staff will benefit from a reduced administrative burden, enabling greater focus on clinical care and more time building meaningful relationships with patients and families, and supporting continued improvements in the consistency and quality of clinical documentation.

Priority 2 – Strengthening Safe, Person Centred Handover on the Inpatient Unit

How we identified this priority

Handover on the Inpatient Unit is a key time when staff share important information about patients' needs, risks and priorities as care is passed between shifts. Through everyday observation, feedback from staff, and learning from patient safety incidents and complaints, we identified differences in how handover was taking place and opportunities to make it more consistent and reliable.

We found that handover relied heavily on an electronic chart and informal ways of working. This made it harder to share a clear picture of what was happening on the unit, including emerging risks and nuanced narratives of individual holistic needs. Internal reviews also showed that improving the structure and clarity of handover could strengthen safety and continuity of care.

What we plan to do

During 2026–2027, we will improve handover on the Inpatient Unit so that information is shared clearly, safely and consistently between shifts.

We will:

- Introduce a clear, structured handover using a visual board to help staff share key information about patients, risks and priorities
- Protect handover time to reduce interruptions and improve focus
- Ensure handover consistently highlights important changes, risks and what matters most to each patient
- Update handover paperwork to make responsibilities and follow up actions clearer
- Clarify who attends handover and who is responsible for decisions and actions
- Introduce a short safety huddle to share incidents, near misses and concerns from the previous shift
- Test different approaches to handover and use learning from this to develop the best model for a hospice Inpatient setting

What the outcomes will be

By strengthening handover on the Inpatient Unit, we aim to:

- Improve safety and continuity of care across shifts
- Reduce the risk of important information being missed
- Ensure patients' needs, priorities and preferences are clearly understood by staff
- Improve shared awareness of risks and patient safety learning
- Increase staff confidence and readiness at the start of each shift

Priority 3 – Creating a More Inclusive and Meaningful Approach to Patient and Family Feedback

How we identified this priority

Patient and family feedback is central to understanding how care is experienced and to supporting learning and improvement. Review of our current approach, alongside learning from peer review, showed that while feedback is routinely collected in most areas, surveys can be long, repetitive and burdensome, particularly for people who are unwell or recently bereaved.

We also identified that feedback is currently collected primarily in English and through paper based formats. This may limit participation for people whose first language is not English or who experience barriers related to literacy, disability, health or access to digital services. As a result, some voices may be under represented, reducing both the equity and usefulness of the feedback received.

We also recognised that collecting larger amounts of feedback does not always lead to clearer insight or visible learning. When surveys are lengthy or repetitive, themes can be harder to interpret and act on. This aligns with wider NHS learning that shorter, more focused feedback approaches, combined with meaningful free text responses, are more likely to support inclusive participation and actionable improvement.

What we plan to do

During 2026–2027, we will improve how patient and family feedback is collected, managed and used, ensuring it is accessible, proportionate and clearly linked to learning and improvement.

We will:

- Simplify surveys by reducing the number of questions and removing duplication, focusing on a small set of high value questions alongside free text feedback
- Introduce a digital first approach using QR codes and web based formats, while retaining paper and supported options where clinically or practically appropriate, monitoring the impact
- Improve accessibility and inclusion, including offering feedback in different languages and formats and supporting completion where needed
- Draw on best practice from across the NHS to ensure surveys are proportionate, accessible and focused on meaningful insight rather than volume of data
- Introduce a single system to collect and review feedback, reducing duplication and manual handling, helping ensure staff time and resources are focused on listening to patients and families and improving care
- Strengthen how feedback is reviewed, triangulated and linked to learning
- Include the Care Co-ordination Centre in the feedback process

What the outcomes will be

- Increase accessibility and equity, enabling more people to share their experience in ways that suit them
- Reduce unnecessary burden on patients and carers by asking fewer, more meaningful questions
- Improve the quality, representativeness and usefulness of feedback received
- Improve staff awareness of feedback, including how it is reviewed, shared, acted on and linked to improvement at service and organisational level
- Ensure feedback processes are sustainable

Part 3

Quality performance and improvement

How we monitor quality and safety

At North London Hospice, we regularly check the quality, safety and experience of care to ensure it is safe, effective and focused on what matters most to patients and those close to them. We use this information to identify potential risks, understand how we are performing over time and support ongoing learning and improvement across our services.

Each month, we review a range of quality measures that help us understand how well care is being delivered. These include nationally recognised safety indicators, such as falls and pressure ulcers, alongside locally agreed measures that reflect what is most important in a hospice setting, including preferred place of care and preferred place of death. An overview of this data is presented in this section.

To support this, service management teams use dashboards that bring together information on incidents, complaints and concerns, risks, audits and medical equipment. This helps teams understand what is happening in their services, act where needed and share learning across the organisation.

National quality indicators

Unlike NHS trusts, hospices are not required to submit data against centrally held national quality indicators. However, we still assess our performance against the national quality indicators that are most relevant to the care we provide. We do this through Hospice UK benchmarking. Hospice UK is the national charity that represents hospices in the UK and supports shared learning and improvement across the sector. Benchmarking allows us to compare our performance with other hospices where data is available and identify opportunities to improve safety and quality.

In some areas, such as medicines safety, national comparisons are limited. This is because hospices are only required to report medication incidents that result in severe harm or death, and reporting practice across the hospice sector has historically varied. During this reporting period, we had no medication incidents resulting in moderate or severe harm, or death. For this reason, we focus strongly on local reporting near misses, reviewing and learning from lower level incidents to help prevent harm before it occurs.

Monitoring service activity and demand

Alongside quality and safety information, we monitor activity across all our services. This helps us understand demand, plan services effectively and ensure we are meeting patient needs and commissioning requirements. A small amount of this activity data is shared in this section.

Activity information is reviewed regularly by Clinical Directors and shared with the Board of Trustees. For Inpatient care, admissions and bed use are supported by an electronic bed management system, which shows bed availability and waiting lists using a simple traffic light approach. This supports safe and efficient planning of admissions.

As part of our commissioning arrangements, we also share regular information with North Central London Integrated Care Board. This includes referrals and response times, admissions and discharges, length of stay, service activity and outcomes such as place of care and place of death. This year, we also began submitting Inpatient Unit data through NHS England's Faster Data Flows programme, helping ensure information on quality and outcomes is timely, consistent and reliable.

Activity across our services

Community	**2023-2024**	**2024-2025**	**2025-2026**
Number of referrals to a community team	3155	3370	3078

IPU		**2023-2024**	**2024-2025**	**2025-2026**
Admissions and readmissions		306	315	285
Average length of stay		14.3 days	10.2 days	16.5 days
Closed bed days (based on minimum of 12 beds)		32	32	0
% occupancy of available beds		73%	86%	91%
Reason for admission	Symptom control / other	96	126	133
	Terminal care	192	204	152

Outpatient and Wellbeing/Living Well Services	**2023-2024**	**2024-2025**	**2025-2026**
Referrals	267	223	121
Attendees	1598	1383	843

Community 5-8 and Palliative Advice Team (PAT)	**2023-2024**	**2024-2025**	**2025-2026**
Calls received 17:00-20:00 (Community 17:00-20:00)	2047	2228	2088
Calls received 20:00- 08:00 (Palliative Advice Team)	4288	4349	3747
Total calls received 17:00–08:00 (combined)	6335	32	0
Patients supported per day (out of hours)	unavailable	3820	3695

Patient Type		2023-2024	2024-2025	2025-2026
Inpatient Unit Admissions	Cancer	81%	78%	76%
	Non-Cancer	19%	22%	24%
Community Accepted Referrals	Cancer	53%	54%	56%
	Non-Cancer	47%	46%	44%
Outpatient Accepted Referral	Cancer	67%	66%	77%
	Non-Cancer	33%	34%	23%

During this year, our Outpatient and Wellbeing Services relocated to a new community setting and are now delivered as the Living Well Service. The move placed the service within one of the more deprived wards in our locality, closer to the heart of the community, reflecting our commitment to improving local access and visibility. The relocation resulted in a period of transition, including initial staff turnover. This is reflected in activity patterns during the year. By the end of the reporting period, successful recruitment had strengthened the team, placing the service in a more sustainable position to increase Living Well activity going forward.

Community services, including the Palliative Advice Team and out of hours provision, continued to experience sustained demand, with a modest reduction in activity as services moved through a period of transformation and adjustment to new systems and team structures.

Improvements to the hospice admissions process have helped ensure that patients who need Inpatient care are admitted more promptly. As a result, Inpatient occupancy has increased, calculated using available bed days adjusted for staffing capacity. This reflects safer, more effective use of Inpatient beds and improved access to care when it is most needed.

Personalised Care and Advance Care Planning

Personalised care is at the heart of how we support patients and the people who matter most to them. We take time to listen and understand what is important to each person, including their values, beliefs and wishes for care now and in the future. This includes sensitive conversations about where people would prefer to be cared for and where they would wish to be at the end of their life.

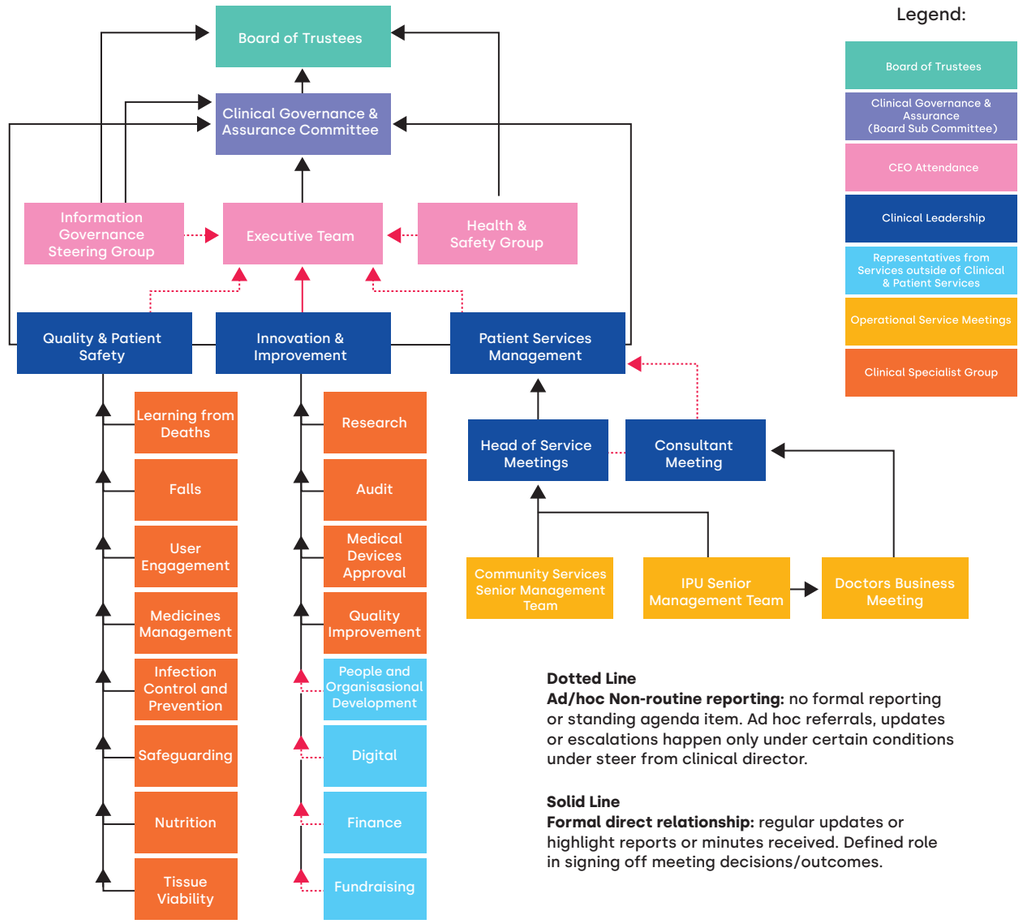
Our staff are trained to have these conversations with care, compassion and respect. People are offered the opportunity to have their wishes recorded through advance care planning, including the creation of an electronic care plan that can be shared with other health services. This is known as the Electronic Palliative Care Coordination System (EPaCCS), and in London is held within the Universal Care Plan. Recording preferences in this way helps ensure that care decisions are informed by what matters most to the person and supports joined up care across services.

We routinely review advance care planning as part of our audit programme to ensure that conversations are taking place, are clearly recorded and remain relevant as people's circumstances change. In 2025-2026, our community services achieved over 98% compliance in recording evidence of advance care planning, providing assurance that people's wishes are being consistently considered in care delivery.

As a result of this personalised approach, over 90% of our patients achieved their preferred place of death, with many supported to remain at home and avoid unnecessary hospital admissions, in line with their wishes.

Number of patients achieving their preferred place of death (where preferred place recorded)	2023-2024	2024-2025	2025-2026
IPU	83%	91%	91%
Community	91%	92%	90%

How clinical and patient services are governed and well-led



At North London Hospice, clinical and patient services are overseen through established governance arrangements that support safe, compassionate and high quality care. Patient safety, quality and learning are central to decision making across the organisation.

The diagram above shows the current governance structure and how oversight of quality and safety is coordinated from service level management through senior clinical and operational leadership to the Executive Team, the Clinical Governance and Assurance Committee and the Board of Trustees.

During the year, we refined the structure of our meetings and recognised that some areas benefit from dedicated space for focused discussion. We therefore strengthened our approach by expanding the number of specialist interest groups to lead on specific aspects of safety, quality and experience. These groups bring together staff with relevant expertise at all levels and our patient safety partners to review information in detail, identify learning and support improvement, helping ensure clear ownership and meaningful improvement across clinical and patient services.

Patient Safety

Keeping patients safe is central to everything we do at North London Hospice. We have established arrangements to identify risks, respond when things go wrong and use learning to improve the care we provide to patients, families and carers.

Reporting patient safety incidents

We believe it is important to be open when things do not go as planned. Staff and volunteers are encouraged to report patient safety incidents and concerns using a simple and accessible electronic reporting system.

Patient safety incidents include:

- events that caused harm,
- events that could have caused harm, and
- near misses, where a potential risk was identified and addressed before harm occurred.

Reporting near misses plays an important role in preventing harm by helping us identify risks early and take action before patients are affected.

Patient safety incidents reported (all hospice services)

Year	Number of incidents
2023-2024	359
2024-2025	483
2025-2026	674

The number of reported incidents during 2025–26 was higher than in previous years. Our review of this information gives us confidence that this reflects improvements in reporting culture, in line with our hospice values of being honest and open and a more mature approach to risk management, rather than a decline in standards of care.

Incidents are now reported by a wider range of staff across different roles and levels, rather than mainly by the same individuals. For example, junior nurses and healthcare assistants are now reporting situations where expected standards were not maintained and where this may present a risk to patient safety, including aspects of clinical care such as delays and communication. This reflects increased confidence to speak up, better access to reporting systems and a shared understanding that identifying risk early helps prevent harm. This is encouraged and reflects our expectation that recurring risks should not be accepted as normal practice. Ongoing reporting ensures risks remain visible until improvement is fully embedded and allows progress to be monitored through structured improvement plans.

Importantly, most reported incidents resulted in no harm or low harm, and reporting has helped protect patients from more serious harm.

Harm levels

Harm levels are assessed using national definitions, which focus on the impact on the patient, taking clinical context into account.

Harm level	Physical harm	Psychological harm
No harm	82.9% (559)	86.7% (584)
Low harm	17.1% (115)	13.3% (90)
Moderate, severe harm or death	0	0

No harm includes near misses, where risks were identified through routine checks or staff observation and addressed before harm occurred, meaning the patient was not impacted. **Examples include:**

- a missing signature on a medication chart
- incomplete handover or care documentation identified through review
- equipment issues detected before use
- inaccurate medication stock balances identified during routine checks and corrected
- environmental risks, such as a call bell not within reach, identified and repositioned during care

How we learn from incidents

All reported patient safety incidents are reviewed promptly to ensure that any immediate actions needed to keep patients safe are taken.

We work in line with the Patient Safety Incident Response Framework (PSIRF), a national approach that focuses on learning and improvement through proportionate review, rather than formal investigation in every case.

Learning takes place in different ways depending on what will be most helpful. This includes After Action Reviews, where teams reflect together on:

- what was expected to happen
- what actually happened
- why there was a difference
- what can be learned to improve care

This approach helps identify learning not only from individual actions but also from systems, communication and working conditions, leading to practical improvements and reduced risk of recurrence.

Being open and duty of candour

We are committed to being open, honest and compassionate when things go wrong. When appropriate, we explain what has happened, apologise, listen carefully to those affected and use learning to improve how care is delivered.

All incidents are reviewed to determine whether the Duty of Candour applies. This is a legal requirement to be open and transparent when incidents result in moderate or severe harm. During the year, no incidents met this harm threshold, and therefore no regulatory notification under Duty of Candour was required.

Review of deaths

During 2025–2026, 223 people died in the Inpatient Unit, reflecting the hospice's role in providing specialist end of life care.

As part of routine regulatory processes, the hospice notifies the Care Quality Commission (CQC) of deaths in accordance with reporting requirements. All deaths which have occurred at the hospice have been reviewed by the NHS Medical Examiner Service. During 2025-2026 there were no episodes of suboptimal care that contributed to or hastened a patient's death.

As part of our improvement priorities, we strengthened our approach to learning from deaths during the year. This has included clearer oversight and a greater focus on structured reflection, and we will continue to build on this work by embedding Structured Judgement Reviews to support consistent learning and ongoing improvement.

Involving patients and families in safety

During the year, three Patient Safety Partners joined North London Hospice, marking an important step in strengthening patient safety through partnership and collaboration. Patient Safety Partners are members of the local community who are not employed by the hospice. They work alongside the organisation to bring an independent perspective, constructive challenge and insight to patient safety and improvement work.

Although this is an early stage of development, Patient Safety Partners have already made valuable contributions. This has included supporting the development of the Being Open and Duty of Candour Policy and providing feedback on how patient safety information is explained and understood from a public perspective. We are now working with our Patient Safety Partners to develop a more structured framework for involvement, so that their contribution is embedded more consistently into patient safety and improvement work across the hospice.

Incidents involving other organisations

Some patient safety incidents identified by the hospice are recorded as "inherited incidents". These are situations where an issue was already present when a patient came under the hospice's care, or where the incident relates to care provided by another organisation involved in supporting the patient.

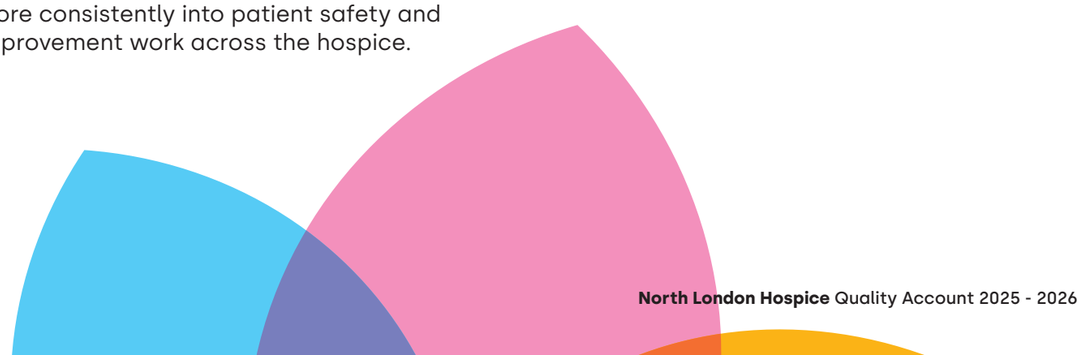
Each incident is carefully reviewed to understand what happened and the hospice's role. Incidents are only recorded as inherited where review confirms that the hospice met expected standards and did not contribute to the event. Where the hospice's care or actions are identified as contributing factors, the incident is reviewed and managed as a hospice related patient safety incident.

Examples of inherited incidents include:

- pressure ulcers present on admission
- incomplete or inaccurate discharge information from hospital
- delays or errors in prescribing identified by or reported to hospice staff
- issues identified in care homes where medication or symptom management had not been optimised
- equipment not delivered or maintained by an external provider
- delays in community nursing support identified by hospice staff or raised by patients and families

Although these incidents did not arise directly from hospice care, they are recorded when identified to ensure that risks are visible, patients are supported appropriately, and concerns are escalated.

Responsibility for patient safety remains a priority for the hospice, and we work actively with partner organisations to raise concerns, share learning and reduce risk across the wider health and care system.



Inherited patient safety incidents reported

Year	Inherited incidents
2023–2024	139
2024–2025	187
2025–2026	191

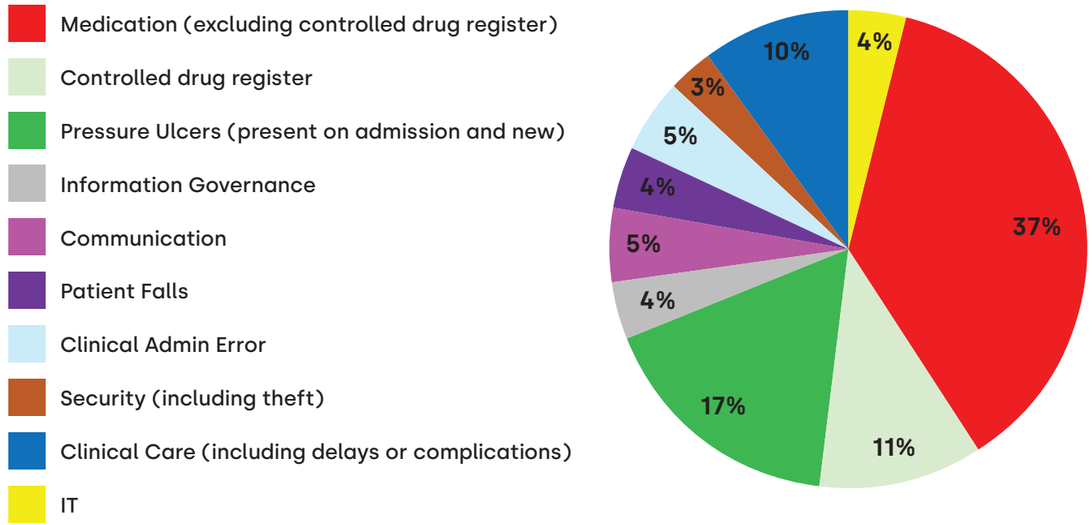
The increase over time reflects improved identification and reporting of inherited risk, alongside increasing patient complexity and system pressures across health and social care.

Key patient safety themes

This year's patient safety themes align with known risk factors in hospice care and with the focus of the Hospice UK Patient Safety Project, particularly:

- medication safety
- pressure ulcer prevention
- falls

A graph showing the top ten patient safety incident themes is included below.



Other incident types reported include:

- nutrition and hydration, such as issues with timeliness of meals
- abuse towards staff, which can impact the ability to provide safe care
- staffing, including gaps or pressures that may affect service delivery
- safeguarding, where people may be at risk of harm or neglect
- infection prevention and control concerns
- accidents, including staff or visitor injuries
- equipment or device failure
- transport failures, where delays or issues affected patient care

Pressure ulcers

Preventing pressure ulcers is an important part of providing safe, high quality hospice care. People receiving hospice care may be at increased risk of pressure ulcers despite good care, due to factors such as frailty, reduced mobility and advanced illness. Our approach is to prevent avoidable pressure ulcers wherever possible, identify and manage risk early, and balance clinical prevention with comfort, dignity and what matters most to each individual.

All patients admitted to the Inpatient Unit receive a full skin assessment on admission, with regular reassessment throughout their stay. Individualised care plans are developed based on each person's level of risk and are reviewed and adjusted as needs change. Decisions about care are made sensitively, recognising that, in end-of-life care, comfort and patient choice are always central.

Pressure ulcers present on admission

What do we mean by a pressure ulcer?

Pressure ulcers are areas of damaged skin and the tissue beneath the skin. They usually develop when the body is under pressure for long periods, most commonly over bony areas such as the heels, sacrum (lower back), hips and elbows.

This is a nationally accepted definition used across the NHS in England. Pressure ulcers are classified using the European Pressure Ulcer Advisory Panel (EPUAP) system, from Category 1 (early skin damage) to Category 4 (the most severe, affecting deeper tissue).

During the year, a number of patients were admitted to the Inpatient Unit with pressure ulcers already present. These were recorded as inherited patient safety incidents, meaning they developed before hospice care began. In total, 132 pressure ulcer incidents were reported as present on admission, reflecting the frailty and complexity of patients referred to the hospice.

Recording these incidents supports early assessment, specialist input and ongoing review, and helps ensure that risks are managed appropriately from the point of admission.

Pressure ulcers acquired during hospice care

During the year, we reported 37 pressure ulcer incidents where patients developed one or more pressure ulcers after admission to the Inpatient Unit. Each incident was reviewed to understand risk factors, care delivery and learning.

The number of hospice acquired pressure ulcers remains below the national average for medium sized hospices, based on benchmarking data from the Hospice UK Patient Safety Project.

New (hospice acquired) pressure ulcer	2023-2024	2024-2025	2025-2026
Category 1	5	3	2
Category 2	19	22	26
Category 3	8	5	7
Category 4	0	0	2
Medical Device Associated new pressure ulcer	1	1	0

Moisture Associated Skin Damage (MASD)

In addition, 12 incidents of Moisture Associated Skin Damage (MASD) were reported. MASD is skin damage caused by prolonged exposure to moisture rather than pressure and is managed separately because the causes, prevention approaches and treatments differ.

Learning and improvement

Learning from pressure ulcer incidents focused on early identification of risk, consistent preventative care and clear documentation.

Improvement taken during 2025–26 included:

- Planning for introduction of the PURPOSE T assessment of pressure ulcers tools to support consistent, evidence based assessment of pressure ulcer risk and reassurance
- strengthening staff education on early identification of skin damage
- undertaking a planned pressure ulcer audit as part of the quality assurance programme

The audit reviewed assessment quality, care planning, documentation and safeguarding decision making. Findings highlighted opportunities to strengthen pressure ulcer safeguarding risk assessment, leading directly to system changes, including mandatory completion and automated internal escalation when risk thresholds are reached.

Leadership and oversight

Pressure ulcers incidents are reviewed by the hospice's Tissue Viability Nurse to ensure appropriate care planning and learning. Where cases are complex, additional expertise is sought from an external NHS community tissue viability nurse.

All Category 3 or Category 4 pressure ulcers underwent a deeper internal review and were reported in line with statutory requirements to the Care Quality Commission (CQC). These reviews, led by the hospice, confirmed good evidence of appropriate clinical care and documentation, and concluded that the pressure ulcers were unavoidable within the context of end-of-life care.

Learning and improvement actions are monitored through the Tissue Viability Group, which reports into the Quality and Patient Safety Group, providing assurance that improvements to skin integrity care are implemented and sustained.

Patient falls

Preventing falls is an important part of keeping patients safe, while also respecting independence, dignity and individual choice. People receiving hospice care may be at increased risk of falls due to risk factors such as frailty, illness or changes in mobility. Our approach is to reduce avoidable falls, recognise and manage risk early, and learn from every incident, while ensuring care remains person centred.

What do we mean by a fall?

A fall is an event which causes a person to, unintentionally, rest on the ground or other lower level.

What happened this year

During 2025–2026, 28 falls were reported in the Inpatient Unit which is a large reduction on the last two previous years. Falls levels remain lower than those reported by comparable medium-sized hospices within the Hospice UK Patient Safety Project.

Falls IPU	2023-2024	2024-2025	2025-2026
Total number falls	40	42	28
No harm falls	20	29	14
Low harm falls	20	12	14
Moderate or above harm falls	0	0	0

Learning and improvement

During the year, we continued to embed post fall swarm huddles to strengthen learning. These huddles bring together the multidisciplinary team and, where appropriate, the patient and their family or carer, to understand what happened and identify learning from different perspectives. This supports timely, practical changes to care that are proportionate and person centred.

Learning from falls led to immediate actions, including:

- ensuring call bells were within reach and reminders given when needed
- checking beds, chairs, commodes and walking aids more consistently
- adjusting where someone was cared for, such as closer to the nursing area if risk increased
- increasing observation or support at times of higher risk
- reviewing and improving the use of falls alarms where appropriate

During the year, our Prevention of Falls Policy was reviewed and updated in line with the latest NICE guidance. This reinforced the hospice's existing approach, which supports safety while respecting independence, dignity and individual choice.

A deep dive review was undertaken following a patient who experienced five falls during their stay. The review involved the patient and family and focused on how best to support the patient's wishes and independence while reducing risk. The review confirmed that appropriate information, assessment and adjustments were in place, and that no further reasonable actions could be taken without compromising the patient's expressed preferences.

Leadership and oversight

All patients have a falls risk assessment on admission, which is reviewed weekly and following any fall. This supports early identification of risk and timely adjustment of care.

Oversight of falls prevention and learning is provided through the Falls Group, which meets quarterly. The group reviews fall data, learning from incidents and themes, and monitors actions to support ongoing improvement. The Falls Group reports into the hospice's Quality and Patient Safety governance arrangements, providing assurance that learning is shared and used to improve care while maintaining a balanced, person centred approach.

Medication safety

The safe use of medicines is a key part of providing high quality hospice care. We aim to minimise medication related risk and to learn from incidents in systems-based approach, recognising that strong reporting and learning are essential to keeping patients safe.

What happened this year

During 2025–2026, there was a significant increase in medication incidents reported in the Inpatient Unit. Importantly, this increase relates almost entirely to no harm incidents and near misses, with no increase in harm to patients.

Many of these no harm incidents related to process issues and human factors. These included missed steps, documentation omissions or unfamiliarity with local processes. Incidents were identified through routine checks and review and were corrected promptly, preventing harm. Making these events visible has been an intentional part of our improvement approach and has informed targeted system level actions, including clearer processes, additional support and strengthened oversight.

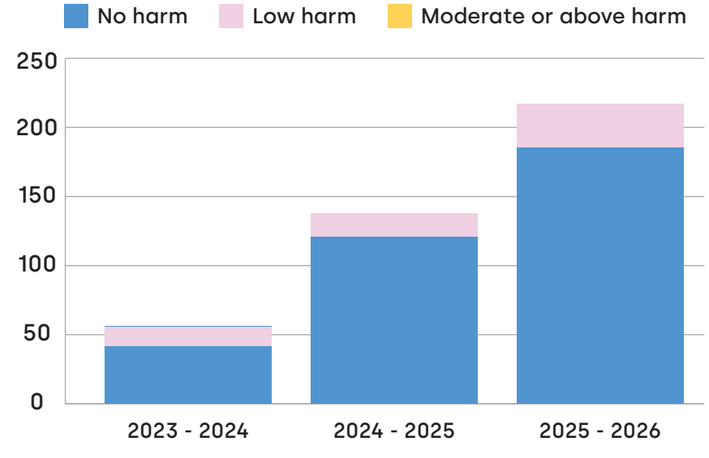
This reflects our continued work to embed a Just Culture and reflect our organisational values of being open and honest and collaborative and learning. Staff are supported to report issues openly without fear of blame, alongside a more mature, proactive approach to identifying and managing risk. A number of recurring themes were identified during the year and are being addressed through systemwide changes.

Medication related incidents include prescribing, dispensing, administration and monitoring. The data below does not include controlled drug register errors, which relate to record keeping for controlled medicines and usually reflect documentation issues rather than harm to patients.

Medication Incidents IPU only (excluding inherited)	2023-2024	2024-2025	2025-2026
Number of medication-related patient safety incidents	55	138	213
No harm	45	125	190
Low harm	10	14	23
Moderate or above harm	0	0	0

Medication incidents by harm level

(Inpatient Unit, excluding inherited incidents)



The number of hospice related medication incidents reported within community services reduced during the year. As with Inpatient services, most reported incidents resulted in no harm, with a small number of low harm incidents and no incidents causing moderate or severe harm.

Medication Incidents Community only (excluding inherited)	2023-2024	2024-2025	2025-2026
Number of medication-related patient safety incidents	16	16	11
No harm	14	14	9
Low harm	2	2	2
Moderate or above harm	0	0	0

Learning and improvement

Medication safety was a priority area for improvement during the year. In response to learning from incidents, we strengthened how medication related risks are reviewed, understood and acted on.

A key change was the move from manager led incident reviews to our weekly Medication Incident Group, widening attendance to reinforce the value of reporting and demonstrate how learning leads directly to improvement

This has made learning timelier, shared across professional groups and focused on identifying themes and improving systems and processes, rather than individual blame. These reviews identified a number of no harm process issues across the medication pathway where standards were not consistently met.

Improvement actions during 2025–26 included:

- sharing learning from medication omissions and process errors through medication safety bulletins, supporting consistent practice across teams
- reviewing CCTV footage in specific circumstances to better understand medication administration processes and support staff improvement in a fair and constructive way
- changing standard 12 hourly medication administration times to 9am and 9pm, reducing pressure and risk during nursing handover periods
- introducing syringe driver dose ranges on drug charts to support timely symptom management overnight without unnecessary prescription rewriting
- reviewing syringe driver delivery rate monitoring following repeated no harm incidents, including whether issues were linked to specific devices or staff practice, to strengthen reliability and reduce future risk

These actions directly address risks identified through reporting and reflect our commitment to using learning to drive meaningful, sustained improvement.

Leadership and oversight

Medication safety is overseen through a weekly Medicines Incident Group (MIG), chaired by the Pharmacist. Strategic oversight is provided through a monthly Medication Management Meeting attended by the clinical directors and chaired by the Head of the Inpatient Unit, who is the hospice's Accountable Officer. In this role, they are responsible for ensuring medicines, including controlled drugs, are managed safely and in line with legal and professional requirements.

Learning and progress are reported quarterly through the Clinical Governance and Assurance Committee, ensuring organisational oversight and follow through. The hospice's Accountable Officer also works nationally with the Controlled Drugs Local Intelligence Network (CDLIN) and other hospices to share learning and improve medication safety practice more widely.

Information governance

Information governance is about making sure personal information is handled securely, confidentially and respectfully. This includes health records, correspondence and any information shared by patients, families, carers, staff and volunteers. At North London Hospice, protecting confidentiality is a fundamental part of providing safe, respectful and trustworthy care.

What happened this year

During 2025–2026, we recorded 17 information governance–related incidents, including those related to data protection and confidentiality. Most incidents were administrative or system related, such as information being recorded in the wrong patient record, misdirected correspondence, or paperwork being temporarily misplaced and later recovered.

All incidents were identified promptly, investigated and managed appropriately. No incidents resulted in harm, there were no serious data breaches, no inappropriate access to records, and no requirement to report incidents to the Information Commissioner's Office (ICO).

Learning and improvement

Learning from these incidents focused on:

- careful checking of patient details before information is shared or recorded
- improving the secure handling of records, particularly during busy periods and handovers

As part of improvement work, the Inpatient Unit has now become almost entirely paperless, significantly reducing risks associated with paper records. Learning and actions were shared with teams through local discussions, governance processes and Information Governance Spotlights, which provide short, practical guidance to support safer day to day practice.

NHS Digital Standards exceeded

Data Security and Protection Toolkit

Strengthening digital resilience and continuity

Reliable access to patient information is essential for safe care. During 2025–26, we made further investment in IT infrastructure to improve reliability, resilience and security, supporting access to electronic patient records and core systems.

Learning from several patient safety incidents where records were temporarily unavailable led to strengthening our Business Continuity Plans for IT and digital services. This included clearer escalation arrangements, defined recovery priorities and improved testing and assurance. These measures help ensure that essential services can continue safely and that patient information remains accessible and secure even if systems are disrupted.

Leadership and oversight

Information governance is overseen through the Information Governance Steering Group, chaired by the Chief Executive Officer as the organisation's Senior Information Risk Owner (SIRO). Clinical oversight is provided by two Caldicott Guardians, supported by an external Data Protection Officer (DPO) who provides independent advice and assurance.

This approach provides clear oversight and accountability to the Executive Team and Board of Trustees. The hospice continues to meet national standards for data protection and cyber security and has achieved a "Standards Exceeded" rating on the NHS Data Security and Protection Toolkit, alongside Cyber Essentials certification.

Safeguarding

Safeguarding means protecting people from harm, abuse or neglect and ensuring they feel safe, listened to and supported. At North London Hospice, safeguarding is everyone's responsibility and is central to how we care for patients and support families and carers.

What happened this year

During 2025–2026, 12 safeguarding concerns required further review. These were identified primarily within community services, where people may be more vulnerable due to illness, frailty, carer strain or complex home circumstances. As part of routine care delivery, the need to consider Deprivation of Liberty Safeguards (DoLS) was identified for a small number of people who lacked capacity, where restrictions were necessary to provide safe care in their best interests. These situations were managed in line with mental capacity legislation and local processes.

During the year, a formal quarterly Safeguarding Group was established to strengthen organisational assurance, shared learning and oversight. The group reviews safeguarding activity, emerging risks and actions to support continuous improvement.

All safeguarding concerns were managed promptly and sensitively, in line with national guidance and local safeguarding arrangements.

Learning and partnership working

We work closely with external partners, including statutory safeguarding services and social care, to ensure concerns are managed appropriately and escalated when required. This includes working with local authorities where DoLS authorisation is needed. Safeguarding discussions, including those that do not require external referral, are recorded and reviewed to support learning, transparency and assurance.

Leadership and oversight

Clear leadership arrangements are in place for safeguarding, including responsibility for mental capacity and Deprivation of Liberty Safeguards. Oversight is provided by the Director of Patient Services and Quality, supported by a Head of Service Safeguarding Lead and Safeguarding Champions across services. A Trustee Safeguarding Lead provides Board level oversight.

Infection prevention and control

Keeping the hospice clean and safe is an essential part of caring for people well. Infection prevention and control aims to reduce infection risks and provide a safe, comfortable environment for patients, families, visitors, staff and volunteers.

What happened this year

During 2025–2026, five Infection Prevention and Control (IPC) incidents were reported, all within the Inpatient Unit. All incidents were identified promptly, reviewed and managed appropriately, and no harm occurred.

The incidents related to sharps safety, clinical waste management, early identification of suspected infection and environmental cleanliness.

During periods of increased COVID 19 and seasonal flu, additional IPC measures were introduced, including temporary use of face masks, enhanced hand hygiene measures and adherence to national testing guidance. These measures were regularly reviewed to ensure they remained proportionate and appropriate.

Learning and improvement

Learning from IPC incidents led to practical improvements, including:

- safer sharps disposal and use of temporary closures
- clearer expectations for clinical waste segregation and disposal
- ensuring adequate supplies of waste bags, including out of hours
- strengthening early investigation, documentation and follow up where infection is suspected

We also introduced the NHS Cleaning Standards, working closely with cleaning contractors and the facilities team to clarify responsibilities, review cleaning frequencies, strengthen monitoring and improve communication. This provided additional reassurance that the hospice environment is clean, well maintained and safe.

Leadership and oversight

Infection prevention and control is overseen through an Infection Prevention and Control Group who meet six times a year, led by the Nurse Consultant. The group reviews incidents, learning and cleanliness standards and supports ongoing improvement.

Senior leadership and accountability are provided by the Director of Infection Prevention and Control (DIPC), including through an annual IPC report to the Board of Trustees.

Participation in clinical audit

Clinical audit is a key way North London Hospice assures the safety, effectiveness and quality of the care we provide. Our audit programme supports both assurance and improvement, helping us understand where practice is strong and where systems can be strengthened further.

Governance and approach

The annual audit programme is planned and overseen by a multidisciplinary Audit Steering Group, reporting to Innovation and Improvement and the Clinical Governance and Assurance Committee. It includes mandatory audits across core safety and quality areas, alongside responsive audits introduced in response to emerging risks, incidents or changes in practice.

Nationally recognised audit tools, including Hospice UK resources, are used where available.

What we audited this year

During 2025-202626, audit activity covered a range of clinical and organisational priorities, including:

- infection prevention and control and hand hygiene
- medicines safety and governance, including controlled drugs, non medical prescribing, medical gasses and medicines omissions
- data protection practice and awareness
- safeguarding
- pressure ulcer prevention and reporting
- falls prevention and bed rail use
- clinical documentation relating to care plans, advance care planning and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- care in final phase of life
- emergency preparedness including anaphylaxis readiness and equipment safety
- Being Open and Professional Duty of Candour
- follow up in community services

Routine monitoring audits continued throughout the year in areas such as stock management and call bell response times.

What our audits found

Audit findings provided strong assurance across many core areas, alongside important learning to improve consistency and reliability. Audits demonstrated good compliance in areas including infection prevention and control, medicines governance, emergency preparedness, equipment safety and end of life care. Repeat audit of pressure ulcer reporting showed clear improvement following earlier learning, providing assurance that changes introduced had been effective.

Audits also highlighted opportunities for improvement, mainly relating to documentation and timeliness of review, rather than absence of appropriate care. This included clearer recording of safeguarding discussions, mental capacity considerations, professional duty of candour, and review dates for care plans. Observation based audits also highlighted the impact of interruptions during safety critical tasks such as medicines administration.

Using audit to improve care

Audit findings are reviewed through governance forums and used to inform changes to documentation templates, guidance, training and systems. Repeat audits are used where appropriate to assess whether improvements have been embedded.

Research

Over the last year, North London Hospice has continued to develop its research activity, moving from being research curious to research active. We monitor progress against the Culture, Partnerships, Access and Governance goals set out in our Research Strategy 2025–27, with oversight from the Research Governance Group.

A key focus during the year has been building a positive and inclusive organisational research culture, ensuring staff at all levels feel confident engaging with research activity. To support this, the Learning and Development Team has integrated research awareness and terminology into clinical education programmes. This has been well received by staff attending training sessions and has helped strengthen understanding of how research contributes to improved hospice care, while always respecting patient choice and individual preference around participation.

Key achievements and developments during the year included:

- The introduction of a research module within our data management system (Vantage), providing a central location for research documentation and improving oversight, monitoring and reporting, while reducing reliance on emails and shared drives.
- Successful completion of participation in the CHELsea II trial, a cluster randomised study exploring clinically assisted hydration in patients in the last days of life. Involvement in this study provided valuable experience for staff and strengthened the hospice's research capability. The study has now closed and is awaiting publication of findings.
- Completion of the NIHR Associate Principal Investigator Scheme by a Clinical Fellow, who acted as a co investigator on the CHELsea II trial and gained practical experience in delivering research within a hospice setting.
- Development of a new research partnership with the University of Hull, with preparatory work underway to support participation in a further NIHR funded study planned to open in April 2026.
- Acceptance into the DAMPen Delirium II study, a cluster randomised controlled trial focused on improving the detection, assessment, management and prevention of delirium in specialist palliative care units. North London Hospice was randomised to the control arm, contributing to the study's overall learning.
- Preparation to enter the HOPSCOTCH study (Helping Optimise Primary Care Support During Transition From Children's Hospice Care), a national research project exploring how care can be better coordinated for young people with life limiting conditions as they move from children's hospice services to adult care.

Together, these developments reflect growing research maturity and capability within the hospice. Research activity continues to be undertaken with care, sensitivity and robust governance, ensuring participation is always appropriate and aligned with our commitment to dignity, compassion and person centred care.

Peer review and building a shared quality culture

During 2025/26, North London Hospice introduced a new internal peer review programme aligned to the Care Quality Commission (CQC) Single Assessment Framework. The aim of the programme was to help staff better understand how quality is assessed and how their everyday practice contributes to safe, effective and compassionate care for patients and families.

Rather than being a top-down process, peer reviews were led by Heads of Service alongside frontline teams. Over 30 multidisciplinary staff from across services took part, bringing different professional perspectives and reflecting together on practice. This service led approach helped bring quality conversations closer to day to day work and reinforced shared ownership of quality across the organisation.

Peer reviews identified many strengths across services, including a positive safety culture, strong multidisciplinary working, good safeguarding awareness, safe medicines practice, clean and well maintained environments, and person centred approaches to managing risk. Staff demonstrated openness, willingness to reflect, and a clear commitment to providing high quality, compassionate care.

The process also highlighted targeted areas for improvement, particularly around consistency of documentation, standardisation of processes following service transformation, visibility of learning at team level and the reliability of some systems. These findings reflected opportunities to strengthen clarity, consistency and assurance, rather than gaps in care or intent.

Findings from peer reviews have informed organisational and service level action plans, with progress monitored through existing governance arrangements. The programme has supported shared learning between teams, increased staff confidence in understanding quality expectations and helped normalise quality conversations as part of everyday practice rather than something linked only to inspection.

Overall, the peer review programme has contributed to a culture of openness, learning and continuous improvement, supporting safer, more consistent and person centred care for patients and those important to them.

Part 4

Experience, Collaboration and Involvement

This section describes how people experience care at North London Hospice and how their feedback helps shape improvement. It explains how we listen to patients, families and carers, respond to what matters most to them, and use experience-based feedback to assure and improve the quality of care we provide.

High quality hospice care also depends on strong partnership working. We work closely with local organisations, community groups and national partners to improve coordination, reduce barriers to access and ensure services remain responsive to the needs of our communities.

The care people receive is closely linked to the experience, skills and wellbeing of our staff and volunteers. This section therefore also describes how we listen to and support our workforce, recognising that compassionate, safe and effective care relies on supported, skilled and engaged teams.

Service User Experience

Creating moments that matter

Our vision is to provide the best of life at the end of life for everyone. Guided by this, care across the hospice is shaped by what matters most to patients and those close to them, alongside the delivery of high quality clinical care. Throughout the year, teams supported personalised experiences across the Inpatient Unit and community services, helping to uphold comfort, dignity and connection at the end of life.

The examples below illustrate how teams respond to individual wishes and circumstances, demonstrating personalised care in practice.

As one patient approached the end of life, a hand casting was arranged for the patient and their partner, capturing them holding hands with their wedding rings visible and creating a lasting tribute to their lifelong relationship.

Teams also supported patients and families to mark important milestones. In one case, a parent was supported to be present for their child's birthday shortly before they died, with donated gifts and a personalised video message helping the family share a moment of joy and connection during an emotionally difficult time.

Companionship and sensory comfort continued to play an important role in care. The therapy dog service expanded during the year, increasing opportunities for calm and reassurance. In response to individual wishes, teams also supported smaller but deeply meaningful moments. For example, when a patient expressed how important it was to stroke a cat and their own pet was unable to visit, staff supported this wish, bringing comfort and familiar connection for both the patient and their family.

"North London Hospice will always have a special place in my heart; I was so anxious about my wife being transferred to a hospice but from the moment we arrived it was clear we had arrived somewhere special. Every member of staff and volunteer was so friendly, caring and most importantly for my wife dignity was upheld at every stage of her stay there. They allowed us to be a family and not have to worry about treatment and care.

The Doctors and Nurses felt like friends, and nothing was too much trouble for them. Fun activities were arranged to keep our daughters busy while still having quality time with their mum. Our lives were destroyed by the cancer that took my wife but at least we have fond memories of her last month with us thanks to The North London Hospice."

Music made a significant contribution to emotional wellbeing. Live musicians performed at celebrations and at the bedside, including a harpist who gently matched her music to a patient's breathing during their final moments, and another occasion where a patient sang joyfully alongside gospel music.

Patients were also supported to access a range of complementary therapies, including reiki, lymphatic massage, hairdressing, manicures and pedicures. These therapies helped people feel relaxed, cared for and more like themselves. Where possible, teams supported specific personal wishes, such as enabling a patient to enjoy a final family meal at their favourite restaurant, which the family later described as a deeply cherished memory.

Within the hospice, families were supported to spend time together in familiar and comforting ways, including relaxed film evenings with family friendly films and refreshments, creating space for togetherness away from clinical routines.

Care was personalised to reflect cultural and faith needs. One patient was supported to celebrate Diwali early so she could spend the festival with loved ones. Family and friends gathered to share food and celebrate together, creating a moment rich in cultural meaning, love and connection that provided significant comfort for the patient and her family.

Alongside care provided in the community, teams worked with partners and volunteers to support what matters most through meaningful experiences and practical help closer to home. This included arranging complimentary tickets for family days out, and coordinating volunteer led practical support, such as a garden tidy for a couple who were both receiving care.

Together, these experiences show how compassionate, personalised care helps people and families maintain dignity, comfort and connection at the end of life.

Food and drink

Food and drink play an important role in supporting comfort, dignity and quality of life for patients staying on the Inpatient Unit. Throughout the year, we continued to prioritise choice and personal preference, recognising that eating and drinking can remain meaningful even as people's needs change.

Patients are offered a twice daily hot drinks

trolley, alongside a range of alcoholic and non alcoholic options. As appetite and tolerance can change during serious illness, each patient has an individualised nutrition care plan, led by the nursing team and reviewed as part of ongoing care. The hospice chef meets with patients to discuss their wishes, working closely with nurses and the wider multidisciplinary team to tailor support. Positive feedback about food and drink provision was received regularly throughout the year.

To strengthen practice and consistency, the Nutrition and Hydration Group was re established during the year and is updating policies and procedures. Two new patient focused resources were also developed to help patients and carers understand how nutritional needs may change over time, for use across both community services and the Inpatient Unit.

Cultural, faith and personal occasions continue to be recognised through food and shared moments, including religious festivals such as Diwali, Passover, Hanukkah, Easter, Eid and Christmas, alongside significant days such as Mothering Sunday and St Patrick's Day, where these are meaningful to patients and families. Importantly, recognition is always led by individual choice and approached with sensitivity.

Spiritual care

Spiritual Care continues to be an integral part of our holistic support for patients and those close to them. During the year, the service strengthened its volunteer capacity, increasing the number of regular spiritual care volunteers from three to eight. A targeted recruitment campaign helped to build a more diverse team that better reflects the communities we serve across Barnet, Enfield and Haringey, supporting more inclusive and personalised care for people of all religions and none.

The Spiritual Care Team continued to work closely with Bereavement Services and others across the hospice to deliver remembrance events. During the year, four Celebration of Life services were held, alongside the annual Light Up A Life event. These events provide space for reflection, remembrance and connection, and feedback from those attending has consistently highlighted how valuable and supportive they are during bereavement.

During the year, the Spiritual Care Team offered support to 64 patients in the Inpatient Unit, and to many more patients and families in community services, where spiritual care was wanted, providing time and space to explore meaning, hope and strength during illness.

Social work

Our Social Work Team supports patients and those close to them with the practical, emotional and social challenges that can arise during illness and at the end of life. This includes advice and advocacy on finances and benefits, care planning, accessing services and navigating complex situations. Working across Inpatient and community services, and in partnership with other agencies, the team helps reduce stress and supports care that is well coordinated and centred on what matters most to each person.

Bereavement support

The Bereavement Service supports patients, families and carers both before and after the death of a loved one, recognising that need for support can begin well before bereavement itself. During the year, the service grew significantly, with the number of bereavement volunteers increasing from 35 to nearly 70, expanding the reach and availability of support across our communities.

Support is offered in a range of ways to meet different needs and preferences. This includes individual and family sessions for those facing the anticipated loss of a loved one, as well as ongoing emotional support following a death, delivered face to face, by telephone or online across Barnet, Enfield and Haringey. Group support also plays an important role, with Walk and Talk groups and Grief Cafés providing opportunities for connection, shared understanding and peer support in welcoming, informal settings. A new Carers Café was launched in Haringey this year, offering carers a supportive environment to share experiences and take time for themselves.

Bereavement and volunteer support has also been extended into the Inpatient Unit offering companionship and meaningful emotional support in additional to the clinical staff, ensuring compassionate, person centred care is available wherever it is needed. Together, these services help ensure that people feel listened to, supported and cared for at one of the most difficult times in their lives.

Engagement and co- production

Engagement and co production are central to how we understand people's experiences and improve the quality of our services. We value the insight of people with lived experience and are committed to working with those who use our services to shape meaningful change.

The User Engagement Group continued to develop during its second year, providing oversight of patient experience and reviewing feedback and themes from across the organisation. During the year, Executive Team attendance was introduced, strengthening leadership oversight and helping ensure learning and recommendations are considered and acted on through governance arrangements. The group brings together clinical and non clinical colleagues to support shared understanding and organisational learning.

During the year, the group heard directly from patients, carers and retail customers. This feedback, including both positive experiences and concerns, informed improvement work and strengthened relationships, with some individuals going on to become active supporters and volunteers.

Co production also remained a core principle in service design. By involving people with lived experience alongside staff from an early stage, patient facing materials and resources were developed and reviewed to ensure they are clearer, more relevant and shaped by what matters most to those who use our services.

During the year, we undertook the development of a new hospice website to improve how people access information about our services. We recognised that information on the previous website was not always easy to find, particularly for patients, families and carers seeking support at a difficult time.

The new website was developed through co production with staff and members of the local community, helping ensure it is clearer, more accessible and easier to navigate. This work supports a better experience for people seeking information, guidance and support from the hospice.

Listening to feedback and learning from experience

Actively seeking, listening to and responding to feedback is central to how we assure and improve the quality of care we provide. Feedback supports learning, service improvement and accountability, and helps ensure our care reflects what matters most to patients, families and carers.

Feedback helps us understand people's experiences, identify where care and support can be improved, and assess whether changes made have had the intended impact. It also provides an opportunity to recognise and celebrate good practice, with many people highlighting the compassion, professionalism and commitment shown by staff and volunteers.

At present, patients, carers and bereaved carers can share feedback in the following ways:

- speaking directly with staff or the Patient Experience and Engagement Team
- paper based surveys, sent to the homes of patients, carers and bereaved carers, or completed on the Inpatient Unit
- submitting comments or feedback through the hospice website

We regularly review how people share feedback with us to make sure it is simple, accessible and meaningful. Making it easier for people to give feedback digitally and in different languages is a priority for improvement in the coming year.

Sharing and learning from feedback

Themes, learning and examples from feedback are regularly reviewed and shared to support learning and improvement. Feedback is discussed with:

- the User Engagement Group
- Heads of Service and their teams through operational and governance meetings
- the Executive Team
- the Clinical Governance and Assurance Committee

Learning from feedback is also shared with the wider public through the hospice website, awareness activity and the annual Quality and Impact Report, supporting openness and accountability.

You said, we did

What our service users told us	What we changed
Patients and carers told us how important it is to be **physically close to loved ones**, particularly when mobility is limited. Being able to lie beside someone for comfort, connection or to say goodbye was described as providing significant emotional reassurance.	**Cuddle beds introduced on the inpatient unit.** These specially designed beds allow loved ones to lie safely and comfortably alongside patients, helping to maintain closeness during emotionally important moments.
Patients, families and visitors highlighted the importance of having **clear, compassionate access to emotional and psychological support**. Having a safe space to talk, seek guidance and feel supported was seen as a vital part of the care experience.	**Enhance Patient and Family Support Service** We enhanced our Patient and Family Support Service by introducing trained volunteers who provide empathetic, compassionate listening and support for patients, families and visitors.
Patients asked for a **wider choice of fresh, seasonal refreshments** to be available on request.	**New smoothie menu** We introduced a smoothie menu offering a selection of smoothies, milkshakes and juices available to order throughout the day.

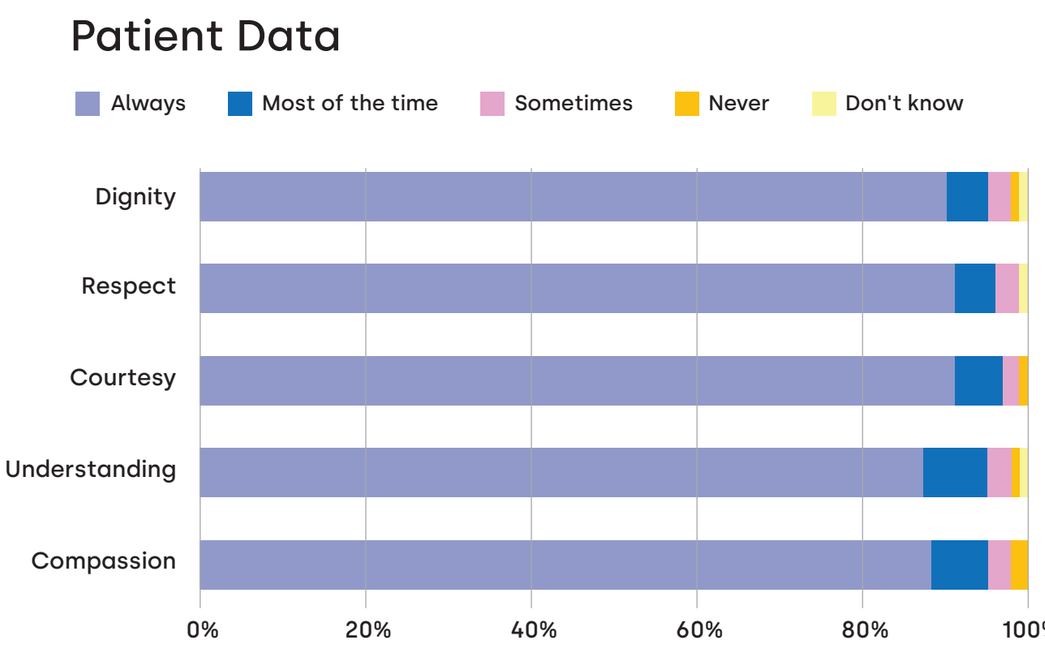
Patient and Carer Surveys

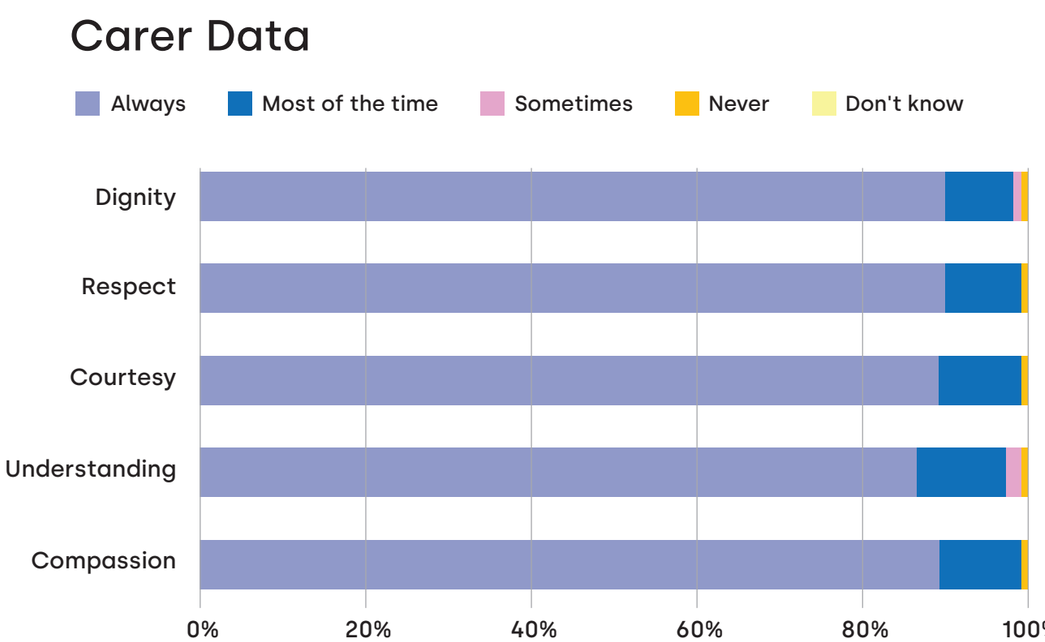
During 2025–2026, we received 185 responses from patients who completed our paper-based patient survey. Surveys were completed on the Inpatient Unit or posted to patients receiving care in the community. Overall, 93% of patients reported a positive experience of the care and support they received.

During the same period, 203 bereaved carers returned our paper-based survey, which was sent to carers' homes following bereavement. The results showed that 95% of bereaved carers reported a positive experience of the care and support provided by the hospice.

Key Performance Indicator 1

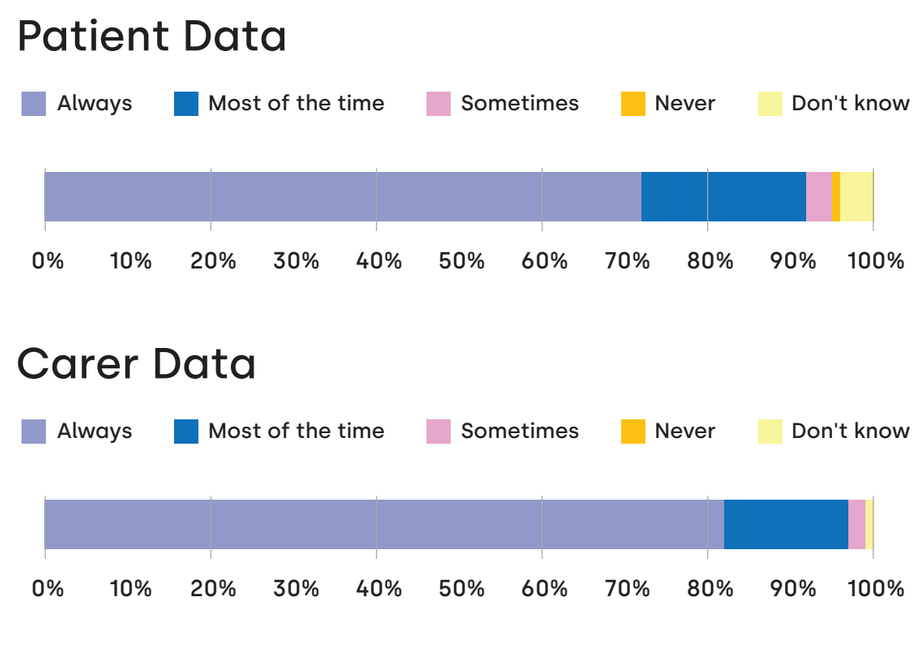
Do you feel staff treat you with: Dignity, Respect, Coutesy, Understanding, Compassion





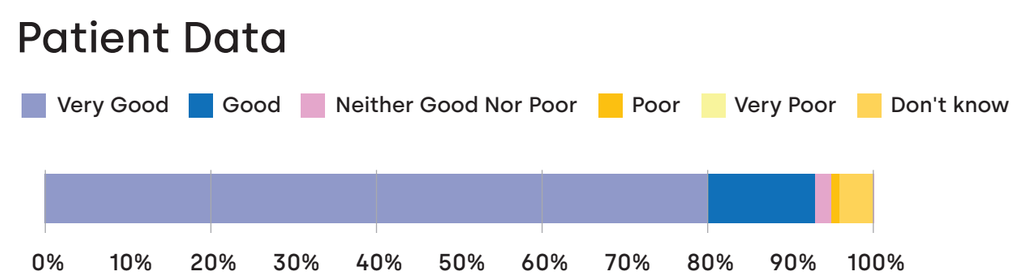
Key Performance Indicator 2

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



Key Performance Indicator 3

Overall how is/was your experience of our service



Complaints and Concerns

North London Hospice is committed to providing safe, compassionate and high quality care for patients, families, friends and carers. We recognise that there are times when care or communication may not meet expectations. When this happens, we welcome concerns and complaints as an opportunity to listen, understand people's experiences and improve our services.

What do we mean by a complaint?

A complaint is an expression of dissatisfaction that requires a formal response and may relate to:

- the quality or delivery of care, support or services
- the conduct or behaviour of staff or other North London Hospice representatives
- any aspect of hospice policies, processes or practice

What do we mean by a concern?

A concern is an issue that may need further enquiry, advice or information to help resolve it.

Concerns are usually managed at service level in the first instance, or through an informal discussion with the Patient Experience and Engagement Manager.

If a concern cannot be resolved satisfactorily within three working days, it will be progressed

Raising a concern or complaint

Information about how to raise a concern or complaint is easy to access. Our Concerns and Complaints leaflet is available in all service areas, on the hospice website and as part of the patient welcome pack. Anyone who raises a concern or complaint is offered the opportunity to talk with us in a timely way, so we can fully understand their experience and its impact.

All concerns and complaints are handled with respect, fairness and impartiality. We aim to respond openly and clearly, explaining what we have learned and what action will be taken where appropriate. Our focus is always on improving care and communication.

What we learnt this year

During 2025–2026, we saw a reduction in non clinical complaints following a temporary increase in the previous year, largely linked to retail services. Clinical complaints increased compared with 2024–2025. Each complaint was reviewed carefully to ensure learning was identified and acted upon.

Year	2023/24	2024/25	2025/26
Clinical complaint	21	19	26
Clinical complaints upheld or part upheld	19	14	25
Non-clinical complaints	9	15	2
Non-clinical complaints upheld or part upheld	7	15	2

The main themes from complaints related to responsiveness and communication within community services. Some concerns were linked to changes in the community scheduling system, which affected how visits were planned and communicated. These issues were reviewed and changes were made to improve coordination and communication with patients and families.

Oversight and learning

We want people to feel confident raising concerns, knowing they will be listened to and supported. Staff and volunteers are encouraged to respond with kindness and empathy and to resolve issues early wherever possible.

All complaints receive senior oversight:

- sall complaints are seen by the Chief Executive Officer
- complaints are reviewed monthly by the Executive Team
- themes, learning and actions are reported quarterly to the Clinical Governance and Assurance Committee

During the year, we strengthened our approach to learning from complaints and concerns. This included additional staff training, updates to procedures and improved recording and review processes, making it easier to identify themes and act on learning. Our approach focuses on understanding and improvement, not blame.

Changes made following feedback

Learning from complaints and concerns led to a number of improvements during the year, including:

- stronger joint working with NHS Continuing Healthcare colleagues to improve communication with families and care homes
- improvements to clinical handover processes, with further work planned as a priority for improvement in the year ahead
- a more consistent and welcoming experience for families before admission to the Inpatient Unit
- clearer and fairer admissions processes
- targeted staff development, including training in compassionate communication and reflective practice

By listening carefully and acting on what we learn, we continue to improve experience, safety and support for patients, families and carers.

Compliments

Patients, families and carers regularly share positive feedback about their experiences with North London Hospice. These compliments are an important source of encouragement for our staff and volunteers and help us recognise the care, commitment and professionalism shown across the organisation.

During 2025–26, we received 285 (similar to 280 received last year) compliments relating to services across the hospice. Feedback most often highlighted the compassion, kindness and empathy shown by staff, alongside clear communication and holistic support for patients and those close to them.

This positive feedback reassures us that our values are reflected in everyday practice and that our teams continue to make a meaningful and positive difference at an important time in people's lives.

Thank you so much for the kindness and care that you have shown us and our beloved mum, wife, sister, daughter, aunt and friend. You have made the very worst of times a little more bearable and it means so very much to all of us. You are all angels, superheroes and superstars and we will never forget that.

Inpatient compliment

Mum wished to remain at home, surrounded by her family and friends. Maintaining her dignity was incredibly important to her.

From the very beginning, the North London Hospice team stepped in with compassion and professionalism. They visited us early on, explained everything clearly, and reassured us that they would be with us every step of the way—to support both Mum and the family.

Caring for Mum as she deteriorated day by day was extremely tough. Without this team, it would have been impossible to honour her wish to remain at home.

Their support was remarkable. They were always a phone call away, and on days we didn't reach out, they often called just to check in on us.

The entire team—from those answering the phones to the nurses on duty providing advice 24/7—were exceptional. Their home visits made a profound difference. Their compassion, empathy, and genuine care always shone through. Mum would light up whenever she saw her nurse.

The team was proactive, prioritising Mum's comfort and dignity at every stage—something that meant the world to her, and to us.

We want to express our heartfelt thanks to the entire team, who at times helped carry us through this incredibly difficult journey. We will always be grateful for everything you did for Mum and for us. We wish you strength and good health as you continue the extraordinary work you do for others.

Palliative Care Community team service compliment

The team always made time to talk everything through and answer all questions thoroughly on the phone. The nurse who stayed overnight and who was with husband on the night he passed away was excellent. I do not know how I would have coped if she wasn't there. Thank you with all my heart.

Care Co-ordination Centre and Palliative Care Support service compliment

Community and Partnership Working

Compassionate Neighbours – supporting wellbeing, connection and quality of life

The Compassionate Neighbours programme plays an important role in reducing social isolation for people living with life limiting illness and in supporting more resilient communities. Trained Compassionate Neighbours offer time, companionship and emotional support, tailored to what matters most to each individual. Matches are based on shared interests, preferences and personal circumstances.

Support is shaped by individual choice. Some people prefer face to face visits, others telephone contact or group activities, and many choose a combination. The programme responds flexibly to these preferences, offering support that feels right for each person.

Through these relationships, Compassionate Neighbours help reduce loneliness, strengthen connections and support wellbeing alongside clinical care. The programme also works closely with partner organisations to ensure support extends beyond the hospice, including collaboration with voluntary and community organisations such as Reach and Connect Haringey and Age UK Barnet, supporting referrals, signposting and joined up care.

Living Well service and community partnership

Alongside community and Inpatient care, the hospice provides a broad range of outpatient and wellbeing activities designed to support emotional, social and psychological wellbeing as well as physical health.

Wellbeing groups are available both in person and online and include activities such as creative arts, music, mindfulness and gentle movement. Friends, family members and carers are welcomed where appropriate, helping strengthen relationships and reduce isolation.

Through the Big Fun Craft initiative, members of the local community created handmade blankets for patients to use during their stay on the Inpatient Unit, with families able to take them home as keepsakes, supporting comfort, dignity and personal connection.

We work alongside local communities and partners to better understand and respond to the diverse needs of people living across Barnet, Enfield and Haringey. Through community engagement and partnership working, we aim to reduce barriers to access, improve health outcomes and support greater equity in palliative and end of life care.

During the year, we delivered the second Living Well project pilot in partnership with One to One Enfield, a local charity supporting people with learning disabilities and/or autism. The five week programme was well received and learning from both pilots continues to guide the future development of this work.

Building on an earlier pilot with the Irish Survivors Group at the London Irish Centre, we continued work to better understand the end

of life experiences and needs of people from the Irish community. This included participation in a workshop led by Irish in Britain and Innisfree and attendance at the launch of the project report at the Irish Embassy in London in February 2026. Learning and insights from this work were also shared nationally, including a presentation at the Hospice UK Conference in November 2025.

We are currently exploring further Living Well project work linked to our new Wood Green centre, in collaboration with Age UK Barnet and Nightingale Cancer Charity in Enfield. Alongside this, we continue to invest in innovative and culturally relevant ways of working with communities to support inclusion, understanding and connection.

In May, we engaged with local communities through a theatre production at Millfield Theatre in Upper Edmonton, reflecting on life, memory and compassionate end of life care. The event, delivered in multiple languages and representing a wide range of cultural backgrounds, provided an opportunity to work in partnership with community groups, share translated information about the hospice and strengthen community connections.

During the year, other community partners included:

- Black Communities Healthy Living and Lifestyle Fair – Navigating Cancer Support Matters panel
- Noah's Ark Hospice – supporting understanding of the transition from children to adult hospice care
- Barnet Hospital – Cultural Study Day
- Jewish Care – partnership working to support education and engagement activity

Eye donation and supporting patient choice

As part of our commitment to personalised care, we support patients and those close to them to explore their wishes about eye donation where this is possible and feels right for them. We recognise that these conversations are a deeply personal choice and that for some people, being able to fulfil this wish at the end of life is a meaningful part of their legacy. There have been six eye donors in the last 12 months. Each eye donor can potentially save and restore the sight of up to ten people.

We work with NHS Blood and Transplant to ensure eye donation is approached sensitively and in line with national guidance. Staff are trained to have respectful and informed conversations and to clearly record patients' wishes so they can be acted on appropriately.

Wider partnership working

Our community teams participate in regular, patient focused meetings with district nursing teams, GPs, specialist community teams, care homes and nursing homes, and other multi agency partners as required.

This year, we worked collaboratively with local communities to support the development of the new Neighbourhood Model of Care, attending a number of engagement events across our community footprint. We also continue to participate in the North Central London Frailty Community of Practice, and in February 2026 we delivered a session focused on end of life care.

We worked with North Central London Integrated Care Board (ICB), Hospice UK, local Members of Parliament, hospice staff and our Board of Trustees to share expertise and contribute to national discussions on the Assisted Dying Bill. We welcomed the focus this brought to the importance of supporting and funding high quality palliative and end of life care.

Examples of regional and national groups in which we participate include:

- **London Palliative and End of Life Care (PEoLC) Clinical Leadership Group** (Palliative and End of Life Care Strategic Clinical Network)
- **Pan London Patient Safety Incident Response Framework Group** (a collaborative group supporting the implementation of the Patient Safety Incident Response Framework across London)
- **Pan London Medication Administration and Record (MAAR) Chart Review Group** (NHS England and NHS Improvement, London region)
- **Hospice UK Advisory Council** (Hospice UK is the national charity for hospice and end of life care)
- **PallE8 and North Central London (NCL) Collaborative Groups** (PallE8 refers to the North Central London and North East London Palliative and End of Life Care Specialist Palliative Care Network across the eight North Central and East London boroughs)
- **North Central London Specialist Palliative Care Providers network**
- **London Specialist Palliative Care Providers Group**

Through strong partnership working at local, regional and national levels, we support learning, coordination and continuous improvement, helping ensure care remains responsive to the needs of patients, families and communities. We also work closely with other London hospices to contribute to sector wide discussions on the sustainability of hospice care and the importance of long term planning.

Equality Diversity and Inclusion (EDI)

As a healthcare provider and employer, we meet our legal responsibilities under the NHS Constitution, Care Quality Commission standards and relevant legislation. We collect equality monitoring information (e.g., age, ethnicity, religion) to better understand and meet the needs of our community. All data is held securely, anonymised for reporting, and analysed to address inequalities, particularly for minority and disadvantaged groups.

During 2025–2026, Equality, Diversity and Inclusion (EDI) continued to be embedded into everyday practice across the hospice, with a focus on creating a fairer and more inclusive environment for staff, volunteers, patients and the communities we serve. Tailored EDI training supported staff and volunteers to recognise bias and apply inclusive practice with confidence, helping ensure respectful and compassionate care for all.

Inclusive recruitment remained a key priority. New resources, including a Cultural Competence in Recruitment guide and an EDI interview question bank, were introduced to support fair and consistent recruitment and improve the experience for applicants from all backgrounds.

This year, we achieved Disability Confident Employer Level 2 status and strengthened disability inclusion through reasonable adjustments, increased awareness and access to external support such as Access to Work. Partnership working with organisations including Shaw Trust and WorkWell further supported staff wellbeing. Increased disclosure of disability among staff reflected growing confidence in sharing information and seeking support.

disability confident EMPLOYER

Our EDI calendar continued to support awareness and engagement, with recognition of events such as Neurodiversity Celebration Week, Pride and Black History Month. Activities included staff stories on our intranet and awareness displays. EDI awareness events were also used to support partnership working. We had a visit from Keshet UK, who led a drop in session to support learning and dialogue about LGBT+ inclusion and inclusive hospice care.

To mark International Day of Persons with Disabilities, CJ's Bakery, a Barnet based charity

supporting adults with learning disabilities, visited the hospice on one occasion, providing an opportunity for staff and volunteers to engage with a local organisation promoting inclusion and supported employment.

Oversight of EDI is provided through the EDI Steering Group, attended by the Chief Executive and staff from across the hospice, providing leadership and assurance. Together, this work supports our commitment to delivering compassionate, inclusive and equitable care informed by learning and community need.

Staff and Volunteer Experience

Following a significant period of organisational change, the hospice focused on embedding new ways of working and strengthening structures during the year. This period of consolidation provided an opportunity to reflect on staff experience and identify learning to inform future improvement. A lessons learned review was undertaken, recognising that experiences of change varied across services depending on complexity and context.

Staff engagement continued to be monitored through the monthly Winning Temp pulse survey. Scores remained broadly stable during the year, providing reassurance during a time of transition, alongside some variation between teams. This insight has helped inform where additional support is needed. We are also taking forward learning from an externally commissioned culture review, with actions being developed to strengthen leadership practice and communication.

To support recruitment and retention, pay and benefits were benchmarked and positioned in line with the market, alongside a continuing focus on staff wellbeing. We recognise that supporting the wellbeing of staff and volunteers is central to delivering safe, compassionate and high quality end of life care.

People policies were reviewed during the year, including Freedom to Speak Up. A new Freedom to Speak Up Guardian has been appointed, with further work underway to explore additional ways of strengthening accessibility and confidence in speaking up.

The volunteer recruitment process was reviewed and strengthened to support sustainability and engagement. The contribution of volunteers was also recognised through a celebratory reception and the hospice's first volunteer awards ceremony.

Investment was made in people systems through the selection and implementation of a new People Information System. This will bring recruitment, onboarding, learning, payroll and rostering into a single platform, improving oversight, workforce planning and the experience of staff and volunteers. Together, these developments support a stable, engaged and well supported workforce.

Learning and Development

Supporting our staff and volunteers to learn, develop and feel confident in their roles is essential to delivering safe, compassionate and effective care. Throughout the year, Learning and Development activity remained focused on ensuring the workforce has the skills and knowledge needed to support patients and families.

Mandatory training continued to be closely monitored and encouraged, with 94% compliance achieved by the end of the year. Progressive implementation of the Learning and Development Framework supported staff to develop role specific skills and competencies. Feedback from participants remained positive, with staff highlighting the practical value of training in supporting them in their roles.

The year also marked the introduction of a leadership development programme, with two cohorts of staff from across the organisation completing the six day course. The programme supported leadership capability, collaboration and innovation, and concluded with presentations of improvement ideas to colleagues and the Executive Team. A range of additional development opportunities was supported, including commissioned training in areas such as non medical prescribing and charity accounting, alongside revisions to clinical competency frameworks to strengthen learning and assurance.

Investment in apprenticeships continued across a range of disciplines, providing structured development pathways and supporting staff at different stages of their careers.

Volunteers were supported through dedicated learning opportunities, including participation in corporate induction, completion of mandatory training and access to relevant elements of the Learning and Development Framework. Bespoke training was also provided to support volunteers in specific roles

External education and engagement

Alongside internal development, the hospice continued to contribute to education and learning across the wider sector. A range of specialist courses was delivered, and the hospice again hosted the End-of-Life Care for Education Practitioners and Care (ECEPC) programme in partnership with 14 other hospices, welcoming the largest cohorts to date. Participant feedback was consistently positive, reflecting the value of shared learning and collaboration.

We also welcomed students from a variety of professional backgrounds and hosted visits from international groups interested in learning from hospice practice. Sharing learning beyond the organisation remains an important part of our commitment to improving palliative and hospice care. Our contribution to sector learning included presenting two posters at the annual Hospice UK Conference, which led to invitations to share learning at two national palliative care and volunteer conferences.

Learning and Development: year in figures

- Staff mandatory training compliance: **94%**
- Trustee mandatory training compliance: **93%**
- **131** mandatory and non mandatory training sessions delivered to staff
- External training delivered to **1,104 learners**
- Over **200 young learners** attended the hospice summer school
- **8 apprenticeships** supported during the year
- **2 posters** presented at the national Hospice UK Conference

Part 5

What others say about us

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. Its role is to make sure services provide people with safe, effective, compassionate and high quality care that continues to improve. CQC monitors, inspects, regulates and publishes ratings to help the public understand the quality of care provided.

North London Hospice is registered with the CQC and has no conditions on its registration.

CQC assesses services using five key questions:

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.

Our recent inspections

CQC carried out a one-day unannounced inspection of our Inpatient Unit in March 2024. We were rated "Good" in all areas of inspection.

During the inspection, CQC reported that patients and families experienced care as compassionate, supportive and well-coordinated. Inspectors noted a strong patient centred culture, with people feeling involved in decisions about their care, treated with dignity and respect, and supported by staff who worked well together across professional roles. Safeguarding arrangements were described as robust, helping people feel safe, and care was planned in a way that considered physical, emotional and social needs.

CQC also reported that the hospice used reliable information to monitor performance and support improvement, helping ensure care was delivered consistently and effectively.

The inspection identified a medicines management observation relating to a cupboard containing medicines prescribed for individual patients where some labels were partially removed. This cupboard had been introduced during the COVID 19 pandemic and was no longer in routine use. Learning from this observation has informed ongoing work to strengthen medicines safety and system reliability.

CQC recognised a systems risk associated with the coexistence of paper and electronic records on the Inpatient Unit at the time of inspection. This reflected a transitional risk during a period of service and system change. Since the inspection, this risk has been substantially addressed through the move to an almost fully paperless Inpatient Unit.

Our Haringey site was inspected in March 2023, with services rated "Good" overall.

CQC found that staff provided a high standard of care and treatment, supported by clear leadership, effective oversight and a strong, visible culture focused on people's experience. Staff were described as kind and compassionate, respecting privacy and dignity and supporting emotional and social needs alongside clinical care.

CQC identified improvement actions relating to aspects of the local audit programme, risk management and the reporting of third party ('inherited') incidents. At the time of inspection, the Haringey service was registered separately, although audits were already undertaken across the organisation. Since then, a clear Risk Management Strategy has been introduced, the audit programme strengthened, and the reporting of inherited incidents embedded into everyday practice, as described in the patient safety section of this report. As part of the wider transformation of patient services in 2025, the registration location for this service has since transferred to our Enfield site.

Response to Quality Account from Commissioner

NHS
West and North London

22 May 2026

West and North London ICB
15 Marylebone Road
London
NW1 5JD
0203 198 9743

NHS West and North London Integrated Care Board Statement
North London Hospice

North Central London Integrated Care Board (NCL ICB) as the commissioner for specialist palliative and end-of-life care services across the boroughs of Barnet, Enfield, and Haringey and welcome the opportunity to review the 2025/26 Quality Account, received in May 2026 by the newly formed West and North London ICB.

The ICB congratulate North London Hospice on its sustained delivery and continuous commitment to improvement during a year of significant organisational change and service transformation.

The launch of the Care Coordination Centre where all referrals are triaged by a clinician has strengthened admission process, supported by the Rapid Response service, ensuring that patients in the community have rapid access to be admitted, when their needs escalate rapidly.

We are pleased to see the introduction of three independent Patient Safety Partners from the local community to strengthen partnership and safety collaboration. Additionally, the establishment of the weekly Medicines Incident Group (MIG) demonstrates a rigorous, data-driven approach to addressing and reducing medication risk profile trends.

The ICB are supportive of the priorities for 2026/27, in particular the use of Ambient Voice Technology in the community and strengthening processes to gather feedback.

We look forward to working with you throughout the coming year.

Yours sincerely,

J Roye

Jennifer Roye
Chief Nurse Officer
NHS West and North London ICS

Response to Quality Account from Barnet Adults & Health Overview and Scrutiny Sub-Committee, 2nd June 2026

Thank you for the excellent and interesting report. The hospice has received fantastic reviews from so many of its patients and residents.

The committee is pleased to see the 'Good' CQC rating in all areas - congratulations on achieving this.

Starting the report with 'Natalie's story' is helpful and informative and gives a clear impression of what being in the hospice is like. The hospice looks after many people at the end of life and does so really well, and the hospice's vision 'best of life at the end of life for everyone' is commendable. It is clear that the experience is communicated at the outset as a positive new chapter rather than 'end of life'.

- The committee is pleased that 'cuddle beds' have been introduced to the hospice, to allow loved ones to be close to the dying patient.
- The committee notes that the number of falls in the inpatient unit has reduced remarkably, which is a great achievement.
- The committee commends the hospice for maintaining a good service whilst keeping running costs the same as the previous year.

However:

- Over the past three years the number of 'medicine safety' incidents has increased, although the committee notes that these are 'no harm' or 'low harm' and were not previously reported and are not necessarily typically reported by other organisations. Also the committee notes that these enable increased learning, higher standards, and follow-up actions to be taken, and that a high reporting culture is positive. It is unlikely that this is due to standards slipping but future surveys can provide further evidence. The committee also understands that omissions in medication are more common in the hospice's cohort of patients due to difficulties with drug administration and other issues.
- The committee notes that the number of clinical complaints increased to 26 and that the majority of these were upheld. Members were informed that scheduling errors were caused by difficulties embedding a new system and the decision was taken to remove this system as it did not interact well with community nursing and other systems.

The Quality Account was also sent to Barnet, Haringey and Enfield Health Watch with no statement received.

Accessing further copies

Copies of this Quality Account may be downloaded from **www.northlondonhospice.org**. Hard copies of the Quality Accounts for 2024-2025 and 2025-2026 can be made available on request.

We welcome feedback on any aspect of the content and suggestions on how the quality account can be further improved.

Please contact **Qualityteam@northlondonhospice.co.uk** to feedback on this Quality account.

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 2025-2026.

Additional mandatory statements

To meet the National Health Service (Quality Accounts) Regulations (2010) the North London Hospice is required to include defined statements.

- During 2025-2026 NLH provided NHS service to the community. It has reviewed all the data available to them on the quality of care in this service.
- Our grant income was not conditional on achieving quality improvement and innovation goals through the commissioning for Quality and Innovation payment framework.
- NLH did not submit records during 2025-2026 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 2025-2026 are as follows 0(nil). 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.
- The number of patients receiving NHS services, provided or sub-contracted by NLH in 2025-2026, that were recruited during that period to participate in research approved by a research ethics committee was 0 (nil). 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 2025-26 as of 31 March 2026. North London Hospice has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Our Vision

The Best of Life, At the End of Life, for Everyone.

North London Hospice is a registered charity which receives referrals for over 3,500 people with a life-limiting illness every year and provides support for their families, friends, and carers too. Our services are provided free of charge, but it now costs over £16 million a year to run our charity. Whilst around a third of the amount comes from the NHS, we rely on the generosity of our community through donations and our charity shops to make up the shortfall in funding.

North London Hospice
Serving the boroughs of Barnet, Enfield and Haringey

47 Woodside Avenue, London N12 8TT

Phone 0800 368 7848 (Freephone)
Fax 020 8343 7672
Email nlh@northlondonhospice.co.uk

northlondonhospice.org

If you would like this publication to be made available in accessible formats such as alternative languages, large print or audio, please speak to the **Communications and Marketing Team** on **020 8343 6806** or email **CommunicationTeam@northlondonhospice.co.uk**

Registered Address: North London Hospice, 47 Woodside Avenue, London N12 8TT
Registered Charity Number: 285300 Company Registration Number: 01654807