

Quality Account 2024-2025



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Part 1

Introduction to North London Hospice

Patient Story

Gina's Story

Just a few short months after Gina crossed the finish line of her first half marathon, the 44-year-old mother of two was shocked to be told she had a stage four brain tumour. The diagnosis understandably came as a bitter blow to the whole family, including her parents and devoted husband Alfie.

Having previously described herself as fit, active and healthy, Gina's decline was swift and four weeks later, she was referred to North London Hospice. With everyday tasks such as supporting her two young children with their homework becoming a daily struggle, our Barnet Community Team stepped in with physical and psychological support. Our Occupational Therapists helped to identify and achieve goals to optimise Gina's independence and manage her symptoms, while the nursing team gently encouraged conversations around advance care planning and their hopes and wishes for the future.

When all treatment ceased months later, an urgent referral was made for Gina to come to our Inpatient Unit, and albeit another big upheaval, a cuddle bed ensured that her family could lie close, while the hospice's family room gave Gina's parents – who live out of town – somewhere to stay. As always, their dog was welcome to visit at any time too.

Keen to address what mattered to Gina, as well as what the matter was, the nursing team organised a movie night, including cushions, fairy lights and popcorn, as well as a spa day for Gina and her daughters. And as was their tradition when Gina was well, it was arranged for her and her mum Pat to have a manicure together on site. With Christmas approaching, the decision was taken to bring the day forward, and a tree was placed in Gina's room, which her girls enjoyed decorating. Two additional trees were also added, to be planted by Alfie and her parents at a later date, and the hospice arranged for presents to be wrapped and placed in situ.

Gina died peacefully in November 2024 at North London Hospice, before the planned early Christmas Day. While supporting the family, including a member of the hospice team taking the children and dog to the park, staff and volunteers from across the hospice quietly supported one another in the face of their own professional grief.

Gina's funeral was attended by representatives from the hospice, where our involvement was recognised and appreciated. The family very kindly took the opportunity to fundraise for us too.

Gina's husband Alfie said afterwards: "North London Hospice will always have a special place in my heart. Every member of staff was so friendly, caring and most importantly Gina's dignity was upheld at every stage of her stay there. The doctors and nurses felt like friends and fun activities were arranged to keep our two young daughters busy while still having quality time with their mum".

"Our lives were destroyed by the cancer that took Gina but at least we have fond memories of her last month with us thanks to the hospice."

Gina's mum Pat added: **"We would like to say thank you for all the excellent care Gina received and the love and support from all members of staff not only towards Gina but all the family at a very difficult time."**



Statement on Quality from the Chief Executive



I am delighted to introduce you to North London Hospice's Quality Account 2024/2025, which has been developed in consultation with our volunteers and

clinical service staff and managers, the Executive Team and the Board of Trustees. Throughout the last year we've continued to provide safe, effective, and person-centred end-of-life care.

Our transformation journey, now nearing its close, has been at the forefront of our work over the last year. Grounded in ensuring that we are putting the patient at the heart of everything we do, it was carried out using a co-production model. By engaging key representatives and those with lived experience to help shape our new models of working, we can ensure that our charity is fit for purpose for the future.

A phased approach saw us work across different departments methodically, allowing time for feedback and input from across the hospice network. Key changes include a new Patient Service model with the addition of a Care Coordination Centre and a rapid response triaging system to better respond to patients in crisis, being more effective. Our plans to redevelop our Inpatient Unit are moving forward as we aim to create a modern, state-of-the-art facility for those needing intensive, specialist 24-hour support. Our first Patient Led Assessment of Care Environment provided some clear messages, directly from patients, about how the environment might be enhanced to improve patient experience.

We were also pleased to accept transfer of the lead provider model contract for Haringey from North Middlesex University Hospital in January 2025. This was the culmination of many meetings over several years involving the Integrated Care Board and will enable a fully integrated model of community

palliative care across our three boroughs, in line with our transformation plans.

The time afforded to completing our transformation with efficiency and due care, and ensuring the wellbeing of our workforce, did impact on the delivery of some aspects of the priorities for improvements we had set. That said, I am buoyed by the achievements we have made and believe we have so much to be proud of as we continue to prioritise improving the patient journey. Last year we challenged ourselves to become even more personalised. It was great to see the positive impact this has had on patient experience, where we have listened to what matters most to patients.

In 2024/2025 the safety of people in our care remained a key priority. Embedding of the Patient Safety Incident Response Framework has allowed more considered and proportionate response to patient safety incidents, so that teams can focus their efforts on implementing improvements. Organisational improvement was aligned with our focus on meeting the diverse needs of the communities of people that we serve. We believe we can do more, and as such, have identified this as a priority for improvement for next year. Recognising that looking after our diverse workforce is essential for safe and effective care delivery, we made significant progress in our Equality, Diversity and Inclusion initiatives this year.

We thank all staff, trustees, donors, volunteers and supporters for everything they do to help us achieve our vision. It is also important to note the strong relationship we value with our communities and with North Central London Integrated Care Board and partners. Without their trust and commitment, we could not deliver the range and scope of services we do. I confirm the accuracy of this Quality Account and will ensure the quality of the care we provide is regularly reviewed and improvements are made.

Declan Carroll
Chief Executive

Statement of Assurance from the Chair of the Clinical Governance and Assurance Committee



As the Chair of the Clinical Governance and Assurance Committee of North London Hospice, I am pleased to confirm that this report

represents an accurate record of the work undertaken by the hospice during the past year in pursuance of its CORE values and ambition to continuously improve the quality of services.

As you will read in this report, North London Hospice has undergone a major transformation in the structure of its patient services to enable the most efficient and effective delivery of excellent care to all those in need. It has embraced greater use of digital technology alongside creating new health care professional roles such as a Nurse Consultant.

In addition to this transformation, the hospice has been embedding the Patient Safety Incident Reporting Framework to promote a system-based approach to learning from patient safety events. The clinical directors have brought forward changes to the current clinical governance structure to make it even more robust. Together these will further strengthen our quality performance monitoring and assurance reporting to the Clinical Governance and Assurance Committee and thence to the full Board of Trustees.

In 2024/25 the hospice successfully managed to increase its reach and has streamlined admissions and discharge procedures on the Inpatient Unit allowing for greater bed occupancy and shorter average lengths of stay. The number of "no harm" medication incidents reported has increased over last year both on the Inpatient Unit and in the community. This led to an in-depth review and action plan offering assurance to the board. Improving Medicines Safety has also been made a Priority for Improvement in 2025/26.

Last year's Priorities for Improvement were impacted by the demands of the restructuring process so that some of the outcomes were not fully achieved. However, the introduction of an updated This is Me document on the Inpatient Unit has resulted in a significant reduction in complaints relating to the failure to deliver personalised care; collaboration between Learning and Development and Quality teams has delivered the quality improvement and fundamentals of risk training to the first cohort; and the Integrated Palliative care Outcome Scale (IPOS) is now recorded in 100% of community patients. Work will continue on these projects until all outcomes have been completed.

As a board we remain extremely grateful to all our staff, volunteers and the community for their continuing efforts and support.

Dr Cate Woodwark (Trustee)
Chair of Clinical Governance and Assurance

Our Vision



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

Our Purpose



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

Our Values



- C Collaborative and learning**
– share learning, educate and work supportively together
- O Open and honest**
– 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 Patient Services

At the heart of our services at North London Hospice is our commitment to providing free, outstanding care and support to those facing a life limiting illness. We are committed to inclusivity, which is rooted in our vision, purpose and values.

We play a vital role in meeting the palliative care needs for the diverse communities of Barnet, Enfield, Haringey, Camden and Islington. All that patient services do is designed to be personalised and holistic. By this we mean we consider the whole person encompassing their physical, mental, emotional, social, and spiritual well-being, as well as their preferences.

The total costs for running our hospice this year was around £16.5 million, up from £15.9 million last year. We received an NHS grant income of £5.8m, representing around 35% of our total income. Every donation is essential to us to allow us to continue our patient services, and we value our supporters immensely.

We are grateful to have a highly skilled, compassionate and diverse workforce of:

- Doctors (including Palliative Care Consultants)
- Registered Nurses, Paramedics, Nursing Associates and Nursing Assistants
- Physiotherapists, Occupational Therapists, Clinical Psychologists
- Social Workers and Spiritual Care Team
- Drama Therapist, Music Therapists and other Complementary Therapists
- Bereavement counsellors

Our patient services are supported day to day by Administrators, our Quality Team, Learning and Development team, contracted services for cleaning, laundering, and catering and over 600 incredible volunteers.

We have a single point of access to refer patients to one of our core clinical services.

Inpatient Unit (IPU) is a purpose built 15 single ensuite bedded unit offering specialist 24-hour care.

Community Specialist Palliative Care Team provide care for people in their usual place of residence, supporting patients to remain within their preferred place of care and preventing unnecessary hospital admission.

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

Patient and Family Services provides practical, emotional, spiritual and pastoral care with links to all faith groups and bereavement services who work with families before and after bereavement.

Outpatient and Wellbeing Services offers a range of interventions on an individual and group basis as well as opportunities for social interaction and peer support.

Palliative Advice Team (PAT) provides an overnight telephone service run by clinical nurse specialists seven days a week between 8pm and 8am for the entire North Central London area. It is for patients, carers and professionals to enable them to access specialist palliative advice and support and provide onward referrals to other appropriate services if required.

Our Hospice of the Future



During 2024/25 North London Hospice Patient Services have undergone a transformation process. It began in March 2024 when the Executive Team presented the vision of change to all staff. For Patient Services this has involved a period of co-production in Quarter 2 with patients, their relatives, volunteers, compassionate neighbours and staff working together to build the hospice of the future in three key areas.

- Creating more time to care in the Inpatient Unit by designing a Consultant Nurse role to manage nurse led beds.
- Creating a Care Co-ordination Centre to manage referrals, increase responsiveness and deploy nurses to patients efficiently.
- Developing a Living Well group model which we deliver as a partnership with other charities and community leaders in a culturally and spiritually appropriate way for different communities.

Once we understood what our future service would look like we have redesigned our workforce to be able to deliver it. We completed the consultation with staff in December 2024 and have been aligning staff to roles through January to March 2025. This is setting us up to be in a really good position to implement the new ways of working in 2025/26.

We are proud of our staff during this period of change. They have continued to deliver high quality care and support to our patients. However, during this period we had to pause several usual and new projects to enable this focus on patients through a period of change.

We have made sure that issues that have been brought to us by patients through feedback and complaints throughout the year have been incorporated into the changes we are delivering. This means that our hospice of the future has:

- Medical input into triage to ensure that people are appropriately triaged, anticipatory medicine can be prescribed at point of referral if needed and we get people to the right part of our service first time.
- People with solely nursing needs on our Inpatient Unit will be treated holistically for all their needs and not be over medicalised in their final days if it is not required.
- People from more deprived areas will soon have access to information in a way that is meaningful for them that will help them to understand that palliative care and a hospice bed is available to them when they need it.

To support these changes, we have planned a new governance structure within Patient Services that will prioritise patient safety and effective innovation and improvement. We have small specialist frontline groups focused on areas of patient safety, able to flexibly respond to changes in frequency or outcomes for patients and develop agile action plans that bring impact for patients. They are focused on identifying areas for quality improvement which will improve our effectiveness. Key to this will be that rather than waiting for patients to point out what is wrong with our service we will be identifying issues proactively before they have a chance to affect our patients. This is, putting our commitment to patient safety, effectiveness and patient experience at the forefront of the changes we are making.

Part 2

Priorities for Improvement

Review of last year's Priorities for Improvement from 2024/2025

Review Priority One: Personalisation - from Good to Great

What we planned to do:

- At the hospice we are proud that we deliver personalised patient care, which is evident in most of the feedback we receive. However, a theme through our complaints and concerns indicated we could do more. An initial project had been undertaken on IPU to understand why the This Is Me system was not leading to an impact that some patients and their families could see and feel. It was found that the document was not completed for every patient and where it was, it was often filed away and not referred to again.
- On IPU we planned to look at how we can use digital solutions to enable a more personalised feel for patients or their families to express their personal preferences. We planned to do this by testing the useability of moving our This Is Me documentation onto a tablet. Electronic capture would also support its wider sharing and core involvement in planning all aspects of care. We planned to look at how we can manage a similar approach through mobile phones in the community settings.
- We planned to ensure our front-line staff understood our standards for personalised patient care and were active participants in driving this priority for improvement. We would encourage staff to self-report when they fail to use the This Is Me information for their interactions with patients and their families.
- We planned to end the practice of referring to patients by their bed number, giving patients the choice about whether they have their preferred name on their room door or not. We expected a measurable outcome to be a 20% reduction in the number of complaints relating to patient centred care.

Progress against the plan:

- We consulted with a variety of stakeholders, including our IPU volunteers and patients and their families, to update the This Is Me document. We moved it out of the patient's physical notes and made an A3 printed version visible within the patient's room. We increased accessibility and visibility by building into our processes the upload into our electronic medical record.

Staff understood its importance. Focusing on the document gave us some wonderful insights into what was important to our patients. As a result, we welcomed hairdressers, nail technicians and musicians to the unit.

- We worked with our staff and patients to create a template for the door of patient rooms to give patients a choice of how they are referred to. We successfully exceeded our 20% target, with a 67% reduction compared to last year in complaints related to the failure to deliver personalised care. This year we only had two complaints with this theme.

Challenges to date

The delay in changes made to the door of patient rooms has been delayed due to concerns regarding patient confidentiality. With the impact of wider changes in the structure and workflow of our community service, we decided to pause the introduction of the This is Me document. Due to other IT priorities, we have not yet managed to adequately test the usability of tablets.

Going forward:

We continue to recognise the importance of digital solutions to support patient experience on the Inpatient Unit, with further support from our IT team in moving the project to the next stage identified. The plan to introduce This Is Me to the community restarts in 2025/26.

We continue to develop our culture where individual difference is understood, celebrated and accommodated wherever possible. This will be supported by our priority for improvement on Improving our Cultural Awareness.



Priority Two: A Fresh Approach to Quality Training - Making It Everyone's Business

What we planned to do:

- This priority for improvement was a collaboration between the Quality Team and the Learning and Development team. It was driven by wanting our workforce to be empowered to see improving the quality of our services as everyone's business. We planned to create quality training which promoted the benefits of cultural embracement of quality improvement, taught the application of quality improvement methodology and the fundamentals of risk management. We also planned to embed the patient safety incident response framework (PSIRF) principles throughout our training as part of our 'going forward' from last year's priority for improvement. We expected a measurable outcome of the training to be a quality improvement test being led by frontline staff in each service, proactively identifying and capturing risks and their mitigations involved in any testing of change.

Progress against the plan:

- We successfully delivered the quality improvement and fundamentals of risk training to our first cohort as part of the learning and development framework as planned and we received feedback that it was engaging and relatable. We supplemented mandatory patient safety incident response framework (PSIRF) with an interactive PSIRF in practice half a day training for our senior staff, which included focusing on the role of quality improvement in increasing patient safety.
- We are happy to share that we have met our improvement outcome on the Inpatient Unit. Three of its multi-disciplinary improvement groups have used driver diagrams to aid them to systematically develop, structure and prioritise their change ideas. Our IPOS project successfully used Plan Do Study Act (PDSA) cycles as presented in our priority for improvement. The first planned large-scale change, our Care Co-ordination Centre, used PDSA cycles within their project plan to test out ideas on a smaller scale. By building on the learning from each PDSA cycle at key touch points, we are confident new processes will be introduced with a greater chance of success.

Challenges to Date:

- As acknowledged throughout the quality account, the past 12 months have involved a period of preparing and communicating large-scale changes. While we adopted a co-production approach where possible, we acknowledge that some of the change decisions needed to be top-down. During the transformation process we quickly recognised that it was not the right time to push the application of quality improvement methodology outside of the learning environment for some of our services. This meant that we were unable to meet our priority for improvement aims in full. However, we believe our investment in training during this period will contribute to increased engagement in driving quality improvement once business as usual within our new service structure is achieved.
- An additional challenge was workload pressures. Staff identified the need for PDSA cycles to measure and capture changes and felt they had the skills to do so, but they reported that they were not always able to prioritise the writing up the PDSA cycles to evidence the use of quality improvement methodology.

Going forward:

- We will continue with training sessions, with the next cohort of learners scheduled. As our new business as usual is established, through strong leadership support and the knowledge gained through training we expect to see more front-line staff identifying and suggesting ideas to continuously enhance processes and outcomes, testing their ideas and measuring change. We plan to integrate standard operating procedures (SOP) writing into our quality training, recognising the value of frontline staff creating their own SOPs.
- Our new governance framework will hold services to account for their approach to improvement work with a focus on data driven outcome measurements to evidence that change has had a positive impact on the people who use our services and included an assessment of risk.

Priority Three: Patient Reported Outcomes Measures: Embedding the use of the IPOS tool in assessments and integrating these with Multi-Disciplinary Meetings

What we planned to do:

- Integrated Palliative Outcome Scale (IPOS) is a validated and reliable patient-reported or clinician-rated measure used to assess a patient's palliative care needs. The hospice has been using the IPOS for our patients for many years, but we had noted that use and impact had fallen, particularly in community services, and the use of this data could be more impactful across all services. We planned to relaunch the use of the tool in community services and develop its use in the Inpatient setting. Our aim was to improve our collection and use of this data then begin the integration of this information into our multi-disciplinary meetings.

Progress against the plan:

- Phase one of the project plan was very successful with completion of audits and interventions in the inpatient and community setting. In the community, four Plan Do Study Act (PDSA) cycles were undertaken. At each cycle we measured impact and made small changes to continuously improve. After the 4th PDSA cycle in October 2024, the IPOS completion rates for both new patients and follow up patients was 100%.

Our IPOS Task & Finish group achieved this through a number of interventions and changes including:

- Staff education sessions and creation of staff IPOS champions
- Process changes such as embedding the IPOS template into our standard clinical assessment template and emailing IPOS forms in advance

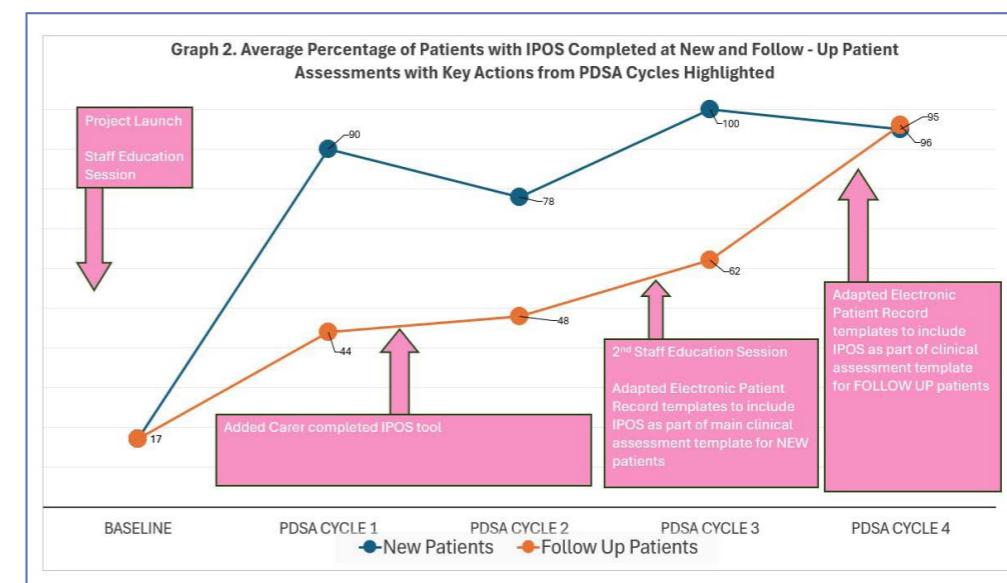
- Adding IPOS forms to welcome packs for patients
- Adding a visual display of IPOS results into electronic patient records to allow patterns to be identified.
- On our Inpatient Unit we undertook an IPOS audit for all patients admitted to the Inpatient Unit in April 2024. 72% of all patients had one form of IPOS screening done either at start of admission or during admission. Audit showed our IPU MDT did use the IPOS tool, but we knew we could use it more effectively to inform decision making. We contacted other Inpatient Units to explore examples of best practice for IPOS integration models. We identified areas of improvement and created an action plan.

Challenges to date:

- We have not yet implemented our full action plan on the Inpatient Unit due to the organisational development that occurred in the final part of the year with transformational change of services.

Going forward:

- With transformation of services complete, our EMIS Steering group can refocus on developing our EMIS templates. Teaching around IPOS is to be added to the learning and development framework. We continue to further develop our operational model for the standardised approach to the use of IPOS within MDT meetings.



Looking Forward: Priorities for Improvement 2025-26

Priority 1: Improving our Cultural Awareness

How we identified this project:

We identified through a review of our complaints that people from the global majority were overrepresented amongst our complainants. We undertook structured interviews with three families who were happy to discuss their experience of the hospice in more detail. This indicated to us that there was a need for greater understanding of what is important around death and dying in cultures that we may be less familiar with.

What we plan to do:

- This year Dying Matters week, organised by Hospice UK (the national charity for hospice care), is focused on the Culture of Dying Matters. This will give us an opportunity to reach out to our community and ask them how the culture they identify with expresses its death rituals. To do this we will create a simple questionnaire which will be accessible through a QR code. Access to the code will be enabled through our shops, based within our communities and in GP surgeries. We hope this will allow us to gather information from people who have not accessed our services but may need them in the future. By reaching out beyond the users of our service we hope to reach people who do not see the hospice as a

resource for them or their family.

- Once we have the responses, we will analyse them to understand the range of cultures and subcultures represented in our communities. We will use that understanding to bring representatives of those cultures into team meetings and training events to ensure that staff understand the cultural needs of all our local communities.
- We will also use this knowledge and the contacts it creates to be able to prioritise the communities that we will be reaching out to through our Living Well groups and outreach of our outpatient services.

What the outcomes will be:

- We will be expecting our complaints, concerns and feedback representation to reflect the cultural mix of our communities more closely.
- We will be expecting to eliminate complaints that relate to cultural misunderstandings.
- We will be expecting to increase our staff confidence and competence when engaging with people about what matters to them about their culture.

Priority Two: Learning from Deaths

How we identified this project:

North London Hospice welcomed the introduction of the statutory Medical Examiner Death Certification Reforms in September 2024, where all deaths, which are not referred to the coroner, are independently reviewed. Our Inpatient Unit was a pilot site in 2022 to support the transitioning to the statutory medical examiner system.

- The medical examiner now routinely requests feedback from the deceased's family on the care provided before death. This includes those we care for in the community. We currently do not have a formal structure in place to ensure the feedback received from families through the medical examiner is reviewed. Capturing feedback of patient and family experience is a priority for us. We need to bring about changes to ensure that we are no longer missing any opportunities to ensure lessons are learnt for future care.
- This year, in preparation for a coronial case, we trialled the use of the Royal College Physicians (RCP) National Mortality Case Record Review structure. We found this to be a good approach to scrutinising the care we delivered and extracting any learning opportunities. We have identified that introducing a structured learning from deaths process will be an important part of our planned changes to our governance framework, enhancing our focus on patient safety and improvement.
- We have already started on our journey for this priority for improvement by opening a discussion with our Palliative and End of Life Care Network on the NHS Futures Platform. As a result, we have begun to work in collaboration with Hospice UK.

What we plan to do:

- To support the development of our effective learning from deaths structure we plan to learn from other hospices' experiences. This allows sharing of best practises, expertise and resources. We will learn from other hospices using a modified Structured Judgement Review (SJR) and plan to train our staff to use this tool.
- We plan to develop an audit, based on nationally recognised tools, to review the care delivered to our patients in the last days of life.
- We plan to pilot a SJR programme, selecting cases with the aim of reviewing deaths across services. This will be the responsibility of a new mortality review group within our new governance patient safety framework.
- We plan to effectively collate and analyse feedback from the Medical Examiner's service about North London Hospice's care. This involves gathering all feedback, organising it systematically, identifying recurring themes and trends, and summarising key insights to inform improvements.

What the outcomes will be:

We will have an improved insight into learning from deaths. Feedback will not just be passively received but actively used to enhance the quality of care.

Disseminating our findings internally and externally, will develop our culture of learning from deaths.



Priority Three: Improving Medicines Safety: A Systems Approach

How we identified this project

- This priority for improvement was selected in response to a trend of increasing number of no harm medication events reported this year. This priority for improvement also supports further work being done in response to our 2024 CQC inspection. The inspection noted that despite the hospice's overall commitment to safety, there were shortcomings in some of the management of medicines.
- In quarter 4 of 2024/25 we piloted a multidisciplinary IPU weekly Medicines Incident Group (MIG) chaired by our specialist pharmacist. We made this decision as it was felt our current monthly Medication Management Group was not allowing us to be responsive enough. The MIG allowed a focused discussion on the most appropriate learning response for medication safety events in a timely manner

What we plan to do:

- With the success of our pilot MIG we will continue to develop the MIG within our new governance framework. One of the action points identified from the pilot was the need to reduce the subjectivity in the category of reported medication events. This would allow more accurate and informative real time data extraction to support our systems approach discussions for prioritising where to focus improvement efforts.
- We plan to recruit at least one Patient Safety Partner (PSP) this year. A PSP is a volunteer who is actively involved in how we learn from patient safety events. Our priority for our newly recruited PSP(s) will be involvement in medication safety. We believe a PSP can offer insights from their experiences as a service user and offer a different perspective on medication safety, which may not be influenced by organisational biases or historical systems. We will involve our PSP in our Medicines Management Group and other quality committees and encourage them to contribute to the development and review of safety policies and procedures related to medication.
- We will move forward with our POD locker project that will empower inpatients to self-administer their medication safely and independently during a hospice stay and ensure openness with staff.

- In recognition of the increase in prescribing errors this year, we will scope, with a view to tendering, an e-prescribing system on the Inpatient Unit. We will also work with EMIS and NCL Digital to enable the use of EMIS electronic prescription request (EPR) to generate community prescriptions (currently we use a paper FP10 system for any emergency end-of-life care medication).
- We will review the content of our nurse medication education days to include using them as a platform to discuss our medication errors and what we learn from them. This also gives an additional platform to generate new change ideas. We also plan to review how we share the external medication patient safety events we report to ensure they are shared appropriately to support wider health care system learning.

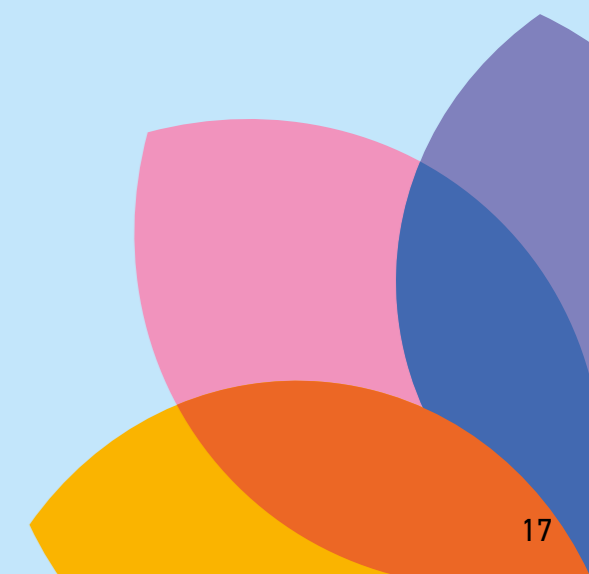
What the Outcomes will be:

- The outcomes will be improved responsiveness to any reported medication safety event and in response to emerging themes. While we do not want to discourage the reporting of near miss medication errors which result in no harm, we do expect to see an outcome of our priority for improvement project to be a reduction in no harm events of the same theme.



Part 3

Quality Performance and Improvement



Service Activity Data

North London Hospice has quality at the heart of everything we do and is committed to monitoring its performance. In addition to monitoring activity level, we use a combination of nationally recognised (such as pressure ulcers and falls safety data) and locally agreed upon key performance indicators (KPIs) (such as preferred place of death) to monitor the quality and safety of our services each month.

We employ Statistical Process Control (SPC) to track these KPIs over time, identifying deviations from desired performance and enabling informed decision-making. This approach helps ensure that the hospice is continuously improving its services. In this section we share our journey to becoming more research active, supporting more effective and efficient care and improving patient care outcomes.

Each patient service management team has a leadership quality dashboard. This visually displays real-time key quality data supporting the management of incidents, complaints and concerns, active risks, audits and medical devices. We continue to embrace digital innovations to help us further modernise our quality data collection and have already identified great potential in a new deployment tool to support the launch of our Care Coordination Centre. We are working on submitting to the NHS England Faster Data Flows programme to ensure we collect good quality, timely data.

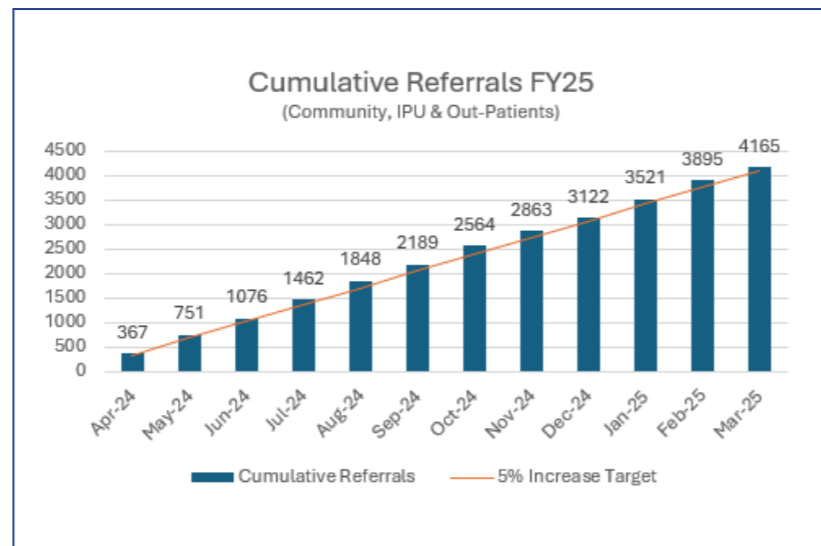
Activity monitoring meets the requirement of our commissioners, North Central London Integrated Care Board and is closely monitored by our Clinical Directors and reported to the Board of Trustees. This year we successfully met our KPI to grow the referrals to our services by 5%.

Referrals to the community have increased for all three main boroughs we serve.

Our PAT, out of hours telephone service, has seen a growth in demand, supporting 211 additional patients compared to last year. The largest growth in calls received between 8pm and 8am were from patients in the boroughs of Islington and Camden. Our PCSS numbers have slightly declined compared to last year due to staffing challenges.

It is positive to have seen the impact of improved flow through our Inpatient Unit because of improvement work last year on the admissions and discharge pathways. Our Inpatient Unit has seen an increase in its occupancy rate this year, from 73% to 86%. There has also been a reduction in the average length of stay from 14.3 days to 10.2 days. Change to support this improvement this year has included:

- The launch of a new bed data module on our electronic medical records system EMIS. The new bed module at glance can let anyone in the organisation know further information about our waiting list and bed availability through a traffic light system. This module has reduced administration time and supports quality, providing prompts on any actions required for the Inpatient Unit team and has key safety information such as resuscitation status visible.
- Creation of a senior nurse role focusing on admissions and discharges to ensure continuity.



Inpatient Unit (IPU)


		2023/2024	2024/2025
	Admissions and readmissions	306	315
	Average Length of stay	14.3 days	10.2 days
	Closed bed days	32	32
	% Occupancy	73%	86%
	Symptom control	96	110
	Terminal care	206	204
	Rehabilitation	4	1


Community Teams


		2023/2024	2024/2025
	Referrals	3155	3370

Palliative Care Support Service (PCSS)

		2023/2024	2024/2025
	Patients supported	317	262

Community 5-8 and Palliative Advice Team (PAT)		2023/24	2024/2025
	Total number of calls received (5pm - 8pm)	2047	2228
	Total number of calls received (8pm - 8am)	4288	4349
	Total number of calls received (5pm - 8am)	6335	6571
	Total daily patients	unavailable	3820

Compassionate Neighbours		2023/24	2024/2025
	Compassionate Neighbours trained	46	40
	Referrals received	175	170
	Introductions/matches	100	96
	No. group sessions held	255	212

Outpatient and Wellbeing Services		2023/2024	2024/2025
	Referrals	267	223
	Attendees	1598	1383

Patient Diagnosis Type		2023/2024	2024/2025
Inpatient Unit Admissions	Cancer	81%	78%
	Non Cancer	19%	22%
Community Accepted Referrals	Cancer	53%	54%
	Non Cancer	47%	46%
Outpatient Accepted Referral	Cancer	67%	66%
	Non Cancer	33%	34%

Change in structure of service mid 2022-23

Personalisation of care data

Understanding our patients' preferences is a key priority for us as we plan their care and transfers. Our staff are trained in sensitive, skilled discussion with individuals about their preferences for the type of care they would wish to receive and where they wish to be cared for both in the present and at the end of life. Discussions around this are captured in a process known as advance care planning.

We successfully captured 100% of patients' preferences on preferred place of death on IPU this year. An increase from 66% in 2022/23 and 83% in 2023/24. This showed continued success of last year's priority for improvement on improving advance care planning on our Inpatient Unit.

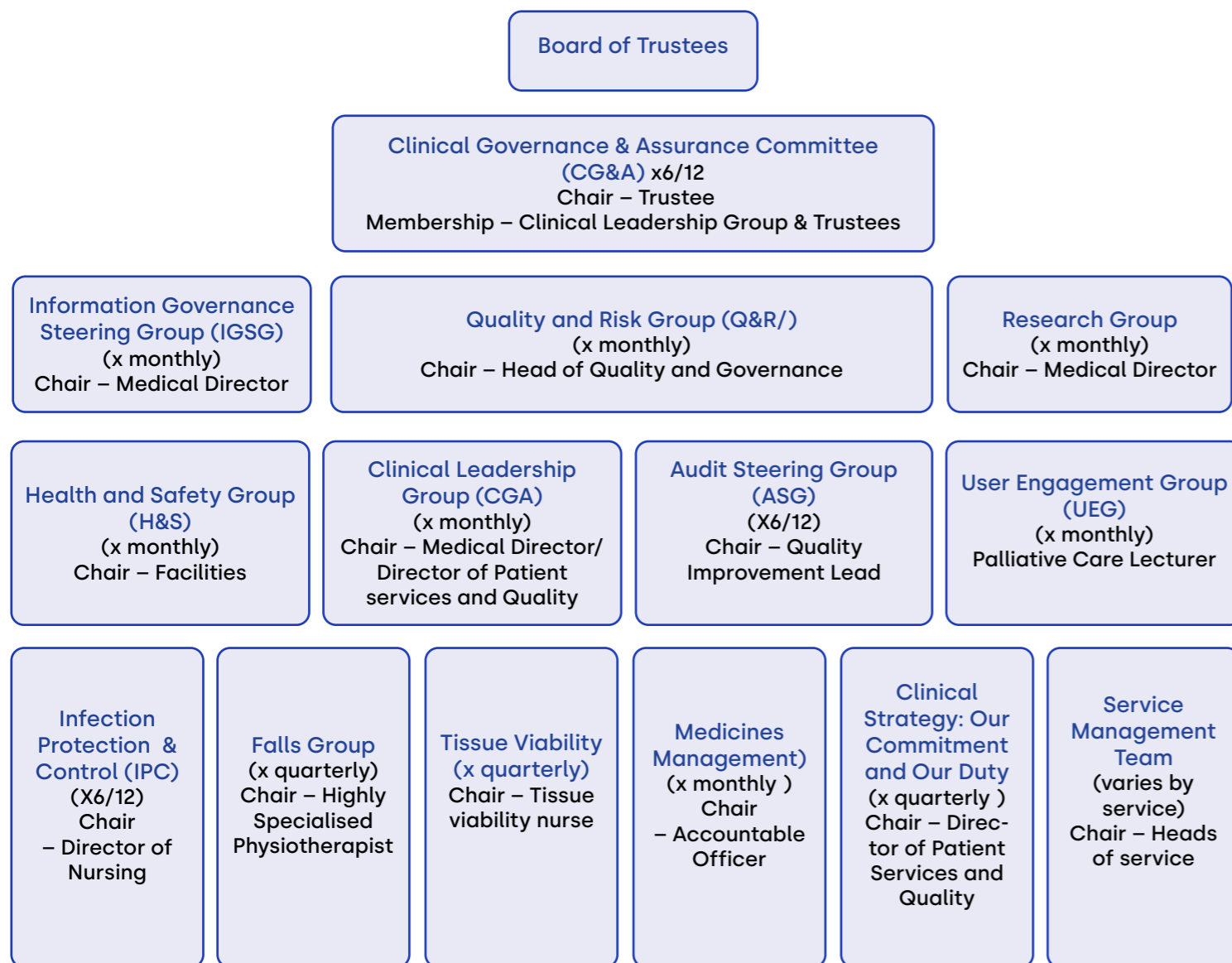
The proportion of patients who achieved their preferred place of care and death in the community 2024/25 is consistent with the previous year.

Indicator	Location	2023/2024	2024/2025
Number of patients achieving their preferred place of death (where preferred place recorded)	IPU	83%	91%
	Community	91%	92%



Governance

Patient Services Governance Meeting Structure



The structure presented is further supported by regular team meetings at all levels within care. As part of our current clinical strategy, we are finalising changes to our new governance framework.

Patient Safety

Through our governance structure, hospice risks are identified, monitored and actively managed. This year we reviewed our organisational approach to risk management. We developed a three-year Risk Management Strategy with the overarching risk management aim of a 'positive, proactive risk management culture.' On the road map to meeting our strategy, we developed a risk management module on our quality management platform, Vantage, for both operation risks and the Board Assurance Framework. We are starting to see the benefit of having an integrated platform with the capability to directly link risk with other hospice governance including incidents, complaints and safety alert.

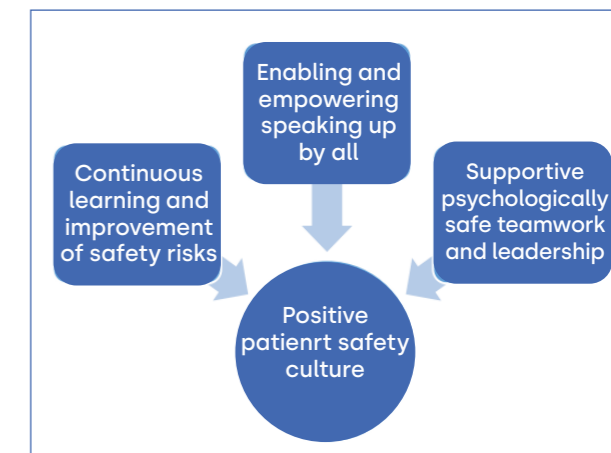
Incidents

North London Hospice is committed to delivering safe, high-quality care. However, we also recognise that healthcare is complex, and on occasions things change or don't always go to plan. Recording incidents, whether they resulted in harm or not, provides vital insight into what can go wrong and provides essential learning in the system. We are committed to a positive patient safety culture.

This year we published and implemented our Patient Safety Incident Response Framework Policy and Patient Safety Incident Response Plan. All incidents reported are reviewed initially by the Head of Service (or passed to an appropriate other person) to ensure appropriate immediate safety actions are in place. Those leading on learning from safety events ensure a systems thinking approach to maximise learning opportunities. Staff have engaged well with our new learning responses, which has led to changes in practice designed to improve patient safety.

We continue to take our 'duty of candour' very seriously- by this we mean we are open and honest with service users when things have gone wrong. We ensure people affected by safety events have been compassionately engaged. We value their input into making our systems safer. Assessment for statutory duty of candour, which is notifiable to the care quality commission, is built into our incident response system.

- Patient safety incidents required by North London Hospice in 2024/25 to be notified to the CQC were related to pressure ulcers and safeguarding. All other patient safety incidents were classified as no harm or low harm.
- There was one incident reported to the Health and Safety Executive incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) which did not involve a patient. We recorded this as moderate psychological harm. We held an After-Action Review to learn from this.
- All deaths on IPU, except those investigated by the coroner, are now reviewed by a Medical Examiner. This year we were requested to attend the coroners court on one occasion, with the conclusion of natural causes.



Incidents reported within organisation	2023/24	2024/25
Patient safety events	498 (139 external)	670 (187 external)
Non patient safety events	88	53

Patient safety incidents affecting North London Hospice patients which involve external organisations also need to be reported. We continue to engage with other organisations to work together to learn from incidents to support the development of a safer health care system. Of the 670 patient safety events reported, upon investigation, 187 of them were identified as being solely due to the activity of an external organisation (such as GPs, district nurses, equipment suppliers, pressure ulcers present on admission).

The total number of patient safety events reported has increased this year. We believe this is reflective of the work we have done in achieving a positive patient safety culture. There is good evidence to suggest that organisations that report more incidents usually have a better and a more effective safety culture. The types of incidents reported are similar to previous years. The greatest increase in patient safety event type was medication incidents. For this reason, we have selected improving medication safety as one of our priorities for improvement for the year ahead.

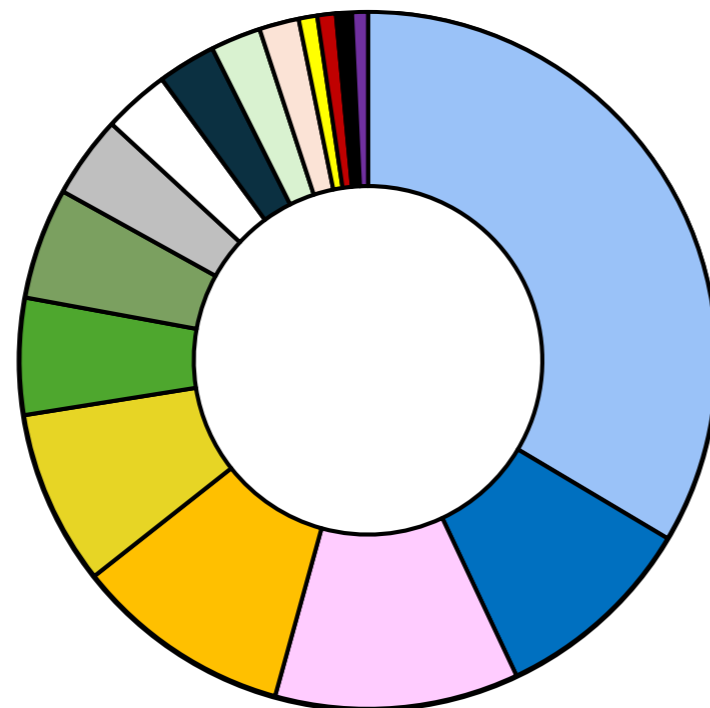
- We continue to submit safety data to Hospice UK's Patient Safety Project, providing benchmarking opportunity against similar sized hospices.

The key performance indicators we monitor for safety: **Falls, Pressure Ulcers and Medication Errors.**

- As part of our Patient Safety Incident Response Plan, we strengthened our patient safety improvement groups. Our improvement groups for each of these key areas of safety ensure system-based learning and develop and monitor the delivery and impact of a co-ordinated organisation wide improvement plan. Any safety learning which can be shared across clinical services is escalated to the Clinical Leadership Group. We continue our journey to invest in the most effective ways of sharing lessons learnt from all improvement activity in a way that reaches the most people.

Most common types of incidents reported at the hospice

- Medication (exc controlled drug register)
- Controlled drug register
- Pressure Ulcers (acquired and new)
- Information Governance
- Communication
- Other (inc infection control, food safety, transport, staffing)
- Patient Falls
- Clinical Admin Error
- Equipment / Device Failure
- Safeguarding
- Security (Including theft)
- Abuse toward a member of staff/volunteer
- Clinical Complication
- Environmental
- Accident
- Moving and Handling



Pressure Ulcers

We have seen a reduction in the number of new pressure ulcers on the Inpatient Unit this year which remain below the national average for medium sized hospices.* In line with the National Wound Care Strategy Programme, there has been changes to the way in which pressure ulcers are categorised. We investigate all pressure ulcers that are reported to ensure the most appropriate care plan is in place. All pressure ulcers of category multiple stage 2 or 3/ 4 had a deeper dive review as part of their statutory notification to the Care Quality Commission. All reviews had good evidence that the correct clinical care and documentation was in place and the pressure ulcers were unavoidable at the end of life.

New Hospice Acquired Pressure Ulcers	2023/24	2024/25
New PU category 1	5	3
New PU category 2	19	22
New PU category 3 (includes previous unstageable)	8	5
New PU category 4	0	0
Medical Device Associated new pressure ulcer	1	1

*benchmarking data is based on information provided by Hospice UK Patient Safety Project.

In 2024/25 the hospice has taken the following actions to reduce the number of new pressure ulcers and further improve the quality of care for our patients:

- Created a tissue viability improvement group and identified champions from all grades within the Inpatient Unit.
- Changed the wound dressings used in line with the latest evidence-based practice. We adopted the community formulary used by our local NHS Tissue Viability service to ensure patients can continue the same treatment plan on discharge from IPU.
- Produced a quarterly newsletter for our Inpatient Unit staff to keep them up to date with latest changes and developments in pressure ulcer assessment and management.
- Commenced work to develop a leaflet for patients/carers on pressure ulcer prevention.

Falls

Falls IU only	2023/24	2024/25
Total number falls	40	41
No harm falls	20	29
Low harm falls	20	20
Moderate or above harm falls	0	0

Our falls have slightly increased this year although remain below the national average for medium sized hospices*. All falls reported were either No Harm or Low Harm. The reporting of 'near miss' falls was promoted, which is captured as no harm. This near miss information provides valuable information to help us prevent a fall and identify improvements that can be shared across our clinical services.

The hospice has taken the following improvement actions to reduce the number of falls on IPU:

- Reinstated our Falls Improvement Group.
- Launched post falls huddles (swarms) as our routine learning response. We aim to undertake the huddle inside patients' rooms involving patients and their families and carers to identify learning where possible.
- Changed the falls risk assessment and manual handling assessment from paper to electronic to support the on-time completion of reviews.
- Improved our falls prevention training.
- Commenced review of our Falls Prevention Leaflet for the patients and carers.
- Undertook a patient safety incident investigation (PSII) for a cluster of nine no harm/ low harm patient falls in one month to help us further examine any systemic issues that may have contributed to the increased risk of falls during this time. We learnt that one patient, who fell multiple times, did not wish to use the call bell, highlighting the importance of respecting a patient's independence and dignity whilst balancing this with maintaining their safety. We also identified further system wide learning opportunities. Some of these involve changes to the environment and cannot currently be achieved. They have been put forward as part of the Inpatient development project.

In response to a national patient safety alert, we reviewed our processes and training to manage the known risk of entrapment in bed rails and other medical equipment following the issuing of a national patient equipment safety alert.

Medication Incidents

Medication-related patient safety incidents involve prescribing, dispensing, administration and monitoring. The data below does not include controlled drug register errors.

Medication Incidents IPU only	2022/23	2023/24	2024/25
Number of medication-related patient safety incidents	63	55	119
No harm	56	45	106
Low harm	7	10	13
Moderate or above harm	0	0	0

The overall number of medication incidents reported on our Inpatient Unit has more than doubled this year. This has been closely monitored by the medication management group, who meet monthly to ensure understanding of emerging themes and identify learning. On IPU we saw a significant increase in no harm prescribing and administration errors. We know that this is partly due to a maturing reporting culture in medication around near misses, formally capturing things we previously may not have recorded. We also faced challenges with consistent contracted pharmacy support due to maternity leave.

This year also saw an increase in medication errors reported in the community. The most common theme was prescribing, particularly related to delays caused by incomplete or incorrect Medicines Authorisation and Administration Records (MAAR) charts. Most of these delays were due to the partner organisations.

In 2024/25 NLH has taken the following improvement action to reduce the number of medication errors:

- A weekly Medication Incident Group (MIG) has been piloted to ensure incidents are investigated in a timelier manner, using the most appropriate learning response, in turn learning into actions.
- The Inpatient Unit medication chart has been reviewed and updated in response to prescription errors.
- A messaging system for HCAs has been implemented so they are able to easily pass on messages to the registered team when they are administering medications.
- We completed a Multi-Disciplinary Team (MDT) review in response to recurrent issue with incorrect prescriptions impacting on timely completion of MAAR charts. Our local audit of issues was used to influence a new version of Pan London Symptom Control Maar Chart V5 - receiving positive feedback internally and from partners. This resulted in a decrease in medication errors reported with this theme.
- We made changes to the medicines part of the induction programme for rotating doctors on our Inpatient Unit.

Our Accountable Officer has continued to work nationally with the Controlled Drug Local Intelligence Network (CDLIN) and other hospices to share knowledge and learning. This year we have learnt shared lessons around liquid medication measurement.

Information Governance (IG)



We saw the number of information governance incidents reported this year increase from 64 to 79. Under the theme Information Governance, we include both IT (such as timely access to electronic patient records) and data protection and security issues. All patient safety IG incidents reported resulted in no harm.

There was one concern raised to the Information Commissioner's Office regarding the way we handle personal information. This related to a previous employee and did not involve patient data. All recommendations have been, or are in the process of being, implemented; overseen by our experienced Data Protection Officer. Oversight and support for information governance is provided by the quarterly Information Governance Steering Group, who are responsible for determining and monitoring the long-term information governance framework and assuring the Executives and Board of Trustees that information risks are appropriately managed.

We are proud to be "Standards Exceeded" on the NHS Data Security and Protection Toolkit (DSPT) having gained Cyber Essentials Plus certification. The tool kit confirms we meet National Data Guardian standards for managing patient data, while Cyber Essentials Plus, verified by an external audit, demonstrates our commitment to cyber security.

In 2024/25 North London Hospice has taken the following improvement action to reduce the number of information governance incidents:

- In May 2024 we changed our IT provider. This decreased the number of IT incidents reported relating to lack of access to our electronic medical records which can impact on responsiveness and safety. We have committed further investment in reviewing our IT infrastructure.
- This year staff were more aware of what a data protection incident looks thanks to our IG Spotlight series. This in turn has increased our reporting. Most data protection incidents involved emailing the incorrect recipients or copying the wrong recipient into an email. In most cases staff self-identified the incident promptly and knew the immediate action to take to reduce risk.
- We made changes to the data spot check audit, with responsibility shifting from the dedicated quality team to the clinical services. The checks are now performed quarterly, replacing the previous annual approach. This change emphasises proactive data quality monitoring and assurance and promotes a culture of data stewardship among clinical staff, prioritising patient data confidentiality and security.

Safeguarding

At North London Hospice, safeguarding is everyone's business, with all staff receiving mandatory safeguarding training to recognise and respond to signs of abuse effectively. In 2024-25 we recorded 21 safeguarding events that required investigation, which is similar to previous years. We maintain an active log of the safeguarding discussions which take place, including those which do not result in reporting to the Multi-Agency Safeguarding Hub.

In line with our core value of collaboration, we work closely with partner organisations to ensure that we follow safeguarding best practices, meeting recognised national standards in safeguarding adults and children. Safeguarding champions within our patient services team are a visible first level of support for any safeguarding issues.

This year to support our commitment to safeguarding we:

- Reviewed our safeguarding policy to ensure it was based on best practice and could be easily understood by our staff and volunteers.
- Updated our quarterly safeguarding report template which is presented by the Director of Patient Services and Quality to the Clinical Governance and Assurance Committee.
- Commissioned the Social Care Institute of Excellence to deliver a bespoke Adult and Child Safeguarding three-day course for our Executive Team and nominated safeguarding champions.
- Appointed a member of the Board of Trustees to be our Safeguarding Assurance Lead on the Board. We now do a quarterly assurance report to each Board meeting on safeguarding incidents, activity and assurance.

Infection Control

This year we reported three incidents under the theme of infection control, which is similar to previous years. North London Hospice is committed to the prevention and control of infection, and we recognise the importance of adhering to infection prevention guidelines when delivering care. Our Infection Control Group meets monthly to ensure our infection control practice is compliant with the most up to date standards both locally and nationally. There have been no outbreaks of infection in the clinical areas. A program of infection control audits were undertaken this year using the Hospice UK tool and showed good compliance with all standards across all sites.

This year to support our commitment to improving infection control:

- Work has been ongoing to implement the NHS Cleaning Standards in collaboration with our cleaning contractors and Facilities team and these will be in place in Q1 2025/2026.
- Our infection control mandatory training module was updated to reflect current practice.
- We reviewed the way we manage stock from a lesson where there was a delay for a covid swab.

Participation in Clinical Audit

North London Hospice believes that auditing practices and services are crucial for developing and maintaining a culture of evidence-based management, ensuring clinical effectiveness. This commitment stems from the understanding that audit can drive quality improvement and assurance, providing opportunities to change and improve practices.

This year we launched a dedicated audit module on Vantage, supported by a written procedure and training for service audit leads. This has increased the number of audits completed on time and oversight arrangements.

The hospice plans its annual clinical audit activity through the Audit Steering Group, overseen by the Clinical Governance and Assurance Committee. Our annual cycle of mandatory clinical audits measures our services against both recognised national standards of excellence and organisational standards. Where available, we adopt the audit tools developed by Hospice UK. This year we have increased the number of smaller, more frequent audits, which focus on evidencing compliance to robust processes that contribute to care standards.

Areas which made up our mandatory annual audit calendar this year were:



Infection Prevention and Control (IPC) with an annual audit covering areas such as personal protective equipment, laundry and waste, spillages, sharps and equipment. Our audit showed good compliance with all standards across all sites. Monthly hand hygiene audits as a key to breaking the cycle of infection. This year we made improvements to the way we assess hand hygiene on our Inpatient Unit.



Medication audits with annual audits of the accountable officer practice, medicines management, controlled drugs, non-medical prescribing, and quarterly drug omissions audits. This year we added Medicines Authorisation and Administration Records (MAAR) audit. All medication audits have met the requirements of all relevant legislation.



Record keeping including clinical records, outcome assessment, consent and information governance audits.



Other Clinical included falls prevention, the safe use of bedrails, medical gas, responsiveness to call bells, pain assessment and clinical stock.

Our audit plan remains dynamic, with audits added to the programme in response to new risks and emerging priorities. Throughout the year our multi-disciplinary team are encouraged to consider aspects of service improvement in the form of Quality Improvement Projects (QIPs). Auditing is an important component within many QIPs. It can help establish a starting point for evaluating current practices and performance levels (baseline) guiding the direction of improvement efforts and form part of the evaluation outcomes of QIPs.

Our Audit Steering Group, led by our Quality Improvement Lead meets bi-monthly and supports the design of audits within QIPs. The anticipated rise in staff involvement in QIPs, driven by this year's improvement priority of quality improvement methodology training, is expected to lead to a corresponding increase in the number of audits supporting these projects.

Summary of the some of the improvement through audit and other quality improvement activity undertaken in 2024/2025:

Project Theme	Project Summary	Impact for Service User
Spiritual care	The aim of the project was to drive consistently high standards of spiritual care assessment and support across both our Inpatient Unit and community services. Improvements as part of the project included redesign of spiritual care training, involving a round table event with five different faith leaders, and changes to our spiritual care assessment and documentation pathway.	Increased staff confidence in identifying and supporting patients' spiritual needs leads to improved patient outcomes, including increased meaning, purpose and peace. More patients in the community have benefited from being referred to our specialist palliative spiritual care team.
Home oxygen	A collaborative improvement project with the respiratory team in Haringey to improve the pathway for the prescription of oxygen.	Reduced delays for patients getting the oxygen they need to alleviate symptoms like breathlessness, improve comfort and prevent unnecessary hospital admission.
Wheelchair Service	Many of our patients have changes in their mobility when living with a life limiting disease. The project, led by our Occupational Therapist, aimed to reduce the long delays in the supply of wheelchairs for patients in the community. After exploring change ideas, an agreement was made with a local provider for a small number of wheelchairs to be stored at the hospice for quicker access.	Patients can now receive a suitable wheelchair as soon as needed. This enhances a patient's quality of life by promoting physical, emotional, and social well-being. Timely access to mobility aids fosters independence, facilitates social interaction, and reduces the potential for physical complications.
Duty desk	A project to understand the duty desk role across the three community borough teams as there were inconsistencies in practice and some staff reported the duty desk role workload to be unmanageable. We identified what type of calls were received and how the callers' needs were met.	Insights gained were used to inform transformation of our community service to further improve the responsiveness and quality of care we provide allowing us to design our service based on patient need.

Research

Over the last year we have developed and continued our research activity. In September 2024 the North London Hospice Research Strategy was launched. With our Research Steering Group developed we have continued to be research active. We continue to look out for partnership working opportunities and invest in developing our staff. We want staff and patients to become research curious.

Achievements in research this year have been:

- Continued participation in the Chelsea (11) trial- A Cluster Randomised Trial of Clinically Assisted Hydration in Patients in the last days of life (<https://www.surrey.ac.uk/chelsea-ii-trial/>). North London Hospice Inpatient Unit was a recruitment site and completed its target completion of 20 patients for the study. CHELsea II trial closed to recruitment on 28 February 2025 and has recruited 1565 participants nationally. North London Hospice worked with the National Institute for Health Research (NIHR) agile nursing team and we are now preparing to close the site.
- Four posters accepted at the Hospice UK conference.
- Annette Hart, our Palliative Care Lecturer/CNS, had her research titled 'What influences specialist palliative care nurses in a community setting to engage with research' published.
- This year one of our clinical fellows completed the NIHR Associate Principal Investigator Scheme, developing research skill and experience.
- In March 2025 we attended the PALLE8 network meeting with the Head of University College London Marie Curie Research Department.

Going forward we plan to add a Research Module onto our data management platform, Vantage, to enable research oversight, monitoring and reporting. We aim to develop more partnership and have had meetings with other partners. We have expressed our interest as a site for the Delirium DAMPen 11 trial. This is a Cluster Randomised-Controlled Trail aiming to look at improving the detection, assessment, management and prevention of delirium in palliative care units.

PLACE inspection

In November 2024, the hospice undertook its first round of Patient Led Assessment of Care Environment (PLACE) on the Inpatient Unit and at our Outpatient and Wellbeing site. PLACE assesses the quality of the clinical environment, putting patients and their families' views at the centre of the assessment process. It uses information gleaned directly from assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance. The assessor team was made up of volunteers and a trustee.

The findings have provided direction for improvement by providing a clear message, directly from patients, about how the environment might be enhanced. Action taken because of the PLACE include:

- Introduction of dementia friendly clocks
- Purchasing of new towels and bed linen on our Inpatient Unit
- Review of directional signage at our Outpatients and Wellbeing site

Some standards, which fell short of where we would like to be, cannot be adequately addressed with the current ward infrastructure. Examples include visible equipment due to limited storage, lack of space for patients to manoeuvre in bedrooms and ensuite bathroom layout. PLACE findings are an important part of the intelligence used by the Board of Trustees in reaching their decision about the need for future investment.

Leadership WalkRounds

Our Leadership WalkRound programme is designed to provide insights into the state of safety and quality. Its primary purpose is for Trustees and the Executive Team to engage with frontline staff, identify concerns, and encourage open communication about potential risks, in line with our value of collaborative and learning.

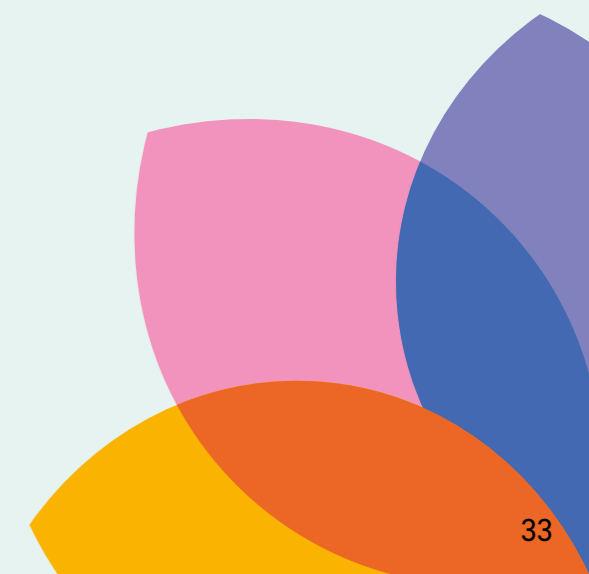
- At the start of the year we undertook a Leadership WalkRound session of our community team with our chair of Trustees, Simon Morris. Staff openly shared what they were most concerned about.
- We found a common thread of frustration shared by staff, which at times they felt held them back from sometimes doing their jobs as effectively and efficiently as they would like, was about work allocation and workflow - two of the main drivers of the need to transform our model of care.
- In response to the feedback, our Director of Patient Services shared in her weekly communication bulletins 'Friday Hi' some of the work being developed which directly linked to concerns raised. A dashboard for the community team to support easier extraction of learning from incidents and complaints to share at the team operational meeting was built as an outcome of the WalkRound session.

A decision was made to pause our full Leadership WalkRound programme for the rest of the year while restructuring of patient services was taking place. As we move forward, we will continue to prioritise initiatives that facilitate direct interaction between leaders and frontline staff to enhance safety, quality, and a proactive risk management culture.



Part 4

Experience and Collaboration



In this section we share how our services are designed to ensure the best possible patient experience and share examples that demonstrate our commitment to continuous improvement. We provide data on feedback as an important quality marker, as this reflects how people experience our services.

We understand the power of partnership and collaboration. Collaboration is one of our key values. Here we will share some of the ways we have worked with other organisations to understand and meet local need to have maximum real impact in our communities.

We care about the people who work with us, and we know staff experience and learning and development significantly impacts healthcare quality and patient outcomes. We share how we listen to and support our staff to ensure we can meet the needs of the people we serve.

User Engagement Group and Co-production

The User Engagement Group, attended by clinical and non-clinical colleagues, provides oversight of strategic and operational issues relating to Patient Experience and User Engagement. Meetings are an opportunity to identify and monitor impact of improvement activity.

We recognise that people with lived experience are usually best placed to advise on where to invest our limited resources to really make a positive difference. The User Engagement Group provides a forum for service user engagement. This year they heard directly from our users about their experiences of our services (good and bad).

In addition to the wider transformation project work, we have continued to co-produce with our service users at the earliest stages of design, development, and evaluation. We co-produced several resources.

Service User Experience

We are now into our final year of our Patient Experience and Engagement Strategy. Together we focus on what really matters to our patients and carers.

Precious moments

Throughout the year, we have organised several off-site visits for patients and their carers, creating precious moments of normality during difficult times. One memorable trip included a visit to the Tate Modern for an inpatient who had been a lifelong member but had to give up her membership when she became too unwell to visit. We arranged for a volunteer driver, and the Tate generously provided VIP memberships for the day, granting unlimited access to all exhibitions. The visiting patient was overjoyed and expressed that she felt the need to say goodbye to the Tate Modern.

For a young adult staying on our Inpatient Unit, who was passionate about Arsenal Football Club, our hospice team worked together to throw an Arsenal themed pre-Christmas gathering for all the patient's nearest and dearest. Through collaborative working with The Willow Foundation, who also funded the catering and decorations, we were able to secure video clips from top football players to share at the gathering.

This year we hosted a wedding for a young Italian couple, building new connections with a local Italian Catholic priest. The couple who had no family in the UK described the day as

'Feeling like they were surrounded by family on the happiest day of their life.'



With the evidence-based benefits of Animal Assisted Therapies pet therapy ranging from improvements in wellbeing to increased confidence and greater communication, this year we relaunched our pet therapy program. Our specially trained furry friend, Teddy, and his trainer now visit our Inpatient Unit once a month bringing meaningful comfort and joy to our patients and he has developed a legion of fans amongst our staff.

Spiritual Care

Spiritual Care continues to evolve as an integral part of our holistic approach to patient and family support. This year, the service expanded its multi-faith chaplaincy team to include a student chaplain representing non-religious spiritualities, reflecting our commitment to inclusive, personalised care. Spiritual Care was embedded in key events including our Celebration of Life, Forever in Our Hearts, and Light Up A Life, offering spaces for remembrance, connection, reflection and comfort. The impact our spiritual care leaders have on our patients end-of-life journey is evident when they are invited to be active contributors to patient remembrance services.



'I would like to express my gratitude to the North London Hospice spiritual care and bereavement team, the support has been profoundly helpful. I felt safe, held, respected and deeply cared for. The ability to bring into the room past losses that had a bearing on my experience of losing my mum was a profoundly poignant and enriching experience.'

Spiritual care and bereavement compliment

Food and drink

Whilst our patients are cared for on our Inpatient Unit, food and drink is an important part of their experience. We provide a twice daily hot drinks trolley. This year we upgraded our popular alcoholic and soft drinks trolley to a 'airline style' trolley. The trolley is manned by a variety of our non-clinical and clinical workforce and volunteers and is popular with our patients, families and servers.

Many of our patients experience changes to the way and what they eat and drink during their end-of-life journey. Each patient has a nutrition care plan to allow us to support them with eating and drinking. The chef visits each patient individually to talk about their wishes and preferences and works with them and the team to meet those needs. We are proud to report that this year we have recorded no complaints about food compared to three complaints last year. We also saw an increase in compliments about the food we serve.

This year we ran education sessions on the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which provides a standardised way to describe food texture and liquid thickness for people with difficulty swallowing for both staff and volunteers. This helps to ensure safe and consistent food and drink preparation while also ensuring what we serve is as appetising and appealing as possible.

Our catering team launched a visitor and patient afternoon tea experience. The beautifully designed spread can be enjoyed outside, in patients' rooms or in the reception area at our Finchley site. As well as being a lovely experience for our service users, it helps raise funds. The family of one patient we cared for were so grateful for the high standard of care their mother received that they decided to celebrate her birthday by returning to the hospice for afternoon tea after their mother died. The same family then came and delivered a talk at the User Engagement Group meeting about the care they received, describing it as **'outstanding'**.



Feedback on the quality of care and support

Our culture of actively seeking, listening and acting on feedback enables us to learn lessons and implement improvements to all our services. This is a key part of realising the North London Hospice vision of 'the best of life at the end of life, for everyone'. Feedback also allows us to recognise and celebrate outstanding care and many of the comments name individual members of staff or whole teams.

Patients and carers can provide feedback:

- by sharing any feedback directly with our Patient Experience and Engagement team or staff verbally
- through our website feedback form
- through our patient and bereaved carer paper questionnaires which are designed to help us understand how we are performing
- through completing a service user questionnaire either digitally or a paper version. We will continue to expand our feedback mechanisms, particularly our digital surveying in patient services

Feedback is openly shared with:

- Our User Engagement Group
- Relevant Heads of Service and their teams through operational meetings
- The Executive Team
- Clinical Governance and Assurance Governance Committee.
- The wider public through our website, campaigns and annual Quality and Impact Reports.

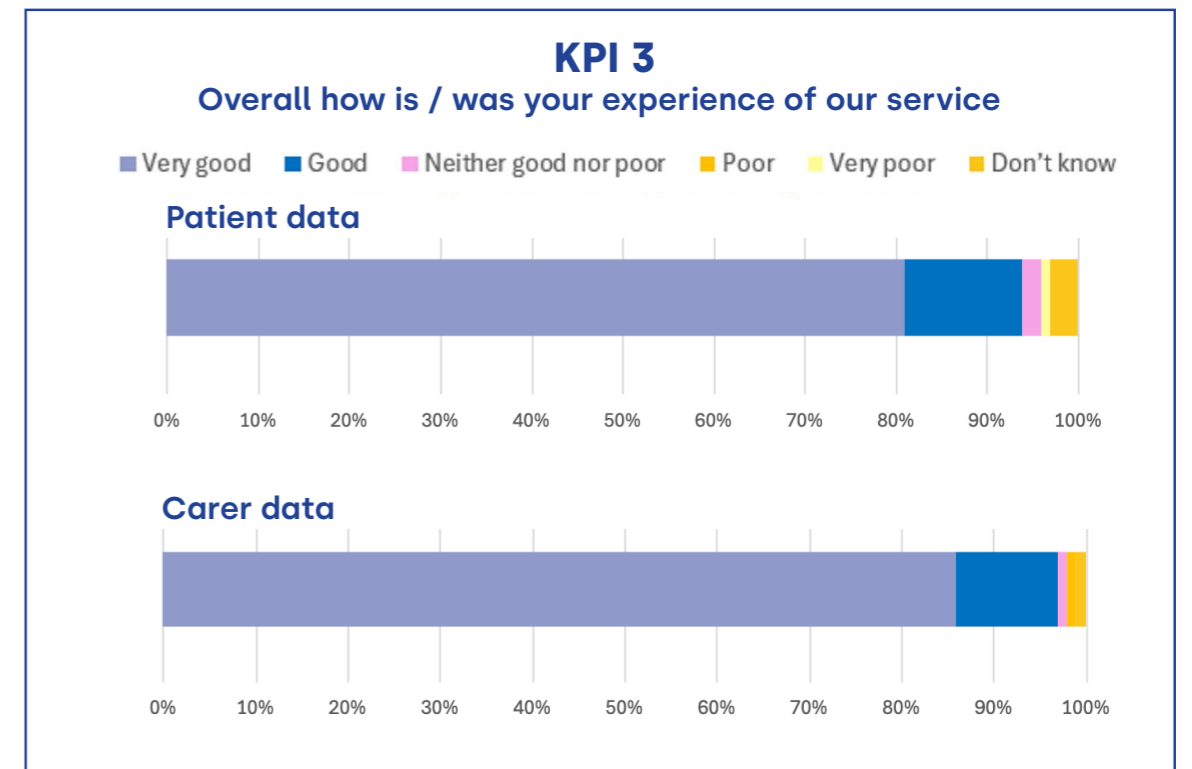
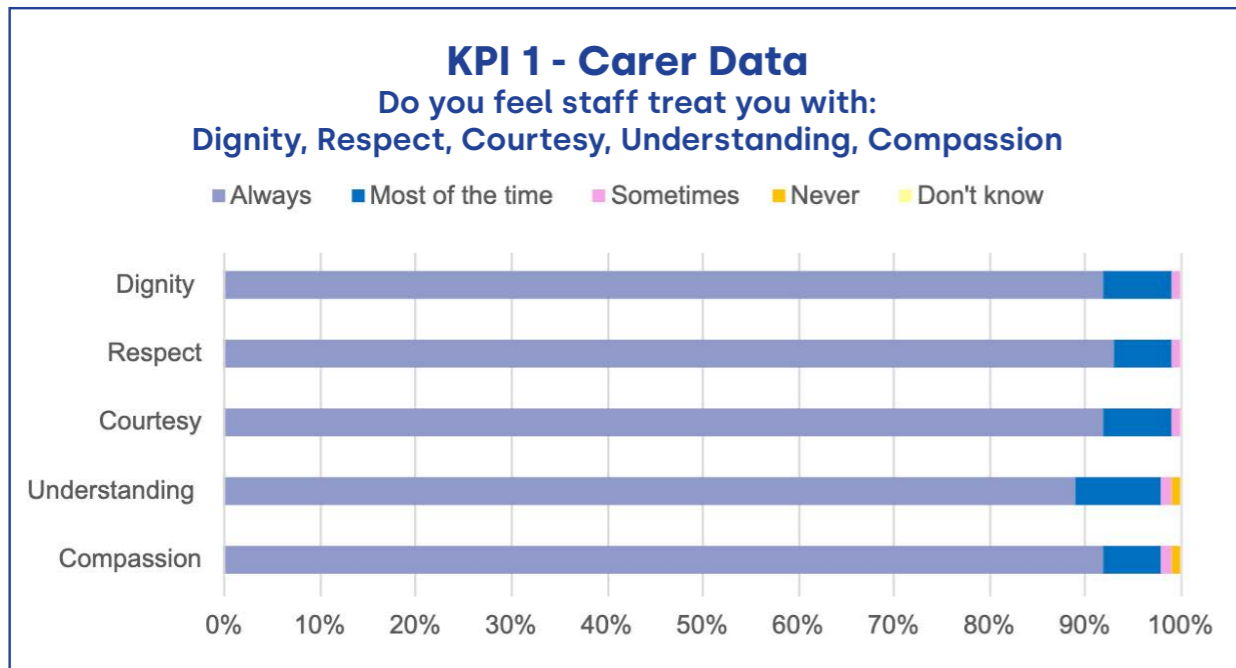
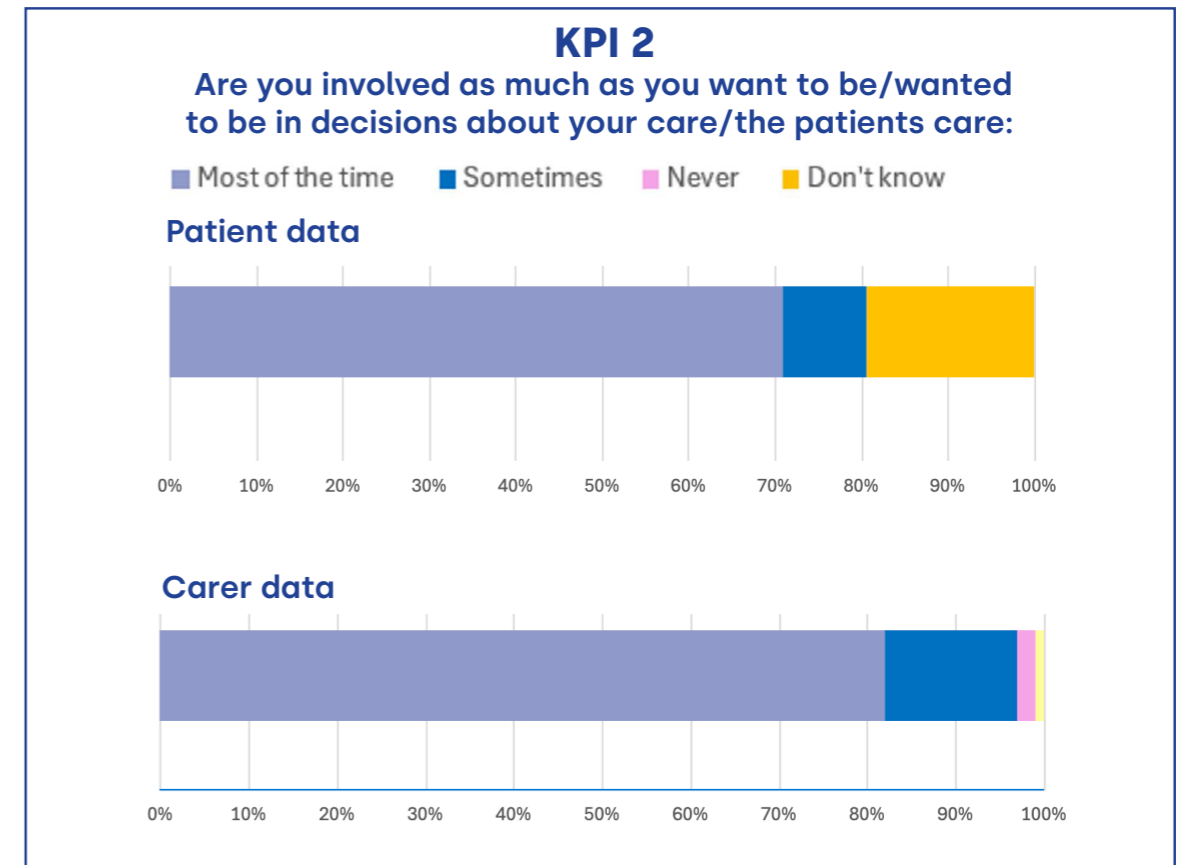
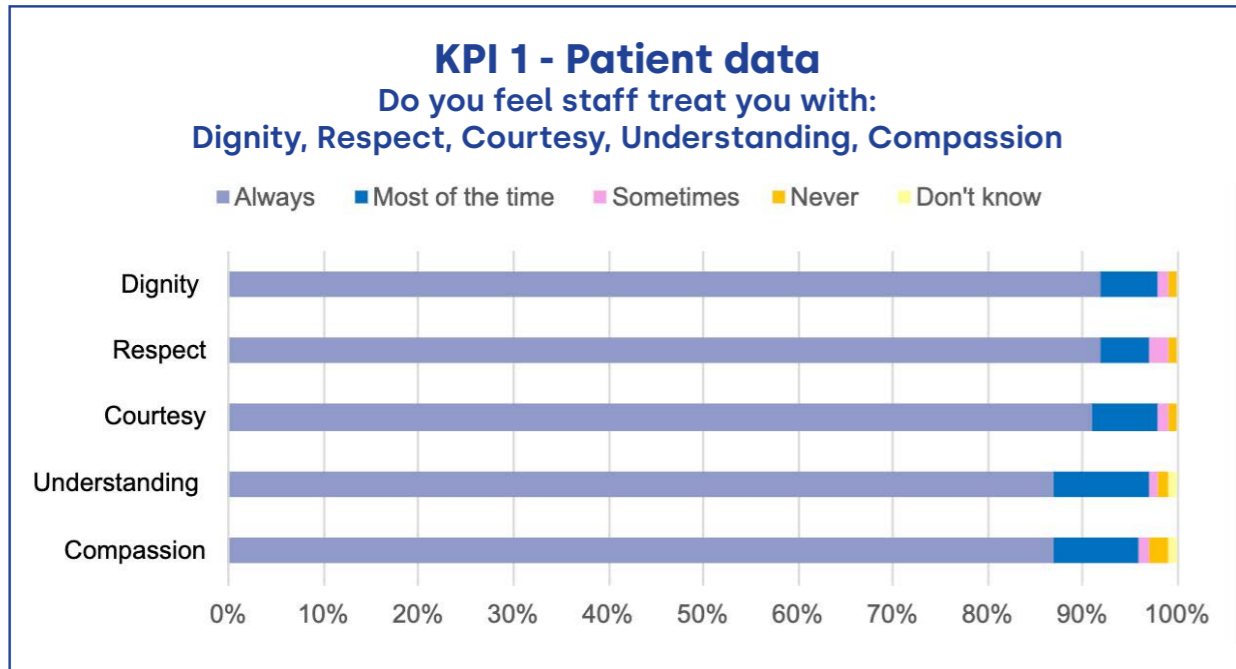
What our service users said:	What we did:
You told us you felt confused and ill-informed when trying to decide whether end-of-life care at home was the best decision for you. You told us navigating the responsibilities and offerings of different care organisations and services available was overwhelming.	We co-produced with patients, carers and other providers a 'Considering Care at Home' leaflet. The leaflet explores the kind of support patients may need and who within the health care system can provide it. It provides some important contacts and facts to consider when choosing to receive end-of-life care at home.
Our relatives asked for more information on what to expect when someone is dying.	We introduced the 'What to Expect When Someone is Dying' leaflet. It talks about changes in the last days of life and is designed to support the conversations our staff have with relatives and carers.
Our inpatient patients and their visitors requested for there to be a range of activities and resources available for patients wishing to continue with their favourite pastimes and hobbies whilst on the unit.	We introduced an activities trolley onto the unit which offers a selection of small leisure activities and hobby essentials for our patients to use.



Patient and Carer Surveys

In 2024-25 we received 211 patient responses from our paper patient-based survey provided to patients during their stay on our Inpatient Unit and posted to our community patients homes. Our results show that 95% of patients had a positive experience

In 2024-25 we received 325 bereaved carer responses from our paper-based survey posted to homes. Our results show that over 96% of carers had a positive experience



Complaints and Concerns

North London Hospice strives to give the best possible care and support to patients, their families, friends and carers. However, we recognise that there are times when we do not get it right and as such all complaints are considered seriously.

The North London Hospice Concerns and Complaints Leaflet is displayed in each service area, is available on the hospice website and is included in the patient welcome pack. We offer every service user who raises a concern or a complaint, the timely opportunity to meet in person or online so that we can fully understand their lived experience and the impact on them as the patient or carer. All complaints and concerns are dealt with respectfully, impartially and equitably, giving fair and accountable responses. In dealing with complaints that are made against colleagues, in line with our Patient Safety Incident Response Framework, the hospice adopts a supportive and "just culture" approach.

We report a reduction in clinical complaints this year. The increase in non-clinical complaints is mostly related to our shops.

	2023/24	2024/25
Clinical complaints	21	14
Clinical complaints upheld or part upheld	19	14
Non-clinical complaints	9	15
Non-clinical complaints upheld or part upheld	7	15

This year our Complaints and Concerns Policy was reviewed and updated, being approved by our Board of Trustees at the end of the year. This means the way we classify, manage, analyse and respond to complaints and concerns will change. The biggest change is our clearer definition of the difference between a concern and formal complaint as we focus on an early resolution. To support the implementation of the new policy we have made changes to our infrastructure and training. Examples of improvement taken because of complaints this year include:

- New catheter training developed
- Reflective practice introduced for clinical complaints involving communication
- Increased focus on caring for non-verbal patients during manual handling training
- Organisation wide bias and unconscious bias training developed.

What do we mean by a complaint?

A complaint is an expression of dissatisfaction, requiring a formal response regarding:

- The quality or delivery of care, support or services.
- The conduct or behaviour of staff or other North London Hospice representative.
- Any aspect of our policies, processes, practice.

What do we mean by a concern?

A concern is an issue which may require further enquiry, advice, or information to resolve them. A concern should be managed at a service level in the first instance or via an informal discussion with the Patient Experience and Engagement Manager. When a concern is raised which cannot be satisfactorily resolved within three working days, then it is to be processed as a complaint.

Compliments

Many patients and families expressed how valuable the service has been for them, allowing us to recognise and celebrate outstanding service and care. In 2024/25 we captured 296 compliments across our hospice, relating to all the services we offer. We found that the overarching themes in compliments were empathy of staff, kindness, compassion and outstanding communication of clinical staff and excellent holistic care for both patients and carers.

We cannot find enough words of praise for the loving care, attention, empathy and support bestowed on our mother and us her family by the North London Hospice Inpatient Unit staff. By staff we mean not just the doctors and nurses at the forefront of care, but every staff member we encountered in the facility, including the cleaners, food service people, social workers, and the many caring volunteers. (Also not to be overlooked as we remember the calm and peaceful natural surroundings, the gardeners and landscapers who tended to the grounds.) We owe it to all the individuals we encountered at North London Hospice that our memories of our mother's final days are positive and affirming as well as solemn and sad. Thank you for the superb care your institution offers, and the dignified and sympathetic way in which you treated our mother and our family.

Inpatient compliment

I wanted to take a moment to express my heartfelt gratitude for the incredible care and compassion provided during such a challenging time. Your kindness, professionalism, and dedication to ensuring comfort and dignity made a world of difference to both my dad and our family. Your support gave us strength and peace of mind, knowing that we were in such capable, caring and compassionate hands. The warmth and sensitivity Ginny and the community team nurses at the North London Hospice bring is truly exceptional, and we are deeply grateful for everything you have all done. Thank you from the bottom of our hearts for the comfort and care you provided. We will always remember your kindness!

Community services compliment

I only had the pleasure of this service for three nights before my mother passed away but her care through the nights was brilliant. I could not fault the care she received.

Palliative Care Support service compliment

Community and Partnership Working

Compassionate Neighbours

The Compassionate Neighbours scheme aims to tackle social isolation for people with a life-limiting illness and to support resilient communities. Compassionate Neighbours are trained to offer their time, companionship and support where they are needed most. This year we expanded this to IPU. Their work involves both one-to-one interactions and group activities or workshops.

My Compassionate Neighbour came round yesterday. He was here for over an hour and 15 mins. I told him this was the first time in 11 days I'd had contact with another human being. We had loads in common, we talked about sport, he was brilliant.

(Community member) Community services compliment

Our Compassionate Neighbours have an excellent network of partner agencies allowing referrals and signposting to ensure the support is there for people with life-limiting illnesses. This includes volunteer organisations such as Reach and Connect Haringey and Age UK Barnet.

Our Compassionate Neighbour is such a kind and patient man. My father and he have built a lasting friendship over these past years. As Dad's dementia has progressed our Compassionate Neighbour has sought out activities that my dad can still enjoy. He is very much part of dad's team and we are forever grateful to him for his time and to the North London Hospice Compassionate Neighbours team for everything that they do. Thank you!

(Relative of community member) Community services compliment



Compassionate Neighbours at Haringey's first Age Well Festival, September 2024



Compassionate Neighbours Music for Life Group

Other areas where the work of our Compassionate Neighbours has had impact this year includes:

- Leading on community outreach initiatives such as Grief Café in Enfield Town Library, which is open to all in the community who have experienced a bereavement.
- Being instrumental in the design and launch of the IPU activity trolley. In addition to games, puzzles, colouring books and other activities, a bespoke Compassionate Neighbours Crafting Comfort Pack is included on the trolley.



Engaging with our Community

We aim to understand and support the needs of our diverse communities, working alongside them to achieve better health outcome and lower barriers to improve health equity. Towards the end of the year, we ran our first Living Well project pilot, partnering with the London Irish Centre. The five-week program was well received, and the learning is being used to inform the development of our Living Well Group vision and strategy. We continue to invest in the development of innovative and culturally relevant opportunities to bring communities together. This year partners in our community included:

- The Black Heritage Hub
- The Gypsy Roma Traveller Showman Boater Board
- Chickenshed Theatre and Haringey Supported Housing - A grant from the February Foundation enabled partnership working to increase conversations around death, dying and grief amongst those experiencing poverty and deprivation in Haringey and Enfield.

The project used intergenerational creative arts to express helpful, positive and supportive ways to talk about death and dying.



North London Hospice at the Ultimate North London Reggae Party in the Park, hosted by the Black Heritage Hub, July 2024.

I think the message of this project is to be brave in thinking about how to innovate with this issue and use the dynamic relationship between the generations to enable support to be given to both younger and older individuals. ...Using Performing Arts to bring out and express inner personal tensions and fears together with talking and creating / devising across the generations is something needed for everyone who needs to feel more positive about death and dying. Doctors and medical professionals could "prescribe" this type of experience literally to help support grief and trauma and fear.

Executive Director of Education Training, Outreach, Chickenshed Theatre

Other Partnerships Working

Our community teams participate in regular patient focused meetings with district nursing teams, GPs, specialist community teams, care and nursing homes, and multi-agency care as needed. This year we worked collaboratively with the Royal Free NHS Trust. They supported our tracheostomy, blood transfusion, cannulation and venepuncture training. In return we offer places within our Learning and Development Framework on specialised palliative care.

We worked with North Central London Integrated Care Board (ICB), Hospice UK, our local Members of Parliament, our staff and Board of Trustees to share our expertise and be part of the national conversation about The Assisted Dying Bill. We welcome the focus it has brought to the need to support and fund palliative care. Examples of regional and national groups in which we participate include the:

- Pan London Patient Safety Incident Response Framework Group
- Pan London MAAR Chart Review
- Palliative and End of Life Care Strategic Clinical Network, NHSE/I (London region)
- Hospice UK - Advisory Council
- PalliE8 and NCL
- End of Life Providers Forum

Equality Diversity and Inclusion (EDI)

EDI (Equality, Diversity, and Inclusion) at the hospice aims to create a fairer, more inclusive environment for our patients and their families and carers, our staff and volunteers and the wider community in accessing our services. When initiating collaborative efforts, we seek to promote inclusivity and equitable participation. Our EDI calendar events offer the opportunity for staff, volunteers, patients, and their families to engage with the EDI work we deliver at the hospice.

We also use these events to collaborate with local community organisations. For example, in December, to mark International Day of Persons with Disabilities, CJ's Bakery a Barnet-based charity, which offers adults with learning disabilities the opportunity to work as bakers, attended our Head Office to serve their products. This was so well received, that they also returned at Easter for the same purpose. We marked Neurodiversity Celebration Week with staff sharing their personal experience on the intranet.

During Black History Month we displayed case studies in Head Office reception and on notice boards in Enfield and Haringey, highlighting historical and present-day Black-British healthcare pioneers. Marking Black History Month at North London Hospice enables us to celebrate the rich cultural diversity of our staff and the communities we serve and helps us to raise awareness/address misconceptions of end-of-life care, as Black communities are underrepresented as patients both nationally in hospice care, and at our hospice.

Analysing our demographic data to understand which groups in our boroughs are under-represented, is an important part of the role of our EDI steering group which meets quarterly. The group provides strategic oversight, and monitors progress toward achieving our EDI objectives at the hospice. It plays a key role in ensuring that all staff, volunteers and service users feel heard, valued and supported at every level of the hospice.



This year we collaborated with a local secondary school, who are proud to offer a deaf resource base on site, to produce 'sign of the week' videos, guiding us in some key words from British Sign Language. We shared these on our intranet to provide a springboard for more effective interactions with our patients and their families who may be deaf or hard of hearing.

Having previously captured 65% of demographic data for hospice staff in our 2023 Count Me In campaign, we re-launched the same campaign for volunteers. This resulted in our return rate for hospice volunteers almost tripling (from 16% to 42%). By ensuring we have a wide range of people volunteering for us who have different experiences, outlooks and perspectives, we are in turn able to better understand and respond to the needs of our patients, and the local community we serve more widely.

All our staff and volunteers undertake mandatory training on Equality, Diversity and Inclusion. We are proud to be Disability Confident Level 1: Committed accreditation, a government initiative designed to encourage employers to recruit and retain disabled people.



Members of CJ's Bakery a Barnet-based charity

Staff and Volunteer Experience

We take the safety and wellbeing of our staff and volunteers seriously. As such we have systems and processes in place to identify and assess potential areas of risk across all our activities, and we ensure remedial plans are put in place to address these risks. We have two Freedom to Speak Up Guardians who are an independent and impartial source of advice to support the speak-up process. During the year, our wellbeing offer has been reviewed and promoted and our learning and development offer now includes health and wellbeing as well, as the introduction of a monthly bite-sized and themed Wellbeing Wednesday.

We have continued to monitor staff engagement during the year using monthly pulse surveys conducted through Winning Temp – despite significant change, staff temperature overall has remained consistent at 7.3 (out of 10), although there has been a dip for some individual teams. 'Work Situation', measuring workload and stress, has been one of our lower performing indicators and we are focussing improvement in this area.

This year we reviewed our current lone working product which had a disappointing 25% utilisation by staff. We understood the physical device was bulky, needed nightly charging and was not discreet. We are undertaking a phased

roll out of a new lone worker app and continue to adapt it to meet the needs of our organisation, which despite some initial teething problems during testing, has been well received.

We have integrated volunteering across all aspects of the people team to better support development of the volunteer experience alongside that of staff. We have developed a Volunteer Handbook as a 'go to' resource for volunteers and their managers and introduced volunteer agreements. A more robust role-based training plan has been developed to ensure our volunteers understand our hospice values and are competent, confident, and can perform their duties effectively.



Learning and Development

Learning and Development activity has echoed this current time of transition across the hospice, with a real sense of moving forward on our commitment to supporting our staff and volunteers to do their jobs well.

This year we launched a new innovative Learning and Development framework. The framework provides a structured training and competency program for both our clinical and non-clinical staff. It was designed to ensure our workforce can fulfil their role effectively and provide the highest level of service and care. The framework included a six-day leadership programme to grow and support our leaders of the future. One of the key elements of the clinical part of the framework was fostering individual commitment to clinical effectiveness, strengthening our culture of evidence-based practise and driving quality leading to better patient care outcomes.

Learning extends beyond the formal teaching environment, with the Learning and Development staff continuing to directly mentor staff within IPU and the community and offer reflection opportunities. Mandatory training (a combination of online and face-to-face learning) continues to ensure staff have the necessary skills and knowledge to perform their duties safely and effectively, adhering to legal and organisational requirements such as Basic Life Support, Infection Prevention and Control and Moving and Handling. This year we included mandatory training for the Patient Safety Incident Response Framework. This ensures staff can effectively respond to patient safety incidents, learn from them, and improve patient care.

We celebrated the success of our communication skills training launched in 2023, designed to encompass the CORE values of the hospice labelled 'COREmunication' at a national communication training conference. Examples of this year's offerings of additional courses completed by staff supporting the enhancement of the quality of our services include nurse prescribing, advanced physical assessment, complaints management, and registered nurse top-up degrees.

External Teaching and Educational Partnerships

We continue to use our expertise, skills and knowledge to train others and improve end-of-life care and support within our wider community. Bespoke training was delivered to district nurses, the Care Home Assessment Team and a number of nursing homes within our surrounding boroughs. Two cohorts of the European Certificate in Essential Palliative care were run in conjunction with 14 other hospices. Feedback includes:

"I would like to express my heartfelt gratitude for the comprehensive training you delivered. It has significantly impacted my carer, equipping me with the necessary skills and knowledge to provide compassionate and effective care. Your expertise and dedication have made a lasting difference, and I am truly thankful for the opportunity to learn from you. Thank you once again for everything."

We welcomed a number of medical, nursing and allied health professional students and learners into the hospice, all wishing to learn more about specialist palliative care. Our partnership with Hertfordshire University was commended by a Nursing and Midwifery Council panel and feedback from teaching at the university stated:

"The teaching was incredibly inspiring and powerful. I am in awe of the work that yourself and your colleagues provide and there is no doubt that this will influence the practice of the soon-to-be paramedics."

- Staff conference in November 2024 with 136 staff in attendance
- Over 200 young learners, who are hoping to pursue a carer in healthcare joined our 'summer school'
- Nine apprenticeships supported by hospice
- Mandatory training compliance was 94% at the end of the financial year
- 122 mandatory and non-mandatory training sessions or internal staff
- Four posters presented at the annual national Hospice UK conference
- 38 external courses were delivered to 1263 learners



Part 5

What others say about us

Care Quality Commission



CQC is the independent regulator of health and social care in England.

Their purpose is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care that continues to improve. CQC monitors, inspects, regulates and rates services.

North London Hospice is required to register CQC. North London Hospice has no conditions on its current registration.

They use five key questions to assess the quality of our services:

- 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 their visit the CQC found that patients at the hospice report a positive experience, characterised by safety, responsiveness, and effectiveness in care delivery. The hospice's commitment to patient-centred care, comprehensive support, and continuous improvement ensures that patients and their families feel involved, well cared for and supported throughout their care journey. Patients reported they felt safe due to the hospice's strong safeguarding policies and procedures. Our processes ensured we considered and coordinated all aspects of a patient's care.
- They reported we used reliable data to monitor and improve care outcomes, ensuring that care was consistently effective.
- They found some shortcomings in the management of medicines. During the visit they found a cupboard containing medications prescribed for individual patients with labels either partially or completely removed. We reassured them this miscellaneous cupboard, which was introduced during the Covid-19 pandemic, and is now redundant.

Our Haringey site was inspected in March 2023. Overall our services were rated as "Good."

- The CQC found that staff provided a high level of care and treatment. Managers had a clear vision and strategy, monitored the effectiveness of the service and made sure staff were competent. There was a strong, visible, patient-centred culture with staff committed to improving services continually.
- Staff worked well together for the benefit of patients, consistently treating patients with compassion and kindness, respected their privacy and dignity, taking account of their individual needs, and helping them understand their conditions. Patient emotional and social needs were seen as being as important as their physical needs.
- There was some improvement action required around the local audit programme, risk management and reporting of third-party incidents. Evidence was resubmitted to demonstrate learning from feedback provided. Since the visit as part of our transformation of patient services the location of this service has transferred to our Enfield site.

Statement from Health Overview and Scrutiny Committee

Statement from Barnet Adults and Health Overview and Scrutiny Committee

1. The committee would like to thank all staff for the fantastic work they do in both the Hospice and in the community. The current pressures are obvious and notwithstanding this the Hospice provides an excellent service.
2. The committee is concerned that the Hospice may not be financially sustainable given the reduction in donations and increase to National Insurance costs for employers.
3. The committee is disappointed that the number of medication errors in the Inpatient Unit have more than doubled over the past year. There was also an increase in medication errors in the community though these caused either no harm or low harm.
4. The committee feel it is unfortunate that the Hospice does not yet have an option to do electronic prescribing but is pleased that there is a plan to add this.

The committee were reassured that the transformation work undertaken in 2024/25 was a key part of enabling the hospice to be sustainable.

Annual quality account circulated to North Central London Integrated Care Board (ICB) and Healthwatch Barnet, Haringey and Enfield prior to publication with no comments received.

Accessing further copies

Copies of this Quality Account may be downloaded from www.northlondonhospice.org. Hard copies of the Quality Accounts for 2023/2025 and 2024/2025 can be made available on request.

How to provide feedback on this Account

Please contact

Qualityteam@northlondonhospice.co.uk

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

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

Additional Mandatory statements

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

- During 2024/2025 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 2024/25 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 2024/25 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 2024-25, 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 2024/25 as of 31 March 2025. 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 cares for patients with a life-limiting illness and supports their families, friends, and carers too. We care for patients in the communities of Barnet, Enfield, and Haringey and in our Inpatient Unit in Finchley.

If you require the Quality Account in any other language or format to meet your accessibility needs please contact us: Qualityteam@northlondonhospice.co.uk

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