



Quality Account

2022 - 2023

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Part One

1.1 Statement on Quality from the Chief Executive and the Chair of Trustees.

Building the future by learning from the past.

We are pleased to share a summary of the hard work undertaken by staff and volunteers of the Hospice during the past year. Changes to how we obtain and quickly share feedback on all our services has been embedded during the year. This has provided Trustees and staff with timely evidence of the quality of the care we provide and also enabled the assurance on safety and personalisation of our work.

This year has seen all our registered services inspected by the Care Quality Commission. Feedback and reports confirmed most of our operations are meeting the standards needed, however we valued most the identification of areas for improvement. Our teams have used this external oversight to review and improve systems and practices. Once this work was completed, the Board commissioned an external consultancy, Quality Thinking, to assess the changes implemented and to ensure the planned changes meet the inspection process and standards. Trustees and Executives have had reassurance on the quality of services and practice by the independent review.

One area of record keeping improvement that continues into 2023/24 is the implementation of a new patient record system. Work is at an advanced stage for the implementation of SystmOne, going live in November 2023. This is being introduced to all areas of work apart from Harlington Care. All areas, processes, and documentation have been reviewed and the system designed to reduce duplication and time spent on recording activities to free up time for patient care.

In addition to the day to day work during the year we have worked with our Hillingdon partners on plans to improve wider health system support for people in the last year of life. This will mean full integration of teams from three

organisations and introduction of a single point of coordination. Built on learnings from other parts of the country, this is a major change, taking partnership working to the next level.

During the year, as part of the rebranding process, we went back to why the Hospice was established and what our beneficiaries need from us. This has meant that we have reviewed our values, with four new ones that reflect how we work and what we do. These are:

- Collaborative
- Responsive
- Thoughtful
- Courageous

A new visual image and clarity of purpose has helped smooth the merger with Michael Sobell Hospice Charity which took place on 1 January 2023. Bringing the organisations formally together, after four years of joint working, provides a stronger financial base to secure the future of the much valued services.

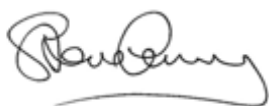
As always, the coming year brings a combination of challenges, we will continue to review and adapt services as needs change and increase. A work programme has been agreed but we also recognise the need to be agile, making changes to ensure we are responsive and can assure quality and safety of the care we provide.

1.2 Assurance of Accuracy

This Quality Account for Harlington Hospice is a balanced account of our performance during 2022-23.

The information included is accurate and reliable.

Steve Curry
Chief Officer

A handwritten signature in black ink, appearing to read 'Steve Curry'.

Carol Coventry
Chair of the Board of Trustees

A handwritten signature in black ink, appearing to read 'Carol Coventry'.

1.3 Harlington Hospice Overview

Our Vision

Where everyone living with serious or terminal illness is treated as an individual and supported to live with their illness in a positive way.

Our Purpose

To support those in our community living with serious or terminal illness to live each of their days in their own way, to the fullest.

Our Values

Collaborative

We're inclusive and diverse. And never overlook the value of other views and perspectives in creating more individualised care. We share our own, and learn from other's, best practice.

Responsive

We're embedded in our local community and exist to respond to their needs. We go above and beyond to find the right answers for whoever needs our help.

Thoughtful

We think not only about the most effective medical practice, but also about what is helpful for our patients.

Courageous

We're there at people's hardest moments in life. And we're a pillar of strength for them when they need us.

"The staff were friendly, caring, professional and empathetic throughout my stay and once I started to feel better, they introduced the fun element of staying in a hospice. The staff always have a smile or kind word for a patient and/or relative."

Case Study 1: Priya Goes to Disneyland November 2022

Priya Gander and her husband Daniel have been all over the world with their daughter Riya. But after COVID-19 and Priya's cervical cancer diagnosis, their biggest goal of going to Disneyland Paris seemed like it would never come to fruition. That is, until they mentioned it to their team at Michael Sobell House, who then worked with them to arrange the trip in just two days and make this dream come true.

Priya explained before the trip, "Ever since Riya was little we've wanted to go to Disneyland but because of her age, then COVID hitting and then obviously my health deteriorating, we weren't able to do too much about it. Then luckily, out of the blue, one of my work colleagues messaged me the other day and said he knew how much I wanted to take Riya with my nephews, because the last time I wasn't able to go with them either. So, they set up a Go-Fund-Me page to get us to Disneyland. The Hospice has helped me find a little energy, and even though my future is very uncertain, I am sure I can make this trip. To be able to make it with my daughter, who is five now, is a really big day for us."

"I don't even have words. I'm so excited. Riya is a proper Disney little girl, a proper princess. We've all grown up around Disney and that's something that we wanted all the kids to experience as well, for me to do it with them. So, that's what's made it more important for me, to be able to have that opportunity to do it with Riya. To create some more memories before I go anywhere."

To ensure that Priya could enjoy the trip safely, Jo and Donna, two nurses from the Hospice Team, accompanied her. Priya said, "The Hospice Team have just been absolutely amazing, I can't fault them even in the slightest bit. They didn't have to provide us with two carers and all this extra medication, but they're doing it all just to make sure that we can get through to the end of the day and make it back."

Her husband, Daniel, added "They've sorted out the transport from the Hospice and have helped with the trains and things like that. They've done all the risk assessments; all the doctors and nurses have been working to make it happen. We wouldn't have been able to do it without this place, we're so lucky! They've supported us all the way. We're really overwhelmed."

[Case study continued on next page]

Described by Daniel as the “pinnacle” of what the couple wanted to do, Priya and her family went to Disneyland Paris on Wednesday 23 November 2022 and they truly had a day to remember.

From face painting to fairytale castles, the trip was an incredibly special time for everyone. The family had two main goals to accomplish on the day: to meet the Disney Princesses and to watch the Disney Parades, both staples to the Disneyland experience and ticked off their list before the end.

Donna, one of the nurses who accompanied Priya, explained “it was just an amazing experience. To see how it lit a spark in Priya during the two days run up and the impact it has had on her mental wellbeing is just so positive. It’s a great privilege to be involved in someone’s care and to support them in achieving something as special as this trip.”

By the iconic Disneyland castle, Priya said to Michael Sobell House Nurses, Jo and Donna, “Thank you so, so, so much guys for making this happen...I can’t say how grateful I am that you have made this happen for me...it’s been absolutely amazing.”



Part Two

2.1 Our services in the past year

Support at home

Hospice at Home (end of life care at night)

This NHS contracted service provides registered nurses and fully trained health care assistants to give palliative patients supportive health care in their own home during the last weeks of life. This is tailored to the individual family's needs.

Hospice at Home enables the patient's carers to have respite at night to better support them to care for their family member during the day.

The Team also supports Rapid Response, providing night support for palliative patients and their carers to facilitate discharges from hospital.

Harlington Care (domiciliary support at home)

Harlington Care provides trained staff to support people with long term conditions needing a high level of care at home during the day. This service provides for people requiring palliative care at home.

Harlington Care provided:

- Hillingdon – 9,008 care support hours to 124 Hillingdon carers, 94% utilisation. This includes 'post' carer support and Hospice at Home day sitting services to support clients with their wish to die at home.
- Hillingdon Framework – 950 care support hours.
- Hillingdon/Hounslow private clients – 4053 care support hours.
- Hounslow CBS contract – 6793 care support hours.

Referrals and support hours are increasing year on year.



Feedback from Harlington Care

"Our carer is the warmest kindest person you could imagine. She looks after my mum who has quite advanced dementia, they have a lovely time together doing things that mum loves to do. She shows so much respect and love for my mum."

Enhanced End of Life Service (Community Beds)

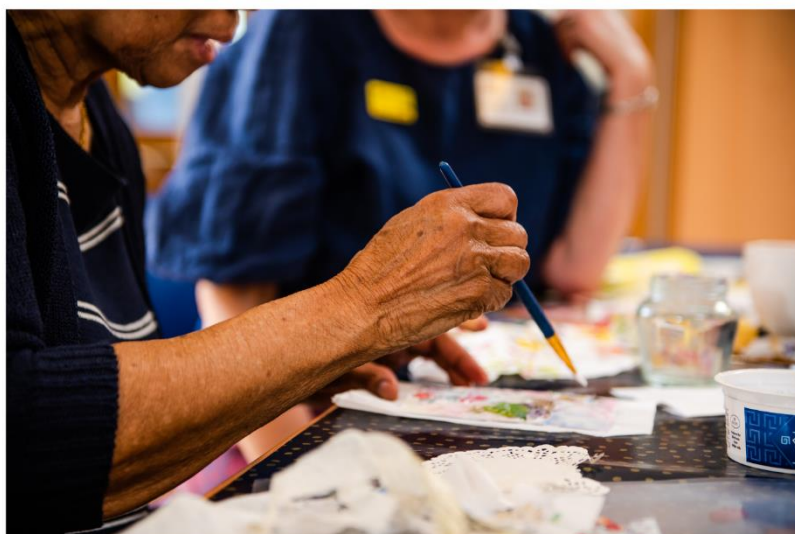
Our nursing and therapy staff provide hospice support for patients in continuing health care beds (community beds in nursing homes). Our input includes physiotherapy, complementary therapies, pastoral and psychological support and senior end of life care nursing support.

Support at our Wellbeing Centres

We provided support for people with serious and terminal illness through our activities in the Reg Hopkins Centre at Lansdowne House and the Wellbeing Centre at Michael Sobell House.

Services include:

- Lymphoedema Clinics
- Dementia Support
- Patient & Family Support
- Complementary Therapies
- Carer Support
- Creative Arts
- Exercise and Relaxation



Remote Wellbeing Service

During 22-23, we continued to deliver some remote services including Creative Arts and Socials. The Socials were held twice weekly and would cover a theme such as fatigue or a need identified or raised by a client participating. It was used to signpost people to services, identify people to follow up with individually, and provide an opportunity for clients to socialise.

While over the past year the service has started to transition back to in person sessions, the Wellbeing Hub is being developed and re-imagined to provide more face to face and online content and opportunities for Hillingdon residents.

Lymphoedema Tripudio sessions continue to be held online and face to face, along with online recordings for residents to access.

Psychological & Emotional Support

Palliative Psychotherapy and Patient & Family Support



This service for adults delivers one to one counselling to people living with serious or terminal illness and those who are close to them. The service also provides support to prepare for the end of life. And for those who have lost significant people.

"It was positive to talk and understand my family. With the opportunity to spend time talking about our feelings, having a plan on how to deal with each other moving forward."

Child & Adolescent Bereavement Service (CABS)

The CABS Team understands that unresolved grief can have a detrimental effect on a child or young person's life. They use art therapy to work with children and young people.

Art Therapy is a form of psychotherapy that uses art materials to help express feelings that are often too difficult to put into words. It is a three way process between the client, their art work, and the therapist. Art making in the sessions often helps children and young people discuss their feelings with the art therapist, it can help them shift perspectives and understand difficult feelings and behaviours with more clarity.



This support includes:

- Individual art therapy sessions.
- Group art therapy.
- End of Life support.
- Family sessions.
- Parent Support Groups.
- Advice for families and professionals.
- Online art therapy sessions.
- Memorial Events and Creative Workshops.

Why it works

- Research supports art therapy as a treatment that promotes hemispheric integration, linking the verbal with the non-verbal functions while containing affect (Gantt and Tinnin 2009).
- Reduction of arousal through relaxing effects of art making.
- Art making involves cognition, planning, construction of the art product.
- Art making is sensory based: utilised visual, tactile, kinaesthetic, and often olfactory and auditory sensations.

Creative Workshops

Throughout the year, CABS run art workshops. These are open to all of our clients – past and present. They are not therapy sessions, but are an opportunity to get creative, learn new skills and connect with others, helping bereaved children and young people to feel less isolated and better supported in their grief.

This year CABS held four workshops:

- Gift of Story and Dance.
- Glass Memory Making.
- Nature to Nurture.
- Portrait Making.



Children and young people living with neurodiversity

A key focus in the last year has been to adapt our approach to better reflect the needs of children and young people who are living with neurodiversity. The team presented their research on Neurodiversity and Grief at the Hospice UK National Conference 2022. The poster was voted by the British Medical Journal Supportive and Palliative Care as the winner of the Hospice UK Conference poster exhibition. And information about their research and Parent Support Groups now features on the Hospice UK Innovation Hub.

Working Together To Support A Child Or Young Person



Case Study 2: Pilot Project on Neurodiversity and Grief

In the past few years CABS has seen a marked increase in referrals for children and young people living with autism. This is due to a number of reasons, including the impact and consequences of the COVID-19 pandemic (sudden losses and missing important grieving rituals), a growing awareness of the importance of bereavement support, and increasing understanding of how people living with autism grieve. Alongside this referral increase is the stark reminder of the lack of bereavement provision for people who are neurodiverse.

CABS research found that many healthcare systems and teams have insufficient skills and resources to meet the increasing demands for appropriate and timely support. It is this deficit in provision that drives CABS to develop the service within the London Borough of Hillingdon and adapt to the needs of neurodiverse clients. CABS has been working in collaboration with other young person charities and services, such as the Child and Adolescent Mental Health Service (CAMHS), Hillingdon Autistic Care and Support, and local schools.

One of the core values of CABS is inclusivity, underpinned by a belief that the service must reflect the diversity of human experience, especially in grief and bereavement. Paula Boyle, Principal Lead for Psychological & Emotional Support, explains that, "We are adapting our service to the needs of the families we work with. We view people as not being defined by diagnosis but through the wholeness of their personality." A new collaborative research project is being established to improve bereavement service provision. This research looks at the importance of adapting to the needs of neurodiverse clients to address existing health inequalities; challenging misconceptions of neurodiverse grief; and developing greater training for the professional therapist community. The Team will work together with service users and families to ensure their voices are recognised and included. This collaborative approach will provide significant value and insights into understanding the notion of neurodiverse grief responses and the accessibility of services.

The pilot project launched Parent Support Groups in March 2023. These groups are designed to provide parents and carers of children living with autism with psychoeducation about grief and autism and to establish a space of peer support. They discuss how to manage challenging behaviour triggered by grief, have difficult conversations in an honest and age appropriate manner and highlight the importance of emotional and physical self care.

The CABS Team is committed to challenging healthcare inequalities and understanding the complexity of neurodiverse grief.

The Michael Sobell Hospice (Inpatient Unit)

From April 2023, the Michael Sobell Hospice will be known as Michael Sobell House (MSH).

In February 2023, MSH opened an additional bed, increasing to an eleven bedded unit. Staffing levels have remained stable, with natural attrition. And work continues to develop the House's various services and involvement in the London Borough of Hillingdon.

Since 1977, Michael Sobell House has offered a comforting and nurturing space for people to stay, both temporarily for symptom control, and to experience their last moments if this is their wish. In some instances, those close to them are also able to stay over.

What matters to you matters to us, and we strive to personalise each person's stay as much as possible. Working with everyone to create individualised care plans that include physical, psychological, emotional, and spiritual support.

"Excellent knowledge and very helpful explaining what is going on."



Retail – Charity Shops

The collaboration between the charity shops of Age UK Hillingdon, Harrow and Brent, Harlington Hospice, and Michael Sobell Hospice Charity continues to be a success.

2.2 Review of Priorities Identified for Improvement in 2021-22

Priority 1:
Development of an Audit Planner and Process, with capabilities to log actions, outcomes and learnings.
<p>How we have achieved this</p> <p>After an extensive overview of current audits, a provisional planner was developed which allowed for the centralisation of the organisation's audits. We have joined a Hospice Audit group with other local hospices to network and share our processes.</p> <p>This also allows us to look at how we can benchmark and collaborate in order to improve our services and learn from each other.</p> <p>We also network and participate with Hospice UK and participate in their Patient Safety Benchmarking</p>
<p>Our outcomes</p> <p>The planner has enabled the centralisation and recording of audit results, actions and learning.</p> <p>We have a planner which will now be converted to a management programme, which will send out automated reminders to support the prompt completion of audits throughout the year.</p> <p>We are able to demonstrate our compliance with Quality Standards and Best Practice.</p> <p>We will be able to organise and plan out audits in accordance with our policies.</p>

Priority 2:

Development of Harlington Hospices Psychological Support services.

How we have achieved this

We have merged and developed our psychological support services for adults and children into one team, to expand and support the growing demand for these services.

Existing Children & Adolescents Bereavement Service, Palliative Psychotherapy, Family Support and Counselling services are now known under the umbrella of the Psychological & Emotional Support Department (PESD) with one Principle Lead.

Our outcomes

We now have collaborative working between the adult, children and adolescent clients and are able to build holistic teams around the family.

Improved peer support with the merging of several small teams.

Regular team meetings and case studies.

Priority 3: Effectiveness

Developing and implementing our own patients goal and outcomes form

How we have achieved this

Our Medical Team created a new tool created to ensure outcomes are measured taking into account patient's wishes and goals.

In the past year they have designed, audited and evaluated the tool and are currently working on a second generation.

Our outcomes

The tool has provided a way to evaluate the patients desired outcomes to their own goals and wishes, allowing us to measure our response to the outcomes/priorities of each patient as an individual.

The top three concerns for patients admitted was Pain, Psychological Distress and Shortness of Breath.

The tool has given the organisation to evaluate the effectiveness of the IPU service.

As a result, we have found that the Hospice is very good at managing pain within 48hrs and maintaining good pain control.

This tool will continue to be developed and reaudited. The expectation is, that with more data we can confidently evaluate the effectiveness of our admissions as well as demonstrate our commitment to identify and support patients with what means most to them.

Priority 4: Patient Safety and Experience

The 3 C's – Quick and actional feedback from patients and clients

How we have achieved this

We have created a new form to be handed out and available at all times which asks:

- How was your care today?
- Is there anyone who went that extra mile for you?
- How could we improve?

The feedback and the management responses are shared in a weekly 'Feedback Friday' email to all staff and updated on our "You said, we did..." boards at MSH and Lansdowne House.


Our outcomes

This has Increased the amount and pace of concerns being raised and responded to with quick responses to comments visible to patients and staff.

The organisation is able to Identify outstanding moments of care and able to share this with staff members.

Feedback Friday has had a positive effect on the staff. And has helped staff keep updated with any concerns raised.

Example of the 3 C's Feedback Card

<p>How has your care been today?</p> <p>FINE! AS USUAL LOVELY PEOPLE. MAKES YOU FEEL SAFE AND MUCH BETTER THAN YOU REALLY ARE.</p>
<p>Is there anyone who went that extra mile for you?</p> <p>THEY ALL GO THAT EXTRA MILE WITH A SMILE. EVERY ONE IS <u>KIND</u></p>
<p>How can we improve?</p> <p>LET THE WORLD KNOW WHO YOU ARE AND HOW KIND YOU STAFF ARE.</p>
<p>Thank you for taking the time to feedback to us.</p> 

Priority 5: Effectiveness and Well-Led

Creation of a Data Hub to manage data collection and sharing throughout the organisation's services to bring all branches into a single reporting process.

How we have achieved this

Data Hub Meetings were set and a lot of the initial mapping completed the next step is to determine the flow of data from the point of referral to discharge and compile a list of reports that use this data.

The IT team has recruited an IT apprentice to free up other members of the team to focus on this project.

Work will continue into 22-23 for this to – three year priority with our new SystmOne priority for 23-34

Case Study 3: Nahida makes it to Makkah with support from the Hospice January 2023

After planning to visit Makkah in Saudi Arabia with her brother and daughter, Nahida found that the symptoms of her cancer were making everyday life difficult to manage. In January 2023, Nahida came to stay at Michael Sobell House where she was able to work with the Team to bring these distressing symptoms under control. She was able to leave for Saudi Arabia on this spiritual journey on Sunday 29th January, directly from the Inpatient Unit.

Makkah is regarded as the holiest city in Islam. Nahida explained why this trip in January was so special, "As a Muslim, it really means a lot to me to be able to go to Makkah this time. I've been in Makkah two times before, but never in this holy month, one of the three holy months before Ramadan. I can't wait to go. I've felt supported by the Hospice when planning this trip, one hundred percent."

Her daughter, Zaynib, shared, "When we were caring for Mum at home, she was on heaps and heaps of different medications because of the chemo. They offered us the Hospice as a temporary place to stay to get a hold on all the medications and get Mum to better health, especially so that she can go to Makkah. To be honest, this stay at the Hospice is a godsend. I just feel she's so much better than how she was before she came in."

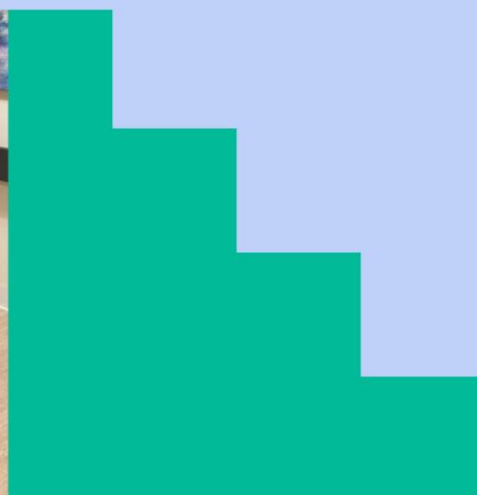
Once Nahida told the team at Michael Sobell House of her plans for this important journey, they were able to focus her treatment plan. This included ensuring that Nahida's haemoglobin levels and infection levels were stable before her trip, supporting her emotional wellbeing, and ensuring that she had back-up medicines to take with her. The Team wrote letters which explained her different medications to ensure that she had a smooth crossing at the Saudi Arabian border. The Hospice's Medical Director, Dr Ros Taylor MBE, also set up a WhatsApp chat with Zaynib so that she could quickly gain advice.

[Case study continued on next page]

Zaynib said, “They’ve thought of everything. When Dr Ros told me that we’re going to be WhatsApping throughout the whole trip, I was so relieved because I had my own nerves about going with Mum. To actually be able to communicate with them while I’m there is so brilliant. That takes so much anxiety off of me.”

As part of the pilgrimage, Muslims visiting the holy city perform certain rites, including Sa’i which involves the ritual of walking back and forth seven times between the mountains Safa and Marwa. Other rituals include circling the House of God seven times. Zaynib commented, “All of this is showing how much physical strength Mum is going to need to do this. It’s not just about getting there. It’s about being physically well enough to actually do the pilgrimage. All of that has been considered whilst she has been at the Hospice.”

Nahida completed her pilgrimage (also known as Umrah) and on 8th February, returned safely to the UK. She was welcomed back once more to stay at Michael Sobell House.



2.3 Our Partnerships

MyWishes

The UK's leading end of life planning software, the **MyWishes** platform provides free to use software to help people document future care wishes, safeguard their possessions, and make plans for those closest to them.

MyWishes works to make planning for peoples physical and digital estate quick and easy, empowering people to make the best decisions for them, their future care, and those they care about.

Digital Legacy Association

It is important that professionals are able to assist patients, families and those they serve with relevant support and advice. The Digital Legacy Association argues that “digital assets planning and digital legacy safeguarding should form a holistic approach to advance care planning”.

ProjectECHO

During 22-23, Harlington Hospice participated in an ECHO network with the London Ambulance Service (LAS), CNWL NHS Trust, and MyHealth Hillingdon.

This project ECHO was established to enhance the confidence of London ambulance clinicians who are increasingly required to attend dying patients and manage them at home.

The ‘stakeholders’ were all grades of ambulance clinicians. The hub consisted of a palliative physician and nurse, a care home matron, a GP, plus two end of life leaders from LAS and an administrative partner.

The curriculum was collaboratively agreed with LAS. Topics included understanding the palliative approach, ethical decision-making, symptom control for those patients who want to stay at home, emergencies at the end of life, communication challenges and family dynamics. Engagement has been huge with over 200 ambulance clinicians engaging with the first three ECHO sessions.

The ECHO has been commissioned for at least six sessions in 23-24.

HPAL – Medindex

We continue to develop and market our website hosting information about palliative and end of life care for use by patients, carers and healthcare professionals.

Developed by our Medical Director, Dr Ros Taylor MBE, and an award winning London GP, Dr Poppy Freeman, the website provides accessible and essential information on a wide range of topics for clinicians and carers.

It will continue to develop service directories for the eight North West London boroughs.

<https://hpal.medindex.co.uk>

H4All

Established over ten years ago, H4All is the Hospice's Third Sector Partnership in Hillingdon. Working collaboratively on strategy and service delivery, the partnership now provides services for people with wider social needs that impact on their health, community development for health initiatives, and support for a wide range of communities and charities in the Borough.

During the past year H4All has been involved in developing a voluntary sector collaborative in the North West London (NWL) Integrated Care Board (ICB). Plans to transform H4All into the NWL sector organisation will be implemented in 2023/24.

2.4 Quality Performance

Activity Data

Hospice Inpatient Unit	21-22	22-23
Number of referrals accepted	241	241
Admission episodes	214	197
Average Bed Occupancy rate (number of available beds)	80	85%
Average Length of Stay	11.5	9.5
Number of discharges:	96	73

Number of discharges to home	78	61
Number of discharges to care home	15	11
Number of deaths in hospice	112	122
Same day/next day admissions	104	114
Lymphoedema	21-22	22-23
Number of Patients	201	289
Number of Treatments	1293	1352
Wellbeing		
Number of Patients	144	155
Number of Treatments	903	780
Children and Adolescents Bereavement Services		
Number of Patients	230	251
Number of Treatments	9460	9152
Palliative Psychotherapy and Counselling		
Number of Clients		169
Number of Treatments		880
Rehabilitation		
Number of Treatments	108	255

Harlington Care - Hillingdon	21-22	22-23
Individuals Cared	230	251
Care Visits	9460	9152

2.5 Incident Management

We use Vantage Sentinel, an online incident reporting system. This has enabled us to greatly increase our incident reporting and management since its implementation in 2020. It allows for the collection of data as well as an effective method of recording our incident management process.

Number of Incidents	2020-21	2021-22	2022-23
Total Number Reported	165	248	411

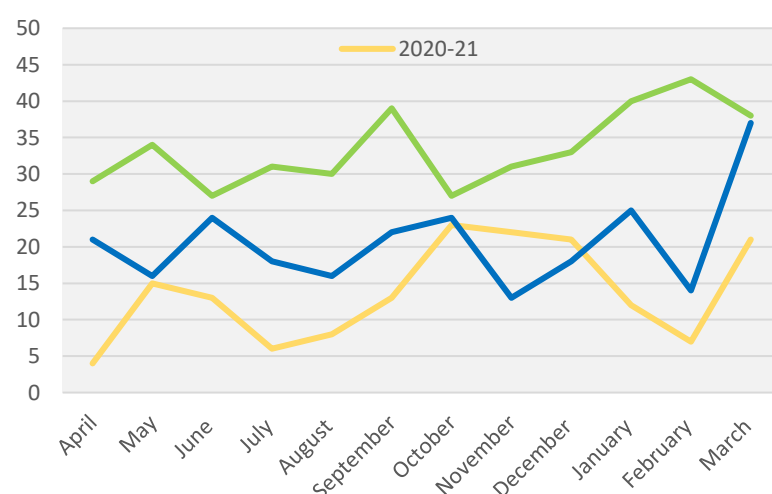
This increase is seen as a positive sign. The organisation is improving its reporting of near misses and incidents that have an effect on the running of a service.

Whilst the number of incidents reported has increased, **the severity of harm has not**. This supports the idea that an organisation that reports, is a safe organisation, with continuous learning and raised awareness from the monitoring of near misses and no harm incidents.

We also expanded our reporting parameters with the 22-23 data now including staff incidents including COVID-19, audit results, phishing email attempts and environmental issues. There has also been more activity at the Hospice sites since the relaxation of COVID-19 precautions.

Patient/Client	21-22	22-23
No Harm	19	47
Low Harm	18	19
Moderate Harm	1	0
Severe Harm	0	0
Death	0	0

This number is inclusive of the Inpatient Unit, Offices, Retail Warehouse and Shops, Wellbeing Centres, and the Fundraising Building.



Sentinel is used throughout the organisation and is mandated as the standard reporting tool for all staff. The Senior Management Team (SMT) and Patient Safety Lead are automatically notified of any incidents.

All reported incidents are reviewed twice a week at an Incident Review Meeting and patient safety specifics are sent to the relevant Patient Safety Working Group.

These groups include

- Infection Prevention and Control Working Group
- Falls Management Group
- Tissue Viability, Hydration and Nutrition Working Group
- Medications Optimisations Working Group
- Safeguarding Steering Group
- Patient Safety Working Group
- Quality Assurance and Governance Committee

A weekly email, the 'Sentinel Bulletin' was started in January 2023, which informs staff of recent incidents, learnings and recommendations.

Patient Safety

As an NHS provider, Harlington Hospice will be implementing the Patient Safety and Incident Response Framework (PSIRF) in 2023/24. This is a key part of the NHS patient safety strategy.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates **four key aims**:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focused on strengthening response system functioning and improvement.

Patient Falls

All patient falls were near miss, no harm or low harm.

Inpatient Unit: Of the 171 patients, 22 individuals fell (13%)

Harlington Care: One Fall

Hospice at Home: One Near Miss

Our total number of patients falls for 22/23: 29

HUK Medium Hospice Average: 7.8

HUK Adult Hospice Average: 7.4

Harlington Hospice Average: 6.8 – Below average for Medium Hospices/Adult Hospices.

New Pressure Injuries

Pressure Injuries: A pressure ulcer is localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device) resulting from sustained pressure, including pressure associated with shear.

MAD: Moisture Associated Skin Damage/Dermatitis (MASD) is defined as injury to the skin from moisture.

Inherited/Admitted with: Patient is admitted to service with a pressure ulcer or MAD.

New/Acquired: Patient develops pressure area(s) or MAD whilst an inpatient.

	21/22		22/23	
	People	Injuries	People	Injuries
New Pressure Injury	20	28	↓16	↓17
New MASD	4	4	↓ 2	↓ 2
Admitted with PU	34	44	58	73
Admitted with MASD	6	9	10	10

Admitted with/ Inherited Pressure Injuries/ MASD

HUK Medium Hospice Average 9.7

HUK Adult Hospice Average 9.7

HUK Harlington Hospice Average: 6.3 – Below Average for Medium/Adult Hospices.

Medications

Levels of Harm	21-23	22-23
Level 0	5	↑ 24
Level 1	19	↑ 27
Level 2	4	↓ 0
Level 3	1	↓ 0
Level 4		0
Level 5		0
Total	29	51

All the incidents come from the IPU.

In 22/23 there was a sharp increase in the number of Medication Incidents reported, however there were no incidents that resulted in patient harm.

The Increase in reporting comes from training on reporting and the addition of audit results.

It is noted that these incident reports capture the actual harm rather than potential harm that has been prevented. These details are discussed in the focus groups and actions will be put in place with the new Patient Safety Incident Response Framework to ensure that these incidents are responded to appropriately to improve patient safety and medication management processes.

Single Nurse Administration of Controlled Drugs

Since September 2022, we have been introducing the Single Nurse Administration of Controlled Drugs to the IPU. We currently have all Band 6 Nurses and two Band 5 who have completed the training.

As part of our ongoing development and cost effective use of resources, Harlington Hospice is exploring ways to utilise our registered nurses to optimise the safety and care of all our patients.

By implementing single nurse administration (SNA) of controlled drugs we will:

1. Improve symptom management.
2. Reduce medicine administration errors.
3. Free up nurses and provide more time for effective holistic care.

Safeguarding

Harlington Hospice believes that no one should experience abuse or neglect at any time.

Harlington Hospice and its partner organisations are committed to safeguarding and promoting the welfare of children and young people and protecting adults who need care and protection. The recruitment, training and supervision procedures include measures to protect these groups.

The organisation requires enhanced Disclosure and Barring Service (DBS) checks to be carried out on all clinical staff.

Safeguarding Children	10
Safeguarding Adults	14

Clinical Effectiveness – Audits

One of our priorities this past year has been the development of our auditing processes. The organisation now has a comprehensive audit calendar which tracks the number of internal and external audits completed every month as well as the findings and learnings.

This information has been used to measure our quality standards in clinical care, as well as activity data and compliance with safety standards.

2.6 National Audits

Harlington Hospice has participated in several National Audits regarding:

Hospice UK Patient Safety Benchmarking Project

This allows the Inpatient Unit to monitor their number and severity of patient safety incidents against other hospices of similar size. Previously categorised as a small hospice, as of February 2023, the Michael Sobell Inpatient Unit is categorised as a medium hospice.

Harlington Hospice hosts GP Registrars during their training rotation. As part of their placement they are required to undertake a clinical audit.

A Patient Outcomes Tool

This tool, trialled by the medical team, is intended to measure the patient experience by measuring the progress of their priorities.

Findings:

- Identified the top three concerns prompting admission: Pain, Psychological Distress, and Shortness of Breath.
- Very good at managing Pain within 48 hours, which remains stable.
- Majority patients admitted as Unstable (US) but nearly half Stable (ST) by day four.

Infection Prevention Control (IPC)

Following our visit from the Care Quality Commission, work has been undertaken to formalise the cleaning process throughout the organisation. With new cleaning schedules and environmental audit implemented.

Harlington Hospice is implementing the National Standards of Healthcare Cleanliness across its healthcare settings. This work continues into 2023-24.

Our last external audit from a specialist infection prevention and control company scored Michael Sobell House at 97%.

Regular Monthly Audits include

- Hand Hygiene
- Environment – External Cleaning company
- Environment – Internal Audit
- Sharps Management
- Waste Management
- Personal Protective Equipment
- Mattress Audits (started Dec. 2022)
- Catheter Care
- Peripheral Venuos Access Devices

The Infection Prevent and Control group has expanded and now has representatives from all clinical services.



The Infection Prevention Control Lead completed the World Health Organisation: Leadership and Programme Management in Infection Control (IPC).

Since 2020, staff members have been joining the Hospice UK Infection Prevention and Control ECHO network, a national network of hospices that met remotely via Zoom, weekly, then monthly during the pandemic. This provided valuable analysis and guidance through the evolving pandemic and created a shared community.

The Patient Safety and Governance Lead, who heads the Infection Prevention and Control meetings, continues to participate in the Hospice UK Infection Prevention and Control ECHO Network. And attends the bi-monthly meetings which are

dedicated to aiding hospices of different sizes to increase their understanding and develop their IPC knowledge and practice.

It has become a valuable network and resource when looking at our response to COVID-19 and measures to put in place when re-opening services.

The Patient Safety Lead presented twice in the Hospice UK ECHO network webinars, presenting a case study on setting up an IPC working group in a hospice and the implementation and evaluation of an audit tool (Catheter Insertion).

2.7 Responsiveness

		Complaints
Email	3	<p>The total number of complaints made during this period was six.</p> <p>One clinical complaint received and five complaints related to retail and shop experiences.</p> <p>All of the complaints have been resolved within the agreed complaints process timescale.</p>
Phone	2	
Post/letter	1	
Website	1	
Verbal	0	

Duty of Candour and Freedom to Speak Up

We observe the duty of candour, our legal duty to inform and apologise if there have been mistakes in care. We endeavour to be open and transparent when things go wrong and cause harm to people we are looking after.

Freedom to Speak Up is about encouraging a positive culture where staff feel their voices will be heard, complaints acknowledged, and suggestions acted upon.

We have appointed another Freedom to Speak Up Guardian, bringing our total to two.

They will ensure that people who speak up are thanked, that the issues raised are responded to, and that feedback is given on the actions taken. We continue to increase the awareness of our Freedom to Speak Up Team throughout the organisation.

Compliments

Inpatient Unit

"So much love, care and support."

"Wonderful care from all nurses. I cannot praise their kindness and efficiency enough. They are a wonderful team who make your stay so relaxing and pleasant."

"I felt fully involved in any decisions made and everything explained so clearly."

"All the staff were friendly, supportive and cheerful. This applied to both me and my husband. I could also hear them being respectful to other patients."

"Never known people like them with so much patience."

"I love my bay because I'm a big fan of birds, I can capture beautiful pictures. I can carry on my hobby with photography."

Wellbeing

"It's been everything, e.g., the planning (healthcare plan), emotionally, and you guys have been just great, making me feel welcome."

"Fantastic – but then it always is."

"Therapist gave me a lovely massage, my pain is managed and at ease. She's good. Thank you."

"The online tripudio session is a blessing for me. She has been wonderful and very good in her teaching method. I do exercises every day, thanks to her the pain in my joints has improved a lot."

"The hospice has done an excellent job looking after my wife and suggesting and arranging extra ways for me to be able to look after her at home."

Psychological & Emotional Support

"Loved making the glass. Calm, relaxing environment. Support and help pitched at the right level." – Teenage attendee at summer glass making workshop.

"My children have benefited from attending art therapy, before we came my son was struggling with his anger due to grief."

"What was really touching about the Hospice was that they weren't only looking after my dad. I spent a lot of my time there, sometimes overnight, and the Patient and Family Support Therapist would always ask if I would like to have a chat also. The fact that he was actually bothered about me and they didn't just care about my dad meant a lot."

Lymphoedema

"I was able to do my own thing and was given advice."

"Really positive and helped with body confidence too. Really hard to accept my legs but got good tips to help me."

"Very good and very informative and helpful."

"Brilliant session. Great involvement with all members of the family. Above expectations."

Support at home

"HCA gave me the best shower, I smell so nice! She even took me on a lovely walk, so refreshing it makes a massive difference."

"In a recent crisis when my dad (who is my mums main carer) was unwell, the office at Harlington Care went out of their way to help us arrange emergency cover. They were so efficient and kind. I can't thank them enough."

Part Three

3.1 Looking Forward Priorities for Improvement 2023-24

Priority: Well-Led

Introducing and Embedding the New Harlington Hospice Brand.

Since late 2022 Harlington Hospice has been designing a new brand. With the merging of the two charities, Harlington Hospice Association Limited and the Michael Sobell Hospice Charity, it was decided to renew our branding and values.

How

We are introducing and publishing the new branding and values, incorporating it into our governance and working sites.

New Signage is already in the process of being installed.

We have begun using the new brand on official documentation, such as our Quality Account 2022-23, which will be published post-March 2023.

We have launched our new website and are developing it as a resource to promote and signpost Harlington and H4All services.

Anticipated Benefits

With the merger of Harlington Hospice and Michael Sobell Hospice the new brand will communicate the merging of the two charities clearly to our community.

Unified visual identity of our services across the London Borough of Hillingdon, highlighting the holistic nature of our work.

Our shared vision for the future will be highlighted and our values reflected.

Priority: Effectiveness

We are introducing SystemOne to Harlington Hospice healthcare services.

As part of the NHS Digital Transformation, patient records will be made electronic, Harlington Hospice are implementing a clinical computer system called SystemOne.

How

We have started an implementation group with representation from all services and disciplines involved

Purchasing required equipment.

Training days for staff.

Anticipated Benefits

SystemOne supports a 'one patient, one record' model of healthcare.

Allow more efficient and effective referrals to Harlington Hospice and other healthcare services, supporting the Coordination Hub.

SystemOne provides a single Electronic Health Record for every patient. This shared record is available across all healthcare settings to any staff who need it during a patient's care.

Support patients access to their records.

This complete and centralised record will improve patient care by bridging the gaps between services. This will aid in clinical decision making and reduce the amount of administration and duplication.

Priority: Responsive

We will launch the Coordination Hub, a service that will work with our healthcare partners to ensure that palliative patients are identified early and services put in place to ensure quality of life and discharge to their preferred place of care (Home or Hospice).

How

This transformation is a priority for HHCP and a multi agency task group has been established to integrate several teams.

Additional staff are being employed by the hospice as increase the number of people supported by the hub.

Introduction of SystmOne will support the sharing of hospice record and care information with the hub and other Hillingdon services.

Anticipated Benefits

Support patients early in their diagnosis and optimise quality of life through timely referrals to services.

To free up hospital beds by providing good quality community services to support care at home.

Identify frailty patients and improve their access to care and specialist support.

Forge and maintain strong collaborative working relationships with community services working with palliative patients.

Priority: Responsive

The Children & Adolescents Bereavement Service is continuing their work into Neurodiversity and Bereavement.

How

Holding Parent Workshops with sessions on:

- Loss, Change and Neurodiversity.
- Coping with Challenging Behaviours: what I can do as a parent.
- Family Traditions and Beliefs in Managing Grief.
- Communication: conversations within families and beyond.

Questionnaires and focus groups.

Anticipated Benefits

Improve on and develop new networks and resources for parents with children living with neurodiversity to manage grief and change.

Develop our services to ensure they are inclusive for all.

Learning to be shared with all Harlington Hospice Services.

Priority: Safety

Implementation of the Patient Safety Incident Response Framework

As an NHS provider, Harlington Hospice must implement this new framework.

The Patient Safety Incident Response Framework (PSIRF) was launched by NHS England (NHSE) in August 2022 and sets out a new approach to developing and maintaining effective systems and processes in response to patient safety incidents.

How

Networking and collaborative working with local Hospices to adapt and develop the framework to the Hospice setting.

Revision of Policies and Incident Management Procedure.

Adapt and align Sentinel Incident Reporting to comply with PSIRF
Access and provide training for all clinical staff.

Embed the positive learning from incidents culture in the organisation.

Explore patient safety partners and in involvement of patients, families and the public in the Patient Safety process.

Anticipated Benefits

Improved patient safety and incident management.

Improved feedback and support for families and staff involved in the process.

Continued culture change: away from identifying blame to examination of the wider components of the system including the environment, tasks, technology and people in order to gain a deeper understanding how interdependencies affect patient safety.

More productive and efficient investigations providing learning outcomes.

Improved teamwork.

Working collaboratively inside Harlington Hospice as well as with external partners.

Part Four

4.1 Statutory Statements

Healthwatch Hillingdon response



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Healthwatch Hillingdon's response to Harlington Hospice Quality Account 2022-23

As the independent champion for people using health and social care services in Hillingdon, Healthwatch Hillingdon thanks Harlington Hospice for the opportunity to comment on its Quality Account for 2022-23.

In general, the feedback we hear from those that have experience of using the Hospice's services remains positive, and this is clearly reflected in the case studies and examples of feedback outlined in the quality account. The case studies included in the report present wonderful examples of how the hospice team has supported patients to achieve their personal goals, and ensured their and their families wishes are the heart of the care they receive.

We acknowledge that referrals into the hospice's services are increasing year on year, particularly with regard to domiciliary care and the child and adolescent bereavement service (CABS), and we congratulate the hospice for rising to the challenge of increased demand and pressure. Of particular note is the work of the CABS team to support children and young people living with neurodiversity. From speaking to families in Hillingdon, we know that this support is very much needed, and we welcome the approach of the hospice in supporting these children and their families through the most difficult of times.

In the Hospice's 2021-22 quality account, we supported the priority of developing and implementing a patient's goals and outcomes form to increase the effectiveness of services according to a patient's own wishes and goals. We're pleased to read that this has been implemented, with data that captures what's important for patients, and that the tool is continually being reviewed to ensure its effectiveness. In addition, the development of point of service feedback forms, which are reviewed by staff weekly, demonstrates there is a desire to listen to patient experience and act on it quickly so that the patient directly benefits from improvements made.

An area for improvement families and carers of those needing end of life care have suggested in the past is being able to access information and advice in one place. We understand from the quality account that the hospice is working to address this through the development of a website to offer a service directory. This is a welcome development, which we hope will support patients and their families and carers navigate services more easily in the future.



The priorities identified for 2023-24 under the new Harlington Hospice brand are ambitious and build on the developments already made to improve patient experience. One of the priorities identified by the hospice for 2023-24 is to introduce a new system to support better coordination across the hospices, and other healthcare, services through the introduction of a single electronic patient record. Patients often tell us that they feel frustrated by the need to repeat their story to different services, therefore we hope that this will lead to some improvements in the overall experience of patients accessing end of life care.

A common theme throughout these new priorities is the involvement of patients and their families; listening to their experiences, needs, and wishes to really drive service improvement and development. We're excited to see progress and look forward to supporting the hospice to achieve its objectives.

Healthwatch Hillingdon | 4 September 2023

Lisa Taylor
Managing Director, Healthwatch Hillingdon

NHS North West London Integrated Care Board response



North West London

Charlie Sheldon
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16 August 2023

Sent by email

Steve Curry
Chief Executive
Harlington Hospice
Lansdowne House, St Peters Way,
Harlington
Hayes, UB3 5AB

Re: Harlington Hospice Quality account 2022/23

Dear Steve,

The NHS North West London Integrated Care Board (NWL ICB) has welcomed the opportunity to respond to the Harlington Hospice Quality Account for 2022/23 which was received on 8th August 2023.

The ICB has reviewed the following quality priorities identified by the hospice for 2022/23:

Priority 1: Development of an audit planner and process with the capability to log actions, outcomes and learnings.

It is noted that this priority has enabled the centralisation and recording of audit results including action and learning which has supported the hospice in demonstrating compliance with quality standards and best practice.

Priority 2: Development of Harlington Hospices Psychological services.

The ICB recognises that this priority has resulted in collaborative working between adult, children and adolescent clients which has facilitated the building of holistic teams around the family. The merging of smaller teams has also improved peer support.

Priority 3: Developing and implementing our own patients goal and outcomes form.

It is acknowledged that the tool has given the hospice an opportunity to evaluate the effectiveness of the inpatient unit. The ICB is supportive of the ongoing improvement work to the tool to allow the hospice to identify and support patients better with meaningful outputs.

Priority 4: The 3C's- quick and actionable feedback from Patients and Clients.

The ICB is pleased that this initiative has resulted in improved acknowledgement and visible responses in relation to concerns raised by patients. It is noted that the organisation is able to identify outstanding moments of care which can also be shared with staff.

Priority 5: Creation of a Data Hub to manage data collection and sharing throughout the organisational services to bring all branches

It is acknowledged that this priority is part of a wider three-year quality priority around digital transformation to introduce the clinical electronic system (SystemOne). We look forward to reviewing progress on this quality priority over the coming year.

The ICB is satisfied that the overall content of the quality account meets the required mandated elements.

On behalf of NWL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB supports the quality priorities for 2023/24 and looks forward to working closely with the hospice in exploring further quality improvement initiatives to build on the provision of safe and effective services for our patients.

I would like to take this opportunity to thank the hospice for its continued focus on quality in 2023/24.

Yours Sincerely



Charlie Sheldon
Chief Nursing Officer
North West London ICB