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Quality Account 2020/2021

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1.1 Statement from the Chief Executive

On behalf of the Executive team and Board of Trustees it gives me great pleasure to present the Quality Account 2020–2021 for **ellenor** hospice. This is an important document as it allows us the opportunity to inform the public and our stakeholders about the progress that we have made during the last year.

2020–2021 was once again a very busy year at **ellenor** in which we continued to provide the best quality, personalised care and support to patients and their families in their preferred place of choice. The ongoing COVID 19 pandemic has meant prolonged changes to how we deliver care to ensure patients and their families continued to be supported but in a safe way that protects them and our staff. It has also meant the continuation of our non-palliative bed provision to support the wider Health Economy.



We have continued to work in line with our strategic plan to widen the access of our services to ensure they meet the needs of our community. We strengthened our virtual services, including our Living Well programme, enabling patients to access key activities in far greater numbers than before the pandemic. Our counselling and bereavement services have continued via virtual means throughout the year, opening up to face to face onsite as restrictions have eased ensuring we continued to provide support to people of all ages facing very difficult times, with a safe space to talk with someone who is trained to listen.

This year we commenced work to refresh and revise our Vision, Mission and Values to ensure the services meets the needs of our community now and in the future. Alongside this work we also started to look at Equality, Diversity and Inclusion of the organisation and how best to identify and address the gaps in recruitment, service provision and supporter engagement. In line with this we approached a Trust funder for the financial support to develop and deliver a 3-year Equality, Diversity & Inclusion strategy for **ellenor**

ellenor continues to have outstanding support from our community, local businesses and health and social care colleagues. I would like to take this opportunity to thank all the staff and volunteers across the organisation for their contribution in providing outstanding care and for ensuring that our excellent reputation continues.

A handwritten signature in black ink, appearing to read 'Vikki Harding', followed by a period.

Vikki Harding
Chief Executive

1.2 Statement from the Chair

To the best of my knowledge the information presented to you in this account is accurate and provides a fair representation of the quality within the organisation.

As Chair of Trustees of **ellenor**, I am delighted to introduce this year's Quality Account. 2020/21 was a very challenging year for all of us and the hospice sector was no exception. It is greatly to the credit of the management, staff and volunteers that **ellenor** was able to introduce significant changes in operations to meet the challenge and continue to provide outstanding care for its patients and their families. To be able to lead this organisation is both an honour and a privilege.



ellenor enjoys an excellent reputation locally as a provider of high quality end of life services and we continue to receive strong affirmation from our patients and those close to them about the outstanding care we provide. This reflects the dedication and commitment of **ellenor**'s staff and volunteers and, on the Board's behalf, I would like to express our deep and sincere gratitude for all their hard work that helps to make **ellenor** such a wonderful organisation.

This Quality Account provides both retrospective and forward-looking information. It looks back on the previous year's information on the quality of services and identifies both where **ellenor** is doing well and where improvement is needed. It also outlines what we at **ellenor** have identified as our priorities for the next reporting period, how they will be achieved and how we will measure success. Quality within the context of this Quality Account relates to the delivery of services that are safe, effective, caring, responsive to people's needs and well-led, the criteria by which the quality of services are measured by our regulator, the Care Quality Commission.

Many people and a wide range of organisations choose to support **ellenor**, through donations and by volunteering their time and services in many different ways, and without this support we would be unable to provide our services. I would like to take this opportunity to wholeheartedly thank you all for your ongoing support and for helping us to deliver outstanding care to local people across all our areas of operation.

A handwritten signature in black ink, appearing to read 'R Wedderburn-Day', written over a light blue horizontal line.

Roger Wedderburn-Day

Chair of Trustees

2.1 Looking Forward

Future Improvement 2021/2122Priorities

Annually all healthcare providers are asked to write a report about the quality of services they provide; this is called the Quality Account. The aim of the Quality Account is to demonstrate organisational accountability to the public and report on quality and improvements in the services delivered as well as identify key priorities for the year ahead. The Quality Account also enables us to engage with service users, carers, staff, volunteers, stakeholders, partner organisations and the public in an open and transparent way.

Quality Account governance arrangements

The Chief Executive has overall responsibility for **ellenor's** Quality Account. Our Senior Management Team is engaged in working with clinical and operational staff and volunteers to deliver our key priorities. Progress on our priorities is reported to the Board of Trustees on a quarterly basis, and to our Care and Clinical Governance Committee which is chaired by a Trustee quarterly.

How to provide feedback on this Quality Account

We hope that you enjoy reading this year's Quality Account. If you would like to give us feedback on our Quality Account 2020/21, please contact:

Linda Coffey, Director of Care

Email: info@ellenor.org

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Address: **ellenor**, Coldharbour Road, Northfleet, Kent DA11 7HQ



21/22 Priority 1 – Patient Safety:

Staff competencies

How was it identified:

Current clinical competencies require review and re-evaluating to ensure clinical staff have the mix of skills, knowledge, attitudes, and abilities to perform acceptably their duties in order to provide safe and effective care for all patients under the care of **ellenor**

How will it be achieved:

- Rollout of new competencies for all clinical staff
- All staff to have a training passport which identifies the training needs and expected competency for their role and is also recorded on their electronic staff record
- All staff to have the competencies required for their role assessed and signed off
- Training passport to form key of annual performance review and 3 yearly NMC revalidation for nurses
- Progress monitored at the Clinical Leadership Team meeting monthly and three monthly QPEG
- Progress Report provided to Executive Management Team monthly and Board of Trustees quarterly via the Care Committee

How will progress be monitored and reported:

- Implementation and additional resources required to be identified by Practice Development Lead in conjunction with the Deputy Director of Care
- Progress monitored at the Clinical Leadership Team meeting monthly and 3 monthly QPEG chaired by deputy Director of care
- Progress Report provided to Executive Management Team monthly and Board of Trustees quarterly via the Care Committee

2021/2022 Priority 2 – Clinical Effectiveness:

Embedding and proactive use of Integrated Palliative care Outcomes Score (IPOS) and associated tools.

How was it identified:

- IPOS was introduced into **ellenor** in June 2016 and targets set focused on the embedding of the use of IPOS, including Phase of Illness (POI) and Australian Karnofsky Performance Status (AKPS) across all adult services. There is a need to revisit the use of IPOS and its associated Outcome measures to ensure they are being used to greatest clinical effectiveness which includes: POI - Phase of Illness
- AKPS - Australian Karnofsky Performance Status (functional status)
- IPOS - Integrated Palliative care Outcome Scale
- VoC – Views of Care

How will it be achieved:

Review of electronic records and benchmarks set at introduction of IPOS as follows

- **100% of IPU patients to have POI & AKPS recorded.**
- **80% of Community patients to have POI & AKPS recorded.**
- **100% of Outpatients seen to have POI & AKPS recorded.**
- **80% of patients seen to have IPOS recorded.**
- **50% of patients seen to have VoC recorded.**

In addition, audit of patient reviews and POI with a focus on Unstable patient episodes

Review of patient scores on IPOS throughout their time on caseload

How will progress be monitored and reported:

Report produced for clinical leadership team meeting identifying areas for improvement and training across the teams

Training plan produced for addressing areas identified within audit

21/21 Priority 3 – Patient Experience:

User engagement, including Equality and Diversity

How was it identified:

- Identified in 2019 by Healthwatch currently no structured framework in place for patient, family and carer engagement in service review and development at **ellenor**. Previous work to establish a user engagement forum in 2019/20 was unsuccessful, therefore a reviewed approach is required to ensure the patients, and their families and carers are an integral part of service development or review of **ellenor** services. In addition there is a need to create a more diverse and inclusive working environment that reflects representation of the people and communities we serve.

How will it be achieved:

- Develop a user engagement and co-production forum using a project focus to develop interest and input from patients, families and carers with clear terms of reference and membership.
- Identify patients, carers and families that are interested in participating in the user engagement and co-production forum for specific projects.
- Link in with the local patient participation groups to gain insight and look for opportunities for joint working.
- Appointment of Equality and Diversity lead to project lead research in this area, establish links with key stakeholders and SDI's groups.
- Project Lead to develop strategy for **ellenor**.
- Establishment of equality, diversity and inclusion group, consisting of internal staff and external partners from across the community.

How will progress be monitored and reported:

- Progress monitored and evaluated through update reports to Executive Management Team monthly and the Board of Trustees quarterly via the Care Committee.
- Regular feedback from participants of the user engagement and co-production forum to ensure it meeting its purpose and users' satisfaction.
- Monitoring of access to services by hard-to-reach patient groups.
- Production of Equality and Diversity and Inclusion Strategy for **ellenor** over the next 12 months to focus service development and changes.

2021 has been an exceptional year and many of the objectives we set ourselves as an organisation at the beginning of the year were superseded by the Pandemic and most importantly the need to step up and respond as part of the Local Health Economy to the pandemic. Therefore, several of our priorities shifted during this year and are reflected below, our looking forward priorities not achieved will therefore be carried forward to 2021-2022 however progress made and the challenges we faced are noted below.

Last year **ellenor's** priorities focused on:

Patient safety

Clinical effectiveness

Patient experience



2.2 Looking Back

Progress on our 2020/2021 Priorities

19/20 Priority 1 – Patient Safety:

Staff competencies developed and rolled out across clinical services

Update:

- Clinical competencies still being developed by Practice Development Lead.
- Previous postholder retired at the end of 2020 with the work being placed on hold to support the rollout of broader palliative and end of life care training to non **ellenor** staff across Kent and Medway as part of the pandemic response.
- Training in the Dartford Gravesham and Swanley area for Anticipatory Care Planning developed and provided at the request of the local ICP.
- All staff have copies of the previous competencies in place and work towards these currently.
- **ellenor** successfully supported training to nearly 3000 external staff throughout 2020–2021 enabling them in turn to support patients at End of Life.

Outstanding areas for 2021/22:

- Rollout of new competencies for all clinical staff.
- All staff to have a training passport which identifies the training needs and expected competency for their role and is also recorded on their electronic staff record.
- All staff to have the competencies required for their role assessed and signed off.
- Training passport to form key of annual performance review and 3 yearly NMC revalidation for nurses.
- Competencies will also reflect MHRA guidelines in use of equipment.
- Progress monitored at the Clinical Leadership Team meeting monthly.
- Progress Report provided to Executive Management Team monthly and Board of Trustees quarterly via the Care Committee.

19/20 Priority 2 – Clinical Effectiveness:

Formation of frailty pathway in conjunction with other local providers

Update:

- **ellenor** has played a key part in the development of the local ICP frailty pathway.
- Director of Care has maintained consistent attendance at the local frailty working group and worked together with key partners including Virgin and the DGS Health in identifying challenges and gaps in service provision.
- Together with the DGS Health we ran a pilot in care homes to ensure assessment of those identified as frail, combining caseload reviews to ensure less duplication and better joined up working.
- Business case to support frailty pathway in terms of workforce submitted and successful to Kent and Medway CCG, with successful recruitment to frailty Nurse posts.
- Updates on progress made to executive management team and Board of Trustees via the Care Committee quarterly.



19/20 Priority 3 – Patient Experience:

Co-production and user engagement

We have not been able to successfully establish this, Pandemic lockdown, with restricted visitors on site has meant several events planned were cancelled or had limited uptake and therefore this needs to be revisited during 2021-2022 as it is still an important element required to ensure our communities voice is heard.

Our Marketing and Communications team has established stronger links with the local GP's and met to review information held about **ellenor** on the GP system and is proactively promoting services we offer to patients and families via this route.

We reviewed our incident reporting system and introduced the ability to record accurate records for compliments on our system instead of only complaints, review of these compliments will inform us as to the services patients and families feel they get greatest benefit from.

We also plan to conduct surveys of the alternative ways in which we offered services this past year to identify those we wish to retain either fully or in part.

Outstanding areas for 2020/21:

Priority to be taken forward to 2021/2022 and combined with development of Equality and Diversity Strategy

2.3 Mandatory Statement of Assurance from the Board

2.3.1 Review of Services:

Our Values, Vision and Mission guide everything that we do at **ellenor**.

ellenor Values:

- Patient and Family centred
- Compassionate
- Collaborative
- Professional

ellenor Vision:

For all families, facing terminal illness to receive the best, quality, personalised care and support.

ellenor Mission:

To lead, co-ordinate the best personalised care for people of all ages, sharing our expertise to ensure that all families facing terminal illness get the right support in the best place possible, enabling them to make the most of the time they have.

Our Services:

During 2020/21, we provided specialist palliative care services in a range of settings, many of them using virtual means never tried before, but still 365 days of the year. Many of our services and groups for both Adults and Children services could not be provided onsite or face to face this past year instead we moved online and provided them at home, providing virtual support and groups/one to one sessions in patient's and families' home. Whilst this has not been without its challenges, it has enabled us to reach people who would not have considered attending the Hospice. Moving forward our aim is to continue our offering of virtual services, to enable us to engage with more patients and families.

The provision comprised the following services:

❖ For adults living in Dartford, Gravesham and Swanley:

- In-Patient Ward (ages 14+)
- Living Well
- Medical Team Home Visits
- Hospice at Home
- Care Home Support
- Physiotherapy
- Occupational Therapy
- Wellbeing Services including chaplaincy, counselling, complimentary therapy, family support, bereavement support, financial support and carer support.



❖ For children and young people in Dartford, Gravesham and Swanley, West Kent and the London Borough of Bexley:

- Hospice at Home
- Community oncology care (excluding West Kent)
- Respite and Short Breaks
- Family Drop In sessions and Day Care Facilities
- Transition services including Youth Groups
- Play and music therapy
- Wellbeing Services including chaplaincy, counselling, complimentary therapy, family support, bereavement support, financial support and parent/carer support.



Outreach Provision:

ellenor's clinical services are consultant led and delivered by a multi-disciplinary team of professionals who provide patients and their families with individualised care and support, whilst promoting and maintaining the best quality of life possible. Some of the professionals within the multi-disciplinary team include: specialty doctors, specialist nurses, registered nurses, healthcare assistants, occupational therapist, physiotherapist, support workers, chaplain, complementary therapists, play and music therapists, counsellors and volunteers.

2.3.2 Participation in Clinical Audit:

National Clinical Audit

During 2020/2021, **ellenor** did not participate in any national clinical audits or national confidential enquiries.

Local Audit

We have continued our controlled drug audit to identify use of opiates as a Hospice in response to Gosport, results for the past year are in keeping with the previous 2 years audit results where we benchmarked against other local hospices.



Internal audit

We regularly undertake audits of our services against national or local standards. All the local audits are taken to monitor and to improve clinical practice.

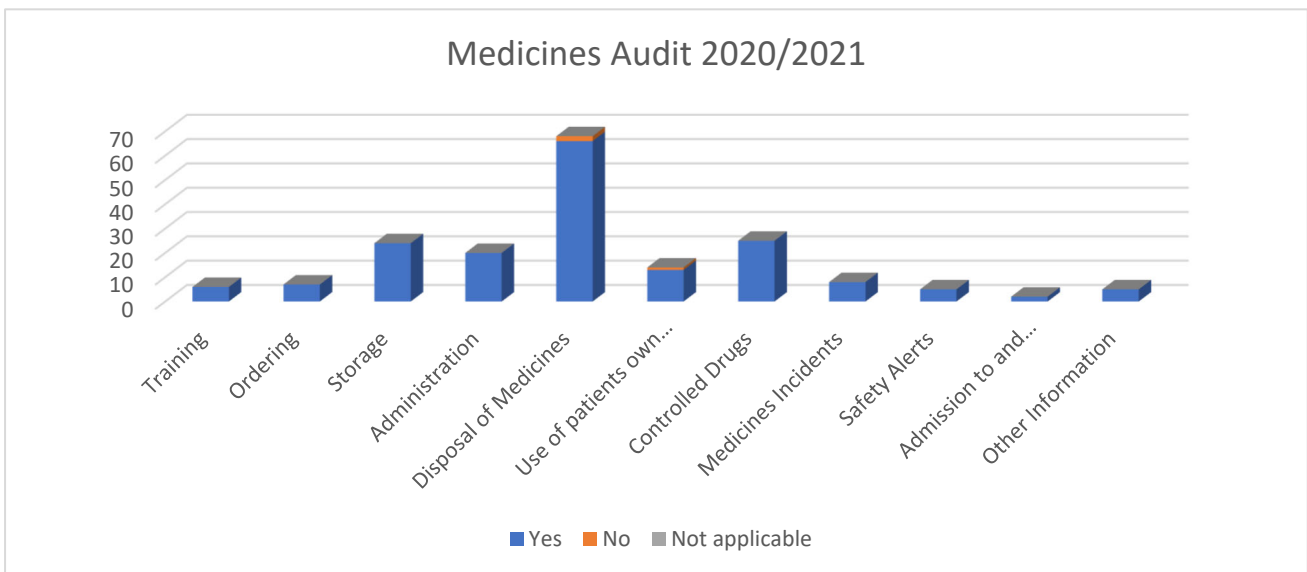
Medication Audit according to Hospice UK Drug Audit Tool

We asked Payden's our pharmacy provider to carry out a Drug Audit for controlled drugs used and stored in the Inpatient Ward.

Aim: To benchmark identify prescribing, administration or storage of controlled drugs against national policy and identify any issues that require action

Indication: Medication audit of controlled drugs prescribed, used and stored in the inpatient ward

Method: Review compliance with requirement for controlled drug prescribing, administration and storage against national policy



Results of the Audit:

Our medicines audit for the year 2020/2021 carried out in conjunction with our pharmacy provider identified positive results across all areas of the audit with no actions required.

Areas marked no were:

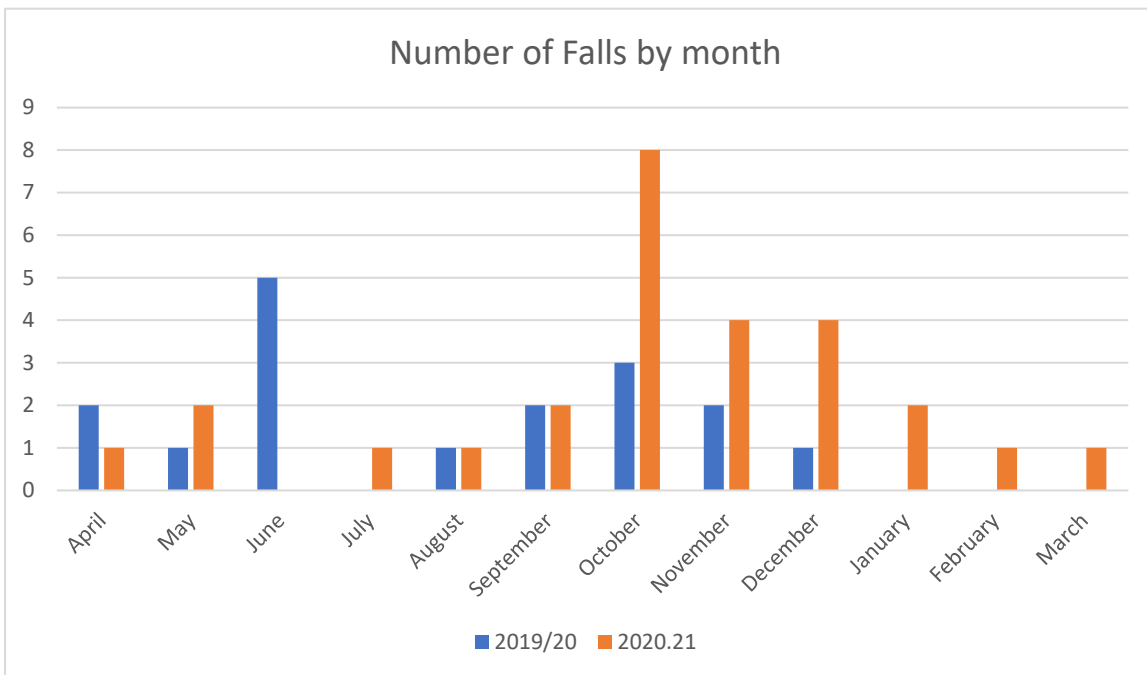
- Locked storage for patients self medicating
- Patients care plan reflects a preference for medicines to be given by member of same sex
- Secondary dispensing.

Response to questions answered no:

- Patients on the ward due to nature of admission currently do not self medicate.
- If a patient requested a preference for a person of the same sex giving their medication this would be documented and all staff made aware as is the process for personal care.
- Secondary dispensing is not undertaken.

Nil actions were required post audit.

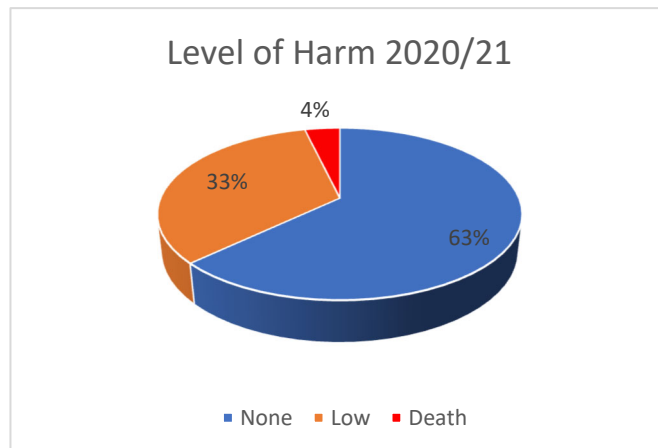
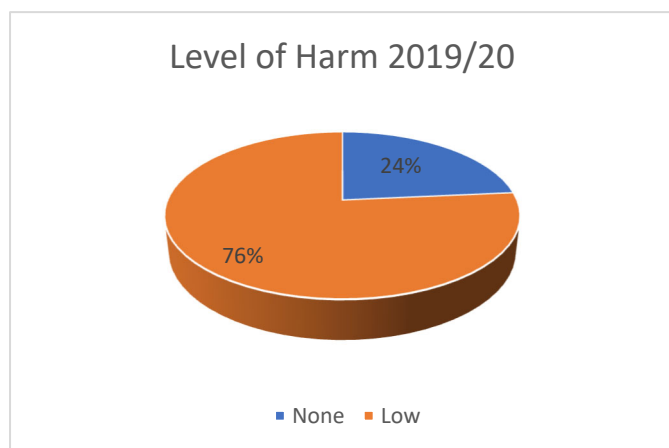
Falls Report



There has been an increase in total number of falls compared with last year. This may be partly due to the addition of step-down patients to the Inpatient Ward, for which the care needs are quite different to the typical **ellenor** caseload. The increase in patients benefitting from therapeutic rehabilitative input at **ellenor** saw more patients who had borderline mobility issues, and these patients tend to have higher falls risks.

Of note, the spike in falls in October was due to several patients admitted to the ward at the same time who had low compliance with following advice regarding their falls risk management

(e.g., not asking for assistance to mobilise, attempting to get out of bed independently). Additionally, as part of COVID risk management, the Inpatient Ward was split into a "hot side" and "cold side". This limited the possibility of having patients where they would be monitored in normal circumstances.



There was a death following a fall this year, however, following a thorough investigation and coroner review the death was ruled as accidental and **ellenor's** procedures for falls management were robust and fit for purpose.

The overall trend is the proportion of falls resulting in "No harm" has increased significantly. This is likely due to the improved injury prevention approaches taken on the Inpatient Ward.

Actions & Changes

- Review and sharpening of Falls Risk Assessment paperwork / Falls Prevention Care Plan, to ensure clarity for staff allowing completion of risk assessments correctly
- Upgrading of moving and handling equipment, including introduction of emergency patient lifting system
- Enhancement of post-falls protocol
- Increased Therapies presence on Inpatient Ward, leading to enhanced education around management of patients at risk of falls

Plans for the future

- Investigation of suitable early warning patient falls system – this was a project which had been in its infancy at the start of 2020, but has been hindered by the current pandemic
- Ongoing education regarding falls prevention and management
- Increased ethos of palliative rehabilitation throughout organisation
- Further enhancement of Therapies input on Inpatient Ward – aiming to increase activities for patients, to reduce patient boredom / frustration and hence restlessness.

2.3.3 Research

The number of patients receiving relevant health services provided by **ellenor** during 2020/21, that were recruited during this period to participate in research approved by a research ethics committee, were six individuals. In addition, 10 carers who were under the care of **ellenor** and 12 members of staff also consented to take part in research.

ellenor Hospice secured further funding from the National Institute for Health Research (NIHR) to strive research activities and support research recruitments to national Portfolio Studies through the role of a Research Practitioner. The Research Practitioner has a collaborative position working across four hospices in west Kent; raising awareness of research in palliative care within hospice settings and in regional locations, enabling patients, family members, staff and hospices to participate in research activities as well as facilitating research design and development.

Within **ellenor**, the Research Practitioner has been supporting a home-grown Care Volunteers research project. The Care Volunteers programme had been running with student and adult volunteers where they were provided trainings based on the Care Certificate standards, to acquire knowledge and experiences to support patients and families when patients reach the end of their life. Despite the training programme has been suspended, two discussion groups were held with six patients and two carers to explore the acceptability and feasibility of having a trained volunteer at home. The collated feedback has subsequently been incorporated into a research grant application to further develop and refine the Care Volunteers programme.



During COVID-19 pandemic, NIHR Clinical Research Network paused the site set up of any new or ongoing studies at NHS and social care sites that were not nationally prioritised COVID-19 studies in March 2020. This decision was to enable research workforce to focus on delivering the nationally prioritised COVID-19 studies or enabling redeployment to frontline care where necessary. As a result, the Research Practitioner was redeployed to the Clinical Administration Team to work alongside other key workers for six months as all four West Kent hospice members within the collaborative were not participating in any urgent public health COVID-19 studies.

Since the Research Practitioner has returned to the research role, the overall research recruitment within **ellenor** has increased steadily and **ellenor** has participated in the following national Portfolio Studies:

PARAMOUNT Study (Pain Management in the Community for Children with Serious Conditions)

- PARAMOUNT study, which is led by University of Southampton, explores the experiences of parents and carers when they manage pain relief for a child with a serious illness while they are cared for in the community.
- By the end of recruitment date in December 2020, two parents of patient(s) whom had a life-limiting or life-threatening illness and required pain management were recruited to PARAMOUNT study.

CovPall Study (Rapid evaluation of the COVID-19 pandemic response in palliative and end of life care: national delivery, workforce and symptom management)

- CovPall Study aims to rapidly evaluate the palliative care response in COVID-19 to improve care now and in the future. It has two work packages and **ellenor** was involved in work package 1.
- Work package 1 was a survey with palliative care medical or nursing leads, to find out how their practices and services have changed, how the workforce and volunteers have adapted what they do and what symptom management was working.
 - Six members of staff from children's and adult's services have also taken part in an additional interview with the researcher to further explore their responses to the pandemic and innovations and novel changes in their corresponding service.
 - CovPall Study is led by King's College London and is a collaborative work with Lancaster University and Hull York Medical School.



Measuring Outcomes of People with Dementia and Their Carers

- This study, which is led by University of Kent, is to study how well social care services support people living with dementia and their family and friends who support them at home.
- As it is not always possible to ask people themselves how they feel about their own lives and their experience of social care support, the research team is keen to get another perspective from carers who know the person well.
- Participants were required to complete two questionnaires. The first questionnaire is called Adult Social Care Outcomes Toolkit for carers (ASCOT-Carer), which looks at aspects of life that are important to family and friends who look after someone living with a dementia diagnosis. The second questionnaire is called Adult Social Care Outcomes Toolkit for proxy-report (ASCOT-Proxy), which looks at aspects of life that are important to person living with dementia.
- Eight eligible carers have consented to take part by the end of recruitment date in March 2021.



ellenor also supported the following studies but not as a recruitment site:

The Let It Out (LIO) Study

- A research team at University College London explores the Let It Out intervention that whether it has physical and psychological benefits to hospice patients when they write or talk about their feelings.
- LIO is tailored specifically for people receiving palliative care from hospices, and it provides self-guided instructions to help people to express their feelings in a way that may help to bring them comfort.
- The collated views and experiences from patients will be used to further refine LIO design so it is as easy to use and as beneficial as possible, and to help researchers understand more about if and how it might work.
- Hospice staff were also invited to participate in an interview or focus group with a researcher, to explore the practicality of implementing LIO at the hospice such as how LIO might fit into the current pathways of care, what resources or support may be needed to support its successful implementation and any foreseeable risks or benefits that patient may experience when trialling the intervention.
- In total, six patients consented to the LIO intervention and six staff took part in an interview/focus group.

The PALLUP Study – Equipping community services to meet the palliative care needs of older people with frailty approaching the end of life: a mixed methods study

- The focus of this research is on those who have complex care needs and are reliant on others in order to live their daily lives, to enable them to have the best possible quality of life in their final years.
- Individuals with an interest in, knowledge and/or experience of providing home-based care for older people with severe frailty were invited to take part in an online survey. Their input will help develop an understanding and agreement on the core palliative care needs of older people with severe frailty.
- This research study is run by University of Surrey, and is anticipated to recruit at least 80 key stakeholders, across health, social and voluntary/charitable organisations, policy/research, and unpaid carers to take part in online surveys, of which up to 30 will take part in a subsequent consensus meeting.

2.3.4 Income:

The income received from statutory funding such as, local NHS Clinical Commissioning Groups and NHS England represents 22% of **ellenor's** total income generated in 2020/21.

This means that the remaining 78% of the overall costs of service delivery is raised by **ellenor** through voluntary charitable donations, legacies, hospice shops, hospice lottery, events, community fundraising, local authorities and uniquely this year through Covid Grants.

CQUIN Payment Framework

ellenor's income during 2020–2021 from Dartford, Gravesham and Swanley CCG, West Kent CCG and London Borough of Bexley CCG was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.



2.3.5 Statement from Care Quality Commission:

ellenor as a health provider is required to be registered with the Care Quality Commission (CQC) and is currently registered to carry out the following regulated activities:

Treatment of disease, disorder or injury

The Care Quality Commission has not taken enforcement action against **ellenor** during 2020–21. **ellenor** has not participated in any special reviews or investigations by the CQC during this reporting period.

The last onsite inspection of **ellenor** by the CQC was announced and carried out on 25–27 July 2017. We received an overall rating of **Outstanding**, as detailed below:

Is the Service Safe?	Good	●
Is the Service Effective?	Good	●
Is the Service Caring?	Outstanding	★
Is the Services Outstanding	Outstanding	★
Is the Service Well-led?	Good	●

With the suspension of the CQC routine inspection programme, a telephone inspection was carried out on 8 March 2020 and the following wording has been added to the CQC website in relation to **ellenor**.

“We carried out a review of the data available to us about **ellenor** Gravesend on 05–08–2021. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

This could change at any time if we receive new information. We will continue to monitor data about this service.”

Care Quality Commission

The CQC stated in our last on-site inspection in 2017: "The service provided outstanding end of life care where children and adults were enabled to experience a comfortable, dignified and pain-free death in the place of their choice when possible. Staff embodied the values of the service which included providing compassionate and professional care and supporting the "whole family" before, during and after a death".

The last CQC inspection full report can be found under this link:
www.cqc.org.uk/sites/default/files/new_reports/INS2-2810386868.pdf

2.3.6 Data Quality:

For 2020/21 **ellenor** was not required to submit a National Minimum Dataset (MDS) to the National Council for Palliative Care. This year **ellenor** was also not eligible to participate in the Secondary User Service for inclusion in the Hospital Episode Statistics.

2.3.7 Information Governance Tool Kit Attainment

ellenor's Data Security and Protection Toolkit registration which was pushed back until 30th September 2020 but was submitted to the NHS on time and met all the required criteria within the amended timeframe. We continue to be Cyber Essentials Accredited and PCI compliant.



3.1 Patient Safety

3.1.1 Patient Safety

The following quality marker data information applies mostly to our Inpatient Unit. Although some incidents occur in the patients home, we are not the lead care agency and these are reported through external providers in which we contribute to investigations.

Pressure Ulcers:

Grade 3 and above	
Internally Acquired Pressure Ulcers	8
Externally Acquired Pressure Ulcers	11

Pressure Ulcers

There were 19 pressure ulcers incidents in the period April 2020 to end March 2021, from grade 2 to 4, of these 8 of these were internally acquired.

One was transferred from home having declined pressure relieving equipment, all others were patients at end of life where all interventions were in place. Level of harm was low in 4 cases, with two moderate harms in August.

Moderate harm summary

1. Raised as an SI, subsequently downgraded and closed. Child who was end of life, pressure area to right ear and sacral area, all equipment in place, unable to lie alternate side as affected breathing, Tissue Viability Nurse involved
2. Patient admitted from home to Inpatient Ward, 2x grade 2 area to sacrum/coccyx, patient had originally declined mattress at home, sometimes declined pressure checks, when did agree to mattress, this was placed on wrong setting, error noticed by **ellenor** community team and addressed.

Learning

All patients to have full body check on community visits if patient agrees and checks of carer records in home for noting of deterioration

In comparison to the previous year of 219/2020 for the same period there were no internally acquired pressure ulcers.

External providers are informed of the pressure sores which have occurred whilst under their care to ensure these incidents are reported appropriately.

A clear pathway to identify record and report these incidences are part of the admission process.

The condition of the patient's pressure areas is part of the initial assessment for patients under the care of **ellenor** and for inpatients is included in the pre-admission checklist.

Infections:

During 2020/21 **ellenor** had 2 instances of a COVID outbreak, the first very early on in the Pandemic related to the use of an aerosol generating procedure when FFP3 masks were not in use, this incident was addressed with the staff involved. The second outbreak was related to a more transmissible variant and a patient who was reported as negative on transfer but a subsequent test was positive. NHS England advice and support was sought, and the outbreak contained.

We completed our annual infection control audit, with the Infection Control Lead working in conjunction with the Head of Hospitality and Head of Facilities to ensure a thorough assessment process. A robust action plan was put in place and all actions completed. With the National Lockdown due to the COVID pandemic continuing Infection Control measures including splitting the ward into Hot and Cold areas and this has been maintained, with infection control procedures reviewed on a weekly basis, in line with government guidance and an associated action plan maintained.

Infection prevention and control training, including handwashing is delivered to all staff and volunteers at induction training and refreshed on an annual basis, spot checks of hand hygiene are carried out using a UV Light Box.

3.1.2 Medicines Safety:

ellenor has a robust system for medicines management, including the effective system of risk management and internal control for the safe management and administration of medication by clinicians. This is monitored at a quarterly medicines management meeting and reported to the Board via the Care and Clinical Governance Committee. It encompasses the following:

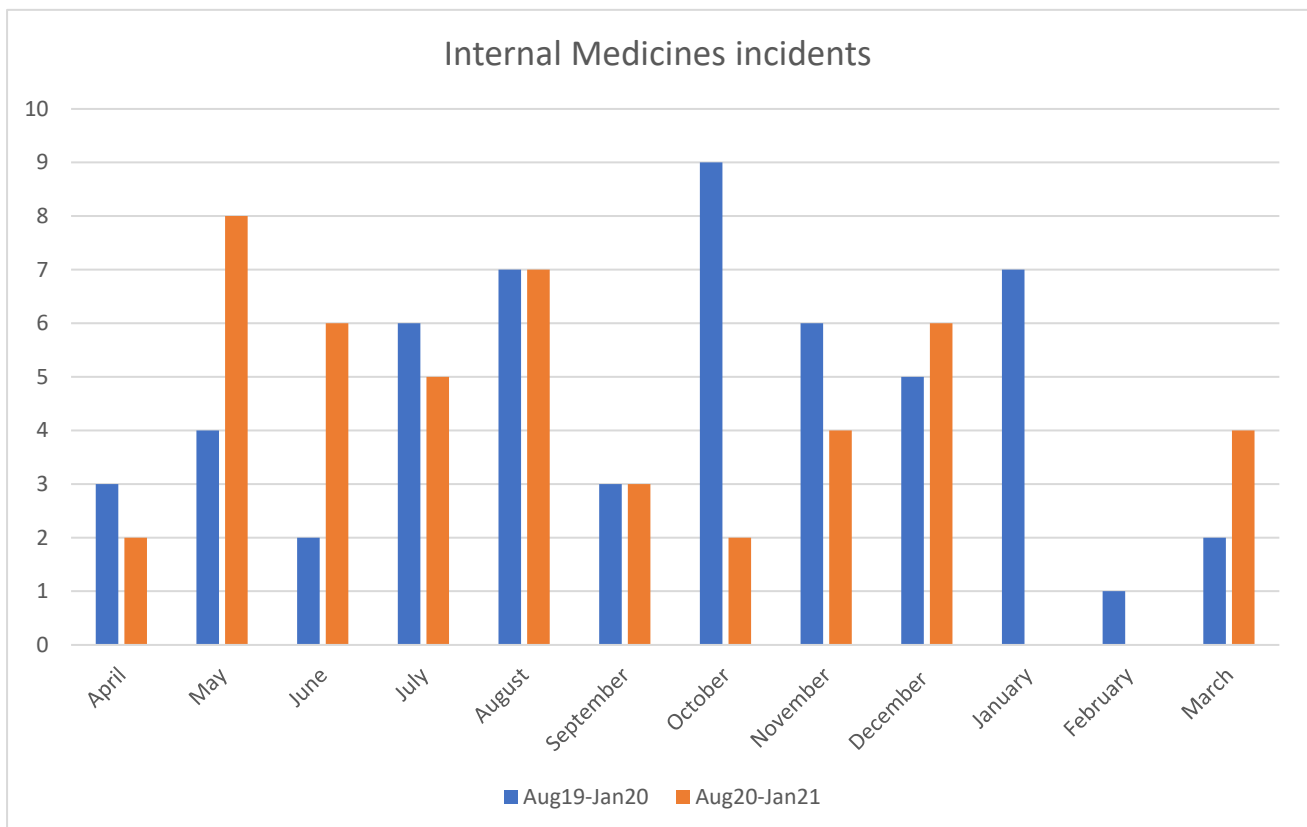
- Review compliance with regulatory standards and statutory requirements and make recommendations.
- Develop and monitor staff competencies related to medicines management.
- Identify and review medicines management risks to ensure adequate controls in place and actions completed.
- Complete and review medication audits with regards to safe handling and prescribing practice and identify trends and make recommendations.
- Review all medication incidents to identify trends, lessons learnt and training needs.
- Develop and review medicines management policies and create new policies as required.
- Develop and monitor processes for non-medical prescribers.
- Share information, and best practice regarding medicines management, reporting back to external providers.

ellenor contract Paydens to provide Pharmacist support and supply of medicines for the inpatient unit. This contract is monitored with regards to performance against key performance indicators and cost effectiveness. The Pharmacist provides support to the clinical staff with regards to prescribing; medicines are part of the inpatient unit multi-disciplinary team meetings and are a standing member of the internal medicines management meeting which reports to the Board via the Care and Clinical Governance Committee.

We are part of the Controlled Drugs Local Intelligence Network (CDLIN) and attend network meetings. Best practice is discussed along with knowledge sharing and learning. Our Director of Care is the Controlled Drug Accountable Officer for **ellenor** and has responsibility for the management of controlled drugs and related governance within the organisation.

Medicines Incidents

Medicines incidents are monitored throughout the year, with a vast majority being of low to no harm, demonstrating staff understanding of the importance of reporting to identify training needs and process reviews required and the open culture to incidents **ellenor** has worked hard to embed at **ellenor**. Process changes and management of training needs is reflected in the significant reduction in incidents in the later part of the year. Feedback and learning process for staff involved in incidents has been fully embedded into practice.



3.2 Clinical Effectiveness

3.2.1 Incidents Reporting

Our electronic incident reporting system now records Duty of Candour and a separate serious incident policy has been developed and ratified.

Between, 1 April 2020 – 31 March 2021, there were 265 incidents reported:

- 54 external
- 211 internal

Of the internal incidents;

- 98 non-clinical.
- 112 clinical incidents
- 1 Serious Incidents– related to a patient death, referred to coroner and recorded as accidental death.

A robust process is in place for incident investigation and cascade of lessons learnt. All incidents are monitored by members of the Incident Reporting Group as follows:

Clinical Incidents	Head of Clinical Governance
Information Governance (IG) Incidents	IG Lead
Complaints	Chief Executive
Health and Safety Incidents	Health and Safety

The organisation's Governance and Compliance Panel remit and terms of reference includes

- SI review, identify trends lessons learnt and monitoring of action plans
- Incident review to ensure robust investigations, identify trends lessons learnt & any actions completed
- MHRA & CAS alerts monitored to ensure all are reviewed and appropriate action is taken where relevant to the organisation
- Complaints to identify trends and lesson learnt, ensure meets timelines in line with policy and Duty of Candour is carried out

Incident & complaints investigation training was completed with all staff to ensure adherence to the organisation's policies and a consistent and robust approach.

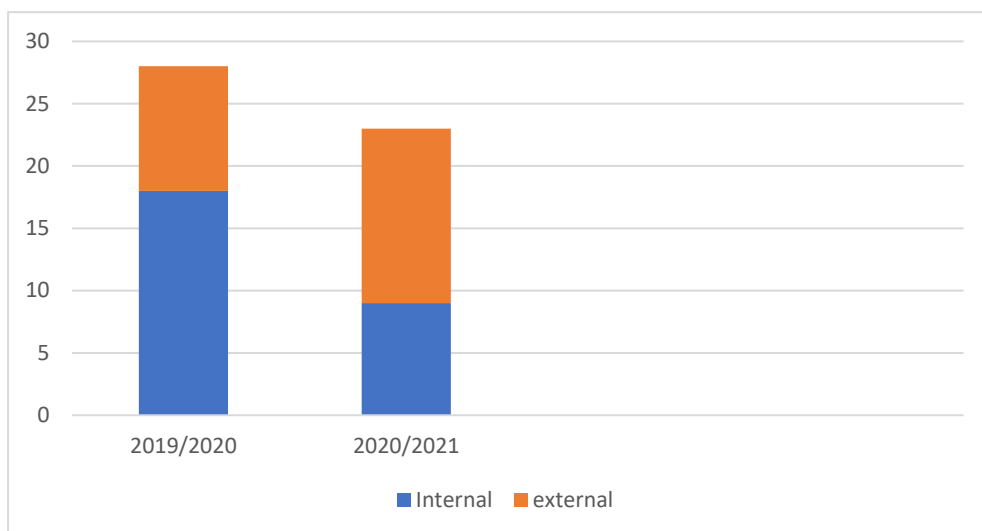
Clinical Incidents:

Incidents prevalence for incidents

Incidents type	Total Internal number
Medicines	47
Falls	27
Safeguarding	5
Clinical Care	9
Pressure Ulcers	7
Infection Control	1
Communication	8
Accidents	1
Aggressive behaviour	7

An area of significant progress this past year has been the reduction in internal clinical care incidents. During the period April 2020 to end March 2021 there were 9 internal clinical care incidents, all internal incidents were low to no harm incidents.

Clinical Care Incidents:



Clinical incident learning and actions for 2020–2021

Medicines – All errors were no or low harm. There were specific incidents relating to a limited number of staff address through training and performance management. Patch application monitoring incidents have remained and issue ad further revision of the process for this was undertaken with significant improvement.

Clinical Care –There was no pattern to the 9 internal incidents, however any learning from each was taken back to the clinical team concerned

Safeguarding –One related to missing member of staff, one a patient who left the ward– Mental Health concern. One an allegation by a care agency– closed by social services, training in EOLC provided to care agency by **ellenor** following this. One a distressed patient who declined onward referral.

Information Governance Incidents:

In 2020/21 there were 26 (IG) incidents relating to data breaches, seven of which were caused by external bodies.

No incidents were reportable to external bodies such as the ICO or Clinical Commissioning Group and were either small amounts of personal data or related to internal printing errors which were contained internally. We have since implemented a software product which forces locked printing and no further printer errors have been experienced.

We continue to monitor all IG incidents monthly at our Governance & Compliance meeting and bi-monthly at the IG Group the panel consists of the Senior Information Risk Owner, Caldicott Guardian and Data Protection Officer.

Information Governance training including General Data Protection Regulation (GDPR) is delivered to all staff and volunteers at induction training and refreshed on an annual basis. We always meet our 95% minimum compliance requirement for the Data Security Protection (DSP) Toolkit for training.

We are DSP Toolkit, Cyber Essentials and PCI Compliant.

3.2.2. Hospice Performance against National Council of Palliative Care Minimum Data Set

ellenor is no longer obligated to submit activity statistics as part of the Minimum Data Set (MDS). The figures below in section 3.2.3. are in accordance with national figures (median) and are based on the last report from the National MDS (2015–16) Data for the period 20201–2021 includes an additional 8 beds for step down provision for Non Palliative patients as part of ellenor's contribution to the Local Health Economy response to the pandemic.

INPATIENT UNIT	2020–2021	2019–2020	2018–2019	2017–2018
No of admissions (unique patients)	242	169	293	234
% of new patients (ie admitted first time) National – 91.6	89%	81%	84%	91%
% of patients admitted within 24 hours of referral	87%	72%	75%	60%

% of patients with a non-cancer diagnosis National – 11%	53%	22%	23%	17.5%
Average length of stay National – 10-13 days	7	14	5	8.51
LIVING WELL (inc OT, Physio and Open Access Groups)	2020-2021	2019-2020	2018-2019	2017-2018
Number of patients National – 145	798	904	178	172
% attendance (exc OT, Physio and Open Access Groups)	47% ¹	61%	57%	53.8%
Average length of care in days National – 177.5	358 ²	126	289	348
HOSPICE AT HOME (inc Care Home Support)	2020-2021	2019-2020	2018-2019	2017-2018
Number of new patients National – 1162	1142	1243	1504	1575
Total number of patients National – 1775	2097	2316	2552	2184
% of patients with a non-cancer diagnosis National 28.3	64%	64%	55%	63.8%
Average length of care in days ² National –108.3	379	269	189	122

CHILDREN'S SERVICE	2020-2021	2019-2020	2018-2019	2017-2018
Number of new patients ³	41	32	77	47
Total number of patients	85	150	176	142
WELLBEING SERVICE	2020-2021	2019-2020	2018-2019	2017-2018
Total number of patients accessing a service (non-unique)	1310	1459		
Average length of care in days ⁴	223	93		

¹ Estimate as Living Well ran virtually via Zoom and recording of attendees not 100% accurate. Not all patients had their name displayed or a camera available.

² Patients attend our open access groups as long as they wish to. This will have therefore increased the length of care episode. Patients attend the Living Well programme for up to 12 weeks unless additional goals are identified.

³ Reduction in number of referrals to children service likely due to delay in diagnosis as a result of increased waiting lists. However overall caseload numbers have remained stable, following previous years increased referrals as children remaining well due to reduced contact with others.

⁴ With the wellbeing service moving to a virtual model for most of the past year and the recognition of the effects of social isolation on patients and families the Wellbeing service has maintained contact with patients who would usually have attended the 12 weeks Living Well programme to ensure patients have felt supported and to reduce social isolation albeit by virtual means.



3.2.3 Key Performance Indicators

ellenor has grant agreements in place from Dartford, Gravesham and Swanley CCG, West Kent CCG (now Kent and Medway CCG), The London Borough of Bexley CCG. Each quarter, performance information reports are sent to the relevant commissioner. The grant agreement with Dartford, Gravesham and Swanley (DGS) CCG includes key performance indicators, and these are monitored quarterly at a contract performance meeting between ellenor senior management and commissioners. In 2019–20 ellenor achieved or overachieved the KPIs set and the results of 2020–21 are shown in the table below:

Key Performance Indicator	2020–2021 Performance	2020–2021 Target
% of patients on current caseload with Advance Care Planning documented (excluding children, family support)	86%	90%
% of patients on the caseload dying in their known preferred place of death	84%	80%
% of patients known to the Hospice dying in Hospital	15%	<20%
% of accepted patients admitted to the ward within 48 hours of referral	87%	45%
Number of planned visits adult team	12,492	N/A
Number of unplanned visits adult team	934	N/A
Number of planned visits children's team	1,497	N/A
Number of unplanned visits children's	38	N/A
Percentage of patients dying in care home	86%	85%

3.2.4 Partnership working

ellenor has had a successful year working in partnership with other organisations in the local area. This has given us the opportunity to reach more patients and carers to provide the very best care and support to a diverse community.

We have worked closely with all other Health and Social Care providers as part of the area response to the pandemic, actively participating in frequent system support calls throughout the year.

In collaboration with the DGS Health, their frailty service and Covid Response team we have ensured patients identified as palliative and/or end of life receive care that was joined up and provided the best support to patients and families possible.

We opened up an additional 8 beds for non-palliative patients to support the wider system, to increase the bed capacity and options across the North Kent Health Economy, enabling the acute hospital to provide care for those patients requiring it. This has in turn with flexible use of these beds given us increased capacity to support palliative and end of life patients within our Inpatient Ward.



We have been a key player in the development of a frailty pathway within the Dartford, Gravesham and Swanley ICP, collaborating with DGS health, Virgin and Dartford and Gravesham NHS trust, to ensure a clear pathway to support patients with these complex needs.

ellenor entered into a new partnership with Supportive Care UK to provide support and education to our medical and nursing team from Palliative care Consultants by virtual means, this happened just before lockdown and was a leap of faith for both organisations, as a site visit which would usually take place was not possible. This partnership has continued to strengthen and has proved beneficial to clinicians and patients alike.

We instigated a training programme covering a variety of aspects of Palliative and End of Life Care, including bereavement and management of breathlessness and offered this free to all Health and Social Care professionals across Kent and Medway, giving more people the confidence to provide symptom management and end of life care for their patients/clients. We were then joined in this effort by other hospices across Kent and are part of a collaborative looking at establishing this long term across Kent and Medway.

We continue to operate a shared caseload with the DGS Health which utilises the ambulance service alerting system IBIS this has been beneficial to all in identifying patients for whom hospital admission can be avoided and putting in necessary support.



Feedback from local GP on IBIS joint caseload working:

Today one of our paramedics in DGS Health responded to an IBIS update via text and attended a patient who had called an ambulance (on my instruction as I and carer thought she'd had another stroke).

He was in the area so attended off his own back. He got there while the crew were on scene and managed to avoid an admission as he recognised, she had a UTI and she was in fact better than when he saw her previously.

He then contacted me for medication and patient all sorted. Amazing stuff!

The children's team have continued to play an active role in the Managed clinical Network project, our Director of Care regularly attends this group, looking at joint ways of working.

ellenor continues to be a member of Childrens Hospices across London (CHAL) with CEO representation on the Board. The updated CHAL strategy includes improving access to 24/7 care for children at end of life and the service development group is working together to develop a Managed Clinical Network model across London that will start to address this.

In order for **ellenor** to deliver the very best care and support to our community it is vital that we work in partnership with those who deliver other care and support services. We have continued to work very closely with services commissioned to undertake carers assessments (Carers First now IMAGO), and with Alzheimer's Dementia Support Services, in order to deliver knowledge and understanding for all those caring for someone with a life limiting illness.

The Director of Care continues as a member of Hospice UK 'Executive Clinical Leads in Hospice and Palliative Care' (ECLIHP) group. This is a forum which shares good practice and discusses issues relevant to palliative care, together this group have developed forum for the clinical leads of individual services across hospices, increasing the sharing of good practice. These groups have continued to run via virtual means during the past year.



3.3 Patient, Family, Carer, Staff and Volunteer Experience

3.3.1 Patient, Family and Carer Experience–

All **ellenor** staff are encouraged to seek and use the views of the patients and families who use our services. We display user feedback cards and encourage all those visiting **ellenor** to complete them in order to get feedback and suggestions. We have recently added the opportunity for users to document their contact details, so that we can address any issues that they may raise.

In August 2020 we revised our incident system to commence a robust process for the collating of compliments. As an organisation we make every effort to learn from the care we provide, this includes identifying areas of good practice, strengths and what aspects of our services are valued by those we care and support. Overall we have received 104 compliments since August 2020 which is when the new system took affect. Many compliments talk about the difference **ellenor** has made to patients and families lives.

These are a few quotes from the positive experience feedback received from our patients, families and carers across our range of services:

ellenor have been amazing in helping with my husband's pain and making it possible for him to be able to come home to us with all the adaptions and equipment that they did. We were living in overcrowded conditions and struggling with a lack of space and privacy. My husband couldn't manage the stairs, so he was sleeping in the lounge on a hospital bed with the only toilet being upstairs.

The coronavirus pandemic put our rehousing on hold, and with everything else going on, increased our stress and anxiety. **ellenor's** OT and family support team were amazing, they continued to contact the council until we were rehoused into a property suitable for our family circumstances – a 3-bedroom house with stair lift and wet room and lovely gardens in front and back. They helped with making adaptations to our home and provided Neil with the essential equipment he needed, and we moved into the house in May. They were there at our lowest, when we needed them most. With **ellenor's** help we were able to deal with the situation and we never felt alone. We are extremely grateful for everything”.

We had one member of our group whose diagnosis meant that she was given a short time to live. For 10 months we looked after her ourselves but the **ellenor** nurse, would come in to advise us on what sort of care we should be giving her. It was our first experience of nursing someone so close to us as she approached death, and an additional pressure was that we couldn't tell her that one of the people from within our family who was looking after her was also very ill. It was a difficult time for us all, physically, and particularly emotionally, and **ellenors** kindness and support were so helpful. When the sick carer needed medication or injections to keep them going, it was the **ellenor** nurse, who came to them if the district nurse was unable to come.

ellenor supported me with funeral arrangements, with the charity's chaplain, organising the sort of beautiful, peaceful service that Mum deserved – and which I know she would have loved. Their chaplain still supports me now – my world changed when Mum died leaving a huge hole and I felt very alone, but he has been there for me.

"There's a whole range of support here at ellenor, and it's great to know that we can choose what feels right for us when we're ready for it".

The grief of losing my mother was something I was not prepared for.

I get regular phone calls from from the Wellbeing team and complimentary therapist. She has also sent me aroma sticks in the post individually made with my needs in mind, so this helps me to relax, ease my anxiety and helps me sleep. I know they are both at the end of the phone too if I need to talk. I am eternally grateful to them."

I will never forget the support my family got from ellenor when they needed it most: "The nurses make that place magical because they are always there, and they are so lovely. They support everyone, young and old. They supported not just my mum when she was ill, but our whole family. I had music therapy, which was good. I don't play instruments, really, but it didn't matter – you can play whatever you want and get your emotions out, with no-one judging you."

Through it all, ellenor has been a constant – with its practical and emotional support ongoing.

"As we approach Christmas, we are still taking things one day at a time and no one knows exactly what we will and won't be able to do this year. But just to know that our son is so much better than he was back in May, when he was so poorly and we didn't know what was wrong, is a gift. It's charities like ellenor that have enabled me to be confident that we, as a family, will look back on 2020 as one of our best years ever. The positivity and love we've received has been incredible. Our love for one another will never be stronger than it is this Christmas and as we move into the future.



Counselling

Our counselling service provided over 2000 sessions on a 1:1 basis to more than 268 people throughout the year via virtual means, for emotional support and lightening the workload of some of our local GP practices. This was both for patients and carers, but also bereavement counselling following a death. In addition, we opened up our counselling service to Health Care Professionals both internal and external struggling to cope through the pandemic. As soon as government restrictions allowed, we recommenced face to face counselling on site.

Brilliant help from the counselling and always looked forward to speaking with ***. She saved my life because after the loss of Husband I was at a very low ebb. She was a very good listener and helped me through a very low point. I was grateful to have my 12 week session extended by three more sessions and I looked forward to them each week it would be good to continue them for longer but I know there are many people who must be waiting for help and I hope they get the help they need.

My world shattered when I lost my brother. I was starting to lose myself and I would have lost my sanity, my family and my livelihood (job) if it were not for the timely intervention I got through counselling. ellenor has given me and my family excellent support through our nightmare hell on earth. I fear to think how I would have been without your help.

I am so grateful for having the opportunity to offload my worries and fears. I felt confident, safe, listened to and understood from the first session. The counsellor helped me understand myself and why I was feeling the way I was which helped enormously as I thought I was losing it and going loopy. She encouraged me to be kinder to myself and one thing I appreciated was have time to speak openly, honestly about anything, guilt free, it was my time



Financial Support

During this year, we helped 274 people gain access to welfare and benefits they were entitled to. Our finance support team is run by volunteers and on average respond to referrals with 8 days, maintaining contact and follow up calls until finance advice and support is no longer required, on average this contact is over 12 days, up to 69 days, making sure patients and families receive the maximum support they require. Working on the assumption that all were given higher rate Personal Independence Payment (PIP), this amounts to almost £2.2 million of income to some of the most vulnerable people in society. In addition to money, we helped hundreds of people to apply for Blue Badges which enables them to reduce worries about paying for parking.

Bereavement Support

In addition to our counselling service, we also offer a range of other bereavement services including a Walk & Talk group, two informal 'Bereavement Cuppas' and a closed therapeutic Bereavement Support Group. Throughout the past year our bereavement services have reached out to over 974 families offering support through a variety of options when people need it. As soon as able we restarted our bereavement cuppas on site, however contact via virtual means has continued with over 1100 contact this past year. Our family support team also made an additional 674 contact this past year, supporting families at their most difficult of times. In addition, our chaplaincy service has supported 123 patient and families.



Living Well

What is our 'Living Well' programme?

Many of our patients have hopes and wishes, things they want to do before they die. This may include getting married; living long enough to see the birth of a grandchild; or simply going shopping occasionally. Living Well attempts to help patients meet these goals. Living Well sessions aim to offer something for everyone, a focus on arts and crafts, others on gentle exercise, and sessions guiding through relaxation and mindfulness to help patients to worry less. We also have an afternoon dedicated to living with Dementia.



Open to anybody with a life-limiting illness, throughout 2020/2021 the service provided 3176 individual contacts to support those patients most isolated due to their condition and brought Living Well into their homes via virtual means.

**Love coming here it's a place to have fun and a laugh.
It's a place where people come and make friends and
that is what I have done.**

Play Therapy

The pandemic lockdown has been a challenging period for all concerned and forced our Play Therapist to explore new ways of reaching out and providing our services to children and families. We embraced remote working and were able to adapt our services to the needs of the moment and with added flexibility, reached out to and help a wider group of parents and children. At the beginning of the pandemic, we asked our service users how they would like to be supported and adapted our services accordingly.

Currently, **ellenor** provides individual play therapy for children, Child Parent relationship Therapy – to support parents and therapeutic group intervention as part of its GEMS services, which aim to help children overcome deal with grief and loss. We always looking for new ways to revitalise our work. This involves **approaching the discipline from increasingly new, innovative angles in order to address the unique needs of bereaved children**, engage kids in a greater variety of ways, and deliver positive experiences for the families **ellenor** supports.



We ran puppet workshop. The Zoom-facilitated workshop empowered the children, who were aged between six and 16, to create puppets, many of which became a representation of a person the child had lost. This session provided the kids with a safe space to play and interact and created an environment in which they were able to process their feelings of grief and loss alongside other bereaved children.

The children that participated loved the workshop, and embraced the task of building their puppets, before then creating and presenting a story around the character they'd brought to life. Plus, these puppet-making workshops – despite being oriented towards children – can have a kind of “knock on” effect for the parents, too.

In this approach of therapeutic puppetry, it is important to give the child control, to allow for more authentic puppet play and storytelling. This allows the child to direct and work through real and/or symbolic scenarios in order to master emotional conflicts.

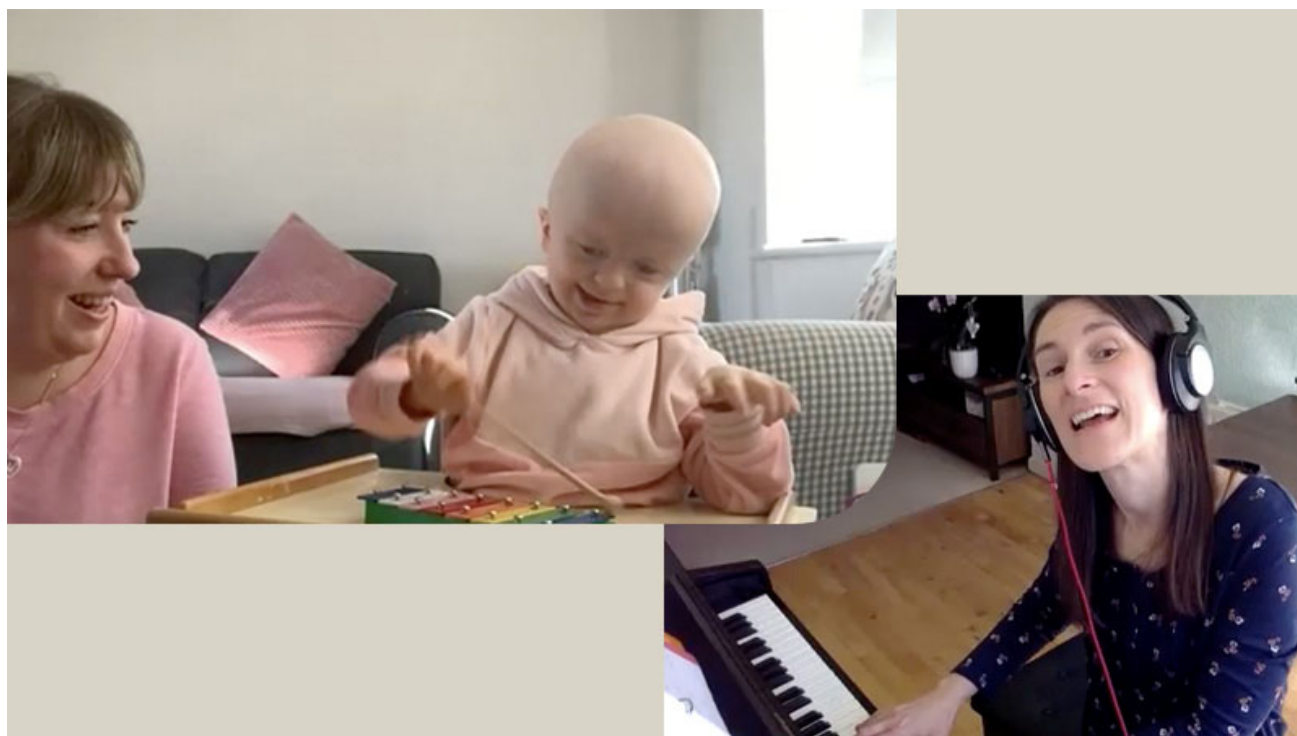


Over 20 children participated in GEMS day. Our Play Therapist had 74 children under her care during the past year, with 419 contacts, the large percentage via virtual means.

Music Therapy

As part of our children's service, we offer music therapy for children under the care of **ellenor**, and for their siblings and families. During the lockdown, these sessions were offered online via Zoom, where parents and carers took on a key role in making the sessions a success – online sessions involved parent and carers in a different way as they enjoyed making music with their child.

Many families found being able to access music therapy from home while shielding or isolating a welcome experience. As restrictions eased, face to face sessions resumed for children either at school, at the hospice playroom or at home. Some of the children having music therapy are bereaved, some are undergoing treatment for cancer, and some are living with life limiting illness. Music is offering them a way to create and play in an accessible way; it can allow feelings and emotions to be expressed through music; it can offer a way to remember loved ones. Music therapy at **ellenor** is completely child-centred and therefore uniquely tailored to the needs of each child and their family. Our Music Therapist had 32 children under her care during the past year, with 208 contacts, all contacts were via virtual means.



3.3.2 Staff Survey

We are not required to participate in the NHS Staff survey; however, we carry out an annual staff survey via an external independent organisation that replicates similar questions.

TOP 10 AGREE RESPONSES	ellenor 2019	ellenor 2020	Diff	All Hospic es 2019	All Hospices 2020	Diff
I enjoy the work I do	90	88	-2	93	92	-1
I understand what this charity wants to achieve as an organisation	92	93	+1	89	89	=
I enjoy working with the people in this charity	87	88	+1	92	91	-1
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	95	93	-2	96	96	=
I believe in the aims of this charity	94	88	-6	91	93	+2
I feel like I am making a difference	84	85	+1	86	88	+2
I am trusted to do my job and/or make decisions that are relevant to my role (NEW ENTRY)	71	87	+16		82	
I am proud to work for this charity	89	89	=	90	92	+2
I am comfortable being myself at work (NEW ENTRY)	N/A	82	-	N/A	86	-
I am clear about what is expected of me in my role	85	83	-2	85	86	+1

TOP 10 DISAGREE RESPONSES	ellenor 2019	ellenor 2020	Diff	All Hospices 2019	All Hospices 2020	Diff
I feel that pay is handled fairly	37	34	+3	28	22	+6
My pay is competitive in comparison to people doing similar work in the charity sector	37	45	-8	26	24	+2
Communication between different teams/departments is effective	35	43	-8	34	35	-1
Morale in this charity is high	41	27	+14	33	18	+15
I am not concerned about job security	43	29	+14	18	30	-12
The Leadership Team communicate effectively with staff	25	15	+10	28	17	+11
I rarely get stressed at work	40	52	-12	33	40	-7
I feel supported in developing my career	19	19	=	16	17	-1
My workload is manageable	26	21	+5	22	16	+6
I feel appreciated here	21	25	-4	17	15	+2
The charity is doing everything it can to reduce its impact on the environment	25	15	+10	23	15	+8



3.3.3 Education and Training

In April 2020, the Head of Education at **ellenor**, set up free virtual training for Health Care Professionals (HCP) working in the community. This was initiated in response to the Covid 19 pandemic when deaths in the community were rising.

The purpose of the training was to equip staff across a variety of settings including nursing homes, community services, paramedics, care agencies etc., with the necessary skills to support patients at end of life and with the conversations that take place.

The initial topics were:

1. The use of a Syringe Driver – how to use a syringe driver to administer medications to alleviate physical symptoms of dying patients.
2. How to manage breathlessness – A major symptom experienced patients with Covid 19.
3. Fatigue management and conserving energy.
4. Bereavement – How to support the families having to face death of a loved one suddenly and unexpectedly. These bereavement issues escalated as these families were not able to be with their loved ones as they were dying. This session also concentrated on recognising and supporting the effects of bereavement on Health Care Professionals who were trying to manage their own fears but at the same time having to take the place of families at the bedside.

What initially started as a small project with 3 **ellenor** staff members (Physiotherapist, Head of Wellbeing and Head of Education), soon grew to a larger project as the demand for more sessions increased. With some funding subsequently secured from the CCG, a Kent and Medway training collaborative was formed to help support this essential training.



The collaborative consisted of experienced training facilitators from two other Kent hospices as well as the Kent Community Health NHS Foundation Trust (KCHFT). This expansion allowed more topics to be covered and more sessions were offered, in addition audience numbers grew. The topics offered were:

1. How to recognise dying
2. The dying process
3. Verification of Death
4. Do Not Attempt Resuscitation conversations.
5. Advance Care Planning
6. Symptom Management
7. Drug Calculations

The project finished at the end of March 2021 having reached 2,775 staff across the UK as well as from Canada, Singapore and Australia.

Treatment Escalation Plans

Background

ellenor was funded by the Kent and Medway CCG to deliver training on Treatment Escalation Plans (TEPs) across the Dartford, Gravesham and Swanley area.

Rationale

Kent including Dartford, Gravesham and Swanley (DGS) area experienced a high rate of hospital admissions during the autumn and winter months in 2020 due to second wave of Covid-19 pandemic. It was noted that a high number of frail patients, with poor treatment outcomes, were being conveyed to the local acute hospitals in the area. Most of these frail patients died in hospital as their existing health conditions reduced their survival rate.

Other areas in Kent had introduced Treatment Escalation Plans (TEP's), in April 2020, during the first wave of the pandemic. The DGS area needed to implement the use of TEPs to reduce the number of acute admissions of frail patients. By having discussions with these patients, preparation for end of life support could be put in place and their wish to die in their homes can be achieved.

Health Care Professionals (HCPs) working in care homes were identified as one of the main groups that would benefit from this training. Conveyance to hospital of patients from care homes when needs could be met with support from other community providers was identified as a particular challenge and there were concerns without plans in place many patients could end up in hospital rather than in their preferred place of care during a second COVID wave.

Target Audience

1. Nurses
2. Doctors
3. Health Care Assistants
4. Paramedics

Working in community services – nursing homes, Virgin Care Community services and at **ellenor**.

Objectives

At the end of the training participants should be able to:

- Identify patients who are frail using the Rockwood Frailty Score and WHO Performance Status classification tool.
- Initiate conversations with patients and their families, and document their wishes, about the level of treatment interventions that would be appropriate for them should they become acutely unwell.
- Ensure early planning for their end of life care in their preferred place of death.
- Be aware of the Covid -19 treatment available in the community for symptomatic patients.

Training Method

Following the success of the Kent and Medway Virtual training started by **ellenor** in April 2020, the training method used at the time was used for this training project – using a media platform and marketing the sessions on Eventbrite. The sessions were free of charge.

A timetable of two sessions per week started on 14 January and ended on 31 March. Each week there was one session in the morning and one in the evening. Each session lasted two hours.

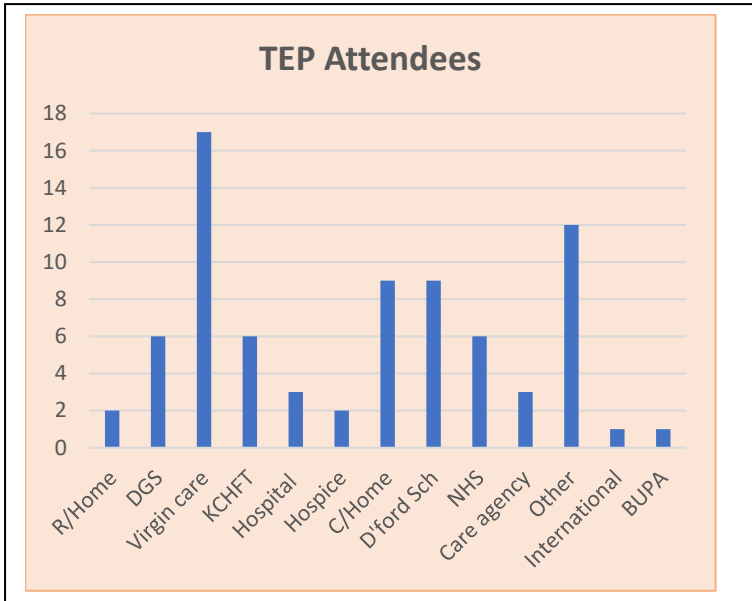
Two **ellenor** facilitators took part in delivering these sessions. Following this training, the community services reported an increase in TEP documents being completed.



Treatment Escalation Plan Training Report

11 January – 29 March*Excludes ellenor staff**

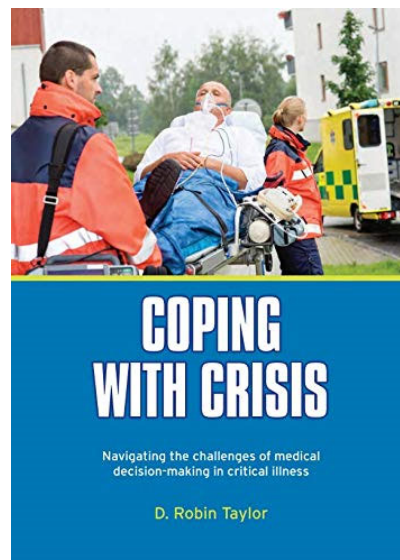
International – Palliative Nurse Perth Aus.*



R/Home	2
DGS	6
Virgin care	17
KCHFT	6
Hospital	3
Hospice	3
C/Home	9
D'ford Sch	9
NHS	6
Care agency	3
Other	11
International	1
BUPA	1
Total	77

External support

Professor Robin Taylor



3.3.4 Complaints

Complaints

ellenor treats all complaints very seriously and records all expressions of dissatisfaction, both verbal and written, as complaints. Where possible managers try to resolve complaints informally, however, complainants have the right to take their complaint down a formal route.

All complaints are monitored and reviewed by the CEO and the Governance & Compliance panel to identify trends and for opportunities to learn and improve practice. A quarterly report is provided to the Board of Trustees and action plans are developed, monitored and lessons learnt.

Number of complaints received	30 ¹
Number of Formal complaints	5
Number of formal complaints upheld	1 fully upheld 3 partially upheld
Number of complaints managed informally	22
Number of complaints within Care Directorate	15
Number of complaints from non-Care Directorates	13
Trends	Communication 12 Care 5 Staff attitude 5 Process 4 Staffing 0 Legacies 0 Retail 2 IG 1

¹ Two complaints related to other providers so directed to their complaints team

Learning from complaints is disseminated to individual departments involved with complaint. Managers discuss at team meetings lessons learnt, and actions to be taken.

3.3.5 Awards and recognition



Dartford and Gravesham
NHS Trust

Darent Valley Hospital
Darenth Wood Road
Dartford
Kent DA2 8DA

28.04.2020

Vikki Harding, Chief Executive
Ellenor
Coldharbour Road
Gravesend
Kent
DA11 7HQ

Direct Line Tel: 01322 428660
Email: Julie.frake-harris@nhs.net
Website: www.dvh.nhs.uk

Dear Vikki,

I am writing this note following very positive feedback from the staff within the Medical Division, in particular our Director of Operations highlighting the system support provided by your organisation in recent weeks. On behalf of both DGT and the wider North Kent system, I would like to thank Ellenor for your patient centred response to a very difficult time and the dedicated, compassionate care delivered to patients by your team.


Mobilising additional bed capacity for a different typology of patients and at short notice was an extremely impressive feat. The flexibility exhibited by your staff and their preparedness to care for COVID-19 positive patients has facilitated a community pathway for some of our most complex discharges since the end of March and has been greatly appreciated.

Ellenor has been an extremely supportive community partner and we look forward to continuing our close working relationship in the future.

I would be very grateful if this note of thanks and appreciation could be shared with your staff.

Thanks again!

Yours Sincerely


Julie Frake-Harris



Chairman: Peter Colts



Chief Executive: Louise Ashley

Care with compassion | Respect and dignity | Striving to excel | Professional standards | Working together

3.4 Comments from Commissioners and Stakeholders

As part of the requirements for the Quality Account, we are required to ask our Commissioners and the local Stakeholders for a statement on our Quality Account.

It has been a great pleasure to work with ellenor Hospice over the past year, I've been hugely impressed by how they have set their bed and clinical capacity to bolster hospital provision, thus maintaining access for all vulnerable patients across Medway and Kent CCG. The weekly video-conference board-rounds are hugely enjoyable and ellenor has developed a cohesive and well lead Medical Team. I want to acknowledge the commitment that the staff at ellenor Hospice have displayed to working differently, ensuring palliative care has been available to patients that traditionally would not have been admitted to a Hospice environment. During the Pandemic, many UK Hospices closed to admissions but the confident partnership model between ellenor Hospice the CCG and SCUUK conjoined to provide an adaptive service which helped to address a potential crisis and ensured continuity of care across the Dartford Gravesham and Swanley area. This could be considered a model of best practice, where the foresight, vision and expertise from specialist providers working together had substantial and universal impact.

Matthew Makin,
Medical Director

Supportive Care UK



19th November 2021

Linda Coffey
Director of Care
Ellenor
Coldharbour Road
Gravesend
Kent DA11 7HQ

Darent Valley Hospital
Darenth Wood Road
Dartford
Kent DA2 8DA

Direct Line Tel: 01322 428100
Website: www.dvh.nhs.uk

Dear Linda

Ellenor

Thank you for sending me a copy of your Quality Accounts for 2020- 2021 and for asking for our feedback. I absolutely concur that these last 18 months have presented significant challenges in the delivery of safe and effective care to our communities.

As an organisation you have responded and supported us in the delivery of patient centred care, enabling our system to respond to the challenge of the Covid pandemic in a cohesive way. We have really appreciated how you have worked with us as a community partner in managing some of our more complex patients.

We look forward in continuing our close working relationship in the coming year.

Kind regards



Siobhan Callanan
Chief Nurse



Chairman: Peter Coles

Chief Executive: Louise Ashley

Care with compassion | Respect and dignity | Striving to excel | Professional standards | Working together



Kent and Medway
Clinical Commissioning Group

Nursing, Quality and Medicine Optimisation Directorate
Paula Wilkins Executive Chief Nurse
Kent and Medway CCG
Kent House
Headquarters
81 Station Road
Ashford
Kent
TN231PP

Linda Coffey
ellenor Hospice
Coldharbour Road
Gravesend
DA11 7HQ

23/11/2021

ellenor Quality Account 2020/2021

Dear Linda,

Kent and Medway CCG welcome the 2020/21 Quality Account submitted by ellenor Hospice. We have reviewed the information provided and our view is that the report is a comprehensive and engaging read. It is presented in the format required by the Department of Health's toolkit and the information accurately represents the Quality profile.

We note ellenor has commenced work to refresh and revise their Vision, Mission and Values to ensure the services meet the needs of the community it serves. Alongside this you have started to look at the Equality, Diversity and Inclusion of the organisation and how best to identify and address the gaps in recruitment, service provision and supporter engagement.

You have talked about the audits that you have undertaken and discussed how this supports identification of areas requiring improvement and detailed actions to improve the quality of healthcare provision. Although the pandemic has had a major impact on your services, your response has demonstrated success in working together to make changes at pace.

ellenor has had a successful year working in partnership with other organisations in the local area, working closely with all other Health and Social Care providers as part of the area response to the pandemic, actively participating in frequent system support calls throughout the year.

In collaboration with the DGS Health, the frailty service and Covid Response team ensured patients that were identified as palliative and/or end of life received care that was joined up and provided the best support to patients and families possible.

ellenor opened up an additional 8 beds for non-palliative patients to support the wider system, to increase the bed capacity and options across the North Kent Health Economy, enabling the acute hospital to provide care for those patients requiring it. ellenor has been a key player in the development of a frailty pathway to ensure support for patients with these complex needs.

The ongoing COVID 19 pandemic has meant prolonged changes to how care is delivered and ellenor ensured patients and their families continued to be supported in a safe way that protects them and your staff. We recognise this has meant the continuation of non-palliative bed provision to support the wider Health Economy.

The report also set out areas of research, approved by a research ethnics committee, in which ellenor Hospice secured further funding from the National Institute for Health Research (NIHR) to strive research activities and support research recruitments to national Portfolio Studies through the role of a Research Practitioner. This has enabled patients, family members, staff and hospices to participate in research activities as well as facilitating research design and development.

In conclusion, the report clearly sets out your key areas of quality focus for the coming year; Patient Safety, Clinical Effectiveness and Patient Experience. By providing both retrospective and forward-looking information it is well structured and highlights that the quality of patient care remains a clear focus for the organisation and is at the forefront of service provision.

Kent and Medway CCG would like to thank all of the staff at ellenor for their hard work during this unprecedented time in supporting the system wide effort. 2020-2021 was once again a very busy year in which ellenor continued to provide the best quality, personalised care and support to patients and their families in their preferred place of choice. We would also like to thank ellenor for the opportunity to comment on these accounts and look forward to further strengthening the relationships with the organisation through continued collaborative working in the future.

Yours sincerely,



Paula Wilkins
Executive Chief Nurse – Kent and Medway CCG