

ellenor.\*



# Quality Account

2018/2019

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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 Accounts 2018-2019 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.

2018-2019 has been a busy year at ellenor; one in which we have continued to place our mission at the heart of everything that we do – this can be seen across the charity in our care, education & training, outreach work and care home initiatives. We continue to put our patients first and care for people of all ages with all conditions and diagnoses. We strive to ensure that patients and families facing terminal illness receive the best quality, personalised care and support in their preferred place of choice.

We have developed our new “CLEAR” strategic plan which sets the strategic direction for the charity for the next five years. This builds on our last strategic plan released five years ago and sets out to widen the access of our services to more patients and families, either directly or indirectly in our role as the lead provider of palliative and end of life care locally.

This year saw ellenor win the Kent Care Charity of the Year which recognises the outstanding contribution charities and voluntary groups undertake to make the lives of others better. We are immensely proud to have won this award and also to be nominated again for the 2019/2020 awards.

In May 2018 a 13 part documentary ‘The Hospice’ recording daily life at ellenor hit TV screens. Feedback from this TV series, the first ever to be filmed in a hospice, was outstanding and promoted not only the excellent work ellenor provides but also assisted in breaking down the perception of hospice care.

ellenor is highly respected and has an excellent reputation in our local community. We have outstanding public and business support and we are well regarded by our colleagues in the health and social care communities. I would like to take this opportunity to thank all the staff and volunteers across the clinical and support teams for their contribution in providing outstanding care and for ensuring that our excellent reputation continues.



Vikki Harding  
Interim Chief Executive



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.

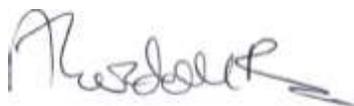
## 1.2 Statement from the Chair

As Chair of Trustees of ellenor, it gives me great pleasure to introduce this year's Quality Account. Providing this statement for our Quality Account enables me to reflect on 2018/19 with great pride. 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 makes 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 Dartford, Gravesham and Swanley, West Kent and the London Borough of Bexley.



Roger Wedderburn-Day

Chair of Trustees



## 1.3 What is a Quality Account?

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 2019/20, please contact: Vikki Harding, Interim Chief Executive; Email: [info@ellenor.org](mailto:info@ellenor.org); Tel: 01474 320007; Address: ellenor, Coldharbour Road, Northfleet, Kent DA11 7HQ.

## 2.1 Looking Forward

### Future Improvement 2019/20 Priorities

#### 19/20 Priority 1 - Patient Safety:

All patient health record information is recorded on an electronic records system & meets Professional Bodies requirements.

How was it identified:

An audit in 2018/19 identified that not all documentation met Professional Bodies requirements.

How will it be achieved:

- Set up documentation Task & Finish Group.
- Review & standardise all consent & referral forms.
- Revise the clinical documentation policy & training materials.
- Review all services documentation & implement identified changes.
- Move inpatient unit documentation onto electronic records only.
- Ensure training is delivered on changes in the organisation for all relevant staff and volunteers.

How will progress be monitored and reported:

- Carry out a documentation audit of all services in quarter 4 for of 2019/20.
- Report progress to the Board via the Care and Clinical Governance Committee.

#### 19/20 Priority 2 – Clinical Effectiveness:

Day Therapy provision meets needs of more patients

How was it identified:

The review of patients under the care of ellenor identified that only approximately 7% accessed Day Therapy. Feedback from patients not wishing to access the service said that they felt it did not meet their needs.

How will it be achieved:

- Set up a Day Therapy Redesign Project Group and meet regularly.
- Develop a redesign project proposal.
- Set up specific work streams to deliver projects.
- Involve Day Therapy Staff and Volunteers in projects.
- Gain feedback from patients on new revised offering.

How will progress be monitored and reported:

- Progress to be monitored by Day Therapy Redesign Project Group via feedback

from work streams and action log.

- Report findings to Executive Management Team and Senior Management Team.

**19/20 Priority 3 - Patient Experience:**

**The User Engagement Group "Your Voice" is a forum for patients, carers, and other users of ellenor, to discuss feedback, views, and ideas on service changes, and developments within the organisation.**

How was it identified:

Identified by a Healthwatch Kent and Community Engagement Nurse that there is currently no structured framework in place for assessing patient, family and carer engagement in policy development at ellenor.

How will it be achieved:

- Care team staff to discuss concept with patients, carers and users that may be interested.
- Design poster and information leaflets to promote and support groups at ellenor, literature to be displayed at the hospice.
- Community Engagement Nurse to discuss when out in the community with local groups.

How will progress be monitored and reported:

- Progress to be monitored and evaluated by group members.
- Progress to be reported to the Board via the Care and Clinical Governance Committee.



## 2.2 Looking Back

### Progress on our 2018/19 Priorities

Considerable progress has been achieved against our targets for 2017/18 and our achievements are noted below. Last year **ellenor's** priorities focused on:

- Patient safety
- Clinical effectiveness
- Patient experience

#### 18/19 Priority 1 - Patient Safety

An improvement to the recording of incidents and subsequent investigation process, as well as closer monitoring of incident reports

##### Update:

An Incident Reporting Group has been set up with the aim to ensure all incidents and complaints are investigated and actioned within an agreed time frame, trends are identified and lessons are learnt and cascaded. Safety alerts are discussed so as to monitor if appropriate actions have been carried out following receipt of these alerts. Training to all staff on incident reporting forms to be carried out as part of the ellenor induction. Training on incident investigation was carried out with all managers and heads of service this year. Changes have also been made to the electronic incident reporting system. The incident policy has been reviewed and a separate serious incident policy is now required in order to ensure the documents are concise and user friendly.

##### Outstanding areas for 2019/20:

Further changes to the electronic incident reporting system are required to document Duty of Candour. A separate serious incident policy to be developed and ratified.

#### 18/19 Priority 2 – Clinical Effectiveness:

Improvements to the way patients and carers are referred for different services within the organisation

##### Update:

Work has been completed to reduce the need for inter-referral within ellenor between services. This has been achieved by reviewing and strengthening the Multi-disciplinary team (MDT) meetings where all relevant care services attend. Attendance at the Primary Care MDT's by the Adult Hospice at Home Team has increased the knowledge of GPs and other community providers of the services provided to ellenor and the criteria for referral. This is also reflected in the Children's Team by attending MDTs with Demelza, acute providers and Tertiary Centre's.

Outstanding areas for 2019/20:

External referral forms to be reviewed and amalgamated into one form to reduce confusion for referrers.

18/19 Priority 3 - Patient Experience:

Improvements to the care and support for young people under the care of the service

Update:

A transition working group is now in place which includes representatives from the Children's team, Adult Community service and Inpatient Unit, Wellbeing Team and a Physio and Occupational therapist. In response to families who identified a need for residential respite provision after the age of 18, we have revised the pathway for young people to access this service on our Inpatient Unit. Young people approaching transition are identified as part of the regular multi-disciplinary discussions and planning is commenced with families and young people to ensure there is adequate provision of information and support regarding issues such as decision making and transfer of care to adult services. We are now supporting a young man to receive monthly respite on the Inpatient Unit and the plan is to build on this towards young people's social nights/weekends where they can be supported to access community based social activities in the company of their peers.

Outstanding areas for 2019/20:

We need to extend this further to more young people and work in partnership with other local hospices to transition young people in Bexley and West Kent where we do not provide adult services.



## 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 2018/19, ellenor provided specialist palliative care services in a range of settings, 365 days of the year. The provision comprised the following services:

For adults living in Dartford, Gravesham and Swanley:

- In-Patient Ward (ages 14+)
- Day Therapy
- Out Patient Clinics
- 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:

We hold weekly bereavement support groups (“Bereavement Cuppa”) in Dartford, Gravesend and Swanley and a bi-weekly Carers support group (“Carers Cuppa”) in Gravesend. We also have launched a new bereavement group (“Walk and Talk”) meeting twice monthly where people who have experienced bereavement are offered exercise and bereavement support. We are planning to commence a new bereavement group in the Gravesend Gurdwara (Sikh temple) to expand our bereavement support to the wider community.

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 2018/19, ellenor was not eligible to participate in any national clinical audits or national confidential enquiries.

Local Audit

Regional audit on opioid and sedative prescribing at the end of life.

Aim: to ensure end of life prescribing in the Kent and Medway hospices conforms to recommended dose ranges and is comparable in a benchmarking exercise.

Indication: Following on from the report into deaths at the Gosport Memorial Hospital, this audit is required to offer reassurance to the public and patients that all units are practicing within accepted best practice.

Method: Identify patients dying in the inpatient units who were admitted for 24 hours. A sample of 20 consecutive deaths of inpatients per hospice in January 2018 was audited.

Results:

Name of hospice	A	B	C	D	E	F	ellenor
Total No. of patients dying in the IPU	30	20	20	20	30	20	22
% of with cancer diagnosis	77	80	65	90	77	75	90
% of patients with a syringe driver in place in last 24 hrs	93	70	90	100	90	95	95
% of patient with clear documentation regarding use of syringe driver	40	100	20	35	100	100	100
% of patients notes with clear documentation explaining that the patient was dying.	63	95	80	80	93	100	100
% of patients receiving opioids in last 24 hours	100	95	100	100	96	100	100
% of patients on Morphine	36	70	45	45	40	40	40
% of patients on Oxycodone	47	25	30	55	54	45	45

% of patients on Fentanyl	<1	0	10	15	10	10	15
% of patients on Alfentanil	1	0	10	30	35	30	0
% of patients on Buprenorphine	<1	<1	55	5	10	0	0
% of patients on other opioids	0	0	0	0	0	0	0
Range of opioids dose	2.5-400	540	5-225	10-277	10-549	7-430	0-930

Results indicated that ellenor's use of opiates were higher than the six other hospices audited; however, it should be noted that a patient with very complex pain was included in this audit. A repeat of the audit was carried out for December 2019 and results were in keeping with the other hospices with a range of opioid dose of 6.25-340.

#### Internal audit

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

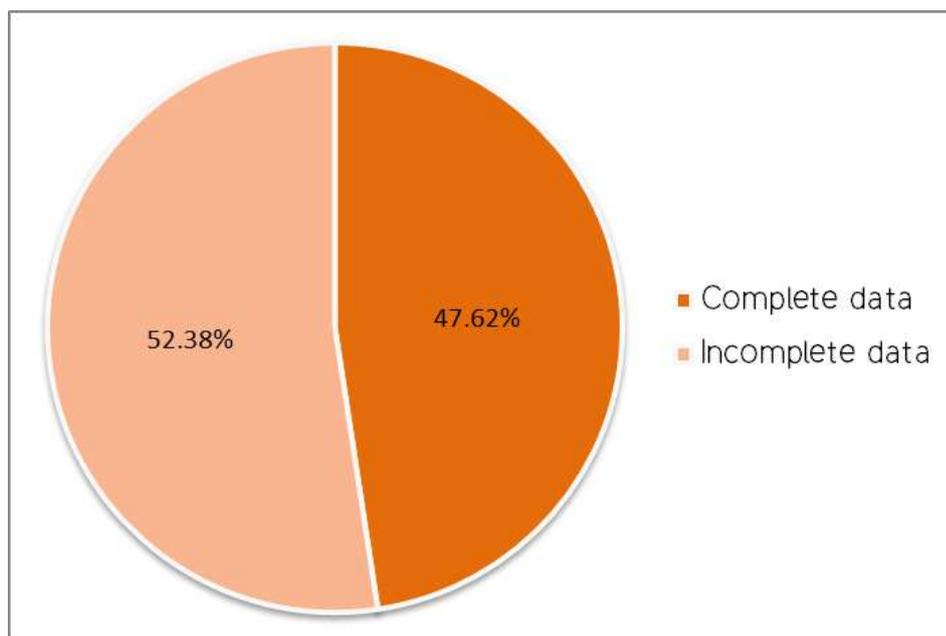
#### Documentation following administration of opioid patches in Inpatient Unit:

Aim: Keep comprehensive records when administering topical controlled drugs.

Indication: Following CQC inspection recommendation.

Method: From January 2018 – 31 August 2018 a review of 42 prescription charts were opioid patches were prescribed.

Results:



Recommendations: With regards to lessons learnt, patch stickers are now in use on the Inpatients Unit prescription charts to indicate the site and date & time replaced and signature of nurse. A peer checking process has also been put in place. A follow up audit is planned for June 2019.

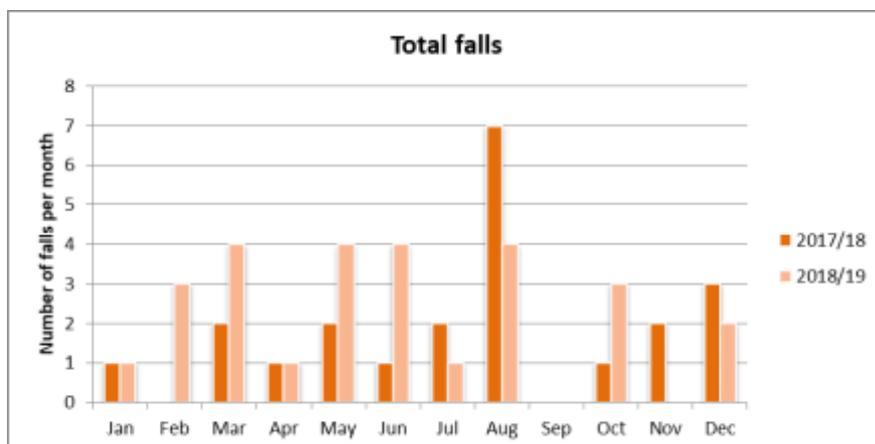
#### Inpatient Falls:

Aim: To identify number of falls, level of harm, contributing factors and trends in line with NICE guidance.

Indication: CCG KPI annual falls audit.

Method: Review of incident reports for each fall from Jan – Dec 2018 to identify, level of harm, causes, contributory factors, identify trends and recommendations to reduce.

Results:



We have seen a slight increase in falls, from 22 last year to 27 this year. On review of the patients compared to last year, we have seen an increase in admissions to our Inpatient Unit of patients with acute confusion and dementia. We have also seen an increase in patients rolling out of bed. Patient’s feedback is they are used to sleeping in a double bed which has contributed to this. With regards to lessons learnt, the following actions have been taken:

Revision of fall risk assessment:

- Revision of falls policy including use of bed rails section.
- Purchase of new inpatient beds with falls reduction components.
- Trial of falls monitors.

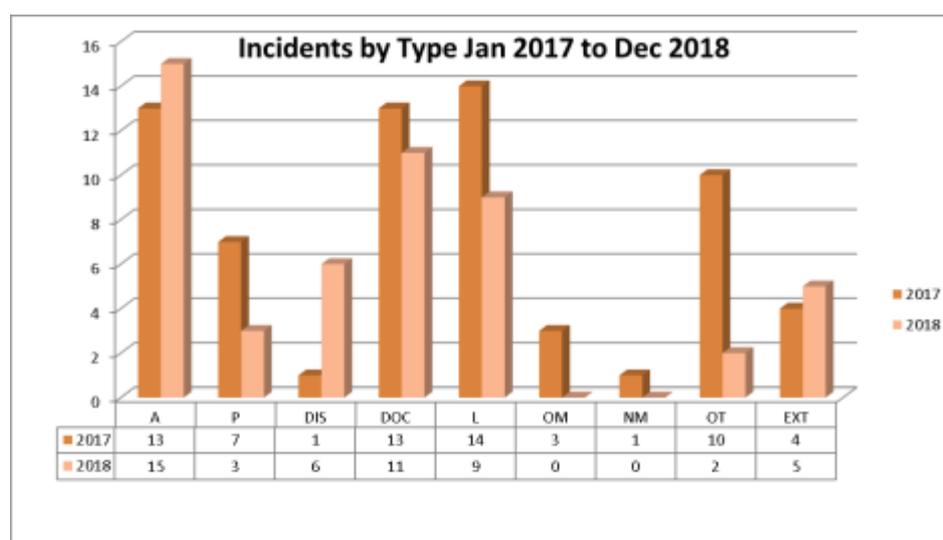
Inpatient Medication Audit:

Aim: To identify the number of medication incidents according to type of errors to identify trends and recommendations to reduce.

Indication: Part of annual clinical audit plan as best practice.

Method: Review of incident reports for each medication incident from Jan 2017 – Sept 2018 to identify, level of harm, causes, contributory factors, identify trends and recommendations to reduce.

Results:



**Key:**

- Administration
- P = Prescribing
- DIS = Dispensing
- DOC = Documentation
- L = Loss
- OM = Omission

Results demonstrate a reduction of medication incidents from 66 in 2017 to 51 in 2018. There is an increase in dispensing and external category incidents, however, both of these are external to ellenor and managers have escalated these incidents to the relevant partners for investigation. Administration has increased slightly in the last year; however, on review, no cause for this was identified. With regards to lessons learnt, the following actions have been taken:

- Placement of screening on glass panel on door.
- Training for all IPU Registered Nurses and a recurring reminder to be sent to all staff of the importance of no interruptions during drug administration.

### 2.3.3 Research

The number of patients receiving relevant health services provided by ellenor during 2018/19, recruited to participate during this period in research approved by a research ethics committee, were 50 - 25 pairs of patients and carers.

ellenor secured funding from the National Institute for Health Research (NIHR) to continue to support research recruitments to National Portfolio Studies through the role of a Research Practitioner. The Research Practitioner has a collaborative position working across four Adult hospices in West Kent; raising awareness of research in palliative care within hospice settings, enabling staff and hospices to participate in research activities and facilitating research design and development. This year, we have welcomed a research volunteer who supports the recruitment to our current research studies and enables us to explore the acceptability and feasibility of care volunteers supporting end of life care in the West Kent community.

Likewise, being an active member of Kent and Medway Palliative Care Research Group has facilitated an information exchange among healthcare professionals and academics on latest research opportunities, as well as development of research projects.

The following national portfolio study has ongoing recruitment:

#### “OPEL Study (Optimum Hospice at Home Services for End of Life Care)”

- This study is to explore the design of a typology of services, patterns and models using a Context-Mechanism-Outcome configuration, as well as to compare the costs of delivering Hospice at Home (H@H) services in the different models, assessing which are likely to lead to the best outcomes and represent best value for money.
- Following a successful completion of phase 1, ellenor’s H@H for Adults Team is now participating in phase 2 of this study. Newly referred Patients and their informal carers are invited to take part. Once consented, health service data is collected fortnightly.
- Recruitment finishes on 30 June 2019, and 21 pairs of patient-carer dyads have been recruited from H@H for the Adults Team thus far.

We also participated in the following national study:

#### “Alcohol Study (An observational study investigating the prevalence and impact of alcohol-related problems in cancer patients and their non-professional caregivers)”

- The aim of this study is to assess the prevalence of alcohol use disorders and the relationships between alcohol use disorders, psychological/physical problems and drug abuse in a large cohort of advanced cancer patients and their non - professional

caregivers.

- Fifty-eight pairs of patient-carer dyads from ellenor have participated in this study.
- This study reached its recruitment target on 5 September 2018 and the research team at Royal Surrey County Hospital is currently analyzing the collected data.

Conferences:

We have presented at national and local conferences. Seven abstracts were accepted with one oral presentation and six posters at Hospice UK national conference demonstrating the wide range of work at ellenor.

Oral presentation

“Lights, Camera, Action - the story behind the scenes of “The Hospice”.

Posters

- 5 Minutes of Fame: the psychosocial impact of making a television documentary.
- As seen on TV - Enabling patients and families to have a voice.
- From story to picture - Spreading the message of palliative care within minority groups.
- “I always dreamed I would be a nurse” – the emergence of adult Care Volunteers.
- The Role and Impact of Pharmacists Within a Hospices Care Home Support Team.
- Trusted Assessor Pilot – Making sure that patients are where they need to be!

International Publications:

Tricia Wilcocks Head of Education and Research was co-author with David Oliver of a chapter on End of Life Care in “Palijativna Skrb Uzajednici” (Palliative care in the community). This book is now provided to all Medical students in Croatia.

### 2.3.4 Income:

The income received from statutory funding such as, local NHS Clinical Commissioning Groups and NHS England represents 25% of ellenor’s total income generated in 2018/19.

This means that the remaining 75% of the overall costs of service delivery is fundraised by ellenor from voluntary charitable donations, legacies, hospice shops, hospice lottery, events and community fundraising.

CQUIN Payment Framework

ellenor’s income during 2018-2019 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 2018-19. ellenor has not participated in any special reviews or investigations by the CQC during this

reporting period.

The last 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	●

The CQC stated: “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 was in July 2017 and the full report can be found [https://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2810386868.pdf](https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2810386868.pdf)



### 2.3.6 Data Quality:

For 2018/19 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.

A documentation working group was set up during 2018/19 to review all electronic and paper documentation with regards to errors, issues, consistency across services and areas for

improvement. The following was noted:

- Number of errors in documentation: there were 196 reported errors in patient documentation during the year 2018-19. This has reduced by 100 on the previous year. An increase in clinical and administration staff training, and improved monitoring systems and processes has contributed to this reduction in errors.

ellenor continues to take the following actions to improve data quality:

- Head of Quality and Clinical Governance monitors overall quality of clinical information including management/development of electronic patient records.
- The Data Analysis Administrator checking electronic patient records and working collaboratively with the Head of Quality and Clinical Governance to ensure correct and timely data reporting.
- Training for the electronic patient records and incident reporting system (Infoflex) used by ellenor is now mandatory to ensure all users attend to improve overall understanding and quality.
- Annual documentation audit which is reported to the Board via the Care & Clinical Governance Committee.
- Further clinical records worklists have been enhanced and developed to increase the efficiency of teams.
- Business Intelligence systems are currently being considered to allow us to identify trends and data issues.
- We have started to use a GP records system to check NHS numbers and will be developing this further to enable us to share information.

### 2.3.7 Information Governance Tool Kit Attainment

ellenor's Data Security and Protection Toolkit registration was submitted to the NHS and met all the required criteria. The process changed to a new requirement again in 2018-19, but this again is due to change post submission and unlike previous years you can only pass or fail, there is no score.



## 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 homes, we are not the lead care agency and these are reported through external providers in which we contribute to investigations.

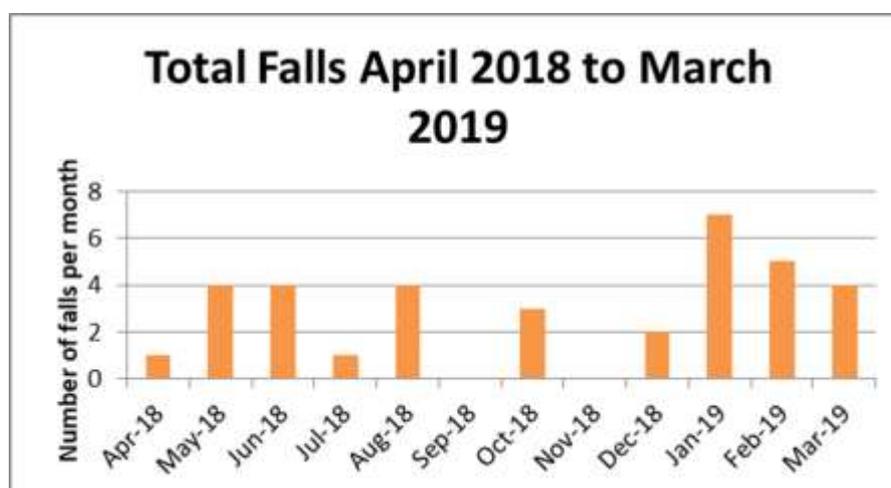
Pressure Ulcers:

Grade 3 and above	
Internally Acquired Pressure Ulcers	0
Externally Acquired Pressure Ulcers	7

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. Reporting of pressure area has improved as a result.

Falls:



A new falls assessment is in place for completion within 24 hours of admission to our inpatient ward. This assessment includes the use of bed rails as internal audits have shown that there is a trend of patients rolling out of bed. We recognise that some patients are used to sleeping in a double bed and the risk of rolling out of bed is high. The new beds in the Inpatient unit have safety features including the ability to lower the bed height to the floor. In the event of the patient falling out of bed, the level of harm is reduced.

Falls incidents are investigated by a physiotherapist and the Head of Quality and Clinical Governance.

Infections:

During 2018/19 ellenor has not had any reportable infections. We complete annual infection control audits and this year we have invited an external infection control expert to carry out an audit with our infection prevention and control lead to ensure oversight and scrutiny.

Infection prevention and control training, including handwashing is delivered to all staff and volunteers at induction training and refreshed on an annual basis.

### 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 and 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.



## 3.2 Clinical Effectiveness

### 3.2.1 Incidents Reporting

Between, 1 April 2018 – 31 March 2019, there were 227 incidents reported:

- 77 non-clinical.
- 150 clinical incidents (49 were external incidents).

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	Director of Care
Health and Safety Incidents	Health and Safety

Clinical Incidents:

Our clinical incident learning and actions for 2018-19 are as follows:

- An End of Life pathway to manage pressure areas introduced. This encompasses patient's preference according to NICE guidelines of patient's choice with their care.
- Pressure area care training is now mandatory and clinical staff to attend annually.
- A community pressure care pathway has been introduced to support and advise carers on how to care for patient's pressure areas.
- Storage for some medications reviewed and revised in the Inpatient unit, so as to enable staff to easily identify dosage preparations.
- External provider incidents are reported to the appropriate provider and a safeguarding referral is raised if appropriate.

Information Governance Incidents:

In 2018/19 there were 17 (IG) incidents relating to data breaches, four of which were caused by an external body and three were IT system corruption/hack attempts or faults.

Two internal data breaches were reportable to the Clinical Commissioning Group and pertained to patient data. However, on follow up, neither were reportable to the ICO and this was confirmed by them. Learnings from both these incidents have been implemented.

There were five data breaches pertaining to staff failure to use the locked print function when printing confidential information. We are currently looking at use of a product which forces locked print to reduce this risk going forward.

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 have also delivered training relating to the reporting of breaches and although numbers have increased we believe that this is due to an improvement in reporting.

### 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)

Inpatient Unit	2018-19 No MDS comparison available	2017-18 No MDS comparison available	2016-17 No MDS comparison available	2015-2016
Number of admissions (unique patients) National - 171	293	234	227	240
% of new patients (i.e. admitted for the first time) National - 91.6	84%	91%	79%	92%
% of patients admitted within 24 hours of referral	75%	60%	65%	74%
% of patients with a non- cancer diagnosis National - 11%	23%	17.5%	15%	17.5%
Average length of stay National-between 10-13days	5	8.51	10.85	9.7
Day Therapy	2018-19 No MDS comparison available	2017-18 No MDS comparison available	2016-17 No MDS comparison available	2015-2016
Number of patients National - 145	178	172	177	171
%attendance National - 58.2	57%	53.8%	67%	58.4%
Average length of care National- 177.5	289	348	252	272

Hospice at Home Includes Care Home Support Team	2018-19 No MDS comparison available	2017-18 No MDS comparison available	2016-17 No MDS comparison available	2015-2016
Number of new patients National - 1162	1504	1575	1464	890
Total number of patients (existing and newly referred) National - 1775	2552	2184	2110	1238
% of patients with a non- cancer diagnosis National - 28.3	55%	63.8%	46%	40.7%
Average length of care in days National - 108.3	189	122	107	97

Children's Service No MDS comparison available for children	2018-19 No MDS comparison	2017-18 No MDS Comparison	2016-17 No MDS comparison	2015-2016
Number of new patients	77	47	38	52
Total number of patients	176	142	149	154

### 3.2.3 Key Performance Indicators

ellenor has grant agreements in place from Dartford, Gravesham and Swanley CCG, West Kent CCG, The London Borough of Bexley CCG and Charlton Athletic Community Trust to provide end of life services. 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 DGS commissioners. In 2018-19 ellenor achieved or over achieved the KPIs set and the results of 2018-19 are shown in the table below:

Key Performance Indicator	2018-19 Performance	2018-19 Target
% of patients on current caseload with Advance Care Planning documented (excluding children, family support)	95%	90%
% of patients on the caseload dying in their known preferred place of death	83%	80%
% of patients known to the Hospice dying in Hospital	12%	<20%
% of accepted patients admitted to the ward within 24 hours of referral	75%	75%
% of accepted patients admitted to the ward within 48 hours of referral	88%	75%
Attendance and admission saving for community admissions	£231,880.00	£202,000.00
Total saving made by ellenor	£8,969,234	£1,300,000

### 3.2.4 Partnership working

ellenor has had an exciting 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 a very strong Sikh community and have had the pleasure of working with the local Gurdwara Temple and The Guru Nanak Day Centre. We have had the opportunities to be a part of the Vaisakhi celebrations. We are meeting with the Gurdwara leaders and have a greater understanding of the needs of our Sikh community, in end of life and bereavement care for patients and families. We arranged an organisational visit to the Gurdwara where staff and volunteers had the opportunity to learn about the culture and values of the Sikh faith.

We meet regularly with our LGBT community and have been part of the recent celebrations around LGBT history month. We have also been invited to be a part of the Gravesham Pride events happening in 2020.

We meet regularly with Dartford, Gravesham and Swanley community groups; we also attend monthly meetings at the Bluewater community forums. Our work with other partners like the homeless forum, the YMCA, Age UK, Living Well Groups, Patient engagements groups has given ellenor a presence in our community, with the opportunity of presenting at regular meetings, to raise awareness of our work and how our services can be accessed.

In order for us 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 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.

We are pleased to be a part of the Patient Engagement Committee at Darent Valley Hospital and the Cancer Action Group for Dartford, Gravesend and Swanley. Our active involvement with these groups helps us to make others aware of what we do and what support is available.

Clinical Networks:

ellenor continues to be part of the Kent and Medway Children and Young People Palliative Care Network. Over the last year, this group has evolved into the Kent and Medway Managed Clinical Network, in line with recommendations from NHS England regarding the future of children's palliative care. This model of care provision seeks to improve access to 24/7 care for children with complex palliative care needs and at end of life. It recognises that services are currently struggling to meet increasing demand for these services as the number of children surviving longer with life limiting conditions continues to grow. We have participated in the Kent wide collection of data and service mapping which has informed the development of the Managed Clinical Network strategy. 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.

ellenor continues to be a member of Childrens Hospices across London (CHAL) with representation on the Board and at the sub groups including: HR, fundraising, education and service development. 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.



## 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.

A robust system was put in place midway through 2018/19 to collect all patient, family and carer feedback including user feedback cards, service evaluation questionnaires, thank you cards, letters and emails.

From July 2018 to April 2019 ellenor received the following:

Thank you cards	112
User feedback cards	111
Compliment emails	10
Children's service evaluation responses	9
Thank you letters	7

These are a few quotes from the 249 positive experience feedback received from our patients, families and carers:

Our heartfelt thanks, for all the caring of X and also us as a family. There was no time to get used to the thought of losing X & we really did not know how we would cope. THEN you all stepped in & gave us your time & patience to explain our grief & feeling of "cannot cope" with situation. We will be eternally in your debt for your love and support. THANK YOU for assisting us in having X at home

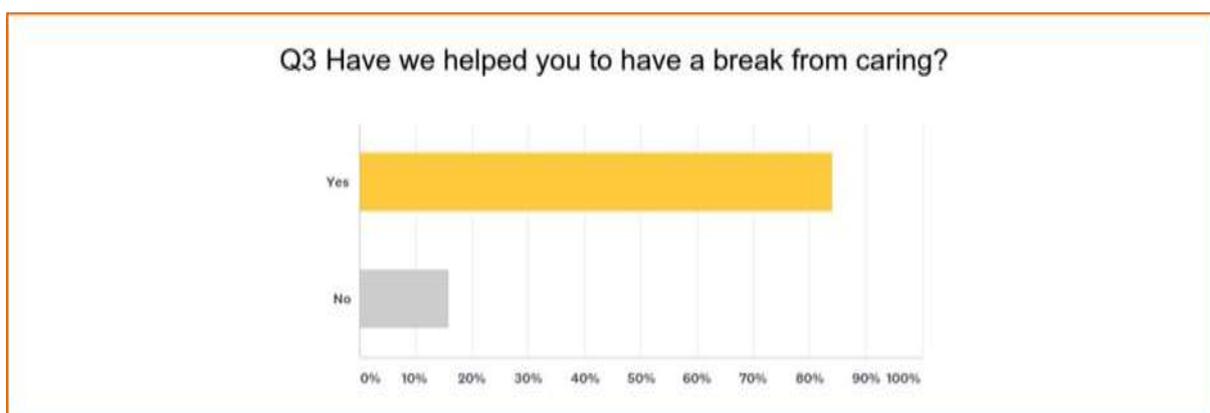
To xxxxxx and anyone I might have forgotten. I don't know what to say....., words don't seem enough. I want to thank you all for the most amazing care you gave my darling boy x, your wonderful support to myself & x and the respect you showed us, our home & our crazy dogs! I miss you all, you became a part of our family & I consider you all lifelong friends. You were able to give B the most dignified and calm end & for that I can never repay you, but I will always be thankful for each & everyone of you- your care for him was above & beyond what I could have hoped for -  
THANK YOU! So much love always from parents

I would like to give the catering team an excellent rating. The food is really homemade and the menu is varied. We can have whatever we want as long as it's in the kitchen but even then I think the staff would go out of their way to source it. Lovely food and lovely people thank you

Just wanted to say a big thank you to x for her help today with a patient at nursing home. Myself and an ambulance crew attended an end of life patient there towards the end of what I understand had been a very busy day for the ellenor team, but the support we received was fantastic. X agreed immediately to come out and leapt straight in the car to come and offer us some advice and to support the family. There was a sensitive discussion with the patient's family and we managed to arrange to care for her at the nursing home instead of transporting her elsewhere. We've grown used to never-less- than outstanding care from our colleagues at ellenor but just wanted to say thank you anyway, your support is always appreciated.

### Children's Respite Survey:

The following survey question asked parents and carers if they feel the respite provided helped them to have a break from caring for their children. Over 85% said yes.



With regards to the children and young people respite groups we provided last year, over 57% parents reported an improvement in their child's social skills through attending our groups. Some families requested additional respite.

Parents were asked to provide comments regarding what else we might be able to do to support them. One commented "I couldn't ask for any more help and support. Amazing." Others requested more family days and events for the future as these are a great opportunity for families to meet each other and share experiences. We believe that this reflects the experience of parents finding it increasingly difficult to secure funding for respite provision alongside difficulties in finding suitably experienced staff to provide the respite when funding is in place. ellenor is working with colleagues within the CCG to explore the possibility of ellenor providing competency training for Personal Assistants who are caring for children with complex needs.

GEMS Group Feedback:

At ellenor we continue to provide practical and emotional support for the whole family. Through our individual counselling, music and play therapies, bereavement groups and family memorial days and trips, we aim to help families understand their loss, remember their loved one and adjust to life.

We hold a support group called GEMS (Grief Every Memory is Special). The group is for bereaved children, who are taken for days out with ellenor's specialist counsellors and therapists during the school holidays and at weekends.

GEMS, provides the children with an opportunity to meet others in a similar situation to themselves. We provide a safe environment where they can share experiences, as well as explore and express their thoughts and feelings around their grief. We do this through a mix of creative therapy, fun and child friendly activities. The social aspect of the group enables them to be with their peers and we often find that friendships can be formed, helping to deal with feelings of isolation which children often experience.

The following feedback from the children attending the group this year has been received:

"I feel it is brilliant the help ellenor gives families after a loved one has passed away. The help the children receive in the GEMS days is fantastic. My son totally finds it helpful and loves these days".

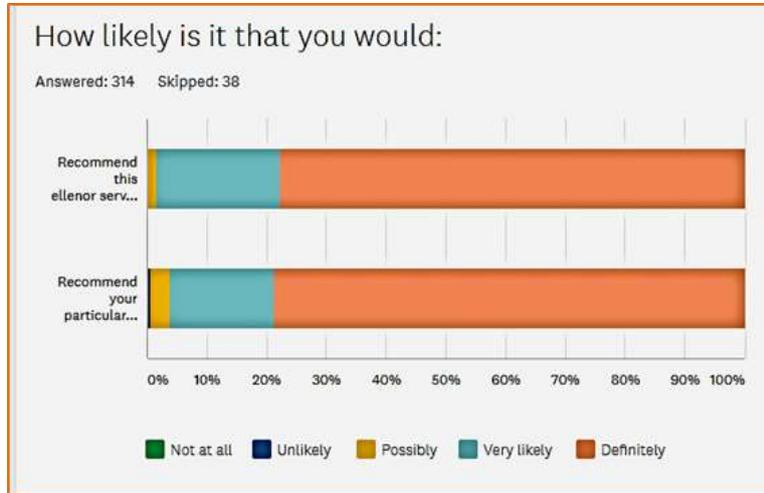
"The activities we did were really good it improved my self-confidence, independence and my communication skills with other people that I haven't met. The best part of the visit was the giant swing as at first I didn't want to go but at the end I went for it".

"My son attended GEMS event which is always very welcome for him to come along too. Great for him to see other children. He always has fun and I believe vital for the development of his feelings and his future. Thank you all as always"



Wellbeing Service Survey:

Survey results showed that in over 350 patients and carers asked, 90% said they would recommend the Wellbeing service or therapist (counsellor or complementary therapist).



Quotes from this survey from patients, families and carers with regards to the Wellbeing service include:

**Bereavement Cuppa:**

“Everyone may experience bereavement differently: however I have found the sessions really helpful in meeting my new 'best friend' on this earth after my husband’s death - that is myself. The digging inside to find 'me' and life purpose to carry on”

**Complementary Therapies:**

“X is a very lovely lady, kind, gentle, knowledgeable. I would recommend to anyone. This is the first time I’ve had this treatment, thoroughly recommend it. It makes you think you’re floating, totally

**Counselling:**

“I didn't realise how much I had locked inside. I have been able to discuss my feelings and come to terms with things in a more positive way. I felt I could open up and say how I feel. I was not judged in any way. I felt at ease. I would like to say a big thank you”.

### 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.

	ellenor 2017 %	ellenor 2018 %	Diff	All Hospices 2018	Diff
I understand what this charity wants to achieve as an organisation	95	95	=	90	=
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	96	95	-1	96	=
I believe in the aims of this charity	92	94	+ 2	92	+1
I feel like I am making a difference	88	86	- 2	88	=
I am proud to work for this charity	90	94	+ 4	91	91
Diversity is valued at this charity	78	88	+10	74	+4
I would recommend this charity as an employer	78	77	-1	73	+1

### 3.3.3 Education and Training

Our programme of courses for school students remains a successful way to attract young people to build a career in care.

This year, eight students completed training in City and Guilds successfully gaining three qualifications below.

Level 1 Award in supporting employability and personal effectiveness	Edexcel – 5008754x
Level 1 Award in preparing to work in adult social care	C&G- 60012997
Level 2 Award in understanding how to work in end of life care (unit 201)	C&G - 60069193

A further 18 students completed a six month placement achieving the ellenor Care Certificate. Inspired by the young students, eight adult volunteers have also undertaken a course of study completing their Care Certificate and leading to a role as a qualified Care Volunteer.

Both young students and the adult volunteers are from a wide range of academic ability proving that if you demonstrate compassion and communication, you can play an active and fulfilling role in care provision. The hours that these volunteers have given have provided additional support to the patients and families at a vulnerable time.

As an organisation that understands and promotes diversity, we are delighted to have maintained links with Ifield 19+ College. Ifield School is a special educational needs

school, which has developed a sixth form for their students, one aim of which is to support students into work. The students attend placements in various areas of the organization e.g. retail, housekeeping, catering and gardening, accompanied by a job coach and their progress is monitored during the year.

Developing the skills of the care team remains a priority. To this end we now have four qualified Assessors, and an Internal Quality Assurer allowing us to maintain quality across our training provision. Two staff completed their degree in Professional Practice in Health and Social Care. Other staff are undertaking postgraduate training courses. External training was offered widely - a total of 66 courses were attended by ellenor staff.

We are keen to work with the Government Apprenticeship schemes and have two staff currently in non - clinical Apprenticeship programmes.

Our training program provided training to over 94 external delegates; with 98 % of delegates evaluated the training as good or excellent.

We have continued to support the professional training placements for 31 student nurses as well as counselling students.

Other internal training has ensured that 89% of clinical staff are up to date with their statutory and mandatory training.

Partnership working continues to be effective across Kent, Surrey and Sussex, as well as London. Training opportunities include collaborative work to deliver a programme for community and care home staff to include Verification of Expected Death, Compassion in Care and SAGE & THYME communication training.

We have maintained our International links with Croatia providing input at two key training events.

- A two day seminar in Cakovec in the north of Croatia. Over 130 people attended, from across Croatia including representatives of the Health Ministry, local services and the Mayor of the city.
- A Congress of the Croatian Palliative Care Society, marking World Hospice and Palliative Care Day and celebrating the 100th anniversary of the birth of Dame Cicely Saunders, The focus for this Congress was "Hospice at Home", focusing on the importance of working together for a compassionate outcome, exploring ways in which care could be shared at home.

### 3.3.4 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 reviewed by the Director of Care for opportunities to learn and improve practice. A regular report is provided to the Board of Trustees and action plans are put into place.

Number of complaints received	14
Number of Formal complaints	6
Number of formal complaints upheld	2 fully upheld 3 partially upheld
Number of complaints managed informally	8
Number of complaints within Care Directorate	9
Number of complaints from non-Care Directorates	5
Trends	Communication 5 Care 4 Staff attitude 2 Process 1 Staffing 1 Transport 1

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

This year we were nominated for the Kent Charity Awards and won the Care Charity of the Year. These awards recognise the outstanding contribution charities and voluntary groups undertake to make the lives of others better.



We were also shortlisted in the Charity Times Awards in the Human Resources Category. This category recognises the work done by Human Resources managers in maintaining professionalism and integrity of UK registered charities and that the charity is a good place to work and applies the highest ethical standards.



## 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.



We welcome the Quality Account for Ellenor. The CCGs have a responsibility to review the Quality Accounts of the organisation each year, using the Department of Health's Quality Accounts checklist tool to ascertain whether all of the required elements are included within the document and the CCG confirms that the Quality Account has been developed in line with the national requirements with all of the required areas included.

Your report clearly sets out your quality focus for the coming year, under the domains of safe, effective and experience. There is a thorough summary of the work that you have all undertaken this year with a focus on quality, you have transparently looked at and provided narrative to the areas that still require work, and how you plan to work towards these further improvements.

You have talked about the audits that you have undertaken and the research with which you have engaged, or that you will continue to engage with. Throughout the report you have provided clear and measurable recommendations, and have maintained the focus within the 3 clear domains, as I have already mentioned, which gave the report a clear flow, that would be easy to follow for members of the public who may have an interest in reading this report.

I noted with interest your data regarding infections and pressure ulcers acquired in your care which you have effectively reduced to nil in the last year, which must be commended. Your focus on achieving the end of life care that people want, in the way that they want it is evident, you have achieved your target of less than 20% of people known to your services dying in hospital rather than at home, or in your facility, achieving the low figure of 12%, which displays the effectiveness of your teams work.

The work that you and your teams are doing is essential, and meaningful, to all those who are in need of end of life care. I recognised that you have noted the compliments that you have received both in total numbers and with examples of the compliments sent to your teams. It is clear that the work you and your teams do is invaluable and deeply appreciated by those people your teams support. I would like to personally offer thanks to your entire workforce on the excellent work that they do supporting people and their families at a very difficult time.

In conclusion the report is well structured and highlights that the quality of patient care remains a clear focus for the organisation and at the forefront of service provision.

The CCG thanks the organisation for the opportunity to comment on this document and looks forward to further strengthening the relationships with your team through continued collaborative working in the future.

Paula Wilkins Chief Nurse for Medway, North and West Kent Clinical Commissioning Groups



Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local Health and Social Care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers).

This takes up a large amount of time, so we have taken the decision to prioritise our resource on making a difference to services rather than reading Quality Accounts.

However we have supported ellenor past year and in particular would like to mention that:

- ellenor continues to demonstrate a practical commitment to obtaining patient and carer feedback and to use this to review performance and plan ahead.
- The Hospice has sought our input and views on the development of their strategy.
- Our volunteers visited ellenor to undertake a “first impressions” assessment of the layout and ambience of the hospice this was then discussed with senior managers and is being used to inform **ellenor’s** plans to improve and develop the site.
- We have been asked to support ellenor to help set up a User Forum for End of Life services provided by the Hospice, to ensure the voice of patients and carers is heard and acted upon.

We look forward to continuing our constructive working relationship with ellenor in the year ahead, particularly as End of Life services is one of our priorities.