



“Words will never be enough to express how grateful we are for the help, care and compassion you gave to him. From the time we met you it was like a huge comfort blanket had been placed over us. That made the next few weeks easier because you were there to support and guide us. I will be forever in your debt, you are truly angels.”

“Just to say how much we all appreciated the care shown to her in her last few weeks. It would have been so much harder without your help. We particularly wanted to say a big thank you for how peaceful you made her look on that last day and because of this her boys were able to say 'goodbye' to their mummy. Please can you convey our thanks to all who visited us.”



“From the start of my journey I knew I was in a bad place. I felt overwhelmed like I was drowning. After losing my partner my whole world changed. I was now mum and dad. Through the sessions my life and ultimately my children's life has improved dramatically and although it's still tough I feel I can face the challenges ahead. Thank you to all that helped my partner, my children and myself through this. You have all made a traumatic experience as easy as it could be. Without your help I honestly don't know where we would be now.”



QUALITY ACCOUNT 1 APRIL 2017–31 MARCH 2018

MISSION

TO PROVIDE THE BEST HOSPICE CARE TO PATIENTS AND FAMILIES; TO LEAD, COORDINATE AND SHARE OUR EXPERTISE TO ENABLE THE COMMUNITIES THAT WE SERVE TO ACCESS CARE AND SUPPORT IN THEIR PLACE OF CHOICE, ENSURING THAT THEY MAKE THE MOST OF THE TIME THEY HAVE.

OUR VALUES

- PATIENT AND FAMILY CENTRED
- COMPASSIONATE
- COLLABORATIVE
- PROFESSIONAL



VISION ●

FOR ALL FAMILIES FACING TERMINAL ILLNESS TO RECEIVE THE BEST QUALITY, PERSONALISED CARE & SUPPORT

ellenor cares 24 hours a day, 365 days a year.

ellenor cares for people of all ages – babies, children and adults.

ellenor cares for families in their place of choice.

ellenor cares for the whole family.

ellenor cares about reducing the fear and anxiety a diagnosis brings.

ellenor cares for families and is free at the point of use.

ellenor cares about life and making the most of every second.

ellenor cares for very sick children and adults at home.

EXECUTIVE SUMMARY

2017– 2018 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.

We were delighted and proud to achieve an 'Outstanding' rating from the Care Quality Commission (CQC) following their visit in July 2017. This is testament to the hard work from the whole team that went into ensuring we are able to demonstrate the high quality, effective care, and safe, compassionate services we provide to our patients and families. The CQC commended us on the holistic care provided at the end of life: *"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".*

They also acknowledged the high levels of staff engagement: *"Staff were motivated and keen to convey to inspectors their pride in working at the service. Staff were listened to, empowered with training and fully supported in their roles".*

In Part 2, our priorities for the year ahead can be found and include focussing our attention on ensuring that we improve the way in which we record and monitor incidents along with improving our referrals within the organisation and seeking the views of some of our younger patients.

We continue to complete audits and research and are looking at increasing these during the year in line with our revised meeting programmes.

We are also proud of winning the Kent Messenger's Care Charity of the Year and can be seen on TV screens in our taboo-breaking series: 'The Hospice' – further information is in Part 3. Each of the areas of patient centred care can also be found in more detail in this section.

External and internal education and training remains a priority and is part of our ongoing strategy. We've continued to extend our programme of courses for school students, along with links to schools. Through this work we hope to attract a diverse range of people into care and show case the various career options available.

As part of our continued partnership working with our local CCG, we continue to deliver the advanced care planning pilot to care homes which is proving highly successful and something that we are extremely proud of.

Contents

1. Part 1- Quality Statement from Chief Executive.....	7
2. Part 2- Priorities for Improvement.....	9
I. Priorities from 2017-18	9
II. Priorities for the year ahead 2018-2019	11
III. Statements of assurance from the board.....	13
A. Review of Services.....	13
B. Income Generated.....	14
C. Participation in National Clinical Audits.....	14
D. Participation in Local Audits.....	14
E. Research	16
F. CQUIN Payment Framework	18
G. What others say about us.....	19
H. Data Quality	20
I. Clinical Coding Error	21
J. Mortality	21
K. Core Indicators.....	21
3. Part 3- Review of Quality Performance.....	22
A. Minimum Data Set Comparison.....	22
B. Patient Safety	24
DUTY OF CANDOUR.....	24
PRESSURE ULCERS.....	24
FALLS.....	25
INFECTIONS.....	25
INCIDENTS.....	25
C. Clinical Effectiveness	26
PILOTS.....	26
STAFF SURVEY.....	27
COMPLAINTS	27
EDUCATION	28
CONFERENCES.....	30
PARTNERSHIP WORKING.....	31

CLINICAL NETWORKS.....	31
D. Patient Experience	32
TELEVISION SERIES- THE HOSPICE.....	35
COMPLIMENTS AND THANK YOU'S.....	36
FRIENDS AND FAMILY TEST.....	38
4. Statements from commissioners and local Healthwatch.....	39
CHANGES POST STATEMENTS	42

1. Part 1- Quality Statement from Chief Executive

Statement

Quality accounts are produced to inform the public about the quality of services that are delivered. The aim of this report is to demonstrate organisational accountability, including how we review our services, demonstrate our improvement plans, and provide data on the quality of care provided.

We have just completed the final year of our five year strategy and have developed and launched a new strategic plan, following widespread consultation and engagement. Patient safety, clinical effectiveness and patient experience are fundamental to the care we provide and as such, underpin our core aim – to ensure as many people as possible can receive the best personalised care in the right place at the right time and delivered by the right people.

The three tenets of patient-centred care run throughout everything we do. We have written a quality strategy and formed a new Quality and Patient Experience Group to ensure we have a robust quality governance system. We now have designated nurses for key aspects of patient safety (wound care/ infection control/ falls prevention), a timetabled patient experience and engagement plan, and have developed a talent management programme for nursing and medical staff to aid in staff retention, professional development and effectiveness.

Collaborative working is one of our core values, and we continue to engage with our clinical networks and colleagues to work in partnership. We are very proud of some exciting pilot projects that we have started this year which aim to ensure that more people in our local area can receive the best personalised care and support at the end of life.

We value every complaint, incident and compliment as an opportunity to improve. Throughout the report you will see some of the positive comments received, as well as examples of how we have learned from those instances where things have not gone as well. We are extremely pleased to say we have had no reportable infections during this year.

We are lucky to have developed some fantastic relationships with our local commissioners, and strive to ensure our care exceeds their expectations. We are motivated by their commitment to patient care and value their input at many levels. Our rapport with our lead commissioner has been commended by Hospice UK and a number of external colleagues and as such we look to continue and enhance these relationships through the year, continuing to work together to deliver outstanding patient care.

Our staff and volunteers remain a key to our delivery of such great care and without them our organisation could not exist, so I would like to take the opportunity to thank them for their hard work and dedication to our vision.

On behalf of the Senior Management Team and our Board of Trustees, and in my role as Chief Executive, I commend this Quality Account to you as an honest and open account of some key aspects of our work, to the best of my knowledge.



Claire Cardy
Chief Executive
31 May 2018

We just wanted to express our sincere thanks for everything you did for him. The care and dignity you all provided at such a difficult time was exceptional and will never be forgotten. Thank you for providing him with a loving caring environment for a peaceful passing.

We could not have asked for a more perfect place for his final days. Words cannot express our gratitude for the truly amazing work you all do every day.



2. Part 2- Priorities for Improvement

We are about to embark on our new strategy, which runs from 2018 onwards, and our key aim continues to be our ability to reach more people who need our support. The following review identifies what we said we would do last year, and following this, we set out what we want to achieve in the coming year.



I. Priorities from 2017-18

17/18 Priority 1- Patient Safety

We needed to adjust our clinical meetings to meet the changing needs of governance within the organisation as well as development of a quality strategy to complement the care strategy. We adjusted the meetings and changed the structure and attendance to ensure they could achieve their key objectives. We also looked at ensuring that the meetings did not overlap or duplicate. Terms of Reference have been agreed. Full set up and timetabled meetings with minutes. Achievement of the strategy and responsiveness to quality requirements is recognised and reported at senior management meetings and board committees.

UPDATE

We have reviewed our clinical meeting structure and terms of reference. We have a robust structure of subgroups which report into the Quality and Patient Experience Group (QPEG). All of our incidents are reviewed and the learning is shared. Plans are put in place for changes to practice and discussed. We have also broadened the membership of QPEG to include representation from the CCG quality team. The group reports into the Clinical Governance Committee which is a board sub-committee.

OUTSTANDING AREAS FOR 18/19

Representation from Pressure Care, Nutrition and Infection control group to be encouraged. Reports on clinical incidents relating to these groups to be fed back with a view to improving patient safety.

17/18 Priority 2- Clinical Effectiveness

We know that team skill mix and staff development are essential to deliver effective services as well retain staff in a climate in which it is hard to recruit all levels of clinicians. Feedback from patients and carers was that we had responsive services. However, we felt we could improve this even further by introducing skill mix across the teams, which would also mean we could have more of a proactive approach to crisis management. We have implemented a talent management pathway for nurses to retain and develop specialists from newly qualified staff- providing training to 'home grow' the staff needed to deliver the services in the future. We have adjusted team structures in our services, which allow varying levels of staff to develop through mentoring and progression. Our progress of recruitment and training of staff is monitored by HR and turnover is monitored by senior management.

UPDATE

We have now recruited to all the vacant clinical posts and teams are at full establishment. Staff are being placed onto development pathways with a bespoke training programme and competency frameworks are in place. Agency usage has been at zero for the past quarter and turnover has reduced to 16%.

OUTSTANDING AREAS FOR 18/19

We are yet to implement a talent management pathway for our non-nursing posts and are looking at an organisational wide pathway.

17/18 Priority 3- Patient Experience

We wanted to ensure views on our care were obtained consistently, irrespective of diagnosis in a measured way. We implemented Integrated Patient Outcome Scale (IPOS), Views on Care (VoC) and Carers Support Needs Assessment Tool (CSNAT) and wanted to embed these.

We were endeavouring to implement the Carers Support Needs Assessment Tool (CSNAT) onto our clinical record keeping system which would enable us to obtain the views of carers of patients where they are unable to express themselves.

For IPOS, we looked at this being a core item that is reported and utilised for evidence of our impact to the individual. Progress would be monitored by QPEG to ensure that we are reaching the targets that we set ourselves and this will be reported into the senior management team through to the board.

UPDATE

We are using IPOS as a basis for our clinical assessments of our community patients.

Care plans have been implemented on the ward with a focus on patients' wishes and preferences being achieved.

Volunteers have been recruited and undertaken a training programme to complete the care certificate. We now have the first four formally recognised care volunteers.

OUTSTANDING AREAS FOR 18/19

For views on care, we were unable to recruit specific user involvement

volunteers. We are still keen to recruit and this has been placed back onto our volunteer recruitment list.

Due to competing priorities, we have been unable to place the CSNAT onto the clinical records system; however, this is in our work-plan for this year.

We will be linking with the Education Department to involve students who are volunteers on the "Explore the Area in Care "training so as to enable them to take part in gathering information from patients on their views on care.

II. Priorities for the year ahead 2018-2019

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.

How was it identified

An audit was carried out on Incidents for falls, medicines and pressure ulcers. The aim of the audit was to monitor the time gap between reporting and investigating incidents. Results showed there was often a time lag between an incident occurring and the investigation being concluded. Action needed following audit – to investigate incidents in a timely manner.

How will it be achieved

We will hold discussions with heads of clinical teams to identify problems, and train staff on reporting incidents to include all relevant information so as to aid investigation. The incident policy will be reviewed and an agreed time period will be set for investigations. We will identify and train a group of senior clinical staff who can investigate rather than have reliance on heads of departments.

How will progress be monitored and reported?

Interim audits will be completed and the results of audits and incidents will be discussed at QPEG meetings.

18/19 Priority 2- Clinical Effectiveness

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

How was it identified

Following queries from referrers, it was identified that internal service referrals are not always being received by the right departments.

How will it be achieved

We will work with the Head of Support Services to update our clinical system to reflect the different services available to patients and families and ensure they reflect the correct range of departments. We will inform clinical teams of the changes to enable referrals to be made in the right way and not missed.

How will progress be monitored and reported?

On going audit for all service referrals so as to monitor all referrals are received in a timely way.

18/19 Priority 3- Patient Experience

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

How was it identified

The organisation provides care for patients of all ages, but there continues to be an issue in providing the right age-appropriate services for young people aged 14 to 25 when they transition from children's to adult's care.

How will it be achieved?

We will engage with a specific group of young people under our care and seek their views on the services they receive, and how they could be improved. We will review the current Transition pathway and look to make improvements where needed. We will explore the training needs of staff and volunteers caring for young people, and implement education where required. We will also review the facilities and equipment in place and make changes where needed.

How will progress be monitored and reported?

We will seek feedback from the young people under our care, and measure whether the changes have improved their experience. We will also measure the confidence and competence of staff and volunteers in caring for this age group.



III. Statements of assurance from the board.

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to hospices.

A. Review of Services

During 1 April 2017 – 31 March 2018, **ellenor** provided specialist palliative care in a range of settings, available 24 hours a day and 7 days a week. The provision comprised the following services:

For adults living in Dartford, Gravesham and Swanley:

- In-Patient Ward (ages 14+)
- Day Therapy
- Out Patients Clinics
- Hospice at Home including:
 - Specialist Palliative Care
 - Palliative Care Support Team
 - Care Home Support
 - End of Life Care Crisis Support

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

- Hospice at Home including:
 - Specialist Palliative Care
 - Community oncology care (excluding west Kent)
- Respite and Short Breaks
- Family Drop In sessions and Day Care Facilities
- Transition services including Youth Groups

ellenor has reviewed all the data available to them in the quality of care in all of its services.

All these services are delivered by a multidisciplinary team, comprising nurses, doctors, allied health professionals, and psycho-social staff (including social workers, chaplains and counsellors). Patients and families under the care of the organisation receive regular assessment and review by an appropriate member of staff (or registered volunteer). Hospice at home services are provided 7 days a week with a 24 hour on call service staffed by Specialist Nurses and Doctors, and with access to other staff to visit and provide care as required.

B. Income Generated

The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of NHS services by **ellenor** for 2017/18.

The income generated from the NHS represented 24% (unaudited) of the overall cost of running these services.

The above mandatory statement confirms that all of the NHS income received by the Hospice is used towards the cost of providing patient services.

C. Participation in National Clinical Audits

During 2017/18, **ellenor** was not eligible to participate in any national clinical audits or national confidential enquiries.

D. Participation in Local Audits

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.

Audit	Actions
Medicines	<p>Audit undertaken by external pharmacy provider accountable officer in June 2017.</p> <p>Actions include:</p> <ul style="list-style-type: none">• Changes to how controlled drugs cupboards are secured on wall.• Changes to storage of controlled drugs keys.• Signature list for procurement and administration was updated.• Labelling and signage in the treatment room updated.• Changes to documentation of controlled drugs recording errors• Amendments to the administration, ordering and controlled drugs destruction policies. <p>Actions completed. Medicine Policy updated. Training given to staff following actions to ensure correct process followed with use of medications.</p>
Quality	Audit undertaken by Dartford, Gravesham and Swanley Clinical Commissioning Group Quality and

	<p>Safety team in June 2017.</p> <p>Actions include:</p> <ul style="list-style-type: none"> • Infection Prevention and Control: <ul style="list-style-type: none"> ○ Policies reviewed by CCG ○ Signage to use hand sanitiser changed and posters placed into more prominent position ○ Infection control lead linked into external groups • Documentation <ul style="list-style-type: none"> ○ Changes made to storage of patient document and care plans- which are now locked in ward office filing cabinet ○ Format of care plan folder has been reviewed and simplified with a guide sheet • Risk Assessment <ul style="list-style-type: none"> ○ Timeframes for reassessments have been added to wound and falls • Medicines <ul style="list-style-type: none"> ○ Changes made to the recording of the medicines stock temperatures and quarantine of stock • Safeguarding <ul style="list-style-type: none"> ○ Training will be reviewed once Intercollegiate document is published ○ Safeguarding elads now attend Kent Safeguarding leads meetings
<p>Infection Control</p> <p>The purpose of the Annual audit is to ensure that ellenor is operating effective management systems for the prevention and control of infections, ensuring that regular risk assessments are being completed and infection incidents are being analysed, in line with The Health and Social Care Act 2008.</p>	<p>This audit was completed by the infection control lead in November 2017.</p> <p>Utilising the Hospice UK audit tool actions include:</p> <ul style="list-style-type: none"> • Clearing and decluttering offices, kitchen and public toilets • Training to be given to staff on the correct usage of sharps bins <p>An interim audit is due to be completed in May 2018.</p> <p>We administer Flu Jabs every year. A record is kept of staff immunisations.</p>
<p>Pressure Ulcers</p>	<p>Reporting of grade 3 and above pressure ulcers both</p>

	<p>internally and externally acquired are improving. Investigation report and actions required fed back to Pressure area care group.</p> <p>Actions following the investigation will be implemented to the clinical staff so as to improve pressure ulcer care.</p> <p>As part of the end of life care, a guideline is adopted where the emphasis will be on patients'/family wishes and where comfort is paramount.</p> <p>To improve care of pressure areas, a formalised turning process will be implemented for patients who are at risk.</p>
Falls	<ul style="list-style-type: none"> • Falls are now reported to the physiotherapist. Part of this role is to investigate the incidents of falls. He works closely with staff to help to reduce the incidences of falls. • Low beds will be a mandatory feature when replacing beds in the Inpatient Ward.

E. Research

The number of patients receiving relevant health services provided by Ellenor in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 58- 29 pairs of patients and carers.

This is a mandatory statement.

The organisation secured funding from the National Institute for Health Research (NIHR) to continue to support recruitments to National Portfolio Studies through the role of 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 and enabling staff and hospices to participate in research activities.

Likewise, being an active member of Kent and Medway Palliative Care Research Group members have enabled staff representatives to exchange information on latest research opportunities, and to develop research projects alongside other healthcare professionals and academics.

With the aim of respecting patients' wishes and allowing them to be able to participate in research, the research team contacted patients to inform them the hospice is currently taking part in various research studies and to

encourage them to register their interest with the research team. Responses have allowed the research team to prioritise time to aid recruitment.

National Portfolio Studies

The following study has ongoing recruitment

a. 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
- As of end of March 2018, a total of 102 participants (51 pairs of patients and caregivers) have participated in this study. These were under the care of IPU, DTU and Hospice at Home for Adults teams.
- The recruitment of this study finishes on 3 May 2018.

The following studies are in consideration.

b. StOIC Study (An Observational Study of Diagnostic Criteria, Clinical Features and Management of Opioid – Induced Constipation (OIC) in Patients with Cancer Pain)

- The aim of this study is to investigate OIC in a real world/heterogeneous group of patients with cancer.
- An expression of interest has previously been submitted and *ellenor* is reviewing the feasibility and capacity of undertaking this study.
- *ellenor* is in discussion with Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) as Naloxegol and Methylnaltrexone, which are required for this study, are currently not on local formulary. Please note that Naloxegol is recommended by NICE for the second- line management of OIC in patients whose response to laxatives is inadequate.

c. 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 services in the different models and assess which are likely to lead to the best outcomes and represent best value for money. We completed part 1 of this study, taking part in a telephone interview about our services but were not successful in being a recruitment site for the next phase.

d. Definitive Study (A Cluster Randomised Trial of Alternative Forms of Hydration for Cancer Patients in the Last Days of Life)

- The aim of this study is to investigate whether adequate clinically assisted hydration during the last few days of life would maintain renal perfusion, preventing accumulation of drugs and toxins, and so prevent the development of hyperactive delirium ('terminal agitation') in individual cancer patients.
- Results from the feasibility study of this study have been published and the research team at Royal Surrey County Hospital is looking for funding to proceed to the Definitive Study.
- The research team at ellenor are planning to submit an expression of interest for this study on the Inpatient Unit.

We also participated in the following national study.

e. National UK Study on factors influencing duration of hospice-based palliative care services from referral to death

- In partnership with Hospice UK, University of Leeds conducted a national survey of hospices to identify the duration of time spent in palliative care across the UK.
- The analysis of the data has provided the first benchmark of duration of access to hospice care prior to death in the UK and potentially identify influencing factors.
- **ellenor** was in the median area for how many days between a patient's first referral and their death. The average was 49 days and **ellenor's** referral to death was 40 days. Other hospices ranged from 16–320 days.
- Patients with cancer conditions had an average care spell of 54 days (53 at **ellenor**). Patients aged 50–74 averaged at 59.5 days (59 at **ellenor**).
- This research demonstrated that for cancer and middle aged patients we are very close to the national average.
- We are working on how we can see patients earlier, with non-cancer and those under 50 and over 75, to bring our averages in line with national averages.

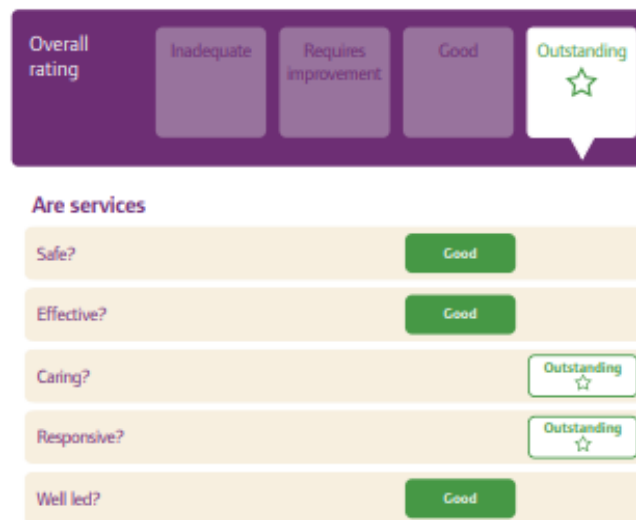
F. CQUIN Payment Framework

ellenor's income during 2017–2018 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework because we are only partly funded for our clinical services.

G. What others say about us

ellenor is required to register with the Care Quality Commission (CQC) and its current registration status is Outstanding. **ellenor** has no conditions on registration. The Care Quality Commission has not taken enforcement action against **ellenor** during 2017-18. **ellenor** has not participated in any special reviews or investigations by the CQC during this reporting period.

Ellenor Gravesend



Achieving Outstanding took much hard work by the whole team and below are some of the reasons for our achievement:

- Increased staffing levels at weekends to provide more care and support for patients at home
- Increased clinical administration to provide weekend support to clinical teams
- Care homes in-reach work – referrals have increased from 140 to around 700
- Our carers work has increased the amount of support available to carers and the number of assessments is increasing
- We continue to work with our local Sikh temple to build relationships and understanding of other ethnic groups and religions.
- We now offer a 7 day counselling service and have increased the number of evening sessions that we offer
- We implemented our wellbeing timetable which has seen the therapeutic groups increased due to demand
- A duty nurse is available to respond to all queires for children and adults 7 days a week.
- A Trusted Assessor post which links Acute Hospital and Nursing Homes to aid successful discharges is currently being trialled.

H. Data Quality

ellenor were not required to submit a National Minimum Dataset (MDS) to the National Council for Palliative Care this year. We report monthly to our local commissioning group and quarterly to a range of other sources. Some statistics can be found in Part 3.

ellenor did not submit records during 2017-18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data because we are not eligible to participate.

Information on the number of patient records held by an organisation which includes NHS number and General Medical Practice Code: 1461 out of 1473 current patients/clients (99%) have an NHS number recorded. 99.7% have a GP practice recorded.

Number of errors introduced into a patient's notes: there were 290 reported errors in our patient documentation during the year 2017-18 which is an increase on last year. We feel that this is due to an increase in clinical and administration staff, as well as caseload having trebled in the care homes team; as well as an increased reporting rate through improved checking systems and processes, and is not thought to represent an actual increase in errors. The main issues identified include adding duplicate referrals or notes- these do not affect patient care.

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

- Our Information governance lead attends network meetings which act as a resource; sharing of information at a local and national level, sharing experiences and ideas surrounding health informatics within a hospice setting, including management/ development of electronic patient records and clinical data reporting, for the benefit of service improvement and supporting best practice.
- 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

ellenor's Information Governance Assessment Report score overall score for 2017-18 was 66% and was graded Satisfactory. The process changed to a new requirement specifically tailored for hospice care in 2017-18, but this again is due to change post submission and so a satisfactory result was felt to be sufficient at this time.

Version 14.1 (2017-2018)

Headlines:

Assessment Ref:	ASS/253523
Status:	Published (View History)
Audited:	No

Score:

Final Score:	66% ?	Satisfactory ?
Target Score:	66% ?	Satisfactory ?

[View details](#)

I. Clinical Coding Error

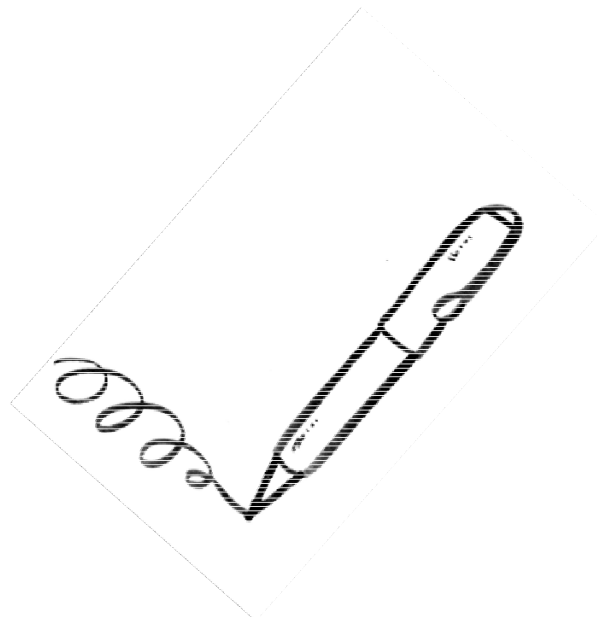
ellenor was not subject to the Payment by Results clinical coding audit during 2017-18 by the Audit Commission.

J. Mortality

ellenor is a hospice care provider and cares for patients that are defined as palliative. Therefore, the 'learning from deaths' update to the quality account does not apply, as deaths are expected from those that are referred to our services for end of life care.

K. Core Indicators

ellenor does not have to report on these as per NHS trusts, however, a minimal data set can be found in the next section.



3. Part 3– Review of Quality Performance

A. Minimum Data Set Comparison

We are no longer obligated to submit activity statistics as part of the Minimum Data Set (MDS). However, the figures below are in accordance with these figures. National figures (median) are based on the National MDS 2015–16 (last report available). We have continued to compare ourselves against this previous year.

IN PATIENT WARD	2017-18 No MDS comparison available	2016-17 No MDS comparison available	2015-16	2014- 2015	2013- 2014
Number of admissions (unique patients) <i>National= 171</i>	234	227	240	322	305
% of new patients (i.e. admitted for the first time) <i>National= 91.6</i>	91	79	92.1	91.1	91.8
% of patients admitted within 24 hours of referral	60	65	74	76	81
% of patients with a non- cancer diagnosis <i>National= (11%)</i>	17.5	15	17.5	12	19
Average length of stay <i>National = between 10-13 days</i>	8.51	10.85	9.7	10	10

24-hour admittance figures exclude planned respite admissions.

DAY THERAPY	2017-18 No MDS comparison available	2016-2017 No MDS comparison available	2015- 2016	2014- 2015	2013- 2014
<i>Number of patients</i> <i>National= 145</i>	172	177	171	172	178
<i>% attendance</i> <i>National= 58.2</i>	53.8	67	58.4	68	66.6
<i>Average length of care</i> <i>National= 177.5</i>	348	252	272	265	350

As previously, average length of care is calculated for those that have a death or discharge date only.

HOSPICE AT HOME FOR ADULTS INCLUDES CARE HOME SUPPORT/ CRISIS & PCST	2017-18 No MDS comparison available	2016-2017 No MDS comparison available	2015-2016	2014-2015	2013-2014
Number of new patients <i>National= 1162</i>	1575	1464	890	718	567
Total number of patients (existing and newly referred) <i>National= 1775</i>	2184	2110	1238	970	839
% of patients with a non-cancer diagnosis <i>National= 28.3</i>	63.8	46	40.7	31	24
Average length of care in days <i>National= 108.3</i>	122	107	97	101	133

Our care home pilot is the main factor to our large increase in patients cared for during the year.

As previously, average length of care is calculated for those that have a death or discharge date only.

CHILDREN'S HOSPICE CARE No MDS comparison available for children	2017-18 No MDS comparison	2016-2017	2015-2016	2014-2015	2013-2014
Number of new patients	47	38	52	44	51
Total number of patients	142	149 *198* data extraction error	154	147	155

B. Patient Safety

As you will see within our first priority for this year, quality, safety and experience are core to our vision for the year ahead. As part of this we will be reviewing our investigation process.

DUTY OF CANDOUR

Duty of Candour was applied to serious incidents that occurred this year (Pressure Ulcers- see below). Training on incident reporting and investigation now includes duty of candour.

Russ Hargreaves, Head of Wellbeing, has been appointed 'Freedom to Speak up Guardian' for **ellenor**. This is a role that is now mandatory in all NHS Trusts and is being rolled out into other healthcare sectors.

This role has been developed in order to offer staff and volunteers a safe space where they can highlight any concerns over patient care. All new staff and volunteers attending Corporate Induction are informed of the Guardian role and how to make contact.

The following quality marker data information applies mostly to our In Patient Ward. 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

Following investigation of 3 internally acquired pressure sores, actions have been taken to formulate and implement a pressure care pathway. The Pressure Care group consists of representatives from the children and adult's clinical services and are responsible to ensure implementation, training and support to staff. Representatives to attend updates on pressure area care and ensure representation in the South East Pressure Care Group.

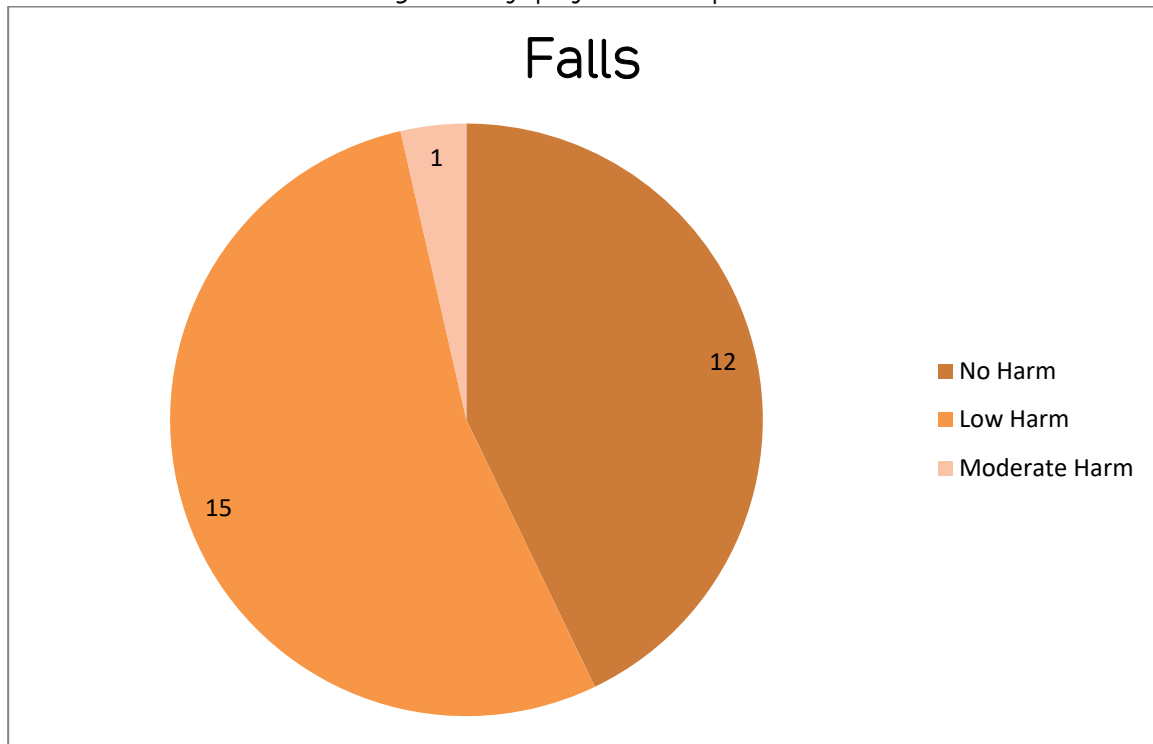
We have had 3 internally acquired pressure ulcers during this year, and due to the nature of our services, it is often unavoidable due to the significant deterioration at the end of life. Work continues to minimise the effect that a pressure ulcer has on patients. The following graph identifies the level of harm caused.

- 3 Internally acquired. Grade 3, and above. Reported as Serious Incidents.
- 9 Externally acquired. Grade 3, and above.

FALLS

We have falls assessments in place that we aim to complete within 24 hours of admission to our in-patient ward. We have also started a falls group to discuss falls that occur and how to prevent in future. We are proud to say no falls have resulted in severe harm or death. The following graph indicates the number of falls and the harm caused.

Falls incidents are investigated by physiotherapist.



INFECTIONS

We have not had any reportable infections this year. We hold regular infection control audits and invite our commissioning quality team to participate in these.

We have focussed on hand washing technique for new staff at induction training. We have also had one infection incident that was externally acquired and managed appropriately.

INCIDENTS

Our clinical incident learning and actions for 2017-18 are as follows:

- Improve on documentation when dispensing medications.
- Reinforcing the importance of no distractions when dispensing medications.

- When checking tablets from multiple boxes – checks to be made one box at a time.
- To improve on verbal communication when medical staff change prescriptions.
- To remind RNs the correct set up time when converting from slow release opiate to administration via syringe driver.
- Staff reminded of oxygen policy when smoking. Oxygen cylinders not permitted in the smoking shelter – signage improved.
- Double checking on TTOs.
- To clarify medication preparation e.g. suspension or slow release tablets when recommending prescriptions from GPs
- Identification of a care pathway from admission for pressure area care.
- Next of Kin contacts to be updated.

All clinical incidents are monitored regularly by the Head of Quality and Clinical Governance. Reports are fed back to members of the QPEG and Care Leadership groups.

Medication incidents are monitored for trends so as to identify learning needs. More robust reporting and investigating of medication incidents to be implemented in 2018/2019 with an aim to reduce time gap from reporting to investigation.

- To identify grade of staff to investigate medicine incidents.
- To ensure staff involved has learnt from incidents by holding 1:1 meeting with manager so as to enable Feedback and actions required to prevent reoccurrence.
- To promote the use of Incident/Complaint Investigation Proforma. Using this form gives :
 1. an outline of the incident,
 2. Reasons occurred
 3. Learning from the incident
 4. Identify changes in practice/procedures

C. Clinical Effectiveness

PILOTS

As part of our continued relationship with DGS CCG, we continue to work on our successful pilot projects in care homes. We are attending all of the nursing homes in our local area. We are assisting the homes in advanced care planning of their residents as well as upskilling the workforce to recognise the signs of dying and to call **ellenor** rather than an ambulance. As part of this project we are offering medication reviews to ensure that

residents are only taking what is necessary and that they are only taken if they improve the quality of life.

STAFF SURVEY

We do not participate in the NHS Staff survey; however, we do hold a staff survey that replicates similar questions.

Therefore, we have provided the information from these questions:

“If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”

96% of staff said they would recommend ellenor as a place to receive treatment. We are extremely proud of this!

“Diversity is valued at this charity”.

6.74% of our staff are from BME backgrounds (out of those that provide this information)

“In the last year, I have not been bullied at work”.

79% of staff responded that they had not been bullied at work. Almost 5% were neutral on this question therefore we cannot say that 21% disagree and *have* been experiencing bullying.

“If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation”

96% agreed with this statement and we're proud that our staff would recommend us to the people that they care about.

COMPLAINTS

ellenor treats all complaints seriously and records all expressions of dissatisfaction, both verbal and written, as complaints. These are all reviewed by the Director of Patient 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.

We consider complaints essential to improve our services. We did not have a complaints audit completed by our local CCG in the year 17–18.

Learning from complaints are disseminated to individual departments involved with complaint. Managers discuss at team meetings on how to improve patients/carers/families relationship with ellenor.

Number received	Number upheld	Trends noted
28	16	<ul style="list-style-type: none"> • Updating information on patient records – crossover from Clinical and fundraising-when RIP • Individual learning in communication for individuals • ellenor will not be involved with rehousing pets • Improve on communication • Update changes in patient records • Discharge too early from hospice • Unnecessary calls to ambulance service when patients dying. DNACPR in place. • Breakdown in communication across other agencies providing care

EDUCATION

Our programme of courses for school students remains a successful way to attract young people to build a career in care. Several students have expressed an interest to work as paid carers hence we are working towards building career pathways through an apprenticeship route.

This year we have offered training in City and Guilds to 10 students who all successfully completed the 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 6 month placement successfully gaining a care certificate.

Students from a wide range of academic ability have enjoyed this course, participating in the care giving and benefitting from the experiences gained.

This was an unforgettable experience, it was an honour and I will miss working with the patients.

I have learnt, you can never be too kind

Adult volunteers have been inspired by this program which has led to a pilot Adult Care Volunteer role. Four Adult volunteers have begun work on their care certificate, working on the Inpatient Unit and supported by the Training Facilitator.

Well, what can I say; it's been an absolute honour and privilege to work with each and every one of you. I have learnt so much in my first ever placement about all the love, care and attention that you give to all of your patients. You should all be so proud of yourselves as it takes a special love to do your job. I would love to come back at some time and work with you all again. I hold my time with you close to my heart.

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 them into work. The students attend their placements accompanied by a job coach and their progress is monitored during the year. In Retail, Catering and Gardening the students are now working independently with the job coach continuing to support a new student in the Housekeeping team.



Developing the skills of the care team remains a priority. We are focusing our efforts on supporting staff to undertake apprenticeships in care where possible. To this end we have four staff undertaking Assessor qualifications, three staff on Apprenticeship programs, as well as supporting degree and post graduate students.

External training was offered widely with a total of 67 staff benefiting. To ensure learning was cascaded across the organisation, feedback to the wider team was arranged with topics as diverse as "supporting patients with

intimacy”, the “importance of Hope”, “how to support the LGBT community”, and what we have learnt from our work with the BAME communities.

Through our training program we have provided training to over 400 individuals including a delegation of Multi Disciplinary professionals from Croatia. 98 % of attendees evaluated the training as good or excellent. We have continued to support the professional training placements for 28 student nurses as well as counselling students.

Other internal training has ensured that 93% of clinical staff are up to date with their statutory and mandatory training. 66 staff attended additional study sessions.

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.

CONFERENCES

We presented the following at national and local conferences.

- Seven abstracts were accepted and posters displayed at Hospice UK national conference demonstrating the wide range of work at ellenor.
 - A Can Do Attitude– Enables learning for students with Special Educational Needs to experience work
 - A Learning Alliance – Exploring palliative care issues among ethnic groups on South East England
 - Do Complementary Therapies work?
 - Inviting a Stranger into our midst –A positive experience basing a commissioner in the Hospice*
 - Tapping into the benefits of an Assistant Practitioner
 - Tell us there is no cure –BAME communities seek clear communication to prepare for dying
 - Thrown in at the deep end – School students experiences on a 6 month inpatient ward placement

JOURNAL PUBLICATION

Dr Siva Subramaniam was the lead author and researcher working on a Palliative Prognosis Index. His work was recently published in the British Medical Journal.

Citation:

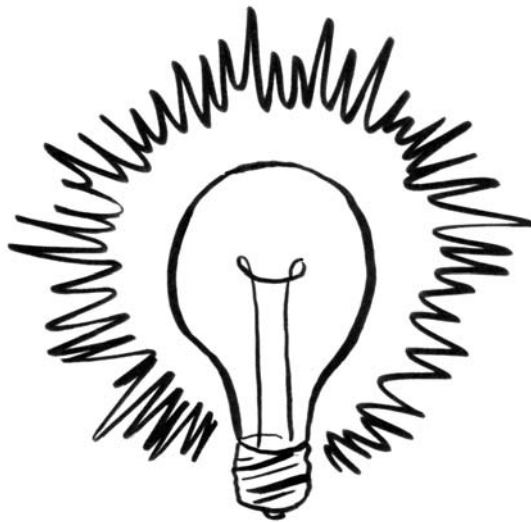
Subramaniam S, Dand P, Ridout M, et al

Prognosis prediction with two calculations of Palliative Prognostic Index: further prospective validation in hospice cancer patients with multicentre study
BMJ Supportive & Palliative Care Published Online First: 05 March 2018. doi:
10.1136/bmjspcare-2017-001418

PARTNERSHIP WORKING

We continue to work with a number of partners including:

- Carers First- have assisted in our Carers courses and cuppa's as well as ensuring we are able to meet the needs of our carers
- South East Coast Ambulance Service- we have delivered training, and continue to do so, to a number of their staff to ensure that they are able to recognise dying and access the support they need to keep people out of hospital at the end of life. We have also developed a new pilot service to enable them to admit directly into our inpatient ward. The service are keen to work with us on this and we now deliver combined training and are looking at further ways to work together.
- Alzheimer and Dementia Support Services- a number of our patients suffer with these conditions and we work together and are looking at ways to develop this further.
- Macmillan- we have a number of posts that they support professionally.



CLINICAL NETWORKS

Ellenor attends the Kent and Medway Children and Young People Palliative Care Network meetings. This group brings together providers, commissioners and third sector members from across Kent and Medway to look at palliative care and end of life care provision. The group has been working on an end of life care pathway, advance care plans, symptom management and drug charts, mental capacity and looking at education gaps and the possible delivery of a yearly network education event.

The Director of Patient Care attends the '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. They also attend the Controlled Drugs Local Intelligence Network (CDLIN) which discusses best practice and shares learning and knowledge.

Head of Adult community services attends a hospice Day Therapy Managers Meeting and Safeguarding Health leads meetings. Our Head of Inpatient Care attends a similar meeting for ward managers.

Our physiotherapist and Triage Nurse are part of the respiratory group at our local hospital and we are asked to present at study days regularly in relation to best practice at the end of life.

Childrens Hospices across London (CHAL) has a number of groups including: service development, chief executives, HR, fundraising and learning.

D. Patient Experience

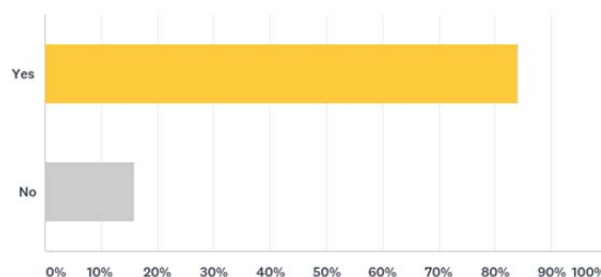
Last year, we completed a number of surveys and feedback.

Rather than implementing a regular user involvement forum (which has failed in multiple hospices), we have continued to complete ad-hoc user involvement to ensure our feedback remains current. All services are encouraged to seek and use the views of the people who use them. Some of the top level results are below:

Childrens Respite Survey

The following survey question asks parents and carers if they feel we have helped them to have a break from caring for their children. Over 84% say yes. We are looking at ways in which we can increase this.

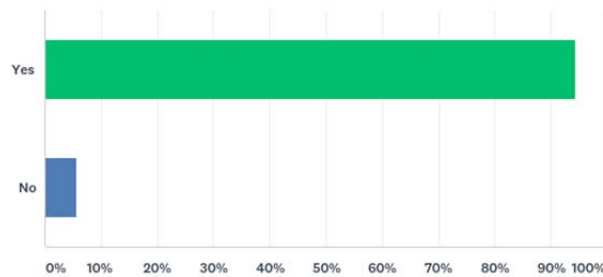
Q3 Have we helped you to have a break from caring?



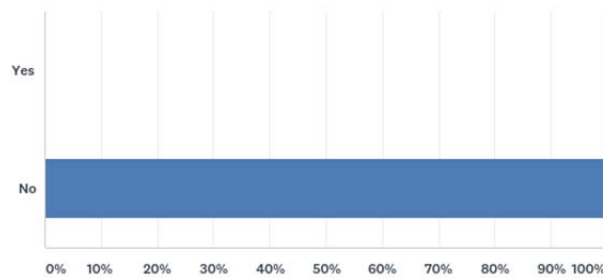
Crisis Carer Experience

The following survey question asks carers of our adult patients if they feel we responded quickly enough to their need for crisis respite and whether they felt that our service was intrusive. We're proud to publish that, out of those that were willing to share their survey response, over 90% thought we responded quickly enough- we aim to be with a family within 2 hours:

Q2 Did you feel that we responded quickly enough?



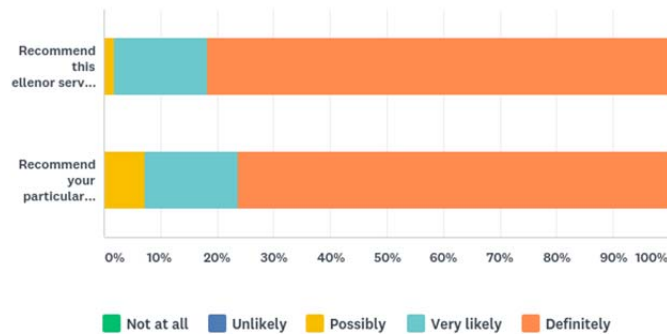
Q5 Was the service intrusive?



Wellbeing Service

The following survey question asks how likely those that were willing to share their responses, were to recommend either the service or their therapist (counsellor/ complementary etc). We're proud that over 90% say they would definitely or very likely would!

Q2 How likely is it that you would:



OUTREACH PROVISION

We now run Carers Cuppa support groups in Dartford, Gravesend and Swanley and hold bereavement cuppa's in Dartford and Gravesend. We are looking to implement a Swanley one this year.

We continue to look for further locations to co-habit and provide advice in easy to reach places for our community to enhance the services we offer.

LAPCEL

ellenor has become an active and key member of the Learning Alliance for Palliative Care and End of Life (LAPCEL) in the past year. LAPCEL is a network formed of palliative care providers, minority ethnic groups, voluntary organisations working with communities, academics, researchers and funders.

Several staff members from ellenor alongside University of Greenwich, Medway Ethnic Minority Forum and Diversity House hosted a one-day event in May for the local Black and Asian minority communities and the health service providers from Dartford & Gravesham, Medway and Swale regions. The aims of the event were:

- Introducing the concept of palliative care and hospice care to BAME groups
- Informing the BAME groups of best practices and services in palliative care and end of life care
- Learning from the BAME groups about how best to work with them to facilitate their uptake of palliative care services
- Disseminating the main outcomes from the event across other health service providers.

A further bespoke outreach event was provided for the Chinese community in Gravesham, Medway and Swale as an outcome of this partnership work.

There were 14 attendees at the Chinese event and a follow up visit to the Hospice was arranged for those who wanted to see at first-hand how a hospice operates.

TELEVISION SERIES- THE HOSPICE

Ellenor were lucky enough to be selected by a producer to record a ground-breaking series that reveals the truth and compassion in end-of-life care called "The Hospice". The series is an observational documentary series focusing on the lives of patients, and their families, under the care of ellenor.

This series gives viewers an opportunity to witness the incredibly therapeutic palliative care provided to all ages, from the very young to the very old, by the amazing staff and volunteers at ellenor and shows how every single precious moment matters as it follows the deeply personal stories of both adults and children who are receiving end-of-life care both in their own homes, and at the ellenor inpatient ward in Gravesend.



Also highlighted is the remarkably inspirational way that the hospice staff and volunteers support the patients who are terminally ill and their families. Their expertise, passion and commitment create a warm, restful and, even happy environment, enabling limited time to be precious family time together.

Hospice UK and Together For Short Lives, to highlight the essential services hospices provide across the UK, will be promoting this series during Dying Matters Week (14–20 May) and Children's Hospice Week (21–27 May), along with ongoing calls to action around volunteering throughout June and July.

"This documentary reminds me why I am so proud of the work that goes on at ellenor, every day, by our dedicated team of staff and volunteers. While encountering new and unique challenges they never fail to deliver an exceptional standard of care to patients and their families. I am confident that this documentary will introduce ellenor to new and varied communities who will be pleased to know that ellenor is always at hand to help them."

Claire Cardy – Chief Executive

We hope this series will inspire more people to support their local hospice in different ways. It is thanks to the generosity of people from local communities, who give donations, or their time by volunteering that enables hospices to provide their services. We are delighted to be partnering on this ground-breaking series and encouraging the public to learn more about the vital role of hospices in providing care, and to support them and get involved in their work.”

COMPLIMENTS AND THANK YOU'S

We receive a lot of compliments for our service, which all mean so much to the **ellenor** staff and volunteers. We are currently working with a local college to display some of the thank you cards that we receive into collages and pictures that will be throughout the buildings.

During the 2017-18 year, we received 127 written thank you card compliments and 96 Friends and Family cards. Donation and verbal ‘thank you’s’ are not collected in a similar manner and we are looking how to capture this in future. We value every comment received. Any negative comments are sent to the appropriate team manager and complaints follow the complaints process.

It is hard to pick just a few for this, however:

To be perfectly honest, until I started counselling I don't think anyone had really ever listened to me. At all times during the 12 sessions she never judged me or told me I was wrong in any of the choices I had made. I was unbelievably depressed in a way I didn't think was possible for a human being to be. Desolate at times, I very slowly began to feel hope was out there. I felt my life flash before me but with the counsellor's help I was given the right tools to face my demons. Tools that I can use every time I feel life gets too much. Thank you ellenor for all of your kindness and understanding. A real light at the end of a very dark tunnel.

Please accept a HUGE heartfelt thanks to you and the entire ellenor team we worked with prior to Dad's passing. Our dad was truly surrounded by all of the "ellenor angels" that descended upon us in his (and our) hour of need!! You managed and coordinated Dad's care with professionalism, love and compassion. The entire team was tremendous- we wish we could give each of them a big hug of thanks.... Please accept our love and thanks and pass it along to anyone who visited Dad.

I am so grateful to have been offered the complementary therapy service, the therapies have been wonderful and made me able to completely relax and unwind throughout the difficult period I was going through. It was lovely to see mum get enjoyment and peace from the sessions before she sadly became too poorly. It was lovely for me to continue with a few more sessions after mum's passing which helped me in the grieving process.

I was so confused, frustrated, anxious and very worried by my financial circumstances before I received help via your Financial Support Service. I found the help and advice offered invaluable. I now know exactly what needs to be done and how to go about it. I feel reassured and confident that I can live my life without worrying about rent, bills, food etc. I can enjoy the time that I have with my family. I shall be able to deal with many things myself, but I have also received help to action certain matters and I know that I can seek help, if necessary, in the future.

My wife was treated in a dignified and caring manner. Knowing there were truly professional and dedicated nurses meant we were able to accompany my wife, full time, during her final days. Relief from anxiety was truly appreciated.

It is of course impossible to prove, but I do not think I would have coped so well following the death of my husband without this service. This element of on-going care and support is unique to the hospice. Both my parents died in an NHS hospital and I was offered no support at all beyond a booklet. I have valued my sessions and tried to be as honest and open as I can. I was greatly helped by the flexibility of the service to try to help me during this difficult time. Thank You.

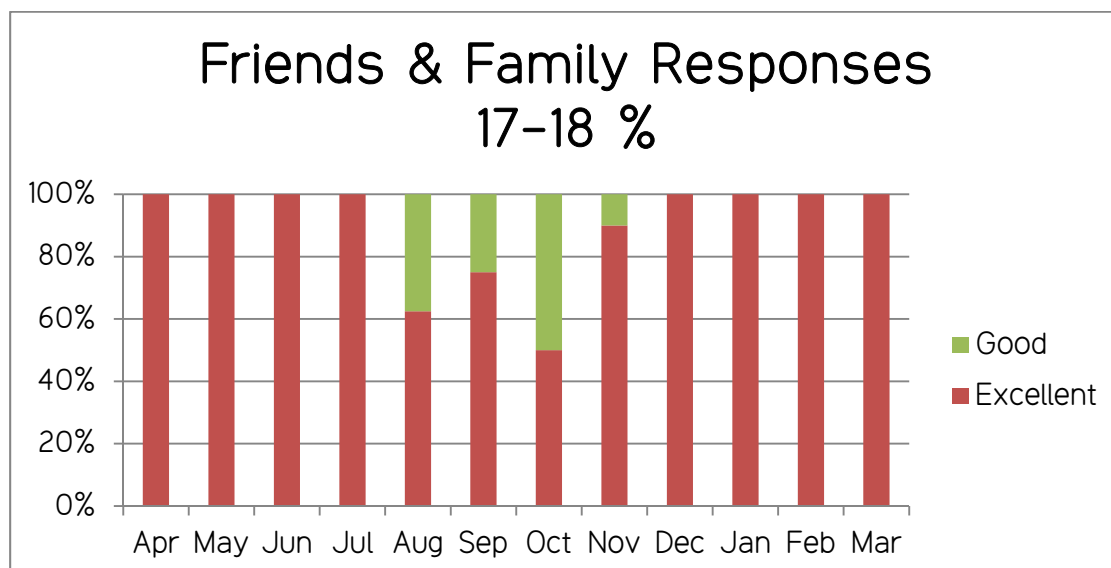
Facing terminal illness is so hard, everyone from the home care team to when mum was admitted helped every step of the way. You all done a fantastic job and helped me give my mum the best care. I know we all done our best thanks to you. Thank you all. I will never forget what you all done for our mum.

When I first went in to see my therapist I was in a very dark place. Blaming myself for my husband's death and that I could have done more. During my sessions I talked about lots of things, things I didnt think would be anything to do with the way I was feeling. Over the weeks I realized that some of it and a lot did and after my 12 week sessions I was feeling lifted and felt a lot better in myself and smiling once again and was not blaming myself. It was all due to Sophie's help to get me through the darkness and let things shine again the sessions I had had was the best thing I could have had. A big thank you.

I found the sessions very helpful. I was able to talk to the counsellor very openly which i could not do in my own circle of family and friends. I appreciate the help I received.

FRIENDS AND FAMILY TEST

As you will see, those responses that we have received have been excellent or good. We are looking at how we can get more responses including recruitment of volunteers to assist in collection and data recording of these. We have introduced removal of non-care related cards (as the F&F card replaced comment cards) to ensure that this is only appropriately recorded for our care and support. Below identifies care related Friends and Family card numbers only.



4. Statements from commissioners and local Healthwatch

As part of the requirements for the Quality Account, we are required to ask our commissioners and the local Healthwatch for a statement on our quality account.



**Dartford Gravesham and Swanley
Clinical Commissioning Group**

OUTSTANDING FROM THE CQC ... RECOGNISES
AND ACKNOWLEDGES THE HARD WORK OF ITS
TEAMS IN ATTAINING THIS

ellenor's draft Quality Accounts document was sent to Clinical Commissioning Groups (CCGs) for consultation and comment. The CCGs have a responsibility to review the Quality Accounts of the Trust 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.

The CCG confirms that the Quality Account has been developed in line with the national requirements with the required areas identified and year on year it is acknowledged that the organisation is continuing to improve on the quality of the report and they are able to demonstrate the direct impact the service is having on improving patient care. The report is written in a well-structured and easily read format which is inclusive of patient stories and feedback and the influence of the people it serves is evident throughout the quality account.

All 3 priorities for 2017/18 were successfully achieved and the areas outlined for 2018/19 are reflective and closely linked to the quality strategy aims and objectives, the CCG are in agreement with the areas chosen as pertinent to supporting the trust to continually improve the quality, safety and experience of patients.

A testament to the organisation in 2017/18 is the achievement of an overall rating of outstanding from the CQC and that the organisation recognises and acknowledges the hard work of its teams in attaining this high accolade. This has also been recognised and ellenor have been able to show their caring and

professional abilities in the televised documentary series 'The Hospice' after being selected above other Hospices nationally to take part.

In conclusion, the CCG confirm the trust to be an open and transparent organisation and the Quality and Safety Team have worked collaboratively with the service to support areas of change. The report identifies that providing a safe and effective service whilst maintaining patient's quality of care and safety is a high priority for the Trust and that this is only achieved and supported by an effective and committed workforce.

The CCG thanks the Trust for the opportunity to comment on this document and looks forward to further strengthening the relationships with the Trust through closer joint working in the future.



Gail Locock

Chief Nurse

Dartford, Gravesham and Swanley & Swale Clinical Commissioning Groups


Clinical Commissioning Group

SUSTAINABLE, HIGH QUALITY AND CONSISTENT
APPROACH TO CARE

Children and young people with life limiting conditions can experience a wide range of stressful and distressing circumstances, particularly when they become aware their life will be shortened. **ellenor** supports families in their local communities and provides the care and emotional support to enable children and young people to cope with their distress and build resilience. **ellenor** provides a sustainable, high quality and consistent approach to care which enhances the quality of life of our children and young people.

ellenor offers a multi-agency, person-centred approach to end of life care for children and young people that is flexible and responsive at different stages of the life limiting illness, and recognises that children and families must be central to the care provided and given choice. The care team signposts families to comprehensive bereavement care and recognises the heavy emotional weight this palliative care has on their staff and supports them with various mechanisms of supervision. **ellenor** has worked on other developments such as Transition to adult services, increased service user

feedback and staff training and enables children to be cared for in their local community with their peers and family. This not only ensures the children have a better quality of life but it is also the most effective use of public funds as the service is excellent value for money.

ellenor ensures every child has access to excellent palliative care when and where they need it and supports children and young people with life limiting illness and their families to lead fulfilling lives, offering the best end of life care and support to the family in bereavement.

Jacqueline Skinner

Head of Children, Young People and Maternity Commissioning
London Borough of Bexley and Bexley Clinical Commissioning Group



SUPPORT THE IMPROVEMENTS IDENTIFIED AND TO
FURTHER DEVELOP THEIR SERVICES

West Kent CCG support the **ellenor** community nurses, through the annual payment of a grant. This small team of nurses provide palliative and respite care to West Kent children and 24 hour support to children and their families at the end of life. We would like to congratulate **ellenor** on their 'outstanding' rating from the Care Quality Commission and support the improvements that they have identified for the coming year. We look forward to working with them to further develop the services they are able to offer to our children and their families.

Paula Wilkins

Chief Nurse
West Kent Clinical Commissioning Group



ELLENOR VALUE AND UNDERSTAND OUR ROLE AS A "CRITICAL FRIEND"
WHICH HAS TRANSLATED INTO A GOOD WORKING RELATIONSHIP

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 would like to support **ellenor** with a comment which reflects some of the work we have undertaken together in the past year.

We have seen that **ellenor** value and understand our role as a “critical friend” which has translated into a good working relationship. Some of our involvement with them this year has included:

- Meeting with the CEO of **ellenor**
- **ellenor** involving Healthwatch volunteers in the development of their strategy
- **ellenor** seeking our input into their strategy and contacts with the local community
- Healthwatch securing a place for **ellenor** to join the Patient Experience Committee at Darent Valley Hospital to ensure they have a direct voice into the hospital.

We look forward to our continuing work with **ellenor** throughout the upcoming year.

Healthwatch Kent

CHANGES POST STATEMENTS

Small grammatical and numerical amendments, branding additions and some small edits of sentences, including an edit of the Duty of Candour section were made following these statements. No significant material changes were made to the document.

END OF QUALITY ACCOUNT