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hospice care in your home or ours



Quality Account 2019/2020

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1.1 Statement from the Chief Executive

On behalf of the Executive team and Board of Trustees, it gives me great pleasure to present the Quality Account 2019-2020 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.

2019-2020 was once again a very busy year at **ellenor**; in which we continued to provide the best quality, personalised care and support to patients and their families in their preferred place of choice. The COVID-19 pandemic meant we quickly had to make changes to how we deliver care to ensure patients and their families continue to be supported but in a safe way that protects them and our staff.

We have continued to work in line with our strategic plan to widen the access of our services to ensure they meet the needs of our community. The redesign of our day services has seen an amazing transformation into the “Living Well” programme using a goal setting approach to work alongside patients to support them to achieve what matters to them. Our counselling and bereavement services have provided support to people of all ages facing very difficult times, with a safe space to talk with someone who is trained to listen.

This year has seen the development of new “CLEAR” staff values to ensure everyone at **ellenor** maintains a positive workplace culture in order to achieve our vision that patients and their families receive the best, quality, personalised care and support and make **ellenor** a great place to work.

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



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.

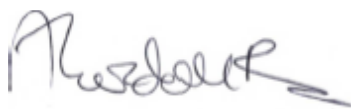
1.2 Statement from the Chair of Trustees

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 2019/20 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, which has been even more evident in light of the impact of the COVID-19 pandemic, 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 ways, and without this support we would be unable to provide our services. Following the lock down, we (along with other hospices in England) also received significant additional support from the government, for which we are extremely grateful. I would like to take this opportunity to wholeheartedly thank you all for your ongoing support and for helping **ellenor** 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.

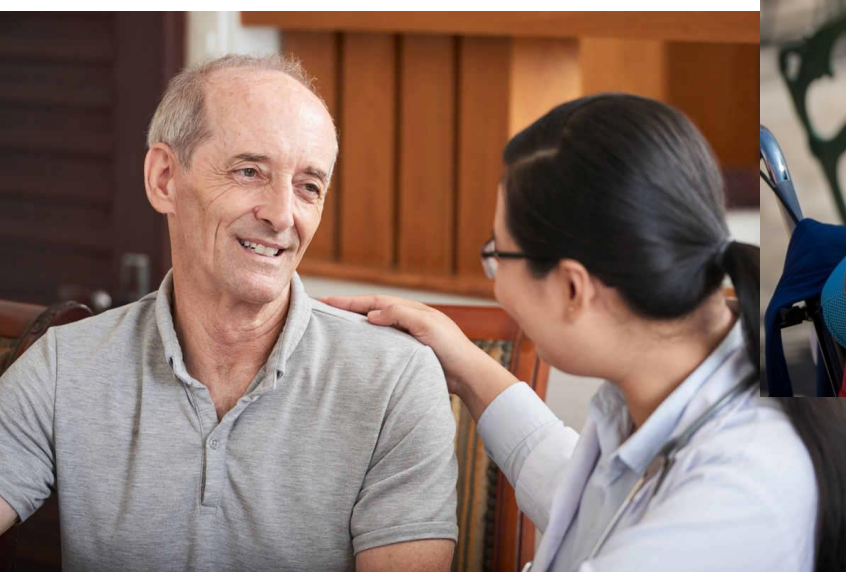
Quality Account governance arrangements

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:

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2.1 Looking Forward

Future Improvement on 2020/2021 Priorities

20/21 Priority 1 – Patient Safety:

Staff competencies

How was it identified:

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

How will it be achieved:

- All current competencies reviewed as part of a task and finish group to ensure they are up to date, evidence-based and cover all the necessary aspects of the care provided to patients under the care of **ellenor**.
- All staff to have a training passport which identifies the training needs and expected competency for their role and is also recorded on their electronic staff record.
- All staff to have the competencies required for their role assessed and signed off.
- Training passport to form key of annual performance review and 3 yearly NMC revalidation for nurses.

How will progress be monitored and reported:

- Progress monitored at the Clinical Leadership Team meeting monthly.
- Progress Report provided to Executive Management Team monthly and Board of Trustees quarterly via the Care Committee.

19/20 Priority 2 – Clinical Effectiveness:

Formation of frailty pathway in conjunction with other local providers

How was it identified:

Patients presenting to **ellenor** with an overarching diagnosis of frailty has risen significantly in the past 5 years. In addition, a key objective of the Kent and Medway CCG is the development of a frailty pathway to ensure safe, consistent and effective management of patients in this group. As a provider of palliative and end of life care, **ellenor** is a critical partner in this pathway to support, deliver and high-quality care for these patients.

How will it be achieved:

- Joint working with GP Federation and Virgin care to identify the different services provided by each organisation, their role in the management of patients with frailty and identifying the gaps and delays.
- Obtain opinions from local care homes, social care providers and voluntary organisations to identify the challenges, service gaps and delays.
- Development of a clear whole systems frailty pathway that meets the needs of the patients and their carers with a single point of access.

How will progress be monitored and reported:

- Submission of a joint business case with the GP Federation and Virgin Care to Kent and Medway CCG with proposed pathway and service framework for approval.
- Monitored at Dartford, Gravesham and Swanley ICP Partnership Board.
- Progress reported to Executive Management Team monthly and Board of Trustees via the Care Committee quarterly.

20/21 Priority 3 – Patient Experience:

Co-production and user engagement

How was it identified:

Identified previous year by Healthwatch currently no structured framework in place for patient, family and carer engagement in service review and development at **ellenor**. Previous work to establish a user engagement forum in 2019/20 was unsuccessful, therefore a reviewed approach is required to ensure the patients, and their families and carers are an integral part of service development or review of **ellenor** services.

How will it be achieved:

- Develop a user engagement and co-production forum using a project focus to develop interest and input from patients, families and carers with clear terms of reference and membership.
- Identify patients, carers and families that are interested in participating in the user engagement and co-production forum for specific projects.
- Link in with the local patient participation groups to gain insight and look for opportunities for joint working.

How will progress be monitored and reported:

- Progress monitored and evaluated through update reports to Executive Management Team monthly and the Board of Trustees quarterly via the Care Committee.
- Regular feedback from participants of the user engagement and co-production forum to ensure it is meeting its purpose and users' satisfaction.

2.2 Looking Back

Progress on our 2019/2020 Priorities

Considerable progress has been achieved against our targets for 2018/2019 and our achievements are noted below. Last year **ellenor's** priorities focused on:

Patient safety

Clinical effectiveness

Patient experience

19/20 Priority 1 – Patient Safety:

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

Update:

- Documentation group formed and reviewed consent and referral forms for **ellenor** services. One referral form for the adult services is now in place. Minimal changes were made to the Children's Service Referral form as more information is required from the referrer.
- Consent forms have been reviewed and reduced the number down to two which are fit for purpose and cover our requirements.
- A review of all service users' electronic notes took place.
- There is an agreed format for staff to document patient interactions and concerns.
- The documentation policy is currently under review.
- Documentation audits were carried out in the Children's and Adult Community teams.
- Recommendations and actions taken forward.
- The results of these audits were shared with the care teams, clinical team leaders and to the Board of Trustees via the Care Committee.

Outstanding areas for 2020/21:

- Complete documentation audit for Inpatient ward.
- Working with CCG to progress use of single electronic patient record for all Community Health Care Providers.
- Working towards paperless documentation.

19/20 Priority 2 – Clinical Effectiveness:

Day Therapy provision meets needs of more patients

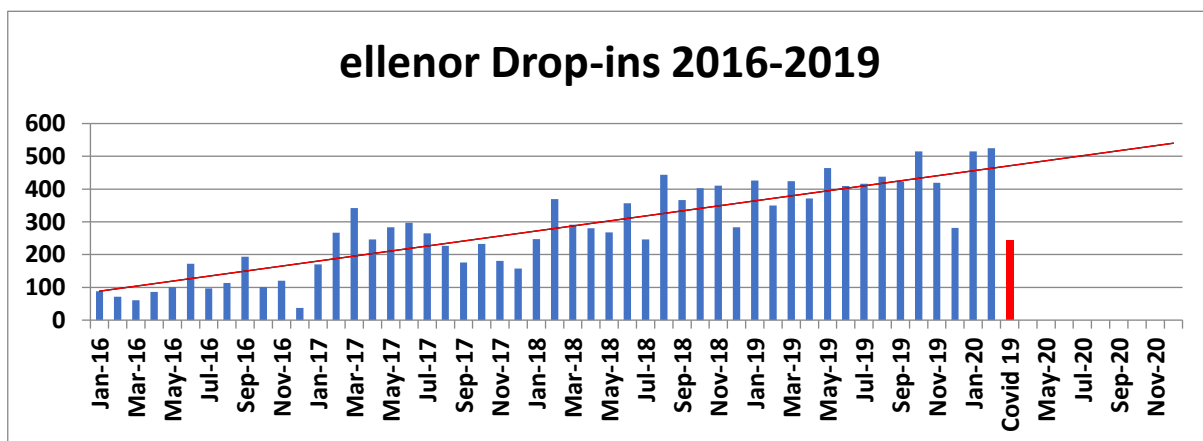
Update:

Day Therapy to “Living Well”

Our regular outpatient service, Day Therapy, has seen a total redesign this year, resulting in some remarkable improvements in patient wellbeing. Previously, patients would attend **ellenor** on the same day each week for the remainder of their lives. For some, this was many years, resulting in dependence issues and lacking any focus. Our newly developed ‘Living Well’ service is a 12-week, goal-driven programme where patients are assessed at the start, asking ‘what matters to you’? We then deliver a tailor-made service in order to help patients achieve their goals. This might be to help people become more mobile or less breathless, to worry less about money, or simply to visit a supermarket. Whatever the goal, we do all we can to help patients achieve these and after 12 weeks, patients are invited to join our Wellbeing open access and can continue to benefit from our groups and classes.

Development of Dementia afternoon for patients and their carers, focussing on advance care planning, carers support and dementia focussed activities including Reminiscence therapy. This has been achieved in conjunction with Alzheimer and Dementia Support Services.

More people than ever are choosing to drop into the hospice and use our services, approximately 500 drop-ins per month. All are either living with a life-limiting illness or caring for somebody that has one. Many simply dip in and out of our services, becoming more and more accustomed to life in the hospice. This prepares them for a time when they may need to use more of our clinical services.



Outstanding areas for 2020/21:

- Progress to Living Well Model across 5 days a week once safe to do with regards COVID restrictions.

19/20 Priority 3 – Patient Experience:

Development of User Engagement group – Your Voice

Update:

Unfortunately, we have been unable to successfully establish this, several events were planned with limited uptake and therefore this needs to be revisited as it is still an important element required to ensure our communities voice is heard.

Outstanding areas for 2020/21:

- To revise and refocus how we link into our community in a variety of ways in order to develop a structured framework for patient, family and carer engagement in service review and development at **ellenor**.



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.

CLEAR Values:

- Communication
- Learning and Reflection
- Empowerment
- Accountability
- Respect and Dignity

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 2019/20, **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:
 - Inpatient ward (ages 14+)
 - Living Well
 - Outpatient 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, complementary 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 2019/2020, ellenor was not eligible to participate in any national clinical audits or national confidential enquiries.

Local Audit

Following on from Gosport in 2018/19, ellenor took part in a regional audit across local hospices to ensure end of life prescribing in the Kent and Medway hospices conforms to recommended dose ranges and was comparable, 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, this audit is due to be repeated in December 2020.

Internal audit

We regularly undertake audits of our services against national or local standards. All the local audits are taken to monitor and to improve clinical practice. The following audits were carried out:

Documentation following administration of opioid patches in Inpatient ward:

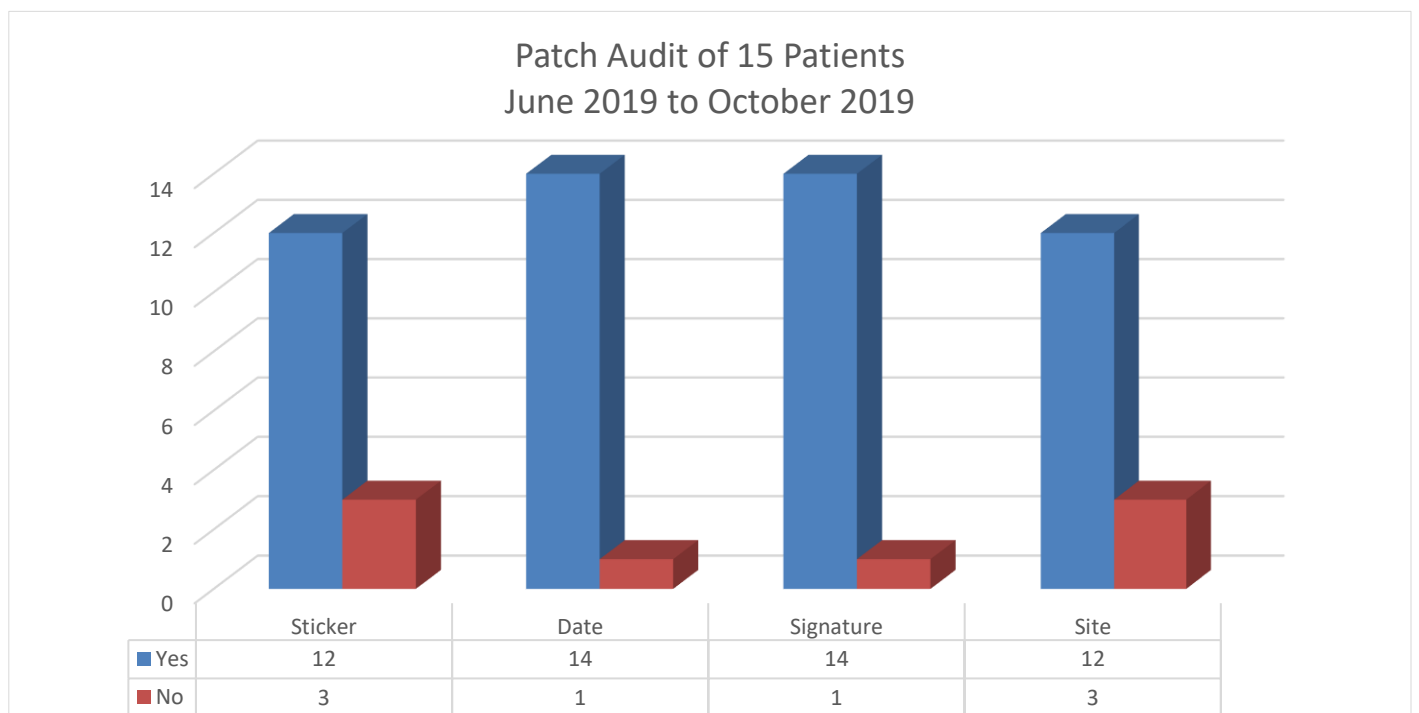
An audit undertaken in 2018/19 identified the need for new processes to ensure robust documentation with over 50% of patches documented incorrectly. Patch stickers were introduced for use on the Inpatient ward prescription charts to indicate the site and date and time replaced and signature of nurse alongside a peer checking process, with a re-audit undertaken in June 2019 to ensure identified changes were embedded into practice.

Aim: Keep comprehensive records when administering topical controlled drugs.

Indication: Ensure changes in processes embedded into practice.

Method: From June 2019 to October 2019 review of all charts where opioid patches were prescribed.

Results: Significant improvement in documentation.



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.

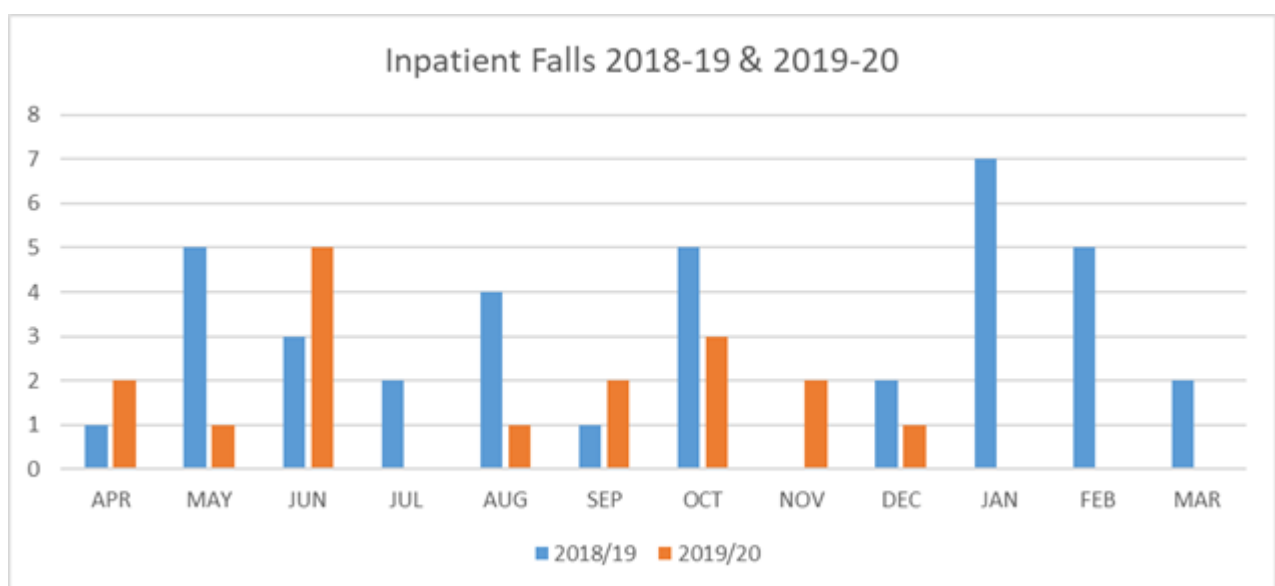
Method: Review of incident reports for each fall from April 2019 – March 2020 to identify, level of harm, causes, contributory factors, identify trends and recommendations to reduce.

Patient Falls:

Total 2018/19 = 37

Total 2019/20 = 17

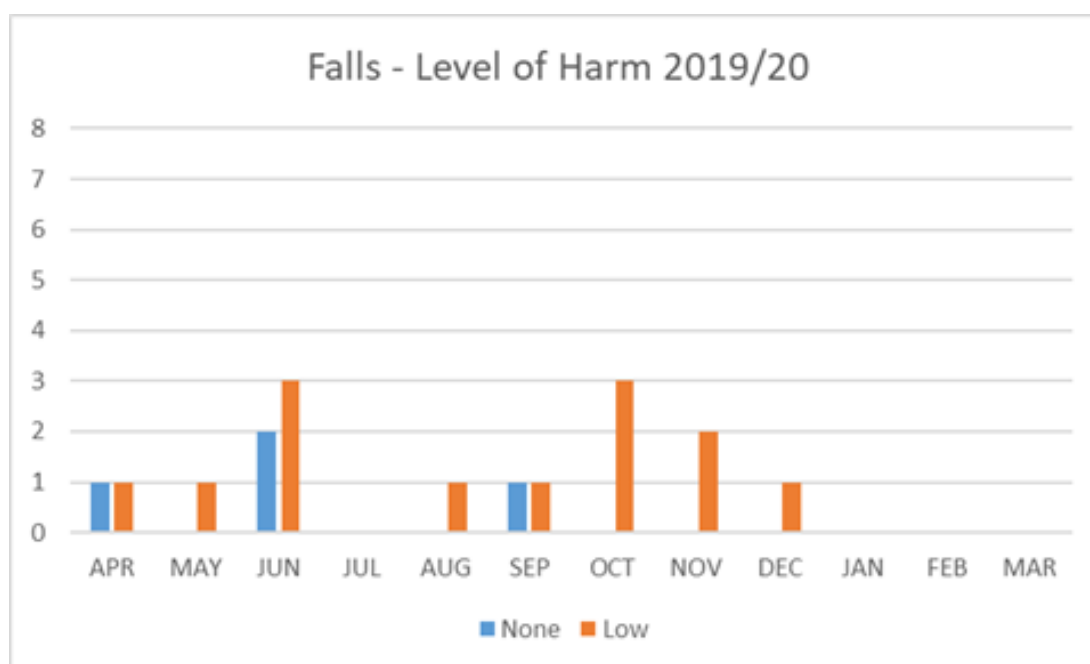
This indicates a reduction of 20 falls in the past year.



Results:

With the continuation of a robust risk assessment strategy, staff education and personalised falls care plans we have seen a significant reduction in patient falls on the Inpatient Ward. Alongside this, effective assessment of patients requiring bed rails to prevent slipping out of bed was introduced, and this has reduced the risk of these particular types of falls. In keeping with national guidelines for “the use of bed rails”, patients who are at risk of falls but who do not have the mental capacity to make a decision regarding bed rails are nursed on low beds with crash mattresses alongside, in order to reduce the risk of harm should they fall out of bed.

Level of Harm:



There was a noted increase in falls in early 2019 which was investigated further. Around this time, there was a rise in the numbers of patients being admitted to the Inpatient Ward with acute confusion and dementia.

Following the Falls Audit around April 2019 which identified a trend of patients sliding out of bed, we explored resolutions to this and ultimately ordered bed rails to combat this issue. There was a production delay which led to the bed rails being delivered in the second week of August. There was a slight lag in noticing their impact due to the time taken to train staff in correct use and implement paperwork. Now in place, they have become an effective part of our falls risk management.

The following actions have been taken:

- Revision of falls risk assessment
- Revision of falls policy including use of bed rails section
- Purchase of new inpatient beds with falls reduction components
- Trials of falls monitors

Medication Audit according to Hospice UK Drug Audit Tool

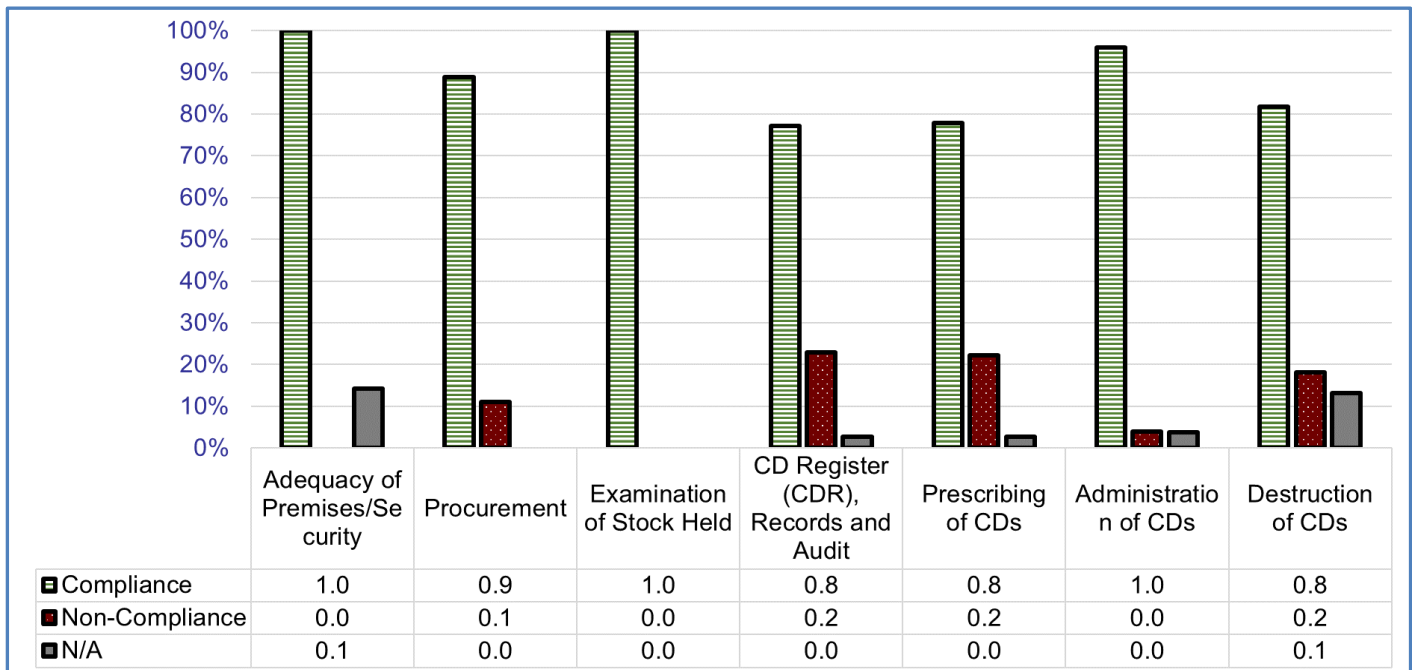
We asked Paydens, our pharmacy provider, to carry out a Drug Audit for controlled drugs used and stored in the Inpatient Ward.

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

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

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

Results of the Audit:



Actions following Audit:

- A meeting was held with Paydens Lead Pharmacist and the Medical Team to discuss ways on how to improve prescribing. Paydens to initiate regular checking of prescription charts and to liaise with the prescriber when errors are made.
- Paydens to input these as incidents onto **ellenor** incident reporting system.

2.3.3 Research

The number of patients receiving relevant health services provided by **ellenor** during 2019/20, recruited to participate during this period in research approved by a research ethics committee, were 12 individuals – 6 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. With the support from a research volunteer, we were able to invest additional time and resources to consolidate the training feedback from student and adult care volunteers, as well as to explore the acceptability and feasibility of care volunteers supporting end of life care in the West Kent community further.

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 studies have ongoing recruitment:

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

- The study explores the experiences of parents and carers when they manage pain relief for a child with a serious illness while they are cared for in the community.
- PARAMOUNT study team looks for parents or family carers of an infant, child or young person aged between 2 and 18 years who has a life-limiting or life threatening illness and requires pain management, as well as involving children and young people themselves, aged between 6 and 18 years, who meet the aforementioned criteria to take part.
- The study was designed by PARAMOUNT research team at University of Southampton and recruitment period has been extended to Q3 2020. Data collection and interviews can be completed via telephone or video calls.

“CCiC Study (Exploring How Informal Carers of People Living with Dementia Experience and Maintain Continuing Compassion in Care)”

- The CCiC Study at University College London explores the concept of continuing compassion in care (CCiC) among carers of people living with dementia and to develop a tool to assess CCiC and, to examine how this relates to carer’s psychological morbidity and potentially harmful behaviours towards people with dementia.
- **ellenor** facilitated the recruitment towards Workstream 2 (semi-structured interviews) and 3 (cognitive interviewing) by identifying and referring eligible carers who look after individuals with dementia to the research team.
- Results from Workstreams 2 and 3 are being analysed and **ellenor** hospice have expressed an interest in taking part in Workstream 4. Additional carers will be recruited to complete a survey to evaluate and validate the CCiC tool in order to test a hypothesis that a breakdown in CCiC is associated with carer harmful behaviours towards people with dementia.



Conferences:


We presented two posters at the Hospice UK national conference in November 2019, covering aspects of the children's and adult services at ellenor.

Posters:

- Ignore Volunteer Carers at your peril: Young Adults to Retired Adults – Developing Skills to Care.
- GEMS – A group-based approach to supporting children and young people through bereavement

Ignore Volunteer Carers at your peril

YOUNG ADULTS TO RETIRED ADULTS – DEVELOPING SKILLS TO CARE



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BACKGROUND

Staff shortages are a reality, training is not keeping pace with increasing demand for care, fuelling skill shortages, increasing agency costs¹ and increasing pressure on existing staff.²

Volunteers are essential but underutilised support for hospices.^{3,4} In our hospice, volunteers recognised they could do more to help, asking to be trained to support clinical staff in a more practical way.⁵

AIMS

Enable a team of Care Volunteers with skills and experiences to work alongside clinical staff across all care settings.

METHODS

A pilot project to train Care Volunteers in the ward setting was quickly extended to offer Care Volunteers experience to work in the Day Hospice and Community teams.

Training and Support provided for Care Volunteers:

TRAINING	SUPPORT
Induction in statutory and mandatory topics.	Trained Assessors support, advise, and monitor progress.
Care Certificate standards workbook.	Weekly tutorials and observations of competencies.
An overview of palliative care.	Mobile messaging enables communication and support.
Practical competencies: moving and handling, personal care, nutrition and hydration, catheter care.	Flexibility of work hours, including weekend and evening training.

RESULTS

1 Demand for Care Volunteers is increasing across the organisation.

Hours provided in six months period April to September 2019:

	IPU	Community	Living Well / Day Therapy
April	64.5	14	40
May	48.5	25	66
June	50	35	86
July	57.5	34.5	110
August	20	46	148
September	143.5	21	155
Total	384	208.5	606

2 Reduced agency costs.

Savings through reduced agency cover over six months period April to September 2019:

	IPU	Community	Total
Hours that would have been covered by agency (does not include respite care)	100	41	141
Savings – based on agency base rate HCA salary of £20.11	£2,011	£824.51	£2,835.51

3 Increased number of patients receiving respite, 36 patients and their families have benefited from respite.

4 11 Dementia patients have been supported through newly established dementia support groups and respite provided for patients for their family carers to attend training.

5 Recruitment to Healthcare Assistants roles from Care Volunteers, three staff have been recruited internally through this programme, a further eight Care Volunteers have gained employment externally.

CONCLUSION

Staff recognise that trained Care Volunteers are a viable alternative to support overstretched staff, enabling continuity of care and providing added value to end of life care.

CASE STUDY

Community crisis: A Care Volunteer (CV) responded immediately, to a crisis call, at the patient's house CV supported the wife who was the main carer but who was now acutely ill, needing hospital admission.

Not only did CV care for the patient until a respite bed could be found later that day, she also tidied the house, and washed the soiled sheets.

References
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3. Hospice UK (2012). Volunteers: Vital to the future of hospice care.
4. Together for Short Lives, Help the Hospices (2014). Volunteers vital to the future of hospice care. Retrieved from https://www.togetherforshortlives.org.uk/wp-content/uploads/2018/01/ProRes-Volunteering-Vital-to-Our-Future.pdf
5. Marshall S, Wilcocks T, P-273 T always dreamed I would be a nurse – the emergence of adult care volunteers. BMJ Supportive & Palliative Care 2018;8:A07. Retrieved from https://spcare.bmj.com/content/8/suppl_2/A07.3

2.3.4 Income:

The income received from statutory funding such as, local NHS Clinical Commissioning Groups and NHS England represents 29% of **ellenor**'s total income generated in 2019/20.

This means that the remaining 71% 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 2019–2020 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 activity:

Treatment of disease, disorder or injury

The Care Quality Commission has not taken enforcement action against **ellenor** during 2019–20. **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 full report can be found under this link:
www.cqc.org.uk/sites/default/files/new_reports/INS2-2810386868.pdf

2.3.6 Data Quality:

For 2019/20 **ellenor** was not required to submit a National Minimum Dataset (MDS) to the National Council for Palliative Care. This year **ellenor** was also not eligible to participate in the Secondary User Service for inclusion in the Hospital Episode Statistics.

2.3.7 Information Governance Tool Kit Attainment

ellenor's Data Security and Protection Toolkit registration was submitted to the NHS and met all the required criteria. Following the COVID-19 pandemic lockdown, the deadline for the NHS toolkit submission was pushed back until 30 September 2020. We are on track to meet this submission deadline.



3.1 Patient Safety

3.1.1 Patient Safety

The following quality marker data information applies mostly to our Inpatient 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:

Grade 3 and above	
Internally Acquired Pressure Ulcers	1
Externally Acquired Pressure Ulcers	12

One patient who acquired a deep tissue injury whilst nursed in the Inpatient ward was deteriorating and entering end of life. This patient had the mental capacity to make decisions not to be moved despite being advised by the nurses to alter positions in bed. Patients are given information on the importance of altering their positions i.e. to avoid breakdown of their pressure areas. Patients who have mental capacity make informed decisions to take part in management of their care.

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

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

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

Infections:

During 2019/20, **ellenor** has not had any reportable infections. We completed annual infection control audits and this year the Infection Control Lead has worked in conjunction with the Head of Hospitality and Head of Facilities to ensure of robust assessment process. With the National Lockdown due to the COVID-19 pandemic early March, Infection Control measures, including splitting the ward into Hot and Cold areas, were introduced.

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 commissions Paydens to provide Pharmacist support and supply of medicines for the Inpatient ward. 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 ward 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

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

Between, 1 April 2019 – 31 March 2020, there were 248 incidents reported:

- 101 non-clinical.
- 147 clinical incidents (30 were external incidents).
- 4 incidents Serious Incidents- 3 were downgraded, 1 was an IT hack reported to the ICO with no sanctions.

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

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

The organisation's internal incident group has now expanded its remit and terms of reference and is now the Safety Overview & Scrutiny Panel and includes

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

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

Clinical Incidents:

Incident prevalence for internal incidents

Incidents type	Total internal number
Medicines	55
Falls	26
Safeguarding	3
Clinical Care	27
Pressure Ulcers	1
Aggressive Behaviour	2

Our clinical incident learning and actions for 2019–20 are as follows:

- **Medicines** – All errors were no or low harm. A reoccurring theme of staff being distracted when either prescribing or giving out medication – tabards are now in use for nurses whilst giving medication advising other not to distract them, the medical team have a work plan in place whereby 1 doctor is available at all time to respond to queries from staff so those prescribing, writing TTA's are not disturbed.
- **Clinical Care** – Several incidents relating to staff performance addressed through formal process, incidents action plans introduced for all managers to provide evidence of learning from incidents for individuals and wider team.
- **Pressure Ulcers** – raised as potential SI downgraded and all care evidenced.
- **Safeguarding** – raised by ellenor in line with ellenor policy as concerns identified staff requiring social care involvement/DOL's.

Information Governance Incidents:

In 2019/20 there were 28 (IG) incidents relating to data breaches, nine of which were caused by an external body and one was IT system corruption/hack attempts or faults.

One internal data breach was reportable to the Clinical Commissioning group and pertained to patient data. This was also reportable to the ICO and following our investigation and final report the incident was closed by them. Learnings from both these incidents have been implemented.

There were six data breaches pertaining to staff failure to use the locked print function when printing confidential information internally. We are in the process of introducing a software product which forces locked print to prevent 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 slightly increased, we believe this is due to an improvement in reporting of both internal and external breaches.

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 WARD	2019-2020	2018-2019	2017-2018	2016-2017
No of admissions (unique patients)	169	293	234	227
% of new patients (i.e. admitted first time) National – 91.6	81%	84%	91%	79%
% of patients admitted within 24 hours of referral	72%	75%	60%	65%
% of patients with a non-cancer diagnosis National – 11%	22%	23%	17.5%	15%
Average length of stay National – 10-13 days	14	5	8.51	10.85
DAY THERAPY / LIVING WELL (inc OT, Physio and Open Access Groups)	2019-2020	2018-2019	2017-2018	2016-2017
Number of patients National – 145	904	178	172	177
% attendance	61%	57%	53.8%	67%

(exc OT, Physio and Open Access Groups)				
Average length of care National – 177.5	126	289	348	252
HOSPICE AT HOME (inc Care Home Support)	2019–2020	2018–2019	2017–2018	2016–2017
Number of new patients National – 1162	1243	1504	1575	1464
Total number of patients National – 1775	2316	2552	2184	2110
% of patients with a non-cancer diagnosis National 28.3	64%	55%	63.8%	46%
Average length of care in days National –108.3	269	189	122	107
CHILDREN'S SERVICE	2019–2020	2018–2019	2017–2018	2016–2017
Number of new patients	32	77	47	38
Total number of patients	150	176	142	149
WELLBEING SERVICE	2019–2020	2018–2019	2017–2018	2016–2017
Total number of patients accessing a service (non-unique)	1459			
Average length of care in days	93			

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 overachieved the KPIs set and the results of 2019-20 are shown in the table below:

Key Performance Indicator	2019-20 Performance	2019-20 Target
% of patients on current caseload with Advance Care Planning documented (excluding children, family support)	94%	90%
% of patients on the caseload dying in their known preferred place of death	82%	80%
% of patients known to the Hospice dying in Hospital	16%	<20%
% of accepted patients admitted to the ward within 24 hours of referral	72%	45%
Number of planned visits adult team	12,492	N/A
Number of unplanned visits adult team	934	N/A
Number of planned visits children's team	2155	N/A
Number of unplanned visits children's	243	N/A
Percentage of patients dying in care home	88%	85%

3.2.4 Partnership working

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

We commenced discussions with the GP Federation and Virgin Care with the aim of closer joint working that supports early identification of patients and families who would benefit from our services, the development of GP and the other Health Professionals palliative knowledge and skills.

This work has continued through the later part of the year in developing patient pathways that ensures patients are seen by the right service when they need it, reducing duplication of visits, the benefits of which were clear early on in the current pandemic. The use of a shared caseload with the GP federation in identifying patients for whom hospital admission can be avoided has also been beneficial to all.

At the end of 2019/20, we worked alongside the wider health economy to ensure local services were as prepared as possible to deal with the emerging pandemic, including opening up additional beds which were non palliative to increase the bed capacity and options across the North Kent Health Economy.

The children's team have continued to play an active role in Kent and Medway Managed Clinical Network. A representative from the team sits on the Leadership Board, the medication working group, and the clinical steering group.

ellenor continues to be a member of Children's Hospices across London (CHaL) with CEO representation on the Board. The updated CHAL strategy includes improving access to 24/7 care for children at end of life and the service development group is working together to develop a Managed Clinical Network model across London that will start to address this. Joint training has been sourced by members of CHAL, including Neonatal training and Safeguarding level 4 training.

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

The Director of Care continues as a member of Hospice UK 'Executive Clinical Leads in Hospice and Palliative Care' (ECLIHP) group. This is a forum which shares good practice and discusses issues relevant to palliative care.

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.

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

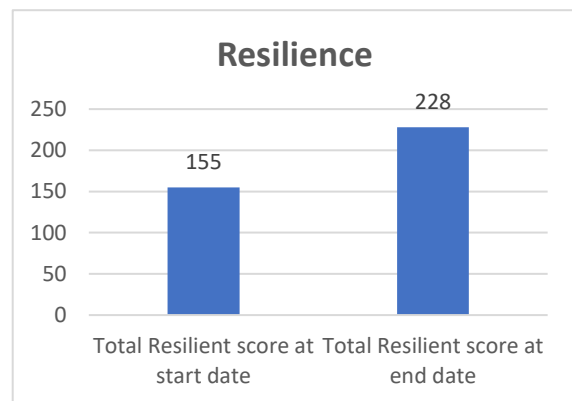
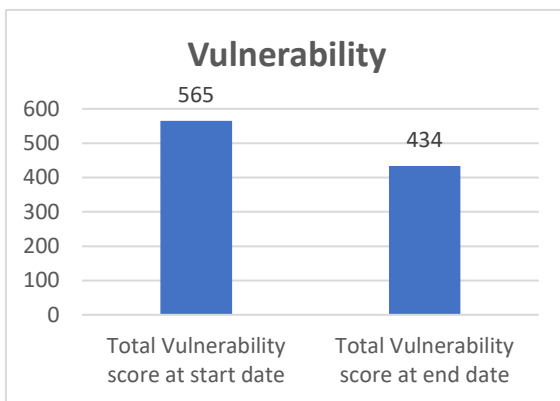
To ALL the staff at **ellenor**. On behalf of myself and family words cannot express our appreciation of the love and outstanding care you gave B- wife, mother, grandmother and great grandmother. She passed away in an atmosphere of calm and serenity supported by all the staff and volunteers, as were the family. She was treated with immense dignity and every consideration for which we are most grateful. We will be supporting the **ellenor** in order that others can experience the outstanding service you provide.

To you all at **ellenor**. Please accept this donation as a thank you for all that you did for my husband & father who sadly passed away. Your help and guidance through the most difficult time of our lives was very much appreciated. You were always there for us at our lowest ebb and I know we would have found it very difficult to cope in the challenging circumstances without your help. So, thank you again from the bottom of our hearts.

Saying thank you for the loving care, kindness, dignity and support that you gave to my dad C and us as a family just doesn't seem to even begin to say how overwhelmed and grateful we are to each and every one of you. It most definitely made a very difficult time in our lives less painful. We have very fond memories of laughter, happiness & sadness which we will hold onto dearly.

Counselling

We offered 1:1 counselling to more than 300 people throughout the year, amounting to almost 2000 sessions of emotional support and lightening the workload of some of our local GP practices. This was both for patients and carers, but also bereavement counselling following a death. We also implemented a new outcome measure for bereavement counselling, The Adult Attitude to Grief scale (AAG) which is demonstrating powerful benefits in reducing vulnerability and increasing resilience in bereaved people.



Financial Support

During this year, we helped more than 300 people gain access to welfare and benefits they were entitled to. Working on the assumption that all were given high-rate Personal Independence Payment (PIP), this amounts to almost £2.5million of income to some of the most vulnerable people in society. In addition to money, we helped hundreds of people to apply for Blue Badges which enables them to reduce worries about paying for parking.

Patient Feedback

This year, we held our first GEMS Focus group, seeking the views of bereaved children between the ages of 6 and 16. The children told us how much they value the opportunity to talk openly to other grieving children, how much support the younger children get from older children in the group, and also how much they value not only the fun activities, but the therapeutic activities focussing on their loss. The work of this group was presented and well received at the Hospice UK Conference.

GEMS

A GROUP BASED APPROACH TO SUPPORTING CHILDREN AND YOUNG PEOPLE THROUGH BEREAVEMENT

AUTHORS:

Jolanta Martis, Play Therapist ✉ jolanta.martis@ellenor.org
 Dr Russ Hargreaves, Head of Wellbeing
 ellenor, Coldharbour Road, Gravesend DA11 7HQ

Experiencing healing through activities, stories, interaction and communication.



AIMS

Evaluate and establish a better understanding of:

- those using the service and how to make it more accessible,
- children's feelings regarding support that is more therapeutically focused and/or fun-based,
- the role of peer support.

BACKGROUND

Opportunities for remembrance, social connection and communication with others are important areas of bereavement support.

Evaluation of service provision, feedback from users and staff identified the need for dedicated support available to children.

Coordinated and delivered by counsellors, music and play therapists, our GEMS (Grief Every Memory Special) group was established in 2016.

METHODS

Since 2016, 10 GEMS events have been held in a range of settings. This paper focusses on service evaluation, feedback analysis, internal and external consultation with both children and their guardians.

We routinely gauged the number of referrals, visits and recurrence of attendance, feedback of children and families, conducted cost analysis and sought additional financial support to evolve the scope of provision available.



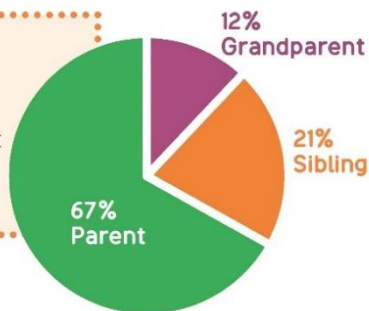
GEMS days work best when following a theme.

Themes

- Rolling with the punches
- The Day the Sea went out and never came back
- The Journey through Loss & Grief
- Who do we Turn to?
- Surviving Loss

RESULTS

42 Children with significant bereavement losses



FEEDBACK & FINDINGS

- It was nice to meet people who are in a similar position to me. (child)
- It was an experience to see what each of us had in common. (child)
- I believe vital for the development of his feelings and his future. (guardian)
- It created a fantastic opportunity for children who have had such sad news in their lives to meet other and realise that weren't alone. (guardian)

CONCLUSION

Evaluation of GEMS demonstrates children of all ages benefit greatly from the provision of activity-based themed bereavement support from teams of creative therapists and counsellors. This is a relatively inexpensive means of engaging a "hard-to-reach" group, which all hospices should be encouraged to develop.³ Further focused research will enhance the GEMS programme.

References:

1. BMJ Supportive & Palliative Care 2018; 8(Suppl 2): A1-A118
2. BMC Palliative Care 2019; 18:18
3. R Ackerman Childhood Bereavement Review 2014; Childhood Wellbeing Research Centre

www.ellenor.org

[ellenorcharity](https://www.facebook.com/ellenorcharity)

Registered charity no. 1121561

ellenor.^x



GEMS event: Stitching Life Together Again where children took an item of clothing belonging to the deceased and created something new.



Audrey Broad,
Bereavement Cuppa
volunteer collecting her
Order of Mercy award for
outstanding service.

Bereavement Support

In addition to our counselling service, we also offer a range of other bereavement services including a Walk & Talk group, two informal 'Bereavement Cuppas' and a closed therapeutic Bereavement Support Group. We also help vulnerable bereaved children in our GEMS groups which meet quarterly.



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 2018 %	ellenor 2019 %	Diff	All Hospices 2019	Diff
I understand what this charity wants to achieve as an organisation	95	92	-3	89	-1
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	95	95	=	96	=
I believe in the aims of this charity	94	94	=	91	-1
I feel like I am making a difference	86	84	- 2	86	-2
I am proud to work for this charity	94	89	-5	90	-1
Diversity is valued at this charity	88	76	-12	72	-2
I like my working environment	75	74	-1	78	-3

3.3.3 Education and Training

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

This year, 10 students completed training in City and Guilds successfully gaining a Level 2 Award in understanding how to work in end of life care (unit 201).



A further 16 students completed a six-month placement achieving the **ellenor** Care Certificate.

Inspired by the young students, 16 adult volunteers have successfully completed a course of study gaining 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 Organisation remains a priority, with staff gaining Professional Qualifications including: CIPD Level 3 in HRP, AAT Award in Accounting Level 1, as well as Clinical skills such as Enhanced Clinical Assessment Skills and the Level 3 Award in End of Life Care.

We are keen to work with the Government Apprenticeship schemes with two staff benefiting this year, one successfully completing her apprenticeships Business Administration and one working towards Level 3 Networking Infrastructure.

We have continued to support the professional training placements for 23 student nurses across the Adult and Children’s Nursing teams as well as counselling students.

Overview of Training delivered:

- 20 external sessions covering 10 different topics
- 97% of delegates evaluated the training as good or excellent.
- 116 internal training sessions with 557 delegates.
- E-learning was rolled out in October with 722 courses completed by staff and 326 E-learning courses completed by our volunteers.
- 96% 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.

International links

We have maintained our links with Croatia. Anke Bohn, Interim Head of Adult Community services travelled to Čakovec in North Croatia to help facilitate a two-day conference where more than 100 Nurses and Doctors explored the concept of Hospice in the Community. Palliative Care is still a relatively new concept in Croatia, so staff were prepared to travel over 300 miles to attend the conference. Conference delegates included the Deputy Minister of Health who is also a Nurse.



The conference covered many aspects of End of Life care, planning, symptom management and psychosocial support. Delegates were grateful to be able to share experiences and were eager to hear about the success of palliative care in the UK.

Anke reported back that “The Croatian people are very grateful for the support and advice. They are a very friendly country showing a lot of respect and great hospitality! Many asked if we could visit other areas in the country to talk about the nurses’ role in the community”.



country to talk about the nurses’ role in the community”.

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	26
Number of Formal complaints	6
Number of formal complaints upheld	4 fully upheld
Number of complaints managed informally	20
Number of complaints within Care Directorate	10
Number of complaints from non-Care Directorates	16
Trends	Communication 2 Care 9 Staff attitude 5 Process 3 Staffing 1 Legacies 1 Retail 4 IG 1

Learning from complaints is disseminated to individual departments involved with the 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.



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 CCG has 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 which I read with interest. 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.

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.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Paula Wilkins'.

Paula Wilkins Chief Nurse
Kent and Medway CCG

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).

We have seen that **ellenor** value and understand our role as a “critical friend” which has translated into a good working relationship which has seen **ellenor** involve Healthwatch volunteers in the development of their website.

The latest quality account clearly sets out what progress has been made against priorities identified for 19/20 and any outstanding actions still needing to be implemented. With regard to priorities set for 20/21 there is clarity on their purpose and why they were decided on.

Despite the challenges in establishing a structured framework for patient engagement in 19/20 it is encouraging to see this priority reaffirmed for 20/21. We welcome the planned development of a user engagement and coproduction forum using a project focus. Should **ellenor** need any advice or want some time to discuss their thinking we would be happy to support this.

Although the account acknowledges being unsuccessful in the development of a User Engagement group there are examples of patients, carers and staff being listened to. One of the more notable examples is the GEMS focus group that provided feedback from bereaved children and their guardians.

We look forward to working with **ellenor** over the next year.