Quality Account

2020-21

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Our CQC Rating

Table of contents

Part 1

Mary Ann Evans Hospice statement on quality

Our Chairman's statement about quality

The Quality Account for 2020_21 reflects the truly exceptional work delivered by all employees and volunteers in what has been the most challenging of years most of us can remember. While COVID-19 changed and challenged many of the norms of society that we took for granted, it remained that Mary Ann and all those associated with us rose to the challenge and delivered to the benefit of the community in northern Warwickshire. What is more remarkable is that this achievement was realised in the face of unprecedented demand for our services.

Led by our newly formed Leadership Team, the quality of clinical services, support for clients experiencing bereavement and for carers is evident throughout everything that we do. Equally important, is the effort of those who run the shops and raise money to allow us to serve our community. Without this business support none of the clinical outcomes would be possible and the care offered to families would suffer significantly. It truly is a whole team effort for which all Trustees are extremely grateful.

We operate locally relevant services and as a charity we are substantially dependent on the generosity of beneficiaries, supporters and other philanthropic contributions. In 2020_21 this was a huge challenge, particularly given the impact that COVID-19 had on our ability to generate revenue through our traditional channels. Overnight our income from retail and events effectively stopped. On top of this we were unable to deliver our services in the ways we traditionally had and many of our volunteers were unable to support us due to the impact of COVID-19 restrictions. All this came at a time when the demand for our services was growing and growing. So it was welcome that direct funding, negotiated by Hospice UK, was agreed and that we took advantage of the furlough scheme and business grants during the lockdown period. We are also grateful to those individuals and businesses that recognised our issues and donated significantly during this period.

Our people were magnificent in responding to these changes, both those having to quickly alter the way they worked and delivered services to our very vulnerable patients and those experiencing the considerable frustrations of furlough. The strong partnership with South Warwickshire NHS Foundation Trust (SWFT) to deliver services to patients and their carers living at home and facing crises outside normal working hours came into its own as we had to shut our day hospice. Working with colleagues in the NHS and the Clinical Commissioning Group we reshaped our services to face the crisis. As part of our commitment to working with other Hospices in the region we volunteered to be the reception centre for Hospice PPE within the West Midlands.

Now we have to look to the future and transition out of managing the crisis that COVID-19 presented us with and move into the new world, with new ways of doing things, different pressures and the legacy that COVID-19 has left. We will look at what works and what needs to change and combine the good of what we had pre COVID-19 with the learning we have gone through during the crisis.

In summary, although the next months are surrounded by uncertainty, we have learnt an immense amount since the beginning of the year and are prepared to meet whatever challenges arise. As Chair

and Chief Executive we believe that it is important for the Board and the Leadership Team to act corporately in setting the direction for our services and to sharing the risks involved. It has never been more important to stress how much we depend on the goodwill of our community to whom we are absolutely committed to offering the best end of life care and support possible.

Chris Bartup
Chair of the Board
Dated: 02/06/2021

Background and summary information

The Mary Ann Evans Hospice (MAEH) underwent an unannounced inspection by Care Quality Commission (CQC) on 13th August 2014 under Section 60 of the Health and Social Care Act 2008. The Hospice achieved an overall rating of good, with grading's of good for safe, effective, caring, well-led and responsiveness. No areas of shortfall were identified.

In February 2021 an engagement meeting was held with the Inspector for the Central Region. The engagement meeting consisted of a pre meeting document with evidence of the 5 key lines of enquiry domains. This was followed up by a virtual video meeting.

In developing the clinical services strategic plan, the Hospice has continued to pay regard to the rapidly changing health and social care environment and to embrace the local Working Together Board philosophy. The uncertainty and constant change particularly in the last 12 months due to the COVID-19 pandemic meant that clinical services strategic plans have had to be reviewed to be flexible and realistic both in the short term as well as longer term.

Local context

The end of life population in the Warwickshire North Clinical Commissioning Group (WN CCG) area is approximately 1,400. Typically, 44% of deaths locally happen at home, either in a care home facility or in a private residence – MAEH at Home service will have been involved in approximately 58% of these deaths. This has been a substantial increase for the hospice at home service and is likely reflective of the pandemic situation. Deaths in an acute setting remain slightly above national average. The local Place and Out of Hospital agenda sets out ambition to deliver care closer to home, and enable individuals to be seen and supported outside of an acute setting.

Delivering Cost-Effective Services

Mary Ann received approximately 27% of the funding for care services from Warwickshire North Clinical Commissioning Group (from 01.04.21 Coventry & Warwickshire CCG). Mary Ann was also awarded funds from the Warwickshire County Council's Better Care Fund to contribute towards the Rapid Response day service.

During much of 2020 Mary Ann was working outside of its reserves policy due, in the main, to the curtailment of their retail and fundraising activities. It was therefore important to identify additional funding sources. The Job Retention scheme, local government grants and emergency funding programme, for hospices, from NHS England enabled Mary Ann to continue to provide services to its local community and secure a small surplus at yearend.

The emergency funding programme for hospices is classed as restricted income. It came in two phases from April 2020 to March 2021. The funding was for the purpose of making available bed capacity (and in Phase 2 utilisation) and providing community support for people with complex needs.

Summary of services and support

Community services – Hospice at Home

- The Hospice at Home service provided care to 355 patients in this reporting period.
- Approximately 70% were for people with cancer and 30% for non-cancer.
- The highest age group of patients receiving Hospice at Home care was 75 – 84years, however those aged 65 -74 were not much lower and a marked increase in those aged 85 years and over.
- 92% of patients receiving Hospice at Home care remained at home or their care home to die.

Community services – Day Hospice

- In contrast to home based services, the day hospice patients were more likely to have a non-cancer diagnosis - circa 60%.
- The majority of patients cared for were aged 25-84 years old.
- The day hospice programme was delivered by virtual/video or telephone calls.

Rapid Response 24/7 service

The Rapid Response 24/7 service is provided in partnership with South Warwickshire NHS Foundation Trust (SWFT)

At night:

- In 2020/2021 the team provided 2,099 home visits for over 1000 people with end of life (70%) or catheter (30%) care needs.
- 88 % of patients received a home visit within 30 minutes of contacting the service and 11% within 2 hours.
- 65% of visits ensured an acute admission was avoided, over 95% visits ensured patient remained at home.
- In response to the pandemic the service was jointly double staffed to ensure reliability and remain responsive to anticipated increased number of patient care needs.

At day:

- In 2020/21the team provided 1,469 home visits for almost 600 people with end of life care needs (many of these also received care from night service)
- 65 % of patients received a home visit within 30 minutes of contacting the service and 34% within 2 hours (usually within 1 hour).
- 56% of visits ensured an acute admission was avoided, with only 9 visits resulting in an admission either through clinical need or patient preference.
- In response to the pandemic the service was made available across all WN CCG area – an extension of the successful pilot which focused on rural north Warwickshire only initially.

Lymphoedema

- This service provided 624 total contacts.
- 73 of the appointments provided assessments for new patients.
- Due to COVID-19 pandemic restrictions the Healthy Steps programme was paused although one session was delivered virtually via a video call.

Family Support and Bereavement service

- Over 1,100 contacts took place for adults and children in service.
- The majority of these contacts were on a one to one basis by telephone or video call due to the restrictions of COVID-19 pandemic.
- Groups were re-established using a virtual video call in August 2020 and have proven successful for those accessing support this way.

Part 2

Priorities for Improvement 2021 - 22

Priorities for Improvement 2021 - 22

These priorities have taken into consideration the on-going impact of the COVID-19 pandemic. We are closely aligned with our community colleagues and are an integral contributor of the local North Warwickshire Working Together Board, Coventry and Warwickshire Collaborative End of Life Care (EOLC) Committee, Warwickshire North Palliative Care Network, George Eliot Hospital Strategic and Operational End of Life Committee and the CASTLE Expert Advisory Group – Coventry and Warwickshire. We have also participated in the emergency response locally through the Mobilisation North group and the pandemic response formed End of Life Warwickshire group.

Priority 1 - Restoration of day services

Like many other hospices, the COVID-19 pandemic resulted in us having to suspend all face to face day services. The support continued through telephone calls and group video calls to both patients and their carers. During this time we have also had the opportunity to review the service and develop a new strategy for 2021/22. This service is much valued by patients and their carers and we want to build and enhance the offer at Mary Ann. The overarching aim is to provide outstanding care and support to more people. We will promote and enhance the offer to reach more of our palliative and end of life community who need it to help address inequalities especially those with protected characteristics, marginalised groups and for patients with conditions other than cancer. In order for us to do this we will complete the following;

- Review eligibility criteria for the day service. We will use a flexible approach with a choice of services rather than just one. The criteria will depend on the service being accessed.
- Develop our working partnerships with disease specific clinical teams. This will include disease specific groups to enhance the individualised and bespoke care for each person.
- Develop our working relationship with the transitions service and further enhance our offer to young people. This will result in a pilot project for 2021 of a holiday scheme. The parents support group will continue with a blended approach of both face to face and video group calls.
- A review of the locations within the building to ensure access to the right environment for each session.
- A review of the support and care provided for carer's will take place. The Family Support team will support the day services team with this offer.
- We will recognise staff member's development and learning by completing individual training plans with all senior care support workers. This will identify skills and development necessary to assure quality service delivery.

This priority is linked to patient safety, clinical effectiveness and patient experience as quality domains

Priority 2 - Review of volunteers providing clinical services and wider volunteer workforce

As the process of restoration of services takes place across all departments there is a strategic workforce review planned by the leadership team. Our workforce is a blended model of both paid staff and volunteers. Staff roles are evolving and developing to ensure the needs of the emerging services are met and we have the specialised knowledge and skills required to deliver outstanding care and support. We also want to ensure the hospice benefits from, and continues to be supported by volunteers, enabling the hospice to make best use of its human resources. In 2021-22 we hope to see the return of our volunteers in the clinical services on site which have previously been delivered face to face. The volunteer role will need to adapt and evolve in the same way of staff roles have changed. While we have a skilled and able volunteer workforce we may need to look to broaden our workforce. Recruitment will be an important feature of this to ensure we reach further into our community to recruit the right people for the right roles. We want to ensure volunteers feel safe, supported, valued and involved as our staff do.

To achieve this we will;

- Ensure the volunteer strategy group work at a strategic level to provide guidance and leadership for the team at an operational level.
- Introduce a new volunteer link staff representative from each team. This person will be the key worker related to ensuring standards and support for our volunteers in each of their teams. This will ensure standardisation across all areas and also act as a support and communication mechanism for all volunteer related matters. The representatives will aim to meet bi annually initially.
- Training and support will be provided for all volunteer link representative's to enable them to carry out their role.
- Volunteer role descriptors will be devised for each clinical role. This will build on the generic role descriptors that are already in place.
- New ways of supporting volunteers and keeping them up to date on organisational updates will be piloted.

This priority is linked to patient safety, clinical effectiveness and patient experience as quality domains

Priority 3 - Review of blended approach to all services across Family Support Service /community

During the COVID-19 pandemic the team adapted away from face to face services and used technology such as MS teams, Attend Anywhere, AccuRx and Zoom video calls alongside telephones to continue providing a service. There have been some great achievements during the 2021-21 year - the diverse way technology has been used, how staff and patients have learnt new skills to be able to use technology too. The content of the sessions has been very broad as well such as bereavement support groups, child bereavement support one to ones and day hospice programme. Clinical meetings and education have also taken place using technology. As we restore our services we want to build on the successes and positives that using technology has bought both for our patients and staff. To achieve these aims we will;

- Review digital competency within the staff and volunteer workforce and develop support and training for those where gaps are identified, this will also be essential for the introduction of electronic patient records project.
- Review and evaluate the delivery of all services for efficiencies and improved outcomes using technology or face to face delivery. This review will include the Family support and Bereavement service, Day services and Complementary therapy services.
- Review of other technology as part of patients and staff support such as whatsapp groups.

This priority is linked to patient safety, clinical effectiveness and patient experience as quality domains

Our progress with improvement priorities identified for 2020 – 21

Progress with Priority 1 – improve fulfilment of preferred place of care and death in community setting

Mary Ann achieved the following progress in 2020/21 with the above priority;

1) Further development of the Rapid Response service over the 24 hour period

a) On-going partnership working with South Warwickshire NHS Foundation Trust (SWFT) to deliver the 24/7 Rapid Response service.

b) Development of the geographical area covered by the day time Rapid Response service to include all areas of north Warwickshire.

c) During the COVID-19 pandemic, staffing has presented some challenges for ourselves and our SWFT partners however we have adapted a flexible and responsive approach to ensure the service has continued without interruption.

d) The uptake of the service has developed significantly over the last year which can be seen in the quality metrics data presented within this account.

e) The team continue to provide a high standard of holistic care for patients and their families as demonstrated by the feedback received.

f) The team have achieved professional development ambitions with 4 staff members completing or in the progress of completing their health assessment module at Coventry University. Training plans for staff to complete their independent non-medical prescribing qualification are also in place for 2021/22.

2) George Eliot Hospital NHS Trust – Rapid Home to die discharge process

a) In response to managing hospital flow during the COVID-19 pandemic, at the request of National Health Services England (NHSE) we further built on our partnership relationship with our local acute NHS Trust – the George Eliot Hospital. Through county wide and local dialogue we worked together at pace to extend the criteria for hospital urgent discharges to die at home. The criteria pre-pandemic was a life expectancy of 2 weeks and this was increased to 6 weeks. During the pandemic health partners, patients and their families found this to be of great benefit in enabling their transfer home when known to be approaching the end of their lives.

3) Re design of services within the COVID-19 pandemic restrictions

a) Due to an increase in referrals and staff challenges we re-designed our services to focus on community home based services. While we have offered a virtual programme for our previous day service patients this has been more limited in scope. Therefore we have been able to utilise staff within the home based services and ensure people wishing to stay at home to die, avoid acute hospital, hospice or care home admission or those being discharged from the local acute setting were able to access services to support this in a responsive, timely and caring way.

Evidence

The data reporting shows activity in community services responded to the needs of the community including home as place of death being achieved for significant numbers of people accessing our services.

Rapid Response day service carried out 819 visits which enabled people to remain at home and hospital admission to be avoided.

Rapid Response night service carried out 1371 visits which enabled people to remain at home and hospital admission to be avoided.

In our hospice at home service 92% of people were able to remain at home or their care home to die.

For the small number of people who were admitted to the acute setting we believe this is likely due to a combination of factors. For these people the admissions are related to clinical need and patient choice. There have not been any specific themes arising from COVID-19.

It was hoped to provide an evaluation summary report of the impact of day time Rapid Response and night service developments. Unfortunately due to the impact of COVID-19 this was not possible to complete.

Progress with Priority 2 – Develop an organisation wide volunteer strategy

Volunteers are a crucial part of the workforce at Mary Ann however their roles have been significantly impacted during COVID-19. The volunteer strategy group was suspended for 6 months during the spring and summer due to the pandemic however the work now continues. Despite this a number of achievements were still achieved in 2020/21. This includes;

- Development of a core role description for volunteers
- Volunteer handbook updated
- Recruitment of shop staff member to the strategy group
- Developed a buddy system for all volunteers to have a named individual to contact and to be contacted by
- Data base review and update with contact to all volunteers
- Communication plan for volunteers through the buddy system and whole organisation responsibilities
- Social event held online with bi-monthly events planned going forward
- Completed a COVID-19 risk assessment for any volunteer returning to work at any site
- Review of volunteer strategy briefing paper from May 2019 within the strategy group and progress developing a plan for 2021/22

Progress with Priority 3 – Contribute strategically and operationally to end of life care education and training initiatives across Warwickshire footprint.

Despite the challenges that COVID-19 pandemic has brought it has also enabled us to work even closer and effectively with our health and social care partners. Members of the Mary Ann leadership team continue to be members of key strategic and operational groups across Warwickshire. This includes our CEO being the Chair of our local Healthwatch and Chair of the regional Hospice UK Advisory Committee. Our Director of Clinical Services held the position of Vice-Chair of the Coventry and Warwickshire End of Life Partnership, Chair of the rRegional Executive Clinical Leads in Hospice and Palliative Care Group on behalf of Hospice UK, member of the Warwickshire North place Working Together Board, the Warwickshire North Palliative Care Network and the Warwickshire End of Life partnership established during the pandemic. Mary Ann's Head of Practice and Development is a member and deputy chair of the Expert Advisory Group (EAG) for the "Care and Support Towards Life's End" (CASTLE) group which covers the Warwickshire and Coventry area. The Head of Quality and Education is also a member and Deputy Chair of the regional Education EAG for 2020/21.

The Education EAG delivered a series of workshops in Winter 2020/21 for frontline health and social care support staff. This training was delivered using a virtual platform and enabled geographically split delegates to attend. Feedback was positive from attendees and the group will continue to work in partnership to deliver core training across the area.

Evidence

Alongside external training it is important that all Mary Ann staff complete their statutory and mandatory training to enhance their end of life care skills and knowledge as well as maintain safety and well-being in the workplace. An education and training audit 2020-21 was undertaken with the following summary and action plan.

Summary and action plan

Staff in general have continued to complete the required training despite the challenges that 2020 and the on-going pandemic presents. Processes need to be reviewed in respect of reminders and staff taking personal responsibility for checking when training lapses or to keep a log themselves of dates. It is evident where staff were given reminders they have completed the required training.

The compliance for the module on infection prevention was 100% which is particularly important given the COVID-19 pandemic. All staff including bank staff had also completed the video training provided by the infection prevention lead.

The compliance for safeguarding adults and children level 2 shows a good improvement with 97% of staff having completed both of these modules.

The data awareness module was below a desired compliance. Staff had completed it but as it needs to be completed every year some staff were found to be out of date.

Statements of assurance from the Board

The following are a series of statements that all providers must include in their Quality Account which demonstrate Mary Ann's drive for quality improvement. Many of these statements are not directly applicable to hospices.

Review of services

Between 1st April 2020 and 31st March 2021, Mary Ann provided the following services:

- Day Hospice (Virtual/Video services)
- Hospice at Home (day and night) Face to face service
- Rapid Response (24/7) Face to face service
- Complementary Therapy (Virtual/Video and Face to face service)
- Lymphoedema (Virtual/Video and Face to face service)
- Family Support and Bereavement (Virtual/video and face to face service)
- Motor Neurone Disease Coordinator (Virtual/video and face to face service)
- 'Transition service' parents support group (Virtual/Video service)

The MAEH's Clinical Development and Governance Committee (CDGC) is a sub-committee of the Board, which normally meets three monthly. Due to the COVID-19 pandemic during 2020 /21 these responsibilities were fulfilled by the Board of trustees who met monthly. The board received a summary report on clinical services and some headlines from the data quality and metrics dashboard. A CQC engagement activity took place in February 2021 however a full inspection is awaited. Mary Ann continued to respect the request for specific quality data information to be reported to the WN CCG 2020- 21.

Our participation in clinical audits

During 2020/21, the MAEH did not participate in any national audits. Mary Ann does have a local clinical audit programme which is reviewed and approved each year, through the Clinical Development and Governance committee (CDGC). Priorities are selected in accordance with what is required by our regulators and any areas where a formal audit would inform the risk management processes within the hospice. In 2020/21 the following audits were proposed, and where completed the results and subsequent actions were reported electronically to the CDGC.

CLINICAL AUDIT PROGRAMME 2020 - 21

AUDIT	CLINICAL DEPARTMENT	PERSON RESPONSIBLE	DATE & OUTCOME
INFECTION CONTROL	All service areas	Kate Attenborough IP lead	January 2021 Audit completed: March 2021
PATIENT AND CARER EXPERIENCE	All service areas	Philippa Graham Head of Quality and Education Laura Hankey Family Support Team leader	iWantGreatCare – summary report: Dec 20 Separate Family Support report Audit completed: January 2021
MOVING & HANDLING	All service areas	Kayleigh Rose RN	February 2021 Audit completed: March 2021
SYMPTOM MANAGEMENT AND PRESCRIBING AT EOL (LAST DAYS)	Rapid Response & Hospice at Home	Thom Allison Amy Glazzard and Sarah Houghton Rapid Response Team	January 2021 Audit completed: Outstanding
DOCUMENTATION	All service areas	Ellen Dewis Team lead Community services Philippa Graham Head of Quality and Education	April 2020 FSS documentation Audit completed: November Community services/DH audit completed: December
MANDATORY TRAINING COMPLIANCE	All	Philippa Graham	Quarterly with an annual report in March Audit & Report completed: March 2021

Department: Clinical Services

Originator: Head of Quality and Education **Date of next review: March 2021**

Due to the challenges that were presented during 2020 and the COVID-19 pandemic, not all planned clinical audits were completed on the proposed timeline. There is only one clinical audit that was not completed within this annual cycle which is now in the programme for 2021/22.

The audit reports were shared electronically with members of the CDGC due to the normal reporting procedures being adapted due to COVID-19. However this did continue to ensure good governance and assurance of the quality of the services provided and the management of clinical risks.

Research

During 2020 - 21, Mary Ann has continued to be as research active as possible and maintains a research register. The hospice has contributed in is membership and participation at the West Midlands Hospice Research group and participating in research studies.

The Director of Clinical Services (DCS) continued in their voluntary role as Research Lead for the National Association for Hospice at Home. This has included the DCS being a co-applicant on a substantial national research study investigating optimal Hospice at Home provision. Several articles have been published in a variety of clinical journals outlining the progress of this study.

Commissioning for Quality and Innovation

Mary Ann receives only a percentage of actual service provision costs from Warwickshire North Clinical Commissioning Group and there are no conditional requirements for this grant funding based on achieving quality improvement and innovation goals within an agreed framework (CQUIN).

What others say about us

The MAEH is required to register with the CQC and its current registration status is unconditional. The CQC has not taken any enforcement action against the MAEH during 2020 /21. The MAEH is subject to regular inspections by the CQC. The last on-site inspection was undertaken in August 2014, and reported January 2015. Mary Ann achieved an overall rating of good. An engagement meeting was requested in February 2021 by the inspector for the Midlands region which was positive. (See page 2 of this report for an image of our CQC rating).

Data quality

In previous years, in accordance with agreement with the Department of Health, Mary Ann has submitted a National Minimum Dataset (MDS) to Hospice UK (formerly to the National Council for Palliative Care). However since April 2017 the submission of this data to Hospice UK is entirely voluntary – Mary Ann though have chosen to continue to provide this data.

A key activity data matrix and quality metrics dashboard is now well established and subsequently discussed and reported through our Clinical Development and Quality Sub-Committee and ultimately our Board of Trustees.

Information Governance Toolkit attainment levels

We have received the following response from our IT supplier George Eliot Hospital NHS Trust in respect of Information Governance Assessment Report for 1st April 2020 - 31st March 2021:

2020/21 Toolkit Submission

The 2020/21 DSPT submission has been delayed to June 2021 in response to the COVID-19 pandemic. The Trust expects to submit with a status of “Standards not met”. An improvement plan is being developed to enable to the Trust to meet the standards. The Trust has a robust framework in place to ensure that the necessary safeguards for, and appropriate use of, patient and personal information are adhered to at all times. The Trust expects to be non-compliant with 5/110 of the assertions.

Duty of Candour

Mary Ann takes its duty of candour very seriously. All clinical related incidents are reported through the hospice's incident reporting system. The Head of Quality and Education is the Hospice's nominated "Freedom to Speak Up Guardian". All staff, including volunteers, are able to report incidents. All clinical incidents are evaluated by the Leadership Team collectively and subsequently the Clinical Development and Governance Sub-Committee and ultimately reported to the Board of Trustees.

Patients and their carers have ready access to the Clinical Services Team Lead should they wish to discuss any concerns. All incidents, adverse comments, and complaints are reported in the quarterly quality schedule report.

Learning from Deaths

In July 2017, the Department of Health and Social Care published an amendment to the NHS (Quality Accounts) Regulations which added a new mandatory disclosure relating to 'Learning from Deaths'. Mary Ann's core business is to contribute to the care of the local dying population and ultimately whilst death is unavoidable, it is understood on occasions death is untimely and unexpected. If such an occasion were to occur this would be reported formally.

Part 3

Review of quality performance

Service reviews of quality performance

As part of the quality performance review, Mary Ann has chosen to present information from their Minimum Data Set (MDS) submissions, which is the only general activity information presently collected by Hospice UK on behalf of hospices nationally.

The figures below provide information on the activity and outputs in relation to care provided to patients and clients and a short analysis of this data is provided for each service presented. Quality markers and patient safety incidents are reported subsequently.

Community services – Day hospice

DAY HOSPICE	2020-21	2019-20	2018-19
Total patients	83	160	210
New patients	3	69	78
% New patients	4%	43%	40%
Continuing patients	40	44	55
Re-referred patients	40	47	40
Re-referrals in year	0	46	88
New patients 25 – 64 years	1	19	16
New patients 65 – 74 years	2	20	27
New patients 75 – 84 years	0	21	18
New patients over 85 years	0	9	17
All female patients	49	88	109
All male patients	34	72	101
All cancer diagnoses	23	48	70
All non-cancer diagnoses	60	112	140
% New patients with non-cancer diagnoses	67%	58%	60%
Day care sessions	NA	211	243
Day care places	NA	3165	3645
Day care attendances	1585	1775	1941
Number booked attendances – did not attend	NA	511	697
Deaths and discharges	21	204	167
Number of continuing patients at end of year	63	41	44
Average length of care (days attended weekly)	NA	8.8	12.7

Mary Ann's day services were significantly impacted by the COVID-19 pandemic restrictions and face to face delivery was suspended. Despite these restrictions staff and volunteers maintained contact with all people accessing the service. While these regular telephone calls took place a virtual/video programme was also developed. This support was initially offered to a closed group of people who accessed a range of sessions including mindfulness, advance care planning and nutrition. This support was well evaluated and those attending provided positive feedback. For example the anxiety session that was delivered had the following comments;

"Helpful to make sense of my anxiety"

"Gave us tools to take away to use in real life situations"

The programme developed and staff worked extremely hard to learn new technical skills to deliver it. Patients and families adjusted throughout and embraced the new delivery model. There were some challenges such as not all people being able to access video calls or wanted to access support this way. As previously noted a blended approach will be developed for the day programme in the priorities for 2021/22 and the team look forward to restoring and developing this service further.

The data shows that due to the restrictions there were no sessions or places available onsite however the Mary Ann team did provide a significant 1585 virtual/video sessions.

Our day service offer will be revised as noted in our priorities for 2021 -22 but will be a blended approach of face to face, group and video delivery.

Community Services – Hospice at Home

HOSPICE AT HOME	2020-21	2019-20	2018-19
Total patients	355	307	275
New patients	333	281	261
% new patients	94%	92%	95%
Continuing patients	22	26	14
Re-referrals	0	0	0
New patients 16 -24 years	0	0	0
New patients 25 – 64 years	43	37	53
New patients 65 – 74 years	97	78	70
New patients 75 – 84 years	115	107	84
New patients over 85 years	78	50	54
All female patients	177	162	123
All male patients	178	145	152
All cancer diagnoses	244	217	193
All non-cancer diagnoses	105	90	67
% all patients with non-cancer diagnoses	30%	30%	25%
Deaths and discharges	322	281	249
Deaths	282	201	194
Home deaths	258	189	176
Care home deaths	1	0	2
% home and care home deaths	92%	94%	91%
Average length of care	9.6	12	8

The hospice at home service embraced and quickly adapted to respond to the COVID-19 pandemic. Clinical staff from both the Lymphoedema and Day hospice team were temporarily relocated to the community services to support people in their own homes. Overall the staff adapted well to their change of role and the team worked well together to support each other and share skills and knowledge.

We worked closely with our acute partners at George Eliot Hospital and University Hospitals of Coventry and Warwickshire to support rapid discharges home for people at end of life. The criteria was adapted during this reporting period to respond to needs of the acute settings needs and our wider health community.

Patients continued to have their wishes to die at home or their care home respected with 92% achieving this - this is to be commended given we cared for 20% more patients at home than the previous year.

There was a significant increase in new patients and also overall patient numbers to the service.

The average length of care was not significantly extended despite moving to a 6 week end of life criteria rather than 2 week criteria. However it was noticed that some patients did stay in the service for a longer period as an impact of the extended rapid discharge time frame from hospital.

Rapid Response Night service

RAPID RESPONSE (AT NIGHT) END OF LIFE CARE SERVICE	WN CCG 2020-2021	WN CCG 2019-2020	RUGBY CCG 2020-21	RUGBY CCG 2019-20
Total home visits carried out in year	2099	1595	60	192
Total number of individual patients seen in year	1041	850	45	138
Timeliness				
% visits within 30mins of call received	88%	75%	94%	28%
% visits within 30mins-2hrs of call received	11%	23%	6%	70%
% visits within 2+hrs of call received	1%	2%	0	2%
Primary Intervention Delivered at Each Visit:				
Pain & symptom management, incl. syringe driver	1028	406	27	57
Relieve Blocked Catheters	646	607	14	48
Verification of Death	202	154	13	26
Patient outcome from visit:				
Patient remained at home	1884	1437	46	164
Patient died at home while team present	208	146	13	27
Visits preventing hospital admission	1371	958	26	98

Rugby data covers April to July 2020 only as a Rapid Response service in Rugby was a developed which commenced in August 2020. This additional service was set up to ensure support was delivered in a timely way to anyone accessing the Rapid Response service wherever they lived in the geographical area the service covered.

This much valued and highly regarded overnight service jointly provided with SWFT's Out of Hospital Care Collaborative (OHCC) continues to excel and provide essential care to our patients across north Warwickshire. The growth of the Rugby service has led to significant changes in service delivery for 2020-21 as we wanted to sustain maximum number of calls being responded to within 30 minutes. WN CCG count all visits made to patients with syringe drivers or blocked catheters as avoiding conveyance and admission to acute hospital which has a financial impact for the NHS. Most importantly however, this service enables people to remain as comfortable as possible in their own home when this is their preference to do so.

Rapid Response Day service

RAPID RESPONSE (Day) END OF LIFE CARE SERVICE	WN CCG 2020- 2021	WN CCG 2019 - 2020
Total home visits carried out in year	1469	999
Total number of individual patients seen in year	577	Not recorded
Timeliness		
% visits within 30mins of call received	65%	89%
% visits within 30mins-2hrs of call received	34%	11%
% visits within 2+hrs of call received	1%	0%
Primary Intervention Delivered at Each Visit:		
Pain & symptom management, incl. syringe driver	506	174
Pain & symptom management, no syringe driver	269	147
Scheduled syringe driver change	20	240
Verification of Death	158	38
Patient outcome from visit:		
Patient remained at home	1300	932
Patient died at home with staff member present	160	59
Visits preventing hospital admission	819	295

There were significant changes during 2020/21 to the Rapid Response day service. The Rapid Response service was delivered by a Registered Nurse (Band 6) Mary Ann staff member and a Registered nurse (Band 5) from SWFT. Due to COVID-19 this was adapted to respond to the workforce needs of both partners. Whilst it was trialled with one Mary Ann staff member it returned to a 2 member team. This will continue to be reviewed in 2021/22.

The service had also only initially covered a smaller geographical area in the rural north of Warwickshire. However to meet the needs of the community the service during the COVID-19 pandemic it was agreed the service would cover all areas of north Warwickshire. This has not had a significant impact on timeliness on the service though as the data shows that 65% of calls receive a visit within 30 minutes, and staff report the majority of other calls receive a visit within 60 minutes.

Lymphoedema

LYMPHOEDEMA	2020-21	2019-20	2018-19
Total patients	260	400	421
New patients	73	160	329
% New patients	30%	40%	78.1%
Healthy Steps Attendance	1	229	477
Deaths and discharges	192	229	157
Total contacts	624	1877	3152

This year's activity reflects the restrictions and service delivery changes due to the COVID-19 pandemic. The team responded by utilising virtual/video calls alongside urgent face to face appointments. They also adapted their processes to minimise the amount of time in clinic such as sending out measurements sheets for patients to complete before arriving for their appointments. Alongside patients in north Warwickshire being able to access the service the team continue to work in partnership with Myton Hospice to provide a service to University Hospitals of Coventry and Warwickshire (UHCW) Lymphoedema patients.

The healthy steps session noted was provided by virtual/video call to patients and this session has not been able to be provided face to face during this reporting year.

Family Support Service

FAMILY SUPPORT	2020- 21	2019-20	2018-19
Total service users	215	318	330
New service users	127	224	234
% new service users	59%	70.4%	70.1%
Female service users	168 (78%)	221 (69.4%)	260 (78.9%)
Male service users	47 (22%)	97 (30.6%)	70 (21.1%)
Total contacts	1102	1329	2003
Contacts per service user	6.52	8.9	6.3
Telephone calls per service user	6.52	1.0	1.0
% of contacts which were group support	3.4%	22.9%	29.0%
Average length of service	10.5 months	6.5 months	3.9 months
Discharged	129	225	132
% discharged	60%	70.7%	40.2%

The Family Support team went from a 100% face to face based service to a 100% telephone based service overnight as the COVID-19 lockdown rules came into force. The team were committed to continuing to provide emotional support to patients with life-limiting illnesses, their families and those

recently bereaved and no sessions were cancelled or postponed as the service transitioned over to this new way of working.

Working remotely meant that losing some of the human contact that face to face working brings, however the team worked hard to make sure clients and patients still felt safe, comforted and supported whilst having their telephone or Zoom video call session. Staff also attended training on these new ways of working. Client and patient feedback was very positive, with many clients remarking that they would like to keep their sessions on telephone in the future because it is a more efficient way for them to get support and express their feelings with the anonymity that using the telephone bought.

COVID-19 has inevitably had an impact on the number of referrals received and the number of clients cared for. During national lockdowns professionals were unaware the service was still operational and self-referrals declined as people focused on their immediate safety as opposed to reaching out for emotional support. As the year progressed, and into 2021, numbers have returned back to, or even exceeded, those of pre-COVID-19 levels.

In August 2020 the adult group support sessions ('Jigsaw') and children's' bereavement support services were re –established utilising the efficiency and safety of Zoom video calling. This has proven a really good way of working with people face to face and enabled us to connect similar clients in a group setting. Because location was no longer an obstacle, the team have even been able to support families as far as Manchester and Germany.

There has been a strong trend this year for recently bereaved clients to have more complex needs – either the way their loved one died was traumatic (via COVID-19 or family not able to be with the loved one as they died) or by being socially isolated as they struggled with their bereavement. This is shown in the figures by the number of contacts for 2020/2021 (1102) being similar to that of 2019/2020 (1329), but with fewer total service users (215 compared to 318). This has led to clients using the service for longer than before (10.5 months for 2020/2021 rather than 6.5 months in 2019/2020).

National currency

There is currently no nationally agreed currency for palliative and End of life care services provided by the charitable hospice movement. In previous quality accounts, many have reported patients care outcomes as determined by the palliative care outcomes collaboration (PCOC). Due to COVID-19 these measures have not been captured sufficiently to discuss within this year's report.

Quality Markers and Patient Safety Indicators

INDICATOR	2020/2021	2019/2020
Number of Complaints (clinical)	1	1
Number of Complaints (non-clinical)	5	14

INDICATOR	2020/2021	2019/2020
Patient Safety Incidents		
Number of Serious Patient Safety Incidents (excluding falls)	0	0
Number of Slips, Trips and falls	0	0
Number of Patients who experience a Fracture or other Serious Injury as a result of a Fall	0	0
Other Incidents Directly involving patients = 6 Total clinical related = 12	12	19

What patients say about Mary Ann

How we capture feedback provided during episodes of care

Feedback is of course welcomed and encouraged all through the year, and to demonstrate our commitment to providing opportunities for real-time monitoring Mary Ann uses iWantGreatCare https://www.iwantgreatcare.org/ for all services with exception of Family Support and Bereavement, who use a personalised evaluation at the start and end of each client intervention episode. Real-time monitoring is consistent with the requirements of the fundamental standards of care and enables staff to take immediate action to address any issues raised. Below are just a few examples of feedback we have received about our care via iWGC or by written/verbal:

Feedback for Family Support Service

"I feel so lucky to have been offered support within a week of contacting your service. I had been on the IAPT waiting list following the death of my Mom in June and nobody from that service was able to offer immediate support. I was at my lowest point ever. Thankfully, with your support I'm back to a level where I can cope. I would have liked to have tried complementary therapy but due to COVID-19 that's proved impossible". February 2021

"It has been a life line for me. I don't know where I would be without this I've learnt so

much, a real transformation not just through bereavement but with self. I'm not scared any more – scared of life. Looking forward to the future, putting plans and dreams into action. Life changing. Peace with mom and with the past." December 2020

Feedback from day hospice patients on 'anxiety management' session

"Helpful to make sense of my anxiety"

"Gave me tools to take away to use in real life situations"

Feedback for Rapid Response day service

"We as a family would like to thank you for all the help and support you gave to our mum in the last part of her life, you showed her love and kindness but also kept her dignity."

Feedback for Hospice at Home service

"The whole team couldn't have been more supportive, kind and helpful throughout. Nothing was too much bother for them. They put everyone at ease just being there. Can't thank or recommend the service enough. Thank you all." September 2020

"The care and compassion that was shown to my mum was excellent. The carers always showed dignity and respect towards her, my dad and the rest of our family. Nothing was too much trouble for the carers and they provided such support to us all from the day my mum came home from hospital. I would certainly recommend this invaluable service to others in their time of great sorrow and to care for their loved one."

Feedback for Lymphoedema service

"I felt a lot better talking face to face with someone. I was given some exercises to do which would have been very hard to explain over the phone. I've also having detailed diagrams of the exercises in the post" February 2021

"Very friendly put me at my ease straight away explained everything thoroughly." September 2020

What our staff and volunteers say about us

Mary Ann takes part in the bi-annual Hospice UK national Birdsong survey; this enables Mary Ann the opportunity to compare themselves to other hospices across the UK. This survey took place in the autumn of 2020 and included some additional questions related to staff COVID-19. The survey could be completed online or a paper copy and was given to all staff and volunteers. A total of 81 people completed the survey. Some of the findings of this survey are below, the first table shows the statements that staff and volunteers agree or strongly agree with and the second table shows the statements that staff disagree or strongly disagree, a statement from each area has been chosen;

Statements	**Agree/ Strongly agree responses**
Communication and leadership	
I understand what this charity wants to achieve as an organisation	95%
Ways of working	
This charity acts fairly in its dealings with everyone (regardless of their age, sex, ethnic background, religion etc.	95%
Your job	
I enjoy the work I do	98%
Your well being	
I have access to appropriate emotional and mental health support at work when or if I need it (question for staff only)	93%
People management	
I am trusted to do my job/volunteering work and make relevant/appropriate decisions if needed.	95%
Training and development	
I receive the training/development I need to do my job/my work well	82%
Overall	
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation	100%

Statements	**Disagree/ Strongly disagree responses**
Communication and leadership	
Communication between different teams / departments is effective (not applicable to volunteers)	32%
Ways of working	
This charity makes best possible use of supporters' time and money	7%
Your job	
I am not concerned about my job security (not applicable to volunteers)	36%
Your well being	
I never feel overwhelmed by stress at work / when volunteering for this charity	9%
People management	
My immediate manager gives me clear feedback on my work (not applicable to volunteers)	6%
Training and development	
feel supported in developing my career (not applicable to volunteers	15%
Overall	
I would recommend this charity as an employer / a place to volunteer	3%

Staff Turnover

Mary Ann has a vast volunteer workforce and paid staff headcount is kept to a minimum. In 2020-21 we had 25 leavers and 3 starters. The staff turnover was 36.92%. This is higher than normal but leavers included 13 on temporary or bank contracts. Like many other hospices, Mary Ann recognises the challenges of recruiting and retaining staff and volunteers with key skills essential to care service delivery. Workforce planning is included in our leadership actions.

Who has been involved with this report

The quality account has involved various members of the wider hospice team including the Director of Clinical services, volunteer voice representative, Head of Practice & Development, Head of Quality & Education and the Team Leads for Community, Day services, Lymphoedema and Family Support Services. Subsequently the report has been circulated to the Chief Executive Officer, Chairman of Mary Ann's Board of Trustees, and on 8th June 2021 to the following Commissioners, local scrutineers and key partner providers, inviting feedback by 28th June 2021 for inclusion in the final published report due to be submitted to NHS Choices by no later than 30th June 2021:

1. NHS Coventry and Warwickshire Clinical Commissioning Group
2. Warwickshire HealthWatch
3. Nuneaton and Bedworth Borough Council Overview and Scrutiny Committee
4. Warwickshire County Council & Public Health Warwickshire
5. North Warwickshire Borough Council
6. Nuneaton and Bedworth Borough Council
7. Chief Executive, George Eliot Hospital NHS Trust, Nuneaton
8. Out of Hospital Care Collaborative - South Warwickshire NHS Foundation Trust

Mary Ann was delighted to receive formal responses from three of our partners.

The responses are included on the succeeding pages:

Annex - What others say about the organisation

NHS
George Eliot Hospital
NHS Trust

George Eliot Hospital NHS Trust
College Street
Nuneaton
Warwickshire
CV10 7DJ

Direct Dial: 024 76 351351

9 June 2021

Liz Hancock
Chief Executive
Mary Ann Evans Hospice
Eliot Way
Nuneaton
CV10 7QL

Dear Liz,

Re: Mary Ann Evans Hospice Quality Account

Thank you for the opportunity to comment on your Quality Account for the financial year ending March 2021. It has been an extremely challenging year for everyone involved in Health and Social Care. As a key partner I would like to thank you and your staff for the resilience you have shown during this time and for the work you have done to adapt your services to meet service user needs during the Covid-19 crisis.

We endorse and support your priorities for improvement and want to acknowledge the progress you have made against these priorities in 2020/21.

Our partnership and collaborative approach to End of Life care remains strong and our regular meetings have led us to explore the possibility of joint appointments with a greater momentum than previously. I hope that we will be able to progress this over the next 12 months.

I will look forward to our continued partnership over the coming months and years.

With very best wishes.

Yours sincerely

David Eltringham
Managing Director

'Our vision is to EXCEL at patient care'

NHS
Coventry and Warwickshire
Clinical Commissioning Group

Westgate House
Warwick
CV34 4DE
Tel: 02476 324399
www.coventrywarwickshireccg.nhs.uk

28th June 2021

Philippa Graham
Head of Quality and Education
Mary Ann Evans Hospice
Eliot Way
Nuneaton
CV10 7QL

Dear Philippa

Coventry and Warwickshire CCG Response to Mary Ann Evans Hospice Quality Account 2020-2021

Coventry and Warwickshire Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the draft Mary Ann Evans Hospice Quality Account. The CCG believes that the Quality Account for 2020-2021 meets the minimum required content as set out in the national guidance and contains an accurate reflection of the quality of services provided by the Hospice. The data fields which have been completed in the draft account have been reviewed by the CCG against data sources available to the CCG are part of quality, contracting and performance to confirm them as accurate.

The Covid-19 pandemic has impacted on the way in which we have worked across the healthcare system and has been an extremely challenging time for the Hospice, at a time of increasing demand for the services they offered. The Hospice responding quickly to the way they were working in order to continue to offer services to our most vulnerable patients and population during this time. In particular, the innovative way in which changes were made to continue with delivery of community services and working in collaboration with George Eliot Hospital NHS Trust and University Hospitals of Coventry and Warwickshire to support rapid discharges home for people at end of life. The staff's responsiveness to the changes made through this time of extreme uncertainty should be applauded.

The Hospice has worked in the spirit of openness and partnership with the CCG over the last year to continue to develop and strengthen working relationships.

Accountable Officer – Mr Phillip Johns
Chair – Dr Sarah Raistrick

This is demonstrated by their participation in a range of quality and patient safety related working groups, forums and committees across the health economy and also their responsiveness, as a result of the pandemic to enhancing these working partnerships.

The CCG acknowledges the work achieved in improving access to the services offered by the Hospice. The work planned for 2021-2022 to promote and reach more of people with palliative and end of life needs, especially in order to help address inequalities, and for those people with conditions other than cancer will enhance individualised care for each person.

The plan for the Hospice to build on the successes and positives of using technology, as a priority for 2020-2021 to support efficiencies and improve services for both for patients and staff are welcomed by the CCG. This will further enhance patient safety and quality improvement to ensure that individualised and bespoke care for each person is available.

The CCG welcomes the Hospice's positive impact on ways to achieve user feedback support and build on the work already in place to engage with volunteers, representatives from the community and service users. The work undertaken by volunteers at the Hospice is recognised and the plans to develop and broaden their roles is an essential element in reaching the wider community and its people.

In conclusion, we recognise that Mary Ann Evans Hospice has made positive progress in a number of areas last year and can confirm that we support the priorities identified by the Hospice in their Quality Account for 2021-2022.

They remain a valued member of the health and social care economy in Warwickshire North, providing a caring and responsive service to individuals who are approaching the end of life or bereaved and are a key strategic partner in the development and implementation of end of life services. Their particular expertise in end of life care, and knowledge of the local area, make them a key partner in developing local services and as a community provider they help to deliver the out-of-hospital, care closer to home agenda.

Yours sincerely

Zubair Khan
Governing Body Lay Member

Rebecca Bartholomew
Director of Quality and Nursing

Accountable Officer – Mr Phillip Johns
Chair – Dr Sarah Raistrick

28th June 2021

Thank you for the opportunity to comment on Mary Ann Evans Hospice Quality Account report 2020-21. Once again in Out of Hospital we have had a productive year working alongside our colleagues in Mary Ann Evans.

Our collaborative approach to Palliative and end of life care across North Warwickshire means we can offer 24-hour support in a blended way, utilising each organisations skill and sharing learning across North Warwickshire, which can only be a benefit for our patients. We strive together to ensure those patients who wish to remain in their usual place of residence can do so, confident in the support that we are able to offer to both patients and their loved ones.

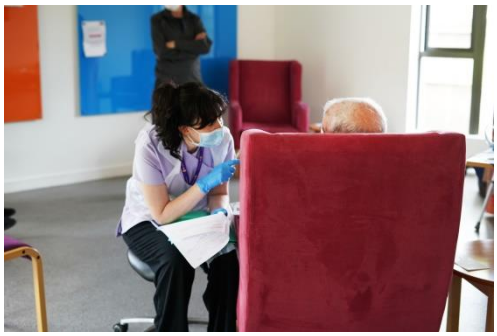
We have been able to complement each other's staffing model and assist with staffing shortfalls, working in a more creative way to ensure services continue to be delivered during COVID-19. Our flexible and integrated approach towards palliative and end of life care has meant we are always able to deliver a sustained model, with robust, complimentary feedback from patients, carers and wider professionals.

The future priorities for Mary Ann Evans align with the Out of Hospital strategic priorities for palliative and end of life care. This year as we prepare for winter, we once again look for opportunities to deliver a collaborative model. Looking to have our Out of Hospital Heart Failure clinic's delivered from Mary Ann Evans is another way we see as an example of our blended approach.

Together we have also worked closely with our acute colleagues to ensure a joined-up approach, supporting each other and continuing to share any learning across North Warwickshire.

Our relationships with each other mean we are easily able to face any challenges together, ensure we look after our patients, our staff and each other. I look forward to another successful year together.

DEBBIE MARTIN
GENERAL MANAGER NORTH WARWICKSHIRE ADULT COMMUNITY SERVICES



Our Mission Statement

Vision

Patients, families and carers in our community experience a journey towards end of life and into bereavement that is supported, comfortable, safe and personalised and is in a place of their choice

Mission

The Mary Ann Evans Hospice will provide comprehensive, high quality support and end of life care across our community through all the services we provide to patients and those close to them

We will do this in collaboration with others where appropriate
We are committed to training, supporting and encouraging our staff and volunteers to achieve our mission

Strategic Aims

The Mary Ann Evans Hospice will be recognised as being the lead provider for comprehensive and high quality community end of life care and support

The Mary Ann Evans Hospice will promote open attitudes in our community towards death and dying and provide bereavement support to all that need it

The Mary Ann Evans Hospice will maximise organisational impact through robust financial management and growing support of our community