**Quality Account**

**2022- 2023**

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**Mary Ann Evans Hospice  
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**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.

**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.

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.

**Our CQC Rating**

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**Latest statement from CQC**

Our rating of this service stayed the same. We rated it as good because:

• The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

• Staff provided good care and treatment, gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care and had access to good information. Key services were available seven days a week.

• Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.

• The service planned care to meet the needs of local people, took account of patients’ individual needs and made it easy for people to give feedback. People could access the service when they needed it.

• Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service’s vision and values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

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**Part 1**

**Our chairman’s statement about quality**

The Quality Account for 2022- 23 again reflects the truly incredible work delivered by all our employees and volunteers. All of us at Mary Ann remain resolute in our commitment to our community in northern Warwickshire. As demonstrated in our recent CQC inspection, the quality of the services we offer is evident and relied upon by so many.

We also owe a huge debt of gratitude to those who run the shops and raise money to allow us to serve our community as without this support none of the clinical outcomes would be possible and the care offered to families would suffer significantly. As I have said before, our Hospice is truly a team undertaking and it is everyone's efforts for which all Trustees are extremely grateful.

As a small, local charity we are substantially dependent on the generosity of beneficiaries, supporters, and other philanthropic contributions.  Income generation and financial sustainability remains a significant challenge and one that remains to be addressed to balance the proportion of our income that comes from the NHS or other government funding bodies as opposed to our own charitable fundraising activities.

As we look to the future, we celebrate the achievements we have made on our Green agenda and look to make the delivery of our services ever more sustainable.

As Chair I believe that only by working ever more closely with our community, our numerous partners in healthcare and those who use our services can we be successful in ensuring that access to the very best in end-of-life care and support continues.

I am immensely proud of all those who work for and support our Hospice and as a team I know we are up to whatever challenges may come our way!



**Background and summary information**

Mary Ann 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 during the COVID-19 pandemic has 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 served by Mary Ann is approximately 1,400 people per annum. Typically, 44% of deaths locally happen at home, either in a care home facility or in a private residence – Mary Ann’s Hospice at Home service will have been involved in approximately 60% of these deaths. Mary Ann’s Hospice at Home service provision increases each year as demonstrated by data later in this report, reflecting the increasing needs of the community we serve. 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 in the region of 27% of the funding for care services from the Coventry & Warwickshire Integrated Care Board (CW ICB). In addition, Mary Ann was awarded funds from the Warwickshire County Council’s Better Care Fund, via South Warwickshire University Foundation NHS Trust, contributing towards the Rapid Response Day service.

Additional funds were secured when available and criteria met via the Job Retention scheme, local government grants and the Department of Health and Social Care (DHSC)/NHSE England and Improvement (NHSEI) Grant Restricted Funding agreement for Hospices. This enabled Mary Ann to continue to provide services for our local community and Mary Ann now has a fully operational retail service and starting to rebuild its marketing and income generation operations during this report year.

**Summary of services and support**

**Community services - Hospice at Home**

* The Hospice at Home service cared for 335 patients for this reporting period.
* Approximately 66% were with cancer and 34% for non - cancer.
* The highest age group of patients receiving Hospice at Home care was 75 -84 years.
* 95% of patients receiving Hospice at Home care remained at home or their care home to die.

**Community services – Wellbeing Centre**

* Patient attending Wellbeing programmes were more likely to have non - cancer diagnosis (72%).
* The age of the patients attending ranged from 25 years to 85 years with most being in the 75 – 84 years old range.
* The groups offered through the Wellbeing Centre have been reviewed and the focus has been to re-establish the face to face offer for patients following the lifting of Covid-19 pandemic restrictions. There is a weekly therapeutic programme, social programme and drop in sessions.
* The virtual programmes have been paused to focus on new face to face groups.

**Rapid Response 24/7 service**

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

At Night:

* In 2022/2023 the team provided 2,192 home visits for 911 people.
* The outcome of these visits were:
  + 67% of visits were for end of life care needs and 33% of visits were for catheter care needs.
  + 78% of patients received a home visit within 30 minutes of contacting the service.
  + 69% of these visits ensured an acute admission was avoided, with 89% of visits ensured the patient remained at home.
* The service continues to be jointly staff to ensure reliability and remain responsive to anticipated increased number of patient care needs.

At day:

* In 2022/2023 the team provided 1,998 home visits to 620 people
* The outcome of these visits were:
* 66% of patients received a home visit within 30 minutes of contacting the service.
* 86% of these visits ensured an acute admission was avoided.
* 87% of these visits ensured the patient remained at home.
* The service continued to be made available across Nuneaton, Bedworth and rural north Warwickshire without increased establishment.

**Lymphoedema**

* This service provided 1156 total contacts to 114 patients.
* Approximately 40% of patients seen were new patients (94).

**Family Support and Bereavement service**

* 1185 contacts took place for adults and children in service – 137 were new service users.
* These contacts were delivered through a blended approach of face to face, telephone and video call.
* The good grief café for bereaved family members continues as well as Jigsaw, the psycho educational group, which are now delivered in person.

**Part 2**

**Priorities for Improvement 2022-23**

These priorities are aligned with our clinical strategy and the wider issues identified at North Place for palliative and end of life care services. We are closely aligned with our community colleagues and are an integral contributor to the Coventry and Warwickshire End of Life Care Partnership Board, Warwickshire North Palliative Care Network, George Eliot Hospital Strategic and Operational End of Life Committee and the CASTLE Expert Advisory Group - Coventry and Warwickshire.

**Priority 1 – Patient Experience: Poverty Proofing****©**

Mary Ann, along with palliative care teams in North Place, undertook a Poverty Proofing © project with Children’s North East as part of the Tackling Social Inequalities in Warwickshire Strategy 2021-30. The aim was to better understand the experience of families and individuals living in poverty and why they do or do not engage with palliative care services. The focuses were to identify barriers to engagement for those living in poverty, and exploring together what can be done within the existing structure of the palliative care services to eliminate these barriers.

The report has provided some invaluable information for Mary Ann and the services provided. The ambition now is to develop an action plan based on these recommendations that will help shape future service provision. These include:

* Raise awareness with staff on the issues faced by people living in poverty.
* The offer of a financial assessment and opportunity to explore practical and financial issues faced by patients and those that matter to them are a core part of offer of support provided by all Mary Ann’s services.
* Mary Ann works closely with organisations and agencies who provide financial support and aid to ensure patients and those who matter to them have access to all available help and support and up to date information on benefits and grants.
* Working as part of a system wide Poverty Proofing**©** task and finish group to identify recommendations and learning for teams across Coventry & Warwickshire.

**Priority 2 – Patient Safety: Digital transformation of incident reporting and risk management.**

Mary Ann have procured the services of Vantage Technologies, a cloud based digital data management system that is widely used across the Hospice sector. The aim is to streamline incident reporting, audit and risk management for Mary Ann and remove the limitations associated with paper based systems. This advancement has been coupled with the recruitment of a Quality and Governance Manager for Mary Ann to oversee, support and facilitate teams with this transition. Particular aims include:

* Education and increased awareness for all staff of the importance of incident reporting. Ensuring staff participate in and have ownership of risk management and receive feedback on incidents raised.
* Electronic access to and visibility of incident reporting and risk management for teams.
* Identify themes and trends from incidents that will shape learning and development and promote a ‘Just Culture’ approach to feedback and learning from incidents.
* Develop a robust system that will map incident trends, outcomes from clinical audit and feedback to inform practice and provide quality assurance to the Board, commissioners and stakeholders.

A phased approach to implementation will be required for the project acknowledging the size and scale of change required.

**Priority 3 – Clinical Effectiveness: Record sharing and reporting from electronic patient record (EMIS).**

In the past 12 months, Mary Ann have successfully made the transition to using an electronic patient record (EMIS) for all clinical services, excluding Family Bereavement and Support as outlined in the previous quality account.

The opportunity now is to build on this success and progress ambitions for further joint record sharing, more efficient communication with our health care partners and start capturing reliable and robust data from the system.

The plans include:

* Engage with potential pilot with a select group of GP practices to share records and evaluate.
* Work with local hospices and community partners to explore use of direct communication (‘tasks’) across the system for updates on care and referrals.
* Develop and regularly audit the quality of record keeping contained within Mary Ann’s electronic patient record, sharing outcomes and actions with the team.
* Clinical teams and data coordinator to work with external support to begin to develop reporting structures for EMIS records.
* Work and share learning with the regional hospice community.

**Our Progress with Improvement Priorities Identified for 2021 -22**

**Priority 1 - Day Services**

Mary Ann has made progress towards this priority in the past 12 months including:

* Establishment of a 12 week therapeutic programme including structured support for symptom management, advanced care planning, having tender conversations with those that matter most, exercise and independence.
* Establishment of a 12 social programme offering peer, practical, emotional and psycho-social support.
* Weekly drop in sessions open to all including dedicated time for a carer’s café and a warm hub during the winter months.
* Support for these groups comes from the wider MDT with more plans being developed in response to patients and carers needs.

Progress has been hindered by a variety of factors including staffing and the promotion of services. The aim now is to embed these programmes of support and promote this offer for people living across North Warwickshire and evaluate through OACC and qualitative feedback.

**Priority 2 – Electronic shared clinical records**

The use of the electronic patient record (EMIS) was established as planned in the past 12 months. This is now being used to record all care across the community service (Hospice at Home and Wellbeing Centre), Lymphoedema service, MND and complimentary therapy.

This has been an exceptional achievement for all involved with the project.

Particular achievements include:

* Establishment of a superuser group for ongoing support and development of the system.
* Additional training and 1:1 support given for staff to assist with the transition in their practice.
* Access and visibility of care being given by place based teams to provide seamless care for the patient in the community.
* Celebration events recognising the achievements of the team has been held.
* Supported other hospices within the region with their plans to integrate EMIS into practice.

Work continues now EMIS has been embedded into practice with further ambitions to expand record sharing, use of tasks for communication and referrals and develop systems for reporting and data capture. These are outlined in priority 3 plans for 23/24.

**Priority 3- Wellbeing support for staff**

Mary Ann have established a People sub-committee to enhance the existing sub- committee structure and provide an avenue in which to discuss and formulate the people agenda, strategy and ambitions for the existing and future work force for Mary Ann.

A staff survey and follow up survey have been circulated during this time with action plan formulated through the committee.

The committee has also been instrumental in leading on various wellbeing initiatives for staff during the year with a wellbeing week now at least an annual part of support for staff.

Work of the committee continues with engagement and representation across clinical, business and retail teams.

**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 2022 and 31st March 2023, Mary Ann provided the following services:

* Wellbeing Centre (Day Hospice services) – restoration of in person group programmes
* Hospice at Home (day and night) - face to face services and telephone support.
* Rapid Response (24/7) - face to face service and telephone support.
* Complementary Therapy – restoration of in person service and telephone support.
* Lymphoedema – in person service and telephone support
* Family Support and Bereavement – in person service and telephone/ virtual support
* Motor Neurone Disease Coordinator - in person visiting service and telephone support

The Mary Ann Clinical Sub-committee functions as a designated subgroup of the Board of Trustees, which normally meets every two months. A CQC inspection was conducted January 2023

**Our participation in clinical audits**

During 2022/23, the Mary Ann 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 Sub-committee. 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 services provided.

**Completed Clinical Audit Programme 2022 – 23**

A close-up of a medical survey

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Clinical audit programme as evolved throughout the year. Documentation audit was paused in order to create new standards for electronic patient record in operation now. Time is required for practices to embed before an audit is conducted. Some of previous audits are now being reported through the People sub- committee. A review of the clinical audit programme for 23/24 is underway to incorporate more quality audits.

**Research**

During 2022-23, Mary Ann has continued to be as research active as possible and maintains a research register. We have contributed regionally by being active members and participation with the West Midlands Hospice Research group.

**Commissioning for Quality and Innovation**

Mary Ann receives only a percentage of actual service provision costs from CW ICB 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**

Mary Ann is required to register with the CQC, and its current registration status is unconditional. The CQC has not taken any enforcement action against Mary Ann during 2022/23 who are subject to regular inspections by the CQC. Highlights from the most recent CQC report published March 2023 is included in this report.

**Data Quality**

Mary Ann completes and submits quarterly quality reports to C&W ICB detailing mandatory training rates, risks, incidents, complaints and Friends and Family scores along with activity data for the community services including diagnosis and response time to referral.

Additionally, for internal data capture, a key activity data matrix and quality metrics dashboard is now well established and subsequently discussed and reported through our Clinical Sub-Committee and ultimately our Board of Trustees.

**Duty of Candour**

Mary Ann takes its duty of candour very seriously. All clinical related incidents are reported through Mary Ann’s incident reporting system. There are 2 Freedom to Speak Up Guardians at Mary Ann: The Associate Director of Clinical Services and a member of the Board of Trustees. To support them, there is a network of Freedom to Speak Up Champions recruited across both clinical and business teams. All staff, including volunteers, are able to report incidents. All clinical incidents are evaluated by the Leadership Team collectively and subsequently the Clinical Sub-Committee and ultimately reported to the Board of Trustees.

Patients and their carers have ready access to the Clinical Services Team Leads 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 in conjunction with our key partners.

**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 safely incidents are reported subsequently.

**Community Services - Day Hospice with overview of results**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAY HOSPICE** | **2022-23** | **2021- 22** | **2020-21** |  |
| Total patients | 93 | 173 | 83 |
| New patients | 32 | 110 | 3 |
| % New patients | 34% | 64% | 4% |
| Continuing patients | 55 | 63 | 40 |
| Re-referred patients | 6 | 0 | 40 |
| Re-referrals in year | 0 | 18 | 0 |
| New patients 25 – 64 years | 5 | 33 | 1 |
| New patients 65 – 74 years | 6 | 32 | 2 |
| New patients 75 – 84 years | 17 | 31 | 0 |
| New patients over 85 years | 4 | 14 | 0 |
| All female patients | 45 | 87 | 49 |
| All male patients | 48 | 86 | 34 |
| All cancer diagnoses | 23 | 27 | 23 |
| All non-cancer diagnoses | 70 | 136 | 60 |
| % New patients with non-cancer diagnoses | 72% | 79% | 67% |
| Day care sessions | 88 | 449 | NA |
| Day care places | NA | NA | NA |
| Day care attendances | 245 | 716 | 1585 |
| Number booked attendances – did not attend | 19 | 36 | NA |
| Deaths and discharges | 73 | 106 | 21 |
| Number of continuing patients at end of year | 20 | 53 | 63 |
| Average length of care (days attended weekly) | NA | NA | NA |

Mary Ann’s in person Wellbeing programmes are slowly re-opening with a new model of care as described in the review of priority 1 21/22 of this report. Virtual groups were paused to focus resource on the in person offer.

**Community Services - Hospice at Home with overview of results**

|  |  |  |  |
| --- | --- | --- | --- |
| **HOSPICE AT HOME** |  | **2021 - 22** | **2020-21** |
| Total patients | 371 | 398 | 355 |
| New patients | 333 | 354 | 333 |
| % new patients | 90% | 89% | 94% |
| Continuing patients | 36 | 41 | 22 |
| Re-referrals | 2 | 3 | 0 |
| New patients 16 -24 years | 0 | 0 | 0 |
| New patients 25 – 64 years | 57 | 59 | 43 |
| New patients 65 – 74 years | 80 | 89 | 97 |
| New patients 75 – 84 years | 120 | 107 | 115 |
| New patients over 85 years | 76 | 98 | 78 |
| All female patients | 184 | 194 | 177 |
| All male patients | 187 | 204 | 178 |
| All cancer diagnoses | 245 | 252 | 244 |
| All non-cancer diagnoses | 126 | 138 | 105 |
| % all patients with non-cancer diagnoses | 34% | 35% | 30% |
| Deaths and discharges | 328 | 364 | 322 |
| Deaths | 247 | 284 | 282 |
| Home deaths | 235 | 260 | 258 |
| Care home deaths | 0 | 2 | 1 |
| % home and care home deaths | 95% | 92% | 92% |
| Average length of care | 7.7 | 9.7 | 9.6 |

Team members from the Wellbeing centre continue to work in the community services team and have increased their knowledge and skills for the work involved.

Mary Ann have continued to work 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. Additional funding awarded from winter pressures monies meant the teams could work more closely with George Eliot Hospital and provide an in-reach service to facilitate more acute discharges and strengthen knowledge and relationships with the hospital teams.

**Rapid Response Night Service with overview of results**

|  |  |  |  |
| --- | --- | --- | --- |
| **RAPID RESPONSE (NIGHT)**  **END OF LIFE CARE SERVICE** | **2022/23** | **2021/ 22** | **2020/21** |
| Total home visits carried out in year | 2192 | 2153 | 2099 |
| Total number of individual patients seen in year | 911 | 1070 | 1041 |
| ***Timeliness*** |  |  |  |
| % visits within 30mins of call received | 78% | 88% | 88% |
| % visits within 30mins-2hrs of call received | 21% | 11% | 11% |
| % visits within 2+hrs of call received | <1% | 1% | 1% |
| ***Primary Intervention Delivered at Each Visit:*** |  |  |  |
| Pain & symptom management, incl. syringe driver | 838 | 930 | 1028 |
| Relieve Blocked Catheters | 757 | 786 | 646 |
| Verification of Death | 197 | 198 | 202 |
| ***Patient outcome from visit:*** |  |  |  |
| Patient remained at home | 1950 | 1942 | 1884 |
| Patient died at home while team present | Not recorded | 200 | 208 |
| Visits preventing hospital admission | 1509 | 1082 | 1371 |

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 Nuneaton, Bedworth and rural north Warwickshire. 99% of all visits are commenced within the 2 hours NHS England community response target and this is a considerable achievement considering the geographical and rural areas covered.

**Rapid Response Day Service** **with overview of results**

|  |  |  |  |
| --- | --- | --- | --- |
| **RAPID RESPONSE (Day)**  **END OF LIFE CARE SERVICE** | **2022/23** | **2021/22** | **2020/2021** |
| Total home visits carried out | 1998 | 1985 | 1469 |
| Total number of patients | 620 | 659  average of 55 each month | 577 |
| ***Timeliness*** |  |  |  |
| % visits within 30mins of call received | 66% monthly average | 62% monthly average | 65% |
| % visits within 30mins-2hrs of call received | 32% monthly average | 34% monthly average | 34% |
| % visits within 2+hrs of call received | 2% monthly average | 4% monthly average | 1% |
| ***Primary intervention delivered at each visit:*** |  |  |  |
| All Pain & symptom management, incl. syringe driver | 1033 | 1304 | 775 |
| Verification of Death | 195 | 173 | 158 |
| ***Patient outcome from visit:*** |  |  |  |
| Patient remained at home | 1741 | 1490 | 1300 |
| Patient died at home with staff member present | Not recorded | 197 | 160 |
| Visits preventing hospital admission | 1715 | 1473 | 819 |

The daytime end of life Rapid Response service is delivered in partnership with South Warwickshire Foundation Trust (SWFT) and staffing continues to be a blended approach. There is at least one band 6 registered nurse who is an experienced palliative care nurse on duty and a second staff member who may be a registered nurse or a senior care support worker.

The service has continued to cover all areas of Nuneaton, Bedworth and rural north Warwickshire. Whilst a large distance is covered depending on where the patient lives, overall response times are consistent with 66% of visits being responded to within 30 minutes but 98% of all visits commenced within the 2 hour NHS England standard. This reflects the increasing complexity required to enable people to remain in their chosen place of care/death – their own home or care home setting.

**Lymphoedema** **with overview of results**

|  |  |  |  |
| --- | --- | --- | --- |
| **LYMPHOEDEMA** | **2022/ 23** | **2021/ 22** | **2020/ 21** |
| Total patients | 114 | 200 | 260 |
| New patients | 94 | 83 | 73 |
| % New patients | 82% | 42% | 30% |
| Healthy Steps Attendance | 0 | 4 | 1 |
| Deaths and discharges | 152 | 88 | 192 |
| Total contacts | 1259 | 979 | 624 |

The team have been primarily reviewing and treating patients in person in clinic with follow up support via telephone. The number of home visits has also increased adding 57 home visits in the total number of contacts for the year, replacing video consultations. Alongside patients in Nuneaton, Bedworth and 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 sessions have stopped and the offer is being evaluated.

**Family Support Service with overview of results**

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY SUPPORT** | **2022/23** | **2021/ 22** | **2020/ 21** |
| Total service users | 214 | 263 | 215 |
| New service users | 137 | 178 | 127 |
| % new service users | 64% | 68% | 59% |
| Female service users | 154 (72%) | 183 (70%) | 168 (78%) |
| Male service users | 60 (28%) | 80 (30%) | 47 (22%) |
| Total contacts | 1185 | 1502 | 1102 |
| Contacts per service user | 5.54 | 6.57 | 6.52 |
| Telephone calls per service user | 5.54 | 6.57 | 6.52 |
| % of contacts which were group support | 15% | 8.4% | 3.4% |
| Average length of service support | 9.5 months | 16.0 months | 10.5 months |
| Discharged | 134 | 191 | 129 |
| % discharged | 63% | 73% | 60% |

The Family Support and Bereavement team continue to support clients offering 1-1 face to face and telephone sessions following a bereavement or pre-bereavement support. Group support in the form of a psycho-educational programme; Jigsaw and a Good Grief Café are held once a month. The service has been impacted by staff vacancies during the 2022-2023 period which has affected capacity within the team although the caseloads have remained steady.

**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** | **2022/23** | **2021/2022** | **2020/2021** |
|  | **Patient Safety Incidents** | | |
| Number of Serious Patient Safety Incidents (excluding falls) | 0 | 0 | 0 |
| Number of Slips, Trips and falls | 0 | 1 | 0 |
| Number of Patients who experience a Fracture or other Serious Injury as a result of a Fall | 0 | 0 | 0 |
| Other clinical Incidents | 6 | 8 | 12 |

|  |  |  |  |
| --- | --- | --- | --- |
| **INDICATOR** | **2022/23** | **2021/2022** | **2020/2021** |
| Number of Complaints (clinical) | 0 | 0 | 1 |

**What Patients say about Mary Ann**

Feedback is welcomed and encouraged all through the year, and to demonstrate our commitment to providing opportunities for real-time monitoring Mary Ann uses iWantGreatCare <http://iwantgreatcare.org> for all services with exception of Family Support 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. Feedback is responded to and reviewed regularly and is reported to the Clinical Subcommittee through the quarterly clinical quality schedule and an annual patient and family feedback report.

The table here shows feedback for 2022-23 for all services. During this period 127 reviews were completed by patients and families for all services. Completing a review is discretionary and hence we rely on the willingness of patients and carers to do so. Many families prefer to write thank you cards to express their gratitude with the care they have received. However, it is extremely pleasing to know 95.3% of those who completed a review about the care received, rated their experience as positive and would recommend us to their family and friends. These overall results remain consistently high and slight increase on last year.

**All services**

A screenshot of a graph

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The feedback also provides helpful insight for each service as well. Below demonstrates how very much appreciated each of our services are where people have chosen to feedback about their care experience via iWGC. Mary Ann continues to promote the use of IWGC across all services including QR codes and links for direct independent feedback.

**Lymphoedema**

A screenshot of a medical survey

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Comments have included the following:

“ The referral process was straightforward. I was offered a telephone

consultation then face to face appointment very quickly. The Lymphoedema

nurse gave me plenty of time to answer questions and listened; very

empathetic. All of my questions were answered and the nurse explained

things really well. I now feel reassured, have clarity on what my issue is and

how to manage it better. Having information emailed to me after the

appointment was also really helpful, thanks.”

“I was treated with excellent care and kindness.”

**Hospice at Home**

A screenshot of a medical report

Description automatically generated

Comments have included the following:

“Staff were kind, caring, efficient and thoughtful. My husband could not have

wished for better care.”

“The staff were respectful caring, gentle, kind friendly they cared for my

husband with compassion and also after me. They could have done no better they were excellent.”

“Could not fault any of the nurses they were wonderful.”

**Rapid Response 24/7**

A screenshot of a computer screen

Description automatically generated

Rapid Response have been increasing their usage of IWGC over the past 12 months and feedback is increasing.

Comments have included the following:

“The nurses were very helpful and couldn't have done any more for us. They were all wonderful. Thank you.”

“So thoughtful, caring, supportive, not only to the patient, but to us as a family. Their caring was exceptional.”

“We were so grateful to the lovely ladies who came out especially during the night to give my dad more pain relief to help him settle. Thank you.”

**Family support services**

A screenshot of a medical survey

Description automatically generated

Family support team have also moved to using IWGC to gain feedback about the service over the past 12 months.

Comments have included the following:

“Because they listened, did not judge at any point allowed me to express my feelings that I could not express with family.”

“The whole team are amazing they listened and just couldn't do enough for me.”

“The help I had has been amazing they have gone above and beyond to help me. Mary Ann Evans on the whole is absolutely brilliant service.”

All comments can be viewed on the iWGC website from individual reviews that patients and clients have written. A member of the senior clinical team ensures all feedback given is acknowledged and followed up when required.

For 2023/24 Mary Ann will continue to promote IWGC feedback channel. MND coordinator service has been added to gain feedback and as well as increasing feedback for the new Wellbeing programmes. The aim is to also look more broadly at patient outcomes and data captured through use of Outcome Assessment & Complexity Collaborative (OACC) measures.

**What our Staff and Volunteers say about us**

In Autumn 2022 a staff survey was completed to gain feedback from all staff across the organisation. The survey showed there have been some improvements from the 2021 survey including:

• Relationships had significantly improved.

• Organisation being committed to balancing staff members work and life balance

• Staff feeling respected by colleagues

The areas to focus on in 2022/23 were on staff feedback mechanisms, managers involving staff in decisions making that impacts them and caring for their health and wellbeing. An action plan was developed as part of the People Strategy and the People Subcommittee continue to measure outcomes within their governance structure.

**Staffing**

Mary Ann has a vast volunteer workforce and paid staff headcount is kept to a minimum. Mary Ann has been successfully in recruiting senior care support workers and counsellors for the Family Support Services but Mary Ann is not immune to the challenges of recruiting staff in the health care sector, particularly Band 5 staff nurses. The nursing establishment is regularly reviewed to ensure Mary Ann have skilled and knowledgeable staff to meet the needs of the people we service. Workforce planning is included in our leadership action plans.

**Who has been involved in this report**

The Quality Account has involved various members of the wider hospice team including the leadership team and the Team Leads for Community services, Lymphoedema and Family Support services. Subsequently the report has been circulated to the Chief Executive Officer and Chairman of Mary Ann's Board of Trustees.