Martlets
life-changing hospice care

Quality accounts 2018-2019

Martlets Hospice, Wayfield Avenue, Hove BN3 7LW
www.themartlets.org.uk

Registered Charity number 802145

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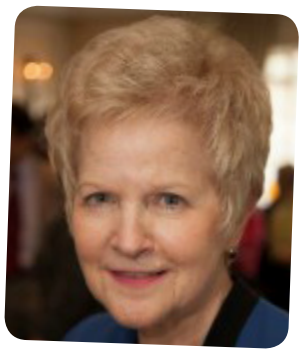
Part 1: Statements of assurance and introduction to Martlets Hospice

1.1 Statement from the Chief Executive Officer

Martlets is committed to providing consistently high-quality palliative and end of life care and support to patients and their families in Brighton and Hove and the Havens. In order to achieve this, we need to understand the patient and family experience and get their feedback in order to understand what works well and where can we improve. The patient experience is a key part of this report, along with evidencing how we measure our effectiveness. We will also share key service developments over this last year. Our Vision states that , 'We want everyone affected by terminal illness to know they can still feel hope, purpose and possibility' and we aim to achieve this. Martlets is driven by what we can achieve for patients and their families and the best way to deliver this. In order to achieve this we need to ensure we have a fully engaged and motivated workforce, which includes volunteers, working together towards this vision.

Last year saw the Community Palliative Care team move from the local community trust to Martlets. This was such a significant move. Although we had worked very successfully in partnership with the team over the years, the move to Martlets now means that we can all move forward as one organisation, with a common vision underpinned by the same values, to deliver the clinical strategy for the people whom we support. The highest growth area being the provision of care within the community itself. Therefore, a fully integrated community team will enable us to deliver on the strategy, to reach more people, at the right time. We already have a 24/7 hub, which is a telephone service accessible to patients, their families, other professionals at any time of the day or night. This has been a huge success and one of the key successes is the impact that an immediate response to a patient's distress can have when an experienced Martlets professional can take the call and offer the necessary support at that time.
In addition, we are embarking on an exciting project to re-design the in-patient unit in order to provide greater privacy and dignity for patients and their families. We know from patient feedback that most patients would like to have their own room with en suite facilities. We currently have 18 beds, eight of which are configured as two, four bedded bays, meaning patients are sharing the accommodation with others. This is one of the key objectives for the next couple of years, to plan and design the Inpatient unit as single occupancy accommodation.
I continue to feel very proud and inspired to work with such a committed and motivated team, who constantly deliver outstanding care to patients and their families.

Imelda Glackin
Chief Executive Officer



1.2 Statement from Chairperson of Board of Trustees

As the Chairperson of the Board of Trustees my role, along with the board's, is to ensure that a robust governance framework is in place to monitor the performance and effectiveness of the organisation. As a board we are responsible for setting out the strategy and direction of the hospice. In order to execute this the board must have the appropriate skills and expertise to make informed decisions that are in the best interests of the organisation and its beneficiaries. Our commitment to the mission, vision and values of the organisation drives all that we do.

Through our regular board and committee meetings, where much discussion and evidence -gathering take place, as well as our visits to the hospice itself and its retail outlets, we are continuously informed of the progress, challenges and innovation in all areas of the organisation. I am confident we have the patients' and their families' best interests at the heart of both our current and future planning through our appreciation of the governance structures needed to be in place to support, enable and achieve to the highest standards.
This report gives an insight into some of the key areas where this has been achieved this year and it also looks forward to the plans for the new business year. With such robust structures and channels of communication in place we delegate authority confidently to our very competent and experienced Chief Executive and her team to deliver the strategy.

Juliet Smith
Chairperson of Board of Trustees

1.2 Mission, Vision, and Values

Our new Vision statement:

We want everyone affected by terminal illness to know they can still feel hope, purpose and possibility.

And our Mission:

We provide people affected by terminal illness in Brighton and Hove and neighbouring areas the very best care and support.

And we do far more than that because we're part of what makes our local community such an amazing place.

We help people do the things they love with the time they have. Our life-changing hospice care gives people living with terminal illness hope, purpose and possibility. And we bring our community together to support families and individuals coping with bereavement.

And finally, underpinning it all, our values as a team and an organisation:

Our Values

We care.

For our patients and their loved ones, our teams, and our wider community. It's why we're here.

We're skilled.

We're great at what we do and proud of how we do it.

We move mountains.

The minimum, the necessary, and the prescribed treatment: we go beyond all these to make people smile.

We're open.

We're positive and we're always clear, honest and down-to-earth. We care immensely for the people we look after and will always talk openly and sensitively about life's challenges.

We're together.

We are committed to our community and we're privileged to be such an important part of it.

"xxx and family were treated with the care and dignity beyond our expectations. Thank you so much."

Part 2: Priorities for improvement: 2018-2019 and looking forward to 2019-2020

2.1 What we have improved in 2018-2019

The following priorities were identified for the past year and achievements against these priorities are outlined below.

2.2 Priority 1: Patient Safety

We will introduce a new database system for reporting, investigating and monitoring accidents, incidents, near misses and drug errors across all clinical services within the hospice.

Summary of Action:
The new database is about to be rolled out across the organisation and all staff will have access to report any accidents, incidents and near misses. This will enable increased consistency in reporting and investigating and eliminate the paper-based reporting of medication incidents. Managers will have oversight of reports in their areas, and complete investigations of all accidents, incidents and near misses. Learning outcomes will be identified and disseminated to all relevant individuals or groups of staff, allowing for improvements in safety and quality. It is expected that the new database will increase both the efficiency and accuracy of regular reports on accidents, incidents and near misses across the organisation.

2.3 Priority 2: Clinical Effectiveness

We will develop our process for triaging patients on referral to our services to improve efficiency, multidisciplinary working and the measurement of clinical outcomes.

Summary of Action:
A new structure and process for triaging all new referrals into all clinical services has been designed and tested during two separate phases. This has involved incorporating patient outcome measures into the triage process and has been shown to improve patients' access to the appropriate clinical services. It has also demonstrated quicker response times to new referrals. The testing phases have allowed for modifications to be made to the processes and continue to inform the resource requirements and further planning.

2.4 Priority 3: Patient Experience

We will set up a working group to review all elements of patient feedback and engagement used throughout the hospice and formulate a unified approach to this across all services.

Summary of Action:
A group has been set up with ratified Terms of Reference and with a core membership representing key areas across the organisation. The group meets every two months and reports to the Clinical Governance Group. The Service User Engagement group has reviewed the existing methods of obtaining feedback and views from our service users and has refined some of the existing tools in use, for example, the Rehabilitation Service and the Complementary Therapy evaluation forms. The group is working towards introducing face-to-face methods of obtaining service users' views on these and other services. The 15 Steps Challenge tool was used in September 2018 and recommendations made as a result of this have been implemented in the past 6 months. A plan for ensuring a greater depth of service-user engagement integrated into clinical services, is currently being developed and the group is continuing to establish itself as a point of reference and guidance for service-user engagement throughout the organisation.

"I had never visited the Hospice before so had no idea what it would be like. It excelled any expectations."

2.5 What we will improve in 2019-2020

At Martlets, we are committed to providing high quality care, i.e. care that is safe, effective and provides patients and carers with a positive experience. Here are some key quality improvement projects we are going to prioritise in 2019-2020.

2.6 Priority 1: Patient Safety

We will carry out a project to investigate the assessment, management and documentation of pressure injuries on the Inpatient Unit and in the community. We will implement ongoing training and updates, ensuring the availability of up-to-date evidence-based information for clinical staff in the prevention and care of pressure injuries.

How was this identified as a priority?
Changes to the way in which pressure injury care is documented have been made to our electronic patient record system in the past year, allowing us to gather more accurate and reliable data on the assessment, incidence and management of pressure injuries in our patients. Recent audits of the assessment and incidence of pressure injuries on the Inpatient Unit have highlighted some inconsistencies in the way in which pressure injuries are risk assessed and in the categorisation of the pressure injury.

What do we want to achieve?
We want to bring consistency to the recording of risk of patients developing pressure injuries across all clinical services. There will be accuracy in the documentation of pressure injury site and categorisation and we want to develop an effective way of mapping the care for pressure injuries to enable monitoring for quality purposes.

How will this be achieved?
We will carry out an in-depth investigation into the risk assessment, incidence and documentation of patients at risk of developing pressure injuries, or those admitted to the Inpatient Unit with existing pressure injuries. We will work with the community service to audit documentation around pressure injuries for patients in the community. We will set up a working group to meet regularly throughout the year to focus on this work and to ensure recommendations and actions made from the investigation are implemented. Outcomes of the project will be reported to the Clinical Governance Group.

2.7 Priority 2: Clinical Effectiveness

We will reconfigure our community nursing team to ensure our resources are able to meet the demand of new referrals and the needs of our patient population.

How was this identified as a priority?

In 2018, the Community Palliative Care Team transferred from an NHS service to become a part of Martlets Hospice. This has enabled the review of referrals into the community service, and indeed, the Hospice as a whole, and to revise the triage process to create an effective and responsive single point of access. The reconfiguration of the community nursing team follows on from this work, ensuring responsiveness throughout the patient's journey.

What do we want to achieve?
The team will be split into three groups based on geographical location. Each group will contain an equal skill mix of staff, ranging from band 7 Clinical Nurse Specialists to Band 4 Assistant Practitioners and volunteers.

How will this be achieved?
A project group will be set up to plan and manage all aspects of the reconfiguration, from the transfer of patients to the relevant groups, to the provision of the necessary IT equipment for each group. The project group will regularly report progress to the project sponsor and to highlight any associated risks and mitigations.

2.8 Priority 3: Patient Experience

We will undertake a 'first impressions' project on the Inpatient Unit, asking patients questions about their initial responses to the Inpatient Unit and the care received 24 hours after their admission.

How was this identified as a priority?

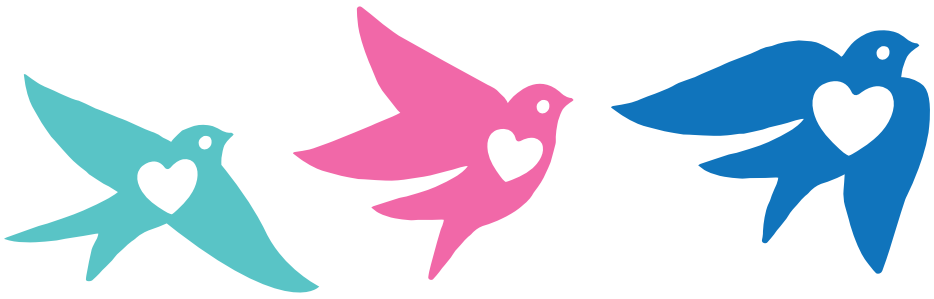
An individual's first impressions of a service will impact on their initial experiences of care. This is especially important when a patient is admitted to the Inpatient Unit and so this has been identified by the Service User Engagement group as the priority area to investigate first impressions.

What do we want to achieve?

We want to produce a meaningful report on patient's first impressions of the Inpatient Unit which can be used to inform service improvements. This work will then help to inform possible future projects on first impressions of other clinical services.

How will this be achieved?

A series of questions to ask patients will be agreed by the Service User Engagement Group. The Sisters/Charge Nurse on the Inpatient Unit will conduct the First Impressions Questionnaire face to face with appropriate patients over an agreed time period. A report will be compiled and discussed at the Service User Engagement Group. Outcomes and recommendations will be presented to the Clinical Governance Group.



Part 3: Quality performance overview: 2017-2018

Our Clinical Services

In the year 2018- 2019, Martlets Hospice supported and cared for 1,547 patients and provided services directly to 1,217 carers. Many more carers were supported informally. Performance in each of the clinical services is further described below.

3.1 In-Patient Unit

The Inpatient Unit has 18 beds including 10 single rooms and two 4-bedded bays. In the year 2018-2019, the Inpatient Unit cared for a total of 277 patients who had 314 admissions. The average occupancy of the Inpatient Unit was 75%, which is consistent with previous years. The majority of the patients cared for on the Inpatient Unit have a diagnosis of cancer (88%). Around 65% of patients were cared for at end of life and died in the hospice. One third of patients were discharged home or to a care home. The Inpatient Unit also provides respite for carers by caring for the patient for a booked week-long period, and during the year 2018-2019 there were 32 respite admissions.

3.2 Community Team

The Community Team consists of Clinical Nurse Specialists, Nurses in the Hospice at Home team and Doctors. Other health and social care professionals including Social Workers, Occupational Therapists, Chaplain and Counsellors, as well as a range of volunteers also provide services to patients and their families in the community as part of the wider Community Service. A total of 1,556 patients and carers were supported and cared for by the Community Team in the year 2018 to 2019. 7,574 face-to-face visits were made to 962 individual patients. The Community Team supported 54% of patients who died to die at home or in their usual place of residence and 30% were transferred to the hospice for end of life care.

The Hospice at Home team cared for 418 individual patients in the year 2018-2019. This includes a total of 370 patients receiving end of life care and 72 patients receiving respite care in their own home. The Hospice at Home team provided 2,424 face-to-face visits to patients at end of life and a total of 1,834 visits for respite.

The Hub telephone service offers advice and support to patients, carers and health and social care professionals 24 hours a day, 7 days a week. In the year 2018-2019, 23,567 calls were received and made, with 18% of these calls occurring at weekends.

"Very approachable, understanding and supportive of all. Made things happen when needed. INVALUABLE!!"

3.3 Day Services – Outpatient Services

Outpatient services at Martlets consist of a range of different services, including a Clinical Nurse Specialist clinic, a Doctor's clinic, Acupuncture, Complementary Therapies, Rehabilitation Clinic, Welfare Benefits support and various groups and events such as coffee mornings, choir, Tai Chi, gardening and mindfulness. New services have been tested and introduced in the past year including seated yoga and sound bath sessions. The Day Services team saw a total of 539 patients (67%) and carers (33%), who received a total of 2,425 face-to-face contacts. In particular, the Rehabilitation team, consisting of Physiotherapy and Occupational Therapy, saw 78 patients for 497 clinic sessions. The Day Services Clinical Nurse Specialist saw 86 patients in 261 clinic appointments. The complementary therapy service, which includes massage, reiki, shiatsu and reflexology, delivered 488 therapy sessions to 189 patients and carers.

Most of these patients had a diagnosis of cancer (73%) with 27% of patients having non-cancer diagnoses such as Motor Neurone Disease, Chronic Respiratory Disease, Heart Failure and Dementia.
Many patients and carers as well as staff, volunteers and members of the local community are members of Martlets' Good Vibrations Choir: together they have performed at 18 events in the past 12 months, which included:

- 2 schools projects
- 2 care home projects
- 4 large external choir concerts

3.4 Bereavement Services

The Bereavement Service offers one-to-one counselling with qualified counsellors as well as one-to-one support from trained bereavement volunteers. In addition group counselling specifically for men, in the form of a group held at a local allotment, and bereavement support in a social evening setting are offered. Counselling sessions are offered on all days except Sundays and the service is available in the evenings as well as during the daytime. In the year 2018-2019, a total of 262 clients accessed 981 bereavement counselling sessions. These include sessions delivered by both staff counsellors and volunteer counsellors. 36% of these sessions were accessed outside of the hours of 9am to 5pm Monday to Friday. The bereavement volunteers supported 21 clients with a total of 140 visits. A total of 99 individuals made 315 attendances at the bereavement social evenings. A total of 538 family members and friends were supported through bereavement meetings on the Inpatient Unit. Time to Remember events are held throughout the year and a total of 122 people attended these in 2018-2019.

3.5 Governance

3.5(i) Clinical Governance

Martlets Clinical Governance framework covers all aspects of service user safety, clinical effectiveness and service user experience. We recognize that all clinical staff have a responsibility to ensure clinical governance and as such, the Clinical Governance Group, which is chaired by the Medical Director, consists of key members of staff from across all clinical services and a range of professional disciplines. The Board of Trustees is also represented at this group. The outcomes of other working groups and meetings feed into the Clinical Governance Group, including Clinical Risk meetings which take place separately for the Inpatient Unit and for the Community Service, Medicines Management and Audit. The Clinical Governance Group reports to the Clinical Governance Committee, which is accountable to the Board of Trustees.

3.5(ii) Care Quality Commission (CQC)

Martlets Hospice is required to register with the CQC and is currently registered for the following regulated activities:

- Diagnostic and screening services
- Treatment of disease, disorder or injuryThe last on-site inspection was in December 2015, when we received an overall rating of Good with a rating of Outstanding for care. Martlets Hospice has not taken part in any special reviews or investigations or been subject to any corrective action by the CQC during 2018/19.

3.5(iii) Information Governance

Martlets Hospice is fully compliant with the new NHS Data Protection and Security Toolkit. Following completion of the Toolkit, an Information Governance workplan has been produced to improve knowledge and standards of compliance. Our Information Governance Steering Group is responsible for monitoring compliance with legislation and overseeing the information governance work programme.

3.5(iv) National Audits

During 2018/19, we did not participate in any national audits.

3.5(v) National Research

3.5(v) National Research

Martlets Hospice is fully aware of the importance of research in helping to improve and develop services and quality care for patients, and we are committed to taking part in appropriate studies. However, due to organisational changes in the year 2018-2019 and the transfer of the NHS Community Palliative Care Team to Martlets Hospice, we did not participate in any research studies during this year.

3.5(vi) Local Audits

We recognise that for our services to keep up with best clinical practice in order to develop further our quality of provision and to extend our reach to support people with an increasingly wide and more complex range of conditions, we need to be evaluating constantly our practice against the best standards possible. We have undertaken a number of clinical audits and audits integral to the quality of our clinical services in the year 2018-2019, which form part of the annual audit programme. The clinical audits completed in 2018-2019 are outlined below:

Audit/Review/Evaluation title and outline	Outcome/Resulting Actions
Housekeeping Audit	✓ Recliner chairs on the In-Patient Unit replaced ✓ Gel dispensers replaced
Education Audit – Student Placements	✓ Information updated with University ✓ Student evaluations actively encouraged
Manual Handling & Patient Falls Audit	✓ New risk assessment and care plan introduced ✓ Bed rail risk assessment reviewed and updated
Discharge Buddies Evaluation	✓ Information leaflet updated
Record Keeping Audit	✓ Raised awareness of correctly recording consent
Infection Control	✓ Responsibility given to maintenance team for managing clinical waste outside building ✓ Continued redecoration of patient rooms
Rehabilitation Service Evaluation	✓ Building access issues reviewed with Leadership Team and facilities team
Nurse Independent Prescribing Oral Opioid Audit	✓ Good quality of oral opioid prescribing in practice ✓ Two other areas of high frequency prescribing to be reviewed in next 12 months
Clinical Supervision Evaluation	✓ Continued daily drop in sessions ✓ Access to clinical supervision in to be reviewed in 3 in 3 months
Pressure Injury Audit	✓ Updated record system to enable documentation of wound care separate to pressure injuries ✓ Ongoing teaching sessions regarding categorisation and site of pressure injuries
Blood Transfusion Audit	✓ Improvements made to care plan ✓ Competency level of nurses maintained
Complementary Therapy Evaluation	✓ OACC outcome measures incorporated to assess effectiveness of therapies
PODs Cabinets in Patient Room Audit	✓ Cupboard codes changed every 3 months ✓ Staff reminded about standards regarding POD use

Audit/Review/Evaluation title and outline	Outcome/Resulting Actions
Informed Consent Audit	✓ Awareness sessions on correct documentation of consent ✓ Documenting informed consent included in mandatory training for 2019-2020
IPU Respite Service Audit	✓ Respite admission referral, assessment and admission process to be revised ✓ Planned visits prior to all respite admission
Bereavement and Counselling Service Evaluation	✓ Excellent feedback, majority of clients were more than satisfied with the level of support
Accountable officer/ CD Medication/General Medication	✓ Confirmed compliance

3.5(vii) Income

Whilst Martlets Hospice receives some funding from Brighton and Hove, High Weald, Lewes and Havens Clinical Commissioning Groups to provide Inpatient Unit services and Hospice at Home services, less than one third of our income is provided by NHS sources. The level of funding provided by these sources is steadily decreasing as a percentage of our overall income.

Our remaining income is through charitable donations, fundraising events, Martlets Lottery and trading activities. Our income in 2018-2019 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because we are an independent charitable organisation and as such were not eligible to participate in this scheme during the reporting period.

3.6 Learning and Development

Martlets' clinical education programme has been revised and a new strategy is in place to support the effective development of our clinical and support staff and volunteers. Key modules on the e-learning platform have been integrated into the new starter process and mandatory modules including data protection and health and safety have been completed by all staff. Key groups of volunteers have also completed the training and it is being rolled out to enable all relevant volunteers to complete the training. E-learning is supplemented by face-to-face learning where it is important for staff and volunteers to have the opportunity to discuss issues and learn from each other.

We encourage and support further study and qualifications for all of our clinical staff and many of our nurses are undertaking degree or masters level courses. Degree modules taken in the past year include: mentorship, nurse prescribing, dissertation, end of life, principles of care and end of life, chronic and long-term conditions. We also supported two nursing auxiliaries to embark on the Foundation Degree in Health and Social Care to further enhance the range of care and support that we are able to offer.

Our learning and development staff and our clinical staff are involved in providing teaching to external health and social care professionals. We also provide learning and development opportunities to care homes in our area through e-learning packages and support to set up and embed these amongst care home staff. This project focuses on building knowledge and skills in end of life care within care homes, and has enabled us to form lasting relationships with our local care homes, sharing expertise, as well as gaining an understanding of the needs of this sector locally to inform future learning and development.

3.7 Feedback about our organisation

3.7(i) Service User feedback and engagement
Service user feedback is essential for us to be clear that we continue to deliver services to the highest standards. Informal evaluation forms are used with patients to obtain their views on the services they are receiving. We also send out the VOICES-SCH survey to each patient's next of kin eight weeks after they have died. This satisfaction survey asks questions in relation to the Inpatient Unit, the Community Services and about the experience around and following the patient's death. The survey is posted to individuals with a freepost return envelope and we receive a response rate of around 46%. If the respondent has included contact details we will endeavor to contact them. Feedback is discussed at the appropriate team meetings and at the clinical governance group meeting, where relevant.

In the year 2018-2019 we have also obtained feedback from patients through the 15 Steps Challenge tool. This involved engaging two service users to participate in a walkabout of the Hospice to explore their views on initial impressions, the hospice environment and what good quality care looks and feels like. The 15 Steps Challenge tool allowed improvements to be identified in a collaborative way and recommendations were made as a result of the views obtained. Examples of actions taken include improved signage throughout the building, in particular with regards to indicating the way out of the Inpatient Unit.

3.7(ii) Complaints and Compliments
The management of complaints is overseen by the Clinical Governance Group and reported to the Board of Trustees. We actively encourage feedback and have an established policy and procedure to deal with complaints and dissatisfactions. We disseminate learning and actions from complaints, where appropriate, to the relevant teams and have used this learning from 2018-2019 to form part of the mandatory training days for all clinical staff throughout 2019-2020.

Data about compliments and plaudits is not routinely collated and reported, as these are received in a variety of ways across all of our clinical services: they may be expressed verbally face-to-face or during a telephone call, written in a card or thank you note or even posted onto a social media site. The introduction of a new database for recording incidents will enable us in future to be able to better capture data around compliments.

3.7(iii) Hospice UK National Benchmarking Programme
Hospice UK's National Benchmarking Programme focuses on in-patient bed occupancy and throughput, as well as on patient falls, medication incidents and pressure injuries. Martlets Hospice has been taking part in the programme since it started in 2014 and we will continue to do so over the coming year. The programme enables comparisons of similar sized hospices and gives a national average of all the hospices taking part. Benchmarking statistics for the year 2018-2019 identify that we are comparable to other hospices for the number of patient falls on our Inpatient Unit and have fewer medication incidents than other hospices.

Part 4: Partner and local organisations
A copy of this Quality Account has been shared with the local Clinical Commissioning Group and Healthwatch.

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