



Martlets

life-changing hospice care

Quality Account 2017-2018





Contents

Part 1: Statements of assurance and introduction to Martlets Hospice

- 1.1 Statement from the Chief Executive
- 1.2 Mission, Vision, and Values

Part 2: Priorities for improvement: 2017-2018 and looking forward to 2018-2019

- 2.1 What we have improved in 2017-2018
- 2.2 Priority 1: Patient Safety
- 2.3 Priority 2: Clinical Effectiveness
- 2.4 Priority 3: Patient Experience
- 2.5 What we will improve in 2018-2019
- 2.6 Priority 1: Patient Safety
- 2.7 Priority 2: Clinical Effectiveness
- 2.8 Priority 3: Patient Experience

Part 3: Quality performance overview: 2017-2018

- 3.1 In-Patient Unit
- 3.2 Palliative Care Partnership
- 3.3 Day Services
- 3.4 Bereavement Services
- 3.5 Governance
 - 3.5(i) Clinical Governance
 - 3.5(ii) Care Quality Commission
 - 3.5(iii) Information Governance
 - 3.5(iv) Research and Audits
 - 3.5(v) National Research
 - 3.5(vi) Local Audits
 - 3.5(vii) Income
- 3.6 Learning and Development
- 3.7 Feedback about our Organisation
 - 3.7(i) Service User Feedback and Engagement
 - 3.7(ii) Complaints and Compliments
 - 3.7(iii) Hospice UK National Benchmarking Programme





Part 1: Statements of assurance and introduction to Martlets Hospice

1.1 Statement from the Chief Executive

Martlets continues to provide high quality palliative and end of life care for the people of Brighton and Hove and the Havens. This report highlights the achievements over the last year and outlines specific aspects of patient safety, clinical effectiveness and patient experience we want to achieve in the coming year.

The patient and their family will always be at the centre of our decision making and developing or expanding services to meet the needs of these people is our mission. Over the last year we refreshed our Vision, Mission and Values to reflect where we are going and why we need to achieve this.

We know that more people are being cared for in their own homes and the growth in services can be seen in the community including within our day services, where people, including carers, access a wide range of supportive care over six days a week. The longer term vision is that we can provide all of our services over seven days a week, something we already achieve in many areas. Our 24hr telephone hub service ensures patients, their families and professionals can access the right support, advice and guidance when they need it.

Collaborative working with the wider community and hospital teams continues to form a key part of our objectives and it is this joined up thinking and working that ensure we can deliver the seamless care people need to access.

We know that we have grown over the last 21 years since the hospice building first opened, and we are planning to look to the future needs of the hospice; involving patients and carers to design that future is imperative.

The care and commitment that staff and volunteers continually demonstrate towards all the people who access our services needs to be acknowledged and I am hugely grateful and honoured to work with such a fantastic team.

Imelda Glackin
Chief Executive Officer



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: 2017-2018 and looking forward to 2018-2019

2.1 What we have improved in 2017-2018

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 review and develop the risk assessment, monitoring and care provided for patients at risk of pressure ulcers. We will audit the incidence of pressure ulcers as well as the documentation around risk assessing, monitoring and providing pressure care. We will review alternative assessment tools and introduce a checklist for each patient to record the pressure care provided.

Summary of Action:

An audit was undertaken to investigate the incidence of and the recording standards around pressure injuries. The audit highlighted inconsistent recording due to information being documented in multiple places both in the electronic patient record and on paper. A new skin integrity risk assessment has been introduced, the Hunters Hill Pressure Injury Risk Assessment. This tool has been developed for use in palliative care and as such is in line with the National Pressure Ulcer Advisory Panel Guidelines (2017) recommending the use of a risk assessment specific to adults in palliative care. New windows for documenting risk and the care provided to patients at risk and those with pressure injuries have been created in our electronic patient record system. These new documentation windows allow for improved monitoring of and reporting on pressure injury risk and the care provided.

2.3 Priority 2: Clinical Effectiveness

We will review and improve our current electronic patient record system to improve ease and efficiency of recording patient information and to enable more accurate and reliable reporting on our services.

Summary of Action:

A project group was set up in June 2017 and the review and improvement work was carried out throughout July to October. The updated version of our electronic patient record system was launched in November 2017 which has resulted in more efficient processes within the clinical teams and has also enabled more accurate and in-depth reporting on our clinical data. The review identified further areas of development work outside of the scope of the initial project and so this work is continuing throughout 2018-2019 to build on the system improvements already made.

2.4 Priority 3: Patient Experience

A new patient experience survey will be piloted on our In-Patient Unit and in our Day Services as part of a national project to develop a standardised tool for obtaining feedback from the patient about their experience of care provided in palliative care settings.

Summary of Action:

The patient experience survey was piloted for a period of 2 months on the In-Patient Unit with 14 patients and sent out to 42 current Day Services patients. There was a 31% response rate to the survey within Day Services and all patients approached to complete the survey on the In-Patient Unit agreed. This has enabled us to obtain real-time feedback direct from the patient about their experience of care. An updated version of the survey is now being piloted in our Community service as part of phase two of the national project.

"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 2018-2019

At Martlets, we are committed to providing high quality care, ie 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 2018-2019.

2.6 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.

How was this identified as a priority?

The current process for reporting incidents is a combination of electronic and paper-based recording. This means that visibility on levels of incidents including drug errors is not always readily available and reporting is both inefficient and carries risks of inaccuracy. The learning and necessary actions following incidents is limited due to these current processes as there is both inadequate recording of the investigation of the incident and inconsistent feedback to the individuals involved.

What do we want to achieve?

We want to ensure that all clinical accidents, incidents, near misses and drug errors are reported in an efficient manner, that is easy for any staff member or volunteer to do, including those who may work infrequently, for example weekend doctors on call. We want to ensure reliable and robust reporting on all incidents and enable managers to view incident details, investigations and reports whenever necessary, rather than being reliant on a monthly reporting schedule. We want to enable the documentation of the investigation and subsequent action points to improve the learning taken from these incidents and enable further quality improvements to be made.

How will this be achieved?

A suitable database will be identified and agreed by senior managers and a project group set up to manage the implementation of the database. The group will outline a project plan to introduce the new database, which will involve various phases including the identification and mitigation of risks throughout the project, the training of staff and the introduction of each different database module. Progress against the project plan will be reported periodically to the Clinical Governance Group and to the Leadership Team as required.

2.7 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.

How was this identified as a priority?

Patients may currently be triaged on referral to each service within the hospice, which is inefficient and does not promote multidisciplinary working. Clinical outcome measures are not currently incorporated into our triage process.

What do we want to achieve?

We want to enable patients to access the services most appropriate to them in a timely way, avoiding duplication and unnecessary internal referrals between services. We want to enable a range of clinicians to carry out the triage of patients to ensure a holistic approach to providing the necessary care and support. We want to incorporate clinical outcome measures at the point of triage to support both the prioritisation of the patient and their access to services and to enable the effectiveness of subsequent interventions to be captured and monitored.

How will this be achieved?

The Integrated Palliative Care Outcome Scale will be introduced to the triage process, which will include clinicians from across the clinical services working together in a triage team. The effectiveness of the triage process will be monitored via the electronic patient record system through the reporting on waiting times and prioritisation of patients. Progress against these changes will be monitored periodically against a project plan by the Clinical

Governance Group and through the community Palliative Care Partnership Governance meeting.

2.8 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.

How was this identified as a priority?

Currently the only feedback method we utilise consistently across all clinical services is the VOICES survey which is sent out to the patients' next of kin. However, many of our services use their own feedback and evaluation forms to obtain valuable feedback from the patient or carer about the specific service they have provided. This means that the same group of patients and carers may be repeatedly asked to complete surveys. Furthermore, this is only one method of obtaining feedback and engaging with our service users, which may exclude patients and carers who do not wish, or are unable, to complete paper-based surveys.

What do we want to achieve?

We want to establish a cohesive and structured approach to engaging with our service users and obtaining feedback and evaluation from them. We want to improve our engagement with service users when setting up new or developing existing services, and thus ensure our services meet the needs of our local population. We want to build on the survey methodology by introducing other feedback and engagement mechanisms including focus groups and the '15 steps challenge' tool. This will allow for more in-depth feedback to be obtained to support quality improvements across our clinical services.

How will this be achieved?

The Integrated Palliative Care Outcome Scale will be introduced to the triage process, which will include clinicians from across the clinical services working together in a triage team. The effectiveness of the triage process will be monitored via the electronic patient record system through the reporting on waiting times and prioritisation of patients. Progress against these changes will be monitored periodically against a project plan by the Clinical Governance Group and through the community Palliative Care Partnership Governance meeting.

2.8 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.

How was this identified as a priority?

Currently the only feedback method we utilise consistently across all clinical services is the VOICES survey which is sent out to the patients' next of kin. However, many of our services use their own feedback and evaluation forms to obtain valuable feedback from the patient or carer about the specific service they have provided. This means that the same group of patients and carers may be repeatedly asked to complete surveys. Furthermore, this is only one method of obtaining feedback and engaging with our service users, which may exclude patients and carers who do not wish, or are unable, to complete paper-based surveys.

What do we want to achieve?

We want to establish a cohesive and structured approach to engaging with our service users and obtaining feedback and evaluation from them. We want to improve our engagement with service users when setting up new or developing existing services, and thus ensure our services meet the needs of our local population. We want to build on the survey methodology by introducing other feedback and engagement mechanisms including focus groups and the '15 steps challenge' tool. This will allow for more in-depth feedback to be obtained to support quality improvements across our clinical services.

How will this be achieved?

A working group will be set up to identify and review all of the current feedback and evaluation forms and surveys currently in use across all clinical services. The group will create a plan to unify existing surveys where possible and

to introduce new methods to obtain feedback. An action plan will be created by the working group and progress against this plan will be reported to the Clinical Governance Group.



Part 3: Quality performance overview: 2017-2018

Our Clinical Services

In the year 2017-2018, the Martlets Hospice, including the Palliative Care Partnership, supported and cared for 1,592 patients and provided services directly to 1,340 carers. Many more carers were supported informally. Performance in each of the clinical services is further described below.

3.1 In-Patient Unit

The In-Patient unit has 18 beds including 10 single rooms and two 4-bedded bays. In the year 2017-2018, the In-Patient unit cared for a total of 270 patients who had 324 admissions. The average occupancy of the In-Patient unit was 74%, which is consistent with previous years. The majority of the patients cared for on the In-Patient unit have a diagnosis of cancer (86%). Around 60% of patients were cared for at end of life and died in the hospice. 40% of patients were discharged home or to a care home. An increasing number of patients are now having multiple admissions to the In-Patient unit, including patients who are having admissions specifically for respite.

"Just amazing care. On mum's last night we stayed by her side, just amazing. No other words cover such care. So grateful."



3.2 Palliative Care Partnership – Community Services

The Palliative Care Partnership consists of nurses in the Community Palliative Care team and the Hospice at Home team and other health and social care professionals including doctors, social workers, occupational therapists, chaplains and counsellors. A total of 1,473 patients and carers were supported and cared for in the community by the Palliative Care Partnership in the year 2017 to 2018. 9,502 face-to-face visits were made to 963 individual patients. The Palliative Care Partnership supported 61% of patients who decided to die at home or in their usual place of residence.

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 2017-2018, 24,100 calls were received and made, with almost 20% of these calls occurring at weekends.

The Hospice at Home team, as part of the Palliative Care Partnership, cared for 374 individual patients in the year 2017-2018. This includes a total of 357 patients receiving end of life care and 53 patients receiving respite care in their own home. Patients seen at end of life were cared for over an average of 3.2 days. The Hospice at Home team provided 4,753 face-to-face visits to patients at end of life and a total of 1,922 visits for respite.

“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 doctors clinic, acupuncture, complementary therapies, rehabilitation clinic, welfare benefits support and various groups and events such as coffee mornings, choir, Tai Chi, gardening, and mindfulness. The Day Services team saw a total of 520 patients (91%) and carers (9%), who received a total of 1,759 face to face contacts. In particular, the rehabilitation team, consisting of Physiotherapy and Occupational Therapy, saw 64 patients for 435 clinic sessions. The Day Services clinical nurse specialist saw 79 patients in 237 clinic appointments. The complementary therapy service, which includes massage, reiki, shiatsu and reflexology, delivered 396 therapy sessions to 144 patients and carers.



“I have enjoyed the Acupuncture experience which was new to me. I definitely feel a sense of wellbeing during and after treatment.”

Most of these patients had a diagnosis of cancer (82%) with 18% of patients having non-cancer diagnoses such as motor neurone disease, chronic respiratory disease, and heart failure.

Patients and carers are members of the Martlets Good Vibrations Choir, which is also made up of staff, volunteers and members of the local community. The choir has performed at 22 events in the past 12 months. These events included:

- 2 schools projects
- 3 care home projects
- 3 large external choir concerts
- 7 choir events for our In-Patient and Day Services patients in the Sanctuary, at coffee mornings and at the Songs of Joy summer concert



3.4 Bereavement Services

The bereavement service has historically offered one to one counselling with qualified counsellors as well as one to one support from trained bereavement volunteers. This support has broadened and expanded in the year 2017-2018 so that individuals can now access counselling on evenings and weekends as well as accessing other types of support through the bereavement social evenings. In the year 2017-2018, a total of 186 clients accessed 762 bereavement counselling sessions. The bereavement volunteers supported 16 clients with a total of 94 visits. There were 222 attendances at the new bereavement social evenings. A total of 412 family members and friends were supported through bereavement meetings on the In-Patient unit. Time to Remember events are held throughout the year and a total of 127 people attended these in 2017-2018.

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 recognise 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 are also represented at this Group. The outcomes of other working groups and meetings feed into the Clinical Governance Group, including clinical risk, 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 injury

The last on-site inspection was in December 2015 where 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 2017/18.

3.5(iii) Information Governance

Martlets Hospice is fully compliant with the NHS Information Governance Toolkit, achieving Level 2 compliance for the year 2017-2018. Our Information Governance Steering Group is responsible for monitoring compliance with legislation and overseeing the information governance work programme.

3.5(iv) National Audits

Martlets Hospice understands the importance of clinical audits and is committed to taking part in relevant studies. During 2017/18, we participated in the National Comparative Audit of Red Blood Cell Transfusion in Hospices.

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. During 2017/18 we have participated in three national research studies in partnership with Sussex Community NHS Foundation Trust. These are summarised below:

- OptCare Neuro – a trial to evaluate the effectiveness of short term specialist palliative care provided to patients living with long term neurological conditions.
- C-Change – a project to develop and validate a patient-centred, nationally applicable case-mix classification

for adult palliative care provision. The classification will reliably reflect the complex needs and concerns of patients and families, in order to enable the delivery of better quality and more efficient care in the last year of life.

- Alcohol Study – an observational study investigating the prevalence and impact of alcohol-related problems in cancer patients' and their caregivers'.

3.5(vi) Local Audits

We recognise that for our services to keep up with best clinical practice, and to develop in quality and reach to support people with an increasingly wide and more complex range of conditions, we need to be constantly evaluating our practice against the best standards possible. We have undertaken a number of clinical audits in the year 2017/18, which form part of the annual audit programme. The clinical audits completed in 2017/18 are outlined below:

Audit/Review/Evaluation title and outline	Outcome/Resulting Actions
Infection Control Audit	✓ New cleaning rota checklist introduced
Record Keeping Audit (within In-Patient unit and Hospice at Home Services)	<ul style="list-style-type: none"> ✓ List of acceptable abbreviations distributed to relevant staff ✓ Updates to staff on use of consent window
Blood Transfusion Audit	✓ Improve recording of consent in a consistent way
National Comparative Audit of Red Blood Cell Transfusion in Hospices	✓ Consistent recording of Hb for patients where a transfusion is indicated
Pressure Injury Review	<ul style="list-style-type: none"> ✓ Development of specific recording windows on the electronic patient record system ✓ Include training in mandatory training sessions
Medical Gases Audit	✓ Improved information for patients/families
Evaluation and feedback from Acupuncture service	<ul style="list-style-type: none"> ✓ Changes to the evaluation form ✓ Prioritisation of patients with a clinical need to have consecutive treatments
The effect of Complementary Therapies on sleep	✓ Only small study but there appears to have been a positive effect on patients. Would benefit from a larger study.
Bereavement and Counselling service evaluation	✓ Excellent feedback, majority of clients were more than satisfied with the level of support
Catering Surveys	✓ Consistently good
Consent Audits – spot checking	✓ Consent is being recorded in a variety of place within the electronic patient record. To design a specific electronic window so as to record in one place only.
Discharge Care evaluation	✓ Delays in discharge are usually due to difficulty finding appropriate care homes and care packages.
The effectiveness of using stat lines to deliver medication	✓ Only a small audit, so would benefit from expanding the audit to provide more robust feedback.

Audit/Review/Evaluation title and outline	Outcome/Resulting Actions
Spiritual Care Audit	<ul style="list-style-type: none"> ✓ Reintroduce the revised Spiritual Care aid-memoire card ✓ Deliver sessions on spirituality to clinical staff ✓ Review recording of spirituality
Oral Care audit	<ul style="list-style-type: none"> ✓ Completion of the care plan to support on-going care
Information Governance audit	<ul style="list-style-type: none"> ✓ Increase spot check audits
Medication errors	<ul style="list-style-type: none"> ✓ General decrease in number of errors. To continue to monitor.
Patient falls	<ul style="list-style-type: none"> ✓ General decrease in numbers. To continue agree strategies to minimise falls.
Accountable officer/ CD Medication/General Medication	<ul style="list-style-type: none"> ✓ Confirmed compliance

3.5(vii) Income

Martlets Hospice receives some funding from Brighton and Hove and High Weald Lewes and Havens Clinical Commissioning Groups to provide In-Patient Unit services and Hospice at Home services, and as such, 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.

Remaining income is through charitable donations, fundraising events, Martlets Lottery and trading activities. Our income in 2017-2018 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.

We have introduced a new e-learning platform with improved modules around health and safety, data protection and IT skills. All staff and volunteers have access to the e-learning site. 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.

An exciting development has been around management and leadership training. This training is available for all staff in a managerial position. Martlets believes that good care can only be achieved when there is strong team work and good managers are an essential component of this.

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, and a counsellor has gained a qualification in child bereavement. 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 support two nursing auxiliaries each year 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 teaching external health and social care professionals and in the past year we have provided study days and teaching events on Principles of Palliative Care, symptom control, syringe driver training, Palliative Care emergencies among other subjects.

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. We send out the VOICES-SCH survey to the patient's next of kin eight weeks after they have died. This satisfaction survey asks questions in relation to the In-Patient Unit, the Palliative Care Partnership 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 their contact details we will endeavor to contact them. This is especially important if the feedback highlights less than satisfactory care or support. An example of an action following feedback from the completed surveys include reviewing and updating the information we provide to patients staying on the In-Patient Unit.

In the year 2017-2018 we have also obtained feedback from patients through the patient experience survey pilot and through informal evaluation forms used within different services. As outlined in our priorities for the year ahead, we will be working to develop our approach to service user feedback and engagement.

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.

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 in 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 In-Patient bed occupancy and throughput and on patient falls and medication incidents. 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, during which incidence of pressure ulcers will also be benchmarked. The programme enables comparisons of similar sized hospices and gives a national average of all the hospices taking part. National benchmarking figures have supported our past quality improvement work around reducing falls and will continue to support our ongoing work around pressure injuries.





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



Registered Charity number 802145



Martlets
life-changing hospice care