

Quality Account 2019-2020



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Part 1: Statements of assurance and introduction to Martlets

1.1 Statement from the Chief Executive Officer

Martlets exists to provide the best palliative and end of life care and support to the communities of Brighton and Hove and its surrounding areas. The people we serve drive us to innovate and improve year on year and in this report, we evidence our progress towards identified priorities across a number of key areas.



Our progress is in support of our bold vision; we want everyone affected by a terminal illness to know that they can still feel hope, purpose and possibility. It's these words that inspire and influence our practice every day. For me, this vision is crystalised in our plans to better support people experiencing homelessness at end of life; one of our aims for the year.

In supporting improvements in patient safety, clinical effectiveness and patient experience, our ongoing investment in digital transformation is pivotal. We're committed to investment in the development and implementation of a new Electronic Patient Record (EPR) system that improves flow of information from point of referral.

Indeed, the move to an online world is something that has touched all of our lives and at such great speed throughout 2020 with the onset of COVID-19. Although the majority of this report is written about a time before the pandemic, it feels remiss not to mention the huge impact this has had on how we deliver safe and supportive hospice care.

Thanks to the support of the communities we serve and our dedicated, compassionate teams we've been able to keep caring throughout; adapting and learning at speed. As we look towards a time post-pandemic, our commitment to improving our hospice building remains as strong as ever. We have exciting plans for developing our hospice site so that we can provide safe, dignified and compassionate care in carefully designed en-suite rooms fit for the needs of all patients and their families.

A handwritten signature in black ink, reading 'Imelda Glackin'.

Imelda Glackin, chief executive officer of Martlets

1.2 Statement from Chairperson of Board of Trustees

In my role as chair, it's a great privilege to work with such a diverse and talented board who bring their skills and experience to the task of providing good governance. As trustees, we ensure robust monitoring of the performance and effectiveness of the hospice. Our shared commitment to the mission, vision and values of the organisation informs our work at regular board and committee meetings.



We are kept informed of the progress, challenges and innovations across all areas of the organisation from clinical to income generation. We both challenge and champion the work of the hospice and always with the best interests of patients and their families at the forefront of our minds.

This report provides an insight into some of the key areas where improvements have been achieved this year. It also looks ahead at how we best achieve continued, excellent care for our city and wider communities; through developments of practice, enhancing technology, and improvements to our physical space.

The global pandemic has brought so many different challenges to our everyday lives and not least to those providing frontline healthcare, such as the team at Martlets do. It has been an honour to support the Chief Executive and her leadership team to meet these challenges with resilience and compassion.

A handwritten signature in black ink, reading 'Juliet Smith'.

Juliet Smith

1.2 Vision, Mission and Values



Our Vision

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

Some people might think we're all about death and dying. But they couldn't be more wrong. Yes, we deal with death – but that's why we're so determined to cherish life. Not only the lives of the people we look after at home and in our hospice, but also the family and friends who receive our expert care and support.



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. We bring our community together to support families and individuals coping with bereavement.

We're at the heart of Brighton and Hove.



Our Values

From our caterers to our clinicians, marketing team to massage therapists, this is what we all have in common. This is what makes us Martlets.

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.



Part 2: Priorities for improvement – 2019-2020 and looking forward to 2020-2021

2.1 What we have improved in 2019-2020

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

2.2 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.

Summary of Action:

Following a review of the documentation of the assessment and management of pressure injuries, improvements were made to the skin integrity care plan in our electronic patient record system. This has resulted in clearer documentation which is easier and quicker to access, in particular for patients who have more than one pressure injury or areas vulnerable to pressure injuries. The pressure injury link nurses have carried out training with staff on the inpatient unit to improve understanding of the assessment, categorisation and appropriate management of pressure injuries. A Quality and Safety board has been introduced on the inpatient unit, displaying information to visitors and patients. The board includes details of the numbers of pressure injuries patients have acquired during admission and demonstrates our openness and transparency around this important aspect of patient care.

2.3 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.

Summary of Action:

Our community nurses now work within three teams based on geographical location and aligned to GPs and district nursing teams. The teams consist of a broad skill mix including band 7 Clinical Nurse Specialists, Band 6 nurses and Band 4 Assistant Practitioners and manage team caseloads of equal size and complexity. The three community teams work together with our Hospice at Home service to provide a fully responsive and flexible service to meet the needs of patients at home.

2.4 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.

Summary of Action:

The Ward Sisters/Charge Nurse carried out a total of 9 one-to-one interviews with patients the day following their admission to the inpatient unit. The interviews covered prospects and arrangements for admission, arrival and the first few hours on the inpatient unit, the inpatient unit environment and any additional points the patient wished to raise. Results from the interviews were overwhelmingly positive, but did allow for actions to be taken immediately to address individual patient's needs. For example, the position of one patient's bed was moved so that they could more easily view the television. One patient highlighted that more information about the routine of the care provided would be helpful and as a result, inpatient unit as well as Community Service staff have been made aware of the need to provide this information to patients and families.



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 2020-2021.

2.6 Priority 1: Patient Safety

We will implement, monitor and review a change to the timings of drug rounds on our inpatient unit to reduce additional drug rounds and to address an identified pattern in drug errors on the 10am round.

How was this identified as a priority?

Regular monthly monitoring of medication incidents highlighted that there was an emerging pattern of drug omissions taking place at 10am during the morning controlled drug round. This was identified as a particularly busy time on the ward by the multidisciplinary team and it was agreed to administer the controlled drugs alongside non controlled drugs at the earlier drug round at 8am. As a consequence, the evening controlled drug round will also be moved from 10pm to 8pm.

What do we want to achieve?

We want to see a reduction in the number of drug omissions or other errors during the morning drug round. By combining two rounds into one we will be reducing the pressure on staffing resources throughout the morning, allowing our nursing staff to be more available for other aspects of patient care.

How will this be achieved?

The morning and evening drug rounds will be combined so that there is one in the morning and one in the evening. This will be monitored monthly at the Clinical Risk Meeting for the first three months and comprehensively reviewed by the Medicines Management Group after the first three months. Outcomes and any further recommended changes or actions will be fed back to the Clinical Governance Group.



2.7 Priority 2: Clinical Effectiveness

We will replace our existing electronic patient record system with a new system in order to enable more effective and efficient sharing of information with external services. The implementation of the new system will also assist us in refining our current documentation and administrative processes within our clinical services, allowing us to ensure we are using our resources in the most effective way.

How was this identified as a priority?

Our existing electronic patient record system is no longer being developed and so as a result is not able to continue to meet the needs of our clinical services now and in the future. It is also incompatible with other systems that are widely used in our local health economy and so information cannot be shared between systems. This can result in delays in accessing important information about new referrals and existing patients, as well as limitations to the ways in which we share information with other services

What do we want to achieve?

We will tailor the chosen EPR system to meet our service needs and to ensure efficient and effective processes within our clinical services, as well as the functionality to enable the sharing of information where necessary and appropriate. The new system will be developed with clinicians at the forefront to ensure that documenting in patient notes can be done efficiently and information retrieved and reported on reliably.

How will this be achieved?

We will work with a system consultant to support us through the design, build and implementation of the new EPR system. A project team consisting of representation from each of the different clinical services areas will look at all aspects of the system use and ensure that documentation and reporting requirements for each service are met. The project will be supported by a project manager who will ensure that work is completed as per agreed the agreed milestones and will report progress regularly to the Director of Clinical Services, as the project lead. There will be a new Clinical Systems Manager role within the organisation who will play a key part in the system implementation and training of clinical staff and will be responsible for the ongoing management of the new system.



2.8 Priority 3: Patient Experience

We will improve the provision of palliative and end of life care for people experiencing homelessness within Brighton and Hove. We will do this by creating and delivering a palliative care education and support programme to staff working in hostels, day centres and other care providers. We will work collaboratively with the local Homeless Nursing Team to design and implement a Palliative Care Flow Chart Tool. This will help these services identify and support homeless and vulnerably housed people with palliative and end of life care needs and to arrange appropriate and timely health and hospice care for them. Homeless people will gain from earlier intervention which takes account of their wishes and goals and delivers care designed around their needs.

How was this identified as a priority?

Brighton & Hove has a large homeless population (3,876 people according to This is England: A Picture of Homelessness in 2019, Shelter). One of our Senior Staff Nurses has been developing links and working with local homeless services for the past two years and has found that amongst hostel and day centre staff there is a lack of training, knowledge and awareness of palliative and end of life care needs as well as a low understanding and use of the care options available. There is a need for services to establish common processes, share information and develop a clear pathway for people to access the care and support they need.

What do we want to achieve?

We want to ensure that people with palliative care needs are identified sooner and given improved access to supportive and palliative care services to achieve improved quality of life.

The education programme and use of the Palliative Care Flow Chart Tool will ensure that everyone accessing hostel, day services and other key agencies will benefit from better informed staff who are more equipped to recognise people with palliative care needs, to know what services are available, to establish people's wishes about their care and to know when and how to refer people to our services. This will result in increased numbers of people experiencing homelessness will be identified as having palliative care needs allowing extra time to understand their wishes about their care and goals, reconnect with family and to build trust of hospice services as well as enabling carers and significant others to be involved and supported too.

We aim for this work to result in all agencies working to deliver services to homeless people in Brighton & Hove working more closely together, sharing information and making effective referrals to better support the people they help. This will include a greater understanding of the number of people with palliative care needs to inform future service delivery and collaboration.

How will this be achieved?

A designated Senior Staff Nurse will lead this work, with input from two Clinical Nurse Specialists within the Community Service. The work will be carried out over a 12-month period, with the first 3 months developing the education package and Flow Chart Tool and 9 months spent delivering the training to local services and care providers. The work will be fully evaluated at the end of the project to ensure objectives are met and outcomes can be sustained through future work and continued partnerships.



Part 3: Quality performance overview: 2019-2020

Our Clinical Services

In the year 2019- 2020, the Martlets Hospice supported and cared for 1,815 patients and provided services directly to 1,153 carers. Many more carers were supported informally. Performance in each of the clinical services is further described below.

3.1 Inpatient Unit

The inpatient unit has 18 beds including 10 single rooms, two of which can accommodate family members, and two 4-bedded bays. In the year 2019-2020, the inpatient unit cared for a total of 273 patients who had 293 admissions. The average occupancy of the inpatient unit was 72%, which is slightly less than previous years. The majority of the patients cared for on the inpatient unit have a diagnosis of cancer (84%). 71% of patients were cared for at end of life and died in the hospice.

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, chaplains 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 1,668 patients and carers were supported and cared for by the Community Team in the year 2019 to 2020. 7,775 face-to-face visits were made to 961 individual patients.

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 2019-2020, 24,245 calls were received and made, with 17% of these calls occurring at weekends.



3.3 Outpatient Services

Outpatients 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, mindfulness. The day services team saw a total of 554 patients (48%) and carers (52%), who received a total of 2,670 face to face contacts. In particular, the rehabilitation team, consisting of physiotherapy and occupational therapy, saw 95 patients for 492 clinic sessions. The day services clinical nurse specialist saw 129 patients in 325 clinic appointments.

Most of these patients had a diagnosis of cancer (80%) with 20% of patients having non-cancer diagnoses such as motor neurone disease, chronic respiratory disease, heart failure and dementia.

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 12 events in the past 12 months.

3.4 Bereavement Services

The bereavement service offers one to one counselling with qualified counsellors and one to one support from trained bereavement volunteers, as well as group counselling specifically for men in the form of a group held at a local allotment and bereavement support in a social evening setting.

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 2019-2020, a total of 284 clients accessed 1080 bereavement counselling sessions. This includes sessions delivered by both staff counsellors and volunteer counsellors. The bereavement volunteers supported 33 clients with a total of 180 visits.

A total of 101 individuals made 301 attendances at the bereavement social evenings. A total of 533 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 75 people attended these in 2019-2020.



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 are also represented on this group. The Group meets every six weeks, alternating the content of meetings between Safety and Quality, enabling full review and discussion of relevant topics and issues. The outcomes of other working groups and meetings feed into the Clinical Governance Group, including the inpatient unit clinical risk meeting, the Community Service Quality and Safety Forum, Medicines Management Group and the Audit Committee. 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 2019/20.

3.5(iii) Information Governance

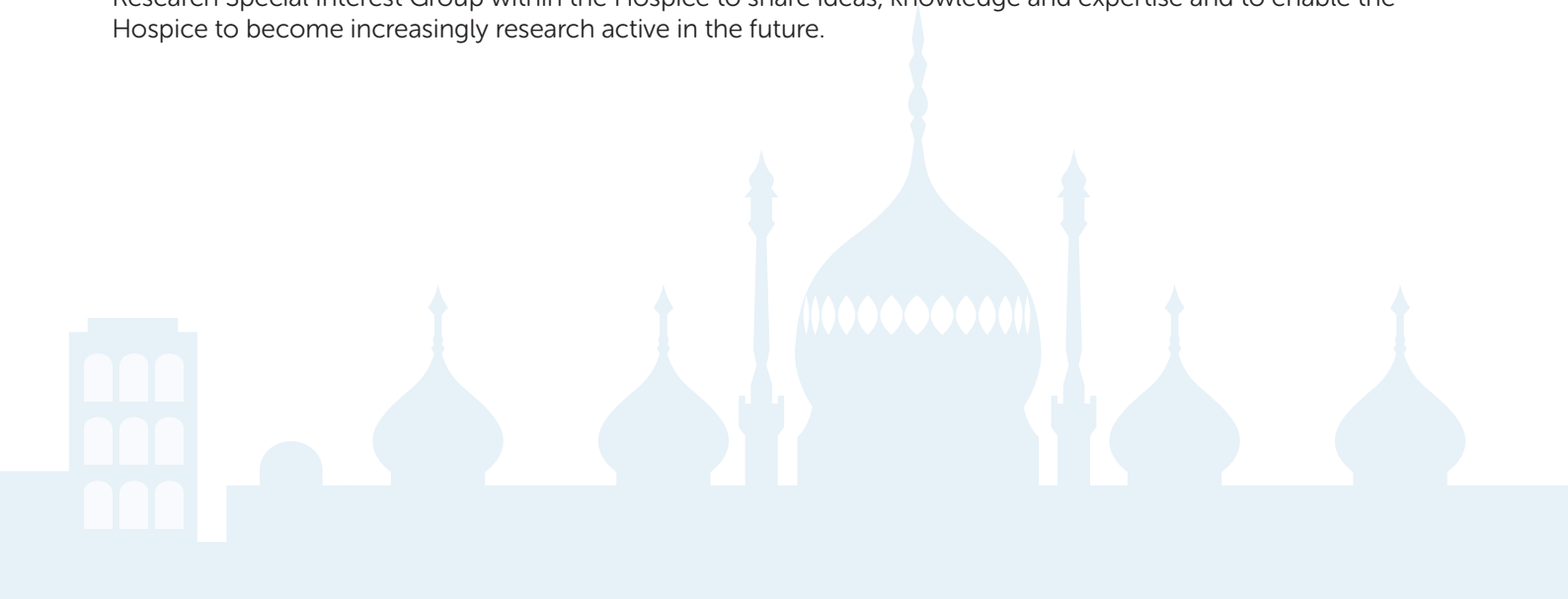
Martlets Hospice is fully compliant with the new NHS Data Protection and Security Toolkit and submits the completed toolkit annually. Our Information Governance Steering Group is responsible for monitoring compliance with legislation and overseeing the information governance work programme.

3.5(iv) National Audits

During 2019-2020, Martlets Hospice did not participate in any national clinical audits or national confidential clinical enquiries. However, we carried out a number of internal clinical audits, detailed below in section 3.5 (vi).

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. We have formed a new Research Special Interest Group within the Hospice to share ideas, knowledge and expertise and to enable the Hospice to become increasingly research active in the future.



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 and audits integral to the quality of our clinical services in the year 2019-2020 which form part of the annual audit programme. These are outlined below:

Audit/Review/Evaluation title and outline	Outcome/Resulting Actions
Record keeping audit	<ul style="list-style-type: none"> ✓ Ensured consistent documentation of consent for syringe drivers ✓ Improvements to care plan documentation
Discharge service evaluation	<ul style="list-style-type: none"> ✓ Identified reasons for delays to discharges to inform service improvements
Corneal donation audit	<ul style="list-style-type: none"> ✓ Increase in patients donating corneas
DNACPR documentation for rehab patients audit	<ul style="list-style-type: none"> ✓ Improved recording of CPR decisions
Accountable officer/CD medication/general medication audits	<ul style="list-style-type: none"> ✓ Confirmed compliance ✓ Updates to relevant policies
Dignity in care audit	<ul style="list-style-type: none"> ✓ Increased attention to mouth/dental care and to nail care
Infection Control audit	<ul style="list-style-type: none"> ✓ Introduced daily updates for staff ✓ Excellent results for environmental audit ✓ Improvements in hand hygiene, adherence for uniform policy and handling sharps
Patient Own Drugs (PODs) cabinets in patient room audit	<ul style="list-style-type: none"> ✓ Improved checking of PODs cabinets on each shift
Catheter care audit	<ul style="list-style-type: none"> ✓ Improved documentation of type of catheter used and date to be changed
Complementary therapy service evaluation	<ul style="list-style-type: none"> ✓ Evidenced positive outcomes of therapies provided ✓ Semi-structured interviews completed for more detailed feedback
Blood Transfusion Audit	<ul style="list-style-type: none"> ✓ Improved documentation of blood transfusion process ✓ Good compliance with policy

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, legacies, fundraising events, Martlets lottery and trading activities. Our income in 2019-2020 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' education programme continues to grow to provide development opportunities for our clinical teams, support staff, volunteers as well as health and social care professionals in other local organisations. Almost 1000 training events have been attended by staff during 2019-2020. Our mandatory and statutory study days for clinical services are attended by approximately 120 Martlets staff covering subjects including symptom management, dementia care and bereavement and loss. Other key training programmes for staff across the organisation include Management Development and Volunteer Management, which also promote and enable cross organisational working.

A focus for 2019-2020 has been to build on safeguarding training across all parts of the organisation. All hospice staff have completed between levels 1-3 training with approximately 100 hospice volunteers completing level 1. Emphasis on this training will continue throughout 2020 to ensure completion by all fundraising and retail teams.

Our Clinical and Learning and Development teams continue to share their expertise through the delivery of training in end of life care, teaching a degree module in partnership with the University of Brighton and supporting medical students completing their placements in palliative care. We continue to support local care homes by providing palliative and end of life care training via webinars to staff.

We encourage and support further study and qualifications for all our clinical staff and many of our nurses are undertaking degree or masters level courses. 19 nurses across our clinical services undertook 26 degree level modules throughout the last year. Modules have included study skills, mentorship, nurse independent prescribing, dissertation, end of life: principles of care, end of life: chronic and long-term conditions and advanced clinical practice. We also support nursing auxiliaries to complete the Assistant Practitioner's Foundation Degree and in the last year, 2 members of staff completed this course with a further nursing auxiliary entering the second year of study for this qualification.



3.7 Feedback about our organisation

3.7(i) Duty of Candour

Martlets Hospice always aims to be open and transparent in our care and this is evident in our culture of openness and honesty in reporting incidents, near misses, mistakes and concerns. Thorough investigations are undertaken and we always acknowledge and apologise for any errors or failings in the care and services we provide. We are committed to learning as an organisation and report all incidents, complaints and concerns to the Clinical Governance Group and Clinical Governance Committee, ensuring outcomes inform practice improvements and service developments.

3.7(ii) Freedom to Speak Up

Staff are encouraged to speak up if they have concerns over the quality of care provided, patient safety or bullying and harassment, for example. Our Freedom to Speak Up Guardian can provide confidential advice and support to staff and is part of a regional network of Guardians who feedback on key issues to the National Guardian's Office. Information, including ways to contact the Freedom to Speak Up Guardian, is available for all staff on our intranet as well as in our Raising Concerns Policy.

3.7(iii) 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 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 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 44%. If the respondent has included their 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.

Our Service User Engagement Group coordinates all service user engagement activity and is currently developing a service user engagement strategy to promote further engagement within relevant projects, service developments and in setting up new services. The Group acts as a resource for service user engagement and collates themes from service user engagement work in order to make recommendations.

3.7(iv) 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, in line with the Duty of Candour. We disseminate learning and actions from complaints where appropriate to the relevant clinical teams.

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. Compliments and plaudits are also shared with staff and volunteers where possible.

3.7(v) Hospice UK national benchmarking programme

Hospice UK's national benchmarking programme focuses on In-Patient bed occupancy and throughput, 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. Data from the benchmarking programme is collated on a quarterly basis and used to inform discussions at such forums as the Clinical Risk meeting on the inpatient unit and the Medicines Management Group. The data is reviewed by the Clinical Governance Group annually.

Part 4: Statements from our partner and local organisations

4.1 Healthwatch

Copy of this quality account has been shared with our local Healthwatch.

4.2 CCG

Response Martlets Hospice Quality Account 2019-2020

5 December 2020

We would like to thank the Martlets Hospice for this report, and recognise the sensitivity and importance of their work providing care to adults living through a terminal illness during the COVID-19 crisis.

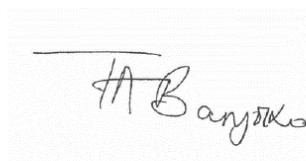
The CCG is committed to ensuring the needs of people of all ages who are at the end of their lives, and those who are bereaved. This report brings into view the great improvements made in the last year in patient safety, clinical effectiveness and patient experience and sets out the priorities for the next year.

The challenges Martlets staff have faced to keep caring during the coronavirus pandemic have been huge, and introduced new measures and additional steps to ensure they were able to protect their vulnerable patients and staff. Due to COVID restrictions, relatives have often not been able to visit the ward until a patient is close to end-of-life, and Martlets staff have still been there throughout the pandemic to help patients, to offer support and to reassure them.

In addition to the fantastic care provided by Martlets, the CCG recognises the excellent support they offer to other care providers in the city. This includes working closely with local GPs as part of the Gold Standard Framework for End of Life which is embedded within the city. It also includes close working with care and nursing homes providing an education programme and during the pandemic virtual tea and cake and general support.

The CCG have also been very happy to be involved in the 'You are never alone project'. This project aims to help build community between the generations, linking schools across our city to local care homes. Teachers are inviting children of all ages to create a letter, poem, piece of art or audio recording. This is then shared with a care home resident living nearby.

Again, we would like to thank the Martlets Hospice and their hard working staff for their valuable work, and welcome the opportunity for a continued dialogue to ensure the best quality of care and support at the end of life.



Lola Banjoko
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