Martlets
life-changing hospice care

Quality Account 2020-2021

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

Quality Account 2020- 2021

Contents

PART 1

Statements of assurance and introduction to Martlets Hospice

1.1 **Statement from the Chief Executive**

It is our vision at Martlets to ensure that everyone affected by a terminal illness can feel hope, purpose and possibility. In a year like no other, this vision has been even more important to the communities we serve across Brighton and Hove and the Havens.

The speed with which our teams had to change and adapt to ensure we could keep caring safely was phenomenal. We had to reduce capacity on our inpatient unit and deliver supportive outpatient care via Zoom and telephone and for many staff, their homes became their office.

But in some ways the pandemic reminded us how hospice care has always been more than just what goes on in a building. It is an ethos and philosophy of care and it is delivered everywhere throughout our city.

In the face of these rapid changes, we remained committed to improving patient safety, clinical effectiveness and the patient experience. That we were still able to update our digital patient record system is a huge credit to all involved and this has improved access from point of referral onwards. Furthermore, our work with local care homes and with people who are vulnerably housed or experiencing homelessness has seen us reach deep into our community.

As I reflect on the year, I'm especially grateful to the kindness and support shown from the communities we serve which have helped us keep caring, and to our dedicated and highly-skilled teams. We have exciting plans to improve our hospice site to ensure that safe, dignified and compassionate care will remain accessible for our community for many years to come.

Imelda Glackin,
CEO of Martlets

1.2 **Statement from Chair of Board of Trustees**

I am proud to lead a diverse and skilled board which are focused on providing outstanding governance to Martlets. The pandemic has brought so many challenges and changes to the way we live and work but as a board, our shared commitment to the vision and values of the organisation has helped us meet these with care, determination and openness.

As trustees, it is our role to ensure robust performance monitoring and to champion on behalf of all patients and families who use the service. We advise and support across all sectors of the organisation, including clinical, fundraising and trading.

This year's quality account provides an insight into some of the areas where service improvements have been achieved – not least in use of digital technology – and sets out where additional progress can be made. By learning from all we do, we aim to provide a clear vision for best-in-class care for our communities.

It has been a privilege to support the truly dedicated Chief Executive and her leadership team to meet the relentless challenges of this past year with calm and compassion. Martlets is ever-evolving, as is best shown by our commitment to enhance our hospice site in Hove.

Juliet Smith
Chair of the board of trustees

Our Vision

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

Our Mission

We provide people affected by terminal illness in Brighton and Hove and neighboring 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.

Our Values

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

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.

COVID-19

As experienced by the whole of the UK, the pandemic has affected Martlets as much as everywhere else. We have been hugely supported by our local community who have provided PPE, financial support and of course chocolates for staff!

The clinical services at Martlets had to introduce different ways of delivering services and quickly introduced remote video consultations as an alternative to face-to-face appointments. Counselling for patients and bereaved relatives have been delivered this way throughout the pandemic.

Many patients needed to shield so to continue providing emotional support virtually, we implemented remote sessions including yoga, relaxation, physiotherapy sessions etc and the coffee morning and choir re-formed remotely enabling group and social activities and providing essential peer support.

In the inpatient unit (IPU), we encouraged loved ones to send tokens and pictures to display in patient rooms and staff helped facilitate virtual visits and contact with the use of tablets.

How COVID-19 has affected In Patient Services

With the need to socially distance, the IPU was unable to fully use the four bedded rooms throughout the pandemic. Only single rooms or family rooms have been used and this has therefore reduced bed capacity from 18 to 12 beds. Patients have been prioritised for admission as before but there has been an overall reduction in admissions as many people wanted to be cared for at home and this has been supported by the community teams.

How COVID-19 has affected Community Services

Throughout the year the community teams have continued working, prioritising face to face visits for those in need. Some of the support in the community was shifted to remote ways of working such as video consultation or telephone support and the number of telephone consultations rose significantly.

PART 2

Priorities for improvement 2020-2021 and looking forward to 2021-2022

2.1 **What we have improved in 2020-2021**

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 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.

Summary of Action

After reviewing drug round times at both Clinical Risk and Medicine Management Group, we implemented 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. 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. Therefore, the evening controlled drug round was also moved from 10pm to 8pm.

We have completed two audits following this change and overall have seen a reduction of drug errors in particular Controlled Drug drug errors. However qualitative data shows the 8pm drug round can be challenging as this is close to the time for completing documentation and handing over to night staff.

The 8am drug round change has been well received and is beneficial in patients receiving their medication at the beginning of the day and at a similar time to when they would take it at home.

In addition to the change in times of the morning and evening drug rounds, changes to four hourly medication has also changed to come in line with the 8am and 8pm drug rounds.

The above changes have been closely monitored monthly at the Clinical Risk Meeting for the first few months and then reviewed by the Medicines Management Group. Outcomes and any further recommended changes or actions will be fed back to the Clinical Governance Group.

2.3 **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.

Summary of Actions

We have tailored the chosen electronic patient record system to meet our service needs and to ensure efficient and effective processes within our clinical services, as well as ensuring it has the functionality to enable the sharing of information where necessary and appropriate. The new system has been and is being developed with clinicians at the forefront to ensure that documenting in patient notes can be done efficiently and information retrieved and reported on reliably.

We worked with a system consultant to support us through the design, build and implementation of the new electronic patient record system. A project team consisting of representation from each of the different clinical services areas reviewed all aspects of the system use and ensured that documentation and reporting requirements for each service were met. The project was supported by a project manager who will ensured that work was completed as per agreed the agreed milestones and will report progress regularly to the Director of Clinical Services, as the project lead. We appointed a new Clinical Systems Manager role within the organisation who played a key part in the system implementation and training of clinical staff.

Training commenced in January 2021 for all staff that would be using the new system and the new electronic patient record system-SystmOne-went live 2nd February 2021 following many weeks of training.

At 'Go live' we had a designated team of floor workers and their role as champions was to support staff and answer queries. This included staff being available out of hours to assist with queries.

2.4 **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. People who are homeless will be able to access earlier intervention which takes account of their wishes and goals and delivers care designed around their needs.

Summary of Actions

This project was delayed due to COVID-19 restrictions but began in January 2021 by creating and delivering a palliative care education and support programme to staff working in hostels, day centres and other care providers. Our team consisting of experienced nurses with input from medical staff have worked collaboratively with the local Homeless Nursing Team to design and implement a Palliative Care Flow Chart Tool. This is to 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.

The first three months of 2021 has been spent setting up the project and specifically piloting the two hourly teaching session. These sessions happened successfully in February and March.

The plan going forward is to commence the teaching from April 2021 in two or three different slots a week and to continue this until the end of the year.

The teaching is for front line staff working in the homelessness and vulnerably housed sector. There are currently 20 different organisations involved but other organisations are interested in joining.

Teaching includes: Complex needs of the homeless including frailty, substance misuse, mental and physical health needs, barriers to engaging with healthcare, total pain and advance care planning.

2.5 **What we will improve in 2021-2022**

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 2021-2022.

2.6 **Priority 1: Patient Safety**

We will improve reporting Accidents, Incidents, Near misses and all medication errors and incidents in the reporting database-Sentinel. Some changes to the reporting system itself will be included.

The main aim will be delivering training to all clinical staff improving user confidence which will lead to:

- Improved completion of Sentinel reporting forms
- Thorough investigation and root cause analysis by managers
- Streamlining of the categories and changes to Sentinel to both make reporting easier and the reports more concise.

How was this identified as a priority?

This has been identified as a priority this last year by noting gaps in reporting on the forms each month. For example, details missing or an incorrect category being chosen which in turn affects the drop-down options affecting relevant and full completion of the form.

In addition, sometimes investigations could be more thorough looking at root causes of incidents. Discussions which have taken place with individual staff need to be documented and action plans for any support needed for individuals documented. Reviewing monthly reports revealed there were too many overlapping categories on the system and the need for more concise reports noted.

What do we want to achieve?

Improved completion of each Sentinel form.

We would like to achieve fuller investigations which will support staff and ideally prevent incidents happening a second time and ensure learning takes place. We would like to be a catalyst of change in standardising the categories in benchmarking with Hospice UK as well as combining some of the categories to make it easier for staff completing the forms.

How will this be achieved?

- Training to be rolled out in 2021 for clinical staff in completion of the forms.
- Training in root cause analysis investigations of each incident.
- Reduction of categories on Sentinel and further discussions with Hospice UK in working to standardise the categories. The first step in this is to conduct a deep dive medication incidents audit with other Hospices to understand which categories are being reported as errors.

2.7 Priority 2: Clinical Effectiveness

Effective designation of attendance at meetings and communication flow to all clinical staff. Ensure that meetings attended by clinical staff are relevant and staff can actively participate and share learning. This priority is in line with our 2020-2021 Clinical Strategy which is to review roles and responsibilities and meeting structures.

Closure of audit cycle and appropriate feedback given to relevant staff. Audit/re-audit is assigned as appropriate, and staff supported to complete this as needed. All relevant documents on shared drive including updated clinical audit process and standardised templates.

How was this identified as a priority?

The Medical Director reviewed Governance structure and flow of information. Please see flow chart on the next page.

Some staff were not engaged with the clinical audit and it was important to set up structures to allow the audit to be embedded throughout the organisation.

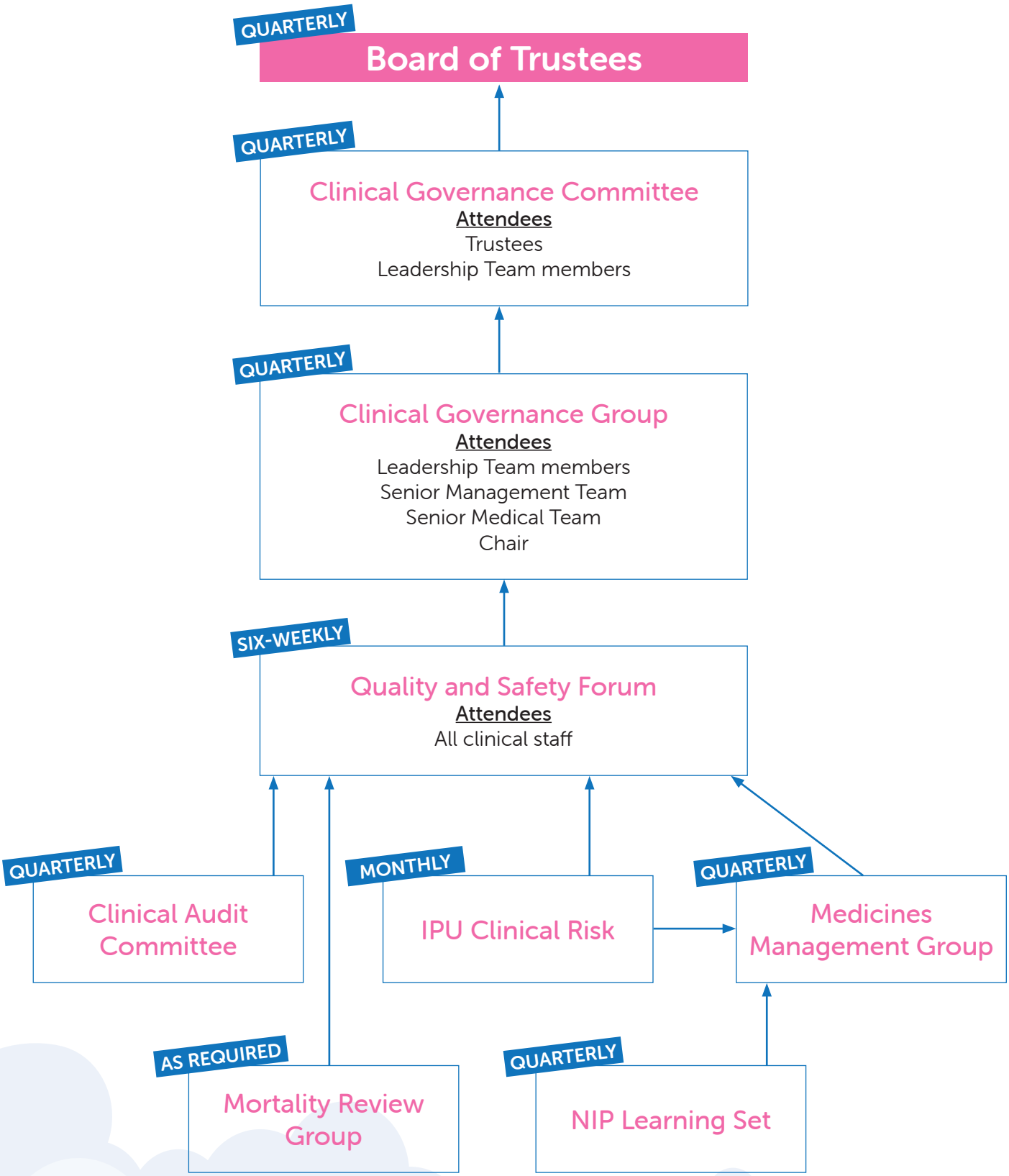
What do we want to achieve?

- Organisation and streamlining of meetings leading to a robust system of Governance and clarity of communication from Board level to every clinician in the organisation. Ensuring the right staff are at the right meetings and have opportunity to share learning and to actively participate.
- Audit being part of the whole organisation and all clinical staff involved in this. Closing the audit loop to ensure appropriate timely feedback, a re-audit is carried out and learnings shared fully with staff.

How will this be achieved?

- There have already been changes to meeting structures. New structure is currently unfamiliar but the plan this year is to embed this in practice and involve clinical staff at all levels.
- Embed completion of clinical audit into all clinical teams and make sure action logs are completed and actioned and learning is shared at the right forum effectively to improve patient care.

Clinical Governance Format 2021



2.8 Priority 3: Patient Experience

We would like to ensure all clinical practitioners in both inpatient and community services are using IPOS (Individual Patient Outcome Score) to reflect patient experience. Staff to encourage completion of patient led IPOS when possible. IPOS has proven beneficial in giving data about the effectiveness of Palliative care measures and can give valuable information regarding thoughts, feelings and the experience of our patients. Please see the IPOS score below. This priority is in line with our Clinical Strategy for 2021-2022.

How was this identified as a priority?

We are not gathering information about patient experience in ways we may be able to do so outside of COVID-19 pandemic due to additional precautions in place. However, IPOS is an established measure of patient assessment of systems and patient experience this priority is in line with Martlets clinical strategy.

What do we want to achieve?

- We would like to gather data around patient experience useful for learning and to improve quality of life for patients.
- Use IPOS stratification at referral/triage/assessment for Community settings and on admission to the inpatient unit to enable clinicians to provide best possible care.
- Review IPOS score at multi- disciplinary meetings and at change of phase of illness or status of disease.
- Increase confidence for all clinical staff both in using this tool and understanding the results to implement the appropriate measures and monitor effectiveness.

How will this be achieved?

- This will be achieved in highlighting the importance of using this tool at meetings e.g. Quality Improvement/Governance, Multi-Disciplinary and team meetings. Encouraging all staff to use the Patient version IPOS where possible (please see overleaf).
- Clarify to all clinicians the need to use this tool at the times outlined above and importantly to review regularly.
- Embed using IPOS score as an assessment tool at all Multi-Disciplinary meetings and review patient when disease status changes.
- Training delivered to all staff in how to use this tool effectively.

IPOS Patient Version Community

For staff use Crosscare Number

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Name .....

Date (dd/mm/yyyy)

		/			/				

Please write clearly. Your answers will help us to keep improving your care and the care of others. Thank you.

Q1. What have been your main problems or concerns **over the past week?**

a) _____

b) _____

c) _____

Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick the box that best describes how it has **affected you over the past week.**

	Not at all	*Slightly*	*Moderately*	*Severely*	*Overwhelmingly*
Pain	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Shortness of breath	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Weakness or lack of energy	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Nausea (feeling like you are going to be sick)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Vomiting (being sick)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Poor appetite	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Constipation	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Sore or dry mouth	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Drowsiness	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Poor mobility	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Please list any **other** symptoms not mentioned above, and tick the box to show how they have affected you **over the past week.**

1)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
2)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
3)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

Over the past week:	*Not at all*	*Occasionally*	*Sometimes*	*Most of the time*	*Always*
Q3. Have you been feeling anxious or worried about your illness or treatment?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q4. Have any of your family or friends been anxious or worried about you?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q5. Have you been feeling depressed?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	Always	*Most of the time*	*Sometimes*	*Occasionally*	*Not at all*
Q6. Have you felt at peace?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Q8. Have you had as much information as you wanted?	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	Problems addressed or No problems	Problems mostly addressed	Problems partly addressed	Problems hardly addressed	Problems not addressed
Q9. Have any practical problems resulting from your illness been addressed? (Such as financial or personal)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

	On my own	With help from a friend or relative	With help from a member of staff
Q10. How did you complete this questionnaire?	☐	☐	☐

If you are worried about any of the issues raised on this questionnaire then please speak to a member of the clinical team

PART 3

Quality performance overview: 2020-2021

Our Clinical Services

In the year 2020- 2021, the Martlets Hospice supported and cared for 1942 individual patients and provided services/support to 976 carers. Performance in each of the clinical services is further described below.

3.1 **Inpatient Unit**

As outlined earlier, due to the Covid-19 pandemic, the Inpatient unit has a current bed capacity of 12 beds. In the year 2020-2021, the inpatient unit cared for a total of 216 patients some of whom had multiple admissions. The average occupancy of the Inpatient unit was 49% which is significantly less than previous years. During the pandemic, many patients and their families wanted to remain at home. 24% of the patients cared for on the inpatient unit had a non-cancer diagnosis which is an increase from previous years. Of those admitted, the majority remained at the hospice for end of life care.

3.2 **Community Services**

The Community Team consists of a multi-disciplinary team of Clinical Nurse Specialists, Hospice at Home team, Doctors and other health and social care professionals including social workers, occupational therapists, chaplain, and counsellors, as well as a range of volunteers providing services to patients and their families in the community as part of the wider Community Service. A total of 1,905 patients' and carers were supported and cared for by the Community Services in the year 2020 to 2021. 2,783 face-to-face visits were made to 613 individual patients. To ensure patient safety, the number of face to face visits was much reduced during the pandemic however this was countered by remote consultations and a significant increase in telephone support.

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 2020-2021, 43,323 calls were received and made, close to double the amount of calls last year, with 16% of these calls occurring at weekends.

3.3 **Outpatient Services**

Outpatient Services were significantly affected by the pandemic, as they were unable to take place safely face to face the space needed to socially distance.

This last year, Outpatient services needed to adapt and be delivered remotely. Remote sessions that were developed included yoga, relaxation, choir, rehabilitation etc. 546 individuals accessed these services and for some this was easier than trying to attend outpatient appointments. Wellbeing calls meant that 4,695 telephone calls were made to support people at home.

3.4 **Bereavement Services**

The bereavement service offers one to one counselling with qualified counsellors and one to one support from trained bereavement volunteers. Counselling sessions are offered on all days except Sundays and the service is available in the evenings as well as during the daytime.

During this period due to the pandemic many of the usual activities e.g. Time to Remember were suspended. Face to face consultations were ceased and the counselling sessions were all undertaken remotely. The number bereavement counselling sessions increased from 1,080 to 1,159 during the year.

The following activities were initiated during the pandemic to support the bereaved.

- 10 day post death COVID-19 bereavement letter to all identified significant family and friends (new).
- Early bereavement support letter with *Life after Bereavement... living with loss* booklet (between 3-4 weeks post death) for those identified as in need.
- 6 week bereavement support letter with *Life after Bereavement...living with loss* booklet to all identified family and friends (except those who received early letter).
- Monthly bereavement blog on website (new).
- All face-to-face work was suspended for the whole pandemic period.
- Volunteer Counsellor service was suspended between April 2020–November 2020.
- Bereavement Support Volunteers stopped home visits and no new referrals were allocated until November 2020.
- Earthworks (Men's bereavement group) was suspended for the whole period.
- Time to Remember was suspended for whole period.
- Pebble Walk was cancelled.
- Light up a Life was pre-recorded and went out on Facebook in December.
- Bereavement Social Evening was suspended until February 2021 and recommenced in March 2021 via Zoom.
- Assessment for bereavement support by staff counsellor once referral made via the telephone or via Zoom for whole pandemic period.
- 1-1 bereavement counselling via telephone or Zoom by staff counsellors for the pandemic period.
- Volunteer counselling bereavement support recommenced November 2020 via telephone or Zoom.
- Bereavement Support volunteers recommenced support via telephone or Zoom November 2020.
- Bereavement meetings for families after a loved one died on the Inpatient unit were done via telephone or Zoom.
- Bereavement contact calls for families after a loved one died in the community were done by telephone.

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 on this Group. The Group now meets quarterly with the content of the meetings focusing on the Safety and Quality of the organisation, 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 Quality and Safety Forum, Medicines Management Group and the Clinical Audit Committee. The Clinical Governance Group reports to the Clinical Governance Committee, which is accountable to the Board of Trustees.
(See flowchart on page 10)

3.5 **(ii) Care Quality Commission (CQC)**

Martlets Hospice is registered 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 2020-2021.

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 programmer.

3.5 **(iv) National Audits**

During 2020-2021, 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. Martlets Hospice did not partake in any National Research during 2020-2021.

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 2020-2021 which form part of the annual audit programme. These are outlined as follows:

Clinical Audits April 2020-March 2021

Name of audit	Results and Actions
Syringe drivers	✓ Change from 12 hourly to 24 hourly syringe drivers made.
Changing 12 hourly versus changing 24 hourly	Audit showed change successful.
Patient falls audit	✓ Falls prevention policy updated.
Medical gases (Hospice UK audit)	✓ Multi- disciplinary Post falls assessment window has been designed and in use on SystmOne (Electronic Patient Record System).
Environmental Infection Control re-audit	✓ Oxygen storage reviewed, close to expired equipment renewed.
Five Priorities of Care	✓ May 2020 and November 2020 swabs taken, excellent results.
ReSPECT audit	✓ Excellent compliance in all areas. Comparing our service documentation to nationally agreed standards, we are meeting these standards where are service is directly involved 100% of the time
Patient Own Drug's cabinet re-audit	✓ Overall good compliance
COVID-19 inpatient Unit spot checks	✓ March and July 2020, March 2021
COVID-19 Community spot checks	Some drugs not prescribed in Patient Own Drug's cabinets immediately addressed and peer audit now in place.
Administration of blood transfusions	✓ Good understanding around donning and doffing PPE
Education audit in relation to student placements	✓ Good understanding around donning and doffing PPE
Hospice at Home access to medication in the community issues	✓ Significant improvement in compliance in documentation from 2020 audit
Health care records audit	✓ Hospice up to date with mentorship updates and training
Drug errors in relation to change in drug times	✓ In 9 days, there were 18 incidences recorded where there were challenges accessing medication in the community which took a total of 13.92 hours of staff time to resolve
Single checking audit	✓ Consistently good documentation
Diabetes assessment re-audit	✓ 8am drug round helpful change, staff unsure about 8pm drug round which is currently under review
Nutritional assessment window re-audit	✓ Drug errors neither decreased or increased, qualitative feedback from staff positive
Covid-19 related: Routine swab tests on patients admitted to inpatient unit	✓ Significant improvement in documentation
Infection Control Audit- inpatient unit	✓ Significant improvement in documentation
Community Multi-Disciplinary Team meeting	✓ Changes to government guidance and protocol July-Oct 2020, with an increase from 44%-70% being swabbed in this time period. Patients' not swabbed had already a negative swab test result 48 hours before or it was not appropriate to swab e.g. the patient was dying.

3.5 **(vii) Income**

Martlets Hospice receives some funding from the Clinical Commissioning Group to provide community and inpatient unit services.

Remaining income is through charitable donations, fundraising activity, Martlets lottery and trading activities. Fundraising events and Trading during 2020-2021 have been seriously curtailed and this has all resulted in lost voluntary income for the organisation. Our income in 2020-2021 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**

The focus of the year has been to support our clinical teams through COVID-19, develop online learning, collaborate with other hospices, and to build capacity for future training.

Our training provision changed overnight in March 2020 when all planned training events were postponed. The immediate priority was to rapidly develop and deliver redeployment training to support the Inpatient unit, community and housekeeping teams during the immediate COVID-19 crisis. 18 staff from clinical, retail and support services participated in this training in April 2020.

In June 2020, a full statutory programme was created on our Learning platform utilising E-Learning for Health modules. Essential face to face training has continued in very small work bubbles, under strict COVID-19 safety procedures. This has included: Fire Evacuation training on inpatient unit, Emergency First Aid at Work, Moving and Handling, clinical study days and induction days for new clinical staff. Since February 2021, the monthly programme of clinical moving and handling updates has been delivered in each clinical area.

To enable Martlets to build capacity for future training, four Train the Trainer events have been commissioned, these include: Clinical moving and handling, non-clinical moving and handling, general training delivery and virtual training. In all, 24 staff have attended or are shortly due to attend Train the Trainer events.

Virtual

We have adapted to virtual training and provided written and personal support to staff who are delivering training. Events organised include, two virtual Welcome events, bite size clinical and Patient and Family Support Services updates, plus commissioned End of Life Care training to social care staff in the community.

Martlets and Macmillan Care Home Project Lead delivered 65 daily webinars for care home staff during the first few months of the COVID-19 crisis. 21 topics were covered including Basic End of Life Care, Breathlessness, Difficult conversations, Donning and Doffing, ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), Visiting in care homes, Risk Assessment, and Verification of Expected Death COVID-19 process. Over 300 care home staff attended.

The implementation of SystmOne in February 2021 required virtual training for more than 130 staff. The schedule of training was coordinated by Learning and Development in partnership with the project team. All trainers were provided with training and guidance to deliver virtual learning and events were facilitated by Learning and Development to ensure all delegates had technical support to access the online systems training.

A new programme of Mental Health First Aid virtual training is running between April and July 2021 funded by Health Education Kent Surrey Sussex to support our Wellness at Work programme. This will be enhanced by E-learning for managers supplied by the mental health charity, MIND.

Collaboration

Since June 2020 Martlets has been working closely with the Sussex Hospice Collaboration on the Learning Hub. The project team from four hospices will launch a shared Learning Management system at the end of May 2021 with aligned statutory E-learning. A programme of additional mandatory training will be rolled out during 2021 to be delivered virtually, online and face to face. Future phases of the project will include blended learning to support the training needs of staff and volunteers across the hub and a programme for external training.

Academic study

We encourage and support further study and qualifications for all our clinical staff and due to the pandemic, the number of staff engaging in study has been less, however in spite of these challenges nine of our nurses have continued in and completed academic studies this year. Modules and courses have included mentorship, advanced physical assessment skills, end of life: principles of care, end of life: chronic and long-term conditions and advanced clinical practice.

We supported two of our Health Care Assistants to complete the Assistant Practitioner's Foundation Degree both completing with distinction in January 2020 and another Heath Care Assistant completed in September 2020 also with distinction. All three most recently trained Assistant Practitioners have enhanced roles; two in the inpatient unit and one in the community team.

One Health Care Assistant entered into training as a Trainee Nurse Associate (TNA) in February 2021. This is a 2 year training similar to Assistant Practitioner, the course is governed by the Nursing and Midwifery Council and provides more general training, and students have placements during their training in different fields of nursing, rather than remaining in their place of employment. For example those in community settings have experience in acute settings and vice versa.

3.7 **Feedback about our organisation**

3.7 **(i) Duty of Candour**

Martlets 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 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 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.

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. However, compliments and plaudits are shared with staff and volunteers where possible.

3.7 **(v) Hospice UK national benchmarking programme**

Hospice UK's national benchmarking programme focuses on inpatient bed occupancy and throughput, patient falls, medication incidents and pressure injuries. Martlets 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. This last year we have had more regular meetings with Hospice UK (HUK) Safety co-ordinator and have been working to standardise reporting in all areas. See section on Patient Safety.

PART 4

Statements from partner and local organisations

4.1 **Feedback from Healthwatch**

Healthwatch congratulates Martlets on a strong performance as detailed in this Quality Account. In the last year Healthwatch welcomed the opportunity to work with Martlets and a number of agencies to produce a leaflet to help those looking after someone – whether they see themselves as a carer or not – who may need to go into hospital. Martlets are also well represented on the End of Life steering committee and make a valuable contribution to improving the End of Life processes and services to our local community and contributed to our End of Life webinar held earlier this year.

It is evident from the report how Martlets Hospice effectively adapted its services to respond to the emerging coronavirus pandemic and to meet patient's changing needs by offering more at home support and care and online services. They continued to deliver a crucial role that provided much needed care, advice, and comfort at a hugely difficult time. The large increase in calls they received over the last year demonstrates the important role they played in offering reassurance and answering people's questions. As the report details, they have successfully made improvements against last years priority areas including changes to in patient drug rounds to reduce drug errors (improving clinical safety), a new electronic patient record system to enable more effective and efficient sharing of information with external services (improving clinical effectiveness), and the commencement of a project to improve the provision of palliative and end of life care for people experiencing homelessness within Brighton and Hove (improving patient experience). The report also clearly highlights how a wide range of clinical audits were undertaken to continually evaluate and ensure that high standards were being delivered. Priority areas of focus for the coming year have been identified and Healthwatch is particularly pleased to see a focus on gathering patient feedback and experience of services around palliative care and we would welcome further detail explaining how this feedback will be used to continually improve service provision (which will form an additional means of gathering feedback in addition to existing feedback and engagement mechanisms)."

4.2 **Clinical Commissioning Group (CCG)**

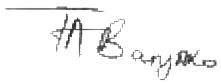
We would like to thank the Martlets Hospice for this report, recognising the continued importance and standard of their work in caring for adults in Brighton and Hove who are living with terminal illness, as well as the continued challenges of delivering this during the Covid-19 pandemic. The CCG is committed to the care of people at the end of life, through the Brighton and Hove Dying Well strategy and a focus on the needs of individuals and the necessity to include them in their own care, underpinned by robust clinical effectiveness and patient safety, as highlighted in this report. End of Life care remains a priority across both Brighton and Hove and the wider Sussex Integrated Care System.

The CCG is also happy to note the positive impact, and development, of collaborative working between hospices, and joined up working between hospices, GPs, Brighton and Hove City Council, and University Hospital Sussex Foundation Trust, especially seen in the events of Dying Matters week in May 2021, which furthered the CCG's and local authority's ability to engage with patients and families, and supports the Dying Well element of the Brighton and Hove Joint Health and Wellbeing strategy.

We particularly recognise Martlets' care to the local homeless population, as this is a Brighton and Hove Integrated Care Partnership priority.

The CCG is also supportive of Martlets' gathering of patient data, and of the increase in remote and digital solutions to care and training, to enable continued quality of service and access to care. Learning and adaptation of new methods of care during the Covid-19 pandemic showcase the importance of equity of access to care for all members of our population, and we are happy to see providers such as the Martlets working to showcase this.

Again, we would like to thank Martlets and their hard-working staff for continued valuable work across Brighton and Hove, and look forward to developing the collaboration around end of life care even further, to maintain the best quality of care to our patients



Lola Banjoko, Executive Managing Director,
Brighton and Hove Clinical Commissioning Group

Martlets
Wayfield Avenue,
Hove
BN3 7LW

martlets.org.uk
01273 273400
communications@martlets.org.uk

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