

Quality Account 2021-2022



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Part 1: Statements of assurance and introduction to Martlets Hospice

1.1 Statement from the Chief Executive

Martlets' vision has been to provide hope, purpose and possibility to people affected by terminal illness in Brighton, Hove and the Havens. In the past year our teams have gone to extraordinary lengths to deliver care in the face of challenge, not least the ongoing COVID-19 pandemic. The pandemic has driven a shift in the delivery of care and the needs of the people we support. We have continued our commitment to focusing on digital technology to increase the reach and breadth of our care while at the same time coping with the same challenges as our partners in the healthcare community.

I was delighted to join the Martlets team in March of this year when Imelda Glackin left the hospice after many years' service as an amazing chief executive officer. In the latter stages of the year, we scoped and planned our temporary move from our site at Wayfield Avenue. This followed our Trustees decision to invest £10m in the health care economy of our city by approving the build of a new hospice. This considerable investment is complemented by our ongoing work to review our clinical model and ensure we are in the best place possible to work with our community and deliver our care in the right way, in the right place and at the right time. We have also continued our work with our sister hospices in Sussex, collaborating on initiatives to drive efficiency and increase our impact.

At Martlets, we work alongside and within an incredible healthcare system which is under significant strain. I remain indebted to the focus on excellence and clinical effectiveness shown by my expert team during the past year and to the community we serve for supporting us so generously and kindly. Looking ahead, the build of our new home and the implementation of our new clinical strategy will ensure we are supporting our community for many years to come.

Claire Irving
Chief Executive Officer



1.2 Statement from Chair of the Board of Trustees

It is a privilege to lead our highly skilled Board of Trustees: the past year has seen the Board act with a focus on excellent care for our community and compassion for our staff. Our decision to approve the build of a new home for Martlets was key to ensuring Martlets was fit for the future needs of our city. It will allow us to increase our outpatient –reach, and to build an inpatient unit that can withstand the challenges posed by the pandemic. This £10m investment into the health economy of our city will enable our teams to focus on the delivery of outstanding care and support for people facing dying, death, and bereavement for many years to come.

Our role as Trustees is to ensure the robust governance of the charity across all areas of our work: this spans healthcare, income generation, support services and our retail arm. As we look to the future, we will be developing a new organisational strategy which will support Martlets' continuing desire to provide the very best care to those who need us.

I am proud of the support the Board has given our hospice teams, our leaders and our volunteers, as they have embraced the challenges of the past year. We know that standing alongside us is the community which supports us.

With our new CEO, Claire Irving, in place – after years of skilled and caring leadership by Imelda Glackin – we are confident Team Martlets is in excellent hands.

My warmest thanks to you all.

Juliet Smith
Chair of the Board of Trustees



1.3 Mission, Vision, and Values

Our Vision statement:

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 neighbouring areas the very best care and support.

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

Martlets helps 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:

We care. For our patients and their loved ones, our teams, and our wider community. It is why we are here.

We are skilled. We are 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 are open. We are positive and we are 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 are together. We are committed to our community, and we are privileged to be such an important part of it.

1.4 Rebuilding

In June 2022, we started an exciting new phase in Martlets' 25-year history, as we moved out of Wayfield Avenue during April and May and begin to create a new space with enhanced patient and visitor facilities inside and out. Martlets is spending c£10m, using reserves and investments to fund this project, whilst raising £2m over 18 months through a capital appeal. The costs include our significant £1.2m investment in off-siting costs.

Our vision is to create a spacious, welcoming and life-affirming hospice that will provide:

- 14 single, modern, fully equipped ensuite rooms.
- enhanced family and visitor areas so that patients can spend time with those that they love in a comfortable and spacious setting.
- new treatment, therapy, gym and counselling facilities to provide the very best of individual care to patients and their loved ones.
- redesigned and reconfigured outpatient and community spaces to deliver essential clinical, social and wellbeing support to all those affected by terminal illness. We are scoping our clinical strategy now to quantify our enhanced impact.
- a beautiful sanctuary space to help patients and visitors find peace and solace in their time of need.
- landscaped sensory and memory gardens so that patients and their families can enjoy a restful and uplifting environment during their time with us.
- updated clinical and support team offices to enable our expert staff to work more efficiently and collaboratively to deliver the very best in patient care.

This means an entirely redesigned building created with care and built using the most advanced and sustainable materials, to ensure that Martlets can continue to serve our community over the next 25 years and beyond. Please see: martlets.org.uk/newhospice/

1.5 COVID-19

Throughout the year we have continued to feel the impact of the COVID-19 pandemic; this has included staffing challenges in both inpatient and community settings.

Staff worked tirelessly throughout the pandemic to ensure that patients and families continued to receive the care and support they needed. Many staff were personally affected but with everyone working together services continued to be delivered to a high standard.

We continue to follow government guidance and are moving into the 'living with COVID' phase. This brings its own challenges, and unfortunately we continue to experience the ongoing effects of the pandemic on patients, families, staff and volunteers.

Part 2: Priorities for improvement – 2021–2022 and looking forward to 2022–2023

2.1 What we have improved in 2021–2022

2.2 Priority 1: Patient Safety

We will improve the reporting of accidents, incidents, near misses and all medication errors and incidents from Sentinel; changes to the reporting system itself will be included.

Summary of Actions:

Training has been made available to all clinical staff and this has improved user confidence in the completion of Sentinel reporting forms. However, thorough investigation and root cause analysis by managers remains an area which needs improvement. Please see Priority 1: Patient Safety for the coming year.

There are allocated staff on inpatient and community teams who are responsible for investigation of incidents.

Key changes and streamlining of the categories and changes to Sentinel to both make reporting easier and the reports more concise have been made. This is ongoing, as gaps in the system are identified we work to fill those gaps making certain categories mandatory or visible to prevent repeatable errors. For example, patient details missing, or an incorrect category being chosen, which in turn affects the drop-down options affecting relevant and full completion of the form.

Reviewing monthly reports revealed there were too many related categories on the system and the need for more concise reports noted. Categories have been reduced as planned to make reporting easier. As planned, we have been working with Hospice UK in standardising the categories to make it easier for staff completing the forms.

Deep-dive audits have been conducted and are being repeated currently to reveal areas where further improvement will be made.

2.3 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 in part is in line with our 2020–2021 Clinical Strategy which is to review roles and responsibilities and meeting structures.

Summary of Actions:

Meetings have taken place as planned whenever possible during the year. There have been two periods of time where meetings could not take place due to staffing challenges, and alternative ways of communicating were found. For example, highlights were sent to relevant staff via email and documents for feedback uploaded on our shared drive.

Learning from audit has been disseminated at the Quality and Safety Forums (QSF) with feedback from the group and at the Clinical Governance Group (CGG). Medication-related audits are shared at the Medicine Management Group (MMG)

Our goal remains to provide effective communication from Board level to every nurse/healthcare assistant in the organisation, ensuring the right staff are at the right meetings, have opportunities to

share learning, and to actively participate. At times during the year it has not been possible to have meetings as scheduled due to staff being needed in clinical practice and because of other time constraints, meaning the new structure has been interrupted. Now all teams have moved off-site there will be a further review to find new ways of effective communication and shared learning. Please see Priority 2: Clinical Effectiveness.

Throughout the year clinical audits have remained a priority, and are completed and the learning shared in a timely manner. Inpatient Unit, Community, Medical and Patient and Family Support Services staff have completed and shared learning from audits. We understand the importance of re-audit as necessary to ensure actions taken have resulted in quality improvements.

2.4 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 2020–2021

Summary of Actions:

IPOS is becoming an established part of care which has enabled us to gather useable data around patient experience for learning and to improve quality of life for patients. IPOS scores are now completed at referral/triage/assessment for community settings and on admission to IPU to enable clinicians to provide best care.

IPOS scores are reviewed at multi-disciplinary meetings and at change of phase of illness, or status of disease. Staff have increased in confidence both in using this tool and understanding the results to implement the appropriate measures and monitor effectiveness of measures taken. This is ongoing work as outcome measure evolve and the use of them in everyday clinical practice becomes embedded.

2.5 What we will improve in 2022–2023

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 the key quality improvement projects we are going to prioritise in 2022–2023.

2.6 Priority 1: Patient Safety

Introduction of Human Factors when investigating all incidents. We would like staff to be confident in investigating incidents in a supportive way looking at the multiple Human Factors which play a part in every incident. This will have a positive outcome for patients and for any staff member involved in an incident.

How was this identified as a priority?

This was identified as a priority by looking at the reports each month and seeing investigations were, at times, not taking into consideration root causes and the multiple factors involved in any incident. There seemed to be a lack of understanding in how Human Factors play a big part in all incidents. We decided to incorporate Human Factors to our reporting system to establish a more in-depth analysis of incidents, which will enable us to understand why they are occurring.

What do we want to achieve?

- a) As an outcome we expect this approach will enable us to develop robust and more supportive systems that will prevent recurrence.
- b) We also want to ensure that in a post-pandemic reality, with a tired workforce, we support wellbeing by reinforcing a culture of transparency and reflective practice. This will involve staff at various levels actively participating in the development of more robust systems that protect patient safety.

How will this be achieved?

- a) Nursing Sisters from our Inpatient Unit and the Nurse Development and Quality Lead have been trained in Human Factors. Training will be ongoing.
- b) We have adapted Dirty Dozen (Dupont, 1993) which identifies the 12 most common human factors that can lead to human errors and added to our reporting system (Sentinel - Vantage)
- c) Human factors will be integrated on monthly clinical risk meeting where adverse incidents and errors are reviewed, and actions identified to improve our practice. We want to move focus from 'who' to 'why' and try to understand if there are any trends that can be related to staff wellbeing.
- d) Decisions made at primary investigation and further decisions at Clinical Risk meeting are owned and followed up accordingly.
- e) In addition, we are raising awareness in our teams (team communications and on our internal knowledgebase) and will be cascading further training in the future.

2.7 Priority 2: Clinical Effectiveness

Effective communication over four sites during this time of transition while Martlets Building Enhancement (MBE) project is in progress and all teams move off site.

How was this identified as a priority?

Martlets staff are aware of the importance of working as a whole team and not in silos and, now staff are in different buildings in various parts of the city working off site, this presents a challenge of maintaining effective connectivity and communication both in person and online during this time. The duration of the time working from different sites is expected to be 18 months, so it is important to ensure there is connectivity in person and online resulting in effective communication.

Due to the pandemic, staff are now used to communicating via Zoom video and individuals and teams are used to flexible working including working from home.

What do we want to achieve?

- a) Smarter working with effective communication through all sites avoiding staff feeling isolated from other teams.
- b) With less time and space for meetings, prioritise each meeting with clear aim, which is communicated in good time, giving staff time to plan their attendance and input.
- c) Prioritisation of workloads and protected time to attend key meetings.

How will this be achieved?

- a) Clinical SitRep (Situation and Response) is a key meeting which is held every morning with clinicians, enabling prioritisation and planning for the day.
- b) Inpatient admission meeting takes place in the afternoon Monday – Friday

- c) Weekly meetings of clinical operations group to continue.
- d) Quarterly Clinical Governance meetings to continue.
- e) Monthly informative Staff and Volunteer Forums to continue.
- f) Staff working across all sites rather than in one location where this is possible. Leadership team members will ensure they are at all sites at different times.
- g) Hot desk app for staff working from home to be able to book a desk in any of the offsite locations.
- h) All other meetings will be scheduled well in advance with a clear aim, with relevant staff present who can cascade information to others.
- i) Any ICT issues to be reported and dealt with as soon as possible.
- j) Occasional social events to give staff an opportunity to see colleagues from across the organisation.
- k) Other suggestions currently being explored:
 - Explore monthly face to face education and governance meeting – to share learning related to clinical governance, update each other on quality improvement work going on, and an opportunity for CPD (Continuing Professional Development). This will have Terms of Reference, an agenda and minutes with a rotating chair.
 - Monthly e-bulletins summarising clinical headlines/key themes.

2.8 Priority 3: Patient Experience

Patient experience survey via telephone calls to patients and carers. The brief survey consists of seven questions with multiple choice responses, but with an opportunity to say more should the telephone contact like to comment further (see pages 10-12).

How was this identified as a priority?

Feedback re patient experience is recognised by Martlets as essential as we want to continually improve patient experience and the service we provide. We are currently not sending out the Voices questionnaires, and we are piloting this alternative option which has the benefit of gaining feedback from a wider group of service users.

What do we want to achieve?

- a) Give our patients and carers the opportunity to give us feedback.
- b) Checking patient records on SystmOne to identify patients/carers who it would be appropriate to call.
- c) Gather data from a cross-section of those we serve, so we can gather data and improve patient experience.

How will this be achieved?

- a) Staff to talk to current patients.
- b) Staff to contact patients/carers of patients discharged two weeks ago.
- c) Staff to contact carers of patients who died eight weeks ago.
- d) Staff to check on SystmOne to check on patient history before deciding to contact patients/carers.
- e) Data to be collected.
- f) Data to be analysed.
- g) Report to be written.
- h) Immediate feedback to patient/carer if needed.
- i) Action service-user feedback received in a timely manner.

Service User Feedback May 2022

"Hello, my name is and I work at Martlets.

We are trying to gather feedback about our services, and we would value and appreciate your input as this will enable us to continue improving our services.

We would like to go through a brief questionnaire (eight questions) about your experience at Martlets. The questions will take approximately 10 minutes.

Is now a convenient time, or could we make another time with you for us to call?

The information you give us is not confidential, but we will only record what you say not who you are.

NHS number	
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1. When information about Martlets was given to you, did you feel the information given was
 - a) Not enough/Inadequate
 - b) Exactly right
 - c) Too much

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2. Did/Do you feel you were/are treated with courtesy, respect, and dignity?
 - a) Never
 - b) Sometimes
 - c) Always

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3. How would you rate the standard of care you have/are receiving from Martlets teams?
 - a) Poor
 - b) Good
 - c) Excellent

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4. Could you rate how easy it was for you to contact the right department or team (for example getting through to the hub)
- a) Not easy at all
 - b) Satisfactory
 - c) Extremely easy

5. How would you rate effectiveness of communication i.e. were you able to have your queries answered?
- a) Poor
 - b) Satisfactory
 - c) Good
 - d) Excellent

6. Did you feel Martlets was responsive to and met your needs?
- a) Not at all
 - b) Slow to respond
 - c) Satisfactory
 - d) Excellent

7. Sadly, if anyone in your family needed to be cared for at Martlets, would you be comfortable with Martlets involvement in their care?
- a) Yes
 - b) No

Given your experience of our services we would find it valuable if you could tell us just one thing we could change or develop which would improve what we provide.

NB.

Thank patient, family/member for their time and help.

If there are any phone contacts who have complaints, listen compassionately, and ask/invite them to put in writing and email enquiries@martlets.co.uk

Please tick correct category below:

IPU

☐ Current Patient IPU

☐ Patient/carer/relative IPU 2 weeks following discharge

☐ Relative/Carer IPU 8 weeks following patient death

Community

☐ Current CNS Community patient/relative/carer, please add team

Team:

☐ Current H@H Community CNS patient/relative/carer

☐ Current Rehab Patient/Relative/Carer

☐ Patient/Relative/Carer of Community CNS/Rehab discharged 2 weeks, please add team

Team:

☐ Relative/Carer of Community H@H patient 8 weeks following patient death

☐ Relative/Carer of Community CNS patient 8 weeks following patient death, please add team

Team:

Part 3: Quality performance overview: 2021-2022

Our Clinical Services

In the year 2021-2022 Martlets Hospice supported and cared for 1,660 patients and provided services directly to 567 carers. Many more carers were supported informally. Performance in each of the clinical services is further described below.

3.1 Inpatient Unit

As outlined earlier, the Inpatient Unit in 2021-2022 was using ten single rooms, and the two four bedded bays were used as single rooms bringing the current bed capacity to twelve beds. In the year 2021-2022, the Inpatient Unit cared for a total of 181 patients who had 196 admissions. The average occupancy of the Inpatient Unit was 54% which is a slight increase on previous year. The occupancy was affected by both to the pandemic and the reduced bed capacity. 75% of the patients cared for on the Inpatient Unit had a diagnosis of cancer. 73% 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 (CNS), 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 1,929 patients and carers were supported and cared for by the Community Team which includes the CNS team, Hospice at Home team and Respite service in the year 2021-2022. 7,887 face-to-face visits were made to 916 individual patients. Face-to-face visits increased by 65% and visits to individual patients by 33% from the previous year when restrictions were at their tightest.

Community staff were involved in the homeless project, collaborating with other care providers they have delivered teaching sessions to improve awareness of signs of deteriorating health amongst the non-healthcare staff who largely support the homeless population.

3.3 Outpatient Services

Outside of the pandemic, Outpatients at Martlets consists of a range of different services including a clinical nurse specialist clinic, a doctors clinic, acupuncture, complementary therapies, a rehabilitation clinic, welfare benefits support and various groups and events such as coffee mornings, choir, Tai Chi, and mindfulness. However, all clinics and normal Day Services activities were suspended during the pandemic although some have resumed this year.

This last year, Outpatient services saw a total of 537 patients face-to-face. Specifically, 469 were seen by Patient and Family Support Services, 76% of these were patients and 24% carers. 3,449 Outpatient telephone consultations were conducted.

In particular, the rehabilitation team, consisting of Physiotherapy and Occupational Therapy, saw 51 individual patients; a similar number to the previous year, this includes video calls. All Rehab clinic sessions were suspended during the pandemic but did resume until off-siting.

3.4 Bereavement Service

In this period some of the usual activities were recommenced, therefore the number of face-to-face consultations increased. The number of clients accessing counselling sessions increased from 189 to

245 during the year. Bereavement counselling sessions provided also increased from 1159 to 1341; Patients 265 and Carers 1,076. This includes sessions delivered by both staff and volunteer counsellors.

The bereavement service offers one-to-one counselling with qualified counsellors and one-to-one support from trained bereavement volunteers. There is also group counselling specifically for men in the form of Earthworks, 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. Bereavement service volunteers offered 73 visits to 9 clients. Social evenings were recommenced and 12 evenings took place with 37 clients.

The bereavement service offers a range of services which include one-to-one counselling for families, children and friends, one-to-one bereavement support by trained volunteers, and a number of therapeutic groups and group activities. The mode of delivery of the services was impacted by the pandemic due to infection control and ensuring we were COVID Safe. However, we were able to start to reintroduce some in-person services.

The following describes the services offered:

- 10-day post-death COVID-19 bereavement letter to all identified significant family and friends.
- 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).
- All face-to-face work continued to be suspended up to September 2021 due to the pandemic. In-person counselling service was re-introduced in October at the hospice by the staff counsellors and sessions also continued to be offered remotely.
- The counselling service continued to offer counselling online or via the telephone.
- The volunteer counsellors provided counselling remotely online and via the telephone.
- Bereavement support volunteers supported clients online or via the telephone. Face-to-face support in the client's home was reintroduced in March 2022.
- Earthworks (men's allotment bereavement group) was reintroduced in July 2021.
- The development of a new online psychoeducational closed bereavement support group started in April 2021 to meet the increased support needs of isolated bereaved people as a result of the pandemic.
- Time to Remember was reintroduced in March 2022.
- Light up a Life was pre-recorded and delivered in-person outside at Sussex House in parallel with a stream on Facebook.
- Bereavement Social Evening recommenced in March 2021 via Zoom and is planned to return to in-person from April 2022.
- Assessment for bereavement support by staff counsellor once referral made via the telephone or via Zoom, with the reintroduction of a reduced in-person assessment from October 2021.
- 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.
- Good Grief...Living with Loss 2021 was cancelled due to the pandemic but was successfully delivered in 2022.

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 Group meets quarterly, 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 clinical risk meetings, the Quality and Safety Forum, Medicines Management Group, Nurse Independent Prescribers meeting and the Clinical Audit Committee. The Clinical Governance Group reports to the Clinical Governance Committee, which reports 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 when we received an overall rating of 'Good' with a rating of 'Outstanding' for care. Martlets Hospice has not taken part in any special reviews or investigations or been subject to any corrective action by the CQC during 2020-2021. A CQC inspection was scheduled during the year but due to the pandemic this has been postponed. A CQC inspection is expected in 2022.

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 Group is responsible for monitoring compliance with legislation and overseeing the information governance work programme.

3.5(iv) National Audits

During 2021-2022 Martlets Hospice did not participate in any national clinical audits or national confidential clinical enquiries. However, we conducted 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 one Registered Nurse (RN) who is currently completing her Master's degree in research.

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 evaluations integral to the quality of our clinical services in the year 2021-2022 which form part of the annual audit programme. These are outlined below:

Clinical Audits April 2021-2022	
Name of audit	Results and Actions
Medication audits	
Syringe driver audit April 2021	Results showed overall fewer changes which is beneficial to patients especially overnight. Results showed symptom management maintained. Qualitative data gathered from night and day shift nurses re the change to 24-hour drivers was overall positive. Caution for Sisters to check night nurses maintain their syringe driver competency.
Medication Re-Audit - Single checking Controlled Drugs (CD) May 2021	Results showed no difference in the number of errors (no increase or decrease) but there was a change in the categories of errors. There seemed to be less omission errors but an increase in Controlled Drug count discrepancies. This was addressed.
Medication Audit - Change in drug times May 2021	Results showed comparable results pre- and post- change (showing most errors made in the mornings 8 am or 10 am when most drugs are given). Initial audit showed staff prefer 8 am drug round to 10 am drug round and there are fewer drug omissions, but qualitative data specifically was compelling showing staff are finding the 8 pm drug round challenging. Drug administration times remain in review. Deep-dive audit will inform.
Medical (Inpatient Unit) IPU Medication chart audit November 2021	There is a lack of awareness of some important prescribing principles among prescribers on Inpatient Unit leading to inconsistent standards, particularly in the areas of stopping and re-writing drugs. Ward doctors on training rotations will not be familiar with Martlets' guidelines. Guidelines updated and displayed in doctors' office.
Patient's Own Drugs (PODs) cabinets re-audit	Drugs not prescribed being found in PODs cabinets, more training planned and daily check of cabinets yet to be embedded in routine
Nurse Independent Prescriber (NIP) Re-Audit Drug Instruction Chart Audit (Midazolam) January 2022	Overall good compliance – reminders needed to ensure drug chart was saved on SystmOne. A photograph was taken using the scanning app Microsoft Lens. Recommendation to train staff in use of Microsoft Lens app.
Other Audits	
Covid-19 Personal Protective Equipment (PPE) compliance – community November 2021	Overall good compliance – all staff know how to don PPE, two out of five staff questioned were not clear about PPE doffing. Some staff not cleaning their phones but cleaning laptops and computers. Additional training provided
Covid-19 Personal Protective Equipment (PPE) compliance – Inpatient Unit April 2021	Good compliance - inexperienced staff were not aware of all procedures. Infection Prevention and Control (IPC) Lead went through additional training with individual staff members.
Infection control re-audit March 2021	Improvement in care of sharps and management of patient equipment. Ongoing spot checks.
Referral audit June 2021	Overall high-quality referrals for appropriate patients.
Deprivation of Liberty Safeguards (DoLS) Audit August 2021	The need for further training completing the forms in a timely manner was shown - this has been actioned with an initial meeting and is ongoing.

Hub Audit July 2021	Form a 6-week Task and Finish Group chaired by a Clinical Lead with members from across all services – Group formed and completed with recommendations.
Health Records Audit September 2021	Content of the records is of a high standard. Regular evaluations of care are being well completed for both Inpatient Unit and Community. Care planning on admission and updates of care plans was identified as an area requiring further training which has been actioned.
Covid-19 swabs November 2021	Inconsistencies in swab-taking and in where this is recorded on SystmOne. The process simplified and place of recording agreed.
Annual Inpatient Unit Infection Prevention and Control (IPC) Audit August 2021	Four areas of audit were 100% Of those where areas of non-compliance were found the areas of most concern were kitchen area, safe handling of sharps and management of patient equipment. Please see below the action plan to address these areas. Sharps: boxes too full and not labelled correctly. Training to be included in induction for both medical and nursing teams and is ongoing from IPC team.
Nutrition and Diabetes Audit/s September 2021	Evaluations well completed. As with annual record keeping audit, gaps found in care planning both in making care plans personal and updating. This is being addressed with SystmOne link nurse in collaboration with other staff. Care plan personalisation and updating in review. Re Diabetes the assessment / reconciliation form is not always completed. Link nurse addressing these areas.
Fire safety Re-Audit	Any areas of uncertainty addressed with individuals.
Corneal donation Re-Audit	Increase in patients understanding and agreement with corneal donation.
Personal Protective Equipment (PPE) spot check – Inpatient Unit and Community November 2021	Excellent compliance
Six monthly Environmental audits July 2021	Good result. Any areas non-compliant with standard have been addressed by housekeeping team.
Bereavement service evaluation June 2021	Good result – majority respondents answers showed excellent results from the service. Any areas highlighted for improvement by respondents are being addressed.
Respite service Evaluation August 2021	The Respite service keeps patients at home empowering independent living and choice. It is less costly to the health and social care system in terms of admission avoidance and finance and it is highly valued by those who receive it. However, there is insufficient capacity to meet the needs of carers.
Administration of Blood transfusion January 2022	Significant improvement from last year has been maintained. Clarification as to where to record consent has been actioned.
Environmental audit February 2022	Excellent compliance except for areas related to the building itself which is to be rebuilt.

3.5 (vii) Income

Martlets receives a contribution of 31% of hospice costs, the vast majority from Brighton and Hove Clinical Commissioning Group (CCG), and the remainder from High Weald Lewes and Havens CCG to provide Inpatient Unit and community services. The remaining 69% of income is normally through income generating activity such as charitable donations, fundraising events, a lottery, and retail charity shops. In this financial year exceptional COVID-19 grants for hospice activity have been made to the hospice from the government. Our income in 2021-2022 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 priorities for Learning and Development in 2021-2022 have been ensuring statutory face-to-face training continues throughout the pandemic, embedding a new Learning Management System, supporting Income Generation Teams, planning for Martlets Building Enhancement Project and delivering commissioned external training.

Many Martlets staff attended training to become a Mental Health First Aider. This two-day course teaches in-depth skills for providing first aid to people who may be experiencing mental health issues such as depression, anxiety and psychosis. It was also to help support a culture of openness and the ability to talk about mental health in the workplace.

Our programme of statutory training and the new Learning Management System (LMS) have been underpinned by working in collaboration with three other hospices in Sussex. In May 2021, the **Learning Hub** collaboration implemented a jointly commissioned LMS and Relias, across four Sussex hospices.

Through a co-developed Training Matrix, all staff statutory training has been aligned. The Learning Hub shares role-specific training plans across all staff groups ensuring consistency regardless of where a staff member works. Martlets' Data Governance Manager, in partnership with Project Leads, creates monthly strategic reports for all four hospices to accurately track compliance, identify trends and highlight areas of concern.

Two workstreams on Safeguarding and Volunteering have been facilitated by the Learning Hub project group bringing together subject leads from all four hospices. All safeguarding training requirements, including Prevent and Mental Capacity Act have been agreed; the group has shared resources, training content and jointly commissioned NSPCC L4 training. The Volunteer Leads group has met regularly throughout this period and is due to launch a standardised retail Volunteer Handbook and collaboration wide volunteer managers training in summer 2022.

The focus for Learning Hub in 2022-2023 will be onboarding a fifth Sussex Hospice to the project, agreeing and delivering aspects of clinical mandatory training, Trustee development and a programme of expert seminars.

Martlets face-to-face statutory training has continued throughout 2021-2022 with compliance rates for Moving and Handling People, Moving and Handling Objects, Basic Life Support and Emergency First Aid at Work between 94-98%.

Clinical study days have continued for all new Nurses and HCAs and a new programme of clinical study is due to commence for all Clinical staff in September 2022.

3.6(i) Leadership and Management

54 managers, and aspiring managers have attended a half-day Insights Discovery development event. Each person completed a personal insights profile and joined a facilitated session to explore strengths and differences.

Five managers are currently enrolled in the Sussex Hospices Thrive Leadership and Management programme and a further two will be nominated for the September cohort. An additional member of staff is undertaking a management apprenticeship and further apprenticeship routes are being considered for other Team leaders.

3.6(ii) Income Generation teams

All our Income Generation teams have been offered both Bereavement and Loss training and Conflict Management from May 2022. These have been externally commissioned and are being delivered virtually across six events available for up to 54 members of staff.

3.6(iii) Martlets Building Enhancement Project

The Learning and Development service has supported the move to four new locations by arranging Fire evacuation training for 80 staff working at our temporary Inpatient Unit. All other staff who have moved locations have also undertaken bespoke Fire Awareness training.

Planning for a programme of training in new equipment and procedures is due to commence in Autumn 2022 in preparation for the move back onsite in October 2023.

3.6(iv) External education

We continue to support our colleagues in the community through delivery of End-of-Life Care training and HEE funded Bereavement and Wellbeing workshops. The courses are delivered virtually by our clinical trainers and Patient and Family Support Team. Over 60 delegates have attended from a range of social care and domiciliary care settings.

External education is now being considered within the scope of a Sussex wide Hospice Education collaboration due to the imminent changes to Health Education Commissioning. This is likely to be implemented in April 2023.

3.6(v) Academic study

We encourage and support further study and qualifications for all our clinical staff and due to workload and all academic study being online, again this year the number of Registered Nurses (RNs) engaging in study has been less. However, despite these challenges, six of our nurses are currently undertaking academic studies this year with another five planning to study this year. Modules and courses have included Mentorship, Advanced physical assessment skills, Nurse Independent Prescribing; Dissertation for Masters in health; Advanced clinical practice and Masters in Palliative care.

All RNs from Inpatient Unit and Community settings who are student assessors and supervisors attend an annual update. This was delivered virtually on Microsoft Teams this past year due to restrictions. There are three sessions each year allowing RN's flexibility as to when they attend.

We currently have two Trainee Nursing Associates (TNA's) one is mid-way through training, and another commenced in February 2022. These are our first two Trainee Nursing Associates. We already have five Assistant Practitioners (APs) in enhanced roles both on Inpatient Unit and Community team.

3.7 Feedback about our organisation

3.7(i) Duty of Candour

At Martlets Hospice we always aim 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 (Whistleblowing) 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. Please see Priority 3: Patient Experience. Feedback gained is discussed at the appropriate team meetings and at the Clinical Governance Group meeting, where relevant. Feedback can be in many forms including informal and formal. During 2021-2022, we received informal feedback which centred on the restrictions in place because of the pandemic. This included the visiting restrictions to the Inpatient Unit which was very difficult for everyone involved. A risk assessment of the environment supported changes and the restrictions were relaxed as a response to the ongoing feedback.

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 Candor. 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 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 Inpatient Unit 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 with 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 HUK Safety coordinator and have been working to standardise reporting in all areas.

Part 4: Partner and local organisations

This Quality Account will be shared with Sussex NHS Commissioners, Brighton and Hove City Council Health & Wellbeing Board and Healthwatch.



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Published 2022