Marie Curie Cancer Care

Quality Accounts Report 2009/10

www.mariecurie.org.uk

Marie Curie
Cancer Care

Contents

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) N238 pdf July10

Introduction

I am delighted to welcome you to our new style 2009/10 Quality Accounts. The Quality Account is a report required by the Department of Health which complements our Financial Accounts. Rather than focusing on money and funding, the Quality Account simply takes account of the quality of care we provide. This year we are following the format set out by the Department of Health in the new Quality Accounts Regulations. This does mean that the report is very different to that of previous years but we have tried to capture some of the main elements by including comments from our patients and families.

At Marie Curie Cancer Care, our vision is that everyone with cancer and other illnesses will have the high quality care and support they need at the end of their life in the place of their choice.

Three years ago Marie Curie Cancer Care made a very public commitment to patients by naming its 2008-11 strategic plan *We put patients and families first*. This commitment is vital because we deliver care to patients and support to families at an extremely difficult time. This commitment means we need to ensure we deliver high quality care to patients by having staff with the right skills in the right place at the right time to care for patients in the place they choose.

That single thought has driven the way we provide care and will continue to drive us in the future.

We are now in our last year of our current strategic plan, but we are already working hard to develop the plan for the next three years which will build on our progress so far. Over the last three years we have made significant improvements to how care is delivered but for this report I will simply focus on the summary of some of our key activities of the last year and highlight the areas where we will focus our efforts on the priorities for next year. These priorities will form part of next year's report to show how we have further improved.

This report will give you an overview of the activities and achievements in our nine hospices across the UK and also our community nursing service.

In our hospices we provide care for patients through in-patient, outpatient and day therapy units. We have five hospices in England, two in Scotland, one in Northern Ireland and one in Wales. All of these provide specialist palliative care services.

By reviewing how services are delivered in our hospices we have been able to increase the number of patients and families we support by 8.4%. We have increased the range of services we offer and we are now regularly supporting patients to stay at home through the care and help provided by our Clinical Nurse Specialists as well as providing expert care for in-patients and those who attend day therapy or outpatient facilities.

We know our hospices do not touch every community but the Marie Curie Nursing Service is UK wide and has surpassed our expectations in the number of hours of care we have delivered to individuals across the UK. We provide care to patients and support to families in their own homes through our registered nurses and healthcare assistants. This care is primarily delivered at night, but increasingly we are offering day shifts. We have extended new services as a direct result of patient and family feedback so we are now able to offer care during the day as well as at night, for short periods of time or longer if required. We are now providing care to more patients with our multi visit service where one nurse visits several patients during one shift. We know that this year we have provided care to almost 9% more patients. Our services, such as the rapid response teams, also work in an integrated way with existing statutory services. These are teams which can provide care in times of crisis for patients with changing conditions when other services may not be available to help.

As we increase the amount of care we provide we are determined not to sacrifice the quality of care. Our services are all registered with the appropriate regulatory body. Following an inspection by the regulators the Marie Curie Nursing Service in England was awarded the highest three star rating and feedback about our service confirmed:

> *"This means the people who use this service experience excellent quality outcomes... They continue to strive and are always looking at ways to develop and improve the service. They ensure the care given to patients is consistent, well managed and planned as far as it is possible and would immediately address any shortfalls that came to light."*

Our commitment is to continually improve the quality of care we provide and to be able to show others how we are doing that. An enormous amount of work has been undertaken in the last year to ensure we are working in a consistent way across our caring services, but we accept that this work is more advanced in our hospices. Next year we will focus our attention on the Marie Curie Nursing Service to ensure that we can demonstrate our progress here, as well as we have in our hospices.

As part of our work this year we have been setting new national standards. We have set the bar very high and we intend to ensure we achieve them, but we recognise that it may take some time to do. We will be looking for year on year improvements whilst developing even more relevant national standards.

2009/10 was both an exciting and challenging year. Exciting, because we have just opened our new purpose built hospice in Glasgow where we are providing care in a state of the art facility. This fantastic building has also given us the opportunity to work with another charity, The British Heart Foundation, to carry out research to help

us determine the best possible end of life care for people with heart failure. The year was challenging because the financial climate has shifted considerably meaning that we need to become ever more efficient whilst continuing to deliver excellent care to more patients who need us.

I am confident that the information in this report is an accurate reflection of our present position and our aspirations for next year. I hope that you will enjoy reading more details about our achievements and the plans in the report. My Executive Board colleagues and I are committed to meet our promise of really putting patients and families first.

Thomas Hughes-Hallett
Chief Executive

Improving care for patients – our priorities for next year

Marie Curie Hospices

We know that the cornerstone of improvement is listening to what patients tell us about our services. Guided by what we have been told and also looking at our work over the last year to establish charity-wide standards, we have been able to identify key areas where we would like to see further improvement next year.

To reflect the importance of a number of aspects of care we have set the national standards at 100% compliance. We recognise that this is the first year that each hospice has been audited against these very tough standards. We acknowledge that it will take some time for all the hospices to achieve 100% but we are looking for year on year improvements which we will capture in our quality reports.

"The care I received improved my condition to such an extent, I woke up one day and resolved to live one day at a time."

Priorities for improvement in the Marie Curie Hospices

In preparing this Quality Account we have followed Department of Health guidelines on the three domains for reporting which are :

- patient safety – how safe are patients in our hospices?
- clinical effectiveness – how effective is the treatment patients receive?
- patient experience – what are patients' wishes and preferences?

We have now identified three Marie Curie Hospice priorities for next year. We have selected one that will impact directly on each of the above and added a further one which will help local teams develop their own local priorities.

When we refer to a Marie Curie Cancer Care standard this means that we are working towards uniform practice in all our caring services. In order to achieve this we have already or will establish a Marie Curie Cancer Care standard for the charity as a whole which is built on established evidence of best practice.

During the next 12 months we will ensure that:

Priority one

Every in-patient in our hospices has a falls prevention plan completed within 12 hours of admission.

Priority two

Every in-patient will have a pain assessment within 24 hours of admission, with a daily review, where necessary, to monitor how effectively their symptoms are being managed.

Priority three

Every patient who expresses a preference about where they want to be cared for and die will have this noted and communicated to all staff involved in their care so that they have the best opportunity to achieve this.

The three priorities above are based on the Department of Health End of Life Care Strategy Quality Markers and are now embedded into our hospice annual audit programme. The results of the audits are shared with all the hospices and we report the results to our Caring Services Management Board, Executive Board, Caring Services Trustees' Committee and Council of Trustees each quarter as part of our ongoing quality improvement actions.

Priority four

To continue to benchmark care in the nine hospices to ensure consistent high standards and a system for shared learning.

Achieving priority one

Falls care plans

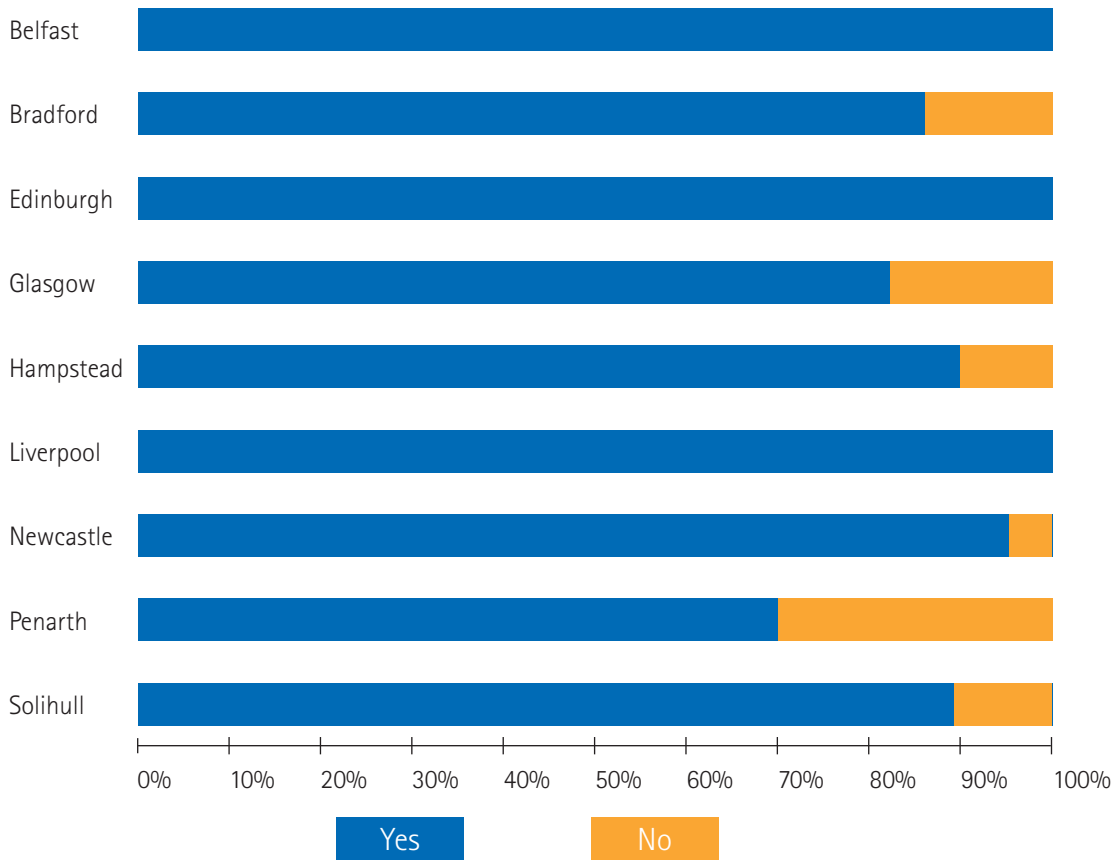
Over the last year we have been looking at the various methods used in the hospices to assess a patient's risk of falling. This was done by carrying out an audit against the Marie Curie Cancer Care standards to identify variations in practice. The results showed that although patients were being assessed, the same criteria were not being used in all our hospices. The assessment took many factors into account and as a result was time consuming and not easy for the patient or the staff. From our first audit it was clear that 80% of our patients were at high risk of having a fall, primarily due to the nature of their condition.

Where are we now?

We have set a Marie Curie Cancer Care standard across all our hospices. This states that 100% of in-patients will have a falls assessment within 12 hours of admission.

We carried out an audit to determine how well the standard was being met.

The graph below demonstrates the results for the standard.



When a patient has been assessed staff then work with the patient to agree how the risks that have been identified can be managed. We try to make sure that patients remain as independent as they want to be, so any care plan developed must be acceptable to them. It is only by involving them in the planning that staff can ensure that this is the case.

Although there were some hospices which did not achieve 100% this may be for justifiable reasons. The records that were reviewed for the audit were selected at random. On occasion a patient may have been admitted who was extremely unwell and who may have deteriorated and died on the day of admission before an assessment could be undertaken. In future, in these cases we should record that there was no opportunity to carry out the assessment rather than noting it as a failure to do so. This will give more meaning to the results for the hospices.

How can we improve?

We now have a small group of staff, led by our physiotherapists and occupational therapists, looking at the latest evidence of best practice including the recent reports from the National Patient Safety Agency. They will then use this research to develop the most appropriate assessment and planning methods which will be introduced in all nine hospices.

Following implementation there will be a further national audit which will give an overall rating for each hospice so we will be able to see where further improvement is needed.

Achieving Priority two

Pain assessment

"We expected a great deal of understanding and the control of Alan's pain. We did not expect to involve the family so much. In every way you have exceeded our expectations. It's the first time Alan has been comfortable in months."

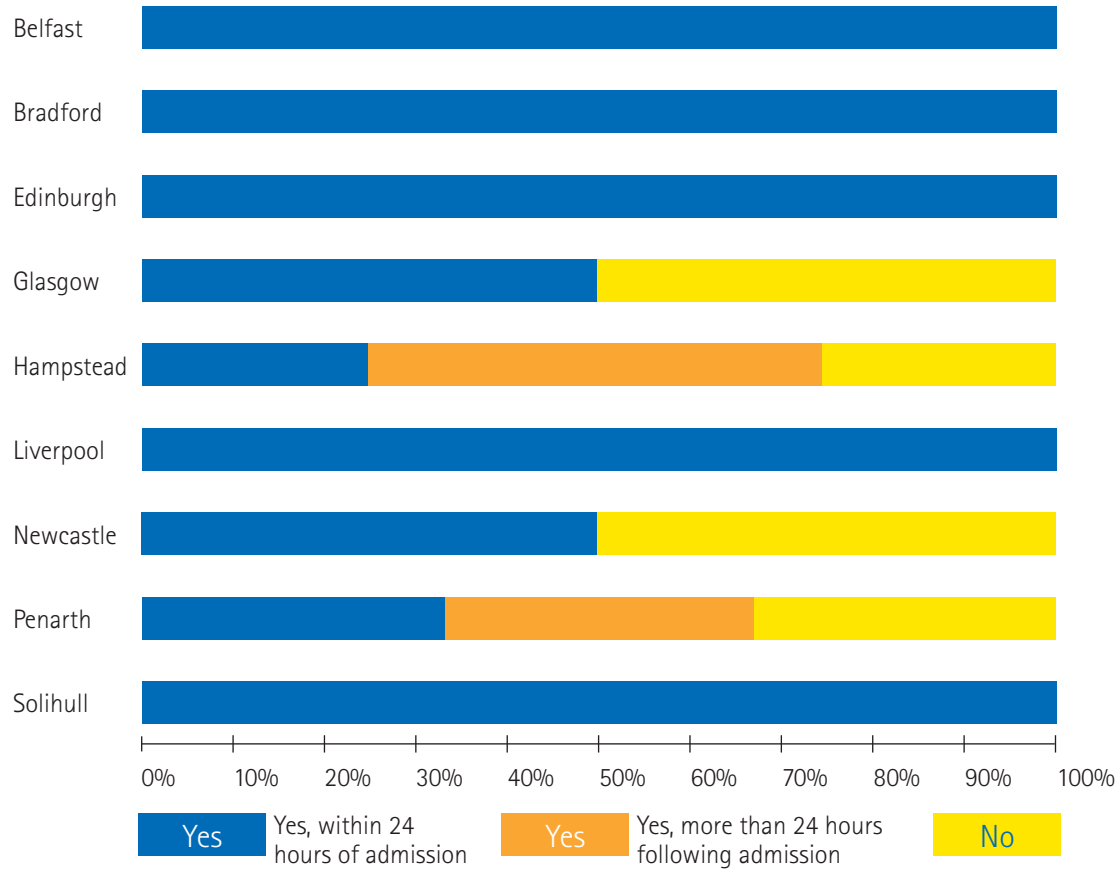
When patients are admitted to our hospices an assessment of their needs is carried out on admission and their symptoms are treated quickly to ensure that they are made as comfortable as possible as quickly as possible. Part of that admission process may involve treating their pain symptoms immediately. We have established a Marie Curie Cancer Care standard across all our hospices (set out below) that means that patients will receive a detailed formal pain assessment within 24 hours of admission. However, this does not mean that their pain is not addressed in the meantime.

"I was in terrible pain when I came in – now it's gone."

We have set a standard which states that **a detailed formal pain assessment will be carried out for every in-patient within 24 hours of their admission to a hospice.**

Where are we now?

The graph below indicates that all in-patients in the sample selected for audit in Belfast, Bradford, Edinburgh, Liverpool and Solihull received a pain assessment within 24 hours of admission.



> *"My husband was spoken to by the doctor and nurse so he knew what they were going to do to me. My pain was a problem and it's much better now."*

The initial pain assessment is important as it helps staff develop a plan to manage it. More importantly the staff will check every day with the patient to make sure the planned treatment is effective. It is this feedback from the patient that guides staff to make changes to the treatment if necessary.

How can we improve?

Following the audit the senior teams at each hospice have been working together to ensure that all patients are assessed in accordance with the standard which reflects best practice. There are more standards for pain management including the requirement to regularly evaluate how successful the treatment is. A further audit will be undertaken next year to monitor progress.

The full standards for pain management are:

Standard 1: A detailed initial formal pain assessment will be carried out for every in-patient within 24 hours of their admission to a hospice.

Standard 2: Patients with pain will have a formal review (pain score) of their pain every day.

Standard 3: Where pain interventions (treatments) are required, all actions taken are recorded.

Standard 4: Each member of the clinical ward team with responsibility for symptom control and pain monitoring understands their role and responsibilities.

One recommendation from the audit this year was to increase the sample size so next year the number of cases reviewed will be increased.

Achieving Priority three

Preferred place of care and death

We know that giving patients a choice about where they are cared for and die is of paramount importance. In order to help meet their wishes we need to know what choices they have made so that we can help them achieve this whenever possible.

We have developed a Marie Curie Cancer Care standard which states that **100% of patients should have recorded Preferred Place of Care/ Preferred Place of Death or a record of variance from either of them in their notes.**

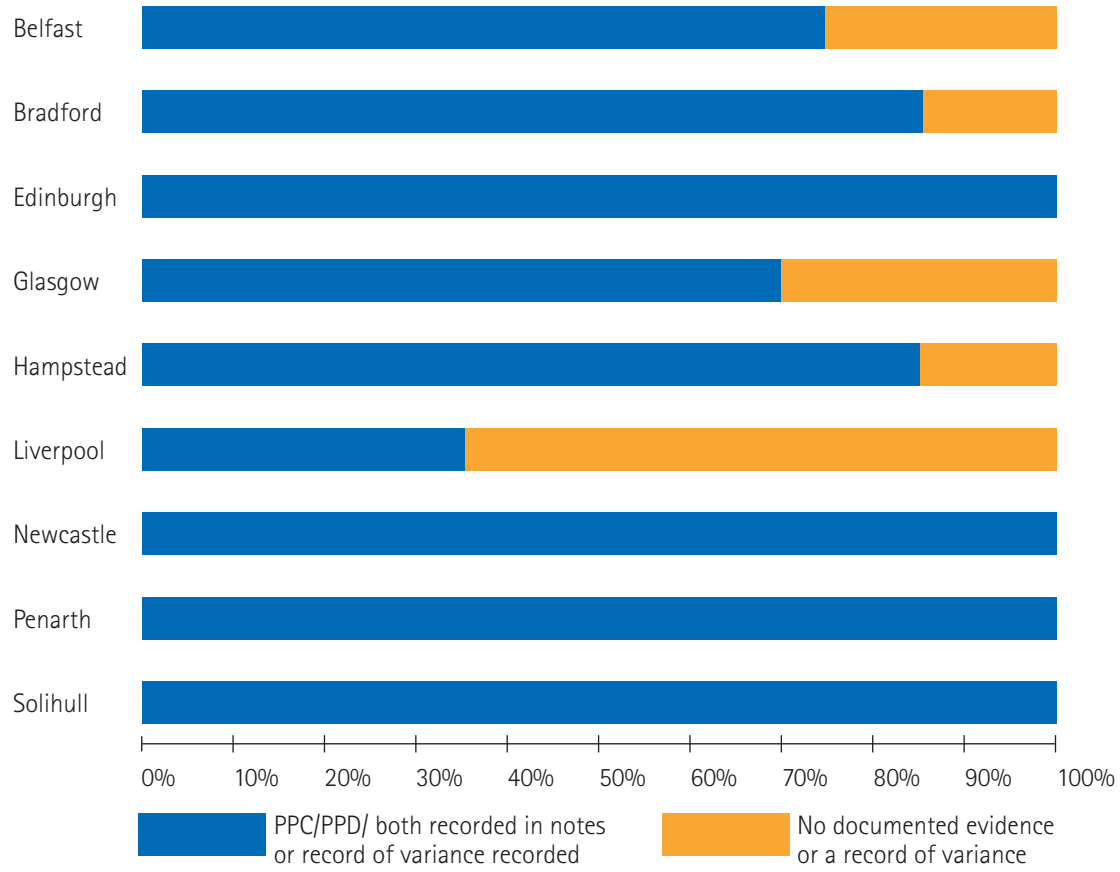
> *"Continue the good work. Your input has made it possible for Dad to stay at home."*

Where are we now?

The graph which follows illustrates the results of the audit carried out which confirmed that further improvements are required. This standard is new this year so this result is really a baseline which we can and will build on.

We recognise that it may not always be possible for patients to make these decisions and they may need time to consider their options and choices. Rather than simply record this as a negative score we should also reflect a patient's ability to make such a decision to ensure the audit results are accurately representing the true picture.

Was there a record of the patient's preferred place of care, preferred place of death (or both) documented in the patient's notes, or a record of variance?



How can we improve?

Following this audit each hospice manager was asked to work with their senior team to address this shortfall. A further audit will be carried out this year to monitor improvement. In the meantime the team at the Liverpool hospice has been asked to re-audit their records following some recent improvement work.

> *"The care provided is enabling me to stay at home where I want to be."*

Achieving Priority Four

Our fourth priority is to continue to benchmark care in the nine hospices to ensure consistent high standards and develop a system for shared learning.

Where are we now?

Following intensive work last year we have developed Marie Curie Cancer Care standards for key aspects of patient care, some of which are mentioned above. We know that there are more areas for which Marie Curie Cancer Care standards must

be developed and this will then give hospice managers the opportunity to monitor these important aspects of care and report on them in the future. This will give us a comprehensive picture of the care we provide across all our services.

We already have some good methods of communicating national information to each hospice but we think we can make this more efficient. In order that they can make any necessary adjustments to the way services are delivered we want to ensure that all our staff are informed and receive information as soon as possible.

One way to do this is to use our internal intranet more effectively, and we are working on ways of alerting relevant staff to updated information in the most efficient way possible.

We have established an electronic library of the Marie Curie Cancer Care standards and audit results which all the lead clinicians can access and share with their teams to ensure that, wherever possible, our teams learn and share best practice together. Furthermore, where teams have achieved a high level of compliance they will act as champions to help the others.

In addition, we will continue to use other existing methods to share information such as team meetings, regional meetings and the hospice managers' group meeting.

Throughout the year we will canvas opinion amongst key staff to see how effective our communication is and make changes as necessary.

We will comment further on this aspect of our priorities in the Quality Accounts next year.

Marie Curie Nursing Service

Marie Curie Cancer Care provides care to patients in their own homes through the Marie Curie Nursing Service. The types of service vary in order to best meet the needs of patients. Some may require overnight one to one care whilst others may need a shorter visit during the day.

The aim of the service is to provide support to patients to allow them to be cared for and die in the place of their choice and to avoid unnecessary admissions to hospital.

> *"The care is out of this world, really fantastic. Up to now the nurses have done everything that's needed. No problem at all. And my family can still be part of my care."*

Priorities for the Marie Curie Nursing Service

As with the hospices we have reviewed our work over the last year in the Marie Curie Nursing Service to see what our priorities should be.

Provision of good patient care incorporates all three key elements of:

- patient safety
- clinical effectiveness
- patient experience

Priority One

Audit plan for the Marie Curie Nursing Service

The development of a robust audit plan is a priority for Marie Curie Nursing Service. This will help us to measure the three important elements mentioned above.

We know from work in the hospices that measuring against Marie Curie Cancer Care standards helps to identify areas for improvement. In the next 12 months we will:

- Develop a set of standards to reflect the key values and philosophy of the Marie Curie Nursing Service
- Develop a series of audit tools to measure performance against each standard
- Develop an annual audit plan to benchmark current practice and share outcomes and recommendations to improve performance nationally
- Map Marie Curie Nursing Service key standards against national benchmarks of best practice in end of life care
- Ensure that the audit and its lessons are used in Marie Curie Cancer Care's quality improvement work

The results will be analysed and reported through the national Caring Services Management Board and disseminated nationally amongst staff to ensure sharing of best practice.

In addition, these outcomes will help us to report on the progress of each nursing region as we have done for the hospices.

Priority two

Caring for patients and looking after staff

The vast majority of our nurses are caring for a patient in the patient's own home, most often overnight, although increasingly we are also providing some care during the day. As our nurses are often isolated we need to ensure that we have appropriately qualified staff with the right skills in the right place at the right time and that they themselves are safe from harm.

This year we have undertaken a comprehensive review of our workforce, the way in which we deploy them in the community and the skills they have. Part of this review includes developing and using new software which will help us match nurses and healthcare assistants to patients more effectively and consistently which in turn will improve the service we are able to offer to patients.

We provide care to patients using both registered nurses and healthcare assistants. There are differences in their training and competencies and therefore we need to be sure that the care they can provide is right for that patient. In general terms, a healthcare assistant would be allocated to a patient with less complex needs who is relatively stable.

Families and carers have told us that whilst the healthcare assistants are a help they need someone with broader skills who can help with care such as oxygen therapy or administering medication. These are skills which traditionally our healthcare assistants have not been trained in.

"(The) need for qualified staff is very important due to the nature of the pain."

"All staff were caring and supportive, supporting the patient and family. (We) needed trained staff – the healthcare assistant shift was not as good as she couldn't give much needed injections and there was a delay between needing pain injections and receiving them when the healthcare assistant was on duty."

The feedback on healthcare assistants was important. It led directly to establishing short targeted training courses which healthcare assistants can attend to increase their theoretical and practical skills. When they have completed the course and passed an assessment, their additional abilities are noted on their record so that they can be allocated appropriately to patients.

Our staff are spread across the UK and so providing face to face training is not always possible. To make sure that training is as accessible as possible for staff we have supplemented traditional face to face teaching sessions with an online modular learning system that staff can access from any home computer via the internet. Our management data shows that staff are accessing training at various times, even at night when patients are not needing direct care. These online modules are assessed and monitored by our team of practice educators who ensure the necessary standards are met.

The range of e-learning modules available to staff has increased each year since its introduction in 2007. We now have over 55 learning modules for staff and this will increase in May 2010 as a result of joint working with the Department of Health. These extra Department of Health modules have been developed specifically to ensure that the National End of Life Care Strategy is implemented as successfully and widely as possible.

The link below will take you to our Learn and Develop zone if you would like to see more detail.

http://learnanddevelop.mariecurie.org.uk/_cs/courseselect.php?view=available

Priority three

Keeping staff safe

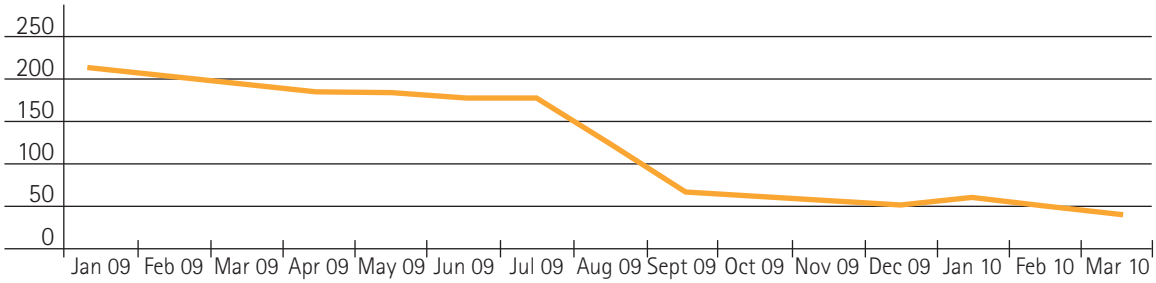
Our nursing staff work in the community on their own, often in the evening or throughout the night. In order to protect them as much as possible we introduced a lone worker safety system called CommuniCare which requires staff to log on via their work mobile phones before travelling and to log off by phone when they have arrived safely at the patient's home. They are also required to complete this process when they are ready to leave the patient's home.

The use of CommuniCare is supported by a management team 24 hours a day. Senior managers take part in an on call role to provide management advice and support as required out of office hours.

If nursing staff do not complete the process for whatever reason, an emergency escalation procedure is started. UK-wide management oncall support ensures that no member of staff is unaccounted for during their shift.

Initially, usage of the system was variable with some staff seeing it as a benefit whilst others were concerned there was a 'Big Brother' element to it. Following a recent re-launch of the safety initiative we can see from management reports that usage, and therefore safety of our staff, has improved significantly. We monitored staff uptake of the system by measuring the number of non-users. The graph below illustrates the reduction in staff who are not using the system.

Number of non users for CommuniCare – January 2008-March 2010



Patient experience

Whilst we routinely collate and use feedback from patients and families we want to go a stage further and really involve them in how we develop and deliver services in both the hospices and the community services. We have taken the first steps by establishing the Patients First Group which will be the initial focus for involving patients and families. It will monitor and report activity to both the charity's Caring Services Management Board and to the Executive Board. We aim to develop a robust and inclusive user involvement strategy led by those within Marie Curie Cancer Care who are concerned with involving patients and the public. Progress on this will be included in the next Quality Accounts.

What patients are telling us:

"I just don't know how I would have managed without them. It is our wish that she dies at home and our son can get into bed and give her cuddles whenever he wants."

"Thank you to all the team that supported us and my uncle. His only wish in life was to remain in his own home having spent much of his time in hospital at the start of his illness. This was achieved and he died in his own home with a Marie Curie Nurse with him."

"I think they are amazing. I am very grateful for the Rapid Response Service and I wanted to let them know how much I appreciated them. There is nobody else I can rely on, they are an inspiration."

"Their care and presence are wonderful. They seemed to know my questions before I asked. They did not make me feel left out. They always asked if I wanted to be involved in the care but I knew my son was in good hands so I left it up to them."

Review of quality performance

Marie Curie Hospices

In the previous section of the report we highlighted four priorities for improvement for the next 12 months. However, it is also important to highlight some of the other areas of our services where we are already monitoring and demonstrating consistently high quality care.

Again, we will use the three key areas of effectiveness, safety and patient experience to spotlight certain areas of work.

Effectiveness

We know that when patients are admitted to a hospice or are cared for at home it is not just the patients we are treating. Families rely on our extended services for support and advice to help them prepare, as far as possible, for the death of a loved one but also to provide bereavement support beyond this.

"I was very anxious as mum had had a bad day. I sat and talked to Paula for three quarters of an hour and she was great. She listened and reassured me that she was here to support me too."

Our team of senior social workers developed and implemented best practice guidelines in bereavement care.

Over the last 12 months we have increased the amount of support that we give to families by making one simple change to the way in which we document details of the family. Before the changes were made it was normal practice for the social workers to list one main contact person in the records and it would be this person who would be contacted and offered support following the death. The documentation used was amended so that all those people identified by the patient as being important in their lives could be included and as a result we are offering many more relatives the comfort and support of the social work team.

"An added bonus was that the nurses chatted to my mum, they took the time to care and talk to her. They were very supportive and caring, a surprise was that the family felt supported as well."

Our information shows that we have increased the number of people supported by 17.3%.

The bereavement support team contacts the families and people the patient has identified as important to them within 12 weeks after the death to offer support. The support that people require may be one to one or they may choose to join a bereavement group depending on their preference. In addition, the social work team continues to support families and others with remembrance events such as the Lights to Remember service each Christmas. Often these key occasions are difficult for the bereaved, and we know from feedback how much this support means to them.

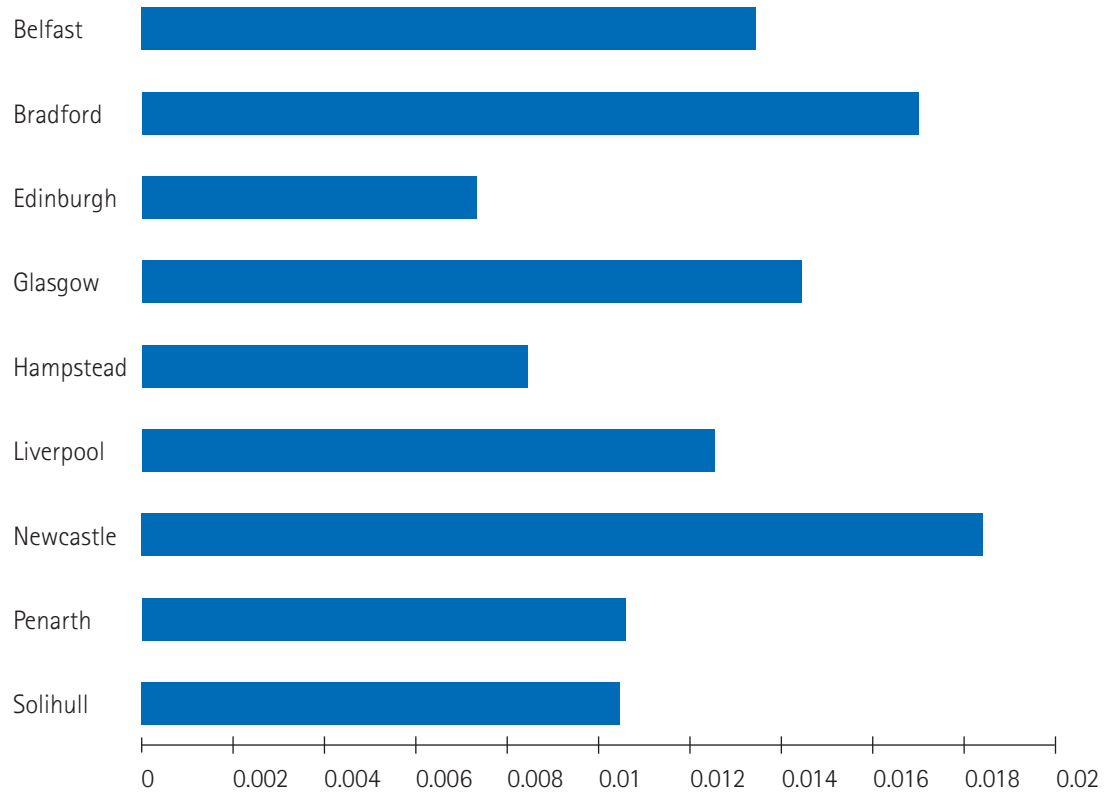
"Just a short note to express to you my sincere thanks for the proceedings at the Remembrance Event last Sunday. It was certainly a moving experience. Please convey this to your colleagues."

Safety

Falls prevention

Although this has been highlighted as an area for priority next year we have already undertaken a considerable amount of work which has been measured to ensure we have selected the right priorities. Each quarter we analysed the number of falls in each hospice. Each hospice has a different number of in-patient beds so we have standardised the results by expressing them in terms of occupied bed days. The graph below shows that in Solihull, for example, for every 100 days a bed is occupied one fall will be recorded. In Newcastle however, the figure is higher showing that the number recorded is 1.8 falls per 100 beds days. These figures are low but we still think they can be improved. We will continue to monitor and report on this data for the next year.

Number of falls per occupied bed day (total for 2009/10)



Medication management

Medication management is important. We have been monitoring the number and severity of drug errors across the hospices. In the last year one of our clinical staff at the Marie Curie Hospice, Belfast has led a team to review our national standards for medicines management.

We monitor a variety of aspects – for example, the number of incorrect doses, missed doses and errors that are revealed by routine regular stock checking. The graph below shows, for example, that in Newcastle for every 1,000 occupied bed days there will be one incident of a drug dose missed in error.

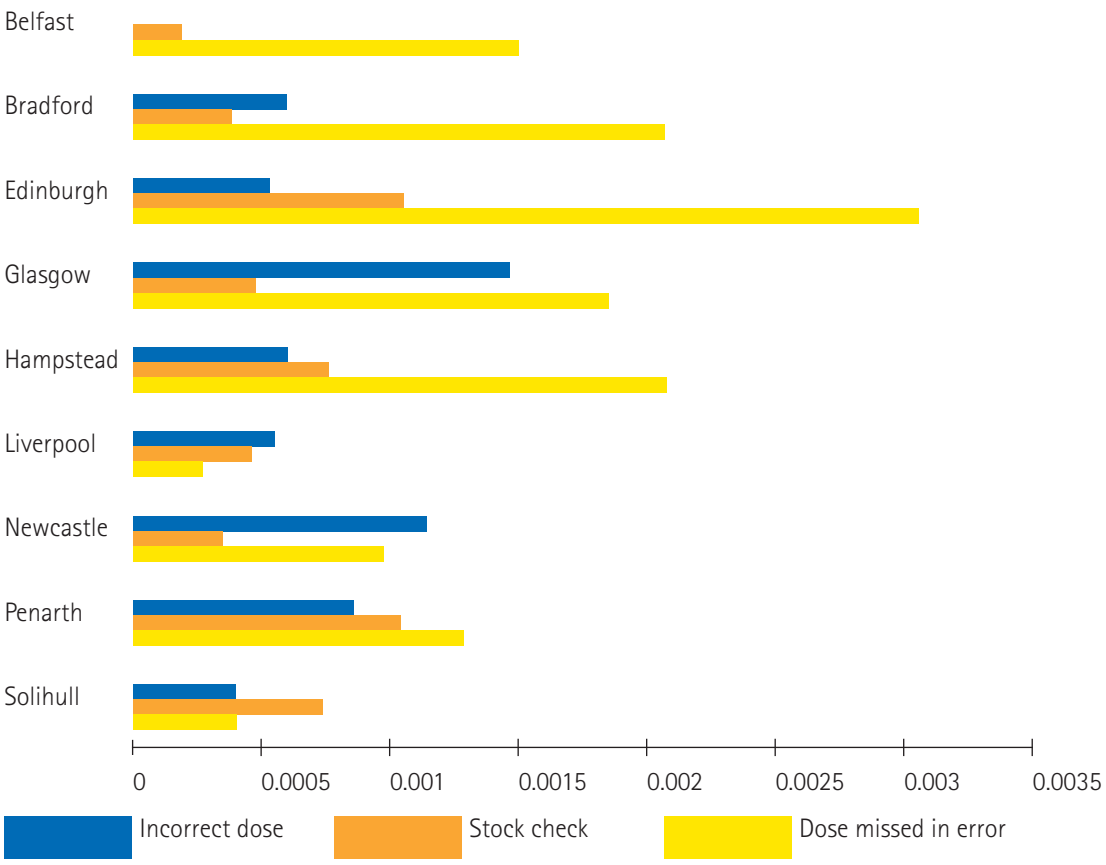
We believe our medicines management is robust because we have compared our error rates with another care provider and we know that our error rates are lower.

We have now adopted standards of practice which incorporate guidelines from the Department of Health, and standards and recommendations from the National Patients Safety Agency and the National Prescribing Centre.

The hospice managers are the registered Accountable Officers for Medicines Management to ensure consistency and strong leadership at a senior level. They will be responsible for ensuring we continue to deliver high quality safe care.

We will continue to monitor the number and severity of drug errors each quarter and report these to the Caring Services Management Board.

Number of medication errors per occupied bed day 2009/10 (top 3 errors)



Infection control

In 2009/10 the Department of Health published a revised Code for Infection Control. Our hospice managers have been responsible for checking our current practice, which was compliant with the previous code, against the new code to identify any areas where we need to make changes to our policy and practice.

We have also adapted the patient information database, Palcare, so that we will be able to accurately and consistently report on the success of our infection control next year.

User experience

We know that the most important thing that we do is to listen to our patients and then make changes to improve their experience.

Each year we carry out a service user survey which asks patients and carers from each part of our services what they think about the care they receive and how we could provide care differently or better. We use the feedback from this to help shape service improvements for the next year.

We are very aware that this annual survey only ever gives us a snapshot of what their experiences are so we now have a number of ways to hear from patients at various other times.

We have an email address linked to our website where anyone can send us feedback, whether it is a complaint, a compliment or an idea. We also carry out unannounced inspections of the hospices, and part of the internal inspector's job is to interview a number of patients, carers and volunteers. We capture all complaints and compliments on our electronic database which we analyse every three months. The resulting reports are regularly reviewed by the Caring Services Management Board and Executive Board for information and action.

We recognise that in order to get as much regular feedback as possible we need to capture it in different ways, so in some of our hospices we have put up graffiti boards where people can scribble their thoughts. The boards are photographed to capture comments for discussion at the hospice meetings.

All the hospices now have hospice information packs, rather like the information folders you would find in a hotel. Inside each pack is a feedback card which patients and their families are encouraged to complete.

Over the last year each hospice has been developing its own Patient Group to discuss specific issues relating to the hospice. For example at the Marie Curie Hospice, Hampstead the hospice needed refurbishing and patients were consulted on what needed to be improved.

Their thoughts and comments were captured in the plans and now the refurbished unit is open and patients have said:

> *"It's the best room I could possibly ask for. So much better than staying in hospital! It has everything I need – a real home from home."*

At the Marie Curie Hospice, Belfast the focus group recognised that wireless broadband internet access was being requested by a number of the users and funds were raised specifically to make this happen. Wireless broadband is now available throughout the hospice to help people stay in touch with friends and family.

At the Marie Curie Hospice, Bradford it was acknowledged that there had been several comments about meals not being hot enough when they were delivered to the patients' rooms. As a result a new food trolley has been purchased to ensure meals are piping hot.

Although these may seem small issues, they are important to the people we care for and we respond to each idea or suggestion if we can.

We are currently working on how we can make all this really important information available across the organisation so that we can more easily recognise comments which are common to all our services rather than just local issues.

Marie Curie Nursing Service

As with the hospices, although we have priorities for next year we have already been working hard to improve the quality of care we provide in the community. During 2009/10 we focussed on collecting information on how much care we were delivering to patients. This helped us to understand where there were gaps in the service.

We are delighted to say that we have delivered care to 4% more patients so far this year with an increase of 1.6% in the number of hours of care we have provided. The total amount of care provided equates to more than 1 million hours of care.

We also know that we need to ensure our workforce is made up of the right mix of registered nurses and healthcare assistants to meet the need of patients. We have been working towards a target of 80% healthcare assistants to 20% registered nurses which is the ideal mix. We have now reached a 70%:30% mix which means more patients are being cared for by the most appropriate level of staff, which in turn is more cost effective. This piece of work is linked to the development of healthcare assistant skills we have already identified as a priority for next year.

What patients are telling us every day

When a patient is referred to the Marie Curie Nursing Service they are automatically sent an information pack to give them some information about our services and how we can help them. Included in the pack is a feedback card which they can use to tell us their thoughts about how useful the information provided is but also to comment on the quality of care they received.

The question asked is:

How would you rate the overall service and experience you received from Marie Curie Nurse(s)

1= poor

2= fair

3= good

4= very good

5=excellent

Over the last year we have achieved an average score of 4.6.

> *"Continue to do the good work. Your input has made it possible for Dad to die at home."*

Whilst this is extremely good we do need to understand what elements of care people are thinking about when answering this general question and we will focus future questions on specific aspects of care which we will identify from our annual user survey.

> *"I see from the notes what care has been provided and it shows me that they are monitoring him in the same way I do when they aren't visiting."*

The feedback from these cards and other methods previously mentioned will help us to shape our services to deliver the care that people need.

How we are regulated and what the regulators say about our services

Marie Curie Cancer Care's care services are registered with the relevant regulatory body in each of the four countries in the UK. We must comply with and demonstrate that we adhere to the national minimum standards and regulations for each independent regulatory body. At present each registered service is required to submit either a self assessment or is subject to an announced or unannounced inspection on a yearly basis. Each regulator has a different way of scoring how well the services are performing.

In England the services provided in the five hospices and the community are regulated by the Care Quality Commission (CQC). The Marie Curie Nursing Service was inspected by the CQC in September of last year and we were awarded a three star, *excellent* service rating. This is the highest level of rating we can achieve. We will be required to submit a self assessment in September 2010.

An inspection report for an annual service review of the Rapid Response Team in Lincolnshire was also finalised in September 2009. Part of the inspection process involves questionnaires being sent to service users for feedback.

One service user stated,

> *"When I realised my wife had a few weeks to live I wanted to bring her home. In the final weeks of her life the Marie Curie team helped whenever I needed them; they helped to soothe my wife's pain and I could not have done without them. I would stand testimony for their professionalism, compassion and support they gave me. I will always remember them for the help given to my family and my dear wife. I knew who to contact and where to go for assistance. I have no complaints and I received fantastic amount of support from all departments. They always listened and told me what they were doing and when they would do it. I feel proud that the country provides a service for people like me who are desperate and heart broken. Marie Curie are a special kind of people. We called them 'Angels of the Night'."*

Following a recent announced inspection of the newly refurbished Marie Curie Hospice, Hampstead, the Care Quality Commission stated:

> *"The hospice was found to be meeting the needs of patients well. This is evidenced in patient feedback and discussions with patients and relatives. Following recent refurbishment the facilities are clean, modern and well maintained."*

The Care Quality Commission also inspected the Marie Curie Hospice, Solihull. The report confirmed:

> *"This was an announced visit based on the risk assessment of the service. It was found that the care offered to the people using the service is good. Staff are professional and caring and patients report that they are satisfied with the service. The management of the service is good and the management team are aware of their roles and what is required to ensure the service is well run and safe."*

In Scotland the services provided in hospices and the community are regulated by the Care Commission Scotland. In October 2009 the Marie Curie Nursing Service was inspected and received a five star, *very good* rating for Quality of Care and Support, Quality of Staffing and Quality of Information. The Marie Curie Hospice, Edinburgh was inspected in February 2010 and received a six star, *excellent* rating for Quality of Care and Support and for the Quality of Staffing. The newly opened Marie Curie Hospice, Glasgow was inspected on March 10, 2010 and also received a five star, *very good* rating for Quality of Care and Support, Quality of Staffing. We will be looking at the results of the Edinburgh inspection to see how we can achieve the same consistently high standards at the Marie Curie Hospice, Glasgow and the Nursing Service in Scotland.

The Marie Curie Hospice, Penarth is regulated by the Healthcare Inspectorate Wales (HIW). An inspection was undertaken in November 2008 and the report finalised in May 2009. Comments in the report included:

"The atmosphere was very positive and it is clear that staff were encouraged to develop care and enjoy working there. The manager and staff are commended on the good standard of care within the hospice."

The Marie Curie Nursing Service in Wales is regulated by the Care and Social Services Inspectorate Wales (CSSIW) and was inspected in May 2009. CSSIW does not use a scoring mechanism but their comments included:

"Feedback from the latest quality assurance report indicated that patients and carers were very pleased with the care received and held the Marie Curie Nursing Service in high regard."

The Marie Curie Hospice, Belfast is regulated by the Regulation and Quality Improvement Authority (RQIA). The hospice was last inspected in February 2010.

Comments in the report included:

"The hospice was found on this occasion to be fully compliant with the Independent Health Care Regulations 2005 and the Independent Health Care Minimum Standards Hospices examined. No requirements or recommendations were made as a result of the inspection."

We are currently in the process of registering the Marie Curie Nursing Service, Northern Ireland with the RQIA.

What others say about our Quality Accounts

The following section of the report is a regulatory requirement, as set out in the NHS (Quality Accounts) Regulations 2010.

As a national organisation we have sought comments on the content of this report from:

Lincolnshire Primary Care Trust (PCT). This is the PCT for which we provide the greatest amount of care.

NHS Lincolnshire endorses the areas identified for improvement for 2010/11 and the associated initiatives as detailed within the Marie Curie Quality Accounts as:

Marie Curie Hospices

Priority one

Every in-patient in our hospices has a falls prevention plan completed within 12 hours of admission.

Priority two

Every in-patient will have a pain assessment within 24 hours of admission with a daily review, where necessary, to monitor how effectively their symptoms are being managed.

Priority three

Every patient who expresses a preference about where they want to be cared for and die will have this noted and communicated to all staff involved in their care so that they have the best opportunity to achieve this.

The three priorities above are based on the National End of Life Care Quality Markers and are now embedded into the national annual audit programme.

Priority four

Consistent methods of benchmarking against national standards and mechanisms for shared learning across all nine hospices are developed.

Marie Curie Nursing Service

Priority

The development of a robust audit plan is a priority for the nursing service. Measuring against national standards to identify areas for improvement, in the next 12 months the organisation will:

- *Develop a set of standards to reflect the key values and philosophy of the Marie Curie Nursing Service*

- *Develop a series of audit tools to measure performance against each standard*
- *Develop an annual audit plan to benchmark current practice and share outcomes/ recommendations to improve performance nationally*
- *Map Marie Curie Nursing Service key standards against national benchmarks of best practice in end of life care*
- *Ensure results of audit contribute to the organisational clinical governance processes*

Whilst NHS Lincolnshire does not commission Marie Curie Hospice services, NHS Lincolnshire does commission the Marie Curie Nursing Service and the Rapid Response Service. Commissioning high quality, safe patient services is our highest priority and the areas identified will enhance the patient experience and improve patient safety and clinical outcomes.

Additionally, NHS Lincolnshire has agreed a contract indicator: to increase home deaths to 26% in 2010/11 and 28% in 2011/12.

Review of quality performance

In terms of performance against the 2009/10 contract indicator: the current home death rate is 20.6%, the target of 22% was not achieved in 2009/10 partially due to not commencing the service until August 2009.

NHS Lincolnshire notes Marie Curie's evidence and acknowledges the excellent feedback from patients and carers alike. NHS Lincolnshire supports the ongoing work to improve the patient experience and the focus on treating all patients with dignity and respect and notes the progress across a range of initiatives to raise standards.

NHS Lincolnshire also commends the organisation on supporting integrated working with other providers to enhance palliative care services.

Examples given within the Quality Account highlighted areas of service that demonstrate high quality care using the three key areas of effectiveness, safety and patient experience.

NHS Lincolnshire commends Marie Curie for the publication of the Quality Account this year when community providers do not have to publish until 2010/2011.

NHS Lincolnshire endorses the accuracy of the information presented within the Marie Curie Quality Account and the overall quality programme performance will be reviewed through the formal contract quality review process and triangulation through patient experience surveys.

E Butterworth
Director of Quality & Involvement

We invited the Lambeth Overview and Scrutiny Committee to comment.

Thank-you for the invitation to comment on your Quality Account. Unfortunately the timeline inherent in the Quality Account process this year is somewhat prohibitive. Early engagement in the preparation of a Quality Account is key to meaningful input but the 2009/10 timetable, including the late issue of guidance, has not made this possible. Furthermore the council is currently in the build-up to local elections and the next scheduled meeting of the relevant scrutiny committee is not until after your deadline for submission. We therefore decline to comment on this year's Quality Account. The committee has responded in a similar manner to our local hospital trusts.

However, your submission to LB Lambeth has raised the question of whether or not it would be appropriate for LB Lambeth Health and Adult Services Scrutiny Sub-Committee to comment on your Quality Account at all. We understand that you are required to submit it to Lambeth as your principal offices are based in the borough. However, your Quality Account refers to services provided across the UK. It is questionable whether it is appropriate for the elected members of LB Lambeth to comment (on behalf of the nation) on the areas the Department of Health guidance suggests ie how representative or comprehensive your Quality Account is and whether or not there are any significant omissions or issues of concern. Nor do we consider it appropriate that you should be required to make your Quality Account reflective of (Lambeth) local priorities or locally meaningful when your work is on a national basis.

Irrespective of the ethical question of appropriateness, in order to undertake such a task in a meaningful way would require significant resourcing in terms of LB Lambeth coordinating responses from across the country (as suggested in the guidance). It would also require a significant increase in member knowledge and understanding of the role and functions of your organisation nationally. Such resource implications would be multiplied by the number of national organisations with their principal offices in the borough. This is considered impossible within existing funding arrangements.

However, we understand that there should be some form of national oversight of the Quality Accounts of national organisations and we will be discussing with London Scrutiny Network colleagues how this could be achieved.

Whilst we accept that the opportunity to comment is offered on a voluntary basis the DoH letter of January 14, 2010 indicates that feedback on our experience of the first year of Quality Accounts will be welcomed. As part of this we will as an individual authority, as well as through the London Scrutiny Network, be raising our concerns as well as suggestions for how national oversight might be achieved directly with the DoH.

T Barrett
Scrutiny Manager, LB Lambeth

We also invited the Southwark Local Involvement Network (LINk) to comment.

"LINk Southwark would like to thank Marie Curie Cancer Care for providing a copy of their draft Quality Account 2009/10. However, the LINk Southwark does not have

any comments to submit. The LINk looks forward to receiving the Quality Account for 2010/11 which will be presented to the LINk Members for comment."

A Kinch
Team Leader - LINk Southwark

Do you have any comments or questions?

Marie Curie Cancer Care is always keen to receive feedback about our services. Before publishing this report we have sought the views of patients and families through Local Involvement Networks, Overview and Scrutiny Committee and also our own Patients First Group to ensure this is an accurate and fair reflection of the quality of the services Marie Curie Cancer Care provides.

If you have any comments or questions about this report please do not hesitate to contact us using the details below:

The Quality Improvement Team
Marie Curie Cancer Care
89 Albert Embankment
London
SE1 7TP

Email: Qualityimprovement@mariecurie.org.uk

Statements of assurance from the Board

The following statements are included as they are a legal requirement of the National Health Service (Quality Accounts) regulations

Marie Curie Cancer Care's Executive Board can confirm:

1) During 2009/10 Marie Curie Cancer Care provided services through nine hospices caring for in-patients, outpatients and day care in addition to the community nursing service across the UK.

1.1) Marie Curie Cancer Care's Executive Board has reviewed all data available to it on the quality of care in all these services.

1.2) The income generated by the services reviewed in 2009/10 represents 100% of the total income generated from the provision of services by Marie Curie Cancer Care for 2009/10.

2) During 2009/10 no national clinical audits and no national confidential enquiries covered NHS services that Marie Curie Cancer Care provides.

2.1) During that period Marie Curie Cancer Care participated in 0% national clinical audits and 0% national confidential enquiries which it was eligible to participate in.

2.2) The national clinical audits and national confidential enquiries that Marie Curie Cancer Care was eligible to participate in during 09/10 are as follows:
None

2.3) The national clinical audits and national confidential enquiries that Marie Curie Cancer Care participated in are as follows:
None

2.4) The national clinical audits and national confidential enquiries that Marie Curie Cancer Care participated in, and for which data collection was completed during 09/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:
None

2.5-2.7) The reports of five local clinical audits (set out below) were reviewed by the provider in 09/10 and Marie Curie Cancer Care intends to take the following actions to improve the quality of healthcare provided:

	DNAR (June 09))	Pain Assessment (July 09)	Falls (Sept 09)	Preferred place of care/ death (Dec 09)	Bereavement (January 10)
Belfast	✓	✓	✓	✓	✓
Bradford	✓	✓	✓	✓	✓
Edinburgh	✓	✓	✓	✓	✓
Glasgow	✓	✓	✓	✓	✓
Hampstead	✓	✓	✓	✓	✓
Liverpool	✓	✓	✓	✓	✓
Newcastle	✓	✓	✓	✓	✓
Penarth	✓	✓	✓	✓	✓
Solihull	✓	✓	✓	✓	✓

The actions being taken for the key audit outcomes are captured in section two. For these audits the clinical teams have produced local action plans for improvements where necessary and in general they will be re audited within the next 12 months to check for improvements. However, where results were outside an acceptable level the hospice team will re-audit within three months. The results will then be subject to review and approval by the national Caring Services Management Board.

3) The number of patients receiving services provided or sub contracted by Marie Curie Cancer Care in 09/10 that were recruited during that period to participate in research approved by a research ethics committee was zero.

4) Marie Curie Cancer Care income in 09/10 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation Payment framework because this system and process does not apply to our services.

5) Marie Curie Cancer Care is required to register with the Care Quality Commission (CQC) and its current registration status is fully registered.

6) Marie Curie Cancer Care is not subject to periodic reviews by the CQC.

In addition our services in Scotland are registered with the Care Commission; in Wales with Health Inspectorate and Care and Social Services Inspectorate Wales; in Northern Ireland with the Regulation and Quality Improvement Authority.

7) Marie Curie Cancer Care has not participated in any special national reviews or investigations this year by the CQC during the reporting period.

8) Marie Curie Cancer Care did not submit records during 09/10 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

9) Marie Curie Cancer Care score for reporting period 09/10 for Information Quality and Records Management assessed using the Information Governance Toolkit was 0%.

10) Marie Curie Cancer Care was not subject to the Payment by Results clinical audit during 09/10 by the Audit Commission.

The numbered paragraphs above except **paragraphs 1, 2.5, 2.6, 2.7, 3 and 5** do not apply to Marie Curie Cancer Care but we are legally obliged to include these statements in this report. We are fully compliant with the requirements of paragraphs 1, 2.5, 2.6, 2.7, 3 and 5.