Quality Account 2014/15

June 2015

Marie Curie

Care and support
through terminal illness

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Who we are and what we do

Marie Curie is here for people living with terminal cancer or any other terminal conditions, and their families. We offer expert care, guidance and support to help them get the most from the time they have left.

Our nurses work night and day, in people's homes across the UK, providing hands-on care and vital emotional support. Our nine hospices offer specialist round-the-clock care.

And we support people throughout their illness by giving practical information, support from trained volunteers and being there when someone wants to talk.

We are a large national charity operating in England, Wales, Scotland and Northern Ireland. All Marie Curie services are registered with the appropriate regulatory bodies in each country of the UK.

Putting patients and families first

Our vision

A better life for people and their families living with a terminal illness.

Our mission

To help people and their families living with a terminal illness make the most of the time they have together by delivering expert care, emotional support, research and guidance.

Our values

- Always compassionate
- Making things happen
- Leading in our field
- People at our heart

Our strategic plan

Our charity's future is Marie Curie's strategic plan for 2014-19. It sets out our plans to develop, expand and fund our work.

Our key objectives over the next five years are:

We will reach more people and their families living with a terminal illness

- We will provide nursing and hospice care of the highest standard to more people each year.
- We will launch a free information service to support everyone affected by a terminal illness.
- We will expand our Helper service so that practical and emotional support from our trained volunteers is available nationwide.
- We will increase our support for bereaved people.

We will improve the way terminally ill people are cared for in the UK

- We will double our investment in research on care for terminally ill people.
- We will increase our role in influencing the policy environment across all parts of the UK.
- We will innovate in how we design our services and in the partnerships we form.
- We will establish a Marie Curie Training Academy, to develop our own people and others.

We will manage our charity as effectively and efficiently as possible

- We will value our people and support them in doing their jobs well.
- We will invest in our fundraising to make sure our resources match our ambitions.
- We will transform our brand so everyone living with a terminal illness sees us as relevant to them.
- We will invest in expertise and equipment so we are communicating effectively with everyone involved with the charity.

This document, our 2014/15 *Quality Account*, demonstrates our commitment to the delivery of high-quality care. It outlines our work on quality improvement over the last year and sets out our priorities for the year ahead.

"We would like to personally thank the staff involved in my mother's care...the care she received from staff when in crisis was nothing short of exceptional."

Carer, Marie Curie Nursing Service, Central

Section one – Chief Executive's statement

Welcome to our 2014/15 *Quality Account*, a summary of our performance against the most important aspects of care: patient safety, clinical effectiveness and patient experience. My Committee colleagues and I are confident that the information set out in this report is a true reflection of quality in our current care provision.

The *Quality Account* is one way that we can report to the public to show our work to improve Marie Curie services. This report sets out the progress against the targets we set ourselves for 2014/15, the first year of our new strategic plan, and what we hope to achieve for 2015/16.

This is the first time that the charity has developed a five year strategic plan, and illustrates our commitment to our challenging objectives. We are passionate about providing high-quality care to people with a terminal illness and their families, whether the illness is cancer or any other condition that brings an end to life. We will do this by ensuring our financial stability and viability by investing in our capacity to raise funds. We will manage our resources to ensure that we achieve the greatest impact for the greatest number of people, providing compassionate care and support when and where it is needed.

Dr Jane Collins, Chief Executive

We have nine hospices throughout the UK and community nursing for people who wish to remain and die at home. All services are free of charge to all patients. In 2014/15 we cared for 40,712 people (including 658 supported by Helper volunteers). Our new plan sets out our objective to help people regardless of their diagnosis and to grow existing services. We will engage researchers and designers, working in partnership with people who have experienced care of a loved one, to develop new ways of providing care, support and information throughout the UK.

The provision of care by the charity is funded to approximately 50% by our generous supporters with the rest being funded by the NHS. The NHS commissioners or boards determine how much care they need from us. We see unmet need and are working at how we can better use our funding to care for more people, particularly at a time when public funding is under pressure. We are reviewing the way we deliver care to introduce new ways of ensuring we are able to achieve our ambitious target of reaching more patients and carers over the next five years.

Our new strategy sets out our aim to help people with a terminal illness earlier, in their community setting where possible. NHS Lothian commissions Marie Curie to provide palliative care to patients on both an in-patient and community basis. As the commissioner, NHS Lothian has requested a shift in the balance of care with a reduction in the hospice in-patient budget to be offset against an increase in the spending within community services. This is likely to be a more widespread direction of travel in future.

This is a really exciting opportunity to further develop flexible, high-quality services which will meet the changing needs of the population. It will be fully integrated with the Helper service which offers practical and emotional support by trained volunteers for anyone with a terminal illness.

One of the elements of our new strategy is that we will value our people, staff and volunteers, and support them in doing their jobs well. Staff can access our dedicated learning online resource, Learn and Develop. We are looking at how we can provide support for volunteers in the same way.

The charity has begun a three-year programme of investment to update and modernise ways of working across both the hospices and the nursing service, made up of two main initiatives.

The first of these is to implement electronic patient records in seven of our nine hospices. Two of our hospices, in Bradford and the West Midlands, already have SystmOne™ in place, and our Newcastle hospice is also going to implement this solution to enable them to communicate most effectively with GPs and local hospitals. The other six hospices will implement EMIS Web™. Both SystmOne™ and EMIS Web™ are electronic patient record systems developed to enable practitioners to access patients' clinical details. Research by Marie Curie and the NHS indicates that many patients find one of the most stressful elements of managing their illness is the need to repeat the same information to a number of different healthcare professionals. The charity has identified that the ability of our clinical and administrative staff to access and share up-to-date patient records, quickly and securely, is a key enabler of better patient care.

The second initiative is the introduction of new scheduling software and mobile devices for our community nurses, to improve the planning and delivery of patient visits. This project will see 2,000 Marie Curie Nurses start to use mobile devices to access up-to-date patient visit details, communicating with a new scheduling software platform called Kirona. Through this solution the charity expects to be able to increase the proportion of nurse time spent with patients, and potentially to be able to increase the volume of patient visits delivered.

In November 2014 we launched an online forum, the Marie Curie Community, for patients, carers and friends and family. The forum is an online discussion area for anyone affected by a terminal illness. It is an area where people can share their experiences and access some useful guidance. We are delivering dedicated Q&A sessions to generate more discussion to ensure there are opportunities for people to access necessary support. The online community is in its infancy but we hope to build on its promising start, increasing membership so that more people can see it as a source of support and guidance.

In January we began a bereavement service pilot in Wales to establish the most effective way to provide support to carers of people who have been cared for by our nursing service. This is a key element of our strategic plan. We are working in partnership with other specialist bereavement providers to develop and provide a service that reaches as many carers as possible.

The delivery of high-quality services, together with the ability to demonstrate a programme of continuous service improvement, is one of the most important indicators of a successful care organisation. Marie Curie is committed to providing high-quality care including information, care and support, the right environment, management and leadership. We have set out the key elements in our first Quality Strategy, from quality improvement, through to culture, capabilities, processes and mechanisms for recording the right performance data.

We recognise that we need an appropriate and effective framework to ensure we provide the best possible service to our patients and their relatives and are able to provide assurance about the quality of care we deliver across all services within our organisation. We will monitor and report on a range of key performance indicators that provide assurance of the quality of the care we provide.

As with previous reports, this one is divided into four sections. Section two describes progress against the targets we set ourselves last year and section three will set out our priorities for 2015/16. These sections are divided into three domains of quality: patient experience, patient safety and clinical effectiveness.

Section four looks at information about the quality of our service. The information in this section is gathered from our own data such as analysis of our complaints and incidents and also the reports we receive following inspections undertaken by our regulators. The final section includes our legal requirements: mandatory statements and feedback from our stakeholders.

I am pleased to report on our achievements during the first year of our new and challenging strategic plan. I hope you find our *Quality Account* useful and I would welcome your comments on this report and suggestions for future accounts. If you would like to get in touch please drop an email to:

Quality.Assurance@mariecurie.org.uk

The *Quality Account* has been reviewed through our internal governance structures as well as external scrutiny procedures in accordance with NHS England requirements.

Dr Jane Collins
Chief Executive


Layton Thompson/Marie Curie

Section two – progress against last year's priorities

Our progress against our priorities for improvement in 2014/15 is set out under the different priorities below.

Priority 1 - Patient experience

> "Just a presence and a listening ear in the small hours of the morning was often enough."
>
> Carer, Marie Curie Nursing Service, Northern Ireland

We said we would	What we actually did
Increase national membership of the Expert Voices Group to more than 60, with at least two members in each of our nine regions. We will have joined them up with at least one local user group in every region to create an integrated network of user feedback on the charity's plans, materials, recruitment and projects.	We now have 69 members in our Expert Voices Group, with two or more members in each of our nine regions:

Region	Number of Expert Voices volunteers
Central	9
Eastern	2
London and South East	19
North East	10
North West	3
Northern Ireland	3
Scotland	17
South West	3
Wales	3
Total	**69**

Members of the Expert Voices Group are linked with user groups in seven of our hospices. An Expert Voices Group was established in Scotland in April 2014 and work began in late 2014 to set up local Expert Voices Groups in Kent and Dorset.

We said we would	What we actually did
	The Expert Voices Group met five times and took part in more than 64 activities across the charity in 2014. Examples include contributing to a research proposal from the Marie Curie Hospice, Belfast in collaboration with Queen's University Belfast on the benefits of music therapy in palliative care and providing their comments on a number of publications and promotional material for Information and Support Services and the Helper service. Members of the Expert Voices Group have joined us on our internal compliance visits to our hospices and four members also took part in a project to share their experience of caring for a loved one in a video entitled *Why is Marie Curie changing?* which was used during team meetings to provide the context for the reasons for the update of the Marie Curie brand.
Triple the percentage response across our three core services (hospices, Marie Curie Nursing Service and Marie Curie Helper*) to 6.6% of all people using our service within a year. * Marie Curie Helper offers practical and emotional support by trained volunteers for anyone with a terminal illness.	Our overall response rate rose to 5.5% for the last quarter of the year. The response rate in our hospices has increased to 15.3%. It remains a challenge to have sufficient resources to increase the response rate in the Marie Curie Nursing Service but we are exploring different ways to do this including using volunteers to contact patients and carers. Marie Curie's new real-time feedback system was in use throughout the organisation from 1 July 2014. Since this time, service managers and frontline staff can see all the feedback from patients and family members as soon as they give it. This technology means they can respond to the person and act on their feedback while they are still using the service. There are tablet devices in all our hospices, which have been well received, with patients and carers reporting that they are very user-friendly. Prior to introducing the devices, the vast majority of feedback was from carers. Now, the proportion of feedback from patients

We said we would	What we actually did
	has increased significantly. We have added new surveys that measure experience of some of our complementary therapy services, outpatient clinics, and bereavement services. In addition, we have just launched a new survey for people who use our Helper service.
Increase the number of people supported by Marie Curie Helper volunteers, by expanding the service in existing locations and launching the service in new areas, to more than 1,000 within the next year.	Marie Curie Helper has supported more than 1,000 people since its launch in 2009. In 2014/15 new services were launched in Fife, south Wales and north London. There are now nine locations where the service is available.
Monitor the implementation of the changes to services through the Patient Services Board.	We continue to ensure patients and families know what improvements we have made as a result of their feedback via 'You Said We Did' boards at each of our hospices, and on the Marie Curie website. This year we reported on 47 separate improvements that we made as a result of feedback. These included: • Our Newcastle and Bradford hospices built additional car parking spaces so visitors could spend longer visiting, and less time looking for a nearby parking space. • Our Cardiff and the Vale hospice developed a new outreach clinic. • We undertook a new initiative defining and monitoring high standards for food quality in our hospices. • A number of hospices made improvements to reduce noise levels in the hospice. • Our Newcastle hospice introduced a carer needs assessment to help inform care. • We have piloted and are rolling out a range of improvements to improve the reliability of the Marie Curie Nursing Service.

We said we would	What we actually did
Implement new ways of communicating with our patients and families including increasing use of social media and setting up an information and advice line.	One of our core values is to connect and empathise with people. In November 2014 we introduced the Marie Curie Community, an online discussion area for anyone affected by terminal illness. It is an area where people can share their experiences and access useful guidance. The community will provide people with a peer-to-peer forum that enables them to share their stories and support each other. We have also developed some dedicated Q&A sessions to discuss specific topics through live web chat. We know from people and their families living with a terminal illness that they need information and support on a range of issues, available in one place. The Marie Curie Support Line is a confidential phone helpline for anyone who has questions about any aspect of terminal illness, needs support or just wants to talk. Marie Curie will become a key source of information on: • clinical matters • help with navigating the health and social care systems • financial and welfare issues • advance care planning • writing a will • funeral planning • other issues Opening hours will be 9am-5pm Monday to Friday at first, with this increasing as demand grows. The service was launched on 8 April 2015.

Priority 2 - Patient safety

Marie Curie services are geographically spread across the four UK countries. We have nine hospices and nine nursing service regions that are organised in geographic divisions. Each division is overseen by a Divisional General Manager. The clinical governance structures have been strengthened and Divisional Clinical Quality Groups have been established. Managers from each service in a particular division are members of the groups. All clinical incidents are monitored by these groups and significant issues are escalated to the national Clinical Governance Executive Committee (formerly called the Clinical Governance Board).

"I was absolutely blown away by the level of care my mother-in-law is receiving in the hospice."

Carer, Marie Curie Hospice, Bradford

We said we would	What we actually did
Monitor the number of falls at each site as well as the impact the fall had on the patient.	Patient falls are one of the most common types of incident in our hospices. Local governance groups review all incidents including the number and severity of patient falls.
Audit the implementation of the falls reduction package. Carry out spot checks during our internal compliance visits. These will be reported quarterly to the Clinical Governance Executive Committee.	A national Marie Curie falls audit was undertaken in all hospices. This identified some key areas for improvement to ensure that care is in line with current national guidance. Assessment documentation to reduce the risk of falls is currently being trialled in two of our English hospices in line with the National Institute for Health and Care Excellence (NICE) (2013) guidance. Hospices that had previously purchased specialist falls equipment will continue to evaluate its benefits to inform future practice and share their findings with other teams. A falls policy has been agreed and its implementation will be monitored by further national audit and our internal compliance visits. Details of all patient falls, including their severity and impact on the patient, are reported through the quarterly Quality and Safety report which is submitted to the national Clinical Governance Executive Committee.

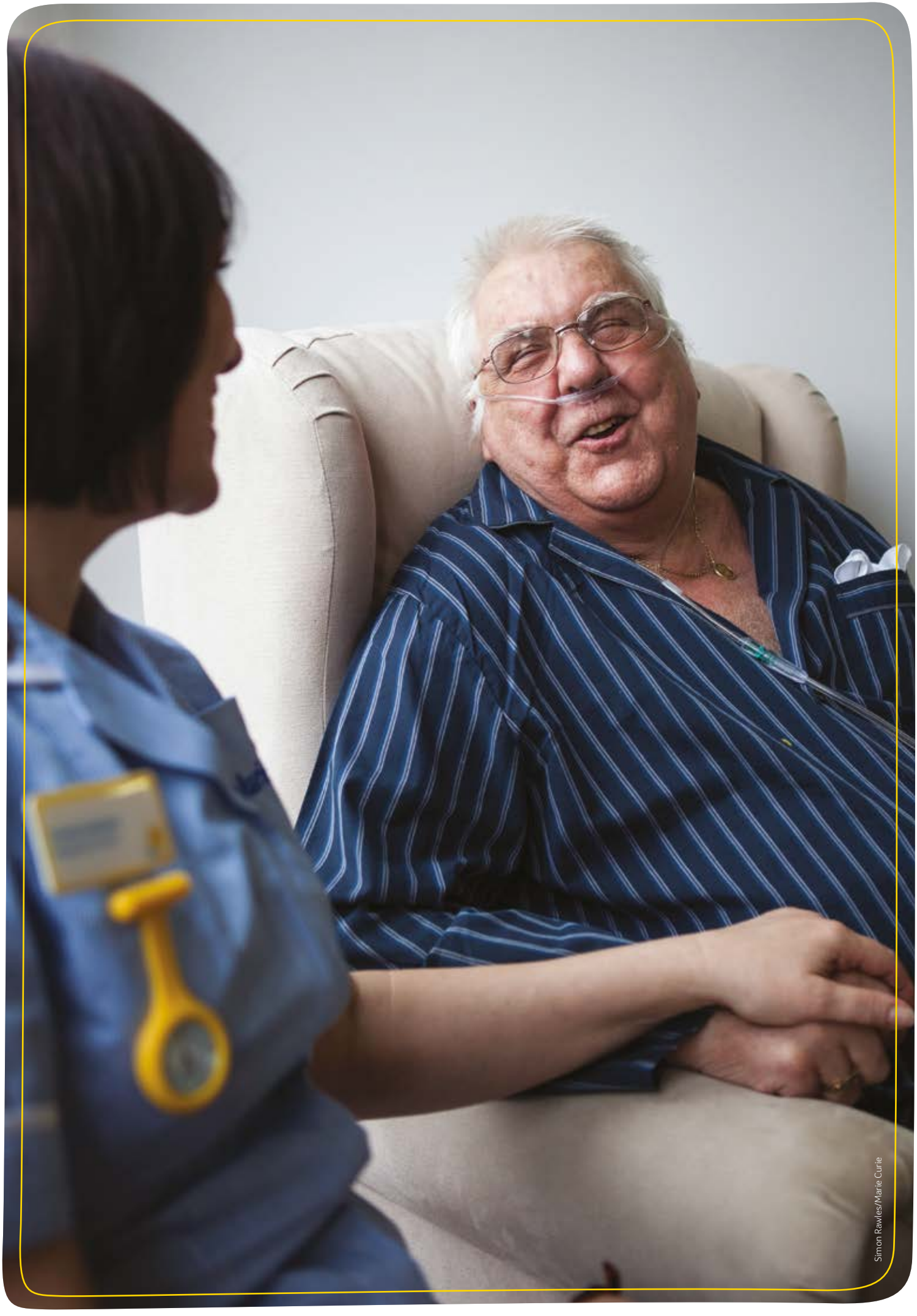
We said we would	What we actually did
Monitor the number and grading of acquired pressure ulcers for our hospice patients.	We started to record pressure ulcers as incidents in July 2013 and we have worked hard to raise staff awareness of the need to record all occurrences. We are particularly keen to reduce the development and severity of pressure ulcers acquired during admission. Hospice ward managers and nursing staff have held regular meetings to reflect on incidents, helping us to identify key themes across the organisation. Changes have been made to our complaints and incidents database to enable staff to record details of pressure ulcers as accurately as possible, including their grade and whether patients were admitted with pressure ulcers or whether they were acquired during admission. Grade 3 or 4 pressure ulcers require a root cause analysis to be undertaken to ensure that we minimise pressure ulcer prevalence and severity. A requirement to complete incident forms for all pressure ulcers (those acquired during admission and those when the patient was admitted with pressure ulcers) has been introduced.
Audit the implementation of the pressure ulcer policy. Carry out spot checks during our internal compliance visits. These will be reported quarterly to the Clinical Governance Executive Committee.	Details of all pressure ulcers are entered as incidents in the complaints and incidents database and monitored via local governance structures. Details of all pressure ulcers, their grade and when they were acquired are reported through the quarterly Quality and Safety report which is submitted to the national Clinical Governance Executive Committee. Compliance with the pressure ulcer policy has also been checked during compliance visits in all hospices.

We said we would	What we actually did
Monitor the number and types of infections acquired by our hospice in-patients.	A Senior Lead Nurse for Infection Prevention and Control on secondment worked with us to develop a comprehensive plan to review our Infection Prevention and Control mechanisms and procedures. Types and numbers of infection control incidents are recorded and reported to the Clinical Governance Executive Committee. An annual Infection Prevention and Control report will be submitted to the Clinical Governance Executive Committee in June 2015.
Audit the implementation of the infection prevention and control policy. Carry out spot checks during inspections. These will be reported quarterly to the Clinical Governance Executive Committee.	We have developed a governance structure for infection prevention and control. It will form the basis from which policies and guidelines will be written, agreed and disseminated. The Senior Lead Nurse for Infection Prevention and Control undertook visits to all hospices and joined the compliance visits to ensure a robust process to review our procedures was incorporated as part of the hospice reviews. We noted an increase in the number of infection control incidents recorded as a result of the work to raise awareness of all infection control issues. An initial national audit focusing on indwelling catheter and peripheral line care was undertaken. This measured care against standards set by the Infection Prevention Society. Action plans are monitored by the Divisional Clinical Quality Groups. An immunisation plan has been implemented and the clinical training programme for staff has been reviewed. Online training for all clinical staff has been introduced.

Priority 3 – Clinical effectiveness

We said we would	What we actually did
Develop a measure to monitor management of symptoms including pain, breathlessness, and nausea and vomiting.	The Australian health system has collected and used data about clinical outcomes in palliative care (defined as changes in health measures such as pain and nausea) for a number of years. The Cicely Saunders Institute at Kings College London has been seeking to replicate this approach in the UK under the Outcomes Assessment and Complexity Collaborative (OACC) project. The project includes the introduction of a Quality Improvement Facilitator into palliative care services to embed clinical outcome measures into routine practice. The role of the Quality Improvement Facilitator is to ensure that the outcome measures are being collected and, more importantly, are being used to guide clinical decision-making by multi-disciplinary teams. The OACC project began with six palliative care providers in south east London (including hospice, hospital and community providers), and has since expanded to include a number of other sites. The OACC team is working closely with Hospice UK to enable a large number of hospices to adopt the OACC approach. They are currently developing a number of 'levels of support' for service users, the base level being access to resource packs that will include full details of the OACC suite of measures and will include a range of training resources. Marie Curie is actively pursuing involvement in the OACC project. We are liaising closely with Hospice UK and contacts in individual hospices to identify the most appropriate way to implement the project in our hospices.

We said we would	What we actually did
Report on the number of new interventions implemented as a result of new best practice evidence from research.	We have used a training package for people working with carers of patients at the end of life, developed in a research project funded by the Dimbleby Marie Curie Research Fund, to train staff on the Marie Curie Support Line. We have also considered existing evidence in all new projects put forward as part of the new strategy.
Monitor and report on the implementation of the falls reduction package.	Details of all falls are recorded in the complaints and incidents database. Changes have been made to the database to enable staff to record details of the impact of the fall on the patient and what actions were taken to minimise the possibility of a similar incident.


Simon Rawles/Marie Curie

Section three – priorities for next year

Our priorities for improvement for 2015/16

We have developed key performance indicators for each quality domain which we will monitor and report on routinely throughout the year.

> "I feel so supported ... loved even. The nurses genuinely care about me and I'm only the wife – I'm not even the patient."
>
> Carer, Marie Curie Hospice, Newcastle

Priority 1 - Patient experience

Areas we will report on	What we will do	Who is accountable and responsible for this?
We will report on the continued growth and development of the Marie Curie Helper service.	We will roll out a further six Marie Curie Helper services in new areas throughout 2015/16 and pilot a new volunteer role within the service.	**Accountable** Belinda Brown, Director of People, Planning and Performance **Responsible** Debbie Hill, Head of Volunteering
We will report on the development of new tools that help Marie Curie understand the experiences of people who use our services.	We will develop new tools that measure patient and carer experience, for example a questionnaire for people who use our Clinical Nurse Specialist service. These tools will provide information for the on-going and new quality improvement work at Marie Curie.	**Accountable** Dr Bill Noble, Executive Medical Director **Responsible** Ben Gadd, Head of Patient and Carer Experience
We will report on learning that comes from in-depth discovery interviews and analysis of their themes, and how this impacts on quality improvement activities.	We will conduct in-depth semi-structured interviews with patients and carers to understand further their experiences of using our services, and so contribute to quality improvement work throughout Marie Curie.	**Accountable** Dr Bill Noble, Executive Medical Director **Responsible** Ben Gadd, Head of Patient and Carer Experience

Priority 2 - Patient safety

Areas we will report on	What we will do	Who is accountable and responsible for this?
We will continue to implement the actions set out in the Infection Prevention and Control work plan.	We will focus on improved monitoring and identification of appropriate reduction targets for infection control incidents.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Joanne Shackleton, Senior Lead Nurse for Infection Prevention Control
	Further audits will be planned to review antimicrobial prescribing and a link nurse framework will be established.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Joanne Shackleton, Senior Lead Nurse for Infection Prevention Control
We will continue to improve our reporting, recording and management of pressure ulcers.	We will undertake a national audit to ensure that we are minimising the risk of pressure ulcers acquired during admission and develop a link nurse framework.	**Accountable** Dr Bill Noble, Executive Medical Director **Responsible** Jane Eades, Head of Clinical Effectiveness
	A root cause analysis will be undertaken for all grade 3 and 4 pressure ulcers. Local Pressure Ulcer Groups will review the root cause analysis reports and conduct thematic reviews in conjunction with the Director of Nursing.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Ward Managers
We will continue to develop ways to reduce the number and severity of patient falls.	We will minimise the number of falls that result in moderate or serious patient harm and comply with national standards by focusing on the consistent use of appropriate assessment, prevention, and intervention tools.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Clinical multi-disciplinary teams

Priority 3 – Clinical effectiveness

Areas we will report on	What we will do	Who is accountable and responsible for this?
We will ensure that we develop and implement educational programmes in three areas we have identified as priorities: communication skills, dementia care and emotional resilience.	Working in collaboration with other specialist providers we will develop in-house education packages that ensure our staff have the most up-to-date skills to provide the highest quality care to our patients and carers.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Anne Cleary, Assistant Director of Nursing
We will continue to seek mechanisms to enable us to assess and report patient symptoms.	We will continue our involvement with the OACC to ensure we are able to implement methods to measure patient clinical outcomes.	**Accountable** Dr Bill Noble, Executive Medical Director **Responsible** Jane Eades, Head of Clinical Effectiveness

"Fabulous ladies who take time to explain everything. Wonderful team that are with you every step of the way."

Carer, Marie Curie Nursing Service, Wales


Simon Rawles/Marie Curie

Section four – about the quality of our services

Complaints / incidents

Details of the number and type of complaints received are included in the data below.

Complaints

From 1 April 2014 to 31 March 2015 we received 762 complaints. Proportionately, we deliver care to more people through the nursing service and this is reflected in the volume of complaints received (686). In our hospices, issues are often resolved at the time and through face to face dialogue and so the number of complaints (76) is lower. We record all complaints received, whether they are verbal or written, including those resolved immediately. We do not differentiate between formal and informal complaints and also record those where the person has stated they do not wish to make a formal complaint. This enables us to monitor all comments and complaints and ensures we respond appropriately and focus training requirements in the right areas. Throughout the year the Chief Executive received 10 written complaints.

The targets in our complaints policy are to acknowledge the complaint within two working days and to provide a full response within 20 working days. Where a response cannot be given within 20 working days due to the complexity of the complaint, a revised timeframe is discussed with the complainant as soon as possible together with an explanation for the reason why.

In all cases where the complainant wrote to the Chief Executive, the complaint was handled centrally with the support of the local team. If complainants remain dissatisfied with the outcome of their complaint or the way it was handled they are able to contact the Ombudsman or the relevant regulatory body.

One complaint was escalated to Healthcare Improvement Scotland but was locally resolved. The findings of the investigation were shared with the complainant and no further action was taken. No other complaints were escalated to the Ombudsman or the relevant regulatory body.

Safety

There were no incidents that resulted in the death of a service user in 2014/15.

Medication error incidents

	2013/14				2014/15			
Hospice	**Administration**	**Storage**	**Stock check**	**Total errors**	**Administration**	**Storage**	**Stock check**	**Total errors**
Belfast	0	0	0	**0**	0	0	0	**0**
Bradford	0	0	0	**0**	0	0	0	**0**
Cardiff & the Vale	0	0	0	**0**	0	0	0	**0**
Edinburgh	0	0	0	**0**	0	0	1	**1**
Glasgow	0	0	0	**0**	0	0	0	**0**
Hampstead	0	0	0	**0**	0	0	0	**0**
Liverpool	1	2	0	**3**	1	0	0	**1**
Newcastle	4	0	2	**6**	0	0	0	**0**
West Midlands	1	0	0	**1**	0	0	0	**0**
Total	**6**	**2**	**2**	**10**	**1**	**0**	**1**	**2**

There were nine incidents that resulted in hospital visits. Each of these was investigated fully and reported to the relevant regulatory body at the time of the incident.

The table above indicates the number of serious incidents that related to medication errors in the hospices.

There was one serious drug administration incident in the Eastern nursing region.

Effectiveness

We have published a data quality strategy to raise staff awareness of the need to ensure all incidents, including near misses, are reported accurately. We expect to see an increase in reporting in areas where we have focused our attention in the last year, for instance, infection prevention and control incidents and pressure ulcers. We will regularly review the quality of the data over the course of the year to be assured of its accuracy and validity.

The table below illustrates the number of Healthcare Acquired Infections that occurred during patients' admissions or while they were receiving care from the Marie Curie Nursing Service.

There was one recorded incident of norovirus in the nursing service.

Infection control incidents

	2013/14			2014/15		
	Clostridium Difficile	**MRSA**	**Totals**	**Clostridium Difficile**	**MRSA**	**Totals**
Hospices	1	0	1	1	0	**1**
Nursing service	0	0	0	2	0	**2**
Totals	**1**	**0**	**0**	**3**	**0**	**3**

Pressure ulcer incidents (Hospices)

	2013/14	2014/15
Belfast	2	7
Bradford	7	85
Cardiff & the Vale	0	8
Edinburgh	15	9
Glasgow	11	29
Hampstead	19	62
Liverpool	20	32
Newcastle	3	11
West Midlands	11	13
Totals	**88**	**256**

In July 2013 we started to record details of all pressure ulcers as incidents. The table above shows the number of pressure ulcers we recorded for in-patients. As staff become more aware of the need to record all pressure ulcers as an incident we have seen an increase in the number reported and recorded. This means we will start to see more consistent reporting which will enable us to investigate pressure ulcers that were acquired during admission to establish if they were avoidable. We will continue to monitor this closely and the results will shape the focus of our work to reduce the number of pressure ulcers acquired in our care.

Pressure ulcer incidents (Nursing Service)

	2013/14	2014/15
Central	1	0
North East	7	2
North West	13	8
South West	4	0
Wales	4	1
Totals	**29**	**11**

The table below left indicates incidents of pressure ulcers we recorded for patients in the Marie Curie Nursing Service.

All pressure ulcers identified in the community are reported to the local district nursing team because they are the team responsible for the patients' care. For Marie Curie to become involved in a person's care they would need to be referred by a healthcare professional already involved in their care – for instance their district nurse, GP or consultant. The local district nurse is responsible for coordinating the care people receive in their own home. They would arrange a home visit and discuss whether Marie Curie services are right for the person. The district nurse will then contact us to organise a Marie Curie Nurse to visit.

Other quality indicators

> "A beautiful place, the nurses are wonderful, there is peace."
>
> Patient, Marie Curie Hospice, Glasgow

Service user experience – all services

Grading of services

We measured the percentage of people who used our services (from 1,795 returned surveys) who responded 'very good' to the following questions:

Responded 'very good'	2013/14	2014/15	Change from last year
Welcome into the hospice	89%	90%	Up 1%
Cleanliness of the hospice	88%	91%	Up 3%
Quality of food and drink	75%	73%	Down 2%
Quality of information	60%	74%	Up 14%
Quality of care	87%	92%	Up 5%

The table above demonstrates that this year there was a fall in the rating people gave us about the quality of food and drink. To address this we have carried out a catering review and we have developed catering standards to ensure that the food we offer in all our hospices is of a consistently high standard.

> "The quality of care has been outstanding from every single member of staff. From the cheerful cleaners, the caring nurses to the lovely friendly doctors."
>
> Patient, Marie Curie Hospice, Edinburgh

We also measured the percentage of people who used our services (from 1,795 returned surveys) who responded 'always' to the following questions:

Responded 'always'	2013/14	2014/15	Change from last year
Treated with dignity and respect	97%	96%	Down 1%
Involved in decisions about care as much as you would like	91%	87%	Down 4%
Have up to date information about you	91%	86%	Down 5%
Provide enough support for family members and friends who care for you	91%	86%	Down 5%

Listening so that we can understand and do the right thing is one of our core values. We introduced a new way of recording comments from our patients and carers which allows us to gather their feedback in real time and our response rate has increased by 150% since last year. This means we now have a more representative sample of what our patients and carers think about our services. This does not mean that we will become complacent and we will continue to monitor all responses carefully. A programme of practice development to promote a culture of person centred care that meets each individual's needs is being delivered at our Edinburgh hospice. The programme will be rolled out nationally.

Friends and family test

We introduced the friends and family test across all our services in July 2014. This test asks people whether they would recommend our services to friends and family members if they needed similar care. 1,457 people responded to this question in 2014-15. The results are:

Response	Number	Percentage
Likely to recommend Marie Curie	1,435	98.5%
Neither likely nor unlikely to recommend Marie Curie	8	0.5%
Unlikely to recommend Marie Curie	14	1.0%

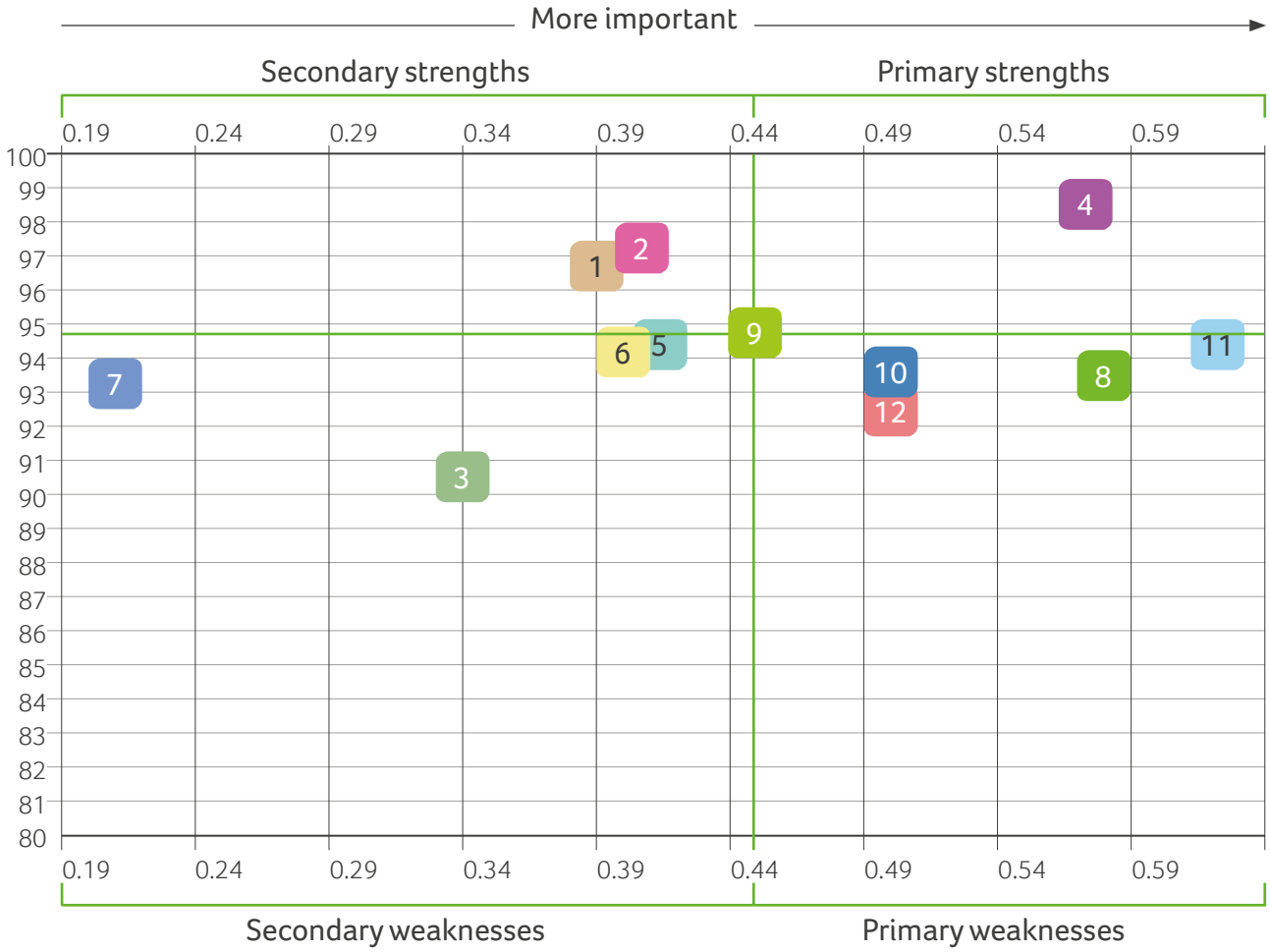
"The staff and volunteers are all kind and caring. I feel cared for and in control. I have enjoyed the food as well and it has made a big difference in my wellbeing and my family by not having to worry about meals. My experience so far has been 100 times better than any of us could imagine and put our fears at bay. Thank you."

Patient, Marie Curie Hospice, Hampstead

Performance map

The performance map on page 30 provides a visual representation of the relative importance for people who use Marie Curie services over a range of issues that we ask about. Importance is shown on the x-axis, plotted against the overall score for each area (y-axis).

This is calculated using a mathematical algorithm based on the ratings to the questions. The top right quadrant shows the areas that have an above average importance for people who use our services, and an above average score. The bottom right quadrant shows areas with a below average score, and an above average level of importance. We calculated these scores from 1,458 surveys.



Number	Question/area	Score	Importance
1	Welcome to the hospice	**96.8**	**0.40**
2	Cleanliness of hospice	**97.4**	**0.41**
3	Quality of food and drink	**90.6**	**0.34**
4	Dignity and respect	**98.4**	**0.57**
5	Involvement in decision making	**94.5**	**0.45**
6	Up to date information about patients	**94.3**	**0.40**
7	Support for family members, carers or friends (asked of patient)	**93.2**	**0.22**
8	Support for family members, carers or friends (asked of carer)	**93.4**	**0.58**
9	Support to relieve pain	**94.5**	**0.45**
10	Support to relieve other symptoms	**93.7**	**0.50**
11	Emotional support	**94.4**	**0.61**
12	Spiritual/whole person support	**92.6**	**0.50**

The performance map shows that being treated with dignity and respect is important to patients and is something we do well. The map highlights that there are some areas to improve such as the support to relieve other symptoms and the spiritual support we provide to patients.

Patients and carers have rated us on the following aspects of care:

Responded 'very good'	2013/14	2014/15	Change from last year
Support for pain relief	83.1%	82.9%	Down 0.2%
Support for other symptoms (nausea, constipation, diarrhoea, breathlessness etc)	84.5%	79.6%	Down 5.8%
Emotional support	82.6%	81.7%	Down 1%
Spiritual support	83.1%	77.2%	Down 7%

The table shows there has been a fall in figures from last year but this year's figures are more representative because more people provided comments.

One of our core values is to put people at our heart; to ensure that all views and expectations are heard and respected. There is good evidence that implementing clinical outcome measures improves patient care at the bedside. There is a strong quality improvement driver for implementing clinical outcome measures as part of the OACC that Marie Curie is involved in. These outcome measures will enable us to determine what we can do differently for individual patients to ensure we provide the necessary support in all aspects of care.

"Before I was introduced to the hospice I felt that my illness was a death sentence and that a hospice was a place to come and die.

Now I realise that the hospice helps me to live my life and to enjoy the here and now.

My pain management and symptom control is brilliant. I now have a better quality of life and have learned to laugh again and look forward to tomorrow and beyond."

Patient, Marie Curie Hospice, Bradford

Marie Curie compliance inspections

As part of our quality assurance processes an annual announced compliance visit to each hospice is carried out. Our hospices are also inspected by their external regulators for health and social care in each of the UK's four countries.

During 2013, healthcare regulators across the UK announced significant reviews of standards and their inspection processes. In 2014 the Care Quality Commission (CQC), the English regulator, piloted a new approach to how it monitors, inspects and regulates care providers. They wanted to introduce a more in-depth inspection process using a team of inspectors comprising external professionals and experts by experience, spending two to three days at that location. The regulators in Scotland, Wales and Northern Ireland have also been strengthening their inspection processes and we have seen a more robust approach adopted by all regulators.

In 2014/15 we developed a more in-depth process to mirror the process being trialled by the regulators. This was to ensure our services were able to demonstrate compliance with their regulator's requirements but also provided an opportunity to support the hospices to prepare for external inspections. There has been a focus on developing an inclusive, supportive process with an emphasis on opportunities for peer support and shared learning.

Led by the quality assurance team, a multi-disciplinary team was compiled for each compliance visit capitalising on the pool of expertise from staff and volunteers across the charity. The team included a hospice manager, a divisional general manager, a medical director, a clinical nurse specialist, health and safety, HR and facilities representatives, a member of the Expert Voices Group and members of the Clinical Governance Trustees Committee. This larger, multi-disciplinary team enabled a more thorough and robust review of all regulatory standards across the hospices. Members of the local hospice team also joined the compliance team to review their own service. This provided opportunities for peer support, encouraged cross-team working and increased our shared learning across the charity.

To ensure the visits were as effective and supportive as possible, the quality assurance team sought feedback and an anonymous survey of all staff and volunteers involved was conducted after each visit. This enabled the quality assurance team to make improvements to the process as it developed.

In addition to local areas of improvement a number of national themes have been identified throughout the visits:

Leadership

During our visits we observed and identified some areas of good and strong leadership, with cohesive senior management teams working very well together and supporting staff.

Action: To ensure we replicate and share this across all hospices we have highlighted good practice in our bi-monthly quality assurance *Bulletin*. Compliance visit reports are shared with all teams on our SharePoint site.

Culture

Following the outcome of the Francis Inquiry, patient safety and a culture that promotes a patient-focused approach became paramount in identifying and providing excellent care.

Action: A programme of practice development to promote a culture of person-centred care that meets each individual's needs is being delivered at our Edinburgh hospice. The programme will be rolled out across the UK and reflects our core value to always be compassionate; starting with the person's needs, respecting them and treating them with dignity.

Housekeeping

There was inconsistency and a lack of clarity regarding the correct use of cleaning equipment and processes in all hospices, leading to some areas of non-compliance.

Action: A review will be undertaken to identify agreed standards for cleaning equipment, processes and regimes across the organisation.

Catering

Feedback from patients and carers through our real time feedback mechanism and during our compliance visits highlighted some issues with the food offered in our hospices.

Action: A review of catering was undertaken to ensure that catering in all hospices is of a consistent standard. This includes the introduction of standardised recipes that have been assessed by a dietician.

Equipment

Asset registers across the hospices were of varying levels of detail and there was an inconsistent method to record details of all equipment being used in the hospice – clinical and non-clinical.

Action: Asset registers are being completed and extended to include all equipment. The use of a barcode system to record details of equipment is being trialled in one hospice. If successful the barcode system will be considered in all hospices.

Safeguarding/ Adults at risk

It became apparent that our staff found it challenging to remain up to date with safeguarding and Deprivation of Liberty legislation. Work is needed to ensure all staff are up to date and aware of the Prevent agenda (awareness and training to identify risk of radicalisation).

Action: The Designated Safeguarding Lead has reviewed existing training and has developed an action plan to ensure all relevant staff receive the necessary training by September 2015.

Areas of good practice

Almost all of the patients and families we spoke with throughout this round of compliance visits gave very positive feedback about their experiences and praised the compassionate, high-quality care they received. These areas of good practice were identified during our visits:

- In our Glasgow hospice, dedicated falls reduction rooms are in place for high-risk patients with high-low beds and higher levels of supervision.

- In our Bradford hospice, project work has successfully been undertaken to shift from a culture of blame to a culture of learning. Staff are encouraged to think about learning opportunities that arise from complaints and incidents.

- In our West Midlands hospice, a monthly *Clinical Update Bulletin* shares updates on clinical issues with staff, such as changes made as a result of audit.

- At our Cardiff and the Vale hospice, there is comprehensive bereavement support and follow up for the relatives of day service and in-patients, catering for groups for all ages.

- In our Liverpool hospice, a nursing post sits within the social work team as a coordinator to enhance communications and discharge planning which effectively supports the clinical team and patients.

- In our Hampstead hospice, all patient rooms have a whiteboard displaying the patient's preferred name, named nurse, consultant and team, and individualised information about each patient's care wishes.

- In our Belfast hospice, a governance bulletin highlighting 'hot headlines', 'top risks', 'achievements', 'sharing good practice' and 'recommendations' is created for governance meetings which clearly sets out key issues.

- In our Newcastle hospice, a 'quality markers' spreadsheet records key performance indicators and monthly quality assurance figures across all services (in-patient, day therapy). Documents and reports are embedded, including safeguarding, audit, incidents, complaints, training figures and risk registers. This is displayed on the governance noticeboard in reception. The document is also used in meetings and is available to all staff.

- In our Edinburgh hospice, a *hot headlines* report is created after each monthly quality assurance meeting for staff noticeboards to communicate key topics and discussions.

These areas of good practice have been shared in the bi-monthly quality assurance *Bulletin* and on the quality assurance SharePoint site.

One of our core values is to always seek to improve in everything we do. To ensure we do this, a similar process to review compliance is being developed for the Marie Curie Nursing Service. The proposed methodology has been piloted in one region and will be rolled out to all regions once it has been finalised.

To supplement the announced two day compliance visits, an unannounced visit is carried out approximately six months after the initial visit. This provides an opportunity to check progress against the action plan and to offer further support to the senior management team to ensure actions remain on target and are completed.

External inspections

All of our services are subject to unannounced or announced inspections carried out by the regulator in that country. Where we have not listed a particular service it has not been inspected in the last year but it will have been asked to submit a self-assessment to its regulator.

Where necessary action plans have been put in place by the local senior management teams to ensure we address areas for potential improvement.

Care Quality Commission

Over the last year we have worked closely with the Care Quality Commission as it developed a new inspection process. It has introduced five domains that it will inspect against. Services are required to demonstrate they provide caring, safe, effective, responsive and well-led care. Services will be inspected against those domains and will be given a rating: outstanding, good, requires improvement or inadequate, based on how well they are able to meet the necessary standards. From 1 April 2015 providers will be required to display those ratings in their premises.

The only service inspected during 2014/15 was the Marie Curie Hospice, Hampstead. The new process was not yet fully embedded therefore the service was inspected against the following outcomes:

Outcome inspected	Hampstead
	26 August 2014
Consent to care and treatment	Action needed
Care and welfare of people who use services	✓ Standard met
Cooperating with other providers	✓ Standard met
Requirements relating to workers	✓ Standard met
Assessing and monitoring the quality of service provision	✓ Standard met

Inspectors identified actions needed to strengthen our Do Not Attempt Cardio Pulmonary Resuscitation orders and to ensure that our documentation was completed consistently. We provided a comprehensive action plan with clear action to address the issues raised in the inspection.

Regulation and Quality Improvement Authority – regulators for Northern Ireland

Hospice	Belfast
Date of last inspection	12 November and 17 November 2014
Patient and client partnerships	Marie Curie Hospice obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.
Complaints	The complaints procedure is made available to all patients and/or their representatives. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.
Clinical governance	Systems are in place to ensure that the quality of services provided by the hospice is evaluated on an ongoing basis and discussed with relevant stakeholders.
Qualified practitioners, staff and indemnity	Discussion with the registered manager and staff confirmed that staff are aware of their responsibilities under the codes of professional conduct for healthcare professionals.
Management and control of operations	There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.
Arrangements for the provision of specialist palliative care	There are well established referral procedures in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. The registered manager informed the inspector that e-referrals can now be received.
Discharge planning	There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives. A discharge summary and plan is completed prior to the patient leaving the hospice. A letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospice.

Healthcare Improvement Scotland – regulator for hospices in Scotland

Healthcare Improvement Scotland's grading key is as:

6	Excellent
5	Very good
4	Good
3	Adequate – performance is acceptable but could be improved
2	Weak – concerns about the service and there are things that must be improved
1	Unsatisfactory – represents a more serious level of concern

Standards inspected	Edinburgh	Glasgow
	15 July 2014	13/14 January 2015
Quality of information	5 – very good	Not assessed
Quality of care and support	4 – good	5 – very good
Quality of environment	5 – very good	Not assessed
Quality of staffing	Not assessed	4 – good
Quality of leadership and management	4 – good	3 – adequate

The Care Inspectorate Scotland – regulator for the Marie Curie Nursing Service in Scotland

The Marie Curie Nursing Service is registered as both a Care at Home service and a Nurse Agency. This simply means that, depending on the patient's needs, care can be provided by either a Healthcare Assistant or by a Registered Nurse.

Standards inspected	Care at Home	Nurse Agency
	5 June 2014	Not inspected
Quality of information	Not assessed	
Quality of care and support	5 – very good	
Quality of environment	Not assessed	
Quality of staffing	6 – excellent	
Quality of leadership and management	6 – excellent	

Care and Social Services Inspectorate Wales – regulator for the Marie Curie Nursing Service in Wales

The Marie Curie Nursing Service is registered as both a Domiciliary Care Agency and a Nurses Agency. This simply means that, depending on the patient's needs, care can be provided by either a Healthcare Assistant or by a Registered Nurse.

Service	Marie Curie Cancer Care (Nursing Agency)
Date of last inspection	9 February 2015
Quality of staffing	People can be confident in the care that they receive because the service employs people following a robust recruitment procedure. We saw evidence of the ongoing training programme which included a more in-depth training on palliative care, online training for mandatory subjects and topics such as dementia care and challenging behaviours.
Quality of leadership and management	People that are working or linked to the service are clear about what it sets out to provide. This is because staff, people using the service and their representatives and those commissioning the services are involved in the planning, reviewing and quality assurance processes.

Healthcare Inspectorate Wales – regulator for the Marie Curie Hospice, Cardiff and the Vale

Hospice	Cardiff and the Vale
Date of last inspection	3 April and 22 May 2014
Quality of treatment and care	It was clear that care was person centred, based on evidence and of a high standard.
Management and personnel	The clinical governance committee monitored all aspects of practice to ensure that professional standards were maintained.
Premises, environment and facilities	Clinically, the environment supported a good standard of care with up-to-date equipment available.
Records management	All records required by legislation were in place and all documentation was maintained securely in line with the principles of the Data Protection Act.
Quality of patient care	Patients were highly complimentary of the care they had received during their stay and of other support services at home, or in the day centre.
Privacy and dignity	Patients commented that dedicated staff always had time to spend with them and respected their privacy and dignity and that of their family.


Layton Thompson/Marie Curie

Section five – legal requirements

Mandatory and legal statements

We have a legal requirement to report in this section:

- During the period of this report 1 April 2014 to 31 March 2015 Marie Curie provided end of life care through part NHS funded services through its nine hospices and national community nursing service.

- Marie Curie has reviewed all the data available to it on the quality of care in all of the services detailed in the preceding section.

- The percentage of NHS funding is variable depending on the services commissioned but on average is in the region of 50%. The rest is provided by charitable contributions to Marie Curie.

- The income generated by the NHS services reviewed in the period 1 April 2014 to 31 March 2015 represents 100% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2014 to 31 March 2015.

- During the period 1 April 2014 to 31 March 2015 there were no national clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.

- Marie Curie sets an annual core audit programme that runs for this report period. The core audit programme is risk based and includes:
  - management of sharps
  - hand hygiene
  - falls prevention
  - pressure ulcer prevalence
  - use of personal protective equipment

- The monitoring, reporting and actions following these audits ensure care delivery is safe and effective. Each service reports audit findings through its local Clinical Governance Group. Oversight of these results and actions is provided by the Marie Curie national Clinical Governance Executive Committee which meets quarterly.

- From 1 April 2014 to 31 March 2015 Marie Curie was not eligible to participate in national clinical audits.

- The number of patients receiving NHS services provided by Marie Curie from 1 April 2014 to 31 March 2015 that were recruited during that period to participate in research approved by a research ethics committee was 59 patients.

- No Marie Curie income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from Clinical Commissioning Groups.

- Marie Curie is required to register its services in England with the Care Quality Commission and its current registration status is fully registered. Marie Curie has the following conditions on its registration:

- Marie Curie Hospices are registered to provide the following activity:
  - accommodation for persons who require nursing or personal care
  - diagnostic and screening procedures
  - treatment of disease, disorder or injury

- The Marie Curie Nursing Service is registered to provide the following regulated activity:
  - diagnostic and screening procedures
  - nursing care
  - personal care
  - treatment of disease, disorder or injury

- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission during this reporting period.

- Marie Curie did not submit records during the reporting period from 1 April 2014 to 31 March 2015 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics.

- Marie Curie's Information Governance Assessment Report overall score for 2014/15 Information governance toolkit version 12 was 71% and was graded GREEN: satisfactory.

- Marie Curie will be taking appropriate steps to improve data quality. We will do this by:
  - identifying specific users and/or groups that need to be responsible for particular items of data and the associated work activity
  - increased user training to ensure areas of the business are accountable for the work specific to them
  - refining reviews of data captured and audits of data flows.

"Myself and my stepfather were reaching physical, emotional and mental exhaustion after caring for Mum through the two years of her terminal illness, the last few weeks and months being the worst, worrying we'd let her down or that she was suffering. To be able to get a full night's sleep here and there, knowing Mum was in the hands of professionals...was an indescribable relief and gave us the chance to recharge and carry on."

Carer, Marie Curie Nursing Service, North West

Statements from stakeholders

Statements from the Overview and Scrutiny Committee, Healthwatch and Marie Curie Expert Voices Group and our Lead Clinical Commissioning Group.

Part of our requirement is to send a copy of our report to our local Healthwatch, Overview and Scrutiny Committee and our lead commissioning Clinical Commissioning Group for their comments before the report's publication. Their comments must be included in the published report. As our services are registered at our London office we seek views from our local stakeholders.

Comments from Overview and Scrutiny Committee, London Borough of Lambeth

Thank you for the invitation to comment on the Marie Curie *Quality Account*.

We note that you are required to submit this to the Lambeth health Overview and Scrutiny Committee as your principal offices are based in the borough. However, we further note that the *Quality Account* refers to services provided across the UK and particularly at the nine Marie Curie hospices (none of which are in Lambeth).

The committee believes that there should be some form of national oversight of the Quality Accounts of national organisations. However it is questionable whether a health Oversight and Scrutiny Committee is best placed to comment on the merits of a Quality Account solely on the basis of head office location (rather than experience and knowledge of a provider); nor does the committee consider it appropriate that you should be required to potentially make your *Quality Account* reflective of (Lambeth) local priorities or locally meaningful when your work is on a national basis. This reflects the position on receiving the *Quality Account* in previous years and subsequent letters to, and discussions with, the Department of Health on the process.

Notwithstanding this response in relation to the *Quality Account*, Lambeth Council's Overview and Scrutiny Committee would wish to acknowledge and extend thanks to Marie Curie for the valuable work undertaken by the organisation.

Elaine Carter, Lead Scrutiny Officer, London Borough of Lambeth

Comments from Healthwatch, London Borough of Southwark

Thank you for the invitation to comment on the Marie Curie *Quality Account*.

Unfortunately we will not be able to comment on the Marie Curie Account as we are currently in the process of commenting on our three Acute Providers. Furthermore, although we appreciate you are required by the Department of Health to seek our commentary, we feel that we are not appropriate stakeholders to comment due to your status as a national provider.

Sec-Chan Hoong, Healthwatch Development Officer, London Borough of Southwark

healthwatch Southwark

Comments from Marie Curie Expert Voices Group

I am delighted to be given the chance to say a few words about the *Quality Account* on behalf of the Expert Voices Group within the charity.

Like many others, during most of my life, I had not had any contact with Marie Curie but my impression always was that it was an excellent charity that looked after people at end of life, and I had always been happy to give what I could to its fundraising efforts.

However, in 2005, my wife, Liz (then 51 years old), was diagnosed with a brain tumour and although she recovered reasonably well from surgery and radiotherapy at that time, she deteriorated rapidly in late 2010 and, in February 2011, she was admitted to the Marie Curie Hospice, Glasgow, where she spent six weeks before passing away in late March. The doctors, nurses and all the staff were wonderful and cared for and fully supported me as well as Liz.

I really wanted to give something back so when I felt the time was right I explored the volunteering opportunities available in Marie Curie and became a volunteer project manager, member of the Expert Voices Group, compliance auditor, PLACE assessor and much more – quite a change from my previous employment, prior to retirement, as a senior police officer!

I want to say a few things about the *Quality Account*. It is heartening to note the objective to reach many more patients and carers over the next five years as set out in the Strategic Plan. I believe Marie Curie delivers the 'gold standard' and it is great that this will be available to significantly more people. The unequivocal commitment to carers is particularly welcome. I know the difficulties I experienced and, while there will be some differences, unless you have experienced end of life care you cannot imagine the problems it can bring. Efforts to close gaps in the provision of 'joined-up' services are to be commended. Secondly, it is good to note the progress achieved by the charity against the priorities that it set last year; the expansion of the Helper service is an example worth highlighting as this goes right to the heart of the sort of support that is of great value to patients and families. As a member of the group from its inception I am also particularly pleased that the priority to increase national membership of the Expert Voices Group has been given such prominence in the report. I was initially a bit sceptical about the importance the charity would place on the group and unconvinced that its recommendations would be progressed. I am pleased to say that these fears were groundless and the charity has demonstrated its openness and maturity as an organisation in listening to us, as proxies for patients and families who are in the end of life experience at the present time. I know this focus will be maintained and further developed.

In conclusion I am privileged and proud to have the opportunity of volunteering with Marie Curie. My working experience was at the centre of a very large organisation that provided innovation and direction to its peers and was not afraid to confront head-on

the resultant difficulties and challenges. Such an approach requires everyone to be committed to the pursuit of continuous improvement and an acceptance that being 'good' really isn't good enough! I view Marie Curie as an organisation that recognises the need to strive to be the best in class and provide the sector leadership required to ensure the highest quality of care is provided to every patient and carer at the end of life. The current re-branding exercise and restatement of its values give a clear sign of its intentions to achieve this goal.

It is a pleasure to endorse the *Quality Account* for 2014/15.

Harry Bunch, Volunteer Project Manager and Member of the Expert Voices Group

Comments were sought from the lead Clinical Commissioning Group but were not received in time for publication.

Statement of directors' responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Reports) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendments Regulations 2011).

In preparing the *Quality Account*, directors are required to take steps to satisfy themselves that:

- the *Quality Account* presents a balanced picture of the charity's performance over the period covered
- the performance information reported in the *Quality Account* is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the *Quality Account*, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the *Quality Account* is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the *Quality Account* has been prepared in accordance with Department of Health guidance

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the *Quality Account*.

By order of the Board

John Varley
Chairman
1 June 2015

Jane Collins
Chief Executive
1 June 2015

We're here for people living with any terminal illness, and their families. We offer expert care, guidance and support to help them get the most from the time they have left.

mariecurie.org.uk

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) A309

Marie Curie

Care and support through terminal illness