



Quality Account

2018/19



**Marie
Curie**

Care and support
through terminal illness

Contents

| | |
|--|-----------|
| Introduction from the CEO and Chair of Trustees | 3 |
| Our visions and values | 4 |
| Part 1 Our priorities | 6 |
| Part 1a – Patient experience | 7 |
| Part 1b – Patient safety | 9 |
| Part 1c – Clinical effectiveness | 10 |
| Part 1d – Next year’s priorities | 14 |
| Part 2 Quality in focus | 20 |
| Part 2a – Marie Curie Nursing Service | 22 |
| Part 2b – Marie Curie Hospices | 28 |
| Part 3 Quality Account Regulations | 40 |



Introduction from the CEO and Chair of Trustees

Welcome to our 2018/19 Quality Account, which outlines the key quality improvements we have delivered this year and the priorities we have set for 2019/20.

We are very proud of the very high-quality palliative and end of life care provided by our Marie Curie Hospices and community services and our vibrant research programme. We strive every-day to meet the complex and changing needs and preferences of people living with a terminal illness and to give the best support we can offer to their families and carers.

In 2018/19 we set out three priorities for improvement: ensuring our care is responsive to patient's individual needs, improving and building on our systems to enable the best patient care and protect patient information, and using our research findings to improve outcomes for patients.

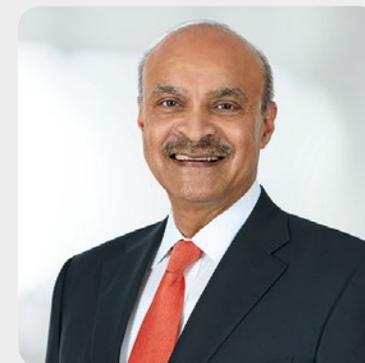
There has been good progress against our three priorities outlined in our quality account. We will continue to build on this work during the coming year.

Quality underpins everything we do; whether in direct patient care or in the systems and processes we have to enable person-centred, safe and effective health outcomes. As we move into next year our ambition is to co-create our Quality Strategy with our staff and our benefactors and this will influence our future work.

In setting our priorities for 2019/20 we have listened to what patients and families have told us, we have considered the learning from incidents and complaints, and patient reported outcome measures. Our focus will be on:

- strengthening the governance of clinical quality
- equipping our staff to embed continuous quality improvement into their work
- Refocusing our workforce development plan for nursing and allied health professionals
- testing the robustness of our safeguarding arrangements
- evidencing our commitment to equality, diversity and inclusion.

This year's Quality Account has been prepared by our Nursing and Quality Directorate with support from the clinical and research teams. The Hospice and Community Leadership Teams have shaped our priorities for quality improvement and have facilitated their teams to deliver the improvements in practice. The Board of Trustees has endorsed our Quality Account and we are able to confirm that the information contained in this document is, to the best of our knowledge, accurate.



Iain Cockart/Marie Curie

A handwritten signature in black ink, appearing to read 'Vindi Banga'.

Vindi Banga, Chair of Trustees



Katie Hyams/Marie Curie

A handwritten signature in black ink, appearing to read 'Matthew Reed'.

Matthew Reed, Chief Executive

Our vision and values

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



The Marie Curie nurses who came were just so caring. If he had been in hospital, I know he wouldn't have had that care. Being at home was very important to both of us. We were married for 46 years and I wanted to make sure Michael was looked after. We wanted to be together until the end and I felt by him staying at home, I could spend that time with him, and for him to still be part of everything. His friends could come and see him and people could call in and spend time with him.”

Pauline Hanson. Pauline's husband Michael was diagnosed in 2016 with a brain tumour. He died at home, with the support of Marie Curie Nurses.

Part 1 Our priorities

When considering the quality of our care, we look at three key areas. If these three things are as good as they can be, we believe we will be delivering a genuinely high-quality service for the patients we care for.

When we look at potential improvements we could make to our services, we prioritise changes that we think will make a significant difference to one or more of these areas.

Our three quality priorities are:

- **Patient experience**

How responsive has our care been, and how far has it been based around our patients' individual needs?

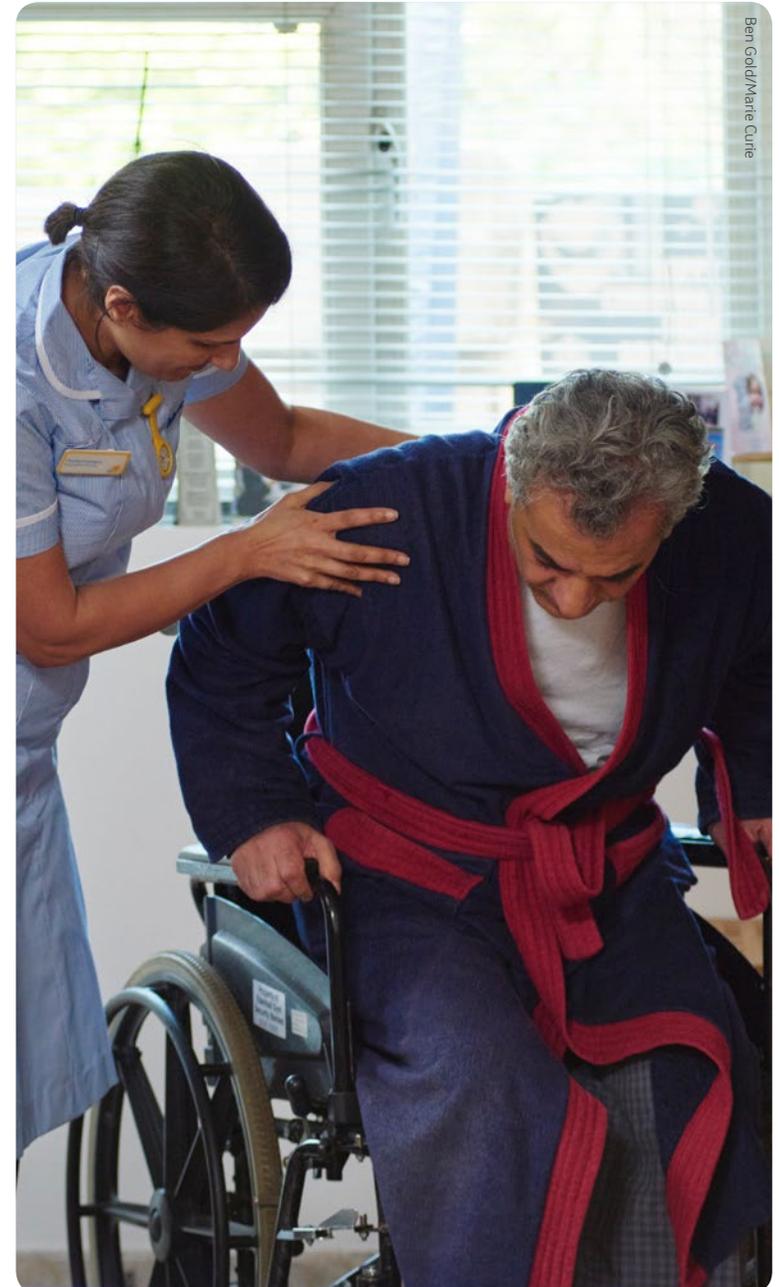
- **Patient safety**

How well do our systems enable the best patient care, and how have we protected patient information?

- **Clinical effectiveness**

How accurately and consistently do we record our care, and how well have we used research findings to improve the outcomes for our patients?

In this section, we've outlined what improvements we have made in each of these areas over the last year, and what impact they had for our patients.



Part 1a: Patient experience

Our focus for 2018/19 around improving patient experience was:

- to improve the way we allocate care

Marie Curie Nursing Service Allocating care

We said we would...

Improve the way we allocate care by introducing local care co-ordination centres, allowing for more responsive and tailored care.

What we did

People who are living with a terminal illness who want to be cared for in their own home can receive visits from Marie Curie Registered Nurses or Marie Curie Healthcare Assistants. In order to allocate nurses and healthcare assistants to patients, and schedule their visits, we need to know how our patients are doing and what their specific needs are at any given time.

Local care co-ordination centres were rolled out across Marie Curie and have now been fully implemented in all regions. Previously a single central referral service allocated over half our care in the community, so this represents a big change.

Being local allows for a better allocation of care. The local co-ordination teams are constantly talking to referrers, patients and carers, while also building close relationships with other care services and providers. This gives them a far greater understanding and oversight of what patients and families need and what can be provided.

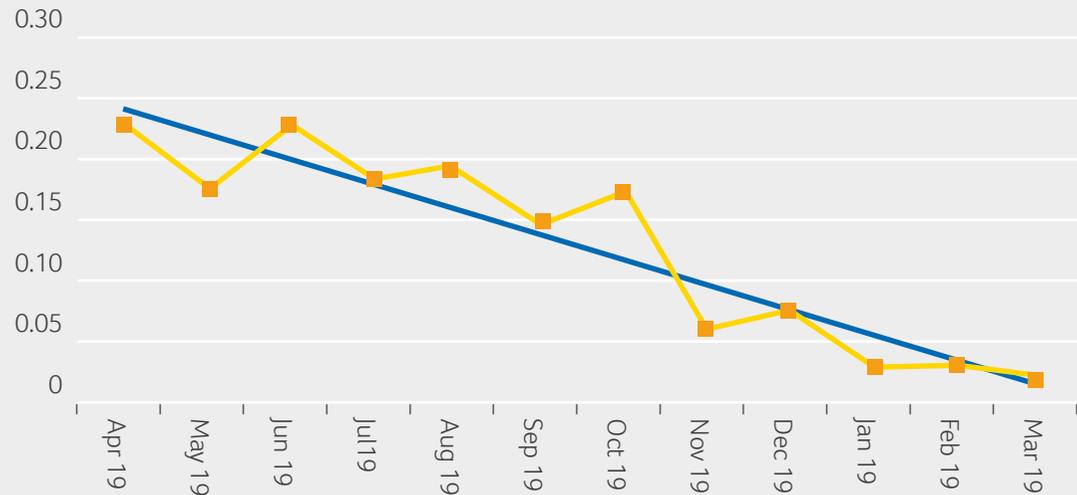


Ben Gold/Marie Curie



Kieran Dodds/Marie Curie

Complaints about reliability/organisation of care, per 1,000 nursing hours



Reliability of care – patients previously went without care either because care was cancelled at short notice or the nurse failed to attend. This was due to miscommunication in the allocation of patients to nurses or staff sickness. With the introduction of local coordination, communication has improved and replacement staff can be allocated at shorter notice.

These centres can prioritise and allocate care on a daily basis, where previously it was often allocated two weeks in advance. This means they can respond more effectively to the changing needs of patients and families, providing them with the right care at the right time. If the patient deteriorates between visits then a registered nurse or healthcare assistant with the right level of skill and knowledge can be deployed.

There were some initial teething problems when local co-ordination was first introduced. However, as the graph above shows, there was a gradual decline in complaints relating to the reliability of care over the past year. A development plan to underpin the effectiveness of the local care co-ordination centres has also been compiled and will be rolled out through 2019.

Part 1b: Patient safety

Our focus for 2018/19 around improving patient safety was:

- patient care and information security

Marie Curie Nursing Service Patient care and information security

We said we would...

- send patient information to nurses electronically through secure mobile devices
- send short episode of care documents electronically when no records are available in the home
- review how we share information with other healthcare providers.

What we did

Previously, nurses were given details of visits and patient information over the phone, which they then wrote down in a notebook. To improve patient care and security, we gave all Marie Curie Nurses an electronic device with

built-in security, as well as training on how to use them and workshops on how to get the most out of the software they use. Patient information is now sent to nurses electronically on the day of their visit, using secure Marie Curie email, which they access through their electronic device. A separate electronic database contains all the relevant sections of patients' records, and a 'screen-shot' of this is also sent to the nurse in the email.

The nurses confirm by email that they have received the information, and they can then supply an update on the visit and the patient's condition afterwards. This is used to update the patient's Marie Curie records. The information supplied by the



nurses after visits allows local co-ordination centres to adapt care to patients in real time. It can take account of the care the person's needs and could lead to changing the visit from a healthcare assistant to a registered nurse, for example. This ensures the patient receives the best possible care based on their needs.

There remains further work to be done in relation to providing the nurses with an electronic 'short episode of

care' document that can be edited electronically, as well as giving them access to fully editable electronic records on their devices. These issues will form part the Nursing Systems Transformation project, which we will be carrying out over the coming year.

Nursing Systems Transformation

This is a project that aims to make our hospices and community nursing service more efficient, safer and more adaptable by improving our electronic systems. It will enable a patient's healthcare records to be shared, giving all health professionals involved in the person's care the information they need to provide the right care at the right time. It will also free up nursing staff to spend more time providing care, rather than dealing with administrative tasks such as writing staff rotas.

What are short episode of care documents?

Short episode of care documents capture basic information about patients, including their diagnosis, prognosis and needs. Our staff document the care they deliver each time they visit a patient and this is sent via secure email to the district nurse so they can maintain a complete record of care for each patient. This ensures all staff providing care to the patient are aware of their current needs.

Part 1c: Clinical effectiveness

Our focus areas for 2018/19 around improving clinical effectiveness were:

- to improve and embed our electronic patient records
- to translate research into practice.

Marie Curie Hospices Electronic patient records

We said we would...

- standardise patient records across all our services
- give all clinical staff training in how to record data consistently and accurately.

What we did

Electronic patient records have been in place for several years in two of our nine hospices, in line with the record systems used in their local communities. We have continued to build on this. An extensive national project over the past three years has seen the introduction and implementation of electronic records to the remaining

seven hospices, in line with their local communities where possible.

This means that information can be shared with the multidisciplinary team. It also gives on-call medical staff access to patient records, which allows them to give advice based on the most up-to-date information.

All hospices have a senior clinical lead and a patient administration co-ordinator who drive the training, data quality and system advancements for this project. They are supported on a local level by a hospice steering group and at national level by the Marie Curie IT Caring Services team.



Patrick O'neil/Marie Curie

Our hospices are at varying stages of rolling out these electronic records to all aspects of patient care. We are currently focusing on data quality and staff training. As these systems become an integrated part of daily work, our attention will move towards system development, data sharing with community services and reporting.

The Nursing Systems Transformation project will see 1,825 nurses from the Marie Curie Nursing Service trained in working with electronic patient records over the next two years. This will give them the ability to share patient information with GPs and district nurses involved in caring for the patient.

The next part of this project, which we will undertake in 2019/20, will use the information stored in patients' electronic records to look at the impact of the care we are providing to patients and their families and carers.

Ruth was an artist and a free spirit. I didn't think she would want to go to a hospice or that I would like the idea but at the end she had my complete support. The hospice was a revelation and the level of care was simply amazing. They treated Ruth as an individual, as I think they do with all the people they take in. That to me was the greatest blessing because Ruth had lived her life as an individual.”

Mike Hartwell. Mike's wife Ruth was diagnosed with gall bladder cancer in 2013. Ruth was cared for at home before spending her final weeks at the Marie Curie Hospice, Belfast.

Marie Curie Nursing Service and Hospices Translating research into practice

We said we would...

- use our clinical reference group to introduce researched care into practice
- give patients the opportunity to participate in research.

What we did

Our hospices and nursing services have worked closely with the Marie Curie Research Fellows who are based in six of our nine hospices. Research papers are presented at the annual Marie Curie conference and at internal governance meetings. These are then shared across the organisation, and support is given locally to bring about change by putting this research into practice. This is an area of work within Marie Curie that needs to be developed further. Two examples are as follows.



Elizabeth Cuthbertson/Marie Curie

The Marie Curie Hospice, Edinburgh has been trialling a delirium assessment tool. It is a simple assessment that is significantly easier than the traditional psychiatric-based assessment of delirium, and allows the hospice to identify both the baseline for their patients and to note if their condition changes. This then allows the hospice to manage delirium more effectively, including supporting family members by providing them with both written and verbal information about the condition.

Although not specifically for palliative care patients, it has been shown to be effective in other care settings. The hospice has been involved in testing its usability both in the in-patient and community setting. The hospice has introduced written information, designed in consultation with family members, which is now in use in both in-patient and community settings. Following on from the trial, we

will formally test the validity of this tool in the coming year.

In partnership with King's College London and the University of Nottingham, we produced a report, *Hiding who I am: The reality of end of life care for LGBT people*. It explored the issues that LGBT people face, and how we ensure that people from the LGBT community have equal access

to services and support both before and after death.

Following on from this report, the Marie Curie Hospice, Bradford started to raise awareness of these issues with their staff. They held workshops providing advice on how to communicate on, and understand the barriers to, open and honest conversations. They also produced information leaflets and ran an awareness campaign with a display in the hospice. Staff and volunteers now feel better equipped to support the LGBT community as a result. This is a small step in the work that needs to be done to improve inclusion within Marie Curie.

What is delirium?

Delirium, sometimes called 'acute confusional state', is confusion that comes on suddenly, over a period of hours or days. It can be the result of a serious illness, infection, dehydration or medication.

Delirium is very common towards the end of life, and can be very distressing for patients and those close to them. Managing delirium involves treating any causes that may be reversible, reviewing the person's medication and providing a calm, safe and reassuring environment.



Ben Gold/Marie Curie

LGBT training case study

"One lady I cared for introduced me to her sister, who stayed by her side throughout her treatment. It was only in the last couple of weeks of her life that she told us that she wasn't in fact her sister, but her partner.

I remember feeling happy and sad about that. I was happy that, at the end, she felt she could tell us. But it saddened me that she felt like she couldn't reveal that right at the start.

The extra training has given staff the awareness and ability to not judge, be mindful of the language they use and provide truly holistic care for our patients and families."

Marie Curie Nurse

Part 1d: Next year's priorities

In this section, you can see our priorities for improvement for 2019/20, again grouped in three key areas:

- patient experience
- patient safety
- clinical effectiveness.

This year we will build on these priorities and widen our approach to quality and safety for our patients. We will strengthen the way we monitor and review our clinical care through our governance arrangements, and we will implement a new quality strategy across the organisation. This will help us to improve the quality and consistency of the care we deliver to all of our patients.

Marie Curie Nursing Service and Hospices Patient experience

We will improve the way we design our services by listening to the experiences of patients and carers and building on the way we currently involve the people that use our services.

What does this mean and why is it important?

It is important we understand what people want from Marie Curie's services, and by using the experiences of patients and carers we can build better services. Part of this will mean ensuring that all of our services are inclusive and meet the diverse needs of the populations we serve.

Patient and carer feedback is currently captured via both paper and electronic surveys, giving us information that we can use to improve our services at a local level. Improving how we capture these experiences will give us a better ability shape our services in line with patients' and carers' needs. We will also look to find ways of involving more patients and carers in the re-design of services.

How will progress be measured, monitored and reported?

Our Patient and Carer Experience team will monitor and measure our progress. They will work with the quality improvement leads and with diversity and inclusion champions to plan and measure progress.

Patient safety

We will improve the way we learn from incidents and complaints to improve patient safety in the future.



Brian Morrison/Marie Curie

What does this mean and why is it important?

Patient safety is fundamental to what we do. We want to ensure that none of our patients experiences an incident while in our care. When an incident happens or a complaint is made, it often highlights where the quality of care and support has fallen below the level we expect. This could be because poor processes or systems have led to poor care.

It is vital that in managing incident and complaints we identify and resolve any systemic failings in our care. Learning from these incidents, and sharing this learning, can allow us to make both local and national changes to improve patient safety in the future.

In order to make these changes, we will improve our quarterly quality report which will then be shared across the organisation. It will identify trends and themes in our care, share the findings of

any complaints or incidents, and highlight areas that need further support.

How will progress be measured, monitored and reported?

Incidents and complaints are reviewed and monitored through various governance and quality groups. They will produce the quarterly report as the result of their monitoring of incidents and complaints.

Patient safety

We will review and strengthen our approach to safeguarding and establish effective mechanisms to provide oversight and assurance of safeguarding.

What does this mean and why is it important?

The people who come into contact with Marie Curie are often vulnerable and susceptible to abuse. This could be in a care setting or at home, and could be from staff members or care providers, or their own family or carers.



Ben Gold/Marie Curie

It is vital that all of our staff have a good understanding of safeguarding and what actions to take if they think someone is experiencing abuse.

Improving our oversight of the safeguarding process will allow us to better ensure the people we care for remain safe. We will do this by monitoring and improving staff training to ensure staff will recognise signs of abuse and the right actions to take, including reporting.

We will provide policies and procedures to ensure care and support is provided safely.

In order to have oversight of this, we have established a new Safeguarding Assurance Group. They will review all reported safeguarding and abuse incidents, and identify changes to legislation and areas where we can improve our policies and procedures. This will allow us to take the necessary steps to improve the safety of our patients.

How will progress be measured, monitored and reported?

The Safeguarding Assurance Group will review the safeguarding report as presented at the group, identifying trends, themes and learnings. This will in turn be regularly reviewed and scrutinised by the Board of Trustees. There will be an ongoing quality dashboard and action plan to monitor changes and outcomes.

Clinical effectiveness

We will ensure we have a clinical workforce that is able to meet the changing needs of our patients – both now and in the future – through workforce planning, exploring how our services are designed, and adapting healthcare roles to meet patients' needs.

What does this mean and why is it important?

There is a national shortage of qualified nurses and allied health professionals, and the current workforce is ageing. This could have a long-term impact on our ability to provide care to patients in our hospices and in the community.

In order to ensure we have a workforce that can meet the needs of the future, we need to think about what our workforce will need to look like in two, five and ten years' time and then work out how we get there from where we are now.

This will be informed by thinking about how we will provide services in the future.



It will include thinking about the types of roles we will need, the specific skills, training and experience we will need our staff to have, and how they can progress in their careers – for example, from healthcare assistants to registered nurses.

In order to better understand these issues we will talk with registered nurses, allied health

professionals and healthcare assistants. We will then use their experiences to design the skills and training each profession needs, and the career pathways that are available to them.

We hope that by taking this approach it will attract and retain nursing and allied health professional staff, meaning we will be able to develop the

workforce we need to continue to provide all the support our patients need.

How will progress be measured, monitored and reported?

Part of this project involves setting baselines to measure progress against. There will be an overarching programme board with a project plan

informing timelines and progress. The programme board will report to the Executive Leadership team.

Clinical effectiveness

We will assess the validity of a new delirium assessment tool for use with palliative care patients.

What does this mean and why is it important?

The delirium assessment tool aims to improve the way patients with delirium are assessed. Following on from our Edinburgh hospice trialling the tool with palliative care patients in both the in-patient unit and in the community, we will commence a new piece of work funded by the Marie Curie Small Research Grants programme that looks to formally test the validity of this tool in an in-patient palliative care setting. Once the research has been concluded and the results are available, we will look to roll this tool out across the organisation.

This tool will not only assess a patient's delirium, but support an appropriate treatment plan for them. By using a tool that is specifically designed for patients with palliative care needs, they will get the right treatment and support. It will also provide reassurance to families and carers who often find delirium distressing to observe.

How will progress be measured, monitored and reported?

This is a research project and will be monitored and reported through the Research Governance Group.

Marie Curie Nursing Service Patient safety

We will improve patient care by enabling the sharing of electronic patient records.

What does this mean and why is it important?

Information relating to patients' care and support needs is currently stored electronically by district nurses, but only on



Ben Gold/Marie Curie

paper by Marie Curie. This means district nurses are not always able to share patient information with us.

As part of our Nursing Systems Transformation project, we will introduce electronic records across our

nursing services, allowing all those providing care to a patient to be able to share information more easily and efficiently. This will increase the continuity of care and save the patient and their family from having to repeat information that is already

stored by district nurses. Following this change, Marie Curie Nurses will be able to update district nurses about the patient's condition electronically, which will help in identifying the person's care needs going forward.

How will progress be measured, monitored and reported?

This forms part of the Nursing Service Transformation project and will be monitored and reported via the project team and programme board.

Marie Curie Hospices Clinical effectiveness

We will expand on our previous work on electronic patient records by building outcome measures into these records.

What are patient outcome measures?

These are ways of measuring what we are trying to achieve for our patients, based on their wishes. This could include relief from symptoms such as pain or nausea, or choosing where their care is delivered or whether they die at home or in the hospice. Each patient can discuss what is most important to them in the order they wish.

We use three outcome measures from the Outcome Assessment and Complexity Collaborative (OACC) project, led by the Cicely Saunders Institute at King's College London. These three outcome measures are:

What does this mean and why is it important?

A patient's care plan is discussed and agreed with the patient, and is then enhanced by using an outcome measure such as phase of illness, Karnofsky and IPOS.

Phase of illness

Phase of illness describes the distinct stage in the patient's illness. Phases are distinguished as: stable, unstable, deteriorating, dying and deceased.

Australian Karnofsky Performance Status (AKPS)

Three aspects of the patient's overall capabilities are assessed: activity, work and self-care. The measure results in a single score between 0% and 100%, based on observations of the patient's ability to perform common tasks.

Integrated Palliative Care Outcome Scale (IPOS)

IPOS is a 10-question measure of how a patient's symptoms affect them in different respects, including physically, psychologically, socially and spiritually.

Given that patient records are now electronic, a patient's outcome measures can be entered into their records. This will allow staff to look at data demonstrating the impact of the care the person has received on the outcomes that matter to them. This could be used for enriching discussions within the multidisciplinary team (MDT) about the person's care, and for sharing with commissioners.

How will progress be measured, monitored and reported?

The improvements to electronic patient records will be monitored and recorded through the Electronic Patient Records Group. The outcomes data will be discussed within the services, MDT meetings, clinical governance meetings and the Clinical Reference Group.

Multidisciplinary team (MDT)

Many of our patients have complex care needs, meaning they need a range of different types of care. A multidisciplinary team is made up of staff who have knowledge and skills from a range of different disciplines who work together to plan patients' care. This includes nurses, doctors, social workers, physiotherapist and more.

Commissioners

Marie Curie provides free care to our patients. This care is funded partly through money provided by NHS commissioners, and partially through donations. The commissioners decide what healthcare they want to provide in their area – such as end of life care, for example – and then ask providers to bid for the work.



Sarah [the Marie Curie Nurse] was so brilliant, and I think that was because we were so terrified. I was so thankful she was there in what was the most horrifying experience of all of our lives. I know that he [Chris] wanted to be home. It is a lovely home and it's right on the river Thames, with a boat house. He loved boats and the river. It's the house I grew up in. My sister and I totally agreed. It was the just the fundamental fact that we were home as a family together.”

Rosie Geale. Rosie's dad Chris was diagnosed with liver cancer and died the same year. He was cared for at his home in Reading supported by a Marie Curie Nurse.

Part 2 Quality in focus

Our staff

Palliative and end of life care at times make significant emotional demands. Our staff deal with patients' changing and complex needs and there is significant pressure on them to deliver exceptional care – there are no second chances to get it right when someone is dying.

There is some emphasis on staff health and well-being across different areas of the organisation, and we are developing a clear organisation-wide strategy to do even better on this and inform our everyday practice.

We have started conducting more regular staff surveys (every 2–3 months) which provide a more dynamic view of staff engagement through the year. The frequency of these surveys allows teams to develop the ways they work using up-to-date information, and adjust their plans more

easily as they see the impact of any changes or initiatives. This approach is especially beneficial in making sure sensitive issues such as bullying and harassment are dealt with in a timely manner.

We encourage clinical staff to participate in clinical supervision as an additional means of support over and above good line management, and we offer other non-clinical staff opportunities for support in addition to our normal Employee Assistance Programme. All staff have access to our comprehensive suite of e-learning materials, along with and supplemented by group training on key topics such as safeguarding and health and safety. These help build on the good practices we develop during induction.

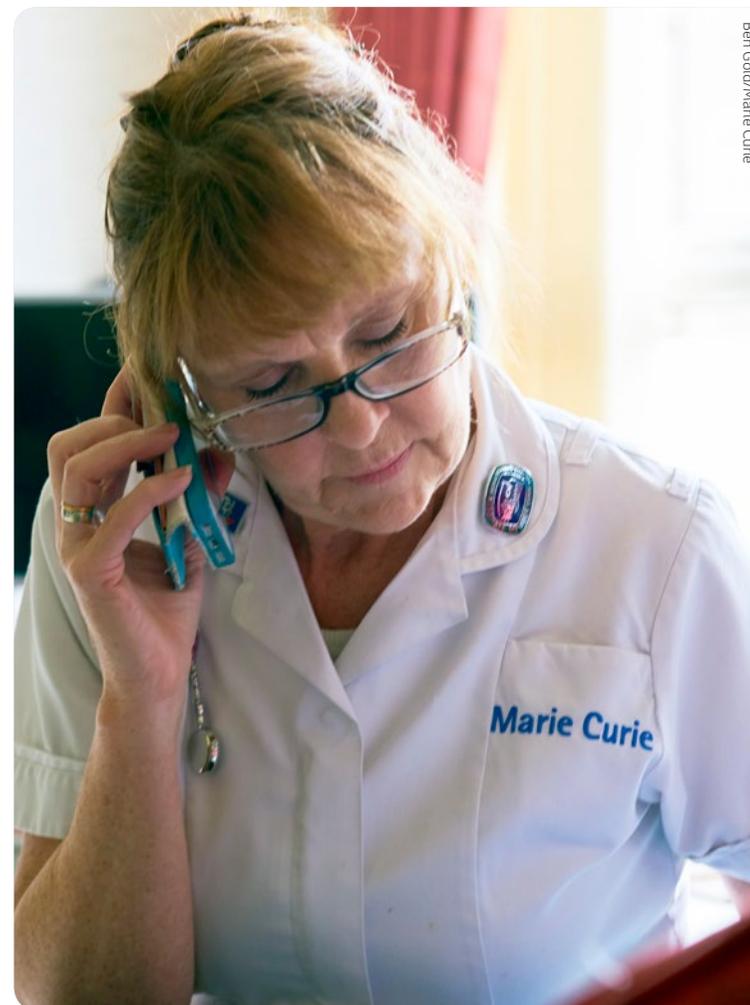
We have also introduced mental health awareness workshops across the UK, all of which have been extremely well evaluated. We provide bitesize videos via our learning site on managing and recognising stress.

Patient experience

Feedback from patients, their families and their carers about their experiences is fundamentally important in driving improvements to our services.

People can provide feedback on our services:

- over the telephone
- by completing a paper survey sent to every home nursing patient and available in each hospice room
- through our website
- by completing an electronic survey via a mobile device available in our hospices.



Ben Gold/Marie Curie

Employee Assistance Programme

The Employee Assistance Programme provides proactive, practical and emotional support to help

staff manage and reduce the impact of life events, both at home and at work. It is provided through an external occupational health provider.

Patient safety

We are committed to reducing avoidable harm and improving patient safety. When an incident happens, we are open and honest in informing the patient and their family. We ensure we fulfil the duty of candour requirements.

The duty of candour is our statutory obligation to be open and transparent when an incident occurs. Our duty of candour policy outlines four levels of harm that can result from an incident – the duty of candour applies to all moderate and severe incidents. The table here



Ben Gold/Marie Curie

shows the numbers of incidents recorded at all levels of harm in 2018/19.

Changes made following deaths

As palliative and end of life care providers, we provide care and support to patients at the end of their life, helping them manage their symptoms. Many of our patients are discharged home and some remain in our hospice where the patient is supported until they die, alongside their family and carers.

Between 1 April 2018 and 31 March 2019, 2,089 patients died in our hospices, broken down as follows:

- Q1 – 571
- Q2 – 464
- Q3 – 513
- Q4 – 541

None of these deaths were subject to a case review or investigation.

| Level of harm | Total number | % of incidents |
|--|--------------|----------------|
| No harm – no injuries or obvious harm, loss of property or significant likelihood of service issues arising from incident. | 3,807 | 73.07 |
| Low harm – any incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving care. | 1,388 | 26.64 |
| Moderate harm – any incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm. | 15 | 0.29 |
| Severe harm – a permanent lessening of bodily, sensory, motor, physiological or intellectual function that is related directly to the incident and not related to the natural course of the patient's illness or underlying condition. | 0 | 0.00 |

What do we mean by an incident?

We record anything significant that happens to a patient under our care that is not part of their care plan. This might include anything from a fall which injured the patient to a late administration of medicines that had no impact on them.

Part 2a: Marie Curie Nursing Service

This section looks in more detail at the Marie Curie Nursing Service, across our three priorities of patient experience, patient safety and clinical effectiveness.

Patient satisfaction, Marie Curie Nursing Service

| Aspect of care | 2017/18 – responded ‘always’ | 2018/19 – responded ‘always’ | Change from last year |
|--|------------------------------|------------------------------|-----------------------|
| Treated with dignity and respect | 97% | 97% | No change |
| Involved in decisions about your care | 92% | 92% | No change |
| Have up-to-date information about you | 87% | 88% | Up 1% |
| Provide support for family and friends | 88% | 88% | No change |

NB: Our 2017/18 Quality Account only covered England. The figures for 2017/18 given here and for the remainder of this document are for the whole of the UK so will be different to those in last year’s report.

Patient experience

Patient and carer feedback

This year 4,545 patients and carers provided us with their feedback and comments about the Marie Curie Nursing Service (see table below). We have largely maintained or improved our excellent satisfaction scores across different aspects of the experience patients have of our services. However, there are some key themes or improvement which will be our focus in 2019/20.

Friends and family test

We also ask patients and carers how likely they would be to recommend our services to their family and friends (see table above). Out of 4,528 people who answered this question, 98.37% (2017/18: 98.21%) said they would recommend the Marie Curie Nursing Service. We believe this indicates an excellent level of care, which has remained at a similar level since last year.

Friends and family test, Marie Curie Nursing Service

| Responses | Total number | % |
|--|--------------|--------|
| Likely to recommend Marie Curie | 4,454 | 98.37% |
| Neither likely nor unlikely to recommend Marie Curie | 31 | 0.68% |
| Unlikely to recommend Marie Curie | 43 | 0.95% |

There are, however, a small number of people who would be unlikely to recommend Marie Curie to their family and friends. The reasons given for this mirror the concerns raised as complaints (see below). These include people not receiving care when expected and poor communication. We will continue to monitor this measure and make improvements in response to complaints.

Complaints

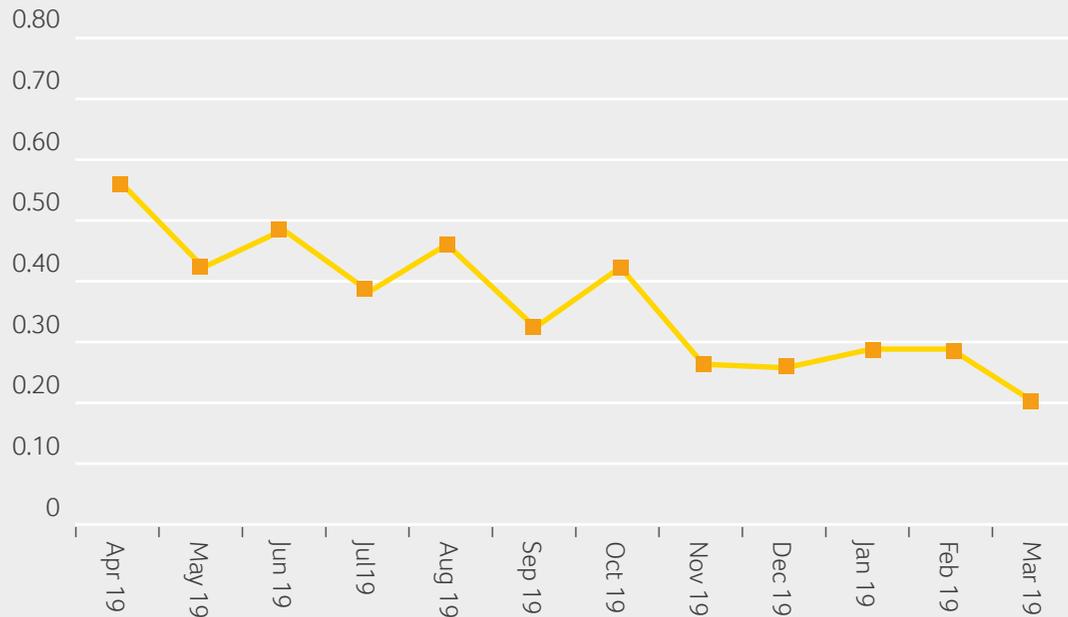
We aim to respond to 75% of complaints within 20 working days. If it is not possible to respond to a complaint

within 20 days (due to the complexity of the complaint or difficulties investigating the

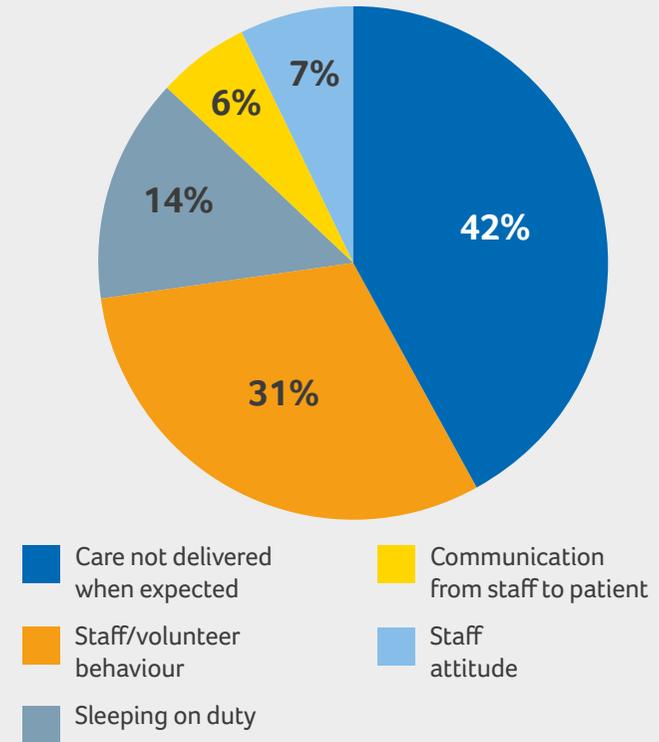
What is the Marie Curie Nursing Service?

Marie Curie Nurses provide hands-on care for people living with any terminal illness, usually in their own homes. Our nurses make it easier for people to be cared for at home at the end of their lives, and avoid unnecessary hospital admissions. Marie Curie employs 1,825 registered nurses and healthcare assistants working across the UK, who cared for 33,929 patients in 2018/19.

Nursing service complaints per 1,000 hours of delivered care



Most common themes of complaints reported in the Marie Curie Nursing Service



concerns raised), we agree a revised timeframe with the complainant.

Complainants who are dissatisfied with the outcome or handling of their complaint can refer their complaint to the relevant ombudsman or regulatory body.

The Marie Curie Nursing Service received 376 complaints in 2018/19 (2017/18: 490).

We responded to 87.94% of nursing service complaints within 20 working days. There were no complaints escalated to the Parliamentary and Health Service Ombudsman from the nursing service.

Changes made following complaints

In 2018/19, changes were made in response to complaints within our nursing service, including:

- setting up local care co-ordination centres to allocate the right staff member to patients
- introducing the electronic rostering of staff to reduce cancellation of shifts

- an in-depth analysis of staff sleeping on duty to drive improvements in staying awake strategies and staff management
- increasing the knowledge and skills of our staff to improve their interactions with patients and families, as well as helping them to

understand how certain conditions can affect patients. This includes specific targeted training on:

- dementia awareness
- communication skills
- managing difficult situations.



Clinical effectiveness Audit

We carried out four Marie Curie national audits of our nursing service in 2018/19, each focussing on a different aspect of our work. Each of our eleven nursing service regions in the UK has an audit lead and are expected to supplement the national audit programme with locally co-ordinated audits, including infection prevention and control audits.

The 2019/20 Marie Curie national audit programme will include three audits for the Marie Curie Nursing Service:

- falls prevention and management
- record keeping
- professional standards.

Nursing Service audits undertaken April 2017 – March 2018

| Audit | Percentage compliance across all services | Main findings / recommendations | Actions |
|------------------------|---|--|---|
| Medicines management | 93% | Overall compliance for this audit was high. Key areas of strength were that nurses have a good understanding of the parameters for level one and level two administration of medication, and confirmed that they had received recent training and ongoing supervision. | Regions to consider repeating this audit as part of their local audit program. In addition, consideration should be given to each region auditing a different region to maximise confidence in the validity of the results. |
| Safeguarding | 70% | Areas of strength for this audit were the quality and regularity of safeguarding training, the separate storage of safeguarding details, and staff understanding local procedures. The audit revealed that staff were not directly following Marie Curie policy. However, they were following safe practice as staff frequently recorded that they would contact their manager for help and advice before carrying out any actions. | Staff to receive local reminders of the named safeguarding lead for each region. The establishment of a national safeguarding assurance group. |
| Professional standards | 93% | A repeat audit from 2017/18. This audit had two parts – a self-assessment completed by the member of staff, and a follow up conversation over the phone with the patient or carer. Overall, the audit results were positive. The results from both parts showed that staff are consistently displaying high professional standards to service users. Access to sufficient uniforms was frequently highlighted by staff as a problem. | This audit will be repeated in 2019/20. A uniform survey report has been written to make sure staff needs are taken into account in the next financial year, if sufficient funds are available. |

Continued on page 25

NB: The fourth audit this year was scheduled to be on complaints management, however we changed this to clinical supervision due to a change in our priority areas.

Level one and two administration of medication

Level one administration of medication is where the healthcare assistant physically helps a patient to self-administer their routine, regularly prescribed medications that are intended to be self-administered. The patient must have mental capacity and the ability to tell the healthcare assistant or registered nurse what medication they need.

Level two administration of medication involves the healthcare assistant preparing and giving the patient their prescribed medication and evaluating the effectiveness of it.

Nursing Service audits undertaken April 2017 – March 2018

| Audit | Percentage compliance across all services | Main findings / recommendations | Actions |
|----------------------|---|---|---|
| Clinical supervision | 73% | <p>Staff reported that the times and locations of the clinical supervision sessions made it difficult for them to attend.</p> <p>Some concerns were also raised regarding the confidentiality of discussions had in these sessions.</p> <p>The audit also demonstrated that there are differences in how clinical supervision is approached across the different regions.</p> | <p>We will consider the use of skype for clinical supervision sessions to increase attendance.</p> <p>We will place further emphasis on the importance of confidentiality.</p> <p>We will take action locally in response to feedback received in each region or service.</p> |



Ben Gold/Marie Curie

Patient safety

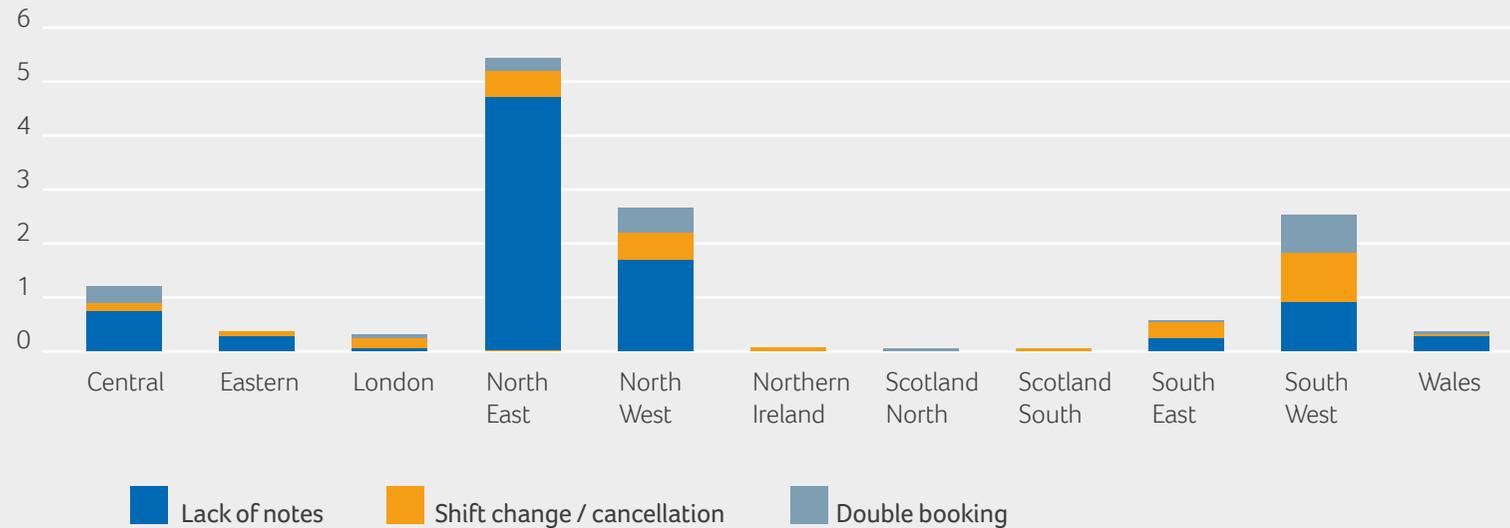
Incidents

The table below shows the number of incidents where duty of candour applies in each of our nursing service regions in the UK in 2018/19. There was one incident that resulted in moderate harm in the nursing service (0.04% of all incidents).

Incidents, Marie Curie Nursing Service, 2018/19

| | No harm | Low harm |
|------------------|---------|----------|
| Central | 202 | 7 |
| Eastern | 46 | 3 |
| London | 61 | 8 |
| North East | 866 | 19 |
| North West | 515 | 20 |
| Northern Ireland | 24 | 12 |
| Referral Centre | 31 | 0 |
| Scotland North | 19 | 2 |
| Scotland South | 17 | 2 |
| South East | 40 | 1 |
| South West | 646 | 13 |
| Wales | 57 | 9 |

Most common types of incidents reported in the Marie Curie Nursing Service



Lack of notes

The most common type of incident reported relates to lack of access to patient notes in the home, not to direct patient care.

Staff carry short episode of care documents to complete when notes are not available and they are given clear guidance on how to complete these so that the care they provide can be recorded by the district nurse in the patient's full record.

Lack of notes is an issue in the north-east; increasing use of electronic records by district nurses means notes are often not left in patients' homes. As part of the Nursing Service Transformation project, we are working to provide shared electronic records to nurses working in the community.

Shift cancellations

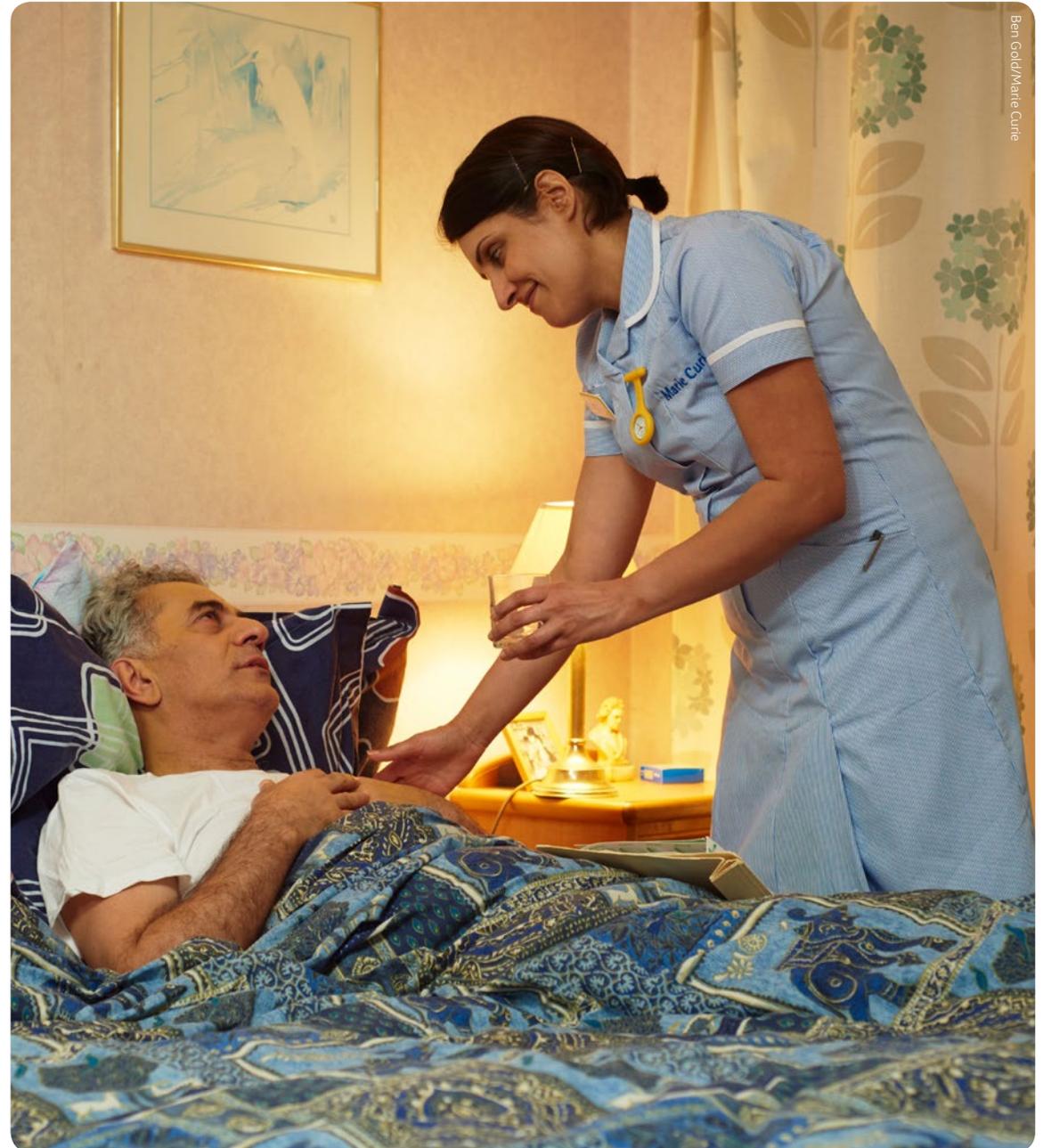
We know how difficult and frustrating it is for carers when visits are cancelled at short notice and we try very hard to avoid this. Local co-ordination

of care has changed the way visits are allocated, reducing the amount of shift changes or cancellations to 208, from 262 last year. We would expect this figure to drop further following the move to local care co-ordination, as these local centres were only introduced part-way through the year.

Reasons for visits being cancelled at late notice include staff phoning in sick and no other staff being available to cover their shift, staff availability being recorded incorrectly, or staff who have pet allergies being allocated to patients who have pets because this information has not been recorded on our system.

Double bookings

Occasionally district nurses will double book staff by mistake – for example, booking a Marie Curie Nurse as well as an agency worker. This can result in our nurses being turned away from their visits because an agency worker is already there.



Ben Gold/Marie Curie

Part 2b: Marie Curie Hospices

This section looks in more detail at Marie Curie Hospices, across our three priorities of patient experience, patient safety and clinical effectiveness.

What are Marie Curie Hospices?

There are nine Marie Curie Hospices across the UK, each of which provides both in-patient and outpatient care for people living with a terminal illness. Outpatient services include physiotherapy, counselling and bereavement support.



Patient experience

Patient and carer feedback

This year 1,556 patients and carers provided us with their feedback and comments about our hospices across the UK (see table top right).

Friends and family test

We ask patients and carers whether or not they would recommend our services to their family and their friends (see table bottom right).

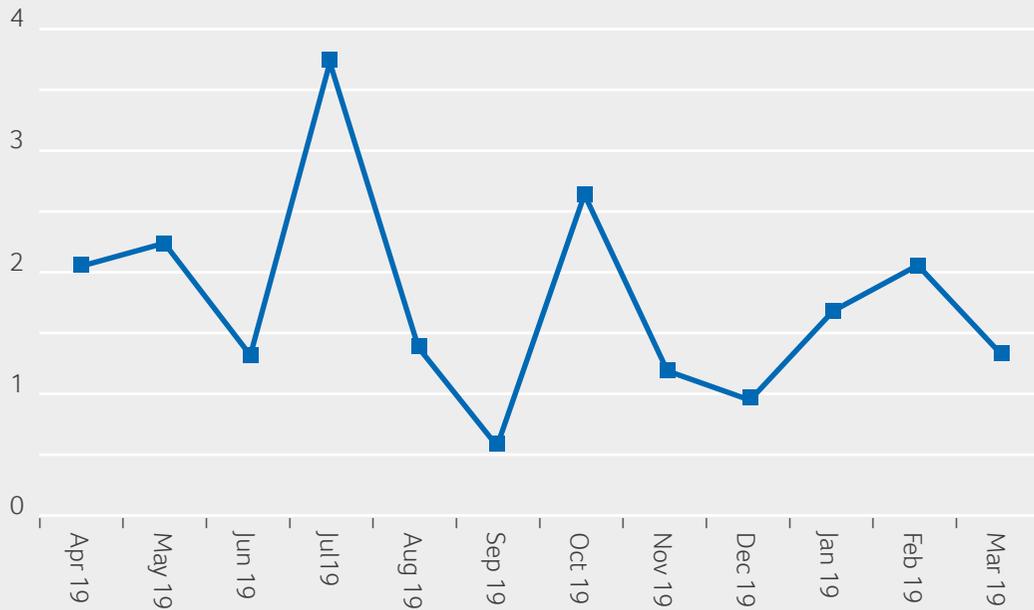
Out of 1,538 people who answered this question, 99.15% said they would recommend Marie Curie Hospices (2017/18: 98.79%). This is an increase on our previous year and represents a very high level of patient satisfaction.

| Aspect of care | 2017/18 responded 'very good' | 2018/19 responded 'very good' | Change from last year |
|---------------------------|-------------------------------|-------------------------------|-----------------------|
| Welcome into the hospice | 93% | 92% | Down 1% |
| Hospice cleanliness | 95% | 92% | Down 3% |
| Quality of food and drink | 84% | 86% | Up 2% |
| Quality of information | 88% | 86% | Down 2% |
| Quality of care | 96% | 93% | Down 3% |

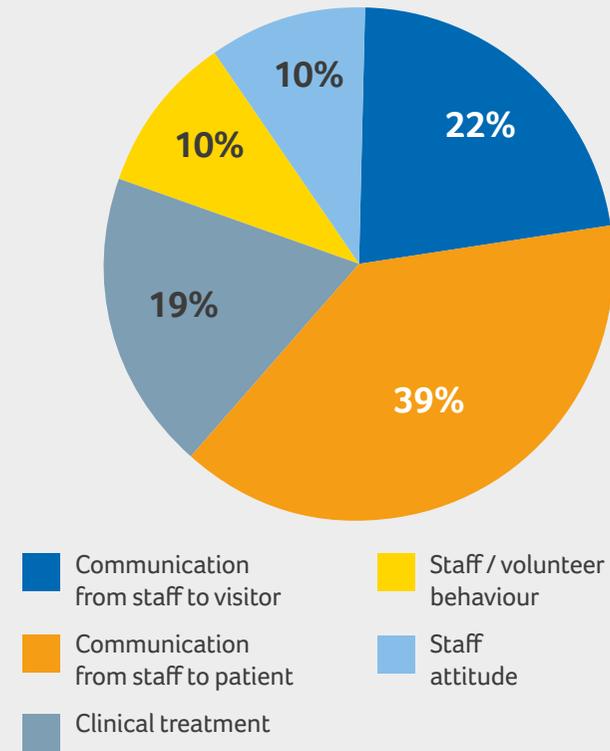
There are, however, a small number of people who would be unlikely to recommend Marie Curie to their friends and family. The reasons for this mirror the concerns raised as complaints (see next page). These include staff attitude and poor communication. We will continue to monitor this measure and make improvements in response to complaints.

| Responses | Total number | % |
|--|--------------|--------|
| Likely to recommend Marie Curie | 1,525 | 99.15% |
| Neither likely nor unlikely to recommend Marie Curie | 8 | 0.52% |
| Unlikely to recommend Marie Curie | 5 | 0.33% |

Hospice complaints per 1,000 occupied bed days



Most common themes of complaints reported in Marie Curie Hospices



Complaints

We received 93 complaints about Marie Curie Hospices in 2018/19 (2017/18: 126). We responded to 90.63% of hospice complaints within 20 working days (target: 75%, 2017/18: 90.26%). There were two complaints escalated to the Parliamentary and Health Service Ombudsman (PHSO) from our hospices.

One was not investigated by the PHSO as on initial review of the complaint, response and supporting evidence, the PHSO did not feel that there was a case to review. We are yet to hear from the PHSO about whether the second complaint is likely to progress to a full review.

Poor communication is at the heart of most of the

complaints we receive. Within our hospices, it was the main issue complained about in 2018/19.

Changes made following complaints

In 2018/19 changes were made in response to complaints in the hospices, these were targeted at individual hospices and include:

- improving the admissions process to improve communication between the staff, patients and relatives
- ensuring information leaflets are displayed and readily available
- improving the communication boards in the patients' rooms
- making changes to the referral and discharge procedures for the clinical nurse specialist teams
- providing communication training to staff
- providing customer care training for reception staff.

Clinical effectiveness Audit

We carried out two national audits of our hospices in 2018/19, each focusing on a different area of our work (see table).

Each hospice has an audit lead and is expected to supplement the national audit programme with locally co-ordinated audits including infection prevention and control audits.

The 2019/20 Marie Curie National Audit Programme will include three hospice audits:

- care of the dying
- bereavement
- outcome measures.

Hospice audits undertaken April 2018 – March 2019

| Audit | Percentage compliance across all services | Main findings / recommendations | Actions |
|--------------------|---|---|---|
| Falls | 84% | <p>This audit was divided into five sections. Marie Curie hospices excelled in some sections – general, in-patient unit environment, and post-fall care.</p> <p>The key areas where improvements could be made were in-patient assessment and day service patients. There were no areas where all hospices failed to be compliant. Therefore, each improvement will need to be made at a local level.</p> | <p>Hospices may need to increase their nurse's knowledge of the importance of documenting the different stages of the falls management process. This would help lower the potential risk that procedures are completed, but not documented.</p> |
| Records management | 75% | <p>This audit highlighted some issues with the electronic patient record systems. It was noted that information was often stored on the systems, but in a different area to that requested by the audit. This explained some areas of low compliance.</p> <p>Some clarification was needed on the correct procedure for chaperones, and consultations regarding patients who are the opposite sex to the healthcare professional.</p> | <p>Hospices have amended the templates on the electronic patient record systems to ensure staff are prompted to record information. This feedback will also be given to the working group to ensure necessary changes to the system can be made where possible.</p> <p>An organisation-wide chaperone policy is being drafted and will be circulated to hospice teams when finalised.</p> |

NB: The second audit this year was scheduled to be on care at the end of life, however we changed this to records management due to a change in our priority areas.

Research

Six of our nine hospices now have research leads or academic research fellows who oversee and encourage research in their locality. In 2018/19, 544 patients, carers or staff members have taken the opportunity to take part in research studies.

Patients, carers and staff members appreciate the opportunity to take part in research, and we are grateful for their participation at such a difficult time. The following studies are being undertaken using a variety of research methods including feasibility studies, qualitative studies, mapping exercises and systematic reviews.

At the Marie Curie Hospice, Belfast:

- Public attitudes to death and dying in Northern Ireland.
- Developing and evaluating an educational intervention for the management of constipation: a feasibility intervention study.
- Supporting people bereaved through advanced illness: a systematic review of the evidence and development of a core outcome set for bereavement research in palliative care.
- Assessing the cost-effectiveness of palliative care day services: a three-centre mixed methods study on the quality of life of patients, carers and families.
- The nature of complexity in specialist palliative care referrals.
- Developing an e-learning training resource for healthcare professionals to facilitate communication with parents on preparing their children for the death of a parent with cancer.

Participants across the studies include:

- 21 patients
- 4 carers
- 27 staff members and/or volunteers
- 495 other members of the public

60 patient records have been used as part of these studies. All patients involved have consented to the use of their records for research purposes.

At the Marie Curie Hospice, Edinburgh:

- Double-blind randomised parallel group trial of paracetamol versus placebo in conjunction with strong opioids for cancer-related pain.
- Supporting people with palliative and end-of-life care needs 'out of hours': a mixed-methods study of needs, demands and experiences to inform person-centred changes.
- Complexity of referrals: the nature of complexity in specialist palliative care referrals.
- Brief engagement and acceptance coaching in community and hospice settings.
- Professional wellbeing: longitudinal study of palliative and other healthcare professional wellbeing [student study].
- Environment: the impact of the home environment on the health of people at the end of life [student study].
- Delirium assessment in the community: routine screening for delirium in a community palliative care setting [student study].
- Exercise and nutritional rehabilitation in patients with cancer.
- Delirium carer support: a carer intervention to improve support for patients with delirium in a palliative care in-patient setting: a quality improvement approach [student study].

- Developing and testing an educational intervention for the management of constipation for people with advanced cancer.
- Specialist palliative care: analysis of key information summary (KIS) completeness and content in palliative patients at point of referral and following assessment by specialist palliative care services [student study].
- Projections for place of death in Scotland: 2017-2040.
- Key information summary (KIS) generation for people who died in Scotland in 2017: a mixed methods study.

Participants across the studies include:

- 18 patients
- 10 carers
- 106 staff members and/or volunteers
- No other members of the public

1,411 patient records have been used as part of these studies. All patients involved have consented to the use of their records for research purposes.



At the Marie Curie Hospice, Bradford:

- Effect of disease and treatments on body image and intimate relationships of patients referred to specialist palliative care services.
- Supporting people bereaved through advanced illness: A systematic review of the evidence and development of a core outcome set for bereavement research in palliative care.

Participants across the studies include:

- 5 patients
- No carers
- 11 staff members and/or volunteers
- No other members of the public

No patient records have been used in any of these studies.

At the Marie Curie Hospice, Glasgow:

- Supporting people with palliative and end-of-life care needs 'out of hours': a mixed-methods study of needs, demands and experiences to inform person-centred changes.
- The nature of complexity in specialist palliative care referrals.
- The impact of the home environment on the health of people at the end of life.
- Longitudinal study of palliative and other healthcare professional wellbeing.
- What are the education and support needs of home care workers caring for palliative patients in the community?
- Perspectives of prison healthcare staff on the provision of palliative and end of life care in Scottish prisons.
- Staff experiences of loneliness and social isolation.

Participants across the studies include:

- 9 patients
- 6 carers
- 45 staff members and/or volunteers
- No other members of the public

70 patient records have been used as part of these studies. All patients involved have consented to the use of their records for research purposes.

At the Marie Curie Hospice, Hampstead:

- Is structured monitoring of sedative use useful, feasible and acceptable for palliative care patients in a UK hospice? A study for I-CAN-CARE.
- Conversation analysis of communication with the relatives and friends of patients in a hospice.
- Decision making about prognoses in multidisciplinary teams: an ethnographic study.

Participants across the studies include:

- 20 patients
- 52 carers
- 37 staff members and/or volunteers
- No other members of the public

No patient records have been used in any of these studies.

At the Marie Curie Hospice, Liverpool:

- The study of hydration status and complex symptoms in advanced cancer using bioelectrical impedance vector analysis (BIVA).
- Investigation of biological changes in urine in patients with advanced lung cancer: a pilot study.
- Virtual reality in palliative care – a quality improvement test-bed project.
- Developing and pilot testing an evidence-based psychological intervention to enhance wellbeing and aid transition into palliative care.

Participants across the studies include:

- 46 patients
- 35 carers
- 3 staff members and/or volunteers
- No other members of the public

No patient records have been used in any of these studies.

At the Marie Curie Hospice, West Midlands:

- Developing and testing an educational intervention for the management of constipation for people in hospice: a feasibility intervention study – implementation and evaluation with healthcare professionals and patients.
- The nature of complexity in specialist palliative care referrals: service evaluation.
- Assessing the effectiveness and cost-effectiveness of palliative care day services: a three-centre mixed methods study on the quality of life of patients, carers and families.
- Costs and effectiveness of UK palliative care day services: a three-centre study of impact upon patients and family carer.
- Nurses experiences of managing patients' psychological needs [PhD study].
- Prognosis in palliative care study 2 (PIPS2 data) review.

Participants across the studies include:

- 31 patients
- 10 carers
- 20 staff members and/or volunteers
- No other members of the public

66 patient records have been used as part of these studies. All patients involved have consented to the use of their records for research purposes.

At the Marie Curie Hospice, Newcastle:

- Proof of concept of a tailored rehabilitation program for interstitial lung disease including idiopathic pulmonary fibrosis.

Participants across the studies include:

- 28 patients
- No carers
- No staff members and/or volunteers
- No other members of the public

28 patient records have been used as part of these studies. All patients involved have consented to the use of their records for research purposes.



Kieran Dodds/Marie Curie

The Marie Curie Nurses were an absolute lifeline. As well as enabling me to sleep they were so good at sharing burdens and lifting my spirit at such a difficult time. Because Marie Curie helped us, we could be with him whenever he wanted us. He could have his little treats, and his friends could pop in and talk to him.”

Jane Churcher. Jane's father John received care from Marie Curie Nurses and Healthcare Assistants at home for the last eight months of his life.

Patient safety

Incidents

The table below shows the number of incidents where duty of candour applies in our hospices in 2018/19. Overall, there were 14 incidents that resulted in moderate harm throughout 2018/19 (0.54% of all incidents).

All of these incidents were fully investigated. More than half of them were falls; all practical steps had been taken to support the patients, but some falls are unavoidable, particularly where the patient wants to remain as independent as possible. There were no severe harm incidents reported in our hospices.

There were 605 medication errors over the year in our hospices (2017/18: 642). This includes administration, dispensing and prescription errors (see graph opposite).

All errors are discussed by senior clinicians at a regular medicines management meeting to identify any trends

or themes and agree changes to systems, staff training or other steps to reduce or mitigate the incidents.

In one of our hospices where unusual pattern of medication incidents was noted, this prompted a full review of medication practices supported by the Quality team. This is being followed up by a quality improvement project, one of the ideas of which is to start electronic

prescribing. The learning from this project will then be shared across the hospices.

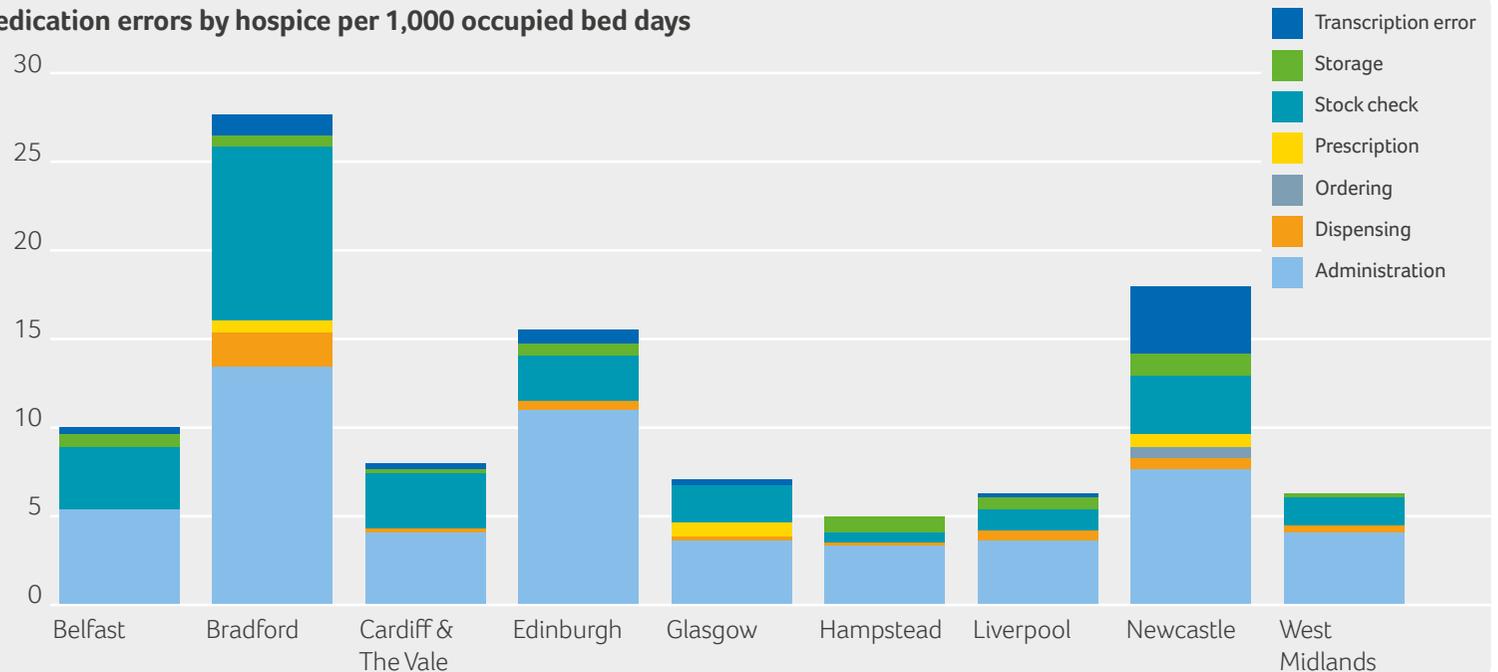
Most medication errors were administration errors and the majority were missed doses. No incidents resulted in severe harm. Two medication incidents resulted in moderate harm.

These were two completely separate incidents and not linked.

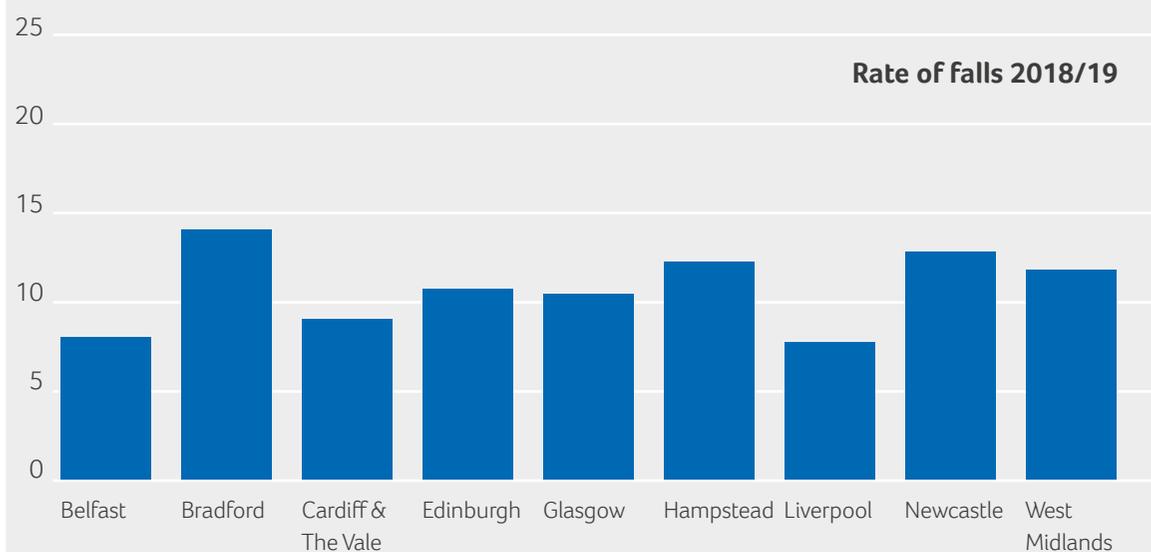
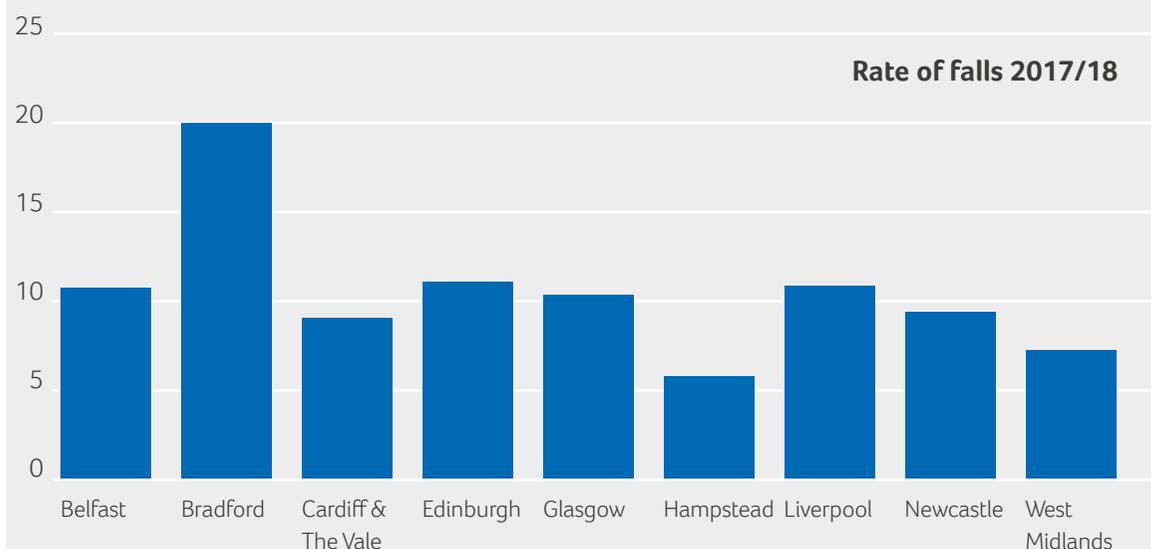
Incidents, Marie Curie Hospices, 2018/19

| | No harm | Low harm | Moderate harm | Severe harm |
|--------------------|---------|----------|---------------|-------------|
| Belfast | 81 | 113 | 1 | 0 |
| Bradford | 272 | 127 | 1 | 0 |
| Cardiff & The Vale | 175 | 171 | 0 | 0 |
| Edinburgh | 205 | 116 | 0 | 0 |
| Glasgow | 89 | 182 | 3 | 0 |
| Hampstead | 93 | 152 | 3 | 0 |
| Liverpool | 111 | 114 | 1 | 0 |
| Newcastle | 153 | 155 | 1 | 0 |
| West Midlands | 104 | 162 | 4 | 0 |

Medication errors by hospice per 1,000 occupied bed days



Rate of patient falls by hospice



One incident involved the patient receiving antibiotics which interacted with other medication and had to be transferred to hospital for treatment. The other involved the patient being given the wrong dose of medication and had to be given a reversal agent.

Patient falls reduced this year across our hospices from 637 last year to 543 in 2018/19.

Eight falls resulted in

moderate harm to the patient and they were transferred to hospital for further observation and x-rays. No falls resulted in severe harm.

We recorded 267 pressure ulcers in our hospices this year, compared to 339 in 2017/18. This improvement included a notable reduction in Bradford. Most pressure ulcers recorded during admission (54%) were grade 2 pressure ulcers. These have the potential to deteriorate

What are pressure ulcers?

Also known as bedsores, these are injuries to the skin caused by prolonged pressure. They often affect people who are lying in bed or sitting for a long time.

Grades of pressure ulcer

Grade 1 – skin is intact and does not become paler when pressed. Skin may be a different colour, warmer to touch or swollen with fluid. There may be thickening of the skin which feels harder.

Grade 2 – some loss of skin which looks like a blister or graze.

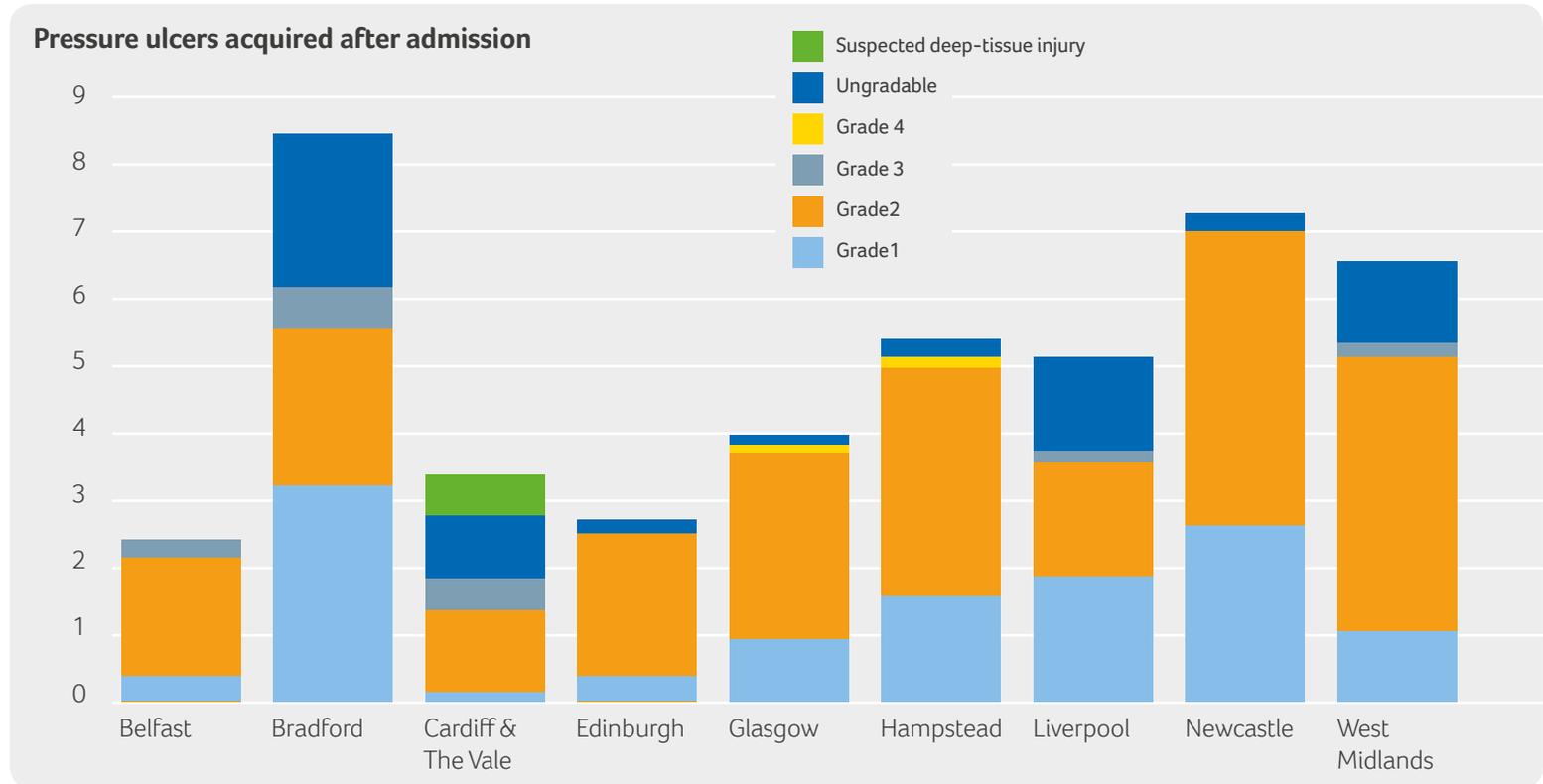
Grade 3 – deep skin loss; the skin is damaged and can appear black.

Grade 4 – there is damage to the skin and the muscle and bone underneath. At times the damage underneath the skin can cover a greater area than the skin damage on the surface.

Ungradeable – there is damage to the skin, muscle and bone underneath a scab-like covering, making it impossible to measure the amount of damage.

to a more serious grade 3 or 4 ulcer so our nurses ensure all possible steps to prevent deterioration are taken, in agreement with the patient.

Our hospices carry out a review of all pressure ulcers and complete a root cause analysis on every grade 3 or 4 pressure ulcer. This is to check if care plans were followed correctly, and whether or not there were any failings in the patient's care and treatment that may have contributed to the development of pressure ulcers. The results of these reviews are shared with colleagues at the senior nurses' meetings to enable lessons to be shared across the organisation. There were no failings or omissions in care leading to pressure ulcers identified this year.



Infection prevention and control

There were three incidents of clostridium difficile antigen or toxin infection across our hospices this year.

We continue to manage incidents and carry out post-infection reviews of all reported incidents.

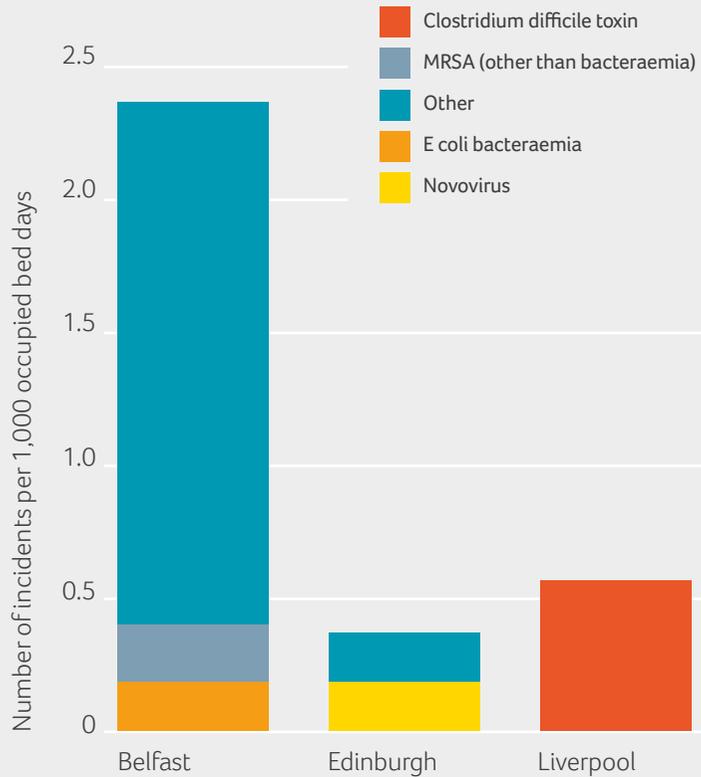
After each incident, the senior nurse for infection prevention and control carries out a review. Based on this initial review, a post-infection review panel is called comprising of the Medical Director, Director of Nursing, AHP and Quality, pharmacist, consultant, lead nurse and Associate Director of Nursing to complete a full review.

Each review carried out this year concluded that the infections were not a result of the care or treatment provided, and that high standards of clinical care were maintained in all cases.

Root cause analysis (RCA)

A root cause analysis is a way to understand the underlying causes and environmental context in which an incident happened. This can help us to understand if we should have done anything differently and determine if we need to make any changes to the way we deliver care.

Infection prevention and control incidents acquired in our care



Kieran Dodds/Marie Curie

What is clostridium difficile?

Also known as C. diff, this is a bacterium that can infect the bowel and cause diarrhoea. It mostly affects

people who are over 65, have been taking antibiotics or who have underlying health conditions – this describes many of the people in our care.



Katie Hyams/Marie Curie

Regulators

All Marie Curie services are registered with the relevant regulatory body in that country and are subject to unannounced or announced inspections carried out by the regulator for that service. We have not participated in any special reviews or investigations in 2018/19.

In England, Marie Curie is registered with the Care Quality Commission (CQC). The nursing services underwent two inspections through 2018/19 across all key lines of enquiry: caring, safe, effective, responsive and well-led. The outcomes of the inspections were:

- London – good
- South-East – good

None of our hospices in England were inspected in 2018/19.

The Marie Curie Nursing Service in Scotland is registered with The Care Inspectorate Scotland. Services are 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 a registered nurse.

The nursing service in Scotland South underwent one inspection in 2018/19, the outcome of this was:

- care and support – very good
- staffing – very good

The nursing service in Scotland North underwent an inspection in March 2019. The findings of this report have not yet been published.

In Scotland, Marie Curie Hospices are regulated by Health Improvement Scotland. No hospices in Scotland were inspected during 2018/19.

The Marie Curie Nursing Service and Hospice in Northern Ireland are registered with the Regulation and Quality Improvement Authority (RQIA). None of our services in Northern Ireland were inspected in 2018/19.

In Wales, the Marie Curie Nursing Service is registered with the Care Inspectorate Wales. Cardiff and the Vale hospice is registered with the Health Inspectorate Wales. None of our services in Wales were inspected in 2018/19.

Part 3 Quality Account Regulations

We have a legal requirement to report on the areas below:

- During the period 1 April 2018 to 31 March 2019, 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 36%. The rest is provided by Marie Curie charitable contribution.
- The income generated by the NHS services reviewed in the period 1 April 2018 to 31 March 2019 represents 100% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2018 to 31 March 2019.
- During the period 1 April 2018 to 31 March 2019 there were no national mandated clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
- From 1 April 2018 to 31 March 2019 Marie Curie was not eligible to participate in national clinical audits and national confidential enquiries.
- The number of patients receiving NHS services provided by Marie Curie from 1 April 2018 to 31 March 2019 that were recruited during that period to participate in research approved by a research ethics committee was 73.
- £133,959.23 of 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 Hospices and Community Nursing Services in England are registered with the Care Quality Commission. Marie Curie's registration is subject to conditions. These conditions include the registered provider, and the number of beds in our hospices, for the following:
 - accommodation for persons who require nursing or personal care
 - diagnostic and screening procedures
 - nursing care
 - personal care
 - treatment of disease, disorder or injury.
- Marie Curie has not been subject to any periodic reviews by the Care Quality Commission during this 1 April 2018 to 31 March 2019.
- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission during 1 April 2018 to 31 March 2019.
- Marie Curie did not submit records during the reporting period from 1 April 2018 to 31 March 2019 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics.
- As a healthcare provider, we use the NHS Data Security and Protection toolkit to ensure we follow the correct procedures for managing our information. Every year, we complete a self-assessment looking at how we manage our data. For 2018/19, we have self-assessed ourselves as compliant with all 38 mandatory assertions for charities/hospices (Data Security and Protection Toolkit).
- Marie Curie was not subject to any Payment by Results clinical coding audit during 1 April 2018 to 31 March 2019 by the Audit Commission.

Statements from stakeholders

Statements from Lead Commissioning Clinical Commissioning Groups, the Overview and Scrutiny Committee and Healthwatch.

We are required 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 publication. Their comments must be included in the published report.

We also approached Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire and asked them to comment, but they were unable to do so this year.

NHS Lincolnshire West Clinical Commissioning Group

NHS Lincolnshire West Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the Marie Curie (the organisation) Annual Quality Account 2018/19.

The Quality Account provides very comprehensive information on the quality priorities the organisation has focused on during the year, including:

- Enhancing patient experience further with more local co-ordination of nursing services. This has delivered tailored local services for the population of Lincolnshire and the programme as a whole has seen a reduction in the complaints received in relation to nursing care.
- The use of technology to manage patient records using secure mobile devices has enabled nurses in the community to access

patients' 'short care records' ensuring that timely and appropriate care is given, this priority will continue into a second year.

- Marie Curie has commenced translating into clinical practice a number of research activities including the use of a Delirium Assessment Tool and ensuring that the LGBT community have equality of access to services.

Looking forward to the 2019/20 quality priorities, the commissioner is assured that the approach of considering all aspects of a patient's needs is continuing with six quality priorities, including:

- Designing patient services with the patients' voices and experiences being central to this work.
- Workforce planning to ensure the organisation has the right people with the right skills to deliver care in both hospices and the community.

- Electronic patient records (year 2 of 2) with the goal of embedding electronic patient records into all hospices and training 1,825 nurses in using the new records system. The commissioner recognises that this a hospice-based project and would encourage the organisation to consider rolling this out into the community services at a future date.
- Whilst the commissioner supports the strengthening of the safeguarding oversight and assurance process every effort should be made to ensure this is undertaken quickly as safeguarding is an expected core process of any organisation undertaking NHS work.

The Quality Account has numerous examples of the good work undertaken by the organisation over the past year but the commissioner believes the clinical audit section detailing the changes to clinical practice to improve

patient care is a particularly noteworthy piece of work.

The commissioner cannot confirm the accuracy of the national information presented within the Quality Account but the commissioner does not have concerns with the accuracy of information submitted to the Lincolnshire specific Quality Contract Meetings. The commissioner would again encourage Marie Curie to consider appendices in next year's Quality Account detailing information at either the seven regional hubs level or if possible at a county level. The organisation provides very detailed information at a hospice level and this would be a good model to replicate for the nursing service.

The commissioner can confirm that this Quality Account has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017, 2018 and 2019. The results of this

appraisal have been issued separately to the trust.

The commissioner looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.

Wendy Martin
Executive Nurse
NHS Lincolnshire West Clinical
Commissioning Group

Durham Dales, Easington, Sedgefield (DDES) and North Durham (ND) Clinical Commissioning Groups for the Marie Curie Quality Account 2018/19

The Clinical Commissioning Groups (CCGs) welcome the opportunity to review and comment on the Quality Account for Marie Curie for 2018/19 and would like to offer the following commentary.

As commissioners, Durham Dales, Easington and Sedgefield CCG and North Durham CCG are committed to commissioning high quality services from Marie Curie and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

The CCGs felt that the report was written and presented in a meaningful way for both stakeholders and service user;

explanations of specific terms were noted to be beneficial to service users. To the best of the CCG's knowledge, the quality account provides a good representation of the service provided across the CCGs geographical location during 2018/19.

We recognise the work that the organisation has undertaken to drive quality improvements throughout the year particularly around patient experience, clinical effectiveness and patient safety. Commissioners welcome the development plan which will enable further roll out of local care coordination, particularly given that the work undertaken to date as shown a reduction in the number of complaints received. We also look forward to receiving the benefits of enhancement to electronic care documents which supports the development of real time care plans for patients. Similarly, the work that is being continued into 2019/20 in

relation to electronic patient records is encouraged and will enhance collaborative working within primary care.

The results reported from patient experience and friends and family tests are encouraging and where it has been identified that improvement can be made, it is reassuring to read that these will be addressed in 2019/20.

It is pleasing to note that the number of complaints in relation to both the nursing and hospice services has reduced in 2018/19 and that learning from these has taken place in conjunction with the quality priorities for the current and forthcoming year to improve services going forward.

Marie Curie are commended for their commitment to audit and research participation and commissioners anticipate that learning from both these areas will positively influence patient care going forward.

It is reassuring to read that the number of falls and pressure ulcers has reduced in 2018/19 from the previous year and that investigations are carried out to understand the root cause and identify areas of learning to prevent reoccurrence. The work undertaken in relation to medication incidents is noted, as is the associated follow up around electronic prescribing.

The CCGs acknowledge the specific priorities set out for continued improvement in 2019/20 around patient safety, patient experience and clinical effectiveness and look forward to seeing evidence of this through future reports to commissioners. Commissioners are particularly interested in the improvements that can be made in relation to safeguarding with the establishment of the Safeguarding Assurance Group and the quality dashboard that will sit alongside this which will monitor changes and

determine outcomes and learning. The planned work around the introduction of the delirium assessment tool is welcomed as this will provide the appropriate treatment and support to both patients and carers that is specific to the individual patient.

The CCGs look forward to continuing to work in partnership with the organisation to assure the quality of services commissioned in 2019/20.

Gillian Findley
Director of Nursing/Nurse Advisor
North Durham and DDES CCGs

Do you have any comments or questions?

Marie Curie is always keen to receive feedback about our services. If you have any comments or questions about this report, please do not hesitate to contact us using the details below:

The Quality Assurance Team
Marie Curie
89 Albert Embankment
London
SE1 7TP

Email: qualityassurance@mariecurie.org.uk
Tel: 020 7599 7294

Thank you to everyone who supports us and makes our work possible. To find out how we can help or to make a donation, visit our website mariecurie.org.uk

   [mariecurieuk](https://www.mariecurieuk.org)

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) E004

Front cover photo: Kieran Dodds/Marie Curie



Care and support
through terminal illness