



Care and support  
through terminal illness

# Quality Account

## 2016/17

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More than  
**50,000**  
people helped by our services  
in 2016/17



Ben Gold/Marie Curie

Marie Curie Nurses

**33,543** people cared for  
– a 6% increase from last year



Kieran Dodds/Marie Curie

Marie Curie Hospices

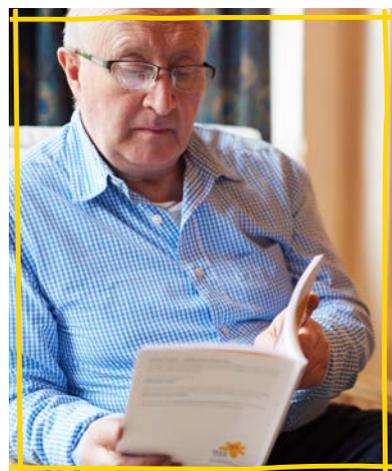
**7,711** people cared for



Kieran Dodds/Marie Curie

Marie Curie Helper

**1,339** households supported



Ben Gold/Marie Curie

Information and support

**10,305** calls to our Support Line

# Chairman and Chief Executive's statement

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Layton Thompson/Marie Curie

John Varley, Chairman



Pete Jones/Marie Curie

Dr Jane Collins, Chief Executive

## Welcome to our 2016/17 Quality Account, which sets out how we monitor, measure and ensure the quality of the care we provide.

To provide a full picture of the quality of that care, we use a range of measures including feedback from our patients and their families, clinical indicators, internal audits and service inspections by regulators.

We're very proud of the difference our care makes to people with a terminal illness at an extremely difficult time in their lives. Over the last year, we cared for more than 40,000 people through our nursing and hospice services – often supporting their loved ones at the same time.

We operate in an environment that has remained challenging and unpredictable over the last year, with funding pressures on both the NHS and the charity sector continuing to be a cause for concern.

In that context, a 17% decrease in our already low number of complaints received is particularly pleasing to see. We are also encouraged by the positive results of the various inspections of our services carried out by regulators this year. We must, of course, avoid complacency and acknowledge where we still face areas that need improvement.

An important focus for us this year is reducing the occasions when we're unable to meet a request for care at home by our nursing service. When this happens, it's frustrating for us and potentially hugely distressing for a patient and their family. Although this isn't always within our control, we carried out a pilot this year to raise the efficiency of how we allocate our staff and explore more local co-ordination of teams to help get our nurses where they need to be. We are also looking at how we can work with partners to enhance this further.

We hope you find this year's Quality Account useful. We look forward to taking on the challenges laid out here over the next year to improve our services even further.



John Varley  
Chairman



Dr Jane Collins  
Chief Executive

#### **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

# What we've achieved

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Our priorities for 2016/17 covered three key areas:

- Patient experience
- Patient safety
- Clinical effectiveness

In this section, you can see what we set out to do in the last year and what we achieved in each of these areas.

## Priority 1 – Patient experience

We said we would	What we actually did	What this means
<b>Duty of candour</b>		
We will continue to monitor incidents that result in, or appear to have resulted in, death, severe harm, moderate harm or prolonged psychological harm of the patient.	We completed weekly monitoring of incidents to identify and improve the way we collect data.	All incidents of harm are now easily identifiable. We have updated our IT system to capture the level of harm to identify when we need to apply the duty of candour principles.
We will record and report on duty of candour incidents. We will ensure the right steps have been taken with our patients and their families as a result of any incidents.	Each service is monitored to ensure duty of candour requirements are met.	We now have a consistent approach to duty of candour incidents across our services.

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We now have a member of the Expert Voices Group on the Clinical Reference Group (CRG). The CRG provides guidance on clinical matters across Marie Curie. Our Expert Voices member adds valuable personal experience of caring to the group, which helps keep the voice of the patient and family at the centre of discussions.

## Priority 2 – Patient safety

We said we would	What we actually did	What this means
<b>The roll out of link nurse networks</b>		
We will implement and embed nurses with special interest and training in tissue viability, and infection prevention and control.	We now have 18 nurses with expertise in tissue viability, and infection prevention and control.	The nurses meet regularly as a group to identify and implement improvements across our services, checking on practice such as hand hygiene.
<b>Grade 2 pressure ulcers</b>		
We will improve our understanding of grade 2 pressure ulcers.	We have reviewed all reported grade 2 pressure ulcers which patients developed after 72 hours in our care.	We improved our pressure ulcer awareness training.  We contributed to the national NHS improvement work on pressure ulcer definitions.
<b>Safeguarding</b>		
We will develop communities of practice to promote safeguarding awareness and best practice.	We have provided training for staff and raised awareness of the external support available.	We will use these staff to train others and develop networks of leads across the country.

## Priority 3 – Clinical effectiveness

We said we would	What we actually did	What this means
We will benchmark our services using the National Council for Palliative Care (NCPC) minimum data set.	The data was collected across our services in England and added to the minimum data set.	Our data has contributed to a number of external projects which will help inform the future of end of life care delivery.
We will ensure all services participate in the annual data collection.		



The **Marie Curie @ Northumbria partnership** was nominated in the End of Life Care Champion category in this year's National Council for Palliative Care (NCPC) Awards. The service was one of three finalists chosen in this award category, which recognised contribution from an individual or team at a local or national level.

For the Marie Curie @ Northumbria partnership, the charity is working alongside Northumbria Healthcare NHS Foundation Trust to offer a range of co-ordinated services in both acute and community settings, tailored to people's needs.

Rachel Ainscough, Divisional Business and Service Development Manager for the North East, submitted the entry for the award. She said: "The NCPC sent us some great feedback on why we were nominated. They were impressed by the innovative ways we're working to integrate hospital and community care so we can help more people to be cared for in their place of choice. It's also an excellent example of partnership working between the NHS and voluntary sector."



Barney Newman

Judy Lever (left), a Marie Curie Healthcare Assistant from Scotland, was a **finalist in the RCNi Nurse Awards 2017**, for her professionalism and strong patient advocacy, often driving 70 miles to the more remote rural areas to meet the needs of patients.

# Our priorities for next year

In this section, you can see our priorities for improvement for 2017/18, again grouped in three key areas:

- Patient experience
- Patient safety
- Clinical effectiveness

Over the next year, we will develop metrics to ensure progress against these objectives is measured and reported on to demonstrate improvements to patient care.

## Priority 1 – Patient experience

### Consistency of care in our nursing service

What we will do	Who is accountable and responsible for this?
We will improve our use of technology for staff rostering and allocation to improve continuity of care.	<p><b>Accountable</b> Peter Gabbitas Director of Caring Services and Partnerships</p> <p><b>Responsible</b> Divisional General Managers</p>

### Reliability of care in our nursing service

What we will do	Who is accountable and responsible for this?
<p>We will improve how we share information with our NHS partners to improve the reliability of care.</p> <p>We will reduce the number of cancelled visits to patients and families.</p>	<p><b>Accountable</b> Peter Gabbitas Director of Caring Services and Partnerships</p> <p><b>Responsible</b> Divisional General Managers</p>



Ben Gold/Marie Curie

**Person-centred care for patients and their families**

What we will do	Who is accountable and responsible for this?
<p>We will ensure that patients are at the centre of everything we do and the care we provide.</p> <p>We will ensure staff deliver person-centred care by providing development, training and clinical supervision.</p>	<p><b>Accountable</b> Dee Sissons Director of Nursing</p> <p><b>Responsible</b> Melanie Legg Head of Practice Development</p>

We use feedback from patients and families to develop services they need. For example, the Marie Curie Hospice, Liverpool created a **bereavement group for men** in October 2016, providing peer support and practical advice.

Because the men are at different stages of grief, they are in a position to offer support and reassurance to each other. The hospice team also facilitated a number of structured meetings, including inviting a solicitor to talk to the men about Wills, Power of Attorney and similar issues related to planning ahead.

We also organised a slow cooker demonstration as some of the men said they had been living on ready meals since their wife/partner had died. At Christmas we presented them with a new slow cooker each, which had been kindly donated by a local community group.

We've had really good feedback from participants about how they have benefitted from the group.

## Priority 2 – Patient safety

Pressure ulcers	
What we will do	Who is accountable and responsible for this?
<p>We will take part in the national React to Red Skin campaign, to reduce the number of pressure ulcers developed by patients in our care.</p>	<p><b>Accountable</b> Dee Sissons Director of Nursing</p> <p><b>Responsible</b> Anne Cleary Deputy Director of Nursing</p>
Infection prevention and control	
What we will do	Who is accountable and responsible for this?
<p>We will ensure we continue to manage Clostridium difficile (C. diff).</p> <p>We will develop information on C. diff for patients and families specific to end of life care.</p> <p>We will continue to carry out post-infection reviews on Clostridium difficile infections (CDI) cases as required.</p>	<p><b>Accountable</b> Dee Sissons Director of Nursing</p> <p><b>Responsible</b> Jo Shackleton Senior Lead Nurse, Infection Prevention and Control</p>
Safeguarding	
What we will do	Who is accountable and responsible for this?
<p>We will strengthen our safeguarding training and develop in-house expertise to deliver training across the organisation.</p>	<p><b>Accountable</b> Dee Sissons Director of Nursing</p> <p><b>Responsible</b> Simon Williams Safeguarding Lead</p>

## Priority 3 – Clinical effectiveness

Service compliance	
What we will do	Who is accountable and responsible for this?
<p>We will deliver a compliance programme focussed on the services with the greatest need for support.</p> <p>We will use a range of quality information to identify where the focus is needed.</p>	<p><b>Accountable</b> Bill Noble Executive Medical Director</p> <p><b>Responsible</b> Jane Eades Head of Quality Improvement</p>
Improved patient outcome measures	
What we will do	Who is accountable and responsible for this?
<p>We will implement a selection of recognised patient outcome measures focussed on symptom management and patient needs.</p> <p>This will help us to measure outcomes that matter to individual patients in our day-to-day care.</p>	<p><b>Accountable</b> Bill Noble Executive Medical Director</p> <p><b>Responsible</b> Jane Eades Head of Quality Improvement</p>
Quality improvement	
What we will do	Who is accountable and responsible for this?
<p>We will develop our existing audit leads to become quality improvement leads.</p> <p>We will support each service to develop a local quality improvement programme aligned to their local priorities.</p>	<p><b>Accountable</b> Bill Noble Executive Medical Director</p> <p><b>Responsible</b> Jane Eades Head of Quality Improvement</p>

My mum had dementia so could not communicate at all. The ladies that attended to Mum still talked to her, explained what they were going to do, and treated her with such respect and allowed her dignity.

This was the case even towards the end when Mum was barely conscious. What a marvellous service – I cannot praise it highly enough.

Carer, Lincolnshire

Marie Curie is one of the most professional and supportive services in our lives. The Clinical Nurse Manager and her team give us 100% person-centred care, tailored to our needs. Without them, we would find coping considerably more difficult.

Carer, Derbyshire

The night my husband died, the carer had everything in place when she woke me, ie palliative nurses and doctor on their way. I would have taken longer to realise what to do. Her professionalism saved my husband a lot of suffering. She dealt with the family too and made the situation as easy as possible at such an unbearable time. A true saviour.

Carer, Tyne and Wear

Outstanding care and compassion. I could not have got through the nights without your care. Their thoughtfulness to me and help are beyond wonderful and my gratitude cannot be expressed in words. No one I have ever come across has been so gentle. Thank you.

Carer, Oxfordshire

# About the quality of our services

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## Complaints/incidents

Understanding the experiences of patients, their families and their carers is fundamental to improving our services. We investigate concerns raised about our services through our complaints team. Complaints help us to identify what we can do better and are a good opportunity for us to learn.

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 (for example due to the complexity of the complaint, difficulties in investigating the issues raised or the involvement of other organisations), we agree a revised timeframe with the complainant.

In 2016/17, we exceeded our targets, responding to 87% of hospice complaints and 83% of nursing service complaints within 20 working days.

Complainants who are dissatisfied with the outcome or handling of their complaint may refer their complaint to the relevant ombudsman or regulatory body. In 2016/17 two complainants escalated their complaints to the Parliamentary and Health Service Ombudsman. The Ombudsman declined to investigate one complaint about the provision of care in the South West Nursing Service.

The Ombudsman investigated and partly upheld a complaint about care and treatment of a patient at our Hampstead hospice. We have taken actions to address the issues identified.

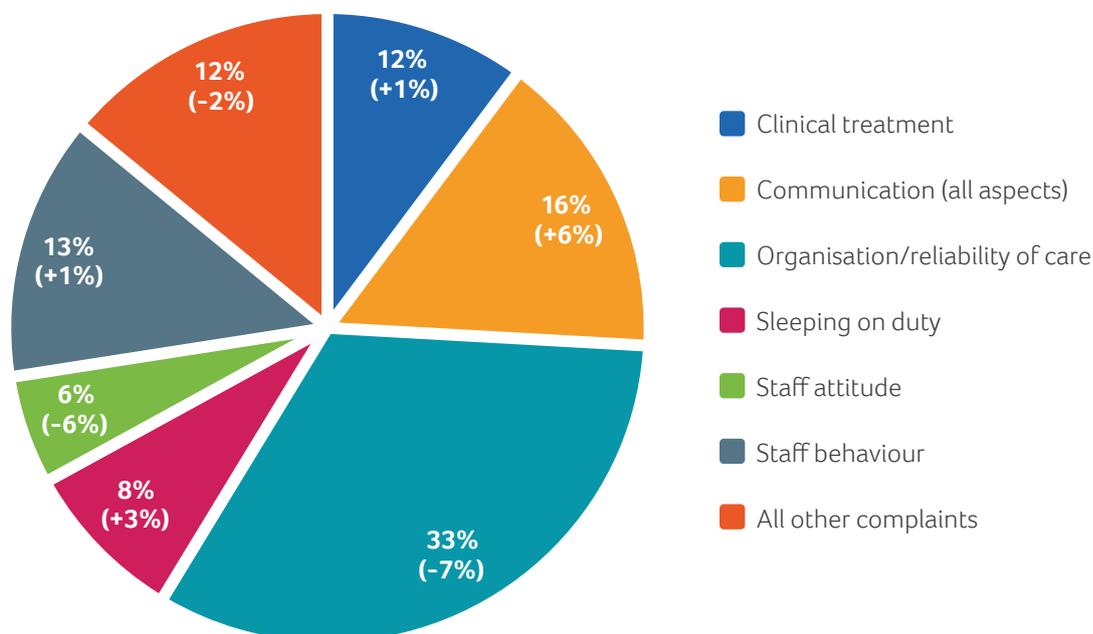
The Northern Ireland Ombudsman concluded its investigation about care and treatment at our Belfast hospice (begun in 2015/16) and did not uphold any of the concerns raised.

## Complaints in 2016/17

In 2016/17, we cared for 41,254 people across our nursing and hospice services and received 639 complaints (down from 776 in 2015/16). Complaints about our hospices increased from 81 to 111, reflecting ongoing work to ensure consistent recognition and management of complaints. There was a significant reduction in complaints about the Marie Curie Nursing Service from 695 in 2015/16 to 528 in 2016/17, which is linked to changes in service design.

The main themes of all complaints across our services are consistent with 2015/16 and are set out below.

### Most common themes of caring services complaints 2016/17



### Hospice complaints

Volumes of complaints about our hospices are much lower than for the Marie Curie Nursing Service, as issues are often resolved before they escalate to become a complaint. Communication is at the heart of most of the complaints we receive. In our hospices, communication between staff and patients or visitors is the most common cause for complaint.

In response to these complaints, we have developed in-house training in communication and emotional resilience. We also provided individual coaching, supervision, mentoring and support to share learning with all staff through team meetings.

### Nursing service complaints

Complaints about the Marie Curie Nursing Service fell significantly during 2016/17 due to a reduction in complaints about the reliability of our service, ie our ability to always provide care when needed.

We achieved this by changing the way we manage co-ordination of care, recruiting more nurses and improving supervision. We also improved communication with other healthcare professionals requesting our services.

## Learning from complaints

During 2016/17, actions taken to address and resolve complaints included:

- review and revision of Marie Curie policies, processes and procedures
- performance management of staff
- further training and coaching including reminders of policies and procedures
- increased supervision and monitoring of staff
- shared learning at team, service and divisional meetings
- individual and team reflection
- improved communication with other healthcare providers

Information regarding complaint themes/trends and actions taken to address complaints is shared across the Caring Services directorate. The Quality Assurance team delivered complaints training across the UK covering principles of good complaints management, recognising complaints, responding to and learning from complaints.

In 2016/17, we requested feedback from complainants to understand their experiences of making a complaint to Marie Curie. We asked questions including: how easy it was to make a complaint; if complainants were satisfied with the handling of their complaint; and if they were treated with respect, courtesy and compassion. Feedback to date has been positive and will enable us to continue to improve the complaints process.

## Compliments

We also record compliments about our services.

The themes of compliments received in 2016/17 were:

- Both patients and carers praised the level of support and the impact that this had on their ability to cope. Respondents expressed gratitude that the service allowed loved ones to die at home.
- Carers mentioned that receiving the service meant they were better able to care for their loved one.
- Respondents made positive comments about the caring attitude of staff. In particular, they mentioned characteristics of kindness, comfort, gentleness, compassion, sensitivity and professionalism.
- Patients and carers valued being able to talk, felt listened to, and praised the high level of emotional support.
- Carers reported feelings of safety, trust and reassurance when using the service.
- Patients and carers felt they were treated with dignity and respect.

## Safety

There were no incidents that resulted in the death of a service user in 2016/17.

There were eight incidents that resulted in hospital visits for service users:

- Two Marie Curie Nursing Service and four hospice patients required hospital admission following a fall or other accident.
- One hospice patient was taken to hospital following a fall as a precaution, but did not require any further treatment.
- There was one incident involving a Marie Curie Nursing Service patient requiring hospital admission after taking an overdose.

Each of these incidents was investigated fully and reported to the relevant regulatory body at the time of the incident.

## Medication incidents

There were three medication errors in our hospices regarded as serious incidents in accordance with our policy on controlled drugs.

Two were administration errors (in Bradford and the West Midlands) and one related to a stock check discrepancy (in Belfast).

None of these incidents resulted in harm to patients.

## Effectiveness

We remain focused on infection prevention and control, and pressure ulcer management.

We have improved reporting leading to better quality data.

The requirements for reporting changed mid-year, making comparison to last year's data unreliable. The data for this year demonstrates improved awareness and consistency of practice.

## Infection prevention and control

### Marie Curie Nursing Service

While we recorded 28 infections in the nursing service, it is the District Nurse who is responsible for the management of these cases. We simply note the known infections to advise our staff on appropriate actions to take when caring for those patients.

**Marie Curie Hospices – infection**

	2016/17
	Hospices
Toxigenic Clostridium difficile (CDT)	10
E. coli (Escherichia coli)	3
Gram-negative multidrug-resistant organism including carbapenemase-resistant Enterobacteriaceae (CRE)/ carbapenemase-producing Enterobacteriaceae (CPE)	1
Meticillin-resistant Staphylococcus aureus (MRSA) (other than bacteraemia)	6
Other bacteraemia	1
<b>Totals</b>	<b>21</b>

We undertook a review of each incident in our hospices, which identified that nine out of 21 were acquired in our care. All were appropriately treated and no serious harm was caused to the patients.

**Pressure ulcers**

We recorded an increase in pressure ulcers this year across our hospices. Our introduction of tissue viability specialist nurses, along with improved staff training, has meant we have been able to identify pressure ulcers earlier and take appropriate action.

**Hospices – pressure ulcers developed while in our care**

	2015/16	2016/17
<b>Belfast</b>	12	22
<b>Bradford</b>	73	81
<b>Cardiff &amp; the Vale</b>	9	30
<b>Edinburgh</b>	24	28
<b>Glasgow</b>	19	30
<b>Hampstead</b>	53	52
<b>Liverpool</b>	12	10
<b>Newcastle</b>	24	43
<b>West Midlands</b>	25	34
<b>Total</b>	<b>251</b>	<b>330</b>

Each incident is investigated and the Director of Nursing determines if the pressure ulcer was avoidable. Of the 330 reviewed none of them were deemed to have been avoidable. All necessary steps to try to prevent pressure ulcers developing had been taken.

All pressure ulcers identified in the community are reported to the local district nursing team because they are the team responsible for co-ordinating care. Staff report any pressure ulcers they have seen when looking after the patients and ensure the District Nurses are aware.

## Staffing

High quality of care for patients and their families requires a trained and competent workforce.

We achieve this by focusing on the following areas:

### Staff engagement

Considerable work in the past year has gone into improving our staff engagement and in 2016 our staff survey reported a 17% increase in staff engagement. A strong emphasis has been placed on using learning and development opportunities as a tool to improve staff engagement. We have increased our learning prospectus and created material specifically designed to reflect the Marie Curie values.

The staff survey provides staff with the opportunity to feed back on a number of topics. Results are shared charity-wide and local action plans ensure that teams have the opportunity to make improvements.

### Health and wellbeing

We place a strong emphasis on the health and wellbeing of our staff and have clear policies to support this. We have rolled out a new appraisal framework leading to an annual review and the opportunity to develop a personalised professional development plan for each member of staff.

## Other quality indicators

### Duty of candour requirements

We have improved processes across the charity to ensure we continue to meet duty of candour regulations.

We continue to record all incidents on our IT database. Recording of the level of harm is now mandatory, with an automatic flag to the Head of Clinical Governance.

We have introduced weekly monitoring of all incidents by the Quality Assurance team and contact is made with all relevant local teams to ensure that duty of candour requirements have been met.

We have held workshops on human factors and the duty of candour across the four nations to improve staff knowledge in these areas. These have been positively evaluated by attendees and members of staff are demonstrating a greater knowledge of duty of candour requirements.

## **Review of NICE guidance**

This year we introduced a formal process to review NICE guidance and standards across the charity. As guidance is published or reviewed there is an initial review to identify relevance to the services we provide. A multidisciplinary team then carries out a gap analysis on the relevant guidance and develops an action plan, for example including policy changes or training. The process and action plan is monitored through the Clinical Reference Group and managed by the Quality Assurance team.

## **Clinical audit**

The 2017/18 national audit programme will include two hospice audits:

- Care at the end of life audit aligned to NICE guidance
- Information governance

There will also be four audits of the Marie Curie Nursing Service this year:

- Professional standards
- Medicines management
- Records management
- Care at the time of death

Each region and hospice now has an audit lead and regular teleconferences are held with the Head of Clinical Improvement to ensure audit tools are appropriate and learning is shared.

## **Service user experience – all services**

### **Grading of services**

People using our services are offered the chance to complete surveys about different aspects of the care they received. This year, 4,515 patients and carers from across our services provided us with comments (up from 3,156 last year). Within the charity, we have promoted the value of gathering the views of people that use our services and developed different methods to make it as easy as possible to gather those views.

The results and accompanying commentary follow.

<b>Responded 'very good'</b> ** <i>Options given: very good, good, fair, poor, very poor</i>	<b>2015/16</b>	<b>2016/17</b>	<b>Change from last year</b>
<b>Welcome into the hospice</b>	91%	92%	Up 1%
<b>Cleanliness of the hospice</b>	92%	92%	No change
<b>Quality of food and drink</b>	82%	83%	Up 1%
<b>Quality of information</b>	79%	83%	Up 4%
<b>Quality of care</b>	93%	93%	No change

\* Total number of survey responses was 4,515. Number of responses for each question varies, eg some questions only relevant to hospice patients.

Your staff have made sure I eat and give me drinks, even when I don't think I want one. And they are right every time! Your maintenance man gave me a tissue when he saw me crying near the drinks machine. Your nurses have been truly amazing.

Carer, Bradford Hospice

This year we have seen improvements in the scores for the welcome that we give, quality of food and drink in the hospices, and for the quality of the information we provide. We have a questionnaire that asks people specifically about food and drink – these comments are shared with the Head Chefs, resulting in changes to menus, including more vegetarian options and specific desserts on request.

<b>Responded 'always'</b> ** <i>Options given: always, most of the time, some of the time, never</i>	<b>2015/16</b>	<b>2016/17</b>	<b>Change from last year</b>
<b>Treated with dignity and respect</b>	96%	96%	No change
<b>Involved in decisions about care as much as you would like</b>	90%	91%	Up 1%
<b>Have up-to-date information about you</b>	88%	87%	Down 1%
<b>Provide enough support for family members and friends</b>	90%	90%	No change

\* Total number of survey responses was 4,515. Number of responses for each question varies.

### Friends and family test

The friends and family test asks people whether they would recommend our services to friends and family members if they needed similar care. In 2016/17, 3,880 people responded to this question.

Response	Number	Percentage
<b>Likely to recommend Marie Curie</b>	3,845	99.1%
<b>Neither likely nor unlikely to recommend Marie Curie</b>	18	0.5%
<b>Unlikely to recommend Marie Curie</b>	17	0.4%

Where people had provided contact details and had said they would be unlikely to recommend Marie Curie, we contacted them to get more information. Many told us it was the lack of service availability and not the quality of care that made them unlikely to recommend us.

We were very fortunate to receive night care from one of your nurses... she gave us so much help, advice and also a chance to sleep, which was invaluable. She was with Mum when she passed away. The care and empathy she showed to Mum and us that night was wonderful. She helped us organise the District Nurses and Funeral Directors and stayed with us until Mum was taken. She then gave us all the information we needed on what to do next before leaving. We believe she is an exceptional person, but I have an idea this could be said of all your nurses and employees.

Carer, Kent

### Performance map

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

This is calculated using a mathematical algorithm based on the ratings to the questions, from 2,762 completed surveys. The top right quadrant shows the areas that have an above average importance for people who use our services, and an above average satisfaction score. The bottom right quadrant shows areas with a below average satisfaction score, and an above average level of importance.

The most important element was the support offered to family members, carers, and friends.



Number	Question/area	Score	Importance
1	Dignity and respect	98.43	0.53
2	Involvement in decision making	95.6	0.48
3	Up-to-date information about patients	94.77	0.45
4	Support for family members, carers or friends (asked of patient)	95.26	0.09
5	Support for family members, carers or friends (asked of carer)	95.71	0.54
6	Welcome to the hospice	97.22	0.18
7	Cleanliness of hospice	97.68	0.09
8	Quality of food and drink	93.89	0.15
9	Support to relieve pain	95.23	0.49
10	Support to relieve other symptoms	95.18	0.55
11	Emotional support	95.33	0.51
12	Whole person / spiritual support	93.66	0.47

Patients and carers have rated us on the following aspects of care which are amongst the most important areas we measure:

<b>Responded 'very good'</b>			
Options: very good, good, fair, poor, very poor	<b>2015/16</b>	<b>2016/17</b>	<b>Change from last year</b>
<b>Support for pain relief</b>	85%	87%	Up 2%
<b>Support for other symptoms (nausea, constipation, diarrhoea, breathlessness etc.)</b>	83%	85%	Up 2%
<b>Emotional support</b>	85%	88%	Up 3%
<b>Spiritual support</b>	80%	83%	Up 3%

## Marie Curie compliance visits

### Hospices

Five of the nine Marie Curie Hospices were visited by the Quality Assurance team, supported by staff and volunteers from other services. The hospices were assessed against the relevant regulator’s requirements. All five hospices had improved since previous visits.

The quality of documentation has improved, with one hospice introducing a new care plan. Safe infection control practices were observed, supported by the introduction of standard operating procedures.

### Changes to compliance visits – taking a risk-based approach

The recent compliance visits have involved a 'deep dive' look at all hospices. The visits mirrored the approach of the regulators, both to ensure compliance and to help the hospices prepare for external inspections.

The compliance visits have evolved based on feedback and this year have included a meeting with local staff to understand the team’s priorities and areas of concern. We have also developed a staff information leaflet on what to expect during a compliance visit.

To maximise support to those teams most in need, the Quality Assurance team will take a risk-based approach to future visits. Over the next 6-12 months, we will use quality information to identify services in need of specific support.

It will include, but not be limited to: leadership, quality improvement, user involvement, governance, risk and compliance, internal relationships, learning and development, patient outcomes and stakeholder engagement.

## Marie Curie Nursing Service

We have carried out five compliance visits to our nursing service regions this year, all following the same format, while taking into account the relevant standards for the various national regulators.

As patients are cared for in their own homes, we take a different approach to compliance visits for the nursing service. It involves gathering and reviewing data and information to evaluate the quality of the care that is being delivered to patients. We look at complaints and incidents data, patient feedback and staff training records. We also conduct interviews with staff and external stakeholders, including commissioners and healthcare professionals that refer patients to our services. On the day of visits we attend team meetings and local governance meetings and then prepare a report that highlights areas for action.

Review of the compliance visits reports identified some common themes, including:

- **Reliability of services.** Work is ongoing to improve management of booking nurses and pilots are underway in two regions where the booking of staff is managed locally.
- **Lack of documentation in the patient's home.** We are working closely with the District Nurses to solve this problem. In consultation with the nursing service, the Quality Assurance team created a document enabling staff to record the care given during the shift in the absence of documentation from local community teams. This is likely to become a larger issue as the NHS increases the use of paperless records. Further work needs to be done to enable Marie Curie staff to access the electronic records. We will report progress on this in next year's Quality Account.



## External inspections

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.

Regulator	Service regulated	Framework in place
<b>Care Quality Commission (CQC)</b>	Bradford, Hampstead, Liverpool, Newcastle and West Midlands hospices Marie Curie Nursing and Domiciliary Care Service, Central, Eastern, London and South East, North East, North West and South West regions	Announced and unannounced inspections Provider Information Report
<b>Healthcare Inspectorate Wales (HIW)</b>	Cardiff and the Vale hospice	Announced and unannounced inspections Submission of self-assessment
<b>Care and Social Services Inspectorate Wales (CSSIW)</b>	Marie Curie Nursing Service, Wales	Announced and unannounced inspections Submission of self-assessment
<b>Healthcare Improvement Scotland (HIS)</b>	Edinburgh and Glasgow hospices	Announced and unannounced inspections Submission of self-assessment
<b>Social Care and Social Work Improvement Scotland (SCSWIS – more commonly referred to as Care Inspectorate)</b>	Marie Curie Nursing Service, Scotland North and Scotland South	Announced and unannounced inspections Submission of self-assessment
<b>Regulation and Quality Improvement Authority</b>	Belfast hospice Marie Curie Nursing Service, Northern Ireland	Announced and unannounced inspections Submission of declaration prior to inspection

Where we have not listed a particular service they have not been inspected in the last year.

### Care Quality Commission

Services in England are registered with the CQC. All Hospice Managers and Nursing Service Regional Managers in England are registered as the Registered Manager with the CQC.

The CQC has inspected all Marie Curie Hospices in England within the last 18 months.

## Hospice inspections

CQC Domains	Liverpool May 2016	Newcastle June 2016	Bradford September 2016	Hampstead October 2016
<b>Is the service safe?</b>	Good	Good	Good	Good
<b>Is the service effective?</b>	Good	Outstanding	Good	Good
<b>Is the service caring?</b>	Good	Outstanding	Good	Good
<b>Is the service responsive?</b>	Good	Good	Good	Good
<b>Is the service well-led?</b>	Good	Outstanding	Good	Good
<b>Overall rating</b>	Good	Outstanding	Good	Good

## Nursing service inspections

We anticipate the CQC will inspect the nursing service throughout the coming year. At present only two of our regions have been inspected since their Registered Manager status changed. The key findings from the inspection of our North East region are below. The North West region was inspected in March 2017 and is awaiting the report.

CQC Domains	North East
<b>Is the service safe?</b>	Good
<b>Is the service effective?</b>	Good
<b>Is the service caring?</b>	Good
<b>Is the service responsive?</b>	Good
<b>Is the service well-led?</b>	Good
<b>Overall rating</b>	Good

I have found the service excellent. My family have commented that I am starting to come out of my shell after a period of 20 years. I was my husband's carer and never socialised with anyone, but coming here has given me the confidence to live again.

Patient, Newcastle Hospice  
Day Therapy Unit

## Regulation and Quality Improvement Authority – regulators for Northern Ireland

The hospice was inspected on 22 November 2016 across four standards, with the below comments:

Standards inspected	Report comments
<b>Is care safe?</b>	Observations made, review of documentation and discussion with Registered Manager, Hospice Manager and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, the specialist palliative care team, resuscitation and management of medical emergencies, infection prevention control and decontamination, and the general environment.
<b>Is care effective?</b>	Observations made, review of documentation and discussion with staff demonstrated that systems and processes were in place to ensure that care provided in the hospice was effective. Areas reviewed included clinical records, the care pathway, patient information, decision-making and discharge planning.
<b>Is care compassionate?</b>	Observations made, review of documentation and discussion with staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision-making. Areas reviewed included patient/family involvement, bereavement care services and patient consultation.
<b>Is the service well led?</b>	Information gathered during the inspection evidenced that there were effective leadership and governance arrangements in place which create a culture focused on the needs of patients to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, arrangements for policy and risk assessment reviews, arrangements for dealing with complaints, incidents and alerts, insurance arrangements, arrangements for managing practising privileges, and the registered provider's understanding of their role and responsibility in accordance with legislation.

No requirements and no recommendations for improvement were made.

The Marie Curie Nursing Service Northern Ireland has yet to be inspected by the Regulatory and Quality Improvement Authority.

## Healthcare Improvement Scotland – regulator for hospices in Scotland

Healthcare Improvement Scotland’s grading key is:

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

Being able to talk to someone who just listened helped immensely; it was such a calming atmosphere. The counsellor was very patient, calming and understanding. The sessions were very helpful to me.

Carer, Edinburgh Hospice  
Bereavement service

<b>Standards inspected</b>	<b>Edinburgh</b> 15-16 June 2016	<b>Glasgow</b> 7-8 June 2016
<b>Quality of information</b>	6 – excellent	5 – very good
<b>Quality of care and support</b>	5 – very good	5 – very good
<b>Quality of environment</b>	5 – very good	5 – very good
<b>Quality of staffing</b>	5 – very good	4 – good
<b>Quality of leadership and management</b>	5 – very good	4 – good

It is so reassuring to have a friendly face about in the dark hours of the night. Marie Curie is a wonderful service. The nurse copes very well with difficult situations – from leaking catheter bags to scary nosebleeds – which could kill me at any moment. Not being a fan of nights, I look forward to the ones when she is coming.

Patient, NHS Highland

### **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 a Registered Nurse. Previously the service treated Scotland as one region; this was divided into Scotland North and Scotland South this year and neither were visited by the regulators during the year.

### **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 a Registered Nurse. This year’s inspection was a focused visit reviewing the quality of life we provide in our role as a domiciliary care agency.

“They are a godsend, I don’t know what I would do without them”

“They are excellent”

“Absolutely wonderful, I couldn’t be better looked after”

“I’m served like a queen!”

“I couldn’t find anything bad with them if I tried”

“I am so lucky, I can’t fault any of them”

“You can give them a glowing report from me”

Feedback during the Welsh nursing service inspection

Service	Date of last inspection	Quality of life	Quality of staffing
Domiciliary care agency	16, 21 and 23 January 2017	The evidence gathered during this inspection indicated that Marie Curie Domiciliary Care provides quality care that is valued by people using the service and their families. The general consensus from patients and families was a need to expand the service to meet the needs of more people.	We did not consider this theme in depth during this inspection, which focused upon the quality of life experienced by people using the service.
		Quality of leadership and management	Quality of the environment
		We did not consider this theme in depth during this inspection, which focused upon the quality of life experienced by people using the service.	We did not consider this theme in depth during this inspection, which focused upon the quality of life experienced by people using the service.

No areas for improvement were identified.

# Legal requirements

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## Mandatory and legal statements

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

- During the period of this report (1 April 2016 to 31 March 2017), 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 Marie Curie charitable contribution.
- The income generated by the NHS services reviewed in the period 1 April 2016 to 31 March 2017 represents 100% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2016 to 31 March 2017.
- During the period 1 April 2016 to 31 March 2017 there were no national clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
- A number of audits have been incorporated into the compliance visits led centrally to reduce the burden on local teams.
- From 1 April 2016 to 31 March 2017 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 2016 to 31 March 2017 that were recruited during that period to participate in research approved by a research ethics committee was 179 patients.
- £107,922.83 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 in England.
- 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 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 2016 to 31 March 2017 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics.
- As a healthcare provider, we use the NHS Information Governance 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 2016/17, our overall score was 80% and was graded GREEN: satisfactory (Information Governance Toolkit version 13).

## Statements from stakeholders

Part of our requirement is to send a copy of our report to our key stakeholders for comment. These comments must be included in the published report. All received comments are published below. 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 2016-17.

The quality account is presented as a national overview of Marie Curie activities and where applicable the geographic regions of the organisation have more detail provided, unfortunately this does not include Lincolnshire as a county or the East Midlands as a region. This is disappointing for the commissioner as the contract delivered by Marie Curie is pivotal to the delivery of community based end of life care and achievement of the preferred place of death for the population of Lincolnshire. This also means that we are unable to comment on the accuracy of the data within the quality account due to the omission of the East Midlands and county of Lincolnshire.

The commissioners identified this lack of Lincolnshire information to Marie Curie in last years (2015-16) quality accounts and suggested how this could be addressed for the 2016-17 year. Marie Curie agreed to revise the 2016-17 Quality Account to reflect these recommendations and it is therefore disappointing that Lincolnshire information is again missing.

Reviewing achievement of the 2016-17 quality priorities the organisation has undertaken some very good work in relation to the clinical management of Pressure Ulcers, informing patients when harm has occurred using the Duty of Candour process and a benchmarking exercise using the National Council for Palliative Care Toolset.

Looking forward to 2017-18, it is unclear how quality priorities have been developed with the needs of the local Lincolnshire population in mind. The commissioners did not have the opportunity to suggest, recommend or vote on the final quality priorities and are concerned that other stakeholders may also not have

had the opportunity to contribute to ensure the priorities are correct for the needs of the local population.

Marie Curie has revised the way compliance visits are undertaken with a risk based model in both the hospice and community settings. The commissioners are pleased to see examples of identified issues being resolved as a result of these inspections and would welcome the inclusion of local audit information used as part of the inspections in future quality account reports.

The organisation has also ensured that the patient voice is heard and used to improve services via the patient feedback mechanisms. The commissioners believe that the complaints section is very good with detailed examples of lessons learnt, improvements made and actions undertaken to improve the services of Marie Curie and the patient experience.

NHS Lincolnshire West Clinical Commissioning Group 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, the best possible patient experience and to reflect the Lincolnshire area in the 2017-18 quality accounts.

**Wendy Martin**

**Executive Nurse, NHS Lincolnshire West Clinical Commissioning Group**

### **Durham Dales, Easington and Sedgefield (DDES) and North Durham (ND) Clinical Commissioning Groups**

The CCGs welcome the opportunity to review and comment on the Quality Account for Marie Curie for 2016/17 and would like to offer the following commentary.

As commissioners, Durham Dales, Easington and Sedgefield Clinical Commissioning Group and North Durham Clinical Commissioning Group 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.

Overall the CCGs felt that the report was presented in a meaningful way for both stakeholders and service users. To the best of the CCGs' knowledge the quality account provides a good representation of the service provided across the CCGs' geographical location during 2016/17.

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. We acknowledge the work that has progressed around Duty of Candour and incidents have been made easier to identify when Duty of Candour principles need to be applied.

It was encouraging to see the work that the organisation has undertaken in the 'roll out of link nurse framework'. This ensures that experts in tissue viability and infection prevention can identify improvements across services.

The CCGs would have liked to see more audit results within the quality account for 2016/17 and some learning from incidents included. However, it is noted that an audit programme has been identified for 2017/18.

North Durham and DDES CCGs note the work that the quality assurance teams are engaged in for 2017/18 around reducing cancelled visits and strengthening the Safeguarding training across the organisation.

The CCGs acknowledge the specific priorities set out for continued improvement in 2017/18 and look forward to seeing evidence of this through future reports to commissioners.

The CCGs look forward to continuing to work in partnership with the organisation to assure the quality of services commissioned in 2017/18.

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

### **Marie Curie Expert Voices Group**

I am a nurse by profession, working for the last 30 years of my career in cancer and palliative care. I worked as a Marie Curie Nurse in the 1980s and have been involved with care of loved ones, both family members and dear friends, supporting them to die in their own homes. I retired in 2011 as a Director of Care in an Essex hospice.

As a member of Marie Curie's Expert Voices Group I have been involved in a number of Marie Curie research and reference groups including the Research Funding Committee and Clinical Reference Group.

The Quality Account is well laid out and easy to read. Comments included from patients, families and friends were very positive. I know that some complaints have had very successful outcomes and felt the document could have achieved a better balance if some of these had been included. The report takes us easily through last year's objectives and achievements and to this year's priorities. Personally I would have found it of interest to learn how these priorities were identified.

I will comment briefly on four of the areas highlighted in the report.

#### **1. Reliability of services**

Delivering home nursing services for a population of patients that has unpredictable needs is always complex and challenging. The report reflects that lack of availability and cancelled visits are the most significant problems, such issues forming 33% of complaints received for caring services in the period under review.

There are currently two pilot areas looking at new ways of working, particularly in respect of nursing visits being booked and managed locally. In these areas there

has already been a reduction in complaints relating to reliability of service and lessons learnt from these pilots will inform the priority for the coming year i.e. to reduce the number of cancelled visits. It is envisaged that improved sharing of information with NHS partners and the use of technology will improve the reliability of care, allocation of nurses and staff rostering.

## **2. Complaints**

Services such as Marie Curie services understandably attract many compliments and immense praise and gratitude from patients and families. However the report acknowledges that there is no room for complacency and that complaints about services have equal significance for the organisation, offering unique opportunities for change and improvement in services. Training in managing complaints delivered by the quality team appears to have had an impact on the reporting of complaints within the hospices. There is a strong commitment to learning from complaints. In the report year complainants were approached about their experience of making a complaint and this work has fed into refinements in the complaints process. I was reassured to know that the small number of individuals approached in the “family and friends test” who said they were unlikely to recommend Marie Curie services were contacted directly for more information.

## **3. Compliance visits and external inspections**

Having taken part in a compliance visit myself in 2016, I was delighted to see that a “risk-based” approach to compliance visits will be adopted in the coming year. This will use quality data to focus on the services in need of specific support – helping in a positive way to ensure compliance and also prepare staff for external regulatory visits. All hospices inspected had successful Care Quality Commission (CQC) visits.

## **4. Engagement with staff/training/awards**

There appears to have been a tangible increase in the level of engagement with staff particularly through training and development. Good examples are given in respect of impact of training eg management of pressure sores.

I think it is universally accepted that you only get one chance to “get it right” for both patients and families accessing palliative care services.

The quality account demonstrates a real commitment to improving the experience of those facing the uncertainties and challenges of end of life care. And I have no hesitation in offering my endorsement on behalf of the Expert Voices Group.

**Sharon Paradine**  
**Marie Curie Expert Voices Group**

## 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 2017



Jane Collins  
Chief Executive  
1 June 2017

## 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](mailto:qualityassurance@mariecurie.org.uk)

Tel: 020 7599 7294

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](https://mariecurie.org.uk)

   [mariecurieuk](https://www.instagram.com/mariecurieuk)

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) C004



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Care and support  
through terminal illness