Quality Account

2020/21

Marie Curie

Care and support through terminal illness

Contents

Phil Hardman/Marie Curie

Introduction from the CEO and Chair of Trustees

Welcome to our 2020/21 Quality Account, which outlines the key quality improvements we have delivered this year and the priorities we have set ourselves for next year.

We pride ourselves on delivering excellent care to people living with a terminal illness and we are always looking to find ways to develop and improve the care we offer. We believe that everyone across the UK should get the end of life care they deserve and their families should be supported through extremely difficult times.

In 2020/21, we set ourselves seven priorities, including improving our approach to raising concerns, reaching out to under-represented groups to ensure our services reflect their needs, piloting and rolling out our new career capability framework and improving how we identify people with disability or sensory loss in line with the Accessible Information Standard.

We made good progress against many of our objectives, as you can read in the coming pages. Inevitably though, the coronavirus pandemic meant we had to put certain pieces of work on hold in order to focus our efforts where they were most needed. You can read more about how we adapted and responded to the coronavirus pandemic in the introduction from Julie Pearce, our Chief Nurse and Executive Director of Quality and Caring Services, on the next page.

In the coming year we aim to improve patient experience by reaching out to more people for input and developing services to better meet their needs, ensure all staff are valued and feel able to contribute to improving our services, and make sure our services make a meaningful improvement to the quality of life of the people who depend on them.

Specifically, our focus will be on:

- Reviewing and strengthening our infection prevention and control (IPC) arrangements, including recruiting a full time Head of Infection Prevention and Control.
- Refining and finalising our career capability framework then rolling it out across our clinical teams
- Building on our approaches to supporting staff wellbeing and resilience.
- Developing a strategy and operating plan for place-based co-design.
- Developing our Quality Strategy and building on our assurance processes.

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 supported and empowered 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 accurate to the best of our knowledge.

Iain Crockart

Vindi Banga, Chair of Trustees

Katie Hyams/Marie Curie

Matthew Reed, Chief Executive

Introduction from Chief Nurse, Executive Director of Quality and Caring Services and Director of Infection Prevention and Control

It is my great pleasure to welcome you to Marie Curie's 20/21 Quality Account, which sets out the quality improvements we have achieved this year and the progress we have made against the targets we set last year, as well as our ambitions and quality priorities for 2021/22.

As an organisation and a Caring Services Team, we had to rapidly adapt and respond to the coronavirus pandemic to ensure that we were able to continue to provide safe, high quality, responsive and effective end of life care. This included working closely with the NHS and Department of Health and Social Care to ensure Marie Curie was able to access critical supplies of personal protective equipment (PPE), and establishing an effective internal distribution service to our hospices and community staff.

We have been able to continue to provide care in our hospices and in the community throughout the pandemic by adapting the services we provide and using a flexible approach to meet local needs. This has included the development of more rapid response services and working in partnership with other care providers to pool resources and expertise. Many of these new ways of working will continue as we apply what we have learnt from the pandemic and the positive feedback we have received from the people and families who have received our care.

Our focus throughout the pandemic has been to ensure effective governance and quality assurance through our risk management, systems and processes to ensure patient and staff safety while delivering this essential care. We set up a cross-organisational Crisis Response team to coordinate our response, and a Caring Services Pandemic group was established and met daily at the height of the first wave. The frequency of these meetings has been increased or decreased in response to the changing demands of the pandemic as required.

The pandemic group meetings include representation from the National Medical Director, Chief Nurse, Senior Lead Nurse for Infection Prevention and Control, senior clinical managers and the Nursing and Quality team. They are a mechanism to review and disseminate the latest Government and public health guidance, respond to questions from frontline staff, develop appropriate Marie Curie guidance, ratify training and policy, and undertake an assessment of any associated risks. This work has been supported by the Infection Prevention and Control Committee, Senior Lead Nurse for Infection Prevention and Control, and the Infection Prevention and Control Link Nurses.

As we progress through the pandemic, infection prevention and control practices and specialist advice will continue to play a critical role as we attempt to return to 'a new normal' across the organisation, while maintaining preparedness for any increase in coronavirus cases and ensuring standard infection control precautions are delivered to the highest possible level.

This year has been extremely challenging, and I am immensely proud of the commitment and compassion shown by our clinical teams throughout 2020 and into 2021. It has enabled us to achieve significant progress against our 2020/21 targets, which will be discussed in greater detail throughout this Quality Account.

Elizabeth Cuthbertson/Marie Curie

Julie Pearce, Chief Nurse, Executive Director of Quality and Caring Services and Director of Infection Prevention and Control

Our vision and values

Our North Star

The North Star is our long-term aspiration. It is captured in the following statement:

"Everyone will be affected by dying, death and bereavement and deserves the best possible experience, reflecting what's most important to them. Marie Curie will lead in end of life experience to make this happen."

Our strategic drivers

To ensure that all our work is aligned to our North Star and moving us in the right direction to achieve our goals, we have identified four strategic drivers that underpin everything we do:

- Innovation in the delivery of high-impact services.
- Developing as a thought leader.
- Becoming a flexible, efficient organisation able to adapt to local needs and changing demands.
- Driving social inclusion in all that we do.

Our North Star and strategic drivers inform our strategic initiatives (annual priorities), which in turn inform our annual business plan and feed into directorate, team, and individual objectives. This means we can see how everything we do – individually, as teams and as an organisation – is contributing to our overall aspiration.

Our strategic goals

We're working towards a future where everyone who is affected by dying, death and bereavement gets the best possible experience, reflecting what's most important to them. It's a bold ambition that comes with its own set of challenges. But by working together, towards the same five goals, we're going to get closer to this vision than ever before.

Our ambitions for the coming year have been reshaped by the coronavirus pandemic. We need to be strong at our core, while making the biggest difference we can for those people we provide care and support for, both now and in the future. With this in mind, in 2021/22 we will:

- build integrated place-based services for stronger impact
- lead the national conversation about end of life
- invest in our skills and systems
- enhance our financial sustainability
- strengthen our core systems.

Elizabeth Cuthbertson/Marie Curie

Marie Curie Strategy

Our North Star

This is our forever purpose, the long-term aspiration we're always working towards.

Our values

How we work together to deliver our North Star (to be reviewed 2021)

Our strategic drivers

The focus areas that underpin all our work and move us in the right direction over the next five years (2020 - 2025)

Our strategic goals

What we're working towards right now to achieve our strategic drivers and deliver our North Star (reviewed annually)

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 safety**
  Improving and increasing the safety of our care and the services we provide.

- **Patient and carer experience**
  Ensuring that people are treated with compassion, dignity and respect, and that our services are person-centred and respond to people's individual needs.

- **Clinical effectiveness**
  Making sure that the care and treatment we provide achieves good outcomes, promotes a good quality of life, and is based on the best available evidence.

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Part 1a: **Patient safety**

Our focus for 2020/21 around improving patient safety was:

- to improve our training and approach to staff speaking up and whistleblowing, and foster a culture of safety and learning in which all staff feel safe to raise concerns
- to continue to develop our career capability framework, piloting the first version of the framework before rolling out the final version across the organisation.

Protect 360 Benchmark
Protect is a national whistleblowing organisation providing free whistleblowing advice. Their aim is to make whistleblowing work for individuals, organisations, and society. The 360 Benchmark tool designed by Protect measures an organisation's adherence to landmark regulatory requirements, current industry best practice and Protect's well-established Code of Practice on effective whistleblowing arrangements. The 360 Benchmark is divided into three key areas: governance, operations, and engagement.

Marie Curie Nursing Service and Hospices

Freedom to speak up

We said we would...
Improve our training and approach to staff speaking up and whistleblowing and foster a culture of safety and learning in which all staff feel safe to raise concerns. We will work with staff at all levels of the organisation to ensure that the necessary training is developed and completed. We will work to show that speaking up is celebrated and used to correct problems and make improvements that turn "good" practice into "great".

What we did
We paused our plans to develop training pending the launch of the National Guardian's first module in its Speak Up, Listen Up, Follow Up e-learning package, which is accessible through Health Education England's e-learning platform. We have promoted this training through the Freedom to Speak Up Champions and are working on making this accessible via our inhouse training platform. We have also made other progress with speaking up and whistleblowing, including:

- adding three questions on the topic to our staff survey and continuing to monitor whether staff are aware of the mechanisms by which they can raise concerns and feel confident in the process
- developing a Freedom to Speak Up module on our incident database so concerns can be logged directly by staff, either anonymously or by name
- repeating the PROTECT 360 Benchmark self-assessment that we undertook last year. Our score last year was 34%: 53% for governance, 20% for operations and 10% for engagement. This year we scored 54% overall: 75% for governance, 42% for operations and 26% for engagement. We anticipate that this will increase again as we make progress with our action plan, which is being overseen by the Caring Service Leadership Team.

Career capability framework

We said we would...
Continue to develop our Career Capability Framework, piloting the first version of the framework before rolling out the final version across the organisation

What we did
We continued to develop the Career Capability Framework using a co-creation approach. We completed a review of the first draft of the document by looking at each level of the framework with small working groups of clinical staff who work across the respective levels between July and November 2020. Each level of the framework describes the skills, knowledge and understanding that are expected from staff at that level to provide safe and effective clinical care. The focus of this review was to check the content and language with the clinical teams to ensure it made sense and included all the relevant content.

The feedback was used to amend and refine the document into a second draft of the framework, and a self-assessment tool was also developed. The self-assessment tool is designed for staff to assess themselves against the framework, helping them to identify areas of good practice and where they need further development, learning and education.

A pilot of the self-assessment tool and the revised framework was carried out in a hospice and community setting in January and February 2021. The feedback from the pilots will be used to further refine and review the document and help guide the implementation plan. We are also conducting a research project alongside this work to help us to understand what works best to develop and implement a career capability framework.

Part 1b: **Patient and carer experience**

Our focus for 2020/21 around improving patient and carer experience was:

- to establish partnerships with under-represented groups to understand how we can better support their communities and reflect their experience and priorities in our work
- to roll out our Clinical Support Line, offering members of the public the chance to speak to a Marie Curie Nurse without a formal referral.

Marie Curie Nursing Service and Hospices

Establishing partnerships

We said we would...
Establish partnerships with under-represented groups to understand how we can better support their communities and reflect their experience and priorities in our work.

We planned to work with these communities to change our language around user involvement to be more inclusive, which would help make sure our services and strategic decisions are informed by a broad range of experiences. We also said we would review what we currently know about the needs of under-represented groups, and any barriers to reaching them, which we would then use to identify partnerships through which we can explore co-design and involvement.

What we did
The coronavirus (covid-19) pandemic limited and delayed our planned engagement with under-represented groups during the past year. Although scheduled face-to-face events with specific communities have had to be cancelled or postponed, where possible we have carried out interviews and focus groups over the phone or virtually.

Insights from these involvement activities have fed into, and will continue to feed into, a number of projects, including our report with Nesta Reshaping Future Experiences of Dying, Death and Bereavement, a Black and Minority Ethnic (BAME) spiritual and wellbeing research project, and local experience-based co-design work in the West Midlands.

In Liverpool, a Palliative Care and Homelessness Co-ordinator has been appointed to improve access to palliative and end of life care for the homeless community of Liverpool. By proactively building relationships with the homeless community and local health and social care providers, our understanding of the needs and priorities of this under-represented group is improving. As face-to-face engagement in hostels becomes safe again, we plan to hold focus groups and co-design services with people directly affected by homelessness.

On an organisational level, Marie Curie's first Equity, Diversity and Inclusion Plan has been produced, outlining our commitments to improve our engagement with seldom heard and under-represented communities both internally and externally. We held a workshop on the use of inclusive language in our information materials with staff across multiple directorates, and a wider piece of public engagement is planned for 2021/22 to seek insights into how the language we use impacts on the inclusivity of our services. We have conducted an internal review of existing resources on end of life experience in under-represented groups and the findings from this will be shared with place-based leadership teams as they design their community engagement and involvement activity for the coming year.

Clinical support line

We said we would...
Roll out our clinical support line, offering members of the public the chance to speak to a Marie Curie Nurse without a formal referral. Using the information gathered from a pilot initiative, we will redesign and roll out an effective, safe, and cost-effective clinical enquiry service to the public.

What we did
We have completed the roll out of the clinical support line, and we have a regular number of calls being handled by nurses each day the line is open. We have provided training to nursing staff since the project launched, and several different members of our nursing staff across different locations have worked on the support line.

Post-call satisfaction survey results and the volume of calls handled by nurses – both live and through call-backs – have been monitored since the initiative began. The results are gathered directly through our telephony and database systems. The call volumes handled by our nurses has been steadily increasing over the last twelve months, with a steady volume experienced. In 2020-21 the number of Support Line total calls handled was 13,421 and the calls handled by an Information and Support Nurse was 792.

During the coronavirus pandemic, several nurses were unable to do their usual job at hospices or in the community – mostly because they were shielding, or because services were disrupted. Some were temporarily seconded to provide cover on the support line, which enabled us to extend the reach of the service, including providing weekend cover.

Part 1c: **Clinical effectiveness**

Our focus areas for 2020/21 around improving clinical effectiveness were:

- to sign up to the Nightingale Challenge to create opportunities for young, talented nurses within our organisation
- to improve the way in which we identify and meet the information needs of people who have a disability or sensory loss in line with the Accessible Information Standard
- to undertake a research project looking at a quality of life assessment in palliative care day services.

Marie Curie Nursing Service and Hospices

Nightingale Challenge

We said we would...

As part of the Nightingale Challenge, an initiative set up as part of the 2020 Nursing Now and International Year of the Nurse campaign, provide support and mentorship to a group of early career registered nurses (aged 35 years and below) and create opportunities for young, talented nurses within our organisation to inspire in them aspirations of leadership in their chosen field.

What we did

We signed up to the Nursing Now Nightingale Challenge and recruited 20 early career nurses onto a bespoke programme of career development. Due to the coronavirus pandemic, the challenge was updated and delivered mostly virtually, with monthly mentoring sessions, three 'face-to-face' study days, a celebration event, and a work-based project for the participants to complete.

Participants were able to join and observe a number of senior meetings and they received a debrief on each occasion. Some of the nurses also joined calls with a US Cancer Centre that was 'twinned' with Marie Curie. The participants were able to share their stories and seek some advice on their projects from the US attendees.

As part of the challenge, Marie Curie was represented on a global webinar where Julie Pearce, Chief Nurse and Executive Director of Quality & Caring Services, presented our journey to date. We also submitted entries to the global blog throughout the process.

Accessible Information Standard

We said we would...

Improve the way in which we identify and meet the information needs of people who have a disability or sensory loss in line with the Accessible Information Standard. We would successfully implement the standard to help improve patient's outcomes and experiences, as well as providing safer and more personalised care.

What we did

We reviewed our Accessible Information and Inclusive Communication Policy and updated the guidance for our staff. The results of our audit were reviewed, and examples of the action we have taken include:

- We put in place local standard operating processes across all our hospices and nursing services to meet the Accessible Information Standards.
- We have updated the information that needs to be taken at referral and undertaken local documentation reviews to confirm that patient-specific information and communication needs are collected.
- We agreed standard questions to be asked of all patients to ascertain their communication and information needs.
- We rolled out the electronic patient record system EMIS to our nursing services. Prior to the launch of EMIS, we tailored the templates to enable us to capture and flag patients and carers specific information needs.

We completed a follow-up audit in January 2021 which showed continued improvement in the collection and recording of communication and information needs for both patients and carers. This included improved access to support with communication such as British Sign Language interpreters where required.

Marie Curie Hospices

Quality of life research project

We said we would...

Undertake a research project looking at a quality of life assessment in Palliative Care Day Services.

What we did

Due to the restrictions placed on our day care services due to the coronavirus pandemic, we have been unable to undertake this piece of research. We did explore the possibility of trying to carry out some virtual consultations (as the data collection involves questionnaires), however due to the nature of the data collection it does not lend itself to an online platform. We intend to make progress on this when day care services reopen.

Part 1d: **Next year's priorities**

In this section, you can see our priorities for improvement for 2021/22, again grouped in three key areas:

- patient and carer experience
- patient safety
- clinical effectiveness.

Next year we will improve patient and carer experience by reaching out to more people for input and developing services to better meet their needs. We will ensure all staff are valued and feel able to contribute to improving our services, and we will ensure our services make a meaningful improvement to the quality of life of the people who depend on them.

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Patient safety

Infection prevention and control

We will review and further strengthen our arrangements for the leadership of infection prevention and control (IPC) across the organisation by recruiting a full time Head of Infection Prevention and Control. We will continue to review what we have learned from the coronavirus pandemic and make sure we implement any recommendations in the IPC work programme. We will also review the IPC training and education we offer all staff.

What does this mean and why is it important?

Infection prevention and control is an essential part of safe and high-quality care. The Head of Infection Prevention and Control will lead, support, and enhance our IPC provision across the whole organisation.

Reviewing what we have learnt from the coronavirus pandemic and taking this forward in our IPC work programme will ensure that we are continually improving our systems and processes for safe care. By reviewing our training and education, we will ensure that all our clinical and non-clinical staff receive high quality education in infection prevention and control.

How will progress be measured, monitored, and reported?

We will continue to report through the existing Infection Prevention and Control Committee, monitoring and reporting progress against actions on our IPC work programme.

Career capability framework

We will continue to build on the progress we made this year in the second phase of our project to develop a co-created career capability framework for our clinical staff.

We will use the feedback from the pilot of the draft framework and self-assessment tools to further refine the framework into a final document. We will

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then also use the feedback from the pilot to help us plan the implementation of the framework across our clinical teams in 2021/22.

What does this mean and why is it important?
The pilot and testing process has allowed our clinical staff to contribute to the development of the Career Capability Framework. The feedback from this process will be used to refine and shape the framework so that it truly reflects the skills, values and behaviours required for all clinical roles. Ensuring staff have been fully engaged in this development process will make sure they understand and adopt the framework as we move into the implementation phase in 2021/22.

The Career Capability Framework will clearly articulate the capabilities, knowledge, values, and behaviours we expect for all levels of clinical roles. This will ensure there is consistency in our approach to staff development and performance, with defined career pathways. In turn, this will contribute to staff retention, workforce design, workforce development and high-quality person-centred care delivery.

How will progress be measured, monitored and reported?
We will continue to evaluate the success, outcomes, and impact of the project throughout phase three through the project steering group, which reports to the executive lead and change committee. We will continue to engage and communicate with the clinical teams to ensure they are involved and informed.

Patient and carer experience

Staff wellbeing and resilience

We will build on our approaches to support staff wellbeing and resilience.

What does this mean and why is it important?
Staff wellbeing and resilience is important to reduce burnout, increase empathy and compassion, and improve physical and mental health. For our organisation, staff resilience is also important for the quality and sustainability of our services. We need to do all we can to support our staff to ensure they are the best they can be and can provide high quality care.

We will build on the work of the Caring Services Wellbeing and Resilience Working Group, integrating their recommendations across the whole organisation. We will embed our resilience-based supervision model – which focuses on compassion, self-awareness, and mindfulness – to encourage the wellbeing and development of all staff and volunteers. This will include recruiting new trainee supervisors as well as upskilling our current clinical supervisors. We will also establish an introductory session for self-awareness and self-compassion and make this accessible to all staff and volunteers.

How will progress be measured, monitored and reported?
We will undertake a wider piece of wellbeing and resilience work to evaluate the different interventions mentioned – which ones staff access, as well as how and why they do it. We will review the findings in the wellbeing and resilience working group, engaging with Head of Diversity and Wellbeing, Wellbeing Lead and Head of Human Resources to plan to put any recommendations into place across the organisation.

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Placed-based co-design

We will develop a strategy and operating plan for place-based co-design.

What does this mean and why is it important?
Our place-based approach will enable Marie Curie teams to design services with the citizens and communities who will use them. This approach promotes a partnership between all stakeholders in a community, resulting in services that are high quality, inclusive and tailored to meet local needs.

We will recruit a Head of Community Engagement to develop the strategy for engagement and co-design. The strategy will include a plan for the roll-out of training to staff to support them in techniques and best practice approaches. This will enable us to involve communities and individuals in the designing of services.

The plan will also cover our approach to public and user involvement activity, including virtual and face-to-face forums, workshops, interviews, and groups. Through this we aim to demonstrate how we successfully embed the lived experience and needs of communities in our service design, and how this supports Marie Curie to achieve greater social inclusion.

How will progress be measured, monitored and reported?
The involvement programme will be embedded within all place-based teams. Co-design activities will be planned, monitored, and evaluated, with information being reported to our national place-based leadership meetings. As well as monitoring the impact on our services, we will share insights from communities and individuals internally to inform other areas of our place-based and national activity, including policy and research opportunities.

Clinical effectiveness

Quality strategy and assurance processes

We will develop our Quality Strategy and build on our assurance processes.

What does this mean and why is it important?
Developing a robust quality strategy will help ensure that we focus on the right quality initiatives, use our resources appropriately and drive improvements that ensure our quality work is carried forward.

Building our assurance processes will help us to strengthen our organisational governance, which will support quality and safety assurance from the corporate to clinical level.

We want to ensure that we continue to foster a culture of quality improvement. This will help improve consistency within and across our services and help our staff to learn from our successes and failures to strengthen the quality of the care we provide. Moreover, this will also enable us to work together across teams and directorates to effectively monitor the quality, safety, outcomes and experiences of our services, thereby providing opportunities for benchmarking and risk management

Marie Curie

improvement"rather than "risk improvement.

How will progress be measured, monitored and reported?

The development of our Quality Strategy will be based on effective leadership and collaboration – from development, through to negotiating resource allocation, assessing, and developing skills, and regular review and refinement. We will start by identifying a steering group to lead the project, and we will then consult with a wide range of stakeholders, including patients, front-line staff, and managers.

We will establish a series of peer review visits to all our hospices and nursing services. Peer review is an important component of self-monitoring the quality of care we provide. It enables us to identify key themes for improvement and allows us to learn with and from others. We will jointly develop action plans to address and monitor improvements and provide assurance of improvement through regional governance groups.

We will establish a programme of quarterly 'deep dives', in which we thoroughly assess whether the necessary management and actions are in place to address key identified risks, unexplained quality and performance variances, or areas perceived to be lacking in assurance. The findings will be shared with managers and quality leads to ensure an organisation-wide response to improvement, and assurance reports will be given to our senior leadership to create a cycle of continuous quality improvement.

All this work will report through to the Caring Services Leadership Team.

Accessible Information Standard

The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand and the support they need to communicate on health issues. There are five steps to the standard:

1. ASK	Find out if a person has any communication or information needs due to a disability or sensory loss and, if so, what they are.
2. RECORD	Record those needs in a clear way that everyone agrees with.
3. HIGHLIGHT	Make sure that a person's needs stand out whenever their records are checked.
4. SHARE	Ensure information about a person's needs is shared with other health care providers.
5. ACT	Make sure that people get information that they can understand and the support they need to communicate.

As our son's condition deteriorated we had Marie Curie Nurses for a couple of weeks. They came every night which was an enormous help because he and his wife had a very small child. He then became an in-patient at the hospice for the last ten days of his life. The care was brilliant. They were able to talk to us and our grandchildren. It was a family wide experience and that was very important."

Jill, whose son was cared for at home and at the Marie Curie West Midlands Hospice

Part 2 **Quality in focus**

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Our staff

The impact of delivering services during a pandemic has meant that the emotional and physical demands on our staff have never been greater than in the past year. Everyone has had to adapt in ways that would not have been imaginable a year ago – whether that has been constantly working in PPE to deliver services safely, being furloughed or working from home, isolated from colleagues. These challenges have impacted people in many different ways and we have worked together to ensure the safety and wellbeing of all our staff during these difficult times.

We want everyone at Marie Curie to be healthy, happy and in work as much as they can be – because it's better for all of us when they are. We are looking at how we can support managers and staff to focus on health and wellbeing and to improve attendance at work. We are introducing new initiatives and have updated our approach to managing attendance to maintain and support both the wellbeing of staff and the sustainability of the organisation. We are providing training, information and guidance to managers that will help them talk with employees about health and attendance issues and support them to be healthy, happy and in work as much as possible – as well as being healthy and happy in their home life, striking a sustainable work–life balance.

Our Human Resources, Health & Safety (H&S) and Equality, Diversity, Inclusion (EDI) & Wellbeing teams are working collaboratively to ensure that our staff continue to be supported, providing information and advice across a range of topics, including sustainable home working, emotional resilience and managing stress. We also continue to work closely with our occupational health providers to improve the range of services that are available to support staff.

We have developed a Health and Wellbeing Hub, providing employees and volunteers with advice, resources, learning and tools to support all aspects of wellbeing

Mental wellbeing

Mental health issues remain the most common cause of absence and much of the work of our HR, H&S and EDI teams continues to focus on supporting staff in this area.

Mental health initiatives include the launch of an Access to Work Mental Health Support Service for staff who are feeling stressed or have a mental health condition that has resulted in absence from work or difficulties whilst at work. This service will provide tailored support, including workplace-focussed support for nine months, coping strategies, wellbeing plans and recommendations

for reasonable workplace adjustments.

The Employee Assistance Programme provides access to information and advice on dealing with work and home issues, supporting them to manage personal and work-related issues that may otherwise affect their wellbeing, motivation, or productivity, from both a practical and an emotional perspective. There is a wealth of information, guidance and advice available on a wide range of topics relating to work, home life, relationships, mental and physical wellbeing, lifestyle, healthy eating, money matters, consumer advice and legal rights. Staff can access the service via a wellbeing hub and have 24/7 access to a confidential helpline for immediate emotional support, alongside counselling and cognitive behavioural therapy services.

We are rolling out a programme of Mental Health First Aiders (MHFAs) to ensure we can provide trained points of contact and reassurance for people who may be experiencing a mental health issue or emotional distress. The more than 70 trained MHFAs will be there to support staff who are experiencing difficulties and can signpost them to appropriate guidance and help.

We have been expanding our faculty of Schwartz Facilitators, allowing more rounds to be run for more multi-professional groups. Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.

With the Learning and Development team, we have been running a Mental Health First Awareness programme that over 250 staff have attended. This programme can be run as a virtual half day focussing on mental health awareness only, or a full day covering awareness as well as personal safety and de-escalation techniques. In addition, we have various modules on our Learn & Develop site to support mental health issues.

Physical wellbeing

A dedicated PPE logistics team has maintained a continuous supply of PPE for staff, ensuring the right infection control standards have been met during the pandemic to keep staff and patients safe and allowing us to continue delivering our much-needed services in such difficult times.

All staff working from home have been offered one-to-one virtual assessments, with over 500 assessments taking place. Equipment such as ergonomic chairs, screens, docking stations, keyboards and mice have been supplied to address the challenges of getting a good ergonomic desk set up in individually unique home situations.

A new online display screen equipment (DSE) training and assessment system has also been introduced via a platform called Healthy Working, which provides user-friendly training around workstation set-up and additional training around remote and home-working.

Social and financial wellbeing

We have introduced an interactive portal, Mybenefitsatwork, which provides 24/7 access to easy-to-understand information about staff benefits. Its aim is to ensure employees can access anything relating to their finances – from debt management to student loans, buying a property to coronavirus-related wellbeing resources – because we recognise that having financial wellbeing is an important part of maintaining good mental health.

The portal includes an exclusive financial wellbeing hub, where staff are encouraged to take greater control of their money and plan for the future. It also includes pension and education information. New employees will only be able to access pension enrolment from this portal and will have access to all the necessary information to help them make the right choices when joining a pension scheme.

Networks

Our employees are helping to strengthen our organisation more than ever. We have developed five employee resource groups: ED@MC (Ethnic Diversity at Marie Curie), HAN (Health and Accessibility Network), the LGBTQ+ Network, the Veterans Network and the Carers Network. We are also in the process of launching our Women's Network. These networks provide safe spaces for support alongside feeding into the work we do across Marie Curie, to ensure our workforce and services are inclusive of everyone.

Our Health and Accessibility network exists to welcome, protect, connect and support staff and volunteers at the charity who identify as having a disability or health condition of some kind, whether it is physical, intellectual or mental, and whether it is visible or not. This network also welcomes people who have an interest in accessibility and issues surrounding disability. In addition to this, we also have multiple working groups feeding into our wellbeing strategy and action plan, including a Caring Services Emotional Resilience group through to Hospice Wellbeing Leads.

Patient and carer experience

Feedback from patients, their families and their carers is fundamental 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.

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 harm incidents.

The table to the right shows the numbers of incidents recorded at all levels of harm in 2020/21. The percentage of incidents resulting in moderate or serious harm is 0.49%. Seven incidents affected members of staff and therefore the rate of moderate or serious patient harm is 0.37%.

The one incident that resulted in severe harm was a patient fall in the South West community team. The incident resulted in the patient being transferred to hospital, diagnosed with a fracture and unable to return home.

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.	3,975	72.83
Low harm – any incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving care.	1,456	26.68
Moderate harm – any incident that resulted in a moderate increase in treatment and that caused significant but not permanent harm.	26	0.48
Severe harm – a permanent lessening of bodily, sensory, motor, physiologic or intellectual function that is directly related to the incident and not related to the natural course of the service user's illness or underlying condition.	1	0.02

What do we mean by an incident?
We record anything significant that happens to a patient that could have or did lead to unintended or unexpected harm, loss, or damage while under our care. This might include anything from a fall that injured the patient to a late administration of medicines that had no impact on them.

Infection prevention and control (IPC)

The coronavirus pandemic has dominated 2020/21 and our focus has been to adapt and respond urgently to these unprecedented changes to ensure that we were able to continue to provide safe, high quality, responsive and effective end of life care.

Throughout the pandemic our, policies and procedures have been continually updated and reviewed to ensure they meet Government and public health guidance. These have been promptly disseminated to staff through our Caring Services Pandemic Group, Infection Prevention and Control Committee, IPC Link Nurses, internal communications programme and our dedicated coronavirus intranet page.

Our Infection Prevention and Control Annual Work Programme and Board Assurance Framework is a governance tool used to monitor and demonstrate the compliance of our activities carried out throughout the year, as well as being our organisational improvement plan. Results are formally reported to the IPC committee quarterly and full details are reported in our infection prevention and control annual report.

We have undertaken regular IPC audits to ensure that these policies and procedures are applied in practice. These have included hand hygiene, the correct wearing of PPE, and coronavirus infection prevention and control practices. Incidents and infection outbreaks have been investigated and managed in accordance with public health guidance throughout the pandemic, with key learnings and any areas for improvement identified and shared through the Serious Incidents Learning Panel to ensure continuous improvement.

We perform surveillance of methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, methicillin-

Phil Hardman/Marie Curie

Phil Hardman/Marie Curie

sensitive Staphylococcus aureus (MSSA) bacteraemia, Clostridioides difficile infection and E. coli bacteraemia, as well as other gram-negative bloodstream infections. Overall, the rate of bacteraemia in the organisation has been very low compared to the national rates.

Our Senior Lead Nurse, Infection Prevention and Control continues to provide expert guidance on the actions necessary to deliver and maintain patient safety. Safe high-quality care is the responsibility of every member of our staff and remains a high priority for Marie Curie to ensure the best outcome for the patients in our care. It has, however, been recognised that further IPC resource is required, and we will welcome a full-time Head of Infection Prevention Control in 2021. This charity-wide role will lead on all aspects of infection prevention and control.

Safeguarding

We are committed to protecting all our people from harm. This includes our staff, volunteers and all those who use or come into contact with our services. We recognise that all our people – regardless of race, age, ability, gender, identity, sexual orientation, religion, or belief – have the right to protection from all types of harm or abuse. We work closely with partner organisations to ensure that we follow safeguarding best practice. Marie Curie has a comprehensive Safeguarding Policy, the implementation of which is overseen by our Executive Safeguarding Lead and supported by a cross-organisational Safeguarding Assurance Group. We have a designated Trustee Safeguarding Lead, a Head of Safeguarding, named safeguarding leads in our hospices and community nursing services, and Safeguarding Champions identified across other areas of the charity.

In the past year we have developed a new cross-organisational Safeguarding Policy, reviewed and developed new safeguarding training, launched a safeguarding community of practice, and published our Safeguarding Statement, Code of Conduct and Safeguarding Annual Report. In addition to this we also carried out a cross-organisational safeguarding survey and audit, and launched a cross-organisational safeguarding communications plan.

Following an incident and an internal audit report we are strengthening our assurance processes in respect to:

- Recording of pre-employment disclosure checks and renewals for staff that have honorary contracts.
- Reviewing the sufficiency of the content of the role descriptions for a range of community fundraising volunteer roles so that a robust and effective assessment/decision can be made about the potential need for pre-employment disclosure checks and that this is formally documented.
- This work will continue in 2021/21.

In the coming year we will focus on finalising our revised safer staffing policies, working with our Information and Support team to improve the safeguarding information we provide to the public, working towards accreditation by the Charity Retail Association Safeguarding Scheme, upskilling key members of staff with the introduction of a higher level safeguarding training, and continuing to review and audit safeguarding awareness and compliance across the charity.

Number of patient deaths

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

Between 1 April 2020 and 31 March 2021, 1,455 patients died in our hospices, broken down as follows:

Q1 – 355
Q2 – 416
Q3 – 323
Q4 – 361

None of these deaths was subject to a case review or investigations.

The entire team at Marie Curie was absolutely amazing. When mum was in pain or having difficulties breathing the nurses were there in an instant. The doctors worked tirelessly every single day to ensure her medication was correct and manage her ever-changing condition. Nobody gave up until pain or the current problem had subsided. Over the six weeks mum spent in the hospice she showed incredible strength no matter how much pain she was in, she loved the staff at the hospice and was always so thankful for them."

Jenny, whose mum was cared for by our Belfast Hospice before she died in March 2020.

Part 2a: **Marie Curie Nursing Service**

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

What is the Marie Curie Nursing Service?

Marie Curie Nurses provide hands-on care for people living with 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 around 2,154 nursing staff, a combination of registered nurses and senior health care assistants, working across the UK, who cared for 42,168 patients in 2020/21.

Patient experience

Patient and carer feedback

This year, 917 patients and carers provided us with their feedback and comments about the Marie Curie Nursing Service via our primary satisfaction survey (see table below). This is a significant reduction when compared to the previous year. The interruption to normal feedback processes as a result of coronavirus is the primary reason why overall feedback volume is low. We are taking a number of steps to improve response rates including the increased use of telephone surveys. We will be setting up a working group in 2021/22 to explore ways in which we can improve on the volume of feedback being received, drawing on the experience and methods used by regions and hospices who achieve a high volume of feedback.

We have largely maintained or improved our excellent satisfaction scores across different aspects of our services. We will continue to identify key themes and improvements in these areas to focus on in 2021/22.

Patient satisfaction, Marie Curie Nursing Service

Aspect of care	2019/20 – responded 'always'	2020/21 – responded 'always'	Change from last year
Treated with dignity and respect	97%	98%	Up 1%
Involved in decisions about your care	92%	95%	Up 3%
Have up-to-date information about you	89%	93%	Up 4%
Provide support for family and friends	87%	86%	Down 1%

Friends and family test, Marie Curie Nursing Service (overall experience of Marie Curie Services)

Responses	Total number	%
Very good	1,186	92.37%
Good	80	6.31%
Neither good nor poor	11	0.87%
Poor	2	0.16%
Very poor	3	0.24%
Don't know	2	0.16%

Friends and family test

The friends and family test (FFT) question was updated on 1 April 2020 in line with national guidance. The test now asks patients and their families how their overall experience of Marie Curie Services was, rather than whether they would recommend the services to friends and family. The new response options are 'very good', 'good', 'neither good nor poor', 'poor', 'very poor' or 'don't know'. Out of 1,284 people who answered this question, 98.58% said that their overall experience was 'very good' or 'good'. We believe this indicates that we generally achieve an excellent level of care, which has remained consistent over the past year.

However, a small number of people describe their experience as 'poor' or 'very poor', and we are committed to learning from their experience and improving. We will continue to monitor this measure and make improvements in response to feedback wherever we can.

Complaints
We aim to respond to 95% of complaints within 20 working days or a revised timeframe agreed with the complainant if this is not possible (for example, due to the complexity of the complaint, difficulties in investigating the issues raised or the involvement of other organisations).

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 135 complaints in 2020/21 (2019/20: 235).

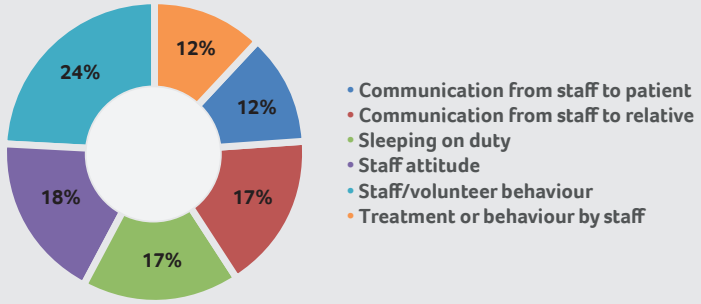
The most common complaints in the nursing service are to do with communication with patients and relatives. There were also a significant number of complaints received about staff attitude, sleeping on duty and clinical treatment.

At time of writing it is predicted that we will respond to 95% of nursing service complaints within 20 working days or an agreed revised timeframe (one complaint remains open and the agreed revised timeframe has not been reached). There were no complaints escalated to the relevant ombudsman or regulatory body from the nursing service.

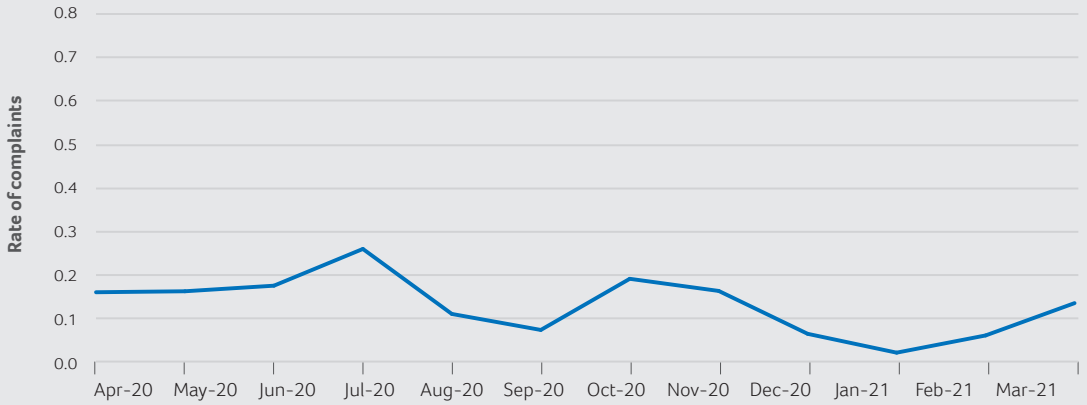
Changes made following complaints
In 2020/21, we made or have planned to make changes in response to complaints received about our nursing service. These include:

- All Marie Curie nursing staff are being reminded that if they require support when caring for a patient, they should discuss this with other health care professionals who are providing care for the patient, such as the out of hours District Nursing Team. Failure to seek support when needed was a factor in several complaints this year.
- We are reviewing our processes to ensure we address issues with multi-agency complaints and agree a structure to manage communication across the agencies involved. This will be included in the complaints training that is provided to Marie Curie staff. This change resulted from a multi-agency complaint being reopened as we did not seek further clarification of the concerns originally raised with another organisation.
- As a result of a complaint made about a clinical issue, training on the issue raised is being arranged for all staff in the Marie Curie Nursing Service in the region.
- We are currently undertaking an audit and 'deep dive' into the sleeping on duty incidents to strengthen our understanding of them. The information will be used to ensure that we are taking appropriate approaches to improvement.

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



Nursing service complaints per 1,000 hours of delivered care



Clinical effectiveness

Audit

We carried out five Marie Curie national audits of our nursing service in 2020/21, each focusing on a different aspect of our work.

Each of our 11 nursing service regions in the UK has an audit lead and is expected to supplement the national audit programme with locally co-ordinated audits, including infection prevention and control audits. All Marie Curie Nursing Service regions maintain local action plans and use the results of the audits to assist in quality improvement work. Actions are now logged on divisional action trackers, to ensure that the audit cycle is complete.

The 2021/22 Marie Curie national audit programme will include five audits for the Marie Curie Nursing Service:

- complaints
- records management
- professional standards
- safeguarding
- accessible Information.

Marie Curie Nursing Service audits undertaken April 2020 – March 2021

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Complaints	67	The policy used to create the audit tool had been introduced in 2020. The audit against these new standards was undertaken to provide a benchmark for changes in the future. The findings of this audit revealed that acknowledgement and response rates were a strength across all regions. Regions also quickly reported complaints to line managers and logged the complaint within two working days. Areas for improvement included having more robust sign-off processes, informing the complainant of the reasons for a delay in responding, ensuring all relevant documentation is uploaded onto the database, and the discussion of cultural, religious, and specific needs.	Each region was required to develop an individual action plan, using the results of the audit to assist in quality improvement work. To implement processes and procedures to ensure the cultural, religious, and specific needs of the complainant are considered, and documented on the record. To ensure all correspondence and information relevant to the complaint are uploaded onto the database. To re-audit in 2021 after the new policy has been in place for a year.
Records management	90	This audit had previously been completed on five occasions between 2014 and 2019 and was repeated in 2020. The regions were consistently compliant with online data protection training. Many of the areas where improvement could be made related to the availability of records in the home, and the actions undertaken in response to this. Local services are unable to ensure records are available, as this is the responsibility of the community team.	Each region was required to develop an individual action plan covering: • Staff completing moving and handling risk assessments and reporting incidents where patient notes are not available in the home. • Access to patient notes. • Undertaking work with the local District Nurse teams to ensure that staff can access patient notes.

Marie Curie Nursing Service audits undertaken April 2020 – March 2021 (continued)

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Safeguarding	94	This audit was undertaken across the organisation (nursing service, hospices and non-clinical teams). The audit was divided into two parts. Part one reflected a service evaluation survey and was circulated to all staff to complete (clinical and non-clinical, in all departments). This was to establish staff knowledge on safeguarding, and the appropriate procedures. Part two was completed by the central teams across all departments. This used previous safeguarding incidents to determine whether the correct procedures had been followed and documented. Areas of strength included the completion of safeguarding training and the escalating, reporting and logging of the incident or concern in a timely manner. Some staff noted they would benefit from face-to-face training where they could interact with the facilitators.	Review and amend audit tool prior to re-audit across the organisation in 2021. Head of Safeguarding to meet with department leads to support and develop local action plans
Professional Standards	94	This audit had two parts: a self-assessment and contacting patients and carers. It was last undertaken in 2019, and the results were similar to those with 2019. The feedback from service users demonstrated that staff are continuing to successfully convey high professional standards to patients and carers. The strongest areas were uniform and appearance, and possession of necessary PPE. Part two supported the positive outcomes in part one. Similar recommendations have been suggested, highlighting the need for implementing local action plans.	Local action plans to be monitored through local governance committees. Divisional action trackers are being implemented by Quality Improvement Facilitators to ensure that audit action plans are monitored.

Marie Curie Nursing Service audits undertaken April 2020 – March 2021 (continued)

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Accessible Information	69	The audit, which was previously undertaken nationally in the Marie Curie Nursing Service in 2020, was divided into two parts. Part one required an assessment of systems, documents and resources, and part two was completed by each Registered Nurse/Healthcare Assistant via their electronic tablets. Overall, the audit demonstrated areas in need of improvements, however the local teams will need to determine which areas can be improved by Marie Curie staff, and which would require consultation with the District Nurse and Community Teams. Some regions highlighted that the action plans from 2020 were not yet fully embedded so the improvements will not be demonstrated in this re-audit.	Each region is encouraged to use the results of the audit to assist in quality improvement work in this area. Divisional action trackers will log the actions and improvements required as a result of this audit, to ensure that the audit cycle is complete. Continue to embed action plans from 2020 and 2021 audits.

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 2020/21. There were nine incidents that resulted in moderate or severe harm in the nursing service (0.29% of all incidents). This includes five incidents that resulted in moderate or severe harm to a patient and four incidents that resulted in moderate harm to members of staff.

Incidents, Marie Curie Nursing Service, 2020/21

	1. No harm	2. Low harm	3. Moderate harm	4. Severe harm
Central	174	129	1	0
Eastern	92	33	0	0
London	266	23	0	0
North East	875	79	0	0
North West	236	49	1	0
Northern Ireland	31	10	0	0
Scotland North	74	10	1	0
Scotland South	130	30	0	0
South East	92	12	0	0
South West	581	77	2	1*
Wales	101	20	3	0
Total	2,652	472	8	1*

Lack of notes

The most common type of incident reported relates to lack of access to community or district nursing notes and care plans in the home (1077 incidents). Lack of notes is more problematic in the North East, and South West regions; increasing use of electronic records by district nurses in these regions means notes are often not left in patients' homes. We have started the roll out of an electronic record system in the nursing service which will provide access to patients' records in the home setting.

Notifiable disease

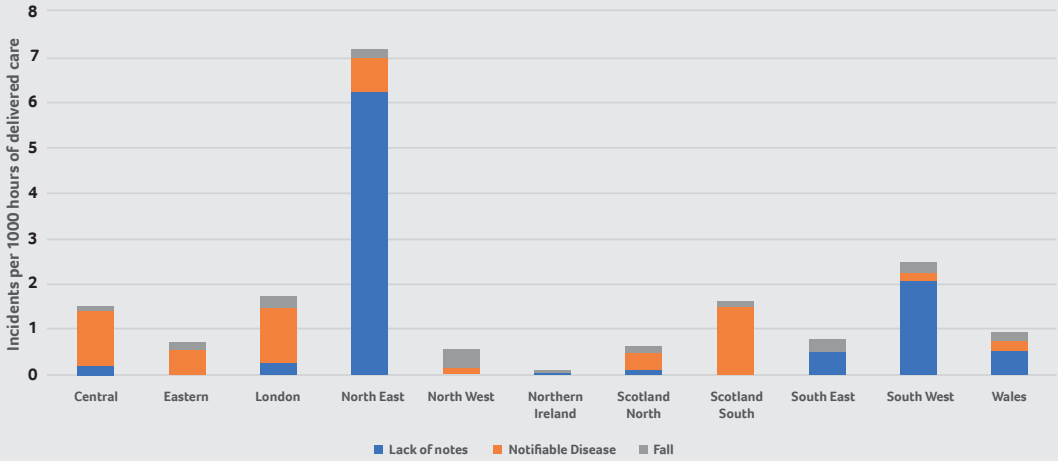
When a patient has a suspected or confirmed case of coronavirus, this is recorded as a notifiable disease incident. Notifiable disease was therefore the second most common incident type in 2020/21, with 556 incidents of this type recorded.

Falls

There were 172 falls in the nursing service this year (142 patient falls and 30 patient relative or staff falls).

A short-life working group was set up, led by the Health and Safety Manager. The progress of the group was slower than anticipated due to the coronavirus pandemic. A draft falls policy has been written that includes post-fall care and is currently awaiting ratification. The group has also developed the requirements for falls assessment in the home when no records are available.

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



*The one incident that resulted in severe harm was a patient fall in the South West community team. The incident resulted in the patient being transferred to hospital, diagnosed with a fracture and unable to return home.

Having Marie Curie in the house alongside you to lean on for Mum's practical care, but also for her emotional care, was just everything. Especially in the night where you felt more isolated in terms of medical support. The nurses told us what to look for in terms of signs she was deteriorating. They very much kept us in the loop and didn't hide anything from us. That prepared us well. Helping us to understand it took some of the fear away."

Chris, whose mum was cared for at home by the Marie Curie nursing team in Scotland

Part 2b: **Marie Curie Hospices**

This section looks in more detail at Marie Curie Hospices, across our three priorities of patient and carer 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. 7,385 patients were cared for in our hospices in 2020/21. Outpatient services include physiotherapy, counselling, and bereavement support.

Patient and carer experience

Patient and carer feedback

This year, 466 patients and carers provided us with their feedback and comments about the Marie Curie Hospices via our primary satisfaction survey (see table right). This is a significant reduction when compared to the previous year. The interruption to normal feedback processes as a result of coronavirus is the primary reason why overall feedback volume is low – for example, changes to practice, such as reduced visits to the hospices and infection control measures around the use of paper/tablet surveys. We are taking a number of steps to improve response rates including the increased use of telephone surveys. We will be setting up a working group in 2021/22 to explore ways in which we can improve on the volume of feedback being received, drawing on the experience and methods used by regions and hospices who achieve a high volume of feedback.

We have largely maintained or improved our excellent satisfaction scores across different aspects of our services, with a slight decrease in the welcome we provide. We will continue to identify key themes and improvements in these areas to focus on in 2021/22.

Patient satisfaction, Marie Curie Hospices

Aspect of care	2019/20 – responded 'very good'	2020/21 – responded 'very good'	Change from last year
Welcome into the hospice	93%	91%	Down 2%
Hospice cleanliness	92%	93%	Up 1%
Quality of food and drink	83%	87%	Up 4%
Quality of information	84%	86%	Up 2%

Friends and family test
The friends and family test (FFT) question was updated on 1 April 2020 in line with national guidance. The test now asks patients and their families how their overall experience of Marie Curie Services was, rather than whether they would recommend the services to friends and family. The new response options are 'very good', 'good', 'neither good nor poor', 'poor', 'very poor' or 'don't know'. Out of 558 people who answered this question, 97.85% said that their overall experience of the Marie Curie Hospices was 'very good' or 'good'. We believe this indicates that we generally achieve an excellent level of care, which has remained consistent over the past year.

However, a small number of people describe their experience as being 'poor' or 'very poor', and we are committed to learning from their experience and improving. We will continue to monitor this measure and to make improvements in response to feedback wherever we can. Increasing feedback volume remains a priority for all hospices.

Complaints
We aim to respond to 95% of complaints within 20 working days or a revised timeframe agreed with the complainant if this is not possible (for example, due to the complexity of the complaint, difficulties in investigating the issues raised or the involvement of other organisations).

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 Hospices received 45 complaints in 2020/21 (2019/20: 72).

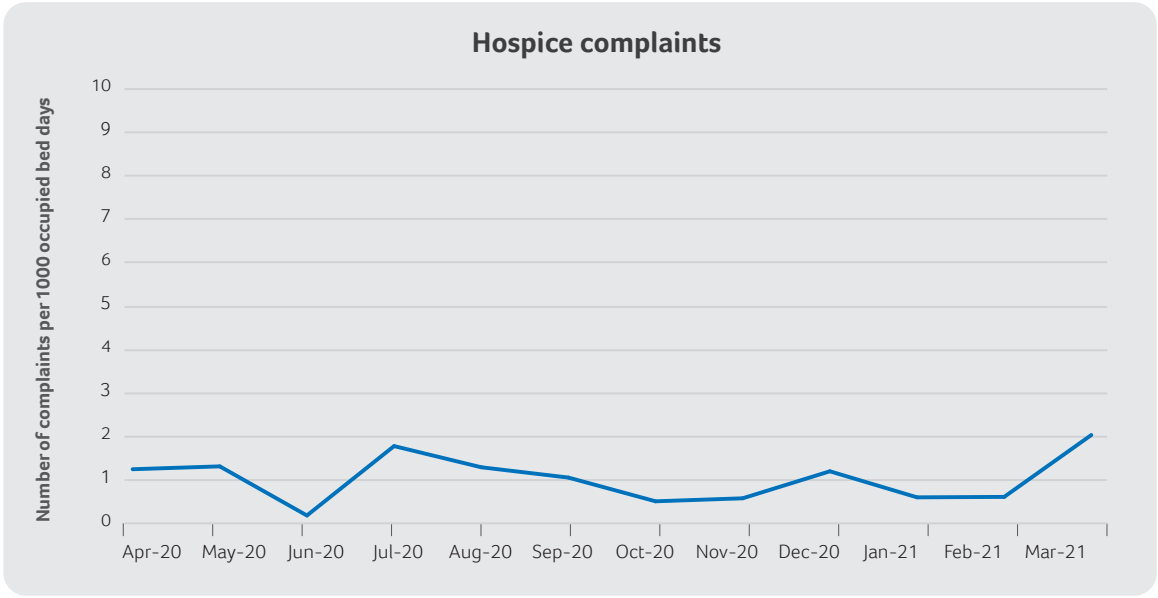
The most common complaints in the hospices are to do with communication with patients and relatives.

There were also a significant number of complaints received about staff attitude and clinical treatment.

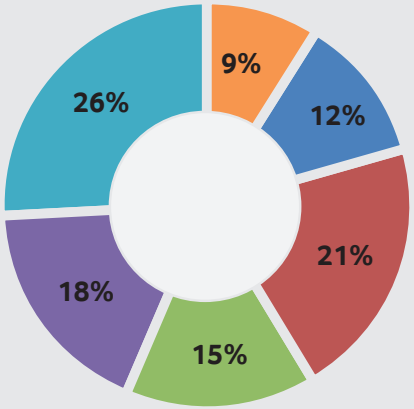
We responded to 90% of hospice complaints within 20 working days or an agreed revised timeframe. There were no complaints escalated to the relevant ombudsman or regulatory body from the hospices.

Friends and family test, Marie Curie Nursing Hospice

Responses	Total number	%
Very good	503	90.14
Good	43	7.71
Neither good nor poor	4	0.72
Poor	2	0.36
Very poor	1	0.18
Don't know	5	0.90



Most common themes of complaints reported in Marie Curie Hospices



- Admission, discharge and transfer arrangements
- Clinical treatment
- Communication from staff to patient
- Communication from staff to relative
- Staff attitude
- Treatment or behaviour by staff

Phil Hardman/Marie Curie

Changes made following complaints

In 2020/21, we made changes in response to complaints in our hospices targeted at individual hospices, including:

- Rewriting a hospice visiting leaflet and giving it out to all community staff to ensure proper understanding.
- Holding reflective complaint sessions with hospice staff to discuss the concerns raised in a complaint that relate to communication and documentation, tissue viability, skin assessment and grading of pressure ulcers, assessments on admission regarding equipment used at home, and discharge documentation and communication.
- Undertaking a review of the electronic patient records system to try to ensure that the failure to save information that has been inputted cannot happen again.

Clinical effectiveness

Audit

We carried out four Marie Curie national audits of our hospices in 2020/21, each focusing on a different area of our work (see table on the next page).

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. All hospices maintain local action plans and use the results of the audits to assist in quality improvement work. Actions are now logged on divisional action trackers to ensure that the audit cycle is complete.

The 2020/21 Marie Curie national audit programme will include four hospice audits:

- care of the dying
- pressure ulcers
- complaints
- safeguarding.

Hospice audits undertaken April 2020 – March 2021

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Complaints	91	The policy used to create the audit tool had been introduced in 2020. The audit against these new standards was undertaken to provide a benchmark for changes in the future. The findings of this audit revealed that the management of complaints across hospices adhere to the standards outlined in the most recent policy. However, it must be noted that the number of complaints which were audited against was relatively low. The overall results did not highlight any clear areas which needed improvement across all hospices. Many of the scores that were below 90% were only relevant to one or two hospices per standard, and therefore cannot be applied nationally.	Hospices with low numbers of complaints to audit against were encouraged to audit any future complaints in order to draw more accurate conclusions about the processes followed and provide assurance that the standards are being met consistently.
Safeguarding	88	This audit was undertaken across the organisation (nursing services, hospices and non-clinical teams). The audit was divided into two parts. Part one reflected a service evaluation survey and was circulated to all staff to complete (clinical and non-clinical, in all departments). This was to establish staff knowledge on safeguarding, and the appropriate procedures. Part two was completed by the central teams across all departments. This used previous safeguarding incidents to determine whether the correct procedures had been followed and documented. Areas of strength were completion of safeguarding training, and the escalating, reporting and logging the incident or concern in a timely manner. Some staff noted they would benefit from face-to-face training where they could interact with the facilitators.	Re-audit across the organisation in 2021. Head of Safeguarding to meet with department leads to support action plans. Review and amend audit tool prior to re-audit

Hospice audits undertaken April 2020 – March 2021 (continued)

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Accessible information	84	This audit was last undertaken in 2019. The average overall audit score has increased since then (from 73%). There were many improvements in the 2019 results. With regards to the number of hospices scoring 90-100% for each standard, 14 increased, five decreased, and one stayed the same. The highest number of improvements was seen in part one, where all but one standard had improved since 2019. Part two had a consistently high number of hospices scoring 90-100%, some of the decreases in number of hospices scoring 90-100% could be explained by the increased number of hospices returning 'n/a'.	Increase the number Marie Curie resources available in alternative accessible formats where this is in support of direct patient care, for example audio.
Care of the dying	93	The audit was divided into six sections. The total score increased compared to last year (from 89%). In comparison to the previous audit, the number of hospices scoring 90-100% increased for 31 standards and decreased for 12. Symptom control remained a consistent strength. A key area that we had previously identified as needing improvement was standards relating to drinking, eating and assisted hydration. Significant improvements to the scores in this area were shown in 2021.	The areas for improvement varied across the hospices and will be reviewed locally and improvements driven through local governance groups.

Research
All our hospices endeavour to engage in research and seven of our nine hospices now have research leads, academic research fellows or research nurses who oversee and encourage research in their locality. In 2020/21, 102 patients and carers have taken the opportunity to take part in research studies at our hospices.

Patients and carers 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.

The Marie Curie Hospice, Bradford	Cultural pain differences in palliative care – South Asian communities: Qualitative interview study PROSEC 3 – A multi-centre evaluation of excessive saliva management in patients with motor neurone disease Eye donation from palliative and hospice care contexts: Investigating potential, practice, preference, and perceptions (EDiPPPP)
The Marie Curie Hospice, Edinburgh **The Marie Curie Hospice, Glasgow** **The Marie Curie Hospice, Hampstead**	Let it out (LIO): Developing and evaluating the feasibility an emotional disclosure-based intervention in the UK
The Marie Curie Hospice, Liverpool	The study of hydration status and complex symptoms in advanced cancer using bioelectrical impedance vector analysis (BIVA) DISCERN – Improving the support and management of depression for patients with advanced cancer The iLIVE project: Live well, die well. A research programme to support living until the end
The Marie Curie Hospice, West Midlands	A multi-centre evaluation of excessive saliva management in patients with motor neurone disease (ProSec3) The study of hydration status and complex symptoms in advanced cancer using bioelectrical impedance vector analysis (BIVA) CovPall: Rapid evaluation of the covid-19 pandemic response in palliative and end of life care: National delivery, workforce and symptom management (CovPall) Work Package 2 SCYP: Supporting children and young people whose parent or carer has a life-limiting illness
The Marie Curie Hospice, Cardiff	Implementing non-medical prescribing in semi-rural Welsh communities: What are the perceptions of community specialist palliative care nurses?

Patient safety

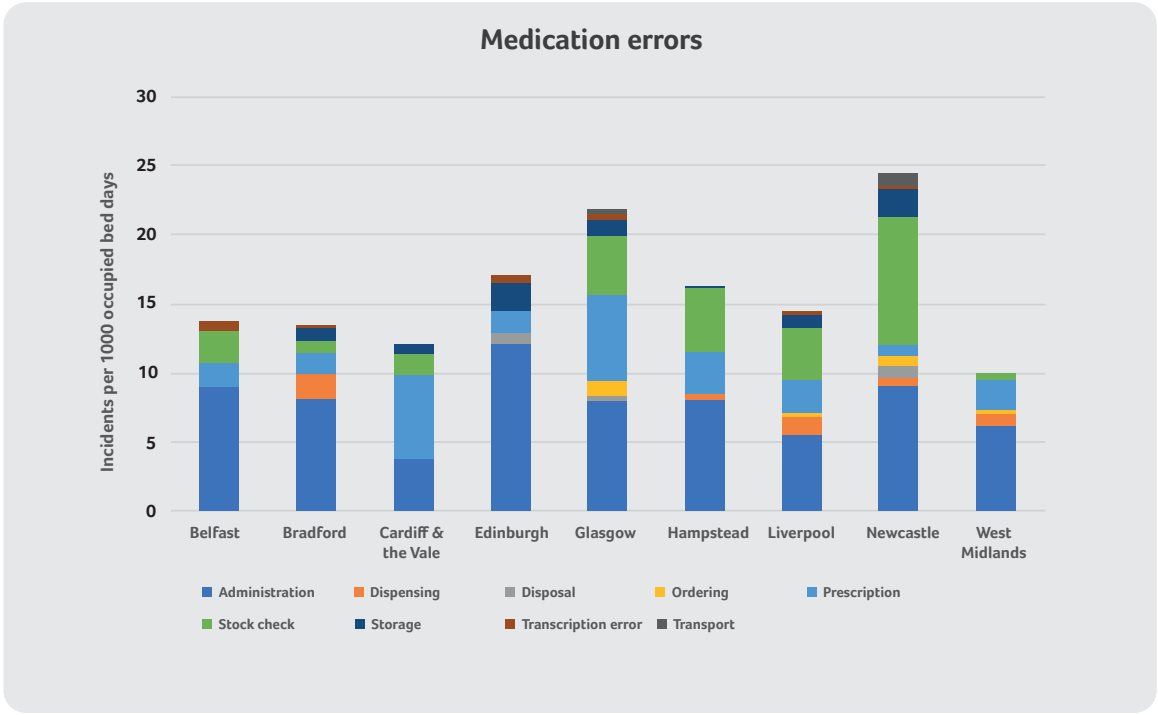
Incidents

The table below shows the number of incidents where duty of candour applies in our hospices in 2020/21. Overall, there were 18 incidents that resulted in moderate or severe harm throughout 2020/21 (0.77% of all incidents). This includes 15 incidents that resulted in moderate harm to a patient and three incidents that resulted in moderate harm to a member of staff.

All these incidents were fully investigated. Eight of the incidents 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.

Incidents, Marie Curie Hospices, 2020/21

Region	1. No harm	2. Low harm	3. Moderate harm	4. Severe harm
Glasgow	168	139	0	0
West Midlands	111	155	2	0
Cardiff & The Vale	139	145	6	0
Liverpool	119	104	2	0
Belfast	90	78	1	0
Edinburgh	208	96	4	0
Liverpool	94	73	0	1
Hampstead	166	87	0	0
Bradford	126	102	3	0
Total	**1,323**	**984**	**18**	**0**



Medication errors

There were 590 medication errors over the year in our hospices (2019/20: 557). This includes administration, dispensing and prescription errors (see graph below).

All errors are discussed by senior clinicians at a regular medicines management meeting to identify any trends or themes and agree changes to systems and staff training, or other steps to reduce or mitigate the incidents.

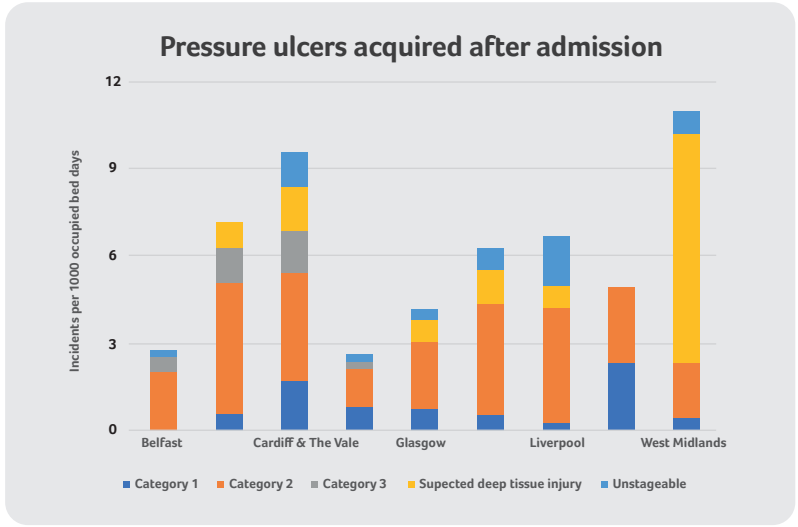
Most medication errors were administration errors and the majority were missed doses. No incidents resulted in moderate or severe harm. There is no clear reason for the variance in the number of incidents reported in the different hospices.

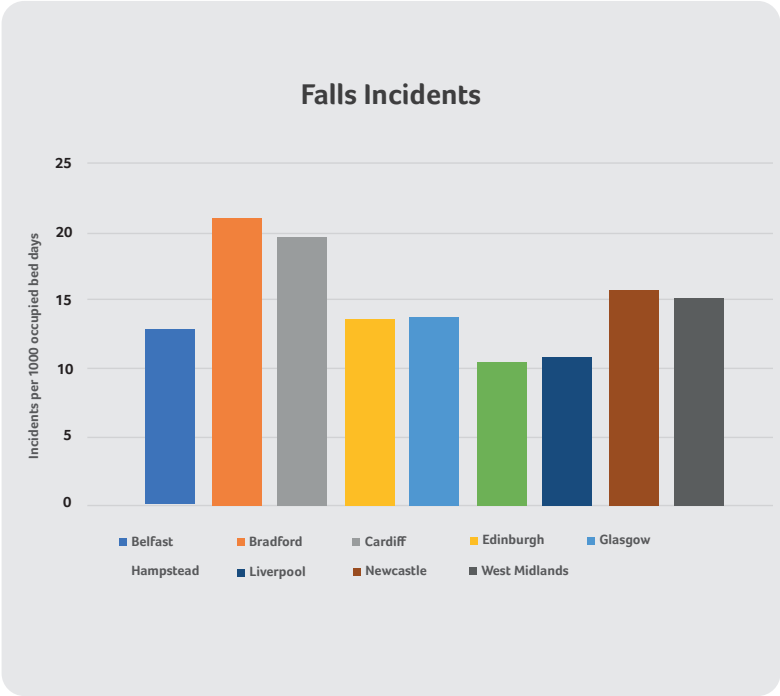
Falls

There were 533 falls in our hospices, 507 of which were patient falls. Patient falls decreased this year across our hospices – from 586 last year. Seven falls resulted in moderate harm to the patient and one in moderate harm to a staff member. No falls resulted in severe harm.

Pressure ulcers

We recorded 223 multiple and single pressure ulcer incidents acquired in our hospices this year (2019/20: 313). Most pressure ulcers recorded during admission (51%) were category 2 pressure ulcers. Our nurses agree individual plans of care in agreement with the patient to ensure all possible steps are taken to promote healing and prevent a deterioration





One of the pieces of quality improvement work we prioritised this year was to decrease the numbers of pressure ulcers acquired in our care, with the implementation of sub-epidermal moisture (SEM) scanners in all our hospices. SEM scanners are handheld devices that measure the level of sub-epidermal moisture in soft tissue and are used alongside a visual inspection of the patient's skin to detect early pressure damage.

We make sure that whenever it is assessed as appropriate to use, SEM scanning is completed as part of our initial skin assessment for patients on admission. We then undertake frequent scans, based on the risk category of the patient, to monitor sub-epidural moisture levels. If a rise in SEM is detected, our staff will take immediate and necessary action to prevent further tissue damage. Reported incidences of pressure ulcers have shown an overall improvement in the numbers of pressure ulcers acquired after admission for all categories.

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

Categories of pressure ulcer

Category 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.

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

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

Category 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.

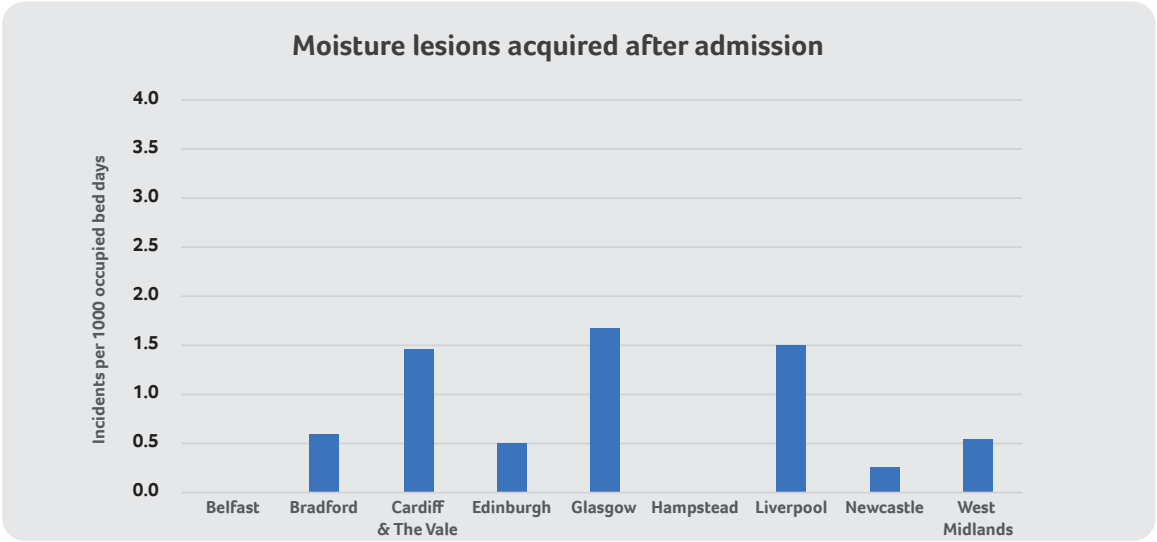
Moisture lesions

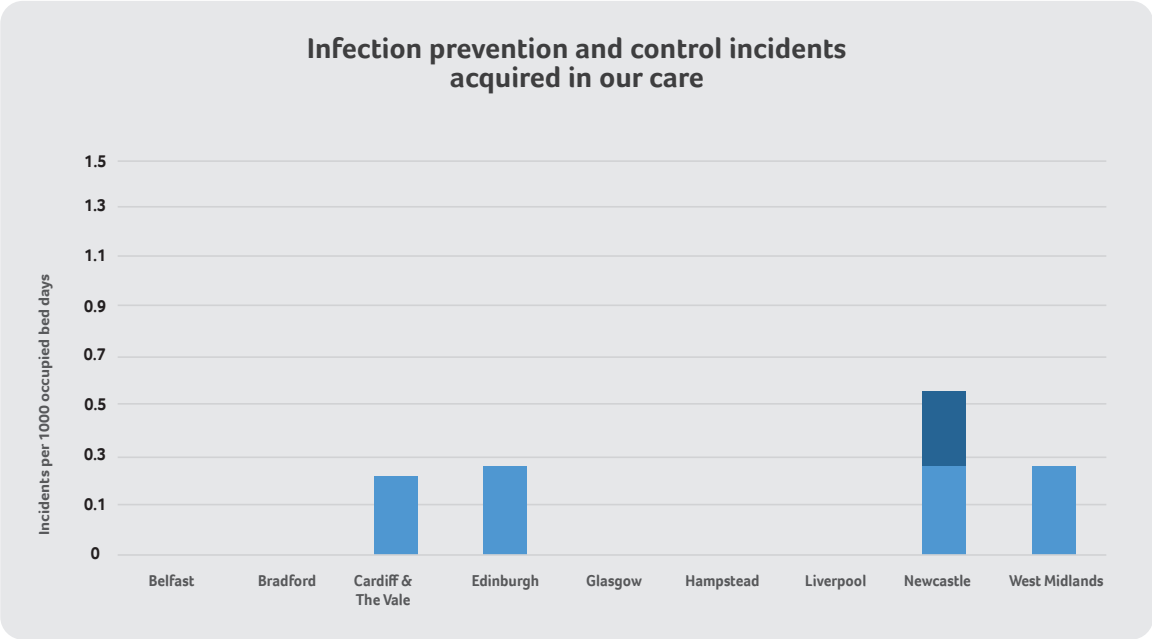
We recorded 26 single and multiple moisture lesions acquired in our care in our hospices in 2020/21 (2019/20: 39). We distinguish between moisture lesions and pressure ulcers because the prevention and management are quite different for each.

Hospices carry out a more detailed investigation on every moisture lesion to check if care plans were followed correctly, and whether there were any failings in the patient's care and treatment that may have contributed to the development of moisture lesions. The results of these reviews are shared with colleagues at the lead nurses' meetings to enable lessons to be shared across the organisation.

What are moisture lesions?

Moisture lesions are caused by urine, faeces or perspiration that is in continuous contact with intact skin of the perineum, buttocks, groins, inner thighs, natal cleft or skin folds (where skin is in contact with skin).





Infection prevention and control

We continue to manage incidents and the Senior Nurse for Infection Prevention and Control carries out post-infection reviews of all reported incidents. The graph below details the small number of non-covid-19 infections acquired in our care.

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 2020/21.

In England, Marie Curie is registered with the Care Quality Commission (CQC). The CQC paused inspections in March 2020 during the coronavirus pandemic, focusing their activity where there was a risk to people's safety or where it supported health and care systems' response to the pandemic. None of our nursing services or hospices in England were inspected in 2020/21.

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 Marie Curie Nursing Service Scotland was not inspected by The Care Inspectorate Scotland in 2020/21.

The Marie Curie Hospices in Scotland are registered with Healthcare Improvement. No inspections took place during 2020/21.

The Marie Curie Nursing Service in Northern Ireland and Marie Curie Hospice, Belfast are registered with the Regulation and Quality Improvement Authority (RQIA). An unannounced inspection took place in March 2020 and the report was published in 2020/21. No concerns were identified in relation to patient safety, and the inspection team noted multiple areas of strength, particularly in relation to the delivery of front-line care across all sites, governance, staff recruitment and retention and the hospice environment.

There were four recommendations that related to:
- emergency equipment
- the implementation of aseptic non-touch technique training and assessments
- improving the sharing of patient information between nursing and medical staff and the introduction of a daily safety brief
- nursing handover procedures.

All these recommendations were put in place by the hospice by December 2020. The RQIA undertook a further unannounced inspection in March 2021. The report from this visit has not yet been published.

In Wales, the Marie Curie Nursing Service is registered with the Care Inspectorate Wales (CIW). There were no inspections in 2020/21.

Phil Hardman/Marie Curie

The Marie Curie Hospice, Cardiff and the Vale is registered with the Health Inspectorate Wales (HIW). HIW undertook a remote quality check of the hospice as part of its programme of assurance work in January 2021. The quality check forms part of HIW's new tiered approach to assurance and provides a snapshot of the standards of care within care settings. It focused on three key areas of infection prevention and control, governance and the environment of care. The report identified positive evidence of quality in all three key areas. No concerns and no areas for improvement were identified.

Part 3 **Quality Account Regulations**

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

- During the period 1 April 2020 to 31 March 2021, 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 48%. The rest is provided by Marie Curie charitable contribution.

- The income generated by the NHS services reviewed in the period 1 April 2020 to 31 March 2021 represents 48% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2020 to 31 March 2021.

- During the period 1 April 2020 to 31 March 2021 there were no national mandated clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.

- From 1 April 2020 to 31 March 2021, 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 2020 to 31 March 2021 that were recruited during that period to participate in research approved by a research ethics committee was 65.

- The number of patients receiving NHS services provided by Marie Curie from 1 April 2019 to 31 March 2020 that were recruited during that period to participate in research approved by a research ethics committee was 178.

- £75,427 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 (see the next page for details).

- Marie Curie Hospices and Marie Curie 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.

The Care Quality Commission has not taken enforcement action against Marie Curie during 1 April 2020 to 31 March 2021.

- Marie Curie has not been subject to any periodic reviews by the Care Quality Commission during 1 April 2020 to 31 March 2021.

- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission during 1 April 2020 to 31 March 2021.

- Marie Curie did not submit records during the reporting period from 1 April 2020 to 31 March 2021 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 2019/20, we self-assessed ourselves as compliant with all 30 mandatory assertions for charities/hospices (Data Security and Protection toolkit). We are due to submit our next assessment by the deadline of 30th June.
Marie Curie will be taking the following actions to improve data quality: Implementing a data and insights strategy, a key element of which is to improve data quality by driving data literacy across the organisation, as well as taking specific measures to monitor and improve data quality.

- Marie Curie was not subject to any Payment by Results clinical coding audit during 1 April 2020 to 31 March 2021.

Commissioning for Quality and Innovation payments and goals

Service	Monetary value	Topic
Liverpool (STARS service)	£24,420	**Mental health wellbeing** Aim: to raise awareness of mental wellbeing with staff and promote the role of mental health first aiders in the workplace. **Locality engagement** Aim: to raise awareness of the hospice and palliative care within the West End of Newcastle. To pilot strategies to engage with minority groups and to embed cultural diversity within the hospice.
Newcastle	£15,600	The completion of the Nightingale Challenge
West Midlands	£14,786	OACC (outcome measures)
Central	Lincolnshire £6,161 Birmingham/Solihull £5,218.00	Due to the pandemic, there was no specific quality improvement innovation goal.
North East, County Durham rapid response service	£8,061	Bereavement support.
North West (Oldham CCG)	£1,000	To train staff on dementia
Total monetary value	**£75,246**	

Statements from stakeholders

Statements from Lead Commissioning Clinical Commissioning Groups, the Overview and Scrutiny Committee, Healthwatch and Mare Curie Voices (Group).

We are required to send a copy of our report to our Lead Commissioning Clinical Commissioning Group and our local Healthwatch for their comments before publication. Their comments must be included in the published report. We also approached Marie Curie Voices, our network of volunteers with experience of terminal illness who help us improve our care.

We also approached our Overview and Scrutiny Committee and asked them to comment, but they were unable to do so in the timeframe this year.

NHS Northamptonshire Clinical Commissioning Group

The Marie Curie annual quality account for 2020/21 has been reviewed by NHS Northamptonshire Clinical Commissioning Group in final submission.

The account follows the recommended format of the quality accounts toolkit.

The account contains three service development and improvement priorities for 2021/22 and details how these will be monitored, measured and reported.

We would like to thank Marie Curie for all their hard work during the pandemic over this last year and the CCG will continue to work closely with Marie Curie to encourage and support the ambitions to continue to improve the quality standards of care and patient experience.

Angela Dempsey

Chief Nurse & Quality Officer
NHS Northamptonshire CCG

Healthwatch Northamptonshire

Healthwatch Northamptonshire thanks Marie Curie for inviting us to comment on their draft 2020-21 Quality Account.

We are pleased to see that patient and carer experience remains a priority theme. We commend the improved direct access for members of the public through establishing a clinical support line, which will have been especially useful during the pandemic, and their efforts to work in partnership with under-represented communities. We also appreciate the work they have done to improve their Accessible Information and Inclusive Information Policy to better ensure patients' communication needs are met.

We congratulate Marie Curie on their impressive patient satisfaction scores and encourage them to seek ways to improve the support they provide for friends, family and carers where needed.

The plan to develop a strategy and operating plan for place-based co-design is welcomed as place-based care is an important component of new models of integrated care, working alongside statutory health and care providers and community organisation. The plan to strengthen public involvement to enable co-design of services is supported.

We encourage Marie Curie Nurses to ensure they communicate well with health service providers, such as district nurses, to ensure that patient care is joined up and holistic – this was a learning point from a local health trust complaint and we are pleased to see this need also highlighted in the Quality Account.

We have limited feedback from members of the public in Northamptonshire about end of life care and no feedback specifically relating to the care provided by Marie Curie. We asked the network of local Healthwatch organisations around the county if they had any feedback or comments but did not receive a response. We also have limited knowledge of the care provided by Marie Curie in Northamptonshire and nationally so cannot comment further.

Jo Spenceley PhD, CMRS

Research and Communications Manager

Marie Curie Voices

We welcome the opportunity of commenting on the Quality Account.

As members of Marie Curie Voices (MCV), we have direct experience of caring for a family member at end of life and therefore understand the need to ensure that the services delivered by Marie Curie consistently provide the necessary care and support. We are able to observe how Marie Curie learns from the experiences of patients, families and carers and applies that learning for the benefit of those who are using its services now and in the future. We are reassured by the priority accorded by the charity to ensuring that people are treated with compassion, dignity and respect.

We are also pleased to note the commitment to a strategy and operational plan for place-based co-design of services with the people who will use them. One size does not fit all and responding to the needs of individuals is a vital component in ensuring the best possible end of life experience. The place-based approach will also ensure much better co-ordination of palliative care services across the sector and thereby eliminate potential duplication and, importantly, gaps in provision. There is no 'test drive' for carers and families to be trained in how to deliver end of life care. It is essential that all services and agencies work together and we are confident that Marie Curie can provide the leadership required to deliver this commitment.

2020/ 2021 has been a stand out year due to the coronavirus pandemic, during which Marie Curie nurses and hospices have continued to deliver expert, professional and compassionate care often at risk to their own well being and health. MCV has utmost admiration for the impressive planning, governance and stoic team working across the charity that has ensured accessibility to high standards of care has been maintained. The Quality Account highlights the huge efforts (and often personal sacrifices) it has taken to safeguard an exemplary support within our local communities.

Technology and new initiatives have been the main stay during this time; the Clinical Support Line, Check in and Chat, information on the web site have helped carers, families, patients to receive a human connection and personal support at times when home visits have proven difficult or "knowing what to do" has felt even more critical. Bereavement, isolation and staff wellbeing will continue to need even more focus in the coming months and possibly years.

The Quality Account also looks to the future and reinforces our view that there is always more work to be done! MCV can confidently say, that if this last year is anything to go by, Marie Curie will continue to trailblaze, even in the most difficult of times.

The Quality Account for 2020/2021 highlights outstanding performance achievements, and we are pleased and proud to endorse this Quality Account on behalf of the Marie Curie Voices group.

Harry Bunch and Shital Bhaloo

Members of Marie Curie Voices on behalf of the group

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:

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SE1 7TP

Email: supporter.relations@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**

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Front cover photo: Patrick Olner/Marie Curie

Marie Curie

Care and support through terminal illness