

Quality Account

2021/22



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Introduction from the CEO and Chair of Trustees

Welcome to our 2021/22 Quality Account. This outlines the key quality improvements we've delivered this year, as well as the priorities we've set for next year.

We're extremely proud of the care and support we provide for people living with a terminal illness and their families. We're always looking to find ways to develop and improve the care we offer as we believe everyone should have the best experience possible at the end of their lives.

In 2021/22 we set ourselves six priorities. These included reviewing and strengthening our leadership of infection prevention and control (IPC), refining our career capability framework (including renaming it as Career Development and Progression Framework), building on our approaches to

supporting staff wellbeing and resilience, creating a strategy and operating plan for place-based co-design, developing our Quality Strategy and strengthening our assurance processes.

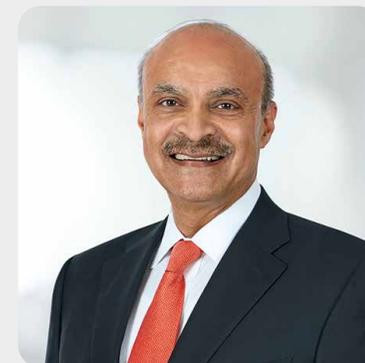
We've made good progress against our objectives, despite the ongoing challenges of the coronavirus pandemic. You can read about how working in collaboration has been key to this in the introduction from Julie Pearce, our Chief Nurse and Executive Director of Quality and Caring Services.

In the coming year we aim to improve the quality and safety of our services through effective governance, ensure we have appropriate strategies in place to support staff, and involve more of the people who are directly impacted by them in the design of our services.

Specifically, our focus will be on:

- Undertaking focused quality improvement work related to tissue viability, aiming to reduce patient harm from pressure damage.
- Continuing to develop and enhance our wellbeing and resilience offer for staff.
- Undertaking quality improvement work which is focused on evidenced-based design (EBD).
- Reviewing and strengthening our clinical governance across the placed-based teams throughout our Caring Services Directorate.
- Further refining our Career Development and Progression Framework, including implementing it across our clinical teams in 2022/23 and completing the evaluation research project which runs alongside it.

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're able to confirm that the information contained in this document is accurate to the best of our knowledge.



Iain Cockart

Vindi Banga

Vindi Banga, Chair of Trustees



Katie Hyams/Marie Curie

Matthew

Matthew Reed, Chief Executive

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

I am very pleased to present Marie Curie's 2021/22 Quality Account, detailing some of the quality improvements we have achieved this year. The account also highlights the progress we have made against the targets we set ourselves last year, as well as setting out our quality priorities for 2022/23.

Throughout the last year we have continued to provide safe, high-quality, responsive and effective end of life care whilst responding to the ongoing challenges of the coronavirus pandemic. We have continued to work closely with colleagues from the NHS, Department of Health and Social Care and other health and social care providers. We established a Caring Services Pandemic

Group at the beginning of the pandemic. The group continues to meet regularly to respond to the changing guidance and requirements, ensuring that staff understand and are equipped to provide safe and effective care.

We have moved to a place-based structure for the delivery of our services. We have divided our teams across the UK into 10 places, one for each of the devolved nations and seven in England to align with the NHS England regions. The North East and Yorkshire region in England, and Scotland each have two place-based teams to cover the geography and complexity of service delivery.

Place-based working enables us to work

collaboratively with people within local areas. It helps us to understand and respond to the specific needs of a community so we can co-design our services. We will be able to work together with other organisations to improve health and care for a defined population, joining up and maximising resources.

Our focus is always to ensure we have effective oversight through our governance and quality assurance systems. With the move to place-based working, during 2022/23 we will be reviewing our governance structures to ensure they enable us to continue to be responsive to emerging issues and support us to ensure patient and staff safety.

Our teams have worked

tirelessly, responding to the challenges of the last year with fortitude and professionalism.

However, as we attempt to return to 'a new normal' across the organisation, we will be focusing on developing and sustaining effective strategies to support wellbeing and emotional resilience so that people are able to continue to demonstrate the commitment and compassion that has been evident in 2021/22.

This year has continued to be challenging and I remain proud to be the Chief Nurse in an organisation where staff have gone above and beyond to ensure we continue to provide care in our hospices and in the community. This support has been provided to

patients and families across the UK by staff who remain committed to achieving the highest possible quality in end of life care. It has also enabled us to achieve considerable progress against our 2021/22 targets. This will be outlined 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 vision

Our vision is our long-term aspiration. It's 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 vision 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 vision and strategic drivers inform our strategic goals and objectives, 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 goals, we're going to get closer to this vision than ever before.

As we adapt to the changing external situation and further build on our achievements from last year, we will continue to build capability and strengthen our operations. We will focus further on growth to ensure we maximise our impact and reach more people who need our care and support, whilst remaining financially sustainable.

With this in mind, in 2022/23 we will:

- build operational and financial resilience
- deliver vital care and support
- grow our influence, scale and impact.



Katie Hyams/Marie Curie

Marie Curie Strategy

Our vision

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

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 vision (reviewed annually)

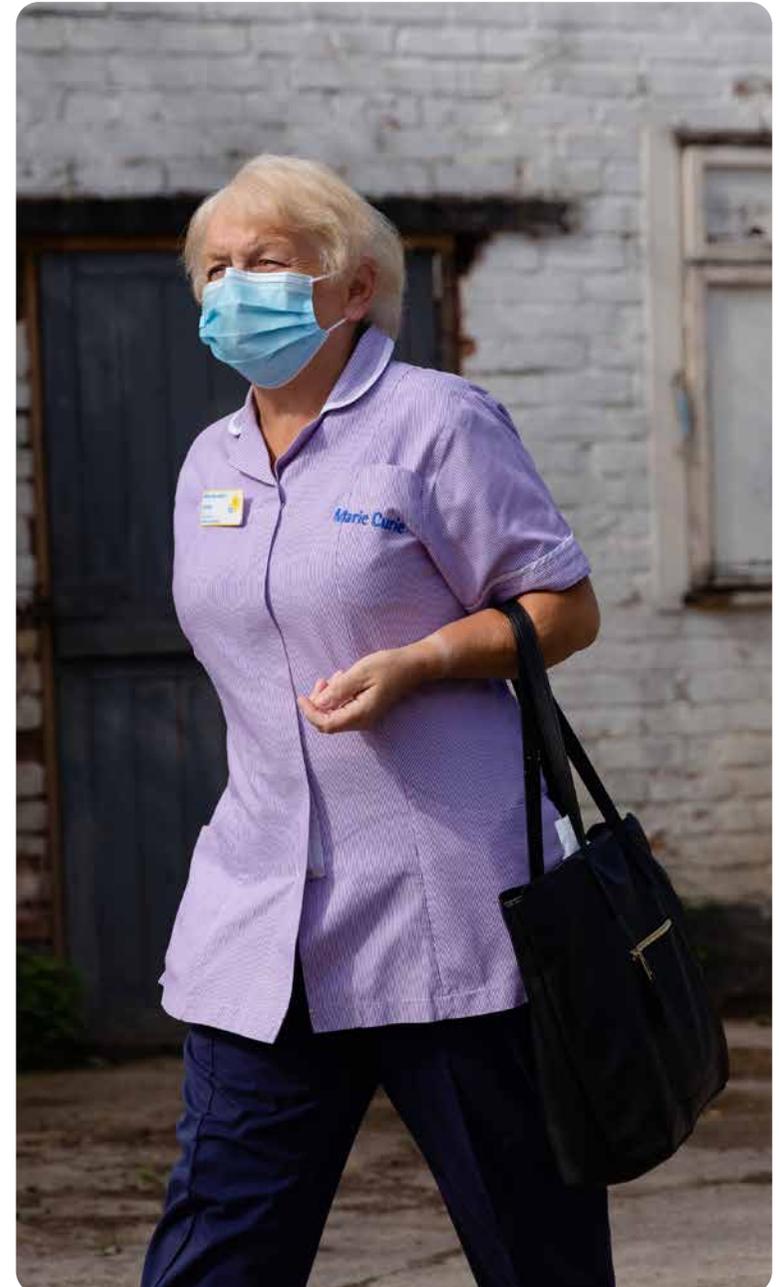
Part 1 Our priorities

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'll 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.



Phil Hardman/Marie Curie

Part 1a: Patient safety

Our focus for 2021/22 around improving patient safety was:

- to review and further strengthen our arrangements for the leadership of infection prevention and control (IPC) across the organisation
- to continue to build on the progress we made this year, in the second phase of our project, to work together on developing a Career Development and Progression Framework for our clinical staff.

Infection prevention and control

We said we would...

Review and further strengthen our arrangements for the leadership of infection prevention and control (IPC) across the organisation. We aimed to do this by recruiting a full-time Head of Infection Prevention and Control, who would review what we've learned from the coronavirus pandemic, make sure we implement any recommendations in the infection prevention and control work programme and review the training and education we offer all staff in this area.

What we did

We successfully recruited a new full-time Head of Infection Prevention and Control who started in post in June 2021. This means we now have a visible leader and clinical expert in this area to support our teams, ensuring best practice across the organisation.

Work has also started on strengthening our Infection Prevention and Control Link Nurse Network, as well as on reviewing the training and education we offer our staff.

The covid-19 pandemic has continued to dominate our infection prevention and control work. As such, our Head of Infection Prevention

and Control has supported the interpretation and adoption of new guidance, as well as management of outbreaks and post-infection reviews of all healthcare-associated infections and outbreaks so shared learning can be taken up across Caring Services.

They have also provided expert advice and guidance to senior management and operational staff, ensuring good practice is in place to reduce risks of infection. Alongside this, they have ensured continued progress in delivery of the infection prevention and control work programme.

Career Development and Progression Framework

We said we would...

Continue to build on the progress we made this year, in the second phase of our project, to work together on developing a Career Development and Progression Framework for our clinical staff.

We said we'd use feedback from the pilot of the draft framework, in combination with self-assessment tools, to further refine it into a final document. We then aimed to use feedback from the pilot to help us plan the implementation across our clinical teams in 2021/22.

What we did

We successfully completed the second phase of developing a draft Career Development and Progression Framework. Alongside the draft framework, we tested using the self-assessment tool, across two pilot sites. The self-assessment tool supports staff in testing against their own level of practice across the different areas of the framework. These cover having the knowledge, skills and understanding to provide high-quality end of life care to the people who access our services.

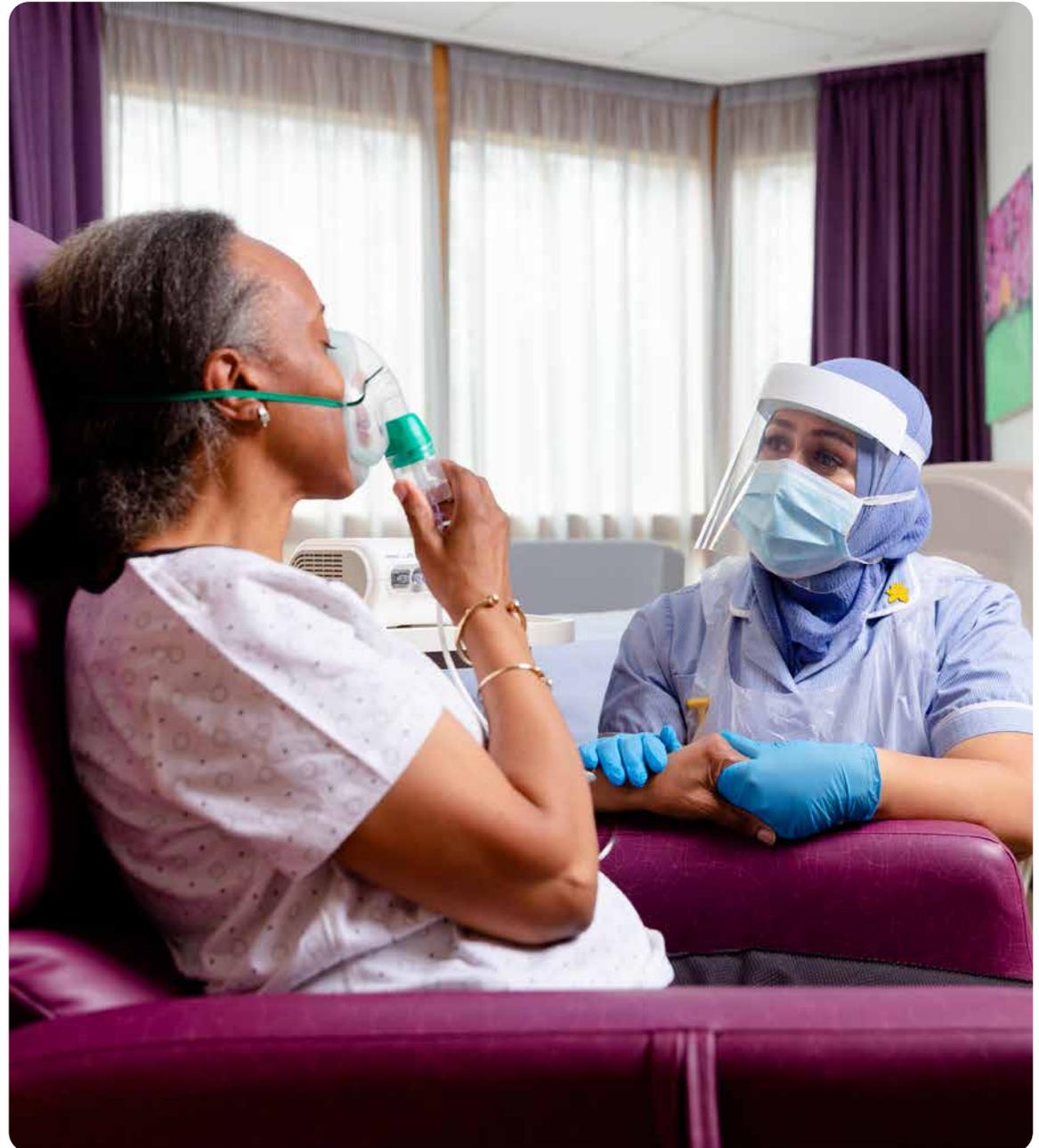
We used feedback from phase two to plan next steps in the development of the framework. For example,

following feedback from staff, we changed the name from career capability framework to Career Development and Progression Framework because this more clearly describes what it's about (career development and staff progression).

In phase three, we implemented the draft framework with small groups of staff across several early adopter sites. We used it in 'My Plan and Review', which is our staff appraisal process. We asked staff to provide further feedback about the framework and the language used. We also asked if they had any suggested changes. This made sure that the framework was co-created with our staff, further helping

with implementation and staff involvement.

We used the information we gathered in phase three to further refine the framework into a final version ready for full implementation across our clinical teams in 2022/23. We also continued the evaluation research project, which runs alongside the creation of the Career Development and Progression Framework. This will be published in 2022/23 and will add to the information and research about how career frameworks can be developed in different care environments.



Phil Hardman/Marie Curie

Part 1b: Patient and carer experience

Our focus for 2021/22 around improving patient and carer experience was:

- to build on our approaches to support staff wellbeing and resilience
- to develop a strategy and operating plan for place-based co-design.

Staff wellbeing and resilience

We said we would...

Build on the work of the Caring Services Wellbeing and Resilience Working Group, integrating their recommendations across the whole organisation. We planned to embed our resilience-based supervision model – which focuses on compassion, self-awareness, and mindfulness – to support the wellbeing and development of all staff and volunteers. We aimed for this to include recruiting new trainee supervisors, while upskilling our current clinical supervisors. We said we would also establish an introductory session for self-awareness and self-compassion, making this accessible to all staff and

volunteers.

What we did

Resilience-based supervision is beginning to be embedded across our clinical services. The organisation-wide Clinical Supervision Policy has been reviewed and co-created with a working group of staff. It reflects the change to a resilience-based model that focuses on compassion, self-awareness, mindfulness and understanding of the three emotional systems. We trained 45 new resilience-based supervisors, including nine non-clinical supervisors. We also updated 59 current clinical supervisors, showing them how to use the resilience-based model.

Through continued evaluation, we've found ways to enhance the support of

resilience-based supervisors. We've achieved this through further development sessions, establishing triads, action learning sets and sharing practice sessions. We've also just completed our first community of practice with the intention of using feedback from participants to determine how frequent the sessions are.

There were 27 participants across six sessions. One participant said it had "increased awareness that there's an organisational strategy for clinical supervision and a commitment to implement it". Another said: "I'm so pleased that there's a greater emphasis on staff wellbeing", while a further suggestion was to limit the number of people attending the sessions.

We piloted the introductory session to wellbeing, which covers self-awareness, self-compassion and mindfulness. This was positively evaluated. The realisation that taking time out to care for oneself can also help that person care for others is reflected through the feedback from one

participant who said: "Self-compassion can help me be compassionate to others."

Seven of the participants were from non-clinical roles and one staff member highlighted how "as a non-clinical member of staff, there's very little active support during the working week".

Insights from staff and volunteers: Wellbeing session

"Being in the present moment' is thought-provoking. And not worrying about the things we have no control over. The past and the future namely."

"A great reminder of why being mindful and kind to yourself is so important."

"I've really enjoyed the session this morning, and when I next go to work, I'll use what I've learned. It'll be small things at a time."

"Keep doing what you're doing! It's been good to group, especially in these times! I don't feel like people talk enough, so it's a good way to open that book up, so to speak. And just make people aware of the help that's out there, as I was unaware of the counselling service."

"As a non-clinical member of staff, there's very little active support during the working week – taking three hours out of my day to stop and think has been fab. I'd recommend it to everyone."

"It was a great session. I've learned a lot from it. Thank you for taking the time to run this for us!"

While this work was valued by those who attended, there are still ongoing challenges with covid-19 and the longer-term impact it may have on staff. More work will be undertaken to engage non-clinical and volunteer teams, which we'll be exploring over the coming year. We'll also be implementing more effective ways of evaluating and understanding the wider impact of resilience-based supervision.

Insights from staff and volunteers: Supervisor update sessions

"I can really see how useful and productive this will be going forward, and personally how it will affect my practice."

"Reflective – will definitely be doing a piece of reflection for my revalidation on this and it's encouraged me to reflect on related events/situations."

"Reflective – the session really made me think about myself and my own needs and how important it is to be 'in the right space' for any role for it to be purposeful and effective."

Place-based co-design

We said we would...

Recruit a Head of Community Engagement to develop the strategy for engagement and co-design. The strategy would include a plan for the rollout of staff training to support them in techniques and best practice approaches. We believed this would help us involve communities and individuals in our service design.

We planned for this to be mindful of our approach to public and user involvement activity, so including virtual and face-to-face forums, workshops, interviews and groups. Through this, we aimed to demonstrate how we successfully embed the lived experience and needs of communities in our service design, and how this supports Marie Curie in achieving more social inclusion.

What we did

Recruitment for an Associate Director of Community Engagement, Involvement and Development was delayed with the postholder starting in April 2022. The groundwork for our strategy had started, but it was curtailed by the constraints of the pandemic. With restrictions on face-to-face interactions, we explored engagement with communities online via virtual cafés and 'check in and chat' sessions.

Our place-based teams have recognised the importance of public involvement and explored how this may be progressed. Pandemic pressures have limited progress, but with restrictions lifting, opportunities have been sought to embed lived experiences in our service design.

Our Community Engagement teams in Scotland and the South West have continued to develop local relationships. Meanwhile, our Helper teams have continued to cultivate local relationships, which may be the foundation of future community engagement work. Our team in Wales is engaged with Compassionate Cymru. Our new Associate Director will support us in reviewing our approach and develop a community of practice for those working in compassionate communities.

Insights from staff and volunteers: Community of practice

"It increased awareness that there's an organisational strategy for clinical supervision and a commitment to implement it."

"[It gave me...] confidence in speaking up about my own experiences, especially when I fear these may be controversial, inappropriate or unwelcome."

"I'm so pleased that there's a greater emphasis on staff wellbeing. I've always focused on that during my sessions, as I've always felt that Marie Curie have failed in acknowledging this in the past."

"I really enjoyed the session. A good catch-up and update. Always good to engage with others and see the lovely Mel and Sarita from the PDF team."



Phil Hardman/Marie Curie

Part 1c: Clinical effectiveness

Our focus areas for 2021/22 around improving clinical effectiveness were:

- to develop our Quality Strategy.
- to build on our assurance processes.

Quality Strategy and assurance processes

We said we would...

Develop a robust Quality Strategy to help us focus on the right quality initiatives, use our resources appropriately and drive improvements, ensuring our quality work is carried forward. We also planned to build our assurance processes, helping us strengthen our organisational governance, as well as support quality and safety assurance from the corporate to clinical level.

What we did

We made progress towards developing a robust Quality Strategy for our organisation, enabling us to focus on the right initiatives while using our resources effectively, so driving forward improvements. We held an initial workshop with our business support teams, including risk and compliance leads, to develop a shared understanding of quality. We also worked towards identifying our key priorities which support achievement of our North Star. An initial draft of the Quality Strategy, identifying our key quality priorities, will be taken forward in 2022/23.

Our Associate Directors of Nursing and Quality, as well as Quality Improvement Facilitators from our Nursing and Quality Directorate, have been working with local place-based teams to develop and improve local governance frameworks. Together, they've been working on assurance processes to ensure and improve quality. A series of regular meetings with place-based leadership teams have been set up to discuss emerging and ongoing quality issues. A member of the Nursing and Quality Directorate has been participating in each of the local governance meetings.

We also started a series of peer quality assurance visits to our place-based hospice and community services. These support our Registered Managers in identifying areas of strength and improvement. They also provide assurance to our trustees and external regulators about the quality of our services.

To accompany our visits, we designed information leaflets for both patients and staff. Following each visit, the local team is also provided with a report, alongside recommendations for improvement. They can develop it into an action plan which is monitored through local governance meetings.

"The experience was a positive one in that the Quality team used the approach of a general conversation with staff to review our practice and the message was about this being an opportunity for learning, as well as highlighting good practice.

We were pleased that our achievements were recognised and the areas for improvement were identified, so they could be escalated using the correct process.

Two specific areas were identified as requiring a stronger focus and improvements were discussed with me during my conversation with members of the Quality team. I found it supportive that they recognised both the challenges we were facing as a team and me personally, as part of my new role as Head of Quality and Clinical Practice."

Head of Quality and Clinical Practice, on her experience of the quality visits

Part 1d: Next year's priorities

In this section, you can see our priorities for improvement for 2022/23, again grouped in three key areas:

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

Priority 1

Patient safety

Quality improvement work on tissue viability

We'll be undertaking focused quality improvement work related to an aspect of tissue viability, aiming to reduce patient harm from pressure damage.

What does this mean and why is it important?

Compared to the general population, the prevalence of pressure ulcers is higher in palliative care patients. Skin failure is an inevitable part of the dying process for some patients and doesn't necessarily mean that inadequate care has been

provided. However, pressure ulcers can have a negative impact on quality of life and increase the occurrence of pain and infection. We've recently undertaken a deep dive into pressure area care across our services and identified areas for improvement including:

- the development of a training package to ensure all staff are accurately categorising skin damage
- a review of our incident database and templates in our electronic patient record to improve reporting and oversight of pressure damage
- improved oversight on the completion of duty of candour requirements to

ensure we can evidence our commitment to being open and transparent when patients develop pressure damage

- to develop our tissue viability lead network
- to strengthen our benchmarking through an external partnership.

How will progress be measured, monitored and reported?

A project group will be led by the Associate Director of Nursing and Quality, involving key stakeholders who will report through to the Executive Lead. We'll evaluate the progress, project milestones and outcomes of the work via the project group.

What is tissue viability?

Tissue viability is an overarching term which is about the care, management and treatment of wounds, and the prevention and management of pressure damage.

What is benchmarking?

Benchmarking is a continuous process by which an organisation can measure and compare its outcomes with peer organisations and use the findings to inform decision-making.

Priority 2

Patient and carer experience

Staff wellbeing and resilience

What will we do?

We'll continue to develop and enhance our wellbeing and resilience offer for staff. We'll embed a community of practice for resilience-based supervisors. We'll also continue to develop and implement an introduction session to wellbeing which focuses on self-compassion and kindness. This will be linked to the three emotional systems utilised in our resilience-based supervision model.

We'll explore support needs for non-clinical caring services staff who've indicated they'd like more support. We'll continue to enhance overarching wellbeing and resilience through our development of a modular induction, preceptorship and mentorship programme to help recruit and retain staff. We'll also work with the equality, diversity and inclusion workgroup to ensure we're mindful of wider challenges within the workforce.

What does this mean and why is it important?

By facilitating different methods of wellbeing and

resilience we can develop a number of tools to be utilised across the organisation. We're mindful that there isn't a 'one size fits all' method to providing support and therefore our approach needs to be diverse as well. Embedding various wellbeing aspects into our culture and opening up conversations around wellbeing, self-care, kindness and compassion will positively impact the care that's delivered to patients and those important to them. The ongoing stressors and challenges within society may continue to have an impact on our staff, volunteers, patients and those important to them for some time to come. Being aware and engaged in this allows Marie Curie to role model their values in the way staff experience care and support for their own wellbeing.

How will progress be measured, monitored and reported?

We'll continue to evaluate the success, outcomes and impact of these pieces of

work through the Wellbeing and Resilience Steering Group, who report to the Executive Lead and Learn and Develop Advisory Group. We'll continue to engage and communicate with all staff and volunteers, ensuring they have the opportunity to be involved and informed.

Priority 3

Evidenced-based design

We'll be undertaking some quality improvement work which is focused around evidenced-based design (EBD). This will be carried out via the NHS Fifteen Steps Challenge and Listening Events which involve capturing and understanding the experiences of patients, carers and staff in relation to our services.

Doing this will help us understand not only their views on the process they go through, but the way it feels to experience services and their environment. By using the evidenced-

based design approach, the service experience experts and service experts will work together in the quality improvement process. Their aim will be to supplement user feedback that's currently received via patient and carer surveys, or through complaints, concerns and compliments.

What does this mean and why is it important?

As part of the Fifteen Steps Challenge, staff, users and members of the public are brought together to experience those first impressions of the care setting: *Is it welcoming, safe, caring, involving, well-organised and calm?*

This can be repeated and have different focuses. For example, it could involve the experience of a person with learning disabilities, or a trend identified from existing feedback. Listening Events can be conducted in person and virtually, making it an inclusive method where staff can gain insight.

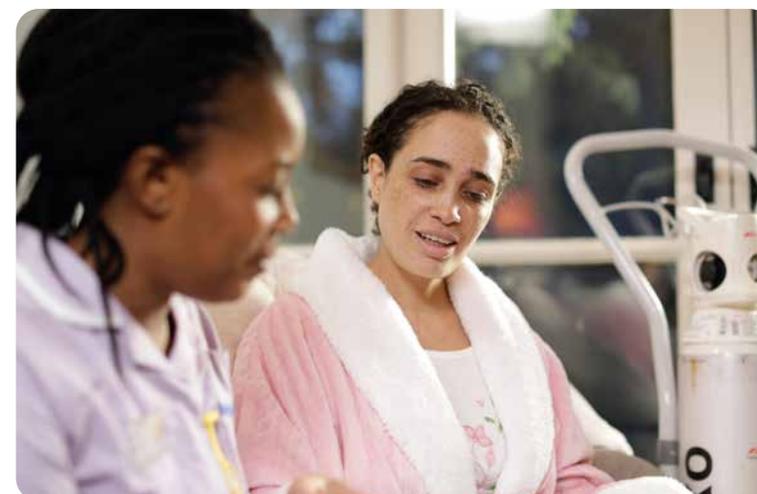
Focusing on the listening and not the resolving can help staff understand what it's like to experience their service from the perspective of a patient, family member, carer or friend. It also provides alternative avenues for users to provide feedback to Marie Curie. Adopting a more open style of engagement which is user-led, it can offer the insight to improve current experiences of patients, family members, carers or friends.

How will progress be measured, monitored, and reported?

Local short life project groups will be led by the Head of

Quality. These will link into existing place-based and national user meetings about experience or governance. They'll be supported by the National Patient Experience team.

The findings, learnings, action plan, improvements and impact will be shared within Marie Curie, as well as with all service users and visitors. They'll also be highlighted within existing quarterly national patient experience reports, so the Executive Lead will receive oversight. Progress, project milestones and outcomes of the work will be evaluated through the



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National Patient Experience Steering Group.

Priority 4

Clinical effectiveness Governance review

We'll review and strengthen our clinical governance across the place-based teams throughout our Caring Services Directorate.

What does this mean and why is it important?

Effective clinical governance ensures we have clear oversight of the quality and safety of our services. It helps us understand, develop and improve the essential components of our care, making sure we deliver positive patient experiences and outcomes, while achieving our North Star ambitions. Now that we've moved to a place-based model of service delivery, it's important we review our governance arrangements to be certain they are efficient, aligned and effective. We also need to see they support

a culture of learning, self-analysis and continuous improvement.

We'll undertake a full review of all our governance meetings, carefully considering the structuring and terms of reference of each meeting. We'll check each meeting is fit for purpose and that it clearly integrates into the wider governance framework. We'll define and implement clear escalation requirements to confirm information is cascaded appropriately. We'll also make sure our Quality Impact Assessment Policy is ready to facilitate robust governance arrangements for services when undergoing change, design or implementation.

How will progress be measured, monitored, and reported?

This work will be overseen by the Caring Services Leadership Team. They'll report directly to the Chief Nurse, Executive Director of Quality and Caring Services, who'll monitor progress and

improvements to reporting and escalation

Priority 5

Career Development and Progression Framework

What will we do?

We'll use the information from phase three of the Career Development and Progression Framework to further refine it, supporting implementation across all our clinical teams in 2022/23. We'll also complete the evaluation research project, which runs alongside our work on developing the framework and will be published in 2022/23. This project will add to the knowledge and evidence base we have in relation to career frameworks, while supporting its development in different care environments.

What does this mean and why is it important?

The Career Development and Progression Framework will clearly articulate the capabilities, knowledge,

values and behaviours we expect for all levels of clinical roles. It will ensure there's consistency in our approach to staff development and performance, with defined career pathways. In turn, it will contribute to staff retention, workforce design, workforce development and high-quality, person-centred care delivery.

The co-creation and testing approach we've used throughout this project has ensured our clinical staff continue to contribute to the development of the framework. Feedback from clinical staff will be used in the next phase to refine and shape it, making sure it truly reflects the skills, values and behaviours required for all clinical roles. Ensuring staff have been fully engaged in this development process will help them understand and adopt the framework as we move into the full implementation phase in 2022/2023.

The framework also clearly defines requirements and

training needed at each level of practice to enable us to clearly identify and implement access to education, training and development. Not only will this enhance staff skills, but it will also impact on the experience of people at the end of their life and those important to them. Investing in a Career Development and Progression Framework – as well as the education and training needs that come out of this – establishes equity, consistency, and minimum standards of capabilities.

How will progress be measured, monitored and reported?

We'll continue to evaluate the success, outcomes and impact of the project throughout phase three. This will happen via the project steering group, which reports to the Executive Lead and Change Committee. We'll also continue to engage and communicate with the clinical teams to ensure they're involved and informed.

Part 2 Quality in focus

Our staff

The pandemic brought about the most difficult year in a generation for the charity and healthcare sectors. 2021 and 2022 continued to bring everyone challenges, whether that was looking after our mental, physical and financial wellbeing, current affairs, maintaining a work-life balance or being furloughed. The healthcare sector has also been hit hard by recruitment challenges in the past couple of years and we haven't been immune to the effects of it here at Marie Curie.

We said we would continue to focus on wellbeing and to improve attendance at work, while introducing new initiatives around how we can support managers and staff to do this.

We looked at our approach to how we worked at Marie Curie, we listened to employee feedback and introduced new ways of working which

included remote working, hybrid working and site working. The new Ways of Working Policy and Guidance was an essential element of both our strategy for adapting to – and thriving in – the new working environment following the coronavirus pandemic, and our commitment to supporting a positive work-life balance.

We built upon our sustainable ways of working guidance to assist with the decisions and choices we make in our approach, in a way that reflects the culture and behaviours to which Marie Curie aspires. We encouraged more flexible working practices and an output-focused managerial style.

We promoted the national Time to Talk Day within Marie Curie, encouraging people to check in both on their colleagues', and their own, wellbeing. This could be achieved through holding

a meeting-free day which might be used to open up a discussion about mental health.

We developed new Equity, Diversity and Inclusion policies, which are an important part of our ongoing commitment to creating an inclusive culture at Marie Curie. That is where everyone feels they can bring their whole self to work without fear of judgement. The policies included a Trans Inclusion Policy, Transitioning at Work Policy and Guidance, and Menopause Advice and Guidance. Introducing these will further our support for all communities and help embed zero-tolerance for discrimination or prejudice.

We took steps towards improving our recruitment and retention challenges by launching an improved Introduce a Friend scheme. We've made this more competitive by incentivising



Phil Hardman/Marie Curie

staff more when they recommend our vacancies to their friends and ex-colleagues.

We continued to provide training, information and guidance to managers. This will help them talk to employees about health and attendance issues, work closely with our occupational health provider to improve services, and continually develop our Health and Wellbeing Hub.

Next year, we plan to launch a Wellbeing Action Plan tool, which will allow staff to share what can trigger poor mental health at work with their managers, what helps them stay mentally healthy at work, and what their manager can do to actively support their mental wellbeing.

Mental wellbeing

Mental health issues remain the most common cause of absence. That's why our People, Health and Safety, and Wellbeing teams continue to focus on supporting staff in

this area. Despite a degree of normality resuming, we're acutely aware of the impact the pandemic has had and will continue to have on our teams. Likewise, the vicarious impact current affairs can have is also at the forefront when considering how we can best support staff.

With this in mind, we recruited a full-time Wellbeing Lead in November 2021. The role will offer full-time focus on developing and supporting wellbeing and mental health resources. Our aim for 2022-2023 is not only to add additional wellbeing resources and offerings, but to review our current catalogue so we can ensure these are the most robust and appropriate means to support our staff.

The 2022-2023 strategy will be shaped by staff feedback and surveys exploring what is impacting them most, as well as giving them the most meaningful solutions to improve their wellbeing and mental health.

Our Employee Assistance Programme (a free, confidential service provided by our Occupational Health provider) continues to be a well-received resource, with it providing immediate support on personal and work-related issues. The program provides guidance in a range of areas as well as a confidential helpline for immediate support and counselling.

The Health and Wellbeing Hub continues to be available to all staff and contains a wealth of information, guidance and advice on a wide range of topics. In 2022, the hub will undergo extensive review to ensure the most current and robust means of support and advice are available.

In July 2021, we launched our Mental Health First Aider (MHFA) programme. We've now trained over 60 MHFAers who act as a point of contact for individuals experiencing mental health challenges or emotional distress. As part of our short-term strategy, we'll be offering refresher training to our current MHFAers

to ensure best practice, strengthening the program by clearly defining its processes, as well as increasing support for our current MHFAers.

We also expanded our faculty of Schwartz facilitators to support all staff – clinical and non-clinical – with the emotional and social aspects of working in healthcare via structured forums.

We identified a need for further resources to enable managers to support the wellbeing and mental health of their teams. Our aim is to create a psychologically safe environment where staff feel able to bring their whole selves to work, express how they feel authentically and ask for support when they need it. In response to this, training modules for managers on the importance of wellbeing and how to approach sensitive matters have been developed.

In addition to this, we're developing resources such as a signposting directory. We're also offering guidance on how to embed a wellbeing-

centric approach into team management processes and procedures.

To further support our workforce, we continue to work on reviewing our policies in relation to mental health and wellbeing. A key project for this has been the initiation of work to develop a Stress Policy. Creating a policy addressing stress and the causes of stress (with additional supporting documents) is paramount, because we know stress is one of our key causes of sickness absence.

We also developed our Pets Policy to acknowledge Emotional Support Animals in the workplace at Marie Curie. Emotional Support Animals provide companionship aimed at alleviating distress or reducing aspects of a clinically diagnosed psychological or emotional disability. They give employees a further means of support in the workplace.

Physical wellbeing

Most staff were issued with furniture and equipment to facilitate home working in 2020/2021. This continues to be the case for new starters as part of the online Display Screen Equipment (DSE) training and assessment process to ensure a good ergonomic desk set-up. We have also improved patient handling systems and processes as part of a package of measures to reduce musculoskeletal disorders.

Significant projects are in progress to minimise risks associated with lone working and abuse, including a new Zero Tolerance to Abuse Policy, personal safety/conflict management training and the planned move to new lone-working technology solutions.

Social and financial wellbeing

Marie Curie's financial wellbeing portal, Mybenefitsatwork, provides 24/7 access to easy-to-understand information

about staff benefits. Its aim is to ensure employees have current and topical financial information, from investment management to debt management to student loans and buying a property. We have this in place because we recognise that having financial wellbeing is an important part of maintaining good mental health.

The portal also includes pension and education information. New employees will be able to access pension enrolment. In addition, they'll have access to all the necessary information to help them make the right choices when joining a pension scheme.

The portal has a Benefits Hub which offers employees discounts from many major high street and online retailers. There's also all the financial benefits which the charity provides, including eye care and the Introduce a Friend to Marie Curie scheme. All of these are accessible via the portal. The portal is a great benefit for Marie Curie

employees and shows our commitment to their social and financial wellbeing.

Networks

Our employees continue to help strengthen Marie Curie through our employee resource groups, which are safe spaces for support. They offer new ways to socially interact and feed into the work we do as an organisation.

Our networks offer lots of opportunities to meet others in the organisation who may share similar interests and also involvement with some great causes. We've built upon our current networks (Ethnic Diversity Network, Health and Accessibility Network, LGBTQ+ Network, the Veterans Network, and the Carers Network) and have introduced our Women's Network, Muslim Network, Bereavement Network, Armed Forces and their Loved One's Network, and the Good of Gardening Network.

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 sharing any feedback with our clinical teams verbally or in writing
- by completing a paper survey sent to every home nursing patient and available in each hospice room and reception area
- through our website
- by completing an electronic survey via a mobile device available in our hospices and with visiting staff
- by clicking on a QR code within a feedback poster displayed at our hospices to access an electronic survey
- through clinical staff and volunteers supporting the use of an electronic survey.

Patient safety

We're committed to reducing avoidable harm and improving patient safety. When an incident happens, we're 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 on the next page shows the numbers of incidents recorded at all levels of harm in 2021/22. There were no incidents of severe harm and the percentage of incidents resulting in moderate or serious harm is 0.8%. This includes five incidents that affected staff.

Level of harm	Total number	% of incidents	Incidents as a % of total unique patients in 2021/22*
No harm – no injuries or obvious harm, loss of property or significant likelihood of service issues arising from incident.	3561	77.1	7.5
Low harm – any incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving care.	1018	22.1	2.1
Moderate harm – any incident that resulted in a moderate increase in treatment and that caused significant but not permanent harm.	37	0.8	0.1
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.	0	0.0	0.0

What do we mean by an incident?
 We record anything significant that happens to a patient which 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 covid-19 pandemic has continued to dominate 2021-22. Our aim during this time has been to react quickly to changes in guidance from a national level, ensure swift communication to staff to maintain safety of all, and to continue to provide high-quality end of life care to the people we look after. We’ve undertaken this through the

Caring Services Pandemic Group, Infection Prevention and Control Committee, IPC Link Nurse Network, internal communications and a dedicated covid-19 intranet page.

Our Infection Prevention and Control Work Programme and the Board Assurance Framework are the governance tools we use to monitor and demonstrate compliance of our infection prevention and control

activities carried out throughout the year, as well as being our organisational improvement plan. Results are formally reported to the Infection Prevention and Control Committee quarterly and full details are reported in our IPC Annual Report.

We’ve undertaken regular infection prevention and control audits to ensure our policies and procedures are applied in practice. These have included hand

hygiene, the correct wearing of Personal Protective Equipment (PPE), and covid-19 infection prevention and control practices. Incidents and outbreaks of infection have been investigated and managed in accordance with public health guidance throughout the pandemic. A post-infection review was carried out internally for each one of these events with key learnings and any areas for improvement identified and shared through the Serious Incidents Learning Panel to ensure continuous improvement.

We undertook alert organism surveillance of methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, methicillin-sensitive Staphylococcus aureus

(MSSA) bacteraemia, E. coli bacteraemia, as well as other gram-negative bloodstream infections and Clostridioides difficile infection. This year, there have been zero cases of bacteraemia reported within the organisation and only three cases of Clostridioides difficile infection, which is very low compared with the national figures.

Our Head of Infection Prevention and Control has provided expert advice and guidance on actions necessary to deliver and maintain patient safety by reducing transmission of healthcare-associated infection. Safe, high-quality care is the responsibility of all our staff and remains a high priority for Marie Curie to ensure the best outcome for patients in our care.

*Unique patients means that every patient who accessed our services is counted once even if they accessed multiple services, or had more than one admission or appointment.

Safeguarding

We're committed to safeguarding all our people from harm. This includes all those who use or come into contact with our services and work, our staff and volunteers. 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 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 and named safeguarding leads in our hospices, community nursing services, volunteering, community fundraising, retail and media teams.

We take stringent steps to ensure the people who join our organisation through

employment or volunteering are suitable for their roles. Additionally, we have a code of conduct for all staff and volunteers.

In the past year, we've reviewed and updated our Safeguarding Policy, making this available to the public via our Marie Curie website. Also published on our website is information on safeguarding for the public which includes links to organisations who can help and support those experiencing or at risk of abuse and neglect. As well as this, we've updated the safeguarding information we provide to health and social care professionals via the Palliative Care Knowledge Zone. This information can also be found on the Marie Curie website.

In addition, we've carried out an internal audit of safeguarding to assess the charity's compliance with our Safeguarding Policy. We've developed a Safeguarding Workplan with a specific focus on volunteering

across the charity. Our Safer Staffing Policy and Procedures have now been reviewed and updated and are made available to all staff via the Marie Curie intranet. Safeguarding incidents and safeguarding training compliance continue to be monitored centrally by the Safeguarding Assurance Group with quarterly reports produced and presented to the Executive Leadership Team and Quality Trustee Committee.

In the coming year, we'll focus on further developing the work on our safeguarding strategy, strengthening the culture of safeguarding across our fundraising teams and making continuous improvement across our place-based services. We'll continue 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 manage their symptoms. Many of our patients are discharged home and some remain in our hospice where they're supported until they die.

Between 1 April 2021 and 31 March 2022, 1,256 patients died in our hospices, broken down as follows:

Q1 – 321

Q2 – 325

Q3 – 351

Q4 – 259

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



Phil Hardman/Marie Curie

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, clinical effectiveness and patient safety.

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 registered nurses and healthcare assistants 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 1900 registered nurses and healthcare assistants working across the UK, who cared for 39,236 patients in 2021/22.

Patient and carer experience

Patient and carer feedback

This year, 814 patients and carers provided us with their feedback and comments about the Marie Curie Nursing Service via our primary satisfaction survey (see table below). As the number of patients and carers feeding back via our primary survey

has decreased there has been a focus on how this could be improved. This appears to be a national trend where feedback survey completion has been impacted by the pandemic. Staff capacity to support it has been affected, as well as a reduction in visitors to hospice and home care environments. This has led us to create a multifaceted improvement plan, monitored

by the Chief Nurse and Quality Trustee Committee.

The volume of feedback received has seen an increase in the last quarter of this year, while we've largely maintained or improved slightly on our satisfaction scores. These are monitored centrally and by services to see where improvements are needed.

Friends and family test

This is a national feedback question asked by all care providers. Out of 1,468 people who responded to this question, 98.8% replied 'very good' or 'good'. This is a similar score to last year where the score was 98.58%. We believe this indicates that we provide good standards of care. Where a small number have reported their

experience as 'poor' or 'very poor' we can sometimes identify improvements which can be made if additional comments are provided, or the respondent has provided us with their contact details for a conversation about their experience.

Patient satisfaction, Marie Curie Nursing Service

Aspect of care	2020/21–responded 'always'	2021/22 – responded 'always'	Change from last year
Treated with dignity and respect	98%	99%	Up 1%
Involved in decisions about your care	95%	98%	Up 3%
Have up-to-date information about you	93%	97%	Up 4%
Provide support for family and friends	86%	84%	Down 2%

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

Responses	Total number	%
Very good	1302	88.7%
Good	148	10.08%
Neither good nor poor	8	0.54%
Poor	2	0.14%
Very poor	5	0.34%
Don't know	3	0.20%

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 117 complaints in 2021/22. It's a decrease from last year when we received 135 complaints.

The most common complaints in the Marie Curie Nursing Service are to do with staff attitude. There were also some complaints received about sleeping on duty. These themes have been monitored throughout the year and discussed in the National Patient and Carer Experience

Meetings. They also feature in the Experience Improvement Plan.

In local and national training, challenging communication case scenarios are discussed. They are also discussed individually with staff where appropriate. Best practice is discussed too.

A deep dive into sleeping on duty was carried out at the request of the Quality Trustees Committee, which highlighted a reduction in such complaints since 2017. This reduction may be associated with the implementation of strategies to stay awake and working night shifts that was included in a Marie Curie Nursing Service induction resource. This resource has been updated this year to add further tips to stay awake for night staff.

We responded to 96% of nursing service complaints within 20 working days or an agreed revised timeframe. Improved oversight and processes have resulted in an improvement to 100% in

the last quarter. There were no complaints escalated to the relevant ombudsman or regulatory body from the nursing service.

Changes made following complaints

In 2021/22, we made or have planned to make changes in response to complaints received about our nursing service. These include:

- Following a complaint relating to sleeping on duty, shared learning was cascaded to the local teams, as well as discussed through governance meetings. The anonymous scenario was discussed through clinical supervision.
- Staff identified that conflict resolution training would be helpful.
- Staff will need to make it clear to patients and families that there's now an increased use of technology in the home following the move to electronic medical records. This will help families

understand that staff aren't using electronic devices for personal purposes. It will also help them understand the frequency of patient observation and care.

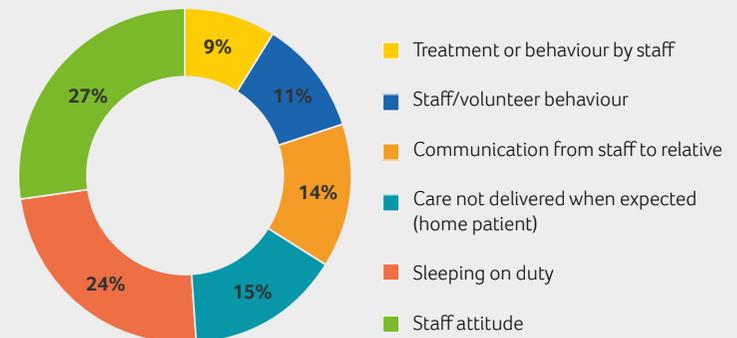
- Staff performance management will be required in the case of some complaints.
- Staff will need to be reminded of the importance of the family/carer being involved in conversations about the patient's needs, as well as helping identify changes in

the patient's behaviour.

Compliments

In 2021/2 we received 1,279 compliments. A workshop was held in March to explore how compliments may be used to drive service improvement. This will be followed up by local teams and fed into the National Experience Improvement Plan.

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



Clinical effectiveness

Audit

We carried out five Marie Curie national audits of our nursing service in 2021/22, each focusing on a different aspect of our work. These are detailed in the table below.

Each of our 11 community place-based 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.

Each place is encouraged to use the results of the audit to assist in quality improvement work in that specific area. All audits require a local action plan which is agreed and monitored through local governance committees.

Actions are included on the place-based action tracker and reported by exception at Caring Services performance meetings.

Audit	Percentage compliance across all services	Main findings/recommendations	Actions
Complaints and concerns	80%	<p>The findings of this audit revealed that the management of complaints across services adhere to the standards outlined in the most recent policy in a number of areas.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Appropriate managerial sign-off. • Escalating possible serious incidents. • Completion of actions. • Acknowledgement within two working days. <p>Areas for improvement</p> <ul style="list-style-type: none"> • Many of the concerns logged were not resolved within one working day, which is a requirement of the policy. • Evidence of cultural, religious, specific needs and/or any reasonable adjustments required being discussed with the complainant was highlighted in 2020 and again in 2021 as an area in need of improvement. • The templates for acknowledgement and full response letters were not consistently used. 	<p>Improvement work by Head of Patient Experience and Feedback is in place to ensure evidence that any cultural, religious, specific needs and/or any reasonable adjustments required are discussed with the complainant.</p> <p>Detail has been added to the acknowledgement and final response letters, as well as adjustments made to the incident database.</p> <p>Centrally-led improvement on identifying complaints are likely to breach 20-day response target. Therefore, trigger emails will be sent as the 20-day target approaches. A review of the complaints template has also been completed which will be added to the incident database.</p> <p>Complaints training will be reviewed to ensure areas for improvement are highlighted.</p>

Audit	Percentage compliance across all services	Main findings/recommendations	Actions
Sleeping on duty avoidance	82%	<p>The Marie Curie Sleeping on Duty Avoidance Audit was undertaken in response to trends in incidents and complaints and was completed in overnight services only. This was the first time this audit had been undertaken.</p> <p>The audit was undertaken in two parts. Part one was a self-assessment completed by Marie Curie Registered Nurses and Marie Curie Healthcare Assistants. Part two was completed by the regional teams in the twelve regions.</p> <p>Strengths</p> <p>Part one</p> <ul style="list-style-type: none"> • Staff reading the Marie Curie Nursing Service Handbook, detailing ways to help cope with nightwork and the importance of sleep. • Ensuring there's good ventilation on the drive to work. • Maintaining regular sleep patterns and using techniques to stay awake during the shift. <p>Part Two</p> <ul style="list-style-type: none"> • Informing the service user/relative of the incident. • Investigation and recording of actions taken to prevent recurrence. • Evidence provided during the investigation. <p>Areas for improvement</p> <p>Part One</p> <ul style="list-style-type: none"> • Avoidance of caffeine, ensuring staff have a nourishing breakfast before bed. • Informing the line manager if staff are having trouble sleeping and seeking medical help where appropriate. <p>Part Two</p> <ul style="list-style-type: none"> • Evidence of oversight in governance meetings. • Use of NHS Improvement's published guidance, <i>A just culture guide</i>, needs to be more consistent, which will ensure a fairer, system-wide approach to investigations. 	<p>Support the consistent use of NHS Improvement's published guidance, <i>A just culture guide</i>, to managing risk.</p> <p>When covid-19 restrictions allow, improve instances where a member of staff visits the patient's home so they can view where the incident occurred.</p>

Audit	Percentage compliance across all services	Main findings/recommendations	Actions
Nutrition	86%	<p>This is the first time this audit has been undertaken in Marie Curie and will be used as a benchmark for future improvements.</p> <p>The number of questions included in the community part of the audit were limited due to difficulties accessing notes which are owned by the District Nurse Community Teams.</p> <p>Strengths</p> <ul style="list-style-type: none"> • There's documented evidence that the patient was offered food and fluid. • If the patient required assistance to eat or drink there was evidence that they were offered this in a timely manner appropriate to their needs. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Access to patient care plans and records. • Audit programme to assess the standards of food modification. 	<p>Consider including a national audit to assess the standards of food modification in 2022-23 following completion and embedding of this audit's action plan.</p> <p>Marie Curie Community Teams to work with the District Nurse Community Teams, ensuring staff can access patient notes / nutrition and hydration care needs.</p>
Mouth care	53%	<p>This audit was undertaken in two sections. This is the first time this audit has been undertaken in Marie Curie and will be used as a benchmark to future improvements.</p> <p>Strengths</p> <p>Part One (review of documentation)</p> <ul style="list-style-type: none"> • Involving relatives/carers when the patient didn't have capacity. • Assessing the patient's mouth for any changes. <p>Part Two (observations of care)</p> <ul style="list-style-type: none"> • Professional standards including introduction, explanation and consent. <p>Areas in need of improvement:</p> <p>Part One (review of documentation)</p> <ul style="list-style-type: none"> • The fundamental principles returned low scores for all services. • Evidence needs to be documented that all aspects of mouth care were covered. • Evidence needs to be documented that patient's family/carers were involved in providing mouth care. <p>Part Two (observations/self-assessment of care)</p> <ul style="list-style-type: none"> • Oral assessment needs to be carried out using an approved oral assessment tool. 	<p>A national education programme is being piloted in early 2022.</p> <p>Teams should be supported in improving the understanding of how to accurately complete audits.</p> <p>Improvement work on documentation is to be addressed by local teams, offering education and tools to enable assessments and care. This will also be incorporated in the national education programme.</p> <p>Development of an oral assessment to use in the community.</p> <p>Strengthen guidance to staff regarding foam/pink sponges. It's not recommended that these are used, due to risk of choking.</p>

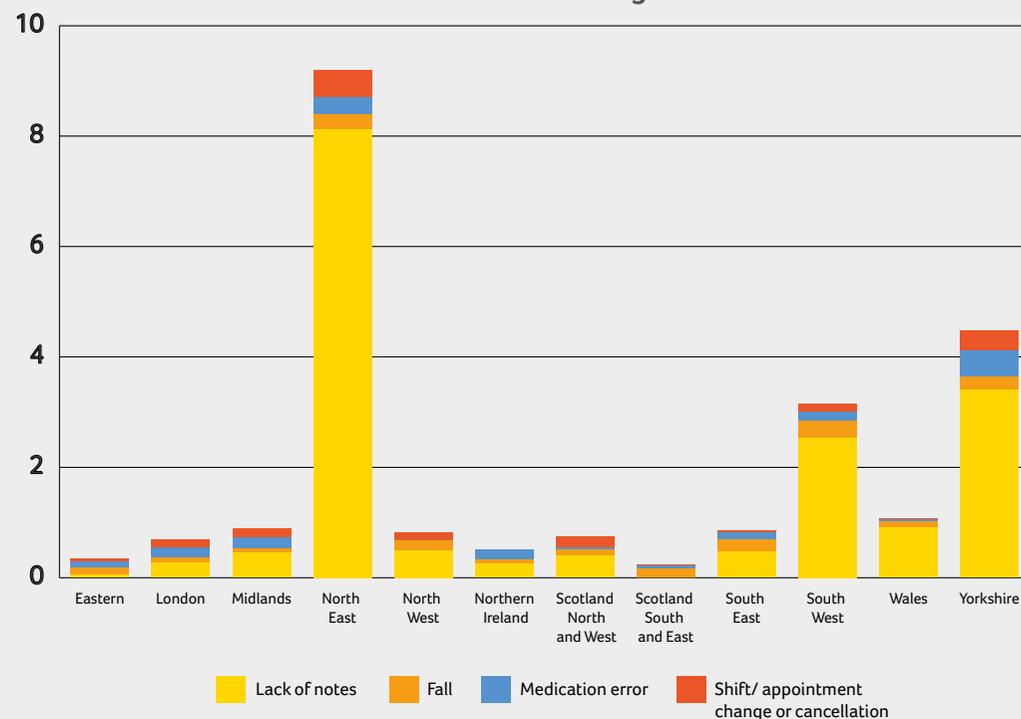
Audit	Percentage compliance across all services	Main findings/recommendations	Actions
Care after death	77	<p>The audit was divided into six sections, with an overall score of 77%. This audit was last undertaken in the nursing services in 2016.</p> <p>Strengths</p> <ul style="list-style-type: none"> The section covering personal care after death. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> The key area in need of improvement was the standards relating to care of the family. 	<p>Further investigation is required by local teams to understand the areas with lower scores. Local teams will undertake improvements, working with the District Nurse Community Teams to improve compliance, where appropriate.</p>

Patient safety

Incidents, Marie Curie Nursing Service 2021/22

	No harm	Low harm	Moderate harm	Severe harm
Eastern	51	11	1	0
London	115	18	2	0
Midlands	140	39	1	0
North East	519	23	0	0
North West	131	14	0	0
Northern Ireland	55	9	2	0
Scotland North and West	109	17	0	0
Scotland South and East	32	7	0	0
South East	108	23	0	0
South West	564	53	1	0
Wales	99	21	0	0
Yorkshire	537	39	0	0
Total	2460	274	7	0

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



Incidents

The table on the previous page shows the number of incidents where duty of candour applies in each of our community place-based regions in the UK in 2021/22. There were seven incidents that resulted in moderate or severe harm in the nursing service (0.26% of all incidents). This includes three incidents that resulted in moderate or severe harm to a patient and four incidents that resulted in moderate harm to a staff member.

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. The roll out of an electronic record system (EPR) in the nursing service which will provide access to patient's records in the home setting is almost complete. Staff have reported that this has improved access to patient information, and the electronic record system enables managers to have

improved oversight on the care recorded.

Medication errors

There were 142 medication error incidents in the Marie Curie Nursing Service this year. Just under half of these were administration incidents. There were no clear themes, the number of incidents per service were very low and all were low or no harm incidents.

Falls

There were 145 falls in the Marie Curie Nursing Service this year (121 patient falls and 24 patient, relative or staff falls).

This year, the National Falls Leads Group reviewed and created a single Patient Falls Policy to include the nursing service. As part of this, guidance documents have been produced around falls assessment, falls management and equipment. Falls eLearning training modules are in development for all patient-facing staff.



I was washing Danielle's hair one day and I could feel myself tearing up. I could see Danielle side-eyeing me, and she said that best be shampoo in your eye. I laughed, but at the same time I was trying my best not to cry and the nurse just came up and put her hand on my back. And I just remember thinking to myself in that moment that was exactly what I needed. I needed someone to say I've got your back. You're alright. Don't cry. We put Danielle in bed and I went outside and obviously broke my heart crying. But at that moment in time I feel that nurse just gave me the courage to face a horrific couple of minutes. She just gave me that, 'come on, we can do it together' type of thing. That for me is how best to sum up what Marie Curie does for families."

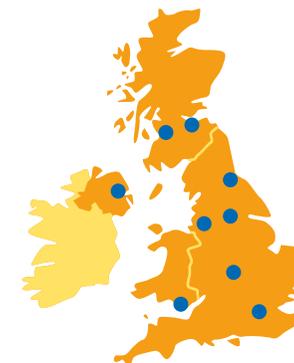
Lisa Wellbeloved from Liverpool talks about how the Marie Curie Nurses cared for her sister Danielle at the hospice before she died in October 2021

Part 2b: Marie Curie Hospices

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

What are Marie Curie Hospices?

There are nine Marie Curie Hospices across the place-based regions in the UK, each of which provides both in-patient and outpatient care for people living with a terminal illness. 7,117 patients were cared for in our hospices in 2021/22. Outpatient services include physiotherapy, counselling and bereavement support.



Patient and carer experience

Patient and carer feedback

This year, 559 patients and carers provided us with their feedback and comments about the Marie Curie Hospices via our primary satisfaction survey (see table opposite). This is an increase from last year when 466 feedback surveys were received. As discussed under the Marie Curie Nursing Service complaints section, an improvement plan is in place to increase this further. Our patient satisfaction scores have decreased in some areas.

A total of 122 comments were received in response to questions regarding food and drink provision in the hospice. An analysis was

carried out on the themes of 16 negative comments. It found in 25% (n=4) of cases, variable quality was described and attributed to a lack of protected mealtimes, while for 19% (n=3) of cases, this was attributed to inadequate portion size or menu variety, and for 13% (n=2), the loss of smell or appetite. Though the volume of negative comments are low they suggest improvements may be needed to ensure the patient doesn't feel rushed, unnecessary interruptions by staff when eating are avoided, the food is kept at the right temperature, vegan options are increased and the provision of drinks for overnight visitors is improved. Also, 28% (n=34) of comments included a 'not applicable' selection, which

suggests that a review of the survey question may be needed, while 59% (n=72) of comments were positive.

"The chef communicating with my grandson was lovely to see – extra touches. First meal was chicken soup and I've never tasted anything like it – brilliant. Ability to feed back to staff is great (on menu form)."

Patient at the Marie Curie Hospice, Newcastle

A total of 34 comments were received in response to the question about quality of information provided in the hospice and an analysis was also completed on the themes of negative comments. There were five negative comments, 40% (n=2) related to discharge, 40% (n=2) related to a lack of information to make decisions, and 20% (n=1) were unsure. Local

teams examined survey responses in their area and made improvements based on the feedback.

A total of 15% (n=5) indicated 'not applicable' and 71% (n=24) of comments were positive.

"There are a lot of leaflets around the hospice. Also, the white board in my bedroom is a good idea. If I forget the date and day I just have to look at it, as the staff change it every day. When you're here a few days you can easily forget days and times. Also, I know who's looking after me as the nurses write their names on the board."

Patient at the Marie Curie Hospice, Belfast

Patient satisfaction, Marie Curie Hospices

Aspect of care	2020/21 – responded 'very good'	2021/22 – responded 'very good'	Change from last year
Welcome into the hospice	91%	89%	down 2%
Hospice cleanliness	93%	89%	down 4%
Quality of food and drink	87%	76%	down 11%
Quality of information	86%	79%	down 7%

Friends and family test

This is a national feedback question asked by all care providers to assess the overall experience of a patient's friends and family. Out of 636 people who responded to the question, 97.33% replied 'very good' or 'good'. This is a similar score to last year where the score was 97.85%. We believe this indicates that we provide good standards of care. Where a small number have reported their experience as 'poor' or 'very poor', we can sometimes identify improvements which can be made if additional comments are provided, or the respondent has provided us with their contact details for a conversation about their experience.

Friends and family test, Marie Curie Hospices

Responses	Total number	%
Very good	569	89.47%
Good	50	7.86%
Neither good nor poor	8	1.26%
Poor	4	0.63%
Very poor	3	0.47%
Don't know	2	0.31%

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 it to the relevant ombudsman or regulatory body.

The Marie Curie Hospices received 55 complaints in 2021/22, which is an increase of ten from 45 in 2020/21.

The most common complaints in the hospices are to do with communication between staff and relatives. There were also a significant number of complaints received about communication between staff and patients. These themes have been monitored throughout the year and discussed in the National Experience Meetings. They also feature in the Experience Improvement Plan.

We responded to 97% of hospice complaints within 20 working days or an agreed

revised timeframe. Improved oversight and processes have resulted in an improvement to 100% in the last quarter. There were no complaints escalated to the relevant ombudsman or regulatory body from the hospices.

Changes made following complaints

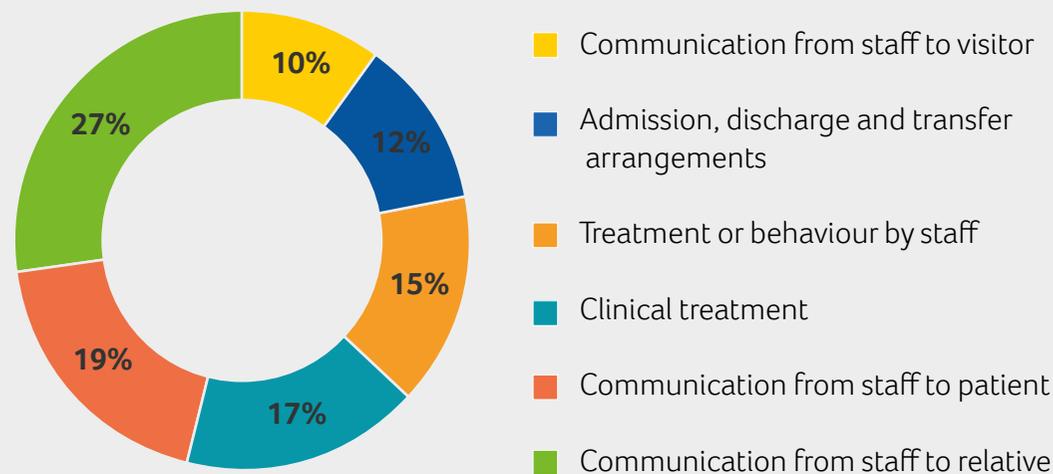
In 2021/22, we made changes in response to complaints in our hospices targeted at individual hospices, including:

- We reviewed local discharge processes and the discharge checklist,

incorporating discussion with In-Patient Unit Registered Nurses.

- We reviewed visiting arrangements and communication in hospices.
- We strengthened our processes to check and confirm next of kin at handovers and admissions and throughout a patient's stay in the hospice.
- After a complaint, staff identified they were not fully aware of the legalities around who can be named

Most common themes of complaints reported in Marie Curie Hospices



as next of kin (NOK) in a healthcare setting to best support family, carers and friends. Therefore, training was implemented for staff to raise awareness.

Compliments

In 2021/22 we received 744 compliments. A workshop was held in March to explore how compliments may be used to drive service improvement. This will be followed up by local teams and fed into the national programme.



Clinical effectiveness

Audit

We carried out five Marie Curie national audits of our hospices in 2021/22, each focusing on a different area of our work (see table below).

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. Each

hospice is encouraged to use the results to assist in quality improvement work in the appropriate area. All audits require a local action plan which is agreed and

monitored through local governance committees and included on the place-based action tracker, reported by exception to Caring Services performance meetings.

Hospice audits undertaken April 2021 – March 2022

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Tissue viability	73%	<p>This was the first time this audit was undertaken in the hospices. It was included in the Marie Curie Annual Clinical Audit Plan because pressure ulcers remain one of the top categories of recorded incidents in Marie Curie Hospices.</p> <p>The audit is divided into four sections: assessment, prevention, management of pressure ulcers, and reporting and investigation of pressure ulcers on admission.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Sub-epidermal moisture (SEM) scanner device training. • Standards in the prevention section. • The appropriate provision of high specification foam mattress or equivalent pressure redistributing mattress. • Clear documentation of immediate actions to reduce the risk of further damage and promote healing. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Providing the patient and relative/carer with written and verbal information on pressure ulcers. • Ensuring the investigation includes the identification of learning needs to prevent similar incidents from occurring again. 	<p>Identify how successfully sub-epidermal moisture (SEM) scanners are being rolled out across all hospices.</p> <p>Reaudit tissue viability in 2022-23.</p>

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Complaints and concerns	78%	<p>The findings of this audit revealed that the management of complaints across services adhere to the standards outlined in the most recent policy in several areas.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Appropriate manager sign-off. • Escalating possible serious incidents. • Completion of actions. • Acknowledgement within two working days. <p>Areas for improvement</p> <ul style="list-style-type: none"> • Many of the concerns logged were not resolved within one working day, which is a requirement of the policy. • Evidence of cultural, religious, specific needs and/or any reasonable adjustments required being discussed with the complainant was highlighted in 2020 and again in 2021 as an area in need of improvement. • The templates for acknowledgement and full response letters were not consistently used. 	<p>Improvement work by the Head of Patient Experience and Feedback centrally is in place to ensure evidence that any cultural, religious, specific needs and/or any reasonable adjustments required are discussed with the complainant.</p> <p>Detail has been added to the acknowledgement and final response letters as well as adjustments made to the incident database.</p> <p>Centrally-led improvement on identifying complaints are likely to breach 20-day response target. Therefore, trigger emails will be sent as 20-day target approaches. A review of the complaints template has also been completed which will be added to the incident database.</p> <p>Complaints training will be reviewed to ensure areas for improvement are highlighted.</p>
Nutrition	64%	<p>This is the first time this audit has been undertaken in Marie Curie and will be used as a benchmark for future improvements.</p> <p>Strengths:</p> <ul style="list-style-type: none"> • There are effective systems and processes in place in the hospices to address nutritional needs. • Comprehensive, holistic, person-centred assessments are completed for nutritional and hydration needs within the initial assessment for patients in the unstable, deteriorating or dying phase. • Robust documented evidence is presented regarding the food and fluid offered. <p>Areas in need of improvement:</p> <ul style="list-style-type: none"> • The need to include in national audit programme and audit to assess the international standards of food modification (International Dysphagia Diet Standardisation Initiative (IDDSI)). • Recording patient's IDDSI level in care planning, notes and handover. 	<p>Consider including a national audit to assess the standards of food modification in 2022-23 following completion and embedding of this audit's action plan.</p>

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Mouth care	63%	<p>This audit was undertaken in two sections. This is the first time this audit has been undertaken at Marie Curie and was based on the Royal College of Nursing's publication, <i>Mouth Care Matters in End of Life</i> (2021) to benchmark practice for future improvements.</p> <p>Strengths</p> <p>Part One (review of documentation)</p> <ul style="list-style-type: none"> Relative/carer involvement when the patient didn't have capacity. Clear documentation of changes. <p>Part Two (observations of care)</p> <ul style="list-style-type: none"> Professional standards including introduction, explanation and consent. Areas for improvement: <p>Areas for improvement</p> <p>Part One (review of documentation)</p> <ul style="list-style-type: none"> The fundamental principles returned low scores for all services. Evidence needs to be documented that all aspects of mouth care were included. Evidence needs to be documented that patient's family/carers were involved in providing mouth care. 	<p>A national education programme is being piloted in early 2022. Teams should be supported in improving the understanding of how to accurately complete audits.</p> <p>Improvement work on documentation to be addressed by local teams, offering education and tools to enable assessments and care. This will also be incorporated in the national education programme.</p> <p>Strengthen guidance to staff regarding foam/pink sponges. It's not recommended that these are used due to risk of choking.</p>
Care of the dying	93%	<p>The audit was divided into six sections. The total score stayed the same, in comparison to last year.</p> <p>In comparison to the previous audit, the number of hospices scoring 90-100% increased for 21 standards and decreased for 25.</p> <p>Strengths</p> <ul style="list-style-type: none"> A number of standards returned high scores. Symptom control and the needs of families and others remained consistent strengths. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> A key area needing improvement is standards relating to drinking, eating and assisted hydration. 	<p>The areas for improvement varied across the hospices and will be reviewed locally. Improvements will be driven through local governance groups.</p>

Research

All our hospices endeavour to engage in research and six of our nine hospices now have research leads, academic research fellows or research nurses who oversee and encourage research in their locality. In 2021/22, 171 patients and carers have taken part in research studies at our hospices.

Patients and carers appreciate the opportunity to take part in research, and we're 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.

Hospice	Research study
The Marie Curie Hospice, Belfast	<p>Attitudes of patients, caregivers and healthcare professionals towards deprescribing in older people with life limiting illness and limited life expectancy in hospice care.</p> <p>Exploring psychological flexibility, self-compassion and team climate in predicting work stress in palliative care staff.</p> <p>'From my perspective' creative feasibility study with day hospice patients.</p> <p>Factors associated with healthcare assistants facilitating advance care planning conversations based on the theory of planned behaviour.</p> <p>Loneliness among people living with a terminal illness and their carers in Northern Ireland: Perspectives and experiences of health and social care professionals.</p> <p>How can technology be used to support communication in palliative care beyond the pandemic?</p>
The Marie Curie Hospice, Bradford	<p>Physical activity in hospices – a national survey on the provision of physical activity in hospice care across the UK.</p> <p>ACCESSA – Understanding access to palliative care by ethnic minority groups in the UK, with a focus on South Asian populations.</p>
The Marie Curie Hospice, Glasgow	<p>Dying at the margins: uncovering the reasons for unequal access to home dying for the socio-economically deprived.</p>
The Marie Curie Hospice, Hampstead	<p>Conversation analytic study of prognostic decision-making within palliative multi-disciplinary team meetings.</p>
The Marie Curie Hospice, Liverpool	<p>The iLIVE project: Live well, die well. A research programme to support living until the end.</p> <p>DISCERN – Improving the support and management of depression for patients with advanced cancer.</p> <p>What are palliative healthcare professional's experiences of supporting palliative patients in managing digital legacy as part of advance care planning?</p>

Hospice	Research study
The Marie Curie Hospice, Newcastle	Critically examining the end of life care of people with interstitial lung disease (ILD): views of patients, families and healthcare professionals.
The Marie Curie Hospice, West Midlands	<p>The impact and implications of covid-19 on the relational, social and healthcare experiences of hospice care in the West Midlands.</p> <p>ICES C-19 informal carers in England and Scotland during the covid-19 pandemic: experiences of caring for the dying at home.</p> <p>Access to palliative care by ethnic minorities, with a focus on South Asian communities (ACCESSA).</p> <p>Immersive control of a robot surrogate for users in palliative care.</p> <p>Development and pilot testing of a web-based decision aid for people with motor neurone disease considering a gastrostomy (DiAMoND).</p> <p>The role of the men's shed in a hospice day service context: Identifying features of a successful group and developing guidelines to expand the service.</p>
<p>The Marie Curie Hospice, Newcastle</p> <p>The Marie Curie Hospice, West Midlands</p> <p>The Marie Curie Hospice, Belfast</p> <p>The Marie Curie Hospice, Edinburgh</p> <p>The Marie Curie Hospice, Bradford</p>	<p>Communication of palliative needs in discharge letters from specialist to primary palliative care: A multisite sequential explanatory mixed methods study.</p>
<p>The Marie Curie Hospice, West Midlands</p> <p>The Marie Curie Hospice, Liverpool</p> <p>The Marie Curie Hospice, Belfast</p> <p>The Marie Curie Hospice, Edinburgh</p>	Exploration of 24/7 lone-working practices, support and educational needs of Marie Curie Healthcare Assistants (HCAs) providing palliative care in the community across the UK.
<p>The Marie Curie Hospice, Edinburgh</p> <p>The Marie Curie Hospice, Glasgow</p>	<p>A brief ACT intervention to support resilience in staff working in a palliative care setting: A development and feasibility study.</p> <p>Impact of covid-19 on decision-making and experiences of hospice care.</p> <p>Preliminary validation study of the 4AT delirium screening tool in a specialist palliative care inpatient setting.</p>

Patient safety

Incidents

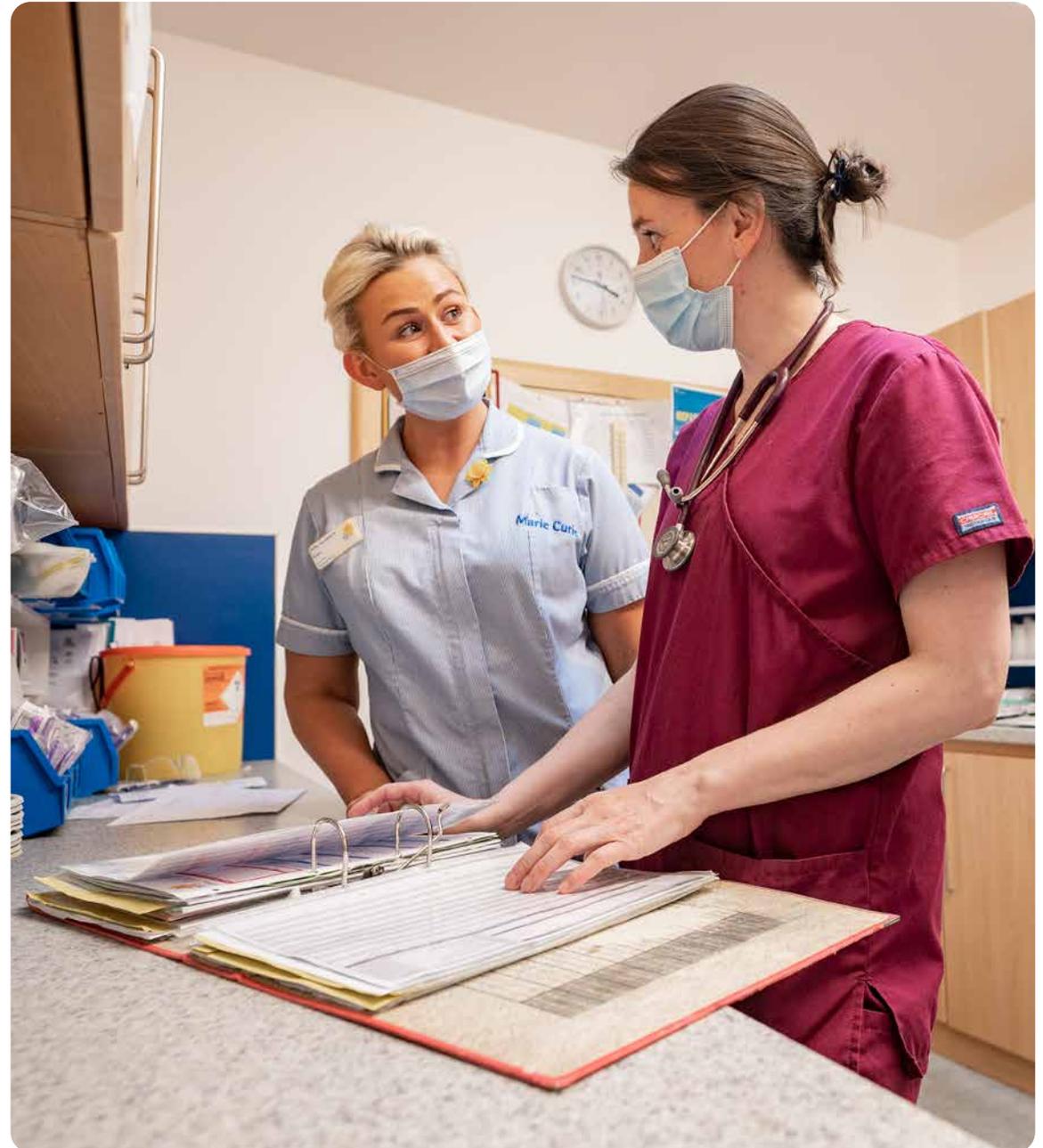
The table below shows the number of incidents where duty of candour applies in our hospices in 2021/22. Overall, there were 30 incidents that resulted in moderate or severe harm throughout 2021/22 (1.6% of all incidents). This includes 29 incidents that

resulted in moderate harm to a patient and one incident that resulted in moderate harm to a member of staff.

All these incidents were fully investigated. A total of 17 of these incidents were pressure ulcers and improvement work in this area is one of our priorities for next year.

Incidents, Marie Curie Hospices, 2021/22

Regions	No harm	Low harm	Moderate harm	Severe harm
Belfast	83	65	2	0
Bradford	92	32	5	0
Cardiff and the Vale	140	103	1	0
Edinburgh	112	68	1	0
Glasgow	205	110	0	0
Hampstead	115	100	6	0
Liverpool	100	126	7	0
Newcastle	170	57	2	0
West Midlands	84	83	6	0
Total	1101	744	30	0



Brian Morrison/Marie Curie

Medication errors

There were 508 medication errors over the year in our hospices (2020/21: 590).

This includes administration, dispensing and prescription errors (see graph below).

All errors are discussed by senior clinicians at a regular medicines management meeting. During these meetings, they'll 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 no or low harm administration errors, and the majority were missed doses. Two incidents resulted in moderate harm and no medication errors resulted in severe harm. There's no clear reason for the variance in the number of incidents reported in the

different hospices.

Falls

There were 428 falls in our hospices, 416 of which were patient falls. Patient falls decreased this year across our hospices – from 507 last year. Eight falls resulted in moderate harm to the patient and none in moderate harm to a staff member. No falls resulted in severe harm.

The hospice staff will benefit

from the Falls eLearning training modules that are in development. We're also planning to survey falls equipment in use to share best practice across place-based services.

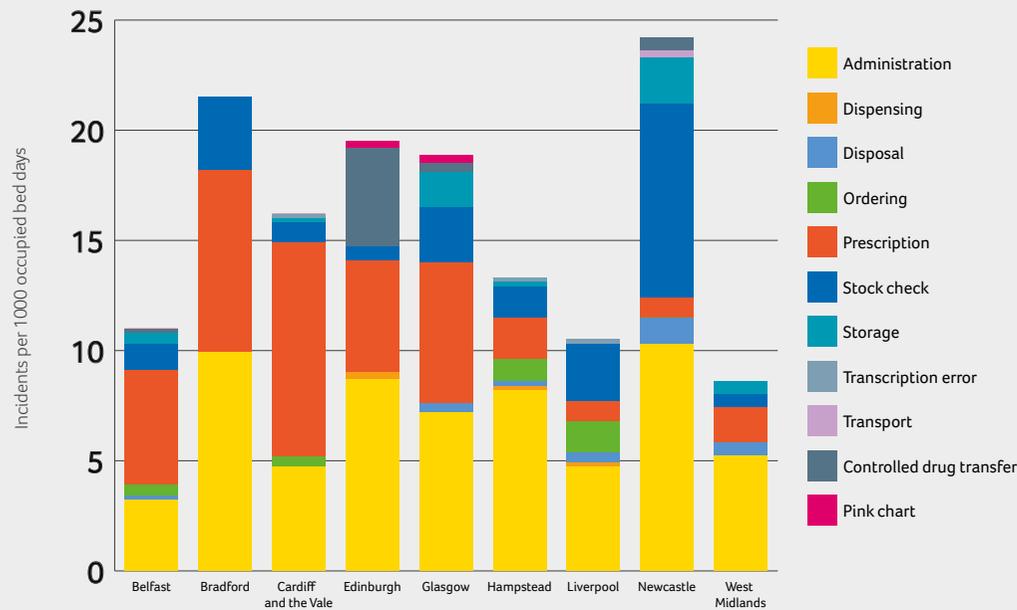
Pressure ulcers

We recorded 206 multiple and single pressure ulcer incidents acquired in our hospices this year (2020/21: 223). Most pressure ulcers recorded

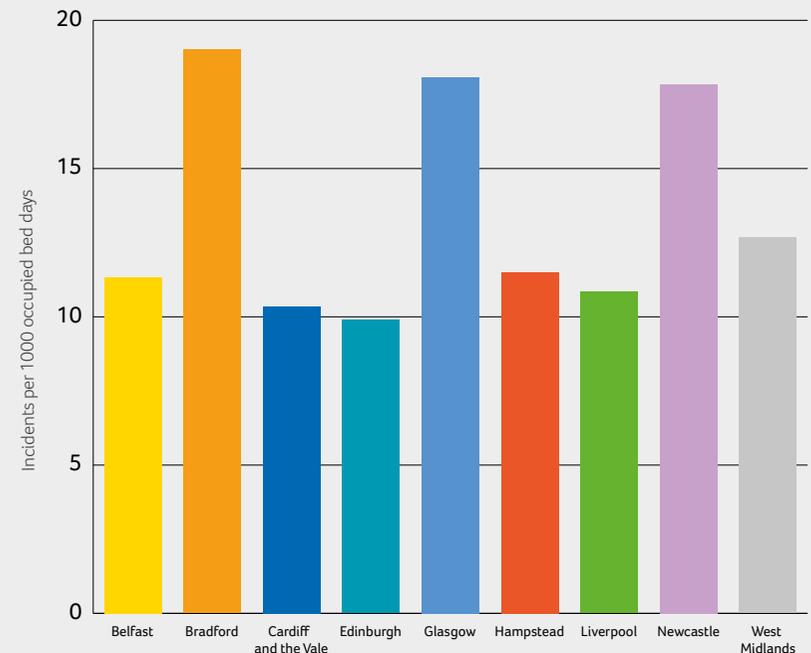
during admission (51%) were category 2 pressure ulcers. Our nurses agree individual plans of care in agreement with the patient to ensure all possible steps are taken to promote healing and prevent a deterioration.

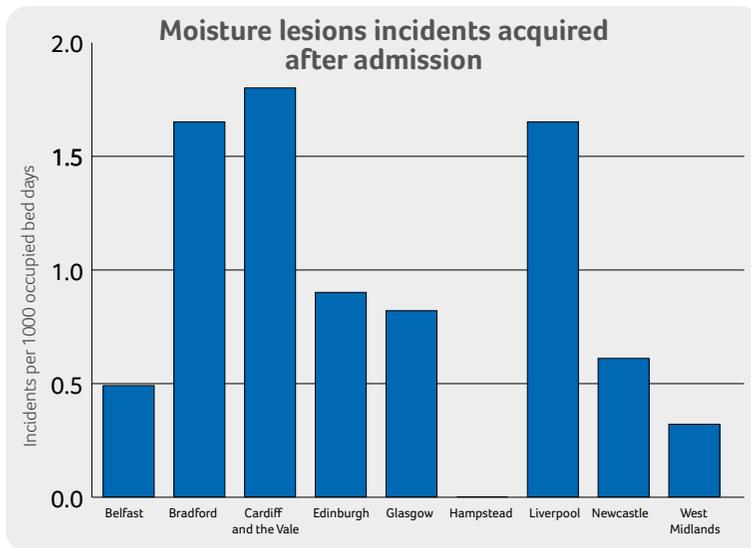
Following our deep dive and audit we have identified some potential areas for improvement and have included this as one of our priorities for the next year.

Medication error incidents



Falls incidents





Moisture lesions

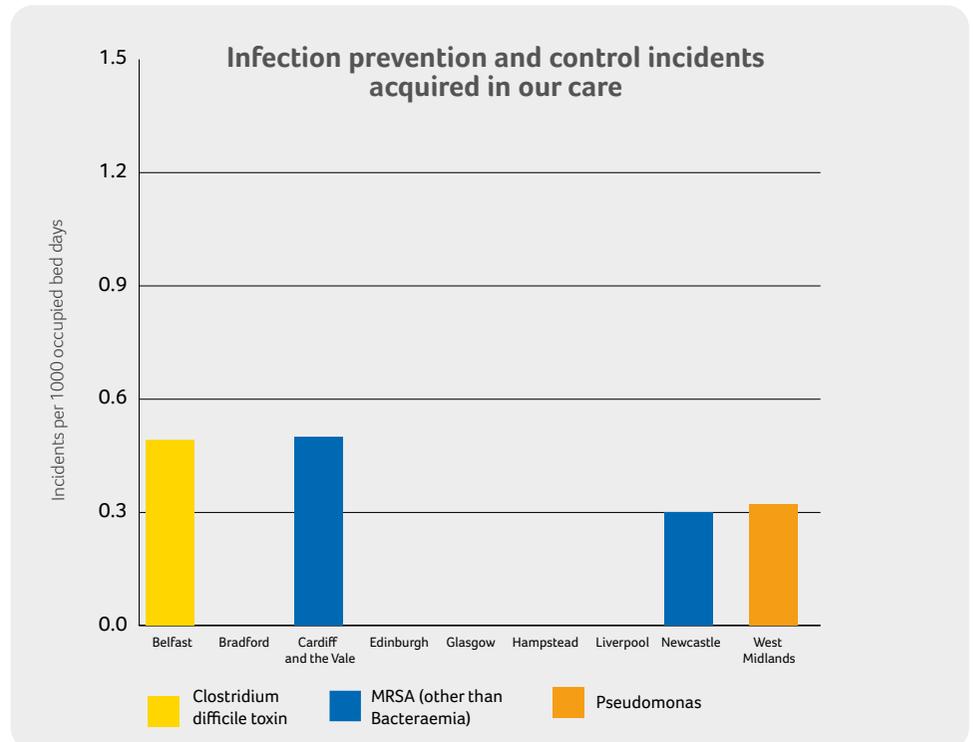
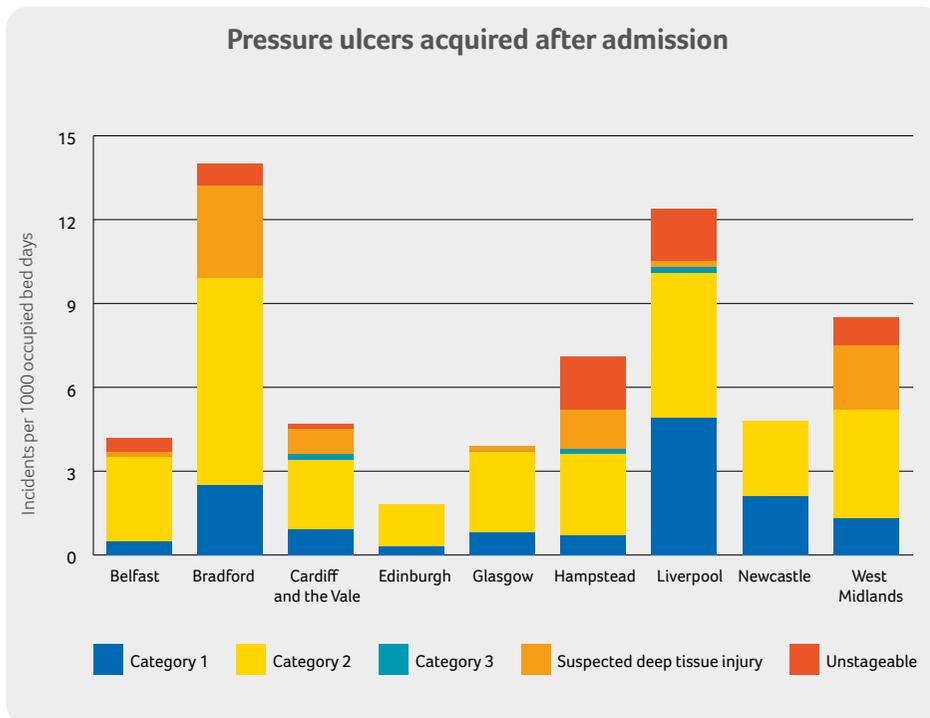
We recorded 29 single and multiple moisture lesions acquired in our care, in our hospices, in 2021/22 (2020/21: 26). We distinguish between moisture lesions and pressure ulcers because the prevention and management are quite different for each.

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 or 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.

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

We've not participated in any special reviews or investigations in 2021/22.

In England, Marie Curie is registered with the Care Quality Commission (CQC). Two of our services were inspected in 2021/22.

The Marie Curie Nursing Service in the South West was inspected in October 2021. The service maintained an overall 'good' rating. The practice of proactively contacting recently bereaved family members of patients was highlighted as an area of outstanding practice. Improvements related to access to translation services and documentation around any patient/family communication needs were recommended.

The Marie Curie Nursing Service in the Eastern region was inspected in November 2021. The service also maintained an overall 'good' rating. Areas of outstanding practice included how staff demonstrated distinctive

skills, explaining patients' care and treatment, and that staff went above and beyond the call of duty by staying with patients who needed their support for longer than they were expected to.

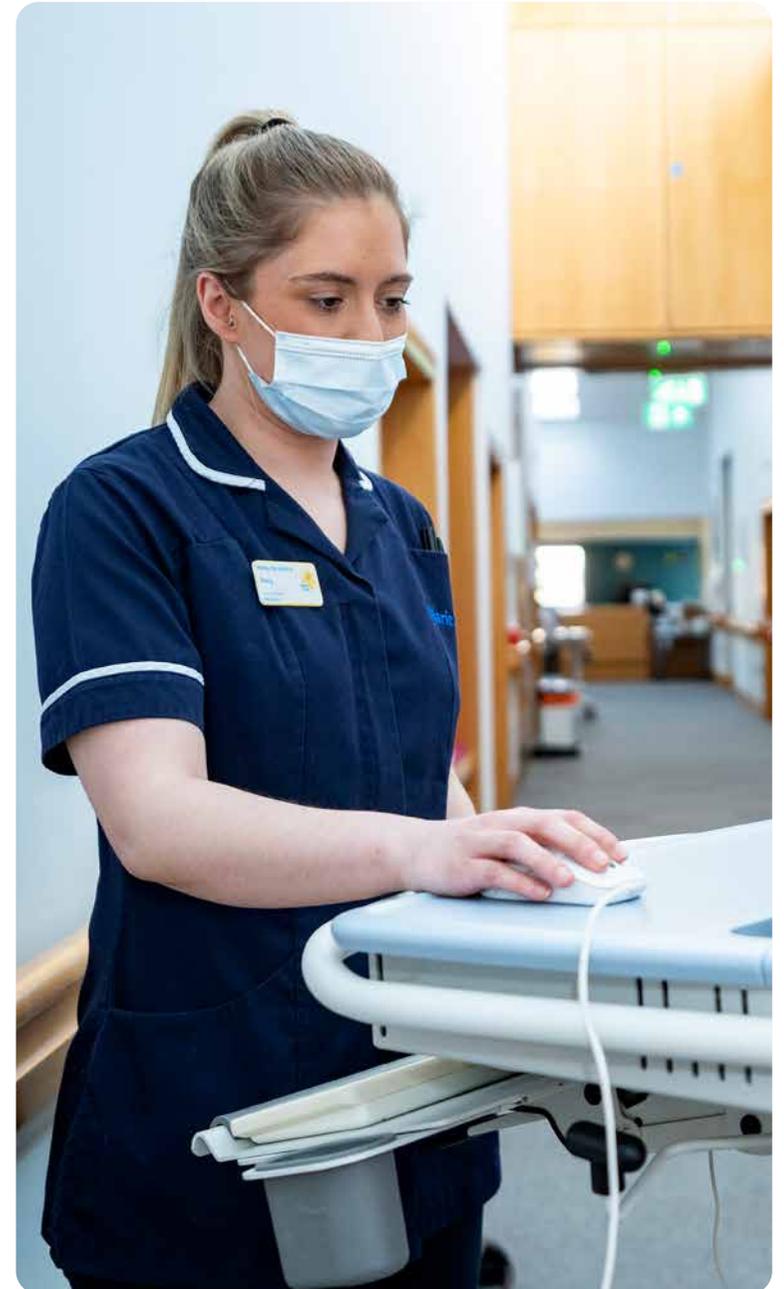
The Marie Curie Nursing Service in Scotland is registered with The Care Inspectorate Scotland. Services are registered as both a care-at-home service and a nurse agency. This simply means that, depending on the patient's needs, care can be provided by either a healthcare assistant or a registered nurse. The Marie Curie Nursing Service in Scotland was not inspected by The Care Inspectorate Scotland in 2021/22.

The Marie Curie Hospices in Scotland are registered with Healthcare Improvement Scotland (HIS). Two focused inspections took place in April 2021. The Marie Curie Hospice, Edinburgh was rated 'good' for safe delivery of care and 'satisfactory' for leadership of improvement and change. There was

one requirement regarding infection prevention control procedures that the team have now actioned. The Marie Curie Hospice, Glasgow was rated 'good' for safe delivery of care and 'good' for leadership of improvement and change. There were no requirements and three recommendations related to covid-19 processes.

The Marie Curie Nursing Service in Northern Ireland and Marie Curie Hospice, Belfast are registered with the Regulation and Quality Improvement Authority (RQIA). The RQIA undertook an inspection in March 2022 but the report is not yet available.

In Wales, the Marie Curie Nursing Service and The Marie Curie Hospice, Cardiff and the Vale are registered with the Care Inspectorate Wales (CIW). There were no inspections in 2021/22.



Brian Morrison/Marie Curie

Marie Curie are there as a palliative care team and they do care. They understand what's going on and they want to help. You never feel rushed, you never feel anything's too much. To be able to say 'hi, how are you? And have a bit of fun and a bit of humanity in the process. That's what they bring to the job. Connection makes all the difference. It gives a sincerity to what they're doing.'

Tanya Laird from London is living with a terminal illness and receives Marie Curie nursing care at home

Part 3 Quality Account Regulations

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

- During the period 1 April 2021 to 31 March 2022, Marie Curie provided end of life care through part-NHS funded services via 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 58%. The rest is provided by Marie Curie charitable contribution.
 - The income generated by the NHS services reviewed in the period 1 April 2021 to 31 March 2022 represents 58% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2021 to 31 March 2022.
 - During the period 1 April 2021 to 31 March 2022 there were no national mandated clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
 - From 1 April 2021 to 31 March 2022, 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 137.
 - None of Marie Curie income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from Clinical Commissioning Groups in England (The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was suspended for 2021/22).
 - 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: treatment of disease, disorder or injury.
- The Care Quality Commission has not taken enforcement action against Marie Curie during 1 April 2021 to 31 March 2022.
- Marie Curie has not been subject to any periodic reviews by the Care Quality Commission during 1 April 2021 to 31 March 2022.
 - Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission during 1 April 2021 to 31 March 2022.
 - Marie Curie did not submit records during the reporting period from 1 April 2021 to 31 March 2022 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics.
- As a healthcare provider, we ensure we follow the correct procedures for managing our information. Every year, we complete a self-assessment looking at how we manage our data. This asserted compliance with all 45 mandatory requirements for a Category 3 organisation (charities/hospices). The 2021/22 self-assessment is underway at the moment (initial assessment in April) and is due to report by the deadline of 30 June 2022.
- Marie Curie was not subject to any Payment by Results clinical coding audit during 1 April 2021 to 31 March 2022.

Statements from stakeholders

Statements from the Clinical Commissioning Group, the Overview and Scrutiny Committee, Healthwatch and Marie Curie Voices (Group)

We are required to send a copy of our report to the Clinical Commissioning Group responsible for the largest number of patients we have provided services to during 2021/22.

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

Chief Nurse and Quality Officer

Northamptonshire CCG

Thank you for providing us with the opportunity to comment on your annual quality report for 2021/22. The report has been reviewed by NHS Northamptonshire Clinical Commissioning Group.

NHS Northamptonshire Clinical Commissioning Group supports Marie Curie's ambition to sustain high quality standards of care for people who use both their services and the services that they subcontract. The quality team looks forward to receiving updates through the quality review meetings of the progress made in year against their quality priorities.

Healthwatch North and West Northamptonshire

Healthwatch North and West Northamptonshire (HWNW) believes that this Quality Account demonstrates the ways that Marie Curie is seeking to provide the best quality end of life care experience for patients and their loved ones and carers despite the continued increase in demand and on resources.

We support the quality priorities and in particular that services aspire to be person-centred and respond to people's individual needs, which will always differ greatly.

We acknowledge the restrictions placed on services and engagement because of the pandemic and support the proposed NHS Fifteen Steps and Listening Events as a way of capturing and understanding the experiences of patients, carers and staff to improve services.

HWNW would also like to say that it is also important to remember to feedback to those whose experiences have been sought to let them know what happened next and acknowledge what has changed because of their input and that the learning is not simply just cascaded to staff.

Marie Curie Voices

We welcome the opportunity of reviewing and commenting on the Quality Account.

As members of Marie Curie Voices with direct experience of providing care and support to a loved one through terminal illness we remain acutely aware of the importance and continuing relevance of the high-level aim of Marie Curie as set out in its North Star viz. the aspiration that everyone affected by death, dying and bereavement deserves the best possible experience reflecting what is important to them. Everyone deserves a good death. This will require support and care at grass roots, continued innovation by experts and resilient resourcing both in ordinary and extraordinary times.

It is reassuring that patient and carer experience is one of the main priorities for the charity and it is heartening to observe and note, as place-

based structures are evolving, that this priority is finding expression in the positive ways it is being addressed and implemented.

The steps taken to ensure the development, progression and wellbeing of staff and to enable new ways of working throughout the pandemic have been impressive and it is evident that this has facilitated the achievement of the highest levels of service to those who matter most – the patients, families and carers.

The great work continues! There is a real clarity and governance to Marie Curie's planning process and solid evidence of its being an organisation that knows where it is going and how and what it must do to get there by setting measurable priorities for the forthcoming year. It has built upon its solid base and demonstrates continual delivery of the highest standards of care. The Quality Account highlights priorities for Marie Curie,

which will also benefit the care provided by its partners. A good example of this is the imminent roll out of an electronic record system to facilitate better accessibility and accuracy of patient information in the home.

The Quality Account shows excellent achievements, notwithstanding the challenges presented by the pandemic. As Expert Voices, it has been a pleasure to work with Marie Curie to deliver its aspirational personalised care. We are very proud to endorse this on behalf of the Marie Curie Voices 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:

The Quality Assurance Team
Marie Curie
89 Albert Embankment
London
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

   mariecurieuk

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) J004

Front cover photo: Phil Hardman/Marie Curie. Some photography throughout was taken before Covid-19 guidance. All of our staff wear the appropriate PPE and follow guidelines.



Care and support
through terminal illness