Quality Account

2023/24

Marie Curie

Contents

Introduction from the CEO and Chair of Trustees

Welcome to our 2023/24 Quality Account. We'll look at the key quality improvements on which we've focused over the past year, and we'll outline our priorities for the next 12 months.

We believe everyone deserves the best possible care and support at the end of life, whatever the illness, wherever they are. Our vision is a better end of life for all; and that inspires and unites all of us at Marie Curie.

We're extremely proud of the care and support we deliver to people living with a terminal illness, and those close to them: day and night; in our hospices, in people's own homes and in the community; right across the UK. And we're committed to ensuring that this care and support is always safe, effective and of the highest standard; with each person's individual needs at its heart.

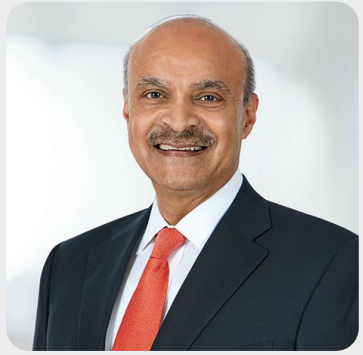
The quality of our work is dependent on three pillars: patient safety; patient, carer and staff experience; and clinical effectiveness. These are our core priorities, and in 2023/24 we identified specific goals relating to them, including: improving medicines management and processes for learning from patient safety incidents; expanding our support for carers and those close to the people receiving our care, and making it easier for them to share feedback; refining safe staffing processes and measuring the impact of our Hospice Care at Home service.

Thanks to the hard work and dedication of all our staff, we've made excellent progress. Our new Chief Nursing Officer, Annette Weatherley – who we've been delighted to welcome this year – will detail our achievements in this account.

We'll continue to work hard to develop and improve the quality of our services still further, with new goals for 2024/25. We will:

- Embed the new Safe Staffing Policy across all our places, and review career structures for all roles, to ensure we have the right people and skills, where and when they are needed.
- Continue to develop training and assurance frameworks (both place-based and national) for our growing patient and family- facing volunteer services.
- Build on Patient Safety Incident Response Framework implementation, to improve involvement of those affected by incidents and compassionate engagement with them.
- Assess and improve nutritional support for patients, including for difficulties with eating, drinking and swallowing.
- Improve care for people with additional needs including accessible communication needs, learning disabilities and autism.

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.



Vindi Banga

Vindi Banga, Chair of Trustees

Matthew Reed

Matthew Reed, Chief Executive

Introduction from Annette Weatherley, Chief Nursing Officer and Director of Infection Prevention and Control

I'm delighted to present Marie Curie's 2023/24 Quality Account, which sets out some of the quality improvements and progress we've made against the targets we set last year. It also details our ambitions and quality priorities for 2024/25.

Throughout the last year we've continued to provide safe, effective, and person-centred end of life care. Since joining Marie Curie in January 2024, I've been privileged to hear stories from patients, and those important to them, about the positive impact we've had on their experiences. I've also met with staff and volunteers and been impressed by their dedication and commitment to ensuring that people receive high quality care and support at the end of life.

In 2023/24 we continued to expand and adapt the ways that people use our services, to support our strategic goal of providing more vital care and support, delivering the right care, at the right time, and in the right place for our patients.

We set ourselves six priorities for 2023/24 around improving patient safety; improving patient, carer and staff experience; and improving clinical effectiveness. I am pleased to say that we've made great progress on all of them. We know how important it is that we learn from patient safety events and that we respond and improve when things do not go to plan. Implementing the Patient Safety Incident Response Framework means that we'll have a more considered and proportionate response to patient safety incidents, so that teams can focus their efforts on implementing quality improvements for patient safety.

Caring for someone close to you when they are dying can be very difficult and challenging, and palliative and end of life care needs to include care and support for families, friends and all those who are important to the dying person. I was therefore pleased to hear about the success of the carer support showcase that took place in November, as well as the work undertaken to develop the variety of ways Marie Curie listens to feedback from patients, carers, families and friends who use our services.

Our aim for 2024/25 is to continue to develop and improve the quality of our services. We've set out five new priorities to help us achieve this, and we detail these in this Quality Account. I'm looking forward to seeing the very positive impact we continue to make as we work to these priorities over the next 12 months.

Annette Weatherley, Chief Nursing Officer and Director of Infection Prevention and Control

Our vision and values

At Marie Curie we have a shared purpose to collectively deliver our vision. 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 care to make this happen.

Our mission

Our mission up to 2028 and beyond is to close the gap in end of life care; so that no one misses out on what they need in the final years, months, weeks and days of life, or when bereaved.

We will design and deliver services providing the best possible care and support to people living with any terminal illness, and those close to them. We will play a leading role in shaping the end of life system across the UK; driving research, influencing public policy, campaigning for positive change, and fighting for the services people need.

Inclusion and equity will be included in our mission, ensuring everyone has the best possible end of life experience, whatever their culture, race, religion, sex, gender, sexuality or disability.

We will close the gap in end of life care in three ways:

- Grow and transform our direct care and support.
- Deliver more practical information and support.
- Lead in shaping the end of life care system.

Our strategic goals

In order to achieve our vision, we have developed three strategic goals for 2024/25;

- **Goal 1:** grow our influence, scale and impact.
- **Goal 2:** deliver more vital care and support.
- **Goal 3:** build operational and financial resilience.

Our vision, mission and strategic goals inform our priorities and objectives, which in turn inform our annual business plan and feed into directorate, team and individual objectives. This means we can see collectively how individuals, teams and organisational actions contribute to our overall aspiration.

Part 1: Our priorities

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

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.
- **Experience of care and support**
  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 achieve positive outcomes, promote a good quality of life, and are based on the best available evidence.

Part 1a: Patient safety

Our focus for 2023/24 in respect of improving patient safety was to:

- Establish a national medicines management group to improve the oversight and prioritisation of improvement work and to share good practice.
- Implement the requirements of the NHS England Patient Safety Investigation Response Framework (PSIRF) to develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Medicines management

What we said we would do

- Implement quarterly medicines management meetings with attendees including a range of multi-disciplinary professionals from across the organisation. These would oversee improvement work in the following areas:
  - the use of antimicrobial medicines within hospices
  - the implementation and use of electronic prescribing within hospices
  - the development of practical support tools and guidance for new doctors joining the organisation
  - the development of non-medical prescribing and the provision of timely access to medicines in the community
  - our educational offer for clinical staff in relation to medicines, to support timely administration in the community and the administration of IV medication.

What we did

- We established a quarterly national medicines management meeting. The meeting attendees include a range of multi-disciplinary professionals, with representatives from our place-based regions across the four nations of the UK. They have overseen the following improvement work:
  - Completion and publication of an antibiotic prescribing audit tool and guidance document in February 2024. The tool is bespoke to end of life prescribing and will standardise Marie Curie's approach to prescribing practice audit.

- Development of practical support tools and guidance for new doctors joining the organisation in place-based services where this was identified as beneficial, with the aim of reducing the number of medication prescribing incidents.
- Continued support for non-medical prescribing.

- We sustained Communities of Practice to support non-medical prescribers, as well as supporting more nurses to complete the required course and join the non-medical prescriber register. This year we added an additional three non-medical prescribers to our register.
- We reviewed medication administration training, and the following changes were made to the Registered Professional Medicines Management course and will go live in summer 2024:
  - The course has been reconfigured to cover Hospice, Hospice Care at Home, Urgent Hospice Care at Home, non-medical prescriber, and pharmacists.
  - Feedback from staff has been used to improve the course and make the learning content more relevant.
  - The course is more strongly aligned with regulatory and organisational policy and procedures.
- Support for registered nurse intravenous (IV) medicines management training and competencies is still in development, and we hope to complete it by the end of 2024.

Patient Safety Investigation Response Framework (PSIRF)

What we said we would do

- Establish a project group to support the development of a Patient Safety Incident Response Policy, and to plan and develop training and reporting templates.
- Work with colleagues across our clinical services to ensure this work is aligned across the four nations and that the requirements of each nation are met when responding to incidents.

What we did

- We conducted stakeholder analysis to engage with those most relevant to develop our plan and policy. This informed the establishment of a cross- directorate project group.
- We used NHS England PSIRF tools to develop a PSIRF project plan, to identify the steps required to develop our policy, training materials and investigation templates.
- The project group alongside our place-based Heads of Quality, and specific Integrated Care Board (ICB) commissioner reviewed the initial policy draft. We have subsequently shared the final policy draft with the commissioner, along with our plan for final ICB sign off, prior to publication on our website.
- We reviewed all feedback and patient safety data, including patient safety incidents, complaints, concerns, compliments, to identify our patient safety profile and the most frequently reported incident themes. This informed the development of our Patient Safety Incident Response Plan and templates for staff to use for rapid review, concise and comprehensive learning responses.
- We developed and delivered a new webinar to introduce staff to the PSIRF before its launch in November 2023. The webinar outlined the training to be completed before undertaking each of the learning responses, to ensure staff are trained to the appropriate level. We also developed a webinar about completing a rapid review learning response to support staff new to this type of learning response.
- We used the PSIRF standards to assess how we have met the requirements of the framework. We will continue to engage with stakeholders to support our understanding of the impact of the changes.

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

Our focus for 2023/24 in respect to improving experience of care and support was to:

- Build on prior work to enhance the experience of carers and people who are important to the person at the end of life.
- Continue to develop the variety of ways Marie Curie listens to feedback from patients, carers, family and friends of people who use our services.

Carer and bereavement support

What we said we would do

- Learn from initiatives being developed in our services, including carers' clinics, wellbeing sessions and practical support, and share this learning to further our longer-term goal of providing consistency and equity of access.
- Implement the recommendations from our deep dive into bereavement support services at Marie Curie, which include addressing inequalities in bereavement support, and improving our training for those providing bereavement services and those supporting the people important to the patient at the end of life.
- Work to improve feedback from our bereavement services so we can learn, make improvements and develop clinical collaboration to share learning and experience.

What we did

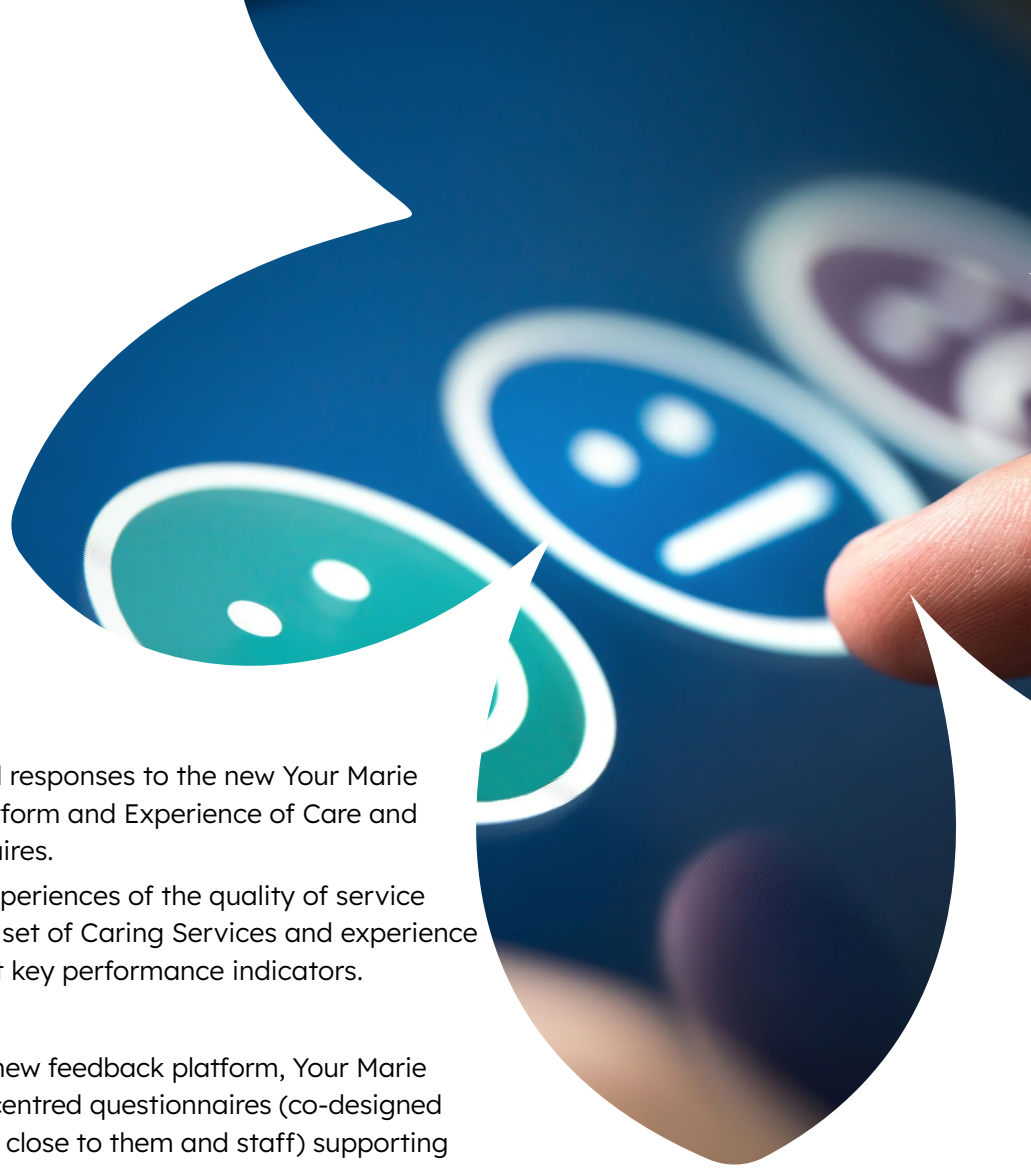
- We completed an initial scoping exercise to understand the range of carer support services offered by Marie Curie services across the UK, beyond pre-bereavement and bereavement care. This identified many new groups being offered to carers by Marie Curie's Wellbeing Services (formerly Day Therapy Centres).
- We held a carer support showcase, where services presented about their groups, and the Research and Policy team shared their current work. A carer also shared her own experience of the positive impact of Marie Curie support. This carer then shared her experience with the Quality Trustee Committee. The showcase was well-evaluated with staff identifying how they would review the evidence to inform their practice and connect with others who have set up similar groups. We made the sessions available to all staff.

- The carer support showcase attendees formed a Community of Practice to provide an opportunity for staff to discuss new carer support services, developments and challenges, and to learn together.
- We worked with bereavement leads to explore the volunteer bereavement training process. A review of place-based volunteer training models took place, with central training currently being developed. The Practice Education team is developing a Loss, Grief and Bereavement module for clinical teams.
- We scoped the use of the National Bereavement Survey and co-produced and implemented a new survey. This will help us to understand the experiences of people using our services and to identify areas for improvement.

Patient and Carer Feedback

What we said we would do

- Develop the variety of ways Marie Curie listens to feedback from patients, carers, family and friends who use our services, and monitor the effectiveness of this.
- Build on the evidence-based design and experience-based co-design work started in 2022/23 to embed the 15 Step Challenge and listening events in our hospices and community services across the four nations.
- Develop our new feedback platform, Your Marie Curie (with linked smartphone app) to promote inclusivity and increase accessibility for patients, those close to them, and staff (enabling them to support people to feed back more easily at the point of care). The platform would generate live automated qualitative and quantitative feedback for all place-based teams, bespoke dashboards and reports. These would drive co-produced quality and service improvements and increase service user involvement.
- Monitor uptake and responses to the new Your Marie Curie feedback platform and Experience of Care and Support questionnaires.
- Monitor people's experiences of the quality of service delivery with a new set of Caring Services and experience of care and support key performance indicators.



What we did

- We embedded the new feedback platform, Your Marie Curie, with person-centred questionnaires (co-designed with patients, those close to them and staff) supporting the new key performance indicators. Service user feedback increased by 34.2% and we were able to capture rich data to use for service and quality improvement.
- We evaluated responses to the question, 'What difference has receiving Marie Curie services made for you?' received between 1 April 2023 and 31 October 2023. Our top three responses were:

Patients:

- Physical wellbeing – 33.8%
- Mental health and wellbeing – 25.5%
- Relationships and social life – 15.8%

Key impact areas were pain and symptom management, peace of mind, feeling connected to people around them and being treated with dignity and respect.

People supporting patients:

- Physical wellbeing – 50.8%
- Mental health and wellbeing – 36%
- Voice, dignity and respect – 4.6%

Key impact areas were having peace of mind, the opportunity to rest, feeling safe and secure, and being able to talk openly about how they felt.

- We recruited 28 Feedback Volunteers, to support service users to share their experiences. Feedback Volunteer support accounted for 15% of the total feedback received in 2023/24. We developed this role to enable volunteers to be based at home, making it more inclusive for people who cannot access our office spaces.
- The experience-based, co-design work from our 15 Step Challenge in Wales, Edinburgh, Yorkshire, Glasgow and Northern Ireland, was welcomed and enjoyed by those who were involved. As a result:
  - All places have reviewed and updated their 'signing in' processes to make this clearer for visitors, and to establish consistency among all staff in explaining signing in and ensuring it is completed.
  - Our hospices in Northern Ireland and Wales have redesigned and painted some family rooms and patient areas to improve ambience; adding seating, tables and soft furnishings; and making reading material and family information more visible and accessible.
  - The Marie Curie Hospice, West Midlands 15 Step Challenge identified that the external Marie Curie sign was not visible. The organisational rebranding was taken as an opportunity to co-produce the location for the new sign (see photo).
  - Work will continue to involve service users and staff in 2024/25, to complete actions that will require further funding and resource.
- We initiated a quality improvement project to ensure that the information pack we provide to patients and the people who support them is in an accessible format and contains relevant information. This built on feedback from the 2022/23 national listening event, with three further events also held for service users, volunteers and clinical/non-clinical staff. Outcomes from the events have highlighted the need to offer multiple approaches to the provision of the pack, including electronically.

New sign at Marie Curie Hospice, West Midlands

Part 1c: Clinical effectiveness

Our focus for 2023/24 in respect of improving clinical effectiveness was to:

- Continue to use the Establishment Genie tool to calculate, safe, effective hospice staffing requirements.
- Develop a model to measure the impact of our Hospice Care at Home service.

Workforce

What we said we would do

- Continue to use the Establishment Genie tool to calculate hospice staffing requirements and link this to workforce budgets.
- Review patient acuity and dependency tools to identify a tool most applicable to use within Hospice services to support decisions related to safe staffing, considering safe staffing frameworks legislation across all four nations.
- Assess whether Establishment Genie could be used for Hospice Care at Home services.
- Develop and implement a Safe Staffing Policy.

What we did

- We continued to use the Establishment Genie tool to calculate hospice staffing requirements and link this to hospice workforce budgets. Discussions with the Establishment Genie team and a review of the tool's capability showed it was not possible to replicate its use in our Hospice Care at Home services.
- We developed a Marie Curie acuity tool to support the Establishment Genie tool and piloted this in six hospices. The overall results were positive, and we agreed that this tool will be used for a minimum six-week period twice per year, prior to the Establishment Genie exercise. This work means we can ensure our hospices are staffed safely, utilise all beds to ensure patients receive the right care at the right time, and increase our reach.
- We wrote and implemented the Safe Staffing Policy for our hospices. It sets out the agreed standards to maintain safe and sustainable staffing for in-patient hospice services. The policy supports and guides the

operational management and deployment of staff to ensure we have the right number, with the right skills, in the right places, at the right time to deliver safe and effective care.

Measuring our impact

What we said we would do

- Define and agree what 'impact' means in the delivery of care and support.
- Understand and map out what 'impact' means for our patients and those important to them, our internal and external stakeholders, and our staff.
- Identify, develop and test our tools for measuring and improving the impact and outcomes of our services for the people we support, including further work to embed the Outcome Assessment and Complexity Collaborative (OACC) suite of outcome measures and our prioritisation tool.
- Ensure implementation of our model is geared around current systems so that we can capture data to help us improve.

What we did

- We set up a cross-directorate impact working group, which reviewed potential options and agreed to adopt an impact framework developed in partnership with the impact advisory organisation Sonnet, through a series of workshops and interviews with Marie Curie colleagues, volunteers and people with lived experience from across the UK.

What are patient outcome measures?

These are ways of measuring what we're trying to achieve for our patients, based on their wishes. This could include relief from symptoms, such as pain or nausea; choosing where their care is delivered; or their preference to die at home or in the hospice. Each patient can discuss the things that are most important to them, and prioritise them as they wish. We use these three outcome measures from the Outcome Assessment and Complexity Collaborative (OACC) project, led by the Cicely Saunders Institute at King's College London:

- **Phase of Illness** describes the distinct stage in the person's illness. Phases are distinguished as: stable, unstable, deteriorating, dying and deceased.
- **Australian Karnofsky Performance Status (AKPS)** assesses three aspects of a patient's capabilities (activity, work and self-care) to produce a single score between 0% and 100%, based on observations of the person's ability to perform common tasks.
- **Integrated Palliative Care Outcome Scale (IPOS)** is a 10-question measure of how a person's symptoms affect them in different respects, including physically, psychologically, socially and spiritually.

- Since April 2023, our national Experience of Care and Support questionnaires have included a free text question about impact: 'What difference has receiving Marie Curie care and support made for you?'. Our Impact and Evaluation team conducted content analysis – looking at the presence of certain words, themes or concepts in the text. For both people with a terminal illness and those supporting them, impacts relating to physical wellbeing, mental health and emotional wellbeing were most frequently mentioned.
- We further embedded the OACC suite of outcome measures across our hospices, including issuing our Standard Operating Procedure (SOP) for outcome measures. We will continue this work by developing procedures for outcome measurement for community nursing settings.
- We launched a new Outcomes Measures Training Programme and induction plan across the organisation.
- We developed and launched an interactive Power BI dashboard enabling local teams to access up-to-date patient level outcome measures data. This has been piloted in the Cardiff and the Vale, Glasgow and West Midlands hospices. Subsequent to feedback from the pilot sites, we commenced rolling out the dashboard to all our hospices with the expectation that by August 2024 all our hospice multidisciplinary teams will be using the dashboard in practice.
- One of the central features of the dashboard is the Integrated Palliative Outcome Scale (IPOS) spider diagrams. These allow our clinical teams to easily compare scores between previous and latest IPOS assessments, to see if there has been any change in a patient's symptoms.

Mental health and emotional wellbeing

"Marie Curie provided me with a sense of safety where I knew that, no matter what, I'd be looked after and supported."

Voice, dignity and respect

"They all take the time to ask us what we would like, if mum doesn't want to play ball they always give her time and space. They try again on the next visit and this is so lovely."

Identity, values and beliefs

"I am allowed to be me, not just a person who has cancer."

Physical wellbeing

"My pain is better managed. The care I am receiving is first class. As I have said I feel loved here."

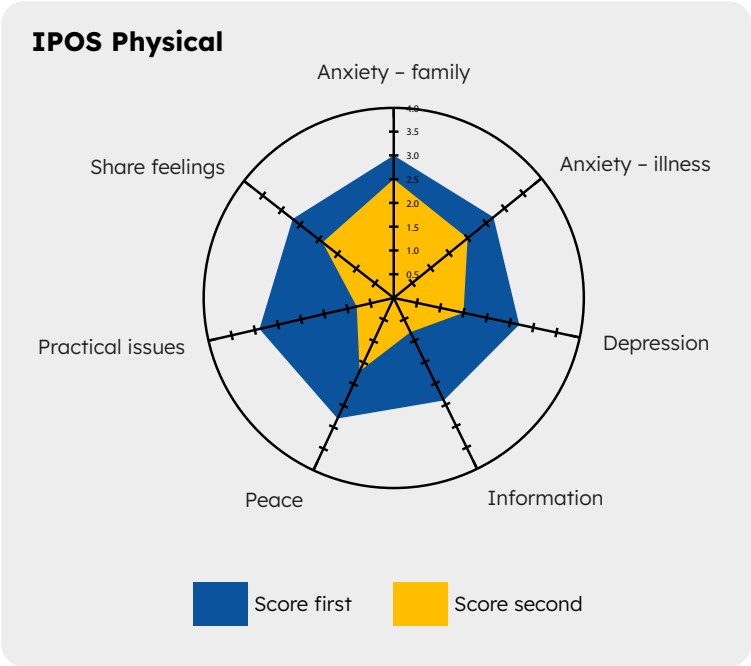
Relationships and social life

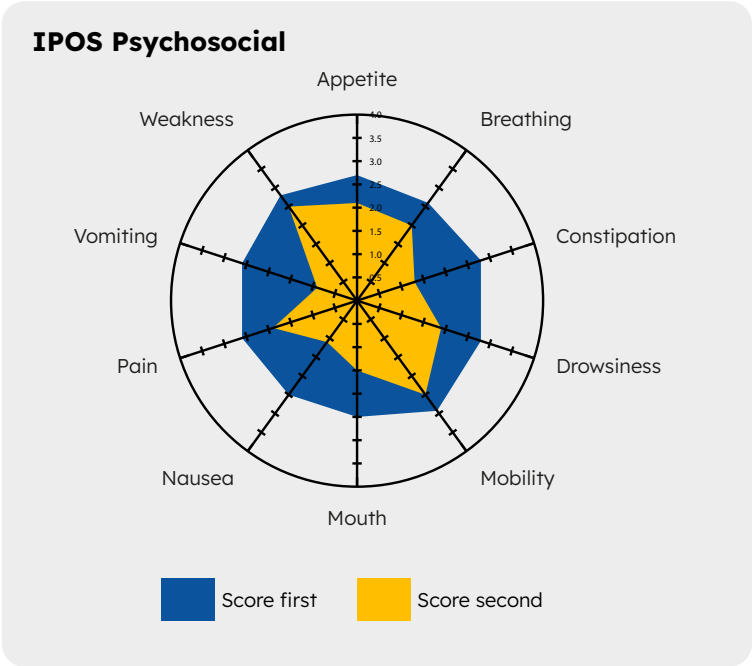
"My family are all living either elsewhere in the UK or abroad and most contact is by phone or WhatsApp so having this person contact is so refreshing, and I am so grateful to the volunteer and Marie Curie."

Practical details, finances and work

"I can talk to her and she accompanies [me] to hospital appointments when before I was always alone... for me the service has been an absolute godsend."

Impact for people with a terminal illness. All quotes sourced from Marie Curie's Experience of Care and Support Questionnaire Impact open text question, 2023/34





IPOS Spider diagrams

These help us to see changes in patient symptoms at a glance.

- We launched a project in the South West of England to assess how much the information we collect routinely in community nursing case notes can tell us about the difference we're making. We will use the results of the project to share evidence of impact with commissioners and supporters. We will also use learnings from this project to inform potential evaluations in other places.
- We used the Marie Curie Impact Framework as part of internal evaluation of the Lothian Urgent Hospice Care at Home service, the 'Talk About It' advance care planning service in Somerset, and the Energy Support Service, which also has a community nursing component.
- Over the coming year, we will continue our work to embed the Marie Curie Impact Framework into all new service developments.

Part 1d: Next year's priorities

In this section, you can see our priorities for improvement for 2024/25, again grouped in three key areas:

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

Patient safety

Workforce

What will we do?

- We will work with the place-based teams to embed the new Safe Staffing Policy, helping to assure that we have safe nurse staffing in all our hospices. We will roll out the acuity tool across all in-patient areas and embed this into practice, to support the continued use of Establishment Genie.
- We will strengthen the career structure for Health Care Assistants and support recruitment to and retention in these posts.
- We will review and refine the documentation for the Career Development Progression Framework (CDPF) to ensure it is streamlined and supported by a career structure for all roles. The review will involve relevant stakeholders across the organisation and will ensure that the framework remains applicable to all relevant groups of staff.

What does this mean and why is it important?

We're committed to ensuring that everyone accessing our services receives high quality compassionate care. To help us achieve this, we must have the right number of staff, with the right skills, in the right places, at the right time.

It's important that our structure allows people to take on additional responsibilities as they grow and develop. This will help us develop and retain our staff.

How will progress be measured, monitored and reported?

- We will measure progress by implementing and using the nursing acuity tool; auditing its use; and reviewing the Establishment Genie tool on a six- monthly basis. The audit will check that the acuity tool is being used safely and correctly and that the Safe Staffing Policy is being used within the hospices. Progress will be reported to our national Caring Services Governance Meeting.
- An evaluation will be carried out following changes to the CDPF to ensure it meets the place-based team requirements. This will be reviewed by the Clinical Education and Training Advisory Group (CETAG) who will also oversee any further refinements.

Volunteering

What will we do?

- We will strengthen the quality assurance of our patient and family- facing volunteer services as we grow them. Building on our Clinical Governance Framework, we will develop a Volunteering Quality Assurance Framework to ensure that accurate and current information regarding the delivery of high-quality volunteer services, including safeguarding assurances, is provided to our Board of Trustees.
- We will implement and embed the assurance framework into place-based clinical governance frameworks, ensuring that it forms part of our quality surveillance and supports us to demonstrate continuous quality improvement.
- We will work with the place-based teams to identify volunteer training needs and incorporate these into central and place-based training plans.
- We will ensure escalation of any risks associated with volunteer services is embedded into our clinical governance escalation processes from the place-based services through to the Board of Trustees.

What does this mean and why is it important?

Volunteers make up a vital part of the support we provide to people who access our services. We plan to develop volunteer services and to grow the number of volunteers operating alongside our staff, and it's vital that we further develop our assurance framework to help us identify, mitigate, and escalate risks appropriately and to identify areas for quality improvement.

How will progress be measured, monitored and reported?

This work will be led by one of our Associate Directors of Nursing, who will work with relevant stakeholders from across our volunteer and place-based services to develop the assurance framework. Progress will be reported to and monitored by our Caring Services Governance Meeting and will be implemented within our place-based services.

Experience of Care and Support

Engaging and involving patients, families and staff following a patient safety incident

What will we do?

- We will build on the Patient Safety Incident Response Framework (PSIRF) implemented in November 2023, to improve compassionate engagement and involvement of those affected by patient safety incidents. We will continue to ensure this work is aligned across the four nations and that the requirements of each nation are met.
- We will further develop the work to implement PSIRF with a focus on the engagement lead role. This will help to ensure we are engaging and involving patients and any other people affected when incidents occur, including staff.
- We will deliver role-specific training and compassionate conversations coaching, and review the role of the Volunteer Patient Safety Partners.

What does this mean and why is it important?

Meaningful learning and improvement following a patient safety incident can only be achieved if supportive systems and processes are in place. The PSIRF supports development of a system that prioritises compassionate engagement and involvement of those affected by such incidents.

The term engagement describes what we do to communicate with people affected by a patient safety incident and involve them in a learning response. Compassionate engagement describes an approach that prioritises and respects the needs of the people affected by such an incident. Involvement is part of wider engagement activity, but specifically describes the process that enables patients, and the people who support them, and healthcare staff to contribute to a learning response.

How will progress be measured, monitored and reported?

We will measure the effectiveness of training and the new PSIRF engagement lead role by collecting feedback from staff and those who have been affected by incidents. Progress will be monitored by our Experience of Care and Support team and reported to our national Caring Services Governance Meeting.

Clinical Effectiveness

Nutrition

What will we do?

- We will work to improve staff guidance and existing staff training on how to support patients with swallowing difficulties, where there is no access to a speech and language therapist review. And we will further embed our use of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework.
- We will complete a deep dive on nutrition, to identify any recommendations for improvement, and we will then work with place-based teams to start to implement any resulting recommendations across our hospice services.
- We will update staff induction with fundamentals of care documentation to include an assessment of knowledge and understanding on nutrition.
- We will review the 2023 nutrition audit actions to ensure improvements have been embedded.

What does this mean and why is it important?

People living with a terminal illness often experience changes to the way they eat and drink. And it's common for people to stop eating and drinking in their last few days of life. It's important that we support patients as well as possible with eating and drinking, and that we help manage changes such as difficulty in swallowing.

How will progress be measured, monitored and reported?

We will measure progress using focused IDDSI documentation audit results. And we will use the nutrition deep dive to identify any areas for improvement. These will be reviewed against actions at six and 12 months. The project will be monitored quarterly, and progress will be reported to our national Caring Services Governance Meeting.

Accessible communication, learning disabilities and autism

What will we do?

- We will support staff to develop their skills and confidence to deliver improved care for people with accessible communication needs, learning disabilities and autism, through continuous learning and development.
- We will review our current training, ensuring it meets the requirements of our regulators, including aligning our autism training with the Oliver McGowan Code of Practice when this is published. We will work in partnership with the Royal National Institute for the Blind (RNIB) to provide resources for staff. And we will roll out our revised training to all relevant staff.

Fundamentals of care

By fundamentals of care, we mean the physical, psychosocial and relational elements of care, which every patient requires. These include:

- Our actions to care for a patient's physical needs, such as hygiene, eating and drinking, rest and sleep, mobility, going to the toilet, comfort, safety and medication management.
- What we do to establish and maintain a caring relationship with patients and those important to them through verbal and non-verbal communication. This includes talking and listening and coming to shared decisions with patients about their care.
- How we meet psychosocial or emotional needs, which means the cultural, spiritual, mental health, emotional wellbeing and dignity needs of people we care for and those important to them.

- We will review and update our Healthcare Assistant (HCA) communications courses. We will ensure the tier one course has more emphasis on meeting the communication needs of the wider population, including cultural needs, sensory impairments (such as vision and hearing), neurodiversity and learning disabilities. Tier two training for more experienced HCAs will build on this introduction and knowledge.
- We plan to work with other partners to further develop our ability to work with and care for people with additional needs, enabling us to build on our work, such as our Palliative Care for People with Learning Disabilities resource, to care for all people affected by dying, death and bereavement.

What does this mean and why is it important?

Every person with an accessible communication need, learning disability or autism has the right to best practice care and services. It's very important to us that everyone can access services and feel safe and assured that their needs and wishes are understood. Meeting this priority will

mean that our staff are equipped with the necessary skills to care for and support people with additional needs.

The Health and Care Act 2022 introduced a statutory requirement for regulated service providers to ensure their staff receive learning disability and autism training appropriate to their role. The Oliver McGowan Mandatory Training is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff.

As a provider registered with the Care Quality Commission (CQC), we must ensure that all staff, regardless of role or level of seniority, have the right attitude and skills to support people with a learning disability and/or autism. As a provider of NHS care we must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. We will need to demonstrate to the CQC and other regulators that our training meets or exceeds the CQC standards and those set out in the Oliver McGowan Code of Practice.

How will progress be measured, monitored and reported?

We will use our learning and development training data to measure the different levels of training and set a goal to achieve 85% compliance for this training for clinical staff by the end of the first year.

We will also review our patient and family feedback data, along with our compliments and complaints, to assess whether the training has resulted in any improvements to patient care.

Progress of this priority will be monitored by the Nursing and Quality team and the Heads of Quality and reported through our national Caring Services Governance Meeting.

Part 2: Quality in focus

Our staff

Equality, diversity and inclusion (EDI) initiatives

We have a comprehensive diversity strategy in place which outlines specific goals, actions, and timelines to promote diversity and inclusion within the organisation. It involves initiatives such as recruitment practices, leadership development and community engagement. This is important because a well-aligned diversity strategy helps ensure that all patients receive culturally competent care, regardless of their background.

We are establishing diversity policies which set the foundation for an inclusive workplace. These policies address fair treatment, equal opportunities, anti-discrimination measures and accommodations for various needs. Marie Curie's commitment to equity and belonging requires robust diversity policies. By establishing clear guidelines, the organisation ensures that staff and patients experience an inclusive environment.

We have embedded the collection of diversity data from staff. Gathering demographic data (such as ethnicity, gender, disability status) helps organisations understand their workforce composition, which can inform targeted initiatives and identify areas for improvement. Our data collection allows us to assess whether our workforce reflects the diversity of the communities we serve. It informs our recruitment practices, training and resource allocation.

We have introduced flexible bank holidays, allowing employees to choose alternative days off that align with their religious or cultural observances rather than being tied to Christian-based bank holidays. This policy enables staff to celebrate important occasions from many faiths and traditions without using annual leave.

Our staff complete core diversity training every three years to equip them with essential knowledge and skills related to equity, diversity and inclusion. Regular training renewal helps to ensure that staff are informed about evolving best practices and remain committed to creating an inclusive workplace.

Staff networks

We engage with staff through networks such as those listed below which provide valuable feedback and insights into staff views. This helps identify challenges, successes and areas for improvement related to equity, diversity and inclusion. By actively listening to staff experiences, we ensure that our policies and practices align with the needs of a diverse workforce and drive continuous improvement.

We have the following staff networks:

- Let's Talk Network: to listen to staff and use feedback to influence positive change in the charity.
- Ethnic Diversity Network: celebrating cultural richness and addressing specific challenges faced by our colleagues from Black, Asian and other minoritised ethnic groups.
- Disability, Accessibility, Wellbeing and Neurodiversity Network (DAWN): advocating for accessibility, inclusion and understanding.
- LGBTQ+ Network: embracing all gender identities and sexual orientations.
- Women's Network: amplifying women's voices and advancing gender equality.
- Multi-Faith Network: fostering understanding and respect across diverse faiths.
- Bereavement Network: supporting colleagues who have experienced loss and grief, providing a compassionate space for sharing and healing.
- Parents and Guardians Network: a supportive community for working parents and guardians, addressing the unique challenges they face in balancing work and family life.

Experience of care and support

Feedback from patients and those close to them is fundamental in helping us drive 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 questionnaire sent to patient homes and available in each hospice and reception area
- through our website
- by completing an electronic questionnaire via a mobile device available in our hospices and with community staff
- 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 those closest to them.

What do we mean by an incident?

We record any event or circumstance that did or could have led to any individual involved experiencing physical and/or psychological harm (whether unintended, unexpected, intended or deliberate); or loss or damage (including reputational damage or loss of property). The events included could range from late administration of medicines with no impact on the patient, to falls leading to injury.

We ensure we fulfil Duty of Candour requirements – our statutory obligation to be open and transparent when an incident occurs. Our Duty of Candour Policy applies to all moderate and severe harm incidents and outlines four levels of harm that can result from an incident. The table to the right shows the numbers of incidents recorded at all levels of harm in 2023/24. There were no incidents of severe harm and the percentage of incidents resulting in moderate harm was 0.9% of all reported incidents. This includes five incidents that affected staff.

The level of harm definitions have since changed to reflect the definitions used by NHS England.

Level of harm	Total number 2023-24	% of incidents 2023-24	Total number 2022-23	% of incidents 2022-23
No harm – no injuries or obvious harm, loss of property or significant likelihood of service issues arising from incident.	3947	75.8	3893	78.1
Low harm – any incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving care.	1217	23.4	1055	21.2
Moderate harm – any incident that resulted in a moderate increase in treatment and that caused significant but not permanent harm.	46	0.9	39	0.8
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	0.0

Infection prevention and control (IPC)

The focus for the infection prevention and control (IPC) agenda last year has been to return to a business-as-usual approach following the World Health Organisation (WHO) announcement of the end of the emergency phase of COVID-19 in May 2023. The Head of IPC has continued to provide support to place-based teams when clusters and outbreaks of COVID-19 infection have occurred. Surveillance of COVID-19 cases has continued to be monitored and reported over the year, with a significant reduction in numbers of cases occurring.

Other alert organism surveillance has also been monitored and reported with post-infection reviews carried out in line with Marie Curie policy. There have been three cases of Clostridium difficile (C.diff) infection, one Escherichia coli bacteraemia (E.coli) and one other (gram negative) bacteraemia in our hospices this year. Each of these cases has been the subject of a post-infection review to identify how the infection occurred, whether it could have been prevented, and whether there is any learning to be shared with others.

We updated all our IPC policies this year, to ensure that staff have access to current best practice information to support them in the workplace. Our pandemic plan was also written and published.

Site visits by the Head of IPC have been undertaken to most of the hospices across the UK. This provides visible leadership and support for the IPC link practitioners and Heads of Quality/Operations at a local level. Observations of practice and the environment were made during the visits. Feedback was given at the end of each visit and followed up with a

written report – this focused on good practice standards as well as identifying areas requiring improvement.

The IPC Annual Work Programme based on the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance, Scottish Standards and quality improvement guidance is in place. This forms part of our Board Assurance Framework and demonstrates compliance with IPC activities throughout the year. Progress against our annual work programme is reported quarterly at the Infection Prevention and Control Committee and full details are reported in the IPC Annual Report.

The annual IPC Quality Improvement Audit Programme for place-based teams has also been in place with audits undertaken throughout the year to assess compliance with practice in line with Marie Curie policies and procedures. Audits have included hand hygiene, PPE, isolation and transmission-based precautions, vascular access device, care of indwelling urinary catheters and other standard infection control precautions. New audit tools have also been devised and implemented as per the audit programme. Support is provided to the teams when needs for improvements in compliance are identified.

This year has also seen further growth of the IPC link practitioner network and there is now representation from most place-based teams. The group has met monthly, and this has given an opportunity to network, share good practice, discuss issues and learnings and receive national updates from the Head of IPC who facilitates the group.

Continuation of collaborative working on IPC has ensured the completion of the national standards of cleanliness work, which has now been implemented across all hospices. The antibiotic prescribing audit tool and accompanying guidance document have also been completed and were published in February 2024. This tool is bespoke to end of life prescribing and will standardise Marie Curie's approach to the auditing of prescribing practice. Other work with the ventilation and water safety groups continues to progress.

What are alert organisms?

These are organisms identified as being potentially significant for infection prevention and control practices in healthcare settings. This is because they may give rise to outbreaks and transmission of infectious conditions to others.

The local medical microbiologist is responsible for informing Marie Curie clinical teams when a new clinical isolate of an alert organism has been identified.

Examples of alert organisms include methicillin resistant staphylococcus aureus (MRSA), Clostrium difficile (C.diff) and Group A Streptococcus.

The Head of IPC continues to provide expert IPC advice and guidance to all staff across the charity to reduce the incidence of healthcare-associated infection, maintain patient safety, and ensure the continuation of high-quality patient care to support the delivery of the best outcomes for the patients we look after.

Safeguarding

We are committed to safeguarding all our people from harm. This includes our staff, volunteers and all those who use or come into contact with our services. We recognise that all our people, regardless of race, age, ability, gender identity, sexual orientation, religion or belief, have the right to protection from all types of harm or abuse. We work closely with partner organisations to ensure that we follow safeguarding best practices.

Marie Curie has a comprehensive safeguarding policy, the implementation of which is overseen by our executive safeguarding lead and supported by the charity-wide Safeguarding Assurance Group. We have a designated

Trustee safeguarding lead, a Head of Safeguarding and named safeguarding leads in our hospices, community nursing services, and the Volunteering, Retail, Public Relations and Fundraising teams.

We have robust processes in place to ensure that 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.

We take the safety and wellbeing of our staff and volunteers seriously. As such we have systems and processes in place to identify and assess potential areas of risk across all our activities; and we ensure remedial plans are put in place to address these risks. Our Freedom to Speak up (FTSU) and whistleblowing service includes FTSU champions in different areas of the charity.

All our staff, volunteers, trustees and executives are trained to recognise signs which could indicate that a child or adult at risk may be being abused or neglected. This training also includes wider Charity Commission requirements to recognise and report incidents involving our staff and volunteers. We actively encourage our staff, volunteers and those who use or come into contact with our services, to speak up about things which they think could cause harm to people, and we act promptly when concerns have been raised. We will not tolerate any behaviours or practices which could lead to abuse or exploitation.

We highly value the contribution of our staff and volunteers and offer them a range of support to manage and cope with the complexities and challenges that they face in their work. We're committed to creating not just a safe place to work, but also a supportive and rewarding one.

We have a Safeguarding Risk Register which is maintained by the Head of Safeguarding and monitored and reviewed by the Safeguarding Assurance Group to ensure risk is managed in line with approved risk appetite. Significant operational risks are escalated to the Corporate Risk Register. We're confident that the actions identified drive risk management improvement and that risks will continue to reduce to acceptable levels in a timely manner. Safeguarding is also recorded on the Principal Risk Register, which is submitted regularly to the Marie Curie Audit and Risk Committee.

In the past year, as part of our ongoing commitment to the health and wellbeing of all our employees and volunteers, we've developed our new Domestic Abuse Policy and accompanying eLearning package, raising awareness of domestic abuse. The policy provides advice and guidance on the range of help and support available to individuals experiencing domestic abuse, on how line managers can respond appropriately to any concerns or disclosures of domestic abuse, and how to support team members experiencing domestic abuse. It also details the action we will take if one of our employees or volunteers is a perpetrator of domestic abuse. The

training module is available on our Learn and Develop site and provides staff (particularly managers) with knowledge on domestic abuse, signs to look out for, what to do if a colleague is experiencing domestic abuse and where to refer them for further support.

We also created and launched a new Mental Capacity Act 2005 (MCA) training package, particularly targeted at staff working in our regulated services. The training was aligned with both the legislation and guidance around the MCA and Marie Curie policy and procedures. This training module is available for all our staff on our Learn and Develop site.

As part of our National Clinical Audit Programme, we conducted an audit to assess our performance against the standards and responsibilities set out in our Safeguarding Policy. The audit was conducted in October 2023 and was overseen by the Safeguarding Assurance Group with the final report presented to the Quality Trustee Committee. Further information is included in the audit section below.

Safeguarding incidents and safeguarding training compliance continue to be monitored centrally by the Safeguarding Assurance Group, with quarterly reports produced and presented to the CNO, CEO and Quality Trustee Committee.

In the coming year, we will further develop our work on safeguarding assurance, strengthening the culture of safeguarding across the charity, and making continuous improvement across our place-based services. We will 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 lives, helping them manage their symptoms. Many of our patients are discharged home and some remain in our hospices where they're supported until they die.

Between 1 April 2023 and 31 March 2024, 1,441 patients died in our hospices, broken down as follows:

Q1 – 350

Q2 – 382

Q3 – 359

Q4 – 350

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

Part 2a: Hospice Care at Home

This section looks in more detail at Hospice Care at Home, across our three priorities of patient and carer experience, patient safety and clinical effectiveness.

Experience of care and support

Service user feedback

In total, 3,678 patients and carers provided us with their feedback and comments via our primary Experience of Care and Support questionnaires, which is a significant increase from 2310 in 2022/23. Our focus continues to be on growing the number of responses. A multifaceted support plan is in place to enable this. This is monitored through the Quality Trustee Committee and has an emphasis on increasing the recruitment of Feedback Volunteers.

The volume of feedback received has shown that the support plan is beginning to be embedded. While we've largely maintained or improved slightly on our positive experience scores, trend analysis and monitoring of actions continue both centrally and by place-based services, to see where improvements are needed.

Friends and family test

"Overall how was your experience of our care" is a national feedback question asked by all care providers. Out of 1380 people who responded to this question, 98.6% replied 'very good' or 'good'. This is an improvement on last year when the score was 98.3%. We believe this indicates that we provide good standards of care. Where a small number

What is Hospice Care at Home?

Marie Curie Registered Nurses, Healthcare Assistants and other healthcare professionals provide clinical, practical and emotional care to people living with any terminal illness, and support to those close to them, in the comfort of their own homes. We also provide Urgent Hospice Care at Home. Our services help avoid unnecessary hospital admissions. We employ around 720 registered nurses and 1092 healthcare assistants across all of our services in the UK. We cared for 32,654 patients in the Hospice Care at Home service in 2023/24.

Patient Experience, Hospice Care at Home

Aspect of care	2023/24– responded 'always'	2022/23 – responded 'always'	Change from last year
Treated with dignity and respect	97%	93%	Up 4%
Involved in decisions about your care	98%	93%	Up 5%
Provide support for family and friends	98%	86%	Up 12%

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.

Complaints

We aim to respond to 95% of complaints within 20 working days, or a revised time frame 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).

Once the outcome response has been discussed with the complainant, and any further information or questions have been answered, the complainant can refer their complaint to the Health and Social Care Ombudsman or other National regulatory body if they are still dissatisfied with the overall outcome or handling of their complaint.

Hospice Care at Home services received 78 complaints in 2023/24. This is a decrease from last year when we received 91 complaints.

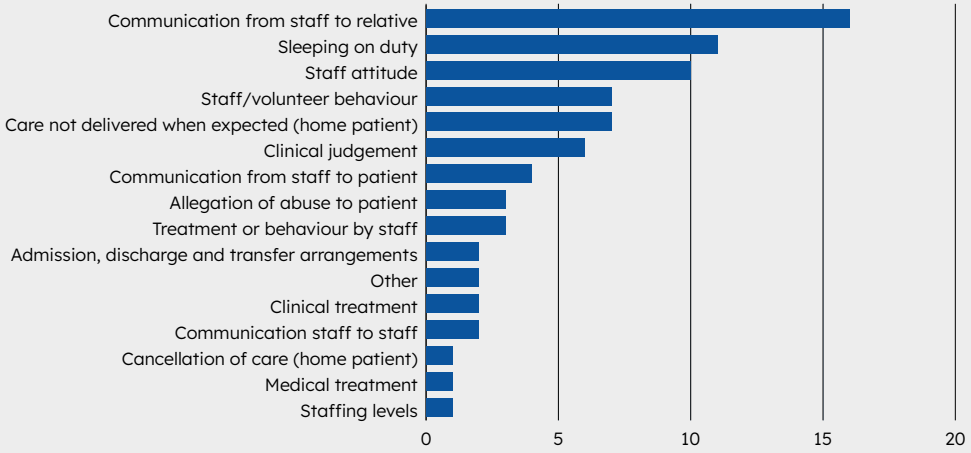
The most common complaint categories in the Hospice Care at Home service were: communication staff to relative (16), sleeping on duty (11), staff attitude (10). These topics have been monitored throughout the year and discussed in the National Patient and Carer Experience Quarterly Meeting and the Patient Safety Panel, where complex complaints actions and learnings are shared. A review and refresh of communication training was also completed in Q4.

We responded to 100% of Marie Curie complaints within 20 working days or an agreed revised time frame. One complaint was escalated to the relevant ombudsman in Q4, when we received notification of an advisory of intent to investigate. This was regarding a complaint raised with the ombudsman in 2021. The ombudsman was responsible for the delay in acting upon this. Requested information was provided and no decision to investigate has been decided at the date of reporting.

Friends and family test, Hospice Care at Home (overall experience of Marie Curie services)

Responses	Total number	%
Very good	3,171	92.5%
Good	183	5.2%
Neither good nor poor	42	1.3%
Poor	18	0.7%
Very poor	10	0.3%

Contributors to Hospice Care at Home complaints, April 2023 – March 2024



Changes made following complaints

In 2023/24, we made or planned to make changes in response to complaints received about our Hospice Care at Home services. These include:

- Reissuing guidance to staff in relation to documenting care and conversations with patients and families. Staff are expected to document such conversations as well as all care delivered.
- Delivering education sessions regarding clinical documentation in addition to the existing record keeping online module.
- HCAs to focus on clearly and adequately documenting any food and drinks offered, any noted changes and communication with family caregivers.
- Senior nurses and community nurses to focus on monitoring good standards of clinical record documentation on a regular basis.
- Staff are reminded of staying awake strategies at team meetings and individual meetings with managers.
- Spot audits will be carried out by Head of Quality on documentation with learnings shared with clinical nurse managers.

Compliments

In 2023/24 we received 1,959 compliments. The number of compliments regarding quality of care is increasing. Themes included appreciation that we have been able to support patients to die in their preferred place, and staff going above and beyond the expectations of service delivery. This data gives some insight into the factors that positively impacted 'overall impression' scores over this period.

Patient safety

Incidents

The table below shows the number of incidents where Duty of Candour applies in each of our place-based regions in the UK in 2023/24. In the Hospice Care at Home service there were no incidents that resulted in severe harm, and seven incidents that resulted in moderate harm (0.22% of all incidents). This figure includes three incidents that resulted in moderate harm to a patient and four incidents that resulted in moderate harm to a staff member.

Incidents, Hospice Care at Home 2023/24

	No harm	Low harm	Moderate harm	Severe harm
East of England	274	18	0	0
London	146	17	0	0
Midlands	316	52	1	0
North East	285	16	0	0
North West	65	23	0	0
Northern Ireland	119	8	1	0
Scotland North and West	115	17	1	0
Scotland South and East	87	22	1	0
South East	165	54	1	0
South West	470	95	2	0
Wales	110	22	0	0
Yorkshire	602	75	0	0
Total	**2754**	**419**	**7**	**0**

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. We've undertaken a review of our Hospice Care at Home electronic patient record templates. This included designing new templates to support staff to formally assess patients' care wishes and needs, and to reduce dependency on accessing district nursing notes.

Medication

There were 169 medication incidents in the Hospice Care at Home service this year. 58% of these were administration incidents. There were no clear themes, and all were low or no harm incidents.

Further completed improvement work is detailed in the medicines management priority earlier in this account.

Falls

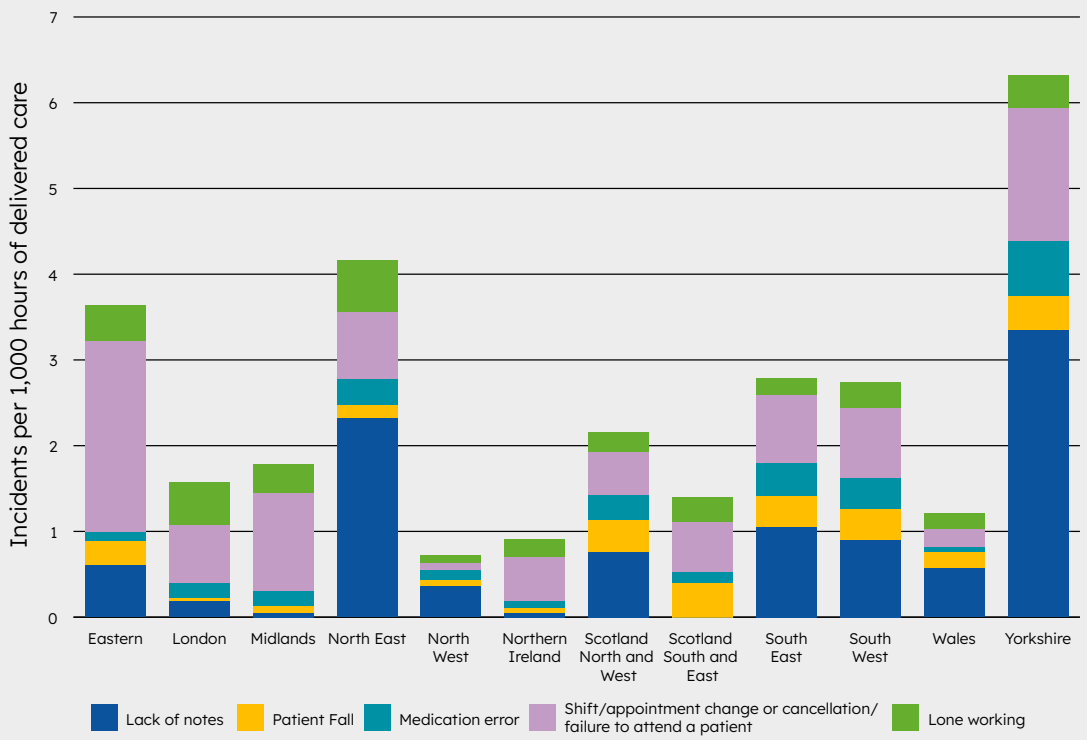
There were 182 falls in the Hospice Care at Home service this year (155 patient falls and 27 relative/carer or staff falls).

The Marie Curie Falls Lead Group has monitored this year's falls data for trends and themes. This has given insight into causes for high or low falls incident rates and provided assurance that processes are in place and that measures have been reviewed to prevent falls where possible.

Reporting of 'near miss' falls is being promoted. This information provides valuable information to help us reduce falls and identify improvements that can be shared across our clinical services.

Following the introduction of the Patient Safety Improvement Response Framework (PSIRF) throughout our clinical services, we're now assessing our oversight of place-based falls improvement plans and their links to our national Falls Improvement Plan. We have reviewed our processes and training to manage the known risk of entrapment in bed rails and other medical equipment following the issuing of a national patient equipment safety alert. Our guidance documents for clinical staff have been adapted following NICE Head Injury Guidance 2023.

Most common types of incidents reported in the Hospice Care at Home service



Part 2b: Marie Curie Hospices

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

Experience of care and support

Service user feedback

This year, 727 patients and carers provided us with their feedback and comments about the Marie Curie Hospices via our Experience of care and support questionnaire (see table below). This is a decrease from last year when 912 feedback questionnaires were received. It is to be noted that a decrease was expected due to the current closure of one of our hospices. As outlined in the Hospice Care at Home complaints section, an improvement plan is in place to increase the number of responses further.

Friends and family test

"Overall, how was your experience of our care and support?" is a national feedback question asked by all NHS care providers. Of 704 people who responded to this question, 98.9% replied 'very good' or 'good'. This is similar to last year's score of 98.5%. We believe this indicates that we provide good standards of care. In the small number reporting their experience as 'poor' or 'very poor', we can sometimes identify improvements which can be made if additional comments were given, or the respondent has provided us with their contact details for a conversation about their experience.

What are Marie Curie Hospices?

There are nine Marie Curie Hospices across the place-based regions in the UK, although one of our hospices has been closed since October 2023 following the identification of RAAC concrete. Each of the hospices provides both in-patient and outpatient care for people living with any terminal illness. 7,275 patients were cared for in our hospices in 2023/24. Outpatient services include physiotherapy, counselling and bereavement support.

Patient experience, Marie Curie Hospices

Aspect of care	2023/24 – responded 'very good'	2022/23 – responded 'very good'	Change from last year
Treated with dignity and respect	98%	Not previously reported	NA
Involved in decisions about your care	92%	Not previously reported	NA
Provide support for family and friends	97%	Not previously reported	NA

Friends and family test, Marie Curie Hospices

Responses	Total number	%
Very good	655	93.0%
Good	41	5.8%
Neither good nor poor	6	0.9%
Poor	0	0%
Very poor	2	0.3%

Complaints

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

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

The Marie Curie Hospices received 20 complaints in 2023/24, which is a decrease of 25 from 2022/23.

The most common complaints were related to clinical treatment (4), admission, discharge and transfer arrangements (4), and communication from staff to relative (3).

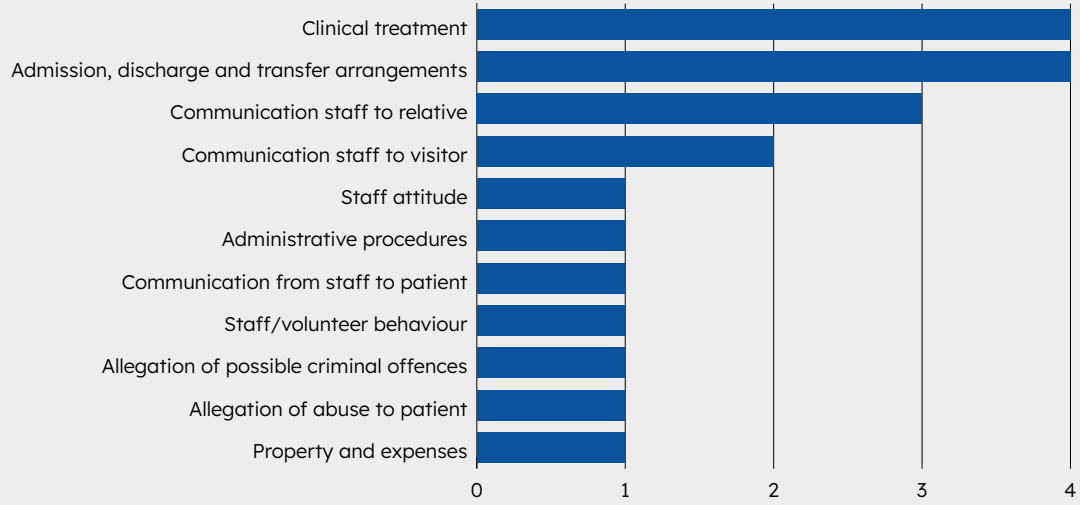
We responded to 100% of hospice complaints within 20 working days, or an agreed revised time frame. One complaint was escalated to the relevant ombudsman or regulatory body from the hospices. This complaint was not upheld.

Changes made following complaints

In 2023/24, we made changes in response to complaints targeted at individual hospices, including:

- All noted changes in a patient's food and fluid intake to be communicated with the patient and people supporting them and their understanding of the information shared to be clarified.
- Sharing of information to be documented in patient electronic records along with a note that those who support the family have clarified their understanding of the information shared.
- The charge nurse and the ward manager to monitor food and drink documentations on electronic records on a daily basis.

Contributors to Hospice complaints, April 2023 – March 2024



- Developing a checklist for staff to ensure that they engage regularly with families when the patient is admitted to the hospice, and at regular intervals through the stay, to ensure we're providing the right support not only to the patient, but also to the people supporting them.
- HCAs to be responsible for communicating any observed changes to a patient's eating and drinking noted during the shift to the nurse looking after that patient.

Compliments

In 2023/24 we received 980 compliments. The numbers of compliments regarding quality of care is increasing. Themes are similar to the Hospice Care at Home service and include appreciation that we have been able to support patients to die in their preferred place and staff going above and beyond the expectations of service delivery.

Patient safety

Incidents

The table, right, shows the number of incidents where Duty of Candour applies in our hospices in 2023/24. Overall there were no incidents that resulted in severe harm, and 39 incidents that resulted in moderate harm (1.9% of all incidents). This includes 38 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, and the learning points identified were shared across the Hospice teams to implement relevant improvement. Pressure ulcer incidents accounted for 31 of the total.

Incidents, Marie Curie Hospices, 2023/24

Hospice	No harm	Low harm	Moderate harm	Severe harm
Belfast Hospice	126	99	0	0
Bradford Hospice	185	109	7	0
Cardiff & The Vale Hospice	127	99	12	0
Edinburgh Hospice	97	63	2	0
Glasgow Hospice	159	96	0	0
Hampstead Hospice	82	52	11	0
Liverpool Hospice	121	112	2	0
Newcastle Hospice	166	49	0	0
West Midlands Hospice	130	119	5	0
Total	**1193**	**798**	**39**	**0**

Medication errors

There were 578 medication incidents over the year in our hospices (476 in 2022/23).

This includes administration, dispensing and prescription incidents (see graph, right).

All incidents are discussed by senior clinicians at regular medicines management meetings. Trends or themes are identified and changes to systems and staff training, or other steps to reduce or mitigate the incidents, are agreed.

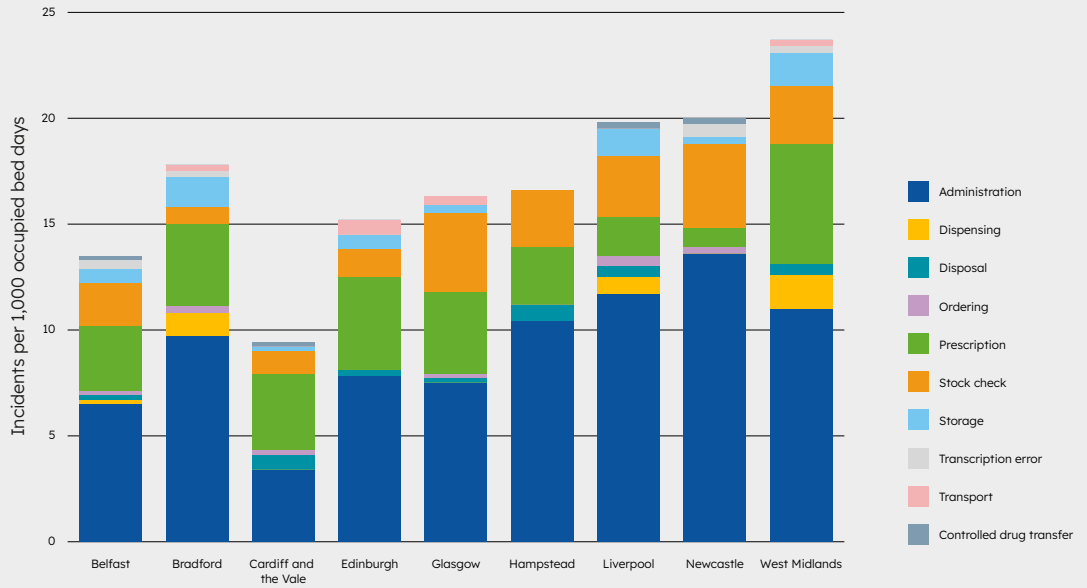
Of the medication incidents, 99.8% were no or low harm. Most were administration or prescription incidents. There is no clear reason for the variance in the number of incidents reported in the different hospices.

Falls

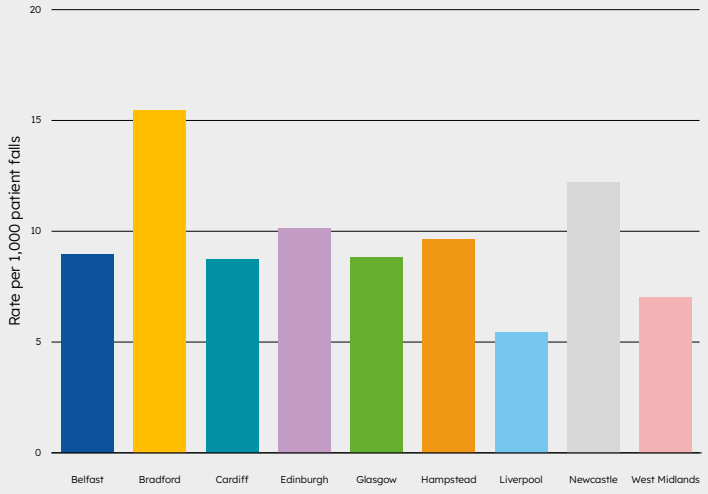
There were 353 falls in our hospices, 331 of which were patient falls. Patient falls decreased this year across our hospices – from 371.

Three falls resulted in moderate harm to the patient. There were no incidents of falls causing moderate harm to a staff member and no falls that resulted in severe harm. Further completed improvement work is detailed in the Hospice Care at Home section of this report.

Medication error incidents



Patient falls incidents



Pressure ulcers

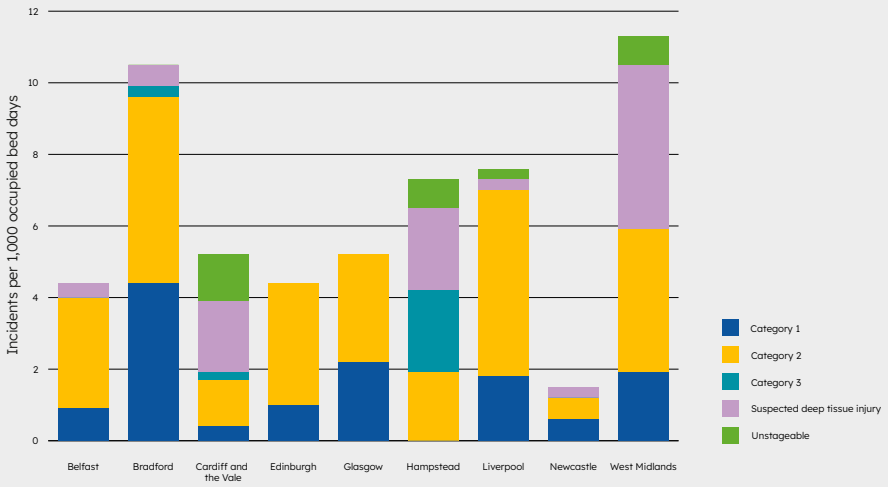
We recorded 219 multiple and single pressure ulcer incidents acquired in our hospices this year (201 in 2022/23). Most pressure ulcers recorded during admission (49%) were category 2 pressure ulcers. Our nurses agree individual plans of care in agreement with the patient to ensure all possible steps are taken to promote healing and prevent deterioration.

We have set up a community of practice for our tissue viability link practitioners to provide a forum to share information, knowledge, best practice and collaborate to improve the quality of wound and skin care provided to our patients. Together we have developed a quality improvement plan, and this informs our work programme. This year we developed tissue viability e-learning for our hospice and community staff. This consists of eight bitesize modules to develop knowledge, skills and understanding to prevent pressure ulcers.

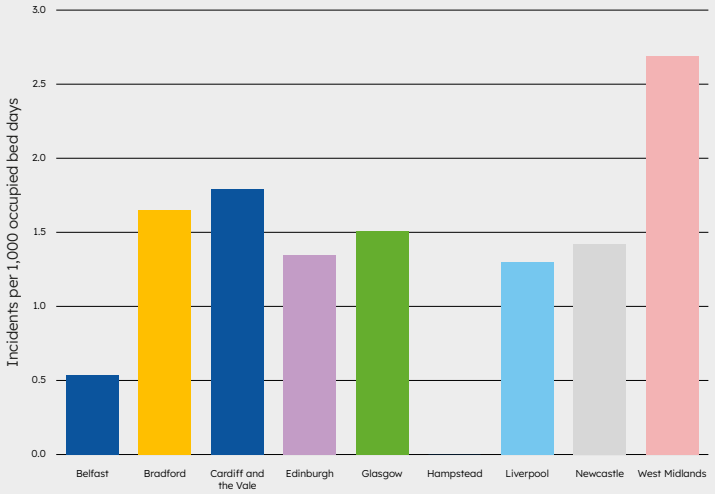
Pressure ulcers

Pressure ulcers are damaged areas of skin and/or tissue under the skin. They are most common over bony parts of the body such as heels, sacrum, elbows and hips, where the person's body rests against a chair or bed. Pressure ulcers are categorised using the European Pressure Ulcer Advisory Panel Pressure Ulcers Classification System (EPUAP). There are different categories of pressure ulcers within this, category 1 to category 4, suspected deep tissue injury and unstageable. The category is based on the severity of tissue damage ranging from intact skin that may be discoloured or painful to open ulcers or wounds that affect the tissue under the skin.

Pressure ulcers acquired after admission



Moisture lesions incidents acquired after admission



Moisture Associated Skin Damage (MASD)

We recorded 48 instances of single and multiple moisture associated skin damage (MASD) acquired in our care, in our hospices in 2023/24 (38 in 2022/23). We distinguish between MASD and pressure ulcers because the causation, prevention and management are different for each.

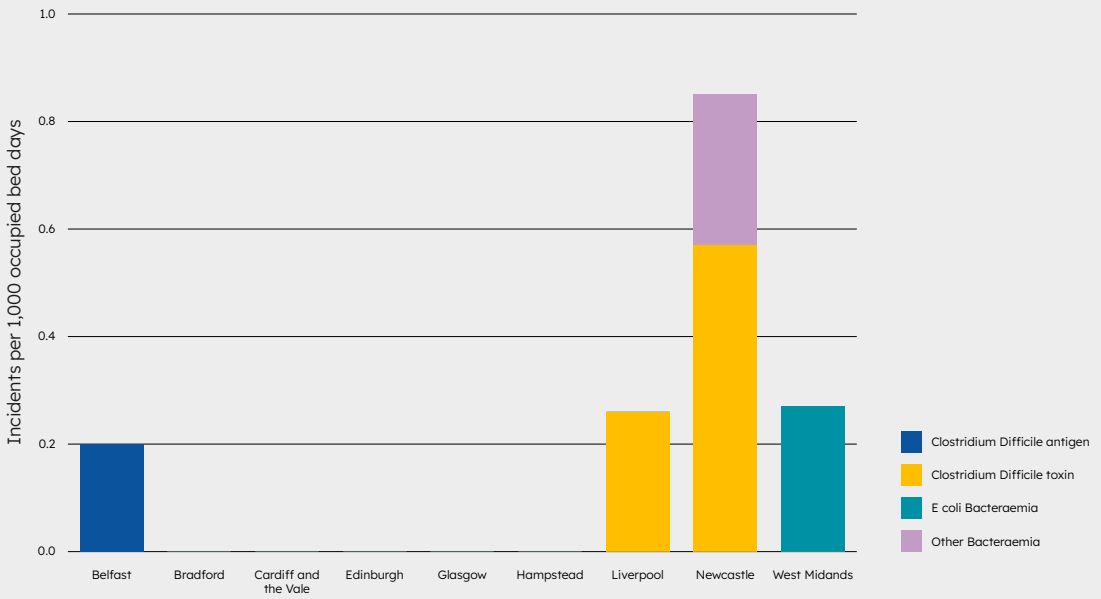
Hospices conduct a more detailed investigation into every MASD to check whether care plans were followed correctly, and whether there were any failings in the patient's care or treatment that may have contributed to the development of moisture lesions.

This year we have commenced work to improve the resources available for our staff on how to identify and treat moisture associated skin damage. MASD is included in the Pressure Ulcer Quality Improvement Plan and this work will continue into 2024/25.

Infection prevention and control

We continue to manage incidents and the Head of Infection Prevention and Control conducts post-infection reviews of relevant reported incidents. The graph, right, details the small number of non-COVID-19 infections acquired in our care.

Infection prevention and control incidents acquired in our care



Clinical effectiveness

Clinical audit

Each of our placed-based regions in the UK has an audit lead who is responsible for supplementing the national audit programme with locally co-ordinated audits, including infection prevention and control, and controlled drugs in hospices.

For each audit, the following actions are undertaken:

- Local investigations to determine the cause of any lower scored standards.
- Implementation of a local action plan relevant to the areas identified as requiring improvement which is agreed and monitored through local governance committees as well as having central oversight.
- Local teams use the results of the audit to assist in quality improvement work in that specific area.
- Audit reports are shared at national clinical governance meetings and an annual report shared with the Quality Trustees Committee.

Audit	Actions
International Dysphagia Diet Standardisation Initiative (IDDSI) Audit	National work undertaken on the review of community electronic patient record templates to include consideration for the IDDSI terminology and standards. This will be implemented in 2024-25.
Mouthcare	• Marie Curie teams to review the use of foam sponges in place-based regions. Strengthen guidance to staff regarding foam/pink sponges to make staff aware that these are not recommended for use, due to risk of choking. • Place-based leadership teams to encourage completion of the online mouthcare module for staff, to increase understanding of mouthcare procedures. • Nursing and Quality team have captured national actions in response to the mouthcare audit, this will be considered during the review of the 2024-25 tool. • National Nursing and Quality team included consideration for mouthcare in the new Hospice Care at Home Electronic Patient Record templates and education to support place-based teams in completing mouthcare assessments and documentation.
Duty of Candour	• Place-based teams to ensure all moderate and severe harm incidents are discussed at Serious Incident (learning) Panel (renamed to Safety Learning Panel, November 2023), and evidence of this is recorded on Vantage incident management system. • Place-based teams to ensure that only incidents inside Marie Curie care are audited in any future audits, to prevent the data from being negatively skewed. • Local teams and Nursing and Quality team to consider methods of education on clinical audit for staff. Following a successful pilot of Audit Skills Workshops this year, this will be repeated in 2024-25. • Nursing and Quality team now ensure weekly reminders include detailed guidance relating to which incidents are to be audited, for future national audits.
Safeguarding	• Re-audit in 2024-25, including a review of the audit tool, IQVIA audit database setup and clear communications on expectations for the audit. • Discuss the report, audit results and national actions at the April 2024 Safeguarding Assurance Group.

Audit	Actions
Tissue viability	• Actions should be included on the place-based Patient Safety Incident Response Framework improvement plans and escalated by exception. • Actions to be monitored through the Tissue Viability Community of Practice. • Re-audit in 2024-25, Nursing and Quality team to include review of guidance circulated with the audits with regards to types of incidents applicable for the audit.

A falls audit was also undertaken in 2023/24. The data collection took place in March, and the data analysis and report will be completed in April 2024.

Research

Marie Curie leads the way in palliative and end of life care research to help deliver a better end of life for all.

We FUND Research

Marie Curie is the largest charitable funder of palliative and end of life care research in the UK. Through a range of funding streams, we support high quality impact-focused research projects and programmes aligned to our strategic objectives, as well as to developing the people and capacity needed to drive the research field forward.

We DELIVER Research

Our internal research team of subject and methodological experts delivers strategically aligned research projects and programmes that support ongoing activities and inform the future agenda of teams across Marie Curie, as well as generating impact on wider policy and practice in the field of palliative and end of life care.

We're committed to ensuring that the findings from the research we fund are accessible to all, to maximise their use to deliver change for people affected by dying, death and bereavement. Our open access publication policy and provision of funding for open access fees for research that we support is helping to make this happen.

We ENABLE Research

We undertake a range of activities which enable the development and delivery of research, both within Marie Curie services and within the wider hospice and palliative care sector. We work in partnership with other organisations to increase the case for funding for palliative and end of life care research. Our Marie Curie Research Nurses and leads are embedded in place-based teams and, along with our academic Research Fellows, support and undertake research activities at our hospices and in our community services to ensure our patients, carers and staff all have an opportunity to participate in research.

We INVOLVE people to shape research

Our Research Voices Group ensures that the voices of people personally affected by dying, death and bereavement are at the heart of all our research activity.

Members sit on our research decision-making panels and help shape and develop our research programmes. The group now has 29 members, an increase of 21 since May 2022. They bring a range of lived experiences to our work.

Members of the Research Voices Group have been involved in a range of research and policy activities. Most recently, they have been part of a twenty-strong Lived Experience Group (LEG) for a project that Marie Curie is leading to refresh the James Lind Alliance Priority Setting Partnership (PSP), which is asking people what they think future palliative and end of life care research should focus on.

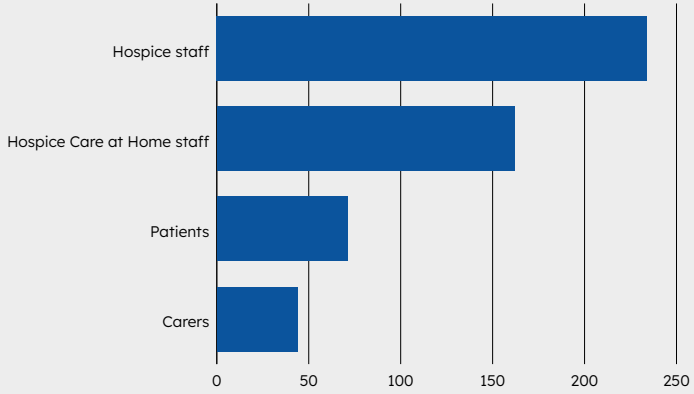
The LEG brings a range of experiences including living with a life-limiting illness, caring for someone with a life-limiting illness, and bereavement. To date, the group has had significant impact on the project, and we plan to evaluate involvement using the Patient Involvement in Research Impact Toolkit (PIRIT) which measures against the UK Standards for Public Involvement.

We use research to DRIVE CHANGE

Our integrated Research and Policy teams, and our key link roles between our Research and Caring Services teams, enable us to engage key audiences and decision-makers with our research and to give it the best chance of informing changes to policy and practice that can improve the end of life experience for all.

At our fourth, free to access and online annual research conference in February 2024, we brought together thought leaders and key professionals from across the research, policy, and health and social care sectors to share the latest research and evidence in palliative and end of life care. We were delighted that over 2,100 people registered, from 66 countries, to consider and discuss the key messages from each presentation.

Participants recruited to studies across Marie Curie services 2023-24



Regulators

We haven't participated in any special reviews or investigations in 2023/24.

In England, Marie Curie is registered with the Care Quality Commission (CQC). The CQC assesses whether services are safe, effective, caring, responsive to people's needs and well-led. Two of our services were inspected in 2023/24. The overall ratings given by the CQC following the inspections are:

- Marie Curie Hospice and Community Services North East – 'Outstanding'
- Marie Curie Hospice and Community Services Yorkshire – 'Outstanding'

The CQC responded to an externally raised anonymous concern in respect to the Marie Curie Hospice and Community Services North West in March 2024. This was

not an inspection and the inspection team advised that the current rating of ‘Good’ should not change.

The Marie Curie Hospice Care at Home 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 means that, depending on the patient’s needs, care can be provided by either a healthcare assistant or a registered nurse.

The Care Inspectorate Scotland undertook one inspection in 2023/24 – of Scotland North and West nurse agency. Two areas were evaluated using the Care Inspectorate Scotland’s points scale of 1 to 6. ‘How well do we support people’s wellbeing?’ achieved a score of 5 (Very Good), and ‘How good is our leadership and staffing?’ achieved a score of 4 (Good).

The Marie Curie Hospices in Scotland are registered with Healthcare Improvement Scotland (HIS). The focus of their inspections is to ensure each service is person-centred, safe and well-led. Both our Scottish Hospice services were inspected in 2023/24. The overall ratings given by HIS are:

- Marie Curie Hospice Edinburgh - ‘Good’ for all areas inspected: Direction, Implementation and delivery, and Results.
- Marie Curie Hospice Glasgow - ‘Good’ for all areas inspected: Direction, Implementation and delivery, and Results.

In Wales, the Marie Curie Hospice Care at Home service is registered with the Care Inspectorate Wales (CIW). An inspection took place in 2023/24. Ratings are not used by this regulator. The report confirmed that people receive excellent care and support and no areas of non-compliance were identified. The Marie Curie Hospice, Cardiff and the Vale is registered with Healthcare Inspectorate Wales. An inspection took place in February 2024, with the final report not available at the time of this report.

The Marie Curie Hospice Care at Home service in Northern Ireland and Marie Curie Hospice, Belfast are registered with the Regulation and Quality Improvement Authority (RQIA). An inspection took place in February 2024. The report is not yet available.

Part 3: Quality Account Regulations (for England)

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

- During the period from 1 April 2023 to 31 March 2024, Marie Curie provided end of life care through part-NHS funded services via its nine hospices and national Hospice Care at Home 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 sections.
- The percentage of NHS funding is variable depending on the services commissioned, but on average is in the region of 42%. The rest is provided by Marie Curie charitable contribution.
- The income generated by the NHS services, reviewed in the period 1 April 2023 to 31 March 2024, represents 55% of the total income generated from the provision of NHS services by Marie Curie for the period from 1 April 2023 to 31 March 2024.
- During the period from 1 April 2023 to 31 March 2024, there were no national mandated clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
- From 1 April 2023 to 31 March 2024, 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 between 1 April 2023 and 31 March 2024 that were recruited during that period to participate in research approved by a research ethics committee was 71.
- None of Marie Curie's income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from Integrated care boards in England
- Marie Curie Hospices and Hospice Care at Home 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 2023 to 31 March 2024.
- Marie Curie has not been subject to any periodic reviews by the Care Quality Commission between 1 April 2023 and 31 March 2024.

- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission between 1 April 2023 and 31 March 2024.
- Marie Curie did not submit records during the reporting period from 1 April 2023 to 31 March 2024 to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics.
- As a healthcare provider, we ensure that we follow the correct procedures for managing our information. Every year, we complete the NHS DSPT self-assessment, looking at how we manage our data. This asserted compliance with all 42 mandatory requirements for a Category 3 organisation (charities/hospices). The 2023/24 self-assessment is underway at the moment (initial assessment in April) and is due to report by the deadline of 30 June 2024.
- Marie Curie was not subject to any Payment by Results clinical coding audit between 1 April 2023 and 31 March 2024.

Statements from stakeholders

Statements from Lead ICB, Health Scrutiny Committee, Healthwatch and Independent member of the Quality Trustees Committee.

We are required to send a copy of our report to our Lead ICB and local Health Scrutiny Committee for their comments before publication. We also approached an independent member of the Marie Curie Quality Trustees Committee.

We approached our local Healthwatch and asked them to comment, but they were unable to do so within the time frame this year.

NHS Lincolnshire Integrated Care Board

NHS Lincolnshire Integrated Care Board (the commissioners) values the opportunity to review and comment on the Marie Curie (the organisation) Annual Quality Account 2023/24.

The Quality Account provides comprehensive information on the three quality priorities of focus during the year, these being in relation to patient safety; clinical effectiveness; and patient, carer, and staff experience.

The achievements in relation to last year's objectives are considerable. We acknowledge the many improvements made with regards to medicines management. Particular emphasis should be placed upon work within the remit of non-medical prescribing. The rewards will be multi-faceted as these endeavours will not only empower and retain workforce but should also proactively support timely care and treatment for patients.

The commissioners concur that patient feedback to inform continuous service improvement is key to optimising the lived experience of patients and carers. We are heartened by the collaborative approach which Marie Curie utilises to engage patients, families and carers and the approach of co-design for feedback mechanisms means that this process will be as sensitive as possible for all who are experiencing the complexities of end of life support. The increase of feedback by 32.4% evidences that this approach has garnered success.

Building further upon the importance of patient feedback and lived experience, Marie Curie have evidenced that specific outcome measures have been usefully employed in the hospice setting. We look forward to seeing how this can translate to our patients who are cared for in their own homes, to ensure parity across both community and inpatient services. Building upon this good work, we embrace the results from the Marie Curie Impact Framework and acknowledge this may capture the impact of care delivery regardless of setting. Ongoing measurement of the impact of care is an important mechanism which will optimise patient and carer outcomes.

Marie Curie have been a key stakeholder in the Lincolnshire- wide Patient Safety Incident Response Framework (PSIRF) implementation group over the past year, contributing to the meeting and providing a valuable insight into patient safety within the organisation.

As PSIRF becomes embedded within Marie Curie and the wider Lincolnshire system, the ICB are facilitating the Lincolnshire Wide Learning Forum, of which Marie Curie will be a key stakeholder in sharing their learning from patient safety events and likewise take learning from other organisations.

Looking forward to the coming year the commissioners are pleased that the organisation is committed to supporting and further developing their workforce, this is inclusive of their network of volunteers. Marie Curie's volunteers will support community capacity and increase social capital, which is commendable. In addition, further training which encompasses coaching to support compassionate conversations should increase patient and carer engagement. The commissioners feel this is an essential skill when caring for patients and loved ones nearing the end of life, the additional learning will also support those who have been adversely affected by a patient safety incident, in keeping with the principles within the Patient Safety Incident Response Framework.

It is of note that Marie Curie sets out key objectives to promote inclusion, by concentrating on strategies which support patients with additional needs, for example – but not exclusive to – patients with a learning disability and autism. The commissioners appreciate the breadth of actions and measures planned to evidence where care has been more patient centred and sensitive in assessment and delivery.

The CQC rating for Marie Curie Midlands is 'Outstanding' based on the last inspection undertaken in September 2015. During 2023/24, the organisation has been subject to a Care Quality Commission (CQC) inspection in two of their services, Marie Curie Hospice and Community Services North East and Marie Curie Hospice and Community Services Yorkshire. The overall ratings given by the CQC following these inspections were 'Outstanding'.

The commissioners commend Marie Curie's continued commitment to quality improvement and innovation and look forward to ongoing focused collaboration to further improve the quality of end of life care to our patients within Lincolnshire.

Vanessa Wort, Associate Director of Nursing & Quality, Lincolnshire ICB

Health Scrutiny Committee for Lincolnshire

The Chairman of the Health Scrutiny Committee for Lincolnshire is grateful to Marie Curie for sharing its draft Quality Account for 2023-24. It is recognised that Marie Curie is a national organisation providing services throughout the United Kingdom, and it provides more services to patients in Lincolnshire than any other local authority area. In this respect, the Committee has put on record its recognition of the contribution made by the charity, voluntary and community sector to the delivery of health and care services throughout the county, whether through contractual arrangements or otherwise.

The Quality Account clearly sets out the progress and achievements on each priority for improvement during 2023-24, as well as the planned priorities for the coming year, which overall makes the document accessible to members of the public. We look forward to Marie Curie continuing its important work both in Lincolnshire and the rest of the United Kingdom.

Councillor Carl Macey, Chairman of the Health Scrutiny Committee for Lincolnshire

Independent member of the Quality Trustees Committee

I am pleased to have the opportunity of reviewing the 2023/24 Quality Account. I have experienced the provision of care at the end of life and how that is delivered by Marie Curie in a hospice setting. I now provide these comments as an independent member of the Marie Curie Quality Trustees Committee.

The aspiration of Marie Curie, to provide a better end of life for all by providing the highest standards of care and support that reflect individual needs, encapsulates succinctly what should be the gold standard for all end of life care providers. A 'one size fits all' approach fails to come close to what should be provided. The wishes of patients and families will differ, and it is essential that this is recognised and reflected in the service delivered.

That commitment to ensure that the patients and those important to them are at the centre of everything Marie Curie does is of the utmost importance. It is only through hearing and listening to their stories, and acting on what they say about their experiences of the care provided, that best practice can be identified and disseminated, and that lessons can be learned from negative experiences and views.

It was heartening to note that the overall priorities identified for 2023/24, and the way they were addressed, were set out clearly, thereby providing solid evidence of the great work being done to improve patient safety; patient, carer and staff experience; and, clinical effectiveness.

I was particularly pleased to see that the promise to enhance the ways in which Marie Curie obtains feedback from patients and families has been met, withgreatly increased feedback levels achieved. I note that work to involve service users and staff will continue in 2024/25, and that to complete actions that will require further resource. I look forward to seeing this being achieved.

The priorities identified for 2024/25, and set out in this Quality Account, show clearly how Marie Curie plans to build on the sound foundation in place. I very much welcome the openness displayed, enabling transparent and meaningful accountability.

It has been a privilege and a pleasure to review the Quality Account. It is a well-presented and easy to read report and I am firmly of the view that it gives a real insight into what the charity is all about. I have no hesitation whatsoever in giving it my endorsement.

Harry Bunch, Independent member of the Marie Curie Quality Trustees Committee

Do you have any comments or questions?

We are 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
Floor 8
One Embassy Gardens
8 Viaduct Gardens
London
SW11 7BW

comments@mariecurie.org.uk

Our free Support Line provides emotional and practical support for anyone living with an illness they're likely to die from, and those close to them. Call **0800 090 2309*** or visit **mariecurie.org.uk/support**

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

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