Quality Account

2024/25

Marie Curie

Contents

Introduction from the CEO and Chair of Trustees

Welcome to our 2024/25 Quality Account. Here, we'll give an overview of the quality of our services and the key improvements we've made this year, setting out our priorities for the next 12 months.

Our vision is a better end of life for all. Everything we do at Marie Curie is to ensure that everyone can have the best possible quality of life to the end, reflecting what's most important to them. That's why we're incredibly proud of the expert care and support we provide to people with terminal illness and those close to them in their homes, our hospices, the community or over the phone.

But sadly, too many people are still missing out on the care they deserve. Our mission is to close the gap in end of life care so that everyone, no matter where they are, has a chance of a better end of life. Ensuring that the care and support we provide is safe, effective and of the highest standard is a vital part of this mission.

The quality of our care is dependent on three key areas: patient safety, experience of care and support, and clinical effectiveness. These are our three quality priorities. In 2024/25, we identified specific goals related to them, including strengthening the development and support of our nursing and volunteer workforce; integrating a safe staffing policy and enhanced career development framework; improving compassionate engagement and involvement of patients, families and staff; and offering training to help staff deliver improved care for patients with swallowing difficulties and people with accessibility needs.

Thanks to the hard work of our staff, we've made excellent progress. Annette Weatherley, our Chief Nursing Officer, Executive Director of Quality and Caring Services and Director of Infection Prevention and Control, goes into detail about our achievements in this account.

Our goals for 2025/26 will help us continue to develop and improve the quality of our services. We will:

- establish a robust Quality Assurance Framework across the organisation
- improve our systems and processes to ensure all feedback from those who use our services, their loved ones, the public and our staff makes a difference to how we shape our services
- build on the support we currently offer to our clinical staff, seeking feedback from them on the types of supervision and support they need
- work on our new Research, Policy and Public Affairs plan to share evidence and shape new services and practices.

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.

Kevin Parry, Chair of Trustees

Matthew Reed, Chief Executive

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

Welcome to Marie Curie's 2024/25 Quality Account. At Marie Curie, our mission is to ensure that everyone receives the best possible care and support at the end of their lives. This account highlights our commitment to patient safety, clinical effectiveness and person-centred care. It describes the progress we have made against the quality priorities we set last year, as well as outlining our priorities for the coming 12 months.

Over the past year we have made strides in improving our services, driven by our vision to close the gap in end of life care. Our focus on patient safety has led to the successful integration of our safe staffing policy, making sure our skilled staff are in the right places to meet patient needs. We have reviewed and enhanced the nutritional care we provide on our hospice in-patient units so that we can respond safely to the differing needs of those with swallowing difficulties. We have also strengthened our volunteer training, ensuring that volunteers are well-prepared and supported in their roles.

We have continued to improve staff training and development, including a focus on improving care for those with accessible communication needs, learning disabilities and autism. By fostering a culture of continuous learning, we are better equipped to provide high quality care that meets the diverse needs of our patients and their families.

The way in which patient and families experience our care and support is central to everything we do. We have listened to their feedback and have made meaningful changes to improve our services. Our efforts to improve compassionate engagement and involvement following patient safety incidents will help us to continue learning from those we support, making sure their voices are heard.

We pride ourselves on delivering excellent care to people living with a terminal illness and are always looking for ways to develop and improve the care we offer. As we look ahead, we have set out five new priorities that are detailed in this account. I am excited to see the positive changes we will achieve as we focus on these priorities over the coming year.

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. All of us will be affected by dying, death and bereavement and everyone deserves the best possible experience, reflecting what's most important to them. Marie Curie will lead in palliative and 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 system for palliative and end of life care across the UK; driving research, influencing public policy, campaigning for positive change, and fighting for the services people need.

Inclusion and equity are central to 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 palliative and 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 2025/26:

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.

Our services

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 and Rapid Response services, alongside an increasing number of innovative service models integrated within local and regional place-based healthcare systems. Our services help avoid unnecessary hospital admissions.

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 2024 following the identification of RAAC concrete, and our services within this place have pivoted from a hospice model to developing and enhancing community services. Each of the hospices provides both in-patient and outpatient care for people living with any terminal illness. One of our hospice inpatient units has been temporarily closed and services here have temporarily pivoted to providing a rapid response community service.

Our hospices all provide outpatient services include physiotherapy, counselling and bereavement support.

Marie Curie Companions

Companion volunteers focus on what's important to patients and those close to them. It might be accompanying patients to appointments, being there to listen to how someone is feeling without judgement, or stepping in so family or carers can take a break. Currently we have 580 Companion volunteers and we plan to continue to develop and grow this service.

Information and support

Marie Curie provides free support over the phone in over 200 languages (with the support of an external provider, LanguageLine), and via webchat, to anyone with an illness they're likely to die from and those close to them. Our team offers practical and emotional support on everything from symptom management and day-to-day care to financial information and bereavement support.

Trusted information

Our trusted information is available to all. From first questions after a terminal diagnosis, to guidance on planning for death, and support with grief. We have information on palliative care for healthcare professionals too. This information and support is free of charge and is accessible to all in print and by talking to us over the phone.

Place-based structure

To make sure we give the people we support the best possible end of life experience, we work in a place-based way. This means our teams across the UK are divided into places, so that when someone is referred to us, the service they need is not working in isolation. Instead, the person's care is joined up with our other services. We work with local communities and in partnership with other experts to deliver the services needed, in line with the requirements of the four governments spanning England and the devolved nations. This way of working is intended to improve access to care and target local services for the people who need them most.

Policy and campaigns

We raise public awareness and influence decision-makers across the UK on the issues affecting people with an illness they're likely to die from, and those close to them. We do this so more people can access high quality care and support when and where they need it most.

Research

Marie Curie is the UK's largest charitable funder of palliative care research. Our work deepens understanding of what makes a good end of life, highlighting challenges and gaps in care, and improving support for everyone affected by dying, death or bereavement. Our research helps us to give the best care, improve the wider care system and drive better clinical practice so that more people have the best possible experience at the end of life.

Multi-disciplinary teamworking case study: Homeless and Palliative Care

The collaborative Homeless and Palliative Care project has been ongoing in Liverpool since 2020. The aim of the project is to improve care for people experiencing homelessness at the end of life and overcome any barriers to accessing palliative care services. The project has been evaluated positively both through quantitative and qualitative analyses. It has recently won national recognition by winning 'team of the year' at the Merseyside National GP Awards 2024!

An example of the team's work includes supporting a patient living in a local hostel. It was recognised that he was likely nearing the end of his life, and his care was discussed in our monthly homeless Gold Standards Framework meeting. A joint review with the district nursing team, support workers and palliative care was undertaken due to concerns regarding his deteriorating condition, symptom control needs and future care planning.

The staff in the hostel were very keen to continue to support the patient's expressed wishes to be cared for and to die there. After discussions with the patient and staff, an advance care plan was put in place regarding wishes for future care, anticipated clinical problems and how to manage these. A Do Not Attempt Resuscitation decision was also made and documented.

The patient continued to deteriorate and ongoing reviews from the GP, district nursing team and palliative care were undertaken for symptom control and support for hostel staff. A syringe driver was used to deliver symptom control medications. The patient died peacefully in his room at the hostel.

Following his death a debriefing session took place with hostel staff, palliative care and our bereavement team. This gave the staff a chance to reflect on the patient's death, the care given and also a chance to talk about their memories of him and the times they shared together. Bereavement support was offered to staff and other residents as appropriate.

Our services at a glance

31,790
patients cared for by our hospice care at home services

7,978
patients cared for in our hospices

2,024
people supported by Companion volunteers

21,655
contacts to our support line over the phone and via webchat

479
people accessed our Bereavement Support or Companion over the phone service

Part 2: 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 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 quality priorities are grouped into three key areas:

- **Patient safety**
  Improving 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.

Case Study: Identifying staff learning needs within Community Multi-Disciplinary Team, Midlands

Marie Curie Hospice, West Midlands has implemented a process within Community Multi-Disciplinary Team (MDT) meetings to identify staff learning needs. This approach allows for the provision of targeted learning opportunities, fostering an open culture of continuous improvement and professional development.

As a result, staff members are better informed and more confident in their roles, leading to improved patient care. The initiative has created a supportive and collaborative learning environment across professions.

> **"Adding learning to MDT highlights any topics that the community staff feel they need to update their knowledge on, or to address any practice issues or learning that we can take forward. One example was learning about how to access palliative oxygen. Having the MDT approach meant medical team learnt about incidents in community concerning oxygen and the unfamiliarity with the Clinical Nurse Specialist (CNS) team on how to assess and prescribe. The CNS team learnt about how the medical team can authorise oxygen supply. Moving forward it means that clear boundaries of practice have been identified, knowledge of the process in case of an emergency request has been increased, and the need to learn from these scenarios."**
>
> Michelle Aslett, Specialist Pharmacist, and co-chair for Community MDT

> **"From my point of view using the MDT to identify learning is so important in helping foster a culture of learning. The MDT is a supportive environment where staff can identify learning needs – it's a safe space to openly say you'd like to know more on a subject. Once someone suggests a learning topic, other colleagues usually agree they'd like to know more too. This makes us stronger as a team."**
>
> Lisa Shyamalan, Therapy Lead

Part 2a: **Patient safety**

Our focus for 2024/25 in respect of improving patient safety was to strengthen the development and support of our nursing and volunteer workforce by:

- integrating a safe staffing policy and enhanced career development frameworks, leading to a more supported, skilled, and motivated workforce
- strengthening the quality assurance and training for volunteer services ensuring volunteers are well supported, can effectively contribute to our services, and assurance becomes integrated into place-based governance.

"It's brilliant. Everyone treats me with respect, and everyone does their very best to help me. I've got nothing but praise for everyone, from the doctors, nurses, kitchen staff, even to the night watchman. They all treat me with dignity and respect and as a human being and not someone who is disabled and needs help."

Patient, Midlands

Workforce

Over the past year we have successfully integrated our safe staffing policy, which applies to nurses and healthcare assistants and is in line with legislation across all nations, into everyday practice, making it a core part of our operations.

> **"The safe staffing policy has supported the organisation to ensure that in-patient unit staffing levels are maintained at clearly defined minimum safe levels with the ongoing professional judgement of clinical leaders considered at all times.**
>
> **"I have undertaken safe staffing visits at all sites resulting in additional staffing where the local requirements have indicated an additional need. In addition, the safe care tool has been completed bi-annually to ensure that dependency and acuity are being utilised in safe staffing decisions."**
>
> Helen Forrow, Director of Operations Performance and Improvement

The integration of the safe staffing policy has also strengthened our continued use of Establishment Genie, an IT tool that helps us plan our staffing needs effectively. These improvements enable us to look after our patients safely and effectively ensure we 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 staff to take on additional responsibilities as they grow and develop. We therefore reviewed and updated the training for our healthcare assistants, ensuring they receive the support

they need to develop their skills. One example of this is Healthcare Assistant Tier 1 Communication training which received great feedback:

“Everyone communicated well, and it made me reflect every time I go into a visit.”

“I found hearing how others communicated helped me a lot and the Situation, Background, Assessment, Recommendation (SBAR) tool.”

“Hearing new ways to communicate compassionately and having group discussions to hear other colleagues stories and opinions.”

The updated training has improved staff’s communication skills, fostered collaborative learning, and enhanced compassionate communication methods. Overall, the training has promoted a supportive and collaborative work environment, allowing staff to develop their skills, gain confidence in their roles, and enhance their interactions with patients.

We have also reviewed the Career Development Progression Framework for our nurses and healthcare assistants. We’ve simplified the language and made it more accessible and user friendly, ensuring it is a valuable resource toolkit for self-assessment and development discussions. The revised version has been piloted with great feedback. A Marie Curie Nurse said:

“This revised version is much better; it’s shorter and the box included in each section allows for notes to be added for discussion with your manager, which is a good way of keeping track of what you wish to discuss without forgetting.”

These improvements are helping us to better support staff professional development leading to a motivated and capable workforce.

Volunteering

Marie Curie Companions are trained volunteers that make a difference to the lives of people living with a terminal illness by giving their time to offer meaningful companionship and support.

This year we have appointed a Companions Business Partner. This role has helped in making sure Companion volunteers are able to provide the best possible support and receive the training and support they need to perform their roles safely and effectively.

We have reviewed and standardised the training for our volunteers, ensuring consistency across all Companions services. A thorough induction programme for new volunteers has been developed ensuring they are well-prepared and supported from the start. We have clarified the responsibilities of our Volunteer Services Officers, ensuring their roles are well-defined in both operational and quality aspects. We are also working to integrate the surveillance and oversight of volunteer delivered services into the place-based governance structures.

The improvements have meant there is greater visibility and accuracy of volunteer activity being reported. This will enable us to continue to enhance our volunteer programme to maintain high standards and provide the required assurance. It is anticipated that the impact of these changes will continue to grow over the coming months, with improved integrated governance of the service, ultimately improving the assurance of the quality of support we provide to service users.

"Having weekly visits and being able to get out the house to have a coffee with our volunteer has been so amazing. So grateful for the service , the kindness and friendship."

Companion at Home client

"I had no idea what to expect and I'd been Googling bereavement linked websites when I got a Facebook ad for the bereavement support. It came at just the right time for me as it was a couple of months after my mum had passed away and the initial support from friends had died down and I was feeling a bit like a nuisance but desperately wanted to talk to someone. I phoned up to ask about this particular support and was matched a few weeks later. It was this lady's first time volunteering in this way, but she was lovely and it really helped to have an empathetic ear but most importantly I didn't feel judged – like it's something you get over after a couple of months because you don't and she understood that."

Companion over the Phone client

Part 2b: **Experience of care and support**

Our focus for 2024/25 in respect of improving the experience of care and support was to:

- Enhance compassionate engagement and involvement of patients, families, and staff following patient safety incidents by focusing on developing and understanding the need for a named engagement lead role in services, delivering role-specific training to engagement leads and reviewing the role of Volunteer Patient Safety Partners.

"Thanking you does not do justice to the gratitude my family feel for all the staff at the hospice. The level of kindness, care and support you have shown. Everyone played a part in the care of Mum. Reception with a smile when times were dark, the nurses for their professionalism and patience. The auxiliary staff with their never-ending tea and coffee, kind words, giving Mum her dignity. The cleaner for his sensitivity when I was bawling my eyes out. You are all superhuman in my eyes! And a shout to the Community team who were only a call away when Mum was at home."

Family, Northern Ireland

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

We want to ensure we are learning from those affected by incidents and resolve their concerns as equal partners. The Patient Safety Incident Response Framework (PSIRF) sets out NHS England's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. This framework has been implemented across all our places, including in the devolved nations. It introduced engaging compassionately with those affected by incidents and proposed a new role of Patient Safety Partner. Marie Curie's intention was to develop Engagement Leads in each place to support patients, families, and staff during investigations.

We trained existing staff, and while we face challenges similar to the varied implementation seen in the NHS in England for the role of Patient Safety Partners, we have seen improvements. Our investigation templates and Safety Learning Panel discussions now better capture the impact on all those involved in the incident. We are currently reviewing how to further embed compassionate engagement in incident management in 2025/26.

Part 2c: Clinical effectiveness

Our focus for 2024/25 in respect of improving clinical effectiveness was to:

- Enhance staff training on supporting patients with swallowing difficulties and embed the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, while conducting a thorough review of nutrition practices to implement improvements.
- Support staff in delivering improved care for people with accessible communication needs, learning disabilities, and autism, working with other partners to enhance care for people with additional needs.

"Coming here has been a great help. My life has changed in every way since the cancer, it is helpful to talk to and get my feelings out on paper. My artwork described how my feelings were at the time and how I was coping with things."

Patient, North East

Nutrition

It's important that we support patients as well as possible with eating and drinking, and that we help manage changes they may experience such as difficulty in swallowing.

This year we completed a deep dive into nutrition care in our hospice in-patient units. We found a consistently good standard of nutritional care aimed at meeting individual needs and preferences. Catering and clinical staff fed back that existing training on food and drink requirements in those with swallowing difficulties (using the internationally recognised IDDSI framework) enables them to feel confident that they are providing the correct food and drink consistency to patients.

We were also able to identify areas where we could make improvements, such as documentation and pre-meal planning. We have subsequently made updates to our nutrition policy, and each place-based team has used the outcome of the deep dive to create a tailored plan to make improvements to nutritional care at their hospice.

These improvements will ensure our nutritional care meets high standards and addresses individual needs and preferences, meaning we can provide the best possible support for our patients.

"She [the patient] didn't have much of an appetite, but now she has come to the hospice she has been so impressed with the food. She states that the chefs who have been coming to see her have been really supportive and explored what she would like to eat and took account for her requests for portion size and presented the food in such a lovely way. She is so impressed with the hospice."

Compliment to staff, Marie Curie Hospice, Bradford

Accessible communication, learning disabilities and autism

This year we added the Tier 1 Oliver McGowan training modules to our online courses to improve our staff's ability to support people with learning disabilities and autism. To date, 95.9% of our staff have completed this training. Feedback from the course has been very positive:

"It is very comprehensive; relevant and updated my knowledge."

"The course covers a lot of relevant information."

"Helped me be more mindful of the legislation; also be mindful that each individual is different and needs to be cared for accordingly."

Hannah Nolan, Community Engagement and Development Manager in the Midlands emphasised the importance of understanding the experiences of people with learning disabilities:

"Until we take the time to sit with people and hear their experiences, we will never really understand what people living with the complexities of learning disabilities and needing palliative care support truly want and need from us."

In 2025 we will be building on this and offering Tier 2 training which will be co-facilitated by people with lived experiences. We will focus on the feedback received from our colleagues in the Information and Support team based on literature, conversations they have had with professionals, people with a learning disability and their family and friends, helping us create a sustainable learning culture.

We continue to create close working relationships with diverse organisations external to Marie Curie, who will help us to continue to offer all our staff the additional resources and training. These collaborative positive relationships have enabled us to learn from and amplify evidence from research projects such as Victoria and Stuart, a project about finding the best ways to support people with learning disabilities identify and communicate preferences for care and support at their end of life and No Barriers Here, an approach that works with and alongside communities who experience health inequality and structural vulnerability to improve palliative and end of life care for all.

These partnerships have been formed through continuing collaboration with our Information and Support and Research teams. We share evidence based clinical outcomes, best practices and even new practice initiatives with our workforce in a timely manner, which directly impacts the quality of care and services we provide every day and every night. Staff grow in confidence and competence, particularly through the stories and voices of people with lived experiences. This helps our teams to understand the impact we truly have when we are listening compassionately and learning together.

Part 2d: Next year's priorities

In this section, you can see our priorities for improvement for 2025/26 grouped in three key areas:

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

These priorities were developed in collaboration between the Nursing and Quality team and the place-based Heads of Quality. The progress of these priorities will be reported to and monitored through our clinical governance framework across the UK.

"The Marie Curie Nurse was amazing with mum, he sat and held her hand the whole night. He calmed her when she was stressed and looked after all her care needs. When I got up the next morning, she was the most relaxed I'd seen her for a long time, and she slept after he left. I cannot thank him enough for the feeling of relief I felt."

Family, Yorkshire

Patient safety

Freedom To Speak Up Strategy

Marie Curie is committed to ensuring all staff and volunteers are confident to speak up when they have a concern or an idea for doing something better. Freedom To Speak Up (FTSU) is about improvement, ensuring we learn and change in response to the matters our people speak up about.

Building upon our existing policy and processes we will review our approach to FTSU and engage with the Board of Trustees to seek their views and vision for FTSU. Through stakeholder engagement, including all groups who face additional barriers to speaking up, we will develop a Marie Curie Freedom To Speak Up Strategy and implementation plan that is reflective of a four nations approach. To enable this strategy and further progress our work in this area we have appointed a dedicated Freedom to Speak Up Guardian.

Triangulated governance and Quality Assurance Framework

We will establish a new structured approach to quality assurance by implementing a robust Quality Assurance Framework (QAF) across the organisation. This framework will enhance governance through triangulated data analysis, standardised reporting and improved quality surveillance and oversight mechanisms. It will also equip our people with a toolkit of Quality Improvement methodologies to support their engagement in continuous quality improvement. By refining our systems and processes, we will ensure early risk identification,

proactive mitigation, continuous quality improvement and opportunities to learn and share best practices, enabling us to better recognise and celebrate success.

A key enabler of this work is the phased implementation of InPhase, a digital system that will modernise how we collect, analyse, and triangulate our incidents, feedback, and clinical audit data. This will replace our existing systems, improving our efficiency, providing clearer insights and informing future quality improvement initiatives. This initiative will also facilitate other targeted projects, such as the introduction of 'nearly but never' reporting, which will place greater focus upon near miss incidents and offer new insights for learning and sharing. Fundamentally, this system will help us understand what we do well and identify areas for learning and sharing best practices.

The development of a structured approach to quality risk surveillance will outline clear roles for first and second-line oversight, ensuring early identification of Key Risk Indicators and enable timely intervention. Additionally, the Quality Improvement toolkit will support teams in applying evidence-based methodologies to ensure that improvements are impactful and sustained.

"The implementation of the QAF emphasises our commitment to strengthening quality governance and surveillance. By standardising processes and improving data triangulation, we will enhance transparency, accountability, and our ability to respond proactively to emerging quality risks. This will enable improved patient safety, enhanced quality of care and better assurance 'Ward to Board'. Further to this, it will form the foundation for a future accreditation programme, helping us to recognise excellence and celebrate success."

Samuel Clements, Associate Director of Nursing and Quality

Patient, carer and staff experience

Ensuring peoples' experiences are listened to and used to develop sustainable improvements in practice

We will further develop our systems and processes to ensure all feedback from our patients, their loved ones, the public and staff is used to make a difference to how we shape our services.

We will develop a charity-wide patient and public experience and engagement strategy to:

- Enhance the way we analyse themes in all feedback workstreams, ensuring we approach analysis of experiences in a coordinated way to improve our understanding of what is working well and what could be improved.
- Use new reporting capabilities within InPhase (our digital system used to record feedback) to support organisation-wide learning.
- Explore gaps in experiences and improve inequity between services available by location and accessibility of our services for our diverse communities and backgrounds.
- Maximise opportunities for patients, loved ones and members of the public to become involved with service changes and developments.
- Demonstrate to our patients, their loved ones, the public and staff that feedback makes a difference to how we shape our services. This will support engagement in giving and receiving feedback.

Supervision and support for clinical staff

We understand that working within palliative and end of life care is very rewarding, but at times can be demanding and difficult. We want to ensure that we have a healthy workforce who feel supported to deliver the best possible care to our patients and those close to them.

We will review the support we currently offer to our clinical staff. We will actively seek feedback from them to identify the types of supervision and restorative support that has been shown to build resilience.

As part of this work, we plan to increase the number of Schwartz Round facilitators to enable every place-based team to be able to run Schwartz Rounds, whether that be virtual and/or face to face sessions to help nurture an inclusive culture.

What are Schwartz Rounds?

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Schwartz Rounds is to understand the challenges and rewards that are intrinsic to providing care. Schwartz Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care.

Clinical effectiveness

Engaging colleagues with the evidence to plan and deliver excellent quality care

Our Research, Policy & Public Affairs directorate are developing a new strategy that emphasises both generating and sharing evidence to inform practice and the planning of new services. We will do this through:

- further development of the Evidence Hub
- learning from evaluation work to create best practice principles for similar service models
- mapping existing evidence to the Marie Curie National Service Framework
- internal influencing through clinical governance structures, clinical education and Research Nurse networks.

"The Marie Curie Nurse was the only professional that we met at the end of Mum's life that seemed to know what was going on with Mum. He knew what to say to me in relation to what was happening and what was going to happen. He was wonderful."

Family, South East

Part 3: **Quality in focus**

Part 3a: **Supporting our people**

Equality, diversity and inclusion (EDI)

At Marie Curie, inclusion and equity is at the heart of all we do, both within the charity and as we work to close the gap to ensure the best possible end of life experience for all.

Marie Curie is committed to creating an inclusive culture in which each employee can fulfil their potential and maximise their contribution. By bringing together employees from diverse backgrounds within an inclusive culture, each person will be able to bring their 'whole self to work' and fully contribute their skills, experience and perspectives to deliver the best service.

Our employment policies and processes reflect a culture where decisions are made solely based on individual capability and potential in relation to the needs of the charity. We recognise the value of a diverse workforce in helping us to understand the needs of our patients, service users and community base, ensuring we tailor our services accordingly.

Our approach against racism

We take a zero tolerance approach to all forms of discrimination at Marie Curie including racism. We stand firm against racial discrimination from our service users, staff and volunteers.

Addressing inequality

As a charity dedicated to providing the best possible end of life experience, we recognise that access to care, outcomes, and experiences are not equal for all. We're committed to tackling these issues head-on. Our mission demands that we attract and nurture the best talent, creating an environment that champions inclusion and embraces the rich diversity of society and lived experiences.

Intersectionality matters

We believe in fairness for everyone. We know that people can face bias based on different parts of their identity, like their race, gender, or disability. We're dedicated to understanding and addressing these overlapping biases. We want everyone to be free to be themselves, without fear of being judged or treated unfairly.

Staff networks

We engage with staff through networks 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:

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

Our staff networks also play a crucial role in creating a supportive and inclusive environment for all employees. For example, our Bereavement Network hosts "Grief Virtual Cuppas" on a frequent basis, providing a safe space for staff to share their experiences and support each other through difficult times. Our Multi-Faith Network has put together a comprehensive guidance document on how to support colleagues during Ramadan. This resource aims to foster understanding and provide practical tips for accommodating the needs of our Muslim colleagues during this important time.

Part 3b: **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 patients' 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 hospice care at home staff
- through clinical staff and volunteers supporting the use of an electronic survey.

Service user feedback

Listening to our patients and their loved ones is essential to improving the care we deliver and celebrating best practice across Marie Curie. We will continue to grow the number of feedback responses we receive to ensure we understand current issues our patients face, whilst placing a greater emphasis on showcasing how feedback makes a difference. Every new patient accessing Marie Curie services will be offered the opportunity to provide feedback either personally or via their carers, family or next of kin.

As part of the development of our strategy and focus on strengthening how we engage with people and communities, we will ensure experiences are a fundamental component of how we design services today and in the future.

Feedback at a glance

Friends and Family Test

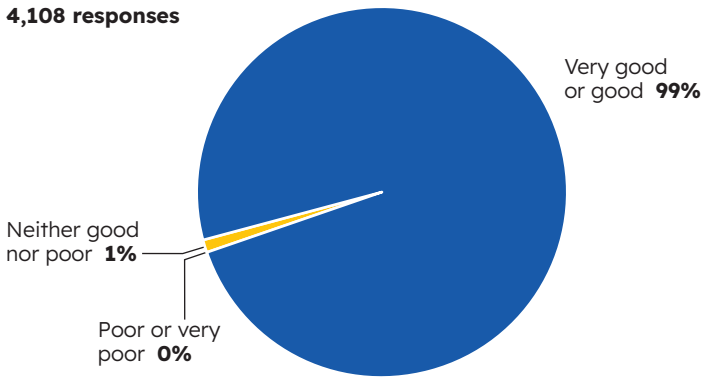
NHS England uses the Friends and Family Test to benchmark care providers and create opportunity to improve experience of care. At Marie Curie, we follow this best practice guidance by asking anyone completing an experience questionnaire: “Overall, how was your experience of using this Marie Curie service?”.

This provides us with the opportunity to celebrate best practice and share what is working well, as well as highlight areas for improvement. All respondents can provide further commentary on their experiences whilst remaining anonymous. We use this data at all levels of the charity to support continuous improvement.

“Very good doesn’t come close to describing the support my sister and I received. Without it I wouldn’t have had the courage or strength to see through to the end of her life. The dedication, commitment and compassion shown by staff can never ever be underestimated.”

Family, North East

Friends and Family Test Responses



Complaints

Hearing about peoples’ experiences of care and support is essential to continuous improvement, including when things haven’t gone as we would have hoped. We make it as easy as possible for people to raise concerns and make complaints when care does not meet their expectations or things go wrong.

Whilst we do not wish for anyone to have cause to complain, complaints are a source of learning and opportunity and we use these to make positive changes for those receiving care in the future.

We aim to respond to 95% of complaints within 20 working days, or a revised time frame agreed with the person making the complaint if this is not possible. This occasionally occurs due to the complexity of the complaint, difficulties in investigating the issues raised or the involvement of another organisation.

We make every attempt to satisfactorily resolve complaints locally, but if the person raising the complaint is dissatisfied with our investigation they can refer their complaint to the Parliamentary & Health Service Ombudsman or other national regulatory body for an independent investigation.

Common complaint topics have been monitored throughout the year and discussed in the National Patient and Carer Experience Quarterly Meeting and the Patient Safety Panel, where serious complaints actions and learnings are shared. Similar to other health service organisations communication with patients and loved ones continues to be a top category of complaint within Marie Curie. As such, we continue to focus on prioritising initiatives to improve our performance in this area.

One complaint received in 2021 is being investigated by the Parliamentary and Health Service Ombudsman an outcome is as yet to be finalised.

Changes made following complaints

To ensure we learn from complaints, we identify any opportunities for improvement across our clinical services. Some actions we have taken as a result of complaints over the last 12 months include:

You said	We did
A family were unhappy that concerns were logged in the patient record without being discussed with them first and felt communication was lacking.	Staff have developed processes to ensure discussions occur with patients and their families, particularly in exploring worries and fears. Bi-monthly independent structured reviews of clinical records have been introduced to promote reflection and learning.
Concerns were raised by a family about the way staff communicated with a visitor with dementia.	A Dementia Friends workshop, hosted with the support of the Alzheimer's Society, was organised for staff to reflect and develop their skills. An interactive webinar is also taking place to share learning across caring services.
A patient's family member was dissatisfied that a Healthcare Assistant was visiting when they expected a Registered Nurse.	A new information sheet has been introduced to ensure patients and loved ones have the information they need about the roles and duties of the staff member visiting.
A patient's family were unhappy with the quality of care, specifically relating to Personal and Protective Equipment (PPE), provided in a patient's home.	Staff have attended training to ensure the procedures for the use of PPE, such as gloves and aprons, are used correctly and consistently when delivering care.

As a result of analysis of the reason behind complaints, we are currently reviewing and enhancing our communications training to help our staff to communicate effectively with patients and families in an empathetic and person-centred way.

We are updating the way we record information about our complaints, with a new requirement to capture organisation and systems learning. This will better utilise insights gained from complaint feedback to improve our services and enhance a shared learning and quality improvement approach. We are reviewing our complaint categorisations to allow for better analysis of complaints to identify learning opportunities and meaningful improvements to our services.

Compliments

Our compliments continue to highlight the appreciation and gratitude of patients and their families for the exceptional care and support we provide. Compliments provide reassurance of the quality of care we deliver and our staff's dedication to going above and beyond for everyone we support.

Quality of care is the most frequently mentioned theme, highlighting the high standard of care provided by our staff and emphasising the importance of delivering excellent care and support to our patients and families. Our compliments provide us with reassurance that we are supporting patients to die in their preferred place of death, with families thanking us for our commitment to honouring patients' wishes regarding their end of life care.

"I would like to say to each and every one of you – thank you from the bottom of my heart. Thank you for all stepping into my life on this part of my journey. You have given me a little piece of you to carry with me. You all are a gift beyond recall and go beyond and above your already caring nature. You all are a special breed of person."

Patient, Marie Curie Hospice, Glasgow

"We would like to say a heartfelt thank you to all the nurses that cared for my father-in-law in his last few days at home. The kindness and compassion they showed to him and us we will never forget. Sadly, he lost his battle… but got his 'plan A' to pass away at home. That wouldn't have been possible without the care of the nurses."

Family, Wales

"We can't begin to put into words what your support and care you gave to us, mum and of course my wonderful dad, meant to us during one of the worst times of our lives. The second you walked through our door on that first visit, a sense of calm followed you amongst our chaos. From then we felt so supported and looked after. We cannot thank you enough and will be forever grateful."

Family, REACT Yorkshire

Case study: West Glamorgan Dementia Care and Respite Service – Caroline, Gwen and Bernard

Caroline's mother, Gwen, who has dementia, receives weekly visits from Marie Curie's Respite Service. Gwen had a stroke in June 2024, and her primary carer, Bernard, also suffered a stroke. Although Bernard recovered, he struggled to readjust to being Gwen's primary carer without support and the opportunity to rest.

Marie Curie's support allows Bernard to rest and gives Caroline peace of mind, knowing that Gwen is in safe hands. This support enables Caroline to continue working and meet her parents' care needs.

> **"The support has massively changed our lives. Dad can rest, and we know Mam is safe."**

The attentiveness and flexibility of the Marie Curie staff in meeting Gwen's needs, such as applying cream to her legs and allowing the family to take Bernard out for an evening, have been essential in building trust in the service. Caroline now feels they rely on the service and are better able to make caring for Gwen at home viable.

> **"I know she is being looked after; it makes such a difference to not have to worry."**

NB: Names in this case study have been changed with the consent of those involved.

Part 3c: **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.

We ensure we fulfil Duty of Candour requirements – our statutory obligation to be open and transparent when an incident is discovered. 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 2024/25 within our Caring Services department. There were no incidents of severe harm and the percentage of incidents resulting in moderate harm was 1.2% of all reported incidents. This includes seven incidents that affected staff.

Investigations from any incidents that have potential for significant learning are discussed at the national Safety Learning Panel. Subsequently, incident summary reports including recommendations are shared with all Place based teams, so that any relevant recommendations can be implemented to support continual quality improvement. The Nursing and Quality team implement national recommendations to ensure improvements are made across our Caring Services department.

What do we mean by an incident?

We record any event or circumstance that did lead to or could have led to unintended, unexpected or intended/deliberate harm, (physical and or psychological) to any individual/s involved, 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.

Level of harm	Total number 2024/25	% of incidents 2024/25	Total number 2023/24	% of incidents 2023/24
No harm	2,620	71.1	3,947	75.8
Low harm	1,019	27.7	1,217	23.4
Moderate harm	45	1.2	46	0.9
Severe harm	0	0.0	0	0.0

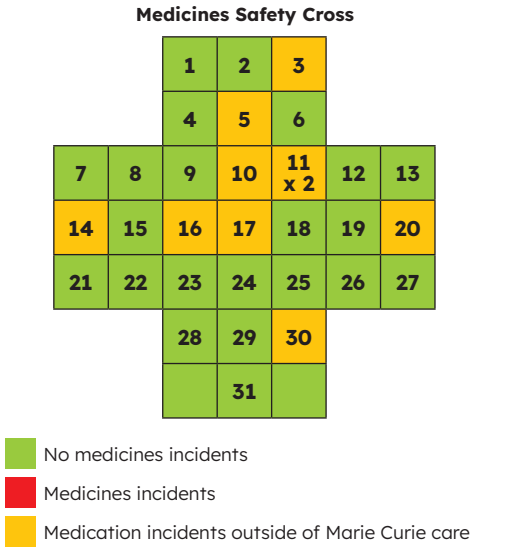
Case Study: Improving incident reporting culture with Safety Crosses, Midlands

Within the Midlands Place, the implementation of Safety Crosses has improved incident awareness and reporting. These visual aids track incidents related to medicines, falls, and pressure damage, making it easier for staff to quickly understand the current incident status and identify trends.

This initiative has fostered a culture of transparency and continuous learning. Staff members feel confident reporting incidents and near misses, knowing that their input contributes to overall safety improvements. The information gathered is shared through departmental meetings, ensuring that everyone is informed and can learn from these incidents.

As a result, there has been an increase in the reporting of incidents and near misses, particularly within the Hospice Care at Home teams. Communication with these teams has improved and incidents identified by staff are effectively shared with external partners. This collaborative approach enhances patient safety and strengthens the overall quality of care.

Midlands Hospice Care at Home Safety Cross – January



Incidents

Hospices 	**329** fall incidents	**11.0** fall incidents per 1,000 occupied bed days	**443** medication incidents	**14.8** medication incidents per 1,000 occupied bed days	**190** pressure ulcer incidents	**6.3** pressure ulcer incidents per 1,000 occupied bed days
Hospice Care at Home 	**131** fall incidents	**0.19** fall incidents per 1,000 hours of patient care	**130** medication incidents	**0.19** medication incidents per 1,000 hours of patient care	**37** pressure ulcer incidents	**0.05** pressure ulcer incidents per 1,000 hours of patient care

Quality Improvement Plans and the Safety Learning Panel

Within Marie Curie each Place has a tailored Quality Improvement Plan. These plans include actions derived from lessons learned for example through incidents, complaints, concerns, investigations, and audits. The plans specify the actions to be taken and set target dates for their completion.

The Safety Learning Panel is a group focused on patient safety and organisational learning. The panel ensures that significant lessons are learned from incidents, complaints, and good practice leading to continuous improvement in patient care. The panel meets monthly to review and approve investigation reports, to review Quality Improvement Plans, and to provide advice. The Safety Learning Panel aims to foster a culture of safety and continuous improvement within the organisation.

Medication

Medication incidents, including errors in administration, dispensing, and prescription, are investigated by place-based teams. These teams identify lessons learned from the investigations and agree on changes to systems to reduce or mitigate such incidents. These changes are then added to the place-based quality improvement plans.

We have trained additional Registered Nurses to be non-medical prescribers and have some enrolled for courses currently and through the coming year. Non-medical prescribers are healthcare professionals who are authorised to prescribe medications and treatments, such as nurses, who have completed accredited prescribing courses and registered their qualifications with their regulatory bodies. Non-medical prescribing aims to improve patient care by enhancing access to medications, reducing waiting times, and making better use of the skills of healthcare professionals.

Falls

As falls incidents are one of Marie Curie's top three patient safety incidents, national and place-based quality improvement plans for falls are in place and reviewed regularly at the Safety Learning Panel.

This year, we reviewed and shared Marie Curie's "Reducing your risk of falling" leaflet to our website (View Reducing your risk of falling) to help patients and carers keep safe.

We have implemented a new fall check process within the new electronic patient record to guide safe care being delivered by Registered Nurses and Healthcare Assistants in our Hospice Care at Home services, where Marie Curie staff do not have access to up to date district nursing notes. Alongside this we have provided refresher face to face training for these staff on falls prevention with the aim to improve falls prevention and reporting.

In response to an NHS national safety alert on risk of death and entrapment in medical devices such as bed rails, we revised our hospice's bed rails risk assessment. We also launched a new mandatory eLearning module for all patient facing staff to improve safe care for those using bed rails.

Case study: Research on Falls Early Warning score (FEWs), Marie Curie Hospice, Liverpool

Colette Parfitt, Marie Curie Hospice Liverpool physiotherapist, was announced as the winner of the Susie Wilkinson Award 2025. The Susie Wilkinson award is a national award in recognition of Marie Curie staff who have made significant progress in building their research skills.

Colette's important research around the Falls Early Warning score (FEWs), a hospice in-patient observational falls assessment tool, looks to generate evidence around staff confidence in using the FEWS tool and the impact this could have on reducing falls. This is significant to our sector as, in addition to the falls' risks in frail and elderly patients identified by NHS England, palliative patients usually present with additional disease burden, symptoms and challenges that may further increase their risk of falls. Colette's vision is for FEWs to be rolled out nationally alongside an educational package within Marie Curie, with the potential to be adopted by other palliative care settings. Her passion is driven by the desire to improve patient care by reducing the number of fall incidents.

Pressure ulcers

Following pressure ulcer incidents, where a pressure ulcer is acquired in our care, place-based teams investigate, identify lessons learned and agree on system changes to reduce or mitigate future occurrences. These changes are then incorporated into the place-based quality improvement plans.

In June 2024, we completed a deep dive into Marie Curie's use of Sub-Epidermal Moisture (SEM) scanners in the management of people at risk of skin pressure damage. A SEM scanner is a portable, hand-held skin assessment device which is used to detect any increased risk of skin pressure damage developing by identifying early pressure-induced tissue damage at the heel and sacrum. The review of available evidence including National Institute for Health and Care Excellence (NICE) and Marie Curie staff experience concluded there is insufficient evidence in our sector to warrant the ongoing use and maintenance of SEM scanners in our hospices. Recommendations were made to remove SEM scanners from use within Marie Curie in-patient units and Marie Curie policy was updated.

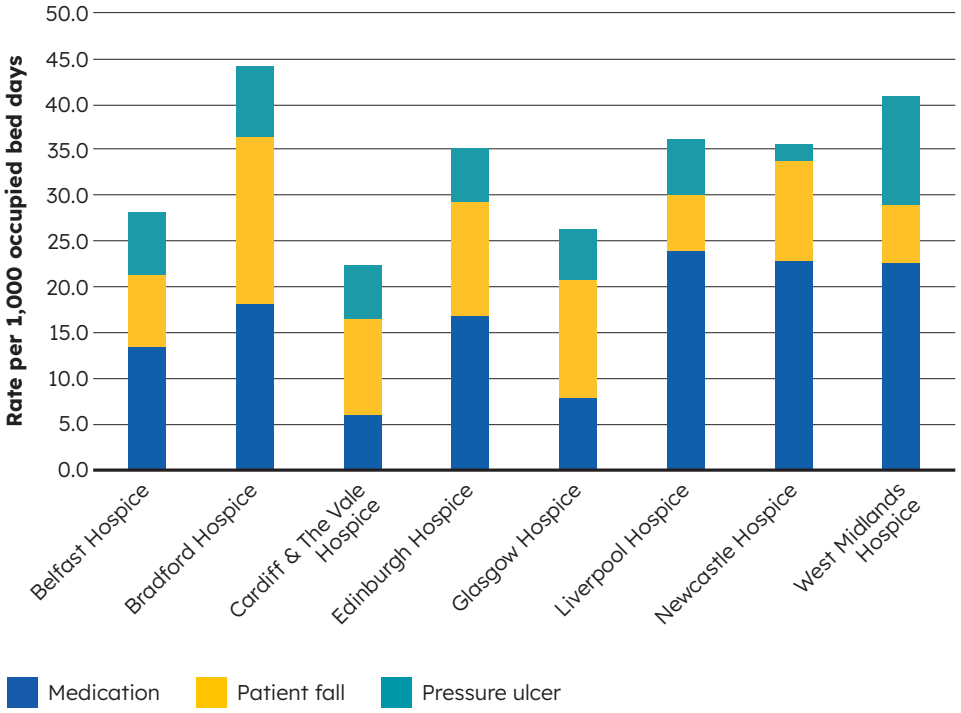
We updated the Marie Curie Pressure Damage Policy to reflect the National Wound Care Strategy (2023) categorisation of pressure ulcers and to clarify what tissue damage is attributed to Skin Changes at Life's End (SCALE). Initially, in the absence of national evidence, we added a SCALE time period of last 24–48 hours of life to help differentiate skin changes that were attributed to skin physiological processes that occur at end of life from indicator of poor care. Based on clinical experience, we are now revising this to state that SCALE occurs where death is likely within days and where all skin damage prevention measures are in place.

We have introduced the Pressure Ulcer Risk Primary or Secondary Evaluation Tool 'Purpose T' as the skin pressure management risk assessment tool of choice across our hospice in-patient units. This change has ensured staff use more reliable and evidenced based tools for skin assessment and prevention of skin damage. Staff have been given access to a Purpose T tool e-Learning for healthcare training. Additionally, early adopter sites have shared their experiences with the Purpose T tool, supporting the roll out to hospices. As the Braden skin pressure management risk assessment tool is commonly used by community service partners, we also developed specific training for our staff who need to understand this tool.

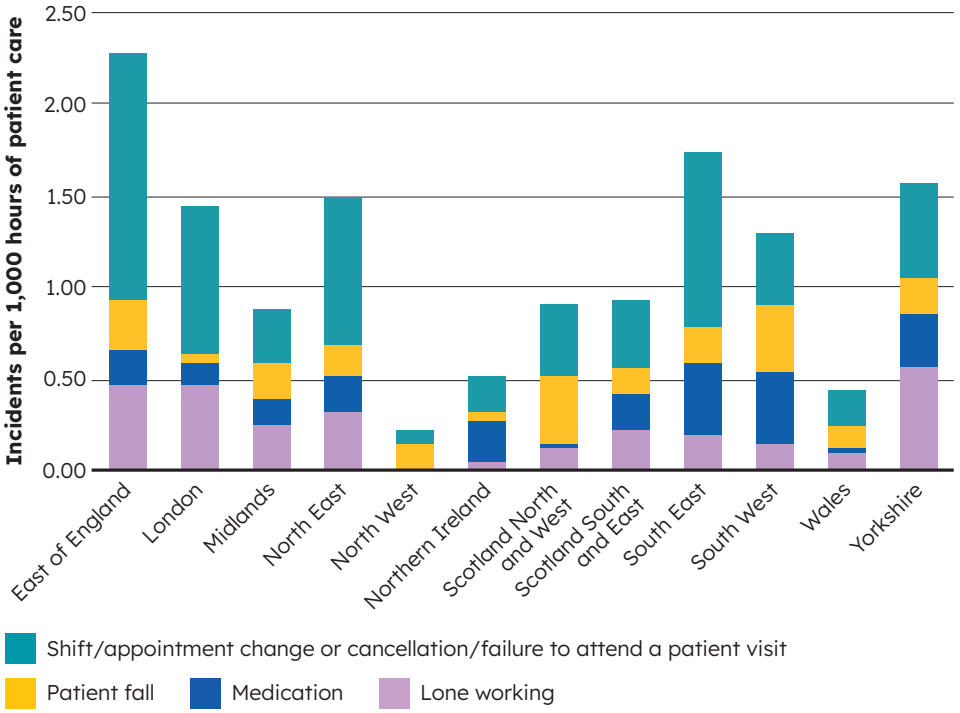
We have introduced a revised electronic patient record template for hospice care at home services to enable staff, including Healthcare Assistants, to plan skin pressure management care for their shift if an up-to-date care plan is not available to them.

Based on incidents and staff feedback regarding patients and carers declining position change, we developed training on the use of positive language when moving patients. We are currently piloting this to evaluate its impact on whether patients and families are more willing to support recommended position changes.

Most common types of incidents reported in hospices



Most common types of incidents reported in Hospice Care at Home services



Case Study: Tissue viability Quality Improvement project: London

Aim and Objective: The primary aim of our Quality Improvement initiative was to build research and evidence informed practice amongst our place-based clinical workforce, and improve tissue viability knowledge in the identification, categorisation, documentation and reporting of pressure damage.

Methodology: We used a stakeholder-led, experience-based, co-design methodology to embed a research active culture.

Initiatives: Our Deputy Head of Quality and Clinical Governance led the Quality Improvement initiative. We undertook tissue viability teaching sessions, offering further one to one support for our staff as needed. Using anonymous real-life examples, we discussed identification, categorisation, documentation and reporting of tissue viability incidents, in the frame of safeguarding and patient safety. We simplified the reporting process. Additionally, we shared research evidence on pressure damage in darker skin tones and on palliative wound management, in our research and education forum.

Impact: These efforts led to significant improvements including an 87.5% increase in pressure damage incident reporting from our hospice care at home services in 2024/25, compared to 2023/24, evidencing improvement in staff knowledge and confidence.

Conclusion: This project underscored the usefulness of clinical Quality Improvement and assurance ownership in contributing towards improved patient care and safety.

Infection prevention and control

Infection prevention and control (IPC) has remained an important element in maintaining patient safety.

> **"Preventing infection is the responsibility of everyone across the organisation and by adopting good practice we can all contribute to keeping infection rates low and our patients safe."**
>
> Angela Powell, Head of Infection Prevention and Control

IPC activities have included regular monitoring of alert organisms over the year. There have been three cases of *Clostridioides difficile* infection, and three blood stream infections reported across the in-patient units (these figures remain low in comparison to national figures). Each of these cases has been the subject to a post infection review to identify how the infection occurred, whether it could it have been prevented and if there is any learning to be shared with others. As a result, improvements have been made to practice in regard to peripheral vascular access devices, the audit process and the timely recording of blood culture results on the incident reporting system.

This year we have seen a reduction in the number of outbreaks of infection across Marie Curie services with three outbreaks (two COVID-19 and one diarrhoea and vomiting) and three clusters of infection (COVID-19). The majority of those affected were staff not patients. To support the management of these episodes the head of IPC worked in close collaboration with the local place-based teams to ensure spread was minimised by following best practice and Marie Curie policy.

The Head of IPC provided leadership and support by visiting sites, reviewing practices, and giving feedback. A written report followed, highlighting good practices and areas for improvement.

Hand hygiene practices for visitors, patients and staff were improved as a result of placing wall mounted alcohol hand rub dispensers outside individual patient rooms making it more accessible and providing paper towel dispensers in the patient ensuite facilities at Marie Curie Hospice, West Midlands (hand hygiene scores increased to 100% in that hospice). Other improvements to practice have included staff changing aprons and performing hand hygiene between patients during food service, and the removal of gloves being used by staff to serve patient beverages. Other practice changes have included a reduction in the use of communal items in use between patients – reducing the risk of cross infection from shared items.

Housekeeping practices have also improved following site visits which has included ensuring standardisation of disinfect products in use and reviewing housekeeper training which has resulted in the approval of funding to support the implementation of British Institute of Cleaning Science (BICS) training for all facilities managers and housekeeping staff.

To ensure that staff have access to up to date infection prevention and control information, policies and guidance are in place and accessible. This year new guidance on measles was introduced in line with national guidance. Two other policies had minor updates and are now current and available.

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 as part of the governance process. This is part of our Quality Improvement plan. 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.

An 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. Other tools have been reviewed and updated. Support is provided to the teams when areas of low compliance is identified.

The IPC link practitioner network continues to operate with the group and meeting monthly online. This network is invaluable to ensure good communication between the national and local teams. It provides an opportunity to share good practice, discuss issues and to learn from each other, as well as receive national updates from the Head of IPC who facilitates the group.

Finally, the Head of IPC has continued 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 to ensure the continuation of high quality patient care to ensure the best outcome for the patients we look after.

Safeguarding

"All our staff and volunteers are made aware that no matter if they work in fundraising, finance, IT, retail, caring services or anywhere else, we all have a responsibility to protect people from harm. That could be someone they are supporting or a colleague in their team. No matter how big or how small their concern is, we ask them to tell someone, starting with their line manager. We remind them that talking about their concerns not only protects people from harm but can sometimes save lives."

Jason Davidson, Head of 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 work and our services. We recognise that all our people have the right to protection from all types of harm or abuse, regardless of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, sexual orientation, religion, or belief. We work closely with partner organisations to ensure that we follow safeguarding best practice.

Marie Curie has a comprehensive safeguarding policy, the implementation of which is the responsibility of the Chief Nursing Officer (CNO). We have a designated Trustee safeguarding lead, a Head of Safeguarding, a charity-wide Safeguarding Oversight Group and named safeguarding leads in our hospices and Hospice Care at Home services, and our Volunteering, Retail, Public Relations, Marketing, Policy and Research 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 manage these risks. We encourage everyone to raise concerns through 'Speak Up Champions' in different areas of the charity. This approach is detailed in our Freedom to Speak Up (including whistleblowing) policy and procedure.

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 anyone being abused and/or exploited by our people.

As part of our commitment to best practice safeguarding, in the past year we have reviewed new related legislation to ensure their requirements are embedded in our work. This includes the *Online Safety Act 2023* where we made changes to the user forum on our website and the *Worker Protection Act 2023* which involved updates to policy and procedures and plans for a more proactive approach to sexual harassment in the workplace.

We carried out our annual safeguarding clinical audit across all place-based services, with positive results overall. We identified areas for improvement in some places and have developed local action plans to address these. Next year, we will be introducing monthly safeguarding audits across the places as part of our work around strengthening assurance. We developed a new safeguarding assurance framework for the charity which aligns with our quality assurance framework and Board assurance framework. The framework is designed to reflect key statutory, legislative and regulatory safeguarding requirements most relevant to the charity's work. It also provides the flexibility needed at local level to support the professional practice of individuals and services.

We carried out an effectiveness review of our domestic abuse policy, which was launched in February 2024 alongside a training module to raise awareness of domestic abuse. As an organisation, we made a commitment to take all reasonable steps possible to understand the impact of domestic abuse on individuals, includes all our people, who are being abused and reduce the impact. This review included analysis of incident data, numbers of cases escalated to HR, training uptake and direct quotes from staff who have used the policy. The review showed a positive response to the training module and an increase in requests for support from staff experiencing domestic abuse, including financial support.

In the coming year, we will further develop our work on safeguarding assurance, strengthening the culture of safeguarding across the charity and make continuous improvements across our place-based services. This will include a safeguarding review across our retail stores, development of key risk indicators to further strengthen our safeguarding risk management and the launch of a new process to further identify and support volunteers who have care and support needs. We will continue to review and audit safeguarding awareness and compliance across the charity.

Part 3d: **Clinical effectiveness**

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, 1,413 patients died in our hospices, broken down as follows:

Q1 – 374

Q2 – 346

Q3 – 354

Q4 – 339

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

Clinical audit

Four audits were completed as part of the national clinical audit programme in 2024/25.

Medication: Strengths identified include good uptake and completion of single nurse administration competencies and safe basic nursing management of medicines. Recommendations include ensuring a focus on medications in the new monthly audit programme and each Place to use the results of their audit to assist in quality improvement work.

Some quality improvement outcomes include:

- A number of Places have rolled out Healthcare Assistants' further role specific training and competency assessment to enable them to support patients in taking their medication.
- Increase in the number of medicines management study days planned for 2025.
- Increased observations of care in practice have been carried out to monitor safe practice and provide assurance regarding medicines administration.

Mouthcare: Strengths identified include staff consistently explaining and discussing mouthcare procedures with patients, and maintaining good hygiene practices. Recommendations include enhancing training and education on mouthcare, reviewing and updating electronic patient record templates to include mouthcare assessments, and clarifying use of appropriate equipment. Some quality improvement outcomes include:

- In Yorkshire, all staff have received mouthcare training that has been incorporated into clinical skills and spotlight sessions. New mouthcare assessment charts have been added on electronic patient records to improve documentation.
- In the North East, mouthcare training sessions were delivered which included documentation of oral hygiene post discussion with the patient/carer, documentation of oral health changes, consent and explaining mouthcare procedures.

Uniform: The Uniform Dress Code Audit assessed adherence to the Marie Curie Uniform and Dress Code policy. Strengths included consistent adherence to dress code standards. Recommendations include reviewing the

audit tool and developing local action plans to address lower scores. A key quality improvement outcome was the addition of a question on compliance with uniform and dress code policy to monthly audits.

A safeguarding audit was also undertaken in 2024/25. The data collection took place in December 2024–January 2025. The data analysis and report will be completed in April 2025.

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

The whole Marie Curie clinical audit programme has undergone a process review this year. The new InPhase system will be used for managing clinical audits from 1 April 2025, and the clinical audit programme has been redesigned with the inclusion of monthly audits that will comply with the regulatory requirements of the devolved nations.

Research and evidence into practice

Engaging colleagues with the evidence to plan and deliver excellent quality care

Marie Curie led on a refresh of the research priorities for palliative and end of life care, in partnership with the James Lind Alliance, the Economic and Social Research Council and the Motor Neurone Disease Association.

We are already addressing the top priority, 'How do people with dementia experience end of life?' in our current call of our Marie Curie Research Grants Scheme, in a new co-funding collaboration with the Alzheimer's Society.

This will fund new research to address the evidence gap and inform improvements in the end of life experience for people with any form of dementia, and for those who care for and support them.

We plan to map these priorities to both the NHS Comprehensive Personalised Care Model and Marie Curie's National Service Framework and ensure alignment with Marie Curie's strategy, ambitions and priorities.

Involving people with lived experience – Marie Curie Research Voices Group

Members of the Research Voices Group have been involved across the whole research, policy and campaigning cycle including:

- supporting research funding bids
- active membership of grant panels and research advisory groups
- reviewing draft policy documents
- actively participating in national RPPA campaigns.

Membership currently stands at 59 people, with a significant improvement in diversity of the group since 2024 across gender, nation, age, ethnicity and by lived experience. We plan to build upon this over the coming year, with a particular focus on ensuring greater representation from those living in Northern Ireland and Scotland.

Evidence in Practice team and Evidence Hub

We have made substantial progress in our commitment to improving the use of evidence to inform practice. In addition to our Internal Research Development team, we now have a dedicated Evidence in Practice team to support service development through both research and evaluation.

Importantly, we also now have a mechanism to translate this evidence for practitioners and decision-makers through our internal Evidence Hub – which houses key research summaries and evidence on practice-related themes from around the organisation.

We have increased our internal research capacity and our touchpoints in Marie Curie's Places through our Research Nurse network, Internal Research and our Evaluation teams. This makes it easier to i) generate evidence which is relevant to our decision-makers and practitioners and ii) supports the rapid adoption of evidence-based tools and interventions.

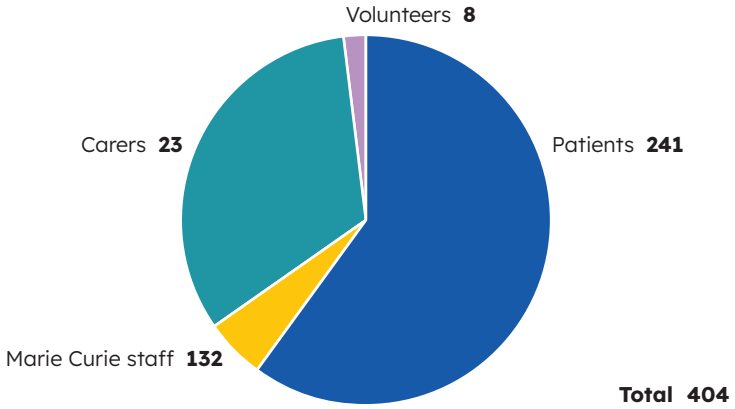
Research Nurse Network

Marie Curie Research Nurses have been instrumental in leading research culture change within Marie Curie and the wider palliative care sector. This was formally recognised this year when the team were awarded the Nursing Times Award for Clinical Research Team of the year. They were described by the judging panel as exceptional:

> "The pioneering initiative to embed research nurses in hospices across the UK(…) has **fostered a vibrant research culture** by enhancing awareness and collaboration in palliative care. This project exemplifies **dedication and innovation** that is improving end of life care. Through its efforts, the team has significantly increased research involvement, **creating a compassionate impact that benefits patients, their families and staff**. Fantastic work in a challenging setting that **brightens the future of palliative care and inspires others to follow suit**."

Research Delivery at Place

Our Research Nurse Network have set up and recruited to 30 palliative and end of life care studies, including the clinical trial CHELsea II, recruiting a total of 406 participants.



Fostering closer links with clinical educators nationally and locally through Lunch & Learn and education sessions, as well as the expansion of journal clubs across our place-based teams, has informed rapid practice change.

- **Introduction of Journal Clubs**: The housekeeping journal club at Marie Curie Hospice, Liverpool was the first in which non-clinical staff attended. Two housekeepers shared their experiences of cleaning the rooms of patients in the hospice, the relationships they built, and the impact it would have on them when the patient died.

  "Patients most often discussed casual topics such as weather and family with housekeeping team, but patients/family also discussed their illness with them and, occasionally, thoughts regarding death with housekeeping staff"

  Housekeeper

Case Study: Clinical trial CHELsea II: Marie Curie Hospice, Cardiff and the Vale

The CHELsea II (Clinically assisted Hydration in patients in the last days of life) cluster randomised trial closed to recruitment in February 2025 having secured 1,563 participants across 80 sites. The aim of the study was to try and answer the long-standing question in end of life care – should we be offering artificial fluids (via sub-cutaneous route) to patients in the last week of life? The study sought to determine whether giving fluids in the last week of life reduced the incidence of delirium, impacts life expectancy, respiratory secretions or oedema.

With the study results likely to inform conversations and decision making with dying patients and their families, we were eager to be a participating site. The study operated a Cluster Randomised Control methodology which meant that rather than individual patients being randomised to receive standard care or standard care plus sub-cutaneous fluids participating sites were randomised to offer one treatment or the other as their standard of care during the study. Marie Curie Hospice, Cardiff and The Vale was randomised to Arm B – which meant we offered sub-cutaneous fluids to eligible patients in the last week of life. The study was designed to allow the patient's closest contacts to provide consent on their behalf if they lacked capacity to do so at time of entry into the study. The aim was to recruit a total of 1,600 across 80 sites (40 in each arm), meaning that each site had a target to recruit 20 participants. In general, Arm B sites found recruitment more challenging as they were asking patients or their families to accept an intervention as they approached the end of life, we were approached by the study team to over-recruit above our target of 20 to help the study reach their participation targets. We recruited 27 patients over the course of the study. In addition, two other Marie Curie hospice sites also participated in the study (Edinburgh and Bradford). We now eagerly await the study findings later this year.

Dr Siwan Seaman, Medical Director and Consultant

"We spend a lot of time with patients and families and we get to know them well in a different way to the clinical staff, when patients ask us about their illness and death, we often feel uncomfortable and helpless to answer their questions"

Housekeeper

The discussion focussed on how clinical staff could support non-clinical staff going forward through daily huddles, including non-clinical staff in debriefs following a patient's death and peer support. The incorporation of a safety huddle at Marie Curie Hospice, Liverpool now means that all teams are included when discussing

patients. The housekeeping journal club was replicated at Marie Curie Hospice, West Midlands, who have gone on to co-develop a housekeeping communication skills education package.

- Delirium: Open access delirium resources have been accessed 1.9k times since their release in September 2024. They have now been embedded in international delirium websites such as American Delirium Society, AIIHPC, SPPC, World Delirium Awareness Day website.

The early impact for patients, their loved ones and Marie Curie staff who support them is clear:

"The patient we had in at the time was a young woman with very young family. She had a very marked terminal agitation with significant delirium.

"Due to her delirium, she was often saying some rather unkind things to staff and her family, was having difficulty word finding and was getting very distressed when people either did not agree with what she was saying or could not understand what she meant.

"Her parents were understandably finding this very difficult and were visibly upset by her behaviour (…) I sat with them, showed them the Delirium video and I explained that while these things can be very distressing for them to see we understand it is the delirium causing it and not who she really is.

"They found the explanations in the video very helpful and took the QR code with them to show to other family members, while it was still very distressing they felt somewhat better equipped to deal with it after seeing the video and having a conversation."

Marie Curie Research Conference

Research gives us the evidence to influence policy and practice and plays a key part in achieving our strategic goal to close the gap in end of life care. Our annual, free and online 2025 conference saw 2,142 attendees register from 44 countries. Latest evidence relevant to all aspects of palliative and end of life care, including core themes of Inequity, Financial Insecurity and Physical Health, were presented.

Colleagues from four Marie Curie Places – East of England, Bradford, Marie Curie UK and Liverpool – contributed a total of seven posters to the conference, demonstrating practice directly driving research questions to further improve direct patient care. Some examples are shown on the next page.

All abstracts are free to access and hosted here: BMJ Supportive & Palliative Care February 2025 – Volume 15 – Suppl 1 The Marie Curie Research Conference 2025.

Examples of posters from the Marie Curie Research Conference

East of England: PP-7 To what extent are people's experiences of palliative and end of life care aligned to the ambitions framework for palliative and end of life care in the east of England

Highlights the extent that people's lived experience of palliative and end of life care reflects the aspirations set out in the six ambitions, including what is working well and where there is need for improvement.

Bradford: PP-11 Marie Curie responsive emergency assessment and community team (REACT): widening access and knowledge

The REACT model of emergency department's (ED) in-reach with a community virtual ward has a wider impact than solely reducing hospital admissions.

ED is the hub of the hospital and seeing patients from an unselected take has reduced inequity and widened access to palliative care.

A visible palliative care presence reminds colleagues from across multiple specialties of the broad reach of palliative care and the impact of good holistic assessments and advance care planning in urgent care settings.

Marie Curie UK: PP-16 Revealing the multifaceted role of healthcare assistants providing hospice care at home through artistic expression

Represents the emotional complexities, challenges, and scope of the Healthcare Assistant role.

Showcases how Healthcare Assistants deliver person-centred care by addressing the physical, emotional, spiritual, and social needs of both people living with terminal illness and those close to them.

Allows viewers to gain a deeper understanding of the critical contributions Healthcare Assistants make to palliative and end of life care.

Regulators

We haven't participated in any special reviews or investigations in 2024/25.

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. None of our services were inspected in 2024/25.

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. In 2024/25, the Care Inspectorate Scotland conducted two inspections. The Scotland North and West Care at Home Service was assessed on two of five domains and scored 5 (Very Good) in both 'How well do we support people's wellbeing?' and 'How good is our staff team?'.

The Scotland South and East Care at Home service received the following scores:

- **How well do we support people's wellbeing?**: 5 (Very Good)
- **How good is our leadership?**: 6 (Excellent)
- **How good is our staff team?**: 5 (Very Good)
- **How well is our care and support planned?**: 4 (Good)

In Wales, the Marie Curie Hospice Care at Home service is registered with the Care Inspectorate Wales (CIW). The Marie Curie Hospice, Cardiff and the Vale is registered with Healthcare Inspectorate Wales. No inspections took place in 2024/25.

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 March 2025 and the report is not yet available.

Part 4: 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 40%. 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 50% 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 80.
- None of Marie Curie income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from 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 2024/25 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 for their comments before publication. Their comments must be included in the published report.

We approached our local Healthwatch and Overview and Scrutiny Committee for comment but have not received a response this year.

NHS Lincolnshire Integrated Care Board

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the Marie Curie Annual Quality Account 2024/25.

There were three quality priorities identified as a focus during 2024-2025:

- Patient Safety
- Experience of care and support
- Clinical effectiveness

The Quality Account provides comprehensive information detailing progress in relation to these priorities and their related goals. Specific highlights of achievements noted and commended by the commissioners include:

Successful integration of a safe staffing policy into a core part of operations ensuring the right number of staff, with the right skills, in the right places at the right time to deliver safe patient care.

Review of the 'Career Development Progression Framework' for nurses and healthcare assistants to better support staff professional development and develop a capable workforce.

Appointment of a Companions Business Partner role to review and standardise the training for volunteers, and the development of a thorough induction programme ensuring Companion volunteers receive the training and support needed to perform their roles safely and effectively.

Training of existing staff in Engagement Leads roles to support patients, families, and staff during patient safety incident investigations resulting in the investigation templates and Safety Learning Panel discussions better capturing the impact on all those involved in the incident.

Endorsement of the organisations' Patient safety culture through the reporting of zero 'severe harm' incidents in 2024/25.

Introduction of Tier 1 Oliver McGowan training with a staff completion rate of 95.9% to improve staff's ability to support people with learning disabilities and autism.

Extremely positive patient/carer feedback evidenced through 99% scoring overall experience as good.

Research activity dedicated to improving end of life care including the involvement of people with lived experience (Marie Curie Research Voices) and the development of a dedicated Evidence in Practice team to support service development through research and evaluation. Additionally, there has been recognition of Marie Curie leading research culture change as the Marie Curie Research Nurse team were awarded the Nursing Times Award for Clinical Research Team of the year in 2024.

Looking forward to the coming year, the commissioners are pleased that other important key priorities have been identified. The new priorities for 2025/26 are based on the same 3 key areas of quality and are identified as:

1) Develop and implement a Marie Curie Freedom to Speak Up Strategy and appoint a dedicated Freedom to Speak Up Guardian
2) Establish a new structured approach to quality assurance by implementing a robust Quality Assurance Framework (QAF) across the organisation to ensure early risk identification, proactive mitigation, continuous quality improvement and opportunities to learn and share best practices
3) Further develop systems and processes to ensure all feedback from patients, their loved ones, the public and staff is used to make a difference to how services are shaped. To achieve this there is a plan to develop a charity-wide patient and public experience and engagement strategy and to review staff supervision and support arrangements
4) Develop a new strategy that emphasises generating and sharing evidence to inform practice and the planning of new services through the Research, Policy & Public Affairs directorate

The commissioners take note that Marie Curie has a continued commitment to Equality, Diversity and Inclusion and places a focus on creating an inclusive culture.

There is no overall CQC rating for Marie Curie as an organisation as assessments and inspection reports are completed for individual services. There have been no CQC inspections of Marie Curie services in England in 2024/25. The latest CQC inspection rating for Marie Curie Midlands Region (as commissioned by Lincolnshire ICB) was in 2015 when it was rated as Outstanding. This rating was reviewed in July 2023 by the CQC who found no evidence of the need to reassess this rating.

The commissioners would like to thank Marie Curie for their continued commitment to quality improvement and innovation and look forward to ongoing collaboration to further improve the quality of end of life care to our patients within Lincolnshire.

Vanessa Wort, Associate Chief Nurse, Lincolnshire ICB

Independent member of the Quality Trustees Committee

As a former carer who has seen how the strategic aims and objectives of Marie Curie are translated into frontline operational service delivery, I am very pleased to be given the opportunity to review and comment on the 2024/25 Quality Account.

The overall vision of the Charity is set out very clearly and succinctly. In my opinion, it is absolutely right to pursue a better end of life for all. The likelihood of achieving this should not be affected by who you are or where you live. Marie Curie must continue to use its position as the leader in palliative and end of life care to garner further support across the political spectrum to ensure that it is achieved. A better end of life will not look exactly the same for everyone and it is vital to recognise the importance of ensuring that patients and their loved ones can exercise choice and personal preference in how the better end of life is delivered.

The commitment to ensure the experiences of patients and their loved ones are a fundamental component of current and future services is warmly welcomed. I am, therefore,

especially pleased to observe that the basic Friends and Family test is augmented by a wide range of opportunities and mechanisms to provide feedback on the services provided by Marie Curie.

On looking at new developments I was very pleased to note the creation of a dedicated Evidence in Practice team to support service development through both research and evaluation and translation of this through an evidence hub. What I see is an organisation that focuses on forward thinking and continually strives to achieve improvement in how it delivers its services.

In my experience, for any organisation to work effectively there is a need for a solid foundation. That support structure enables the front line staff to provide the consistently excellent levels seen in this Quality Account. As a good example of this I was pleased to read about the work being done in relation to the safeguarding of staff and volunteers within Marie Curie.

In conclusion, it is my view that the breadth and depth of delivery shown in the report is to be commended and I have no hesitation in endorsing this Quality Report.

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

Do you have any comments or questions?

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

The Quality Assurance Team
Marie Curie
Floor 8
One Embassy Gardens
8 Viaduct Gardens
London
SW11 7BW

supporter.relations@mariecurie.org.uk

Tel: 020 7599 7294

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

Charity reg no. 207994 (England and Wales), SC038731 (Scotland) P060