We put patients and families first

Strategic plan 2008–11

www.mariecurie.org.uk
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Our strategy is called *We Put Patients and Families First* because that single thought will continue to drive everything we do over the next three years.

The plan has three key themes, which are summarised overleaf: *Delivering Growth, Improving Lives and Securing the Future.*

In recent years, Marie Curie Cancer Care has made huge progress in providing more and better care for patients and their families.

And we must continue to do what we do well.

But development and innovation in care will be crucial going forward.

With growing public awareness and concern around where care is delivered at the end of life, we know we must do even more to ensure Marie Curie Nurses are available to everyone who needs their support to be cared for at home. We must also ensure our nursing service is both widely known and easily accessible.

Our hospices must develop and expand their services even further to meet the needs of their local communities.

And we must continue to be at the forefront of both scientific and palliative care research.

As always, our fundraising and support teams – along with many thousands of volunteers – have a key role to play in providing firm foundations for our ambitious plans.

Marie Curie Cancer Care has achieved much since its foundation in 1948, working alongside partners in the NHS and other voluntary organisations. But we face many challenges going forward.

*We Put Patients and Families First* is our blueprint for the future. Every one of us has a part to play in ensuring we deliver.

Sir Peter Davis, Chairman

Tom Hughes-Hallett, Chief Executive
<table>
<thead>
<tr>
<th>Our mission</th>
<th>Our vision</th>
<th>Our core value</th>
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<tbody>
<tr>
<td>Marie Curie Cancer Care is dedicated to the care of people affected primarily by cancer and the enhancement of their quality of life through its care and research. The charity provides care for today and hope for tomorrow.</td>
<td>Everyone with cancer and other illnesses will have the high quality care and support they need at the end of their life in the place of their choice.</td>
<td>We put patients and families first.</td>
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## Our key themes and targets

### Delivering growth
- Marie Curie Nursing Service to grow by 100 per cent
- Care and support by our hospices to grow by 50 per cent
- Fundraising to grow by 28 per cent; NHS funding to grow by 55 per cent

### Improving lives
- Introduce new services; make care easier to access; provide better information for patients, families and carers
- Cancer deaths in hospital down by 10 per cent
- Campaign for quality care at the end of life – delivered in the place of choice
- Increase investment in palliative care research and development

### Securing the future
- Expand high quality research at the Marie Curie Research Institute
- Be an employer of choice
- Improve communication and information across the charity
Our impact on patients and their families

Hayley Hart cared for her husband, Marcus, 41 who had bowel cancer. Marcus died at home.

“Sometimes the Marie Curie Nurses were even better than my own family. They were open and honest and know what it’s like to be a carer.

One of the nurses said something in passing about having a ‘good death.’ I wasn’t sure what she meant by that at the time, but now I do. Marcus had a good death – he was very comfortable in his own home.

Before Marcus was ill, the concept of cancer really frightened me, but when the time came, with all the support I had, I wasn’t afraid at all.

Hayley Hart

Francesca Cilenti’s father-in-law was cared for at the Marie Curie Hospice, Bradford.

“I always thought hospices were bleak scary places, but I couldn’t have been more wrong.

Vincenzo was cared for at the hospice for two weeks before he died. The nurses were fantastic; they were so gentle and respectful. There were no set visiting hours and they never asked us to leave.

Even after he died the nurses were amazing. They helped my mother-in-law dress him for his funeral and they were incredibly gentle.”

Francesca Cilenti

Every year, Marie Curie Cancer Care supports more than 25,000 patients and their families through its home nursing, hospice care and research activity.

We care for people with cancer and other illnesses.

Marcus and Hayley Hart
There was one man who enjoyed a drink every night, but was unable to swallow. We made him gin-and-tonic ice cubes so that when he wanted a tipple he could suck on a cube. And many of the women enjoy having their nails painted or want make-up applied. Little things like that make such a difference.
Delivering growth

By 2011 we will care for more people with cancer and increase significantly the care we provide for people with other illnesses.

**Targets**

Over the next three years we aim to:

- be on track to double the number of patients we care for at home, to 35,000 per year by 2013
- be on track to double the number of hours of care we provide at home, to 2 million per year by 2013
- increase the number of patients using our hospices by 50 per cent
- give care and support to 50 per cent more families and carers through services provided in and around our hospices

**Actions**

We will:

- improve the flexibility of our support and care provision to reflect the wishes and needs of patients, carers and families
- engage with patients, carers and families to seek their views on the care that we and others provide
- support our need to grow by taking a new look at how volunteers help us, and establish a volunteer-based service to support patients, carers and families at home
- consider the role of our hospices as co-ordinators of all palliative care in their area. Our hospices will reach further into their communities and be seen locally and nationally as the heart of specialist palliative care services
- continue to modernise our hospices

Marie Curie people – putting patients and families first every day

Dr Hideo Tsubouchi, Group Leader: DNA Recombination Group

Hideo is investigating a cell mechanism nicknamed ‘the Guardian Angel of the Genome’. If it is defective, cells often undergo massive genome rearrangement. “Understanding this mechanism, I believe, will help to develop a better cure for cancer,” he said.
Delivering growth

By 2011 we will identify and harness new sources of income, and achieve growth in the most cost effective way.

**Targets**

Over the next three years, we aim to:

- increase fundraising contribution by 28 per cent to £65m after costs
- double the number of people who give regularly to 120,000
- increase our major donor and trust income by £4m to £6.9m
- increase statutory funding by 55 per cent to £41m

**Actions**

We will:

- significantly increase the charitable funding of our hospices by their local communities
- grow the net profit from our shops and trading
- secure more of our income through the internet and other new media
- increase the NHS funding of our care, to allow investment that exceeds the growth in our charitable income. In doing so, we will not compromise our independence of judgement, our passion, our ability to set standards, nor our ability to campaign

Aldridge Fisher, IT Project Manager

Aldridge works in IT and runs technical projects. Technology plays a critical role in enabling us to care for patients, not only by improving the efficiencies of the charity but also by enhancing our ability to communicate effectively and share information securely across our diverse functions and geography.

Hugh Grant, Actor

Leading actor Hugh Grant is helping to raise the profile of the charity – and in particular the Marie Curie Nursing Service, which helped care for his late mother. By describing the work of our nurses through advertising and media appearances, Hugh has been making more patients and families aware of our services.
Improving lives

Marie Curie people – putting patients and families first every day

Sue Hedges, Marie Curie Direct Advisor
Sue and colleagues at the Marie Curie Referral Centre in Pontypool play a vital role in providing information and support for patients and families through the Marie Curie Direct telephone service. The team also works with District Nurses and GPs to arrange packages of nursing care for patients who want to be cared for at home at the end of life.
By 2011 the quality of life of patients, carers and families will continue to be improved.

**Targets**

Over the next three years, we aim to:

- increase significantly our investment in palliative care research and development
- increase adoption of our innovations in end of life care throughout the UK
- increase the number of patients who are able to die at home
- increase the number of collaborative activities we undertake

**Actions**

We will:

- publish evidence of the quality and effectiveness of end of life care, including benchmarking best practice
- invest in increasing research skills, particularly in our hospices and in our dedicated palliative care research teams in Cardiff, Liverpool and London
- collaborate with others wherever and whenever possible
- provide new services developed by our Research and Development team, such as better co-ordination of care and quicker discharge from hospital
- develop simple 'pathways' for patients, families and professionals to use
- influence and support commissioners of end of life care in the community, in hospices and in care homes

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**Catherine Salmon, Marketing Manager**

District Nurses play a key role in getting Marie Curie Nurses to patients who wish to be cared for at home at the end of life. They need to know how and when to call in Marie Curie Nursing. Our marketing team has produced an information pack for District Nurses which takes them through the referral process and helps them explain the service to patients.

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**Debbie Petley, Discharge Community Link Nurse**

Debbie works at Pilgrim Hospital, Boston to identify palliative care patients, particularly those at the end of life, and manages their discharge process to their preferred place of care – usually home. An important part of her role is to ensure that patients and families are confident about returning home.
By 2011 we will campaign for patients and communities experiencing inequity in end of life care and lack of choice in place of care and place of death.

**Targets**

Over the next three years, we aim to:

- Work together with commissioners to achieve a 10 per cent reduction in hospital deaths nationally for cancer patients
- Increase the amount of government funding available for all end of life care in Scotland, Northern Ireland, Wales and England

**Actions**

We will:

- make sure that in all health and social care environments patients’ needs and wishes for end of life care are identified, recorded, and acted on wherever possible
- strengthen our relationships with the people who decide health and social care policy in the UK and continue to campaign around the issue of choice of place of care and death
- exert influence and pressure on commissioners of care, and campaign nationally, regionally and locally for individuals and communities to receive the same high standard of end of life care

Marie Curie people – putting patients and families first every day

Tina Hill, Head Chef at the Marie Curie Hospice, Belfast

Tina and the team consult on a daily basis with patients at the hospice to discuss any special requirements they may have around food and drink. For patients who may struggle to eat solid food, they can prepare softer foods, and ensure it looks appetising by giving it the appearance of regular meals.
Improving lives

By 2011 we will make sure patients and their families have a better understanding of all services to which they are entitled.

Targets

Over the next three years, we aim to:

- widen access to our services
- achieve a 30 per cent increase in awareness of our services amongst patients, families, carers and healthcare professionals
- increase public knowledge of our hospices within their catchment areas
- ensure that the patients we care for in our hospices reflect their local population

Actions

We will:

- ensure that access to Marie Curie Cancer Care services is easier and quicker. This may include allowing individuals to request our services themselves rather than waiting to be referred to us
- explore and respond to the need for an ‘access’ service for patients, friends and families affected by a terminal diagnosis – offering information, advice and support at the earliest opportunity, all the way through illness and after death
- give more advice to professionals who care for and support patients, carers and families
- investigate the need to engage with new commissioners including insurers, private sector companies, social enterprises and individuals

Arun Sharma, Corporate Fundraising

Patients and families benefit in two main ways through the work of Arun and his colleagues in corporate fundraising. In addition to raising money to fund the charity’s services, many corporate partners also play a significant role in raising awareness of our nursing and hospice services.

Bethan Roberts, Physiotherapist

A member of the physiotherapy team at the Marie Curie Hospice, Hampstead, Bethan and her colleagues help patients identify things they want to achieve, such as improving balance, strength or maintaining independence for specific tasks. The team includes specially trained volunteers.
Securing the future

Marie Curie people – putting patients and families first every day

Phyllis Boyd and Debbie West, Volunteers
At the Marie Curie Hospice, Belfast, volunteers Phyllis and Debbie have helped set up a project which gathers feedback from patients and their carers. Their findings are then used to develop and improve hospice services.
By 2011 our patients, families, staff, supporters, volunteers, commissioners and other stakeholders will be able to access the information they need simply and directly.

**Targets**

Over the next three years, we aim to:

- identify and deliver all the information our staff need to enable them to work more effectively
- develop a wide range of online information about our services for the public and healthcare professionals
- attract 100,000 unique visitors a month to our website

**Actions**

We will:

- upgrade our website and intranet to make information easier to access
- maximise our ability to fundraise online
- use new media to build the charity’s reputation for quality care, innovation and research
- reduce our use of printed material by marketing our services and fundraising through new media, where appropriate
- use patient and family experiences to illustrate the value and passion of our work

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**Debbie Atthewell, Candis Editor**

Candis magazine has helped fund the charity’s services for more than a decade by donating a percentage of its subscription income amounting to more than £4m. Editor Debbie also ensures her readers know all about our nursing, hospices and research by publishing regular features.

**Kate Corbett-Winder, Patron**

One of more than 50 volunteer patrons around the UK, Kate Corbett-Winder raises awareness of Marie Curie Cancer Care in Powys, Wales. She is also an active fundraiser and has supported the charity through – among other things – sponsored bike rides overseas and opening her garden as part of the National Gardens Scheme.
We will show how we value our people by improving their working lives.

**Targets**

Over the next three years, we aim to:

- be an employer of choice and ensure that staff turnover continues to be lower than that of other national charities
- increase access for our staff and volunteers to learning opportunities, including e-learning
- continue to develop our volunteer network

**Actions**

We will:

- give staff and volunteers suitable training to develop their skills and their careers at Marie Curie Cancer Care
- regularly survey our staff and volunteers and address feedback received
- develop the ways we communicate internally in order to exchange views and ideas on key issues
- encourage staff and volunteers to use their broader skills and find new opportunities to use those skills for the benefit of patients and families

Marie Curie people – putting patients and families first every day

**Dr Louise Jones, Palliative Care Research and Development**

“We listen to patients telling us their experience of illness, which generates ideas for a wide range of studies. We then look for imaginative ways to improve care and test their impact on patients and families. For example we are currently exploring who would like advance care planning discussions and how they affect relationships between patients, families and healthcare providers.”
By 2011 we will grow our cancer research activities and scientific profile.

**Targets**

Over the next three years, we aim to:

- increase the number of scientists employed at our world class Marie Curie Research Institute, bringing the total to at least 70 scientists
- increase funds invested in cancer research to £5.3m
- enhance our reputation for scientific excellence

**Actions**

We will:

- recruit top scientists who will establish new research teams to complement and extend our current activities
- ensure our institute has high quality infrastructure and scientific support to underpin our research programme
- maintain our world-class position by publishing in front-rank scientific journals and by continuing collaboration with other leading institutes and organisations

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**Gemma McDonald, Glasgow Capital Appeal Fundraiser**

Fundraiser Gemma is part of the Big Build fundraising team, which is aiming to raise £16 million to build a brand new Marie Curie Hospice in Glasgow. The new hospice will feature en suite facilities, more single rooms, piped oxygen and many more improvements, all of which will increase patients' comfort and privacy, and improve the standard of care they receive.

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**Edgee Li Tai Leong, Internal Auditor**

Edgee ensures the charity uses its resources in the most efficient way so that as much time and money as possible goes straight to providing patient care and support for families. She works with colleagues to protect the charity against fraud and mitigate against key risks.
Key achievements from the Strategic Plan 2005-08

Our care
• We redesigned and expanded our hospice and nursing services in direct response to what patients, families and carers shared with us. To increase choice for patients and their families we’ve collaborated with other organisations, developed new ways of caring for patients and changed the way we work.
• The number of hours of nursing care we provided has grown from 897,000 hours in 2004-05 to circa 1.2million in 2007-08.
• Our Delivering Choice Programme projects have proved that with improved coordination more people are able to die in the place of their choice.
• We completed a spectacular refurbishment of the in-patient unit of the Marie Curie Hospice, Belfast and steady progress has been made on capital projects at Marie Curie hospices in Glasgow and Hampstead.
• We have successfully raised the profile of end of life care by campaigning in England, Scotland, Wales and Northern Ireland.

Our research
• One of our cancer research teams made a major discovery relating to the spread of malignant melanoma.
• Our cancer research scientists published their work in top-rated peer-reviewed journals and collaborated with colleagues worldwide.

Our funding
• More people have been inspired to give their money and time to help raise our charitable income.
• We have secured strong corporate partnerships and charity of the year relationships, and grown our network of patrons.

Our processes
• We have reviewed and redesigned our commissioning and contracting processes to be more efficient, and increased our involvement in long-term planning to improve services for patients and their families.
• Our marketing and advertising strategies have been redesigned to better reflect what we do.

Our people
• We have progressed our e-learning capabilities, built up our management development programmes, transformed our recruitment process and delivered training to equip staff in the Marie Curie Nursing Service, our hospices and our non-clinical staff with the skills they need.

Key things still to be fully achieved
• We still need to review and expand opportunities for volunteers to be involved with the charity.
• We need to grow income from our shops.
• We need to expand our IT infrastructure and capabilities.
What we do today

Our core activities:

**Marie Curie Nursing**
There are more than 2,000 Marie Curie Nurses and Healthcare Assistants across the UK, providing end of life care for patients at home and support for their families. Our nurses generally work for nine or 10 hours overnight, allowing carers to rest knowing their loved-ones are in safe hands. We also offer shorter periods of care during the day and early evening.

The service is always free to the patient and is available through the District Nurse or GP.

**Marie Curie Hospices**
There are 10 Marie Curie Hospices across the UK providing the best possible quality of life for people with cancer and other illness. They offer specialist care for in-patients and outpatients, along with day care.

**Marie Curie Research**
There are two main strands to the charity's research work.

Our palliative care research and development teams are looking at how we can better care for those with cancer and other terminal illnesses – developing innovative solutions that benefit patient and carers.

At the Marie Curie Research Institute, teams of scientists from around the world are at the forefront of research into the causes and treatment of cancer.

**Fundraising**
Every year the charity receives more than £110m of income, with around three-quarters of the money coming from its supporters, and the remainder from the NHS.
Strategic plan 2008–11

For more information:
www.mariecurie.org.uk
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0800 716 146

Marie Curie Cancer Care provides high quality nursing, totally free, to give people with terminal cancer and other illnesses the choice of dying at home, supported by their families.