

Quality Account

2022/23



Contents

Introduction from the CEO and Chair of Trustees	3
Introduction from Julie Pearce, Chief Nurse, Executive Director of Quality and Caring Services and Director of Infection Prevention and Control	4
Our vision and values	5
Part 1 Our priorities	6
Part 1a - Patient safety	7
Part 1b - Patient, carer and staff experience	9
Part 1c - Clinical effectiveness	13
Part 1d - Next year's priorities	15
Part 2 Quality in focus	20
Part 2a – Marie Curie Nursing Service	25
Part 2b – Marie Curie Hospices	30
Part 3 Quality Account Regulations	44



Introduction from the CEO and Chair of Trustees

Welcome to our 2022/23 Quality Account. Here, we'll look at the key quality improvements on which we've focused this year, as well as discussing our priorities for the coming 12 months.

We believe that everyone should have the best experience possible at the end of their lives, and it's this shared vision that inspires and unites all of us here at Marie Curie. We're incredibly proud of the care and support we provide for people living with a terminal illness and those important to them. We're committed to always delivering care that's safe, effective and of the highest standard, as well as ensuring that people and their individual needs are at the centre of everything we do.

In 2022/23, we identified improvements we wanted to make within three core areas that underpin the quality of our work: patient safety; patient, carer and staff experience; and clinical effectiveness. These included reducing patient harm from pressure damage and improving our tissue viability network; enhancing our wellbeing and resilience offering for staff; strengthening our clinical governance across our Caring Services Directorate and refining our Career Development and Progression Framework.

I'm pleased to say that, thanks to the hard work and dedication of our staff, we've made great progress this year, as described by Julie Pearce – our outgoing Chief Nurse and Executive Director of Quality and Caring Services, whose contribution has been invaluable.

Our aim for the next year is to continue to develop and improve the quality of our services. Specifically, we will:

- undertake focused work to improve medicines management
- improve how we get feedback from those who use our services, giving them the opportunity to get involved and shape what we do
- roll out the NHS England patient safety incident response framework
- build on the work we've already established to improve Carer and Bereavement support
- continue with our work on safe staffing and patient acuity
- improve how we demonstrate the quality and value of our services.

This year's Quality Account has been prepared by our Nursing and Quality Directorate with support from the Clinical and Research teams. The Hospice and Community Leadership teams have shaped our priorities for quality improvement and have supported and empowered their teams to deliver the improvements in practice. The Board of Trustees has endorsed our Quality Account and we're able to confirm that the information contained in this document is accurate to the best of our knowledge.



Iain Cockart

Vindi Banga

Vindi Banga, Chair of Trustees



Katie Hyams/Marie Curie

Matthew

Matthew Reed, Chief Executive

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

I look back over my time working at Marie Curie with great pride in the achievements that have been made, particularly in the quality of our clinical services. My overriding thought is for our incredible staff and volunteers, who have demonstrated great courage, determination, and commitment in very difficult times. We're gradually emerging from the impact of the COVID-19 pandemic, and our staff and volunteers have continued to work together to make sure everyone remains safe and supported. As I hand over the baton to my deputy and the Quality team, I'm confident in the knowledge that quality and experience will remain at the heart of what we do.

In the last year, we've provided high quality care

and support to over 40,000 people in their homes and in our hospices. We've made sure that our care and services are safe, effective, and person-centred. We've expanded our Information and Support services; 1,998,767 contacts were made for information and support, with 2,138 'check-in and chat' and telephone bereavement sessions taking place, and 18,190 enquiries answered by our Support Line. We're emerging from the pandemic stronger and more determined to provide the right care at the right time, and in the right place, for our patients. We're working with others to find ways to make it easier for people to access this support by breaking down barriers and making systems easier to navigate. This

year has seen us develop more key relationships and working collaborations that enable people to access the services they need.

We know how important it is to invest in our staff and volunteers through training, education, and support. It's been heartwarming to see the positive impact that our Career Development and Progression Framework is now having. We'll continue to roll this out across all our clinical services. We'll further our commitment to the resilience-based clinical supervision we've undertaken, focusing on compassion, self-awareness, and mindfulness, to support the health and wellbeing of staff and volunteers.

We've continued to strengthen our approach to safeguarding people right across the charity and

have established a vibrant community of practice to support our safeguarding champions. We've focussed on strengthening our approach to 'freedom to speak up' and our staff survey reflects the improvement made.

I've been very proud to be the Chief Nurse at Marie Curie. We're humbled by the stories from patients and their families about the impact we've had on their experiences. We're proud of our staff and volunteers who have gone above and beyond to ensure that people receive high quality care and support at the end of life. We're confident that this commitment, and the high standards of care delivery, will continue throughout the next year and beyond, as progress is made with the improvement

priorities that are detailed in this Quality Account.



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



Jane Eades, Acting Director of Nursing and Quality

Elizabeth Cuthbertson/Marie Curie

Our vision and values

Our vision

The vision is our long-term aspiration. It's captured in the following statement:

“Everyone 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 end of life care to make this happen.”

Our strategic drivers

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

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

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

Our strategic goals

We're working towards a future where everyone who is affected by dying, death and bereavement gets the best possible experience, reflecting what's most important to them. We know that currently many people don't get the support and care they need at the end of life, particularly people in poorer communities. Therefore, our mission is to contribute to closing this end of life gap, with a relentless focus in 23/24 on the implementation of our growth strategy.

As we adapt to the changing external situation and further build on our achievements from last year, we'll continue to build capability, financial stability and strengthen our operations.

With this in mind, in 2023/24 we will:

- **Goal 1:** grow our influence, scale, and impact to reach more people
- **Goal 2:** deliver vital care and support, and continue to adapt in response to the COVID-19 pandemic
- **Goal 3:** build operational and financial resilience to enable us to grow in the future.



Part 1 Our priorities

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

When we look at potential improvements we could make to our services, we prioritise changes that we think will make a significant difference to one or more of these areas.

Our three quality priorities are:

- **Patient safety**
Improving and increasing the safety of our care and the services we provide.
- **Patient, carer and staff experience**
Ensuring that people are treated with compassion, dignity and respect, and that our services are person-centred and respond to people's individual needs.
- **Clinical effectiveness**
Making sure that the care and treatment we provide achieve good outcomes, promote a good quality of life, and are based on the best available evidence.



Phil Hardman/Marie Curie

Part 1a: Patient safety

Our focus for 2022/23 around improving patient safety was:

- To undertake focused quality improvement work related to an aspect of tissue viability, aiming to reduce patient harm from pressure damage.

Tissue viability

We said we would...

- develop a training package to ensure all staff are accurately categorising skin damage
- review our incident database and templates in our electronic patient record to improve reporting and oversight of pressure damage
- improve our oversight on the completion of duty of candour requirements to ensure we can show evidence of our commitment to being open and transparent when patients develop pressure damage

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

What we did

- We set up a tissue viability group with representatives from our place-based regions across the four nations of the UK. As an organisation that covers the four nations of the UK, we've discussed and agreed consistent terminology for pressure damage and moisture associated skin damage. Additionally, we've reviewed literature and updated advice and guidance for staff for the prevention

and management of pressure damage for darker skin tones, and this will be reflected in both our training materials and our policy.

- We reviewed incidents on a weekly and monthly basis to ensure harm level for pressure damage incidents are correctly recorded. While the numbers of pressure damage incidents reported this year has remained static when compared to 2021/22, we've ensured – through the weekly review meetings – that harm levels for pressure damage incidents are accurately recorded, supporting another of our priority's

aims to evidence duty of candour completion for these incidents.

- We reviewed available training to inform development of a suitable training package for our staff, supporting them to appropriately categorise pressure ulcers, and will continue this work into next year. We improved patient involvement by designing a leaflet for patients and those important to them, to explain the importance of skin assessment and preventing pressure damage. This leaflet is available for our staff, our patients, those important to them, and the public to

download and print from our Marie Curie website.

- We enhanced our oversight of duty of candour through changes to our incident reporting system to ensure completion of duty of candour is evidenced.
- We've collaborated with staff from Sue Ryder to strengthen benchmarking, enabling us to compare pressure ulcer incidence on a quarterly basis throughout the year with a comparable organisation. This collaboration has allowed us to identify areas for improvement and share good practice to drive patient safety. We were able to identify that staff have a

learning need to be able to categorise pressure damage correctly. We also identified that the introduction of sub-epidermal moisture (SEM) scanners in all our hospices has supported the early detection of pressure damage and prompt implementation of preventative measures.

- We're carrying forward our plan to develop our tissue viability network by developing our tissue viability group into a community of practice to discuss and share good practice, bringing together leads for tissue viability across all our places. This network will also support our ongoing work to develop templates in the electronic record.



Part 1b: Patient, carer and staff experience

Our focus for 2022/23 around improving patient, carer and staff experience was:

- to build on our approach to supporting staff wellbeing and resilience
- to undertake quality improvement work around evidence-based co-design.

Staff wellbeing and resilience

We said we would...

- continue to develop and enhance our wellbeing and resilience offering for staff
- embed a community of practice for resilience-based supervisors
- continue to develop and implement an introduction session to wellbeing which focuses on compassion and kindness
- explore support needs for non-clinical caring services staff
- continue to enhance overarching wellbeing and resilience through our development of a modular induction preceptorship and

mentorship programme to help recruit and retain staff

- work with the equality, diversity and inclusion workgroup to ensure we're mindful of wider challenges within the workforce (see section on staff that details the work in this area).

What we did

- We've established a Community of Practice and embedded this for our resilience-based supervisors. Forty-five staff across the four nations have undertaken training to become a resilience-based supervisor.
- We've trialled different models of our Wellbeing provision to try to improve access. The number of

introductions to our Wellbeing sessions has continued to grow and follow-up sessions have been initiated at staff request.

- Clinical support staff are participating in Wellbeing sessions and training to become resilience-based supervisors. We're working in collaboration with the Senior Volunteering Business Partner to run Wellbeing sessions – which include mindfulness, resilience and looking after yourself – between March-May 2023, to pilot and understand volunteer needs in relation to Wellbeing. We'll be supporting volunteer coordinators to undertake resilience-based

supervision training to support volunteers.

- We've introduced 'compassionate conversations' in local hub co-ordinators' induction programmes.
- We're mindful that people will look for different things to support their wellbeing. We've therefore included an outline of the different avenues of support available to staff in our modular induction. These include mentorship, preceptorship, resilience-based supervision, and Schwartz rounds.

What is the Hub?

The Hubs are our local coordination centres. The Hub leads and supports the co-ordination and booking of the care provided by our community nursing services. This includes our planned night and multi-visit (days) services. They take referrals for new patients and update records for existing patients.

What are Compassionate Conversations?

Supporting staff to listen, recognise and respond to cues, and have sensitive conversations with distressed patients and relatives.

- We've created a template on our online Learn and Develop site for supervisors to share high-level themes from their session with the central clinical education and practice development team. Key themes identified include communication challenges, feelings of isolation and clinical practice challenges.
- We've also started to collaborate externally and share our experience. We've participated in a discussion panel on St Christopher's Lantern Programme on wellbeing and resilience and Marie Curie is now represented at Hospice UK's Resilience Based Clinical Supervision Steering Group.
- We're very proud that this work has been nominated for a Burdett Trust Nursing Award.

What is resilience-based supervision?

Resilience-based supervision supports staff to manage their emotions through mindfulness-based exercises, aiming to improve patient care by enhancing wellbeing and resilience.

What are Schwartz rounds?

Schwartz rounds provide an opportunity for all staff to come together to discuss the emotional and social aspects of their work.

What is mentorship?

Mentorship provides an opportunity for one-to-one support and guidance from someone with more experience, to support personal development.

What is preceptorship?

Preceptorship is a programme of additional support and guidance offered to newly qualified nurses.

Feedback from wellbeing sessions

"It helped me realise that I can judge myself too harshly. I understand now that it's OK to be kind to myself."

"The session opened my mind. It reminded me to be compassionate, be aware of my own and other people's feelings, and think about how I treat myself."

"I've realised I'm not alone in how I feel. Everyone feels the stress and pressures of work and personal life."

"As a non-clinical member of staff, I've found that there is very little active support during the working week. Taking three hours out of my day to stop and think has been great. I'd recommend the sessions to everyone."

"It's helped me to see that being compassionate towards myself can help me be compassionate towards others."

"I don't feel people talk enough, so the session is a great way to open up conversations and make people aware that help is out there. Until this session, I hadn't realised that a counselling service is available to me."

"The focus on being in the present moment was thought provoking. There's no point worrying about things over which I have no control."

"I've learned to stop and think and reflect more on how I communicate with other people. I don't know what's going on in someone else's life."

"From now on, I'll endeavour to take time out every day, no matter how busy things get, even if it's only for five minutes."



Evidence-based co-design

We said we would...

- undertake quality improvement work which is focused around evidenced-based design (EBD) and experience-based co-design (EBCD)
- implement the NHS Fifteen Steps Challenge and Listening Events which involve capturing and understanding the experiences of patients, carers and staff in relation to our services.

What is experience-based co-design (EBCD)?

EBCD is an approach that enables staff, patients and other service users to co-design services together in partnership. The approach is different to other service improvement techniques because it captures the experiences of people through discussion, observation and interviews.

What we did

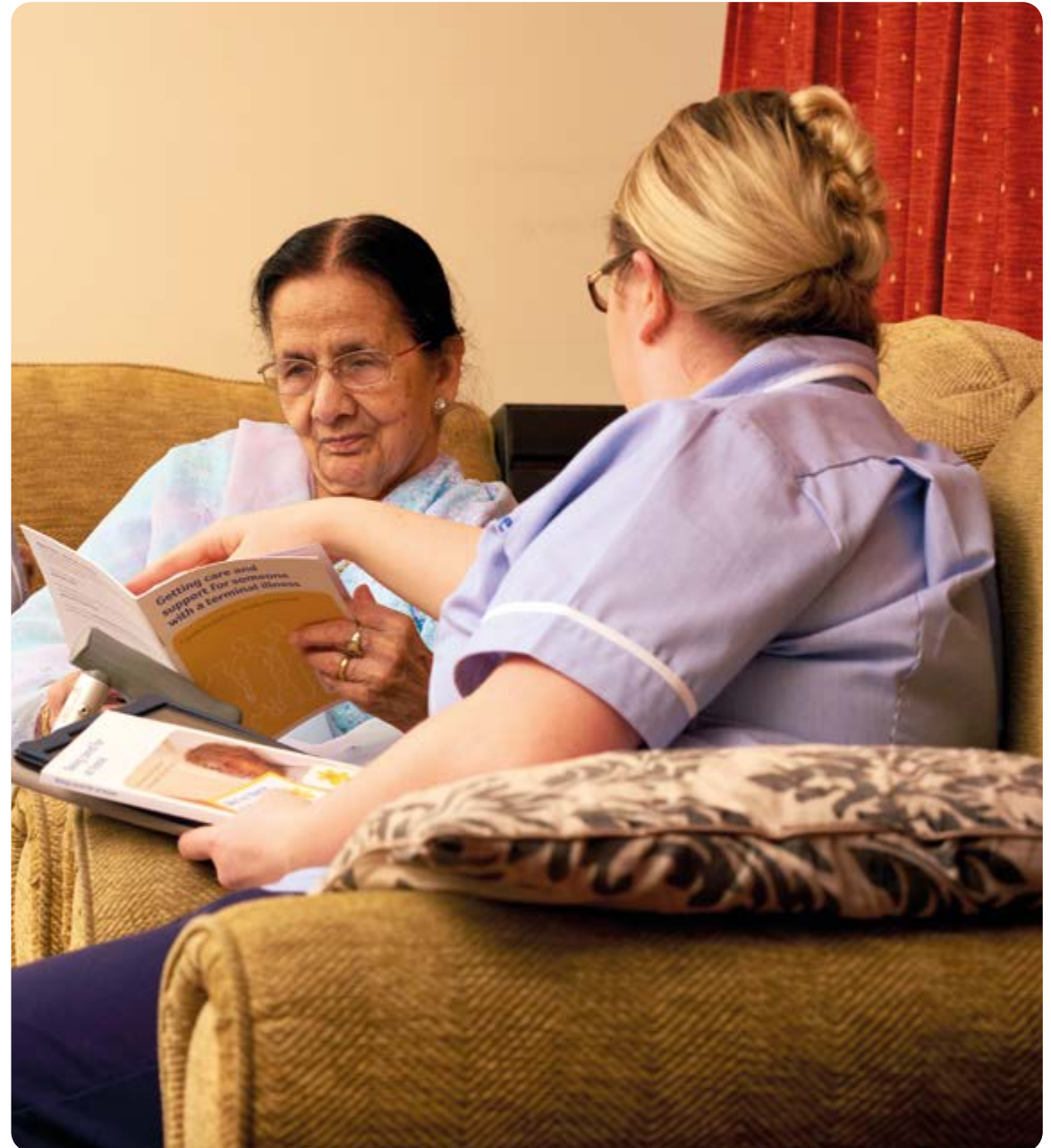
We reviewed our feedback topics and identified that the information did not provide us with enough detail to support improvements. We identified two established methods that would support us to gather more in-depth qualitative feedback about people's experience of care and support; Place Based Listening Events, Hospice 15 Step Challenge.

- The first Listening event was national and involved representation from staff across the four nations. All initial place-based listening events were facilitated by the Head of Patient Experience.
- Easy guides and live training have given staff and volunteers the confidence and knowledge to facilitate future events. We're improving patient and public involvement by designing a 'get involved' leaflet to highlight the importance of feedback

on quality of service. This leaflet will be made available to staff, our patients, family, and friends through information packs and folders and the intranet.

- We held a National Listening event to review the contents and information provided in the information pack sent to community patients and carers. People with experience of Marie Curie care from across the four nations attended an online prescheduled event. Telephone interviews were scheduled with people who needed different communication needs to participate. Staff and participants from the listening event co-produced a shortened version of the information pack. This collaboration helped us to understand that people who use our services prefer to hear information first from professionals and then receive written information.

- We held our first 15 Step Challenge at the West Midlands Hospice. The feedback led to improvements in Hospice signage and a review of information held on notice boards. In addition, the entrance to the In-Patient Unit has been redesigned to include a space for young children to feel welcomed and be with their families. This event led the Hospice to seek advice and support from the Alzheimer's Society to make the environment more dementia friendly.
- The 15 Step Challenge held at Hampstead Hospice also highlighted a need for a review of signage and information, the redesign of the entrance to the hospice, and making the second floor more welcoming. The Hospice is planning to work with local schools to support further improvement ideas.
- Edinburgh Hospice held a Listening Event which prompted additional training for staff to improve non-verbal communication and body language. It highlighted that patient information folders should be reviewed, made more visible by the bedside, and emailed to visitors. Work has been completed to ensure comments boxes are more visible. Work to reopen the use of the lounge areas for visitors has been completed and welcomed by visitors.
- We're carrying forward our aim to hold at least one holistic feedback event, per place-based region in 2023/24 and one National listening event, to ensure that patients and the public are involved our quality improvement work.



Phil Hardman/Marie Curie

Part 1c: Clinical effectiveness

Our focus areas for 2022/23 around improving clinical effectiveness were:

- to review and strengthen our clinical governance across the place-based teams throughout our Caring Services Directorate
- to continue to develop a Career Development and Progression Framework for our clinical staff.

Clinical Governance

We said we would...

- undertake a full review of all our governance meetings
- define and implement clear escalation requirements to confirm information is cascaded appropriately
- ensure our Quality Impact Assessment Policy is ready to facilitate robust governance arrangements for services when undergoing change, design or implementation.

What we did

- We undertook a review of our clinical governance arrangements and developed a clear Governance Framework that supports ‘ward to board’ robust oversight of the quality and safety of our services, and appropriate and rapid escalation of any identified concerns. We will be assessing the impact of this change in the following year.
- We restructured our Integrated Governance and Performance meeting and designed an escalation report to support clear and consistent communication, so that we’re focusing on

risks and sharing learning across the organisation. This has been reviewed by the Heads of Quality and Nursing and Quality team who identified the positive impact that the report has had on oversight. Further enhancements have been made to include a patient quote and summary section.

- As part of our internal audit programme, Deloitte, our appointed internal auditors, completed an audit of clinical governance to evaluate the oversight and assurance arrangements for clinical governance across the organisation. Several areas of good practice were noted, with some

minor recommendations and all areas were rated as green (full or substantial compliance).

- We’ve written and implemented a Quality Impact Assessment and templates to facilitate robust governance arrangements for services when undergoing change, design or implementation, supporting us to identify any risks to quality before we implement any changes.

Career Development and Progression Framework

We said we would...

- use the information from phase three of the Career Development and Progression Framework to further refine it, supporting implementation across our clinical teams
- complete the evaluation research project, which runs alongside our work on developing the framework which will be published in 2022/23.

What we did

We've implemented the Career Development and Progression Framework in early adopter sites in the Midlands and Scotland and established a Community of Practice to support line managers and drop-in sessions to support all staff. Over the course of 2023 we'll complete the roll-out across Marie Curie.

We identified gaps in the Career Development and Progression Framework for staff to evidence their knowledge, know-how and understanding at all levels of practice, and as a result we've developed digital self-assessment tools and associated clinical skills with the Digital Learning Services Manager. We've also developed an online personal development plan which both staff and managers can access. Feedback from the early adopter sites has shown that five healthcare assistants who were previously registered nurses would like to undertake training to re-register. The Learning and Development team are now reviewing access to return to practice courses. We've recently appointed our first Trainee Nurse Consultant and will continue to use the framework to provide the opportunity for staff to progress to more senior clinical roles.

Education pathways have been developed for all levels of practice from Health Care Assistants to Nurse Consultants. Education, training and development guides have been produced to assist staff and improve signposting to further learning opportunities, designed to address gaps or development needs in skills and knowledge (that they've identified through the self-assessment process). As the roll-out progresses, we're reviewing the additional training that staff request and will be implementing training days to meet the needs they identify. A clinical skills escalator has been developed to clarify the clinical skills requirements at each level of practice, and the difference between working at each level of practice.

As part of this work, we've reviewed and aligned all job descriptions with the Career Development and Progression Framework. New job role descriptions have been

developed for Associate Nurse Consultant, Nurse Consultant, Trainee Nurse Associate, Trainee Assistant Practitioner, Nurse Associate and Assistant Practitioner.

We plan to implement the roll-out across the rest of the organisation during 2023 and have appointed two Clinical Practice Facilitators to support this work. We've started to develop a Career Development and Progression Framework for Allied Healthcare Professionals.

We recognise the value of sharing this work; we've successfully completed an evaluation research project and we're working with our research collaborators to submit work undertaken in the first three phases for publication. We've presented the first three phases of the project at the International Practice Development Conference in Wollongong Australia, April 2022 and Hospice UK, November 2022.

Part 1d: Next year's priorities

In this section, you can see our priorities for improvement for 2023/24, again grouped in three key areas:

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

What is PSIRF?

The PSIRF is a contractual requirement under the NHS Standard Contract and is therefore mandatory for Marie Curie in England. Our services in other nations have different requirements:

Northern Ireland – Health and Social care Board (2016) Procedure for the Reporting and Follow up of Serious Adverse Incidents

Scotland – Healthcare Improvement Scotland (2019) Learning from adverse events through reporting and review

Wales – National Policy on Patient Safety Incident Reporting (awaiting update).

Patient safety

1. Medicines management

What will we do?

We'll establish a new national medicines management meeting to improve the oversight and prioritisation of improvement work and share good practice. This meeting will take place on a quarterly basis and the attendees will represent a range of multi-disciplinary professionals from across the organisation.

This meeting will oversee improvement work in the following areas:

- the use of antimicrobials within hospices

- the implementation and use of electronic prescribing within hospices
- the development of practical support tools and guidance for new doctors joining the organisation
- the development of non-medical prescribing and the provision of timely access to medicines in the community
- our educational offer for clinical staff in relation to medicines, to support timely administration in the community and the administration of intravenous medication.

What does this mean and why is it important?

Over the next year, we aim to see a reduction in medication incidents and to improve the process for reporting these, ensuring that this is done appropriately. We aim to address the issues arising from medicines management incidents to ensure that our patients continue to receive safe care.

This is important to us as we know that medicines incidents or medication errors are one of the top three reported incidents within the nursing services.

How will progress be measured, monitored and reported?

We'll review the number of medicines management incidents to help measure the success of the quality improvement work. We'll carry out appropriate and targeted audits to monitor the actions being taken, the gaps identified and actions to improve. Progress being made will be reported to the national medicines management group and to the Quality Trustee Committee.

2. Patient safety incident response framework

What will we do?

We'll implement the requirements of the NHS England Patient Safety Incident Framework (PSIRF) to develop and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. We'll establish a project group to support the development of a patient safety incident response policy, and to plan and develop training and reporting templates. We'll work with colleagues across our clinical services to ensure

that the work is aligned across the four nations and the requirements of each of the nations are met.

What does this mean and why is it important?

The aims of PSIRF are to ensure Marie Curie has an effective patient safety incident response system with compassionate engagement and involvement of those affected by patient safety incidents. It aims to have a more considered and proportionate response to patient safety incidents with the use of a system-based approach to learning.

How will progress be measured, monitored and reported?

The project group and terms of reference will be agreed with clear milestones. Progress with the project will be reported to our Integrated Governance and Performance meeting and to the Quality Trustee Committee.

Patient and carer experience

3. Carer and bereavement support

What will we do?

We'll build on the work that we've already established to enhance the experience of carers and people who are important to the person at the end of life. We'll learn from initiatives being developed in our services, including carers' clinics, wellbeing sessions and practical support, and share this learning to further our longer-term goal of providing consistency and equity of access.

We'll implement the recommendations from our recent deep dive into bereavement at Marie Curie, which includes addressing inequalities in bereavement support, improving our training for those providing bereavement services, and those supporting the people important to the patient at

the end of life. We'll work to improve our feedback from our bereavement services so we can learn, make improvements, and develop a clinical collaborative to share learning and experience.

What does this mean and why is it important?

Caring for someone close to you when they are dying can be very difficult and challenging. The Ambitions for Palliative and End of Life Care (2021) identifies the need for palliative and end of life care to include giving care and support to families, friends, carers and all those who are important to the dying person.

Bereavement is associated with higher risks to mental health, morbidity and mortality, and the socio-economic costs of bereavement can also be considerable. Bereavement support is therefore an important part of palliative and end of life care, with varying levels of provision recommended to meet the

different needs of those who have lost someone close to them.

It's therefore important that the services in Marie Curie reflect these needs and support people before and after the death of someone close to them. This will minimise any impact on health and wellbeing and provide people with much needed support to adapt to changes in income, housing or employment, as well as changes to status or role.

How will progress be measured, monitored, and reported?

This work will be led by one of our Associate Directors of Nursing and Quality who will work with relevant stakeholders in our hospices and community nursing services, including our bereavement leads. Progress will be reported to our patient and carer experience group and our Integrated Governance and Performance meeting.



Phil Hardman/Marie Curie

4. Patient and carer feedback

What will we do?

- We'll continue to develop the variety of ways Marie Curie listens to feedback from patients, carers, family, and friends who use our services. We'll monitor effectiveness of this through analysis of the qualitative data, and the actions, outcomes, and impact of the quality and service improvement projects.
- We'll build on work started in 2022/23 with evidence-based design and experience-based co-design work and continue to embed the 15 Step Challenge and Listening Events in our hospices and community services across the four nations. Our new feedback platform, "Your Marie Curie", and linked smartphone app will promote inclusivity and increase accessibility not only for patients, family and

friends, but also for staff, who will be able to support with giving people the opportunity to feed back more easily at the point of care. This platform will generate live automated qualitative and quantitative feedback for all place-based teams and produce bespoke dashboards and reports, which will drive co-produced quality and service improvements and increase service user involvement.

- We'll monitor the uptake and responses to the new Your Marie Curie feedback platform and experience of care and support questionnaires. We'll monitor people's experience of the quality-of-service delivery with a new set of Caring Services, Patient Experience Key Performance Indicators.

What does this mean and why is it important?

This means that people who use our services will not only have their voices heard; they'll also have the opportunity to get involved in how the quality of our care and support services are monitored, and how our services are developed to meet the needs of our communities. This echoes NICE guidelines, CQC standards, NHS England Patient Experience Improvement framework, The Scottish Care Inspectorate, Northern Ireland's Regulatory Improvement Quality Authority and Care Inspectorate, Wales guidance, and two of the eight foundations (Evidence and Information, Co-design) essential to achieving the Ambitions for Palliative and End of Life Care: A National Framework for Local Action, 2021.

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

How will progress be measured, monitored, and reported?

Progress will be reported to our National Patient Experience Quarterly Meeting, Integrated Governance and Performance meeting, and to the Quality Trustee Committee.

Effectiveness

5. Workforce

What will we do?

We'll continue to use the Establishment Genie tool to calculate hospice staffing requirements and link this to their staff budgets. To support this, we'll review nursing acuity tools to identify if there is an appropriate tool to use across our clinical services to support our decisions related to safe staffing. This will involve consideration of safe staffing frameworks legislation across all four nations.

We'll also review whether it's possible to use Establishment Genie for community nursing services and develop and implement a safe staffing policy.

What does this mean and why is it important?

We can ensure that our hospices are staffed safely; we can utilise all the beds to ensure that patients receive the right care at the right

What is safe staffing?

Safe staffing is how hospices can ensure that in-patient units are staffed safely with the correct number of registered nurses and support staff on each shift.

A safe staffing acuity tool enables us to review patient dependency. It's a scoring system that helps to calculate the number of staff required.

Establishment Genie is a tool to set staffing numbers for an in-patient unit, but it doesn't help to

understand dependency. Using an acuity tool will support the use of establishment Genie and strengthen its outcomes.

In hospital services, patient dependency tools are used in a winter month and a summer month because there are different staffing pressures. As Marie Curie hospices don't see this seasonal change with the dependency of patients we care for, we would carry out this exercise prior to reviewing Establishment Genie.

What are patient outcome measures?

These are ways of measuring what we're trying to achieve for our patients, based on their wishes. This could include relief from symptoms, such as pain or nausea, choosing where their care is delivered, or whether they die at home or in the hospice. Each patient can discuss what is most important to them in the order they wish.

We use three outcome measures from the Outcome Assessment and Complexity Collaborative (OACC) project, led by the Cicely Saunders Institute at King's College London. These three outcome measures are:

Phase of Illness

Phase of Illness describes the distinct stage in the person's illness. Phases are distinguished as: stable, unstable, deteriorating, dying and deceased.

Australian Karnofsky Performance Status (AKPS)

Three aspects of the patient's overall capabilities are assessed: activity, work and self-care. The measure results in a single score between 0% and 100%, based on observations of the person's ability to perform common tasks.

Integrated Palliative Care Outcome Scale (IPOS)

IPOS is a 10-question measure of how a person's symptoms affect them in different respects, including physically, psychologically, socially and spiritually.

time and this will enable us to increase our reach. This is important, as we know many patients each year don't receive the palliative or end of life care they require.

How will progress be measured, monitored and reported?

We'll measure progress through the implementation and use of the nursing acuity tool by auditing its usage and review the Establishment Genie on a six-monthly basis. An audit will be carried out to ensure the safe and correct use of the acuity tool and that the safe staffing policy

is being used within the hospices. This will be reported into the place-based teams oversight committees and onto the Quality Trustee Committee.

6. Measuring our impact

What will we do?

- We'll develop approaches to measure the impact of our community nursing services. This will enable us to demonstrate our value to our commissioners, stakeholders and partners.
- We'll define and agree on

what 'impact' means in the delivery of care and support.

- We'll understand and map out what 'impact' means for our patients and those important to them, our internal and external stakeholders, and our staff.
- We'll identify, develop and test our tools for measuring and improving the impact and outcome of our services to the people we support, including further work to embed the Outcome Assessment and Complexity Collaborative (OACC) suite of outcome measures and

our prioritisation tool.

- We'll ensure implementation of our model is geared around current systems so that we can capture data to help us improve.

What does this mean and why is it important?

- Evidencing the impact of the care and support we provide will help us demonstrate the quality and value of our services. We'll ensure that the design of new services and models of care are focused on the greatest impact for people

and provide evidence of this impact on our place-based populations to our stakeholders, commissioners, and potential funders of care. The OACC suite of measures is well established in our West Midlands Hospice. Staff can see individual patient data on a spider diagram which enables them to identify the patient's main priorities and, through repeated assessments, the progress they make at an individual and service level. We'll be

working with an external company to enable our other clinical record system to display and report outcome data in a similar way, supporting roll-out across all our Hospices.

- How will progress be measured, monitored, and reported?
- We'll set up a project group with a clear reporting structure, agreed terms of reference and key milestones. Progress with the project, including all testing of tools and data outcomes, will be reported to our Integrated Governance and Performance Group.



Part 2 Quality in focus

Our staff

Equality Diversity Inclusion (EDI) initiatives

In our efforts to recruit and retain a diverse workforce, we've embarked on a project to create an inclusive recruitment framework from advert to on-boarding of staff. EDI staff training has been rolled out across Human Resource (HR) Operations to improve the understanding in the delivery of key HR functions. In addition, a project is underway to improve our staff equality monitoring and we're encouraging our staff to update their personal data on our systems.

In February 2023 our Anti-Racism Survey results were shared across the organisation. As part of our EDI and Wellbeing Strategy 2023 to 2026, we're in the process of developing an action plan to address feedback from staff and

to continue the work in maintaining an anti-racist culture.

Work is underway with the Assistant Directors (ADs) across Caring Services to understand the EDI and Wellbeing needs for the workforce and service delivery. A presentation of the findings was shared at the AD's monthly meeting, and individual Senior Leadership Team meetings will be set up to discuss best practice and areas for improvement. In addition, we continue to work with Caring Services to ensure that EDI is embedded in the work currently being scoped around the place-based re-design project and community development.

Wellbeing resources and support

In July 2022, we successfully provided refresher training to 26 Mental Health First Aiders (MHFAers) as part of an ongoing project to improve

the Employee Assistance Programme (EAP) and provide more support for our current MHFAers, as well as introducing more governance and infrastructure.

Following a launch review meeting with Unmind (which is a wellbeing app that puts users in control of supporting their own wellbeing) we're pleased to say our uptake on the app in August 2022 was positive (N=334), with 37% of those signed up continuing to use the app weekly – considerably higher than the benchmark for organisations of a similar size, which is 14-24%.

The Wellbeing Hub is currently being updated and refreshed to reflect a lessening in the prevalence of need for COVID-19 support, and an increase in areas such as financial support and overall wellbeing initiatives.

Through January 2023, we ran a weekly series of articles



Phil Hardman/Marie Curie

focusing on different areas of wellbeing called 'Jump into January'. We're pleased to say that the series drove a significant spike in sign-ups to Unmind and an increase on EAP queries. We continue to encourage our staff to take the time to refamiliarize themselves with our wellbeing support and encourage team members to utilise them, as there's a clear need for these supportive mechanisms.

Staff networks

To improve the governance and purpose of the Staff Networks, we've engaged in a project to review the future operation of the Staff Networks with the Chairs and Executive Leads. The proposals are in the process of being finalised and the following networks are involved:

- Armed Forces and their loved ones
- Bereavement
- Carers
- Equality and Diversity at MC
- Health and Accessibility

- Let's Talk
- LGBTQ

We're reviewing the role of the Equality, Diversity, Inclusion and Wellbeing Team, the Terms of Reference, governance, and formation of the Networks. Our aims are to ensure that we increase participation of our staff across Marie Curie and ensure that the Staff Networks are an integral part of creating an inclusive workforce and assist in the delivery of the EDI and Wellbeing agenda. It's extremely important to us that staff have a valued voice, are actively involved, and can contribute to improving staff experience.

Patient and carer experience

Feedback from patients, their families and their carers 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 community patient homes and available in each hospice and reception area
- through our website
- by completing an electronic questionnaire via a mobile device available in our hospices and with community staff
- by clicking on a QR code within a feedback poster displayed at our hospices to access an electronic survey
- through clinical staff and volunteers supporting the use of an electronic survey.

Patient safety

We're committed to reducing avoidable harm and improving patient safety. When an incident happens, we're open and honest in informing the patient and their family. We ensure we fulfil the Duty of Candour requirements.

The Duty of Candour is our statutory obligation to be open and transparent when an incident occurs. Our Duty of Candour Policy outlines four levels of harm that can result from an incident – the duty of candour applies to all moderate and severe harm incidents.

The table on the next page shows the numbers of incidents recorded at all levels of harm in 2022/23. There were no incidents of severe harm and the percentage of incidents resulting in moderate or serious harm is 0.78%. This includes eight incidents that affected staff, and one that affected a patient's relative.

Number of patient deaths

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

Between 1 April 2022 and 31 March 2023, 1,360 patients died in our hospices, broken down as follows:

- Q1 – 259
- Q2 – 344
- Q3 – 354
- Q4 – 403

Level of harm	Total number 22-23	% of incidents 22-23	Total number 21-22	% of incidents 21-22
No harm – no injuries or obvious harm, loss of property or significant likelihood of service issues arising from incident.	3893	78.1	3561	77.1
Low harm – any incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving care.	1055	21.2	1018	22.1
Moderate harm – any incident that resulted in a moderate increase in treatment and that caused significant but not permanent harm.	39	0.8	37	0.8
Severe harm – a permanent lessening of bodily, sensory, motor, physiologic or intellectual function that is directly related to the incident and not related to the natural course of the service user’s illness or underlying condition.	0	0.0	0	0.0

What do we mean by an incident?

We record anything significant that happens which could have, or did lead to, unintended or unexpected harm, loss, or damage in our care. This might include anything from a fall that injured the patient, to a late administration of medicines that had no impact on them.

Infection prevention and control (IPC)

The COVID-19 pandemic has continued to be a focus for the IPC agenda this year. The aim during this time has been to support MC operational services to move forward and transition back to pre-pandemic arrangements because of decreasing cases nationally and the improvement in uptake of the COVID-19 vaccine. National guidance published by UK

government has assisted in this work, including the National Infection Prevention and Control manual and an updated IPC Board Assurance Framework.

Implementation of the guidance within MC place-based teams has been led locally at their own pace, in line with local trust/services pace of change.

We’ve transitioned to business-as-usual processes with ongoing support still

available from the Head of Infection, Prevention and Control. Work on updating all the IPC policies commenced in quarter two to support local teams and, to date, 14 policies have now undergone a complete rewrite.

Other COVID-19 related work has included providing local teams with self-assessment documents to guide them in managing cases of seasonal respiratory infections as part of the winter planning process. Communication

of information has continued to be provided via a dedicated, updated COVID-19 intranet page, the IPC link network (which has grown in membership), and the Infection Prevention and Control Committee to maintain safety for all and to continue to provide high standards of care to the people we care for at the end of their lives.

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 has also continued alongside the pandemic work. This forms part of the 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 the annual work programme is reported quarterly at the Infection Prevention and control committee and full details are reported in the IPC Annual Report.

The annual programme of IPC audits has been undertaken to assess compliance with practice in line with MC policies and procedures. These have included hand hygiene, the correct wearing of PPE, isolation, and transmission-based precautions (including COVID-19) and other standard infection control precautions.

Incidents and outbreaks of infection have been investigated and managed in accordance with UKHSA guidance throughout the pandemic. Post-infection

reviews have been carried out internally for each one to establish if they could have been avoided and if there's any learning that could be shared across the organisation to prevent this happening again.

Alert organism surveillance is undertaken routinely on methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemia, methicillin sensitive *Staphylococcus aureus* (MSSA) bacteraemia, *E. coli* bacteraemia as well as other gram-negative bloodstream infections and *Clostridioides difficile* infection. This year there has been 1 MSSA bacteraemia that occurred in one of our hospices and 1 case of *Clostridioides difficile* infection. There has been a year-on-year reduction in the number of *Clostridioides difficile* infections occurring within our hospices, which supports the compliance with antimicrobial prescribing guidance and clinical practice standards (3 cases being reported in 2021-22). These

figures remain very low compared to the national figures.

During this year, along with the COVID-19 work, there has been a number of collaborative projects with IPC. This has included working with the Cleaning Standards Group to implement the updated standards and the Charter; the Antimicrobial Stewardship Team to develop a national antimicrobial audit tool for hospices and other resources for improving awareness; and the Ventilation and Water Safety groups to move forward in the management of ventilation systems and *Pseudomonas aeruginosa* within the clinical setting.

The Head of IPC has provided expert IPC advice and guidance to all staff across the organisation to reduce the incidence of healthcare associated infection, maintain patient safety and to ensure the continuation of high-quality patient care and the best outcome for the patients in our care.

Safeguarding

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

Marie Curie has a comprehensive safeguarding policy, the implementation of which is overseen by our executive safeguarding lead and supported by a charity-wide safeguarding assurance group. We have a designated trustee safeguarding lead, a head of safeguarding, and named safeguarding leads in our hospices, community nursing services, volunteering, retail, public relations and fundraising.

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 very seriously. As such, we have systems and processes in place to identify and assess potential areas of risk across all our activities and ensure remedial plans are put in place to address these risks. Our whistleblowing service includes 'Speak Up Champions' in different areas of the charity.

All our staff, volunteers, trustees and executives are trained to recognise signs which could indicate that an 'at risk' child or adult may be suffering abuse or neglect. 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 anything 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.

We highly value the contribution of our staff and volunteers and offer them a range of support to manage and cope with the sometimes challenging nature of our work. We're committed to creating not just a safe place to work but also a supportive and rewarding one.

In the past year, we've created a charity-wide risk themed register for safeguarding, with the support of the Head of Risk. The safeguarding risk register is maintained by the Head of Safeguarding and monitored and reviewed by the Safeguarding Assurance Group to ensure risk is managed in line with approved risk appetite.

Significant operational risks are escalated to the Corporate Risk Register. We're confident that the actions identified will continue to drive risk management improvement and risks will reduce to acceptable levels in a timely manner. Safeguarding is also recorded on the Principal Risk Register, which is submitted regularly to the Marie Curie Audit and Risk Committee.

In February 2022, we launched our Zero Tolerance to Abuse Policy and Guidance across the charity. A review of the effectiveness of this policy was carried out in February 2023 and presented to the Executive Leadership Team in March 2023.

To improve awareness of safeguarding and individuals' responsibilities, our Head of Safeguarding has delivered 'safeguarding awareness raising' sessions with teams across our fundraising and engagement directorate. These sessions have been prioritised for those teams who have the most interactions with members of

the public, such as community fundraisers, regular giving and supporter relations. This work has included the executive lead for fundraising, directors, heads of departments and operational teams.

As part of our National Clinical Audit Programme, in November 2022 the Nursing and Quality Team carried out an audit across Caring Services to assess performance against the standards and responsibilities set out in our safeguarding policy. The audit was overseen by the Safeguarding Assurance Group with the final report going to the Quality Trustee Committee. The audit was divided into two parts; part one was a survey to be completed by all staff and part two was a review of safeguarding incidents recorded within the previous 12 months. The average overall audit score for place-based services was 97% for part one (increase from 86% in 2020), and 78% (decrease from 84% in 2020) for part two. Further information is

included in the audit section below.

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

In the coming year, we plan to create and launch a Domestic Abuse Policy and associated training package for all staff, to raise awareness of domestic abuse. We'll further develop our work on strengthening the culture of safeguarding across the charity and making continuous improvement across our place-based services. We'll continue to review and audit safeguarding awareness and compliance across the charity.



Phil Hardman/Marie Curie

Part 2a: Marie Curie Nursing Service

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

What is the Marie Curie Nursing Service?

Marie Curie Nurses provide hands-on care for people living with terminal illness, usually in their own homes. Our registered nurses and healthcare assistants make it easier for people to be cared for at home at the end of their lives and avoid unnecessary hospital admissions. Marie Curie employs around 738 registered nurses and 1,189 senior healthcare assistants working across the UK, who cared for 35,483 patients in 2022/23.

Patient experience

Patient and carer feedback

This year we received 6,211 pieces of feedback from patients and carers in both the Nursing Service and Hospices. This information was gathered via complaints, concerns, compliments, surveys, one-to-one feedback meetings, Listening Events, 15 Step Challenges, sharing their story through

governance meetings and external feedback channels (I want great care and Care Opinion). In total, 839 patients and carers provided us with their feedback and comments via our primary satisfaction questionnaire (see table below), which is an increase from 814 in 21/22. Our focus continues to be on how to improve this further. A multifaceted improvement

plan, which is monitored through the Quality Trustee Committee, is in place with an emphasis on increasing the recruitment of feedback volunteers.

The volume of feedback received has seen an increase in the last quarter of this year and we have an improvement plan in place to help us increase the amount of feedback we receive. This

is monitored centrally and by services to see where improvements are needed.

Friends and family test

“Overall how was your experience of our care” is a national feedback question asked by all care providers. Out of 1380 people who responded to this question, 98.6% replied ‘very good’ or ‘good’. This is an improvement to last year where the score

was 98.3%. We believe this indicates that we provide good standards of care. Where a small number have reported their experience as ‘poor’ or ‘very poor’ we can sometimes identify improvements which can be made if additional comments are provided, or the respondent has provided us with their contact details for a conversation about their experience.

Patient satisfaction, Marie Curie Nursing Service

Aspect of care	2021/22–responded ‘always’	2022/23 – responded ‘always’	Change from last year
Treated with dignity and respect	99%	96%	Down 3%
Involved in decisions about your care	98%	93%	Down 5%
Have up-to-date information about you	97%	92%	Down 5%
Provide support for family and friends	84%	86%	Up 2%

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

Responses	Total number	%
Very good	1,247	90.4%
Good	114	8.3%
Neither good nor poor	8	0.6%
Poor	4	0.3%
Very poor	2	0.1%
Don’t know	5	0.4%

Complaints

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

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

The Marie Curie Nursing Service received 91 complaints in 2022/23. This is a decrease from last year when we received 117 complaints.

The most common complaints in the Marie Curie Nursing Service are 'care not delivered when expected', 'communication from staff to relatives' and 'staff attitude'. These themes have been monitored throughout the year and discussed in the National Patient and Carer Experience Quarterly Meetings.

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

We responded to 100% of nursing service complaints within 20 working days or an agreed revised timeframe. There were no complaints escalated to the relevant ombudsman or regulatory body from the nursing service.

Changes made following complaints

In 2022/23, we made or have planned to make changes in response to complaints received about our nursing service. These include:

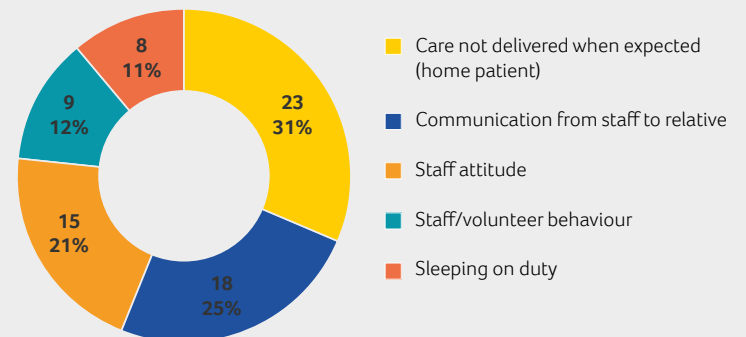
- guidance being reissued to ensure that patients and families are appropriately supported when a request for alternative funded care provider is made
- staff being reminded of the sleeping on duty policy and supported with guidance to prepare and stay awake while on duty
- staff being supported through guidance and training regarding communication and how it's received and clarifying with those whose first language is not English to ensure information has been understood correctly.

Compliments

In 2022/3 we received 1,417 compliments.

The number of compliments regarding quality of care is increasing. Themes include appreciation that we have been able to support patients to die in their preferred place and staff going above and beyond the expectations of service delivery. This data gives some insight into the things that are positively impacting the 'overall impression' scores for this quarter.

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



Patient safety

Incidents, Marie Curie Nursing Service 2022/23

	No harm	Low harm	Moderate harm	Severe harm
East of England	182	16	0	0
London	152	45	0	0
Midlands	222	42	0	0
North East	299	16	1	0
North West	102	17	0	0
Northern Ireland	112	11	1	0
Scotland North and West	103	14	1	0
Scotland South and East	72	17	0	0
South East	139	40	2	0
South West	498	43	2	0
Wales	117	23		0
Yorkshire	761	58	2	0
Total	2759	342	9	0

Incidents

The table above shows the number of incidents where Duty of Candour applies in each of our community place-based regions in the UK in 2022/23. There were 9 incidents that resulted in moderate harm (0.29% of all incidents) and no incidents that resulted in severe harm

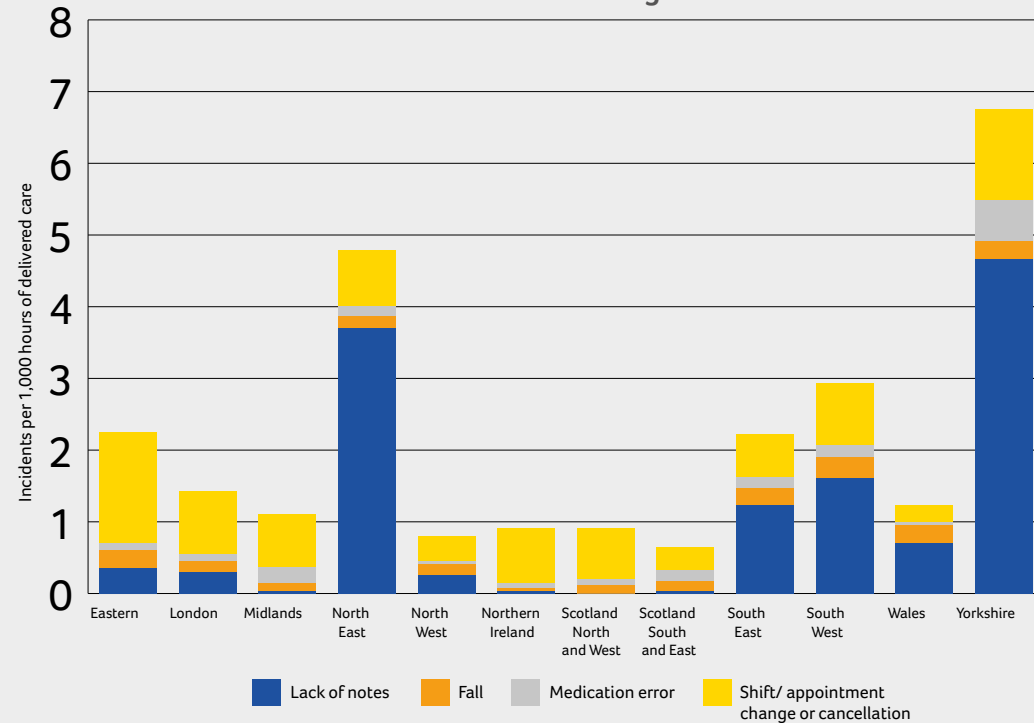
in the nursing service. This includes 2 incidents that resulted in moderate harm to a patient and 7 incidents that resulted in moderate harm to a staff member.

Lack of notes

The most common type of incident reported relates to lack of access to community or district nursing notes

and care plans in the home. We've rolled out an electronic record system (EPR) in the nursing service which will provide access to patients' records in the home setting. Staff have reported that this has improved access to patient information, and the electronic record system enables managers to have improved oversight on the

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



care recorded.

Medication

There were 128 medication incidents in the Marie Curie Nursing Service this year. Just under half of these were administration incidents. There were no clear themes and all were low or no harm incidents.

Falls

There were 158 falls in the Marie Curie Nursing Service this year (133 patient falls and 25 relative or staff falls).

This year, the National Falls Leads Group has monitored falls trends and using internal benchmarking enabled the identification of place-based services requiring

improvement. A closer review of unwitnessed falls has identified the need to record where staff were at time of fall, as community staff are sometimes asked to base themselves in another room to the patient. Also, the recording of near misses is to be promoted. This year, a new e-learning falls management training for patient facing staff was launched which has received excellent feedback.



Without Marie Curie, I'd have been lost in a world of hopelessness: just left to exist. When you sit at home doing not a lot, you just fester. Going to Marie Curie gives me a social outlet.

I was astounded that the physiotherapists and specialist nurses examined me for about an hour – the most thorough appointment I've ever had. Since then I've been seen by 13 different health professional services thanks to Marie Curie. It's by far the best multi-disciplinary care I've had. That's what I want to promote. That's what really impressed me.

The psychologist I see at Marie Curie really empowers me to do a bit more for myself. Marie Curie's had a huge impact. Arranging to go out and do things gives me a big boost.

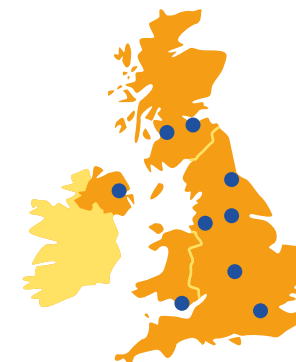
Andy has been receiving care and support from the Marie Curie Hospice, Bradford since July 2022.

Part 2b: Marie Curie Hospices

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

What are Marie Curie Hospices?

There are nine Marie Curie Hospices across the place-based nations and regions in the UK, each of which provides both in-patient and outpatient care for people living with a terminal illness. 6,921 patients were cared for in our hospices in 2022/23. Outpatient services include physiotherapy, counselling, and bereavement support.



Patient and carer experience

Patient and carer feedback

This year, 912 patients and carers provided us with their feedback and comments about the Marie Curie Hospices via our primary satisfaction survey (see table to the right). This is an increase from last year when 559 feedback surveys were received. As discussed under the Marie Curie Nursing Service complaints section, an improvement plan is in place to increase this further. Our patient satisfaction scores have decreased in some areas.

A total of 794 comments were received in response to questions regarding food and

drink provision in the hospice. We've seen an increase in positive feedback with 87% – in comparison to 76% in 21/22 – saying the quality of food always met their needs.

Friends and family test

“Overall how was your experience of our care?” is a national feedback question asked by all care providers. Out of 930 people who responded to this question, 98.5 % replied ‘very good’ or ‘good’. This is a similar score to last year where the score was 98.0%. We believe this indicates that we provide good standards of care. Where a small number have reported their experience as ‘poor’ or ‘very poor’, we can sometimes identify improvements which

can be made if additional comments are provided, or the respondent has provided us with their contact details for a conversation about their experience.

Patient satisfaction, Marie Curie Hospices

Aspect of care	2021/22 – responded ‘very good’	2022/23 – responded ‘very good’	Change from last year
Welcome into the hospice	89%	93%	Up 4%
Hospice cleanliness	89%	94%	Up 4%
Quality of food and drink	76%	84%	Up 8%
Quality of information	79%	87%	Down 8%

Friends and family test, Marie Curie Hospices

Responses	Total number	%
Very good	848	91.2%
Good	68	7.3%
Neither good nor poor	10	1.1%
Poor	2	0.2%
Very poor	2	0.2%
Don't know	0	0.0%

Complaints

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

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

The Marie Curie Hospices received 25 complaints in 2022/23, which is a decrease of 30 from 55 in 2021/22.

The most common complaints in the hospices were related to clinical treatment, admission, discharge and transfer arrangements, and communication from staff to relative.

We responded to 100% of hospice complaints within 20 working days or an agreed revised timeframe. There were no complaints escalated to the relevant ombudsman or regulatory body from the hospices.

Changes made following complaints

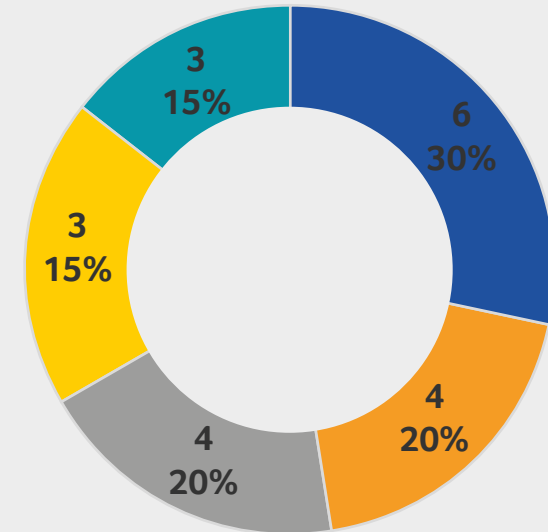
In 2022/23, we made changes in response to complaints in our hospices targeted at individual hospices, including:

- a review of the visiting policy where patients and visitors request pets to visit, ensuring an appropriate risk assessment is completed in a timely manner
- the introduction of a checklist for staff to assist with the management of patients and their families who are COVID-19 positive
- a review of the Mental Capacity Form to ensure accurate data capture.

Compliments

In 2022/23 we received 1023 compliments. The numbers of compliments regarding quality of care are increasing. Themes are similar to the Nursing Service and include appreciation that we have been able to support patients to die in their preferred place and staff going above and beyond the expectations of service delivery.

Most common themes of complaints reported in Marie Curie Hospices



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

Patient safety

Incidents

The table below shows the number of incidents where Duty of Candour applies in our hospices in 2022/23. Overall, there were 30 incidents that resulted in moderate harm (1.60 % of all incidents), and no incidents that resulted in severe harm throughout 2022/23. This includes 28 incidents that resulted in moderate harm to a patient, one incident that resulted in moderate harm to a patient's relative, and one incident that

resulted in moderate harm to a member of staff.

All these incidents were fully investigated. Nineteen of these incidents were Pressure Ulcer incidents.

Medication errors

There were 476 medication incidents over the year in our hospices, 25% of all hospice incidents (2020/21:508).

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

All incidents are discussed by senior clinicians at a regular

medicines management meeting. During these meetings, they'll identify any trends or themes and agree changes to systems and staff training, or other steps to reduce or mitigate the incidents.

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

Falls

There were 371 falls in our hospices, 357 of which were patient falls (20% of all hospice incidents). Patient falls decreased this year across our hospices – from 428 last year. Five falls resulted in moderate harm to the patient and one in moderate harm to a relative. There were no incidents of falls causing moderate harm to a staff member and no falls that resulted in severe harm.

The national Falls Lead Group have completed a survey of falls equipment in use, which

has led to the sharing of best practice and is supporting planned group procurement. Work has commenced to create a standardised, multi-factorial falls risk assessment, suitable for hospice inpatient units. Work has started to look at the most suitable hospice in-patient unit falls risk observation guide, promoting improvements in footwear and patient information. For further information on the national falls working group, please see Marie Curie Nursing, Falls section.

Pressure ulcers

We recorded 201 multiple and single pressure ulcer incidents acquired in our hospices this year, 11% of all hospice incidents (2021/22: 206). Most pressure ulcers recorded during admission (57%) were category 2 pressure ulcers. Our nurses agree individual plans of care in agreement with the patient to ensure all possible steps are taken to promote healing and prevent a deterioration. Further completed improvement work is detailed in the tissue

viability priority earlier in this account.

Moisture lesions

We recorded 38 single and multiple moisture lesions acquired in our care, in our hospices, in 2022/23 (2021/22: 29). We distinguish between moisture lesions and pressure ulcers because the prevention and management are quite different for each.

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

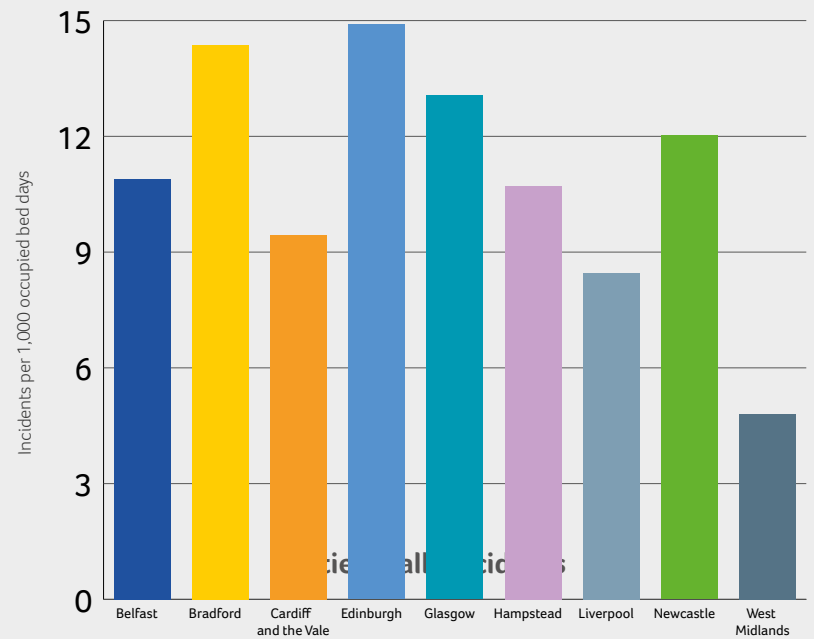
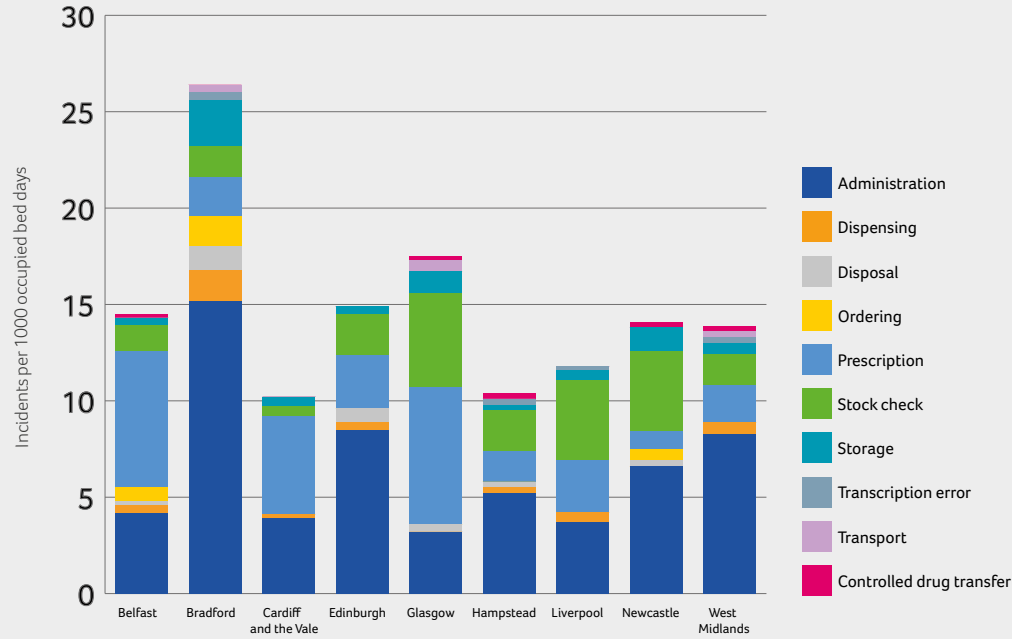
Infection prevention and control

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

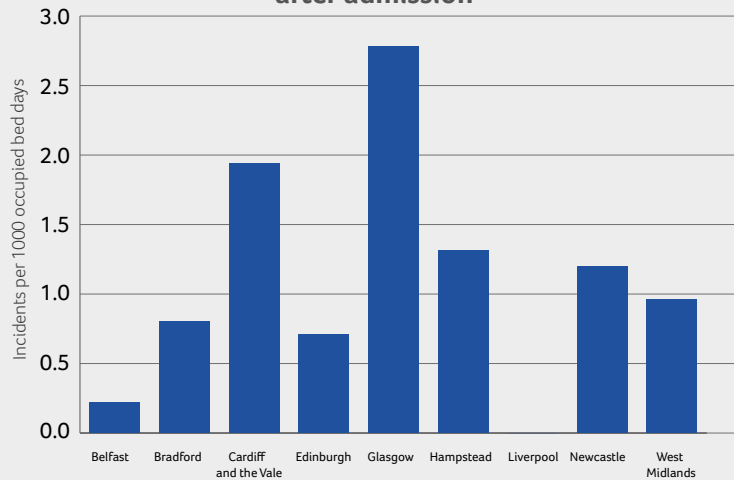
Incidents, Marie Curie Hospices, 2022/23

Hospice	No harm	Low harm	Moderate harm	Severe harm
Belfast	117	86	0	0
Bradford	166	94	4	0
Cardiff and the Vale	119	88	3	0
Edinburgh	104	54	3	0
Glasgow	197	89	4	0
Hampstead	124	89	7	0
Liverpool	86	76	0	0
Newcastle	137	62	0	0
West Midlands	84	75	9	0
Total	1134	713	30	0

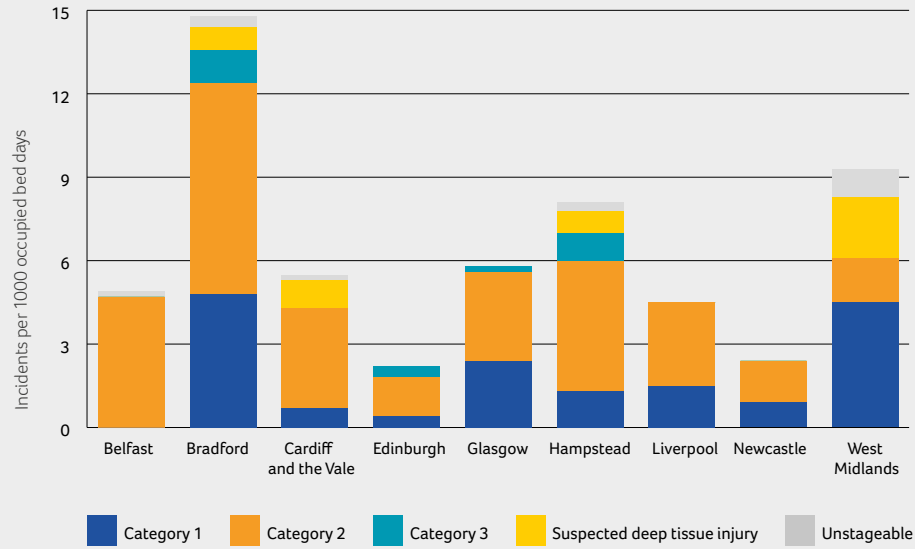
Medication error incidents



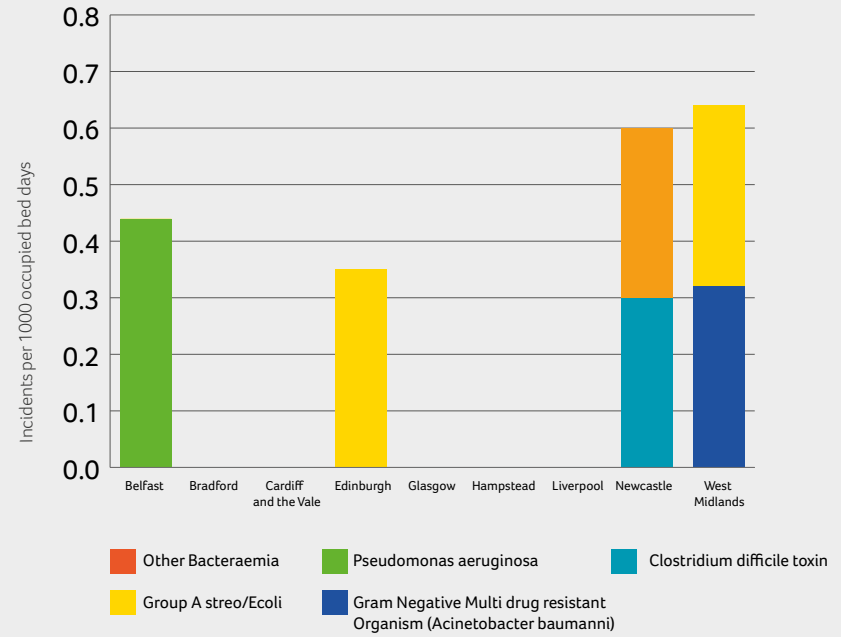
Moisture lesions incidents acquired after admission



Pressure ulcers acquired after admission



Infection prevention and control incidents acquired in our care



Clinical effectiveness

Audit

Each of our place-based nations and regions in the UK have an audit lead and are expected to supplement the national audit programme with locally co-ordinated audits, including infection prevention and control audits.

For each audit, the following actions are undertaken:

- Local teams use the results of the audit to assist in quality improvement work in that specific area.
- Local investigations are undertaken to determine if standards with low scores are due to a documentation issue, or if the standards are not being met.
- All audits require a local action plan, which is agreed and monitored through local governance committees as well as having central oversight.
- Audit reports are shared at national clinical governance meetings and an annual report shared with Marie Curie Quality Trustees Committee.



Stock

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Duty of Candour (Hospice and Marie Curie Nursing Service (MCNS))	71% (81% community and 73% hospice)	<p>Strengths</p> <ul style="list-style-type: none"> • Documented evidence that reasonable support was offered to the patient (or someone acting lawfully on their behalf). • The investigation report was uploaded to the incident reporting database. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Evidence of the patient being asked regarding carer/family involvement. • Evidence that a written notification letter was sent to the patient (or someone acting lawfully on their behalf). 	<ul style="list-style-type: none"> • Ensure evidence of the written notification letter is uploaded onto the sentinel record.
Intravenous (IV) and End of Life (EOL) and Anticipatory Medication Prescribing Audit (HOSPICE ONLY)	78%	<p>Strengths</p> <ul style="list-style-type: none"> • All prescribed subcutaneous as required drugs were clinically appropriate to the anticipated individualised needs of the dying person. • Local guidance/formulary was used. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Documented evidence that on admission prescribing needs for anticipatory medication were discussed with the dying person. • Documented evidence that prescribing needs were discussed with those important to them, and the multi-professional team. 	<ul style="list-style-type: none"> • Ensure there is documented discussion of prescribing needs with; the dying person, those important to them, and the multi-professional team. • Anticipatory syringe drivers should not be prescribed. This requirement should be included in the Medicines Management policy.

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Tissue Viability (Hospice and MCNS)	76% (Hospice) 60% (Community)	<p>Hospice The overall audit score for all hospices was an improvement on 73% in 2021.</p> <p>Strengths</p> <ul style="list-style-type: none"> • An increase in scores for a Malnutrition Universal Screening Tool (MUST) / nutritional assessment being undertaken. This was identified as an area in need of improvement in 2021. • An improvement from 2021 in scores for ensuring the identification of learning needs to prevent similar incidents from occurring again, is included in the investigation. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Providing written and verbal information to the patient and relative/carer on pressure ulcers, if the patient is high risk. • Documented evidence on the patient record of: surface area of wound, estimated depth of wound, marking the position on a body map. • Documenting clinical judgement decisions where this overrode the outcome reached using the assessment tool. <p>Community services</p> <p>Strengths</p> <ul style="list-style-type: none"> • The Prevention and Management of Pressure Ulcers sections scored highly across all regions. • The relative/carer was aware of the benefits of frequent repositioning. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Documented evidence that pressure damage was reported to the District Nurses. 	<ul style="list-style-type: none"> • Nursing and Quality team to amend the MCNS audit tool. • The Tissue Viability Group to develop a national leaflet for pressure damage and continue work to address the remit of reducing harm from pressure damage including assessment, equipment, training, documentation and sharing learning across Caring Services.

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Safeguarding (Hospice, MCNS and Information and Support)	97% (part one) 78% (part 2)	<p>Strengths</p> <ul style="list-style-type: none"> • Standard Operating Procedure (SOP) includes details of local safeguarding leads. • The training section scored consistently high across all services. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Including safeguarding in team/departmental risk register. • Confidence in role as safeguarding lead. <p>Part 2</p> <p>Strengths</p> <ul style="list-style-type: none"> • Escalating the concern/incident in a timely way. • Escalating safeguarding concern/incident to safeguarding lead/team manager. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Reporting an incident on incident database within 2 working days. • Recorded documentation to evidence that consent was given by the individual involved. • Incidents were reported externally where appropriate e.g. CQC, HIW, RQIA CIS. 	<ul style="list-style-type: none"> • Nursing and Quality team to highlight the need for Mental Capacity Assessment on the community electronic patient records (EPR) to the EPR review project group. • The audit results and national actions will be discussed at the Safeguarding Assurance Group.

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Falls (hospice and MCNS)	82% (Hospice) 74% (Community)	<p>Hospice</p> <p>Strengths</p> <p>Visual inspection of care environment scored consistently high across all hospices.</p> <ul style="list-style-type: none"> • Falls prevention assessment up to date. • Actions following the investigation documented as completed on incident database. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Falls assessments in outpatient and day therapy services. • The falls prevention care plan included decisions on the level of observation required. • Where a multifactorial falls prevention assessment was completed, there is documented evidence of medication review focussing on medications which may increase risk of falling. <p>Community services</p> <p>Strengths</p> <ul style="list-style-type: none"> • If staff were asked to sit in another room from the patient, this discussion was documented in the electronic patient records. <p>Staff awareness of falls guidance.</p> <p>Areas in need of improvement</p> <ul style="list-style-type: none"> • Staff receiving information about any falls risk of their patient. • If the patient does not have a falls care plan, this was escalated. 	<ul style="list-style-type: none"> • Nursing and Quality team to review Hospice audit part 4 in collaboration with the place-based teams to ensure questions are appropriate for outpatients and day therapy.

Audit	Percentage compliance across all services	Main findings or recommendations	Actions
Accessible information (Hospice and MCNS)	61% (Hospice) 64% (Community)	<p>Hospice</p> <p>Strengths</p> <ul style="list-style-type: none"> The hospice provides one or more communication or contact methods e.g. email, text message, telephone, which are accessible to and useable by the patient/carer, and that enable the patient/carer to contact the service. In the case that support from a communication profession (e.g. British Sign language interpreter) is needed, there is a process in place for contacting qualified interpreters and other communication professions. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> Further work required to ensure that all hospice services are compliant with the requirements of the Accessible Information Standard. <p>Community</p> <p>Strengths</p> <ul style="list-style-type: none"> Inclusion of communication and/or information needs as part of information requested at referral. Gaining consent from patient and carer before including the information in the patient's record. <p>Areas in need of improvement</p> <ul style="list-style-type: none"> Overall, the audit demonstrated a number of areas in need of improvements across all regions, to ensure that all regions are compliant with the requirements of the Accessible Information Standard and NHS contract. 	<ul style="list-style-type: none"> Hospices to locally investigate if there is disparity in audit scores across the different teams (day therapy, wellbeing and in-patient unit). National review of the low scores relating to availability of patient information in alternative accessible formats. The local community teams must determine which areas can be improved by Marie Curie (MC) staff, and which would require consultation with the District Nurse and community teams.

Research

All our hospices endeavour to engage in research and seven of our nine hospices now have research leads, academic research fellows or research nurses, who oversee and encourage research in their locality. In 2022/23, 49 patients and carers have taken the opportunity to take part in research studies at our hospices. We're grateful for their participation in research and for contributing to the knowledge and evidence base for improving clinical practice and policy.

The following studies are being undertaken at our hospices within our community place-based regions and have in total recruited (in addition to patients and carers): 2 members of the public, 176 Marie Curie staff, and used 63 patient records.

Hospice	Research study
The Marie Curie Hospice, Belfast	Palliative Care Workers 'Experiences with and Beliefs Surrounding Deathbed Phenomena'. Social Support Interventions in Palliative Care - Moving Forward from the Covid-19 Pandemic.
The Marie Curie Hospice, Bradford	Improving the Detection, Assessment, Management, and Prevention of Delirium in hospices (DAMPen-Delirium). Patient safety in hospice care – should we, could we and do we make falls prevention a priority? A mixed methods approach to exploring the factors affecting hospice patients and their care providers. An online, peer-to-peer support programme for family caregivers of technology dependent individuals with motor neurone disease: randomized controlled trial.
The Marie Curie Hospice, Edinburgh	Therapist perspectives on the use of ACT for bereavement support. What are the experiences and support needs of district nurses caring for terminally ill people with delirium at home? Exploring gender equity in access to Marie Curie services in the UK.
The Marie Curie Hospice, Glasgow	Professional stakeholders' experiences and views of palliative and end of life care provision in prisons in Northern Ireland, England and Scotland. Exploring gender equity in access to Marie Curie services in the UK.
The Marie Curie Hospice, Hampstead	Developing core outcomes for prognostication in palliative care. Getting prescription medications right at home, in hospital and hospice: An Activity Theory analysis to improve patient safety and confidence in palliative care.
The Marie Curie Hospice, Liverpool	Co-designing the future of hospice care. Social Support Interventions in Palliative Care – Moving Forward from the Covid-19 Pandemic. The iLIVE project: Live well, die well. A research programme to support living until the end. Artificial intelligence in palliative care: The views of palliative care healthcare professionals on the role of artificial intelligence in people with palliative care needs.

Hospice	Research study
The Marie Curie Hospice, Newcastle	National Audit of Care at the End of Life – Hospice UK. Patient safety in hospice care – should we, could we and do we make falls prevention a priority? A mixed methods approach to exploring the factors affecting hospice patients and their care providers. PONDER (supporting shared decision-making for deprescribing in palliative care). Healthcare professional interview.
The Marie Curie Hospice, West Midlands	Ambitions for Palliative and End of Life Care: National Framework for Local Action: impact and future directions. ACCESSA – Access to palliative care by ethnic minorities, with a focus on South Asian communities. Patient safety in hospice care – should we, could we and do we make falls prevention a priority? A mixed methods approach to exploring how and why falling affects hospice patients. DiAMoND - Development and pilot testing of a web-based decision aid for people with motor neurone disease considering a gastrostomy. The Role of the Men’s Shed in a hospice day service context: Identifying features of a successful group and developing guidelines to expand the service. An online peer-to-peer support programme for family caregivers of technology dependent individuals with motor neurone disease: randomized controlled trial. Social Support in Palliative Care.
The Marie Curie Hospice, Cardiff	Exploring gender equity in access to Marie Curie services in the UK.

Regulators

We haven’t participated in any special reviews or investigations in 2022/23.

In England, Marie Curie is registered with the Care Quality Commission (CQC). None of our services were inspected in 2022/23.

The Marie Curie Nursing Service in Scotland is registered with The Care Inspectorate Scotland. Services are registered as both

a care-at-home service and a nurse agency. This simply means that, depending on the patient’s needs, care can be provided by either a healthcare assistant or a registered nurse. Care Inspectorate undertook an announced (short notice) inspection of Scotland South on 6 May 2022 and a report has been received. Two areas were evaluated using the Care Inspectorate’s points scale of 1 to 6. ‘How well do we

support people’s wellbeing?’ achieved a score of 6 (excellent), and ‘How good is our leadership and staffing?’ achieved a score of 5 (Very Good).

The key messages in the report include that staff were very clear about their role and very good at developing meaningful relationships with people. Staff were clear about people’s needs and how to support them, communication among the

staff team was very good, and staff practice was supported by very good quality assurance processes. People were happy with the support they received, found the service supportive and reliable, and valued the care provided by the service.

The Marie Curie Hospices in Scotland are registered with Healthcare Improvement Scotland (HIS). There were no inspections in 2022/23.

The Marie Curie Nursing

Service in Northern Ireland and Marie Curie Hospice, Belfast are registered with the Regulation and Quality Improvement Authority (RQIA). An inspection took place in February 2023. The report is not yet available.

In Wales, the Marie Curie Nursing Service and The Marie Curie Hospice, Cardiff and the Vale, are registered with the Care Inspectorate Wales (CIW). There were no inspections in 2022/23.

You've no idea how good it felt when Marie Curie arrived. It was just like "Oh my god, something's happening." It was wonderful. It was targeted care that I actually needed. I didn't need or want or have to talk to somebody about restarting chemotherapy. I wanted help with what was going on with me at the time and my pain and they addressed that – they even made me a cup of tea and something to eat before they left!"

Rosie, who received care and support from the Integrated Mersey Palliative Care Team (IMPACT) at home and at the Marie Curie Hospice, Liverpool.

Part 3 Quality Account Regulations (for England)

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

- During the period 1 April 2022 to 31 March 2023, Marie Curie provided end of life care through part-NHS funded services via its nine hospices and national community nursing service.
- Marie Curie has reviewed all the data available to it on the quality of care in all of the services detailed in the preceding section.
- The percentage of NHS funding is variable depending on the services commissioned but on average is in the region of 43%. The rest is provided by Marie Curie charitable contribution.
- The income generated by the NHS services, reviewed in the period 1 April 2022 to 31 March 2023, represents 52% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2022 to 31 March 2023.
- During the period 1 April 2022 to 31 March 2023, there were no national mandated clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
- From 1 April 2022 to 31 March 2023, Marie Curie was not eligible to participate in national clinical audits and national confidential enquiries.
- The number of patients receiving NHS services provided by Marie Curie from 1 April 2022 to 31 March 2023 that were recruited during that period to participate in research approved by a research ethics committee was 25.
- None of Marie Curie's income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from Clinical Commissioning Groups in England (The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was suspended for 22/23).
- Marie Curie Hospices and Marie Curie Nursing Services in England are registered with the Care Quality Commission. Marie Curie's registration is subject to conditions. These conditions include the registered provider, and the number of beds in our hospices, for the following:
 - treatment of disease, disorder or injury.
- The Care Quality Commission has not taken enforcement action against Marie Curie during 1 April 2022 to 31 March 2023.
- Marie Curie has not been subject to any periodic reviews by the Care Quality Commission during 1 April 2022 to 31 March 2023.
- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission during 1 April 2022 to 31 March 2023.
- Marie Curie did not submit records during the reporting period from 1 April 2022 to 31 March 2023 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 2022/23 self-assessment is underway at the moment (initial assessment in April) and is due to report by the deadline of 30 June 2023.
- Marie Curie was not subject to any Payment by Results clinical coding audit during 1 April 2022 to 31 March 2023.

Statements from stakeholders

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

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

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

Associate Director of Nursing and Quality

NHS Lincolnshire Integrated Care Board

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the Marie Curie (the organisation) Annual Quality Account 2022/23.

The Quality Account provides comprehensive information on the quality priorities that the organisation has focused on during the year, these being in relation to patient safety, clinical effectiveness and patient, carer, and staff experience, most specifically:

- Strengthening preventative measures to ensure pressure damage is correctly recorded, reported and treated by staff who have received recently updated training.
- Developing and improving wellbeing services for staff, which incorporates organisational upskilling of staff to become resilience-based supervisors.

- Using the 15 steps challenge in hospices nationally and listening events nationally, to improve service delivery through evidence-based co-design.
- Review and restructure of clinical governance arrangements, to focus on risk and sharing of organisation wide learning.
- Implementation of a Career Development and Progression Framework to support staff growth, identifying and signposting to further learning and career opportunities.

Looking forward to the coming year the commissioners are pleased that the organisation is committed to continuing patient and carer feedback initiatives, building on the 15 steps challenge, and listening events that were held in 2022/23.

Through previous deep dive, the organisation has used resulting intelligence which highlighted the importance

of bereavement support, therefore are focusing efforts this year to reduce any inequality in the support offered, as carers have the right to high quality care, regardless of status or where they live.

The organisation shows determination to obtain patient feedback directly in relation to their own specified outcome measures, identified with the support of validated tools. This evidences a real focus for care to be holistic, individualized with regular review, in keeping with the patients' priorities.

There is a commitment to ensure that all service users receive safe care, and the organisation aims to launch the new mandated Patient Safety Incident Review Framework (PSIRF) in England, with the considerable ambition to align processes across the four nations.

The commissioners are pleased that the organisation is focused on safely staffing their hospices and community

teams and where possible are using appropriate tools to map acuity, culminating in the implementation of a safe staffing policy.

The Quality Account has numerous examples of the good work undertaken by the organisation over the past year, most notably, nomination for a Burdett Trust Nursing Award in recognition of the staff wellbeing and resilience activities.

The CQC rating for Marie Curie Midlands is Outstanding based on the last inspection undertaken in September 2015. The organisation has not been subject to a Care Quality Commission inspection in 2022/23 in England. CQC completed a desktop review of the Marie Curie Hospice and Community Services data, Midlands Region, on 8 June 2023 and confirmed that it did not find evidence that supported the need to carry out an inspection or reassess the rating.

The commissioners would like to thank Marie Curie for the continued collaborative work with the Lincolnshire Health System and looks forward to working with the organisation over the coming year to further improve the quality of services available for our population to deliver better outcomes, and the best possible patient experience.

Marie Curie Voices

We appreciate greatly the opportunity of reviewing the Quality Account and commenting on our findings.

Marie Curie Voices have personal experience of looking after loved ones through terminal illness and we recognise and support the importance of the aspiration set out in the high-level Marie Curie Vision statement that everyone affected by death, dying and bereavement deserves the best possible experience reflecting what is important to them. This amplifies the understanding that every individual and family have differing circumstances and needs and one size certainly does not fit all. It is absolutely right, therefore, that patient and carer experience features at the very heart of the priorities for Marie Curie.

It is recognised by us that the place-based structure within the organisation is continuing to mature and

become embedded and this will benefit frontline service delivery by ensuring that local needs can be better identified and addressed, and key decisions agreed and implemented.

The focus on the importance of investing in people, both staff and volunteers, is noted and applauded. The importance of the contribution of everyone, both individually and collaboratively, is vital in pursuit of ensuring the best service possible for patients, families, and carers.

In assessing the priorities for improvement in 2023/24, the drive towards improved carer and bereavement support is welcomed. Bereavement support is an important component of the overall package of help provided and creates the opportunity to ensure that not only the internal Marie Curie services work well together but external partners are also involved in ensuring best possible service provision.

The excellent work being done in the field of patient and carer feedback is also noted and the intention to build on that in 2023/24 will allow the voices of the service users to continue to mould and influence the ways in which Marie Curie responds to and best meets their needs.

We should also wish to mention the obvious attention being given to patient safety with the proper emphasis on medicines management and infection prevention and control. This, complemented by the associated Safeguarding and general Health and Safety policies, provides a solid organisational foundation upon which Marie Curie can build.

We are satisfied that the Quality Account shows clearly the achievements and successes of Marie Curie. It also identifies where there is room for improvement and how that will be achieved. We are pleased, therefore, to endorse this Quality Account.

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

Email: supporter.relations@mariecurie.org.uk

Tel: 020 7599 7294

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

   mariecurieuk

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) K004

Front cover photo: Phil Hardman/Marie Curie

