Quality Account 2015/16

June 2016

Marie Curie

Care and support through terminal illness

Contents

Chairman and Chief Executive's statement

John Varley, Chairman

Dr Jane Collins, Chief Executive

Welcome to our 2015/16 Quality Account. In this report you'll find a detailed summary of our performance as measured against three of the most crucial aspects of care: patient safety, clinical effectiveness and patient experience.

Delivering high-quality care has never been more important – or more challenging. The economic climate is turbulent. Associated financial pressures continue to make it difficult to bring about the improvements we're all striving for.

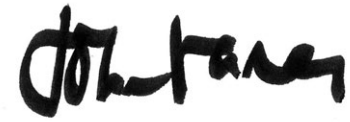
Against this backdrop, this report is an opportunity to acknowledge some of our achievements. We're confident that progress has been made in light of the goals we set ourselves last year. But there is no room for complacency. In the Quality Account we lay out the targets for 2016/2017 that will guide us towards even better care for our patients and their families.

Independent regulation plays an important role in shaping these improvements. As a charity we're committed to transparency and openness – we want patients to have a clear understanding of how good the services available to them really are.

External reviews help to establish this transparency and to foster trust. The recent rating of 'outstanding' awarded to the Marie Curie Hospice, West Midlands, following a Care Quality Commission (CQC) inspection, helps confirm in the minds of patients and their families that our teams provide high-quality care.

We welcome proposed moves from regulators towards making better use of data to focus their efforts on services where the risk of poor care is greatest; however, regulation must always remain framed around delivering the best possible care for people living with a terminal illness.

I hope you find this year's Quality Account insightful. We look forward to building on the progress that has already been made over the next 12 months.



John Varley
Chairman

Dr Jane Collins
Chief Executive

Our vision
A better life for people and their families living with a terminal illness.

Our mission
To help people and their families living with a terminal illness make the most of the time they have together by delivering expert care, emotional support, research and guidance.

Our values
- Always compassionate
- Making things happen
- Leading in our field
- People at our heart

What we've achieved

Our priorities for 2015/16 covered three key areas:

- Patient experience
- Patient safety
- Clinical effectiveness

In this section, you can see what we set out to do in the last year and what we achieved in each of these areas.

Priority 1 - Patient experience

We said we would	What we actually did	What this means
Roll out a further six Helper services in new areas and pilot a new volunteer role within the service. The Helper service offers practical and emotional support from trained volunteers for anyone with a terminal illness.	We have launched seven new services since April 2015.	The Helper service reached 979 households affected by terminal illness (2014/15: 658), offering companionship, practical and emotional support.
Develop new tools that measure patient and carer experience, for example a questionnaire for people who use our Clinical Nurse Specialist services. These tools will provide information to help us further improve the quality of our care	We developed a questionnaire for people who use our Clinical Nurse Specialist services.	Since the questionnaire was launched in December 2015, 19 patients and carers have used it to tell us about their experiences. We will promote the survey further to increase the number of responses. This has given us the chance to discuss people's feedback with them and offer them more support if needed. Comments are shared with teams to help them improve the service. We have also been able to use the comments to reassure potential patients who may be anxious about accessing the service.

We said we would	What we actually did	What this means
	The commissioner of our Edinburgh hospice (within NHS Lothian) asked us to present a revised model of working from October 2015 to provide more community-based services from the hospice. We gathered comments from people who use both hospice-based and community services to seek their views on this redesign of the hospice and its services.	The comments received will form part of the evaluation of the new model of service delivery being proposed for the Edinburgh hospice. It will lead to a service tailored to the needs of the people who use the hospice, resulting in better use and integration of existing services.
"I can finally eat; I have a gluten free diet and it's perfect for what I need." In-patient, Marie Curie Hospice, Glasgow	We developed a food and drink survey and results are regularly shared with the Head Chefs in our hospices so they can make changes to menu choices if necessary.	We introduced more varied hospice menus, including increased vegetarian options, and are more able to meet specific patient requests.
Conduct in-depth semi-structured interviews with patients and carers to understand further their experiences of using our services, and so contribute to quality improvement work throughout Marie Curie.	We spoke to 28 people in interviews lasting up to 45 minutes. Researchers are compiling a report based on these interviews that will help us understand patients' and carers' experiences. It will enable us to identify common themes and address any issues.	Understanding patients' experiences better means we can focus on the improvements our patients and carers really want and need.

The Marie Curie Hospice, Bradford won the British Medical Journal Palliative Care Team of the Year Award 2015 in early May, on behalf of its local specialist palliative care managed clinical network. The judges described it as an innovative collaborative project.

Two of our Expert Voices Group members have joined our Clinical Governance Trustees Committee. They have both cared for someone at the end of life and bring with them a wealth of experience and knowledge that will be invaluable in making sure we remain focussed on the needs of our patients and their families in how we deliver our care. The Clinical Governance Trustees Committee is a formal committee of our Board of Trustees which oversees all aspects of clinical governance and quality of care, patient safety and clinical standards.

Priority 2 - Patient safety

We said we would	What we actually did	What this means
Focus on improved monitoring and identification of appropriate reduction targets for infection control incidents. This means infections such as MRSA, C. difficile and norovirus.	We have established a national Infection Prevention and Control Committee. The committee is responsible for the development of infection prevention and control procedures across the charity by promoting good practice and providing advice and education for staff. Infection prevention and control procedures are also checked during the compliance visits to the hospices to ensure we meet best practice and make improvements when necessary.	A national committee has provided a valuable resource for advice for staff. The inclusion of infection prevention and control reviews during the quality assurance visits has improved staff awareness in this area. Although we have low numbers of infection prevention and control incidents recorded, staff are using them as a learning opportunity to improve their practice, making the hospice environment safer for patients.
Plan further audits to review antimicrobial prescribing (the prescription of antibiotics).	The Clinical Governance Executive Committee agreed to prioritise local audit enabling staff to identify and focus on the most important issues in their area.	The Clinical Governance Executive Committee will review whether or not to prioritise the audit in the coming year.
Establish a link nurse framework for infection control. Link nurses ensure information is shared more effectively between specialist teams and nursing staff.	We have identified a link nurse in each hospice, working together through a community of practice led by the Senior Lead Nurse for Infection Prevention and Control. We have adopted a link nurse education framework for infection control, adapted from Royal College of Nursing materials.	We will develop a network of link nurses so that there are experts locally that will provide advice and support to staff, including local education and development opportunities. These topic experts will help staff incorporate the latest best practice for infection control across all our hospices.

We said we would	What we actually did	What this means
Undertake a national audit to ensure we are minimising the risk of pressure ulcers acquired during admission and develop a link nurse framework for tissue viability. Tissue viability is a specialism related to skin and soft tissue wounds, such as pressure ulcers. Link nurses ensure information is shared more effectively between specialist teams and nursing staff.	The Clinical Governance Executive Committee agreed to prioritise local audit enabling staff to identify and focus on the most important issues in their area.	A pressure ulcer audit is now incorporated into the quality assurance visits we carry out in our hospices and we complete the checks while we are on site. This has helped to reduce the burden on hospices and enables them to focus on areas they identify as priorities.
	The Director of Nursing held pressure ulcer review panels within 28 days of any grade 3 or 4 pressure ulcers that were acquired during admission.	The pressure ulcer reviews involve the multi-disciplinary team to ensure learning is shared across the teams. As the reviews are thorough, they provide an opportunity to audit each case individually, providing a more comprehensive understanding of grade 3 and 4 pressure ulcers.
	A tissue viability link nurse framework will be agreed by August 2016. We will also embed a tissue viability community of practice by March 2017.	Link nurses and a community of practice will help to improve staff awareness and ensure they have access to expert advice and support.
Undertake a root cause analysis for all grade 3 and 4 pressure ulcers. Local pressure ulcer groups will review the root cause analysis reports and conduct thematic reviews in conjunction with the Director of Nursing.	Director of Nursing reviews were introduced in August 2015. Investigation reports for all grade 3 or 4 pressure ulcers acquired in our care are presented to the Director of Nursing. From September 2015, review panels were locally led and monthly reviews are used to raise awareness of the appropriate procedures and processes to follow.	Staff are more aware of pressure ulcer issues. We have seen better data in our incident reports of pressure ulcers, including more detail about grading and steps taken to prevent avoidable deterioration. This ensures patients receive the right treatment at the right time. The reviews identified issues with some of the products we were using in our clinical care, such as nasal cannulas (devices which deliver supplementary oxygen through a patient's nose), which were sometimes causing

We said we would	What we actually did	What this means
		low-grade pressure ulcers. Nurses are now more involved in procurement of medical equipment to ensure issues that may arise from particular types of equipment are fully considered.
Minimise the number of falls that result in moderate or serious patient harm and comply with national standards by focussing on the consistent use of appropriate assessment, prevention, and intervention tools.	Following our last national falls audit, local teams developed action plans to ensure they addressed all necessary areas throughout the year and used the most appropriate assessment, prevention, and intervention tools. We conducted root cause analyses for the four incidents in the last year in our hospices that resulted in serious harm. Although there were care or service issues found, none contributed directly to the patient's fall.	The root cause analysis reports found that the best approach was to assess each patient and reduce risks by developing individualised falls care plans for patients. Some of the ways we reduced the risk of falls were: • ensuring patients wear footwear that will reduce the risk of slipping • reviewing their medication • ensuring patients with a high risk of falling were admitted to rooms where nurses could easily see them from their nurse station.

"Marie Curie Nurses are very skilled in caring for patients with terminal illnesses. From my experience, they are gentle and very caring, listening to patients' needs. They also give great support to family and carers."

Carer, Marie Curie Nursing Service, South West region

"The staff are wonderful, the doctors and nurses are compassionate and caring. Everyone has a smile on their face and nothing is too much trouble. As soon as I came into the hospice I relaxed and knew I was going to be taken care of."

Patient, Marie Curie Hospice, West Midlands

Priority 3 - Clinical effectiveness

We said we would	What we actually did	What this means
Work with other specialist providers to develop in-house education packages for our staff around three priority areas: communication skills, dementia care and emotional resilience.	We're currently reviewing our communications skills training and have introduced specific advanced communications skills training in Scotland. Marie Curie staff can now access an e-learning open dementia programme developed by the Social Care Institute for Excellence (SCIE) in collaboration with Alzheimer's Society. We have worked with the MND Association to develop training for our staff on caring for patients with motor neurone disease.	The programmes we have developed are designed to be accessible to all staff and improve skills in an enjoyable, interesting and informative way. Working with subject experts means that our training packages offer staff the best, most up-to-date information so they can support patients and families with the best care.
	We have introduced Schwartz Rounds in all hospices. Schwartz Rounds are meetings which provide an opportunity for staff to reflect on the emotional aspects of their work.	Studies show that Schwartz Rounds lead to an increase in: • staff confidence in handling sensitive issues • a belief in the importance of empathy and having empathy with patients as people
Continue our involvement with the Outcomes Assessment and Complexity Collaborative (OACC) to ensure we are able to implement methods to measure patient clinical outcomes. An outcome measure is when we ask patients a series of questions to see how well we are addressing their symptoms.	In September 2014, NHS England and Public Health England agreed to work together to explore the possibility of collecting palliative care data nationally in a project called the Palliative Care Clinical Data Set (PCCDS). The Outcomes Assessment and Complexity Collaborative (OACC) suite of measures was incorporated into the national project and a decision was taken to postpone the rollout of OACC in hospices.	We have mandated the participation in the collection of data for the National Council for Palliative Care Minimum Data Set. The data is collected annually and will allow us to benchmark our services against other similar palliative care providers. It will help us to identify areas for development and improve our standards of care.

Staff development is one of our core objectives. We value our people and want to support them in doing their jobs well. The aim of our learning and development strategy is to develop our staff so they feel confident and capable in all aspects of their work, supporting them to become experts in specialist areas such as pressure ulcer care. We will review and update our training prospectus regularly so it remains relevant to the needs of both our patients and our staff.

Simon Rawles/Marie Curie

Our priorities for next year

In this section, you can see our priorities for improvement for 2016/17, again grouped in three key areas:

- Patient experience
- Patient safety
- Clinical effectiveness

We have developed key performance indicators for each key area which we will monitor and report on routinely throughout the year.

Priority 1 - Patient experience

Areas we will report on	What we will do	Who is accountable and responsible for this?
Duty of candour	We will continue to monitor incidents that are considered a 'notifiable safety incident' – any incident that results in or appears to have resulted in death, severe harm, moderate harm or prolonged psychological harm of the patient.	**Accountable** Bill Noble, Executive Medical Director **Responsible** Jane Eades, Head of Clinical Effectiveness
	We will record and report on those incidents that fall into the 'notifiable safety incident' category and ensure we have been open and honest with our patients and their families.	**Accountable** Bill Noble, Executive Medical Director **Responsible** Jane Eades, Head of Clinical Effectiveness

Priority 2 - Patient safety

Areas we will report on	What we will do	Who is accountable and responsible for this?
The roll-out of link nurse frameworks	We will implement and embed a tissue viability link nurse framework.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Anne Cleary, Deputy Director of Nursing
	We will implement and embed an infection prevention and control link nurse framework.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Joanne Shackleton, Senior Lead Nurse, Infection Prevention and Control
Grade 2 pressure ulcers	We will improve our understanding of grade 2 pressure ulcers.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Anne Cleary, Deputy Director of Nursing
Safeguarding	We will develop communities of practice to promote safeguarding awareness and best practice.	**Accountable** Dee Sissons, Director of Nursing **Responsible** Simon Williams, Safeguarding Lead

Priority 3 - Clinical effectiveness

Areas we will report on	What we will do	Who is accountable and responsible for this?
Benchmarking our services using the National Council for Palliative Care (NCPC) minimum data set	We will ensure all services participate in the annual data for the NCPC minimum data set. The data set is collected by the NCPC each year to provide an accurate picture of hospice and specialist palliative care services.	**Accountable** Bill Noble, Executive Medical Director **Responsible** Jane Eades, Head of Clinical Effectiveness

"Every one of them cared for my husband as though he was a close, loving relative. The total picture of compassion, professionalism, caring and total support was absolutely wonderful."

Carer, Marie Curie Nursing Service, North East region

"The nurses were so well-trained, practical, kind and considerate, not only for my mother but for us as a family. They helped get us through the worst days of our lives, allowing my mother dignity and respect."

Carer, Marie Curie Nursing Service, Wales

About the quality of our services

Complaints and incidents

Gaining feedback from our patients, as well as their families and carers, is a core aspect of changing patient experience to improve our services and make sure we provide excellent care. In line with our values of always being compassionate and keeping people at our heart, we contact all complainants to acknowledge their concerns, apologise that they've had cause to complain and explain our complaints process so they know what to expect from us.

We record all complaints we receive, whether they are verbal or written, including those resolved immediately. We do not differentiate between formal and informal complaints and also record those where the person has stated they do not wish to make a formal complaint. This means we can monitor all comments and complaints and make sure we respond appropriately. Every complaint receives a personalised response which addresses the concerns raised and sets out the steps we will take to avoid a similar situation in future.

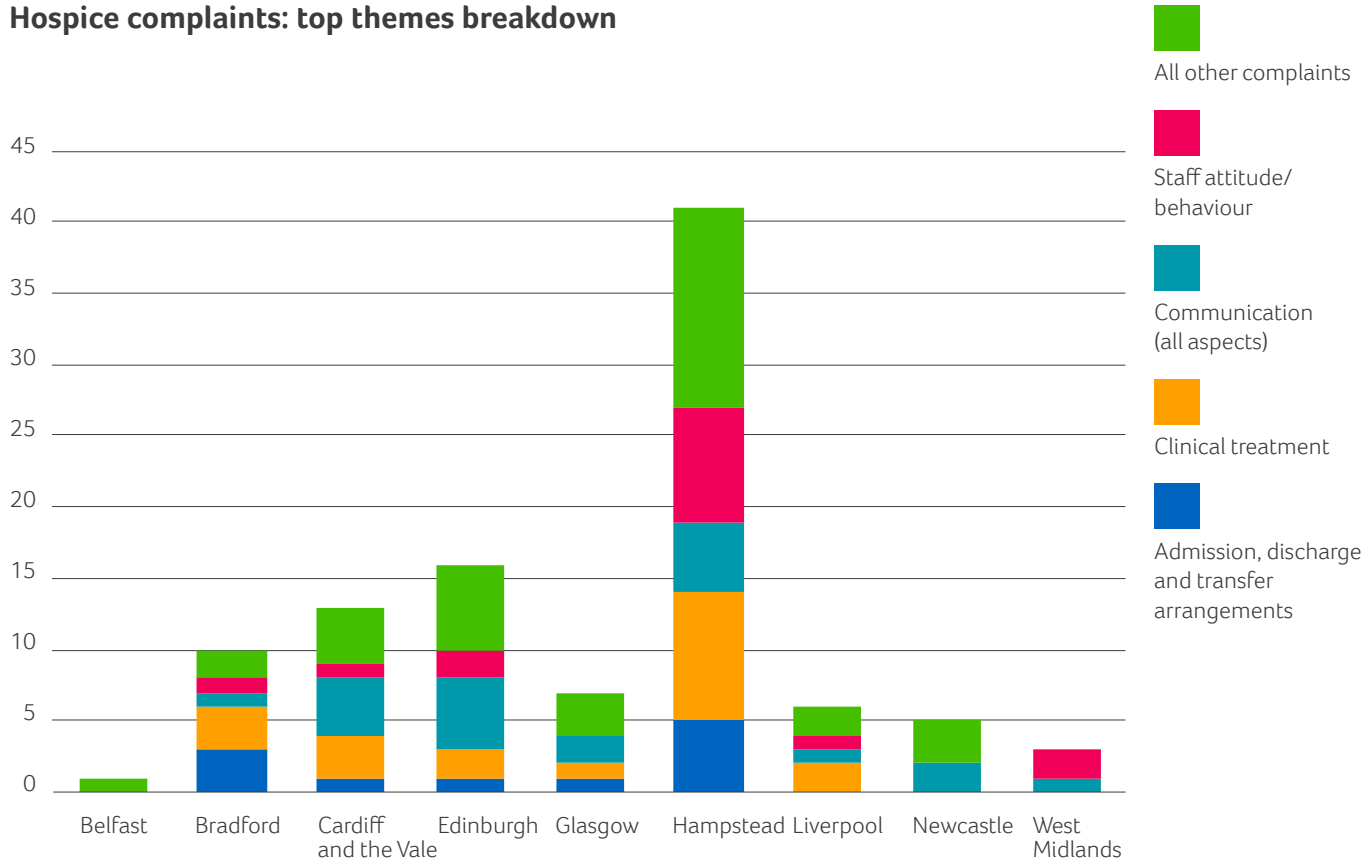
If complainants are dissatisfied with the outcome of their complaint or the way it was handled, they are able to contact the Ombudsman or the relevant regulatory body. One complaint was escalated to the Parliamentary and Heath Service Ombudsman, but was not investigated further.

1 April 2015 to 31 March 2016	Marie Curie Hospices	Marie Curie Nursing Service	Total
Patients cared for	8,638	31,755	**40,393**
Complaints received	81	623	**704**

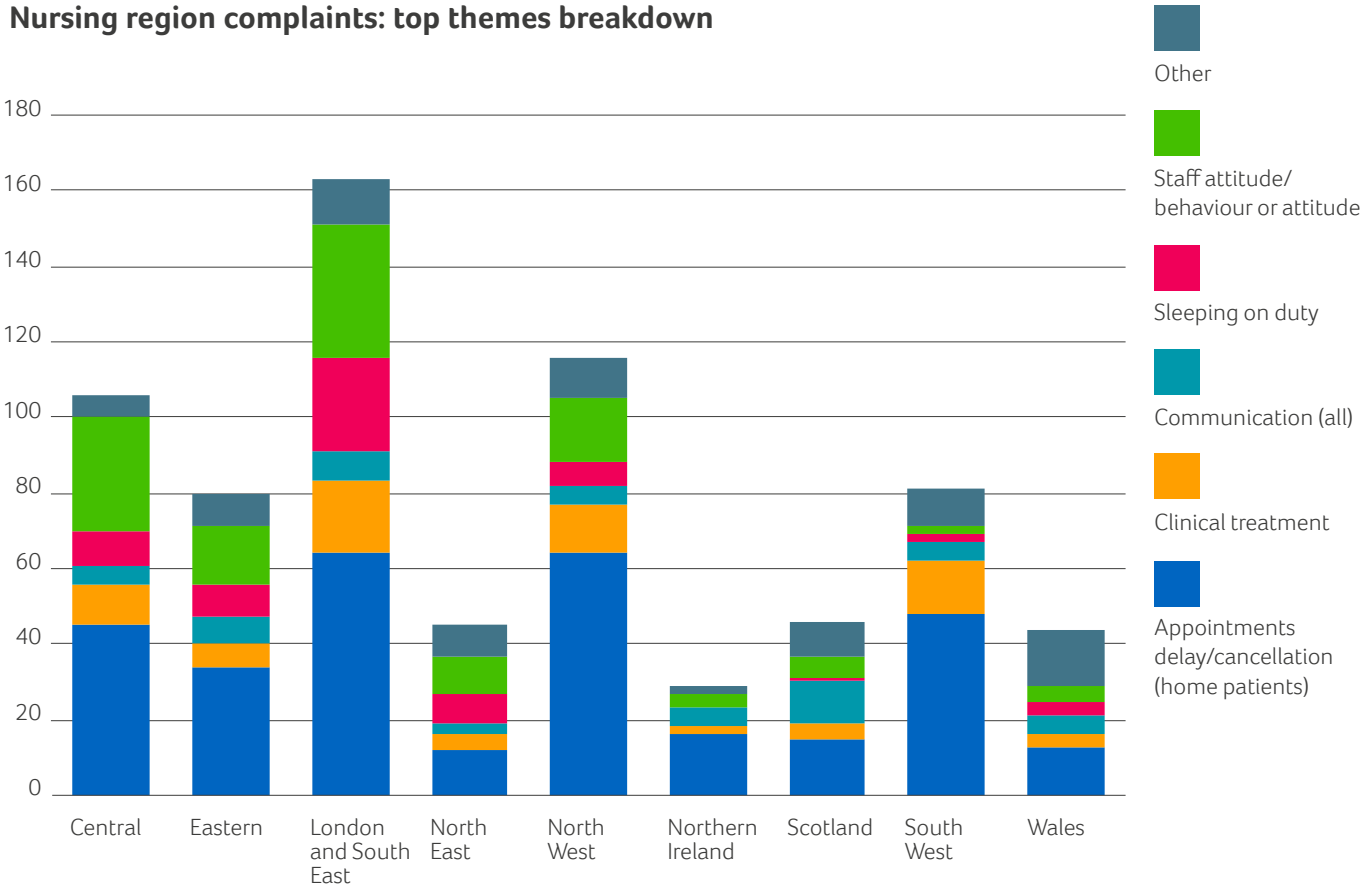
There is often more than one issue to a complaint. We record the number of complaints received, but we also record the different issues or 'themes' within those complaints.

The graph illustrates that Hampstead Hospice is more thorough at identifying and recording multiple themes from an individual complaint.

Hospice complaints: top themes breakdown



Nursing region complaints: top themes breakdown



The in-house training packages we have developed in communication skills and emotional resilience have been designed to address the key themes we see in complaints. The highest number of complaints in the nursing regions are about organisation of care (including late cancellation and a failure to provide care when it is expected).

We acknowledge how difficult and distressing it is for patients and families when they don't receive the care and support they need or expect. We are taking steps to improve communication with patients and referrers. We are also reviewing the way we match nurses to patients so that we can minimise the times when we are unable to provide a nurse. We have started a project to look at ways of improving the reliability of the service. Work on this will be completed in 2016. We will continue to monitor complaints themes to make sure the measures we are taking are effective.

Safety

There were no incidents that resulted in the death of a service user in 2015/16.

There were 15 incidents that resulted in hospital visits throughout the year:

- Eight hospice patients and five patients being cared for at home were transferred to hospital following falls or other clinical incidents.
- One patient was unresponsive when the nurse arrived at their home.
- One carer was transferred from one of our hospices to hospital when she became ill.

Each of these incidents was investigated fully and reported to the relevant regulatory body at the time of the incident.

The table below indicates the number of serious incidents that related to medication errors in the hospices.

There was only one serious incident relating to a medication error in the Marie Curie Nursing Service in 2015/16 – this was a drug administration incident in the North East nursing region.

	2014/15				2015/16			
	Edinburgh	**Liverpool**	**Newcastle**	**Total**	**Edinburgh**	**Liverpool**	**Newcastle**	**Total**
Administration	0	1	0	1	0	0	0	0
Dispensing	0	0	0	0	0	0	1	1
Prescription	0	0	0	0	0	0	1	1
Stock check	1			1	0	0	1	1
Storage	0	0	0	0	0	0	0	0
Totals	**1**	**1**	**0**	**2**	**0**	**0**	**3**	**3**

Kieran Dodds/Marie Curie

Effectiveness

In the last year we have focussed on infection prevention and control incidents and pressure ulcers, in alignment with NHS priorities. Part of this work is ensuring staff are aware of the need to report these incidents. We have regularly reviewed the quality of the data over the course of the year to be assured of its accuracy and validity.

Infection prevention and control

The table below shows the number of healthcare acquired infections that occurred during patients' admissions or while they were receiving care in their own home. The increase in figures this year demonstrates that staff are reporting and recording incidents regularly and consistently and are more confident in the actions they should take to minimise the spread of the infection and prevent further outbreaks.

We have also started to record whether patients acquired an infection during their admission or if they were known to have the infection on admission, which has increased the number of infections recorded. In 16 out of the 23 infection prevention and control incidents in the table below, patients were known to have the infection on admission.

	2014/15			2015/16		
	Clostridium Difficile	**MRSA**	**Totals**	**Clostridium Difficile**	**MRSA**	**Totals**
Hospices	1	0	1	17	5	23
MCNS	2	0	2	0	0	0
Totals	**3**	**0**	**3**	**17**	**5**	**23**

A new infection prevention and control policy was published in March 2016 alongside a range of standard operating procedures to ensure we have the appropriate procedures in place to prevent, reduce and control the risks to our patients and staff. We expect reported figures for these types of incidents to increase as we continue to deliver training and raise awareness.

Pressure ulcers

We have continued to monitor this closely and the results have helped us develop dedicated roles, such as a tissue viability nurse in every hospice, to provide expert advice to prevent and treat pressure ulcers.

As part of this focus, we have seen more consistent reporting of pressure ulcers. We plan to make changes to the way we record details of pressure ulcers in our incidents database so that we continue to improve the accuracy of the data.

This year, we will start to record if pressure ulcers are developed within 72 hours of a patient's admission, to help us develop the best treatment options for patients. We have started to investigate pressure ulcers that were acquired during admission to establish if they were 'avoidable'. This reflects how the NHS records this information, so we can benchmark our services more clearly against others.

Where pressure ulcers develop while patients are in our care, we continuously review our practice to make certain that all prevention strategies are considered and put in place and that appropriate management continues. From August 2015,

the Director of Nursing has reviewed details of all grade 3 and 4 pressure ulcers; in that time only one pressure ulcer acquired during admission was found to be 'avoidable'. Investigation revealed that the necessary steps were taken to evaluate, monitor and review the treatment for all other pressure ulcers.

Pressure ulcers acquired during admission to a Marie Curie Hospice

	2014/15	2015/16
Belfast	7	12
Bradford	85	73
Cardiff & the Vale	8	9
Edinburgh	9	23
Glasgow	29	19
Hampstead	62	53
Liverpool	32	12
Newcastle	11	24
West Midlands	13	25
Totals	**256**	**250**

All pressure ulcers identified in the community are reported to the local district nursing team as they are the team responsible for co-ordinating care. We are raising awareness with our nursing staff of the need to report pressure ulcers when they are noticed, so that the district nurse is aware of the patient's condition and can take any action needed.

Pressure ulcers recorded by the Marie Curie Nursing Service

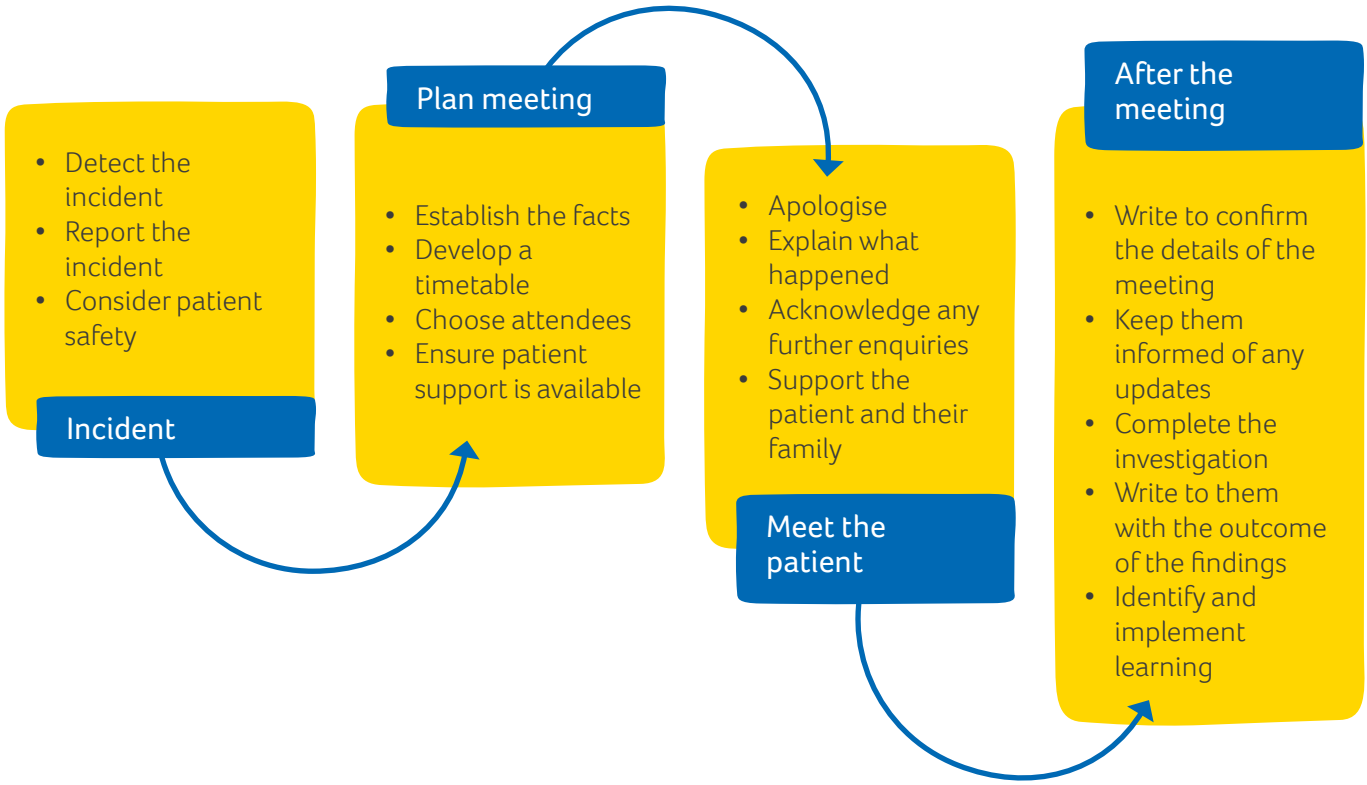
	2014/15	2015/16
London and South East	0	1
North East	2	2
North West	8	2
South West	0	3
Wales	1	2
Totals	**11**	**10**

Other quality indicators

Duty of candour requirements

At Marie Curie, we've always adopted an open and honest approach to managing incidents involving the care and treatment of the people we help. The duty of candour is the legal obligation that we have to be open and honest with patients when certain incidents occur in relation to their care and treatment. The duty of candour applies to any 'notifiable safety incident' – any incident that results in, or appears to have resulted in, death, severe harm, moderate harm or prolonged psychological harm of the patient. The harm caused to the patient relates directly to the incident rather than the patient's illness or condition.

If the duty of candour applies these are the steps we must take:



We are training all staff to understand when incidents trigger the duty of candour requirements. We have published a policy and guidance and have made changes to our complaints and incidents database to ensure that staff record when the duty of candour applies. This will help us to record more accurately that the right steps have been taken to ensure we are always open and honest with patients and their families.

We routinely report our complaints and incidents to our Clinical Governance Executive Committee and Clinical Governance Trustees Committee. We will continue to report incidents that fall into the 'notifiable safety incident' category and report if the duty of candour requirements have been met, taking action when the requirements have not been followed to ensure that we always do the right thing.

Service user experience – all services

Grading of services

People using our services are offered the chance to complete surveys about different aspects of the care they received. The number of patients and carers that have provided us with comments this year has increased from 2,154 to 3,156. Within the charity, we have promoted the value of gathering the views of people that use our services and developed different methods to make it as easy as possible to gather those views.

The results are based on questions that were given a rating (there were some where 'not applicable' was selected or the question was not answered at all) and accompanying commentary is shown below.

Responded 'very good' Options given: very good, good, fair, poor, very poor	**2014/15**	**2015/16**	**Change from last year**
*Welcome into the hospice	90%	91%	Up 1%
*Cleanliness of the hospice	91%	92%	Up 1%
*Quality of food and drink	73%	82%	Up 9%
Quality of information	74%	79%	Up 5%
Quality of care	92%	93%	Up 1%

* questions for hospice patients only

This year we have seen improvements in the scores for the quality of food and drink in the hospices and for the quality of information. We developed a questionnaire to ask people specifically about food and drink and this led to the development of a national group that looked at catering standards. Comments are shared with the Head Chefs and there have been changes to menus including more vegetarian options and providing patients with specific desserts.

This year was the first full year of our new information and support services, including a telephone support line, online community and extensive information on our website and in printed leaflets. We also updated the information pack we send to patients when they are referred by their District Nurse to receive care at home.

Our Expert Voices Group was involved in developing the content and tone of our new information resources to ensure they meet the needs of our patients and their families.

We gained Information Standard accreditation for our information materials this year.

These improvements are reflected in the increased satisfaction from patients about the quality of information they receive from us.

Responded 'always' Options given: always, most of the time, some of the time, never	**2014/15**	**2015/16**	**Change from last year**
Treated with dignity and respect	96%	96%	No change
Involved in decisions about care as much as you would like	87%	90%	Up 3%
Have up to date information about you	86%	88%	Up 2%
Provide enough support for family members and friends who care for you	86%	90%	Up 4%

"The nurse was very polite and caring towards my father. He can be very stubborn at times but the nurse never once got upset and took it in his stride, treating my Dad with dignity and respect."

Carer, Marie Curie Nursing Service,
London and South East region

Patients and carers have rated us on the following aspects of care which are amongst the most important areas we measure:

Responded 'very good' Options given: very good, good, fair, poor, very poor	**2014/15**	**2015/16**	**Change from last year**
Support for pain relief	83%	85%	Up 2%
Support for other symptoms (nausea, constipation, diarrhoea, breathlessness etc.)	80%	83%	Up 3%
Emotional support	82%	85%	Up 3%
Spiritual support	77%	80%	Up 3%

It is difficult to be certain why we have seen increases in these areas but results may have increased because we are better at sharing good practice – we ensure that comments we receive are shared with teams, which inspires them to want to maintain their own high standards and continue to find ways to make small changes that have a big impact for patient care.

Friends and family test

The friends and family test asks people whether they would recommend our services to friends and family members if they needed similar care. In 2015/16, 2,335 people responded to this question.

Where people had provided contact details and had said they would be unlikely to recommend Marie Curie, we contacted them to get more information. Most said they had been disappointed because nurses in the community weren't available when they wanted them or they wanted more visits than could be provided, rather than any dissatisfaction with care that was received.

Response	Number	Percentage
Likely to recommend Marie Curie	2,284	98.9%
Neither likely nor unlikely to recommend Marie Curie	11	0.5%
Unlikely to recommend Marie Curie	14	0.6%

"By paying attention to the side effects of the drugs he was being given, the hospice has restored my dad's dignity."

Carer, Marie Curie Hospice, West Midlands

"I have lived with breathlessness for a long time, but they always notice if it's worse and when I need the nebuliser as well as the regular oxygen."

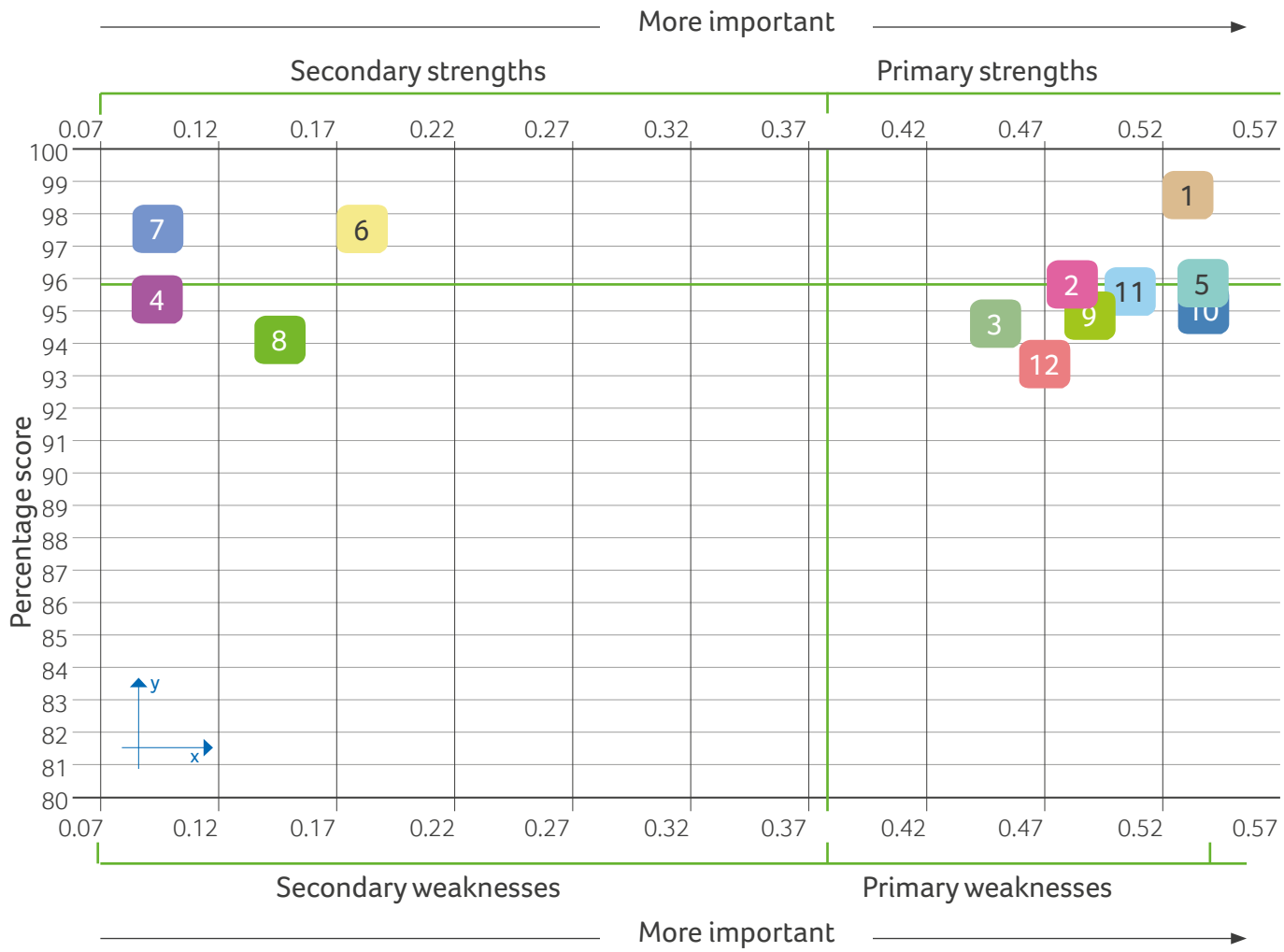
In-patient, Marie Curie Hospice, Hampstead

Performance map

The performance map opposite provides a visual representation of the relative importance of a range of issues for people who use Marie Curie services. Importance is shown on the x-axis, plotted against the overall score for each area on the y-axis.

This is calculated using a mathematical algorithm based on the ratings to the questions. The top right quadrant shows the areas that have an above average importance for people who use our services, and an above average score. The bottom right quadrant shows areas with a below average score, and an above average level of importance.

The most important element was the support offered to relieve symptoms other than pain, for example breathlessness or nausea.



Number	Question/area	Score	Importance
1	Dignity and respect	**98.43**	**0.53**
2	Involvement in decision making	**95.6**	**0.48**
3	Up-to-date information about patients	**94.77**	**0.45**
4	Support for family members, carers or friends (asked of patient)	**95.26**	**0.09**
5	Support for family members, carers or friends (asked of carer)	**95.71**	**0.54**
6	Welcome to the hospice	**97.22**	**0.18**
7	Cleanliness of hospice	**97.68**	**0.09**
8	Quality of food and drink	**93.89**	**0.15**
9	Support to relieve pain	**95.23**	**0.49**
10	Support to relieve other symptoms	**95.18**	**0.55**
11	Emotional support	**95.33**	**0.51**
12	Whole person / spiritual support	**93.66**	**0.47**

Marie Curie quality assurance inspections

Hospices

As part of our quality assurance processes, the quality assurance team carries out visits to each hospice. Our hospices are also inspected by the regulatory body they are registered with. Since 2014/ 15, we have used an in-depth process that mirrors the approach being used by the regulators. This ensures we meet their standards and support the hospices for the inspections carried out by the relevant regulator.

After each visit, a detailed report was prepared for the hospice outlining suggestions for consideration and areas for improvement. Each hospice prepared an action plan to address areas outlined in the report. The quality assurance team followed up with an unannounced visit six months later, to check on progress of the plan and identify any additional help the hospices might need.

Four national themes were also identified as a result of the visits:

- **Improving the quality of patient documentation**

All hospices have been working to improve patient documentation, making sure all sections are always completed, easy to follow and clear. This means staff have a full set of documentation to refer to and do not need to ask the patient and their families to go over their details more than once.

- **Improving hospice facilities**

A number of minor maintenance and cleanliness issues were noted in all hospices in the initial round of visits. By the time the quality assurance team visited again, most hospices had resolved the minor issues. Where there were outstanding issues, these will be addressed through the planned maintenance programme each hospice has in place and will monitored during future visits.

- **Improving quality of catering**

We wanted to see improvements to meal service, and the quality, variety and presentation of food patients were offered. The quality assurance team noticed improvements had been made to patient food services during the follow-up visits. We have also developed a set of national catering standards and a nutrition policy that will ensure the quality of food and drink continues to improve.

- **Addressing staffing issues**

Hospice managers identified staffing issues or gaps in key senior management roles and were experiencing challenges with recruiting new staff. Patient care was not being affected but it was putting pressure on staff. Following a major recruitment drive, we now have lead nurses in post in all hospices, providing nursing teams with strong leadership, support, learning opportunities and engagement.

We will report on further actions that have been taken to address these issues in next year's report.

Layton Thompson/Marie Curie

Marie Curie Nursing Service

As Marie Curie Nursing Service patients are cared for in their own homes, a different approach is needed to assure the quality of the service. This involves gathering and reviewing data and information to evaluate the quality of the care being delivered to patients.

We looked at complaints and incidents data, patient feedback and staff training records. We also conducted interviews with staff and external stakeholders including commissioners and healthcare professionals that refer patients to our services. On the day of visits we attended team meetings and local governance meetings and once we gathered all our evidence, we prepared a report that highlighted areas for action.

We have carried out visits to three regions and once the initial round of visits is completed will prepare an overview report that will identify national themes for improvement. We will report on those findings in next year's report.

External inspections

All Marie Curie services are registered with the relevant regulatory body in that country and are subject to unannounced or announced inspections carried out by the regulator for that service.

Regulator	Service regulated	Framework in place
Care Quality Commission (CQC)	Bradford, Hampstead, Liverpool, Newcastle and West Midlands hospices Marie Curie Nursing and Domiciliary Care Service, Central, Eastern, London and South East, North East, North West and South West regions	Announced and unannounced inspections Submission of self-assessment
Healthcare Inspectorate Wales (HIW)	Cardiff and the Vale hospice	Announced and unannounced inspections Submission of self-assessment
Care and Social Services Inspectorate Wales (CSSIW)	Marie Curie Nursing Service, Wales	Announced and unannounced inspections Submission of self-assessment
Healthcare Improvement Scotland (HIS)	Edinburgh and Glasgow hospices	Announced and unannounced inspections Submission of self-assessment
Care Inspectorate	Marie Curie Nursing Service, Scotland	Announced and unannounced inspections Submission of self-assessment
Regulation and Quality Improvement Authority	Belfast hospice Marie Curie Nursing Service, Northern Ireland	Announced and unannounced inspections Submission of declaration prior to inspection

Care Quality Commission

Services in England are registered with the CQC. All hospice managers in England are the Registered Manager with the CQC.

Up until the end of 2015, a single senior manager with overall responsibility for the Nursing Service in England was the Registered Manager for the service. Regional managers based across England have day-to-day management of the service in their locality and therefore at the end of 2015 our six Regional Managers became the Registered Managers for their services.

We anticipate the CQC will inspect all services throughout the coming year but at present only one of our hospices has been inspected under their new methodology.

CQC domain	**West Midlands**
	1 and 2 July 2015
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Outstanding
Overall rating	**Outstanding**

The CQC invited the West Midlands Hospice Manager to attend a round-table event with other adult social care providers in February 2016 to deliver a presentation about how the team prepared for their inspection and achieved their outstanding rating.

"I can't fault the hospice in any way; it is an amazing place. The staff are all so helpful and caring, from cleaning staff to doctors. Everyone goes the extra mile. At a very difficult time for our family this hospice has made this time not only manageable but a special last time with our loved one."

Carer, Marie Curie Hospice, West Midlands

Regulation and Quality Improvement Authority – regulators for Northern Ireland

The service was inspected on 10 November 2015. Five standards were inspected and the inspection report confirmed

Standards inspected	Report comments
Dignity, respect and rights	Discussion with patients, their relatives and staff regarding the consultation and treatment process confirmed that patients' modesty and dignity is respected at all times. Patients' wishes are respected and acknowledged by the establishment.
Patient and client relationships	Review of patient care records and discussion with patients and staff confirmed that treatment and care are planned and developed with meaningful patient involvement; they are facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.
Complaints	Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation.
Arrangements for the provision of specialist palliative care	Patients are holistically assessed using validated assessment tools. Individual care plans are developed in conjunction with the patient and or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded.
Specialist palliative care team	The provision of specialist palliative care was found to be in line with best practice guidelines. A range of policies and procedures are in place to promote safe practice by the multi-professional team.

No requirements and no recommendations for improvement were made.

"The Marie Curie Nurses are all so knowledgeable and caring. They are second to none. One nurse in particular was so wonderfully understanding – she helped me understand my situation and gave me hope to carry on."

Patient, Marie Curie Nursing Service, Northern Ireland

Healthcare Improvement Scotland – regulator for hospices in Scotland

Healthcare Improvement Scotland's grading key is:

6	Excellent
5	Very good
4	Good
3	Adequate – performance is acceptable but could be improved
2	Weak – concerns about the service and there are things that must be improved
1	Unsatisfactory – represents a more serious level of concern

"Most wonderful place I have been – it is tranquil, serene. The nurses are very thoughtful and always have time for you."

In-patient, Marie Curie Hospice, Edinburgh

Standards inspected	**Edinburgh**	**Glasgow**
	14-15 July 2015	24-25 November 2015
Quality of information	5 – very good	5 – very good
Quality of care and support	4 – good	5 – very good
Quality of environment	5 – very good	5 – very good
Quality of staffing	5 – very good	4 – good
Quality of leadership and management	5 – good	4 – good

"Would recommend tenfold – people are caring and I feel so much better than when I came in. The feeling it gives you, it's fantastic, restful. I feel as if I'm a person again."

In-patient, Marie Curie Hospice, Glasgow

The Care Inspectorate– regulator for the Marie Curie Nursing Service in Scotland

The Marie Curie Nursing Service is 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 by a Registered Nurse.

Standards inspected	Care at Home	Nurse Agency
	5 June 2015	Not inspected
Quality of information	Not assessed	
Quality of care and support	5 – very good	
Quality of environment	Not assessed	
Quality of staffing	5 – very good	
Quality of leadership and management	5 – very good	

"The care given to our loved one and family members was beyond anything we could have hoped for."

Carer, Marie Curie Nursing Service, Scotland

Layton Thompson/Marie Curie

"The care and support we, the family, and my father received was of an exceptionally high standard, dignified and compassionate, yet friendly and approachable.
We couldn't have asked for anything better."

Carer, Marie Curie Nursing Service, Wales

Care and Social Services Inspectorate Wales – regulator for the Marie Curie Nursing Service in Wales

The Marie Curie Nursing Service is registered as both a domiciliary care agency and a nurses agency. This simply means that, depending on the patient's needs, care can be provided by either a Healthcare Assistant or by a Registered Nurse.

Service	Domiciliary care agency	Nurses agency
Date of last inspection	14 December 2015	8 January 2016
Quality of life	The evidence gathered during this inspection indicated that Marie Curie domiciliary care provides quality care that is valued by people using the service and their families. We found that Marie Curie supports people not only with care in the community but also provides a "helper" service and a "caring for carers" project. These services offer additional support such as practical help and respite for those using the service and their families.	This domain is not considered as part of a nurses agency inspection.
Quality of staffing	We did not consider this theme in depth during this inspection, which focused upon the quality of life experienced by people using the service. Nevertheless, people can be assured that they are cared for by caring and well-trained staff.	People can feel assured that the care they receive is carried out by trained and knowledgeable professionals.
Quality of leadership and management	We did not consider this theme in depth during this inspection, which focused upon the quality of life experienced by people using the service.	The service consistently operates in the best interests of service users and of nurses supplied by it.
Quality of the environment	We did not consider this theme in depth during this inspection, which focused upon the quality of life experienced by people using the service.	This domain is not considered as part of a nurse's agency inspection.

Where necessary, action plans have been put in place by the local senior management teams to ensure we address areas for potential improvement.

Where we have not listed a particular service, it has not been inspected in the last year.

Legal requirements

Mandatory and legal statements

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

- During the period of this report (1 April 2015 to 31 March 2016) Marie Curie provided end of life care through part NHS funded services in its nine hospices and national community nursing service.
- Marie Curie has reviewed all the data available on the quality of care in all of the services detailed in the preceding sections.
- The percentage of NHS funding is variable depending on the services commissioned but on average is in the region of 50%. The rest is provided by Marie Curie charitable contribution.
- The income generated by the NHS services reviewed throughout the period 1 April 2015 to 31 March 2016 represents 100% of the total income generated from the provision of NHS services by Marie Curie for the period 1 April 2015 to 31 March 2016.
- During the period 1 April 2015 to 31 March 2016 there were no national clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
- A number of audits have been incorporated into the compliance visits led centrally to reduce the burden on local teams.
- From 1 April 2015 to 31 March 2016 Marie Curie was not eligible to participate in national clinical audits.
- The number of patients receiving NHS services provided by Marie Curie from 1 April 2015 to 31 March 2016 that were recruited during that period to participate in research approved by a research ethics committee was 56 patients.
- £81,893 of Marie Curie income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from Clinical Commissioning Groups.

- Marie Curie Hospices and Community Nursing Services in England are registered with the Care Quality Commission. Marie Curie's registration is subject to conditions. Marie Curie Hospices are registered to provide the following regulated activity:
  - accommodation for persons who require nursing or personal care
  - diagnostic and screening procedures
  - treatment of disease, disorder or injury

The Marie Curie Nursing and Domiciliary Care Service is registered to provide the following regulated activity:

- personal care
- treatment of disease, disorder or injury

- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission during this reporting period.

- Marie Curie did not submit records during the reporting period from 1 April 2015 to 31 March 2016 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics.

- Marie Curie's Information Governance Assessment Report overall score for 2015/16 Information governance toolkit version 13 was 80% and was graded GREEN: satisfactory.

Statements from stakeholders

Statements from Lead Clinical Commissioning Groups, the Health Scrutiny Committee for Lincolnshire, Healthwatch Lincolnshire and Marie Curie Expert Voices Group

Part of our requirement is to send a copy of our report to our key stakeholders for comment. These comments must be included in the published report.

Durham Dales, Easington, Sedgefield (DDES) and North Durham (ND) Clinical Commissioning Groups

The CCG welcomes the opportunity to review and comment on the Marie Curie Quality Account for 2015/16 and would like to offer the following commentary.

As commissioners, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) and North Durham Clinical Commissioning Group (CCG) are committed to commissioning high-quality services from Marie Curie. We take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high-quality services and that the views and expectations of patients and the public are listened to and acted upon.

Overall, the CCGs felt that the report was presented in a meaningful way for both stakeholders and service users. To the best of the CCG's knowledge, the quality account provides a good representation of the service provided across the CCG's geographical location during 2015/16.

We recognise the work that the organisation has undertaken to drive quality improvements throughout the year, particularly around patient experience, clinical effectiveness and patient safety. We acknowledge the work that has been progressed around infection control during 2015/16 and support the work to be progressed on the 2016/17 priorities for implementing and embedding the work of the infection control link nurses.

It was encouraging to see the work that the organisation has undertaken around improving outcomes in pressure ulcer management and falls as well as the development of tools to measure patient experience. Although the Quality Account provides some details of audit work undertaken in 2015/16 around pressure ulcer management, it would have been helpful to also include details on future audit activity plans for 2016/17.

It is unfortunate that the Quality Account does not expand on themes and the learning from serious incidents and complaints. This detail would have provided the commissioners with further assurance that safe systems are in place and provided more insight into the organisation's safety culture.

North Durham and DDES CCGs note the work that the quality assurance teams are engaged in nationally and fully support the roll-out of the inspection programme across Marie Curie nursing services. The CCGs would appreciate being kept informed of the outcome of any internal inspections in our area as and when they occur.

The CCGs acknowledge the specific priorities set out for continued improvement in 2016/17, in particular the work that is underway around duty of candour. We look forward to seeing evidence of this through future reports to commissioners.

The CCGs look forward to continuing to work in partnership with the organisation to assure the quality of services commissioned in 2016/17.

Gillian Findley

Director of Nursing/Nurse Advisor, North Durham and DDES CCGs

NHS West Lincolnshire Clinical Commissioning Group

NHS West Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the Marie Curie (the organisation) Annual Quality Account 2015-16.

The Quality Account is presented as a national overview of Marie Curie activities and where applicable, the geographic regions of the organisation have more detail provided. Unfortunately, this does not include Lincolnshire as a county or the East Midlands as a region. This is disappointing for the commissioner as the contract delivered by Marie Curie is pivotal to the delivery of community-based end of life care and achievement of the preferred place of death for the population of Lincolnshire. This also means that we are unable to comment on the accuracy of the data within the quality account due to the omission of as East Midlands and county of Lincolnshire.

The commissioners have shared with Marie Curie how this may be addressed next year using a core national Marie Curie Quality Account template containing high level corporate information supplemented by more in-depth local information to provide a whole picture of Marie Curie activities for the commissioners of Lincolnshire. Marie Curie recognises the need for more local information for the whole East Midlands region and Lincolnshire in particular. Marie Curie has agreed to revise the 2016-17 Quality Account to reflect the above proposal.

However, the Quality Account provides comprehensive information on the quality priorities which the organisation has focussed on during the year. Whilst some of the priorities are very hospice focussed, the commissioners are pleased that infection control and pressure ulcer management will support improved clinical care to the community-based patients of Lincolnshire.

Looking forward to the 2016-17 Quality Priorities, it is reassuring to see that opportunities for improvement identified at Quality Review Meetings between the

commissioner and Marie Curie are being taken forward, an example of this being Safeguarding. However we would have welcomed the opportunity to have been directly involved in the selection of Quality Priorities for 2016-17.

A more detailed section on the organisation's incidents, concerns, complaints and compliments would have been useful in providing a summary of key themes and trends and how these have impacted upon patient care and experience within the county. As such, the information presented does not provide a real sense of changes to practice or how learning is shared and embedded within the organisation. For example, it would have been useful if the development work agreed jointly between commissioner and Marie Curie in relation to the Commissioning for Quality and Innovation Scheme had been articulated and local results demonstrated.

NHS West Lincolnshire Clinical Commissioning Group looks forward to working with Marie Curie over the coming year to further improve the quality of services available for our patients in order to deliver better outcomes and the best possible patient experience.

Wendy Martin

Executive Nurse, NHS West Lincolnshire Clinical Commissioning Group

Health Scrutiny Committee for Lincolnshire

Introduction

The context for this statement is that whilst Marie Curie is a national organisation providing services throughout the United Kingdom, including nine hospices, more people in Lincolnshire receive care from Marie Curie's community nursing service than in any other local authority area. The Health Scrutiny Committee for Lincolnshire recognises that none of Marie Curie's hospices are located in the county.

Progress on Priorities for 2015-16

The Quality Account clearly sets out the progress and achievements on each priority, which is clear to the casual reader. We would in particular highlight the following:

- We welcome the success of the volunteer Helper service, which supported 979 people affected by terminal illness during 2015/16.
- The in-depth semi-structured interviews with patients should continue.

Priorities for 2016-17

The Health Scrutiny Committee for Lincolnshire supports Marie Curie's chosen priorities for the coming year. The Committee is always keen to see reductions in pressure ulcers, so any activity aiming to reduce pressure ulcers is particularly supported. The Committee notes that some of the in-patient units have recorded high numbers of pressure ulcers during 2015-16, but accepts that Marie Curie will

be seeking to reduce this in the coming year.

The Health Scrutiny Committee for Lincolnshire suggests that in future years Marie Curie might consider performance measures to support its chosen priorities. For example, the priority on pressure ulcers could be supported by a target to reduce the number of such ulcers.

The Health Scrutiny Committee for Lincolnshire notes references in the Quality Account to Marie Curie's Clinical Governance and Executive Committee and assumes this Committee will undertake the required monitoring of progress with the priorities during the course of the coming year. On the basis of the information submitted, all the priorities will support improvements to patients.

Presentation

The information throughout the document is clearly presented and the priorities are well-presented for the casual reader.

Conclusion

We acknowledge that Marie Curie perform a considerable amount of their work within Lincolnshire, which is widely appreciated. We welcome the opportunity to comment briefly on the draft Quality Account of an organisation which is a key element in the health services in our county. We would like to engage further with Marie Curie in the coming year.

Healthwatch Lincolnshire

Healthwatch Lincolnshire welcomed Marie Curie contacting us to comment on this year's Quality Accounts.

Healthwatch during 2015/16 has undertaken some work around end of life care but has not at this stage engaged with Marie Curie within the county, and equally has not received any patient, carer or loved one feedback.

Therefore, whilst we would welcome a future request to comment on the QA, we do not feel we are in a position to comment at this time. However, we do look forward to working with them in the near future.

Nicola Tallent
Senior Engagement Officer, Healthwatch Lincolnshire

Marie Curie Expert Voices Group

As a member of the Expert Voices Group (EVG), I am very pleased to have been asked to comment on behalf of the group, on the charity's Quality Account.

The sole qualification for being an Expert Voice is to have cared for a loved one at the end of their life. The experience gives one a unique perspective on the practical and emotional issues encountered.

In my opinion, the charity has shown great foresight by tapping into this experience, and, as is evidenced by the report, EVG members play an increasingly large part in many aspects of the day-to-day workings of the organisation.

Personally, I have been invited to comment on many documents, processes and procedures. I have spoken at a number of events and carried out various media roles. I have taken part in several NHS initiatives/steering groups examining different facets of end of life (EOL) care and I am proud to have recently been invited to join the Clinical Governance Trustees Committee (CGTC).

My reason for joining the EVG was because I wanted to give something back to an organisation that had done so much for me and my family.

My husband Mike died in December 2013, from metastatic pancreatic cancer. Thanks to Marie Curie Nurses, he was able to die in the peace of our home, surrounded by his family.

They shouldered the burden of care for the last four nights, enabling me to return to my role as wife rather than carer. They cared for Mike with such compassion and competence. We all had such confidence in them, and they provided enormous support to each of us in a very personal and significant way.

The last year has seen many changes and developments within Marie Curie. The charity successfully rebranded in April 2015, with the revised name highlighting the fact that EOL care may be accessed by any patient with a terminal illness.

A national advertising campaign in the autumn raised public awareness significantly, which in turn has had a positive impact on fundraising. The charity extended its reach to people in need of support through the launch of both an online community and a support line.

Being terminally ill, or caring for someone who is terminally ill, can be a lonely and frightening experience, and so these new services are particularly welcome.

Above all, as both an EVG and CGTC member, I am constantly impressed by the continual efforts made by the organisation to review and improve the quality and nature of the services provided.

This is prompted by a genuine desire to be the best, and not merely to conform to mandatory requirements. This is reflected in the Quality Account, in both the report on what has been achieved in the last year, and in the goals set out for the forthcoming year.

The concept of person-centred care is at the very heart of the organisation's ethos, and can be applied equally to the way that patients, carers, and staff members are treated.

In my view this is an essential ingredient in the success of the charity – if staff are to provide an excellent service to users, they need to have access to learning and development opportunities that will keep them at the top of their game. They also need to feel valued and listened to.

As a volunteer, I too appreciate that my contributions are valued and that I am listened to.

The Quality Account paints an honest picture of what the charity is all about - I endorse it unequivocally.

Hilary Bird
Member of the Expert Voices Group

Statement of directors' responsibilities

Statements of directors' resonsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Reports) Regulations 2010 (as amended by the National Health Service [Quality Accounts] Amendments Regulations 2011).

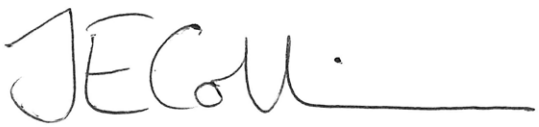
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the charity's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- the Quality Account has been prepared in accordance with Department of Health guidance

The directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

By order of the Board

John Varley
Chairman
1 June 2016



Jane Collins
Chief Executive
1 June 2016

Do you have any comments or questions?

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

The Quality Assurance Team
Marie Curie
89 Albert Embankment
London
SE1 7TP

Email: qualityassurance@mariecurie.org.uk

We're here for people living with any terminal illness, and their families. We offer expert care, guidance and support to help them get the most from the time they have left.

mariecurie.org.uk

Marie Curie

Care and support through terminal illness

Charity reg no. 207994 (England & Wales), SC038731 (Scotland) B003