Quality Account

2025/26

Marie Curie

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Introduction from the CEO and Chair of Trustees

Welcome to our 2025/26 Quality Account. Here, we'll give an overview of the quality of our services and the key improvements we've focused on over the past year, outlining our priorities for the next 12 months.

We believe everyone deserves the best possible care and support at the end of life, whatever the illness. Marie Curie is at the forefront of improving end of life care in the UK and we're incredibly proud of the expert care and support we provide to people with terminal illness and those close to them in their homes, our hospices, the community or over the phone. Everything we do ensures more people can access high-quality care when and where they need it most.

But our latest research shows that almost one in three people still don't get the end of life care and support they need. We're determined to close the gap in end of life care so that everyone, no matter where they are, has the end of life they deserve. Making sure that the care and support we provide is safe, effective and of the highest standard is crucial to achieving this aim.

The quality of our care is dependent on three key areas: patient safety, experience of care and support, and clinical effectiveness. These are our three quality priorities. In 2025/26, we focused on specific goal related to them, including introducing a structured Quality Assurance Framework; developing and implementing a Marie Curie Freedom to Speak Up strategy; ensuring peoples' experienced are listened to and used to develop sustainable improvements in practice; strengthening supervision and restorative support for clinical staff; and engaging colleagues with evidence to plan and deliver excellent quality care.

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

Our new goals for 2026/27 outline how we plan to continue to develop and improve the quality of our services. We will:

- strengthen medication safety culture across all our services
- drive organisational improvements on patient falls
- strengthen organisational working on pressure damage prevention
- improve communication and information about the scope of our services
- learn from feedback to enhance service quality
- improve sharing good practice through the implementation of the Quality Assurance Framework
- embed the Quality Improvement toolkit into practice.

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

Kevin Parry, Chair of Trustees

Matthew Reed, Chief Executive

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

I am pleased to introduce this year's Quality Account, which outlines our continued commitment to delivering safe, effective and compassionate care across our services. Over 2025/26 we have maintained a strong focus on quality and consistency, by ensuring that care is shaped by people's needs, values and what matters most to them. This report reflects the work undertaken across the organisation to support high quality care and to strengthen how we understand and assure ourselves of the care we provide.

A key area of focus has been the implementation of the Quality Assurance Framework. Colleagues across all nations have engaged with the development of this framework, supporting a shared understanding of quality and a more consistent foundation for how we monitor and understand what constitutes high quality care. This has strengthened governance arrangements, improved transparency and supported earlier identification of risk and learning.

Listening to and learning from the experiences of patients, families and carers remains central to how we improve our services. Continued improvements to our feedback systems, alongside strengthened collection of demographic data, have provided richer insight into people's experiences. This has supported more personalised and responsive care and helped ensure that learning from experience continues to inform decision making at both local and organisational levels.

Supporting our people has also remained a priority. The expansion of Schwartz Rounds, alongside more flexible and restorative models of supervision, has created space for colleagues to reflect, learn and feel supported in their roles. This work is essential to sustaining a resilient workforce and underpins the high quality care delivered every day.

This year has also seen important developments in how we use research and evidence to strengthen clinical practice. Our Research and Evaluation teams, together with our Research Nurses, have continued to deepen our understanding of what improves outcomes and supports system capacity. The development of our evidence hub and the evaluation of partnership models have been essential to shaping best practice and ensuring our services remain responsive, effective and grounded in the latest evidence.

I would like to thank our colleagues, volunteers, research partners, and the patients and families who place their trust in us. Together, we remain committed to delivering high quality end of life care for all.

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

Our vision and values

Our vision

At Marie Curie we share a single purpose: to deliver our vision that everyone has the best possible experience of dying, death and bereavement.

While these moments cannot be changed, the care and support people receive can. Everyone deserves support that reflects what matters most to them. We want a better end of life for all.

Our mission

Almost one in three people die with unmet palliative care needs, with symptoms unaddressed and little or no GP support. As demand for palliative care grows and inequities widen, our mission is clear: to keep closing the gap in end of life care, so no one is left without the support they need.

Inclusion and equity are central to this mission. We are committed to ensuring everyone has the best possible end of life experience, whatever their culture, race, religion, sex, gender, sexuality or disability.

Between now and 2030, we will:

- transform and grow our direct care and support,
- extend the reach of our information and support services, and
- lead improvements in end of life care across the UK systems.

Our values

Our values guide how we work and the behaviours we embody every day in pursuit of our mission:

- always compassionate
- making things happen
- leading in our field
- putting people at the heart.

Our strategic goals

Too many people are still missing out on the care they deserve, and we will play a leading role in changing that. With reach across all four nations, deep expertise and strong public trust, it is an exciting time to be part of Marie Curie.

We currently support around 44,000 people through our direct care services and plan to double this over the next five years.

We also support 2.7 million people through our Information and Support services and will continue to invest in remote support so we can offer help wherever and whenever it's needed.

Our focus will be on delivering our growth plans: innovating in our services, increasing the impact of our research and policy work, and pushing for system change to improve end of life care. We will strengthen clinical practice through research and broaden our information and support offer to reach more people.

Achieving this will require transforming how we work and supporting our communications and income-generation teams, accelerating progress towards our strategic goals and ensuring long-term financial sustainability.

Our services

Hospice Care at Home

Marie Curie provides clinical, practical and emotional care for people with any terminal illness, supporting them and their families at home. During 2025/26 30,351 patients received care from our Hospice Care at Home Services. This includes Urgent Hospice Care at Home and newer service models developed with local healthcare systems. One of these is Neighbourhood Health, which brings together different professionals and care providers, working closely with GPs, to offer joined up, coordinated care and support. We also provide acute hospital in-reach services, where Marie Curie staff work with teams in wards and emergency departments to identify patients who would benefit from rapid discharge and care in an alternative place.

Marie Curie Hospices

Marie Curie Hospices support people with any terminal illness, offering personalised nursing and medical care in a compassionate setting. Our in-patient and day services, provide emotional and psychological support, physiotherapy, occupational therapy, group activities and practical advice. We also support families and carers, including through bereavement services. We operate nine hospice sites across the UK as part of coordinated care with NHS and community services.

What are Urgent Hospice Care at Home services?

Led by Registered Nurses and supported by Healthcare Assistants, this service provides flexible and

responsive palliative and end of life nursing care at short notice to patients, so they can remain safely at home and avoid unnecessary hospital admission. This overnight service typically works in partnership with the out of hours GP service and overnight District Nursing service.

Marie Curie Companions

Companion volunteers focus on what's important to patients and those close to them. It might be accompanying patients to appointments, being there to listen to how someone is feeling without judgement, or stepping in so family or carers can take a break. This year we had 679 Companion volunteers and we plan to continue to develop and grow this service.

Information and support

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

Place-based structure

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

Trusted information

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

Policy and public affairs

We influence decision-makers across the UK on the issues affecting dying people and those close to them. We do this so more people can access high quality care and support when and where they need it most.

Research

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

Case Study: Advance and Future Care Planning Service Wales – Colin and Linda

Colin has terminal pancreatic cancer and his wife Linda, is unable to care for herself after a stroke. The couple wanted to plan ahead for the end of their lives. Although they had spoken briefly with their solicitor, they remained unsure how to go about making sure their wishes would be honoured.

They were referred to Marie Curie by the Stroke Association. We introduced them to the Advance and Future Care Planning (ACP) process. This allowed the couple to record their wishes clearly, removing any future uncertainty for their family and allowing Colin and Linda to review their wishes at any time.

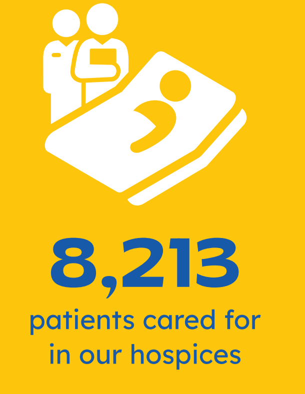
"I can't envisage it not being useful to anybody. It clears up so many uncertainties and we know too many people don't make their wishes be known. It's all sorted now for the family when the time comes." - Colin

ACP is a voluntary process for anyone at any stage of life, helping people think about what is important to them, plan ahead, and share their wishes so that loved ones and professionals know what they want if they are ever unable to speak for themselves.

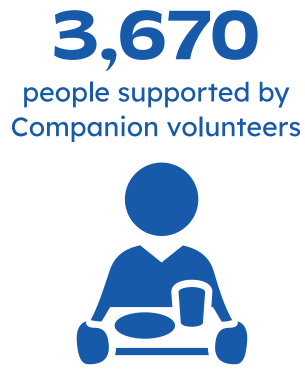
NB: Names in this case study have been changed with the consent of those involved

Our services at a glance

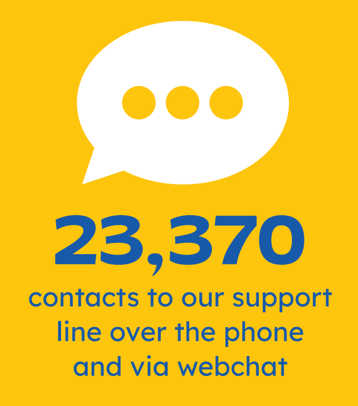
30,351
patients cared for by our hospice care at home services



8,213
patients cared for in our hospices



3,670
people supported by Companion volunteers



23,370
contacts to our support line over the phone and via webchat

2,865
people accessed our Bereavement Support or Companion over the phone or Support Line service

Part 2: **Our priorities**

When considering the quality of our care, we focus on three key areas:

- safe care
- effective care
- a positive patient experience.

When we are achieving our objectives in these domains, we believe we will be delivering a high quality service for our patients. When we look at potential improvements we could make to our services, we use data to understand where the greatest need or opportunity for improvement is, prioritising changes that will make a significant difference to one or more of these areas.

Our quality priorities are grouped into three key areas:

Patient safety
Improving the safety of our care and the services we provide.

Experience of care and support
Ensuring that people are treated with compassion, dignity and respect, and that our services are person-centred and respond to people's individual needs.

Clinical effectiveness
Making sure that the care and treatment we provide achieve positive outcomes, promote a good quality of life and are based on the best available evidence.

Part 2a: **Patient safety**

Our focus for 2025/26 in respect of improving patient safety was to strengthen our culture of openness and enhance quality assurance by:

- introducing a structured Quality Assurance Framework across our services
- developing and implementing a Marie Curie Freedom to Speak Up strategy and implementation plan.

Triangulated governance and Quality Assurance Framework

Over the past year, we have successfully designed and internally ratified a comprehensive Quality Assurance Framework (QAF) which provides a clear, structured, and triangulated approach to quality assurance. Through strong engagement, co-design, and communication led by our dedicated task-and-finish groups – representing all nations– the language, principles, and expectations of the QAF have rapidly become familiar and embedded within day-to-day practice. This early cultural adoption ensures we begin implementation from a position of strong collective understanding and shared ownership.

> **"The completion of the QAF marks a major step forward in strengthening our governance, improving transparency, celebrating success, sharing learning and enabling earlier identification of emerging risks. Its structured metrics, clear accountabilities and standardised reporting mechanisms are designed to support consistent, evidence-driven decision-making and ensure 'One Version of the Truth' in how quality is measured, reviewed and escalated within Caring Services. This groundwork means teams are now well-equipped to transition seamlessly into full implementation."**
>
> **Samuel Clements, Associate Director of Nursing & Quality**

In parallel, the phased rollout of InPhase (our electronic reporting system) has modernised our approach to incident, complaint, concern, compliment, feedback, and audit triangulation. The system is rapidly enhancing visibility of

Key Quality Indicators, improving thematic analysis and enabling more proactive identification and mitigation of risk. Improved monthly dashboard reporting has allowed us to mature our insights, improve our assurance, strengthening both first and second-line assurance and enable more timely interventions. This is aligned with the NHS England's Patient Safety Incident Response Framework, enabling us to learn and enhance quality. Staff across Caring Services have also continued to expand their use of Quality Improvement (QI) methodologies, supported by the QI toolkit developed within the framework. This has fuelled a growing appetite for both local initiatives and the development of national collaborative QI projects, with the coming year focused on shared improvement efforts relating to Tissue Viability and Falls. These collaborations will bring teams together across all nations to test change, share learning and deliver measurable impact. Together, these developments are expected to enhance quality performance and support positive progress across regulatory quality domains.

These achievements highlight not only the successful development of the QAF, but also the organisation's readiness and enthusiasm for its full implementation. With the framework now ratified, widely understood, and supported by robust digital infrastructure and strong staff engagement, we are well positioned to deliver sustained improvement, develop organisational learning to improve patient care and continue strengthening assurance from 'ward to board' as we move into the coming year.

Freedom to Speak Up strategy

This year we have worked on developing our Freedom to Speak Up (FTSU) strategy. A gap analysis against national standards across all four nations has given us a clear understanding of the areas we need to strengthen to ensure all our people feel confident to speak up. This insight has informed the development of the strategy and associated improvement plan. In addition, the development of clear, simple and robust processes has improved how we respond when people speak up through the FTSU Guardian route. The introduction of a new confidential FTSU case management system supports clearer and more consistent handling of concerns. We have also implemented a mobile-friendly QR code linking to the FTSU contact form which improves accessibility for colleagues without regular intranet use.

We developed and strengthened our FTSU Champion network to promote the 'speak up, listen up, and follow up' message and to guide colleagues to the available routes to speak up. We revised the Champion role description and recruitment process to align with national standards, supporting the growth of a stronger and more diverse network. Six new champions were recruited this year, bringing the total to 28. To help record champion activity, we launched a new champion hub where promotional and signposting activity can be captured.

Sharing learning has remained an important focus through 2025. Our FTSU Guardian contributes to national and regional networks and mentors new guardians. The updated case management process helps leaders identify learning and improvements. With the consent of those who have spoken up, we created case studies for use in presentations and on the intranet, showing how leaders value peoples speaking up and how we learn from the matters they speak up about.

In response to feedback on the mandated national eLearning, we developed a bespoke FTSU eLearning package, which launched in February 2026.

The number of people speaking up through the FTSU Guardian route has increased from 15 people in 2024/25 to 29 people in the first three quarters of 2025/26. To understand people's experiences, we introduced an evaluation form for those using the Guardian route. 100% of those who completed it said they would speak up again. Two reflections highlight the personal impact of having a trusted and safe route to speak up.

> **"I am glad that there is a safe space to share our concerns or worries when we don't want to use HR and just talk to somebody about it who will not judge us."**
>
> **Staff member**

> **"Yes I would speak up again. It's not been an easy thing, but I have no regrets. People moan about what's going on but this will continue unless they speak up and from now on if anybody comes to me I will tell them to speak up. Nothing can be resolved by keeping quiet."**
>
> **Staff member**

Part 2b: **Patient, carer and staff experience**

Our focus for 2025/26 in respect of improving patient, carer and staff experience was to:

- **ensure peoples' experiences are listened to and used to develop sustainable improvements in practice** by seeking feedback and enhancing our feedback systems, developing a charity wide experience and engagement strategy, maximising involvement opportunities, and demonstrating how feedback shapes our services
- **strengthen supervision and restorative support for clinical staff** by reviewing current provision, seeking staff feedback, and expanding Schwartz Rounds to promote resilience and an inclusive culture.

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

This year we have improved how we analyse themes in feedback to ensure experiences are understood in a more coordinated way. We have introduced new and more specific routes to record and categorise experiences, making it easier for us to understand what is working well and what needs to be improved. Our reporting system has also been developed over the year to provide leadership teams with clearer oversight of what people are telling us, monitoring how well we are responding to, and learning from, feedback. This includes the introduction of interactive dashboards.

We have also improved the way we collect peoples' demographics, including protected characteristics, to ensure we can identify areas of development in how underrepresented groups experience and access our services. We regularly report on the demographic data of those accessing our care and support, including geographical location, to help us to understand our reach. The way we use this information will continue to be built upon to ensure we are closing the gap in inequities in palliative and end of life care.

Some examples of patient and public engagement work we have conducted over 2025/26 are:

- working with underrepresented ethnic communities to improve understanding and awareness of our services
- co-producing free information and support resources on death and dying for, and with, people with learning disabilities
- working with people living in poverty to help shape future service design.

We have also introduced new working groups to improve

the way we collaborate across the charity, making the most of our shared intelligence and resources to make improvements together. This includes a national collaboration to co-develop a strategy on how Marie Curie will ensure lived experience is a driving force for improvements and changes, involving people and communities in important decisions for now and the future. This collaborative project took place over the course of the year, providing us with the solid basis for our strategy development in 2026/27.

Listening to experience remains central to shaping our services. Throughout the year we acted on a wide range of feedback from patients, families, and carers. Further examples of this work are set out in the You said/We did section on page 32, showing how individual pieces of feedback directly resulted in improvements to practice.

Supervision and support for clinical staff

Over the last year, we completed a review of our supervision support offering for staff, and this work continues to evolve. We gathered feedback from a diverse range of colleagues across Marie Curie which has shaped how we strengthen and adapt the support we provide. As part of this, we decided to move away from a policy driven model and adopt a more flexible, guidance-based approach. This will enable consideration to be given for using restorative, resilience and clinical models as needed. We also encouraged support sessions to be less formal to increase attendance and create a supportive space for professional learning and growth. One example of this in practice was our National Community of Practice for clinical staff, first held in March 2026. This event included a dedicated safe space to promote open peer and colleague discussion, reinforcing our commitment to meaningful, supportive professional development.

Further to this, we have continued to increase the supervision and support offered to our clinical staff through the use of Schwartz Rounds. These reflective spaces allow staff to come together to explore the emotional aspects of their work, guided by appropriately trained facilitators. Sessions are delivered in person or virtually and are recognised for supporting staff wellbeing and nurturing a compassionate culture that enables high quality care.

> **“From my personal perspective, I value the opportunity to listen to others’ experiences and feel very privileged to hear the stories shared. They do give a precious insight into colleagues’ lives which does foster closer working and a deeper understanding of one another’s roles and challenges. I have been a speaker on a few occasions now too.”**
>
> **— Schwartz Round Attendee**

Over the last year, three place-based teams have hosted Schwartz Rounds with a total of 302 staff attending and 14 sessions held. We have also supported eight staff to become Schwartz Round facilitators.

> **“As a facilitator I can see the impact this has on the team. It is lovely to hear the teams share their feelings and experiences so openly and honestly; there is a real sense of togetherness and shared understanding.”**
>
> **— Schwartz Round Facilitator**

Part 2c: **Clinical effectiveness**

Our focus for 2025/26 in respect of improving clinical effectiveness was to:

- engage colleagues with evidence to plan and deliver excellent care by expanding the Evidence Hub, embedding best practice principles, and promoting evidence use through governance, education, and Research Nurse networks.

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

This year we have an updated Research, Policy & Public Affairs plan (2026-2030) that emphasises generating and sharing of evidence to inform clinical practice and the planning of new services.

We have prioritised Evidence Hub content development using Marie Curie's new service framework to support the organisation plan and deliver best care, services and innovations. Staff and volunteers within Marie Curie now have access to the latest evidence on strategically aligned themes in digestible formats, helping us reach more people, support best practice and influencing. Content developed this year includes Palliative and End of Life Care in hospitals, Managing palliative medicines and Advance Care Planning.

Since its launch the Evidence Hub home page has received more than 1,900 views, with 349 visitors to the site. The Dementia and Palliative and End of Life Care for people with a Learning Disability pages have been particularly popular.

In order to learn from evaluations and help shape best practice, at the end of 25/26 the evaluation team have 25 live or in-plan evaluation projects. The majority are focused on evidencing the difference that Marie Curie's Partnership services are making to palliative and end of life care. These innovative new models of care are designed to improve patient outcomes and system capacity through better and earlier identification of unmet palliative and end of life care needs in primary and acute care settings.

The most significant examples of these are:

- Supportive Care partnership with University Hospitals Plymouth.

- Palliative care in-reach in the emergency departments at Royal Free and North Middlesex Hospitals.
- Sound Primary Care Network integration.
- Derby and Derbyshire Integrated Care Board Primary and Acute care partnership.

As part of our internal influencing work, our award-winning Research Nurses remain embedded in our places and, as well normalising research participation for patients, caregivers and staff, they are at the heart of evidence implementation, supporting the rapid translation of evidence into practice.

Some examples of how evidence has been translated into practice include:

- 'Poverty Proofing' work in Bradford, which used research evidence to understand and reduce barriers to accessing hospice services, informing practical changes such as applications for an access grant and evidencing the need for a patient minibus.
- The Journal Club Toolkit supported colleagues in Scotland to reestablish structured evidence discussions by providing a clear process and defined roles that helped engage clinical teams.
- Organisational learning was strengthened through the Falls Summit, where robust evidence on the prevalence and impact of delirium in end of life care informed discussions on falls prevention. This prompted a retrospective case note review to better understand its contribution to incidents, embedding evidence into wider quality improvement and governance activity.

Part 2d: **Next year's priorities**

In this section, you can see our priorities for improvement for 2026/27 grouped under three key areas:

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

The progress of these priorities will be reported to and monitored through our clinical governance framework across the UK.

Patient safety

Strengthen medication safety culture across all services

What will we do:

Medication incidents remain one of the most commonly reported incident types in our services. Improving collaboration, staff competence and system learning from incidents is important to ensuring high quality care. We will establish a Medication Safety Forum, which will have oversight of detailed thematic analysis of medication incident data, sharing learning and best practice across teams. It will also recommend key quality improvement plans related to medication management. Alongside this, we will strengthen ongoing medication education for staff to ensure consistent knowledge and application.

How will we demonstrate success:

Success will be demonstrated through high completion rates for medication training, a reduction in medication-related incidents over time and positive audit compliance with medication management standards.

Drive organisational improvement on patient falls

What will we do:

Falls remain one of the most frequently reported incident types in our services and can result in harm, making it an essential area to improving patient safety. To reduce falls-related harm, we will create a Falls Prevention Community of Practice that connects teams and facilitates the sharing of best practice. We will also drive a national initiative to

gather learning from falls as a unified system, standardise approaches to falls prevention and apply Quality Improvement (QI) methodology to test and implement interventions collaboratively and across all four nations.

How will we measure success:

Progress will be measured through evidence of shared learning, development and implementation of best practice through the national initiative, reductions in falls-related harm across services, and strong audit compliance with falls management protocols.

Strengthen organisational working on pressure damage prevention

What will we do:

While incidents resulting in moderate or above harm are not frequent (accounting for 1 % of all reported incidents in 2025/26) 53% of these are associated with pressure damage. This makes focused prevention through shared learning, consistent approaches, and targeted improvement work essential. We will establish a Pressure Damage Prevention Community of Practice to promote collaboration and best practice. We will drive a national initiative to gather learning from pressure damage incidents as a unified system, share best practice, standardise prevention strategies and implement QI-driven improvements across all services to reduce harm.

How will we measure success:

Success will be measured through reductions in the incidence and severity of pressure damage, (particularly those recorded as acquired in our care), active involvement in national pressure damage collaboratives and positive audit outcomes.

Experience of care and support

Learn from feedback to enhance service quality, with a focus on improving communication and information about the scope of our services

What will we do:

We will review and analyse feedback from patients and carers to identify national opportunities for improving overall service quality. A key focus will be on examining communication and clarity of service information. This is in response to a theme captured in our Learning from Experience reports which bring together learning from audit, incidents, feedback and complaints. To ensure continuous improvement we will evaluate the impact of our Key Communication Skills and Advanced Communication Skills training programmes. A Caring Services QI project will be launched to explore contributory factors of communication issues and their impact on quality metrics.

How will we demonstrate success:

Success will be demonstrated through a reduction in the percentage of complaints and concerns relating to communication, positive feedback and uptake of communication skills training and evidence of QI project outcomes improving communication, including quarterly reports to the Experience of Care and Support Forum.

Clinical effectiveness

Improve sharing good practice through the implementation of the Quality Assurance Framework (QAF)

What will we do:

We will formalise the sharing of good practice by embedding the QAF across our clinical services. This will include creating mechanisms to celebrate success and integrate these achievements into governance structures. Evidence of good practice will be captured through the Safety Learning Panel, ensuring that collaborative work and learning are systematically fed into this process. Additionally, we will strengthen links between internal collaboratives and the Safety Learning Panel to ensure that improvements are visible and recognised at all levels.

How will we demonstrate success:

Progress will be measured through evidence of good practice being presented at the Safety Learning Panel, and by tracking the number and quality of examples shared across services. We will monitor how these examples are incorporated into internal reports (such as the Learning from Experience Report) and improvement plans and assess engagement levels through feedback from clinical teams. Success will also be demonstrated by increased cross-service collaboration, visible recognition of achievements in organisational communications, audit outcomes demonstrating improvement, and the consistent application of the QAF. This includes guiding regular quality visits to teams and services, carrying out accreditation reviews against agreed measures and following up on any actions identified.

What is Quality Improvement methodology?

Quality Improvement (QI) methodology is a structured, practical approach used to make services, processes or outcomes better. It involves identifying an issue, understanding what is causing it and trying out small, measured changes to see whether they lead to improvement. Using recognised methods, such as the Model for Improvement and Plan-Do-Study-Act cycles, QI helps teams test ideas safely, learn from the results and build changes that lead to reliable, long lasting improvements.

Embed the Quality Improvement (QI) toolkit into practice

What will we do:

To support systematic and long term improvement, we will embed the QI toolkit into everyday practice. Using a consistent, evidence based approach means that improvement work is carried out in a way that increases the likelihood of achieving meaningful and lasting change. This will involve training staff in an agreed, evidence based and unified QI methodology, providing practical support for projects and integrating QI tools into improvement work. By doing so, we aim to strengthen our ability to test changes in a structured way. We will measure the outcomes of these changes so we can understand what is working, demonstrate the impact and make sure that improvements lead to better quality, safety, and patient experience across our services.

How will we demonstrate success:

Progress will be measured by the number of staff trained in QI methodology, the volume and diversity of QI projects initiated and completed and the demonstrable improvements achieved through these projects. We will also track the integration of QI tools into routine practice, monitor project outcomes against agreed objectives and gather feedback from staff on confidence and capability in applying QI approaches.

I can go home and feel confident mum is cared for and I don't have to worry so much. She is in good hands."

Family, South West

The support has been a godsend. My wife is comfortable and feels safe meaning I can take my time to run errands or even sometimes sit in the garden when the weather allows. They've supported us both, not just with the respite but with making sure we have the right equipment, the right level of care and made me aware of what my rights are as a carer."

Family, Wales

Part 3: **Quality in focus**

Part 3a: **Patient safety**

We are committed to reducing avoidable harm and promoting a culture of openness, as set out within our Duty of Candour policy. The Duty of Candour is our statutory responsibility to be transparent when harm has happened. Our policy provides clear expectations and guidance for how incidents should be reported, outlining the four levels of harm that may result and ensuring that the Duty of Candour is applied consistently for all moderate and severe harm.

Table 1 shows the numbers of incidents recorded at all levels of harm in 2025/26 across our clinical services. There were zero incidents of severe harm and the percentage of incidents resulting in moderate harm was 1% of all reported incidents. This includes two incidents that affected staff and one incident that affected a visitor.

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

Level of harm	Total number 2025/26	% of incidents 2025/26	Total number 2024/25	% of incidents 2024/25
No harm	1858	63.7	2620	71.1
Low harm	1028	35.3	1019	27.7
Moderate harm	30	1	45	1.2
Severe harm	0	0	0	0

Case Study: Quality Assurance Board – Midlands

The Midlands team has continued to build on our commitment to visual learning, following the successful introduction of safety crosses. The team developed an electronic Quality Notice Board to strengthen place based communication. This digital platform brings together key operational and clinical information in a clear, highly visual format, making updates easy to access and understand.

Visual learning can help colleagues absorb essential information quickly. By presenting updates in intuitive formats, we aim to support faster comprehension, reduced overload, and help teams identify trends, risks, and good practice.

The board provides a central space for updates on training, audits, incidents, lessons learned, and governance discussions, including for colleagues who do not routinely access the hospice site. By making information visible and succinct, it reinforces transparency and continuous improvement, ensuring learning from governance is effectively shared across all teams and promoting collective responsibility for quality and safety.

Incidents

Hospices	**346** fall incidents	**11.6** fall incidents per 1,000 occupied bed days	**432** medication incidents	**14.5** medication incidents per 1,000 occupied bed days	**163** pressure ulcer incidents	**5.5** pressure ulcer incidents per 1,000 occupied bed days
Hospice Care at Home	**107** fall incidents	**0.19** fall incidents per 1,000 hours of patient care	**87** medication incidents	**0.16** medication incidents per 1,000 hours of patient care	**49** pressure ulcer incidents	**0.09** pressure ulcer incidents per 1,000 hours of patient care

What do we mean by an incident?

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

Medication

Medication incidents have continued to be a key area for improvement this year. Systems based investigations have identified the human factor influences contributing to these incidents, such as interruptions, rushing and multi-tasking, as highlighted through local incident oversight and reporting through national governance. Administration incidents remain the most frequently occurring type of medication incident.

Across several place-based teams, quality improvement work has included reinforcing mindfulness in medication safety, designating clinical rooms as “Do Not Disturb” zones and helping staff reduce cognitive overload to minimise avoidable errors. In addition, some teams have improved clinical environments and documentation through targeted treatment room audits, reintroduced “Do Not Disturb” tabards to support safer and more focused medication rounds, strengthening induction information for medical staff and providing additional training for nurses to improve medication administration. Teams continue to embed weekly multidisciplinary incident review meetings to ensure medication related issues are identified quickly and learning is shared.

We have continued to invest in strengthening the prescribing workforce. Additional Registered Nurses have completed training to become non-medical prescribers, with further staff enrolled this year and next. Non-medical prescribers play a vital role in improving patient care by supporting timely access to medicines, reducing delays, and ensuring more effective use of clinical skills within our teams.

Case study: Medicines’ Management Culture Study Days – West Midlands

Medicines’ Management Culture Study Days were introduced in response to an increase in low- and no-harm medication incidents. The session provides in-patient staff with targeted training that strengthens technical knowledge alongside the cultural and behavioural factors critical to safe medicines practice.

The sessions are led jointly by the pharmacy and clinical leads with a clear focus on our medicines culture, human factors, opioid management and system-level contributors to incidents.

Staff are encouraged to reflect on effective practices, potential risks, and areas requiring improvement. This structured time for open discussion supports shared learning and enables teams to take ownership of safety improvements.

Peer support was essential in strengthening medicines management, when colleagues felt able to discuss near misses, uncertainties, or challenging situations without fear of judgement, it fostered openness and collective vigilance across the in-patient unit. The team feel these conversations helped validate decision-making, highlight blind spots and supported early identification of risk. This collaborative approach promoted real-time learning, supported staff following medication-related incidents and reinforced shared responsibility for high quality, safe practice.

Falls

Falls continue to be one of our top three patient safety incidents, and place-based quality improvement plans remain in place, reviewed regularly through the Safety Learning Panel.

This year, we have updated the Falls policy and bed rails risk assessments, to align with national safety alerts and ensure safer practice. All sites continue to embed dynamic falls risk assessments and responsive care planning. Our moving and handling training has been updated and renamed “Moving and Positioning” to reflect more inclusive and accurate language, with a greater emphasis on recognising and reducing falls risks during mobilisation. This responds directly to learning from multiple incidents. Several hospices have introduced or expanded the use of sensor-based

equipment to provide earlier alerts when patients at risk begin to move, supported by local environmental improvements to aid visibility and response times.

Rapid reviews (a type of investigation carried out quickly after an incident to identify learning) continue to be completed for all falls occurring inside our care, ensuring swift identification of contributing factors. Where incidents result in moderate harm or above, concise investigations are undertaken, with learning shared at the Safety Learning Panel to support system level improvement.

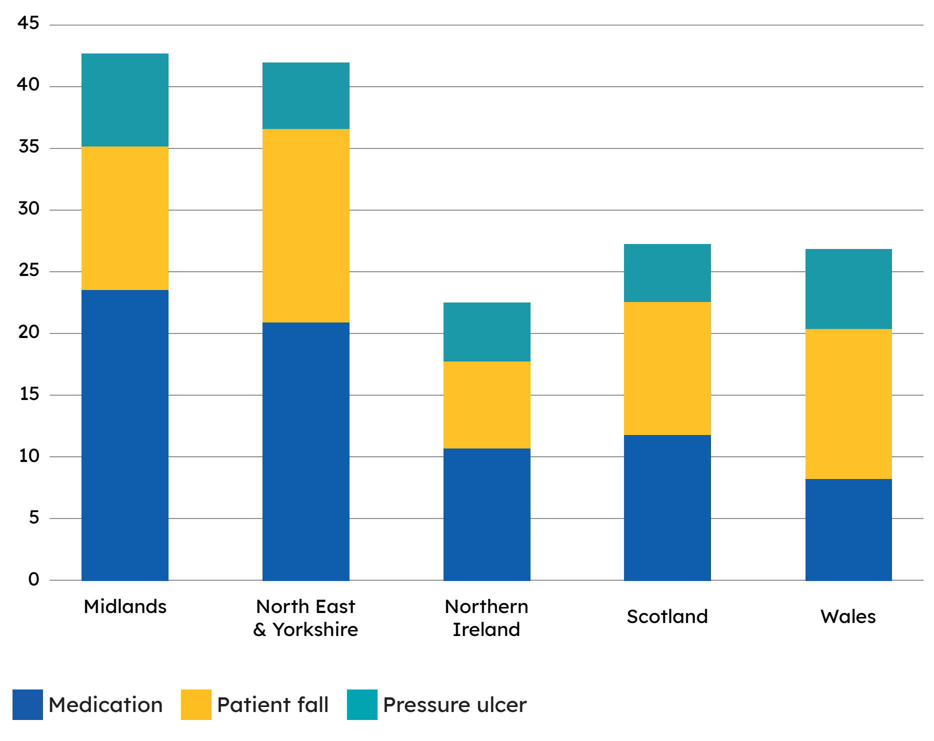
Pressure damage

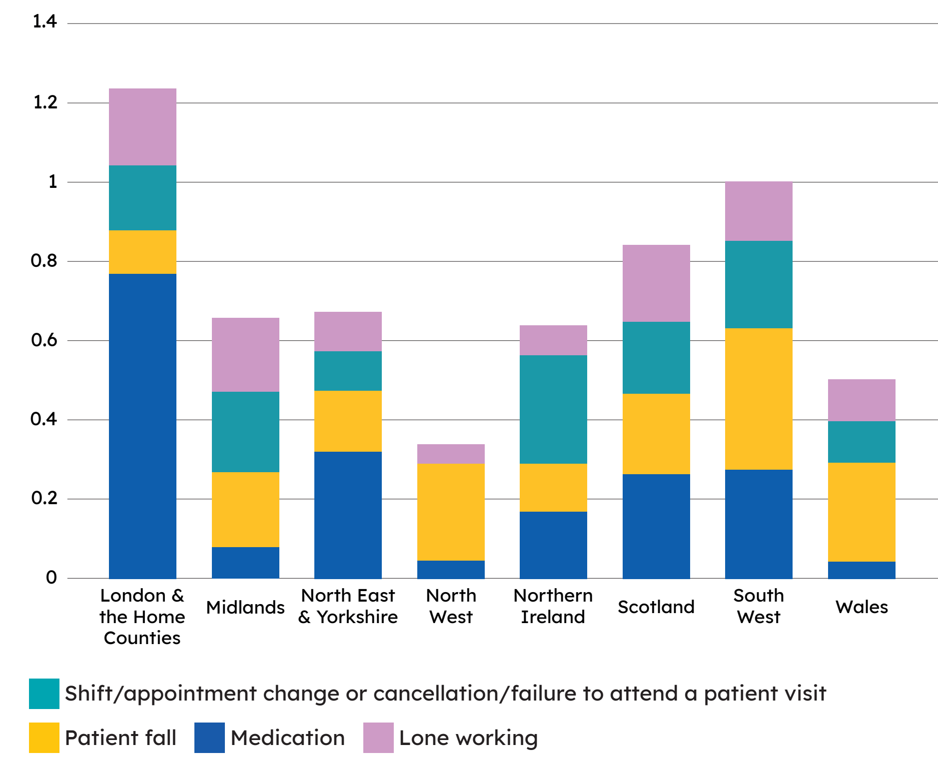
We continue to strengthen our approach to tissue viability across all services. Any pressure damage acquired in our care leads to a rapid review investigation so that contributing factors are understood and learning is shared.

This year saw the full roll-out of the Purpose T pressure damage risk assessment tool across all Marie Curie Hospices. Purpose T provides an evidence-based framework for identifying pressure damage risk and planning preventative care. At the same time, staff who work closely with community partners have received additional training on the Braden Scale (a widely used tool to assess a person's risk of pressure damage) ensuring they can interpret and act on information shared by external services.

We continued to strengthen our approach to recognising pressure damage across all skin tones and to ensure equipment, such as mattresses, meets modern tissue viability standards. Some sites have introduced local tools, including visual ward boards, to support proactive turning and mobility plans.

Collectively these developments reinforce our commitment to preventing avoidable pressure damage and improving outcomes for people receiving our care.





Case Study: Eye donation at Marie Curie Hospice, Newcastle

In summer 2025, the Marie Curie Hospice, Newcastle's In-patient Unit (IPU) launched a quality improvement project to reinstate eye donation practices, which had previously paused during the Covid-19 pandemic. A guideline on eye donation in the hospice was created, along with a proforma to show how the referral process after death would work.

A questionnaire was conducted with IPU staff collecting information on attitudes and knowledge of eye donation in the hospice. This enabled tailoring of four multi-disciplinary team education sessions to address gaps in knowledge and confidence. These four education sessions ran over September 2025.

In October 2025 referrals for eye donation from the IPU began. Since then eye donation has been included in the patient clerking proforma and in daily handover sheets. 13 patients have been referred for eye donation, with seven successful eye donations. The unsuccessful donations were all due to retriever availability.

Further areas for improvement have recently been identified. An eye donation column has been added to the weekend handover as a couple of referrals have not been made over weekends. Additionally, nursing staff's confidence in discussing eye donation with patients and families was identified as an area for improvement and training sessions on this are being organised.

Overall, the staff in the hospice have embraced the project, something that has been crucial in its success.

Infection prevention and control

Surveillance of infection is carried out over the year and incidence in our services has remained low, with no cases of Clostridioides difficile infection and two blood stream infections reported across the in-patient units. Each case was subject to a post infection review to identify how the infection occurred, whether it was preventable and to identify if there was any shared learning. The conclusion in both cases was that the infection was unavoidable due to various contributory factors. Good practice from the staff was highlighted, with early identification, prompt intervention to manage sepsis and good communication with patient and family throughout. This learning was shared locally.

Four outbreaks of infection were reported this year (three Covid-19 and one diarrhoea and vomiting). The majority of those affected in the outbreaks were staff not patients. To support the management of these episodes the head of IPC worked in close collaboration with the local place-based teams to ensure spread was minimised by following best practice and MC policy.

Site visits to each hospice were undertaken to carry out an audit of the environment and IPC practices. Good standards of cleanliness were achieved by all areas (scores 90-95%) with some minor improvements required. IPC practices were also of an excellent standard with compliance to hand hygiene and standard infection control precautions noted.

Two key policies were updated this year to support good practice: Standard Infection Control precautions policy and isolation and transmission-based precautions. The latter also included new door notices to be used on side rooms when a patient with a suspected or known infection is admitted. These were produced to ensure consistency across our hospice sites.

	2024/25	2025/26
Clostridioides difficile infections	3	0
Blood stream infections	3	2
Infection outbreaks	3	4
Infection clusters	3	0

Three patient information leaflets were also updated (MRSA, Clostridioides difficile and Norovirus) and made available when needed. A new Carbapenamase Producing Enterobacterales (CPE) leaflet was also added, addressing a gap in information for patients.

An annual IPC work programme is in place, forming part of the board assurance framework and demonstrates compliance with IPC activities throughout the year as part of the governance process. Progress is reported quarterly at the Infection Prevention and Control group, and full details are reported in the IPC Annual Report.

The annual IPC audit programme for place-based teams is also in place to assess compliance with practice in line with Marie Curie policies and procedures. Audits have included: hand hygiene, PPE, isolation and transmission-based precautions, vascular access device, care of indwelling urinary catheters and other standard infection control precautions. These audits are in addition to the monthly clinical audit for both hospices and Hospice Care at Home services, which are carried out by senior nurses. Both audits contain an IPC section covering key activities. Audit results have indicated

either full or partial compliance with the standards. Action plans still need some refinement, but this work is ongoing.

Staff are supported by the Head of IPC, who provides expert IPC advice and guidance to all staff across the charity to reduce the incidence of healthcare associated infection and maintain patient safety.

Safeguarding

We are committed to safeguarding all our people from harm. This includes our staff, volunteers and all those who use or come into contact with our work and our services. We recognise that all our people, regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, 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.

In the past year, we have implemented a framework and process to help us improve how we best identify volunteers with care and support needs. This is to ensure we are doing all we can to support our volunteers including any reasonable adjustments that may be required. This work is led by our Volunteer Business Partners with support from our Head of Safeguarding and applies to volunteers in every part of the charity.

In May 2025 we shared the final report from our safeguarding review of retail with our Safeguarding Oversight Group. The overall objective of the review was to assess compliance across retail with our Safeguarding policy and Zero Tolerance to Abuse policy. We also tested staff and volunteer knowledge and confidence around safeguarding. The following approach was adopted to help us achieve this objective:

- A questionnaire for staff and volunteers to assess safeguarding knowledge and confidence in following safeguarding processes.
- An audit of all safeguarding incidents recorded on the Marie Curie internal incident recording system in the 12 months prior.
- A review of safeguarding training compliance for both staff and volunteers.
- A review of criminal record check compliance.
- Assessment of the adequacy and effectiveness of processes and controls around the escalation of safeguarding incidents.
- Assessment of the adequacy of responsiveness and support for staff and volunteers who have experienced abuse during the course of their work.

Six final recommendations were made following the review. These were added to an action plan which has been monitored by retail senior management team and overseen by the Safeguarding Oversight group. Recommendations included improvements in safeguarding communications for all stores, deeper dives of stores who'd reported no safeguarding concerns for the past year and a review of internal recording processes to ensure all concerns are recorded in a timely manner.

Across Caring Services, new monthly audits were rolled out in addition to the annual safeguarding audit. We identified areas for improvement in some places and local action plans were created to address these.

We created a set of key risk indicators (KRIs) for safeguarding aligned with our safeguarding themed risk register. These have been structured with clear RAG thresholds and cover risks in workforce compliance, incident data and reporting and audit and governance risks.

In our continued efforts to protect our staff and volunteers and in response to requirements around sexual harassment in the workplace set out in the Worker Protection Act 2023, we developed and launched a comprehensive sexual safety guidance for all staff and volunteers which was widely promoted during National Safeguarding Adults Week 2025. The guidance includes purpose and organisational commitment, definitions and understanding sexual safety, steps to stay safe and what to do if something happens and options for support.

In the coming year, we will continue to strengthen our work around learning from experience, strengthening the culture of safeguarding across all areas of business and make continuous improvements across our place-based services.

Part 3b: Experience of care and support

Our approach to improving people's experiences of care and support centres on feedback from patients, service users, and those they are close to, informing us about what matters to them. It is vital in guiding the ongoing improvement of our services.

High quality, compassionate care and support is essential across Marie Curie. By listening and involving people in their care, we aim to continuously improve our services and ensure everyone feels supported and listened to.

Building on the foundation of accessible feedback channels, we encourage open communication and active participation from all involved. This enables us to swiftly identify areas for improvement and celebrate successes. By fostering a culture of learning, we ensure that our care remains responsive, personalised and safe, reflecting the diverse needs and preferences of our patients, their families, and those accessing our services.

Working with our Research, Policy and Public Affairs teams, we ensure that insights about experiences of accessing palliative and end of life care across the UK is a fundamental element of our aim to close the gap in inequitable access to services.

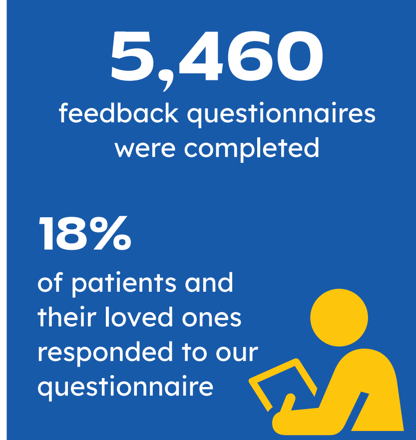
Service user feedback

As part of the development of our strategy and its focus on strengthening how we involve people and communities, we are committed to learning from people's experiences of accessing Marie Curie care and support to help shape how we design services today and in the future. The feedback our service users provides ensures we learn from their experiences and improve, as well as celebrate and build on best practice.

Feedback at a glance

5,460
feedback questionnaires were completed

18%
of patients and their loved ones responded to our questionnaire



97
complaints were received and responded to

99%
of complaints were responded to within 20 working days or an agreed revised time frame

164
concerns were received and responded to

3,780
compliments were received

Top three categories of complaints

1. Care quality and safety
2. Values and behaviours
3. Communication

Top three categories of compliments

1. Quality of care
2. Professionalism
3. Going above and beyond

Friends and Family Test

NHS England uses the Friends and Family Test (FFT) to benchmark care providers and identify opportunities to improve people's experience of care. In line with this best practice, Marie Curie asks everyone completing an experience questionnaire: *"Overall, how was your experience of using this Marie Curie service?"*

This approach enables us to recognise and celebrate excellent practice, share what is working well and highlight areas where improvements may be needed. Respondents can also provide additional comments about their experience while remaining anonymous. Feedback gathered through the FFT is used across all levels of the charity to support continuous learning and drive ongoing improvement in the quality of our services.

> **"The whole experience has been wonderful. From the initial phone call to the two hour visit explaining the service to me. Everyone has been respectful, practical and very friendly. I have always felt safe and secure in their care."**
>
> **Patient, Wales**

99%

of respondents to the Friends and Family Test rated their experience as either 'good' or 'very good' (total responses: 5,460.

Complaints

Hearing directly from people about their experiences of care and support is essential to driving continuous improvement, including when those experiences fall short of what we would hope to deliver. We are committed to making it as easy as possible for people to raise concerns and make complaints when care does not meet their expectations or when something goes wrong.

Although we never want anyone to have cause to complain, we recognise that complaints are a valuable source of learning. Each complaint provides insight and an opportunity to make positive changes for those who will use our services in the future.

We aim to respond to 95% of complaints within 20working days, or within an alternative timescale agreed with the person raising the complaint if a longer period is required. Extensions may be necessary when a complaint is complex, when it is difficult to investigate the issues raised, or when other organisations are involved.

We make every effort to resolve complaints locally. However, if someone remains dissatisfied with our investigation, they are able to refer their concerns to the Parliamentary and Health Service Ombudsman or the relevant national regulatory body for an independent review.

Throughout the year, common themes arising from complaints have been monitored and discussed at the Patient & Public Engagement Group and the Safety Panel. These forums ensure that learning from complaints is shared across the organisation. As seen across the wider health and care sector, communication with patients and their loved ones continues to be one of the most frequent areas of concern raised with Marie Curie. Improving communication therefore remains a priority and we continue to invest in initiatives aimed at strengthening our performance in this area including a dedicated quality improvement project over 2026/27.

Changes made following complaints and concerns

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

You said	We did
The hospice uniforms are confusing and I don't know who's who	A uniform guide was developed and is now displayed on the hospice noticeboard.
I don't know which support and wellbeing activities are available in my local area	A wall display and referral criteria has been co created to make it easier for people to understand the options available and how to access them.
I need information about cost of living	We worked with charity partners to host a cost of living event and continued to provide information and support to help people affected by death and dying and the impact of cost of living.
The plates and mugs are too heavy on the in-patient unit	Purchased lightweight crockery to support patients with staying independent.
Therapy services to help with mobility are very beneficial and we need quicker access and more support where I live	Improved access to the service and increased our availability.
There aren't television remotes for all rooms in the hospice in-patient ward	Purchased new remotes to give patients independence.
We don't always know who to contact after a home visit	Visiting cards are now left in the patient's home detailing the visit and who to contact if you need help.

Compliments

Our compliments continue to demonstrate the deep appreciation and gratitude expressed by patients and those close to them for the exceptional care and support provided by our teams. They offer valuable assurances about the quality of our services and reflect the dedication of our staff, who consistently go above and beyond for the people we support.

Quality of care remains the most frequently mentioned theme in the positive feedback we receive. This highlights the consistently high standards delivered across our services and reinforces the importance of providing excellent, compassionate care to patients and their loved ones.

Compliments also tell us that we are supporting people to die in their preferred place of death, with many families expressing their thanks for our commitment to honouring patients' wishes at the end of life.

> "Your kindness, compassion, and unwavering support made an immeasurable difference to Mam's final weeks and days, and us as a family. You treated mam with such tenderness, respect and dignity. You spoke to her with warmth and gentleness even when she couldn't respond. You were never rushed, every gesture, every word was filled with empathy and care. You made mam and us feel safe, and that meant the world to us. Your care extended beyond caring for mam. You guided us through moments we never imagined, calmly and with quiet strength. You offered many words of comfort and answered our questions with patience. We won't forget how you helped us through those long nights, the reassurance you gave, the dignity you preserved, and the warmth you brought will stay with us forever."
>
> **Family, North East**

> "As a husband and daughters, we want to extend our deepest thanks for the incredible care and compassion you provided to my wife during her final days. We are especially grateful for how you allowed us to step away from the heavy responsibilities of caregiving and simply be a family again."
>
> **Family, Midlands**

> "I am overwhelmed by your amazing staff and their dedication to the roles they do. You encounter people at one of the worst periods they will experience, and you do everything you can to make it as comfortable as it can be. Thank you for everything you did for our family and for all you continue to do for those in your care."
>
> **Family, Yorkshire**

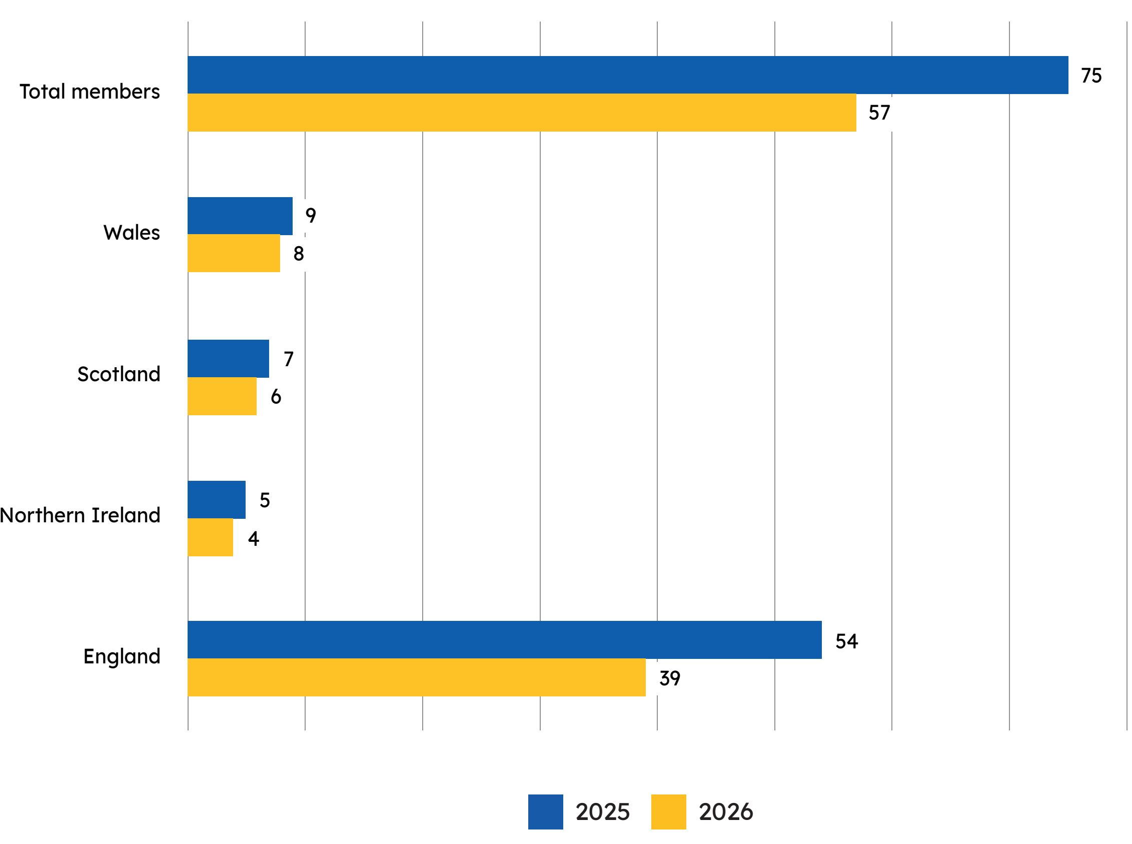
Patient & Public Involvement in Research

Membership of the Research Voices group now exceeds 70. We have strengthened representation across the devolved nations and we will continue to broaden and diversify the group.

In the last year, members of the Research Voices group have been involved across the whole research, policy and campaigning cycle.

Key highlights include:

- **UK Commission on Bereavement**: Sharing lived experiences focusing on employment bereavement leave at a Steering Group meeting.
- **Make "Sadmin" Simple campaig**n: Collecting and sharing personal stories of challenging death administration in the corporate sector with the Department of Work and Pensions and at a Marie Curie-hosted industry round table. This campaign is ongoing with Marie Curie.
- **James Lind Alliance research priorities setting partnership**: Participation in the Lived Experience group significantly benefited the research. 66 recorded impacts included shaping the project, improving data collection tools, clarifying language, promoting diverse responses and aiding dissemination (refer to Research Involvement and Engagement).



Case study: Patient Dignity Question (PDQ) – Marie Curie Hospice, Belfast

The Patient Dignity Question (PDQ) is a simple but powerful prompt that asks patients: "What do I need to know about you as a person to take the best care of you that I can?" It gives people space to share the parts of themselves that matter most; their values, stories, comforts, connections, or little details that help them feel like them.

This work was carried out in our Belfast In-patient Unit (IPU) as part of a quality improvement project led and facilitated by final year graduate medical student from Ulster University alongside a consultant in palliative medicine at the hospice, working closely with the wider multidisciplinary team (MDT). The study aimed to understand how using the PDQ would affect staff, not only in the way they delivered care, but in how it influenced their connection to patients and their own sense of meaning in the work.

Through a mix of questionnaires, PDQ introduction on the ward, and a focus group involving nurses, doctors, therapists, social workers and students, the study explored what changed when staff had access to patients' PDQ responses. What emerged was deeply personal. Staff said the PDQ helped them slow down and truly see the person behind the illness. Nurses described how even one personal detail helped them approach difficult moments with more empathy. Doctors said PDQ responses often brightened heavy days and reminded them why they chose palliative care. Social workers noticed patients seemed genuinely uplifted by having a conversation centred entirely on them as a person. Occupational therapists reflected on how it opened new avenues for meaningful, tailored interactions.

Across the IPU, the PDQ brought the team closer together. Sharing responses during morning handover helped everyone focus on what mattered most to each patient, giving the MDT a more united, compassionate starting point. Staff also found the work personally enriching. It added depth, humanity and purpose to everyday tasks, making the emotional weight of palliative care feel more shared and more meaningful.

In the end the study showed that one simple question, asked with care, can change the culture of a unit. It nurtured dignity, strengthened connections and reminded staff in the IPU of the profound privilege of caring for people at such an important time in their lives.

Part 3c: **Supporting our people**

Equality, diversity and inclusion (EDI)

Inclusion and equity is at the heart of all we do at Marie Curie, both within the charity and in our work to ensure the best possible end of life experience for all.

We are committed to creating an inclusive culture where each employee can fulfil their own potential, bring their 'whole self to work' and fully contribute their skills, experience and perspectives to deliver the best service.

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

Our approach against racism

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

Addressing inequality

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

Intersectionality matters

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

Staff networks

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

We have the following staff networks:

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

Case Study: Greener Palliative Care – Marie Curie Hospice, Cardiff and the Vale

Marie Curie Hospice, Cardiff and the Vale was selected as one of ten specialist palliative care teams across the United Kingdom and the Republic of Ireland to be a pilot site for a Greener Palliative Care Award, developed by the Palliative Care Sustainability Network supported by Hospice UK. This provides a scheme for palliative care teams and hospices to improve their environmental sustainability and reduce carbon footprints in areas like waste, prescribing and energy. The framework has provided the hospice with practical steps to align compassionate end of life care with climate action.

Over the past year the hospice team have engaged in a structured programme to become more environmentally aware and used the tools provided to measure and improve to reduce our carbon emissions and waste. QI methodologies were used to guide several energy saving projects.

Our 'Gloves Off' campaign saw a reduction of 700 fewer gloves per week being used in our IPU with equates over a year to over two tonnes of carbon emissions. Another environment saving came from prolonging the lifespan of single use 9V batteries in syringe drivers, education of staff and reducing the threshold for renewing batteries increased the lifespan of batteries by an average of 12 hours resulting in 130 fewer batteries per year being used at the hospice. The deprescribing project focused on reducing the percentage of potentially inappropriate medications being prescribed to patients admission to the in-patient unit through the development of an animation video shared with all new rotating doctors at the hospice.

We look forward to celebrating receiving our Greener Palliative Care Award at this year's Palliative Care Congress in Brighton.

Wellbeing resources and support

We continue to provide a range of resources and support to help colleagues maintain good mental, physical and financial health and wellbeing. Our free and confidential Employee Assistance Programme is available to all colleagues, offering support across physical, mental and financial wellbeing. Alongside this, colleagues can access additional mental wellbeing and mindfulness resources through our Health & Wellbeing Hub, including dedicated materials designed to support mental health, mindfulness practice and emotional wellbeing. Together, these resources help ensure colleagues have access to reliable and supportive wellbeing information whenever they need it.

Part 3d: **Clinical effectiveness**

Number of patient deaths

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

Between 1 April 2025 and 31 March 2026, 1,405 patients died in our hospices, broken down as follows:

- Q1 – 317
- Q2 – 322
- Q3 – 375
- Q4 – 391

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

Clinical audit

Between April and May 2025, clinical audits were migrated into a new system and this year, the Marie Curie clinical audit programme underwent a full process review. As a result, the programme has been redesigned to include a structured cycle of monthly audits that align with the regulatory requirements of England and the devolved nations. Teams complete their monthly audits within the first three weeks of the month, with the final week dedicated to developing and finalising action plans.

This transition represents a significant change to previous practice and work is continuing to refine and improve the system to support teams effectively.

The new monthly cycle comprises seven separate audits for hospice teams and eight for Hospice Care at Home teams. Alongside the monthly requirements, the annual audits – medication, safeguarding, Infection Prevention and Control, controlled drugs – continue to be completed as part of the overall programme.

Annual tissue viability audit

This audit was undertaken between March and April 2025.

Strengths include consistent documentation of skin assessments, use of appropriate pressure-relieving equipment, prompt categorisation of pressure damage and thorough incident investigations. Pressure damage remained mostly stable during care.

Recommendations included using place-based teams to identify, document, and disseminate examples of effective practice across teams and services, encourage and support learning around the use of 'not applicable' option within their teams and implement actions aimed at enhancing the quality of documentation within patient records, with particular focus on accurately recording the wound's surface area and estimated depth. Each place could use the results of the audit to assist in quality improvement work.

Annual medication audit

Strengths identified included accurate checking and recording of medicine details, completion of Medication Administration Records (MAR)/electronic prescriptions, observing patients during medication administration, obtaining consent appropriately, and completing the

single nurse administration competency assessment. nurse administration competency assessment.

Annual safeguarding audit 25-26

This audit was carried out in 2025-26 on InPhase, with data collected between November 2025 and January 2026. This provided assurance on the presence of a comprehensive safeguarding SOP, covering safeguarding lead contact details, out-of-hours arrangements, and external agency contact information as well as consistent completion of mental capacity assessments.

The primary recommendation was to strengthen documentation to clearly evidence that consent has been obtained from the individual prior to making a referral to the local authority or police.

Monthly clinical audits

The monthly audit programme covers a range of quality and safety domains and is undertaken separately across hospice teams and Hospice Care at Home services. The audits include experience of care, governance, HCA and RN medication, Infection Prevention and Control, nutrition and hydration, safe care, safeguarding, and safe staffing. Together, these audits provide robust oversight of clinical standards and support continuous improvement across all service areas.

Between May 2025 and March 2026 reviews across all audit areas and all place-based teams identified a range of strengths, as well as clear opportunities for further improvement.

Strengths

Services demonstrated strong infection prevention practice, safe medication processes and accurate documentation, including nutrition and risk assessments. Clinical areas and resuscitation equipment were well maintained, staffing levels were safe and mental capacity and safeguarding procedures were followed appropriately. Staff also showed good awareness of patient safety incident types, with incidents recorded accurately.

Opportunities for improvement

Further improvement is needed in keeping clinical equipment consistently clean and clearly marked, strengthening drug room checks and ensuring consistent delivery of mouthcare and mealtime support in line with each patient's individual needs. Other improvements include how consistency in capturing patient feedback, enhancing baseline skin assessments, including consideration of skin tone, and strengthen staff understanding and documentation of valid consent.

Regulators

We haven't participated in any special reviews or investigations in 2025/26.

In England, Marie Curie is registered with the Care Quality Commission (CQC). The CQC assesses whether services are safe, effective, caring, responsive to people's needs and well-led. In 2025/26, the Midlands service was inspected and achieved an overall 'Outstanding' rating.

The Marie Curie Hospice Care at Home service in Scotland is registered with The Care Inspectorate Scotland. Services are registered as both a care-at-home service and a nurse agency. This means that, depending on the patient's needs, care can be provided by either a Healthcare Assistant or a Registered Nurse. In 2025/26, the Care Inspectorate Scotland conducted one inspection. The Scotland North

and West Care at Home Service was assessed on three of five domains: ‘How well do we support people’s wellbeing?’, ‘How good is our leadership?’ and ‘How well is care and support planned?’ and scored 5 (Very Good) in all three.

Marie Curie Hospices in Scotland are inspected by Healthcare Improvement Scotland. No inspections took place during 2025/26.

In Wales, the Marie Curie Hospice Care at Home service is registered with Care Inspectorate Wales (CIW). One CIW inspection took place during 2025/26, and the service received an overall rating of ‘Excellent’. The Marie Curie Hospice, Cardiff and the Vale, is registered with Healthcare Inspectorate Wales. No inspections took place in 2025/26.

The Marie Curie Hospice Care at Home service in Northern Ireland and Marie Curie Hospice, Belfast are registered with the Regulation and Quality Improvement Authority. An inspection took place in February 2026 and the report is not yet available.

Part 4: **Quality Account Regulations (for England)**

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

- During the period from 1 April 2025 to 31 March 2026, Marie Curie provided end of life care through part-NHS funded services via its nine hospices and national Hospice Care at Home service.
- Marie Curie has reviewed all the data available to it on the quality of care in all of the services detailed in the preceding sections.
- The percentage of NHS funding is variable depending on the services commissioned, but on average is in the region of 41%. The rest is provided by Marie Curie charitable contribution.
- The income generated by the NHS services, reviewed in the period 1 April 2025 to 31 March 2026 represents 52% of the total income generated from the provision of NHS services by Marie Curie for the period from 1 April 2025 to 31 March 2026.
- During the period from 1 April 2025 to 31 March 2026, there were no national mandated clinical audits or national confidential enquiries covering the NHS services that Marie Curie provides.
- From 1 April 2025 to 31 March 2026, Marie Curie was not eligible to participate in national clinical audits and national confidential enquiries.
- The number of patients receiving NHS services provided by Marie Curie between 1 April 2025 and 31 March 2026 that were recruited during that period to participate in research approved by a research ethics committee was 32.
- None of Marie Curie income from the NHS was conditional on achieving quality improvement innovation goals through the Commissioning for Quality and Innovation payment from Integrated care boards in England.

- Marie Curie Hospices and Hospice Care at Home services in England are registered with the Care Quality Commission. Marie Curie's registration is subject to conditions. These conditions include the registered provider, and the number of beds in our hospices, for the following:
  - treatment of disease, disorder or injury.
- The Care Quality Commission has not taken enforcement action against Marie Curie during 1 April 2025 to 31 March 2026.
- Marie Curie has not been subject to any periodic reviews by the Care Quality Commission between 1 April 2025 and 31 March 2026.
- Marie Curie has not participated in any special reviews or investigations by the Care Quality Commission between 1 April 2025 and 31 March 2026.
- Marie Curie did not submit records during the reporting period from 1 April 2025 to 31 March 2026 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 2025/26 self-assessment is underway at the moment (initial assessment in April) and is due to submit by the deadline of 30 June 2026.
- Marie Curie was not subject to any Payment by Results clinical coding audit between 1 April 2025 and 31 March 2026.

Statements from stakeholders

Statements from Lead Integrated Care Board, the Overview and Scrutiny Committee, Healthwatch and a Marie Curie volunteer previously supported by Marie Curie.

We shared the account with the Lincolnshire Healthwatch and Overview and Scrutiny Committee and invited their feedback. Healthwatch were unable to provide comments within the timeframe this year. The Overview and Scrutiny Committee acknowledged receipt of the account but were not able to provide a formal statement on this occasion.

We also invited NHS Lincolnshire Integrated Care Board to provide a statement on this Quality Account. The ICB acknowledged receipt of our request; however, a statement was not received in time for inclusion in this year's Quality Account. We remain committed to working closely with the ICB to support the delivery of high-quality care and services.

Volunteer previously supported by Marie Curie

It is a privilege for me to comment on the Marie Curie Quality Account 2025/26. In my opinion, this report effectively addresses the three essential elements of patient safety, clinical effectiveness and the experiences of patients and their families. The document contains clear qualitative and quantitative support data, outlining the participation of Marie Curie in recognised clinical audits. It uses straightforward language and graphics that are easily understood. The document clearly states the vision, values, mission, and strategic goals of the organisation.

Details of the implementation of the Quality Assurance Framework are particularly welcomed. The framework clearly helps with understanding of quality across the organisation through a triangulated approach. It provides a consistent foundation for how everyone can monitor and understand what constitutes high-quality care. The use of case studies and clear statistics both help to emphasise the services that are provided.

It is good to see the focus on the development and implementation of the Freedom to Speak Up strategy (FTSU). The FTSU initiative is very positive, and it is good to see that the Champion Network has been strengthened with the recruitment of six new Champions. Also welcome are the details of how the Quality Improvement Toolkit will be embedded into day-to-day operations.

The Quality Assurance Board from the Midlands team is a great example of how technology is being used to help with the maintenance of excellent quality standards. The summary of some of the improvements implemented as a consequence of complaints and concerns helps to highlight that the organisation does listen and is keen to continually improve standards.

I have no hesitation in endorsing this Quality Account.

Steve Goody, Marie Curie Volunteer and previously supported by Marie Curie

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:

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

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