



**Farleigh  
Hospice**

# Quality Account

Reporting period April 2022 to March 2023



**One team with one core purpose**

Farleigh Hospice exists to meet the needs of local people affected by life-limiting illnesses and to support those who have been bereaved. Through the ongoing generosity of the mid Essex community we provide a range of high quality services totally free of charge. By giving people choice and involvement in the care they receive, we strive to make a real difference when and where it matters the most.

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# Part 1: Introduction

## Introduction by Chief Executive

Welcome to our twelfth Quality Account. This report is for our patients, their families and friends, our supporters, the general public and Mid and South Essex Integrated Care Board who part fund our services. The aim of this report is to give clear information about the quality of our services so that patients feel safe and well cared for and their carers and families are supported and reassured that all of our services are of a very high standard and well governed at all levels throughout the organisation.

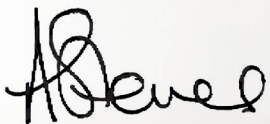
In this year, we celebrated our 40<sup>th</sup> Birthday with many events throughout the year to mark this amazing achievement. At the beginning of the year, our founder, Glenda Lance sadly passed away and we remain indebted to Glenda and her tenacious efforts in getting a hospice established 40 years ago in the Chelmsford area.

We launched our new strategic plan with three key goals to innovate, inspire and invest and, despite the current economic crisis and increasing demands for our services, I am extremely proud of Farleigh's achievements. I truly believe we have an organisation that is fit for the future, who work as 'one team with one core purpose' - to lead on the delivery of excellent palliative, end of life and bereavement care.

We worked hard to achieve planning permission for our Maldon premises and will look forward to seeing this building refurbished and extended in 2023 to provide a base for our south team and a safe space for people who use our services in this area.

This has been my final year at Farleigh Hospice as I will soon retire. It has been a privilege to lead such a dedicated and forward-thinking team and I wish to thank all of our staff and volunteers for their ongoing hard work and commitment to Farleigh Hospice and to our local community and NHS funders for their continuing support.

This Quality Account follows the model requirement set out in the regulations by the Department of Health. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare provided by Farleigh Hospice.



Alison Stevens DipHSM, MA  
Chief Executive

For any queries, comments, or any further information, please email us at [comments@farleighhospice.org](mailto:comments@farleighhospice.org)



# The Board of Trustees commitment to quality

## Statement in respect of the Quality Account

The trustees are required under the Health Act 2009 to prepare a Quality Account for each financial year as Farleigh Hospice is part funded by the NHS. The Department of Health has issued guidance on the form and content of the annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2017)).

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

- The Quality Account presents a balanced picture of the hospice'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; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

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



Signature, Keith Spiller, Chair of the Board of Trustees

# Farleigh Hospice Mission, Vision and Core Values

Our mission, vision and values are fundamental to the delivery of our services and underpin everything we do.



## Working together making a difference

The care that Farleigh Hospice delivers is always underpinned by our Core Values and the Key Lines of Enquiry (KLOE) set out by the Care Quality Commission (CQC); all decisions we make and processes we develop follow the five KLOEs of Safe, Caring, Effective, Responsive and Well-Led.

## Part 2: Priorities for Improvement and Statements of Assurance from the Board (in regulations)

This Quality Account mainly considers quality issues within the provision of clinical care and relevant support services necessary to provide this care. It does not fully consider the fundraising and administrative functions of the organisation.

### Future priorities for improvement - 2023-2024

The Board of Trustees are committed to the delivery of high-quality care, which is safe, effective and meets the needs of service users. The board also supports the continuous development and improvement of the services provided by the hospice.

The future priorities have been developed through consultation with service users including patients, carers, staff and volunteers. Following wider consultation, the priorities selected will impact directly on each of the three domains of quality:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

Looking forward, Farleigh Hospice confirms that the quality improvement priorities for 2023-2024 will be:

#### Future priority for improvement 1

**Working with our communities to access under-represented groups and ensure palliative care services are truly accessible to all.**

##### Why was this priority identified?

National evidence has emerged indicating that under-represented groups are less likely to access palliative and end of life care and support. We are keen to ensure that we do all that we can to provide services that are truly accessible to all.

##### How will this be achieved?

This will be achieved through partnership working with existing organisations such as the prison service, homeless charities, faith groups and trans and gender diverse communities.

##### How will this be monitored?

Specific projects will be set up to achieve this priority with key performance indicators identified from the outset. Training statistics will be collated along with evidence of change in practice through case studies.

## Future priority for improvement 2

**Ensure excellent staffing resources across all areas of our work through innovative workforce planning.**

### **Why was this priority identified?**

Following initial work completed last year on building a sustainable workforce, we are keen to continue our innovative approach to workforce planning across all areas of our workforce.

### **How will this be achieved?**

A recruitment campaign has been put in place to encourage registered nurses to join our workforce. This will be extended to include other key positions. Our campaign includes innovative approaches to inspire potential applicants through personalised stories from recently recruited staff, along with a 'refer a friend' scheme. The focus is on the benefits of working with an excellent charity where job satisfaction is paramount, as demonstrated by the results of our staff pulse survey run by Best Companies.

### **How will this be monitored?**

This will be monitored by success of the recruitment campaign, staff turnover and staff satisfaction survey.

## Future priority for improvement 3

**Ensure the hospice is inclusive in all that we do through staff engagement, data collection and raising awareness of equality, diversity and inclusivity.**

### **Why was this priority identified?**

We have observed how other hospices and charities have questioned their own culture and behaviours to ensure they are as inclusive as they can be in all aspects of their work. From this we have seen evidence of good practice which we wish to adopt to ensure we too can be the best we can be in this respect.

### **How will this be achieved?**

We will undertake an equality, diversity and inclusivity benchmarking assessment with an external agency and identify areas where we need to improve. We will introduce training for our staff and challenge our own thinking with regards to inclusivity.

### **How will this be monitored?**

Training statistics will be collated along with evidence of change in practice through case studies.

## Future priority for improvement 4

**Extend and refurbish our Maldon premises to provide access for one-to-one and group support for people in Maldon and the surrounding areas who use our services.**

### **Why was this priority identified?**

Farleigh Hospice has a long-standing presence in the Maldon area. The previously owned building had structural issues and we decided to sell and move location. This led to an open meeting with the Maldon community to ask for their input on what they wished Farleigh Hospice to provide for their local area. More suitable premises were then purchased in January 2020. This site has been temporarily used as a base for our south team during the pandemic, pending planning permission to refurbish and extend the building in line with the asks of the local community.

### **How will this be achieved?**

The Farleigh Hospice board has approved this development to go ahead as this will provide a base for people to access services who live in the south of our patch. A project group has been set up with specific working teams to achieve all aspects of the project within the agreed timeframe. This includes the services to be delivered, communication with stakeholders, funding, planning and building works, as well as relocation of the south team during the building phase.

### **How will this be monitored?**

Monitoring will take place within the project group and will be routinely reported at Farleigh Hospice committee and board meetings. It is hoped that the formal opening of our new Farleigh in Maldon premises will take place within 2023/24.

# Priorities for improvement from 2022-2023

The aim of the Quality Account is to not only look forward by setting future priorities for improvements, but also to look back and evidence achievements on the priorities set for the previous year.

In last year's report, five priorities for improvement were agreed. The areas identified were specifically selected as they would directly impact on the care of patients, carers and the bereaved, either through improving patient safety, clinical effectiveness or the patient's/client's experience.

These were, selected as we emerged from the impact of the Covid-19 pandemic and the national lockdowns. The priorities, therefore, took into consideration the adaption to the pandemic climate and the hospice reshaped services to enable Farleigh to evolve with the times.

## Priority for improvement 1

**Sustainable Workforce - using creative solutions to ensure the workforce of the future.**

### How have we met this priority?

Farleigh looked at number of areas where we needed to ensure that we had a sustainable workforce and took an innovative approach, as set out in the examples below:

#### Clinical roles

Following on from the impact of Covid, and the success of the Virtual Ward model, Farleigh introduced the role of virtual clinical nurse specialist (VCNS) to support our teams. The idea came to support the CNS roles as recruitment was proving to be challenging. By creating the virtual CNS role, the recruiting pool of candidates became wider - national in fact - meaning a wider skillset of staff employed. Farleigh supported this with the relevant IT equipment being shipped out to newly recruited virtual CNS staff and a virtual training programme put in place, led by the head of nursing and quality and head of education. Farleigh successfully recruited eight VCNS staff and they are now fully integrated as part of our one team approach. Their virtual presence daily enables our onsite staff to have more capacity to attend home visits. The VCNS project will be presented by our head of education at the European Association for Palliative Care (EAPC) International Congress in Rotterdam in June 2023. Mark Cobbin (former head of bereavement) will be presenting the extension to the bereavement service at the same conference.

In addition to the VCNS role, Farleigh also rolled out the trainee CNS roles with the support and development of the education team, which was presented at the Hospice UK conference 2022.

*(Sue Griffith, Head of Education, Alison Gray, Head of Nursing and Quality)*

## Priority for improvement 2

**Virtual Ward - caring for people in their own homes and supporting people to die well at home.**

### How have we met this priority?

We have continued to deliver our Virtual Ward service for patients who require additional support due to increased symptom burden at end of life, carer crisis or to bridge the gap for those needing to move into 24-hour care, either in our Inpatient Unit (IPU) or a care home. We provide up to 24 hours of care for a maximum of two weeks, to enable these patients to be cared for at home. This care is provided by our own locality healthcare assistants, agency registered nurses and carers, dependent on the needs identified. This service allows us to support people's wishes to stay in their own homes when their needs increase. These patients would otherwise need to be transferred to hospital, care home or the IPU to manage their care.

In the year to March 2023, 110 patients were admitted to the Virtual Ward with an average length of stay of six days. 84 patients (75%) died whilst on the Virtual Ward, 17 patients (15%) went back to their usual package of care, 10 patients (9%) were transferred to a care home and one patient was transferred to hospice care. No patients were admitted to hospital whilst being cared for on the Virtual ward.

The cost of this service for the year is approx. £57,000 which has been sourced entirely from charitable funds. In order to continue this very valuable service for the people of mid Essex, we will again be seeking funding from a number of sources.

## Priority for improvement 3

**The Green Hospice – expanding our 'green' initiatives to further reduce our carbon footprint.**

### How have we met this priority?

Meaningful figures collected from the Farleigh waste portal demonstrate the following: Farleigh has disposed of 50,000 kg of waste since 1 January 2022, of which 0 kg has gone to landfill. 40,000 kg has been diverted to be reused as fuel and 10,000 kg has been sent for recycling. This means that Farleigh has a reduced carbon footprint from the previous year. The reduction of 10,000 kg of CO2 emissions equates to 3.69 trees planted, half a car off the road and 0.65 houses powered. Only small changes but excellent for Farleigh and the environment. Farleigh also composts all food and plant waste to use on our own allotment.

## Priority for improvement 4

### Patient Experience – listening to patients' stories and involving service users in service design.

#### How have we met this priority?

During 2022/23, Farleigh Hospice worked with the Mid and South Essex Hospice Collaborative Partnership (HCP) to facilitate a population health needs assessment. Funding was provided for this project by Mid and South Essex ICB and Healthwatch Essex were commissioned to undertake a system wide 'Lived Experience survey' as part of the project. The HCP then completed a report setting out the national drivers and previously completed gap analysis, utilising the findings of the report to identify areas for further service improvement. This report has been widely shared with all stakeholders and is incorporated into the work of the system wide Palliative and End of Life Programme Board.

Farleigh inpatient experience forms were revised in 2022 and rolled out to support the Winter Beds project, which commenced on the last two days of September 2022 through to 2023, the results of which are summarised below.

Of the forms returned, 100% of patients and relatives stated that they were either likely or extremely likely to recommend Farleigh Hospice, and that they were happy with the care they received, as shown below:

Which team is providing care?	IPU (n=30)	Community (n=14)
Do you feel you are treated with kindness, respect and compassion	YES - 100%	YES - 100%
Do you feel your privacy and dignity are respected?	YES - 100%	YES - 100%
Do you think our staff have a good understanding of your personal needs and that your views are always taken into consideration?	YES - 100%	YES - 100%
Do you feel supported in expressing your views and getting involved in making decisions about your care, treatment and support?	YES - 100%	YES - 100%
Do you think you are adequately informed about services available to you and that you are supported to access these?	YES - 100%	YES - 100%
Do you think our staff are compassionate, caring and quick to respond to your physical pain, discomfort and emotional stress?	YES - 100%	YES - 100%
Do you feel our staff involve your family / carer(s) in planning and making decisions about your care and treatment?	YES - 100%	YES - 100%
How likely are you to recommend our service to friends and family if they needed similar care or treatment?	YES - 100%	YES - 100%

This form is also available in digital format on the Farleigh website.

Feedback was received via the comments in this survey that a patient information leaflet summarising Farleigh's services would be useful to be able to refer to. This was actioned and a new patient information leaflet is being produced to provide this information to all patients referred to our services.

In addition to the survey, we also collate and review all patients' comments and feedback received, as described below.

Further work is planned in 2023/24 to further improve our patient feedback mechanisms.

## Priority for improvement 5

Launching a new strategic plan as part of our 40<sup>th</sup> birthday year.

### How have we met this priority?

Important factors we have considered in the development of our strategic plan:

- The views of our patients, carers and bereaved clients.
- The views of our staff and volunteers.
- The views of our supporters and our local community.
- Detailed trend analysis of increasing demand for our clinical services.
- Detailed trend analysis of changes in income generation.
- National and regional predictions for palliative and end of life care needs.
- Hospice UK Future vision programme.
- The Mid and South Essex strategic plan for palliative and end of life care.
- The Mid and South Essex Health and Wellbeing plan.

Considering all of the above, we have created a new vision and mission for Farleigh Hospice and have set out a plan for a sustainable hospice that will continue to meet the needs of our local community for the next four years and beyond.



### **INSPIRE - Share our story to inspire supporters and funders to support our work.**

- As a leading hospice with a focus on education, inspire people to join and excel as part of our workforce.
- As experts in palliative and end of life care, inspire others to collaborate with us to provide the best possible care and support for our community.

### **INNOVATE - innovative in our service delivery, involving patients and families in service design.**

- Be innovative in generating income for a sustainable hospice.
- Be innovative in how we use our hospice resources.

### **INVEST - Invest in the growth and development of our hospice.**

- Invest in technology and systems to be at the forefront of hospice care.
- Be creative in how we invest in supporting and developing our workforce.

With a whole team approach to the successful delivery of this plan and with the ongoing support of our local community, Farleigh Hospice will continue to provide, improve and further develop excellent services for those with life-limiting conditions and those who care for them, through to and including bereavement support.

# Mandatory statements of assurance from the board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers and therefore explanations of what these statements mean are also given.

## Review of services

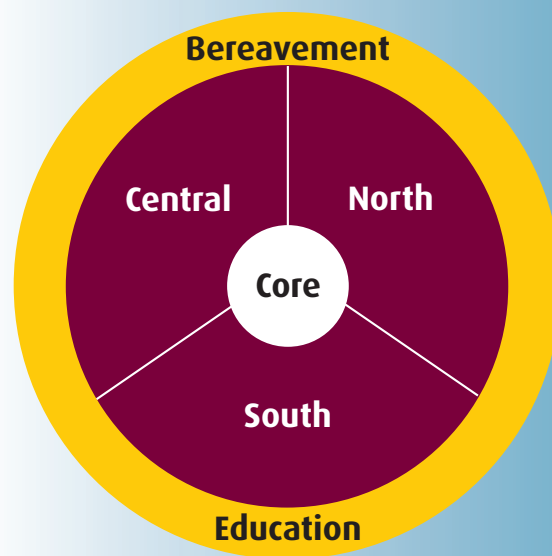
The previous year's Quality Account demonstrated the review of service during the pandemic and a new clinical model was implemented. The new service model has continued with great effect through 2022-2023. The focus of the year has been on consolidation, ensuring the clinical model is embedded and well-staffed.

## Clinical model

Farleigh Hospice's continued clinical model has provided the following specialist palliative and end of life care services:

### Inpatient Unit (IPU)

- Inpatient Unit beds – increased in bed capacity at the end of September from six to 10 beds. The additional four beds were commissioned as 'Winter Beds' to support admission avoidance and hospital discharges from the acute hospital. This project was a combined effort between the head of nursing and IPU medical team and staff, with support of the operational team for data capture and quality measures. Performance outcomes were presented to the Integrated Care Board in January 2023. The statistics on the success of this project can be seen in the following pages.



Rapid assessment and discharge service.

- Rapid assessment and discharge team (RADs) working with Mid and South Essex Foundation Trust to facilitate timely discharge or transfer to IPU.

### Community Team Services

- Locality care teams - north, south and central - geographically-based multi-disciplinary teams who provide expert specialist palliative care and end of life care support.
- Family support and counselling.
- Personal care (hospice at home and domiciliary care agencies).
- Clinical advice line.

### Medical Team

- Medical service provided by consultants in palliative medicine across all settings – acute hospital, hospice and community.

## Spiritual Care

- Spiritual care and pastoral support with links to all faith groups.

## Bereavement support

- For children, young people and adults.

## Therapy Services

The therapy provision at Farleigh Hospice has seen much development over the past year as we moved out of Covid restrictions and into offering new services that would meet the holistic needs of our ever-varied and complex cohort of patients.

There have been three 'Relax and Breathe' courses delivered over the past year. Each course is a six-week block of sessions, delivered for patients and their carers, focussing on education and self-management of breathlessness, with the intention that attendees leave with the correct skills and understanding of their condition and how to self-manage some of their symptoms. The course is delivered using an Multi Disciplinary Teams (MDT) approach, led by a therapy assistant with input from the clinical specialist physiotherapists, clinical specialist occupational therapists, medical team, complementary therapist, clinical nurse specialists (CNS) and family support colleagues. Feedback from all three courses has been extremely positive and we will look to this model when developing further therapeutic groups.

Motor Neurone Disease (MND) support groups are now using a hybrid approach of face-to-face and virtual delivery.

The therapy gym took delivery of a large amount of equipment thanks to a generous donation by one of our supporters. This has meant that not only do we have some more modern equipment in the gym but that we have the ability to loan out small items of equipment to our community patients to enable them to continue with their rehabilitation at home.

Farleigh Hospice therapists have delivered teaching sessions to the wider Farleigh team on MND and non-pharmacological breathlessness management.

Community visits continue as part of our integrated locality team approach supporting patients, carers and external care agencies to ensure that patients can remain safely at home.

On the IPU, the therapists are using their specialist skills and knowledge to support with non-pharmacological management of symptoms, palliative rehabilitation and with supporting safe and timely discharges.

Individual gym sessions have proven to be a success, helping to give patients focus, independence and meaningful occupation.

The therapists are looking to expand on groups and courses being delivered in 2023 and developing online resources such as relaxation, seated exercises and breathlessness advice that patients and carers can be directed to on the Farleigh website.

*(Sally Davies – Professional Lead for Therapies)*

## **Education and Training** - Internal and External

The education team at Farleigh has continued to be very busy during the last twelve months delivering education to our own staff and to domiciliary care agency staff, community teams, care homes and other local organisations across the Health Care Partnership (HCP) area.

Internally, the eight-session Principles of Palliative Care course has been delivered at six-monthly intervals to ensure that all new clinical staff have a good grounding in all aspects of end of life care. The Advanced Palliative Care course, run monthly, has now reached 20 sessions. This course has provided the vital, underpinning education for the trainee CNS programme, and has also been a valuable source of continuing professional development for more senior clinicians across all of the clinical teams. All registered nurses have completed the drug competency assessment and Nurse Verification of Expected Death competency with the education team, whilst simultaneously completing their clinical competency portfolios.

Externally, the team have continued to deliver the award-winning three-day course for domiciliary care agency staff and those working with people with learning disabilities, in partnership with two other local hospices and Essex County Council. Our commissioned teaching package for the local community team continues to support our local colleagues working with people at end of life in the community.

We have also completed the pilot virtual teaching sessions on Do not attempt cardiopulmonary resuscitation (DNACPR) across the HCP area, reaching 100 experienced nurses and other health care practitioners. We are now in the process of evaluating this programme to ascertain how many new senior responsible officers have been created by this project. We also continue to offer a comprehensive training package to care home staff in the area.

## **Participation in clinical audits**

Although there are a series of statements that all providers are advised to include in their Quality Account annually, many of these statements are not directly applicable to specialist palliative care providers. Therefore, during 2022-23, no National Clinical Audit and Patient Outcomes Programme (NCAPOP) or Clinical Outcome Review Programmes (CORPs) were relevant to services Farleigh Hospice delivers as commissioned by NHS services. This means that Farleigh remained ineligible to participate in any of these activities as none of the audits or reviews relate to specialist palliative care, and therefore there is no data to submit.

## **Local audits**

To ensure high quality services, an annual audit programme for both clinical and non-clinical was commenced in 2022, as Farleigh emerged from the pandemic. A variety of quality, compliance and assurance and service evaluation audit activities were planned. Internal audit programs were moved to an iPad on the IPU for completion and were commenced towards the end of 2022-23, with the project being led by Alison Gray, Head of Nursing.

The internal clinical audit programmes include the following:

Tool	Frequency
Controlled Drug (CD) Audit	Every 3 Months
Specimen Handling	Every 3 Months
Safe Handling and Disposal of Sharps	Every 3 Months
Personal Protective Equipment	Every 3 Months
Mattress Audit	Every 3 Months
Identification Bands	Every 3 Months
Donning & Doffing Audit	Every 3 Months
Night Duty Checks	Nightly
Commodes Audit	Every 3 Months
Weekend Cleaning Checks	Weekly
Temperature Checks	Daily
Top of Emergency Trolley Checks	Nightly
Full Emergency Trolley Checklist	Weekly
CD Checking	Every 12 Hours
Monthly Checks	Every Month

### Use of CQUIN payment framework

No Commissioning for Quality and Innovation (CQUIN) monies formed part of the NHS contract for 2022-23.

### Data security and protection toolkit

All organisations that have access to NHS patient data and systems must complete a self-assessment using this toolkit to ensure that they practice good data security and that personal information is handled correctly. The 2022-23 submission year runs from 1 July 2022 to 30 June 2023. At the time of publication, 38 of 42 mandatory items have been completed for submission.

## What this means

'HSCN' (fast broadband networking service within the NHS) computer connection is a requirement for connection and use of 'SystemOne' (S1) the electronic patient record system used for all Farleigh Hospice patients. This also enables improved access to diagnostic test results carried out by the NHS. Results are more easily accessible for medical staff, leading to quicker decisions regarding treatment of patients. All reporting measures are also more streamlined and accurate.

### Clinical coding error rate

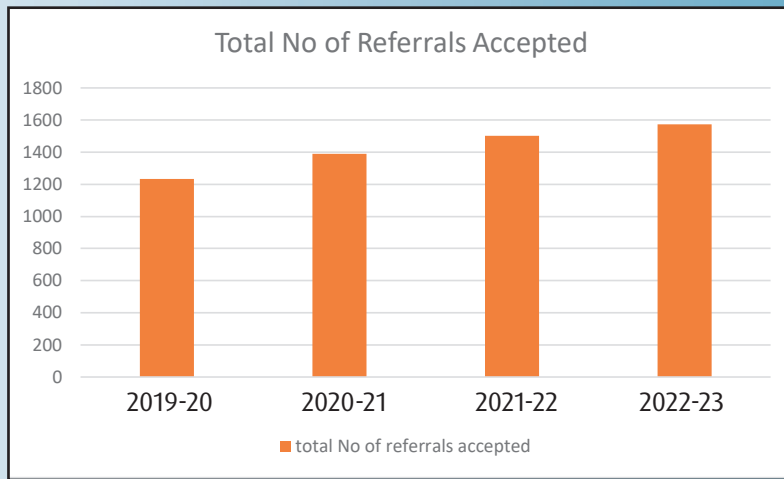
Farleigh Hospice was not subject to the Payment by Results clinical coding audit during 2022-23 by the Audit Commission. There is currently no payment tariff for the specialist care service.

# Part 3: Review of quality performance

## Farleigh Hospice quality performance information 2022-2023

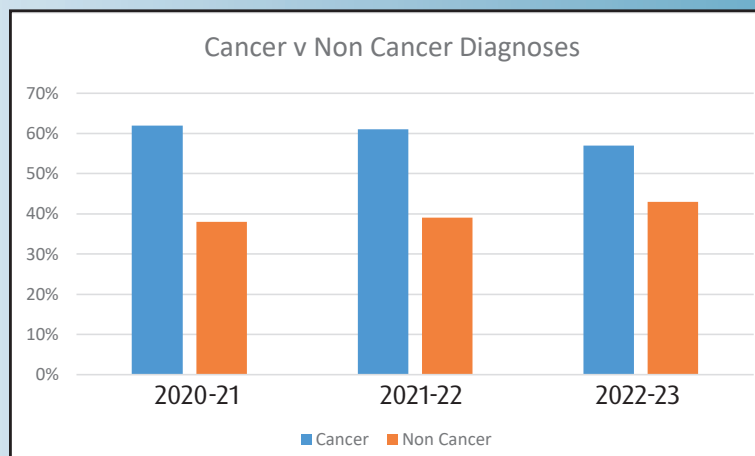
### Referrals to Farleigh

Overall there has been a steady increase in the number of patients referred to Farleigh Hospice over the past four years, with a 27% increase in referrals in 2022-23 compared to pre Covid 19 levels.



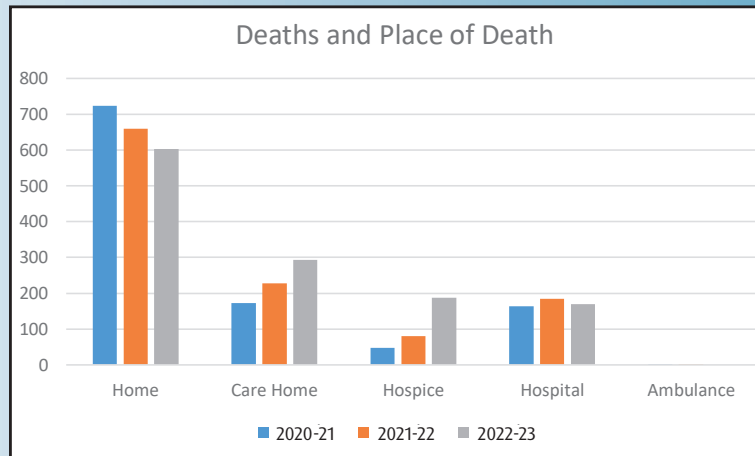
### Patient diagnosis

Farleigh Hospice has always provided palliative and end of life care to patients with cancer and non-cancer diagnoses. Over the last few years, there has been a gradual increase in the number of patients with a non-cancer diagnosis accessing hospice services, with 43% of all patients now referred with a non-cancer diagnosis compared to 38% in 2020-21.



## Place of death

As can be seen from the chart below, Farleigh Hospice continues to support the majority of patients referred to die at home. The decrease in patients supported to die at home in 2021-22 and 2022-23 reflects the increase in the number of people who have been supported within the IPU following the closures in beds due to Covid 19.



## Preferred place of death (PPD)

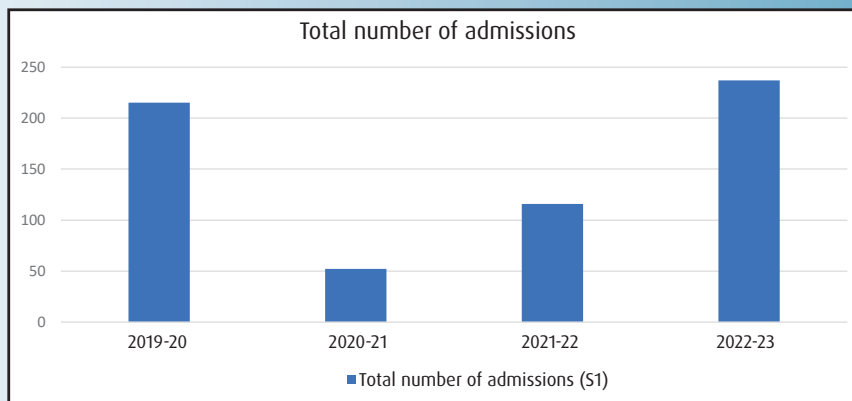
In order to support decision-making for patients and families at the end of their lives, the hospice staff aim to discuss with all patients and significant others their priorities for care and treatment, and preferred place of death.

The hospice works collaboratively with other services and departments including GPs, community district nursing teams, hospital staff and social services to provide care and support to enable patients to remain in their preferred place of care and fulfil their preferred place of death where possible.

Advance care planning and PPD remains a challenging but integral part of the holistic palliative care assessment. Exploring the barriers to having those difficult discussions with both patients, their family and carers is an important part of the clinical staff's work and is included in the education programme.

## Core Team Services

### Inpatient care

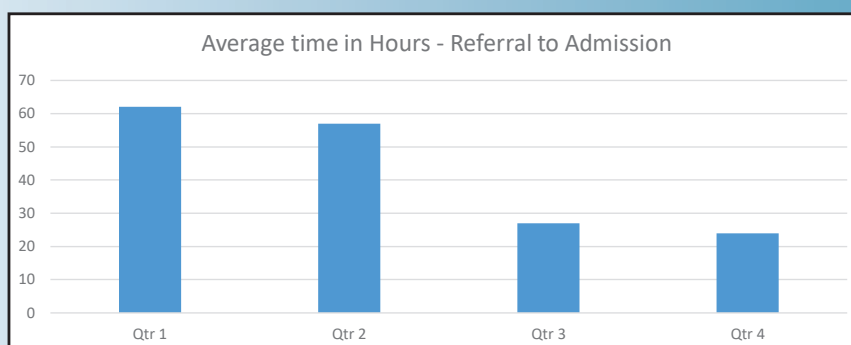


The ten bed Inpatient Unit (IPU) admits patients for symptom control, psychological support, rehabilitation to build confidence, respite care and to provide a place for those who are at the end of their life and wishing to die in the hospice.

As discussed in previous accounts, the IPU was closed at times during the pandemic, and staff redeployed, with patients supported within their own homes. In 2022-23, the IPU resumed normal services.

Bed occupancy over the past year averages 80% with an average length of stay of 11 days. Patients are supported from the wider multi-disciplinary team of therapists, family support and spiritual care. The addition of two clinical nurse specialists (CNS) to the department has increased capacity for mentorship and staff development.

The additional CNS capacity has also helped to significantly reduce the time taken from referral to admission as shown:



In October 2022, the IPU opened four beds to provide a response to the winter pressures. 89 patients received care between October 2022 and March 2023, all of whom came to the hospice from hospital, or to avoid hospital admission, thus reducing the pressure on the acute treatment centres.

## Spiritual care

During 2022-23 the chaplain & spiritual care lead continued to work alongside our clinical teams, supporting patients, carers, staff and volunteers.

One-to-one visit to patients on IPU and in their homes increased.

The chaplain & spiritualcare lead, along with a task and finish group worked on a new Spiritual Care Policy for the organisation and the chaplain was able to develop training in line with the NICE 2004 Spiritual Care Guidelines for the Principles of Palliative Care Course (levels 1 and 2) and the Advanced Palliative Care Course (level 3) for internal staff. This training was also shared with our bereavement team and some external groups.

Farleigh Hospice signed up to the Essex Covenant, a local initiative between public services and local faith groups. This has been an enriching experience, building relationships with local faith leaders from a diverse range of cultures and beliefs.

During 2022, the spiritual care volunteers were able to come back to support on IPU as well as supporting clinical staff with reflection sessions.

The chaplain has worked alongside our marketing and fundraising teams on events and appeals, giving opportunities for remembrance at our Light Up A Life services and Forget-me-not service.

In June 2022, the chaplain led a service of thanksgiving in Chelmsford Cathedral for Farleigh Hospice's 40<sup>th</sup> year.

Staff support continues to be a significant part of the work undertaken by the chaplain, offering an informal and confidential space for staff.

The Sanctuary at North Court Road continues to be a space for reflection and services have been held in this space to support staff on various occasions.

In the last year, there have been baptisms, blessings and weddings for our patients as well as services for bereaved staff, Christmas carol services, regular prayer and mindfulness services as well as a service of Thanksgiving for Her Majesty Queen Elizabeth II.

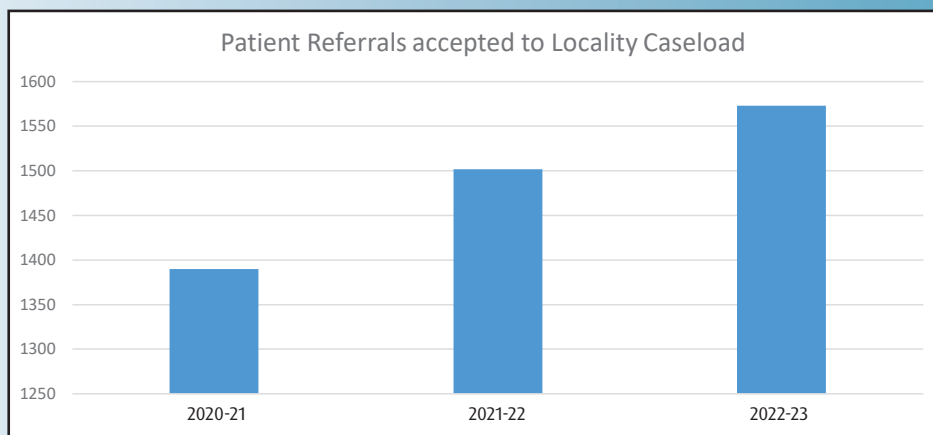
## Community services

### Locality Care Teams

In the Clinical Model of North, Central and South, each team is led by a locality care team manager who leads an integrated team of professionals and care staff. This enables sharing of expertise, providing the wide range of skills that benefit the care and support of patients and families. The ethos of the approach is 'One Team'.

Referrals to the community team have seen a significant rise over the past three years as shown below.

Referrals for community support are received directly into the locality team and assigned to the most appropriate health care professional. From 2021-22 to 2022-23 there was a 5% increase in the number of referrals accepted, and a 13% overall rise from the beginning of the pandemic. Face-to-face visits for the non-hospice at home teams are increasing, from 306 in quarter one to 573 in quarter four. The main referral source remains hospital, with GP's coming second. The locality teams continue in their commitment to the provision of specialist services to their shared caseload of patients.



### Farleigh's clinical advice line

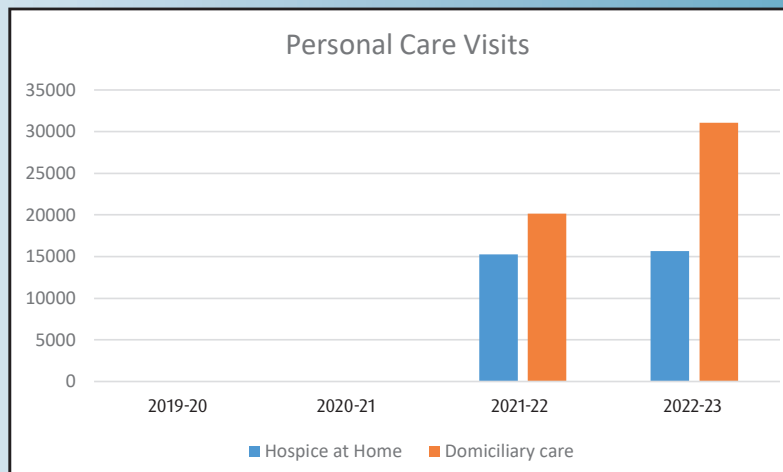
Farleigh Hospice offers a clinical advice line from 8am until 8pm. This advice line is provided by clinical nurse specialists who can offer clinical assessment, advice for professionals, support for families and carers and can initiate rapid response visits as required. In the past year, the hospice received 28,000 incoming calls.

### Personal Care - hospice at home and domiciliary care agencies

Hospice at home carers, working as part of a locality care team, provide practical support and hands on nursing care for patients in the last days of life, emotional support to families, advice on end of life care issues and guidance with medications. The hospice at home carers also support patients and families at times of crisis to prevent unwanted and unnecessary hospital admissions.

Registered nurses and healthcare assistants provide care and support to help people remain at home. This work is supported by domiciliary care agencies who Farleigh Hospice contracts with to provide personal care.

In 2022, the hospice continued to extend this community service to care for more people who were rapidly deteriorating and reaching the terminal phase of their life. This resulted in a continued increase in referrals, face-to-face visits and care hours.



### Bereavement services

Bereavement support continues to be available to adults through the CIRCLE program (age 18+), while children and young people are supported through the Yo-Yo Project initiative (age 4-18). It has been a period of adjustment over the past year as we moved out of Covid restrictions and a model of only offering telephone or virtual support, into a new hybrid way of working. Support is now offered flexibly with a choice of face-to-face, online and telephone sessions available.

Delivery of the service is by a core team of counselling and therapeutic professionals, with support from a large number of internally trained volunteers. With eight new volunteers recruited this year, the total number of active volunteers supporting the bereavement service stands at 60. We are very grateful to the volunteers for donating their time and experience to us.

Throughout 2022-23, the bereavement service has adapted to deliver a programme of solution-focused bereavement support with a grant of £100,000 from Essex County Council. The grant funded a one year project to provide short-term solution-focused bereavement support for anyone resident in the mid Essex area.

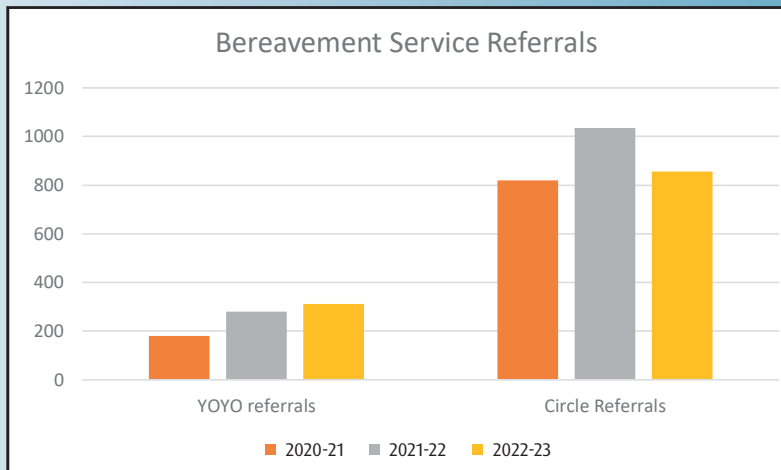
A new programme called Living with Grief was devised and offered adults up to eight sessions of individual counselling or support plus six sessions of psycho-educational group support. Children aged 10+ were offered up to eight sessions of individual support or counselling and access to the other groups offered by the Yo-Yo Project. Over 390 people were supported (the grant set a requirement of 301) with four new team members joining us for the year to focus on this work. The challenge has been a big one, but nonetheless we have been very pleased to be able to offer this additional resource at a time when demand for our services is very high.

Referrals into the Yo-Yo Project increased by over 10% compared to 2021-22. There has now been a 75% increase in referrals to the children and young people’s service since 2020.

The adult service recorded referrals differently from previous years with requests for service/referral information no longer included in the overall figure. By this measure, referrals appear to have decreased by 13% compared to 2021-22; however, with requests for information included, the service has only seen a 3% change in the total number of referrals received.

Specialist training to local schools and health/social care professionals (internal and external) has also continued during the last year. This approach helps people who work with or encounter bereaved people to have a greater understanding of the needs of the bereaved and how they can support them.

It has been another very busy year for both parts of the service but with a shared focus – to reduce waiting times. There is no single solution to this but with an emphasis on early and robust assessment, and greater access to resources and group support, the services are starting to see an impact and are better able to identify those with most need.



## Education – internal and external

The education team at Farleigh Hospice supported internal and external education. They continued to work alongside the nursing teams in the IPU and the three locality care teams. The education team offered role modelling, expert advice and opportunities for competency witnessing and sign off. The Principles of the Palliative Care Course has continued to be delivered throughout the timeframe, capturing new staff within their first few months of employment, and a minority of existing staff who had not previously been able to attend. This has helped us to ensure that everyone commencing clinical roles at Farleigh has the opportunity to be prepared for their role, and to help standardise understanding of the complexities of palliative care.

The new Advanced Palliative Care Course, which has been designed to support progress from trainee clinical nurse specialist (CNS) to full CNS, and upskill other existing staff, is well under way now, and has been receiving excellent evaluations. The trainee CNSs are reaching the halfway point in their two-year programme, and are supported in practice and through supervision, by the education team in conjunction with the head of nursing and clinical quality.

Sessions preparing registered nurses to become competent at verifying expected deaths have been run regularly to upskill staff in this important area, which also involves competency sign off by the education team.

Externally, the team have been equally busy. The ongoing programme of end of life teaching for the Provide community team has continued, although attendance is not always as high as it could be due to the ongoing problems associated with the Covid-19 pandemic and its impact on staffing levels. The head of education and research has recently published a guide to end of life care for non-specialist nurses in the Nursing Standard, designed to support the community teams in giving end of life care, and underpinning the teaching given to the Provide team.

Collaborative working with Essex County Council and two other local hospices to provide teaching to domiciliary care agencies has also continued during the last year. This programme has been modified to be suitable to teach carers working with adults with learning disabilities, and the adaptation of the project will be showcased at this year's Hospice UK conference in Glasgow.

The education team continue to be active within the MSE education work stream group, and have been central to the DNACPR teaching programme, which aims to upskill senior nurses across the whole MSE in the completion of timely DNACPR forms.

*(Sue Griffith – Head of Education)*

## Quality monitoring requirements for NHS Commissioners

Farleigh Hospice reports quarterly to Mid and South Essex Integrated Care Board (MSE ICB) on the quality of its services as set out in our NHS Standard Contract.

Our quality report covers the following:

- **Duty of Candour compliance**
- **Mandatory training compliance**
- **Safeguarding training compliance**
- **Preferred place of death (PPD) recorded and achieved**
- **Details of Never Events**
- **Details of patient incidents including**
- **Hospice-acquired pressure ulcers**
- **Patient falls**
- **Medication-related incidents**
- **Infection control**
- **Complaints and compliments**

## Quality markers we have chosen to measure

Quality is at the heart of everything we do. In addition to the data about services provided through our NHS contract monitoring, we have also chosen to focus on the following over the next 12 months:

- 1. Reduction in medication-related incidents**
- 2. Implement patient-related outcome measures using the Integrated Palliative Care Outcome Scoring tool (IPOS)**

## Complaints, concerns and compliments

### 3.1 Complaints and concerns

Between 1 April 2022 and 31 March 2023, the hospice received ten complaints and concerns. Of these the themes were around communication and admittance to IPU, rather than home and medication management.

All complaints and concerns were discussed by the executive team to ensure they were correctly dealt with and to facilitate organisational learning. Staff have been supported in training where applicable and further awareness of the importance of cross-team information sharing.

### 3.2 Compliments

The hospice received many compliments about services, support and the compassionate care it provided. These were in the form of cards, letters, emails and social media. Cards and telephone calls remain the most frequent form of feedback. A total of 242 compliments have been recorded between 1 April 2022 and 31 March 2023.

Compliments are shared across all our staff to demonstrate our 'one team' ethos of everyone working together to provide outstanding care.

## 4. Safety information

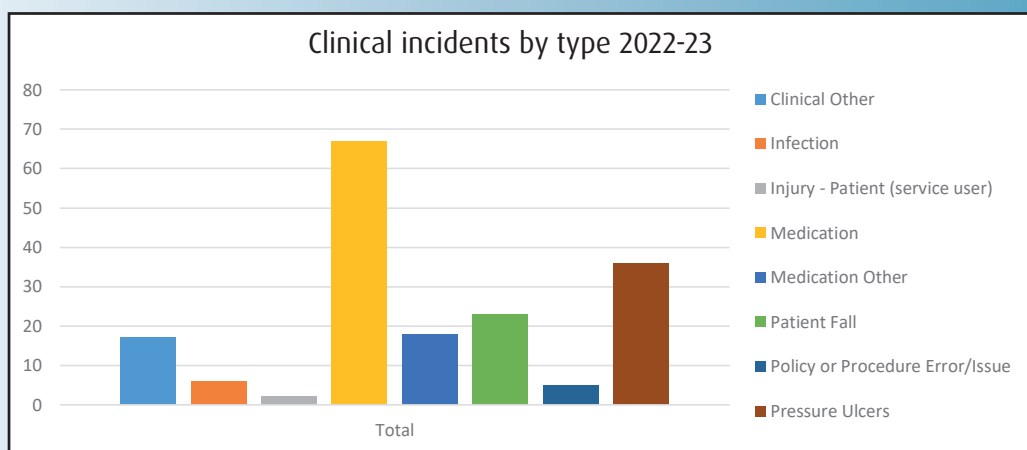
Farleigh continued to develop its compliance database, Sentinel, throughout 2022-23 with the completion of health and safety risk assessments such as lone working, manual handling and home working. In addition, a Clinical Audits module was developed along with a CQC Key Lines of Enquiry project, Practising Privileges and Professional register. Sentinel is an effective management tool to manage compliance, schedule policy and procedure reviews and report on incidents, accidents and near misses, to understand learning and make service improvements. Further development is planned for the coming year to improve the quality and consistency of our reporting of clinical incidents.

### 4.1 Risk assessment

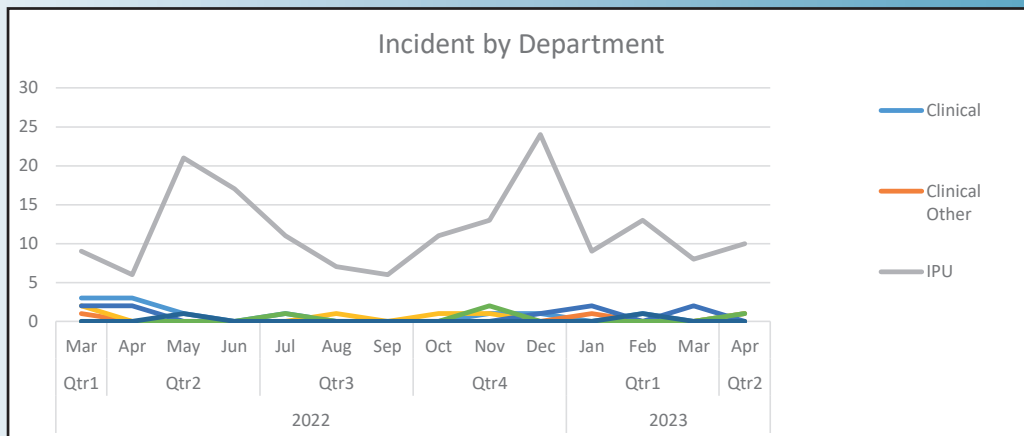
All risk assessments are reviewed at least annually or sooner if circumstances change. The new Sentinel system is now the place where all this is stored, all risk assessments are rated red/amber/green in order to alert assessment owners of upcoming and overdue assessments for review.

### 4.3 Accidents/incidents

During the reporting period for 1 April 22 to 31 March 23 there were a total of 174 reported clinical incidents, accidents and near misses.



As expected, the majority of these occurred on the Inpatient Unit.



Five of these were serious incidents (SI's) resulting in escalation to external bodies:

- One to Essex Police – Due to a relative who refused to follow visiting protocols following complex family dynamics. Panic button was pressed and the police called. Ongoing investigation with the police.
- Two reported to HSE (RIDDOR) – Related to retail operations
- One reported to HSE (investigation in progress.)
- One Covid 19 related

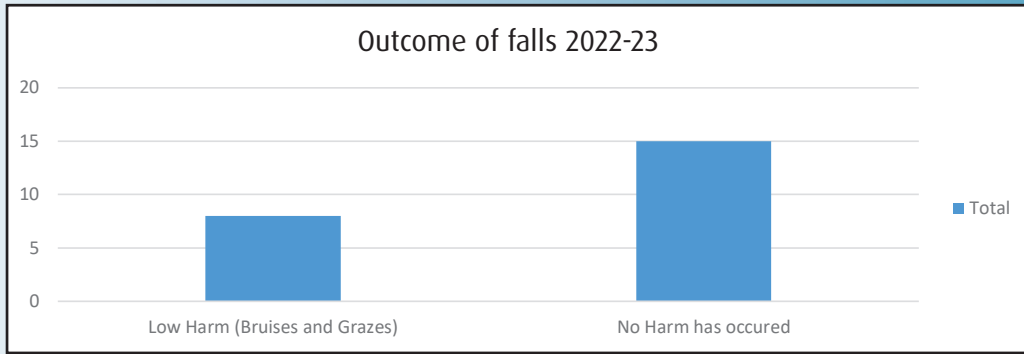
One further incident was raised as an SI but subsequent investigation identified the outcome of the incident was due to the underlying condition of the patient.

All clinical incidents including patient falls, medication events, infections and pressure ulcers were reported on a quarterly basis and reviewed by the Clinical Quality Group to ensure appropriate action has been taken, duty of candour exercised where relevant and any organisational learning actioned. Summaries of incidents, actions and learning are also reported to the Clinical Governance Committee.

Since April 2023 a new clinical risk meeting has been introduced so all incidents can be reviewed on a monthly basis by the head of nursing and quality with relevant service managers.

### Falls

In this reporting period, 23 patient falls were reported. None were of a safeguarding concern and resulted in no harm or low harm. All falls were investigated including a review of the Falls Risk Assessments.

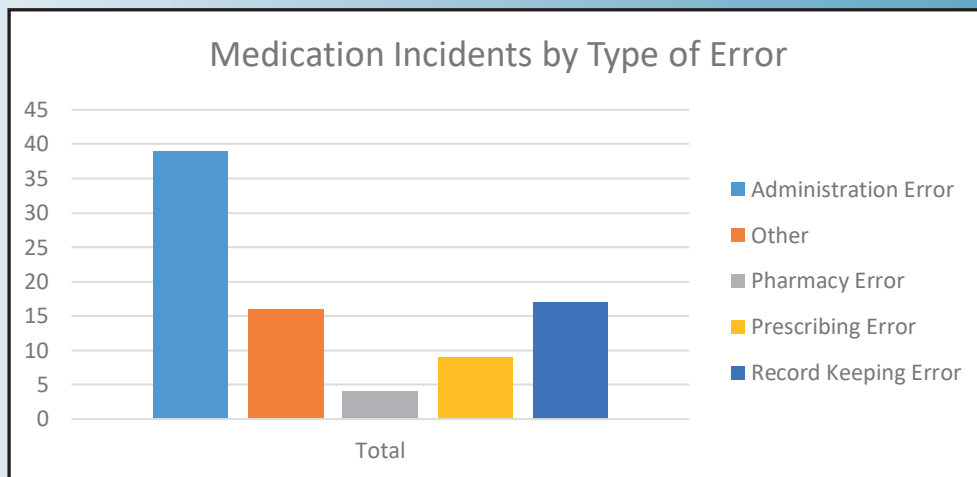


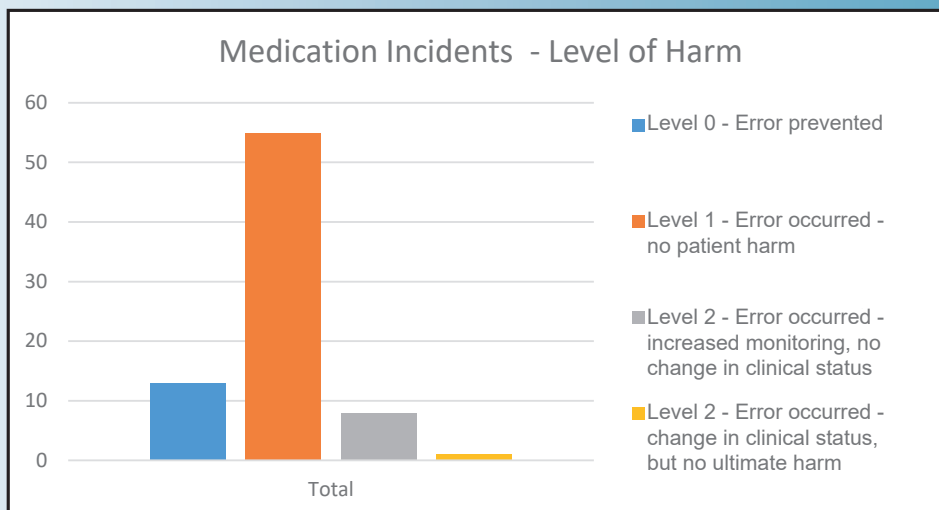
### Hospice-acquired pressure ulcers

36 pressure ulcers were reported in this reporting period, 19 of which were present upon admission with the remaining 17 acquired at Farleigh. All were fully investigated and declared unavoidable. All appropriate care and clinical input was implemented and documented clearly.

### Medication incidents

85 medication related incidents were reported in 2022-23. The majority of these were either administration or record keeping errors. Whilst the majority of these were either near misses or low harm incidents, a priority for us in the coming year is to reduce the number of medication-related incidents.





#### 4.5 Safety alerts

The hospice reviews all alerts received from the Central Alerting System including drug safety alerts from the Medicines and Healthcare Products Regulatory Agency and Medical Devices Alerts. All alerts are reviewed at the Clinical Quality Group and Health and Safety Committee and appropriate action taken when required.

#### 4.6 Safeguarding vulnerable individuals

There is a safeguarding team which meets monthly as a steering group, led by the director of care who is executive lead for safeguarding. This group reviews safeguarding referral data and compliance with mandatory training, and monitors and shares outcomes and learning from serious case reviews.

Farleigh Hospice has strong relationships with Essex Safeguarding Adults and Children’s boards, and disseminates all learning from reviews and newsletters.

Policies and procedures are peer reviewed by the Integrated Care Board (ICB) safeguarding team, who also provide consultation on complex safeguarding cases.

During the reporting year, 16 safeguarding referrals were made to social care, 49 MCAs (Mental Capacity Act) completed and 3 DoLs (Deprivation of Liberties) applied for.

In 2023, we are introducing safeguarding level 3 training as compulsory for all clinical managers and safeguarding leads.

# Other quality initiatives

## New Director of Care – Ellie Miller

Ellie had been director of care at Havens Hospices since 2017 and joined Farleigh Hospice in September 2022. Ellie lives in mid Essex and whilst she enjoyed her time with Havens, she really wanted to have an impact championing palliative and end of life care in her own community. As well as being a registered nurse with an extensive NHS background Ellie has an MSc in Healthcare Leadership. She brings a wealth of experience in hospice care and a real passion for provision of the best possible palliative and end of life care for our community.



Ellie Miller

“ What has touched and inspired me is Farleigh’s visible passion for the work we do, as Farleigh continues to develop and strive for excellence. I have a keen interest in fundraising and community events, and the charity’s mission, vision and values. I truly believe we are one team working together to improve outcomes for and within our communities – whether that be our patients and families, our supporters, our schools, or other organisations we work closely with. ”

*Ellie Miller, Director of Care*

## Facilities – quality improvements

### Maintenance

During this year the maintenance team has continued to support the IPU in building up to full capacity. All rooms have been repaired and equipment checked either in-house or using specialist contractors.

The maintenance helpdesk is being managed more effectively, allowing bigger projects to be completed or planned in. The major projects this year were the fitting out and commissioning of the new warehouse in Maldon; refurbishing two of the meeting rooms that had been re-purposed during Covid; commencement of upgrading the kitchen area upstairs at our main site, plus some long-standing issues in the shops.

Lighting upgrades continue at our main site and in the shops, bringing energy costs down as well as the environmental impact being reduced.

### Domestic team

The team are working hard to maintain the high standards achieved in previous years. The new IPU following the pandemic, has put more pressure on the team as faster room turnaround times are essential. The recruitment of a bank domestic has assisted with covering staff sickness and holidays.

The IPU second cleaning audit demonstrated a huge improvement to the one carried out previously and the work the team put in, assisted by maintenance and the IPU staff, has been rewarded by this higher score.

## Grounds and gardens

We have been fortunate enough to recruit a number of new garden volunteers and, as a result, the gardens are looking great. The long-awaited summer house has been delivered and erected, and funding requests are in advanced negotiations to upgrade the community vegetable garden which is shared by City of Chelmsford Mencap, so this will transform the whole area alongside the summer house.

“ Post-Covid has brought more challenges to the teams as things slowly return to normal. These new challenges have tested the teams and I am proud of the way they have responded. Working alongside the clinical teams more frequently (particularly IPU) has given us more of an understanding of what we need to do to further support them. ”

*Mark Palmer – Facilities Manager*



## Information technology (IT) quality improvement

Throughout 2022, robotic process automation (RPA) has been leveraged to reduce administration time taken for repeatable activities and undertake complex tasks. Identification is ongoing to find further opportunities to implement automation in day-to-day processes.

A new volunteer database was developed within an existing modular database platform, and the historical data required importing into the system. Historic data required significant checks and validation before importation, and through the use of RPA, this task was completed saving around 40 hours of administrative time. Furthermore, the validated and accurate information provided efficiency benefits for the volunteer administration team.

Further development of existing tools has been undertaken to get the most out of our existing assets, with new modules developed to remove the use of paper and non-automated processes.

A bespoke IPU audit tool has been developed to replace the existing paper processes, improving the efficiency, timeliness and accuracy of the audits, as well as centralising data collation and providing rapid analysis in real time of the data stored, enabling the administrators to identify issues or concerns and expedite the resolution of these.

Significant further progress has been made to migrate on premise systems to the cloud, enabling anywhere working for a significant majority of staff.

Internally, the IT team implemented a new and highly customised ticketing portal, with back end automation and orchestration to external applications, aligned to the team's procedures, policies and processes. This has enabled staff to gain support and guidance and complete business processes from a dedicated support portal, reducing ticket response and resolution times. A new Remote Monitoring and Management (RMM) system was also implemented, providing improved reporting, self-healing and response to incidents. This has helped to reduce the number of issues being experienced by staff on a day-to-day basis.

Finally, a continuous improvement program continues to ensure network security is improved, with new processes and procedures implemented to respond to emerging data security threats and align the organisation to ISO27001:2013 ISMS best practice guidance.

*(Mike Drummie, Head of IT)*

### **Top 100 staff survey**

In October 2022, Farleigh staff took part in a staff 'pulse' survey run by Best Companies. The results show significant progress and Farleigh achieved a 'One Star Rating – Very Good Company' to work for.

The results have been shared with the Farleigh executive team and heads of department and were cascaded down to all staff.

Staff feel really positive about the contribution Farleigh makes to the local community and giving something back is really important to our team.

In 2022, we launched our Staff Wellbeing Strategy and Learning and Development Strategy. The results in November 2022, showed that good improvement has been made in how staff feel about their wellbeing and opportunities for training and development to improve their skills and knowledge. Further work will take place in 2023 to deliver these strategies and support our journey to become one of the top 100 companies to work for.

The results also showed that the cost of living crisis was being felt by staff and that for many they did not have a strong feeling of receiving a fair deal. The cost of living increase for 2023-24 recognised our lowest paid staff and we aim as a charity to match the Real Living Wage.

Overall, the survey has indicated a positive step in the right direction despite the challenges of coming out of the pandemic, new ways of working and the cost of living crisis. We are keen for teams to celebrate their successes and identify areas where further improvements can be made.

*(Irene Ferguson – Director of Corporate Services)*

### Hospice UK conference

Farleigh was recently represented nationally at the annual Hospice UK conference in Glasgow, by Alison Gray, Sue Griffith, Mark Cobbin and Alison Pegrum. Attendance at the three-day conference enabled our team to raise the national profile of Farleigh, showcase some of our work, and network with attendees from all over the UK, as well as to gain new ideas to introduce to Farleigh. Posters were presented showcasing an extension of our award-winning collaborative domiciliary care teaching to now include people caring for those with learning disabilities at end of life, and our trainee CNS programme.



### Learning and development strategy 2022-2025

The strategy has been developed in response to our feedback via the Top 100 survey. There are four key objectives around building skills and resilience, mandatory training, career pathways and leadership development. Our new Learn system monitors performance against targets and provides staff with their own personal dashboard to record their continuous professional development, mandatory and role-specific training. Managers can also see at a glance how their team is performing to provide support and guidance as needed.

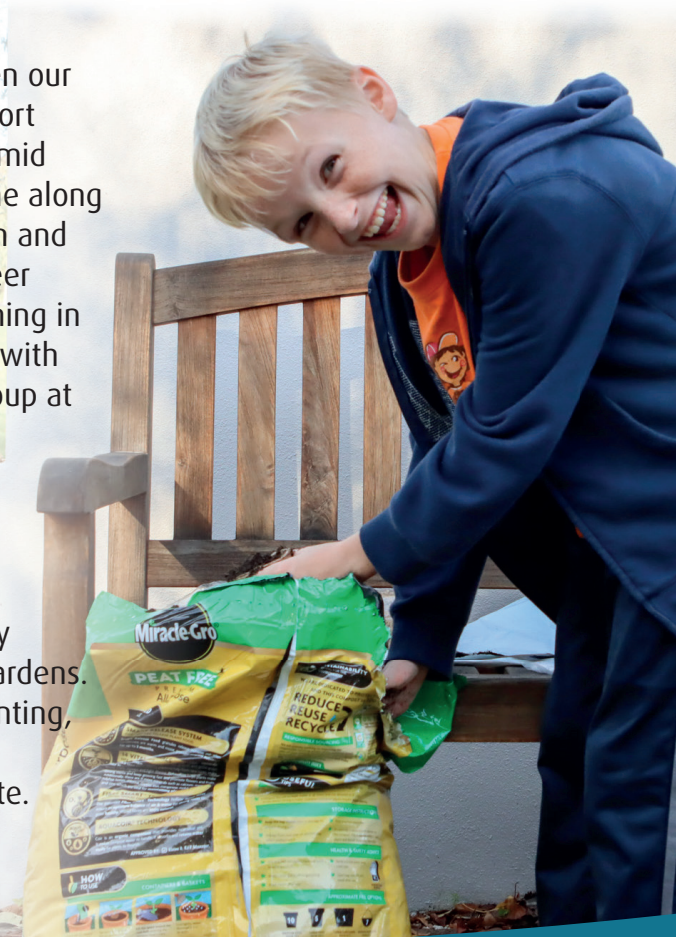
A resource library and a learning and development and education programme is in development to help staff access the learning and development activities and to share progress against the strategy.

### Circle Adult Bereavement Support

With pandemic restrictions eased, we have been able to re-open our Bereavement Help Points. These help points offer low key support with drop-in groups held in coffee shops and tea rooms across mid Essex. They are designed to encourage bereaved people to come along for a cup of coffee or tea, meet with others in a similar situation and get some support or advice, if wanted, from our trained volunteer group workers. Prior to the pandemic we had three groups running in Chelmsford, Maldon and Danbury and all have now re-opened, with three more now open in Braintree, Witham, and an evening group at Farleigh Hospice.

### The Yo-Yo Project

The Yo-Yo Project started a new group activity this year. Ready, Steady, Grow is a fun activity for bereaved families to come along and take part in. Run by the team and supported by garden group volunteers, it was held outdoors in the hospice gardens. We were blessed with good weather to be able to do some planting, paint pebbles and finish the afternoon off with some music, marshmallows toasted over an open fire and some hot chocolate. It was greatly enjoyed by all.



## Support for people living with Motor Neurone Disease

Due to the number of people living with Motor Neurone Disease (MND) in mid Essex, Farleigh Hospice has continued to employ an MND co-ordinator who is the first contact for MND patients, escalating concerns to the right healthcare professionals. Regular meetings with occupational therapists, physiotherapists, therapy assistants and consultants help support the patient and their family to access the right care and advice, including early interventions, planning ahead of any need that an MND patient might require, considering the unpredictability of the disease.

Monthly neuro-palliative multi-disciplinary team meetings are also attended.

Virtual monthly meetings with patients continue. In addition, a monthly face-to-face meeting with patients has been re-introduced following the ease of Covid restrictions. The MND co-ordinator also liaises with the MND Association and other local charities such as Challenging MND, offering patients financial support through different types of grants.

“Since I started this role, I have worked on some new aspects and innovations aimed to create awareness about MND on a local level in our community and with other healthcare organisations.

I have provided informative material about MND care, through the MND Association, to local domiciliary care companies who are looking after MND patients under Farleigh's care. This has encountered surprisingly good enthusiasm from external professionals to Farleigh healthcare professionals who feel they benefit from full professional support from our organisation.

I celebrated the MND Awareness day last June with a special leaflet which was made available on Farleigh's social media.

I've also introduced a new campaign called 'MND - Share your story' which is due to be published on our social media soon. The first story is from one of our MND patients who explains what living with MND means for them, the support and care they receive from Farleigh and how this care has made a difference in their day-to-day life.

As part of my role, I have facilitated more than £14,000 in grants through the MND Association to support our patients. This has funded new equipment to help improve their quality of life and has also helped patients facing financial difficulties, due to the cost of living.

Another project aimed to be fulfilled within the next year is a new liaison with local GP surgeries providing informative material on MND and the support that Farleigh can give to MND patients, should they ever come across patients with this condition”.

*(Joseph Franco - MND co-ordinator)*



## Farleigh befriending service – Farleigh Helpers

The Farleigh Helpers befriending service was set up in September 2021 and celebrated its first birthday in September 2022. Part funded by the Essex Community Foundation, the service has gone from strength to strength, helping over 70 people in the local community to access support and friendship from one of our volunteer befrienders. The Farleigh Helpers service is there for anyone in the community who may be ill, lonely, isolated, bereaved or just in need of someone to listen. Referrals can be received internally from other Farleigh services or externally via social prescribers, GPs or self-referral. Calls are generally arranged on a weekly basis and we have received excellent feedback from both the service users and volunteers.



**Farleigh  
Helpers**

**“We discuss mutually interesting subjects and he is very friendly and this boosts my morale.”**

Service user

**“When reflecting on the various trials and tribulations my service user has faced over the last six months, he said “There is only one person who has got me through all of this and that is you”. It choked me up a little, but definitely reaffirmed to me that, however little we feel we are doing, it is making a huge difference and is absolutely an invaluable service to those who sadly need it.”**

Farleigh Helpers volunteer

**“I think that Farleigh Helpers would be wonderful for anyone going through a difficult time, or feeling lonely, isolated and in need of a kind listening voice. I would recommend this wonderful service to those I feel would benefit.”**

Service user

**“I personally have really enjoyed my time as a Farleigh Helper. It's so lovely being thanked for our calls and knowing that what we are doing really is making a big difference to people's lives. I have learnt so much from the experience and am so grateful for being given the opportunity to be part of such a worthwhile project.”**

Farleigh Helpers volunteer

We will continue to build on the service over the next year, aiming to reach out further into the community and potentially looking at some face-to-face visits to go alongside our current offering.

*(Michelle Von Kimmelman – Volunteer and Administration Manager)*

## Care Quality Commission (CQC) - maintaining an overall status of 'good'

Restrictions during the Covid-19 pandemic have led to Farleigh Hospice now adopting more hybrid working arrangements, with many roles combining both onsite and remote working. In response, the Care Quality Commission (CQC) has monitored Farleigh in a variety of ways and the management team is delighted that this hospice has maintained its status as 'good'. With many quality improvement projects in place and ongoing as well as working compliance being streamlined to more 'business as usual', Farleigh Hospice is optimistic about a pending visit to review its CQC rating.

## What patients and relatives say about our organisation

**"To the team at Farleigh Hospice, you were all wonderful. You did a superb job at looking after G and me through the last few months of his illness. I am so grateful you made it possible for him to die at home surrounded by familiar things with family nearby."**

**"What a lovely organisation you are all part of - you do a wonderful job."**

**"Thank you for your kindness and just taking the time to listen this morning. It has meant the world."**

**"I wanted to write and express my heartfelt thanks for the massive difference this (Bereavement counselling) has made to me. When I started the sessions, I was completely at sea with where I was going with my life and was so terribly sad, I was finding it difficult to function. This helped me to understand those feelings and to work with them so that I have been able to begin to move on with my life and find some new purpose."**

**"You are ALL heroes in our eyes."**

**"A massive thank you for looking after Mum and helping the family in this tough time. Nothing was any trouble - the team caring for Mum was fantastic. All donations at the funeral will be for Farleigh."**

**"To all the extraordinary staff at Farleigh. Losing my sister, at the age of 43 was the worst thing I've ever experienced, but your care, your compassion, the beautiful gardens and the atmosphere you create at your hospice, made all the difference. I hope you know how much you are appreciated - every one of you. Kind regards and thank you so much."**

**"To the amazing staff here at Farleigh, thank you all so much for your kindness, help and support throughout my 2 weeks stay. I feel so much better now than I was 2 weeks ago and that is down to your wonderful staff who went above and beyond looking after me. I wish you all the very best and once again many thanks to you all."**

## A Message from the Chair and Trustees of Farleigh Hospice

As we pass through our 40<sup>th</sup> year, it is a time to not only look back on a fabulous history of growth, improvement and, above all, dedicated service, but also crucially to look forward to the future. The new strategy launched this year reflects our desired direction with the three pillars of Invest, Inspire and Innovate, all of which have been amply demonstrated in the recent past across the whole organisation. These are essential not just to survive but to thrive and to continue to improve our service offering, income generation and general operations. The Board are determined to enact these aspirations in the work we do and enable the whole organisation to be able to do so themselves and continue to improve everything we do to make us an even better organisation in the next 5, 10, 40 years.

Thank you again for all your continued hard work and dedication in what continues to be challenging times.

Best regards,



Keith Spiller  
Chair of the Board of Trustees

## An explanation of those involved in this Quality Account

The task of writing the report was designated to the Chief Executive, the governance and compliance lead and operational manager. Discussions then took place within the executive team regarding the future priorities for improvement for 2022-23 following suggestions from heads of departments and the Clinical Quality Group. Six priorities were selected and, after wider consultation via the hospice intranet and website, it was agreed to include the five most popular priorities.

A final draft of the Quality Account was then completed and circulated to the Board of Trustees for discussion and comment.

External organisations were then asked to comment. Comments received are included in the report.

# Statement from Mid and South Essex Clinical Commissioning Groups



Mid and South Essex  
Integrated Care Board

## Mid and South Essex Integrated Care Board's response to Farleigh Hospice Quality Report 2022-23.

As a commissioner of hospice services locally, Mid and South Essex Integrated Care Board (MSE ICB) welcomes the opportunity to comment on this Quality Report.

MSE ICB is commenting on a draft version of this Quality Account, however, to the best of its knowledge, the information contained within this report is accurate and is representative of the quality of services delivered. Any queries will have been fed back to Farleigh Hospice prior to publication for consideration of inclusion, along with any missing data in the final report.

MSE ICB is pleased to note the achievements made in 2022-23 outlined in the report:

- innovating to create a sustainable workforce with the introduction of the Virtual Clinical Nurse Specialist and Trainee Clinical Nurse Specialist roles
- providing up to 24-hour care for up to two weeks for 110 patients within their own homes in the Virtual Ward
- expanding 'green' initiatives to reduce the carbon footprint
- involving service users in service design
- launching a new strategic plan to innovate, inspire and invest

We would like to congratulate you for all that you have achieved in that time given the backdrop of another difficult year of increasing demand, which has placed pressure on all healthcare services. The flexibility and innovation shown by Farleigh has been truly welcomed and appreciated by everyone in the communities that it serves. Our sincere thanks go to Farleigh and all its staff and volunteers for their hard work and dedication that has been evident over the last year. All involved have clearly contributed to this success.

MSE ICB acknowledge the priorities that you have set for 2023-24, is looking forward to seeing how you will meet these and is happy to assist where they can.

In conclusion, MSE ICB considers the Farleigh Hospice Quality Report for 2022-23 as providing an accurate and balanced picture of the reporting period. MSE ICB will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.

We would very much like to thank Alison Stevens for her dedicated work leading Farleigh Hospice services, acknowledging the enormous progression made during her tenure as Chief Executive. It has been a pleasure working with her and we wish her all the very best for a happy, healthy, and long retirement.

*F Bolger*

**Frances Bolger**  
**Executive Director of Nursing & Quality**  
**Mid and South Essex Integrated Care Board**

June 2023

# Thank you



## It is because you care that we can

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