



**Quality Account 2023-2024**



# INDEX

## PART ONE

### Statements

Statement from the Chief Executive .....	05
Statement from the Chair of Clinical Governance and Director of Care .....	07

## PART TWO

### Introduction to Farleigh Hospice

Quality governance .....	08
About Farleigh Hospice .....	11
Our mission, vision and values .....	12

## PART THREE

### Review of Quality Performance 2023/2024

Our year in numbers .....	13
Our core services .....	15
Year on year facts and figures .....	16
Additional indicators .....	20
Significant audits .....	24

## PART FOUR

Update on last year's priorities .....	26
--	----

## PART FIVE

Looking forwards – priorities for 2024/2025 .....	28
---	----

## PART SIX

Statement of assurance from the Board .....	30
---	----



## PART ONE

### Statement from the Chief Executive

Welcome to our Quality Account 2023/2024. The aim of this report is to provide you with clear information about the quality initiatives that we have undertaken throughout the last financial year and to share some of our priorities for 2024/25.

It is important to us that our patients, their carers' and families are supported and reassured that all of our services are of the highest standard and well governed at all levels throughout the organisation and that we are able to evidence to you our commitment to continuous improvement.

This is the first Quality Account since I became Chief Executive of Farleigh Hospice in June 2023. I am very proud to be working with a professional, caring and compassionate team determined to provide the best palliative and end of life care for our community.

During the past year, we have continued to deliver high quality care and support across multiple teams all working together as 'one team' – this is not only an integral focus for our hospice strategy but is our everyday approach. I witness teams that are creative and innovative and search for solutions not only in our care delivery but in fundraising, retail, communications, human resources, IT and finance – all fundamental elements in our care delivery.

We are currently operating within the second year of our current strategy and remain focused in our strategic pillars of 'Inspire, Innovate and 'Invest'.

During 2023/2024, we were particularly pleased with the success of our Trainee Clinical Nurse Specialist Programme. This innovative course, provided trainees with the opportunity to experience a wide range of hospice environments, whilst attending an advanced palliative care course and completing learning objectives, resulting in the group graduating with a senior level of skills and competence.

Through this investment, we are building a specialist workforce that are equipped to provide specialist palliative care to the people of mid Essex, both now and in the future.

In September 2023, Farleigh worked alongside two other local hospices – St Luke's Hospice and Havens Hospices, under the banner of the Hospice Collaborative Partnership (HCP), to establish a new Rapid Access to Discharge Service. This service has enabled the hospices to use their specialist skills and expertise to support the discharge of those who are rapidly deteriorating and facing the terminal phase of life and require care at home, in a hospice bed or a nursing home. It appears that the HCP is the only hospice collaborative commissioned to provide this service in the UK, and we are proud that through collaboration we are able to provide equitable access to this care across Mid and South Essex.

I would like to thank everyone that played a part in making these achievements possible during the year, this includes all our staff, volunteers, trustees and those we work with across the wider health and social care system. Working together with clear focus will help us to meet the challenges we face in the future, with the needs of our community always at the heart.

This Quality Account follows the model requirement set out in the regulations by the Department of Health. To the best of my knowledge this Quality Account for 2023/2024 is an accurate and fair representation of the quality of services that Farleigh Hospice provides.

*Sarah*

Sarah Green,  
Chief Executive



## PART ONE CONTINUED

### Statement from the Chair of the Clinical Governance Committee and Director of Care

The focus of this year has been to refresh, review and reset - to look forwards and plan the future while also reflecting back to take on board all the rich learnings from our past.

Throughout the year, there has continued to be a united 'one team' approach, with a keen appetite for innovation and delivering high quality specialist palliative care, both in our Inpatient Unit and across our three locality care teams.

We have the joy of working with staff who are compassionate, dedicated, committed, competent and resilient. Hospice care has changed significantly post pandemic and the teams have been responsive and creative in managing increase demand on services and greater complexity.

The key achievements of 2023 include a review of our staffing model for the Inpatient Unit which has resulted in positive recruitment in an increasingly challenging national shortage of nursing staff.

The team has grown and developed and retention is good. Training opportunities are excellent, with all of our clinical staff attending a Principles of Palliative Care course within their first six months of appointment.

The locality care teams continue to hold increasing caseloads - currently we are caring for around 500 people nearing the end of their life in the community in mid Essex.

One of the greatest achievements in 2023 was the inception of our Rapid Access to End of Life Care Service. Working in partnership with our Integrated Care Board colleagues, and two other hospices in Essex, we have developed a pathway that ensures people have rapid and timely access to the care they

need whether that be at home, in the hospice, or in a nursing home.

We have a unified pathway which has decreased inequity in patient and family experience across mid and south Essex. There is a true sense of partnership working and cohesion which has improved patient experience - care is effectively co-ordinated between our acute hospitals, our NHS community partners, primary care and the hospices.

We had an unannounced Care Quality Commission (CQC) inspection in January 2024, and I am delighted to share that the CQC have rated our services overall as 'Good' but have recognised the 'Outstanding' care that is delivered to our patients and families in mid Essex. We will continue to work with our regulators to review how we can reach an outstanding rating in all aspects of our work.

**Donald McGeachy,**  
**Chair of the Clinical Governance Committee**

**Ellie Miller,**  
**Director of Care**

# PART TWO

## Quality Governance

Our Quality Governance provides the framework for the delivery of safe, effective and high-quality care, and helps our hospice and our staff to monitor and improve standards of care.

- **Caring**  
Patients involved and treated with compassion, kindness, dignity and respect.
- **Responsive**  
Services organised to meet patients' needs.
- **Well-led**  
Leadership, management and governance assure the delivery of high-quality patient-centred care, supports learning and innovation and promotes an open and fair culture.

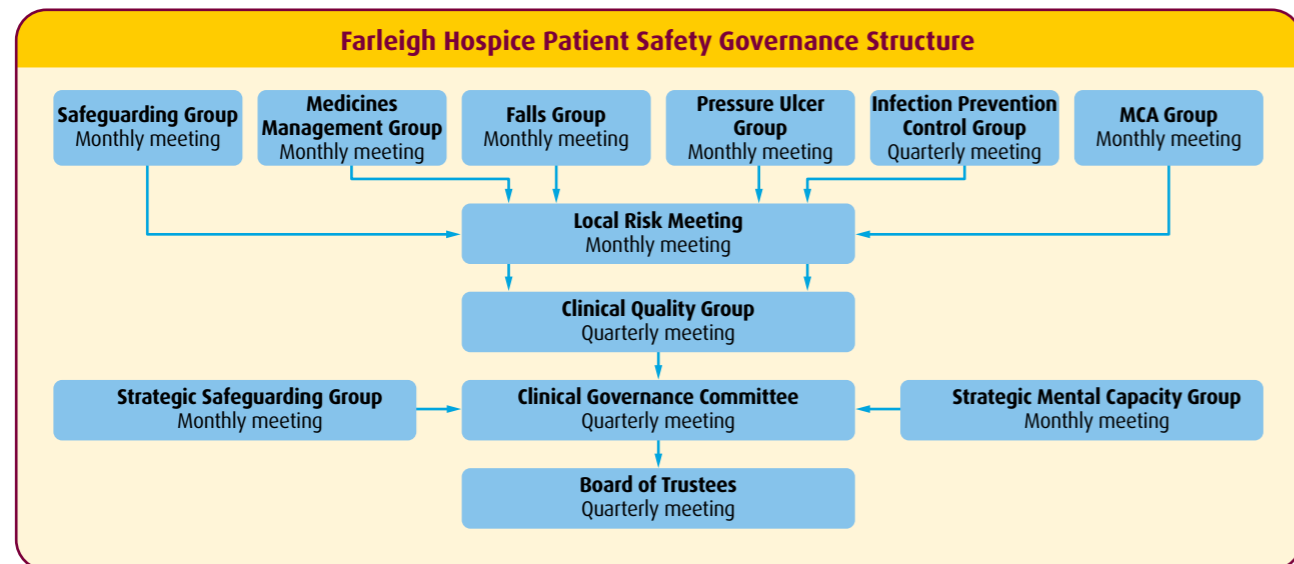
## Regulatory compliance

Farleigh Hospice is regulated by the Care Quality Commission (CQC) and we work closely with them to ensure our services provide people with safe, effective, compassionate and high-quality care, underpinned by continuous quality improvement. The key lines of enquiry (KLOE) undertaken by the CQC and monitored by us as part of our compliance reviews are:

- **Safe**  
Patients protected from abuse and avoidable harm.
- **Effective**  
Care and treatment achieve good outcomes and promotes good quality of life and is evidence based, where possible.

## Clinical governance

At Farleigh Hospice, several functions report into our clinical governance committee, which oversee our clinical quality. The Governance Framework was redesigned this year in light of the new Patient Safety Incident Response Framework (PSIRF) initiated by NHS England for implementation in healthcare institutions. Patient safety requirements are discussed at meetings, with a clear escalation process from ward to board to provide clinical assurance. A key strategy has been to build accountability, risk responsibility and resilience in team leaders and managers, with additional training provided on risk management and mitigation.



## Board of trustees

Farleigh Hospice is governed by a board of 13 trustees who are also directors of the company.

The maximum number of directors is set at 14 in the Articles of Association. The trustees are mindful of the Charity Governance Code recommendation that the maximum number of trustees should be 12.

The number of trustees at Farleigh Hospice was capped at 12 until 2016. However, with a number of trustees reaching their 9-year anniversary where they must retire the trustees were concerned that they could not adequately resource the Committee structure and the Local Hospice Lottery Ltd governance requirements with 12 trustees.

Day-to-day management is delegated to the Chief Executive and the Executive Team.

The full board is supported by a committee structure. This structure is designed to ensure that the committees support the full board in delivering Farleigh Hospice's strategic objectives and statutory obligations.

There are four standing committees. A board governance committee oversees governance matters, in particular compliance with the Charity Governance Code. This committee also looks at trustees' recruitment, succession planning and performance.

The other three committees are a clinical governance committee, (dealing with clinical matters) a corporate governance committee, (dealing with health, safety and environment, internal and external communication and matters relating to staff and volunteers) and a financial governance committee, (which deals with financial matters and oversees income generation).

Each committee is responsible for governance, quality, compliance and risk management in its area of responsibility.

The full board takes reports from the chair of each committee at all of its meetings. The full board and each of the committees meet quarterly.

To ensure the highest standards are maintained, the clinical and corporate governance committees have reviewed safeguarding procedures and are satisfied that there are sufficient procedures in place to mitigate any risk to patients, staff and volunteers.





## PART TWO CONTINUED

### About Farleigh Hospice

For over 40 years, Farleigh Hospice has provided care and support to anyone affected by a life-limiting illness or bereavement in mid Essex. We support people affected by any life-limiting illness, including lung disease, neurological conditions, heart failure and cancer. Our care is tailored to meet the specific needs of each of our patients, to help them live as well as possible to the end of their life. We also support their family and carers throughout their illness and provide bereavement support to anyone within our community who needs it. All our care is provided completely free of charge and we rely on the support and generosity of our local community to help us raise the £21,000 it costs to run our services every day.

Farleigh Hospice employs close to 300 dedicated staff across a diverse range of specialisms, including palliative, medicine, finance, compliance, admin, fundraising and retail. Our paid workforce is supported by over 600 volunteers, who play a vital role in everything we do.

Following an inspection in January 2024, Farleigh Hospice received an overall rating of 'Good' from the Care Quality Commission (CQC). The hospice was rated as 'Good' across the key areas of safe, effective, responsive and well-led and achieved the highest rating of 'Outstanding' in the key area of caring.



### Training and development at Farleigh Hospice

Clinical training has continued to be a key focus, demonstrating our commitment to the development of our staff and to the delivery of high quality, safe, palliative and end of life care for patients.

All new staff complete a diverse range of mandatory training and also attend an inhouse eight-day course covering the essentials of palliative care during their first six months of employment. All clinicians, are offered further education via an advanced palliative care course, which supports clinicians to become experts in palliative and end of life care.

The success of this course in supporting our Virtual Clinical Nurse Specialists and trainee Clinical Nurse Specialists teams was showcased at the Hospice UK

Conference in Liverpool last Autumn. As well as the oral presentation, Farleigh staff presented several posters at the Hospice UK Conference and also presented at the EAPC Congress in Rotterdam in Spring 2023.



## PART TWO CONTINUED

### Mission, vision and values

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



## PART THREE

### Review of quality performance 2023/2024

**Our year in numbers**

**Locality Care Teams**  
 25,162 calls to clinical advice line.  
 1,570 patients cared for at home.  
 6,078 calls and visits made by specialist nurses.  
 Hospice at Home made 14,424 visits, providing 28,942 hours of care.

**Inpatient (IPU) Services**  
 207 patients cared for in our Inpatient Unit.

**Counselling and Pastoral Services**  
 285 adults received specialist counselling.  
 225 bereaved young people referred to Yo-Yo Project.  
 777 adults referred to Circle bereavement service.  
 Family Support team supported 1,431 carers.  
 Spiritual Care team supported 411 people.

**Therapy Services**  
 355 Physio and OT sessions provided.  
 32 patients received 115 relaxation therapy treatments.



## PART THREE CONTINUED

### Our core services

#### Inpatient Unit

The 10-bed Inpatient Unit provides care 24 hours a day, 365 days a year. Referrals are accepted for symptom and pain control, respite stays, rehabilitation and for end of life care.

The Inpatient Unit is supported by an interdisciplinary team including physiotherapy, occupational therapy, spiritual care, complementary therapy, social work support and emotional support, with referrals made according to assessed need.

#### Locality care teams

Three Locality care teams provide care for people with a life-limiting illness in their own home environment. Each team consists of an integrated team of professional and care staff, sharing expertise and providing a wide range of skills that benefit the care and support of patients and families.

Clinical nurse specialists and allied health professionals provide specialist advice, symptom control, and interventions to support people with a life limiting illness to live well, and then care for them at the end of their lives. They also run an Advice Line between the hours of 8am and 8pm, 7 days a week.

Personal care teams provide practical care and emotional support for people whose condition is rapidly deteriorating and likely reaching the end of life, who wish to be cared for at home.

Specialist physiotherapy, occupational therapy and therapy assistants support patients with the maintenance of mobility and independence, as well as managing complex symptoms such as fatigue and anxiety, and assessing equipment needs.

#### Rapid Access to Discharge Service (RADs)

The Rapid Access to Discharge Service supports discharges home, to the Inpatient Unit and to nursing homes from Broomfield Hospital, for those who are thought to be rapidly deteriorating and likely to enter the terminal phase of their illness.

A team of nurses assess, plan and implement different pathways to enable people to access care that is most appropriate for them in the community.

#### Bereavement services

Farleigh Hospice provides bereavement support to both adults and children. For adults this can be in a one to one session, a group, online or in person.

Children between the ages of 4 and 18 can also access support on a one to one basis, in an activity day or through counselling.

#### Spiritual care

The spiritual care team is led by a Chaplain and a team of volunteers, who come from a range of faith and non-faith communities.

While for some, spirituality is associated with religion, spiritual care includes any beliefs, practices, and relationships that help people find meaning, comfort, and hope. The team enable people to explore issues they are facing in their own way.

The team lead Light Up a Life services over the winter period in towns across mid Essex, and a forget-me-not service in the summer months to enable those people to remember a loved one.

## PART THREE CONTINUED

### Family support

The family support team provide a wide range of services to support people with the far-reaching consequences of living with a life limiting illness, helping to navigate systems by signposting to financial and welfare advice and providing advocacy.

They also offer support with practical issues including housing, funeral planning and planning for future care, and emotional support, courses and group work.

### Education team

The education team deliver a comprehensive teaching package to the hospice's own clinical staff and to local community partners, such as the Provide community team, care home staff, paramedics, hospital clinical staff and domiciliary care agency staff.

All education delivered by the team is aimed at promoting the very best care possible for patients receiving palliative and end of life care in all settings, such as hospice, hospital, care home and people's own homes.

The aim is to ensure that all partners in care have a common understanding of how to manage the complexities of end of life care, whilst also building strong links between the hospice and teams involved in caring for people needing palliative care in other settings.

This fosters a common understanding and creates strong links with the hospice clinicians for advice and support to be shared.

## Year on year facts and figures

Admissions to the Inpatient Unit continue to rise, exceeding pre-pandemic levels, demonstrating the hospice commitment to be responsive to the needs of the community.

IPU admissions	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024
Total Admissions (including RADS)	215	52	116	237	278
Total No. of patients	191	51	106	225	207
Discharges	101	24	59	94	135
Deaths	114	28	57	143	143
Average length of stay (days)	12	8	9	10	10

## Locality care services

Contacts with those in receipt of Farleigh services can be via telephone, video call and face to face visits. The hospice has embraced emerging technologies to utilise resources well.

Community services	2020/2021	2021/2022	2022/2023	2023/2024
Total referrals	1,390	1,502	1,573	1,570
Number of contacts/year	35,336	37,787	38,064	38,407
Family support contacts	2,680	5,768	3,063	3,509

## Rapid Access to Discharge service (RADS) (from August 2023)

This new service has seen referrals exceed predictions. With an emphasis on supporting end of life care decisions and discussions, the team support safe, effective discharges from Broomfield Hospital to the most appropriate place of care for an individual.

Rapid Access to Discharge service (RADS)	2023/2024
Total referrals accepted	677
No. of patients placed in care homes	240
No. of patients supported at home (domiciliary care)	370
No. of hours of personal care provided	69,168
No. of patients supported on IPU	67
Average length of stay on pathway	23 days

# R Model of Grief

To accept the reality of the loss

Experience the pain of the loss

Adjust to the new environment without the lost person

Reinvest in the new reality



# Growing A

People think that grief

slowly gets smaller

the same size



## PART THREE CONTINUED

### Bereavement support services

Bereavement services continue to provide support to those bereaved in mid Essex. We are currently undergoing a service redesign as we work to improve our offer to local residents.

Adult bereavement support (Circle)	2020/2021	2021/2022	2022/2023	2023/2024
No of accepted referrals	835	1,034	1,000	733
No of contacts	3,225	2,206	3,529	3,634

Children & Young People bereavement support (YoYo)	2020/2021	2021/2022	2022/2023	2023/2024
No of accepted referrals	178	279	312	225
No of contacts	2,757	2,984	3,407	2,539

Spiritual care	2021/2022	2022/2023	2023/2024
No of accepted referrals	141	110	125
No of contacts	496	369	442



# PART THREE CONTINUED

## Additional indicators

### Complaints/concerns/compliments

#### Complaints

Clinical complaints were audited at year end. Of the nine complaints reported, seven were from relatives and two were from health care professionals requesting additional input from the hospice.

Two referred to a change in process for the bereavement team, and five had concerns about care services. In each case the complaint was resolved with organisational learning a key priority. We continually strive to improve the standards of care we offer, and are keen to use feedback to inform service and process design.

Complaints are discussed at different levels of the governance framework, and any significant issues reported to the Board and discussed with the Care Quality Commission.

#### Compliments

The total number of compliments received by the hospice this year was 266.

*"Thank you so much for caring for my mum at the end of her life. I was so happy to leave her in your hands as you always treated her with kindness and respect. I appreciated how supportive you were to me. It was such a difficult couple of weeks, but the words and hugs helped me enormously."*

**Care at home**

*"Thank you so much for the kind and sensitive service you led for her funeral...and for all the time and support you gave to her in her last months of life. I knew she appreciated your care and the discussions you had."*

**Spiritual care**

*"I want to thank the wonderful carers who looked after my husband... The last two weeks were made so much easier knowing he had people around him that wanted to make his last few days comfortable and pain-free and I know I can always look back on that horrible time knowing no one could have been more committed to this, than the Farleigh team."*

**Care at home**

*"We cannot praise highly enough the professionalism, compassion and care shown by each and every one of your hospice team towards our Mum during her illness... It was the right decision to have Mum moved to the hospice. Mum was a special person, who cared deeply about others and always put them first before herself. We feel she was with kindred spirits in her last days."*

**Care at home and inpatient unit**

*"The counselling was amazing. She has helped me in so many ways and I am so grateful for her. It was perfect and she was very professional. From the first meeting, she made me feel very comfortable."*

**Counselling**

*"I would just like to say thank you. It doesn't seem possible that in two sessions I could feel so much better. It has been like pressing a reset button and my daily life is so much happier."*

**Counselling**

#### Feedback

Farleigh Hospice is committed to listening to and understanding the experiences of those who use our services.

Employing a range of methods from online forms, feedback postcards, paper surveys and social media requests; the hospice actively seeks ways to engage with the community.

Always aspiring to improve the services we offer, this year a new question was added – 'if there was one thing we could improve on, what would it be?'

This has helped us to understand the lived experience of those accessing services, and we have been able to initiate actions to overcome difficulties some service users have experienced.

#### Patient safety summary

Replacing the Serious Incident Framework (2015) the Patient Safety Incident Response Framework (PSIRF) was introduced by NHS England to ensure safe, effective systems and processes are formulated to promote learning and changes in practise after an incident, in order to prevent future ones.

Previous methods consisted of establishing a root cause, however PSIRF acknowledges that there is rarely only one cause, therefore advocating a wider investigation focus to establish all causative factors and address each of these as required.

The hospice devised a PSIRF plan according to NHS England recommendations, with the three most common incidents identified (falls, pressure injuries and medication management incidents), which are in-line with hospices nationwide. The plan and policy were sent to the Integrated Care Board for approval which was received in December 2023.

Now being embedded in practice, the hospice has implemented new investigation methods, including an After-Action Review process (AAR). This is a facilitated discussion on a particular incident, giving those involved the opportunity to look specifically at, and reflect on, the strengths, weaknesses and areas for improvement in a given situation. Learning from Incident Reports can then be communicated to clinical staff to share learning and streamline processes.

Patients and relatives can also be invited to be part of the process of investigating and learning.

Where an incident has been identified by the investigating officer as requiring a systems' review, or has reached a more significant level of harm, a Patient Safety Incident Investigation (PSII) may be carried out to investigate the incident in greater depth.

A PSII was carried out at the end of 2023 which highlighted changes in processes that would benefit service users and staff alike. Staff provided insight into their experiences and had already considered solutions to strengthen systems.

Alterations to practices were implemented immediately and staff reported feeling supported and listened to throughout the process.



# PART THREE CONTINUED

## Clinical accidents and incidents

All clinical incidents are reported on a database called Vantage. This is an online reporting system which enables teams to access reports and data for incident management and departmental governance. All incidents are received by the manager when logged and investigated locally, with escalation to the Executive Team if levels of harm are high, or the incident involves a controlled drug medication.

These incidents are investigated locally, and then discussed as part of the governance structure in

individual meetings. Here themes are analysed, action plans developed and good practice shared. Monthly risk meetings bring all the topics together for an overall picture of risk and incident management.

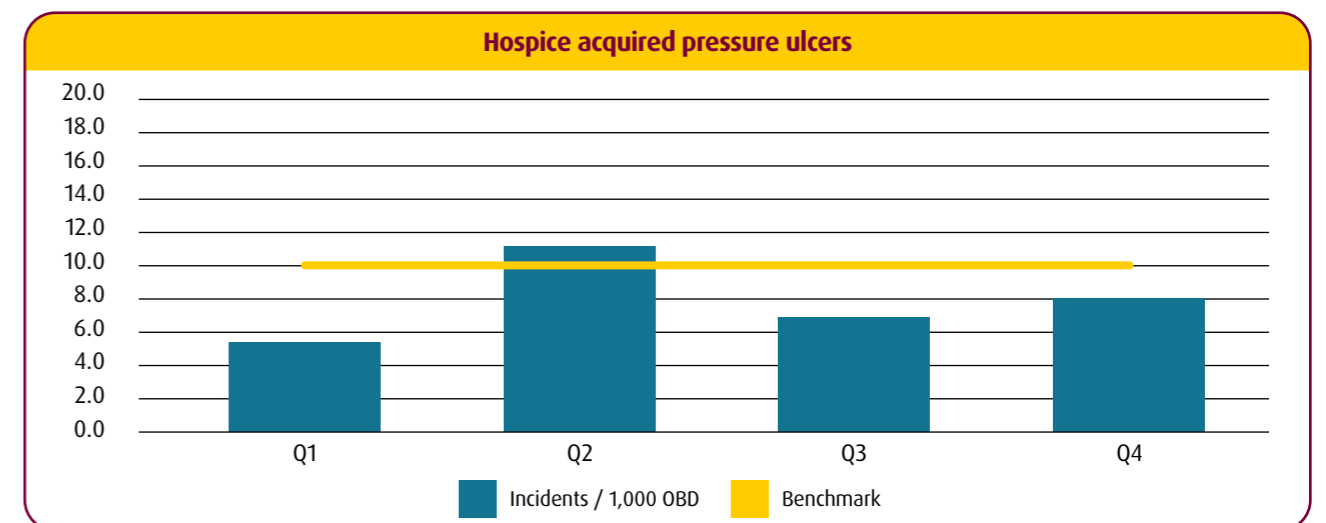
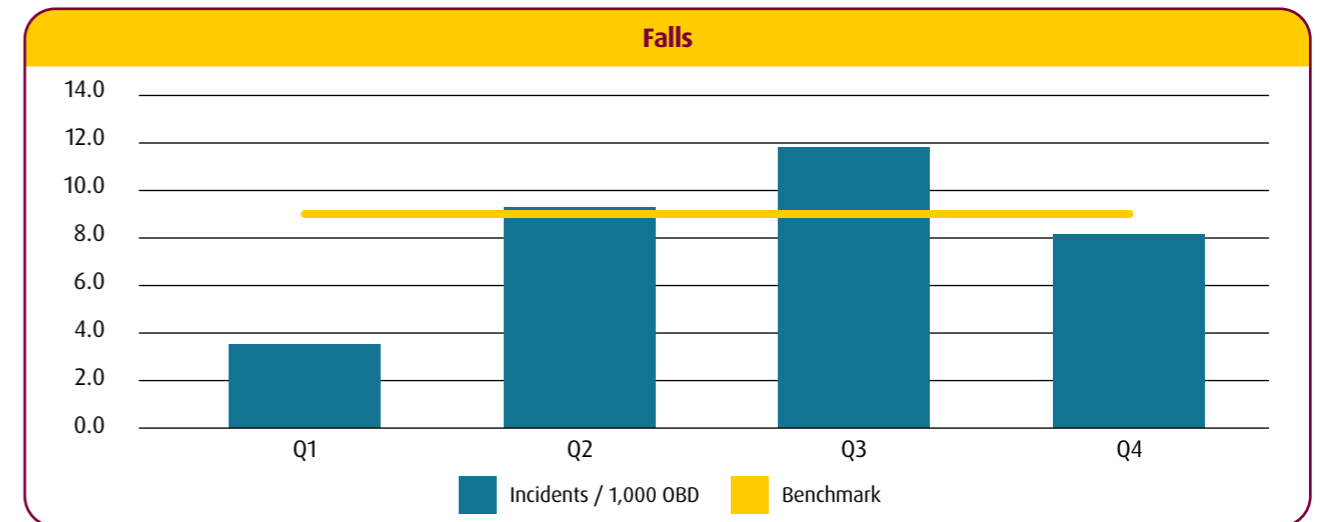
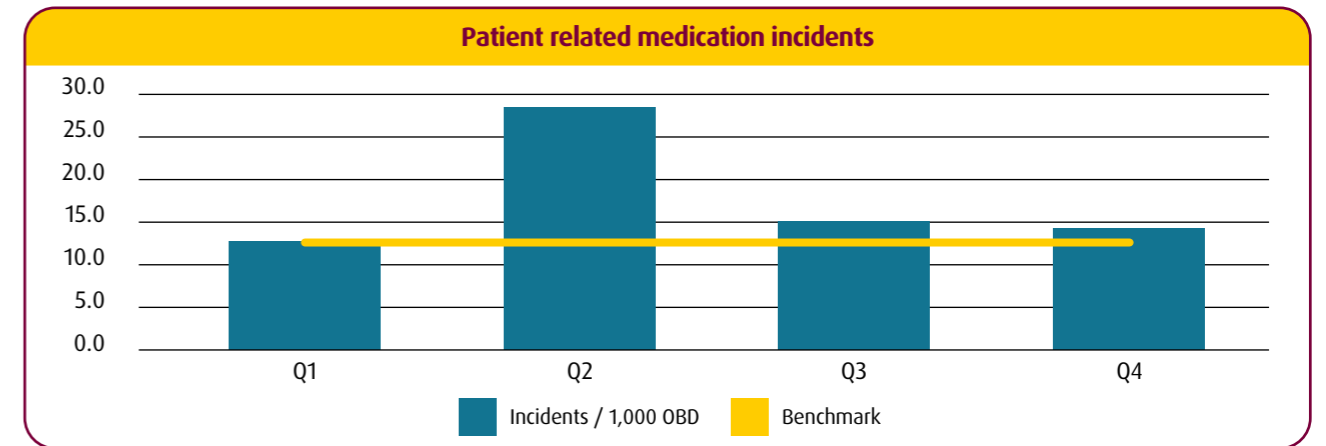
Reporting is encouraged for all incidents observed, however, for example, some patients are admitted to the hospice with pressure injuries. Reporting of these incidents is to provide ongoing monitoring and governance of procedures in place in the hospice to prevent a further deterioration in skin condition.

Type	No. in year	No. of near misses	Comments
Pressure ulcers present on admission	59	110	Due to the nature of ongoing illness, weakness and reduced mobility, some patients are admitted with pressure injuries. We have pressure relieving mattresses, pressure specific documentation and patient information to support the care of these patients
Pressure ulcers acquired, Category 2 and Above	40	369	Disease progression in some patients means that pressure injuries will develop
All reported medication incidents	127	60	Majority of incidents reported were near misses (either count errors or record keeping), of those involving patients. 95% did not cause any change in clinical status to the patient
Patient Falls	30		All NO or LOW harm
Other patient safety incidents	40		



## Benchmarking

The hospice also benchmarks its incidents against Hospice UK data, which gives a guide as to how many incidents a hospice of a similar size is reporting.



## PART THREE CONTINUED

### Infection control

In 2023-2024 there were no cases of patients with a new diagnosis of clostridium difficile or MRSA. No norovirus outbreaks occurred. Inhouse Infection Prevention Audits and Cleaning Audits are carried out routinely as part of the audit programme. Quarterly Infection Prevention meetings allow dissemination of information, sharing of best practice and updating with current guidelines.

### Significant audits

Audit		Outcome
<b>Safe</b>	DNACPR	Forms completed by IPU staff were well filled out and patients were involved in discussions. The only section that was not completed fully related to discussion with the wider MDT. This has been discussed with the team and changes made to process
	Non-Medical Prescribing	Total of 268 prescribing episodes were completed by 4 non-medical prescribers (NMPs). This equates to 67 prescribing episodes on average per NMP which is an increase of 22% from the preceding audit period. Electronic prescribing is preferred to FP10's (paper forms). All scripts were completed correctly with dose & frequency. Communication with GP's has improved. Improvements were noted despite a significant increase in prescribing numbers
	IPU Equipment and Processes	Audits are carried out quarterly on commodes, ID bands, mattresses, sharps and specimens. Minimal actions were identified and actioned immediately
	Medication Storage and Controlled Medications	Improvements made to medication management throughout the year were demonstrated through audit outcomes. Medication storage compliance rose from 91% to 100%, and CD storage rose from 93% to 100%
	Cleaning	This extensive audit demonstrated an increase of 4.5%, with some maintenance actions required. Overall compliance was 92.5% and work is underway to complete all aspects identified
<b>Effective</b>	Falls	100% of patients admitted to IPU had a falls assessment completed and all 100% were completed on the day of admission. The audit also demonstrated that repeat falls assessments were completed if a patient had a fall whilst under our care
	Rapid Access	Data has been continually audited as part of the new hospice pathway efficiency and effectiveness review. This has been instrumental in streamlining processes for admission and discharge to the pathway, and directing the development of safe systems between numerous healthcare providers

Audit		Outcome
<b>Caring</b>	Feedback	87 respondents from inpatient and community services reported that 100% of the time they were treated with kindness, compassion and respect, and given emotional support when required. All felt that their privacy and dignity were respected, that they were supported in expressing their views and involved in making decisions about their care
	Complaints	Of the nine reported seven were received from relatives and two were from health care professionals requesting additional input from the hospice. Two referred to a change in process recently implemented in the bereavement team, and five had concerns about care services. In each case the complaint was resolved with organisational learning a key priority
<b>Responsive</b>	Mental Capacity	The audit demonstrated that the teams are aware of a variety of reasons that an Mental Capacity Assessment (MCA) may be required. It was encouraging to see that MCA's are being used to demonstrate capacity for some complex decisions where there is an element of doubt around cognition
<b>Well-led</b>	HR Recruitment Process	This audit demonstrated that the hospice has 94% compliance on all new starters paperwork (including all aspects of the recruitment process including contracts, references, DBS, occupational health)
	Trustee Skills	The Board of Trustees carried out an audit in January 2024, to assess the range, level and depth of skills and knowledge held in the board and Executive Team. The outcome of the audit will inform future recruitment of trustees and ensure key skills are adequately represented on the board.

An NHS Data Security and Protection Toolkit Audit is carried out annually. 100% of mandatory evidence items were submitted and all standards were met.

### CQC Inspection in 2024

Farleigh Hospice was inspected by the Care Quality Commission (CQC) in January 2024. The team were delighted to receive a 'Good' rating, demonstrating that the hospice meets the standards the CQC requires to provide safe, effective, caring, responsive and well-led care. The safe category recognised the work put in since the previous report, and raised the rating from requires improvement to good, and the hospice retained the 'Outstanding' rating in caring. The inspection included an on-site visit, online interviews and evidence collation.

respected their privacy and dignity, considered their individual needs, were active partners in their care and helped them understand their conditions."

Continual service development is part of the Farleigh Hospice ethos, and whilst very pleased with the result, the hospice will continue to seek feedback, develop services and work to enhance service user experience, in order to meet 'Outstanding' in the future.

The full copy of the report can be found here:  
<https://www.cqc.org.uk/location/1-140210577>

The CQC state in their report of the service that: "Staff treated patients with compassion and kindness,

# PART FOUR

## Update on last years' priorities

Priority action 1	Working with our communities to access under-represented groups and ensure palliative care services are truly accessible to all
<b>How this priority was identified</b>	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.
<b>How we planned to achieve this priority</b>	We planned to achieve this through partnership working with existing organisations such as the prison service, homeless charities, faith groups and trans and gender diverse communities.
<b>How we monitored progress</b>	We monitored progress by setting up specific projects with key performance indicators identified from the outset. We also sought to collate training statistics and evidence of change in practice through case studies.
<b>End of year result</b>	<p>A joint bid was submitted to Hospice UK to work with Chelmsford prison to provide end of life training and support, but the application was unsuccessful. We cared for one inmate from Chelmsford prison at end of life and built relationships with the prison clinical and spiritual care teams.</p> <p>Farleigh Hospice is part of the single homeless forum which meets with other stakeholders who work with homeless people and rough sleepers to review community support and working together well.</p> <p>The hospice is actively involved in a Mid and South Essex wide Compassionate Communities model focussing on community assets, empowerment and resilience.</p> <p>Farleigh Hospice is an active member of Essex Faith Covenant. Strong relationships have been built with local faith leaders which has resulted in two education events for staff, around death, dying and bereavement, faith and culture.</p> <p>The hospice is now Chair of Essex Mind and Spirit which is a local action group focussing on faith and mental health.</p>

Priority action 2	Ensure excellent staffing resource across all areas of our work through innovative workforce planning
<b>How this priority was identified</b>	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.
<b>Approach used to achieve this priority</b>	A recruitment campaign was launched to encourage registered nurses and other key clinical staff to join our workforce. The campaign sought to inspire potential applicants to consider a future at Farleigh by sharing the personal experiences and successes of a variety of clinical staff, along with incentives such as a new starter bonus and 'refer a friend' scheme. The focus was on the benefits of working with an excellent charity where job satisfaction is paramount, as demonstrated by our Top 100 results.
<b>How we monitored progress</b>	We planned to monitor progress by reviewing the recruitment campaign, staff turnover and the staff satisfaction survey.
<b>End of year result</b>	<p>We have had some success in recruiting to key clinical positions such as nurses, health care assistants and our social worker. However, the national nurse shortages continue to have a negative impact on our ability to recruit. The financial incentives we offered have had some impact but not enough to close the gap.</p> <p>To close the gap, we have worked closely with nursing agencies to provide longer term placements to complement our workforce which has proved successful. Alongside this we have continued to grow our career pathways with trainee health care assistant and trainee clinical nurse specialists, which is strengthening our specialist palliative care skills.</p> <p>Staff satisfaction continues to grow with approx. 90% of staff stating, 'I love working for this organisation' 95% of staff stating, 'I believe I can make a valuable contribution to the success of this organisation. 3% increase in staff feeling they have a 'fair deal' in relation to pay and benefits.</p>

Priority action 3	To ensure the hospice is inclusive in all that we do through staff engagement, data collection and raising awareness of equality, diversity and inclusivity (EDI)
<b>How this priority was identified</b>	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.
<b>Approach used to achieve this priority</b>	We committed to undertake an Equality, Diversity and Inclusivity (EDI) benchmarking assessment with an external agency and identify areas where we needed to improve. We sought to introduce training for our staff and challenge our own thinking with regards to inclusivity.
<b>How we monitored progress</b>	We sought to monitor progress by collating training statistics along with evidence of change in practice through case studies.
<b>End of year result</b>	<p>Our EDI Strategy has been developed and approved by our Board.</p> <p>An EDI cultural survey has taken place and the benchmark report is awaited.</p> <p>We hosted an inter-faith workshop with members of local faith communities getting together to discuss and raise awareness of different beliefs and approaches to death and dying amongst different faiths.</p> <p>Our recruitment programme has resulted in a more diverse workforce as we reached out and promoted inclusivity in our adverts.</p>

Priority action 4	To extend and refurbish our Maldon premises to provide access for one to one and group support for people who use our services in Maldon
<b>How this priority was identified</b>	<p>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 would want Farleigh hospice to provide for their local area.</p> <p>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.</p>
<b>Approach used to achieve this priority</b>	<p>The Farleigh Hospice Board have 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.</p> <p>A project group has been set up with specific working teams to achieve all aspects of the project within the agreed timeframe. This includes services to be delivered, communication with stakeholders, funding, build and relocation of team during works.</p>
<b>How we monitored progress</b>	Monitoring will take place within the project group and will be routinely reported to 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.
<b>End of year result</b>	<p>After receiving planning approval, local builders were invited to tender for the work. Unfortunately, due to inflation and supply chain issues, the cost of the work became prohibitive.</p> <p>This has led to a rethink, and we are exploring the options open to us.</p>

# PART FIVE

## Looking forwards – strategic priorities for 2024/2025

**Priority action 1** **To undertake a programme of community engagement to understand the end of life needs across Mid Essex. To include patients, families and carers past and present and those within our community who may find it difficult to reach out and access care**

**How this priority was identified** We know that post pandemic the model of care at Farleigh has changed. We have a different patient demographic with younger families and greater complexity. During COVID, our day services and therapeutic offer were ceased, and as a result we lost a focus on early intervention. We currently have limited understanding of community need so there is a need to engage with communities to understand what matters to them. Our patient profile is not diverse and we know that we are not reaching under-represented communities who may experience barriers to accessing hospice care.

**How it will be achieved** Through a 2-year programme of engagement – let’s have a conversation. Targeted conversations with communities asking the questions what matters in death, dying and bereavement. This work will be supported by our partners at Healthwatch Essex. By ethnographic research alongside engagement events which we hope to publish and share nationally.

**How progress will be monitored** A Project Lead will monitor progress, set deadlines, and review outcomes and next steps. Regular updates will be given to Executive Team and Board.

**Priority action 2** **To test and pilot a revised bereavement model, as part of an organisational focus on early intervention and wellbeing**

**How this priority was identified** Our model of bereavement care was outdated and not based on current evidence related to dominant bereavement theories. Farleigh were operating a one size fits all approach with little recognition of the normal patterns of grief and supporting and empowering communities to manage grief and loss.

**How it will be achieved** By the introduction of a tiered service model based on grief theories and evidence. By supporting the vision of developing compassionate communities across MSE in partnership with ICB leads.

**How progress will be monitored** Evaluation and feedback from people who use our services and service user focus groups.



**Priority action 3** **To undertake a review of data and processes for community working to assess the current model and clearly articulate capacity and demand**

**How this priority was identified** The locality model of working was created during the pandemic at pace. There is now a need to review capacity and demand – referrals are increasing and acuity/complexity has increased. There is a need to understand the functions of each role in the Multi-Disciplinary Team (MDT) and to be clear around capacity for referrals and outcomes.

**How it will be achieved** Project Lead coordinating data and informatics around caseloads, acuity, care hours per patient and role clarity. This is in partnership with Locality Care Team Managers (LCTM) and engagement of locality teams – this will inform workforce model fit for the future.

**How progress will be monitored** By the Project Lead ensuring deadlines are met for information and analysis and making recommendations.

**Priority action 4** **To establish a clear view on the workforce needed now and in the future. Clarity of vision on staffing structures, volunteering, training, education and other collaborative models of working**

**How this priority was identified** There is work nationally and regionally on workforce planning for specialist palliative care (Workstream 6 End of Life Programme Board). Ambition 5 of the national framework requires that all staff are prepared to care – with a focus on future fit competent workforce. There are challenges to recruitment across all areas of Farleigh, changes in working practices resulting from digitalisation and a growing need to have a more agile approach to the workforce to respond to emerging challenges.

**How it will be achieved** Agile workforce planning adopted. Skills development planned and delivered through the Learning & Development Strategy and Volunteer Strategy.

**How progress will be monitored** Director of Corporate Services to be invited to Workstream 6 meetings and a key player in WS6 planning and developments. Recruitment KPIs, L&D KPIs, retention rates and volunteer impact data.



## PART SIX

### Statement of assurance from the Board

Our Trustees are committed to the hospice's quality agenda. Our governance structure is extremely thorough, robust and well-established. Our Trustees play an active role in supporting Farleigh Hospice, and in ensuring that all our services are of the quality that we have promised to our stakeholders.

### 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 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.

Keith Spiller, Farleigh Hospice Chair

### Statement from ICB



Mid and South Essex  
Integrated Care Board

#### Mid and South Essex Integrated Care Board response to Farleigh Hospice Quality Report 2023/24

As a commissioner of Farleigh Hospice services locally, Mid and South Essex Integrated Care Board (MSEICB) welcomes the opportunity to comment on this quality report.

MSEICB 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.

MSEICB is pleased to note the progress that Farleigh Hospice has made against the priorities for improvement that it set out last year. MSEICB can see that excellent progress has been made to achieve these priorities. Most priorities have been progressed very well and where there have been barriers to others outside of their control, actions have been initiated to drive forward the objective. MSEICB notes that Farleigh Hospice have transitioned to The Patient Safety Incident Response Framework and the process is continuing to be embedded within the organisation.

MSEICB acknowledge the priorities that Farleigh Hospice have set for 2024/25:

- Undertaking a programme of community engagement to understand the end of life needs across Mid Essex. To include patients, families and carers past and present and those within our community who may find it difficult to reach out and access care.

- To test and pilot a revised bereavement model, as part of an organisational focus on early intervention and wellbeing.
- To undertake a review of data and processes for community working to assess the current model and clearly articulate capacity and demand.
- Establish a clear view on the workforce needed now and in the future. Clarity of vision on staffing structures, volunteering, training, education and other collaborative models of working.

Sincere thanks go to Farleigh Hospice and all its staff and volunteers for their hard work and dedication that has been evident over the last year. MSEICB would once again like to congratulate Farleigh Hospice for all that it has achieved given the backdrop of increasing pressure and uncertainty which continues to impact all healthcare services.

In conclusion, MSEICB considers the Farleigh Hospice Quality Report for 2023/24 as providing an accurate and balanced picture of the reporting period. MSEICB will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.

Dr Giles Thorpe  
Executive Chief Nursing Officer  
Mid and South Essex Integrated Care Board  
June 2024

## An explanation of those involved in this Quality Account

The task of writing the report was designated to the Chief Executive, The Governance & Compliance Lead, the Head of Nursing and Clinical Quality and the Clinical Data Consultant.

Discussions then took place within the Executive Team for updates on achievement of the 2023-2024 priorities and the future priorities for improvement for 2024-2025 and ensuring alignment to our Strategic aims and Strategic Delivery Plan. It was agreed to include the 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.

### **Farleigh Hospice**

North Court Road, Chelmsford, Essex, CM1 7FH

[www.farleighhospice.org](http://www.farleighhospice.org)

Charity Registration No 284670

