Quality Account 2025-2026

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For any queries, comments or any
further information please email us at:
comments@farleighhospice.org

PART 1

Statements from our leadership team

Joint statement from the Chair of the Board and Chief Executive

Welcome to our Quality Account for 2025-26. The aim of this report is to provide you with clear information about the quality initiatives undertaken throughout the last financial year and to share our quality priorities for 2026-27.

This report shares the difference we have made together over the past year for people across mid Essex living with life-limit ing illness, and for those closest to them. It reflects not only what we have delivered, but how we have listened, learned and continued to evolve in response to the needs of our community.

This year has been one of both resilience and progress. Demand for our services continues to grow, and the complexity of need we see is increasing.

Despite this, our focus has remained clear: to ensure every person receives compassionate, high-quality care that is tailored to what matters most to them.

Whether in people's homes, in our hospice, or through our wider support services, our teams have worked with dedication and skill to provide care that is timely, personal and dignified.

We have continued to strengthen our role within the community, recognising that the majority of those we support wish to be cared for in familiar surroundings.

By adapting our services and working in partnership with others, we have been able to reach more people, more effectively, while maintaining the standards we expect of ourselves.

Like many hospices, we continue to operate in a challenging financial landscape. Limited statutory funding, alongside rising costs and increasing demand, means we must constantly adapt and look for new sources of income.

Over the past year, we have focused on using our resources wisely, strengthening our fundraising and retail activities, and exploring new and innovative ways to sustain our services for the future.

We are incredibly proud of our staff and volunteers, whose compassion and commitment make our mission possible every day. We are equally grateful to our patients, families, supporters, partners and funders.

Your trust, generosity and collaboration enable us to continue providing care when it matters most. Together, we are making a meaningful difference—helping people to live well, stay well and die well.

We would like to take this opportunity to thank our partners across mid and south Essex.

We would not be able to continue to grow and flourish without the close working with our partners in acute, secondary and primary NHS and social care, and our neighbourhood teams.

This Quality Account follows the model requirement set out in the regulations by the Department of Health. To the best of our knowledge this Quality Account for 2025-26 is an accurate and fair representation of the quality of services that Farleigh Hospice provides.

Sarah Glew
Chair of the Board

Michelle Kabia
Chief Executive

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

This year there has been a focus of review and evaluation for us in the clinical directorate.

As we near the end of our four-year strategy it has been a time for reflection on what works well, what we could improve, and how we will meet the changing needs and demands for hospice care in the future.

We know that during and after the pandemic, we, like many hospices, had to focus our efforts on being reactive to needs not proactive.

Looking back, we now realise that the time has come for us to shift back to a more wellbeing-focussed model.

We know that before the pandemic we were able to offer a wide range of support to people in around the last year of life. In stark contrast post-pandemic, the focus of our care has been in the last weeks of life.

We know that our referrals are coming later, which means the time we can offer support is short.

It is therefore with strategic intention that we align our intentions to a model of earlier support and helping people to live, stay and die well after a life limiting diagnosis.

Our core purpose as a hospice needs to remain working with our families on what matters most to them, and in planning ahead before, during and after death.

In the last year we have been challenged by financial pressures and a lack of income generation, which has encouraged us to consider how we deliver services more efficiently, ensuring that care is delivered in the right place, at the right time, by the right person, and that we are not wasting scarce resource.

This has influenced our forward view to inform our new strategy with a re-modelled clinical service for the community and living well services.

We are incredibly humbled and grateful for the collaboration, consultation, and input that our community have generously shared in helping us to think about our future plans.

Donald McGeachy
Chair of the Clinical Governance Committee

Ellie Miller
Director of Care

PART 2
Introduction to the organisation

About Farleigh Hospice: caring for our community

For over 44 years, Farleigh Hospice has been at the heart of the community in mid Essex, providing compassionate care and support to people affected by life-limiting illnesses and bereavement.

Whether someone is living with cancer, heart failure, lung disease, or a neurological condition, we're here to help them live well, and when the time comes, to die with dignity and comfort.

Our care is always tailored to the individual, and we extend that support to families and carers too.

All our services are provided free of charge, thanks to the generosity of our local community, who help fund our care through donations, gifts in Wills and fundraising activities.

Our workforce

Farleigh Hospice employs nearly 300 substantive staff members, covering a wide range of roles - from clinical care and medicine to finance, fundraising, and retail.

They are supported by over 600 volunteers who give their time, energy, and heart to everything we do.

Together, we make a powerful team with one shared vision: that together we create a community where every individual with a life-limiting illness is supported to live and die well.

Our core services

At Farleigh Hospice, we offer a wide range of holistic and multi-disciplinary services designed to support people living with life-limiting illnesses, and their families and carers, at every stage.

Whether it's in our hospice, at home, or out in the community, our care is always personal, compassionate, and tailored to individual needs.

Inpatient Unit (IPU)

Our IPU is open 24/7, 365 days a year, providing round-the-clock specialist palliative care.

We welcome patients who need expert symptom control or end of life care, including those referred through our Hospice Rapid Access Service.

Every patient is supported by a multidisciplinary team that includes physiotherapists, occupational therapists, spiritual care providers, complementary therapists, and wellbeing support staff, ensuring holistic care every step of the way.

This year we have been fortunate to receive capital grant funding from the government, which could only be used on capital items and not the delivery of care.

We have used the money to increase the number of patient rooms on the IPU from 10 to 13 in anticipation of the projected 25% increase in demand for palliative and end of life care by 2040.

Community Care Teams

Our Community Care Teams bring expert care and symptom control directly into people's homes.

These integrated teams of registered nurses, care staff, and allied health professionals, work together to support patients and families holistically in the comfort of their own environment.

At any one time we can care for around 500 patients in the mid Essex area who are being supported to stay at home and avoid hospital admission.

- **Clinical nurse specialists** offer expert advice, symptom management and emotional support.
- **Personal care teams** provide hands-on care for those nearing the end of life who wish to remain at home.
- **Therapists and therapy assistants** help patients to maintain independence, manage symptoms like fatigue, breathlessness and anxiety, and assess equipment needs.
- We operate a **clinical advice line** from 8am to 8pm, seven days a week, which is available for patients and families as well as professionals such as GPs or ambulance staff.

Overnight our IPU is contactable for advice, and we have a specialist palliative care consultant on-call overnight 365 days a year.

Hospice Rapid Access Service (HRAs)

Our HRAs service commenced in August 2023 and has grown from strength to strength in the last two years.

This is a service which is commissioned by the Integrated Care Board (ICB) and delivered collaboratively between Farleigh Hospice, St Lukes Hospice and Havens Hospices.

We support people with a primary health need, who are rapidly deteriorating and reaching the end of their life.

The service facilitates rapid discharge from hospital or personal care for those who have care needs in the community.

We support people with choice and dignity ensuring their care needs are met to the highest standard, in the place of their choice, whether that be at home, in the IPU, or in a nursing home.

We ensure that their care is regularly reviewed to ensure ongoing or changing needs are met.

Spiritual care

Our Spiritual Care Team, led by a spiritual care coordinator, and supported by volunteers from a variety of faith and non-faith backgrounds, is here to help people explore what matters most to them.

Whether it's through quiet reflection, meaningful conversation, or community events like our **Light Up a Life** and **Summer Memories** event, we are here to offer comfort, connection, and hope.

Bereavement support

Our Bereavement Support Service provides information, support and guidance to help people prepare for and navigate the impact of grief.

Support is designed to meet a range of needs and can be accessed in a way and at a pace that feels right for each person.

We offer resources and information to help people better understand their grief and what they may experience following a bereavement; emotional and practical support from trained counsellors, and community bereavement support groups where people can connect with others, share experiences or simply listen, with the support of trained volunteers.

Wellbeing / living well

Living with a life-limiting illness affects not only the individual, but also those important to them.

Our wellbeing support provides compassionate support to patients, families and carers, building on the established strengths of the current provision whilst continuing to evolve to offer greater flexibility, choice and accessibility.

Individuals can access sessions focused on areas such as living with the impact of illness, communication and relationships, emotional wellbeing and self-care, fatigue and breathlessness management, complementary therapies, advance care planning, practical and financial planning, and peer support.

Alongside this, more informal and accessible offers, such as social drop-ins and walk and talk sessions, further support individuals to engage in ways that suit their needs and preferences and provide additional opportunities for social and community connection and peer support.

This evolving model enables people to access a more flexible and personalised range of support, while maintaining the strong relational approach at the heart of the service.

Education and training

We believe in sharing knowledge to raise standards of care across our community.

Our Education Team delivers high-quality training to Farleigh staff and to local partners, including care homes, hospitals, paramedics, and community teams.

Our programmes cover everything from symptom management to spiritual and emotional care and can be tailored to meet the needs of different organisations.

All training is grounded in the latest evidence and national guidance. New staff at Farleigh receive comprehensive induction training, including an eight-day Principles of Palliative Care course.

Registered nurses also complete drug competency assessments and training in verifying expected deaths.

We also offer advanced courses to help clinicians become leaders in palliative and end-of-life care.

Our vision, mission and values

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

Vision
Together, we create a community where every individual with a life-limiting illness is supported to live well and die well.

Mission
Supporting our community through compassionate care, collaboration and innovation to focus on what matters most to those living with a life-limiting illness.

Values

- ***Compassionate***
  We approach every person and situation with empathy, kindness, and respect. Compassion is at the heart of what we do - it shapes how we listen, how we care, and how we support one another.

- ***Inclusive***
  We believe everyone deserves to feel seen, heard, and valued. We welcome people from all backgrounds and ensure our care, services, and workplaces reflect the diversity of our community.

- ***Collaborative***
  We know that the best care happens when we work together - with colleagues, families, volunteers, and partners across health and social care. Collaboration helps us share knowledge, strengthen relationships, and deliver the best outcomes for those we support.

- ***Responsive***
  We adapt to meet the changing needs of our patients, families, and community. Being responsive means, we listen, learn, and act with agility - always striving to improve and innovate.

Governance: our commitment to excellence

Our Governance framework is the foundation of how we deliver care that is not only safe and effective, but also compassionate and continuously improving, responsive, and well-led. It is how we ensure that every person we support receives the very best.

Our Board of Trustees

The strategic governance of Farleigh Hospice is led by a dedicated Board of Trustees - 13 individuals who all give their time voluntarily and bring a wealth of experience, insight, and commitment to our mission.

While our Articles of Association allow for up to 14 trustees, we're mindful of best practice guidance from the Charity Governance Code, which recommends a maximum of 12.

In recent years, as several trustees approached the end of their nine-year terms, the board made a thoughtful decision to expand slightly to ensure we could continue to support our growing governance needs, particularly across our committees and the Local Hospice Lottery Ltd.

Day-to-day operations are entrusted to our chief executive and Executive Team, allowing the board to focus on strategic oversight and long-term vision.

Committee structure

To ensure we deliver on our strategic goals and meet our legal responsibilities, the Board is supported by five key committees.

Each one plays a vital role in shaping and safeguarding different aspects of our work:

Board Governance Committee
Oversees governance practices, trustee recruitment, succession planning, and performance.

Clinical Governance Committee
Focuses on the quality and safety of our clinical services and compliance with the Care Quality Commission standards as a regulated provider for the treatment of disease, disorder and injury.

Corporate and People Governance Committee
Covers health and safety, internal and external communications, and matters relating to staff and volunteers.

Financial and Income Generation Governance Committee
Manages financial oversight and planning and supports fundraising, retail and external engagement strategies

Accountability and assurance

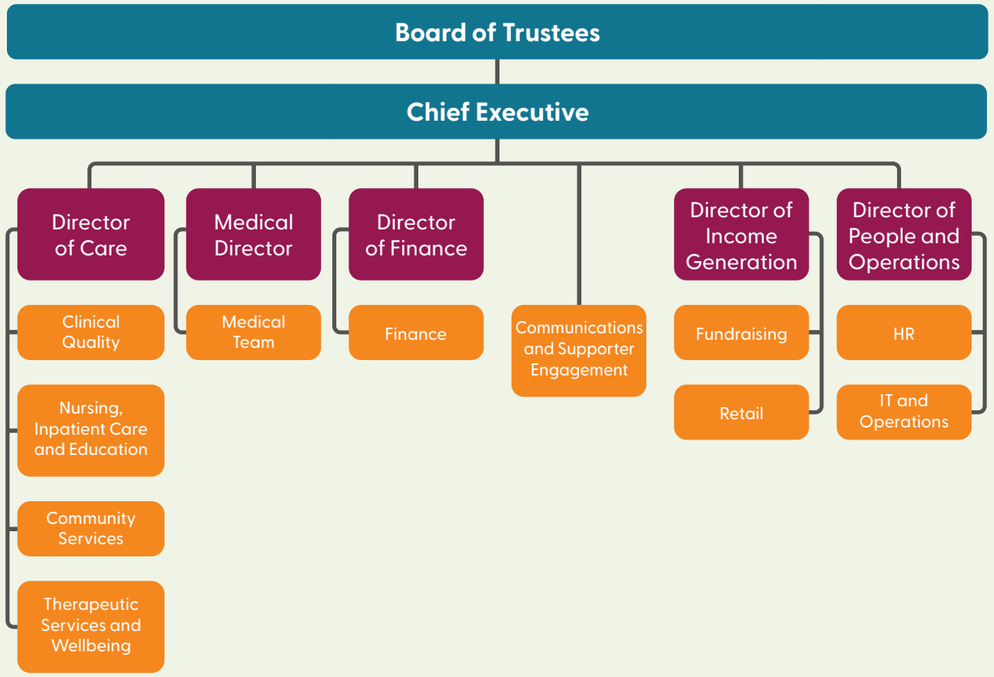
Each committee is responsible for governance, quality, compliance, and risk management within its area.

Their chairs report directly to the full Board at quarterly meetings, ensuring transparency and alignment across the organisation.

To maintain the highest standards, our governance committees regularly review safeguarding processes.

We're proud to say that they are confident in the robust procedures we have in place to protect our patients, staff, and volunteers.

Organisation chart 2026



Regulatory compliance

We are regulated by the Care Quality Commission (CQC), and we work closely with them to uphold the highest standards and quality in services delivered.

Their five key lines of enquiry (KLOEs) guide our approach and help us stay focused on what matters most:

Safe
- Protecting people from harm and ensuring their wellbeing.

Effective
- Delivering care that leads to positive, meaningful outcomes.

Caring
- Treating everyone with empathy, dignity, and respect.

Responsive
- Adapting our services to meet individual needs.

Well-led
- Fostering strong leadership, innovation, and a culture of openness.

These principles are not just checkboxes – they're the foundation of how we care.

We are accountable to the Charities Commission and the Fundraising Regulator for our fundraising and organisational articles of Association, and the Health and Safety Executive for compliance with H&S legislation

Clinical governance

Every clinical team at Farleigh Hospice is part of a wider system of accountability and learning.

Our Clinical Governance Committee oversees all aspects of care quality, ensuring that we're always improving and evolving.

In 2024, we refreshed our governance approach to align with the Patient Safety Incident Response Framework (PSIRF) from NHS England.

This shift reflects a learning-focused way of understanding and responding to safety incidents involving whole system learning.

We have invested in our people.

By equipping team leaders and managers with advanced training in risk management and resilience, we're building a culture where safety, responsibility, and continuous improvement are second nature.

PART 3
Quality performance 2025-2026

This past year has been one of growth, reflection, and resilience at Farleigh Hospice.

We have continued to adapt and evolve our services to meet the changing needs of our community, with a strong focus on delivering personalised, compassionate care.

Taking time to review hospice services enables us to look closely at what's working well and where we can do better, so that we can continue to learn, grow and improve.

Our year in numbers

2025-2026

Farleigh Hospice

Community Teams

22,281 visits and calls made by community nurse specialists and registered nurses

22,768 calls answered on the clinical advice line

1,584 patients supported in their own homes

13,645 home visits by the community team

27,865 hours of care delivered at home

Inpatient Services

286 admissions to the Inpatient Unit

Therapy Services

1,272 sessions delivered by physiotherapists, occupational therapists and assistants

299 complementary therapy treatments provided

Hospice Rapid Access Service

1,195 nights of care provided by the Inpatient Unit

27,209 hours of care delivered in patients' homes

536 patients caed for at home

978 patients supported who would otherwise have been in hospital

Counselling and Pastrol Support

324 carers supported by the Family Support team

184 adults received specialist counselling

136 children and young people supported through the Yo-Yo Project

344 adults referred to the Circle bereavement service

346 people received support from the Spiritual Care team

A focus on 'expanding partnerships' through collaborative working

Over the past three years, hospices across mid and south Essex have taken significant steps towards closer collaboration, building a strong foundation for more co-ordinated and equitable palliative and end of life care.

A key achievement has been the joint delivery of the Hospice Rapid Access Service (HRAs), led in partnership by Farleigh Hospice, St Luke's Hospice, and Havens Hospices.

This shared approach has improved responsiveness for patients and professionals alike, ensuring that people receive timely support and care in the most appropriate setting as they reach the end of their life.

It has demonstrated the value of pooling expertise, resources, and learning across organisations to strengthen service quality and resilience and improve access and equity.

From April 2026, this collaborative way of working has expanded further with the establishment of the Essex Integrated Care Board (ICB).

Six hospices across Essex have now formally committed to a collaborative agreement, marking an important milestone in the development of a unified hospice voice across the county.

Together, partners are working to influence the strategic direction of palliative and end of life care, advocating for consistent, high-quality provision for all residents.

This collective approach will enable hospices to play a stronger role within the wider health and care system, helping to shape services that are more integrated, sustainable, and responsive to the needs of local communities.

In spring 2026, we were delighted to join the Hospice Education Collaborative Partnership with St Elizabeth and St Helena Hospices, our neighbouring colleagues in north-east Essex.

This is an exciting opportunity which will enhance and develop our education offer, not only for our staff but for the communities in which we live and work.

Update on government capital grant

Farleigh hospice was awarded £1.8m via the government capital grant in 2025-26.

This funding is dedicated to capital expenditure, so could only be spent on improvements to our buildings, equipment and infrastructure, not our care services, staff salaries or other day-to-day running costs.

This year, we celebrate 20 years since we opened our hospice building in North Court Road, Chelmsford.

This grant has given us the opportunity to carry out essential repairs to the building, fit solar panels, and to increase the number of inpatient rooms so that we can continue to meet the increased demand for care, and provide the highest quality care and support for our patients and their families, now and in the future.

New inpatient rooms

On the IPU, we have three new ensuite rooms. They reflect our continuing commitment to delivering exceptional, compassionate care for everyone who needs us.

Each room enhances the experience of the patients that we care for and their families.

As with our current rooms, they will offer a calm environment with modern furnishings, improved lighting, thoughtful layouts and their own private patio area, to help our patients feel comfortable, relaxed and supported.

The design also supports our clinical care, as improved accessibility and better room layouts enable our staff to deliver high-quality care more seamlessly and discreetly.

New technology to support patient care

Capital funding has enabled us to modernise our core technology and replace outdated equipment, giving staff quicker, more reliable access to the systems they rely on every day.

New laptops, desktops and clinical devices, along with upgrades to the underlying infrastructure, have reduced delays and technical issues, meaning teams can spend more time with patients and less time dealing with IT problems.

Improved system performance and stronger security also support safer decision-making and better protection of sensitive information.

Alongside this, updates such as improved meeting room technology, a clearer and more accessible website, and enhanced in room entertainment for patients, have helped improve communication, access to information and overall comfort.

Taken together, these upgrades have made day-to-day work smoother for staff and created a more responsive, reliable and patient-focused environment.

Kitchen, café and new atrium

The refurbishment of our 20-year-old kitchen and café is now complete and has given us a modern space to prepare meals for our patients and visitors on site.

Work has been completed on our new atrium adjoining the café which provides a welcome entrance space for patients, relatives and visitors.

It has been a pleasure to welcome our patients, families, staff, volunteers and visitors into this fresh, modern space - designed for comfort, connection and community - where they can enjoy delicious, nutritious food.

New space for lasting memories

We have created a dedicated area where patients can electronically record memories for and with their families.

This thoughtful new space offers a calm, private environment for capturing stories, reflections and messages that loved ones can cherish for years to come.

It's a meaningful addition to our services and one we are proud to be developing.

Participating in national research to improve future care

Farleigh Hospice previously took part in the Chelsea II trial, a national research study.

The trial aims to explore whether giving fluids through a drip (clinically assisted hydration) can help reduce delirium in patients during the last days of life.

We also contributed to a research project reviewing the outcomes of using mobility aids in the community setting.

Investing in equality, diversity and inclusivity

We remain committed to creating a truly inclusive environment - where everyone feels seen, heard, and valued.

This year, we have taken intentional steps which included an all-staff cultural survey which informed our Equality, Diversity and Inclusion (EDI) strategy.

We've been exploring improvements to recruitment processes to help remove unconscious bias from our hiring process, ensuring candidates are assessed fairly and equitably.

Our EDI training programme has been rolled out across the organisation, with strong engagement from staff, and we're continuing to raise awareness through events like Essex Pride and Disability Awareness Week, where we will be engaging with communities to inform our future hospice and EDI strategy.

A key project has been working on better ways to collect and understand data about our patients and staff, so we can adapt our services and offer more effective support.

With the launch of our EDI Champions and a dedicated working group, we're building a culture of inclusion that reflects the diverse community we serve.

The next intentional step as part of our new strategy is to engage with under-represented communities in our area to better understand population health and place-based needs, working towards a model of co-production to improve knowledge, access and outcomes.

Demonstrating our commitment to green policies

At Farleigh Hospice, we are passionate about delivering high-quality, sustainable care - not just in how we support patients and families, but in everything we do.

From our services and fundraising to our retail shops and day-to-day operations, we are embedding sustainability into our culture.

We are encouraging staff and volunteers to lead the way in reducing our carbon footprint and adopting environmentally friendly practices.

This isn't just about protecting the planet, it is also about making smart choices that save money, which we can reinvest into our mission of helping people live and die well.

Our sustainability strategy focuses on five key areas: waste and recycling, transport, utilities and carbon emissions, the working environment, and how we deliver care.

We've continued to make great progress.

The waste contract with Veolia has so far helped us to prevent 100% of our waste going to landfill and 26.25% of all waste generated being recycled.

We have also received a large sum of capital grant money, and a significant amount has been spent on "green initiatives".

We have installed two electric vehicle charging points on site with plans to install another three by the end of March, alongside this we have purchased an electric maintenance van to further reduce our carbon footprint.

This is very recent so no savings available on diesel purchases as yet.

We have renewed our hot water storage vessels for more energy efficient models which are also hydrogen ready as this is the path that sustainability is taking as an alternative fuel to fossil fuels.

The capital grant funding enabled us to invest in the installation of Solar panels onto the roof of the hospice, this has already negated the price increase of electricity.

In addition, we have avoided the burning of 47.24 tons of coal to produce the electricity we use and have avoided 56.10 tons of Carbon dioxide going into the air. This is the equivalent of planting 77 trees.

We have also replaced all our fluorescent lighting tubes to LED which will save money in the long term and prove more sustainable.

Rated 'Outstanding' for caring by the Care Quality Commission

Our last CQC inspection was carried out in January 2024, when we received an overall rating of **'Good'**, with an **'Outstanding'** rating for caring.

This recognition reflects the dedication and compassion of our teams, and our ongoing commitment to delivering safe, effective, and responsive care.

The CQC recognised the improvements we had made since the last inspection, which resulted in the improvement in rating from requires improvement to **'good'** under safe since our last inspection in 2016.

During the inspection, the CQC noted: "Staff treated patients with compassion and kindness, respected their privacy and dignity, considered their individual needs, were active partners in their care and helped them understand their conditions."

Read the full report here: Farleigh Hospice - Care Quality Commission (cqc.org.uk/location/1-140210577)

ICB Quality assurance Visit (QAV)

Our most recent ICB QAV was completed in October 2025.

The quality assurance visits are conducted as part of the Mid and South Essex Integrated Care Board (MSE ICB) scheduled visits for providers with an NHS contract, delivering care to the population of mid and south Essex.

There were no recommendations for improvement and the following areas of good practise were identified:

- Innovation and Quality Improvement
- Good skill mix throughout the services
- Effective risk management and governance processes
- Staff go above and beyond for patients with staff stating, "we only get one chance to get it right" and that it is a privilege to care for people at the end of their life
- It is important to staff that they understand what is important to the patient
- Going the extra mile for patients and families
- One team motto and locality service review to support this
- Robust safeguarding processes and evidence of excellent completion of DoLS paperwork following MCA
- Internal quality assurance for subcontracted services such as care agencies

Year on year activity

Inpatient unit

In the last year, the number of admissions to our Inpatient Unit increased by 12 per cent from the previous year.

IPU admissions	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
Total Admissions (including HRAs)	116	237	278	256	286
Total No. of patients	106	225	207	231	246
Discharges	59	94	135	73	85
Deaths	57	143	143	189	214
Average length of stay (days)	9	10	10	10	10

Locality Care Services

While the number of referrals has remained steady in relation to previous years, the number of contacts made with patients by the locality care teams has increased by 16 per cent.

Community services	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
Total referrals	1,502	1,573	1,570	1,514	1,584
Number of contacts/year	37,787	38,064	38,407	45,874	53,045
Family support contacts	5,768	3,063	3,509	3,429	2,232

Hospice Rapid Access Service (HRAS)

Rapid Access to Discharge service (RADs)	2023/2024 (part year)	2024/2025	2025/2026
Total referrals accepted	677	1,250	958
No. of patients placed in care homes	240	413	373
No. of patients supported at home (domiciliary care)	370	589	539
No. of hours of personal care provided	69,168	70,574	64,056
No. of patients supported on IPU	67	67	55
Average length of stay on pathway	23 days	21 days	22 days

Bereavement services

The redesign of the Bereavement service has significantly decreased the waiting list for specialist counselling (from 352 at April 2025 to 70 as of April 2026).

There has also been a decrease in the number of referrals needing to be accepted onto the counselling waiting list through the implementation of additional tiers 1 and 2 support and effective triage, assessment, and signposting at the point of referral.

We have reviewed the information guidance and support available on our website and increased our range of groups and activities both at the hospice and in the community.

There are plans as part of the living well strategy to further develop our community support point in 2026 and beyond, with a particular focus on underserved populations or those living in rural areas with restricted access and travel opportunities

Adult bereavement support (Circle)	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
No. of accepted referrals	1034	1000	733	515	344
No. of contacts	2,206	3,529	3,634	5,235	5,129

CYP bereavement support (YoYo)	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
No. of accepted referrals	279	312	225	197	136
No. of contacts	2,984	3,407	2,539	1,781	2,160

Additional quality indicators

Complaints, concerns, compliments

Our commitment to continuous improvement

We are always looking for ways to improve. Feedback - whether it's praise or a concern - is incredibly valuable to us. It helps shape the way we design our services and improve the care we offer.

Complaints and concerns

We take all concerns and complaints seriously in accordance with our policy.

Every issue is reviewed through our governance framework, and significant matters are shared with our Board, the Integrated Care Board, and the Care Quality Commission if appropriate, to ensure full transparency and accountability.

At the end of each year, we thematically audit all clinical complaints.

In the most recent review, we received 16 complaints: 11 came from relatives of patients, three from clients of the Bereavement Service, one from a care agency and one from a patient.

The complaints raised included:

- Communication – 9 complaints
- Patient care – 2 complaints
- Counselling session – 2 complaints
- Yo-Yo assessment – 1 complaint
- Medication – 1 complaint
- Incident in patient's home – 1 complaint

The concerns raised included:

- Communication – 10 concerns
- Patient care – 2 concerns
- Counselling session – 2 concerns
- Freedom to speak up – 1 concern

Each complaint was reviewed individually, with actions taken and shared at the time.

We are committed to using this feedback to strengthen our services and ensure every person who comes through our doors feels heard, respected, and well cared for.

Thematic analysis has identified some learning to be implemented in the coming year around communication skills, particularly around conflict resolution and escalating concerns.

Compliments

We are grateful for the many expressions of appreciation received from patients, families, and healthcare professionals throughout the year.

These compliments reflect the dedication and compassion of our staff and volunteers, and they serve as a powerful reminder of the positive impact our care has on the lives of those we support.

Examples include;

- "How wonderful you all are, nothing is too much trouble, you treat his mum with dignity and respect"
- "A big thank you to the H@H team"
- "A great big thank you to everyone who helped our mum and us in mum's final days"
- "Express his sincere and grateful thanks to all involved"

- "How impressed he has been with Farleigh and the support and compassion that has been provided"
- "Be forever thankful to Farleigh"
- "Amazing support"
- "Wonderful hospice at home team"
- "Care and attention"
- "Thank everyone for their care and support"

Feedback

This year, we've continued to explore new and creative ways to gather feedback - from our Inpatient Unit questionnaires and reception tablets, to postcards in our shops and regular posts inviting feedback on social media.

These varied approaches help us understand what we are doing well and what we can improve.

We are proud to share that the feedback we have received has been overwhelmingly positive.

- **100% of respondents** said they were treated with kindness, respect, and compassion—something we strive for in every interaction.
- **100% of respondents** felt their privacy and dignity were fully respected, which is central to the care we provide.
- And **100% of respondents** told us they would be extremely likely to recommend Farleigh Hospice to family or friends needing similar care.

We are committed to continuing to deliver care that people can trust and feel confident in.

Below is some of the feedback we received from the Inpatient Unit:

- "Doctors and Consultants treat a patient as a person, not just a number"
- "Nurses are always on hand"
- "The nurses and staff and doctors made this time bearable daily"
- "Just being there for us without hesitation"
- "Every person should have this level of care"

Patient safety summary

This year, we have continued to build on our commitment to safety by embedding the **Patient Safety Incident Response Framework (PSIRF)**, a national framework introduced by NHS England.

PSIRF encourages us to look at incidents collaboratively as a system - understanding all the factors that may have contributed to an incident so we can learn and improve together.

There is also a requirement to involve patients and families in system learning and we have worked directly with two families this year for whom we undertook a patient serious incident investigation for.

Both have improved outcomes and learning for teams, and actions are in place to prevent similar incidents occurring in the future.

Our PSIRF implementation plan focuses on three key areas that are common across many hospices: **falls, pressure injuries, and medicines management.**

These are areas where we know we can make a real difference, and we are addressing improvements through better training, clearer processes, and shared learning across teams.

This year, we carried out two **Patient Safety Incident Investigations (PSIIs),** both of which resulted in whole system learning with our NHS colleagues both in the Community and in the Acute Trust.

The first was a patient who sustained a suspected fractured neck of Femur. The PSII identified several points of learning and improvement related to falls assessments, around communication and assessing mental capacity.

We raised a safeguarding referral against ourselves to the Local Authority for external scrutiny. It was not upheld.

The second was a patient who was admitted with uncontrolled diabetes. The PSII identified some points of learning, for both us and the referring provider which resulted in an immediate change in admission and assessment processes.

By encouraging openness, learning from experience, and acting on what we find, we are creating a culture where safety is everyone's responsibility, and where every lesson helps us do better for the people we care for.

We are thankful to both families for their involvement in the learning shared and for the clarity and courage displayed in sharing their experiences with us.

Benchmarking

Through the **Hospice Collaborative Clinical Quality Peer Group** we have started to benchmark our incident rates for falls, pressure ulcers and medication incidents to identify points of difference and opportunities for further learning. This is in addition to our contribution to the national patient safety benchmarking programme led by Hospice UK.

Clinical incidents

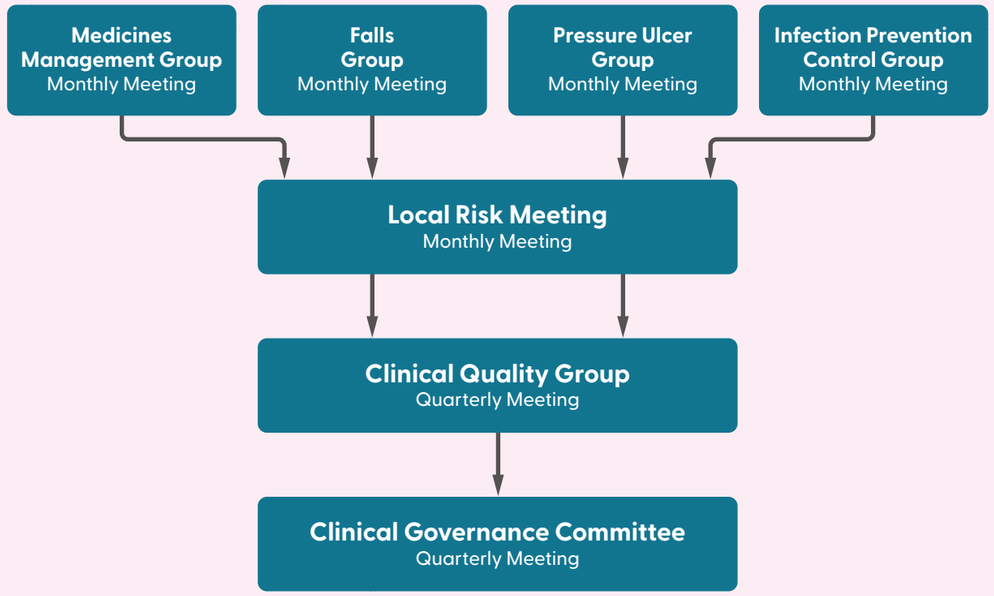
All teams are trained and encouraged to report all clinical incidents, including near misses, and we do have a high reporting culture.

All incidents are reviewed in local risk management meetings by clinical managers, and escalated be exception to either Clinical Quality Group and/or Clinical Governance Committee where necessary.

Levels of harm are recorded and reviewed by the Clinical Quality Group, who also monitor the delivery of action plans relating to incidents.

Risks are escalated according to our Ward to Board risk framework; detailed in the chart below;

Ward to Board risk framework



Reporting and monitoring

Some incidents, like pressure injuries, may already be present when a patient is referred to our care.

Even so, we report and monitor them closely to make sure we are doing everything we can to prevent further harm.

We have implemented the recording of psychological harm as well as physical harm for all incidents which directly involve a patient or service user.

In 2025-26, we recorded the following:

57 Pressure ulcers

Because many of the people we care for are living with complex, progressive illnesses, it's not uncommon for some to arrive at our inpatient or community services with existing pressure injuries.

Others may develop pressure ulcers during their time with us, often due to reduced mobility and overall frailty and natural skin changes at the end of life.

We routinely use pressure-relieving mattresses, detailed documentation tailored to pressure care including the use of Purpose T, and clear, accessible information for patients and families.

Of these 16 were acquired whilst on the IPU compared with 22 in 24/25, the rest were acquired whilst being cared for in the community.

67 Medication incidents

Ensuring the safe management of medications is a vital part of our care at Farleigh Hospice, and a regulatory requirement under medicines management legislation.

Throughout the year, we monitor all medication-related incidents and use each one as an opportunity to reflect and improve. In response to the patterns we observed, we have introduced clearer procedures and strengthened our documentation, particularly around medication chart accuracy.

These steps have reduced the likelihood of errors and support our teams in delivering safe, consistent care.

Ongoing training and open communication remain central to our approach, ensuring that medication safety continues to be a shared responsibility across all clinical teams.

There has been a significant reduction in medication related incidents this year (from 124 in 24/25) the majority of which resulted in no or low physical and psychological harm.

37 Inpatient falls

Falls prevention remains a key focus within our inpatient unit, where we care for individuals with complex needs and varying levels of mobility.

In 2025-26, we recorded 37 patient falls, which all resulted in no or low harm.

Each incident is carefully reviewed to understand what happened and how we can reduce the risk of recurrence. This is a slight increase on last year.

187 Other patient safety incidents recorded

We report a wide range of other patient safety incidents across our services.

These include everything from equipment issues to documentation errors and service delivery concerns.

Each of these incidents is reviewed through our governance framework to identify learning opportunities and ensure that any necessary changes are actioned and bring the required improvement.

This includes incidents related to our Hospice Rapid Access Service, where we continue to monitor quality closely to maintain high standards of care during rapid transitions and complex discharges.

By maintaining a culture of transparency and continuous improvement, we ensure that every incident contributes to safer, more responsive and effective care for our patients and their families.

Infection control

Maintaining a clean, safe, and hygienic environment is a fundamental component of our clinical governance framework and central to the safe delivery of high quality care.

During 2025-2026, there were no reported cases of Clostridium difficile or MRSA and no outbreaks of norovirus.

Our infection prevention arrangements are supported by a robust, enhanced, and well governed infection prevention and control framework, providing assurance to senior leadership and external stakeholders.

This framework includes a comprehensive programme of regular inhouse infection prevention audits and cleaning audits, undertaken to systematically monitor compliance, identify risks, and maintain consistently high standards across the service.

Audit findings are formally reported, reviewed, and monitored, with actions clearly documented, time bound, and followed up to ensure completion and sustained improvement.

Governance oversight is strengthened through quarterly infection prevention meetings, which form part of our wider quality and safety governance structure.

These meetings provide enhanced assurance through ongoing monitoring of performance, review of audit outcomes, scrutiny of incidents and near misses, and alignment with current national guidance. Learning and best practice are shared, and any emerging risks are escalated appropriately through established governance and escalation pathways.

Through strong leadership, clear accountability, enhanced monitoring, we maintain continuous oversight of infection prevention and control practices.

This approach provides assurance that risks are identified early, managed effectively, and reviewed regularly, ensuring a safe, clean, and hygienic environment for all who access or work within our service, including patients, families, staff, and volunteers.

Significant audits

Regular audits play a vital role in helping us maintain high standards of care and identify areas for quality improvement.

This year, we carried out a range of audits across key areas of our service, each contributing to our ongoing commitment to safety, effectiveness, and quality.

There are no mandatory national audits that Hospices are required to participate in, we do however run our own internal End of Life care audit biannually, based on the NACEL audit which will next be completed in 2026/7

Safe

- **IPU equipment and processes:** Quarterly audits were completed on essential items such as commodes, ID bands, mattresses, sharps, and specimen handling.

  While only minimal actions were required, they were addressed promptly.

  A new audit was introduced for riser recliner chairs to ensure continued safety and comfort for patients.

- **Medication storage and controlled drugs (CD):** Our latest CD audit completed by our commissioned pharmacy provider showed compliance levels of 92%.

  Recommendations for improvement were made around increasing the number of spot checks to oversee compliance which have been implemented.

  These results reflect the diligence of our teams and the strength of our medication safety procedures.

- **CQC controlled drugs self-assessment:** this audit was completed as a benchmark for compliance and to identify improvements needed from a regulatory perspective

- **Cleaning standards:** With a higher turnover of patients in our inpatient unit, we adapted our cleaning schedules last year to meet demand.

  As a result, compliance improved **from 84% to 92%** over the year which has been maintained for 2025-26 – an encouraging outcome that demonstrates our responsiveness and attention to detail.

These audits not only help us meet regulatory requirements but also ensure that our patients receive care in a safe, clean, and well-managed environment.

Effective

Pressure ulcers

Tissue viability remains a priority area for us and in 25/6 we successfully implemented purpose T across all our clinical areas as part of the ICB wide quality improvement programme.

Preferred place of death

Respecting a person's wishes at the end of life is one of the most important aspects of the care we provide.

95% of patients died in their **preferred place**, whether that was at home, in our hospice, or another setting of their choice.

We have identified ways to improve how we record and update preferences, particularly when patients are discharged from our inpatient unit.

Going forward, we are encouraging teams to document both a first and second preference, ensuring we can respond flexibly and compassionately as circumstances change.

Caring

Feedback

Listening to the experiences of those we care for is one of the most valuable ways we continue to grow and improve.

This year, feedback from both our inpatient and community services has been overwhelmingly positive.

In one survey all 32 respondents shared that they were treated with **kindness, compassion, and respect**, and felt emotionally supported when they needed it most.

Every person also said their **privacy and dignity were upheld**, and that they were **involved in decisions** about their care – something we strive to ensure for everyone who comes through our doors.

These reflections remind us of the importance of human connection in healthcare.

They also reinforce our commitment to delivering care that is not only clinically excellent but deeply personal and compassionate.

Bereavement support

Supporting people through grief is a vital part of our care at Farleigh Hospice.

This year, **93% of respondents** told us that their counselling experience was either ***helpful*** or ***very helpful*** – a reflection of the compassion and skill our bereavement team brings to every conversation.

Some individuals shared that they would have preferred a shorter wait for counselling.

We've listened carefully to this feedback and have already taken steps to address it through our new **tiered bereavement model.**

This approach allows us to offer a wider range of support options, ensuring that people can access the right help at the right time.

By continuing to evolve our services based on what people tell us, we're working to ensure that no one has to face loss alone.

Responsive

Mental capacity

Supporting people to make informed decisions about their care remains a key part of our approach at Farleigh Hospice.

Ongoing audits highlighted three areas where we can strengthen our approach:

- Framing the initial question more clearly at the start of the assessment
- Ensuring each section of the assessment is supported by clear evidence
- Completing a formal best interest decision when someone is found to lack capacity

We had held monthly drop-in sessions during this year, where staff can access guidance, share experiences, and build confidence when assessing mental capacity.

Attendance at these sessions has now reduced and we are currently exploring how best to support staff confidence in completing mental capacity assessments.

By continuing to refine our practice, we aim to ensure that every person's rights, preferences, and dignity are fully respected.

We have undertaken a comprehensive review of community working between 2024/2026 which has included looking at responsiveness and efficiency, ensuring that the right care is delivered by the right person, with the right skills, in the right place, and at the right time.

The findings of this project have created more efficient use of our skills and reduced wasted resources and duplication.

The community teams have been restructured in 2025-26 to reflect this quality improvement and sustain the findings.

More work is planned in the coming year to align with neighbourhood health footprints and teams, and to review responsiveness on our inpatient unit. In 2025-26 on average 28% of referrals to the inpatient unit were not admitted.

This has increased from the average in 2024/5 of 25%. This is predominantly due to the patient being too ill to transfer or dying before admission.

The reasons for this are multifactorial including delays in referral to the unit from other providers, as well as delays in being admitted due to capacity issues on IPU.

It should be noted however that the average time from referral to admission is lower than in 24/5 and has improved from an average of 42 hours to 32 hours.

Further work is therefore required to investigate this in more detail with an aim to decrease the number of people not being admitted.

Well-led

Trustee skills

Strong leadership is essential to delivering safe, effective, and compassionate care.

In 2025 our chair of the Board stood down after completing nine years of service to Farleigh.

We were pleased to appoint Sarah Glew as the new Chair, and John Sweeny as Vice Chair.

The Board worked closely with the Executive Team in 2025 to develop and finalise the Farleigh strategy and vision for 2026-2029, this will be launched in 2026.

The Board will also be carrying out an internal Board evaluation in 2026, continuing our commitment to good governance and strategic oversight

The Board appointed a new substantive chief executive in spring 2025.

Staff engagement

In June/July 2025 we undertook our annual staff survey.

The survey showed real strengths in teamwork, support and shared purpose with 86% saying their team is fun to work with and 80% saying they love working for Farleigh.

Having undergone a change in leadership and the launch of our new strategy development, it was no surprise that the emerging themes for improvement were leadership and clarity of purpose.

Over the last six months Farleigh has introduced a new leadership structure consisting of the Executive Leadership Team and the Senior Leadership Team.

Together these two teams will drive forward the culture and clarity of purpose required for a high performing organisation.

Over the last year we have collaborated with staff on the development of the new Farleigh Hospice Strategy improving the clarity of purpose for our staff and volunteers.

Each leader will now have a service delivery plan that translates the Farleigh Strategy into operational goals and achievements.

PART 4
Update on last year's priorities

1. Responding to the rising demand for care

Following the full service review, numerous changes were implemented within the **bereavement** delivery model to improve accessibility, responsiveness, and the effective use of counselling resources.

These changes included:

- A shift to a self-referral alongside a significant increase in the availability and range of information, advice and guidance on the website.
- Growing with Grief psychoeducational group work was piloted, evaluated, and subsequently introduced, with a focus on equipping individuals with a better understanding of their bereavement experience while drawing on the therapeutic value of peer support.
- Consultation at the point of referral.

  This offers protected time with a counsellor, allowing individuals to explore their needs and consider the range of support options available to them, ensuring that they are matched to the most appropriate level of intervention from the outset.
- Increase in community bereavement help points
- Greater focus on self-efficacy, empowerment and signposting

Collectively, these earlier and more targeted interventions have contributed to a reduction in the number of individuals requiring one-to-one specialist counselling.

As a result, fewer people are being added to counselling waiting lists, while those who do require specialist support are able to access it more appropriately.

Community specialist palliative care services:

Our new model of integrated care has been developed alongside our strategy to provide a proactive and personalised approach to a person's care. It will enable us to care for people and their loved ones at a much earlier stage; working collaboratively and innovatively with other care providers and our local community to help people to build the social connections they need to feel supported.

The new model will be implemented during 2026/7.

Through our capital development programme (as described above) we have expanded our capacity on the IPU by increasing the number of bedrooms available from 10 to 13 .

2. Building compassionate and inclusive communities

This remains a key priority, with active work underway across mid Essex to strengthen community resilience, wellbeing and access to palliative and end of life care.

We are working closely with partners, including Braintree District Council, contributing to and facilitating workshops as part of their compassionate communities programme and building relationships with local organisations to support a more connected approach to care.

Alongside this, our involvement in the Macmillan Community Voices project supports co production with communities experiencing health inequalities, ensuring services reflect lived experience and address barriers to care.

This work is underpinned by our EDI strategy, launched in October 2025, which sets out our commitment to understanding the diverse needs of our communities, developing a representative and culturally able workforce, and delivering accessible, inclusive services for all.

3. Strengthening financial sustainability

As with many hospices financial sustainability remains a challenge and is a key strategic pillar of our new strategy.

Over the past year we have continued to maximise funding opportunities, including using the Department of Health and Social Care capital grant monies, as described above to help reduce costs improve patient facilities and create opportunities for income generation.

We have also had to make some difficult decisions with our Board of Trustees to ensure a sustainable and secure future for our hospice services in mid Essex.

This included staff consultation which has resulted in 17 posts placed at risk of redundancy, with 11 competing for a reduced number of posts, consisting of back office support roles as well as front line clinical and support staff roles.

As a result of this we have had to look at refocussing our bereavement services for adults, young people and children.

These services will now focus on providing support to the families and carers of patients supported by Farleigh Hospice rather than the whole community.

Unfortunately, Farleigh does not receive any statutory funding for these services and recent trust and grant funding applications have been unsuccessful.

There has been no change to the care services provided to patients in their own homes and in the specialist Inpatient Unit.

Michelle Kabia, CEO said, "This is a challenging time with difficult decisions that need to be made. But we are confident that, by doing so, we will be more resilient and in a stronger financial position to provide the best possible care and support to local people living with life-limiting illnesses, and their families."

4. Investing in our people and our voice

In 2025-26 we introduced a new approach to appraisals, supported by an electronic recording system that incorporates personal development planning.

This approach gives mangers and staff immediate access to their objectives, enabling them to review and update progress throughout the year.

It supports timely corrective action where needed, while also providing opportunities to recognise and celebrate achievements as they occur.

Our Learning and Development focus for the year has prioritised the continued embedding of mandatory training alongside the introduction a comprehensive EDI programme.

All staff undertook an introduction to EDI, developing their understanding diversity, its benefits and how EDI principles can be applied meaningfully in the workplace.

Managers also undertook unconscious bias training, equipping them with greater awareness of the biases we may hold and practical strategies to mitigate them – supporting both a more inclusive working environment and more diverse recruitment practices.

We also launched our Internal Communications Strategy in 2025. introducing two new channels to strengthen our communications and organisational clarity.

A new monthly Executive briefing from the Executive Leadership Team ensures that key organisational updates are consistently shared with all staff and volunteers.

In addition, we introduced a new staff and volunteer magazine, 'Making a Difference, Together', which provides a platform for teams to share news, recognise contributions, showcase performance and highlight progress against key initiatives such as the capital works and staff survey improvement plans.

PART 5
Looking forwards – making a difference together

Priorities for 2026-2027

This coming year marks the launch of our new Strategy, and with that comes an exciting opportunity to shape what's next.

As part of our strategic planning, we engaged our community in a conversation to allow them to "Have Your Say" about the aspects of care that Farleigh should prioritise for both now and the future.

The feedback from our community focussed on the following themes:

- The importance of not only supporting the person with a life-limiting illness, but also their families
- Earlier hospice support from diagnosis of a life-limiting condition and into bereavement
- Support with planning for future care, with a listening, compassionate ear
- Hospice services to enable people to continue to be cared for in their own homes, or within the Inpatient Unit
- The importance of a joined-up approach to manage physical symptoms, and address emotional and spiritual concerns
- Holistic activities to enable both the person and their family to improve their wellbeing, for instance, art/music clubs, group therapy sessions, and social peer groups
- Improving community knowledge about our services and working together with other organisations to deliver the best care

Taking our knowledge of our local community and these themes, we have developed a new model of integrated care which will guide the development of Farleigh Hospices' clinical services for the next three years, to meet the needs described.

Our quality improvement priorities for the coming year have in turn been shaped and informed by this work.

1. Realignment of locality services with neighbourhood teams

Our current model of community care is based around three localities (Central, North and South).

This model was introduced as part of our COVID response and whilst there have been many benefits, there have been some challenges identified as part of our in-depth service reviews.

In particular around efficient use of resources and variations in practice and processes between teams.

To this end we will be moving to working as one community team, but with sub teams within it which are aligned to each integrated neighbourhood network.

The aim of this is to support collaborative working with wider integrated care teams, which in turn will support us to provide earlier support following diagnosis, and reach currently under served and underrepresented communities.

This will also enable us to preserve the identified benefits of having a locality focus with a multi-disciplinary approach.

2. Sustainable bereavement and wellbeing services

We are currently reshaping our counselling services to ensure they remain both sustainable and responsive for the future.

This includes a move towards a more adult focused model of provision for Farleigh patients and families.

By bringing together pre and post-bereavement support within a single, integrated, family focussed offer, we will be strengthening continuity of care and enabling earlier, more preventative approaches as part of the longer term 'Live well, Stay well, Die well' strategy.

This approach will allow us to make best use of our specialist workforce, ensuring that clinical expertise is appropriately tailored, while also creating a sustainable model.

It will support clearer pathways, improved triage and allocation, and a stronger interface with our living well services, ensuring that individuals can access the right level of support at the right time.

3. Streamline our referral processes

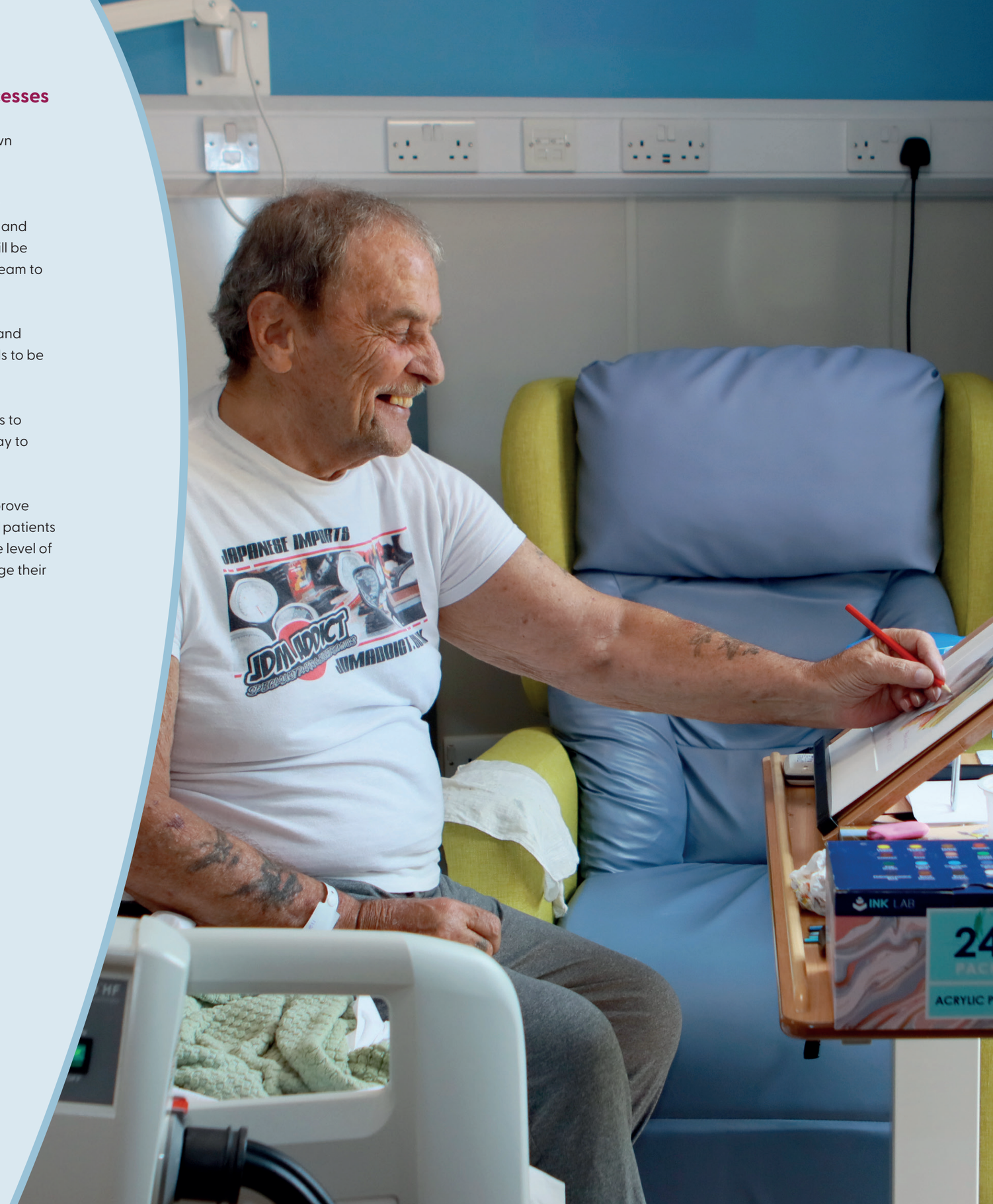
Currently each team processes their own incoming referrals.

The locality review completed last year identified this was resulting in variation and an inefficient use of resources, so we will be establishing a dedicated referral hub/team to support all incoming referrals.

This approach will ensure a consistent and standardised process, enabling referrals to be triaged and managed more efficiently.

Patients will benefit from quicker access to services and a more responsive pathway to care.

A centralised referral point will also improve oversight and coordination ensuring all patients receive the appropriate and responsive level of support while enabling teams to manage their capacity more effectively.



PART 6

Response to Farleigh Hospice Quality Account 2025-26 from Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care.

We believe that health and social care organisations should use peoples lived experience to improve services.

Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care.

They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by Farleigh Hospice.

We offer the following comments on the Farleigh Hospice Quality Account.

- We are delighted to see the implementation of the new space for patients and their loved ones to create memories. This will be deeply meaningful to those who use the asset and provide tangible memories which will provide great comfort as time goes on.
- The hospice commitment to continually improving equality, diversity and inclusion is extremely important. Recruitment initiatives are greatly welcomed, and especially the aim of engaging more deeply with those communities who are perhaps less likely to be heard, in order to increase the understanding and accessibility of hospice services to them.
- The transparency in detailing the 16 complaints raised during 2025-26 is welcomed; however, it would have been reassuring to see more details about how these were progressed and the outcomes. Learning from complaints is key in service development and improvement, and it would be helpful to see this illustrated in the document.
- The outcome of the latest CQC inspection must not, of course be overlooked, with the wonderful achievement of an overall rating of Good, with the care factor being rated Outstanding.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the encouraging work of Farleigh Hospice.

Sharon Westfield de Cortez
Information and Guidance Manager,
Healthwatch Essex

June 2026

Response to Farleigh Hospice Quality Account 2025-26 from NHS Essex Integrated Care Board

Dear Colleagues

As a commissioner of Farleigh Hospice, NHS Essex Integrated Care Board (EICB) welcomes the opportunity to comment on this Quality Account.

EICB 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 the team at Farleigh Hospice prior to publication for consideration of inclusion, along with any missing data in the final report.

EICB is pleased to note the sustained progress that Farleigh Hospice has made against the priorities for improvement that it set out last year. EICB can see that excellent progress has been made to achieve these priorities.

The majority of the agreed priorities have been progressed very well, where there have been barriers outside of the control of Farleigh Hospice, actions have been initiated to drive forward the objective.

EICB notes that The Patient Safety Incident Response Framework (PSIRF) is now fully embedded in practice with evidence of thematic reviews and a positive culture of continuous learning.

Some of the areas covered include pressure ulcers, medication incidents, inpatient falls and equipment.

All incidents are recorded including those reported within the Hospice Rapid Access Service (HRAS).

Close working relationships within the Hospice Collaborative continue to ensure that best practice is shared and that patient safety remains paramount.

With the formation of the new EICB; there are now 6 hospices working together within the collaborative.

There is evidence of regular audits ensuring continuous quality improvement and reinforcing Farleigh's commitment to patient safety.

Compliments and complaints are logged and shared for learning purposes; the patient and relative reviews are testament to the excellent work and commitment to patient care that the whole staff team at Farleigh's demonstrate and deliver for patients every day.

The positive impact of the Hospice Rapid Access Service (HRAS) is acknowledged, the service continues to grow and provides essential support for patients and families ensuring that dignity is always maintained and people are cared for in a place of their choice.

EICB notes the key achievements of 2025-26 including responding to the rising demand for care, building compassionate and inclusive communities, strengthening financial sustainability and investing in 'our people and our voice'.

Farleigh remain committed to creating an inclusive environment and this has been supported by an all-staff cultural survey that has worked towards informing the Equality, Diversity and Inclusion (EDI) strategy.

EICB acknowledges Farleigh Hospice future priorities for 2026/27 and these are summarised in brief below:

- Realignment of Locality services with Neighbourhood teams - moving to work as one community team
- Sustainable Bereavement and Wellbeing services–ensuring that counselling service are sustainable and responsive supporting the Live well, Stay well, Die well strategy.
- Streamline referral processes – establishing a dedicated referral hub/team

In October 2025 members of the ICB Quality team had the pleasure of visiting the patients and staff team at Farleigh Hospice and saw first-hand the compassionated and patient centred care that goes on every day across all areas of the hospice.

At the time of the visit the atrium area of the hospice was being updated to provide further valuable communal space, and the plan was in place to increase the inpatient unit beds from 10 to 13.

This work has all now been successfully completed along with a designated private recording area where patients and families can record lasting memories.

Sincere thanks go to Farleigh Hospice and all its staff, volunteers and supporters for their hard work and dedication that has been evident over the last year.

EICB would once again like to congratulate Farleigh Hospice for all that it has achieved given the continuing backdrop of increasing pressure and uncertainty which continues to impact all healthcare services.

In conclusion, EICB considers that the Farleigh Hospice Quality Account for 2025-26 provides an accurate and balanced picture of the reporting period.

EICB will continue to seek assurance on performance and delivery of care by monitoring through agreed contract processes.

Dr Giles Thorpe RN, DProf, MSc, Bsc (Hons), MIHM
Executive Chief Nurse / Caldicott Guardian
NHS Essex Integrated Care Board

June 2026

An explanation of those involved in this Quality Account

The task of writing the report was designated to the chief executive and the interim head of clinical quality.

Discussions then took place within the Executive Team for updates on the achievement of the 2025-2026 priorities and the future priorities for improvement for 2026-2027 and ensuring alignment to our strategic aims and strategic delivery plan.

It was agreed to include the most relevant and impactful priorities.

We would like to extend our thanks to the clinical, senior leadership, clinical quality and education teams, while also recognising and celebrating the strong collaboration across departments

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

External organisations have been asked to comment. Comments received are included in the report.

Farleigh Hospice

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