

Quality Account

Reporting period April 2018 to March 2019



Reaching out to make a difference

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

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Part 1: Introduction

Introduction by Chief Executive



Welcome to our eighth Quality Account. This report is for our patients, their families and friends, supporters, general public and the mid Essex Clinical Commissioning Group, who part fund our services. The aim of this report is to give clear information about the quality of our services. We want to ensure that our patients feel safe and well cared for and their carers and families are supported and reassured. We want to demonstrate that all of our services are delivered to a very high standard and are well governed at all levels throughout the organisation.

Over the past year we launched our new strategic plan, engaging with as many people as possible from across our community, sharing with them our plans for Farleigh Hospice going forward. As part of this engagement we held three launch events, inviting key supporters to join us to hear about our work and to ask for their ongoing support. In addition, we have grown our

Ambassador group and developed new information for them to share with local communities. As our work continues to grow through our advice line and expanding services, we are always mindful of the need to keep everyone up to date with information about the hospice and new developments, therefore we have developed a new Public Awareness Campaign. We continue to engage with our local communities through our Information service and were delighted when the Lord Lieutenant of Essex Mrs Tolhurst was able to launch our new Hospice Outreach Project (HOP) vehicle in November, thanks to the generosity of grant and trust funders. Our new Lantern Partner Education programme is now providing end of life teaching to health and social care professionals, with the aim of providing a consistent standard of excellent care and support for people who are at the end of their lives.

In October 2018 Farleigh Hospice was delighted to win the Essex Business 'Contribution to Community Award' for the second year in a row. This is something we are extremely proud of and a testament to the great work of our hospice within our local community.

I wish to thank all of our staff and volunteers for their ongoing hard work and commitment to Farleigh Hospice and to our local community and NHS funders for their continuing support.

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



Alison Stevens RN, DipHSM, MA
Chief Executive

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

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.



Signature, David Blainey, Chair of the Board of Trustees



Alison Stevens, Chief Executive

Our Vision, Our Mission, Our Values



Working together - to make a difference

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

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

Future Priorities for Improvement 2019 - 2020

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

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

- Clinical Effectiveness
- Patient Safety
- Patient Experience

The top four quality future improvement priorities for 2019-2020 are as follows:

Future Priority for Improvement 1

Transforming Digital Accessibility

Farleigh aims to increase access and support, investing in accessible digital communications. Our aim is to develop new digital communication options to support staff, patients and families to connect with the hospice.

Quality Domain: Clinical Effectiveness, Patient Safety and Patient Experience

Why was this priority identified?

As we live in a digital age, we need to consider how our service users, customers and public interact with us digitally. We have looked at innovative examples of what other charities are doing and are keen to engage with people as to what might work for them.

How will this be achieved?

A digital plan that will open up opportunities for people to easily connect with us in a number of ways that meets their needs. This includes using a variety of IT platforms including a new website with interactive ability and social media.

How will this be monitored?

As a priority on our Operational Plan for 2019-20, we will be reviewing progress via the relevant Governance Committee and with our Board.

Future Priority for Improvement 2

Enhancing Community Services

Supporting people within their own community is key to improving accessibility to hospice care and enabling us to reach out to anyone who needs us. To help us achieve this goal we plan to increase our community based services including Bereavement Help Points and widening the offer of Day and Therapy Services with Social Drop-in and Menu of Choice.

Quality Domain: Patient Experience, Clinical Effectiveness

Why was this priority identified?

The bereavement team is keen to develop the bereavement service and improve access across the community of mid Essex. Feedback from service users have demonstrated that some clients find it difficult to access the Farleigh Hospice site, especially if using public transport. For some, mobility issues are a barrier and for others returning to the hospice is too difficult and an emotional challenge.

Based on this feedback the bereavement service have developed new community based group activities, with the aim of providing support in local venues that are easily accessible, lower key and less daunting for those attending. The service already runs open support groups at Farleigh Hospice, Chelmsford and another in Heybridge, Maldon. The new initiative sees Bereavement Help Points, open to all bereaved, based in communities across mid Essex. The first Help Point opened in February 2019 at Suzie's Tea and Gift shop in Maldon High Street. Hosted by bereavement volunteers the group is low key, self-directed, friendly and welcoming to all, in an easily accessible location. The new venue has already proven to be a success, with good attendance and positive feedback.

Farleigh's Day Services provides support and therapy services to help manage life-limiting illnesses focusing on enablement, empowerment, well-being, creativity, and self-management. Social drop-in is currently provided at the North Court Road Hospice site and in West Maldon. However to enable people from across mid Essex to access the service the team are looking to open additional social drop-in groups in Braintree and Witham in the coming year. A 'Menu of Choice' will complement existing services by providing a range of classes to support self-management

How will this be achieved?

Our future plan is to open several more Help Points and Social Drop In's across mid Essex. New venues have already been identified in Chelmsford, Witham and Braintree and we will be recruiting and training new staff and volunteers.

How will this be monitored?

As a priority on our Operational Plan for 2019-20, we will be reviewing progress via the relevant Governance Committee and with our Board.

Future Priority for Improvement 3

The Garden Project

We want to invest in the development of the hospice environment and provide a tranquil space that supports dignified and compassionate care. Through the Garden Project Farleigh wants to develop accessible outdoor space designed to improve the health and wellbeing of our patients, their families, friends and staff.

Quality Domain: Patient Experience

Why was this priority identified?

It was identified as part of improving wellbeing for patients, families, staff and volunteers.

How will this be achieved?

Our aim is to create an accessible, useable and interactive garden which improves wellbeing and encourages greater use of our outdoor environment.

We will create a beautiful garden, offering various themed areas. Landscape drawings have already been commissioned and the vision for the space has been revealed. The next step is to secure funding to transform the vision into reality.

How will this be monitored?

As a priority on our Operational Plan for 2019-20, we will be reviewing progress via the relevant Governance Committee and with our Board.

Future Priority for Improvement 4

Expanding the Hospice Outreach Project

Farleigh's new Hospice Outreach Project Vehicle (HOP) is designed to deliver accessible information and support to people who are ill, bereaved, or worried about someone who is. Moving forward we plan to develop this service, visiting more towns and villages, helping more people, and working collaboratively with health care providers and community groups to improve the information and services we provide.

Quality Domain: Clinical Effectiveness, Patient Experience

Why was this priority identified?

Over the 8 years that the previous HOP was on the road the Information service supported over 50,000 people. This service was very much valued by our local communities with excellent feedback. When the previous vehicle was deemed no longer safe to use, the decision was made to seek funding for a new vehicle to continue this excellent work and to expand on this to include new and different opportunities to provide information and support to people who need it.

How will this be achieved?

Providing accessible information and support locally in mid Essex towns and villages.

As the new vehicle is now up and running, the plan is to set up a regular programme of visits to all towns and villages across mid Essex and to widely advertise this to the public. In addition, the HOP will attend festivals, Farleigh Hospice events and local community events.

How will this be monitored?

As a priority on our Operational Plan for 2019-20, we will be reviewing progress via the relevant Governance Committee and with our Board.



The new hospice outreach project vehicle.

Looking Back: Priorities for improvement from 2018 - 2019

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

In last year's report we set out four priorities for improvements for our services. All the areas identified were specifically selected as they would directly impact on the care of patients, carers and the bereaved, either through improving patient safety, clinical effectiveness or the patient's experience.

The quality priorities for improvement identified for 2018-19 are listed below:

Priority for Improvement 1

Communication and engagement campaign, including developing a team of ambassadors to improve people's understanding of hospice care.

Quality Domain: Clinical Effectiveness, Patient Experience

How have we met this priority?

In April 2018 the new hospice strategy was launched, providing direction for the next four years and to the hospice's 40th anniversary in 2022.

To help shape the strategy the hospice carried out an extensive public engagement campaign asking people to share their views. Four key goals emerged:

- Reach out
- Empower
- Inspire
- Invest

The results showed that people did not know what hospice care was and how it is delivered in mid Essex. As part of our new strategy, it was decided to address this through an extensive public awareness and engagement campaign and encourage everyone connected with Farleigh Hospice to be ambassadors for our work, helping people understand what the hospice does. This was achieved in many ways.

- An 'Engagement' group was set up led by the Chief Executive and involved individuals from across the organisation to plan the campaign.
- Development of promotional materials to communicate the key objectives of the strategy including a tote bag, pen and notebook for staff.
- The Farleigh Hospice Portfolio of Services was updated detailing the services provided by the hospice and the impact of these services during 2018-19. This document was then available at future events throughout the year.

- The hospice supported national initiatives such as Dying Matters Week in May and Hospice Care week in October to improve people’s understanding of the work at Farleigh and hospice care.
- The hospice held three high profile supporter events, one at the Vineyards in Purleigh and another at Coggeshall. The third event was focused on key health and social care professionals including consultants and GP’s and was held at Anglia Ruskin’s new School of Medicine in Chelmsford. These events were not designed to raise funds but to share Farleigh’s plans for the next four years with influential people in mid Essex and to ask them to promote the work of the hospice and help maintain our high profile. All three events were well attended and the feedback was very positive.
- A survey was carried out by an external company on the hospice’s behalf to find out how much people know about Farleigh and raise awareness about hospice care. The survey targeted the general public in high streets in key locations across mid Essex.
- The information gathered from the survey was used to support the development of key messages to be used in the public awareness campaign, which is planned to be launched in autumn/winter 2019-20

Priority for Improvement 2

Enhanced Community Services – increasing and improving hospice care in the community

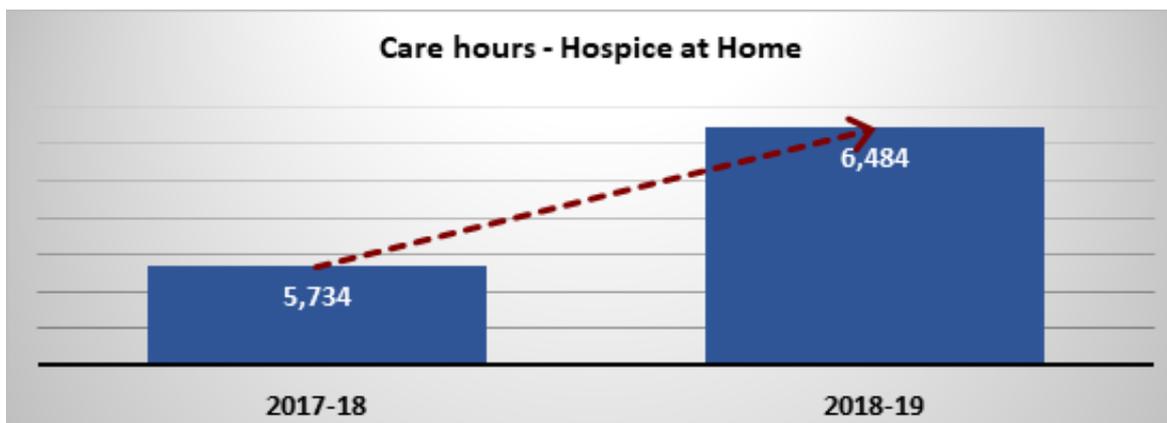
Quality Domain: Patient Safety, Clinical Effectiveness, Patient Experience

How have we met this priority?

An extension of the availability of the advice line. This advice line is available to health professionals, patients, carers and the public from 08:00 - 20:00, 7 days per week. Our statistics show demand for this service has increased over time and since the start of the data collection in November 2017, the total number of calls received to the advice line increased from 4,064 in December 2018 to 13,204 by March 2019.

An enhanced Hospice at Home (H@H) service, which includes:

An increase in the availability of the H@H service within the community and care homes from 08.00 – 20.00, 7 days a week. The H@H service provides personal care and psychological support to patients and families. The enhanced service also provides a rapid response service. This graph shows the increase in activity over the past year.



Hospital In-Reach service

The introduction of specialist palliative care nurses in-reaching into the hospital to coordinate rapid end of life discharges of patients wishing to go home to die. The service also educates the hospital staff in identification and advance care planning.

Since April 2018 we have received 304 hospital end of life discharge referrals, averaging around 25 per month. In nearly all cases the assessment from the time of referral was completed within 24 hours. The project has demonstrated that an integrated approach between the hospice and wider healthcare system can improve both the quality and timeliness of a patient discharge from hospital at the end of their life. The project has strengthened joint working at both a strategic and operational level.

Project ECHO

(Extension of Community Healthcare Outcome (ECHO) model). This model was introduced in 2018 providing tele-mentoring using video-conferencing technology to connect clinical experts (the hub) with primary care clinicians (spokes). This project is currently developing a hub and spoke model to care homes, providing education and clinical advice.

Priority for Improvement 3

New model to deliver hospice education to care homes and the community

Quality Domain: Clinical Effectiveness

How have we met this priority?

The Project ECHO suite is now up and running with a regular calendar of teaching events in place. IT support has been provided to care homes who wish to participate in this programme of teaching. Each session is evaluated and the programme will be further developed based on feedback received.

Five care homes in the area have signed up to project ECHO. The first teaching session was held on the 19th March 2019, and went well. Evaluations will be completed by attendees.



New ECHO suite.

Priority for Improvement 4

Continued refurbishment of the Inpatient Unit to improve facilities for our patients and their families

Quality Domain: Patient Safety, Patient Experience

How have we met this priority?

Last year our Inpatient Unit underwent a complete refurbishment including redecorating all rooms with a bright pallet of modern colours, giving the unit a fresh, new, modern appearance. The refurbishment also included new flooring, underfloor heating, new furniture, blinds and soft furnishing to meet healthcare standards and provide a homely comfortable environment. The upgraded environment meets required infection control and safety standards. The feedback we have received from patients, relatives and professionals from outside organisations has been extremely positive.



One of the newly refurbished patient rooms.

Mandatory Statements of Assurance from the Board

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

Review of services

During 2018-2019 Farleigh Hospice provided the following specialist palliative care services:

- Ten bed Inpatient Unit
- Day Services at Chelmsford, North Court Road including social drop-in sessions in Chelmsford and West Maldon
- Clinical Outpatients
- Advice Line & Triage
- Community Services – including Hospice@Home, In Reach Team to Mid Essex Hospital Trust (MEHT), Farleigh Clinical Nurse Specialists, Physiotherapists, Occupational Therapists, Social Workers, Support Workers and Motor Neurone Disease (MND) Co-ordinator.
- Well Being Services offering creative therapies, complementary therapies and music therapy.
- Information and 'drop in' services at the Pop Up Pod in the community and the Information 'Pod' run in partnership with MEHT and Macmillan Cancer Support at Broomfield Hospital.
- Spiritual Care
- Bereavement support for children, young people and adults
- Family and Carer Support
- Education and Training

What this means

Farleigh Hospice is an independent charity that provides care and support to anyone affected by a life-limiting illness or bereavement, free of charge. The income generated from the NHS in 2018 - 2019 represented 39% of the overall costs of service delivery, with the remaining income coming from voluntary and charitable donations, legacies, events, corporate and community fundraising, hospice shops and our lottery.

Participation in clinical audits

Although the following are a series of statements that all providers must include in their Quality Account many of these statements are not directly applicable to specialist palliative care providers.

- During 2018-19, no National Clinical Audits (NCAs) or Clinical Outcome Review Programmes (CORPs) covered NHS services were provided by Farleigh Hospice, it was not eligible to participate in any of these activities and therefore there is no information to submit.

What this means

As a provider of specialist palliative care Farleigh Hospice was not eligible to participate in any of the National Clinical Audits (NCAs) or Clinical Outcome Review Programmes (CORPs). This is because none of the 2018-2019 audits or reviews related to specialist palliative care. The hospice will also not be eligible to take part in any National Clinical Audit (NCAs) in 2019-2020 for the same reasons.

Local audits

To ensure a high quality of service an annual audit programme has been established and a variety of quality and audit activities were undertaken using nationally agreed formats, often specifically developed for hospice care, as well as locally developed audit tools.

For all these audits undertaken, where necessary, local action plans for improvements were developed, and in general they will be re-audited within the next 12 months to check for compliance and to help us look at quality of services and areas for further improvement where needed. A total of 48 local audits were reviewed by the Farleigh Hospice Governance Committees and 26 of those related to clinical care or relevant support services necessary to provide this care and evidence compliance.

Details of audits completed in 2018-19 to improve the quality of services can be found in the Appendix A at the back of the Quality Account.

Research

The number of patients receiving NHS services provided by Farleigh Hospice in 2018-19 that were recruited during that period to participate in research approved by a Research Ethics Committee was none. There were no appropriate national, ethically approved research studies in palliative care in which we could participate during this period.

Use of CQUIN payment framework

No Commissioning for Quality and Innovation (CQUIN) monies formed part of the NHS contract for 2018-19.

Farleigh Hospice in Chelmsford is required to register with the Care Quality Commission and is registered to provide care and treatment to adults and older people who have a life limiting-illness or condition.

Farleigh Hospice is subject to periodic reviews by the Care Quality Commission and the last on-site inspection was in December 2016 at Farleigh Hospice in Chelmsford and was rated Outstanding for Care with an overall rating of Good for the service.

As the Farleigh in Maldon premises have now closed, when new premises are found application will be made to re-register this service with CQC if required.

Data quality

Farleigh Hospice did not submit records during 2018-19 to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

Why is this?

This is because Farleigh Hospice is not eligible to participate in this scheme. In the absence of this, we have our own system in place to collect and monitor data through the electronic patient record SystemOne for all specialist palliative care activity.

Information Governance Toolkit (IGT)

Farleigh Hospice submitted its assessment to the Data Security and Protection Toolkit. New for 2019, this assessment replaces the Information Governance Toolkit. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Overall, 70 out of 70 Mandatory Evidence items were provided and all 38 assertions were confirmed.

What this means

'N3' (fast broadband networking service within the NHS) computer connection is a requirement for connection and use of 'SystemOne' the electronic patient record system used for all Farleigh Hospice Patients. This also enables improved access to diagnostic test results carried out by the NHS. Results are more easily accessible for medical staff, leading to quicker decisions regarding treatment of patients.

Clinical coding error rate

Farleigh Hospice was not subject to the Payment by Results clinical coding audit during 2018-19 by the Audit Commission.

Why is this?

There is currently no payment tariff for specialist palliative care services.

Part 3: Review of Quality Performance

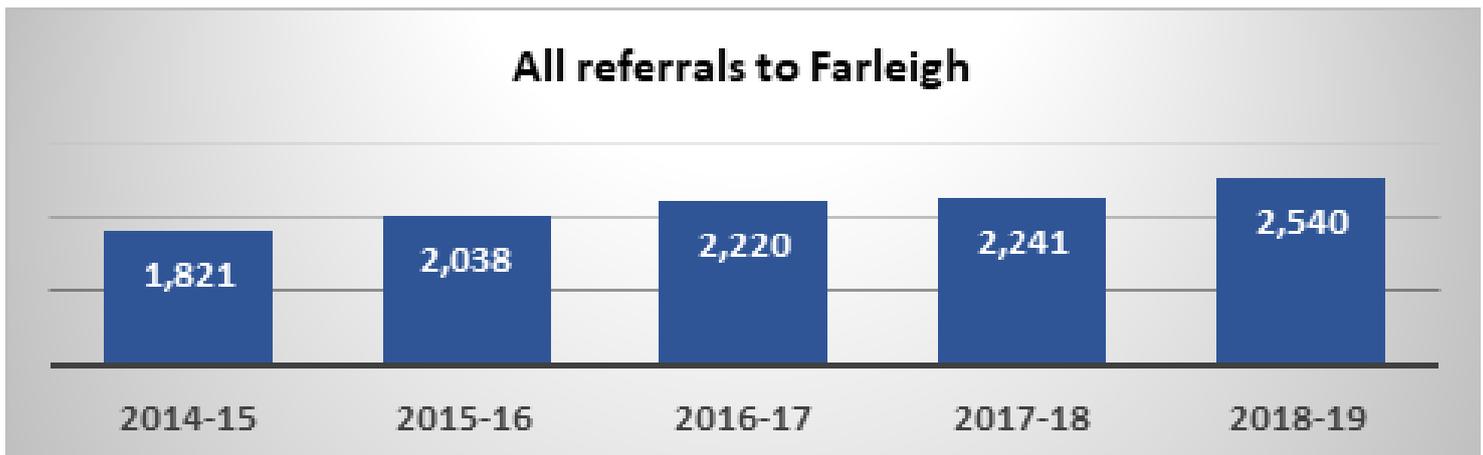
Farleigh Hospice Quality Performance Information 2018 - 2019

General information

During 2018 a clinical quality and data analyst was appointed. The post holder has centralised data collection and has developed a framework to support clinical effectiveness. The performance outcomes framework supports monitoring and forms a discussion at clinical team meetings, providing an opportunity to analyse and review our services, as well as benchmarking against other hospices. The data in the framework has highlighted some important areas of performance and has resulted in closer data monitoring, refined data processes and training of staff in standards of recording.

Referrals to Farleigh

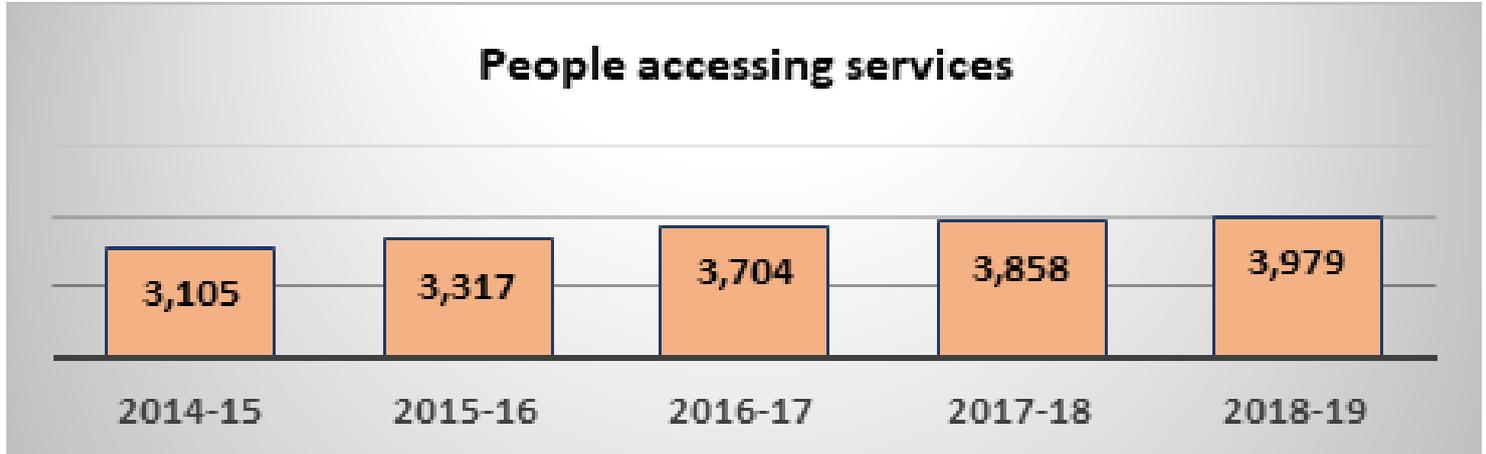
Since 2015 the number of referrals to Farleigh have increased by 40%, and referrals over the past year have increased by 13%. A year-to-year increase can be seen in the graph below:



The above figures include all services

People registered and being cared for

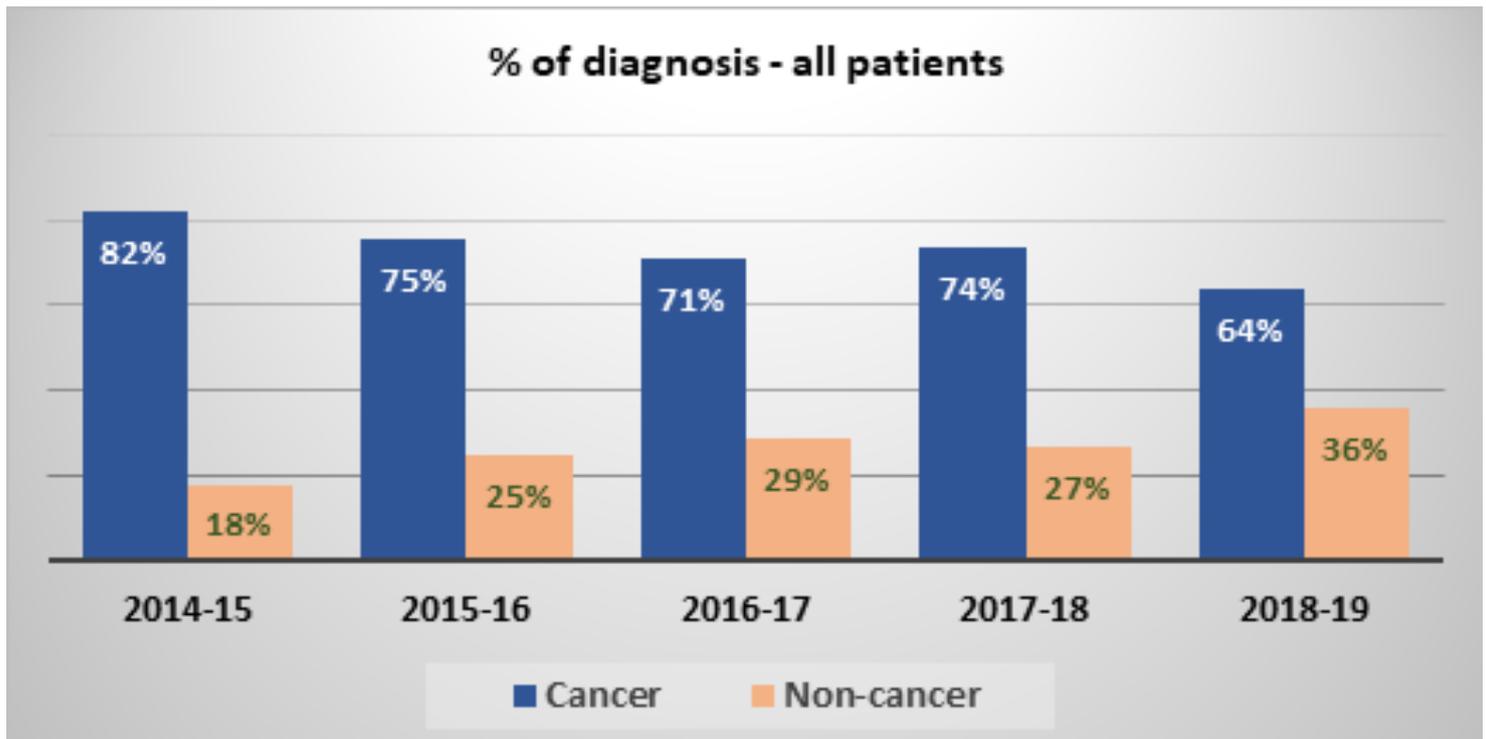
Since 2015 the number of people registered and accessing services have increased by 28%, showing an average 6% year-to-year increase since 2015. This information is demonstrated in the graph below:



The above figures include patients, carers and bereaved

Patients with cancer / non-cancer diagnosis

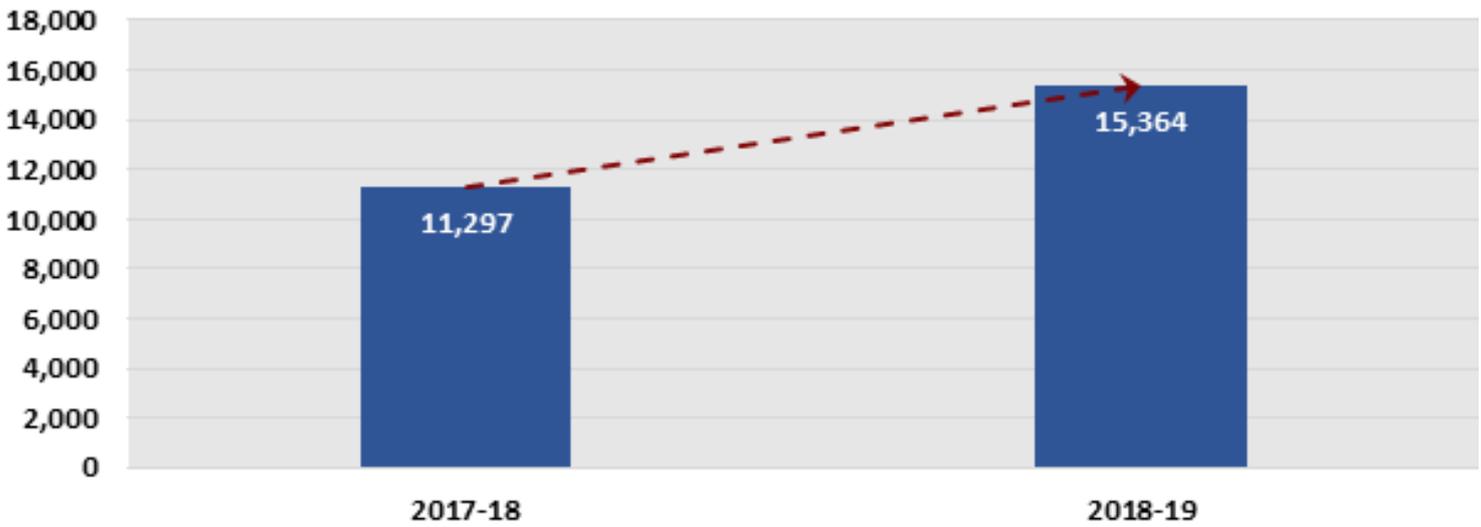
Farleigh Hospice has always provided palliative and end of life care to patients with cancer and non-cancer diagnoses. Over the last few years there has been an increase in the number of patients with a non-cancer diagnosis accessing hospice services. In 2018-19 there was a 10% shift between non-cancer and cancer compared to the previous year. Since 2015 there has been an 18% shift of patients with non-cancer and cancer diagnoses accessing services.



Farleigh Community Contacts

There has been an overall increase in the number of community contacts carried out by Hospice at Home, Community Nurse Specialists, Medical Team and Allied Health Professionals. In 2018-19 the total number of contacts was 15,364, compared to 11,297 in the previous year, representing an increase of 36%.

Community Contacts



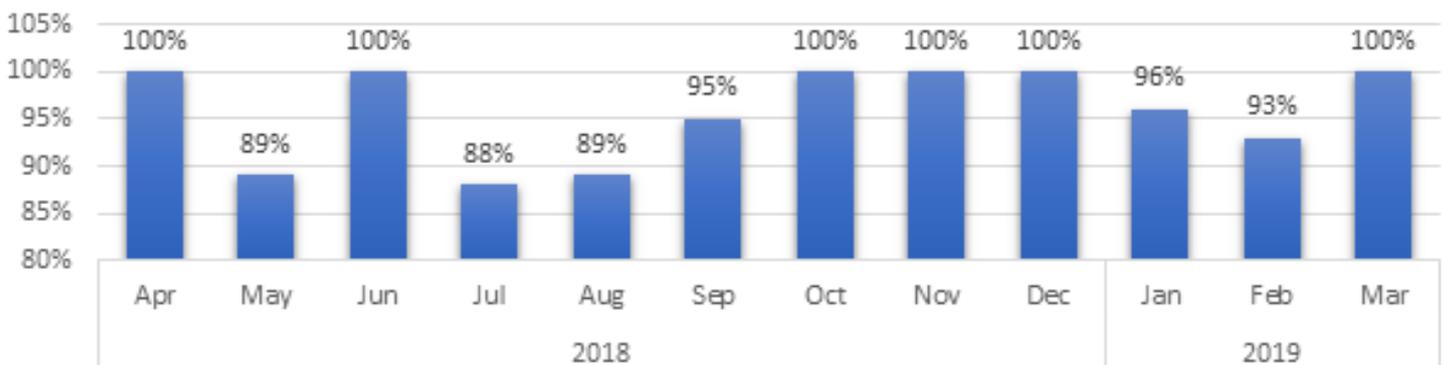
Preferred Place of Death (PPD)

In order to support decision-making for patients and families at the end of their lives, we aim to discuss with all patients their preferred place of death.

The hospice works collaboratively with other services and departments (for example GPs, Community Nursing Team, Hospital staff, Social Services) to provide care and support to enable patients to remain in their preferred place of care.

In 2018-19 we achieved an average of 94% PPD and the monthly results can be seen in the graph below. This is very encouraging that PPD was achieved in so many cases.

% of PPD's achieved



There were a minority of cases where a patient's PPD had not been documented. Hence, in order to promote and encourage improvements and maintenance of recording standards, there is ongoing work to highlight the current levels of recording.

Advanced care planning and PPD remains a challenging but integral part of a holistic palliative care assessment. Exploring the barriers to having those difficult discussions with both patients, their family and carers is an important part of our work.

Inpatient care (IPU)

The Inpatient Unit (IPU) has 10 beds and is a short stay unit with average stays of 8-9 days. Patients are admitted for symptom control, psychological support, rehabilitation to build confidence, respite care and to provide a place for those who are at the end of their life wishing to die in the hospice.

In 2018-19 there were a total of 268 admissions to IPU. The average length of stay was nine days and the bed occupancy was an average of 67%.

Community Services

The Advice Line

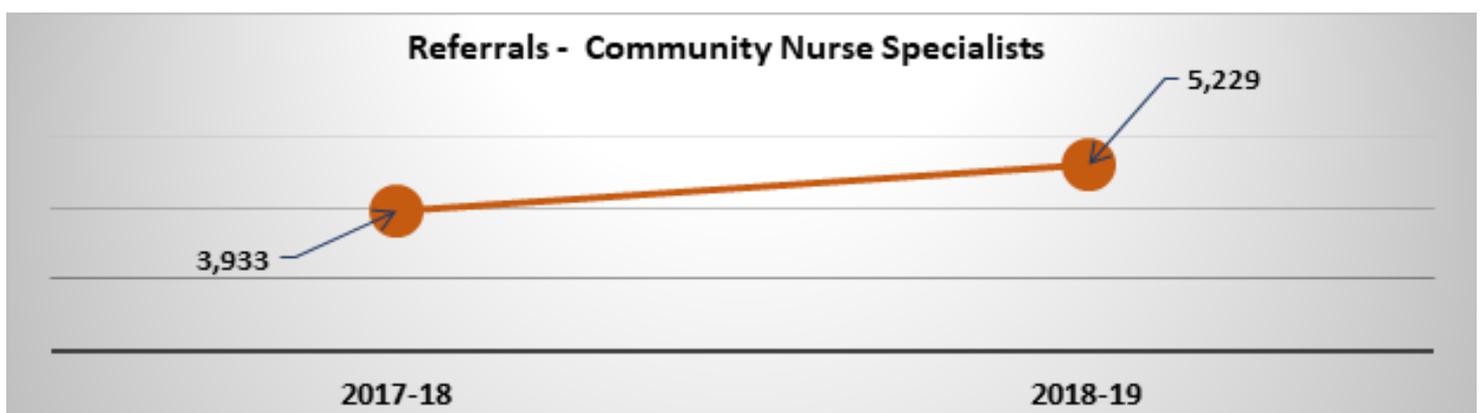
The advice line provides access to a hospice healthcare professional, providing advice and support regarding all aspects of hospice care. This includes symptom management, nursing care, and other needs relating to palliative and end of life care.

The advice line has extended the days and hours of its availability to 08:00 - 20:00, 7 days a week. This service is available to people who have a life-limiting illness, their family and carers, and any healthcare professionals.

Overtime, there has been a huge increase in demand for this service and in 2018-19 we received a total of 13,204 calls.

Community Nurse Specialists

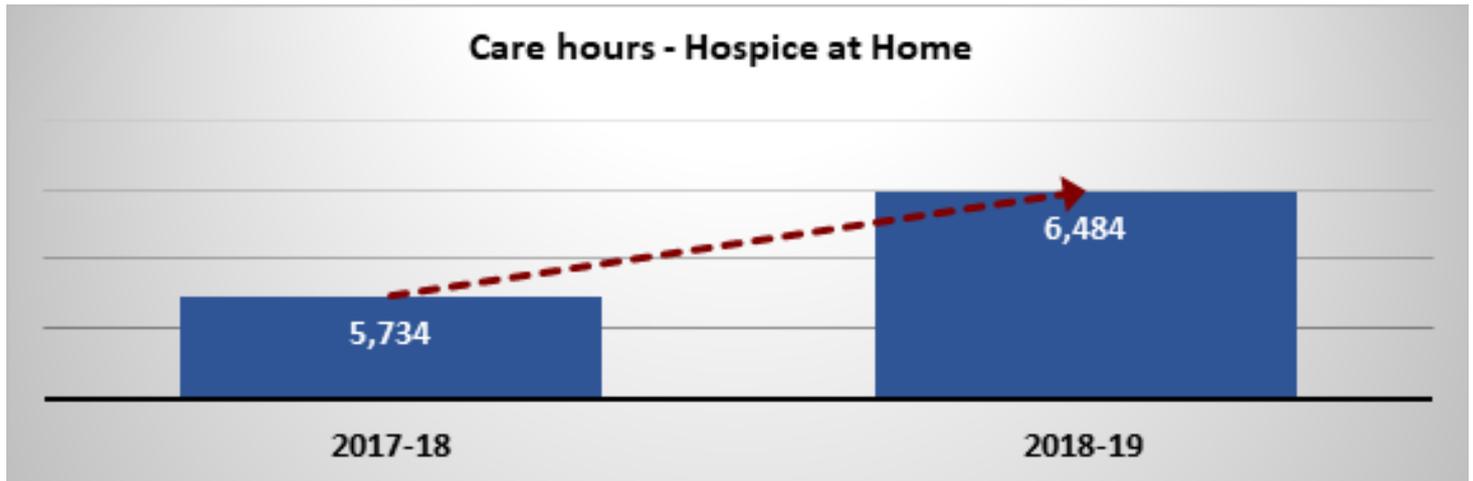
The Farleigh Hospice Community Palliative Care Nurse Specialists continued seeing an increase in referrals. The team visits have increased by 33% since last financial year. In 2018-19 the team carried out a total of 5,229 visits compared to 3,933 in the previous year.



Hospice at Home

Hospice at Home provide practical support and hands on nursing care for patients in the last days of life, emotional support to families and advice on end of life care issues and guidance with medications. The team also support the patient and their family at times of crisis to prevent unwanted and unnecessary hospital admissions.

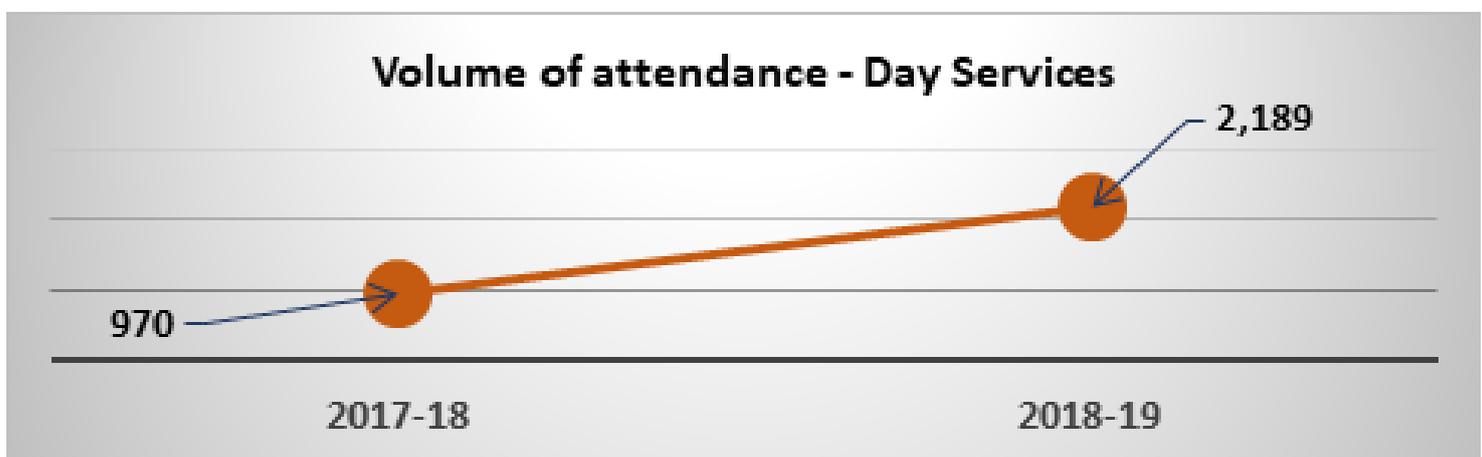
The team consists of a Clinical Nurse Specialist, Registered Nurses and Healthcare Assistants who provide care and support to help people remain at home. In 2018-19 the number of face-to-face visits carried out by H@H was 7,938. The number of care hours increased from 5,734 in 2017-18 to 6,484 in 2018-19, representing an increase of 13%.



Data collection for 2 and 4 hour response times for urgent referrals commenced in January 2019. In the final quarter of 2018-19 H@H received a total of 63 urgent referrals, out of which 100% were contacted within 2 and/or 4 hours.

Day Services

In 2018-19 we saw a considerable increase in the volume of attendance in Day Services compared to previous reporting year. In 2018-19 total attendance was 2,189 compared to 970 in the previous year, representing over 100% increase.



The team offer a range of services aimed at supporting people to live their life as fully as possible, alongside their life-limiting illness. A variety of groups are on offer to help patients and carers understand how to manage their condition and their symptoms. Groups include managing fatigue and Easibreathe, both focus on specific symptoms, as well as creative groups, which help patients explore new skills in a supportive friendly group atmosphere. We also have a specific group for those living with MND and their carers, providing important peer support as well as access to our specialist team.

All groups aim to support patients to be as independent as possible using rehabilitation to enable patients to participate in activities that they enjoy. Patients can be seen at the hospice or for some specific therapies in their own homes.

A variety of psycho-educational groups are provided depending on the needs of our patients.

These include:

- Creative Workshop
- Bookworms, our book club
- Easibreathe
- Gym Drop-in
- Help overcoming problems effectively (HOPE)
- Participation & Respite Days
- Seated Exercise & Relaxation
- Social Drop-in
- Spa retreat days
- Neuro Peer Support Group



Creative Arts & Crafts Group

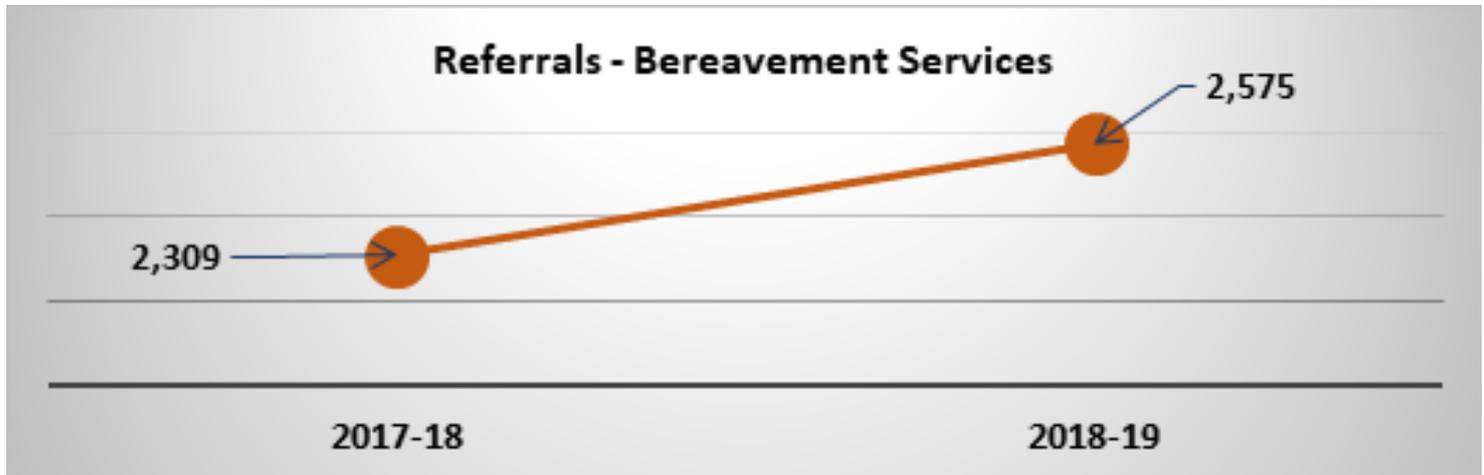
Information Service

The Information Service saw 1,974 people at various venues across mid Essex in 2018-19, a decrease from the previous year. The reason for this was due to the Hospice Outreach Project vehicle (HOP) being out of service. (Priority for Improvement 3). A new HOP vehicle went on the road again in April 2019 and we envisage seeing a huge increase in the advice and support we deliver in 2019-20.

The Macmillan Information Pod also moved to a new way of collating stats part way through the year, resulting in a loss of statistical information on numbers seen. The Information Service covers the Information 'Pod' in the Atrium at MEHT, Chelmsford, and the Pop up Pod (PUP) providing advice and support in smaller venues including festivals and events across mid Essex.

Bereavement Services

2018-19 has been a very busy year for the Bereavement Services. Over the past year the Bereavement Services received a total of 2,575 referrals compared to 2,309 in 2017-18, showing an increase of 12%.



Circle adult bereavement service continues to provide support for the bereaved families and carers of hospice patients and to other bereaved adults in mid Essex who are eligible for the service. The service provided one to one support sessions, bereavement counselling sessions, group support, as well as telephone support. In total over the past year the service received 919 referrals.

During the past year we continued to offer our very popular HUB (Help Understanding Bereavement) 6 week course alongside our Open Support Groups and new Bereavement Help Point. In May we introduced a course in Mindfulness for the bereaved. This was a new venture to offer a different approach to managing loss and was very well received. As an 8-week course it was a big commitment, we have reviewed our approach and are planning a revised offering of taster workshops to introduce and teach some basic Mindfulness techniques.

The Yo-Yo Project is a pre and post bereavement service for children and young people aged 4-18, for any child/young person facing the loss of someone significant or bereaved. The project provided individual, group and telephone support over the year. The team spend the majority of their time in the community and in schools, as it is a familiar and safe environment. However there is also a friendly and well-equipped family room here at Farleigh. The project had 265 referrals across the year. The group activities in the project have grown and now includes a Christmas party, which is great fun for the children and parents/family who attend with food, party games and activities. Our Outdoor activity days were well attended as was our Parents Group (supporting bereaved children).

We continued to offer our ever popular education workshops for school staff supporting bereaved children. Open to both junior and senior school staff, we have now trained over 300 staff. This year we have also trained a number of staff and volunteers from 'Young Carers' to understand the impact of loss and bereavement on their clients.

Family Support Team

The hospice recognises that life-limiting illness affects individuals, families, groups and communities. The family support team includes Social Workers, Counsellors, a Support worker and Carer's Coordinator. The team provide emotional support and counselling as well as practical advice and work alongside other health and social care professionals. The team work in partnership to recognise and develop patients own strengths, enable them to access the services they need and the resources they are entitled to.

Quality Monitoring Requirements for NHS Commissioners

In 2018-19 Farleigh Hospice was required to report to mid Essex Clinical Commissioning group on the quality of its services via the NHS Standard Contract. The hospice provided monthly, quarterly and annual reports evidencing compliance against national and locally defined quality measures.

Quality Assurance Visit

To assure the quality of services it commissions, mid Essex Clinical Commissioning Group (CCG) uses a variety of tools, one of which is to visit providers, observe practice and speak to patients to understand their experience of services provided. A Quality Assurance visit entitled 'Back to Basics' was carried out at Farleigh Hospice in June 2017. The services in the Inpatient Unit were reviewed following the Care Quality Commission's Key Lines of Enquiry:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well led?

The findings from the visit were very positive and quotes from the report included:

"This was overall a very positive visit. Unit staff are engaged and showed that patients are treated as individuals."

"Patients reported that they were happy with the care they received and were aware of what was happening to them."

A quality assurance visit has not been undertaken by the CCG during the period 2018-19.

Quality Markers we Have Chosen to Measure

Quality is at the heart of everything we do. In addition to the services data provided by Farleigh Hospice relating to the review period we have chosen to measure our performance against the following:

- Duty of candour
- Complaints, concerns & compliments
- Health and Safety Information
- Local and National Audits
- What others say about our organisation

Duty of Candour

All healthcare professionals have a 'duty of candour', a professional responsibility to be honest with patients when something goes wrong with their treatment or care causes, or has the potential to cause harm or distress. They must also be open and honest with their colleagues, employers and relevant organisations raising concerns where appropriate. The hospice has developed a policy 'Being Open and Duty of Candour' and relevant policies and procedures include references to the duty of candour. Information is included in induction for new staff, in the staff handbook, as well as training sessions for current staff. It is also evidenced in our values.



Caring



Innovative



Respectful

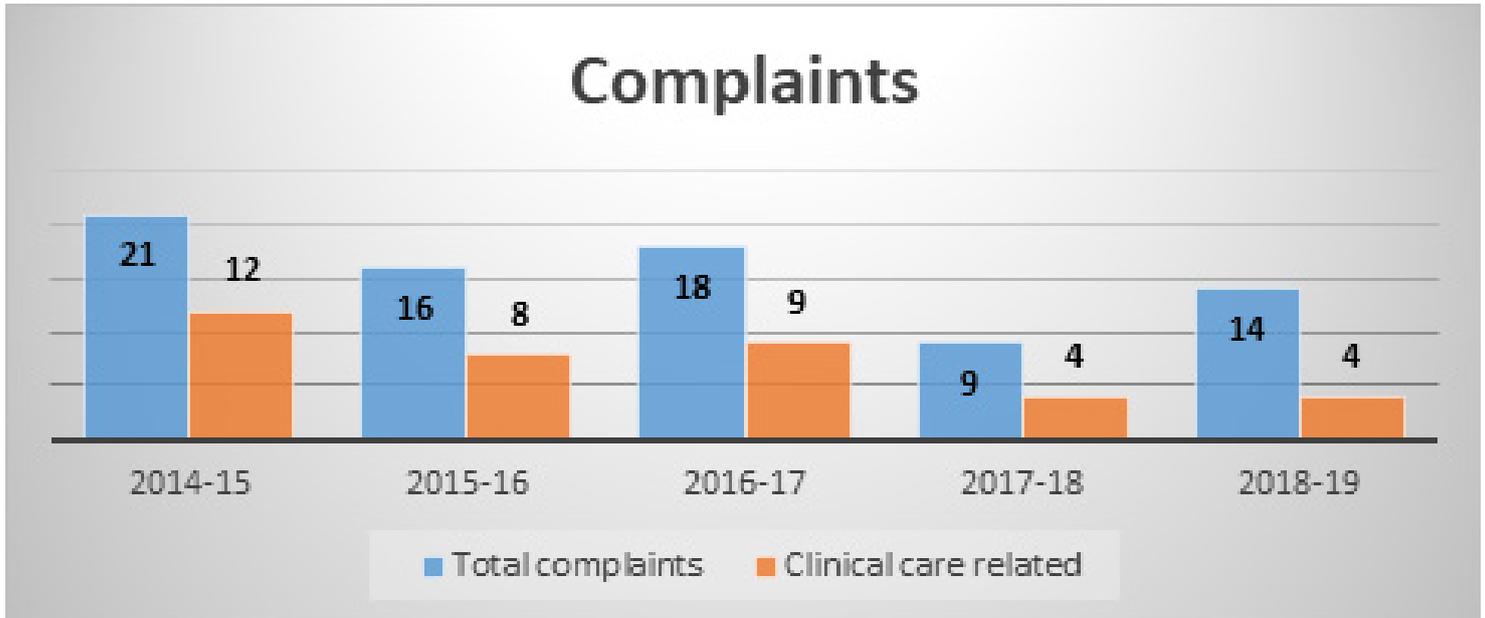


Dedicated

Complaints, Concerns and Compliments

The management of complaints is in line with the Farleigh Hospice Policy 1.11 Complaints – Statement and Procedure.

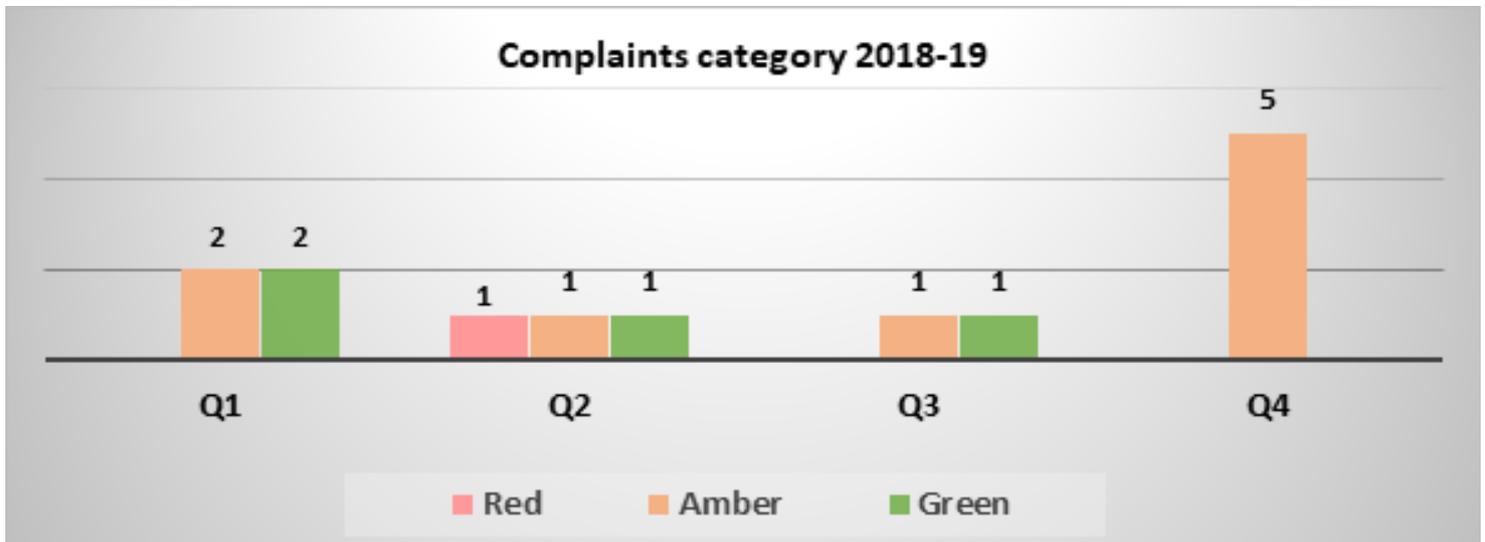
Between 1 April 2018 and 31 March 2019, Farleigh received 14 complaints, out of which four related to clinical care.



Following completion of an investigation, all complaints are categorised based on their seriousness and likelihood of the issue of reoccurrence, as follows:

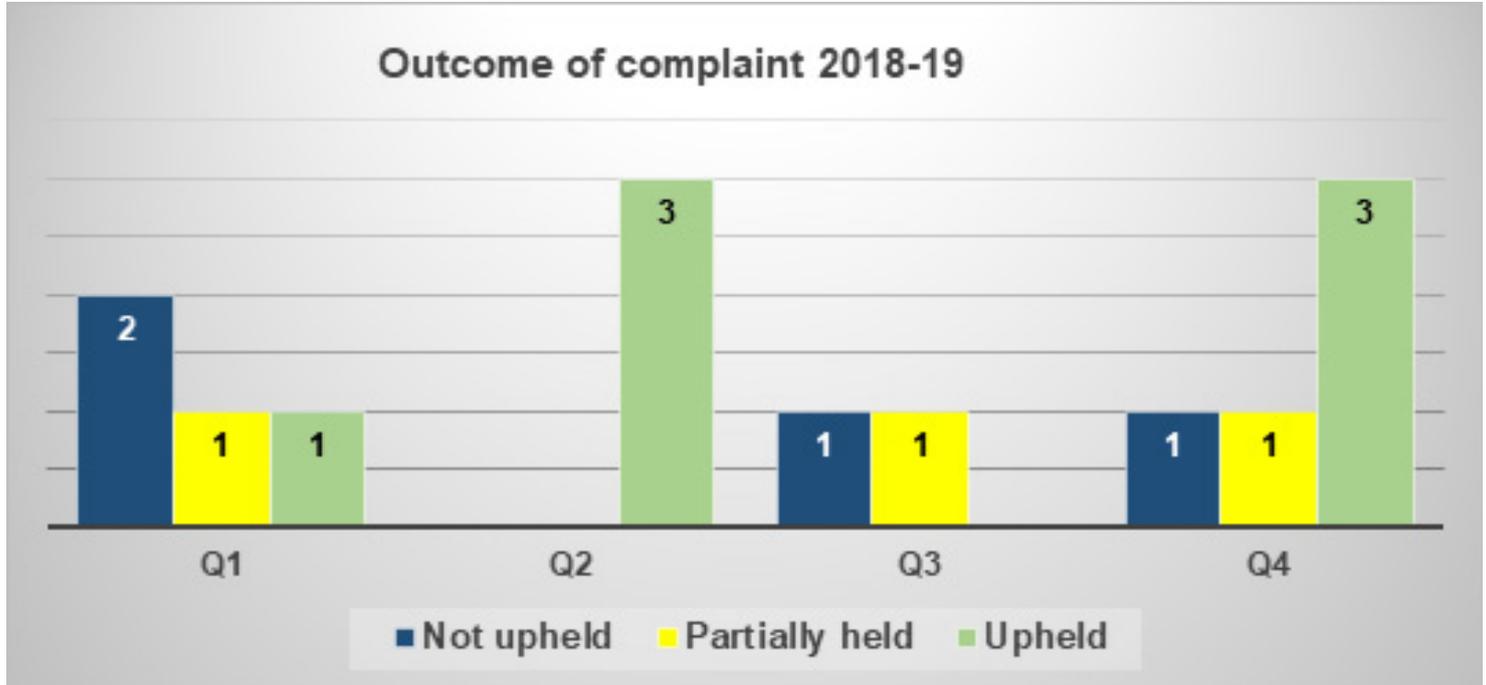


The graph below demonstrates complaints received in the above categories. One complaint was classified as red in 2018-19:

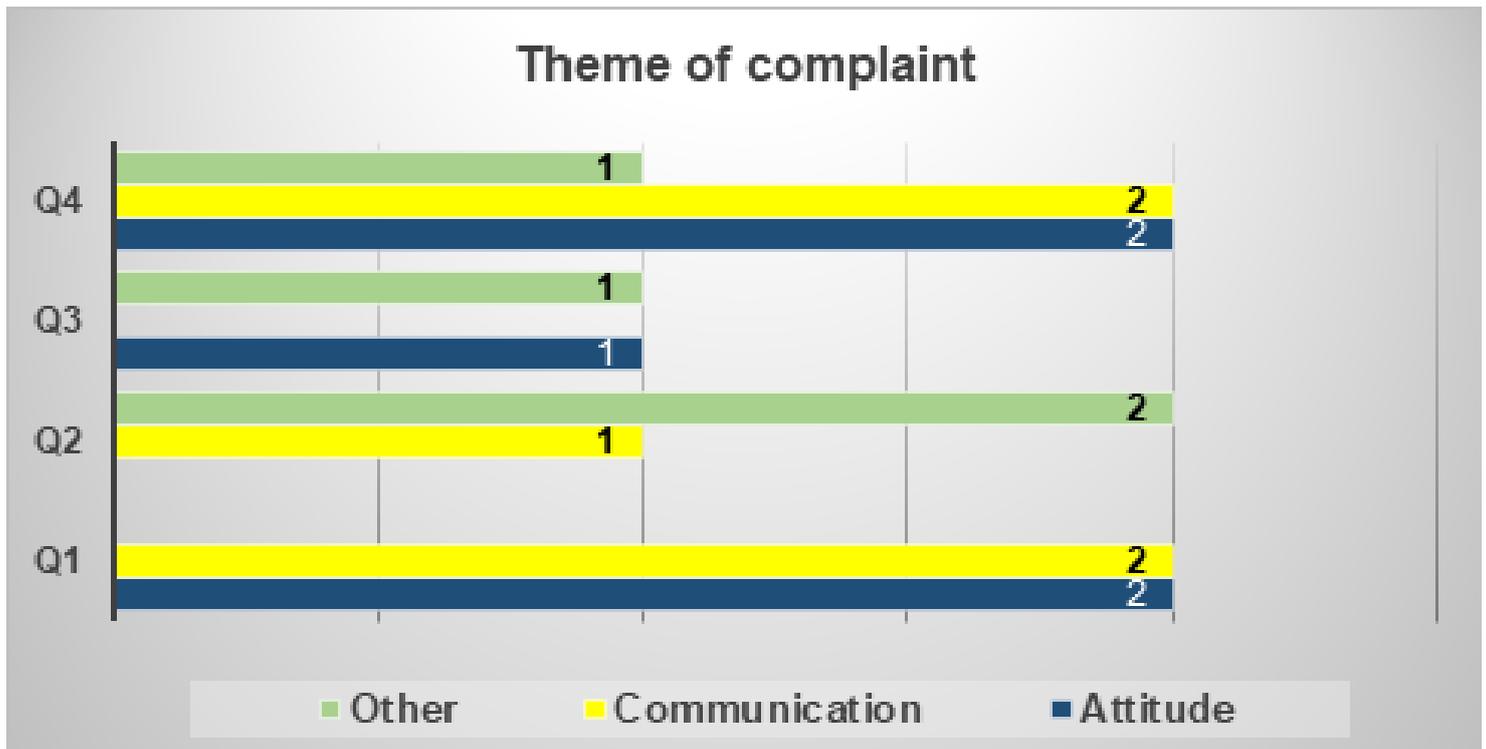


The outcome of the complaint is agreed as follows:

- Not Upheld
- Partially Upheld
- Upheld



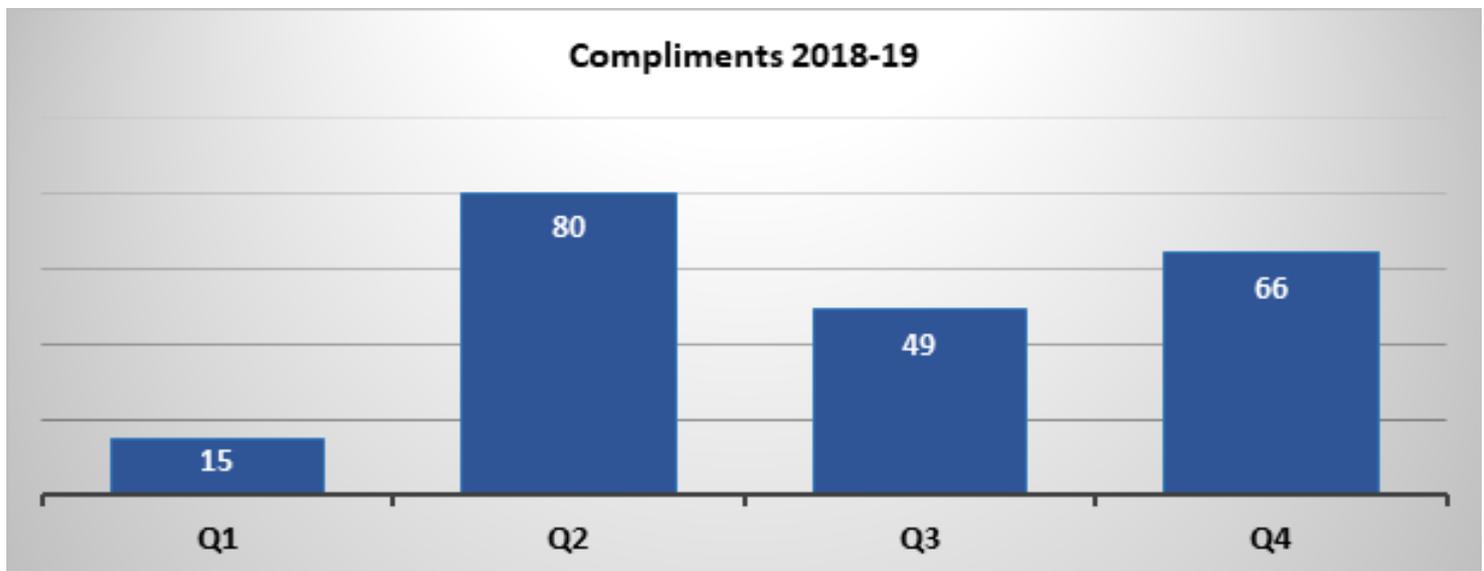
The theme of the complaint e.g. – clinical care, communication, attitudes, fundraising issues are also recorded to monitor trends.



All complaints were fully investigated and appropriate actions taken including communicating the outcome with the complainant. All were discussed by the Senior Management Team to ensure they were correctly dealt with and to facilitate organisational learning. This information was fed back to the relevant teams and resulted in, where necessary, processes being reviewed and updated, policies amended, additional training provided to staff and awareness raised of the need for effective communication between staff and across teams.

Compliments

All compliments whether received by social media, cards, letters, emails and other means are centrally collated and monitored on a monthly basis. These are then analysed and reported on a quarterly basis. As shown in the graph below, there was a sharp increase from Q1 in the number of compliments. This was due to improved processes and reporting.



In 2018-19 Farleigh received a total of 210 compliments. The staff continued to receive positive feedback about their support in the hospice and the community throughout the year and below are just some examples of feedback received:

“A heartfelt message to say a massive thank you to all you for all the wonderful care you showed. You do such a magnificent job we are so very grateful”

“A huge and heartfelt thank you to all for the wonderful care you are very special people”

“Your loving care has made our burden so much lighter you were a constant support”

Safety information

Risk assessment

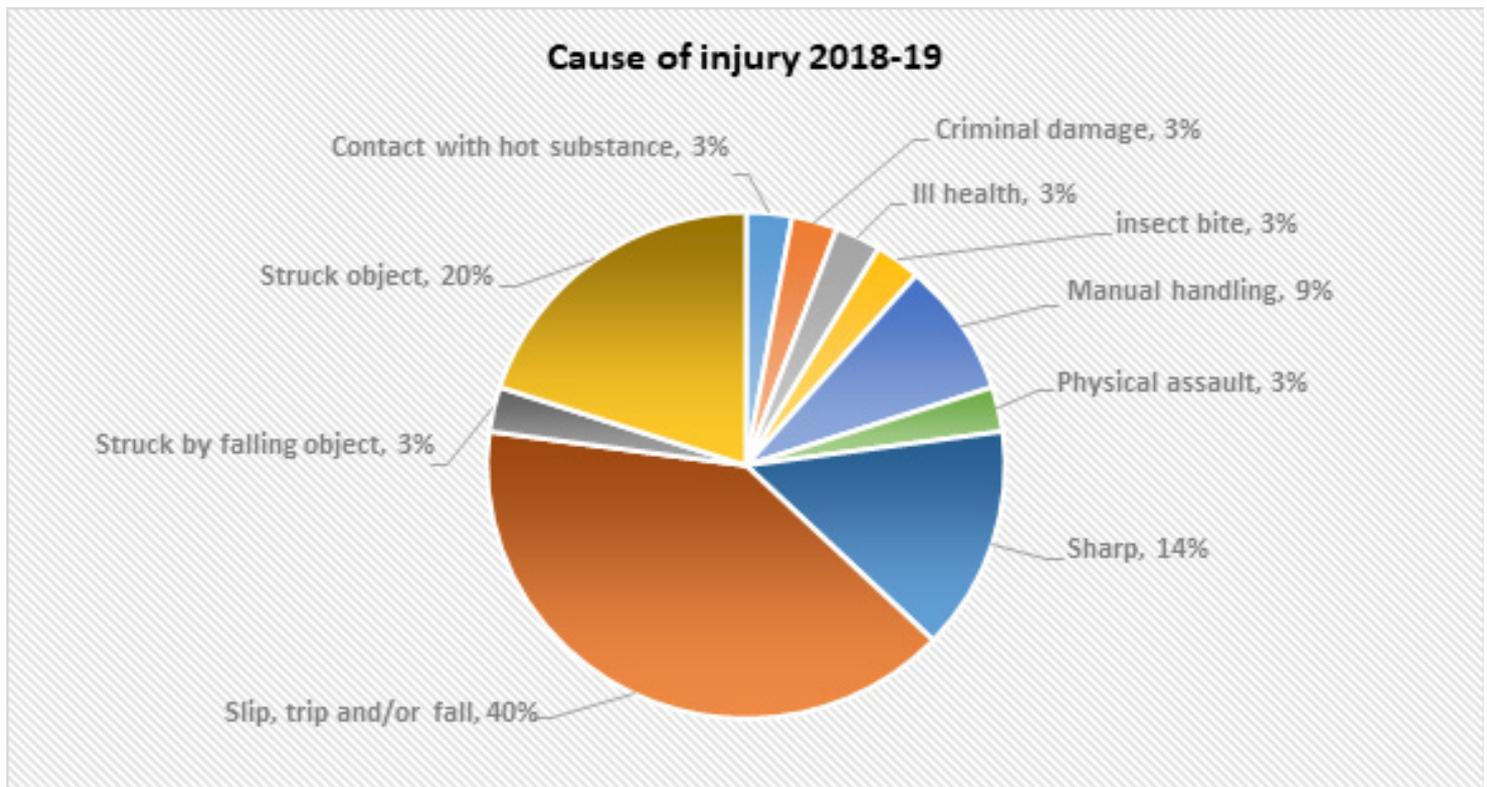
General risk assessments are in place to address health & safety hazards in all areas of the organisation. Additionally, Control of Substances Hazardous to Health (COSHH) risk assessments are carried out for all hazardous substances. All risk assessments are reviewed at least annually or sooner if circumstances change.

Work Place Assessments

Quarterly workplace assessments take place involving staff reviewing their work area and practices to ensure safety compliance. Any issues raised are investigated and where relevant remedial action taken.

Accidents / Incidents

For the period 1 April 18 to 31 March 19, there were a total of 65 health & safety related incidents reported involving staff, volunteers, visitors and members of the public. Of the reported incidents, 30 had no sustained injury, 35 had a sustained injury classed as minor or medium and five were reported to the Health and Safety Executive.



In 2018-19 the most common cause of injury was slips, trips and falls, whereas in the previous reporting year the most common cause of injury was security related.

Reporting and reviewing of such incidents has helped us with organisational learning and to identify, where necessary, action that must be taken to eliminate such incidents.

Clinical Incidents

Patient Falls

During the last financial year 47 falls were reported, none were of a safeguarding concern. All falls were investigated including a review of the Falls Risk assessments.

The falls reported in 2018-19 were classified as follows:

Description	Total
No harm	33
Low harm- bruises, grazes	14

Medication related incidents

Medication related incidents are reported on a quarterly basis. Along with falls, infections and pressure ulcers, these are monitored and reviewed through the hospice's Quarterly Clinical Group and Clinical Governance Committee.

In 2018-19 there were 42 medication related incidents and these were classified as follows:

Level	Description	Total
Level 0	Error prevented	9
Level 1	Error occurred, no adverse effect to patient	31
Level 2	Error occurred, increased monitoring but no change in clinical status	1
Level 3	Error occurred, some change in clinical status, no permanent harm to patient	1

All incidents were investigated and, where necessary, corrective action taken.

The majority were due to human error and a need for increased vigilance by clinical staff. All audit results were shared with the clinical team and additional training carried out to raise awareness of the issues, where appropriate.

Infections and Pressure Ulcers

Infections and pressure ulcers cause pain and distress to patients and have cost implications to organisations. Whether they are acquired or not at Farleigh Hospice, they are reported to Farleigh Hospice’s Clinical Governance Committee, and where relevant to the mid Essex Clinical Commissioning Group. Infections are also reported to and reviewed by the Farleigh Hospice Infection Control Group on a quarterly basis.

Regular infection control and cleanliness audits are undertaken to ensure high standards of cleanliness across the hospice. These audits are reviewed at the quarterly Infection Control meetings and compliance in all categories has been maintained.

Infections

In 2018-19 there were 10 infections reported, none were acquired at Farleigh. These were classified as follows:

Description	Total
Infections on admission	10
Infections acquired at Farleigh	0

Pressure Ulcers

Pressure ulcers are graded to provide a consistent approach to detecting the different severities of ulcers from a Grade 1 (redness/ intact skin) through to a Grade 4 (extensive tissue damage).

In 2018-19 there were 34 pressure ulcers reported and these were classified as follows:

Level	Total	Total
PU level 2	Hospice Acquired	7
PU Level 2	Pre-existing on admission	26
PU Level 3	Pre-existing on admission	1

Care records of all patients acquiring pressure ulcers in the hospice were reviewed to ensure that staff were following correct policies and procedures.

Safety Alerts

The hospice reviewed alerts received from the Central Alerting System including drug safety alerts from the Medicines and Healthcare products Regulatory Agency and Medical Devices Alerts. In 2018-19, 120 alerts were reviewed and appropriate action was taken where required. The alerts have been broken down to the following categories:

For Action	For Information	Not relevant
38	4	78

Hospice UK Benchmarking tool

Farleigh Hospice continues to take part in the Hospice UK's National Hospice Inpatient Safety Benchmarking audit. The audit records information on patient falls, pressure ulcers and medication incidents.

Information is submitted to Hospice UK on a quarterly basis for the purpose of benchmarking against similar size hospices. Farleigh Hospice compares favourably with other hospices of a similar size. The Hospice UK comparison data for 2018-19 is now available and an internal benchmarking exercise has been completed which will be shared and discussed with managers in due course.

The information is also used to evidence patient safety and compliance for the Care Quality Commission 'Is it safe?'. The provider learns from any safety incidents that have occurred and changes practice in response (2013) and to evidence compliance for the NHS contract for the mid Essex Clinical Commissioning Group. The hospice continued to record information on this tool and it is anticipated that there will be a web based version available in the future.

Safeguarding Vulnerable Individuals

The hospice's Safeguarding Leads provide advice when required. In the review period, 11 adult and 4 children safeguarding concerns were raised in relation to care provided in the wider community. One Deprivation of Liberty Safeguards (DoLS) application was raised in the Inpatient Unit. There has been an increase from the previous year, which we suspect may be due to continued raising of awareness and additional training and education of staff.

Data Security and Protection Toolkit

Farleigh Hospice submitted its assessment to the Data Security and Protection Toolkit. New for 2019, this assessment replaces the Information Governance Toolkit. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

Overall, 70 out of 70 Mandatory Evidence items were provided and all 38 assertions were confirmed.

Caldicott Guardian Issues / Incidents

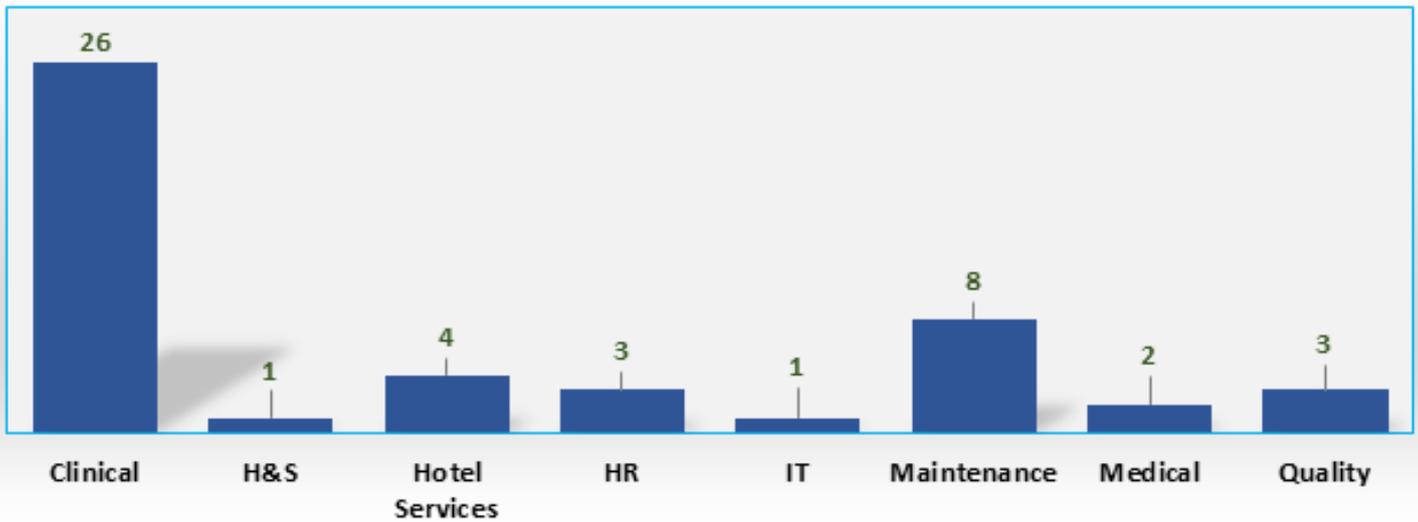
The Caldicott Guardian is a senior person within an organisation responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing. They provide an oversight to ensure that the highest practicable standards for handling patient identifiable information are employed, and are responsible for ensuring that their organisation adheres to the Caldicott principles. The role of Caldicott Guardian at Farleigh Hospice is carried out by one of the Palliative Care Consultants. In the review period no significant issues were logged in the Caldicott Guardian Issues log.

Local Audits

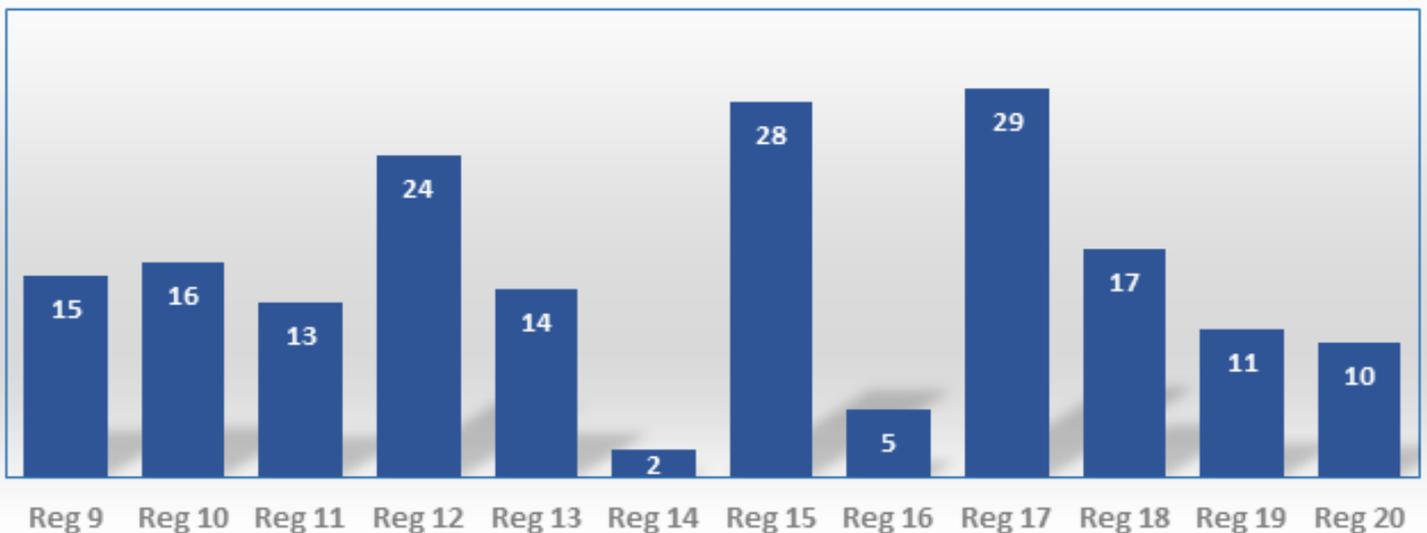
To ensure a high quality of service a variety of audits were undertaken using nationally agreed formats often specifically developed for hospice care as well as national and locally developed audit tools. This has enabled us to monitor the quality of services and make improvements where needed.

In 2018-19, 48 local audit reports were reported to the Farleigh Hospice Clinical Governance Committee. All audits are centrally stored and as a result of audits, action plans were developed to improve the quality of services provided. A breakdown of audits carried out by department can be seen in the graph below:

Audits by department 2018-19



CQC Regulation evidenced in audits



Other Quality Initiatives

Essex Business Award –

“contribution to community”

In 2018 Farleigh received the Inspirational London Award for Contribution to the Community for the second year running. The award demonstrates our commitment to supporting the community of mid Essex and in 2018 Farleigh delivered 90% of care within the community and inside patients’ own homes.



Essex Business Award winners

Hospice Outreach Project (HOP)

In 2018 Farleigh launched the new HOP vehicle, designed to deliver hospice care directly to the heart of the community in towns and villages across mid Essex. Specially trained staff and volunteers will provide accessible and much needed information and support for people who are living with a life-limiting illness, listening to their concerns and worries, and sharing information about Farleigh Hospice and other services available to them.



Launch of the Hospice Outreach vehicle

Lantern Partner Education Programme

Here at Farleigh we are passionate about what we do and are continually striving to improve our skills through innovative service development projects and working alongside other healthcare organisations. The Lantern Partnership is one such project and was launched to offer local care home and other providers a range of courses and study days on the delivery of high standard palliative and end of life care.

MND Neuro Peer Support Group

A support group was relaunched to provide practical and emotional support to anyone living with Motor Neurone Disease (MND), their carers and families. It is an opportunity for patients to share experiences in an informal, relaxed and friendly environment, meet people in a similar situation, and discover our neuro gym facilities and to discuss issues in one-to-one sessions with our therapy team.

Hospice Engagement Lead

A new hospice engagement lead was appointed to liaise with community groups, health and social care providers and our partners to see how we can work together and develop a more integrated approach. A new group called People Advising The Hospice (PATH) will be meeting this summer to advise the hospice on delivery and development of future services.



MND Neuro Peer Support Group session

What people say about our organisation?

Farleigh aims to provide the highest standards of care to patients, families and carers and it is important for us to know what people say about our organisation, especially as we widen access to our services and extend our work to further reach out to our local community.

Throughout the year we obtain feedback from our service users. The information is used to provide quality information for the NHS contract, enable us to review current and new services, monitor ongoing quality improvements and provide evidence of living our values.

Farleigh Hospice delivers a range of surveys including:

- Patient experience surveys
- Client Satisfaction: Bereavement & Counselling
- Staff Survey
- Trustee Provider Visits

What our patients say?

The surveys are carried out every year, focusing on the quality of care being delivered. The results are analysed in order for us to identify what we are doing well and where we could do better. Below are some examples of comments received from our community:

Hospital In-Reach Service

Patient satisfaction survey

100% of patients surveyed felt very satisfied with the service provided at Farleigh. This included response, care support and advice.

Professional satisfaction survey

100% of professionals surveyed felt very satisfied with the service providing rapid response discharge of patients from their care.

Inpatient Unit

In 2018-19 over 50% of compliments received were for the Inpatient Unit. Below are some of the comments received:

“The support and thoughtfulness you showed was absolutely amazing”

“Thank you so much for everything. Farleigh is such a lovely place”

“You have made my stay here a most pleasant experience with your kindness, compassion and care. I will miss you all”

“It is impossible to put a value on what you gave. Thank you again”

Day Services

Day Services carried out a patient experience survey. The results showed that 100% of patients felt they are treated with kindness, respect and compassion and that our staff not only have a good understanding of patient’s personal needs but that they are compassionate, caring and quick to respond to patient’s needs.

100% of patients also felt that staff involve their family and carers in the planning and in decision making about care and treatment.



Seated exercise session

Circle Adult Bereavement Service

The service regularly audits the evaluation forms completed by its clients. The results from the latest audit showed overall satisfaction was high. 100% of clients reported they felt their experience of counselling was very helpful/helpful. 90% of clients said their counselling was either excellent or well managed. One of the comments about their counselling included:

"The counsellor was very understanding with issues dealt with skill and empathy. Very professional".

"It stirred up some feelings which was hard but more helpful than not addressing them"

Some clients were unhappy with the time they waited to be seen, however 70% felt it was ok to wait and understood it was related to demand. The Yo-Yo Project User Forum feedback was also very positive. Children, Young People and their families said the project was 'Spectacular', 'Awesome' and 'Amazing'.

Family Support Counselling

The family support counselling team offers counselling as a therapeutic intervention to both patients of the hospice and members of their family (adults only).

75% felt that the counselling sessions were helpful, with comments about the value of having a space to explore emotions, feeling very well supported, being helped to be able to show grief, and learning about the value of counselling. 83% said there was nothing they would want to change about the counselling. One person commented 'they would have liked sessions to continue'.

When asked if they had any further comments people used the space to say thank you and express gratitude for the support received.

"I came to Farleigh for counselling and will be forever grateful for the care and help I received"

"Thank you so much for how you helped me and how you continue to help others"

What Families and Carers say?

Families and carers often give positive feedback and thanks through cards, emails and verbally about the service they have received.

Farleigh Hospice also provides a dedicated service to carers, which offers a range of services specifically for them. It aims to offer support to carers of hospice patients across mid Essex in a variety of ways and prevent them from feeling alone and isolated.

Last year was the start of a regular carers support group and the running of the HOPE (Help Overcome Problems Effectively) and carers are registered on a national Patient Clinical Record database "SystemOne" to help address their individual needs.

Farleigh Compliments

Throughout the year, Farleigh continued to receive positive feedback from patients, families and carers. Below are some examples of comments received:

"We were all overwhelmed by your generosity with time and attention and the respect given at all times"

"I will never forget, for what you did for him ~ thanking you all again"

"You are fantastic and do such an amazing job. You are all amazing angels"

What our staff say?

In October 2018 Farleigh Hospice took part in the b-Head Top 100 staff survey. This is the first time Farleigh has taken part and it enables the hospice to benchmark itself against other best companies across all sectors. The first year results were good with us achieving 'one to watch' showing good overall staff engagement levels at 62%.

The survey covered a range of topics including leadership, the organisation, personal growth, my team, wellbeing, fair deal and giving something back. The findings have been shared with the senior management team, heads of department and staff. The staff and volunteer group 'Moving on Together' are now looking to arrange focus groups to explore the findings in more detail and seek staff views on how we can increase engagement further in all areas.

What our volunteers say?

Farleigh Hospice currently has over 800 volunteers based in the hospice, out in the community and in our retail shops across mid Essex. In addition, we have over 200 volunteers who support our fundraising events such as 'Walk for Life' and 'Bubble Rush.' Volunteers give their time and skills across a wide range of activities to support the hospice's goals and we are always so appreciative of everything they do. Some of the volunteer opportunities we currently offer include gardener, welcome desk volunteer, IPU care assistant, HR/admin volunteer, retail assistant and tin collector. Our website has recently been updated to include an easy online application form and interactive opportunities. We are always on the lookout for new volunteers to join the Farleigh family and are keen to expand even further to create wider opportunities, improve on existing skills and experiences and build on recognition and long term retention.

The feedback we have received from our volunteers have been very positive and example of comments can be seen below:

"I enjoy the variety of the work I do supporting the team in fundraising. I can be doing admin work, sorting raffle prizes, helping at quiz evenings, street collections or maybe registering participants in larger events. It is satisfying, after helping to arrange an event, to see how much money it finally raises. Working with such a friendly team I gain as much for myself as I give".

"I first started to volunteer with the Clinical team and then Personnel and Volunteer Co-ordinator Departments some 12 years ago. Over the course of time there have been several changes and I now enjoy volunteering with the HR team, who give me varied and interesting work in a happy atmosphere and are always extremely appreciative of the work I do."

"Volunteering means you make a difference to the lives of others, you get to meet new people, work as part of a team and learn new skills".

"I've worked at Farleigh for the past 18 months volunteering in the Farleigh Café. The role of a volunteer at Farleigh is diverse and rewarding and you get to work in a friendly caring environment. You get to serve patients, staff and doctors and nurses giving you the opportunity to interact with people from many walks of life. Volunteering also provides a good opportunity to experience a diverse range of roles and to meet and work alongside many different people as well as giving back to the community".

What our Trustees say?

In April and November 2018 trustees carried out 'Trustee Provider Visits'

In April the trustees met with staff and volunteers and held discussions around being 'well-led'. In total five individuals took part including representatives from HR, Hospice at Home and retail volunteers.

We received the following feedback:

Do you consider the hospice to be 'well-led'?

The majority (all except one) of the participants felt that they were well-led by their immediate managers and that the hospice is well-led overall.

Some of the comments received can be seen below:

"Very well-led by the team. The Hospice provides a fantastic service"

"Very well managed – given autonomy but the manager is always available for advice and support if required"

Do you respect your colleagues and do you feel respected?

Everyone said they had respect for their colleagues and felt respected back. One person felt that their department has had to work hard to gain the respect of the wider organisation but they felt that this is now much improved.

"We are a real team who work well together and support each other"

"We work well with other departments when there is an issue and resolve things together. It is not always easy but we all respect each other's views"

In November trustees spoke to two relatives and one patient in IPU, plus nine staff from IPU, IT, admin, communications and palliative care social work.

Patient and relatives stated that:

- They felt that Farleigh should be proud of what they do.
- We treat patients as a whole person and with dignity.
- They felt safe at Farleigh.

"Until I came to Farleigh I didn't have a voice but here people listen to me"

"I feel like I am the number one focus here"

.....

The feedback from staff was also very positive:

- Felt safe and secure and treated with respect.
- Staff cannot do enough for them.
- Proud to work at Farleigh.
- Felt respected and part of the team.
- Supportive team, positive place to work, proud to work at Farleigh.
- Came to Farleigh broken but now restored.
- Felt supported all the time whilst at Farleigh. Had worked at other places but always returned to Farleigh.
- Privilege to work at Farleigh and be part of end of life care.
- Very positive about working environment and ability to speak up.
- Felt supported by their team and manager.

An explanation of those involved in this Quality Account

The task of writing the report was designated to the Chief Executive, Clinical Director and Clinical Data & Quality Analyst. Discussions then took place within the Senior Management Team regarding the future priorities for improvement for 2018-19 following suggestions from Heads of Departments and the Multi Departmental Quality Assurance group.

Five priorities were selected and after wider consultation with staff, patients, carers, volunteers and the public, it was agreed to include four priorities.

A final draft of the Quality Account was then completed and circulated to the Clinical and Corporate Governance Committees and Board of Trustees for discussion and comment. It was then distributed externally to the mid Essex Clinical Commission Group; Healthwatch Essex and the Health Overview & Scrutiny Committee for comment prior to publication on the NHS Choices website.

Statement from Mid Essex Clinical Commissioning Group 2018



As a commissioner of hospice services locally, Mid Essex Clinical Commissioning Group (CCG) welcomes the opportunity to comment on this quality report.

The CCG is commenting on a draft version of this quality account, however, to the best of the CCG's knowledge, the information contained within this report is generally 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 missing data in the final report.

When looking at your reflection on the priorities you set for 2018 - 19 we are pleased to note the progress you have made and how you have met any challenges throughout the year. The CCG is looking forward to see how you will meet your priorities for the coming year and is happy to assist where it can.

We are pleased with your achievement in supporting patients in reaching their Preferred Place of Death (PPD) in 94% of cases and are reassured by the continued work you are undertaking to increase this.

The CCG also acknowledges the increase in contact made via the Clinical Advice Line and the increase of availability you have implemented for this advice line.

In conclusion Mid Essex CCG considers the Farleigh Hospice Quality Report for 2018 - 19 as providing an accurate and balanced picture of the reporting period. The CCG will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.



Rachel Hearn

Director of Nursing and Quality

Mid Essex Clinical Commissioning Group

June 2019

Statement from Healthwatch Essex



Healthwatch Essex (HWE) 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 people's 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. In this case, we have received quality of feedback about services provided by the hospice, and so offer only the following comments on the Farleigh Hospice Quality Account.

- HWE recognises the excellent commitment to patient care, Carers and the families. This is continuously of high quality and is seen in the high value of feedback HWE receives.
- HWE recognises that the hospice has already started to achieve its priorities, which include clinical effectiveness through an extensive patient & public engagement campaign. HWE is always encouraged by the commitment to patient voice and people's lived experience, which includes volunteers and staff.
- The ongoing development of projects such as Digital, Community services, Gardening project and the HOP bus project show real innovation and dedication to the people of Essex.
- HWE commends the Hospice on its approach to end of life care around the discussions around preferred place of death, which is currently a very real topic in Health & Social care.
- HWE is assured again that the hospice continues to play a key role and leadership role in the work around end of life care. The hospice continues to play a central role in bridging the gap between commissioners and the lived experience and should be recognised and commended for such a role.
- HWE is encouraged by the continued use of compliments and complaints and its awareness of areas for improvement and services. This is again shown through the continued investment in Hospice@Home services, which is supporting an ever-growing amount of people staff safe and independent.
- HWE is impressed by the commitment to and from the volunteers and the aim to recruit even more hospice ambassadors.
- HWE is assured that there is a clear vision & mission for the hospice and that its governance is clear and transparent.
- HWE is also very impressed by the continued leadership of Alison Stevens and her senior team who deliver high quality care for the people of Essex.

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.

Dr David Sollis
Chief Executive Officer, Healthwatch Essex

5 May 2019

Statement from Health Overview & Scrutiny Committee (Essex)

A copy of the Farleigh Hospice Quality Account 2018-19 was forwarded to the Health & Wellbeing Board, Essex for comments. However, Farleigh did not receive any comments at the time of publication.

Appendix A

Audits completed April 2018 - March 2019

Date	Audit	Department
Apr-18	Complaints April 2017 - March 2018	Quality
Apr-18	Infections & Pressure Ulcers April 2017 - March 2018	Clinical
Apr-18	Medication Adverse Events Jan - March 2018	Clinical
May-18	Accident & Incident Reporting annual report April 2017 - March 2018	H&S
May-18	Falls in IPU	Clinical
May-18	End of Life Care Audit - content to be uploaded	Medical
May-18	Non-Medical Prescribing	Clinical
May-18	Review of Controlled Drug Losses April 2015 - March 2018	Clinical
May-18	Cleaning in High Risk Areas in IPU	Hotel
Jul-18	Food Hygiene Standard 2018 NCR	Hotel
Jul-18	Planned Preventative Maintenance, North Court Road Jan - June 2018	Maintenance
Jul-18	Planned Preventative Maintenance, Retail Jan - June 2018	Maintenance
Jul-18	Reactive Maintenance, North Court Road Jan - June 2018	Maintenance
Jul-18	Reactive Maintenance, Retail Jan - June 2018	Maintenance
Jul-18	Compliments Jan - March 2018	Quality
Jul-18	Mattress Audit June 2018	Clinical
Aug-18	Dementia Referrals	Medical
Aug-18	Medication Adverse Events April - June 18	Clinical
Aug-18	Commode Audit Aug 2018	Clinical
Oct-18	Cleaning in High Risk Areas in IPU Oct 18	Hotel
Oct-18	Compliments July - September 2018	Quality
Oct-18	Family Support - Client Satisfaction	Clinical
Oct-18	Client Satisfaction - Circle Bereavement Counselling	Clinical
Dec-18	Client Satisfaction - Circle Bereavement Counselling	Clinical
Dec-18	Infection Control Lantern Suite	Clinical
Dec-18	Infection Control IPU	Clinical

Date	Audit	Department
Dec-18	Health & Social Care Act Infection Control Compliance	Clinical
Jan-19	Planned Preventative Maintenance North Court Road Chelmsford	Maintenance
Jan-19	Planned Preventative Maintenance Retail	Maintenance
Jan-19	Reactive Maintenance North Court Road Chelmsford	Maintenance
Jan-19	Reactive Maintenance Retail	Maintenance
Jan-19	CD Quarterly Audits 2018 - 2019	Clinical
Jan-19	CD monthly requisition audits 2018 - 2019	Clinical
Jan-19	Use of FP10 prescription forms (Annual)	Clinical
Jan-19	Welcome to Farleigh Events Evaluation 2018	HR
Jan-19	Cleaning - Lantern Suite 2019	Hotel
Jan-19	Patient Identification Bands	Clinical
Jan-19	Commode Audit Jan 2019	Clinical
Jan-19	Falls Risk Assessment	Clinical
Jan-19	Mattress Audit January 2019	Clinical
Feb-19	Yo-Yo Project, Waiting times for Full Assessment - April 2016 - March 2017	Clinical
Feb-19	Circle response times reaudit	Clinical
Feb-19	Medication Adverse Event - Sep 18 (Q2)	Clinical
Feb-19	Medication Adverse Event - Oct 18 (Q3)	Clinical
Feb-19	Falls Risk Assessment	Clinical
Mar-19	Volunteers Survey 2018	HR
Mar-19	Staff Survey	HR
Mar-19	NHS Data Security Protection Checklist	IT

If you would like further information regarding the above reports, please contact anna.watkins@farleighhospice.org



It is because you care that we can
Thank you

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