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PART ONE

Joint statement from the Chair of the Board and Chief Executive

Welcome to our Quality Account 2024/2025.

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 2025/26.

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

The focus of this year has been to reflect, review and reset.

Given the pace of the world we live in, it is easy to constantly be moving forward and focusing on the plans we have ahead and what is next on the list to achieve.

Standing still for a moment to reflect on the year gone by can feel like a luxury but is so important for people and organisations.

I continue to feel extremely proud to be the Chief Executive at Farleigh Hospice and to lead this compassionate and ambitious organisation, who work as 'one team,' putting those that need our care and support in the community at the heart of everything they do.

It has been a year of progress and challenge; however, we have stayed determined in our ambition to deliver high quality care across mid Essex.

Our teams take time to listen to what is important to patients, families and carers and provide services that consider their individual needs - resulting in the right care, at the right time, and in the right place.

We remain dedicated to supporting those in the community living with life-limiting illnesses.

This is where we care for the majority of our patients and their families.

Over the last year, we have regularly reviewed and adjusted our approach to continually enhance the care we deliver.

Our challenges are not unique to Farleigh but also affect many hospices across the country.

Hospice care continues to see relatively low levels of funding from the NHS in comparison to the demands for our services.

This has meant that more than ever before we have needed to be creative and innovative in how we generate income through our existing fundraising and retail operations, and also identify new and different ways to make money.

Alongside this we continue to have scrutinise our spend to ensure we use every penny wisely.

The coming year is the final year of our 2022 to 2026 Strategy – Innovate, Inspire and Invest.

During 2025, we will explore our future strategy priorities and how we provide care and support alongside the needs of our community in future years.

The challenges of increased demand for care and managing our financial position will very much frame our strategy conversations.

We would like to thank our patients, families, supporters, funders, external clinical and voluntary sector colleagues, staff and volunteers for all they have done for Farleigh Hospice.

We are a pivotal part of our local community and only with their continual support and commitment can we give those who need us the opportunity to live well and die well.

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 2024/2025 is an accurate and fair representation of the quality of services that Farleigh Hospice provides.

Keith Spiller,  
Chair of the Board

Sarah Green,  
Chief Executive



PART ONE CONTINUED

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

Throughout the year, there has continued to be a united 'one team' approach, with innovation, high quality care and patient experience key focus areas across all our care services.

Our greatest achievement has been the continued expansion, delivery and development of the collaborative Hospice Rapid Access Service (HRAS) in partnership with two other adult hospices in mid and south Essex.

The service has improved patient experience, reduced delays in accessing care, and prevented unnecessary stays or admissions to hospital, resulting in a cost saving to the integrated care board of £1.7m this year.

The service is being celebrated as a national exemplar of best practice and integration.

We were delighted that The Health Service Journal recently recognised the service at the HSJ Awards held in March 2025. The Hospice Collaborative Partnership (HCP) were named winners of the 'Best Not for Profit Working in Partnership with the NHS', a great national recognition of our success and an achievement we are extremely proud of.

This year, we re-modelled our bereavement service to ensure a more accessible provision of support, enhancing the range of resources and groups available to those grieving, and ensuring one to one support is available to those most in need.

As a result, we have increased our reach, and community awareness of hospice care, death, dying and bereavement and reduced our bereavement waiting lists.

We have several groups running to support people to live well with a palliative diagnosis – including relax and breathe, a walking group, memory makers, and social drop ins.

We are looking to expand these groups to reach more people, with a broader range of needs. We hope to further develop our wellbeing offer in 2025/26, with a greater focus on early intervention and community empowerment.

Our workforce development programme has continued to be successful, with the completion of our trainee clinical nurse specialist pathway for four trainees who are now working as full clinical specialists.

We are very proud of this 'grow your own' solution to workforce planning, and that we have the skills and knowledge to offer this development programme. We have recruited three new trainees onto the programme in 2025.

We are happy that we have been able to welcome our first cohort of student nurses back to Farleigh since pre-Covid.

Both are really important factors in ensuring we have a workforce fit to care for the future. We also celebrate the delivery of our GP fellowship programme which has now seen three GPs working with us whilst also working in primary care.

This is helping us to upskill our primary care colleagues and improve death literacy in our community.

We have expanded the reach of Farleigh Hospice to cover all GP practices in the Colne Valley area, three of which were historically served by St Helena Hospice.

This has provided greater equity and consistency for all our families in mid Essex.

In the year ahead, we will be focusing on engaging with our community to develop our key priorities for our developing strategy for 2026 onwards.

We have four key pillars to that strategy:

- The increasing demand for care
- Workforce
- Understanding the role of the hospice
- Financial pressures.

We will be engaging widely with people who use our services, our stakeholders, and the wider community, including underserved populations, to help us create a strategy that is meaningful and clear, and accessible to all.

*Donald McGeachy*

Donald McGeachy,  
Chair of the Clinical Governance Committee

*Ellie Miller*

Ellie Miller,  
Director of Care





## PART TWO

### Introduction to the organisation; about Farleigh Hospice

#### Caring for our community

For over 42 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 are here to help them live as well as possible - 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. Thanks to the generosity of our local community, all of our services are provided completely free of charge.

#### Our workforce

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

They're supported by an incredible team of almost 600 volunteers who give their time, energy, and dedication to everything we do.

Together, we make a powerful team with one shared goal: to provide the best possible care to those who need us.

#### Our core services

At Farleigh Hospice, we offer a wide range of services designed to support people living with life-limiting illnesses - and those close to them - wherever they are on their journey.

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



PART TWO CONTINUED

Inpatient unit

Our 10-bed Inpatient Unit is open 24/7, 365 days a year, providing round-the-clock specialist 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, social workers, and family support staff - ensuring holistic care every step of the way.

Locality Care Teams

Our three Locality Care Teams bring expert care directly into people’s homes. These integrated teams of registered nurses, care staff, and allied health professionals work together to support patients and families in the comfort of their own environment.

- **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 assistants**  
Help patients maintain independence, manage symptoms like fatigue and anxiety, and assess equipment needs.

We also run a specialist advice line from 8am to 8pm, seven days a week, because questions and concerns don’t keep to office hours.

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 Forget-Me-Not services, we’re here to offer comfort, connection, and hope.

Family support

Living with a life-limiting illness affects more than just the patient. It touches the whole family.

Our Family Support team helps people navigate the practical and emotional challenges that come with serious illness.

This includes financial advice and housing support to future care planning and emotional wellbeing.

The team also includes a highly experienced Social Worker who brings expertise in complex cases and safeguarding.

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.

Our mission, vision and values

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

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

Our Vision

Our Vision is that everyone facing the end of their life is supported to live well and die well.

Our Mission

Our Mission is to lead on the delivery of excellent palliative, end of life and bereavement care, working in partnership with the patient their family and all others involved in their support.

Our Values

- **Caring**  
Showing kindness and concern for others.
- **Respectful**  
Bring open and honest, welcoming individuality and promoting dignity and choice.
- **Innovative**  
Working creatively and in partnership to make best use of our resources.
- **Dedicated**  
Working as a committed team striving for excellence in everything we do.



PART TWO CONTINUED

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.

It's how we ensure that every person we support receives the very best.

Our Board of Trustees

At the heart of Farleigh Hospice's leadership is a dedicated Board of Trustees - 13 individuals who 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 9-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.
- **Corporate Governance Committee**  
Covers health and safety, internal and external communications, and matters relating to staff and volunteers.
- **Financial Governance Committee**  
Manages financial oversight and planning.
- **Income Generation and Communications Governance Committee**  
Supports fundraising and external engagement strategies.

- **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.

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.

Regulatory compliance

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

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

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

Clinical governance

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

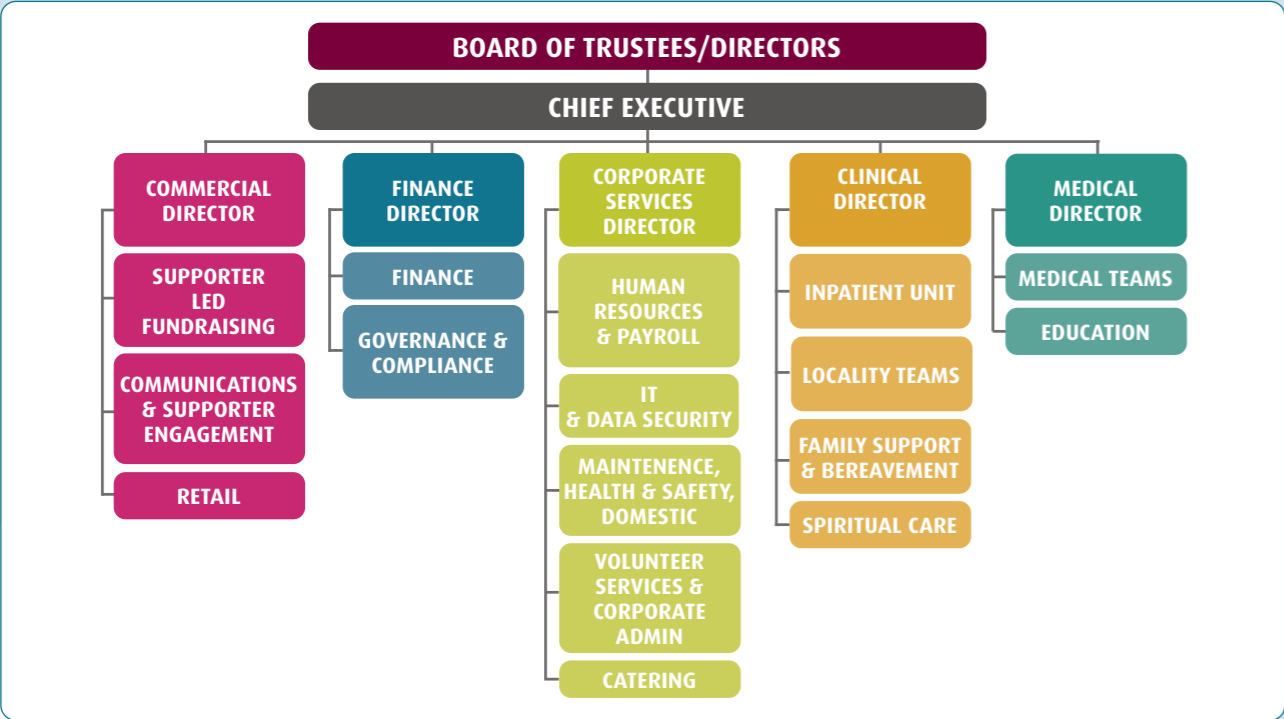
Our **Clinical Governance Committee** oversees all aspects of care quality, ensuring that we're always improving and evolving.

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

This shift reflects a more modern, learning-focused way of understanding and responding to safety incidents.

We've also 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 THREE

Review of quality performance 2024/25

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

COMMUNITY TEAMS



23,360

Calls answered on the clinical advice line



27,865

Hours of care delivered at home



1,514

Patients supported in their own homes



256

Admissions to the Inpatient Unit

THERAPY SERVICES



17,124

Visits and calls made by Community Nurse Specialists and RNs



377

Complementary therapy treatments provided



13,771

Home visits by the Hospice at Home team



1,385

Sessions delivered by physiotherapists, occupational therapists, and assistants

HOSPICE RAPID ACCESS SERVICE



1,129

Patients supported who would otherwise have been in hospital



33,376

Nights of care provided



216,954

Hours of care delivered in patients' homes



1,759

Patients cared for at home

COUNSELLING AND PASTORAL SUPPORT



454

Adults received specialist counselling



197

Children and young people supported through the Yo-Yo Project



627

Adults referred to the Circle bereavement service



223

Carers supported by the Family Support team



363

People received support from the Spiritual Care team

“After going to the Bereavement Help Point regularly, I began to feel much stronger, both physically and mentally. I felt that I could manage things that had previously seemed overwhelming – I was surprised that it helped me so much”



## PART THREE CONTINUED

### Our core services

#### A focus on the Hospice Rapid Access Service

The Hospice Rapid Access Service (HRAS) is a collaboration with the Havens Hospices and St Luke’s Hospice.

It is a hospice inspired service for adults across mid and south Essex that ensures that people who have a primary health need, who are rapidly deteriorating, and entering last weeks of life, receive a specialist assessment of their personal care needs.

Care is delivered at the right time and in the right place, whether that be in the patient’s home, a nursing home, or one of the hospices inpatient units.

The service promotes patient choice, helping patients achieve their preferred place of care and death, which improves their quality of life and reduces anxiety for their families. The service also helps to ease demand on health and social care systems by reducing hospital admissions and stays.

In its first full year, the Hospice Rapid Access Service cared for more than 1,100 patients, delivering 33,376 nights of care, preventing hospital admission or intervention, equating to 91 hospital beds per day.

In the community, the teams delivered 216,954 hours of care for patients in their own homes, easing pressure on NHS colleagues and facilities.

The service delivers rapid and appropriate care, achieving this on average within three days from the original referral to the Hospice Rapid Access Teams.

In March 2025, as a result of the success of the service, the Hospice collaborative won ‘Best Not-for-Profit Working in Partnership with the NHS’ at the Health Service Journal Partnership Awards, in recognition of our outstanding dedication to improving healthcare and effective collaboration with the NHS.



PART THREE CONTINUED

A focus on our Bereavement Services

Over the past year, the bereavement service has undergone a full review and we introduced a new tiered model of support based on best practice and feedback from those who've used our services.

The team embraced the opportunity to redesign the service from the ground up, introducing a more flexible, person-centred model that better reflects the diverse needs of those experiencing grief.

By shifting to a self-referral system, extending the referral window, and enhancing the information available online, the service has become more accessible and empowering for individuals seeking support.

One of the most exciting developments has been the introduction of early intervention options, including psycho-educational groups, targeted workshops, and a broader role for trained support workers.

These new pathways offer timely, meaningful support to more people, reducing the need for long-term counselling and helping individuals feel more confident in managing their grief.

The team has also invested in staff training and volunteer recruitment, ensuring that everyone involved feels equipped and supported in delivering compassionate care.

We also now offer six Bereavement Help Points across the region - open to anyone, whether or not they've had previous contact with Farleigh.

These spaces offer a warm welcome, a listening ear, and access to further support if needed. We will continue to grow and strengthen this service throughout the year.



The impact of these changes is already being felt. Referral numbers have decreased, waiting lists are shrinking, and the service is now more responsive and sustainable.

The team is continuing to build on this momentum, with plans to expand community-based Bereavement Help Points, launch a new self-help guide, and further embed the new model.

This project has not only improved the experience for those who need support - it has also strengthened the hospice's ability to deliver high-quality, inclusive care for the future.

**Expansion of our care services to the Colne Valley**

One of the standout achievements this year has been the successful expansion of Farleigh Hospice services into the Colne Valley area.

This move has allowed us to extend our reach and ensure that every GP practice in the region is now supported by our hospice team.

Historically, some of these practices were served by other providers, but this change has brought greater consistency and equity to the care we offer across mid Essex.

By expanding our footprint, we're not only improving access to high-quality palliative and end-of-life care, but also strengthening our presence in the community - ensuring that more people can benefit from the compassionate support Farleigh is known for.

**Participating in national research to improve future care**

Farleigh Hospice recently 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 successfully recruited the required 20 patients for the study, many of whom, along with their families, were keen to contribute to research that could improve care for others in the future.

Our staff were equally committed, embracing the rigorous research process with professionalism and compassion.

The results of the study are expected in the coming months and will play an important role in shaping evidence-based practice in palliative care.

We're grateful to everyone who took part and helped to make a difference.

**Investing in our workforce**

We believe that great care starts with great training. That's why we invest heavily in the development of our staff.

Our work has been recognised nationally and internationally.

In 2024, our team presented four posters at the Hospice UK Conference, and in May 2025, we were proud to present at the European Association for Palliative Care World Congress in Helsinki.

# Re-modelling the Family Support Service to manage existing resource and accommodate growing demand

## Background

Our Family Support Service (FSS) is a small team covering community and Inpatient Unit (IPU) provision (approximately 500 community patients, and 10 IPU beds). As reflected nationally, a shortage of experienced palliative care nurses<sup>1</sup>, combined with an increasing number of complex distressed patients and family carers<sup>2,3</sup>, led to IPU staff managing amplified levels of psychological distress. This caused a marked increase in referrals to the FSS, many of which were labelled as 'crisis', requiring urgent input. Simultaneously, the waiting list for the FSS in the community became unsustainable, resulting in a delayed response.

## Aim

To re-model our service to support the acute needs of the IPU, while balancing service provision to a higher volume of community patients.

## Method

We devised a new 'IPU Acute FSS' to work as follows:

- IPU staff discuss FSS input requirement during their morning handover meetings, to identify patients, carers and staff requiring support.
- A member of the FSS works within the IPU for four hours, over two sessions per week offering specialist psychological, financial, and practical support to patients, carers and staff.
- Counselling interventions are clearly defined as single session therapeutic input to manage expectations.
- The IPU FSS is managed as a team, and not individually, as before.

## Results

The overall referrals to the FSS over the 3 months of the trial are shown (right).

This reduction in referrals was explained by IPU staff reporting that the predictable presence of the FSS staff in the IPU had helped them to feel supported in managing complex situations, with increased confidence in assessing appropriate psychological distress.



## Conclusion

The FSS is now more integrated with IPU and able to offer a more equitable service to community patients and carers.



It is because you care that we can  
www.farleighhospice.org  
Registered Charity No. 284670

Authors: Irene Angles, Uma Thomas, Karen Smith, Paul Hewlett, Christine Warrington

<sup>1</sup> The Parliamentary Office of Science and Technology (POST), POST NOTE number 675, July 2022, Palliative and End of Life Care: The Parliamentary Office of Science and Technology Report, available from <https://researchbriefings.files.parliament.uk/documents/POST-PN-0675/POST-PN-0675.pdf> Accessed 11th April 2024.  
<sup>2</sup> Orchard, K., Current Advances in Palliative & Hospice Care: Problems and Needs of Relatives and Family Carers During Palliative and Hospice Care—An Overview of Current Literature, Medical Sciences, 2019, 7, 43, doi:10.3390/medsci703043 www.mdpi.com  
<sup>3</sup> Hughes, N.M., Noyes, J., Eddley, L., Pritchard, T., What do patients and family carers value from hospice care? A systematic mixed studies review, BMC Palliative Care, 2019;18:4, https://doi.org/10.1186/s12904-019-0401-1.

# A review of referrals from care homes to Specialist Palliative Care

## Background

Nearly a quarter of all deaths in England occur in care homes<sup>1</sup>. Care home staff increasingly look after patients with significant frailty and multiple co-morbidities<sup>2</sup>. Despite national strategies such as personalised care planning, end-of-life-care (EOLC) in care homes remains challenging<sup>3,4</sup>. Anecdotal little was known about the events that preceded referral to the local specialist palliative care service (SPCS) from care homes.

## Aim

To identify and understand the factors contributing to referrals from care homes to a local SPCS with the aim of identifying specific measures that can be developed to improve EOLC for care home residents.

## Method

SystmOne records for 36 patients referred from care homes to the hospice between January and May 2023 were reviewed. Data was collated specifically looking at interventions that preceded referral.

## Results

Of the Patients referred:

**71%** had frailty or dementia

**60%** had five or more co morbidities

**29%** had malignancy diagnosis

**19%** included on GSF register on referral

**39%** had been seen by a GP for a face to face review in the month prior to the referral

**42%** had been seen face to face by another primary care clinician

**22%** had an advanced care planning – PEACE document

## Conclusion

Uptake of GSF and the locally recognised ACP document (PEACE) was low in this cohort. Although practice varied hugely, many were seen in the month prior to referral by their GP as well as by other primary care clinicians. This offers an opportunity in involving wider members of the GP practice in improving EOLC in care homes.



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Authors: Dr T Jey, Ms C Nickson, Dr A Pennampalam

<sup>1</sup> Office for Health Improvement & Disparities, Palliative and end of life care factheet: Recent trends of deaths in care homes and provision of care https://regions.pho.org.uk/static/reports/end-of-life-care-home-factheet/april%202024/152000001.html?area-name=Barking%20and%20Havering (Accessed 12th May 2024)  
<sup>2</sup> NHS England (2024) ERAG strategy https://www.england.nhs.uk/long-read/full-strategy/#:-:text=There%20development%20of%20acute%20hospitals,20th%20next%2020%20years (Accessed 12th May 2024)  
<sup>3</sup> NHS England, Palliative and End of Life Care: Statutory Guidance for Integrated Care Boards (ICBs), NHS England, 2022.  
<sup>4</sup> Macgregor A, Rutherford A, McCormack B, et al, Palliative and end of life care in care homes: protocol for co-designing and implementing an appropriate scalable model of needs rounds in the UK BMJ Open 2021 https://bmjopen.bmj.com/content/11/2/e004986 (Accessed 12th May 2024)



## PART THREE CONTINUED

### Delivering award-winning training to healthcare professionals

We also run award-winning training programmes for care agencies, including specialist sessions for those supporting people with learning disabilities.

These sessions are designed to build confidence, improve care, and ensure that everyone - no matter where they are - receives the support they deserve.

### Investing in equality, diversity and inclusivity

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

This year, we've taken meaningful 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 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 tailor our services and support more effectively.

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 - and we're just getting started.

### Demonstrating our commitment to green policies

At Farleigh Hospice, we're 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're embedding sustainability into our culture.

We're 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's 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 already made great progress.

Our retail shops have long championed reuse and recycling, and we've made changes across our buildings and contracts to reduce our environmental impact.

A waste segregation project saved over £8,000 a year, and our partnership with Veolia has helped us track and reduce our carbon emissions - saving the equivalent of taking a car off the road for a year.

Staff feedback has shown strong support for doing more, and that's helped shape our Green Strategy. We're now looking to share our journey more widely, both to inspire others and to strengthen future funding opportunities.

As we continue this work, we'll be exploring NHS-led initiatives like the "Gloves Off" campaign and finding new ways to make sustainability a core part of how we care, now and into the future.

PART THREE CONTINUED

**Rated ‘Outstanding’ for caring**  
In January 2024, we were inspected by the Care Quality Commission (CQC) and received an overall rating of ‘Good’, with an ‘Outstanding’ rating in the area of 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’ve made since the last inspection, especially in the **Safe** category, which moved up from ‘Requires Improvement’ to ‘Good’.

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)**



Year on year facts and figures

**Inpatient Unit**  
In the last year, the number of patients admitted to our Inpatient Unit increased by 10 percent from previous year.

IPU admissions	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Total Admissions (including RADS)	52	116	237	278	256
Total No. of patients	51	106	225	207	231
Discharges	24	59	94	135	73
Deaths	28	57	143	143	189
Average length of stay (days)	8	9	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	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Total referrals	1,390	1,502	1,573	1,570	1,514
Number of contacts/year	35,336	37,787	38,064	38,407	45,874
Family support contacts	2,680	5,768	3,063	3,509	3,429

PART THREE CONTINUED

Hospice Rapid Access Service (HRAS)

This year the number of referrals accepted by our HRAS team has almost doubled from the previous year (increase of 45 per cent). The number of patients placed in care homes by the team, has also increased by 42 per cent.

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

Bereavement services

Due to the bereavement re-model which has introduced early intervention options for bereaved adults and children, there has been a reduction in referrals for one to one specialist counselling, which has resulted in a reduction in the number of people on the bereavement waiting list.

Adult bereavement support (Circle)	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
No. of accepted referrals	835	1,034	1,000	733	515
No. of contacts	3,225	2,206	3,529	3,634	5,235

CYP Bereavement support (YoYo)	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
No. of accepted referrals	178	279	312	225	197
No. of contacts	2,757	2,984	3,407	2,539	1,781

Additional quality indicators

Complaints/concerns/compliments

Our commitment to continuous improvement

We are always looking for ways to do better. 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

When someone raises a complaint, we take it seriously.

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

At the end of each year, we carefully audit all clinical complaints. In the most recent review, we received six complaints: Five came from relatives of patients and one was from a healthcare professional seeking additional support from our team.

The concerns raised included

Communication	2 complaints
Response times	1 complaint
Patient care	1 complaint
System support	1 complaint
System understanding	1 complaint

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.



PART THREE CONTINUED

Feedback

This year, we’ve continued to explore new and creative ways to gather feedback - from our inpatient unit questionnaires and reception iPads to postcards in our shops and regular posts on social media. These varied approaches help us understand what we’re doing well and where we can do better.

We’re proud to share that the feedback we’ve 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 pleased with the feedback we have received and 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:

Just being there for us without hesitation

Nurses are always on hand

Doctors and Consultants treat a patient as a person, not just a number

Every person should have this level of care

The nurses, staff and doctors made this time bearable, daily

You said/we did

We’re always looking for ways to improve, and this year we have listened closely to the experiences of those using our services.

One piece of feedback we received was:  
“Menu limited although good quality.”

As a result, we formed a working group to review our menu and the nutritional information provided to patients and families. We then increased the variety of nutritious menu options available.

More recent feedback demonstrates the positive difference this has made:  
“Very happy, no complaints.”

It’s small changes like these, driven by honest feedback, that help us continue to grow and provide the best possible care.

We’re really encouraged to see that our efforts to connect more closely with the community are having an impact, with more people than ever sharing their thoughts and experiences with us.

This growing feedback helps us understand what’s working well and where we can do even better.

Looking ahead, we’re excited to build on this momentum.

We’re planning to welcome a dedicated volunteer to our Clinical Quality Team who will help us gather even more feedback, respond thoughtfully to what we hear, and streamline how we use this valuable information.

Patient safety summary

Keeping our patients safe is a top priority - and something we take seriously every day.

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

Rather than focusing on blame, PSIRF encourages us to look at the bigger picture - understanding all the factors that may have contributed to an incident so we can learn and improve.

We’ve refreshed our PSIRF plan and focused on three key areas that are common across many hospices: **falls, pressure injuries, and medication management**.

These are areas where we know we can make a real difference, and we’re tackling them through better training, clearer processes, and shared learning across teams.

This year, we carried out two **Patient Safety Incident Investigations (PSIIs)**.

The first, in summer 2024, was later stepped down after discussions with the ICB, as staff had already taken proactive steps to improve the system.

The second, in early 2025, looked at how we manage equipment orders for patients in the community.

This led to immediate changes and highlighted further ways we can strengthen our approach.

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

PART THREE CONTINUED

Significant audits

Clinical incidents

Every incident - big or small - is an opportunity to learn and improve.

That’s why we encourage our teams to report all clinical incidents, including near misses, through our easy-to-use online system, **Vantage**.

This helps us keep track of what’s happening across the organisation and respond quickly when something needs attention.

Once an incident is logged, it’s reviewed by the relevant manager and, if needed, escalated - especially if it involves a controlled drug or a higher level of harm.

From there, we take a team-based approach: incidents are discussed in local meetings, themes are explored, and action plans are created.

We also bring everything together in our monthly risk meetings to make sure nothing is missed.

Some incidents, like pressure injuries, may be present when a patient arrives.

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

This year, we’ve also been part of a **quality improvement project** with stakeholders including University College London Partners, the Mid and South Essex ICB, Provide and the Hospice Collaborative.

Together, we’ve aligned our documentation with local services and introduced **tissue viability training** for our inpatient and community teams.

We’re already seeing positive changes and look forward to sharing the full results later in 2025.

**158 Pressure ulcers recorded**

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.

We take this very seriously and have a number of measures in place to support prevention and care.

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

**124 Medication incidents recorded**

Ensuring the safe management of medications is a vital part of our care at Farleigh Hospice.

Throughout the year, we closely monitored all medication-related incidents and used each one as an opportunity to reflect and improve.

In response to the patterns we observed, we’ve introduced clearer procedures and strengthened our documentation practices - particularly around medication chart accuracy.

These steps are helping to reduce 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.

**21 Inpatient falls recorded**

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

In 2024-2025, we recorded 21 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.

**193 Other patient safety incidents recorded**

We also report a wide range of other patient safety incidents across our services, which include everything from equipment issues to documentation errors and service delivery concerns.

Each of these incidents is reviewed through our governance processes to identify learning opportunities and ensure that any necessary changes are made promptly.

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 openness and continuous improvement, we ensure that every incident - no matter how routine - contributes to safer, more responsive care for our patients and their families.

**Infection control**

Maintaining a clean and safe environment is essential to the care we provide.

We’re pleased to report that in 2024-2025, there were **no cases** of Clostridium difficile or MRSA among our patients, and **no outbreaks** of norovirus.

Only two patients were admitted with COVID-19, and appropriate precautions were taken to manage these cases safely.

Our infection prevention efforts are supported by a robust programme of regular audits and reviews.

These include **in-house Infection Prevention Audits** and **Cleaning Audits**, which are carried out routinely to ensure high standards are consistently met.

We also hold **quarterly Infection Prevention meetings**, where we share best practices, review current guidance, and identify areas for improvement.

By staying vigilant and proactive, we continue to provide a safe and hygienic environment for everyone who comes through our doors - patients, families, staff, and volunteers alike.

PART THREE

CONTINUED

Significant audits

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

Safe

- **Inpatient unit 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 also introduced for rise recliner chairs to ensure continued safety and comfort for patients.
- **Medication storage and controlled drugs:**  
A pharmacy-led audit in February scored an impressive 96%, and a separate audit in September on medication storage achieved 97%.  
  
These results reflect the diligence of our teams and the strength of our medication safety procedures.
- **Cleaning standards:**  
With a higher turnover of patients in our inpatient unit, we adapted our cleaning schedules to meet demand.  
  
As a result, compliance improved from 84% to 92% over the year - 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

**Falls**  
Falls are a common concern in palliative care, and we're committed to doing everything we can to reduce the risk and support patients and families when they occur.

This year, we audited our response to community-reported falls and found that **89% of patients or their families received a follow-up call** to offer support and guidance.

This personal contact helps us understand what happened, provide reassurance, and offer practical advice.

The audit also highlighted that our falls information leaflets weren't always being shared consistently.

In response, we've reminded staff of the importance of this step and are monitoring compliance to ensure everyone receives the information they need.

These small but meaningful actions help us continue to provide safe, responsive care.

**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.

**84% of patients** audited died in their **preferred place**, whether that was at home, in our hospice, or another setting of their choice.

We've also identified ways to improve how we record and update these preferences - particularly when patients are discharged from our inpatient unit.

Going forward, we're 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.





PART THREE CONTINUED

Responsive

**Mental capacity**  
Supporting people to make informed decisions about their care is a key part of our approach at Farleigh Hospice.

In January 2025, we completed an audit of **19 Mental Capacity Assessments** to ensure our processes are thorough, consistent, and aligned with best practice.

The audit 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

These insights are now being addressed through our monthly drop-in sessions, where staff can access guidance, share experiences, and build confidence in this important area of care.

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

Well-led

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

In 2024, our Board of Trustees undertook a detailed audit to assess the range and depth of skills and knowledge across both the Board and Executive Team.

This review helps ensure we have the right expertise in place to guide the organisation through current challenges and future opportunities.

The findings from this audit will shape our future trustee recruitment strategy, helping us maintain a well-rounded and capable leadership team.

The next skills audit is scheduled for 2026, continuing our commitment to good governance and strategic oversight.

**Keeping your data safe: our commitment to security**  
Every year, we take part in the NHS Data Security and Protection Toolkit Audit - and we’re proud to say that in 2024, we submitted 100% of the required evidence and met all the standards.

It’s just one of the ways we make sure your information is handled with the utmost care and responsibility.

## PART FOUR

### Update on last year's priorities

#### 1. Community engagement to understand end-of-life needs

Recognising that the needs of our community have evolved - particularly in the wake of the pandemic - Farleigh Hospice set out to better understand what matters most to people at the end of life.

With a changing patient demographic and a growing awareness that some communities remain underrepresented in our services, we planned a two-year engagement programme to listen, learn, and respond.

Although funding challenges meant this work couldn't begin as planned, it has now been rescheduled as part of our 2025/26 strategy.

Using our 'Have Your Say' campaign and working with partners like Healthwatch Essex, Essex Faith Covenant and the Mid Essex Alliance, we're committed to reaching out through events, media, and community networks to ensure every voice is heard.

#### 2. Piloting a new bereavement model focused on early intervention

Last year, we took a bold step to modernise our bereavement care by introducing a tiered model based on current grief theories and best practice.

Our previous one-size-fits-all approach didn't reflect the varied ways people experience loss. The new model offers more tailored support, including early intervention through group programmes like 'Growing with Grief' and specialist groups for those with unique needs, such as people bereaved by suicide.

We've also expanded our Bereavement Help Points to six locations, with more in the pipeline, and developed a self-help guide to empower individuals with accessible resources.

Feedback from service users has been central to shaping this new approach, and the results so far are encouraging.

#### 3. Reviewing community team capacity and demand

With increasing referrals and more complex patient needs, we knew it was time to take a closer look at how our community teams were working.

A detailed review was carried out to understand the roles within our multidisciplinary teams and how we could better match capacity to demand.

Led by our Project Lead and in collaboration with Locality Care Team Managers, this work has already identified efficiencies and helped us move towards a more consistent and sustainable model across all three locality teams.

This review is helping us plan for the future with greater clarity and confidence.

#### 4. Planning for a future-ready workforce

Ensuring we have the right people, skills, and structures in place has been a key focus this year.

In line with national and regional workforce planning efforts, we've adopted a more agile approach to recruitment and development.

Our Learning & Development and Volunteer Strategies have supported this shift, with strong results: vacancy rates have dropped, retention has improved, and training compliance is up.

We've also welcomed 120 new volunteers and logged over 106,000 hours of voluntary support.

These achievements reflect a growing, engaged workforce that's ready to meet the challenges of modern hospice care.



PART FIVE

Looking forwards - priorities for 2025/2026

As we look to the future, this is our moment to reset - to pause, take stock, and refocus our energy on what matters most.

The coming year marks the final chapter of our current strategy, and with that comes an exciting opportunity to shape what's next.

Our priorities will centre around meeting the rising demand for care, building a resilient and skilled workforce, strengthening our role in the community, and navigating financial pressures with creativity and care.

This is a time for bold thinking, meaningful conversations, and shared ambition as we lay the foundations for the next phase of Farleigh's journey.

As we plan for the future, we know that the best ideas come from listening.

That's why we're reaching out to our community - patients, families, carers, staff, volunteers, and local partners - to help shape the next chapter of Farleigh Hospice.

Through conversations, events, and feedback opportunities, we're inviting everyone to have their say on what matters most when it comes to hospice care.

Whether it's thoughts on how we support people at the end of life, ideas for improving access, or ways we can be more inclusive, every voice counts.

Together, we'll build a strategy that reflects the real needs and hopes of the people we serve.

- 1. Responding to the rising demand for care**

As we look ahead to 2025/2026, one of our key priorities is responding to the growing demand for care.

With the number of deaths expected to rise by 25% by 2040, we're committed to ensuring our services remain efficient, effective, and aligned with contractual expectations.

We'll be conducting service reviews to assess how well our current model meets the needs of our community and where improvements can be made.

By focusing on quality improvement and using data to guide our decisions, we aim to deliver care that is both compassionate and sustainable.

Patient and family focus groups will play a vital role in shaping this work, helping us co-produce a strategy that truly reflects the needs of those we serve.
- 2. Building compassionate and inclusive communities**

Another important focus is building more compassionate and inclusive communities.

Through working with partners to develop a Compassionate Community within mid Essex, we will promote wellbeing, and empower community resilience in palliative and end of life care.

We are committed to embedding equality, diversity and inclusion (EDI) as part of this and in everything we do, to ensure that our services are welcoming and accessible to all. Our EDI Delivery Plan will guide this work, helping us reach more people and break down barriers to care.

- 3. Strengthening financial sustainability**

As with many hospices financial sustainability remains a pressing challenge, and we're taking proactive steps to address it.

We'll be maximising funding opportunities, including using the Department of Health and Social Care capital grant monies, to help reduce costs and improve patient facilities.

A structured grant application process has been approved, and several capital projects are already in the pipeline.

These and our new ventures including Deliver Digital, an IT Service Company, and a House Clearance business, alongside our extensive fundraising and Lottery Company, and other income generation initiatives, will not only support our financial health but also enable us to invest in the spaces, tools, and innovations that enhance the care we provide.
- 4. Investing in our people and our voice**

Finally, we're investing in our people and strengthening our identity as a hospice.

Our Learning, Development and Education (LDE) Plan is already underway, with clear objectives and appraisal targets to ensure our workforce is confident, capable, and future-ready.

We're also launching a new communications and supporter engagement strategy to help clarify our role in the community and build stronger connections with those who support us.

Together, these priorities will help us reset with purpose - ensuring Farleigh Hospice continues to be a place of care, compassion, and community for years to come.



PART SIX

Response to Farleigh Hospice’s Quality Account 2024-25



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 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 Essex 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’s Quality Account:

- As with many hospices as well as the wider health and social care sector, Farleigh Hospice is facing challenges with low funding.

However, they recognise the need to diversify their income streams and there are strategies in place to achieve this next year, so that they can continue to provide a valuable service to their patients.

- This year Farleigh Hospice have been able to reach many new people with Hospice Rapid Access Service (HRAS) and the expansion into Colne Valley.

The HRAS partnership has supported a great number of patients who otherwise would have been in hospital and frees up those beds for other patients.

The expansion into Colne Valley means that there is greater consistency in provider across the mid Essex area.

- As a charity centred on patient feedback, we are happy to see the efforts made to gather feedback in creative ways, ensuring that people can have their voice heard either in person or online.

It is also great to see the evidence of changes as a result of patient feedback.

Going forward, the introduction of a dedicated feedback volunteer will help ensure that information gets effectively fed back.

We are keen to continue to work in partnership with Farleigh Hospice to ensure that everyone has the opportunity to have their say.

- It can be difficult to talk about death and this can stop many people from accessing the support they need.

We are pleased to see the initiatives working with student nurses and GP fellowship programme to improve death literacy in the community.

- Waiting lists have been an ongoing challenge for many organisations, so Farleigh Hospice’s approach to reduce waiting lists by redesigning their bereavement service is a creative solution.

It is great that the new model is person-centred, reflecting that grief isn’t linear and that people take unique journeys.

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 work of Farleigh Hospice.

Chloe Dench  
Communications Manager,  
Healthwatch Essex  
May 2025

PART SIX CONTINUED



Mid and South Essex Integrated Care Board response to Farleigh Hospice Quality Account 2024/25

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

MSEICB is commenting on a draft version of this Quality Account, however, to the best of its knowledge, the information contained within this report is accurate and is representative of the quality of services delivered.

Any queries will have been fed back to Farleigh Hospice prior to publication for consideration of inclusion, along with any missing data in the final report.

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

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

MSEICB notes that Farleigh Hospice has transitioned well to The Patient Safety Incident Response Framework, and the process is now embedded within the organisation with evidence of thematic review and a positive culture of continuous learning, in particular with a focus on 3 key areas falls, pressure injuries, and medication management.

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

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 along with the reshaping of the Bereavement services following review.

**MSEICB acknowledge the priorities that Farleigh Hospice have set for 2025/26:**

**1. Responding to the rising demand for care**

As we look ahead to 2025/2026, one of our key priorities is responding to the growing demand for care.

With the number of deaths expected to rise by 25% by 2040, we're committed to ensuring our services remain efficient, effective, and aligned with contractual expectations.

We'll be conducting service reviews to assess how well our current model meets the needs of our community and where improvements can be made.

By focusing on quality improvement and using data to guide our decisions, we aim to deliver care that is both compassionate and sustainable. Patient and family focus groups will play a vital role in shaping this work, helping us co-produce a strategy that truly reflects the needs of those we serve.

2. Building compassionate and inclusive communities

Another important focus is building more compassionate and inclusive communities.

Through our Compassionate Neighbourhoods Delivery Plan, we'll be working with partners to promote wellbeing and support around life, legacy, and advanced care planning.

We're also committed to embedding equality, diversity and inclusion (EDI) into everything we do. This means identifying resources to support compassionate neighbours and ensuring our services are welcoming and accessible to all.

Our EDI Delivery Plan will guide this work, helping us reach more people and break down barriers to care.

3. Strengthening financial sustainability

As with many hospices financial sustainability remains a pressing challenge, and we're taking proactive steps to address it.

We'll be maximising funding opportunities, including using the Department of Health and Social Care capital grant monies, to help reduce costs and improve patient facilities.

A structured grant application process has been approved, and several capital projects are already in the pipeline.

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4. Investing in our people and our voice

Finally, we're investing in our people and strengthening our identity as a hospice.

Our Learning, Development and Education (LDE) Plan is already underway, with clear objectives and appraisal targets to ensure our workforce is confident, capable, and future-ready.

We're also launching a new communications and supporter engagement strategy to help clarify our role in the community and build stronger connections with those who support us.

Together, these priorities will help us reset with purpose - ensuring Farleigh Hospice continues to be a place of care, compassion, and community for years to come.

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

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

In conclusion, MSEICB considers that the Farleigh Hospice Quality Account for 2024/25 provides an accurate and balanced picture of the reporting period. MSEICB will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.

**Dr Giles Thorpe**  
**Executive Chief Nursing Officer**  
**Mid and South Essex Integrated Care Board**  
**June 2025**

## **An explanation of those involved in this Quality Account**

The task of writing the report was designated to the Chief Executive, the Governance & Compliance Lead, the Head of Nursing and Clinical Quality and the Clinical Quality Consultant. Discussions then took place within the Executive Team for updates on the achievement of the 2024-2025 priorities and the future priorities for improvement for 2025-2026 and ensuring alignment to our Strategic aims and Strategic Delivery Plan.

It was agreed to include the most popular priorities.

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

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