

Quality Accounts 2010 - 2011

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 population we provide a range of high quality services totally free of charge. By giving people choice and involvement in the care they receive we make a real difference when and where it matters most.

“I truly appreciate all you do for so many. Keep on keeping on.” – a supporter

Part 1

Chief Executive's Statement

I am responsible for the preparation of this report and its contents.

The NHS defines clinical governance as "a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". At Farleigh Hospice, an independent charity, we have adopted a model of governance to ensure quality standards throughout the organisation. Governance is a framework for a range of activities that aim to promote, maintain and improve standards of patient and customer care. In accordance with the spirit of the Service Level Agreement between Farleigh Hospice and NHS Mid Essex, we are ready to be held accountable for the quality of services provided by this Hospice and part funded by the NHS.

This Quality Account follows the model requirement set out in the regulations. 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 this Hospice.

Janet Doghan MIHM DipHSM

Chief Executive

Part 2 Priorities for Improvement and Statements of Assurance from the Board

Introduction

This quality account only consider quality issues within the provision of clinical care and relevant support services necessary to provide this care. This does not take into account the fundraising and administrative functions of the organisation where separate quality initiatives are employed and evidenced through Governance.

The first Farleigh Hospice Strategic Plan, entitled "Your Hospice and its Future, 2008-2011", was published in 2008 following consultation with a broad range of interested stakeholders. The plan outlined our vision to develop services. The strategic plan has now been fully realised and now a new strategy has been developed - 'Your Hospice and the Next Three Years'- 2011- 2014. Our vision, as always, is inspired by the needs of people affected by a life limiting illness. There is still much to do to maintain existing services and to improve them so that they are flexible enough to respond to people's changing needs.

Registration

Farleigh Hospice is fully compliant with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 and that these standards were met through self assessment in 2009. The self assessment identified no areas of shortfall to include in the future priorities for improvement in 2011 - 2012.

Future priorities for improvement - 2011 – 2012

The Board of Trustees is committed to the delivery of high quality care which is safe, effective and meets the needs of people who use our services.

The priorities for quality improvement identified for 2011 - 2012 are set out below. We have selected ones that will impact directly on each of the three domains of quality; ***patient safety, clinical effectiveness and patient experience.***

Following consultation with the staff and patient representatives Farleigh Hospice confirms that the top five quality improvement priorities for 2010 - 2012 to be:-

FUTURE IMPROVEMENT PRIORITY 1

Develop the Hospice@Home service – *Clinical Effectiveness, Patient Experience*

In line with government guidance (End of Life Strategy 2008) and the views of the majority of our patients we have set up the Hospice@Home service which was launched in February 2011 and is available throughout the Chelmsford, Maldon and Braintree districts. This provides a service 7 days a week with Marie Curie Cancer Care providing night support. The aim is to establish and develop a service which enables

people to stay at home, if this is their wish, by facilitating discharge and providing rapid response and respite at home. This will be audited to review the impact on other hospice services and response to patients' Preferred Place of Care (PPC) document.

Measures

- Audit the service to assess the impact on other hospice services and response to patients, Preferred Place of Care (PPC) document.
- Audit patients, carers and other professionals views of the service

FUTURE IMPROVEMENT PRIORITY 2

Establish an annual audit cycle to evidence quality improvements across the organisation - *Patient Safety, Clinical Effectiveness & Patient Experience*

Although staff at Farleigh have been involved in service improvement and quality work through audit activity there is a need for more focus and coordination of this work across the organisation and therefore a Quality Improvement Lead was appointed. The aim will be to establish quality assurance systems and an annual audit cycle to evidence quality improvements across the organisation.

Measures

- Establish Multi Departmental Quality Assurance(MDQA) group and regular meeting structure
- Research and agree audits required and develop annual calendar
- Develop audit application and feedback processes
- Develop structure to review and follow up action plans for audit to monitor quality improvements.
- Progress will be monitored through the completed audits, MDQA meeting minutes and annual report to the Governance Group

FUTURE IMPROVEMENT PRIORITY 3

Develop proposals to extend bereavement support services for adults across the whole of Mid Essex - Mid Essex Adult Bereavement Service (MABS) - ensuring that this is resourced to meet demand. *Clinical Effectiveness, Patient Experience*

The Bereavement Service has been successful in supporting bereaved relatives and friends of patients who were involved with Farleigh Hospice. Farleigh currently provided county wide bereavement support for children and young people and it is planned to develop a proposal to expand the current bereavement service for adults to non Farleigh Hospice patients across Mid Essex.

Measures

- Develop a proposal and seek funding to support this development
- If funding is secured the service to be established by the end of 2011

FUTURE IMPROVEMENT PRIORITY 4

The development of multi-purpose space for rehabilitation within the existing Inpatient Unit. *Clinical Effectiveness, Patient Experience*

As more people living with life limiting illness choose to spend as much time as possible in their own homes an ever increasing area of our work involves assisting patients and their families to adapt their lifestyles and their homes to facilitate this choice. It is proposed that a three bedded ward in the Inpatient Unit be converted into a self contained rehabilitation suite. The suite will also be available for respite care ensuring patients maintain their levels of independence and for assessing patients prior to discharge reducing the need for home visits by staff.

Measures

- Develop and submit application for funding
- If funding is available complete project by October 2011
- Develop a system for monitoring use of the new service

FUTURE IMPROVEMENT PRIORITY 5

Participation in Dying Matters campaigns and events to change attitudes and raise public awareness about death and dying including collaboration with GPs and other professionals through educational events – *Clinical Effectiveness*

The Dying Matters national campaign is encouraging people to talk about their wishes for their end of their life care. Recent research reveals the majority of people – about 70 per cent – would prefer to die at home, but about 60 per cent actually die in hospital, in many cases, unnecessarily. And while about three-quarters of people report feeling confident about planning for the end of their life, less than a third have actually discussed their wishes around dying. Farleigh wants to participate in this national campaign to change attitudes and raise professional and public awareness about death and dying including collaboration with GPs and other professionals through educational events

Measures

- Develop programme of events and promote these in Chelmsford, Maldon and Braintree districts.
- Review evaluation/feedback from events and follow up questionnaires to assess changes in attitudes and practice

How will progress be monitored for Future Priority Improvements – 2011 - 2012?

The Farleigh Hospice Board of Trustees will monitor and report on progress through a variety of methods including:-

- Annual return to the Charity Commission
- Annual Review and audited Report and Accounts

- Quality Accounts and Annual Governance report
- Annual audits and patient surveys
- Annual General Meetings of the company
- Farleigh Hospice News and other periodic communications

PRIORITIES FOR IMPROVEMENT from 2010 – 2011

The aim of the Quality Account is to not only set future priority improvements but to also evidence achievements on priorities for improvement from the previous year.

The quality improvements for 2010 -2011 were:-

IMPROVEMENT PRIORITY 1

Completion of the Lantern Suite at Farleigh Chelmsford- *Patient Experience, Clinical Effectiveness*

The development of the Lantern Suite has been completed and opened in early April 2011. The aim of this development was to increase privacy and capacity for out-patient service and create a 'drop in' information and education centre for visitors and families. Previously the out-patient facilities at the hospice in Chelmsford did not give sufficient privacy for patients as the only waiting area was shared with general visitors to the hospice. Department of Health audit tools Aspect & Aedet Evolution will be used to review staff and patients views of the facilities by October 2011.

IMPROVEMENT PRIORITY 2

To develop extended services within the home – *Clinical Effectiveness, Patient Experience*

In line with government guidance (End of Life Strategy 2008) and the views of the majority of our patients we wanted to extend our services to provide 24/7 care for our patients in their own homes. We worked with the Mid Essex Primary Care Trust to support the extension of nursing and other care services into patient's homes. The Hospice@Home service was launched in February 2011 and is available throughout the Chelmsford, Maldon and Braintree districts. This provides a service 7 days a week with Marie Curie Cancer Care providing night support. The aim of the extended service is to avoid admissions, facilitate discharge and provide rapid response and respite at home, allowing people to stay at home if it was their wish. It is planned to audit this new service (see *Future Priority Improvement 1 above*)

IMPROVEMENT PRIORITY 3

To appoint a Quality Improvement Lead – *Patient Safety, Clinical Effectiveness, Patient Experience*

Staff at Farleigh have been involved in service improvement and quality work but this has been done as an extra to existing workloads. It was felt that there needed to be more focus and coordination of this work across the organisation and a proposal was

developed to create a Quality Improvement Lead post. The post was advertised early in 2011 and interviews took place in March 2011 with the successful candidate commencing work at Farleigh in May 2011. This role sits within the finance department, outside of the main operational areas, and encompasses all aspects of the hospice not just clinical care areas.

Statements of Assurance from the Board

2010 - 2011

Registration

Farleigh Hospice was fully compliant in 2010 – 2011 with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 and that these standards were met through self assessment in 2009.

Trustee Provider visits

Two Trustee provider visits took place in 2010 – 2011 which involved trustees visiting facilities and interviewing staff, patients and volunteers. The comments were positive but it was identified that there was a need for a more robust system for the review of the outcomes of audits and this has been included as a priority for improvement in 2011 - 2012. (see *Future Improvement Priority 2 above*)

Review of services

During 2010 - 2011 Farleigh Hospice provided seven services for adults partly or fully funded by the NHS.

The services were as follows:

- In-Patient Unit
- Day Hospice
- Nurse led clinics
- Out Patients
- Community services – including Hospice@ Home (started Feb 2011), Farleigh Macmillan nurses, Hospice Outreach Project (HOP), physiotherapists, occupational therapists and social work services
- Bereavement support (also included services for children and young people)
- Education and Training

Farleigh Hospice has reviewed all the data available to them on the quality of care in all of these NHS funded services. The income generated from the NHS services in 2010/2011 represented 40% of the overall costs of service delivery.

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.

Participation in clinical audits

During 2010 - 2011

- No national clinical audits or confidential enquiries covered NHS services provided by Farleigh Hospice related to palliative care and as Farleigh Hospice only provides palliative care was not eligible to participate in any of the above activities.
- Farleigh Hospice participated in no (0%) national clinical audits and no (0%) confidential enquiries of the national clinical audits and national confidential enquiries it was eligible to participate in.
- The national clinical audits and national confidential enquiries that Farleigh Hospice was *eligible to participate* in are as follows: NONE
- The national clinical audits and national confidential enquiries that Farleigh Hospice *participated* in are as follows: NONE
- The national clinical audits and national confidential enquiries that Farleigh Hospice participated in and for which data collection was completed are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.
- Farleigh Hospice was not eligible to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

As a provider of specialist palliative care Farleigh Hospice was not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2010 - 2011 audits or enquiries related to specialist palliative care.

Research

The number of patients receiving NHS services provided by Farleigh Hospice that were recruited during that period to participate in research approved by a research ethics committee was 0. There was no appropriate, national, ethically approved research studies in palliative care in which we could participate.

What others say about us

Statements from CQC

Farleigh Hospice is required to register with the Care Quality Commission and is currently registered to provide services. Farleigh has no conditions attached to registration and the CQC has not taken any enforcement action during 2010 – 2011. Farleigh has not participated in any special reviews or investigations by the CQC in the review period.

Relevance of Data Quality and your actions to improve Data Quality

Farleigh Hospice will be taking the following actions to improve data quality:-

- Standardise all annual report to be collated for the financial year.
- Standardise reporting structures for
 - Complaints
 - Compliments
 - Safety Information
 - Infections
 - Pressure Ulcers
 - Training
- Minimum Data set to be compared with historical data to monitor changes in services
- Collate and analyse information from informal audits and surveys to use the data to monitor and improve services.

Information Governance Toolkit

Farleigh Hospice is involved in the completion of the Information Governance Toolkit assessment and developing actions plan to be progressed in 2011 – 2012.

Clinical coding error rate

Farleigh Hospice was not subject to the Payment by Results clinical coding audit during 2011 – 2012 by the Audit Commission.

Part 3 - Review of Quality Performance

The National Council for Palliative Care: Minimum Data Sets – 2009 – 2010

The figures below provide information on the activity and outcomes of care for patients in 2009 – 2010 compared to the median for other hospices prepared by the National Council for Palliative Care. (NCPC) Minimum Dataset for the same review period.

2009 - 2010	Farleigh Hospice	NCPC National Median
Inpatient Services		
	Number/%	Number/%
Total number of patients	341	167
Total number of new patients	229	146
% New patients	67.2%	89.9%
% New patients – non cancer diagnosis	12.7%	7.4%
% Occupancy	72.8%	76.7%
% Patients returning home	50%	38.5%
Average length of stay	7.8 days	13.7 days
Day Hospice		
Total number of patients	226	195
Total number of new patients	133	124
% New patients	58.8%	63.6%
% New patients – non cancer diagnosis	17.3%	11.4%
Total Day Care Attendances	2463	2041
% Places used	55.9%	61.8%
Average length of attendance	107 days	151.4 days
Home Care		
Total number of patients	829	1,123
Total Number of new patients	446	771
% New patients	53.8%	68.1%
% New patients – non cancer diagnosis	9.4%	10%
% of patients who died at home	26%	41.5%
Average length of care	113 days	113 days
Bereavement		
Total Service Users	1,117	505
Total number of new service users	665	363
% New referrals	59.5%	62.8%
Total number of contacts	3,739	1,931
Total number discharged	366	302
Out Patients		
Total number of patients	102	165
Total number of new patients	87	98
% New patients	85.3%	59.8%
% New patients – non cancer diagnosis	8%	8.5%
Total out patient clinic attendances	879	241

The NCPC dataset for 2010 – 2011 is not available at time of reporting.

Farleigh Hospice Quality Performance Information 2010 -2011

Detailed below is data about service provided by Farleigh Hospice for 2010 - 2011

General Information

The total number of patients cared for by Farleigh Hospice has risen slightly (nearly 4%) in the last year and is now the highest ever, 1891 compared to 1810 in 2009 – 2010.

The total number of referrals to the hospice was 1076 of which 67 were not accepted. Non acceptance of referrals is most commonly because the patient has no identified palliative care needs or died within days of referral.

The number of new patients in the year was 1009 which is an increase of 2.8% on the previous year.

Farleigh Hospice has always provided end of life care for cancer and non cancer patients. Over the last few years there has been a slow increase in the number of non cancer patients accessing services, 11.5% of patents in 2010 – 2011.

The Triage Nurse who was appointed in June 2009 has created a single referral point for the hospice and is able to refer patients to the right department and facilitate an early quality experience for new referrals

Inpatient Unit

In the inpatient unit the average length of stay for patients is 6.92 days which is less than the average for similar hospices although there is variation according to need. There is rarely a waiting list for people to come in. The average time from referral to being admitted is 2.5 days. The Preferred Priorities for Care (PPC) has led to a rise in people being admitted in the last few days of life as Farleigh Hospice is their preferred choice. This has contributed to the low average length of stay.

It is too early to see an impact from the appointment of the Discharge Co-ordinator, although the post holder will have contributed to the low length of stay. 45% of patients who were discharged from the unit returned to their homes. Bed occupancy was 68.7%, which is lower than the previous 2 year with IPU admissions being about 18.5 % of the hospice workload reflecting the increased investment and workload in community services.

Day Hospice

In day care the average attendance was 56%; patients attended for an average of 4 months. New patients to Day Hospice increased by almost 25% in the last year.

Home Care

The Home Care services cared for each patient for an average of 113 days.

The Farleigh Community Team have had some staff changes in the year with the introduction of seven day working with one nurse on duty at the weekends to provide telephone support and advise. The number of new patients was 523. The introduction of episodic care has meant some patients are discharged and re-referred. The above figure includes re-referrals.

The new Hospice @ Home Service was established in February 2011 – Priority improvement for 2010 – 2011 providing a 24/7 service. The monitoring of the impact of this new service is a Priority Improvement for 2011 - 2012

Bereavement Service

The bereavement service provides an extensive service in a variety of ways for adults linked to Farleigh Hospice. The Yo-Yo Pre-bereavement project is a district wide service helping children and young people prepare for loss.

Quality Markers we have chosen to measure

In addition to the limited number of suitable quality measures in the national data set for palliative care, we have chosen to measure our performance against the following:-

- Complaints & Compliments
- Safety Incident
- Infection Prevention & Control
- Education & Training
- Local Audit
- Other Quality Initiatives
- What others say about our organisation

COMPLAINTS & COMPLIMENTS

Complaints 2010 – 2011	
Total number of complaints	31

A total of 31 complaints were received (14 related to patient/family care)
 Any complaints made were fully investigated and appropriate action taken All complaints were discussed by the Senior Management Team to facilitate organisational learning. Although the number of complaints is small the number of compliments is significantly higher. There is no formal procedure to monitor compliments however following a recent sample taken over a 2 weeks period the annual estimate would be over 1200 compliments for the year.

SAFETY INFORMATION

Accidents/Incidents 2010 -2011						
					Avoidable	
Patient	Staff	Volunteer	Visitor	Customers	Yes	No
57	18	6	3	2	21	58

Drug related incidents – There were 37 drug related incidents, all were investigated and corrective action taken. There were no serious consequences from these incidents.

Medical Devices Alerts – Action was taken in relation to 39 medical device alerts which were relevant to the hospice.

PATIENT INFECTIONS AND PRESSURE ULCERS

Infection rates and pressure ulcer rates remain low. They are monitored on an on-going basis by the manager of the IPU and reported to Farleigh Hospice's Governance Group and the Care Quality Commission as required. Farleigh works hard on its infection control procedures and prevention of pressure ulcers as evidenced below.

Patient Infection 2010 -2011			
Unit	No Cases	No on admission	No Acquired At Farleigh
Inpatient Unit/Day Hospice	9	7	2 *

* Of the 9, 7 patients were admitted with infections and 2 were found to have infections whilst on the inpatient unit. However, it is probable that the infections were present on admission.

Pressure Ulcers 2010 - 2011			
Unit	No Cases	No on admission	No Acquired At Farleigh
Inpatient Unit	35	32	3*

* Two of these ulcers were very superficial and the patients were both nursed on dynamic mattresses at the time of developing the ulcers. The other ulcer was a grade 2 sore, but healed before discharge.

EDUCATION & TRAINING - PALLIATIVE AND END OF LIFE CARE

Education and training focused on palliative and end of life care was delivered by hospice staff to IPU and community staff as well as staff from residential care homes, nursing homes, community nurses and GPs. These were short sessions and study days at Farleigh and outreach session in the community. There were also 5 palliative links meetings with care home and nursing home staff. 12 homes were involved. They also responded to requests for talks explaining what Farleigh does and its role in the community. There are plans to continue and increase this education work to the wider community and this will be one of our Priorities for Improvement to support the national 'Dying Matters' campaign

Education & Training - Palliative and End of Life Care 2010 -2011			
Type of Event	Total No of events	Staff targeted	Total No Attended
1 -1 ½ hours sessions	22	In house and external staff	307
Outreach 1 -1 ½ hours sessions	26	Community staff	128
Study Days	11	Nursing and care home staff in the mid Essex	155
Palliative links meetings	5	Care home and nursing home staff. 12 homes involved	46
"End of Life issues" meeting	1	Halstead GPs & MDT	20

LOCAL AUDITS

To ensure a high quality of services a variety of audits were undertaken using nationally agreed formats often specifically developed for hospice care as well as locally developed audit tools. This has enabled us to monitor the quality of services and make improvement where needed. It is planned to develop an annual audit programme to further improve the effectiveness of audit activity.(see Future Priority for Improvement 2 above)

The reports of 27 local audits were reviewed by the Farleigh Hospice's Governance Group during 2010 - 2011

- Patient Drug chart audit
- Infection Control Audit - IPU
- Response times to Planned preventative Maintenance -FiM
- Re-Referrals to the service
- Basic Documentation of Patient notes
- Use of steroids on the IPU and compliance with Steroid Policy
- Received referrals
- Prescription Medication and Discharge Summary (PMDS)
- Cleaning/Day Hospice
- Cleaning/IPU
- Patient Documentation audit FiC Day Hospice
- Patient Medication Audit
- Key Worker Audit
- Key Worker - patient audit
- HR Welcome event
- Volunteer Satisfaction Questionnaire FiC Day Hospice
- Response times to Planned preventative Maintenance -FiM
- Patient Satisfaction - FiC Day Hospices
- Patient Satisfaction - FiM Day Hospices
- Omitted and Delayed Medicines
- Infection Control - HtH Audit
- Volunteer Satisfaction Questionnaire at FiM
- Evening On Call
- Infections and Pressure Ulcers
- Verbal Orders - Inpatient Unit
- Medication Adverse Events
- Clinical Supervision

Farleigh Hospice has developed action plans as a result of these audits to improve the quality of healthcare provided. The outcomes from the audits were reviewed by the Governance Group on a regular basis and in their Annual Governance report.

OTHER QUALITY INITIATIVES

Farleigh Focus

Focus is a monthly news letter for staff and volunteers which provides information and celebrates the achievements of all aspects of the hospice. It also provides an opportunity for patients, carers, staff and volunteers to comment on the work of the hospice.

Hospice Outreach Project (HOP)

The HOP is a 7.5 ton vehicle, specially adapted for Farleigh Hospice offering a flexible range of services right into the heart of the community.

The project was nominated for an award in 'Innovation' at the 5th Laing & Buisson Independent Healthcare Awards in 2010 to recognise and reward significant cutting-edge advancements in independent health and care provision.

Quote from member of the team

"There were hundreds of entries, so to be 1 of 4 finalists is a tremendous achievement. The nomination is positive recognition of Farleigh Hospice's support in bringing this innovative new service to the people of Mid Essex."

WHAT PEOPLE SAY ABOUT OUR ORGANISATION

During the forthcoming year it is proposed that we work with patients, their families and the wider public to understand what, for them, is the most important information that will help them to make a decision on the quality of the services being provided.

Patients -

Farleigh carry out an annual patients' survey to ask patients about their experience of our organisation. In 2010 – 2011 this work was carried out by an Independent Service User Facilitator. To increase the volume of views received, a new two pronged model of working was introduced. Current patients were able to speak about their experiences through meetings with the facilitator on a one to one basis and a database of patients and carers was created who can be consulted and provide written feedback on issues and/or invited to one-off forums as and when the need arises.

The feedback provided showed a high level of satisfaction with the services and some positive suggestions were made for improvements.

"No suggestions to develop the service – I don't think you can improve what's perfect"

"You cannot improve this place – it's just a life saver"

'No changes this place is great you are looked after like gold dust.'

'It would be lovely to have a ward pet – a cat would be nice.'

'So many staff, it proves difficult to know everyone is. A list of who's who would help'

A separate survey was carried out to seek patients' views and understanding of the Key Worker role. The majority of patients understood the role but it did highlight a need to

reinforce with key workers their roles and responsibilities. Training was arranged to facilitate this

*'The nurses and volunteers are all excellent, kind, polite and always cheerful'
'All the staff at Farleigh Hospice are very helpful and friendly and they become our friends and if you want to have a good cry they are there for you'.*

Staff -

Staff are regularly surveyed with the next survey planned for 2011 – 2012. An annual clinical supervision survey is also carried out.

*'Supervision is invaluable to me',
'I enjoy supervision because I feel in control of the agenda - it is my time to use for the ultimate benefit of clients'*

Trustees -

The first ever 'National Trustees Week' was supported by Farleigh. Led by the Charity Commission, the week aimed to promote and celebrate the role that trustees play in running organisations across the charity sector.

Quote from a Farleigh Hospice's Trustees;
"Never before have I worked in an organisation where everyone was so focused on continually reviewing what they do in order to improve the patient experience."

Volunteers -

Volunteers are an integral part of Farleigh and we supported the annual 'National Volunteers Week' and ran a volunteers day in recognition of their valued work. Volunteer satisfaction surveys were also carried out in both Day Hospices. The volunteers were generally satisfied and made positive suggestions how to improve their roles and make them more effective.

Carers -

At Farleigh Hospice we continue to recognise the vital role carers play throughout the year by providing them with a special support service. The hospice supported the annual National Carers Week with a variety of events including pamper and information days and a barge trip.

"I had an Indian Head Massage and it was absolutely fabulous! Not only was it a really relaxing treat, I have also come away with some exercises which I can do at home by myself to help try and relieve the tension knots I get in my neck. Very worthwhile."

Following feedback we have continued to organise pamper days and coffee mornings throughout the year as well as candle lit dinners twice a year for carers.

**Statements from Local Involvement networks, Overview and Scrutiny Committees
and Primary Care trusts – to be added**

PCT

Essex LinK

Overview and Scrutiny Committee