



Havens  
Hospices

# Quality Account

2024-2025

Every one of us  
Making every day count.







“  
**Our patients  
and families  
are at the  
heart of every  
decision we  
make.**

**We are open, honest and  
transparent and every action  
is taken in good faith.”**

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# A Statement on Quality from the Chief Executive

**This past year has been one of real progress and resilience for Havens Hospices.**



Despite ongoing challenges, including rising costs and sector-wide workforce shortages, our teams have continued to go above and beyond, delivering outstanding care and support to more people than ever before.

We supported 2,489 individuals over the past year, representing a 12.8% increase from the previous year, which demonstrates the ongoing need for hospice care. A standout achievement has been the Hospice Rapid Access Service (HRAS), which provided timely palliative care to nearly 3,000 people across mid and south Essex in its first year, earning national recognition for easing pressures on the NHS. Delivered in partnership with Farleigh and St. Luke's Hospices, HRAS shows the impact of collaborative, patient-centred care.

There has been a strong emphasis on good governance, patient safety, and learning. From embedding the Patient Safety Incident Response Framework to implementing a new risk management process, we're continuing to build a culture where quality improvement is part of everyday work.

As we look ahead to 2025/26, we're excited to introduce new digital systems for children's care planning and strengthen our focus on staff wellbeing and learning. These plans will help us continue delivering high-quality care to the people we support, with a strong foundation in place to keep evolving and improving.

This Quality Account follows the model requirement set out in the regulations by the Department of Health and has been prepared by our Head of Quality & Professional Standards and Medical Director. 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 Havens Hospices. The report is endorsed by our Trustees.

I'm incredibly proud of what our teams have delivered and grateful to our staff, volunteers, Trustees, supporters and partners for all being part of the Havens Hospices community.

**Steve Smith**  
Chief Executive  
Havens Hospices



# Statement of Commitment to Quality and Assurance from the Board of Trustees

**On behalf of the Board of Trustees of Havens Hospices, I am pleased to confirm that this report represents an accurate and fair representation of the work undertaken to continuously improve the quality of our services during the past year.**

The Board of Trustees takes our responsibility for overseeing the quality of care seriously. We're proud to support an organisation that consistently aims to provide compassionate, high-quality support to people living with complex or incurable conditions, and their loved ones.

Over the past year, we've worked closely with the Leadership Team to maintain strong governance and ensure quality remains a priority at every level. This has included reviewing patient outcomes, listening to service user feedback, and supporting the implementation of key developments, such as the Patient Safety Incident Response Framework and the Hospice Rapid Access Service.

We've also seen progress in areas such as workforce development, improved governance systems, and the continued delivery of person-centred, safe, and responsive care. The launch of internal initiatives, such as those highlighted through the Bright Ideas programme, has demonstrated how employees across the organisation are driving innovation and improvements in care.

As Trustees, we provide both support and challenge to the Leadership Team. This helps ensure that decisions are made with quality, safety, and sustainability in mind. We also closely monitor financial performance to ensure the charity remains in a strong position to meet current and future needs within the local community.

We fully support the priorities set out for the coming year and remain committed to helping Havens Hospices continue to grow, adapt and deliver care that truly makes every day count.

**Liz Mell**

Chair of the Board of Trustees  
Havens Hospices



## About Us

**Havens Hospices provides specialist care and support for people of all ages living with incurable conditions and their families.**

We work closely with health and social care professionals to ensure their care and support is the best it can possibly be, so they can get the most from life and make every day count.

### Our Vision

Making every day count.

### Our Mission

To offer the best possible palliative and supportive care, free from fear and barriers, where the patient and those important to them are always put first.

### Our Values

#### 1 Care and Compassion

We are driven by our desire to care for and help people with complex or incurable conditions. We focus on their quality of life, offering choice and support in 'Making every day count'.

#### 2 Commitment

We are committed to putting other people's needs first. We seek to achieve fairness and equality by making our services inclusive and available to all who need them.

#### 3 Community

We work together as a charity and to serve our communities, to ensure everyone feels included, valued and respected for what they contribute.

#### 4 Courage

We listen calmly to others and respect different opinions and beliefs. We reflect and think before we act, seek to understand the consequences, overcome fears in making difficult decisions and accept that we can sometimes make mistakes.

#### 5 Integrity

Our patients and families are at the heart of every decision we make. We are open, honest and transparent and every action is taken in good faith.





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## A Year in Review



### One Team for Better Care

As part of our commitment to a more unified approach within adult services at Fair Havens, we welcomed the Community Team to the Inpatient Unit (IPU) – a key step toward closer collaboration, smoother working practices, and improved care for patients and families.



### Strengthening Patient Care

Despite healthcare-wide challenges, including ongoing nursing shortages, we're proud to have reached full establishment across both Little Havens and Fair Havens. This development has made it possible to provide 24-hour care at Little Havens when needed and the opening of additional beds at Fair Havens, improving support for patients and families.



### Celebrating Patient Choice in End of Life Care

The Hospice Collaborative Partnership – Havens Hospices, Farleigh Hospice, and St. Luke's Hospice – won 'Best Not-for-Profit Working in Partnership with the NHS' at the 2025 Health Service Journal Awards for the Hospice Rapid Access Service, which supported nearly 3,000 patients in its first year and reduced NHS pressures in mid and south Essex.



### Creating Lasting Memories by Saying 'Yes!'

The Care Team's festive activities during the 'Yes!' Christmas fundraising campaign, featuring reindeer visits and snowfall, earned them the 2025 Bright Ideas Patient's Choice Award. These experiences reflect the unique nature of hospice care, with personalised support continuing year-round so that patients and families can capture and preserve meaningful moments.





**85%**

**increase since  
2020/21**

## Growing Impact Shows Hospice's Vital Role in the Community

The number of unique patients cared for by Havens Hospices rose from **2,206** in 2023/24 to **2,489** in 2024/25 – a nearly 13% increase.

The hospice has experienced continued growth over the last five years, with an **85% increase** in the number of unique patients cared for since 2020/21, highlighting the hospice's increasingly important role in supporting and meeting local care needs.



## The Havens Hospices' Bright Ideas & Star Awards 2025

The newly combined Bright Ideas and Star Awards celebrated staff achievements and innovation, with 123 entries submitted. Christine Harris, Supportive Therapies Lead, received the 'Making Every Day Count' award. Nominated by patients and families, Christine was recognised for helping individuals reconnect with past hobbies and interests, making the most of the time they have left.





### Safeguarding Conversations Leads to Better Outcomes

The introduction of Staying Safe Conversations has integrated safeguarding into daily interactions, boosting staff confidence and awareness of potential risks. By encouraging professional curiosity and improving consistency in recording, we have fostered better outcomes for individuals, enhancing their safety and reducing risks proactively.



### Hospice Featured for Innovative Reading Round Therapy

We were proud to be featured on the Hospice UK Innovation Hub for our new creative therapy initiative, the Reading Round. This reflective reading group supports emotional wellbeing through literature, offering patients a unique space for connection, expression, and comfort beyond traditional clinical care.



### Strengthening Governance

Over the past year, we've strengthened governance by enhancing risk management, patient safety incident response, data and reporting systems, and external alert processes. We've also expanded improvements to professional services and continue to collaborate across the Integrated Care Systems (ICS) and with the Hospice Quality Collaborative.



### New Learning Reporting System Launched

A new Learning Reporting System has been launched, enabling staff and managers to readily access their training records. This access is vital for improving patient care, ensuring safer and more effective services, and promoting a culture of continuous improvement.



Alice



**Our lasting memory of Fair Havens is of a place where nothing was ever too much trouble...**

...where no request was ever seen as too complex or time-consuming. They know this is where loved ones will spend their final moments together, and they are determined to make those moments as precious and special as they can be.”

**Denise and Bernard, Alice's parents**



## Our Services

Havens Hospices provides services across the three local authority areas of Essex, Southend-on-Sea, and Thurrock. A percentage of its commissioned income comes from NHS contracts.

The care we provide is uniquely person-centred and focuses on what matters most to the person concerned. Our purpose is to enhance their quality of life and wellbeing, ensuring they can live life to the full and helping them make every day count with their loved ones.

Havens Hospices' total gross income in 2024/2025 was £20.7 million, with NHS income accounting for 36% of our total income. This percentage includes the funding for the Hospice Rapid Access Service (HRAS). This service is run in collaboration with St Luke's Hospice in Basildon, Farleigh Hospice in Chelmsford and the Integrated Care Systems (ICS).

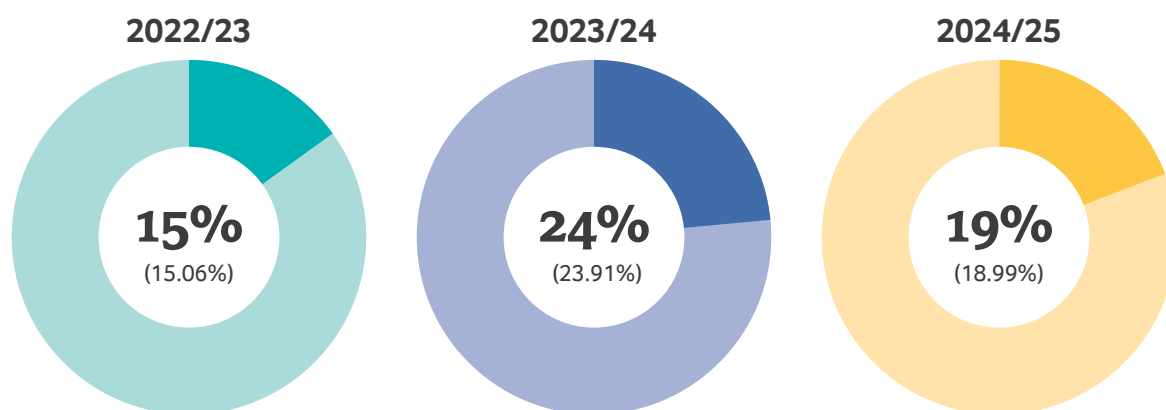
# 2,489

**Total people cared for by Havens Hospices**

12.8% increase\*

Overall, the reach of Havens Hospices continues to increase, with more care being provided to the local community, highlighting the hospice's increasingly important role in supporting and meeting local care needs.

We continue to monitor the proportion of individuals accessing our adult services who have a non-cancer diagnosis (see Figure.1), in line with our commitment to expanding access to those who may not have traditionally engaged with hospice care. This proportion remains higher than in 2022/23, despite a slight decrease from the peak observed last year. It is important to note that changes were implemented this year in the way this data is collected and reported, meaning the 2024/25 figure does not represent a complete year. We will continue to monitor this indicator over the next 12 months to support a more comprehensive analysis of emerging trends.



**Figure 1. Percentage of Patients with a Non-Cancer Diagnosis<sup>†</sup>**

\*From the previous year. <sup>†</sup>Not including children and young people.



**We know what to expect as Jonty's condition progresses, however, every child's journey with this condition is, of course, slightly different.**

At Little Havens, Jonty is able to build friendships with other boys who have the same condition as him, and he will be able to join in the same activities, like racing in their powerchairs. Building those relationships is really important for him."

**Amanda, Jonty's mum**



## Little Havens

**Little Havens offers specialist care and support to babies, children, and young people aged 0–18 with complex or incurable conditions from Essex and surrounding areas.**

While the number of children receiving support has remained steady, we have increasingly focused on delivering more specialised, comprehensive care to those who need it most.

The appointment of a dedicated Youth Worker has strengthened our engagement with young adults, both in the community and hospice settings. This role has empowered young people to make informed decisions about their care and treatment, and we've seen a rise in the number of young adults choosing to access our services for care at the end of their lives.

Although our Occupational Therapist and Physiotherapist roles have only been in place for a short time, they are already contributing to care delivery.

We continue to expand the reach of our infant massage service, which is providing valuable support to service users and their families. This role also includes collaboration with the activity team to deliver sensory-based sessions, such as messy play days, and outreach to service users in both acute and community settings.

To support the transition into adult care, an acknowledged challenge in the healthcare system, our Transition Lead is working closely with adult services across the Hospice Collaborative Partnership (Havens Hospices, Farleigh Hospice, St. Luke's Hospice), as well as with community and acute providers, to guide and support families through the process.

# 317

**Children and young people accessing Little Havens services**

We also appointed a Clinical Nurse Specialist in Paediatric Palliative Care, who is actively collaborating with system partners, including specialist paediatric hospitals, palliative care networks, and both acute and community Trusts. These partnerships are enabling earlier identification and engagement with children, young people, and families, leading to increased utilisation of our services.

### Inpatient Unit

## 15,376

**Total hours of care**  
**5.7% increase\***

Little Havens is an eight-bedded children's hospice that covers the whole of Essex, providing palliative and end of life care. Children and their families are cared for in a safe and secure environment by experienced nurses, healthcare assistants, and allied health professionals.

The 5.7% increase in care delivered within the hospice over the past year is attributed to several key developments that have expanded both the reach and quality of our services, including the expansion of our activity provision, which has helped families become more familiar with the hospice environment and the support available to them.

\*From the previous year.

## Community Team

**5,576**

**Hours of care provided**

**27.8% increase\***

The Little Havens Community Team provides home-based respite. This team also works with our Inpatient Unit and community children's nursing teams to provide end of life care at home, where this is the preference of the child or young person and their family.

In addition, the team supports families on outings, offers daytime respite within the Inpatient Unit, and plays a key role in delivering compassionate care in the home alongside other community services. These enhanced services have contributed to a 27.8% increase in the total hours of care provided over the past year.

## Family Engagement

**209**

**Total day stays**

**21.5% increase\***

**174**

**Number of sessions in the hydrotherapy pool**

**200% increase\***

Little Havens offers various activities and short breaks for children and young people to enjoy with or without their families, to make special memories. These include on-site groups and services such as music therapy, adapted gardens and play areas, and off-site trips. Last year, trips included an accessible canal boat trip in Harlow and days out to the farm, beach and Southend Pier. These activities provide an opportunity for children, young people and their families to meet, make friends and develop support networks.

As part of our 'Six Improvements' initiative, we explored the potential for a capital appeal to fund a new hydrotherapy pool at Little Havens. Initial designs and costings placed the total expenditure at around £5 million, with delivery expected to take four to five years. After consulting with a specialist fundraising agency and reviewing the wider financial landscape, we made the considered decision to pause this objective and revisit it in later months. However, recognising the importance of hydrotherapy to many families, we enhanced the use of our existing pool by investing in staff training, extending availability to evenings and weekends, and ringfencing funds for maintenance, which has led to a 200% increase in session delivery.

\*From the previous year.



“  
**Little Havens started to provide play therapy for Dexter, helping him understand and feel a bit more in control of everything that was happening.**

The Dexter who first came to Little Havens, compared to the Dexter we have now, is unrecognisable. I don't know how we would have made it through the last couple of years without the help of Little Havens.”

Aimee, Dexter's mum

Dexter

toys toys



Paul



**Paul had these big windows so he could still see outside. We even got to take him in the garden one day.**

**It's shocking what we took for granted before, but for him, just feeling the fresh air again was so special."**

**Carys, Paul's partner**



## Fair Havens

### Fair Havens provides care and support for adults living with incurable conditions in Southend, Castle Point and Rochford.

As part of its ongoing efforts to establish a more integrated approach within adult services, we welcomed the Community Team to the Inpatient Unit. This development marks a significant step towards achieving a unified 'one team' model, aimed at enhancing collaboration and streamlining working practices across services. The integration is expected to improve the overall quality and continuity of care for patients and their families, while also fostering a more supportive and cohesive working environment for staff.

#### Inpatient Unit

**187**

People cared for  
**18% decrease\***

**65,424**

Total hours of care  
**2.9% increase\***

Fair Havens' purpose-built Inpatient Unit is situated in Prittlewell, Southend-on-Sea, overlooking Priory Park. It features modern, accessible facilities, including private bedrooms, each with its own en-suite bathroom and individual outdoor space. Care is provided 24/7, 365 days per year.

This unit provides individualised specialist palliative care, including end of life care, symptom control and respite support. The beds are nurse-led with in-house medical support and specialist palliative care consultant input from the Mid and South Essex Foundation Trust Consultant Team.

In addition to its specialist palliative care beds, Fair Havens also provides Hospice Rapid Access Service (HRAS) beds, an award-winning initiative designed for patients who are rapidly deteriorating and have a primary health need, in line with established referral criteria. These beds are intended for individuals whose care needs and personal preferences are best supported within a hospice setting.

The Inpatient Unit (IPU) comprises 12 operational beds: six designated for specialist palliative care and six allocated for HRAS. This configuration enables the hospice to offer a broader range of support for patients with diverse care requirements while also generating income through HRAS placements.

Over the past year, IPU has been through a transformation project that has led to measurable improvements, including successful recruitment and development, reduced staff turnover and sickness, fewer clinical incidents, and improved staff engagement and feedback.

Additional developments include the appointment of a new Matron, a comprehensive review of care and administrative roles to identify gaps and clarify responsibilities, and the implementation of the HCA development project. This project introduced a structured career pathway from Band 2 to 3 and beyond, a review of all HCA roles, and the introduction of a new Code of Conduct.

While admissions to the IPU decreased slightly, this reflected a combination of staffing pressures and the increased use of HRAS beds, which provide longer-term palliative support of up to 12 weeks. Despite the reduction in admissions, the total number of care hours delivered rose, demonstrating the team's continued focus on high-quality patient support. Encouragingly, admission numbers are now rising again, even with the expanded HRAS capacity.

\*From the previous year.

## Community Team

**1,137**

**People supported**

**63.1% increase\***

**13,864**

**Total hours of care**

**13.1% increase\***

The Fair Havens Community Team offer the following community-based hospice services for adults living in South East Essex:

- Hospice Rapid Access Service (HRAS)
- Domiciliary care packages for HRAS patients
- Respite Service (day and night)

HRAS is funded by the Integrated Care Board (ICB). It allows people who are rapidly deteriorating and thought to be in the last 12 weeks of life to access hospice-influenced care. These people may receive domiciliary care directly from the team, or this may be supported by identifying and funding external agency provisions. For people meeting the criteria who need or prefer nursing home care, placement in a local nursing home or admission to a HRAS bed at Fair Havens can be facilitated. This service works closely with the hospital discharge team and the community palliative care nursing specialist team hosted by the Essex Partnership University Trust.

The Community Team's respite service provides daytime and overnight respite support to unpaid carers who care for someone with a complex or incurable illness, so they can maintain their physical health and emotional wellbeing.

Our specialist team of healthcare assistants provide the care and compassion someone at the end of their life deserves, as well as support for their family.

Provision of respite is prioritised based on the needs of the individual or when their carers face care needs of their own or are struggling with their responsibilities as a carer.

Over the past year, the team has experienced a substantial 63.1% increase in the number of individuals supported and a 13.1% rise in the total hours of care provided. This growth is largely attributed to the expansion of HRAS.

HRAS was recognised at the 2025 Health Service Journal (HSJ) Awards, winning the 'Best Not-for-Profit Working in Partnership with the NHS' category. The award was presented to the Hospice Collaborative Partnership (HCP) – a joint initiative between Havens Hospices, Farleigh Hospice, St. Luke's Hospice and the ICS. In its first year, the partnership supported over 1,100 patients and played a key role in alleviating pressure on NHS services across mid and south Essex.

In its first year, ending August 2024, the HCP received 3,284 referrals and supported 2,876 individuals, including 960 at Havens Hospices, demonstrating a high demand. By supporting individuals who may otherwise have required hospital admission, the HCP helped reduce pressure on NHS services across mid and south Essex. Key outcomes included:

- 33,376 nights of care were delivered, effectively freeing up the equivalent of 91 hospital beds each day.
- In the community, 216,954 hours of care were provided to 1,759 patients in their own homes, reducing reliance on NHS hospital and community nursing services.
- On average, care was initiated within three days of referral, with patients spending between 9 and 51 days in their preferred place of care.

Despite ongoing staffing challenges, the team has continued to provide a high standard of care, ensuring patients receive timely support when they need it most.

\*From the previous year.





**A lot of our families can be anxious and overwhelmed, desperate to do the right thing for their loved one, but unsure of what this could look like.**

**I spend time with them, not just managing symptoms, but sitting, listening, and guiding them through what to expect. It's these moments that remind me that our care extends far beyond the clinical – it's about providing reassurance, compassion, and presence when people are at their most vulnerable."**

**Lucy, Community Team Nurse**





**I really enjoyed the  
Therapy Through  
Nature group.  
Actually, I really  
enjoyed everything  
I've done here.**

**It's done me a lot of good.  
It helps me to process things  
and put them into perspective."**

**Bryan**



## Fair Havens Hub & Wellbeing

**Last year, the organisation conducted a comprehensive review of the Fair Havens Hub and Wellbeing services to enhance integration and ensure continuity of care. As a result, the teams merged into a single service to better support the delivery of a ‘one care’ approach across Adult Services.**

During this process, our babies, children and young people’s (BCYP) counsellors, family support workers, and therapists transitioned under the leadership of the BCYP Head of Service. This realignment ensures that planning and development are more closely tailored to the needs of children, young people, and families using the service.

All roles within the service were reviewed with careful consideration given to the evolving needs of the local population. Equality, Diversity, and Inclusion (EDI) data was also taken into account to help shape future priorities and ensure services remain accessible and relevant.

### Fair Havens Hub

**495**

**People supported**

**5.8% increase\***

Fair Havens Hub provides a wide range of therapist-led outpatient-based services with a community wellbeing focus for adults with complex or incurable illnesses.

Our services prioritise person-centred care, aiming to support patients in living well and maintaining independence for as long as possible. Our specialist team works closely with patients and their loved ones to empower them and help them plan for the future.

When someone is referred to the service, our trained multidisciplinary team begins with a simple question: “What matters most to you?”. From there, a personalised care plan is created in partnership with the individual, tailored to their specific needs. This support can include access to therapies and activities, such as physiotherapy and support groups, as well as advice and referrals to other relevant local services.

Patients remain under the care of their own GP and their community palliative care nurse while supported by the Fair Havens Hub. They may have more than one episode of care during their illness, depending on their needs and wishes.

This year, the Fair Havens Hub introduced and expanded several groups to support emotional wellbeing and self-expression. The ‘Identity Group’ helps individuals explore how illness impacts their sense of self, while ‘Serenity and Strength’ offers relaxation for those with limited mobility. Expressive Writing, led by our Occupational and Creative Therapy teams, provides a creative space for patients to express and process their emotions. The ‘Therapy Through Nature – Horticulture’ programme was also expanded, encouraging meaningful activity and connection with the hospice grounds.

\*From the previous year.

## Wellbeing

974

**People supported**

10.6% increase\*

212

**Complementary therapies provided**

63.5% decrease\*

Our Wellbeing Team supports patients and families across all our hospice services, ensuring their emotional, social, spiritual, and psychological needs are met.

Services offered and provided depend on individual needs and goals, and can include:

- Social workers offering advice, support and advocacy
- Counselling for adults and children
- Spirituality advice and support
- Complementary therapies
- Creative art therapies, including legacy work and memory-making
- Therapeutic workshops and events
- Carers support
- Adult bereavement groups
- Children's support and therapeutic bereavement groups

In 2024/25, the team supported 10.6% more individuals than the previous year. However, the provision of complementary therapies has decreased over the past year, primarily due to reduced staffing capacity, which has limited the ability to offer sessions for couples. Plans are being explored to address this decline in 2025/26, to concentrate on patient and family sessions.

Our pioneering 'Reading Round', funded by the Royal Literary Fund (RLF), was featured on the Hospice UK Innovation Hub. This reflective reading group utilises literature to promote emotional wellbeing, providing patients with a unique space for comfort and connection beyond traditional care. Its success has led the RLF to expand the initiative to other hospices nationwide.

We hosted two art exhibitions showcasing work created by patients and the community during therapeutic sessions. These events offered a space for reflection and supported emotional wellbeing. As part of the Leigh Art Trail, we also displayed artwork by children and young people exploring grief, created during counselling and support sessions.

\*From the previous year.





**My first worry when I was told there was no cure was my family and how they would cope without me, particularly my children.**

Fair Havens listened, offered counselling to me and my family and suggested activities to help me relax and enjoy what time I do have left.”



**Nicola**

## Priorities for Improvement from the Previous Year

In last year's Quality Account, a number of priorities for improvement were identified. This section outlines progress on these priorities and provides evidence of our commitment to a culture of continuous quality improvement throughout the organisation.

### 1 Community



**Develop inclusive services that reach the community.**

Aims	Outcomes
Delivery of the next stage of the Little Havens development project, which in 2024/2025 aims to increase the reach and breadth of specialist services for children and young people.	<p>New specialist roles have been recruited to enhance service delivery, including a Paediatric Clinical Nurse Specialist, Palliative Youth Worker, Occupational Therapist, and Physiotherapist.</p> <p>Support for young adults has been strengthened through home-based care, with a focus on building trusted professional relationships that encourage informed, independent decision-making about their future care.</p> <p> <b>Achieved</b></p>
Development of a dataset to allow the identification of groups we are not adequately reaching with our services and facilitate co-production with some of these groups.	<p>The development of a dataset has identified groups such as children and young people with oncology conditions, enabling earlier referrals and improved transition planning from Little Havens to Adult Services.</p> <p> <b>Achieved</b></p>






## 2 Choice

**Improve the choice of therapeutic care activities for people at Havens Hospices.**

Aims	Outcomes
Development of space and access for therapeutic gardening at Fair Havens.	<p>Several key improvements were made, including step-free entry, widened doorways, automatic doors, and a new patio, enabling greenhouse access and future additions like raised beds.</p> <p> <b>Achieved</b></p>
Scoping and delivering a capital appeal to replace the hydrotherapy pool at Little Havens.	<p>A capital appeal was fully scoped; however, due to financial pressures the hospice sector faces, a decision was made to focus on ensuring the pool continued to be well-maintained.</p> <p> <b>Partially achieved</b></p>

## 3 Challenge

**Create a 'Just Culture' to improve accountability and raise standards.**

Aims	Outcomes
Reviewing and improving our system for responding to safety alerts and changes in guidance.	<p>A revised process was implemented in July 2024, and action plans were put in place for when a patient safety alert is relevant and reported at the appropriate forums.</p> <p> <b>Achieved</b></p>
Introducing robust systems for appraisal and performance improvement to increase support and ensure appropriate accountability at all levels.	<p>Robust appraisal and performance systems are being rolled out to enhance support and accountability, with completion due by April 2026.</p> <p> <b>Partially achieved</b></p>
To use the Patient Safety Incident Reporting Framework (PSIRF) and embed the tools within this to reduce the harm-to-incident ratio, the aim being to learn from incidents.	<p>The PSIRF has been embedded throughout the organisation, with supporting tools being used to implement the framework effectively.</p> <p> <b>Achieved</b></p>

## 4 Prioritise our People

Support colleagues in their professional development to improve the quality of our care.

Aims	Outcomes
Implementation of a recruitment and retention strategy to help build our workforce.	<p>The recruitment and retention strategy is in the final stages of ratification.</p> <p>✓ Achieved</p>
Development of a clinical education plan to upskill our teams.	<p>An Education Strategy for 2024 – 2027 has been published and is being implemented.</p> <p>✓ Achieved</p>




**The hospice gave us a tiny bit of normality when we had no control over what was happening.**

The consultant's kind words helped me through the worst moment of my life. Fair Havens wasn't just there for Kerry, they looked out for me too."

Ray, Kerry's partner




## 5 Elevating our Influence

**Work in collaboration with local healthcare partners and commissioners to develop and expand our care services.**

Aims	Outcomes
To share learning and resources and build on collaborative services.	<p>The Hospice Collaborative Partnership (HCP) workstreams are growing, encompassing areas such as quality, learning, and development. This includes collaboration with the Mid and South Essex Infection Prevention and Control Team and the commissioned Hospice Rapid Access Service.</p> <p> <b>Achieved</b></p>

## 6 Building a Stronger Future

**Reduce the deficit budget.**

Aims	Outcomes
Increase income.	<p>For the 2024/25 financial year, our total gross income rose to £20 million, up from £12.7 million in 2023/24. Voluntary income generated through fundraising activities reached £8.2 million (compared to £6.7 million in 2023/24), surpassing its target by 14% and delivering a 25% year-on-year increase in net profit. NHS and government funding also saw a significant rise, increasing to £7.8 million from £2.3 million in 2023/24, primarily due to the expansion of the Hospice Rapid Access Service.</p> <p> <b>Achieved</b></p>
Manage costs.	<p>Our vacancy programme in professional services has achieved an ongoing annual savings of £360k. Our operational costs have been reviewed, creating savings of £350k.</p> <p> <b>Achieved</b></p>
Keep within our planned reduced deficit budget for the year.	<p>For 2024/25, we have achieved a small surplus. Our budget for 2025/26 will be a challenge as we have to absorb the National Insurance increase and Agenda for Change uplifts, but we have an approved plan to target a manageable deficit.</p> <p> <b>Achieved</b></p>



## Clinical Audits

**Clinical audits help improve the quality of care and patient outcomes by systematically reviewing and evaluating clinical practices against agreed-upon standards.**

In 2024/2025, a range of audits were completed to ensure compliance with local and national standards and identify opportunities for continuous improvement.

### **Routine internal audits included:**

- Hand washing.
- Record keeping, under review in 2025/26.
- Safeguarding.
- Syringe pumps.
- Mattresses.
- CQC self-assessment controlled drug.
- Cleaning.
- Transcribing.
- Infection prevention and control.

### **Additional audits included:**

- Antimicrobial prescribing.
- Glucose monitoring.
- Mental Capacity Assessment and Deprivation of Liberties.
- Do Not Attempt Cardiopulmonary Resuscitation.
- Mirrored National Audit of Care at the End of Life.

### **External audits included:**

- Hospital pharmacy drug storage audits on both sites.
- Participation in the end of life audit for hospices coordinated by Hospice UK.

The hospice welcomed the Senior Infection Prevention and Control Nurse Specialist from Mid and South Essex Integrated Care Board (MSE ICB) to both Inpatient Units at Little Havens and Fair Havens, to undertake an infection prevention and control (IPC) assurance review and acknowledged the positive improvements in infection control since their previous visit.

The audit programme is under review to improve processes and reporting, which is a priority for 2025/26. The Hospice Collaborative Partnership (HCP) Quality Teams at Havens Hospices, St Luke's Hospice, Farleigh Hospice and St Francis Hospice are working collaboratively with a focus on clinical audit.

# Quality Performance Information

**This part of the report reviews the quality performance of Havens Hospices. We remain committed to delivering the highest standard of care and continuously improving, always striving to enhance our services.**

This section covers our governance arrangements and quality performance indicators we choose to, or are required to, measure or report on. The most important quality markers to us are our data on outcomes and feedback, as these reflect how effective our services are and how people experience them.

## Clinical Governance

Our governance structure continues to develop in response to the needs of our services and provides support and assurance around these. An external review was commissioned in 2024, and the report and subsequent actions continue to be implemented into 2025/26.

## Risk Management

A thorough review of the care risk register was conducted, alongside the revision of risk management systems and processes. New processes have been implemented to improve oversight of care risks, emerging risks, and issues. This has resulted in a comprehensive organisational review, which is currently awaiting ratification.

## Patient Safety

In 2024/25, significant progress was made in embedding the Patient Safety Incident Response Framework (PSIRF). Thematic reviews were completed in the areas of Medicine Management, Falls, and Pressure Ulcers. The first Patient Safety Incident Investigation (PSII) was commissioned, and a comprehensive review of Medicine Management themes in incidents and data was completed. This resulted in several quality improvement initiatives, process changes, and a review of training needs and competencies.

Patient safety remains a key focus across all care governance forums, providing ongoing oversight, learning, identification of themes, and the implementation of appropriate systems and processes.

## External Alerts

The external alerts process was reviewed and updated in August 2024 to ensure the organisation is aware of medication recalls, such as Patient Safety Alerts. All relevant Patient Safety Alerts have been actioned and closed within the required timeframe. In one instance, the organisation successfully prevented a child from using a recalled medicine.



## Governance Forums

The governance processes within care and across the organisation are continuously evolving, with all services at Havens Hospices being interdependent. In the last year, an external governance review was completed, resulting in an associated action plan.

The governance forums within care, along with reporting structures, are continuously adapting. Sub-groups include Infection, Prevention and Control, Falls, Moving and Handling of People, Tissue Viability, Care Clinical Learning Group and Patient Safety meetings which all have a clear reporting and escalation process within care. These forums report to the respective groups and committees below.

- Registered managers, Heads of Service, Chair the Care, Risk and Assurance Group (CRAG), who oversee risk within care, data and quality indicators.
- Head of Quality and Professional Standards, Chair of the Clinical Quality Group, to which all subgroups and CRAG escalate.
- Care Committee, chaired by an appointed Trustee.

All groups have established terms of reference in place that are in line with organisational requirements.

## System Working

The hospice is working with the Hospice Collaboration Partnership (HCP), working together on the quality and governance agenda, supporting one another, and sharing best practices.



## Patient Reported Outcomes

The effectiveness of any service is best demonstrated by the outcomes it delivers for those who rely on it. At Havens Hospices, we utilise a comprehensive range of tools to systematically measure patient outcomes.

### Outcome and Complexity Collaborative (OACC)

The OACC suite of measures provides validated tools designed to measure the impact of palliative care services. At Havens Hospices, we introduced some of these into routine care across all adult services in 2019/20. The Integrated Palliative Care Outcome Scale (IPOS) is one such tool. These are completed by people entering our services and repeated at regular intervals until discharge or death.

We use software in collaboration with other hospices, which provides us with information about the meaning of our scores in terms of service effectiveness. This is converted to a grade from A+ to F. A service performing as expected should typically receive a grade of C across all indicators. Our overall service grade is C, with seven indicators showing improvement in 2024/25. In 2023/24, the scores for 'mobility' and 'friends and family feeling anxious or worried' were D+, but we're pleased to report that both have now improved to C. One indicator, 'felt at peace', saw a slight decline to C+, and we'll continue to monitor this throughout the year, with further investigation if needed.

Service scores for each indicator	Grade 2023/24	Grade 2024/25
Pain	B+	B+
Shortness of breath	B	B+
Weakness or lack of energy	C	C+
Nausea	A	A
Vomiting	A	A
Poor appetite	C+	B
Constipation	B+	A
Sore/dry mouth	B+	B+
Drowsiness	C+	B
Poor mobility	D+	C
Feeling anxious/worried about treatment/illness	B	B
Friends/family have been anxious/worried	D+	C
Feeling depressed	B+	B+
Felt at peace	B	C+
Share feelings with friends/family	C+	C+
Had as much information as wanted	B	B
Practical issues have been addressed	B+	B+



## Measuring Wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scoring is used for our adult counselling service. While it is not one of the OACC measures, it is a validated tool for assessing wellbeing. Scores are measured before and after intervention, and the results to date show an improvement in average scores across all areas measured.

This tool measures a range of positive wellbeing statements such as ‘I’ve had energy to spare’ and ‘I’ve been feeling loved’ on a scale of ‘none of the time’ to ‘all of the time’. We also collect information on several service-specific measures at the same time, which again all show movement in a positive direction between pre- and post-intervention scores.

Once available, the Children’s Palliative Care Outcome Scale (C-POS), an equivalent tool to IPOS for children and young people, will be rolled out for Little Havens’ services. More information about the development of C-POS can be found at [www.kcl.ac.uk/research/c-pos](http://www.kcl.ac.uk/research/c-pos).

## Patient Feedback

### Compliments

Patient feedback is collected from a wide range of sources, including online anonymous feedback forms, feedback cards and feedback we receive from bereaved people through the Medical Examiner’s service. Feedback continues to be positive overall, with 434 compliments received across all services in the last year.

A new digital feedback system has been implemented over the past year, collecting star ratings and presenting feedback in word clouds. The feedback regarding our services has been overwhelmingly positive; of the 206 pieces of feedback that contained a star rating, 91% were five stars, 6.3% were four stars, and only 1.9% were three stars. No feedback received for our services in the last year had a score of two stars or below. These outcomes are shared within our Care Governance forums.



**I did not know that there could be so many kind and caring individuals under one roof. You blew my socks off with everything you did for my wife and the rest of the family.**

**We received the most amazing care from everyone at Havens Hospices – from the cleaners, nurses, doctors, reception, and wellbeing staff. I will be shouting from the rooftops exactly how brilliant you all are. Thank you!”**

**Family member of someone supported by Fair Havens IPU**

## Complaints

All complaints and negative feedback provide us with valuable learning, and we take the responsibility to learn from these seriously.

In 2024/25, we received 13 complaints, four formal and nine informal, along with eight instances of negative feedback. Three complaints related to Little Havens, focusing on care and processes. Five were about the Fair Havens Community Team, covering care (including from third parties), funding, and communication. Three involved the Fair Havens Inpatient Unit, concerning care and internal procedures. Two complaints were about catering services.

All complaints and negative feedback were investigated, responded to appropriately, and actions were taken to prevent recurrence.





## Patient Safety

Havens Hospices takes a proactive and positive approach to incident reporting, actively encouraging the reporting of all near misses, no-harm incidents, and any events resulting in any level of patient harm. This commitment supports a culture of continuous learning and improvement.

The Patient Safety Incident Response Framework (PSIRF) underpins this approach by promoting a just and learning culture that prioritises system improvements over individual blame. It recognises that patient safety incidents often result from complex systemic issues rather than isolated human error.

By fostering a ‘no-blame’ environment, PSIRF encourages open and honest reporting, allowing staff to feel safe in raising concerns and sharing experiences. This enables the organisation to identify root causes, implement meaningful changes, and ultimately improve patient care while reducing future risk.

### Total Number of Reported Incidents – Clinical and Non-Clinical Care

The table below shows the number of clinical and non-clinical incidents by each hospice department per quarter.

	Quarter 1 Apr-Jun 24	Quarter 2 Jul-Sep 24	Quarter 3 Oct-Dec 24	Quarter 4 Jan-Mar 25
Little Havens Community Team	2	1	4	0
Little Havens Inpatient Unit	23	16	29	28
Fair Havens Community Team	13	18	11	14
Fair Havens Inpatient Unit	57	38	49	63
Fair Havens Hub	2	0	0	0
Wellbeing	3	2	2	3
<b>Total</b>	<b>100</b>	<b>75</b>	<b>95</b>	<b>108</b>

## Total Number of Reported Clinical Incidents in Care

In 2024/25, care reported 397 incidents – 308 (77.5%) were clinical incidents, and 89 (22.5%) were non-clinical. All incidents are reviewed and thematically identified, and amendments to the system and processes are made using quality improvement methodologies. The most frequently reported incidents were related to medicine management and pressure ulcers.

	Quarter 1 Apr-Jun 24	Quarter 2 Jul-Sep 24	Quarter 3 Oct-Dec 24	Quarter 4 Jan-Mar 25
Little Havens Community Team	1	0	1	0
Little Havens Inpatient Unit	18	10	18	24
Fair Havens Community Team	11	16	10	10
Fair Havens Inpatient Unit	52	37	43	53
Fair Havens Hub	1	0	0	0
Wellbeing	0	0	1	2
<b>Total</b>	<b>83</b>	<b>63</b>	<b>73</b>	<b>89</b>

## Vantage – Incident Reporting

The current Vantage module for reporting incidents does not align with Learning from Patient Safety Events (LFPSE). We are working with system partners and Vantage as a priority for 2025/26 to resolve this issue by developing and deploying a new incident module on Vantage.

## Duty of Candour

There was no requirement to complete the statutory Duty of Candour in quarter 4 of 2024/25 as we recorded no notifiable safety incidents. The professional Duty of Candour is captured on SystemOne and Vantage.

## Levels of Harm

All incidents are categorised as either low or no-harm events. A new terminology, 'good catch events', will be introduced for incidents deemed as no harm, as systems and processes have successfully prevented harm from occurring.

### Medicine Management Incidents

The table below shows each hospice department's number of medicine management incidents per quarter.

	Quarter 1 Apr-Jun 24	Quarter 2 Jul-Sep 24	Quarter 3 Oct-Dec 24	Quarter 4 Jan-Mar 25
Little Havens Community Team	0	0	2	0
Little Havens Inpatient Unit	13	4	12	21
Fair Havens Community Team	8	0	3	1
Fair Havens Inpatient Unit	40	21	22	28
<b>Total</b>	<b>61</b>	<b>25</b>	<b>39</b>	<b>50</b>

A medicine management review was conducted in response to concerns about the increase in incidents on Fair Havens IPU in quarter 1. An external review was commissioned, and thematic reviews were also carried out.

As a result, several quality improvement initiatives were implemented, processes were updated, and training needs and competencies were reassessed.

All medicine management incidents are reviewed and closed by the Quality Team for oversight and assurance.

### Tissue Viability

Assessment of a patient's skin is a fundamental part of nursing care. Our patients are at a higher risk of tissue damage because they may have vulnerable skin due to their conditions, pre-existing wounds, and being at the end of their lives.

#### Pressure Ulcer Reported Incidents on Admission

All hospice patients receive a comprehensive clinical assessment. Recording the incidence of pressure ulcers on admission is critical to patient safety monitoring. The table below shows the number of pressure ulcers recorded on admission.

	Quarter 1 Apr-Jun 24	Quarter 2 Jul-Sep 24	Quarter 3 Oct-Dec 24	Quarter 4 Jan-Mar 25
Little Havens Inpatient Unit	1	0	2	0
Fair Havens Community Team	11	10	5	9
Fair Havens Inpatient Unit	14	9	19	13
<b>Total</b>	<b>26</b>	<b>19</b>	<b>26</b>	<b>22</b>



### Hospice Acquired Pressure Ulcer Incidents by Department

In total, there were 75 reported hospice-acquired tissue viability incidents across Havens Hospices in 2024/25.

	Quarter 1 Apr-Jun 24	Quarter 2 Jul-Sep 24	Quarter 3 Oct-Dec 24	Quarter 4 Jan-Mar 25
Little Havens Inpatient Unit	0	0	2	1
Fair Havens Community Team	3	10	7	6
Fair Havens Inpatient Unit	16	6	12	12
<b>Total</b>	<b>19</b>	<b>16</b>	<b>21</b>	<b>19</b>

### Hospice Acquired Pressure Ulcer Total Incidents by Category

Of the 75 hospice-acquired tissue viability incidents, 38 were category 2, 3 or unstageable pressure ulcers.

	Category 2	Unstageable	Category 3
Little Havens Inpatient Unit	2	0	0
Fair Havens Community Team	7	5	2
Fair Havens Inpatient Unit	16	4	2
<b>Total</b>	<b>25</b>	<b>9</b>	<b>4</b>

Monthly meetings are held with support from Essex Partnership University NHS Foundation Trust (EPUT) to ensure continuous improvement in pressure ulcer care. A tissue viability thematic review has been completed, which demonstrates effective care and treatment practices in place.

In addition, there has been active participation in the Mid and South Essex PSIRF System Improvement Sprint, which focuses on enhancing communication for pressure ulcer care, particularly for community-based patients at the end of life. This collaboration aims to improve the overall system of care and streamline the processes for better outcomes.

The Hospice Collaborative Quality Group, Provide Health, Mid and South Essex (MSE) Integrated Care Board (ICB), and University College London (UCL) Partnership launched an improvement sprint in January 2025.

This sprint includes data collection to evaluate whether hospice-acquired pressure ulcers improve, remain static, or worsen. The patient group involved in this initiative is the Hospice Rapid Access Service (HRAS) patients, whose care is directly provided by the Fair Havens Community Team.

Efforts are also underway to implement PURPOSE-T, using a system-wide approach to introduce skin risk assessment tools for both our children and young people's services and adult services. The goal is to launch these tools in November 2025, further enhancing pressure ulcer prevention and care.

Pressure ulcers and other wound categories on the incident reporting system will be reviewed as a component of the new incident reporting system in 2025/26.

## Fall Incidents by Department

The table below shows the number of fall incidents recorded by department in 2024/25.

	Quarter 1 Apr-Jun 24	Quarter 2 Jul-Sep 24	Quarter 3 Oct-Dec 24	Quarter 4 Jan-Mar 25
Little Havens Community Team	1	0	0	1
Fair Havens Community Team	0	0	0	1
Fair Havens Inpatient Unit	4	4	3	6
Fair Havens Hub	0	1	0	0
<b>Total</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>8</b>



**A better understanding of why falls can happen has helped the team to implement methods to mitigate the risk.**

**Through highlighting the risk across the team, investing in equipment and training, and raising awareness of slips, trips and falls with our patients, we've been able to significantly reduce the number of falls experienced."**

Care Team Members at Fair Havens

Fair Havens IPU has introduced the use of fall sensors to enhance patient safety and monitoring. This addition aims to proactively detect and prevent falls, improving overall care for patients at risk.

Additionally, the Falls and Bed Rails Assessment for adults has been revised on SystemOne to ensure more accurate and up-to-date evaluations. This revision supports better decision-making and tailored care plans for patients at risk of falling.

The MSE Foundation Trust Lead for Falls recently visited Fair Havens, where they shared the Falls Hot Debrief post-fall and other valuable tools. During the visit, the lead also toured the unit, complimenting the facilities and the ongoing work of the Falls Group. This collaboration ensures continuous learning and improvement in falls prevention strategies.

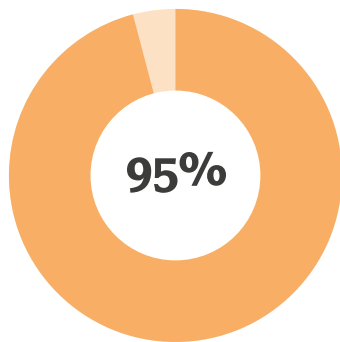
A thematic review of falls has also been completed, contributing valuable insights into the effectiveness of current protocols and identifying opportunities for further improvement in fall prevention and care.

## Quality Markers Measured – 2024/25

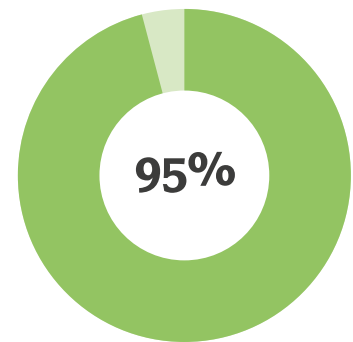
We have met all our NHS contract quality requirements, which relate to mandatory training, safeguarding supervision and compliance with Duty of Candour for notifiable safety incidents.

### Local Quality Requirements

**Children**  
Levels 1–4

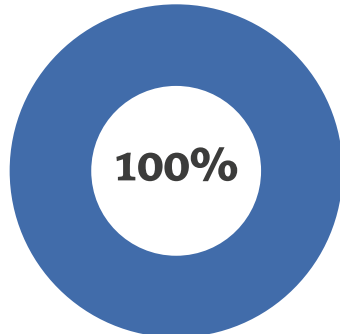


**Adult**  
Levels 1–4



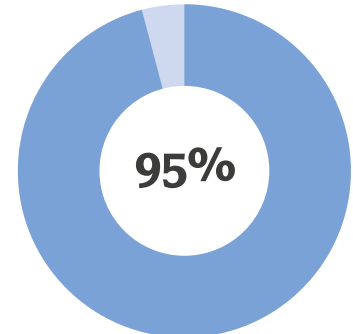
**Safeguarding Supervision 1:1 or Group Reflection BCYP Services**

All named/specialist/lead health professionals working with babies, children and young people will receive 1:1 safeguarding supervision on a three-month basis.



**BCYP Safeguarding Supervision**

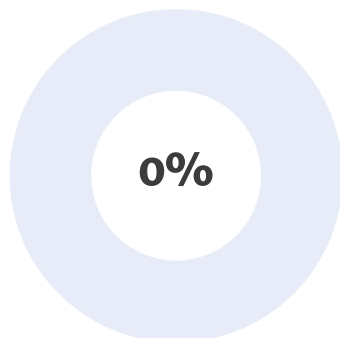
All staff working with babies, children and young people regularly, whereby they are required to make safeguarding referrals, will receive safeguarding supervision on a three-month basis.



### National Quality Requirements

**Statutory Duty of Candour – Notifiable Safety Incidents**

Where an incident level of harm is moderate or above.





## Feedback from Local Organisations

### Response to Havens Hospices Quality Account 2024/25 from Healthwatch Essex

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by Havens Hospices. In this case, we have received limited feedback about services provided by the trust and so offer only the following comments on the Havens Hospices Quality Account.

- It is encouraging to see that all reported incidents were categorised as being either low or no-harm events. We do however support the initiative to review the current incident reporting mechanism as it does not align with PSIRF.
- The installation of the Community Team to the Inpatient Unit at Fair Havens is welcomed as a positive step towards collaborative partnership working in the best interests of the patients.
- Patient reported outcomes are extremely encouraging, with all but one specified category either improving or remaining the same. However, the one category which declined, 'feeling at peace', is particularly important and we welcome the continued monitoring of this.
- It is a great achievement that eleven out of the thirteen priorities set for the previous year have been achieved, and the remaining two partially so.
- It is disappointing to see the significant decrease in complementary therapies offered over the past year, as it is an important aspect of wellbeing for so many individuals, and we welcome the commitment to addressing this moving forward.

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

**Sharon Westfield de Cortez**  
IAG Manager, Healthwatch Essex

20th May 2025



**It is encouraging to see that all reported incidents were categorised as being either low or no-harm events.”**

## Response to Havens Hospices Quality Account 2024/25 from Healthwatch Southend

Thank you for the opportunity to comment on your Quality Report for 2024/25.

Healthwatch Southend is particularly pleased to note:

- The HSJ award for the Hospice Collaborative Partnership and the development of the Hospice Rapid Access Service. This is a great example of working across sites and agencies.
- The increase in numbers referred to the Community Team, with an increase in total hours of care and a percentage increase in numbers of patients with a non cancer diagnosis.
- The review of children's services, with an increase in family engagement at Little Havens and an increase in hours of care by the Community Team.



**Healthwatch Southend is particularly pleased to note the HSJ award for the Hospice Collaborative Partnership and the development of the Hospice Rapid Access Service.”**

Looking at your previous ambitions, we note your work on embedding the patient incident reporting framework. Incidents mainly seem to relate to Medicines Management and Pressure ulcers. It is noted that there is an increase in numbers of on-admission incidence of pressure ulcers. This may be an opportunity for some joint working/audit with the acute trust and community services. We note that all NHS contract Quality Markers requirements were met.

### Observations

Although there were a number of comments and case studies from patients and families it would be good to include more patient/family feedback other than by complaints and comments mechanism. As such it is good to note the mention of service user feedback being included in the key Strategic Objectives for 25-26. We would be interested to know how this will be achieved (use of audit, questionnaire etc). If Healthwatch Southend can assist, please do not hesitate to contact me.

We are pleased to note that the Strategic Objectives include continuing to embed the Hospice Collaborative Project. This will help to improve multiagency working and streamlining of services, and improve outcomes for patients and carers.

Yours sincerely

**Owen Richards**  
Chief Officer, Healthwatch Southend

12th May 2025

## Future Priorities for Improvement

**The Board-approved Strategic Plan for 2022–2027 is centred around three core objectives: Community, Challenge, and Choice.**

To support these aims, the organisation identified key priorities: Prioritising Our People, Elevating Our Influence, and Building a Stronger Future, which continue to guide the 2025/2026 strategy. These priorities have been developed through extensive internal consultation and shared with key stakeholders, including individuals and families using our services.

### Ambition

To support everyone facing complex or incurable illnesses to live well and die well by providing access to quality, compassionate care when they need it most

### Strategic Objectives

- To embed hospice care in all corners of our local community
- To challenge the narrative of hospice care and champion palliative and supportive care
- To give true choice to patients over how, when and where they are cared for

### Priorities

- Prioritise our People
- Building a Stronger Future
- Elevating our Influence

### Improvements

- Six key improvements to deliver the objectives and priorities
- Department business plans detailing the activities that will achieve the improvements



## 1 Community

### Develop the first Electronic Palliative Care Coordination Systems (EPaCCS) Register for children and young people across Essex.

How was this identified as a priority?	What are the aims for the coming year?
<p>An adult EpaCCs system is established to capture and share information electronically from service users' discussions about their care. This system ensures that any professional involved in the services users' care has access to the most up-to-date information, including any changes to their preferences and wishes and personalised care plans.</p> <p>There is no such system for children and young people anywhere, and it is essential for the continuity of care and patient safety.</p>	<p><b>To purchase the system and launch the register across Essex.</b></p>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• This is commissioned by the Integrated Care Board, which will have oversight.</li> <li>• Evidence of the progression of project plans and objectives.</li> <li>• Sharing of outcomes at external and internal governance forums.</li> <li>• Obtaining user feedback and sharing the impact it has made.</li> </ul>

### Opening and utilising 12 beds in the adult Inpatient Unit at Fair Havens.

How was this identified as a priority?	What are the aims for the coming year?
<p>Staffing within the unit is at establishment, and new starters have been onboarded, which has enabled the opening of additional beds.</p>	<p><b>To keep all 12 beds open.</b></p>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• Bed occupancy is reported at the appropriate governance forums.</li> <li>• There will be oversight at the weekly safer staffing and weekend planning meetings.</li> </ul>

## 2 Choice

### Review of the spiritual care model to ensure inclusivity.

How was this identified as a priority?	What are the aims for the coming year?
<p>Spiritual care is a fundamental part of all patients' holistic care plans, and following the service review, it was identified that changes to systems and processes can enhance the service provision.</p>	<p><b>Spiritual care volunteers will become part of the IPU team and be fully integrated within the team.</b></p>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• By oversight of the usage of the services.</li> <li>• By service users' feedback.</li> </ul>

### Evaluate new roles at Little Havens following the service review.

How was this identified as a priority?	What are the aims for the coming year?
Little Havens' service review identified the need for additional healthcare professional roles to enhance and support service provision.	<b>To evaluate the impact of the new roles on patient experience and safety, using appropriate outcome measures.</b>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• By service user feedback.</li> <li>• By oversight of the increase in service provision.</li> </ul>

### Sign up for Patient-Led Assessments of the Care Environment (PLACE) assessments.

How was this identified as a priority?	What are the aims for the coming year?
PLACE helps organisations assess how effectively they're meeting patient needs and highlights areas for improvement. The results are published, allowing us to benchmark against other hospices.	<b>Register for PLACE and carry out the assessments alongside service users and our staff, with support from the Hospice Collaborative Quality Teams.</b>
	How will progress be monitored and reported?
	Once the outcomes are published, any necessary actions will be managed by the Estates and Facilities and Clinical Quality Group.

## 3 Challenge

### Review of the implementation of the Patient Safety Incident Response Framework (PSIRF), including Duty of Candour.

How was this identified as a priority?	What are the aims for the coming year?
Patients should receive care in a safe environment and be protected from preventable harm. We aim to assess our implementation and its impact by using patient safety incidents to guide improvements in safety and quality.	<ul style="list-style-type: none"> <li>• <b>Review our policies and procedures.</b></li> <li>• <b>Implement and share any improvements that enhance quality and safety.</b></li> </ul>
	How will progress be monitored and reported?
	We will share our learning with the Care Committee, the Integrated Care Board (ICB), and the Pan-London Hospice Patient Safety Groups.

## Embed the Equality Impact Assessments (EIA), policies and procedures for all services.

How was this identified as a priority?	What are the aims for the coming year?
EIAs ensure that our policies and practices do not discriminate against any protected groups. As an organisation, we need to demonstrate that these are undertaken in accordance with the Equality Act 2010.	<ul style="list-style-type: none"> <li>To ensure that all new policies and procedures have an EIA completed.</li> <li>EIAs to be included with any existing policies and procedures that are being reviewed or amended.</li> </ul>
	How will progress be monitored and reported?
	Through the Documentation Control Group and the Governance and Care Committee.

## Introducing robust systems for appraisal and performance improvement to increase support and ensure appropriate accountability at all levels.

How was this identified as a priority?	What are the aims for the coming year?
Partially completed from 2024/25 Quality Account.	Roll out of appraisal and performance systems to enhance support and accountability, with completion due by April 2026.
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>By reporting at appropriate governance forums.</li> <li>By establishing and reviewing key performance indicators (KPIs).</li> </ul>

## 4 Prioritise our People

### Implementation of a recruitment and retention strategy.

How was this identified as a priority?	What are the aims for the coming year?
Partially completed from 2024/25 Quality Account.	Launch the strategy.
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>By providing evidence of strategy and publication.</li> <li>By reporting and discussing recruitment and retention at relevant governance forums.</li> </ul>



### Conduct a follow-up to the Birdsong employee survey.

How was this identified as a priority?	What are the aims for the coming year?
Supporting staff wellbeing is a core strategic goal of the organisation. It's important to compare the results of the previous survey to confirm that the changes implemented have had a positive and lasting impact.	<ul style="list-style-type: none"> <li>• <b>Complete the Birdsong employee survey.</b></li> <li>• <b>Compare results with the previous year's results and outcomes.</b></li> </ul>
	How will progress be monitored and reported?
	By reporting to the Leadership Team and sharing throughout the organisation with oversight by the Board of Trustees (BoT).

### Review of mandatory training matrices following publication of new NHSE guidance.

How was this identified as a priority?	What are the aims for the coming year?
In April 2025, NHSE published a universal agreement to save 200,000 days of staff time following changes to statutory and mandatory requirements. We are to implement the agreement, which will enable greater efficiency and improved staff experience and outcomes.	<b>To amend the mandatory training matrices using the universal agreement, which will be ratified and implemented.</b>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• By updating policies and guidance.</li> <li>• By mandatory training being reported internally through various governance forums and to the BoT. As part of our NHS contractual obligations, we will also report on specific mandatory training compliance.</li> </ul>

## 5 Elevating our Influence

### Attend and present achievements and learning over the last year at the Hospice UK conference 2025.

How was this identified as a priority?	What are the aims for the coming year?
All services within the organisation have a role to play to enable us to provide outstanding care, treatment and support to our service users.	<ul style="list-style-type: none"> <li>• <b>Abstracts will be submitted to showcase our achievements and share the work we do.</b></li> <li>• <b>Members of staff to attend the Hospice UK conference.</b></li> </ul>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• Successful abstract submissions will be captured in the Hospice UK programme.</li> <li>• Our conference achievements to be shared internally and locally, with presentations provided to the Care Committee and BoT.</li> </ul>

## To continue to embed the Hospice Collaborative Project.

How was this identified as a priority?	What are the aims for the coming year?
The HCP, including St Luke's Hospice, Farleigh Hospice and Saint Francis Hospice, has evolved in 2024/25. We acknowledge that as a group of local hospices, we are stronger together and will continue to benefit from enhanced collaboration moving forward.	<ul style="list-style-type: none"> <li>• <b>Quality Teams to work together on agreed projects for 2025/26.</b></li> <li>• <b>To continue to evolve collaborative groups to enable the sharing and agreement on best practices, while allowing for the distribution of workloads.</b></li> </ul>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• The hospices will continue to meet regularly at director level and collaborate on projects where appropriate.</li> <li>• Individual measures will be created specifically for collaborative projects.</li> </ul>

## 6 Building a Stronger Future

### Maintain a reduction in the deficit budget.

How was this identified as a priority?	What are the aims for the coming year?
We are currently working to a planned deficit budget and have reserves to cover this. However, there is a commitment to continue to reduce this deficit year on year to protect our services for the future.	<ul style="list-style-type: none"> <li>• <b>Continue to increase income and manage costs through the effective use of resources.</b></li> <li>• <b>Continue with the Deficit Action Plan.</b></li> </ul>
	How will progress be monitored and reported?
	<ul style="list-style-type: none"> <li>• Progress against the planned budget will be reported quarterly to the Finance Committee.</li> <li>• All priorities will be monitored to ensure they continue delivering on the goal of 'Making every day count', with regular updates on their contribution to overall improvements.</li> <li>• The progress of these priorities will be assessed to ensure they support the ongoing improvement of patient safety, outcomes, and experiences, both in the present and future.</li> </ul>

## Statements from the Care Quality Commission

**Havens Hospices currently holds the following registrations with the Care Quality Commission (CQC).**

**Little Havens Children's Hospice is registered as a hospice service to provide:**

- Treatment of disease, disorder or injury.
- Caring for children (0-18 years) and caring for adults under 65 years.
- Rating from last inspection on 23rd November 2016: Good.

**Fair Havens is registered as a hospice service to provide:**

- Treatment of disease, disorder or injury.
- Caring for adults under 65 years and caring for adults over 65 years.
- The last Inpatient Unit inspection at the previous address on 26th October 2016 was rated Good, while the community service was last inspected as Good on 29th November 2019.
- CQC reviewed the information and data available to them about Fair Havens Community Service on 6th July 2023 and did not find evidence that they need to reassess the rating at this stage.
- This service was registered by CQC at its new location on 11th March 2025.



**We visit Little Havens for the day and come for play sessions too.**

**Often, it's the only place I can take Lucy and her sister Tilly together"**

**Emily, Lucy's mum**



## Statement of Prepared Account

The Head of Quality & Professional Standards and Medical Director, overseen by the charity's Chief Executive Officer and the Chair of the Board of Trustees, have prepared the account in collaboration with Havens Hospices' Leadership Team. We routinely report the data in this report to commissioners, our auditors, regulators and trust and grant-giving bodies.

## Research

No patients receiving NHS services provided by Havens Hospices in 2024-25 were recruited during the period to participate in research approved by a Research Ethics Committee. We are preparing to be research-ready and commence research projects in 25/26.

## Data Quality

Havens Hospices is required to complete the NHS Digital Data Security and Protection Toolkit. This online self-assessment tool allows organisations to measure their performance against the National Data Guardian's 10 data security standards. The self-assessment must be completed annually.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. For each organisation, the outcome of their annual submission is published openly on the NHS Digital website.

The 2025/26 submission will be submitted by the Head of IT & Compliance ahead of the 30th June 2025 deadline, and evidence for all 42 mandatory items will be provided.

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