



making every moment count



### Planning for the future by building on our success

In the past five years, the Hospice and the Arthur Rank Hospice Charity (ARHC) have changed beyond recognition. We have become an independent hospice, which means we employ all the staff working in the hospice (previously the clinical, medical and some of the admin staff were employed by the NHS). This fundamental change to the way we are organised has meant that we can be much more flexible and responsive. We were delighted that all the staff who previously worked for the NHS were happy to transfer over to us with the contract. In addition to this, we have built our own 'state of the art' hospice which can accommodate nearly twice as many patients and has much better facilities for patients, families and carers. Our army of volunteers have adapted well to the change and we have been very fortunate to recruit many more volunteers.

Five years ago, we had high ambition and lots of determination. We achieved all we set out to achieve. We were always very proud of the excellent care our staff provided to patients and their families. This standard of care has been maintained, even when we were physically moving all the staff, contents and patients from the original hospice. We were very keen that everyone realised that a hospice isn't about the bricks and mortar but about the care and the ethos. We therefore created a slogan whilst we were moving to the new hospice which was 'New hospice, same team, same values, same ethos'.

This five-year plan is about building on our success; we cannot afford to rest on our laurels and we know we will have challenges ahead. We provide personcentred palliative and end-of-life care to our patients and that means that embedded in our goals is a commitment to rolling out hospice-enabled dementia care and adopting a model of rehabilitative palliative care. Whilst we have many ambitions, we need to be aware that we are part of a much wider healthcare system and seek opportunities for greater integration across local provision. This should be both at a strategic and operational level.

This strategy cannot be a fixed document for the next five years - it will need to be an iterative process as we exist in a shifting landscape. However, the core tenets of putting our patients and their families first, and ensuring we reach out to all who need our care, will remain.

### **Our Values:**

#### Flexible, individual and responsive focussed specialist palliative care

The Arthur Rank Hospice provides care for patients with life-limiting illnesses, patients at the end of their lives and for the families of our patients. Our care includes in-patient care for patients with complex palliative care needs, day therapy, Hospice at Home, specialist palliative care, support from our community team, family support and a range of other therapies. Across our services we embrace the core values of rehabilitative palliative care -

Person centered goal setting; Focus on function; Enablement; and supported self management

## Integrity, compassion and professionalism

We will deliver care that is based on respect, compassion and knowledge to ensure that we make every moment count for our patients.

## Valuing and investing in our workforce

Our staff and volunteers are our biggest asset and we believe in developing and supporting our people. We believe that staff and volunteers who feel respected and supported create the strongest teams.

#### **Equality of service**

We strive to ensure that we embed equality throughout our service and aim to provide geographical equity of service where it is within our gift.

#### Prudence in the management of our resources

Our service relies heavily on the income we generate through fundraising, the bistro, selling professional services such as our education programme, and the generosity of our supporters, for example through gifts in wills. It is therefore incumbent upon us to manage our finances robustly. We are also fortunate to have a beautiful new building which was only made possible by the generosity of our supporters and it is important that we look after the building and grounds so that future generations can enjoy them.

The Senior Management Team has developed this strategy in collaboration with trustees and the wider staff group. We have prepared an operational plan which sits under these high-level objectives. We will monitor our progress against the Strategic Plan and the Operational Plan.

We will report back to our wider stakeholders through our:

- Annual Report
- Impact Report
- Quality Account





#### **Develop our services to meet the changing** needs of our population

We know that the needs of our patients are changing and will continue to change over the coming years. Research predicts that as the 'baby boomer' generations grow older, they are likely to live longer but present with more complex medical needs. In building our new hospice we have thought about how to respond to those needs through the physical hospice environment, but we also need to continue to adapt and expand the way we work:

- We will seek to develop our expertise in caring for patients with dementia. In the first instance this will be to seek to raise funds for an Admiral Nurse (specialists in dementia care) to work with our staff and develop their skills. We will also work with other colleagues across the healthcare environment to ensure that care is 'joined up' and we are all sharing best practice.
- The Alan Hudson Day Treatment Centre in Wisbech is part of our service and is a wonderful resource for patients in Fenland. They provide day therapy, infusions, transfusions, blood tests, creative therapies and a listening ear. The space we have at the moment is very cramped and we intend to extend the usable space so that this increasingly busy clinic can continue to function effectively.
- As young people living with life limiting conditions often now live longer as a result of the development of modern medicine, there is a need for children and adult hospices to work together to ensure there is a smooth transition. We are working closely with EACH (East Anglian Children's Hospice) to smooth this pathway and ensure our services meet the needs of their patients who are transitioning to adult care.
- We constantly seek feedback from our patients and their families. We will continue to encourage that feedback and listen to what they are telling us so that our services best meet their needs.
- We currently provide advice to healthcare professionals, patients and their families around the clock, but we have no funding to grow and publicise this provision. Over the next two years, we will explore whether we can secure funding for such a service.

- Lymphoedema is a condition which affects some patients with cancer but also people who do not have a life-limiting condition. We have a small, over-subscribed service and we will seek to find innovative ways to support other healthcare professionals to be able to offer appropriate care as well.
- We are seeing more patients with neurological conditions such as motor neurone disease, multiple system atrophy and progressive supranuclear palsy etc. and we will explore ways to develop our services to further meet the needs of these patients.

#### Broaden our reach to ensure we are meeting the needs of all who would benefit from our care and create greater equity of service

The provision of palliative and end-of-life care is delivered across the county by a range of different healthcare professionals working in partnership. Therefore not all services across the area are within our gift, but we will ensure that those services we deliver are delivered equitably and in more effective partnership with our other healthcare colleagues:

- We will build on our Hospice at Home service to create more care in the community to create greater equity of service.
- We will monitor unmet needs, waiting lists and geographical limitations to access to services, to enable us to deploy our services in the most effective way - reaching those who need them most.
- We know that carers do an amazing job supporting their loved ones, often at the expense of their own health and ability to take regular breaks. We will review the services we provide for carers and explore opportunities for additional support.
- Our Day Therapy Team has already started to reshape the service it provides to adapt to the changing needs of our patients. We will continue to develop the service and increase the number of days on which patients can access day therapy.





- We currently work quite closely with some care homes and several have undertaken, or are undertaking, our Gold Standard Framework accreditation, which is an assessed quality mark. However, we intend to build on our relationships with care homes by sharing our expertise of palliative and end-of-life care and being an information resource.
- Our Family Support Team provides services including psychological support, social work, spiritual support and bereavement counselling - we will review the service and ensure that it most effectively meets the needs of our patients and their families to provide greater equity of provision.
- Through our communications strategy, we will continue to raise awareness amongst the public, the healthcare community and other stakeholders about the services we provide and access to them. We will also further develop our Community Engagement Plan ensuring that we meet the needs of our diverse communities in Cambridgeshire.
- We will develop stronger links with primary-care services to include better liaison and increase take-up of our training provision.
- Develop improved integration with services from other healthcare providers to ensure equitable care across our catchment area.
- Extend the range of our palliative care across other long-term conditions and we will aim to increase the number of non-cancer patients we care for.



# **Evaluate and continuously improve our governance structure**

As a hospice it is essential that we are transparent and accountable. The CQC has five basic measures of quality when assessing hospices - are they:

- safe
- effective
- caring
- responsive to people's needs
- well-led

Our trustees and our Senior Management Team need to be confident that this is the case at all times. We therefore believe in educating, informing and inviting challenge from our staff. Our Clinical Governance Committee, Finance Committee and Trustee Board scrutinise all areas of our work to ensure that we are maintaining our quality.

- Our monthly dashboard contains key indicators that are a gauge of how we are performing. We will review these to ensure we are providing the most relevant information in the most accurate and accessible way.
- We have started using the Outcomes Assessment Complexities Collaborative (OACC) which is a palliative-care tool designed to document accurately phases of patients' conditions. We will continue to roll this out across the service and will be able to utilise this reporting tool to further inform our trustees and key stakeholders by providing useful data.
- When we moved staff across from the NHS we inherited many policies which we adapted to our service. We believe that this suite of policies is better suited to a larger healthcare organisation providing a much broader range of care. We will therefore reduce the number and length of policies to a policy framework which is appropriate for the size of our organisation and is more user-friendly for staff.





#### **Develop our education and research capacity**

Dame Cicely Saunders, the founder of the modern hospice movement, believed strongly that hospices should be experts in the field of palliative and end-of-life care and should therefore be educators to other healthcare professionals. We take this seriously and have incorporated a large, airy and well equipped education facility into our new hospice. Research is also important to us and this is an area we wish to grow. With this in mind we will:

- Develop our relationship with the University of Cambridge and their aspirations to develop a Palliative Care Chair.
- Further develop our relationship with Anglia Ruskin University as a provider of healthcare education for them.
- Develop a research strategy in line with Hospice UK's definition of a Research Active Hospice.
- Develop our role as experts in palliative and end-of-life care, and encourage our staff to collaborate and contribute with their expertise at a national level.
- Grow and develop our own workforce by encouraging staff to be ambitious in their professional development i.e., through developing Health Care Assistants via nurse apprenticeships and encouraging other staff to seek continual development.
- Seek opportunities to 'lead the field' by running our own conferences.
- Explore opportunities to develop the training we provide to many primary-care providers.



# Develop the financial and operational resilience of the Charity

Having built the new hospice which cost, including professional fees, £12 million, we have spent most of our investments and we recognise that the next few years may be challenging. Charities often find the year or so after a capital appeal hard in terms of fundraising and we believe we are noticing this phenomenon. We also need to invest in our infrastructure.

- The new requirements of the Fundraising Regulator mean that in due course we will only be able to contact our supporters if they have expressly stated their wish to be contacted. Many supporters don't realise this and a very much reduced network of supporters with whom we can communicate will have a negative impact on income. We will therefore continue to seek to inform them of the requirement to 'opt in' if they wish to continue to hear from us.
- We will continue to implement measures and monitoring around the new legislation for Information Governance and General Data Protection Regulations (GDPR).
- We will seek to increase the income from our fundraising and will particularly look at trusts, legacies and increasing the number of shops we have.
- Many people were very generous when we were fundraising for our new hospice and we will keep them updated with the progress of the hospice and our services.
- In the uncertain environment of our times, reviewing and refreshing our Emergency Planning and Business Continuity arrangements have become more pressing. We will do this as a priority.
- We have had a difficult period in relation to Information Technology provision. When we became independent, we had to try to merge two very disparate and complex Information Technology systems. We are transferring to a new provider and believe they will be able to provide the service we need.
- Other systems to be implemented are a new finance system and a new Human Resources database. In due course we will also explore the opportunity of improving our website.





#### Support and develop our staff and volunteers

The quality of care that we provide is dependent upon having professional staff and diligent volunteers. We are fortunate to have both and they are greatly valued. Therefore we will:

- Utilise and support our staff and volunteers effectively by meeting them regularly and carrying out annual satisfaction surveys.
- Maximise opportunities for volunteers to use their skills and research best practice in other hospices to identify new opportunities for volunteers.
- Grow our staff development programme.
- Explore a staff recognition scheme.
- Develop a programme of human resources and business skills for managers and aspiring managers.



If you would like to help us achieve these ambitions by making a donation, **click here** to make a donation on line, telephone us on **01223 675888** or send a donation to us at the address below. Alternatively to find out about other ways that you can help, go to **Support Us** on our website - **arhc.org.uk** 

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