



Arthur Rank Hospice Charity



Quality Account

2020 - 2021

making every moment count

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice

This Quality Account Report evidences the tremendous work and commitment of everyone involved with Arthur Rank Hospice Charity in a year dominated by responding to the global pandemic. I am inspired by my colleagues who have adapted to constant change and challenge and grateful to our skilled and knowledgeable trustee board for their guidance and support and to our volunteers who have also flexed and provided amazing support. Our focus remained on ensuring that people who needed our care and support could access us safely and, as the data in this report demonstrates, we have seen a significant increase in the numbers of people we have provided services for. Some of this has been because of the pandemic requiring other services to shut. Some of it is because, at the start of the year, we accelerated the work to expand our services, particularly Hospice at Home and our Specialist Palliative Home Care Team, to ensure that we could support many more people in their own homes. This includes providing a rapid response where needed. We began our county-wide expansion of Hospice at Home, focusing on meeting patient need in Fenland and East Cambridgeshire, as part of our commitment to tackling health inequalities in the county. We are now nearly at full establishment of the team, meaning that we can provide care for people wherever they live in the county. Further into the year we began working with partners to establish the Palliative Care Hub which went live at the beginning of April 2021.

The body of the report provides details of the achievements of #TeamArthur who provide outstanding palliative and end of life care for people and their loved ones throughout Cambridgeshire.

Like many organisations, we have embraced digital capability much more quickly than anticipated. In the year ahead we will seek to further embed these capabilities, whilst also providing face-to-face engagement, where this is safe, and in line with what the person needs and wants.

Whilst we are rightly proud of the many achievements within this report, we also recognise areas where we have more work to do, one of these being our reach into communities who may not

know about our services or find it difficult to access us. Our Widening Access Group has an action plan to increase our outreach and to ensure our services are culturally appropriate for all who need us.

Engaging with our community is vitally important to us and we are grateful for the continued support of our community in so many ways. We are pleased to have developed our Community Map with the assistance of the John Lewis Golden Jubilee programme who seconded a colleague to develop this for us. This work led to us adopting the Help at Hand Community Info App. This means we have an accessible app that anyone can use to find out about community organisations that may be able to support them.

Our retail team has had an incredibly difficult year, with our shops having to be shut for a large part of the year. They have risen to the challenge and we have also been able to open our first Retail Hub in Pampisford, meaning that we can take larger items, including furniture, and can offer house clearance services. Equally our fundraising team has had to be extremely creative in reorganising events. For example, our flagship Star Shine Walk and Bridge the Gap events. They have managed brilliantly to ensure that the funds we need have continued to be provided and we are thankful to all our supporters for their continued support.

We are pleased to have recruited four new high calibre trustees as part of governance succession planning as well as recruiting new Patrons to support our engagement work.

We value working with partners in the health and care system and are engaged in the development of the Integrated Care System for Cambridgeshire and Peterborough.

Knowing that our people are truly our most precious asset, we have invested in adopting Compassionate Leadership as our model to support and lead our colleagues.

Sharon Allen OBE
Chief Executive, Arthur Rank Hospice

Statement from Chair of Trustees Kate Kirk

As Chair of Trustees of the Arthur Rank Hospice Charity (ARHC), I am pleased and proud to present this Quality Account Report detailing how the Charity coped with the extraordinary upheavals and demands of the COVID-19 pandemic and continued to deliver on its strategy and greatly increased services in 2020-2021. The year was, as our CEO Sharon Allen OBE mentioned, dominated by the pandemic, and this impacted every part of our services, from greeting visitors at reception to fundraising, and from the use of digital technology to delivering care and support in people's homes.

Over the past year, we've all seen how critical flexibility and adaptability are in coping with rapid and constant change, and it is a testament to the excellence and robustness of ARHC prior to March 2020 that the organisation was able to turn on a sixpence, adopt new ways of working and deliver what was needed when it was needed, meaning that quality was maintained and some services enhanced or even added. Two big changes for ARHC during the year were the rapid expansion of the Hospice at Home and Specialist Palliative Home Care teams to broaden our reach, and the development of the Palliative Care Hub, which is already showing its value in reduced hospital admissions and will no doubt be a notable addition to next year's Quality Account.

Partnership working was a key factor in much of what we did in 2020-2021, and we have engaged with commissioning organisations, service providers, app developers and others to ensure that our services continue to meet the high standards we expect and that our patients and their loved ones deserve. But we have also started looking to and preparing for the future, through succession planning, our contribution to the new Integrated Care System, and the myriad other elements that we are building into a new five-year strategy.

We continue to be vigilant, we continue to look for ways to improve, and we continue to recognise and value all the people that make up Team Arthur. Delivering ARHC services is very much a team effort and everyone involved, whether they are a clinician, manager, fundraiser, shop manager, volunteer or supporter, has an important role to play.

On behalf of the Board of Trustees, I am pleased to fully endorse the Report set out below.

Kate Kirk
Chair of Trustees

'I really loved the Zoomed Day Therapy session on 21 July. The staff are amazingly inventive in delivering a successful and varied programme and I was impressed by the patients, in their kindness in support of each other. All in all, an inspiring experience.'

'I saw some faces I hadn't seen in a long time, and I had a really lovely morning. You all make it so lovely for us, and we really appreciate it.'

Living Well Service

'We all want to say a big thank you for your kindness, care and support you gave to (the patient) and all the family too. (The patient) and I really looked forward to your visits, preparing us for the different stages (the patient) would go through, it really helped us all. Me and all the family will never forget you. You helped each and everyone of us, through all the difficult times.'

Special Palliative Care Home Team

'I really do appreciate all the extra time, care and assistance you have given me. You have made this part of my life always hopeful by making yourself available and allowing me to try brand new ideas.'

Lymphoedema Clinic

'Dear Keith, Me and all the family want to say a big Thank You for all the support, help and care you gave to us all in ... final days, you brought such comfort to us all (extract from letter)'

'Every time we've spoken I've taken something really valuable from it. I can't thank you enough for everything.'

Patient and Family Support

'You are absolutely amazing and doing a fantastic job. We wouldn't have been able to care for dad at home without your help and kindness. We are feeling so fortunate to have been able to have that time with him. We hope you enjoy the cakes! We send the biggest thank yous and hugs to you all at this challenging time.'

Hospice at Home

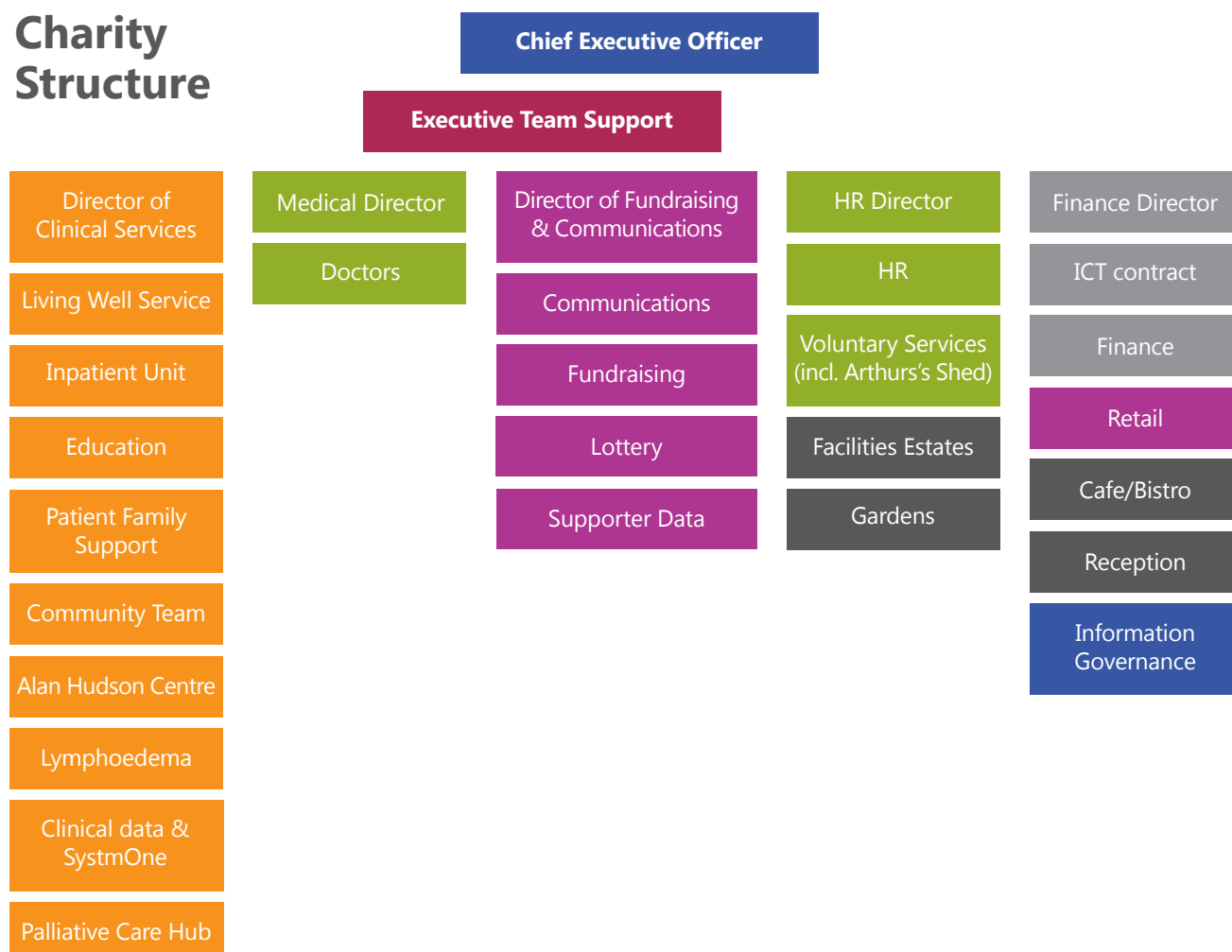
'We need this valuable training sooner; it can make or break a new recruit. You have made me understand in death there is peace and dignity not fear for both resident/patient and care giver.' Education

Part 2

Priorities for improvement

It is fair to say that the past year has undoubtedly been the most challenging that the Charity has ever had to face due to the global COVID-19 pandemic. At the time of writing this report, we have seen all our frontline colleagues having been invited for their first and second COVID-19 vaccinations and, with a few exceptions (on clinical advice), our clinical colleagues are now vaccinated. We are now moving towards a recovery phase as the Government eases lockdown restrictions and we progress to a "new normal". Much learning has been taken from this past year and as we move forward, we will be ensuring that we do not lose the good that we have learnt and adapted to in order to build back better.

Charity Structure



Looking back 2020 - 2021

As we look back on the past year, it is with pride that we can reflect on how our teams have come together to support our local communities during these challenging times, when the message was to stay apart. We endeavoured to do all we could to stay connected and ensure that our services continued to provide responsive, high quality care.

We quickly had to learn and adapt to the restrictions placed on us as a society and we ensured we were prepared to cope with any eventuality. For example, we developed a COVID-19 outbreak plan in addition to our usual business continuity plans.

We have been fortunate to have the support of wonderful volunteers and our community who helped ensure we had adequate supplies of personal protective equipment (PPE) when the pandemic first hit and throughout the past year. We ensured all our staff knew the guidance as it changed and held weekly update meetings in person and via video links (such as Zoom and Microsoft Teams) to answer any queries and address any concerns. We ensured all our colleagues had COVID-19 risk assessments completed and that all patients on our Inpatient Unit (IPU) were screened and had COVID-19 swabs taken as appropriate. Our community teams screened all patients prior to visiting them in their own homes.

During the first lockdown, we moved some of our face-to-face services to online, such as the Living Well Service and Bereavement Support and Lymphoedema Clinic. Our Alan Hudson Day Treatment Centre was closed to the Living Well Service and Complementary Therapy, but remained open for face-to-face treatments where appropriate. Colleagues also made special efforts to treat patients in their own home whenever possible and when appropriate.

Colleagues were redeployed to the community and our inpatient unit in order to maximise support for patients and their loved ones. We sadly had to cease our patient facing voluntary service roles and were thankful that our volunteers came together in December 2020 to support us in implementing lateral flow device testing for visitors. Our volunteers have continued to support patients in their own homes through our Caring Communities service which moved from face-to-face to phone support.

We increased our support for care homes during the pandemic. We worked closely with four homes in Cambridgeshire in particular, with advice and education on how to support their residents who were ill and some sadly dying from COVID-19.

Ensuring colleagues' wellbeing has been a huge focus for the organisation. To this end we have set up a variety of measures to support colleagues, such as increasing resources online via our Wellbeing Padlet, initiating Restorative Resilience Supervision, providing 20 Minute Care Space sessions, transforming Arthur's Shed into a restful space for colleagues to enjoy, as well as providing access to more formal counselling and supportive measures.

Our five-year strategy 2017 – 2022 set out the following pillars to help reinforce our objectives and priorities. These are:

- Develop our services to meet the changing needs of our population.
- Broaden our reach to ensure we are meeting the needs of all who would benefit from our care.
- Evaluate and continuously improve our governance structure.
- Develop our education and research capacity.
- Develop the financial and operational resilience of the Charity.
- Support and develop our staff and volunteers.

Priority 1

Develop our services to meet the changing population.

What we wanted to achieve

- To continue to develop our approach to working with patients with dementia

What we achieved:

Unfortunately, due to the pandemic, we have not been able to progress with our dementia work with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). However, we were able to hold a Dementia Study Day in September 2020 in partnership with CPFT. Our objectives will be carried over into our new strategy.

What we wanted to achieve:

- We will improve and expand the facilities at the Alan Hudson Day Treatment Centre (AHDTC) by developing Hospice at Home, building relationships with Primary Care Networks (PCN) to support Multidisciplinary team (MDT) work and collaboration.

What we achieved:

Due to the pandemic, our commissioners - Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) - asked us, in partnership with Sue Ryder Thorpe Hall Hospice, to expand our Hospice at Home Service and support those who were rapidly deteriorating and reaching the terminal phase of their illness and whose preferred place of death (PPOD) was home.

In April 2020 we began our recruitment campaign to employ the colleagues we needed to support the expanded service, with our initial focus on having a team set up to cover Fenland and East Cambridgeshire by the end of July 2020. Our recruitment was successful and by July 2020 we were able to start accepting Fast Track Continuing Health Care referrals (Fast Track CHC) to provide care during the day for those who wished to die at home. This was an expansion of the Fenland Hospice at Home pilot project previously funded by the Evelyn Trust and the Baxter Foundation.

Our specialist palliative care nurse at Wisbech is now a core member of the team and, although working part time (as this is the funding provided), she is working closely with the PCNs. We also work closely with Queen Elizabeth Hospital, Kings Lynn to support their End of Life Care provision and the Matron attends their MDT meetings.

Our fundraising coordinator continues to explore opportunities to raise funds for the AHDTC and supports the fundraising volunteers at the centre and in the community.

What we wanted to achieve:

- We will continue to work with Sue Ryder Thorpe Hall Hospice and East Anglian Children's Hospice, Milton (EACH) to develop a strong offer for young people transitioning from the care of children's services.

What we achieved:

We were successful in our bid to secure funding from the National Lottery Community Fund and in October 2020 we employed our Young Persons Transitions coordinator who has been working closely with EACH and the adult hospices to lead on this work. We have now established a local action group for Transitioning and are linking with other key stakeholders regionally and nationally. We have set up a webpage for Transitioning on the Arthur Rank Hospice Charity Website <https://www.arhc.org.uk/supporting-you/>

care-services/young-people/ Work is in progress to do the same for EACH and Sue Ryder Thorpe Hall so that young people are signposted to our services.

Unfortunately, due to the pandemic we have not been able to hold face-to-face open days like we did in 2019. However, in March 2021 we held a virtual open event which was well received and enabled us to collate valuable feedback which we will use to help design our adult services to support the needs of young people and their families going forward.

What we wanted to achieve:

- We wanted to seek and hear our patients' voices through diverse means including our Hospice User Group (HUG).

What we achieved:

As face-to-face meetings have not been possible during lockdown, we moved our HUG meetings to online. Despite advertising these, we have had low attendance and are looking at how we can gather feedback and ideas from our hospice users in different ways, such as holding meetings in other community settings when able to do so. The CEO, Director of Clinical Services and Chair of HUG plan to spend time in clinical areas to have direct conversations with patients and their visitors as well as encouraging them to join our HUG.

We have also explored using the Trajectory Touchpoint Technique, a feedback engagement tool designed by University of Liverpool, to use pictures as a means to generate rich conversation and feedback. We will be training our volunteers to use this later in 2021.

Due to the pandemic, we have not been able to undertake any Patient-Led Assessments of the Care Environment (PLACE) inspections in 2020-2021, but hope to do so when it is safe to do so.

What we wanted to achieve:

- We will explore new ways of working to increase accessibility and care we provide, including securing funding to open additional beds on the IPU.

What we achieved:

Our contract with Addenbrooke's Hospital to provide up to nine nurse led beds for patients who are dying in hospital has continued. Feedback from families whose loved ones transfer to our care remains positive and the fact we are able to offer this service during the pandemic has been helpful, especially as we had fewer restrictions on visiting than the hospitals.

In January 2021, when winter pressures increased for acute hospitals, our CCG commissioned the use of our two remaining beds and we were able to support the system by admitting additional patients from the community to avoid patients having to go into hospital. In February 2021, the need for these beds decreased and we were able to close them.

We continue to explore how we can make best use of our remaining two un-commissioned beds as part of our future plans.

What we wanted to achieve:

- We will explore the process and funding opportunities for a 24/7 help line for patients, their carers and health professionals.

What we achieved:

As part of our work with the CCG End of Life Transformation Board, work has been progressing to design a 24/7 telephone advice and support service across Cambridgeshire and Peterborough, in partnership with Herts Urgent Care (HUC). At the time of writing this report, the Palliative Care Hub advice line commenced on 6 April 2021 and, at present, covers out of hours Monday to Friday 17.30 - 09.30 and 24/7 during weekends and Bank Holidays. The aim is to have the service running 24/7 later in 2021 once the service has been fully recruited in to.

What we wanted to achieve:

- We will review our patient and family support service to ensure it effectively meets the needs of our patients by monitoring the delivery of the service and establish where the greatest pressure points are to help future development.

What we achieved:

Due to the pandemic, it has not been possible to progress with this work in the way we had envisaged. However, we have made some progress. We have employed a social worker to work across the Patient and Family Support Team (PFST) and IPU to increase support to our patients. Our social worker has also been able to provide helpful advice sessions online to the Living Well Services Carers' group during the pandemic via our online Zoom sessions. We have also continued to support patients online with bereavement support groups and have been able to provide virtual music therapy as well as supporting students studying music therapy at Anglia Ruskin University.

We have expanded the bereavement support group to the AHDTC. Using the Clinical Outcomes in Routine Evaluation (CORE) tool, we have been able to demonstrate improvements in the outcomes for service users who have been bereaved, making a positive difference despite the difficulties that the pandemic has had on being able to carry our group activities.

Priority 2

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

What we wanted to achieve:

- Build on the Hospice at Home service to create more care and support in the community creating greater equity of service.

What we achieved:

In addition to the success of our "Help Us Be There" appeal of 2019, we have expanded our day time Hospice at Home service following investment from the CCG in response to the pandemic. We began with Fenland and East Cambridge in July 2020 and now have recruited sufficiently to enable us to cover fast track Hospice at Home provision to the whole of Cambridgeshire. The service provides up to three hour long visits a day to provide quality care and support to patients and their loved ones in their own homes. We are also able to provide overnight care where this is required.

What we wanted to achieve:

- We will undertake mapping exercise of referrals/ unmet need to review geographical ease of access to our services and develop a plan to create greater equity and explore opportunities to work collaboratively to improve access to our services.

What we achieved:

We have now set up our dashboard to be able to monitor our referrals and have linked our teams with Primary Care Networks across Cambridgeshire. This is evolving as we continuously assess and improve our data collection and service evaluations.

What we wanted to achieve:

- Explore opportunities to work more collaboratively with other providers to improve rural services.

What we achieved:

In partnership with Sue Ryder Thorpe Hall Hospice we are delivering Hospice at Home services across Fenland.

We have had discussions with Norfolk Community Health and Care NHS Trust, Norfolk Hospice Tapping House regarding patients who are known to their services and our AHDTC to see how we might better develop patient pathways. However, due to the COVID-19 pandemic, we have not been able to develop this further than by having our specialist nurses joining Gold Standards Framework meetings with GP practices in Wisbech.

What we wanted to achieve:

- We will review the services and support we provide to carers through our Caring Communities work.

What we achieved:

We have had to move this to virtual support due to the restrictions imposed by the lockdowns. We use the Carer Support Needs Assessment Tool (CSNAT) to help us assess and tailor our support for carers depending on their needs.

In response to the COVID-19 pandemic, we set up a 6-week programme for carers called "Caring Together" as part of our Living Well Services.

What we wanted to achieve:

- We will review our Living Well Service to ensure we tailor sessions to specific needs and conditions, widening access to these.

What we achieved:

We have reviewed and rebranded our day therapy services and following consultation with staff and patients, day therapy is now known as our Living Well Service. Having had to close our face-to-face Living Well Services sessions (effective from April 2021), we moved to providing advice, support, exercise and complementary therapy to online using Zoom and accuRx to provide private video consultations.

Our Life Celebration and Creative Activities Coordinator has done some excellent work during

very difficult times to ensure life celebration work was able to be conducted in patients' own homes. Our volunteers would help send out craft packs and we teamed up with After Cloud to offer an easy-to-use app for patients to record their memories digitally.

We also recruited our Music Therapist and are now exploring how we might expand this service to the AHDTC and provide broader access to patients who would benefit from music therapy including younger patients, those transitioning from children's services and those patients who have dementia.

What we wanted to achieve:

- We will continue to raise awareness of our Hospice services with the public, healthcare communities and other stakeholders and develop a strategy to reach those who are less likely to access our services, ensuring that we are viewed as a "go to" expert for palliative approaches across a wide range of specialities, including those with long term conditions.

What we achieved:

We have increased our social media communications, PR cascades and also our work with influencers. Our Widening Access Group meets bi-monthly to focus on how we can improve our work with harder to reach groups, including BAME communities, homeless people and those who are isolated geographically. We have also set up a working group looking at anti-racism.

Our Caring Communities work looks to engage a wider range of carers and we continue to provide education on different faiths and spirituality.

What we wanted to achieve:

- To develop activities in Arthur's Shed to include communities of interest we don't currently reach but who might benefit from our support.

What we achieved:

Sadly, the pandemic has meant we have been unable to pursue these connections and will start again as soon as it is safe to do so, to encourage community groups to make use of the Shed.

What we wanted to achieve:

- We will continue to develop our relationship with care homes to raise standards of care and to provide expert support and knowledge.

What we achieved:

We responded to the pandemic by providing direct support to several care homes in Cambridgeshire, helping to advise and support them in managing the care of their residents, some who had become ill with COVID-19 and were reaching the end of their life. We put together resource packs as well as attending regular meetings with the care homes. The CCG also commissioned us to provide online teaching sessions in partnership with Sue Ryder Thorpe Hall Hospice to deliver teaching for both registered nurses and carers in care homes and domiciliary care settings.

Priority 3

Evaluate and continuously improve our governance structure

What we wanted to achieve:

- We will continue to educate, support and invite challenge from our Trustees.

What we achieved:

In October 2020 we delivered a virtual online strategy session for our Trustees which focussed on a review of our Governance, our purpose, our culture and where we have opportunities to develop our leadership and manage risks. We successfully recruited a number of new trustees and have further succession planning in place as a number of longer-serving trustees will be stepping down in 2022.

What we wanted to achieve:

- We will continue to fully implement the Outcome Assessment and Complexity Collaborative (OACC) tool, allowing us to better measure patient outcomes.

What we achieved:

All clinical teams are now using the OACC suite, such as the Integrated Palliative Care Outcome Scale (IPOS), Australian Karnofsky Performance Status (AKPS) and Phase of Illness to assess our patients. We have now implemented software called LHITS which allows us to analyse data and see where we have made improvements and where we have not so we can develop our services.

What we wanted to achieve:

- We will roll out the implementation of SystmOne patient electronic records on the IPU, minimising the need for paper records wherever possible.

What we achieved:

We have taken possession of four workstations on wheels and have configured these so that staff can begin accessing patients' electronic records. There have been delays due to the pandemic and having to ensure all colleagues have access cards for SystmOne. A lot of work has been done to prepare the electronic records such as setting up new templates for staff to record care given. Plans to start training colleagues will begin in July 2021.

What we wanted to achieve:

- We will ensure a process for succession planning for our Board of Trustees.

What we achieved:

We successfully recruited new trustees in December 2020 and developed an induction plan and handbook for the trustees. We have scheduled further recruitment in 2021 to ensure succession planning for long serving trustees whose term of office will have concluded.

Priority 4

Develop our education and research capacity

What we wanted to achieve

- We will develop a research strategy in line with Hospice UK's definition of a Research Active Hospice.

What we achieved

We have set up a working group to consider all research projects and explore new opportunities. This is led by one of our consultants who is experienced in research. We are participating in a number of studies and it is still our ambition to lead in further research relating to palliative and end of life care. We are currently participating with a national study in relation to "needs rounds" working with care homes to explore how an Australian model could be adopted in the UK. The study is due to commence in July 2021.

What we wanted to achieve

- We will develop our role as national and international experts in the field of palliative and end of life care, encouraging colleagues to participate in national forums and to keep up to date with research relevant to their specialist areas.

What we achieved

We are linked with Hospice UK at a national level and are involved in a number of communities of practice such as Education, Patient Safety and Transitioning Young Adults. We also participate in regional networks and chair both the regional Executive Clinical Leaders in Hospice and Palliative Care (ECLiHP) and Strategic HR and Workforce Leads (SHAWL).

What we wanted to achieve

- We will continue to grow and develop our workforce through encouraging colleagues to be ambitious in their personal development, such as nursing associate and nursing apprenticeship roles and other qualifications.

What we achieved

We have appointed a new Kitchen Apprentice and are exploring other workforce development opportunities such as our Hospice at Home healthcare assistants and have prepared a business case for introducing nursing associate roles to the Charity. We are also working in partnership with the wider health and social care system to look at workforce development across the county and to look at what opportunities there might be to share resources and explore new and innovative roles.

Priority 5

Develop the financial and operational resilience of the charity.

What we wanted to achieve:

- We will continue to explore innovative ways to increase our income and manage resources effectively and acquire and implement new finance software and we will review our fundraising opportunities and income generation in light of the COVID-19 pandemic and aim to increase our Trust applications by 20%.

What we achieved:

The Fundraising Support Manager who joined in March 2020 has carried out an upgrade on our supporter database system. We installed a new finance system in September 2020 which has enabled us to improve the usage and reporting available to support budget holders. The system has the functionality to allow us to generate more tailored reporting, giving budget holders the ability to track income and expenditure robustly.

The pandemic has not been conducive to enabling fundraising activities in the way we had planned. Nevertheless, our amazing fundraising team and volunteers have continued to look at virtual events and activities to raise income for the Charity, such as our Step a Million challenge and Festive 5k fun run as well as our popular raffles and superdraws. Our sign ups with Your Hospice Lottery have remained consistent and we continue to work hard to retain and increase player numbers. The Charity also launched an SOS appeal inviting the community to donate in support of our services as a result of the restrictions placed on our ability to fundraise in the traditional ways. The appeal raised more than £89,000. In late 2020 we launched our fundraising strategy "Connect, Inspire, Deepen" and the team are focussing on embedding this across all activities to enhance supporter experience and maximise income generation opportunities.

What we wanted to achieve:

- We will launch our new website.

What we achieved:

In July 2020, our new website went live and teams continue to review and develop the content on our webpages to ensure it meet the needs of our patients and community. During the pandemic our new website enabled us to ensure information was readily accessible and available to those who needed it. This included information videos and leaflets and signposting to external information. It also proved to be an important tool for making engagements and offering financial support.

What we wanted to achieve:

- We will continue our collaboration with the CCG and other non-NHS services e.g. the local authority and voluntary sector.

What we achieved:

Although the pandemic has caused us all to be isolated, we have found that we have also been forced to embrace new ways of connecting together such as through video platforms like Zoom and Microsoft Teams and accuRx video consultations. This has enabled us to connect more broadly with our system partners and has enabled us to form new relationships and project work. We are now working with the CCG, North West Anglia Foundation Trust, Cambridge University Hospitals, CPFT, Cambridge Community Services, HUC, Healthwatch and other voluntary sector organisations on wider palliative and end of life care strategy. We have already built

stronger services as a result of this work in our Hospice at Home and Palliative Care Hub. We are proactively working with the Integrated Care System to ensure that palliative and end of life care is fully considered as new ways of working collaboratively develop.

What we wanted to achieve:

- We will develop a retail strategy that includes identifying a new retail Hub in Wisbech and open our new warehouse in Sawston. We will consider other retail opportunities in Wisbech and Huntingdonshire.

What we achieved:

Despite the challenges of several lockdowns and restrictions put in place to manage the global pandemic, we were delighted to open our new retail Hub in Sawston in October 2020. This has enabled us to sell much larger items such as furniture and expand our online sales using eBay and Amazon.

What we wanted to achieve:

- We will develop a digital strategy to support continued and improved efficiency and greater reach by the end of quarter three 2020/2021.

What we achieved:

We developed a patient-centred digital strategy to focus on areas such as support functions, electronic records, inpatient experience, support, advice and guidance, supporting families, MDT working, reaching more people, fundraising and communications. We have been fortunate to secure some grant funding and have upgraded our audiovisual (AV) equipment in our Education Suite. The upgrade will allow us to meet future demand for digital and hybrid events, to diversify our conference usage, to broaden our reach and also to facilitate different ways of MDT working. We have also focused on IT and data security to ensure our systems are robust and secure.

Priority 6

Support and develop our staff and volunteers

What we wanted to achieve:

- We will continue to utilise and support our volunteers effectively by carrying out annual volunteer satisfaction surveys.

What we achieved:

We held volunteer forums virtually due to the pandemic which were well attended. We also held regular smaller team meetings. Unfortunately, we had to cancel both our volunteer party and long service awards in 2020, but we continue to recognise and celebrate long service through our bulletins. We continue to explore ways to engage with new volunteers online.

What we wanted to achieve:

- We will continue to promote learning and development for all staff and volunteers, maximising opportunities for people to use their skills and develop good evidence-based practice.

What we achieved:

We have offered additional training to volunteers including Dementia Friends and communication.

We have commenced a review of our study leave policy and have undertaken a pulse survey of staff and developed an action plan. Teams have undertaken a review of their training needs for the year and training budgets have been applied to support these developments. We have set up restorative resilience supervision training and colleagues are being encouraged to book on sessions to enable us to increase support and wellbeing engagement.

What we wanted to achieve:

- We will continue to build on the work we have commenced on our staff recognition programme and establishing our long service award scheme.

What we achieved:

This has been paused due to the COVID-19 pandemic. We are considering the most effective ways to recognise contributions and achievements and will develop this further into our next strategy.

What we wanted to achieve:

- We will continue to develop an organisational workforce development programme, including a review of the appraisal process.

What we achieved:

We have set up our own internal management development programme to support colleagues with line management responsibilities. Due to the pandemic, we have had to pause this work until face-to-face sessions can be resumed.

What we wanted to achieve:

- We will seek to further support our colleagues by involving them in the creation of our Wellbeing Strategy, especially in light of the COVID-19 pandemic.

What we achieved:

We have set up a lot of support for our colleagues, especially in response to the pandemic. Arthur's Shed was transformed into a quiet space for colleagues to go to, away from the Hospice building, in order to provide a safe space for quiet reflection, meditation or just having a coffee and enjoying the peace and quiet. We also set up a Wellbeing Padlet which contains lots of useful information for colleagues to access. Some of our therapy colleagues also set up meditation sessions and we implemented "20 Minute Care Space" sessions online.

Looking forward 2021 - 2022

We begin our efforts now to develop our new strategy and have begun an engagement campaign to enable us to capture as much information, feedback and suggestions as we can from our community and stakeholders. There is still uncertainty regarding how the COVID-19 pandemic will affect patients and their carers going forward this year. We are already seeing an increase in complexity of patients due to some having delays in treatment and in identification of disease progression, which has had a knock-on effect in how we prioritise our resources and reach those most in need. We have learnt how we can adapt our services to meet the needs of those who may not be able to physically travel to the Hospice. New technologies that have kept us connected during lockdowns will also continue to be valuable.

Our year 5 objectives build upon what we have learnt over the past year and focus on our recovery and support for those who would benefit from our services.

Priority 1

Develop our services to meet the changing needs of our population

- We would like to develop a Dementia Strategy in partnership with CPFT.
- We hope to expand our volunteering roles at the AHDTC.
- We hope to expand our AHDTC Multidisciplinary Team to provide wider access to palliative care services in Wisbech and surrounding areas.
- We aim to strengthen our work with EACH and Sue Ryder Thorpe Hall for supporting young people transitioning into adult hospice services and will hold virtual and face to-face events for young people and their families.
- We would like to progress our work with the Hospice User Group and develop the Trajectory Touchpoint Technique in collecting feedback to help us improve.
- We will undertake an options appraisal into how we might utilise all beds on the IPU and seek funding to support this utilisation.
- We will continue to work with our system partners on developing palliative and end of life services across Cambridgeshire.

Priority 2

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

- We want to develop new volunteering roles to support our growing services.
- We will align our services with PCNs as we evolve towards an Integrated Care System (ICS) and continue our partnerships with other providers, focussing on those communities we need to work harder to engage with.
- We will explore how we can develop our Living Well services to provide rehabilitative palliative care, especially to those in deprived areas with limited access to technology and transport.
- We want to look at how we can connect with schools and colleges to raise awareness and engage with students.
- We wish to explore how Arthur's Shed could be utilised to engage with community groups when lockdown restrictions ease.
- We will look to facilitate educational events with key speakers.

Priority 3

Evaluate and continuously improve our governance

- We will continue to develop our dashboard to evidence the quality and responsiveness of our services.
- We will continue to embed the use of OACC in clinical services so that outcomes are evaluated and data is used to improve service delivery.
- All appropriate clinical areas will use LHITS to analyse their IPOS data.
- We will ensure we review our clinical policies in a timely manner and make sure that they are kept up to date.
- We will implement SystmOne electronic patient records on the IPU.

- A new Chair of Trustees will be successfully appointed and we will continue our efforts to recruit new Trustees to our Board.

Priority 4

Develop our education and research capacity

- We will continue to deliver our Palliative and End of Life Care module with Anglia Ruskin University and deliver a wide programme of education both in house and virtually.
- We will work closely with care homes to ensure they are supported to develop their care staff in providing excellent palliative and end of life care and will deliver further virtual teaching sessions throughout the year.
- Our research group will look at developing our research active hospice status and explore research opportunities. We will continue to take lead roles in national forums.
- We will recruit Nursing Associate training roles and develop our apprenticeship schemes and training and development pathways for staff.

Priority 5

Develop the financial and operational resilience of the charity.

- We will meet our Key Performance Indicators for fundraising and income generation and continue to review all the platforms used in these areas.
- We will continue to explore more funding opportunities to develop our services, such as support for children and dementia care.
- We will be proactive in engaging with the new ICS to provide new commissioned services.
- We will develop new retail outlets in Wisbech and Huntingdonshire.
- We will ensure we have robust plans for building and equipment maintenance and capital investment.
- We will develop fundraising opportunities to support the new strategy and significant milestones such as our 40th anniversary.

Priority 6

Support and develop our staff and volunteers

- We will survey our volunteers and staff to ensure robust induction and education for all staff and volunteers.
- We will ensure all staff have annual appraisals and maximise the opportunity for staff to receive supervision and mentoring/coaching.
- We will train more staff to be able to provide more Restorative Resilience Supervision sessions.
- We will evaluate our 20 Minute Care Space sessions with the goal to see >90% satisfaction.
- We will review our study leave policy and align training and development with service training needs analysis and look at strengthening link roles in clinical teams.
- We will develop our workforce plan in line with our new strategy.

'You were so kind and reassuring, giving (the patient) time to talk about what she wanted and express any worries she might have. Your warmth and kindness meant so much. And how lovely it was to hear you say how much you enjoyed (the patient's) company. A special thanks from me for the ongoing support you also gave to me in my journey of caring for my Mum - your guidance, reassurance and the gentle reminders always that I needed to recognise my own needs and take care of myself.'

Special Palliative Care Home Team

'I can't tell you how helpful this has been. I don't think I could have got through it without you. Thank you so much.'

'It's been such a relief to talk somewhere safe.'

Patient and Family Support

'Very special, caring people.

Thank you for our recent house calls.'

'Thank you for your care.

You treated my dad like gold!'

Hospice at Home

'Thank you ever so much for the session. Perhaps the subject won't be so scary anymore.

(I) Will be able to take theory into practice and be able to care for patient's that require syringe drivers to make end of life more comfortable for an individual.

A very enjoyable and interesting course where I felt safe to learn and believe I learned a lot from teachers and also other learners.'

Education

'Thank you, you have gone over and above what I expected at this difficult time.'

'You are wonderful all of you, I am very grateful. Initially you don't understand, you think you will look like the elephant man, so thank you so much.'

Lymphoedema Clinic

'Thank you for the opportunity to do this course. It's really helped me to face some of my fears around teaching and presenting. I've also come away equipped with a really useful process to follow when putting together a teaching session.'

Education

Mandatory statements

Review of service

During the period 1 April 2020 to 31 March 2021, Arthur Rank Hospice Charity provided a number of NHS services listed below. The Arthur Rank Hospice Charity has reviewed all the data available to them on the quality of care in all of these NHS services. The income generated by the NHS services reviewed on 1st April 2020 - March 31st, 2021 represents 100 per cent of the total income generated from the provision of NHS services by the Arthur Rank Hospice Charity.

Services provided:

Arthur Rank Community Team (7 day service)

which includes Hospice at Home night service and day service, Specialist Palliative Care nursing advice and support. We also have a Young Person's Transitioning Coordinator supporting young people transitioning from children's service to adult Hospice services.

Palliative Care Hub 24/7 advice and support line

Chaplaincy

Living Well Service - Arthur Rank Hospice

Living Well Service and Treatments - Alan Hudson Treatment Centre located at North Cambs Hospital, Wisbech.

Inpatient Unit

Outpatient services -

- Medical
- Nursing
- Physiotherapy
- Occupational therapy
- Psychological support
- Complementary therapy
- Lymphoedema
- Complex pain management
- Bereavement support

National Audit

National patient Safety Thermometer monthly audit. (These are no longer submitted nationally, but we continue to record locally)

Due to COVID-19 restrictions we were unable to undertake the annual Patient-led Assessments of the Care Environment (PLACE) inspections this year.

Local Audit and Quality Improvement (QI) projects

- Weekly drug omissions audit (IPU).
- Monthly essential steps Infection Prevention and Control (IPAC) audit (IPU).
- Monthly Hand Hygiene Compliance audits.
- Care Quality Commission compliance with safe storage, administration and disposal of controlled drugs audit.
- Clinical Outcomes in Routine Evaluation (CORE-OM) bereavement support audit.

Participation in clinical research

The Hospice has been working with the Collaboration for Leadership in Applied Health Research and Care, East of England (CLAHRC). We are currently involved in a number of research studies such as:

- "Needs Rounds" study - looking at testing the Australian model of hour long "needs rounds" between care homes and a specialist palliative care nurse for those who may be in their last year of life.
- Learning about breathlessness.
- Contribution of the healthcare assistant in out-of-hours hospice care: qualitative case studies.

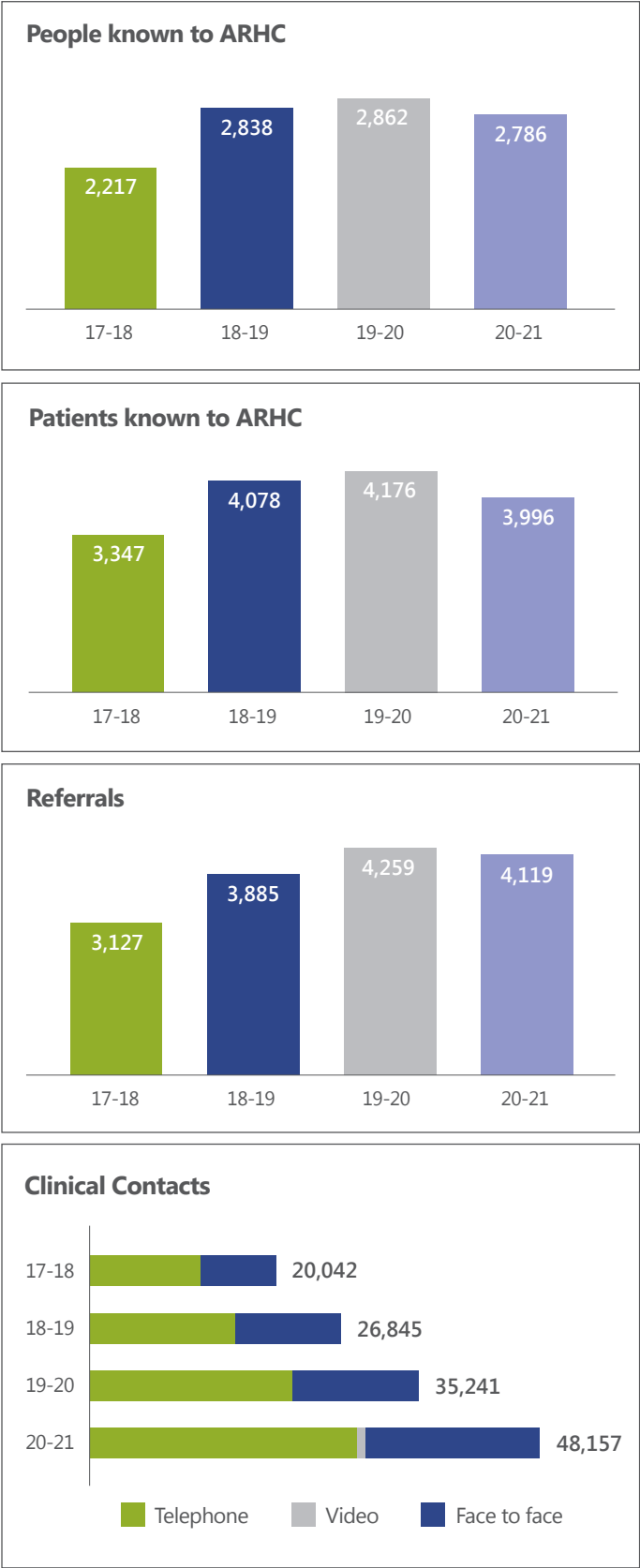
Use of Commissioning of Quality and Innovations (CQUIN) Payment Framework

Grant income from the NHS was not conditional on achieving quality improvement and innovation goals through the Commissioning of Quality and Innovations framework (CQUIN) because the grant/contract is set by the CCG and does not include this element currently.

Part 3

Review of Quality Performance

Organisational clinical summaries:

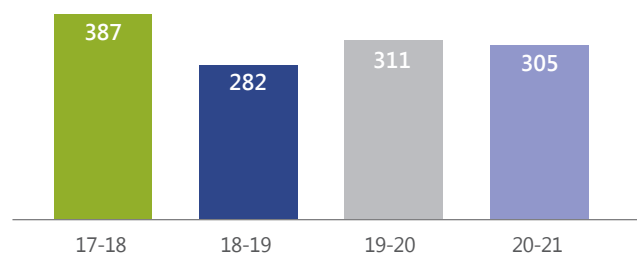


Clinical Service Areas

Inpatient Unit

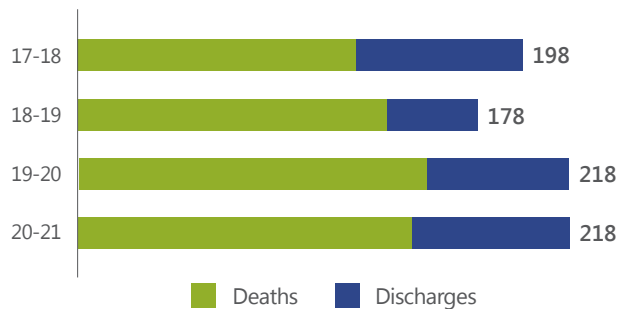
Referrals

Inpatient Unit - Specialist Beds



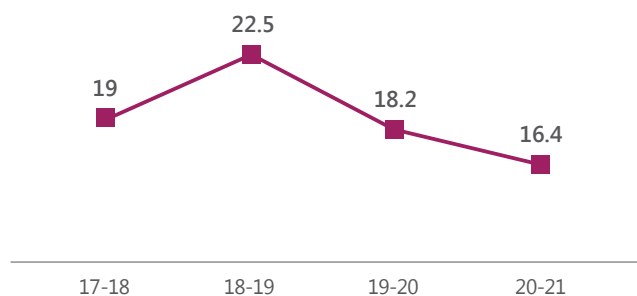
Discharges/Deaths

Inpatient Unit - Specialist Beds



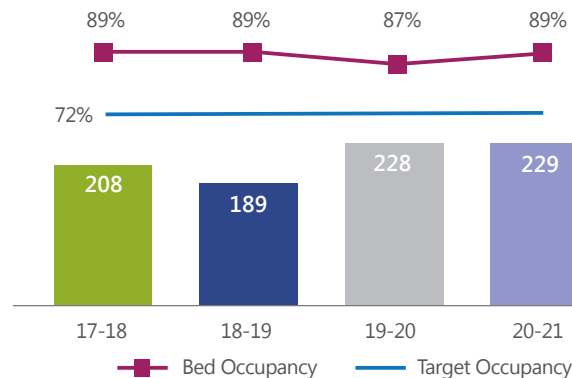
Average Length of Stays (days)

Inpatient Unit - Specialist Beds



Patients and Bed Occupancy

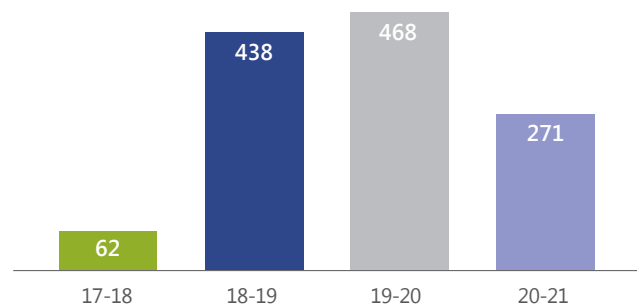
Inpatient Unit - Specialist Beds



Our IPU consists of 23 beds of which 21 are commissioned in total. We have 12 specialist beds and can take up to 9 patients into our Nurse Led Beds from Addenbrooke's Hospital.

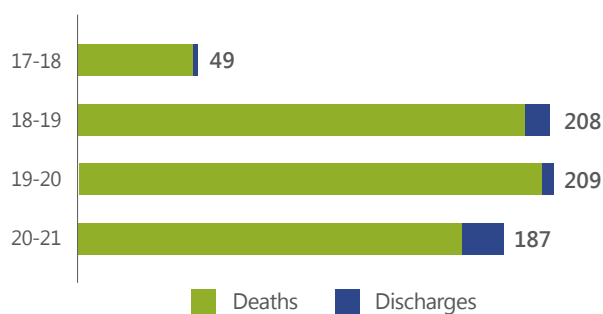
Referrals

Inpatient Unit - Nurse Led Beds



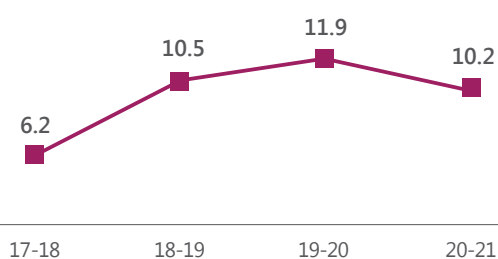
Discharges/Deaths

Inpatient Unit - Nurse Led Beds

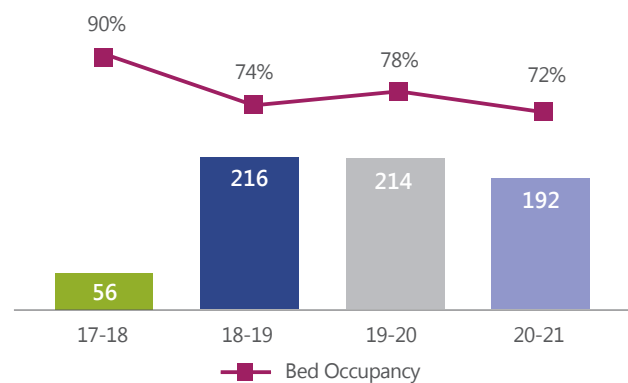


Average Length of Stays (days)

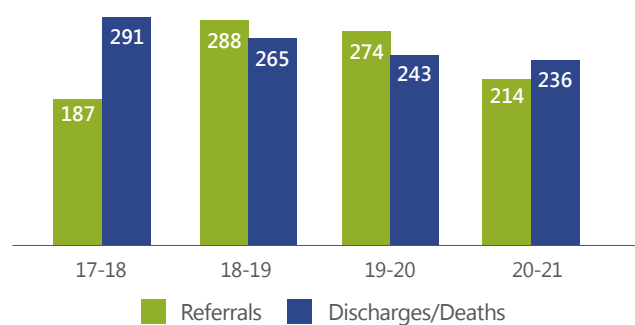
Inpatient Unit - Nurse Led Beds

**Patients and Bed Occupancy**

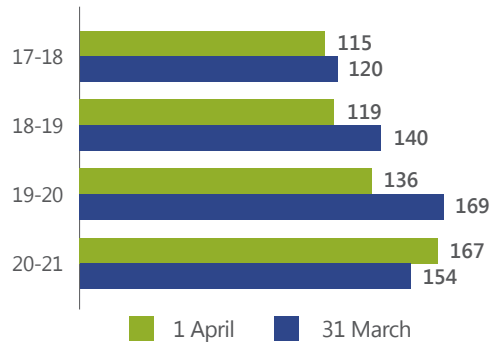
Inpatient Unit - Nurse Led Beds

**Living Well Service****Referrals and discharges**

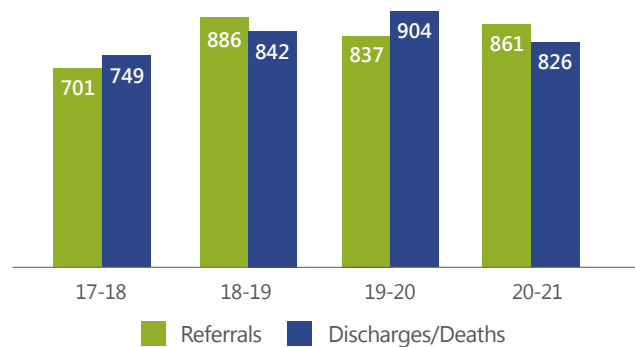
Living Well Service

**Patients on Caseload**

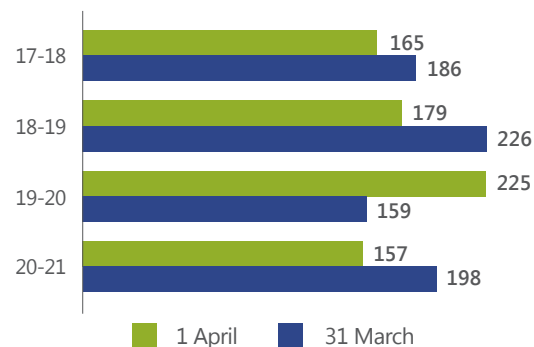
Living Well Service

**Specialist Palliative Care Home Team (SPCHT)****Referrals and discharges**

Specialist Palliative Care Home

**Patients on Caseload**

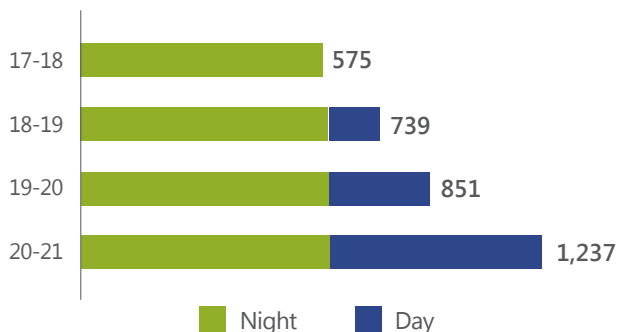
Specialist Palliative Care Home



Hospice at Home

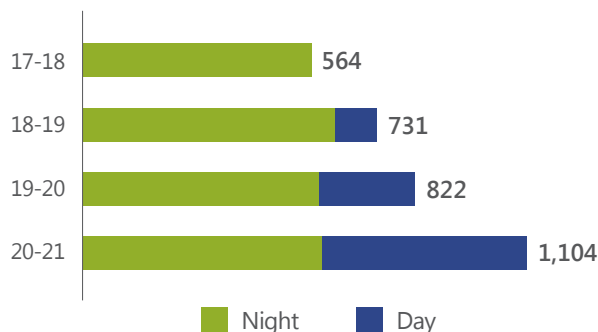
Referrals

Hospice at Home



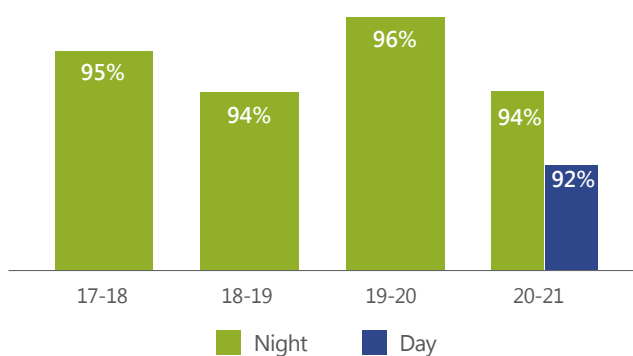
Discharges/Deaths

Hospice at Home



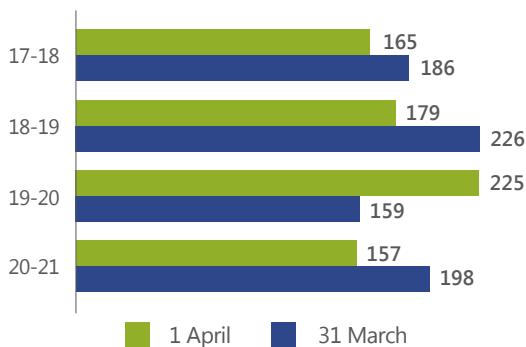
PPOD Achieved

Hospice at Home



Patients on Caseload

Hospice at Home

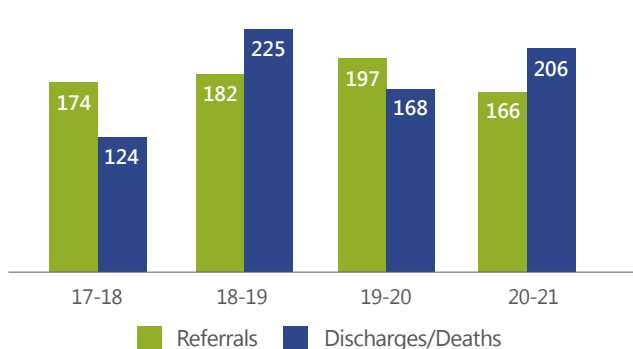


Due to the expansion of the Hospice at Home day service, we are now collecting PPOD data for day as well as night services. Our Hospice at Home night service is for those with specialist and complex needs which is why we will have more patients referred to our day service than night service.

Lymphoedema Clinic

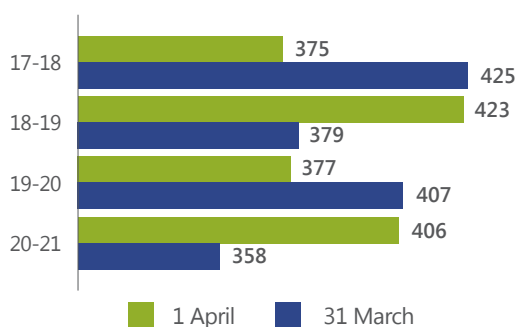
Referrals and discharges

Lymphoedema Clinic



Patients on Caseload

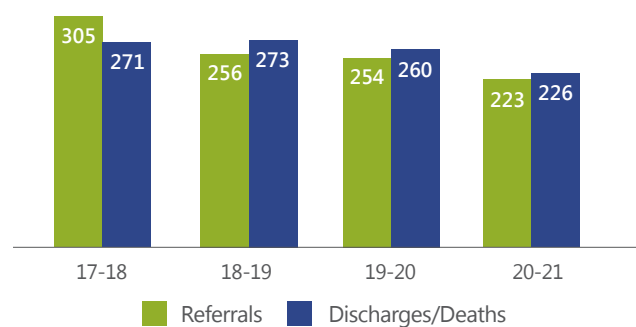
Lymphoedema Clinic



Patient and Family Support Team (PFST)

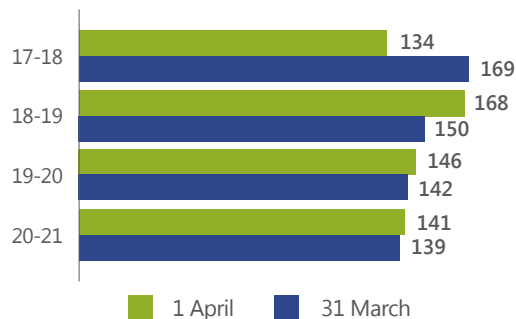
Referrals and discharges

Patient and Family Support



Patients on Caseload

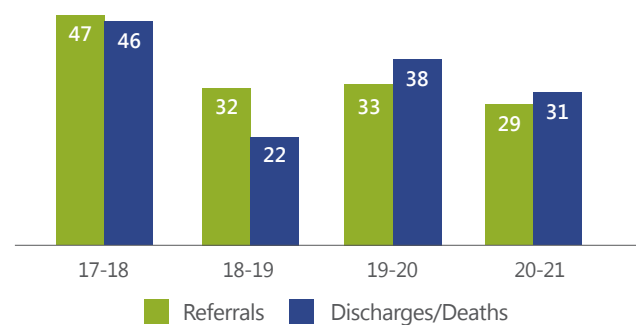
Patient and Family Support



Pain Management Clinic

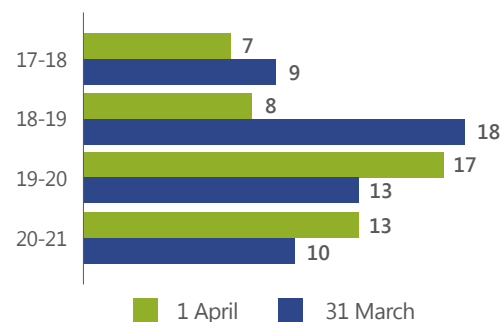
Referrals and discharges

Pain Management Clinic



Patients on Caseload

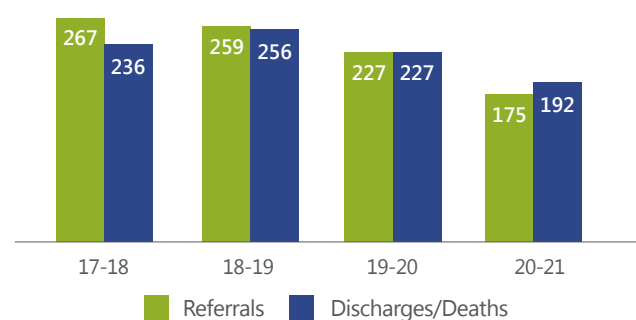
Pain Management Clinic



Complementary Therapy

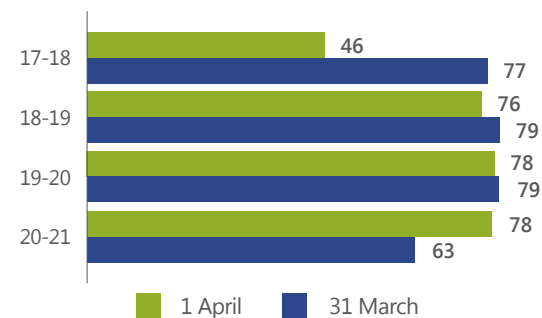
Referrals and discharges

Complementary Therapy

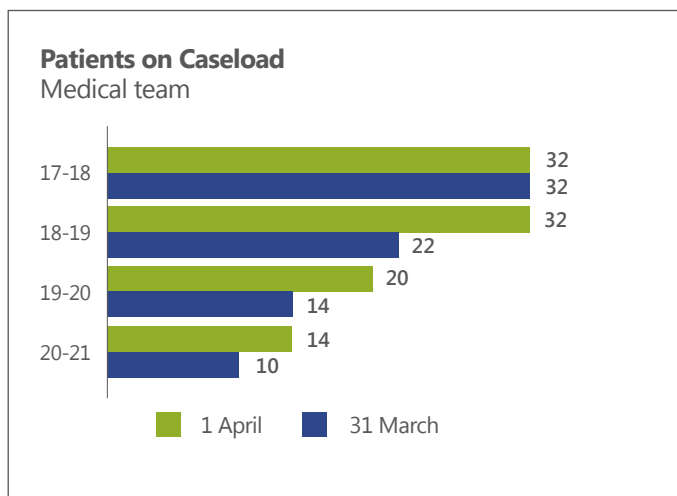
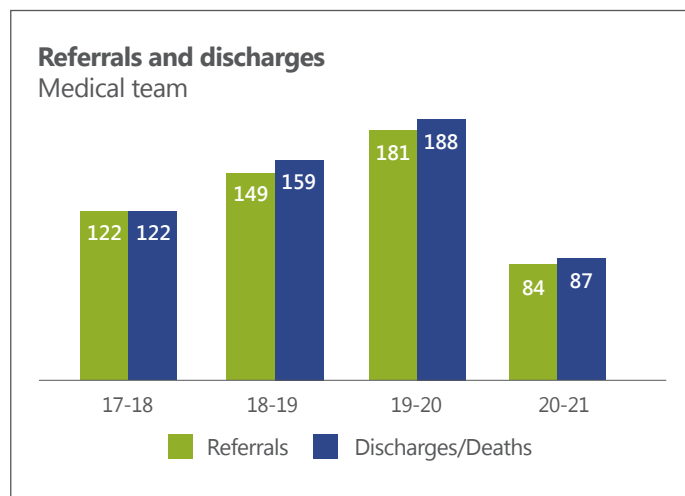


Patients on Caseload

Complementary Therapy

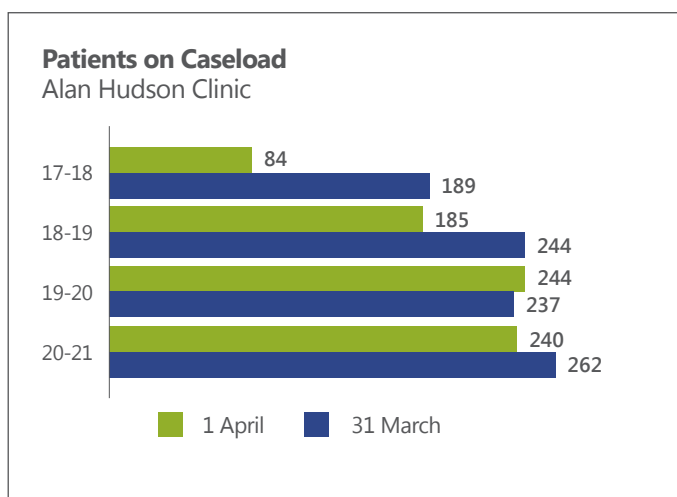
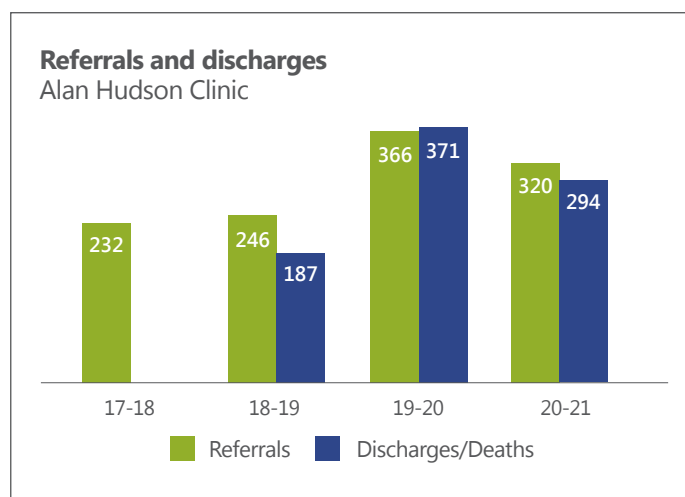


Medical Team



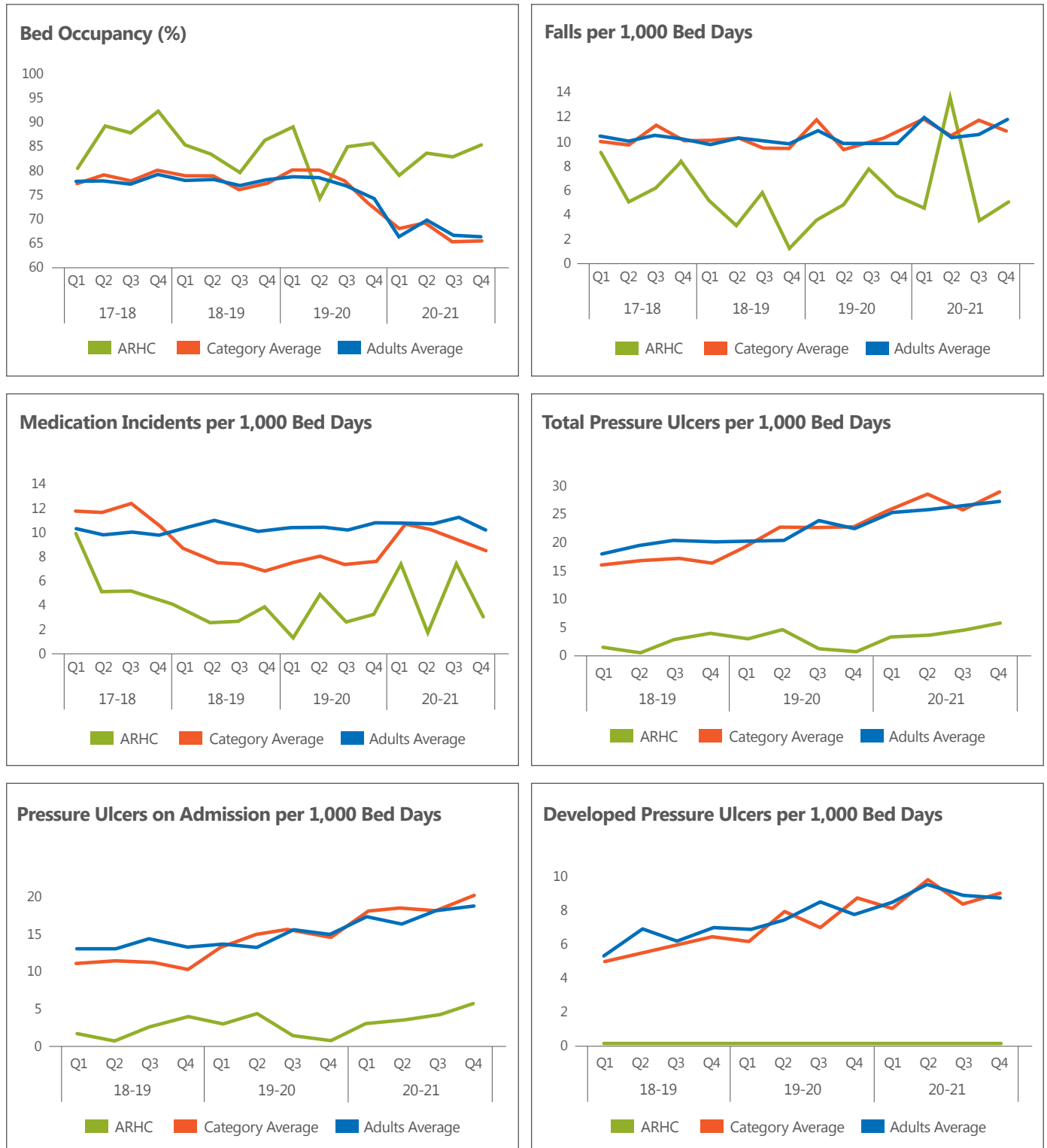
The data for the medical caseload is not directly comparable in 2020/21 to the previous years. This is because we have changed our system to keep patients on their primary caseload and the doctors work is then recorded within this. This is a more efficient method of data collection avoiding unnecessary duplication. In a minority of cases patients are exclusively under the care of the doctors. Much of the work of our medical team is advising colleagues on patient care through the Multi-Disciplinary Team (MDT) meetings, daily planning meetings and calls from healthcare professionals working in the community as well as teaching trainee doctors and other colleagues.

Alan Hudson Day Treatment Centre



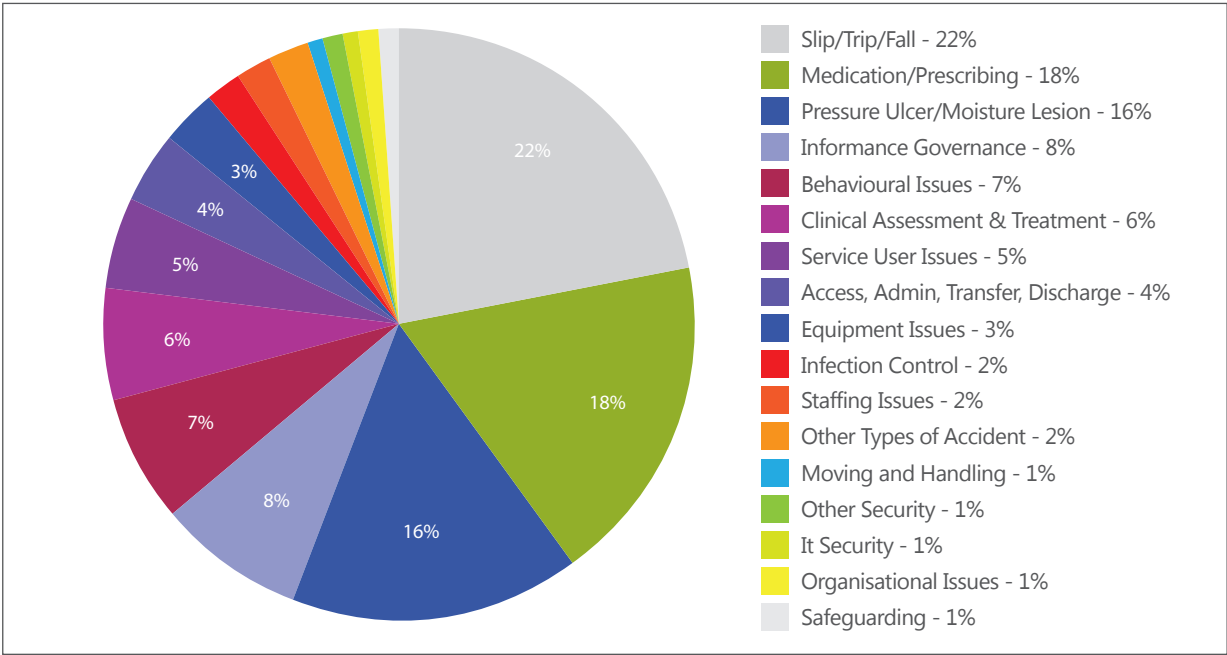
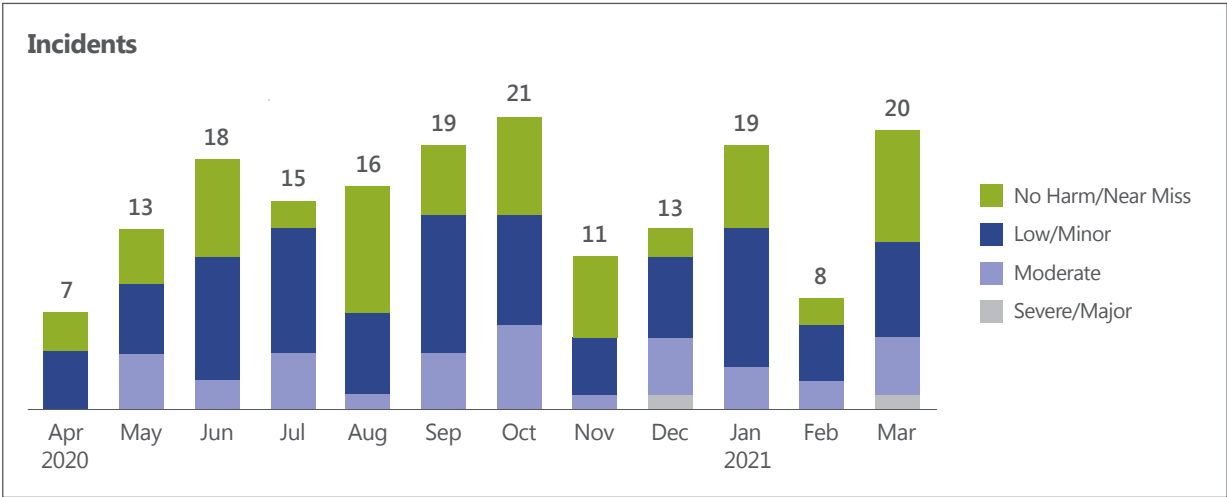
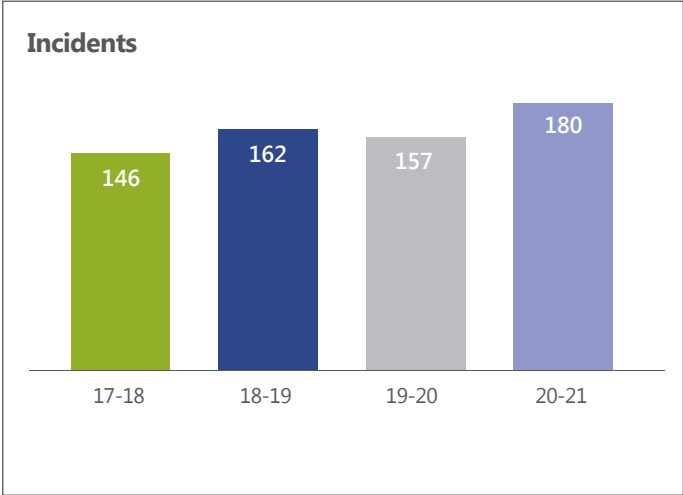
Hospice UK Benchmarking

We benchmark our patient safety data with Hospice UK quarterly. Our bed occupancy fill rate is, on average, higher than the national average based on a hospice our size (category large). Our incidents of falls, medications and pressure ulcers is usually below national average.



All patients who are admitted to our IPU have their skin assessed on admission, if pressure damage is observed then this is recorded. Most pressure damage reported is category 1 (non-blanchable erythema) and category 2 (partial thickness skin loss) damage. There have been no reported developed pressure ulcers on our IPU.

Quality Data
Incidents



Incidents

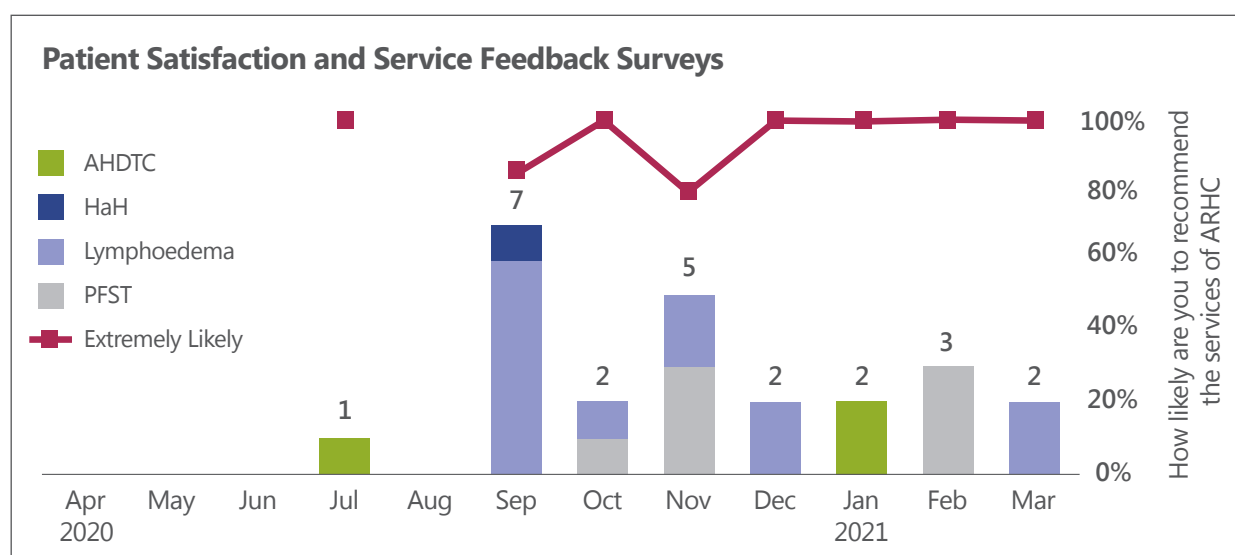
All staff and volunteers are actively encouraged to report any incidents that may result in actual or potential harm to staff, patients, visitors and volunteers.

Our incidents show that slips/trips and falls remain our most reported incident. We review all our incidents to see if there is any learning to help us improve patient safety and our services. Falls cannot always be prevented but we take measures to ensure we minimise the risk of harm from falls, such as identifying those who are at risk, initiating regular safety checks, and implementing falls alarms/motion sensors. We have not had any severe/major harm from falls.

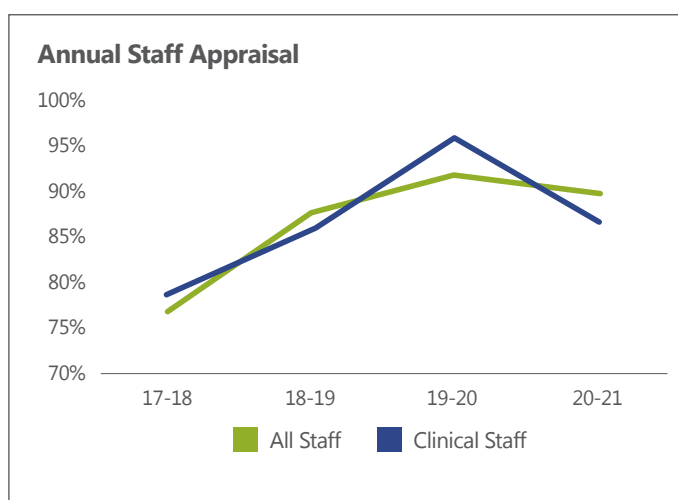
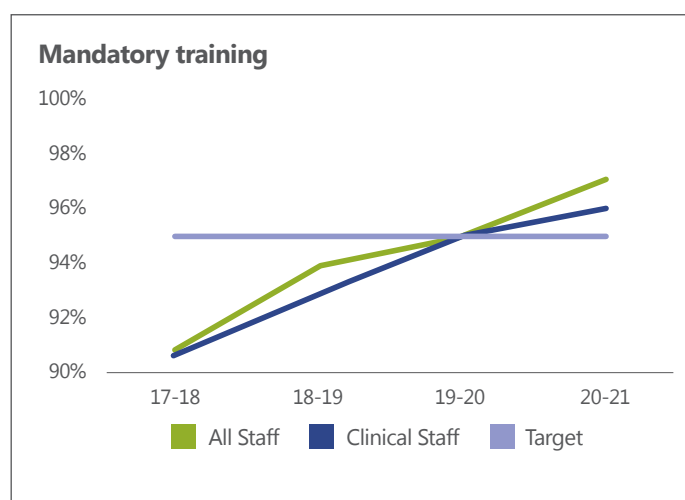
Serious Incidents (SIs)

We had no SIs in 2020 - 2021.

Patient Satisfaction Surveys



Mandatory Training and Appraisal



All our staff are required to complete mandatory training. In 2020 - 2021 training and appraisal was impacted by the pandemic and the majority of face to face training was delivered virtually. Despite the challenges staff have continued to make good progress and by April 2021 98% of all staff have completed mandatory training and 90% of all staff have completed their annual appraisal.

Complaints and Concerns

We received four complaints and two concerns during this financial year 2020 - 2021.

A summary of the four complaints can be found below:

Date Received	Summary	Action(s)
28/5/20	Lack of response from the Hospice at Home (HaH) Team to a voice message left regarding overnight care of a patient.	Complainant was spoken to and thanked for their compliments regarding the care they received, but apologised to for the HaH team not making contact to them prior to the night shift. Explanation was given as to why night care was not available and the team now have admin support.
28/8/20	Relative complained about not being given clinical updates on a family member as was not Next of kin (NOK), and was not present when the patient died.	Complaint was not upheld due to a number of factors.
9/10/20	A patient complained about being spoken to in an unprofessional manner during a lymphoedema consultation on the telephone in March 2020 (just after the UK went into lockdown).	The patient/complainant was spoken and apologised to. There were a number of mitigating factors which were discussed and addressed during the phone call to the complainant and the matter was resolved.
5/10/20	The relative of a deceased patient was disgruntled with the way they were spoken to by a member of staff in the HaH Team, but due to the loss had not felt able to write in about it until now. However, it would appear that they had raised their dissatisfaction earlier but had no response.	The complainant was contacted by the team lead who apologised and the matter was resolved. Staff were given advice and guidance on how to manage difficult conversations and we now have training in this.

Quality Account Feedback: Cambridgeshire and Peterborough CCG

Cambridgeshire and Peterborough CCG welcomes the achievements described in the Quality Accounts for 2020/21.

The account sets out an impressive range of partnership working with system partners from our colleagues at Cambridge University Hospital NHS Foundation Trust, North West Anglia NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, the Local Authority, Healthwatch and a variety of voluntary sector organisations.

It was a difficult and challenging year as a result of the pandemic, however, the CCG requested that an acceleration from the transformation project was undertaken to support the system. ARHC with their 'can do' attitude came to the fore and accelerated recruitment to Hospice at Home, transformed areas of the building to accept Discharge to Assess patients. Staff within the hospice also supported a small number of care homes around education for care staff around the 'Dying Patient'.

The Hospice at Home service has grown significantly in year and we acknowledge the service is still embedding, however, the outcome measures which have been developed with our system partners are now being reported and are demonstrating an increase for patients and their families are being supported in their 'preferred place of death'.

As the various waves of the pandemic ebbed and flowed, ARHC alongside system partners, progressed with recruitment to the CNS Rapid Response and also worked with Herts Urgent Care to ensure the commissioning of the 111 Option 3 Palliative Hub was able to go live in April 2021.

As indicated in the report, ARHC's commitment to continue the work which they have commenced around inequalities, hard to reach groups and faith communities will continue through 2021/22 and be included within core services going forward.

The CCG looks forward to working with ARHC in the coming years and wishes the organisation every success in achieving its priority improvements.

Response from Health Watch

Healthwatch Cambridgeshire and Peterborough recognises the valuable work of Arthur Rank Hospice Charity (ARHC) and is pleased to comment on the Quality Accounts for 2019/20 and 2020/21. The work of ARHC during the past two years has been remarkable. We have observed the responsiveness and flexibility that the organisation has shown during the global pandemic; this has made a significant difference to people living through such turbulent times. The expansion of the Hospice at Home service and the key role played in developing the local palliative hub, at a time of such need, is a huge achievement and has truly made a difference.

We welcome the focus on equity and the work to widen access to ARHC's services. Based on the breadth of feedback we receive from people from marginalised communities with additional challenges in finding a service to help them, we endorse the proactive efforts ARHC makes to remove barriers to good care that so many of these communities experience.

Problems that young people experience as they transition from children's to adults' services features prominently in the intelligence gathered by our Healthwatch. This experience will undoubtedly also apply to end of life care. ARHC's partnership work with Sue Ryder and East Anglia Children's Hospice is therefore very much needed and welcomed.

The transparency with which the small number of complaints are presented and the resultant learning is indicative of the quality ethos of ARHC. As is the commitment to listening to users through the Hospice User Group.

Our Healthwatch understands how important it is to enable quality conversations around end of life care and the potential of empowering people to make their own choices. As such, we have been a key partner in harnessing new momentum for the local ReSPECT project work (Recommended Summary Plans for Emergency Care and Treatment). We are delighted to be working with ARHC partners on this and note that ARHC is well placed in our evolving Integrated Care System to contribute to wider partnership working. Linking community teams to Primary Care Networks, and over time, Integrated Neighbourhoods, will remove even more barriers and be highly beneficial to local people.

Healthwatch Cambridgeshire and Peterborough welcomes the priorities set out for the coming year, in particular the continuation of the transitions work, the Hospice User Group and reaching marginalised communities. We extend offers of support in any areas that may be helpful and wish the Hospice every success for 2021/22.