



Arthur Rank Hospice Charity



Quality Account

2018 - 2019

making every moment count

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice

It is a pleasure and a privilege to present our Quality Account 2018-19 to you. As the new CEO of Arthur Rank Hospice, my privilege is to present a review of an extremely constructive and positive year for the organisation led by my predecessor Dr Lynn Morgan. Lynn retired from the Hospice at the end of March 2019 after nine hugely successful years and it is our opportunity both to reflect on and build on her legacy. There have been a number of other changes in the Senior Leadership Team at Arthur Rank, which are detailed below. Our new leadership team is committed to building on the firm foundations laid and continuing to develop the services provided by Arthur Rank Hospice Charity.

Once again it has been a very busy year with lots of change. This is the second year of the Five Year Strategy approved by the board of Trustees (<https://www.arhc.org.uk/downloadsMCL/AR-5yr-Strategy-Report-webclick.pdf>). This Quality Account demonstrates the further progress that has been made in delivering on the strategy; building on the achievements from the first year of delivery. We were delighted that, in February 2019, following their inspection of the Hospice's service, CQC awarded the highest rating of Outstanding to Arthur Rank. Together with the Outstanding rating achieved by our Alan Hudson Day Treatment Centre, an Arthur Rank Hospice Charity service serving Wisbech and the Fens, in 2018, we are intensely proud of this recognition of our commitment to quality provision. This does not mean there is any sense of complacency, as we are committed to continuous improvement of our services.

The values that underpin both our strategy and the way we work are:

- Integrity, compassion and professionalism
- Equality of service
- Flexible, individual and responsive focussed specialist palliative care
- Valuing and investing in our workforce
- Prudence in the management of our resources. We put our patients and their families first in everything we do.

In this report you will see the development and enhancement of new projects launched through the Five Year Strategy with the aim of offering our services to an even wider range of patients. This has been achieved whilst continuing to maintain the highest quality of palliative and end of life care through our In Patient and Day Therapy services supported by our Patient and Family Support Team.

Our Nurse-Led Bed (NLB) project, in partnership with Addenbrookes Hospital, has now completed its pilot phase and we await the invitation to tender to bid to continue with this provision. As with all pilots, we have learned much through the first 15 months and are very pleased that our report demonstrates the value to our local community of this provision.

We are proud of our team at Alan Hudson Day Treatment Centre in Wisbech who have continued providing a range of high level services for local people whilst overseeing a major refurbishment of the premises. The team has now moved back in to the vastly improved and extended centre which will enable even higher quality and greater range of provision.

Our Community Specialist Nurse Team and Hospice at Home service has continued to support people who need care and support to manage their illness and who wish to die at home. Yet again, through the year, we have evidenced that demand far outstrips our ability to supply this service, which is why, in May 2019, we are launching our appeal 'Help Us Be There' aiming to raise sufficient funds to enable provision of a further 200 nights of care.

These achievements, combined with the continual focus from our team on further initiatives and commitment to provide more and better services for people across Cambridgeshire, take place in an environment of increasing pressure across the health and care system. We have been advised that our main contractor, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), will be undertaking a review of all commissioned provision, including Arthur Rank Hospice Charity. We look forward to working with colleagues to ensure that our 'Outstanding' service provision can be sustained and developed.

The financial pressures remain a challenge and, whilst we are very pleased that colleagues' hard work and attention has ensured that we have achieved a better financial outcome than we budgeted for, the budget situation for 2019/20 continues to require our fullest attention.

There is still work for us to do in some areas of our strategy and we continue to learn from the small number of complaints that we receive. These are fully investigated and learning about how we can improve is shared across the whole team. We have not made as much progress as we wished with involvement of patients and families in hospice plans and provision. We have begun a refresh of this work and are considering a range of methods to achieve greater involvement. We need to do more to build on the work started in order to ensure that our services are accessible and appropriate for all parts of our local community. Again, we are focused on reinvigorating our efforts in this aspect.

The skilled and knowledgeable board of Trustees has provided clear guidance and direction throughout the past year and we are pleased to have recently recruited four additional Trustees and two specialist advisers to further strengthen the governance of the Hospice.

All of the achievements in this report reflect the collective efforts of all of our colleagues and volunteers, who show total commitment and dedication to their roles. Their skill, knowledge and compassion are our greatest assets. In order to build on this, our focus for the year ahead is the 'Year of Quality Improvement' with each team identifying a specific area for improvement and sharing the 'what' and 'how' with the whole organisation.

We welcome questions and feedback on all aspects of our provision. I would be delighted to hear from you if you have any ideas, experiences or thoughts that you want to share. Please do not hesitate to contact me sharon.allen@arhc.org.uk if you would like further information or, indeed, clarification on any aspect of the content.

Sharon Allen OBE
Chief Executive, Arthur Rank Hospice

'I would like to thank you all for the wonderful care my son received from you, the last few weeks of his life, every one of you was so kind and caring. The loss of my son was heartbreaking, but I know he couldn't have been better cared for any where else. You are all so wonderful. Many many thanks' **Inpatient Unit**

'I will never forget the kindness you showed to me, and the great compassion you showed to my daughter. You all made the last few weeks of my daughter's life as happy as was humanly possible through your dedication and patience. There are so many memories I have, from the time she fell and chipped her tooth, to her endless requests for analgesics, all met with your selfless professionalism. I am not a religious person, but I have to say I do now believe in angels! God bless you and your families.' **Inpatient Unit**

'Due to your prompt help the new combination is working and the skin is no longer inflamed and itchy.'

'Thank you so much I was dreading showing my legs, you made it bearable.'

'Thank you, you have given my spirits such a boost and lift- this place is wonderful.' **Lymphoedema**

'I just wanted to write and say thank you to you for the support you gave my dad. Your kindness and empathy helped me with dealing with things that were happening. You helped me understand the process of what would happen and I took great relief in knowing this as I knew that it would help me.'

Specialist Palliative Care Home Team

'As a family when we needed palliative care for my mother-in-law you provided your services of Hospice at Home. What a wonderful, caring, kind service you provide. In our hour of need a lovely lady came into our lives and not only looked after X but our family too. We also had a specialist Nurse and they both gave such wonderful support and kindness. We were also impressed with the dignity to X when she was both alive and afterwards. Thank you does not sound enough but it is heartfelt.' **Hospice at Home**

Statement from Chair of Trustees Isabel Napper

As chair of the Board of Trustees at Arthur Rank Hospice Charity, I am pleased and proud to present this Quality Account to you. Working together with our executive colleagues, our focus is on our mission: 'making every moment count'. Through our effective governance structures, we are confident that this is what we achieve and the evidence for this is set out below.

Our focus at all times is ensuring that our patients and their families receive the very best, holistic care that we can provide. Our range of provision has been enhanced through the addition of a specialist dementia Admiral Nurse, providing additional skills and confidence for our colleagues supporting people living with dementia. The report of the pilot provision of the Nurse-Led Bed project in partnership with Addenbrookes is evidence of what can be achieved with vision and hard work. Our team will be working hard to ensure that we are able to continue with this valued provision.

Following on from the achievement of CQC's rating of Outstanding to our Alan Hudson Day Treatment Centre in Wisbech in 2018, I am delighted that our centre in Cambridge has also achieved Outstanding following inspection earlier this year.

One of the most important roles a board of Trustees undertakes is the appointment of our CEO and we have been fortunate to have been led by Dr Lynn Morgan for the past nine years. Lynn retired from the Hospice in March 2019 and, on behalf of the current board and former Trustees, I wish to place on record our gratitude to Lynn for all that she has achieved. We wish her well in her retirement. I am also very pleased to welcome our new CEO, Sharon Allen OBE, who joined us in April and who will lead us in the next phase of our development.

Of course, none of this could have been achieved without the hard work and dedication of our team of staff and volunteers which, together with the huge amount of good will and support we receive from families and donors, means that we face the coming year with determination to continue and, indeed, improve our quality standards.

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

Isabel Napper
Chair of Trustees

Carly Love, Inpatient Unit Matron, wins "Health Worker of the Year" at Cambridge News Community Awards in September 2018.
<https://www.arhc.org.uk/news-item.asp?£=1330>

Arthur Rank Hospice has been recognised as being one of the best employers in the Eastern region, having achieved gold accreditation thanks to exceptional results in a staff survey. The Charity was presented with its accreditation at a conference at Rowley Mile Racecourse in Newmarket, during a day of celebration and learning on Wednesday 3 October.
<https://www.arhc.org.uk/news-item.asp?£=1338>

In December we shared a special film in appreciation of our volunteers. Mill River TV spent two days filming at the Hospice on separate occasions, in order to capture as full a picture as possible. In the course of filming they interviewed patients, family members and staff members, recording personal thank you messages from each. As well illustrating how vital our 531 volunteers' support is to the Charity across an incredibly diverse range of roles - the film conveys the warm home-from-home welcome received by patients, family members and friends, supporters and visitors alike. You can watch the film on Arthur Rank Hospice Charity's YouTube channel here:
<https://youtu.be/KDorGOPCRVA>

Arthur Rank Hospice which last year supported over 3600 patients and their families living with a life-limiting illness or condition in Cambridgeshire, has been recognised as outstanding by CQC following inspection on 5 December 2018 and 18 December 2018. Five domains were inspected: safe (good); effective (good); caring (outstanding); responsive (outstanding); and well led (good), leading to an overall rating of 'outstanding'. 'Good' is defined by CQC as "the service is performing well and meeting expectations", with 'outstanding' meaning "the service is performing exceptionally well".

Congratulations to 'Spud' (aka John Woods) who, after nearly 30 years as one of our van drivers has been named Hospice UK Retail Volunteer of the Year!
<https://www.hospiceuk.org/about-hospice-care/media-centre/press-releases/details/2019/04/11/mary-poppins-window-display-helps-hospice-retail-fly-to-new-heights-and-scoop-a-win-in-hospice-uk-s-retail-awards>

Part 2

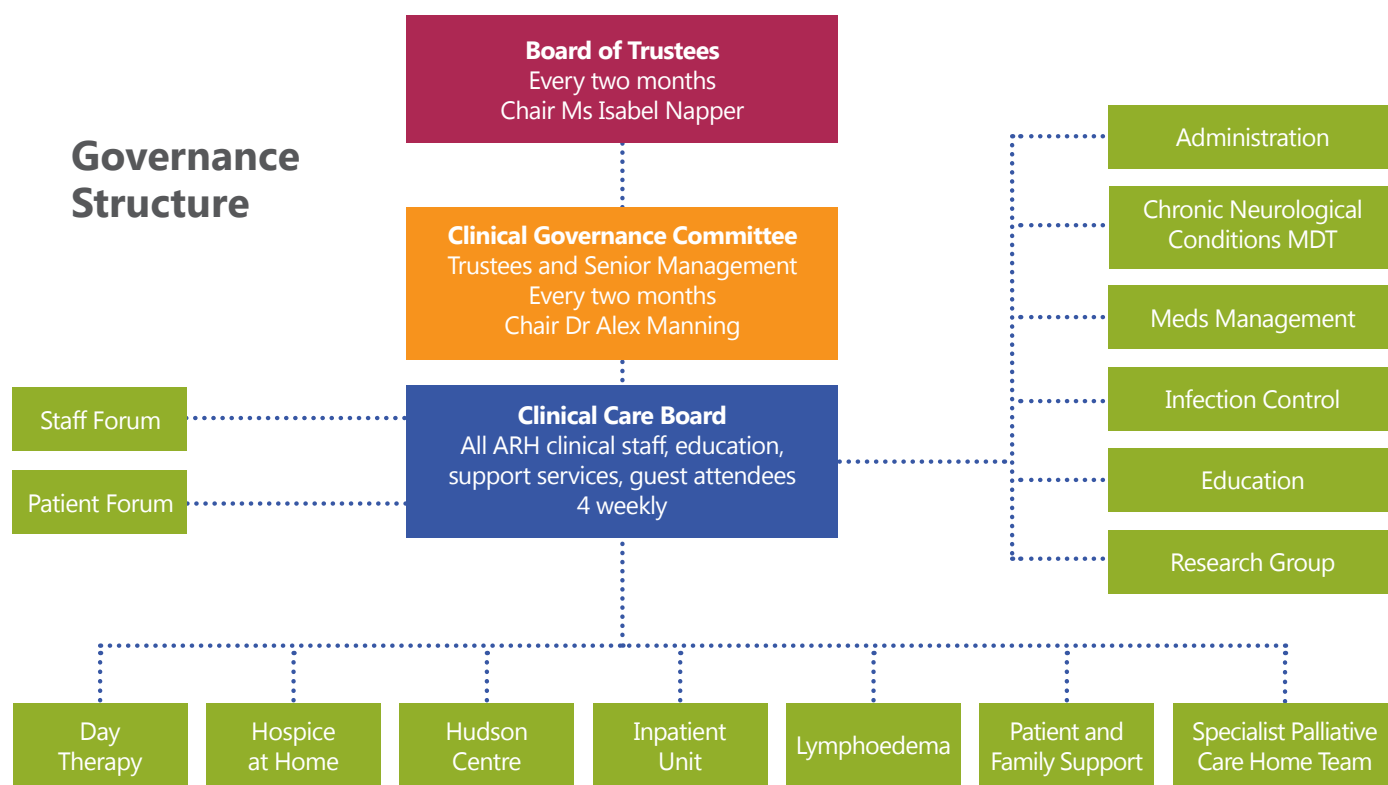
Priorities for improvement

In the 2017-2018 Quality Account we reflected on our achievements following the publication of our Five-Year Strategy 2017- 2022 'Planning for the future by building on our success', which underpins our ambitions and commitment to providing expert palliative and end of life care.

The Alan Hudson Day Treatment Centre (AHDTC) was rated outstanding by the CQC in their report published 19 January 2018. What was significant was that they achieved outstanding in all five key lines of enquiry which is an incredible achievement. Our reflections confirm that we continue to provide high quality care and patient safety in all our services. We had our first CQC inspection of the new Arthur Rank Hospice Charity at Shelford Bottom in December 2018 and, as a result, we were rated as Outstanding overall when our report was published by the CQC in February 2019.

We have continued to build our relationships with external partners. Our work with Addenbrookes Hospital in supporting nine beds for patients who are reaching the end of their life in hospital has been a huge success. As an expert provider of palliative and end of life care we continue to work closely with the Cambridgeshire and Peterborough CCG to develop end of life care within the Sustainable Transformation Plan (STP) as well as fostering good relationships with our partnering hospices and community service providers to share learning and improvements.

We are also working closely with the Collaboration for Leadership in Applied Health Research and Care East of England (CLAHRC) to support research and development strategies.



Looking back 2018 - 2019

There have been significant changes with the Senior Leadership Team (SLT) at the Hospice with the departure of Liz Webb, Director of Clinical Services/Deputy CEO in July 2018. She is now replaced by Sara Robins who joined in September 2019 having previously worked as a Matron for Addenbrookes Hospital. In June 2018, Karen Field, Finance Director went on maternity leave and Jenny Tunbridge was appointed interim Finance Director. Karen resigned from her post in January 2019 and we are pleased to have appointed Jenny to the permanent position of Finance Director from 1st April 2019. We also promoted our head of HR, Gemma Manning, to Director of HR on 1 March 2019.

We said a sad farewell to CEO Dr Lynn Morgan who, after nine years working for the Charity, retired in March 2019. We thank Lynn for all her achievements in taking the Hospice forward to becoming independent and achieving Outstanding rating with the CQC. We have now welcomed her replacement Sharon Allen OBE who started on 1 April 2019.

Our Five-Year Strategy pillars help reinforce our objectives and priorities. They are to:

- 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

Our Quality Goals for 2018-2019 were to:

- Reduce falls on the Inpatient Unit (IPU) by 20%
- Reduce medicine errors on the IPU by 20%
- Improve the number of appraisals completed by 20%
- Reduce waiting times for community assessments by 10%
- Reduce infection breaches by 50%

Priority 1

Develop our services to meet the changing population.

What we wanted to achieve

- With funding from Dementia UK, to employ an Admiral Nurse to support our workforce with education to become competent and confident in the care needs of those living with dementia.

What we achieved:

We appointed an Admiral Nurse on 3rd September 2018 and have been working in partnership with Dementia UK with the aim to increase staff confidence and competence in caring for people with dementia and supporting families through the Hospice. Staff training programmes have been arranged and, so far, 50 people have become 'Dementia Friends'.

We have now set up a new day therapy dementia group following a very successful open day in January 2019 which had 30 people with dementia and carers attend. The dementia group aims to support between 8-10 people with dementia and 10 family members/carers to attend 6-8 sessions on a rolling programme.

What we wanted to achieve:

- To redevelop the Alan Hudson Day Treatment Centre with the intention of opening the new, expanded Centre by December 2018.

What we achieved:

Although there was a delay in commencing the work at the Alan Hudson Day Treatment Centre, we are pleased to say that the work was completed in April 2019. The improvements made will have a positive impact on how services are delivered out of the AHDTC.

It was an exciting start to 2019 for the Alan Hudson Day Treatment Centre. Following design and consultation which took place at the end of last year, Coulsons Building Group started expansion and redevelopment works on 2nd January.

The build project saw the expansion of the current facilities and adjacent rooms into purpose-built spaces, allowing the specialist team to care for and support growing numbers of patients with increasingly complex needs.

Due to the importance of the care offered to the community, during the building works, the Treatment Centre's team continued to welcome patients in and out of their day therapy, complementary therapy and treatment sessions each day. Existing walls were knocked down and new ones erected, creating dedicated treatment and clinical rooms, therapy and hairdressing spaces as well as office and lounge areas.

What we wanted to achieve:

- To work in partnership with East Anglian Children's Hospice (EACH) to support young adults transitioning from children's services into adult services by establishing regular attendance by one of our Consultants at their MDT. We will apply for a grant from Together for Short Lives for Cambridgeshire-wide coordination of this care. In addition, we wanted to plan and deliver a series of social sessions at the Arthur Rank Hospice.

What we achieved:

We continue to work in partnership with EACH and Sue Ryder Hospice Thorpe Hall and have arranged young persons' events to encourage young people who will be transitioning from children's services to adult services into our Hospices. EACH have the first event planned for 28th May 2019 and we have our event scheduled for 28th August 2019. Sue Ryder Thorpe Hall are planning an event for later in the year.

Unfortunately, we were unsuccessful in our bid to secure grant funding to employ a Transitioning Young Adults coordinator in 2018. We are now seeking funding via the National Lottery Community Fund for a key worker to work across all sites to help improve the transitioning for Young Adults accessing our services.

What we wanted to achieve:

- To open nine Nurse-Led beds (NLB) in partnership with Addenbrookes Hospital to support patients who would otherwise die in hospital, and their families and to work with Addenbrookes and the CCG to secure ongoing funding for these beds.

What we achieved:

The NLB project formally commenced on 4 December 2017 and is a partnership between Cambridge

University Hospitals NHS Foundation Trust (CUH) and Arthur Rank Hospice Charity. The project has so far supported over 250 patients who are nearing the end of their lives, giving them an opportunity to die at the Hospice as opposed to dying in hospital. The feedback we have received has been overwhelmingly positive and some examples are included in this report. We have been advised that CUH will shortly be issuing an invitation to tender for continuation of this provision. It is our intention to bid successfully to continue providing this service.

What we wanted to achieve:

- The Hospice User group (HUG) will be supported by the clinical team to broaden their reach into our community teams and continue to provide a 'critical friend' to us in our care delivery and environment.

What we achieved:

The Hospice User Group undertook a Patient Led Assessment of the Clinical Environment (PLACE) inspection at the AHDTC on 24th July 2018 and of the Inpatient Unit at the ARHC on 7th August 2018. Following this assessment, the IPU reviewed the menu choices for patients and ensured that they were typed up and given out to patients.

We now have a new Chair for the user group and are looking to hold an open event in the summer to encourage patients to engage with us so that we can learn from their ideas and suggestions. We have a number of volunteers who help us to collect feedback and are exploring ways in which we can use thematic feedback to drive improvements.

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:

- Continue to develop our patient and family support service, linking to the programme of sessions provided in Arthur's Shed, and will receive broad and diverse access to psychological support. In Wisbech we will seek to work with local partners such as CRUSE to maximise care for people who need it.

What we achieved:

Our patient family support team consists of a Lead Chaplain who is supported by Clinical Psychologists, Social Worker and five bereavement volunteers. They have had a total of 1,423 encounters this year at the ARHC.

We have been working with STARS, who are a local children's charity supporting young people through grief and undertook joint child bereavement training in October 2018.

We have commenced a bereavement support project in Wisbech at the Alan Hudson Day Treatment centre in order to provide further bereavement support for the Fenland area.

What we wanted to achieve:

- With the Motor Neurone Disease Clinic (MND) now based at the Hospice, we will continue to develop our workforce skills and competence in caring for people with complex neurological conditions. We will seek to become a preferred provider of end of life care for neurological conditions via the CCG Continuing Health Care Team, maximising the use of our beds with two or three provided specifically for these patients.

What we achieved:

Staff received training on palliative care in neurological conditions in November 2018. The MND clinic continues to be run from our Hospice. Ease of access and the general layout of the Hospice has been positively received and fed back to us by the service users.

An increase in the number of patients requiring longer term specialist palliative care at the Hospice means we continue to explore opportunities to develop our services for patients with life-limiting neurological conditions.

What we wanted to achieve:

- In line with the Day Therapy services transformation plan, we will continue to develop our sessions at both Arthur Rank Hospice and the Alan Hudson Day Treatment Centre to maximise access for all those who require our support.

What we achieved:

Day Therapy has continued to be extremely busy, with increasing patient demand for our services. Our day therapy programmes at the ARHC and the AHDTC provide creative activities/entertainment, complementary therapy, advice on symptom management and exercise.

The complementary therapy team at ARHC are able to offer further treatments: foot soaks, aroma patches and small bottles of aromatherapy oil are issued to encourage self-management and well-being.

At ARHC we also provide well-being sessions with additional input from our Chaplain which includes "Blether", a group where people are given the opportunity to ask questions as their circumstances change, and have a safe environment to be able to talk and listen about things that matter to them and "Music of Our Lives" which gives people an opportunity to reflect on life stories using music.

We have commenced our day therapy Dementia Group which takes place on alternate Wednesdays with the focus on encouraging exchange of ideas and fostering peer support; developing life story work; considering future health, social and financial planning.

What we wanted to achieve:

- We will broaden our community engagement approach to share our work with the LGBTQ+ community and other groups. Through links with established groups we plan to work more closely with other faiths.

What we achieved:

We held a community engagement meeting at the Hospice in June 2018 which included attendees from the Jewish community, Hindu community and a guest speaker from the Cambridge Street and Mental Health Outreach Team (CSMHOT) about their work with the homeless population in Cambridge. We have participated in the Cambridge Ethnic Community Forum and continue to look at how we can engage other diverse communities.

In December we provided training on end of life across the faiths with representation from Muslim, Jewish, Buddhist and Christian faiths.

We have also produced a leaflet for GP surgeries and other groups to provide an introduction to the work of the Hospice.

What we wanted to achieve:

- We will continue to expand our programme of events in Arthur's Shed, providing support for carers and others who may not access support via other hospice services, such as those who have been bereaved.

What we achieved:

Arthur's shed is a studio room located within the landscaped gardens of ARHC. The project has been inspired by the success of the Men's Shed Movement. The vision is for people connected to the Hospice, to be able to come together in a safe, friendly and inclusive venue that is non-clinical.

The goals are:

- To provide alternative support for patients, carers and bereaved relatives
- To demystify hospice care by engaging the local community
- To diversify volunteering roles

We have now recruited two volunteers to take this project forward.

Priority 3

Evaluate and continuously improve our governance structure

What we wanted to achieve:

- In 2018-19 we plan to review the way we collect and report our outcomes via either data and/or patients' stories. Whilst gathering information is vital, we will continuously review this to ensure that it remains timely, accurate and concise.

What we achieved:

Our dashboard displays important information, data and our key performance indicators and is regularly reviewed and sent to the CCG. Patient stories are captured and discussed at Clinical Governance meetings and help to influence our care provision and direction of clinical services. We use Hospice UK benchmarking data to review our inpatient unit

incidences of pressure sores, falls and medication incidents as well as bed occupancy. We are currently in the process of reviewing our dashboard data to streamline it to each business unit and enhance the quality indicators we report on.

What we wanted to achieve:

- Implementing the Outcome Assessment and Complexity Collaborative (OACC) suite of measures will continue in 2018-19. This will be carried out alongside a critical review of our SystmOne data entry to ensure that data entered is accurate and uploaded in a timely fashion to support patient care.

What we achieved:

We have started to use the OACC to assess patients and have created templates within SystmOne to capture the necessary data. We are looking at purchasing software to enable us to use the data to evaluate our care and focus on areas that may need to be improved. We aim to roll this out to Day Therapy by the summer.

What we wanted to achieve:

- We continue to review and reduce the volume of policy documents we adopted from our predecessor organisation. We ultimately intend to move to a smaller number of policy documents and a concise set of handbooks.

What we achieved:

We have now produced policy handbooks for:

- Infection Prevention and Control
- Information Governance
- IT Usage

Our monthly policy reading group has managed to review all clinical policies that were out of date and are working to ensure these are updated and fit for purpose.

Priority 4

Develop our education and research capacity

What we wanted to achieve

- In 2018-19 we will continue to work with the University of Cambridge, Anglia Ruskin University (ARU) and other education facilities to develop research and build capacity in palliative care. We will continue to deliver the Gold Standards Framework (GSF) accredited training to care homes in the region.

What we achieved

In 2018/19 five care homes registered and participated in the GSF programme. One of these was Cambridgeshire based. Two homes from previous cohorts were successful at accreditation and both received "commend" status.

What we wanted to achieve

- In partnership with Anglia Ruskin University, we plan to deliver a Masters level module on all aspects of palliative care. Delivered at Arthur Rank Hospice, this will give us an opportunity to train new staff in palliative care and also to provide easier access to training for our staff.

What we achieved

We have now written the module and are in the process of negotiating the contract with ARU. We are also considering opportunities for other educational partnerships.

Priority 5

Develop the financial and operational resilience of the charity.

What we wanted to achieve:

- In 2018-19 we will ensure that we meet the requirements of the General Data Protection Regulations (GDPR). The new regulations regarding data capture and storage impact all areas including clinical, fundraising and commercial.

What we achieved:

In May 2018 the General Data Protection Regulations (GDPR) were introduced in response

to the Data Protection Act 2018. Leading up to this and following the introduction of GDPR we, as an organisation, have ensured through training, that our staff are aware of the principles of GDPR. Through our Data Protection Officer, we continue to keep updated on the ever-changing world of data protection and implement any related changes as and when required. We developed an Information Governance Handbook which incorporates the relevant policies and procedures to support staff.

To ensure all healthcare organisations are complying with the GDPR and the Data Protection Act 2018, an annual online Data Protection and Security Toolkit (DP&ST) has to be completed. The DP&ST requires healthcare providers to operate within a framework that demonstrates robust arrangements around the security, availability, sharing and integrity of confidential data, and data management standards. The Care Quality Commission Key Lines of Enquiry (KLOE) include a focus on the use of technology and sharing information for the benefit of the care to individuals. Completion of the DP&ST also allows us to audit our own systems and practices against the ten data security standards.

What we wanted to achieve:

- In 2017-18 we introduced a Human Resource database and e-rostering system for our clinical staff. In 2018-19 we aim to ensure that the benefits of this are maximised and staff are able to use it effectively. This is also being adopted in other areas of the organisation including fundraising.
- As we mature in our financial and operational management as a charity providing healthcare, we recognise that we face the same financial and fundraising challenges as many other charities. In 2018-19 we will continue to explore innovative ways to maintain our income and manage resources. We hope to see cost savings from the e-rostering. This will help reduce administration time spent on sorting out payroll from paper-based rotas and time sheets and will enable the production of more efficient rotas which could result in financial and staffing efficiencies.

What we achieved:

Unfortunately, we realised that there was an additional cost to implement the payroll module for the electronic rostering system, so we have not been able to pursue this further.

Our fundraising team continues to explore ways to engage people within the community. One example of this is the development of our Christmas Tree recycling scheme. This has resulted in collaboration with Cambridge City council and has enlisted the support of many businesses and organisations across the city of Cambridge and beyond, growing from 400 trees in year one to more than 1,800 in year four with funds raising increasing from £3,000 to £26,500. This has proved vital in both raising funds but also awareness of the work of the charity.

The charity records the details of those who have supported it through events, challenges and fundraising activities as well as those who have made donations. The Trustees agreed to an approach which involves legitimate interest, yet actively encourages people to opt in to receive communications via their preferred choice of medium. This has resulted in email updates reducing from 7,000 contacts prior to GDPR to a smaller number of 3,000. However, interactions with this group remains high - with open rates to our personalised emails often exceeding 50%.

Since the launch of the fundraising preference service in 2017, the charity has only seen two notifications of supporters wishing to opt out and only one of these was witnessed in this financial year.

Priority 6

Support and develop our staff and volunteers

What we wanted to achieve:

- In 2018-19 we plan to continue to support as many staff as possible to develop new skills and competencies. This will be through formal training (degrees and apprenticeships) as well as on the job opportunities through shadowing and education sessions.

What we achieved:

We have had two staff undertake degree courses and have supported three staff in apprenticeships.

We have trained 54 volunteers in the dementia friends information sessions since we began this in November 2018 and are encouraging more volunteers to attend. We have added safeguarding and fire safety to volunteers' online training and circulated the new fire safety leaflet to all volunteers.

We have improved our volunteer induction training to include more information about palliative care and the overall structure of the Hospice. Safeguarding

training is now undertaken via an online training programme. We also provide communications training (run by our Chaplain Keith Morrison) which run every other month. So far, 15 volunteers have attended the two sessions already delivered, with 23 booked on to the next four sessions.

In 2018 we launched the student volunteer programme which provided seven students aged 16 the opportunity to experience a range of roles within the Hospice from October 2018 to April 2019. Students buddied existing volunteers in roles including the Bistro, reception and the Inpatient unit to gain insight into what is involved in running a Hospice as a whole. The students followed a structured programme which we are building on for the new cohort in 2019. Feedback was exceptionally positive and the majority of students are staying on as permanent volunteers, ad hoc volunteers or Ambassadors.

The IPU and Lymphoedema services have developed staff competencies to support staff development.

What we wanted to achieve:

- In 2018-19 a second staff survey will be conducted. The information gathered from this will be used to understand what staff need to perform well, to help them be content in their work and, importantly, how they feel about working for the charity.

What we achieved:

We undertook the staff survey in the Summer of 2018 and achieved 123 responses. The feedback was very positive and we were pleased to collect a Best Employer Gold accreditation as a result. Staff, managers and Trustees were involved in the creation of an action plan to continue to build on our staff engagement. Particular areas of focus include: transparency around reward, increased understanding of the Charity's future direction and long-term objectives, development of an employee well-being strategy and improvements in the areas of learning and development and equality and diversity.

What we wanted to achieve:

- The staff forum and volunteer forum will continue to be utilised to seek and hear the voices of staff and volunteers

What we achieved:

Staff Forums have taken place bi-monthly, with a wide variety of topics being discussed. All new

starters have been invited to attend a forum and the notes are widely circulated in the Staff Bulletin. Senior management provide a general update to attendees at each meeting and report back on any actions arising from previous meetings. Discussion points have included health and safety, fundraising events, staff well-being, staff survey, car parking, catering provision, social events, etc. The group also started to look at the terms of reference with a view to simplifying them and to encourage wider participation.

We have introduced monthly social events to allow volunteers to build relationships with both the team and fellow volunteers. We have also introduced shop forums which are separate to the existing Hospice based staff forum and eight attended the last forum.

What we wanted to achieve:

- In 2018-19 we will introduce a staff recognition programme. This will start with recognising long service, but we hope to evolve it in other ways in order to recognise our incredible staff and their contributions to our work.

What we achieved:

We have involved staff in discussions to look at how we can further recognise their contributions. We celebrated an employee's 30 years of service in May 2018 with a special afternoon tea event and formalised the Long Service Award Policy in November 2018.

Arthur Rank Hospice was delighted to welcome over 50 guests to the Hospice on Thursday 11th October for their celebration evening. The annual occasion provided a chance to reflect on the last 12 months and acknowledge and recognise those involved in the successes. It also focused on thanking the 200 staff and the 500 plus strong team of dedicated volunteers who make very real differences to patients, their loved ones and supporters every day of the year.

The late Mayor, Cllr Nigel Gawthorpe, said he felt privileged to be able to present the awards to the extremely worthy team of volunteers and spoke positively of the impact the work of the Hospice has for those in the community. The Mayor continued by saying: "The volunteers are an inspiration and deserve a massive amount of respect" - a sentiment shared by all of the staff and patients at the Hospice.

The Mayor presented 13 volunteers with long service awards for five, 10, 15 and 20 years' service. Volunteers are integral to the day-to-day operation of the Hospice, providing clinical, administrative and

fundraising support, depending on which of the many roles they take on.

Volunteers who were presented awards included: Christopher Burgess; Doreen Martin; Jane Bolland; Janet Brown and Margaret Pearce-Higgins, all of whom received a five year award. Barbara Walde; Irene Rogers; Sandra Lee and Stephen Lee accepted a 10 year award. Ann Van Emmenis and Rose Barker received awards for 15 years services and, finally, two 20 year awards were presented to Pat Park and Susie Gilbert.

We also honoured the NHS pay award under Agenda for Change from 1st April 2019.

Our Quality Goals 2018-19

- **Reducing falls on the IPU by 20%**
We are pleased to report that, despite an increase in activity through our IPU, we have reduced falls by 20%
- **Reducing medicine errors on the IPU by 20%**
Due to an increase in the number of beds, we have seen an increase in the number of reported medication incidents. However, based on the Hospice UK benchmarking data, we have seen a reduction of 49% of medicine errors per 1,000 bed days.
- **Improving the number of appraisals completed by 20%**
Unfortunately, we were unable to achieve the 20% increase we aimed for. However, we did manage to achieve an increase of 14.5%.
- **Reducing waiting times for community assessments by 10%**
Unfortunately, we have been unable to achieve this target and have seen an increase of 11%. This has been due to pressures on staffing within the Specialist Palliative Care Home Team and Medical Team that support this service.
- **Reduce infection breaches by 50%**
We have not had any infection breaches in 2018-2019.

Looking forward 2019 - 2020

The Senior Leadership Team will be building on our current plans from 2018-2019 and have already planned future Strategy Meetings to review our current progress and make decisions on where we should now focus our attention in order to drive improvements.

We are currently awaiting a meeting with the Cambridge and Peterborough Clinical Commissioning Group to discuss our service arrangements for 2019-2020 and a contract review meeting is planned for July 2019. In the meantime, we will continue to deliver services under our current arrangement and will continue our work to ensure that the services that we deliver are high quality, cost effective, safe and responsive.

We aim to continue to work with our local partnerships in delivering palliative care and end of life care to our communities. Our Nurse-Led Bed partnership with Addenbrookes continues and we await their Tender Specification in order to bid for this service.

We envisage that 2019-2020 will be our "year of quality" and we have made plans to work with our teams to focus on quality improvement projects.

As a new team leading in a period of change and uncertainty across the health and social care system, we recognise that these priorities will be continually reviewed and refined as we progress.

Priority 1

Develop our services to meet the changing needs of our population

- We will continue to build on the work that our Admiral Nurse Allison Bentley has set up in partnership with Dementia UK and will be looking at how this valuable service can be commissioned in the long term. We will evaluate the service to evidence the reach, impact and experience of the benefits of having an Admiral Nurse by creating a dashboard with data gathered from SystmOne, OACC outcome measures and evaluation forms.
- We will secure funding from the CCG to deliver specialist palliative care community nurse services in the Fenlands by employing a specialist palliative care nurse in addition to the existing team at the AHDTC.

- We will continue our efforts to secure funding to provide a key worker for the transitioning of Young Adults to work in partnership with EACH and Sue Ryder Thorpe Hall.

We will continue our efforts to identify areas of unmet need and explore how we can work with our partners to address gaps in services, collaborate and work to make efficiencies and improvements in patient care such as end of life care in heart failure and MND.

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 will continue to expand our bereavement support in AHDTC Wisbech.
- We will explore options for commissioning our two remaining beds on the inpatient unit in order to meet the changing health and social needs of our population, for example those end of life patients with complex neurological conditions.
- We will continue to explore ways to maximise services delivered from the AHDTC.
- We have re-established our internal Equality, Diversity and Inclusion Working Group and will agree our action plan to ensure our services are accessible to all.

Priority 3

Evaluate and continuously improve our governance

- Our new CEO will work with our Trustees to review and further enhance our governance processes to ensure optimum efficiency and effectiveness.
- 2019/20 is the year of Quality Improvement and each team is identifying areas where quality can be further enriched.
- We will implement software which will enable us to review OACC measures and make informed decisions around how our services are affecting patient outcomes.

Priority 4

Develop our education and research capacity

- We will undertake training needs analysis for our teams to identify skills gaps and training development needs so we can plan to ensure our workforce has the right skills fit for the future.
- We will continue to work with ARU and explore opportunities to develop collaborative working with other education providers locally.
- We will continue to link with the CLAHRC to undertake and participate in research relating to palliative and end of life care.
- We will review our education programme and ensure staff are trained to deliver high quality end of life care. We will develop our existing staff to enable them to teach others.

Priority 5

Develop the financial and operational resilience of the charity.

- We will continue to explore innovative ways to increase our income and manage resources effectively.
- We will review our business continuity plans in relation to Brexit to mitigate risks to our service delivery and align these with our emergency preparedness and resilience response policy so that we have one document for managing major incidents. We will test our business continuity plans to ensure they are robust and we will refine as necessary.
- We will work collaboratively with the CCG as they review all service provision to ensure that the Hospice continues to provide excellent value for money and is proactive in identifying and planning to meet the needs of our local communities.
- We will launch our "Help Us Be There" campaign with the ambition of raising £100, 000 to provide an additional 200 nights of Hospice at Home support.

Priority 6

Support and develop our staff and volunteers

- We will continue our work with the Education team to review our education plans and upskill our staff.
- We will continue to implement our staff survey action plan, with regular progress reports being made to staff and senior leaders. We will seek to engage champions within the workforce to encourage maximum participation for the 2020 survey.
- We will review our workforce to ensure we have the right skills in the right places. We will look at introducing the role of Nursing Associate to the hospice and will look at mapping out career progression opportunities for staff.
- We will continue to build on the work we have commenced on our staff recognition programme and establishing our long service award scheme.
- We will develop an organisational workforce development programme, including a review of the appraisal process.
- We have re-shaped our volunteer support team to better equip us to value and support our fantastic group of volunteers as well as recruit new volunteers.
- We will analyse the results of our second volunteer survey and implement an action plan to address any areas for improvement.
- We will seek to further support our staff by involving them in creation of our well-being strategy.
- We will continue to investigate new and innovative opportunities for volunteers to support us across all of our services.

Mandatory statements

Review of service

During the period 1 April 2018 to 31 March 2019, Arthur Rank Hospice 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 in 1 April 2018 - 31 March 2019 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

24/7 telephone advice via the Inpatient Unit

Chaplaincy

Day Therapy - Arthur Rank Hospice

Day Treatment - Alan Hudson Day Treatment Centre located at North Cambs Hospital, Wisbech

Inpatient Unit

Outpatients -

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

National Audit

National patient Safety Thermometer monthly audit.

Local Audit

- Medical documentation audit
- Phenobarbital for terminal agitation audit
- Nurse-Led Bed doctor involvement evaluation audit
- Medicine reconciliation for patients transferred from CUH audit
- Weekly drug omissions audit
- Monthly essential steps Infection Prevention and Control (IPAC) audit
- Monthly Hand Hygiene compliance audit
- Care Quality Commission controlled drugs audit
- Monitoring controlled drug record-keeping audit
- Compliance with safe storage, administration and disposal of controlled drugs audit
- Sharing consent for SystmOne audit
- SystmOne records audit
- Did Not Attend (DNA) audit for Lymphoedema in response to follow-up calls
- Lymphoedema audit of the use of LYMQOL (quality of life measure for limb lymphoedema)
- Lymphoedema cleaning/checklist audit
- Lymphoedema response time to first face to face assessment audit
- Day therapy clinical notes audit
- CORE (clinical outcomes in routine evaluation) bereavement support audit
- Patient family support team referrals audit
- Independent audit of the Arthur Rank Hospice Charity (Auditor – Peters Elworthy & Moore)
- Audit of staff files for Brexit
- Occupational Health night workers' assessments audit
- Audit of medical employee files
- Audit of staff and volunteer DBS checks
- Audit of Information Governance training compliance

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 research studies such as Learning about Breathlessness, Methylphenidate in Cancer-related fatigue, Effect of Chaplaincy interventions.

Our Admiral Nurse is also looking to undertake research for her PhD 'Living with Lewy body dementia - stories of everyday experience' (currently with ethics committee).

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 currently include this element.

'How do I thank you for all the hours you have provided me with your time. You helped to hold me up when I was drooping, gave me strength to carry on a little more each time. You also gave me something to look forward to - your sessions lightened my life, a positive in a negative world. I know that my 'reframing' will take a long time but I intend to get there whenever that is. Thank you, for every second you spent with me. It's been a real pleasure to meet you - I can't say to get to know you sadly it's been all about me, but you know what I mean.'

Patient and Family Support

'We really enjoy using the hospice as a venue and the feedback we have had has been really good, even from some of our harder to please educators. We also make a point of letting people know that the money is put to good use by putting it back into the hospice so hopefully you will get some bookings from others now. Thank you for always being so accommodating.'

Education

'To the wonderful ladies who supported my Mum and myself for four nights - you were amazing and gave me a chance to go home and sleep. I felt totally confident leaving Mum with you all. You were so very kind and caring and ensured that she got the medical help necessary through each night. I admire you all for your dedication, care and compassion.'

Hospice at Home

'I have recently had counselling following the loss of my lovely wife I feel very privileged, and I am extremely grateful that I was offered this counselling, it was delivered with such empathy and sincerity. Walking into such a gentle, soft, calm area was so settling. Looking into the eyes of the staff in the establishment showed understanding, so warm and welcoming. What a lovely place with lovely people. Thank you to all of them.'

Patient and Family Support

'We are so well looked after in day therapy. It is so nice to come somewhere you know you will be safe and well cared for. I wish I could live here!'

Day Therapy

'Thank you for all of your support with the study day which you hosted today. The venue worked really well and we were all impressed with the service and the food.'

Education

Part 3

Review of Quality Performance

Glossary of Abbreviations, Definitions and Notes

AHDTC	Alan Hudson Day Treatment Centre	NHS	National Health Service
ARHC	Arthur Rank Hospice Charity	NLBs	Nurse-Led Beds
DNA	Did Not Attend	PPOD	Preferred Place of Death
F2F	Face-to-Face	SPCHT	Specialist Palliative Care Home Team
HOPE	Help to Overcome Problems Effectively	HaH	Hospice at Home
IPU	Inpatient Unit		

For all ARHC statistics

People (person) Individuals / unique NHS numbers / all duplicates removed across all service areas.

Patients A person is counted more than once if they are known to different service areas, but only once per area.

Representative For telephone calls, this includes carers, relatives, friends, or healthcare professionals.

For face-to-face contacts, this includes carers, relatives, or friends.

Treatment Episode A person is counted more than once if they are known to different service areas, and more than once per area (e.g. they have been re-referred)

For Individual Service Area statistics

People (person) Individuals / unique NHS numbers / all duplicates removed within the service area.

Patients A person is counted more than once if they have been known to the service more than once (e.g. they have been re-referred).

Representative For telephone calls, this includes carers, relatives, friends, or healthcare professionals.

For face-to-face contacts, this includes carers, relatives, or friends.

Notes

- 1 Full ARHC statistics include figures from the AHDTC unless stated with a **
- 2 A referral does not necessarily mean that we supported the patient.
- 3 F2F contacts no longer include DNA figures - therefore data from previous years has been amended for reporting consistency.
- 4 Telephone contacts do not include calls made to/from administrators.
- 5 'Hospice at Home' includes data for our night, Fenland day and Cambs day services - there is a table separating out statistics (where possible) at the end.
- 6 Wording has been amended from previous years for clarity and consistency (e.g. 'F2F contacts' has superseded 'appointments' and 'episodes of care').
- 7 F2F contacts completed by the HaH night service should be noted as significant due to their length (540 minutes) - they were previously referred to as episodes of care due to this length.

Activity Data 2018-2019

Known to ARHC	15-16 (8 months)	16-17	17-18	18-19
Number of People	-	2191**	2217**	2838
Number of Referrals	1650**	2874	3127	3885
Number of Patients	-	3201**	3347**	4078
Number of Treatment Episodes	-	3515**	3707**	4651
Number of Contacts* (F2F & Telephone)	-	-	20042**	26845
Number of F2F Contacts*	-	-	8000**	11186
Number of Telephone Contacts*	-	-	12042**	15659
Number of People Seen	-	1613**	1687**	2266

* figures exclude IPU ** figures exclude AHDTC

Referrals	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Inpatient Unit (Specialist Beds)	274	386	-	387	282
Inpatient Unit (Nurse Led Beds)	-	-	-	62	438
Day Therapy	104	176	-	187	288
Hospice at Home	335	596	-	575	739
Special Palliative Care Home Team	505	790	-	701	886
Lymphoedema	84	151	-	174	182
Patient and Family Support Services	165	277	-	305	256
Pain Management	18	-	46	47	32
Complementary Therapy	106	-	159	267	259
Medical Outpatient and Domiciliary	59	-	111	122	149
Community HUB	-	-	-	68	128
Alan Hudson Day Treatment Centre	-	182	-	232	246
Total	1650		2874	3127	3885

Discharges / Deaths	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Inpatient Unit (Specialist Beds)	275	229	-	198	178
Inpatient Unit (Nurse Led Beds)	-	-	-	49	208
Day Therapy	-	-	-	291	265
Hospice at Home	316	565	-	564	731
Special Palliative Care Home Team	534	-	593	749	842
Lymphoedema	99	134	-	124	225
Patient and Family Support Services	145	-	181	271	273
Pain Management	27	-	42	46	22
Complementary Therapy	120	-	116	236	256
Medical Outpatient and Domiciliary	68	-	84	122	159
Community HUB	-	-	-	821	871
Alan Hudson Day Treatment Centre	-	-	-	-	187

Specialist Beds: 17-18: 75 discharges, 123 deaths. 18-19: 41 discharges, 137 deaths.

NLBs: 17-18: 3 discharged to specialist beds, 46 deaths.

18-19: 6 discharged to specialist beds, 7 discharged, 195 deaths.

People known to/on the caseload	16-17	17-18	18-19
Inpatient Unit (Specialist Beds)	215	178	174
Inpatient Unit (NLBs)	-	56	216
Day Therapy	244	312	312
Hospice at Home	601	549	627
Specialist Palliative Care Home Team	887	803	858
Lymphoedema	507	544	594
Patient and Family Support Services	362	419	408
Pain Management	55	51	36
Complementary Therapy	199	290	305
Medical Outpatients & Domiciliary	131	145	176
Alan Hudson Day Treatment Centre	-	-	372

Patients known to	16-17	17-18	18-19
Inpatient Unit (Specialist Beds)	240	208	189
Inpatient Unit (NLBs)	-	56	216
Day Therapy	303	411	407
Hospice at Home	670	589	755
Specialist Palliative Care Home Team	987	934	1068
Lymphoedema	515	549	605
Patient and Family Support Services	382	439	424
Pain Management	59	54	40
Complementary Therapy	219	313	335
Medical Outpatients & Domiciliary	140	154	181
Alan Hudson Day Treatment Centre	-	-	431

People seen by (F2F contact)	16-17	16-17 (9 months)	17-18	18-19
Inpatient Unit	215	-	178	174
Inpatient Unit (NLBs)	-	-	56	216
Day Therapy	-	113	248	227
Hospice at Home	354	-	401	465
Specialist Palliative Care Home Team	-	266	609	597
Lymphoedema	-	308	425	468
Patient and Family Support Services	-	178	220	268
Pain Management	36	-	25	22
Complementary Therapy	-	52	199	244
Medical Outpatients & Domiciliary	91	-	38	153
Alan Hudson Day Treatment Centre	-	-	-	263
Total		1613	1687	2266

F2F Contacts with Patients & Representatives	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Day Therapy	-	-	-	2466	2050
Hospice at Home	-	-	1410	1426	1901
Specialist Palliative Care Home Team	-	-	2562	1709	2019
Lymphoedema	574	923	-	1100	1210
Patient and Family Support Services	2427	1608	-	623	780
Pain Management	-	45	-	31	31
Complementary Therapy	-	-	-	528	724
Medical Outpatients & Domiciliary	-	-	-	82	217
Community HUB	-	-	-	35	40
Alan Hudson Day Treatment Centre	-	-	-	-	2214
Total	-	-	-	8000	11186

Telephone Contacts with Patients & Representatives	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Day Therapy	-	-	-	602	781
Hospice at Home	-	-	3219	2782	4039
Specialist Palliative Care Home Team	6315	-	3902	6295	6109
Lymphoedema	-	-	-	519	752
Patient and Family Support Services	-	-	-	242	422
Pain Management	-	-	-	72	15
Complementary Therapy	-	-	-	151	258
Medical Outpatients & Domiciliary	-	-	-	360	320
Community HUB	-	-	-	1019	1401
Alan Hudson Day Treatment Centre	-	-	-	-	1562
Total	-	-	-	12042	15659

There has been a reduction in the number of patients seen in Pain Management group due to a reduction in consultant cover over the summer and beyond and, consequently, there has been a reduction in the number of telephone contacts made.

Inpatient Unit - Specialist Beds	15-16 (8 months)	16-17	17-18	18-19
Number of Beds	12	12	12	12
Bed Occupancy	84%	79%	89%	89%
Number of Patients	274	238	208	189
Number of Discharges	275	229	198	178
Average Duration (days)	9.2	14.5	19	22.5
Available Bed Days	2928	4380	4380	4380

Inpatient Unit - Nurse Led Beds	17-18	18-19
Number of Beds	4.1	9
Bed Occupancy	90%	74%
Number of Patients	56	216
Number of Discharges	49	208
Average Duration (days)	6.2	10.5
Available Bed Days	498	3285

Day Therapy - Cambridge	15-16 (8 months)	16-17	17-18	18-19
Number of Referrals	104	176	187	288
Average Attendance at Sessions (%)	80% (657)	72% (914)	68% (2346)	70% (2049)

AHDTC	15-16 (8 months)	16-17	17-18	18-19
Number of Referrals	-	182	232	246
Day Care Sessions Attended	661	981	770	728
Treatments Provided	1075	1948	1852	2085
Inpatients on Trafford Ward Supported	26	40	57	41

Lymphoedema	15-16 (8 months)	16-17	17-18	18-19
Number of Referrals	84	151	174	182
Number of Discharges	99	134	124	225
Caseload (as of March 31st 2019)	348	377	426	383
Number of F2F Contacts	574	923	1100	1210

Hospice at Home Services***	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Number of Referrals	335	596	-	575	739
Number of Discharges	316	565	-	564	731
PPOD Achieved	93%	95%	-	95%	94%
Telephone Contacts with Patients & Representatives	-	-	3219	2782	4039
F2F Contacts with Patients & Representatives	1248	1661	-	1655	1901

Specialist Palliative Care at Home	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Number of Referrals	505	790	-	701	886
Number of Discharges	534	-	593	749	842
Telephone Contacts with Patients & Representatives	6315	-	3902	6295	6109
F2F Contacts with Patients & Representatives	-	-	2562	1709	2019

Patient and Family Support	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Number of Referrals	165	277	-	305	256
Number of Discharges	145	-	181	271	273
Number of F2F Contacts	2427	1608	-	623	780

Pain Clinic	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Number of Referrals	18	-	46	47	32
Number of Discharges	27	-	42	46	22
Number of F2F Contacts	-	45	-	31	31

Complementary Therapy	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Number of Referrals	106	-	159	267	259
Number of Discharges	120	-	116	236	256

Medical Outpatients & Domiciliary	15-16 (8 months)	16-17	16-17 (9 months)	17-18	18-19
Number of Referrals	59	x	111	122	149
Number of Discharges	68	x	84	122	159

	17-18		As of 1st April 2019	
	All	Clinical	All	Clinical
All Mandatory Training	91%	91%	94%	93%
BLS & Anaphylaxis F2F - All	92%	92%	92%	92%
Conflict Resolution - All	94%	94%	97%	97%
Equality and Diversity - All	96%	96%	95%	93%
Fire Safety - All	93%	92%	97%	97%
Health and Safety - All	97%	96%	96%	94%
Infection Prevention and Control (IPAC) L1 ABCD	93%	94%	89%	N/A
Infection Prevention and Control (IPAC) Level 2 AD	95%	95%	N/A	95%
Data Security Awareness - All	92%	93%	91%	88%
Mental Capacity Act - Direct Patient Facing - A	84%	84%	N/A	92%
Moving and Handling Loads - All	93%	91%	94%	91%
Moving and Handling Patients - A	93%	94%	N/A	95%
Safeguarding Children L1 - All	87%	88%	94%	94%
Safeguarding Children L2 - AB	88%	88%	N/A	95%
Safeguarding Adults L1 - All	92%	89%	92%	87%
Safeguarding Adults L2 - A & D	83%	83%	N/A	93%
Appraisal	77%	79%	88%	86%

Training

All our staff are required to complete the mandatory training listed here. In 2018-2019 we have worked hard with staff and our education team to provide simple access to either online or face-to-face training. Our overall average target is 95% completion. Staff receiving appraisals is identified as a quality Key Performance Indicator (KPI). Again, this is expected to be 95% and we have some work to do to address the level of 88% at the end of this year. In 2019-2020 we will be reviewing the guidance and process for appraisals and will be working with team leads to reinforce the importance of appraisals and reviews. Good practice in this area will be modelled by the Senior Leadership Team.

Quality Data

Incidents

In this quality account we have been able to compare our incidents with the previous year's data.

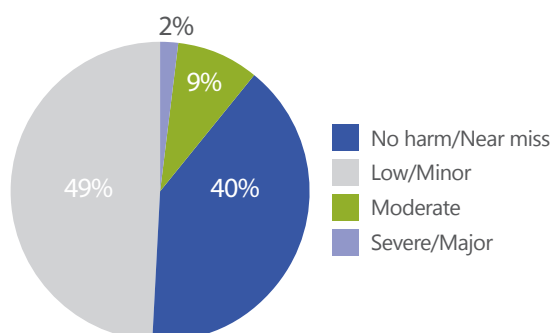
Staff are using SENTINEL to report incidents and the learning and actions taken are shared throughout the organisation via the meeting structure and dashboard.

It is important to note that our inpatient unit bed capacity has increased from 12 beds to 21 beds. Therefore, this will lead to a likely increase in the number of reported incidents as a consequence of increased capacity for 2018-2019.

All Incidents

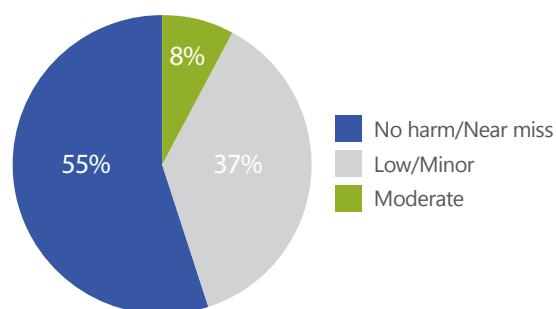
Incident Type	17-18	18-19
Access, Admin, Transfer, Discharge	11	10
Accident	40	44
Behavioural Issues	2	0
Clinical Assessment & Treatment	28	27
Community Issues	0	3
Equipment Issues	5	10
Infection Control	1	3
Information	9	4
Information Governance	11	5
IT Security	3	0
Medication	25	49
Organisational Issues	0	2
Security Issues	3	1
Service User Issues	7	3
Staffing Issues	1	1
Total	146	162

All incidents by Harm Type 2018-2019



Medication Incidents

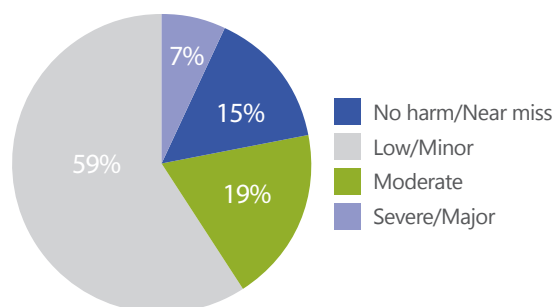
Medication	17-18	18-19
Administration (Meds)	10	19
Dispensing - Pharmacy	5	2
Medication Other	4	19
Medication Security	2	3
Prescribing	4	6
Total	25	49

Medication Incidents by Harm Type 2018-2019

Although we have seen an increase in reported medication incidents, probably due to an increase in occupied beds, we are pleased to see that there has, in fact, been a reduction in medication incidents per 1,000 bed days (as highlighted in our Hospice UK benchmarking data).

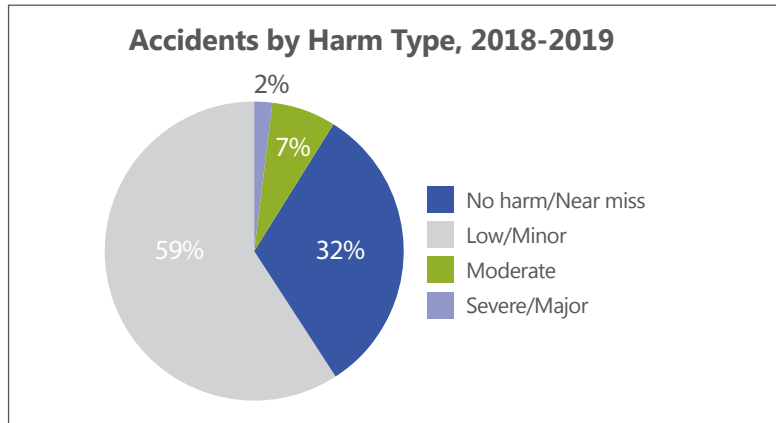
Clinical Assessment and Treatment Incidents

Clinical Assessment & Treatment	17-18	18-19
Blood Transfusion Error	0	1
Clinical Assessment - Other	5	6
Delay/Difficulty in Obtaining Clinical Assistance	1	1
Developed Pressure Ulcer	19	18
Scans/X-rays/Specimens - Error	1	0
Treatment - Delay/Failure in Recognising Complications	1	1
Treatment - Failure to Discontinue	1	0
Total	28	27

Clinical Assessment and Treatment Incidents by Harm Type 2018-2019

Reported Accidents

Accident	17-18	18-19
Moving & Handling	1	5
Other Type of Accident	5	5
Road Traffic Accident	0	3
Slip/Trip/Fall	34	31
Total	40	44

**Access, Administrative, Transfer and Discharge related incidents**

Access, Admin, Transfer, Discharge	17-18	18-19
Access, Admin, Transfer, Discharge - Other	1	1
Discharge - Delay/Failure	1	0
Discharge Planning Failure	1	1
Discharge Summary Delay	1	0
Transport Delay/Failure	7	8
Total	11	10

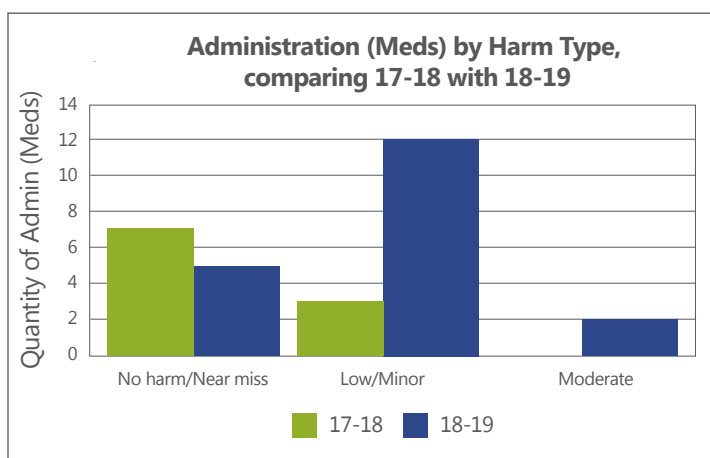
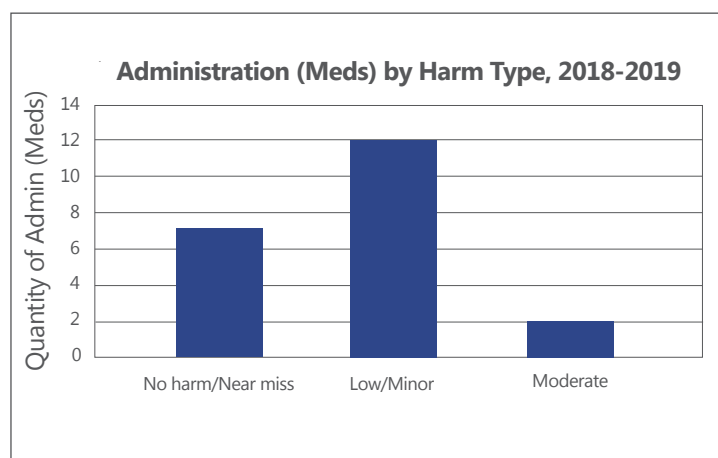
Information/Governance Incidents

Information	17-18	18-19
Confidentiality Breach	6	1
Failure to Obtain Consent	1	0
Information - Other	2	3
Total	9	4

Information Governance	17-18	18-19
Donor Data Not Controlled	3	0
Inappropriate Patient Data Received	2	1
Patient Data Not Controlled	5	2
Staff Data Not Controlled	1	1
Volunteer Data Not Controlled	0	1
Total	11	5

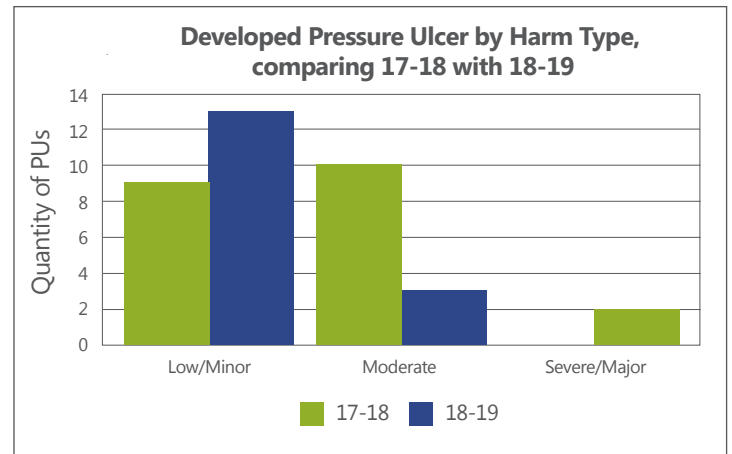
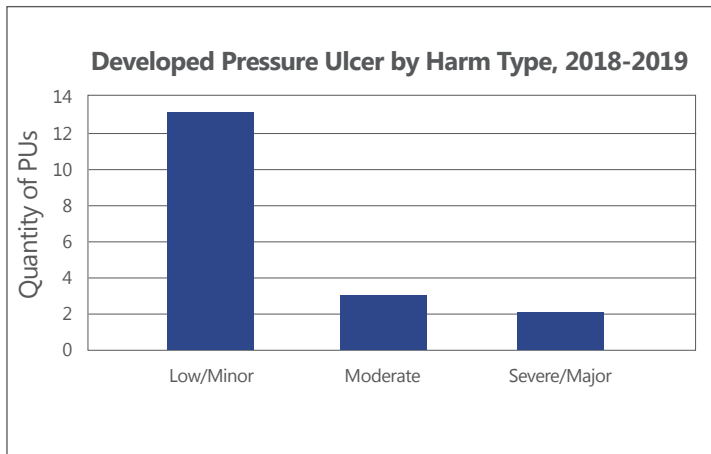
Medication incidents and comparison with previous year

Administration of Meds by Harm Type	17-18	18-19
No Harm/Near Miss	7	5
Low/Minor	3	12
Moderate	0	2
Severe/Major	0	0
Total	10	19

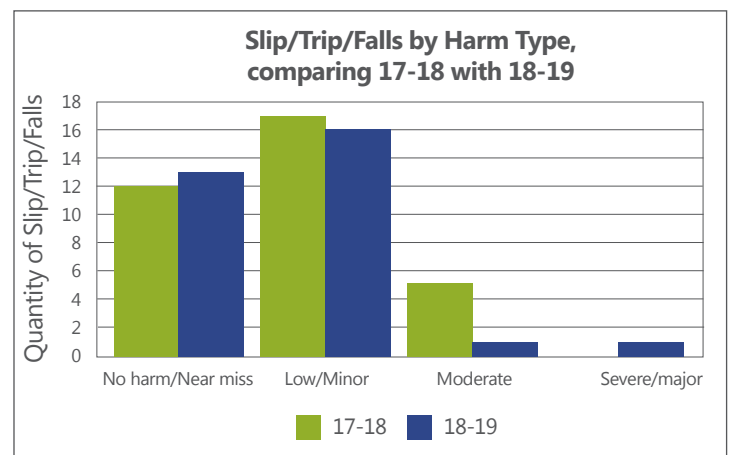
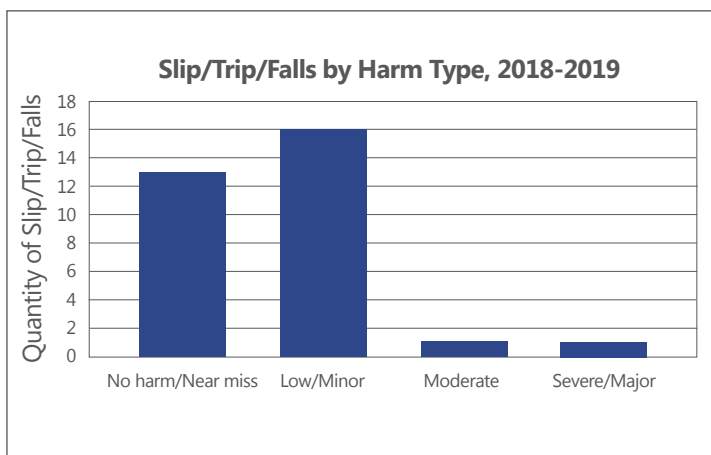


Pressure ulcer incidents and comparison with the previous year

Developed Pressure Ulcer by Harm Type	17-18	18-19
No Harm/Near Miss	0	0
Low/Minor	9	13
Moderate	10	3
Severe/Major	0	2
Total	19	18

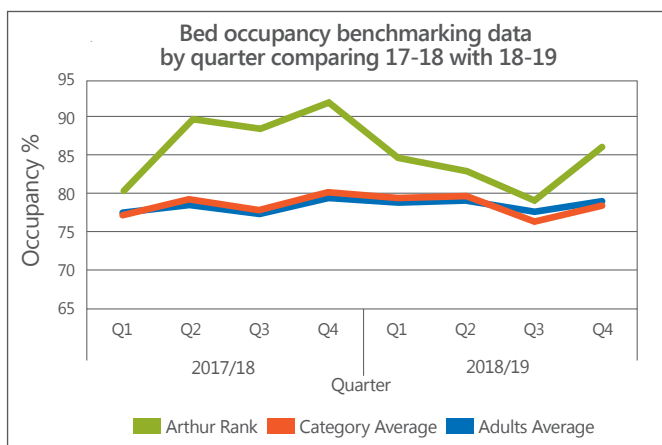
**Falls incidents and comparison with previous year**

Slip/Trip/Falls by Harm Type	17-18	18-19
No Harm/Near Miss	12	13
Low/Minor	17	16
Moderate	5	1
Severe/Major	0	1
Total	34	31



Arthur Rank Hospice compared with Hospice UK Benchmarking Data

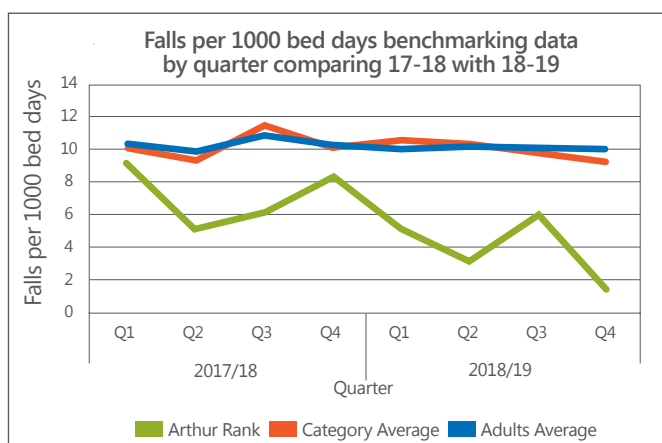
The Hospice UK benchmarked data set compares hospices of similar sizes in terms of bed occupancy against three data sets: bed occupancy, falls and medications



Bed Occupancy Benchmarking Data by Quarter

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ARHC	80.5	88.9	87.8	92.2	84.8	82.9	79.1	86.2
Category Average	77.1	78.4	77.7	79.6	78.5	78.9	76.2	79
Adults Average	77.3	77.8	77.2	78.9	78	78.2	77.2	79.4

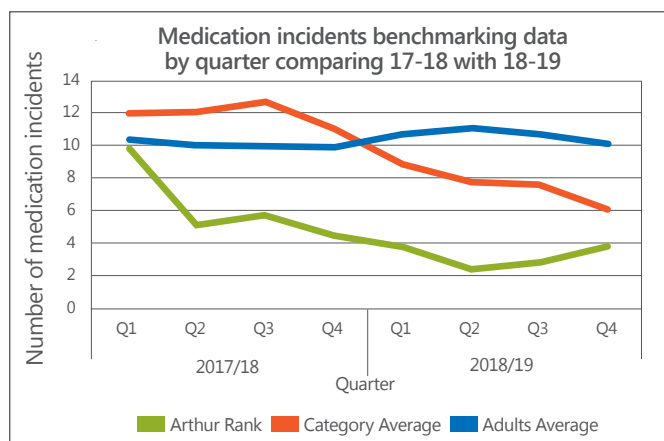
The Arthur Rank Hospice Charity bed occupancy average for 2018/19 is down to 83.25% compared with 87.35% in 2017-2018. However, we increased our beds from 12 to 21. We have seen an increase in bed occupancy in quarter 4 with the additional nine nurse-led beds being better utilised.



Falls per 1000 Bed Days Benchmarking Data by Quarter

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ARHC	9.1	5.1	6.2	8.6	5.1	3.1	5.9	1.2
Category Average	10.1	9.9	11.3	10.2	10.4	10.5	9.8	9
Adults Average	10.4	10.3	10.6	10.2	10	10.3	9.9	9.8

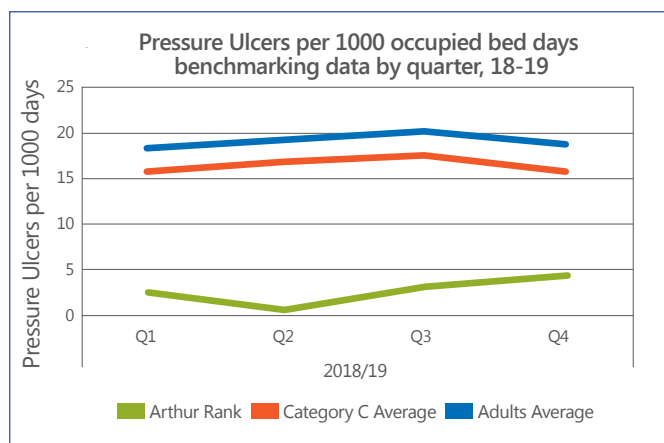
The number of Arthur Rank Hospice Charity falls per 1,000 bed days yearly average has considerably reduced from 7.25 in 2017/18 to 3.83 in 2018/19. This is testament to the hard work that the IPU have undertaken to reduce the incidence of falls and the harm from falls.



Medication Incidents Benchmarking Data by Quarter

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
ARHC	10.2	5.1	5.2	4.3	3.8	2.5	2.6	3.7
Category Average	11.9	11.9	12.4	10.9	8.7	7.8	7.7	6
Adults Average	10.5	10.2	10.1	9.9	10.5	10.9	10.6	10

Arthur Rank Hospice Charity medication incidents have remained consistently low since Q2 2017-18 when compared with Category and Adults Averages. We continue to review our incidents monthly and implement any necessary actions to help minimise risks. We have now reviewed all our standard operational policies in relation to safe storage and administration of medications and we have installed a new biometric key safe, which ensures staff have access to keys for Controlled Drugs and other cupboards at all times, reducing the need to find whoever is holding the keys. It also provides an audit trail of staff access.



Pressure Ulcers per 1000 Occupied Bed Days Benchmarking Data by Quarter

	2018/19			
	Q1	Q2	Q3	Q4
ARHC	1.9	0.6	2.6	3.7
Category Average	15.6	16.7	17.3	15.6
Adults Average	18.4	19.4	20.2	18.9

Hospice UK did not collect benchmarking data for 2017/18. Our data reflects that we are well below the average for incidents of pressure ulcers.

Incidents with actions

Serious Incidents (SI)

We had two serious incidents declared during 2018-2019.

The first incident occurred in April 2018 and relates to a patient who had fallen, sustaining a head injury and there was a significant delay in staff responding and being aware that the incident had occurred. A full comprehensive Serious Incident Investigation and Root Cause Analysis was undertaken. As a result, falls assessment paperwork and ward intentional rounding paperwork was reviewed, staff practice at night was reviewed and a review of falls prevention equipment was undertaken. We introduced a multidisciplinary team meeting with a nurse, doctor and physiotherapist or occupational therapist post fall, to ensure the review of contributing factors and to ensure the correct equipment and measures are implemented to minimise the risk of further falls. Staff received updated training on the falls risk assessment, falls prevention and the correct use of bed rails. Falls prevention has been a clinical priority for the IPU this year and, consequently, there has been a 21% reduction in falls on the IPU since undertaking this work. There has also been a reduction in the severity of falls, with no severe/major or moderate harms from falls and 52% low/minor harms and 48% with no harm/near miss.

The second SI related to a patient who received too much Ketamine via a syringe pump. A full comprehensive Serious Incident Investigation and Root Cause Analysis was undertaken. This identified human error as the root cause with two junior staff checking the pump together. As a result, measures were implemented to ensure staff receive a good induction, including medication competencies, on employment to the IPU. At the time the IPU stocked two different strength vials of Ketamine which contributed to the error as staff misread the label. The IPU has now removed the intensive dose of Ketamine from the stock and only stock one dose of Ketamine, reducing the risk of mix-up.

Medication

Our data, based on 1,000 bed days, shows that there has been a steady decline in the number of medication incidents over the last year. However, there was a slight increase in quarter 4 which was due to prescribing errors. This was addressed at

the time with a new member of staff. Of the two "moderate" reported Medication Administration incidents, one was the SI Ketamine incident and one related to a patient who had been given too much diamorphine in the community and required intervention on arrival to the Hospice to reverse the effect. Both were reported to the CCG.

Falls

Falls in hospices cannot always be prevented. However, measures can be implemented to help minimise the risk of harm from falls. We have seen an increase in the number of patients admitted with frailty and who are consequently at high risk of falls. Due to the increase in the number of patients now being looked after on our IPU, we have seen an increase in the number of falls incidents reported and this is attributed to the increase in the number of frail patients admitted. Since the SI in April 2018 we have had no further moderate or severe/major falls incidents reported. We continue to work hard at managing our patients who are at high risk of falls and also ensuring risks are managed to the lowest practicable level without depriving patients of their liberty. Having reviewed the incidents of falls, we found that the majority of falls occurred early morning between the hours of 01.00 and 08.00. Consequently, we introduced a twilight shift to increase staffing available.

Pressure ulcers

There were 18 pressure ulcers reported in 2018-19, one less reported than in 2017-18. We continue to benchmark ourselves against other hospices. The majority of our pressure ulcer incident reports are relating to patients who are admitted with pressure area damage to their skin. We had two reported incidents that were attributed to the Arthur Rank Hospice. Both were investigated and appropriate measures implemented. Both patients had significant risk factors for developing pressure sores and appropriate measures were in place at the time to minimise the risks.

Catheter acquired infections

None reported.

VTE (Venous Thromboembolism)

100% of patients were admitted and screened.

Complaints, feedback and patient experience

We actively seek feedback from our patients, their families and carers. The Hospice User Group (HUG) works with us as a critical friend. We carry out patient surveys monthly using volunteers to support this process. We respond to concerns raised and these are summarised in the table below.

The overall Friend and Family score is 100%. Our target is 90%.

Since November 2015 we have completed 292 surveys (broken down by area below)

Day Therapy	87
Alan Hudson Day Treatment Centre	43
Inpatient Unit	47
Lymphoedema	52
Patient and Family Support Team	58
Complementary Therapy	5

Complaints

There were eight complaints in the period April 2018 to March 2019.

- Patient's family complaint concerning the management of pain in the last few days of life. Issues too with supply of medication.
- Patient's mother concerning management of meds and oxygen in last few days of life.
- Patient's family complaint against HaH and Doctor when they visited.
- Patient's daughter making complaint against a member of the SPCHT who she thought was a District Nurse and also about the Doctor who visited her mother.
- Wife of patient complaining about the medical care her husband received. Wife feels that the ascitic drain that came out should have been replaced (as promised by one Doctor) and then, when it was not, she felt it contributed to her husband's death.

- The Chair of the HUG Group received a complaint from a patient's next of kin in respect of a SPCHT nurse.
- An email received from Funeral Directors regarding the timeliness of Doctor's signing of the Cremation form (Part 5).
- A letter received from a patient's wife distressed at not knowing whether her late husband had his watch with him when he left ARH. Also, when she came to pick up his pyjamas, they were not his.

All complaints have been dealt with sensitively and to a satisfactory outcome. We have explored the themes from complaints and concerns over the year and identified two key themes that related to: 1) communication and 2) supply of medication in the community. We are working with our community partners to look at ways to improve the supply of controlled drugs for end of life care. We are also in the process of revising our patient information leaflet for our community services to ensure relevant information is communicated.

Quality Account Feedback: Cambridgeshire and Peterborough CCG

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) has reviewed the Quality Account produced by Arthur Rank Hospice Charity for 2018/19.

The CCG and Arthur Rank Hospice work closely together to review performance against quality indicators and ensure any concerns are addressed. There is a structure of regular meetings and clinical discussion.

The organisation's Quality Account for 2018/19 presents the excellent work undertaken by all the staff and volunteers at Arthur Rank Hospice. The achievement of a CQC rating of 'Outstanding' particularly during a time of change should not be underestimated and the comments and patient stories demonstrate the difference that they are making to people's lives.

Our experience as a CCG is that the team at Arthur Rank Hospice continue to be open and transparent in their conversations with us and with the wider system; this is what we would expect from a mature, learning organisation. Whilst ensuring the delivery of the 5 Year Strategy Arthur Rank continues to maintain a high quality and safe service while seeing more patients than before. This is demonstrated in the learning from incidents and complaints.

The 'Outstanding' CQC inspection rating at Alan Hudson Day Treatment Centre in Wisbech is well deserved and the comments heartening, "The warm, welcoming and relaxed atmosphere at the Centre provided people and their families with a safe haven at some of the most difficult times of their lives". This supports the thread running through the report to broaden the reach of Arthur Rank Hospice to meet the needs of all who would benefit from their care including dementia, understanding MND and the progressive work with LGBT+ and faith groups to promote inclusivity.

Response from Health Watch

Healthwatch Cambridgeshire and Peterborough recognises the valuable work of Arthur Rank Hospice Charity and is pleased to comment on the Quality Account for 2018/19. It is evident that the Hospice is highly valued by the community and makes a significant difference to people's end of life experiences. The Hospice's ethos clearly places the person and their family at the centre of their care.

Healthwatch Cambridgeshire and Peterborough would like to congratulate the Hospice on achieving 'Outstanding' ratings in both of its CQC inspections in 2018. This rating resonates with the feedback that Healthwatch receives.

The newly refurbished centre in Wisbech will be of great benefit to people living in the Fenland area.

We hear much about the difficulties people who live in rural areas face when travelling for appointments and treatment. This new centre will alleviate much of that stress and allow people to focus on their wellbeing.

Healthwatch Cambridgeshire and Peterborough welcomes the achievements described in the Quality Account. We are pleased to note the Hospital User Group and the Hospice's commitment to learning from feedback and involving people in service development.

This Account sets out an impressive range of partnership work. Working with faith communities and EACH to reach more people will contribute hugely to people's experiencing more holistic end of life care. People tell Healthwatch about the complexity of service provision; working together has real potential to improve people's end of life experiences.

Healthwatch Cambridgeshire and Peterborough looks forward to working with the Hospice in the coming year and wishes the organisation every success in achieving its priority improvements.

Contact Details:

Sharon Allen, Chief Executive

sharon.allen@arhc.org.uk

Sara Robins, Director of Clinical Services

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4 July 2019