



Arthur Rank Hospice Charity



Quality Account

2019 - 2020

making every moment count

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice

Production of this Quality Account has been delayed due to the COVID-19 pandemic that began to take hold toward the end of the year covered by this report. It is fitting to start with heartfelt thanks to our colleagues, our trustees and our volunteers for how they responded to the challenges, adapted to the many differing demands and held our focus on ensuring we met the needs of people and their loved ones in our communities. As many services had to reprofile or close to address the impact of the pandemic, we continued with all of our provision. Thank you does not seem to be enough to acknowledge all that #TeamArthur did, we are indebted to each and every one.

The contents of this Quality Account demonstrate the continual commitment to providing the highest quality of care and service across the whole of our organisation. The data demonstrates that we continually achieve outcomes above the benchmark, of which we are proud and never complacent. During the year we combined our Business Care and Clinical Care Boards into an organisation wide Quality Development Group. This brings our clinical and supportive colleagues together with the clear focus on quality improvement in all that we do.

There are many achievements to celebrate in the body of the report and we know there are areas where we have more to do. One area where we have not progressed as much as we wished is increasing the involvement of people and their loved ones in helping us in our quest for continuous quality improvement. Despite several different attempts we have not managed to grow a core group of people to support us in this work, a challenge we will continue to grapple with.

Part way through the year covered by this report we began working with the Clinical Commissioning Group (CCG) and partners across health and care on a Transformation of End of Life Care programme. The initial focus of the programme was to develop service provision, particularly to increase provision of Hospice at Home, to provide a rapid response element to our community specialist nurse service and to establish a 24-hour Palliative Care Hub. The programme also began looking at how to address inequalities across the county and service provision

as well as thinking about education and skills for the workforce. We are delighted to have played a proactive part in this programme and be in a position at the end of the year to support development of the business case to secure the resources required to set up and provide these additional service elements. In late March 2020, in response to the mandate from NHS England about Discharge from Hospital, the CCG asked us to accelerate plans to expand Hospice at Home provision. We responded and implemented a major recruitment campaign. The contribution of our HR colleagues in re-prioritising, adapting and stepping up to enable this has been incredible.

Our partnership with the CCG and with other organisations in health and care are important strategically and financially. We appreciate the collaborative working with our colleagues.

As a charity, the support from our community is equally important and we are hugely grateful to everyone who supports our work in so many ways. Raising just under £5m takes a lot of energy, organisation and commitment and we appreciate everyone's contribution to this.

We exist to provide the highest quality palliative and end of life care for people living with a progressive illness and their loved ones throughout Cambridgeshire (excepting Peterborough, where Hospice services are provided by Sue Ryder Thorpe Hall). Our aim is to Make Every Moment Count. This report provides the evidence of how we have achieved this and our plans and ambitions for the year to come.

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 delivered on its strategy and services in 2019-2020. As our CEO, Sharon Allen OBE, mentioned, this report was delayed by the onset of the COVID-19 pandemic and so it describes a year in the life of ARHC that was ending just as the first lockdown was beginning.

The activities and results documented in this Quality Account reflect an overarching commitment to quality and excellence across all the services and support that ARHC provides, and also demonstrate that, if ever we fall short, we acknowledge what could be done better and seek to find ways of redressing the situation.

Above all, and as recognised by the Outstanding rating of both the Alan Hudson Day Treatment Centre in Wisbech and the Arthur Rank Hospice in Cambridge, ARHC seeks to deliver above and beyond at every opportunity, and the data presented in this Report show that we succeed in our ambitions in many ways. However, there is always more to do, and we constantly seek to improve in all areas of our services.

We know that ARHC is very much a team effort and everyone involved, whether they are a clinician, manager, fundraiser, volunteer or supporter, is recognised and valued for their contributions.

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

Kate Kirk
Chair of Trustees

'I would like to Thank each and every one of you, for looking after my son so well - in particular his nurse Mandy who he was very fond of and who was oh so gentle while treating him, as even touching him caused him pain (yet never once did he complain!!) It's a beautiful hospice - lovely and light, clean and airy - more a home than a place of medical treatment. He had a lovely room, could have had his bed pushed outside if wished, and as I say Everyone, cleaners, volunteers, nurses etc always had a nice smile and a kind word.' **Inpatient Unit**

'To everyone at the Inpatient Unit, Thank you for treating my mum like a princess and thank you for looking after us too. I can't remember the names of you all but I will always remember your faces, you are kind and wonderful. We are broken by the loss of our Mum, we wanted to thank you for your kindness and your gentleness.'

Inpatient Unit

'Your visit a few days before calmly answering my questions, had given me confidence. For the last few months, you had blessed me with a security blanket, quietly listening and giving me real practical support. His death became a part of normal life and we will always be grateful to the Arthur Rank for the support.' **Specialist Palliative Care Home Team**

'Thank you so much for all the support you have given me over the past months. I felt so empty inside when I first met you, unable to cope with everything that had happened to me and my family. I now feel much stronger and able to do my best to move forward and make a new life for myself without my husband.'

Patient and Family Support

'I love it here. The atmosphere is so nice. Everyone would love it even though I felt unwell I had to come as it's so lovely.'

'My sister really appreciated the breathing groups and the relaxation CDs really helped at the end. She also enjoyed telling her life story.'

'Just 5 minutes here, I could tell everyone was so friendly and caring. The Hospice is so fresh and inviting, the gardens beautiful. I am looking forward to starting D.T.' **Day Therapy**

Part 2

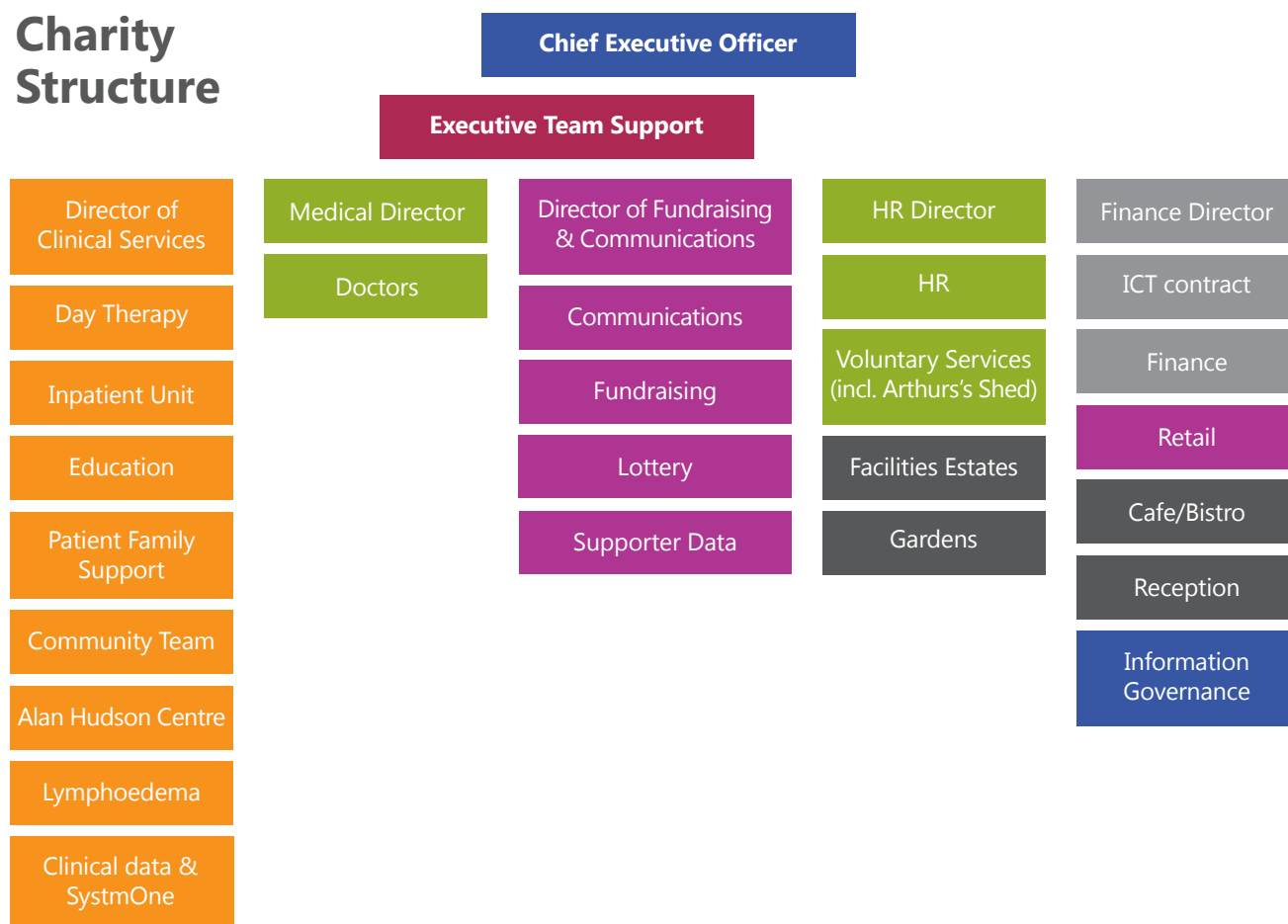
Priorities for improvement

In the 2018 - 2019 Quality Account we reflected on the changes to the Senior Leadership Team (SLT) at the Hospice, and in April 2019 we welcomed our new CEO Sharon Allen who took over from Dr Lynn Morgan who retired from the Hospice after nine years. We celebrated achieving Outstanding ratings from the CQC for both our Arthur Rank Hospice in Cambridge and our Alan Hudson Day Treatment Centre in Wisbech in Cambridge. During 2019 we said a sad farewell to Lorraine Moth, Matron for Community Services who retired after 19 years working with the Hospice.

We continued to build on our relationship with our partners and joined the Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) when they launched their new Transformation Plan for Palliative and End of Life Care in September 2019.

We envisaged that 2019-2020 would be our "Year of Quality" and continued with our plans to work with our teams focusing on quality improvement projects, and new Team Leads were introduced to the Community Team and the Inpatient Unit.

Charity Structure



Looking back 2019 - 2020

Our contract with the CPCCG was agreed and no changes were made to our existing service arrangements. We continued our efforts to secure funding to provide a key worker for the transitioning of Young Adults, in partnership with East Anglia Children's Hospice (EACH) and Sue Ryder Thorpe Hall Hospice.

In August 2019 we opened the Hospice to young people with life limiting conditions and their families as we held our second Young Persons Transitioning event in collaboration with EACH Milton and Sue Ryder Thorpe Hall Peterborough. We were delighted to have the support of Power2Inspire who provided interactive games for everyone to enjoy. This was a really inclusive and successful day enjoyed by all involved and enabled us to get valuable feedback and suggestions from young people and their families on how the Hospice could support them better.

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.

Priority 1

Develop our services to meet the changing population.

What we wanted to achieve

- Develop our approach to working with patients with dementia.

What we achieved:

Sadly, the service that was supported by Dementia UK was decommissioned in September 2019. We will continue to explore ways to develop our dementia services in partnership with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

What we wanted to achieve:

- Improve and expand the facilities at the Alan Hudson Day Treatment Centre (AHDTC) in Wisbech.

What we achieved:

We have integrated the Fenland Hospice at Home service with the AHDTC acting as a hub and linking with GP practices in the region. We continue to build our relationship with Queen Elizabeth Hospital in Kings Lynn, working closely with their Haematology and Oncology departments and supporting their End of Life Care transformation work. We have introduced a Specialist Palliative Care nurse to the team to support patients in the community with complex needs. We have employed a fundraising coordinator to help raise the profile of the Centre and promote activities.

What we wanted to achieve:

- Work in partnership with EACH to develop a strong offer for young people transitioning from care of children's services to adult services.

What we achieved:

We coordinated a working group to facilitate open days which included Sue Ryder Thorpe Hall Hospice and EACH in Milton, Cambridge. We worked jointly on an application to the National Lottery Community Fund to apply for a grant to enable us to employ a Transitions Coordinator.

Video of these events can be found on YouTube <https://youtu.be/O100Yp07pks>

What we wanted to achieve:

- To seek and hear our patients' voices through diverse means including the Hospice User Group.

What we achieved:

The Hospice User Group set up meetings but unfortunately there was low attendance. Following a presentation from the University of Liverpool on the work they had done implementing the Trajectory Touchpoint Technique (TTT), the Charity decided to explore how this approach could help us capture meaningful feedback through collecting patient stories.

In September 2019 we undertook Patient Led Assessment of the Care Environment (PLACE) at the AHDTC and the Arthur Rank Hospice Inpatient and

Day Therapy Units. There were no significant areas of concern and ideas for improvement were taken forward in an action plan.

What we wanted to achieve:

- Explore ways of working to increase the care we provide.

What we achieved:

Our contract with Addenbrooke's Hospital for provision of Nurse Led beds on the Inpatient Unit (IPU) has continued. We presented a poster at the Hospice UK annual conference on our partnership with Addenbrooke's to develop this provision and were delighted to be presented with the inaugural Michael Howard award in recognition of our innovative partnership. With the launch of the CPCCG transformation plan in September 2019, work began to explore new initiatives such as expanding Hospice at Home and creating a new 24/7 Palliative Care advice line.

As part of our "Year of Quality", all service areas began projects looking at how we can increase and/or improve our provision. In the summer of 2019, the structure of the ARHC clinical governance meetings changed to reflect the dual needs of focusing on practice that demonstrates the quality of the service provided by the charity and uniting the clinical and supportive services. Our ambitious "Year of Quality" plan was created to capture all the work that has taken place across the whole service and systems with the common theme of improving, demonstrating or maintaining quality of our services. The "Building on Quality Plan" was written just before COVID-19 and when the pandemic hit, several initiatives were commenced in response to the pandemic which included increasing capacity in some services.

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 and greater equity of service.

What we achieved:

The Fenland team now operate from the AHDTC from June 2019 and this has improved community engagement. Ongoing work continues as part of the CPCCG End of Life Transformation Plans.

What we wanted to achieve:

- Undertake mapping exercise looking at referrals and unmet need to enable us to review geographical ease of access to our services and develop plans to create greater equity.

What we achieved:

This work was carried out with the CCG as part of the CPCCG End of Life Transformation work, in partnership with CPFT, North West Anglia NHS Foundation Trust (NWAFT), Cambridge University Hospital (CUH) and Sue Ryder Thorpe Hall.

What we wanted to achieve:

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

What we achieved:

We met with Tapping House Hospice and Thorpe Hall Hospice to introduce our services and we attended Gold Standards Framework (GSF) meetings with Primary Care Networks. We continue to provide education and training opportunities.

What we wanted to achieve:

- Review services we provide for carers and explore opportunities for support.

What we achieved:

Following a meeting with the Carer's Trust we now have a license to use the Carers Needs Assessment Tool (CSNAT) as part of our Day Therapy Services. We have set up our Caring Communities which supports people in the community through a network of volunteers. We will also look to set up a carers' support group.

What we wanted to achieve:

- Reshape our Day Therapy services.

What we achieved:

We now have programmes of support to offer those with palliative care symptoms and our Life Celebrations and Creative Coordinator works with patients to develop a range of activities to promote wellbeing and future planning. Much work will continue into 2020.

What we wanted to achieve:

- Through our communication strategy, raise awareness about our services with the public and our health and social care and other stakeholders.

What we achieved:

We restarted our Community Engagement and Equality, Diversity and Inclusion working group. Working through the "Care Committed to Me" resource paper published by Hospice UK, we have engaged with our Gypsy and Traveller communities and people with learning disabilities and/or autism. We also offer study days on different faiths and spirituality.

We also provide support and training to care homes.

Priority 3

Evaluate and continuously improve our governance structure

What we wanted to achieve:

- To educate, inform and invite challenge from our Trustees.

What we achieved:

We developed a Governance Framework for the Charity. We held a Trustee away day in October 2019 that focused on the emerging Transformation of Palliative and End of Life Care throughout Cambridgeshire and Peterborough, together with proposals for Sustainability and Ambition for Growth.

What we wanted to achieve:

- Review and improve our dashboard data.

What we achieved:

We have built upon the use of the Integrated Palliative Care Outcome Scale (IPOS) scores as part of the Outcomes Assessment Complexities

Collaborative (OACC) suite of measures to look at patient outcomes and have purchased Leathern Healthcare IT Solutions (LHITS) software to help us analyse our IPOS data. As part of our Year of Quality, we are continually adapting our dashboard to reflect changes in our services.

What we wanted to achieve:

- Roll out SystmOne electronic patient records on the IPU.

What we achieved:

We managed to secure funding to purchase a number of computers and workstations on wheels which will allow us to move from paper records to electronic records. Plans are now in place to progress this work.

Priority 4

Develop our education and research capacity

What we wanted to achieve

- To develop, in partnership with Anglia Ruskin University (ARU) a Masters level module.

What we achieved

In January 2020 we provided our first cohort of the new Palliative and End of Life Care: Management of Symptoms in Advance Disease Masters Module, with Anglia Ruskin University and are hoping to provide this in future years.

What we wanted to achieve

- To develop our research networking.

What we achieved

Our Consultant Richella Ryan has taken the lead in chairing our Research Governance meetings and we continue to seek involvement in research studies both nationally and locally.

Priority 5

Develop the financial and operational resilience of the charity.

What we wanted to achieve:

- A data cleanse of Donorflex to adhere to Fundraising Regulator Guidance and ensure

compliance with General Data Protection Regulation (GDPR) and provide better reporting and assurance.

What we achieved:

Further to a review of the fundraising needs of the organisation, a restructure took place within the databasing team. A new role of Fundraising Support Manager was created and recruitment commenced in early 2020 with the post filled in April 2020. Work in this area was therefore rolled over to the new financial year.

What we wanted to achieve:

- To acquire and implement new finance software.

What we achieved:

We installed a new system called Exchequer mobile and implemented a programme of staff training so that colleagues outside the finance team could access finance reporting and authorisation of purchase orders and invoices to give greater oversight and ownership.

One of the key benefits of the new system is the improved reporting and increased accuracy. The manipulation required within Microsoft Excel from our previous system was a very manual process and, with the volumes of transactions involved, mistakes could occur. The reporting from Exchequer comes directly from the system ensuring this is far more accurate and robust.

What we wanted to achieve:

- To increase our fundraising income through a variety of events, challenges and donations.

What we achieved:

Several fundraising events were held throughout 2019. Alongside the traditional events such as our Star Shine Walk, Ely Festive 5k Fun Run and Light up a Life celebration we also ran raffles, worked with Your Hospice Lottery to attract new supporters and developed our relationship with local businesses and community groups. We launched our 'Help Us Be There' appeal in May 2019. The appeal focussed on raising funds and awareness of our Hospice at Home service and went on to raise more than £100,000 in the first 12 months.

What we wanted to achieve:

- To develop a new website.

What we achieved:

In October 2019 we developed a new website. Trustees and colleagues from across the Charity, volunteers and supporters were involved in the development of the strategy, appearance and functionality of the new site. Work continued into the new financial year, in readiness for a launch in July 2020.

What we wanted to achieve:

- To develop our retail strategy to ensure growth in our shops and online.

What we achieved:

We have sourced a new site in Sawston to enable us to open a Retail Hub so we can sell larger items and provide a hub for online retail. The Hub opened on the 12 October 2020 and is a welcoming space, providing a perfect solution for those who wish to donate and/or purchase the larger items we are unable to accommodate within our High Street shops. The Retail Hub is also providing an excellent space in which to expand our online sales and increase revenue in this area.

Priority 6

Support and develop our staff and volunteers

What we wanted to achieve:

- Utilise and support our volunteers effectively by carrying out annual volunteer satisfaction surveys.

What we achieved:

We held regular volunteer shop forums and increased our engagement with our volunteers by conducting a survey. Feedback from the survey helped us to develop an action plan, which is ongoing. We received 240 responses to the survey out of 650 volunteers and held regular forums and supervision sessions for new starters. We developed new handbooks for volunteers and held a "Thank You" party which included long service awards.

What we wanted to achieve:

- We want to ensure we are a learning organisation and develop our staff and volunteers, so we set out to map out the support we provide, including effectively using our Levy funds.

What we achieved:

We reviewed our induction to make this more accessible for staff. We also rolled out bite size Human Resources (HR) sessions and reviewed our appraisal process to ensure all staff receive annual appraisals. We have also promoted shadowing opportunities so that staff from a variety of areas can choose to shadow a colleague in another area. For example, fundraising staff might shadow clinical staff for a day. We ran additional training sessions on communication and bereavement led by our Chaplain. We made effective use of our apprentice Levy funds.

What we wanted to achieve:

- We want to ensure we maximise opportunities for volunteers to use their skills and research good practice in other hospices to identify new opportunities for volunteers.

What we achieved:

We launched the Caring Communities volunteers scheme for those with skills in counselling and therapeutic supportive services. We introduced hand massage volunteers on our IPU. We launched year 2 of our Student Volunteer Programme, focusing on students using their skills to increase social media engagement with the Hospice.

What we wanted to achieve:

- Develop our own staff management development programme and staff recognition programme.

What we achieved:

The first session of our management development programme took place in February 2020 but due to the COVID-19 pandemic, future sessions were postponed. We set up long service award policy to recognise and celebrate those who have worked for the organisation for 15 years and 25 years.

Looking forward 2020 - 2021

The Senior Leadership Team will be building on our current plans from 2019 - 2020 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. Our current five-year strategy will come to an end in 2022 and so we will be working on what our future strategy will look like, ensuring we engage with our community to plan for future needs and priorities,

Our contract to provide some NHS services continues, as per current commissioning arrangements with the Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG). Our partnership with Addenbrooke's Hospital has also rolled over to 2020-2021 to continue our provision of Nurse Led beds for patients at the end of their life. We also have a contract with Queen Elizabeth Hospital, Kings Lynn, to provide treatments at our Alan Hudson Day Treatment Centre in Wisbech. Due to the outbreak of COVID-19 some plans have been put on hold due to uncertainty and rapidly changing Government policies. However, we continue to adapt and respond as needs and priorities change, ensuring that our focus will always be to provide quality services to all our eligible patients in Cambridgeshire.

Priority 1

Develop our services to meet the changing needs of our population

- We will continue to develop our approach to working with patients with dementia.
- We will improve and expand the facilities at the Alan Hudson Day Treatment Centre.
- We will continue to work with EACH and Sue Ryder Thorpe Hall to develop a strong offer for young people transitioning from the care of children's services.
- We will seek and hear our patients' voices through diverse means including our Hospice User Group (HUG).
- We will explore new ways of working to increase the accessibility and care we provide, including securing funding to open additional beds on the IPU.

- We will explore the process and funding opportunities for a 24/7 help line for patients, their carers and health professionals.
- 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 we will establish where the greatest pressure points are to help future development.

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 build on the Hospice at Home service to create more care and support and equity of service.
- We will undertake a 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.
- We will review the services and support we provide to carers through our Caring Communities work.
- We will review our Day Therapy Service to ensure we tailor sessions to specific needs and conditions, widening access to these.
- 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 "hard to reach", 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.
- We will continue to develop our relationship with care homes in order to raise standards of care, provide expert support and knowledge.

Priority 3

Evaluate and continuously improve our governance

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

- We will continue to fully implement the OACC tool, allowing us to better measure patient outcomes.
- We will roll out the implementation of SystmOne patient electronic records on the IPU, minimising the need for paper records wherever possible.
- We will ensure a process for succession planning for our Board of Trustees.

Priority 4

Develop our education and research capacity

- We will develop a research strategy in line with Hospice UK's definition of a Research Active Hospice.
- We will develop our role as national and international experts in the field of palliative and end of life care, encouraging staff to participate in national forums and keep up to date with research relevant to their specialist areas.
- We will continue to grow and develop our workforce through encouraging staff to be ambitious in their personal development such as nursing associate and nursing apprenticeship roles and other qualifications.

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 and acquire and implement new finance software.
- 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%.
- We will launch our new website.
- We will continue our collaboration with the CPCCG and other non-NHS services, e.g. local authority and voluntary sector.
- 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 Huntingdonshire.

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

Priority 6

Support and develop our staff and volunteers

- We will continue to utilise and support our volunteers effectively by carrying out annual volunteer satisfaction surveys.
- 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.
- 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 continue to develop an organisational workforce development programme, including a review of the appraisal process.
- We will seek to further support our staff by involving them in creation of our Wellbeing Strategy, especially in light of the COVID-19 pandemic.

'I wonder if you, with your vast experience, had an inkling that something may happen that night and that was why you wanted a nurse to be with us. Leilani was wonderful, so calm and reassuring and sensitive. When (the patient) died, she knew exactly what to do, who to contact and did so quietly and unobtrusively, leaving my sons and I to sit and try to absorb what was happening.' **Hospice at Home**

'I have been thinking of you, and Arthur Rank, very much and with enormous gratitude. The last day of his life, when you visited twice, giving comfort and practical help and advice, meant the world. There are no words adequate to express my thanks to ARH. Thanks to them I was able to keep (the patient) at home, and care for him myself with their back up. Their practical help and incredible compassion meant the world to the family, to (the patient) and to me.'

Specialist Palliative Care Home Team

'To all the lovely nurses and carers at the Arthur Rank Inpatient unit, Thank you so, so very much for looking after our mummy (the patient). You did a very good job making sure she was comfortable and always looking nice :) I know she was very grateful for that. You are all such kind people. I also know that all of the nurses got along very well with our beautiful mummy. She liked you all a lot. She often commented on how nice all of you were.' **Inpatient Unit**

'Thank you for all your support, care, kind words and words of wisdom. You were always there for (the patient) and for me, so I could be strong for (the patient) and the rest of the family - I don't think I would have got through it without you. You made it possible for (the patient) to stay at home with us, you made me believe in myself that I could do it and because of you I did! Thank you just doesn't come close to how grateful I am to you but can't think of any better words!'

Specialist Palliative Care Home Team

'(Management of pain in palliative care) - enjoyable, informative day - great overview. Well presented and informative sessions.'

'Thank you very much, will take a lot of transferable knowledge. It's also good the trainers have a passion, makes it easier to learn (Management of oncology related lymphoedema).' **Education**

'I love coming here, using the bike, just sitting and being here.' **Day Therapy**

Mandatory statements

Review of service

During the period 1 April 2019 to 31 March 2020, Arthur Rank Hospice Charity provided a range 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 1 April 2019 - 31 March 2020, 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

Chaplaincy

Day Therapy - Arthur Rank Hospice

Day Therapy and Treatment - 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

NHS Patient Safety Thermometer monthly audit.

Patient Led Assessment of Care Environment (PLACE)

Local Audit

- Admiral Nurse review of service
- Audit of care in the last days of life
- Audit of Do Not Attempt Cardiopulmonary Resuscitation (CPR) (DNACPR) decisions
- Audit of prescription chart factual correctness
- SystmOne clinical records audit (AHDTC)
- Blood Transfusion audit
- Use of the personalised care plan in the last few days of life
- Medical documentation audit
- Neutropenic Sepsis
- Audit of Venous thromboembolism (VTE) prophylaxis assessments
- Use of Intravenous antibiotics
- Weekly drug omissions audit
- Monthly essential steps Infection Prevention and Control (IPAC) audit
- Monthly Hand Hygiene compliance audit
- Care Quality Commission controlled drugs audit and Compliance with safe storage, administration and disposal of controlled drugs audit
- Injectable medications audit
- Lymphoedema response time from triage to first face-to-face assessment
- Bereavement support group Wisbech
- Pressure ulcer prevention screening (AHDTC)
- CORE (clinical outcomes in routine evaluation) bereavement support audit
- Use of Phenobarbitone at the end of life
- Evaluation of the in-house teaching programme

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:

- Patient Reported Outcome Measure of Spiritual Care (PROM) (originally developed and validated in Scotland under the auspices of NHS Education for Scotland (NES) and will be utilized to help research the impact of chaplaincy interventions on patient wellbeing in 7 different European countries).
- Just in Case medications study.
- Learning about Breathlessness: study 2 developing a learning resource for family and friends of people with breathlessness.
- "Looking after my Spouse" LAMS study (exploring what it is like to support spouses/partners who are at the end of their life when they themselves are older and frail).
- Study of personality traits of healthcare professionals who no longer work for NHS organisations but who have in the past.
- Hospice staff perception of fatigue in palliative patients with malignant and non-malignant disease.
- Doctors' views and experiences of assisted hydration at the end of life.
- "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.

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

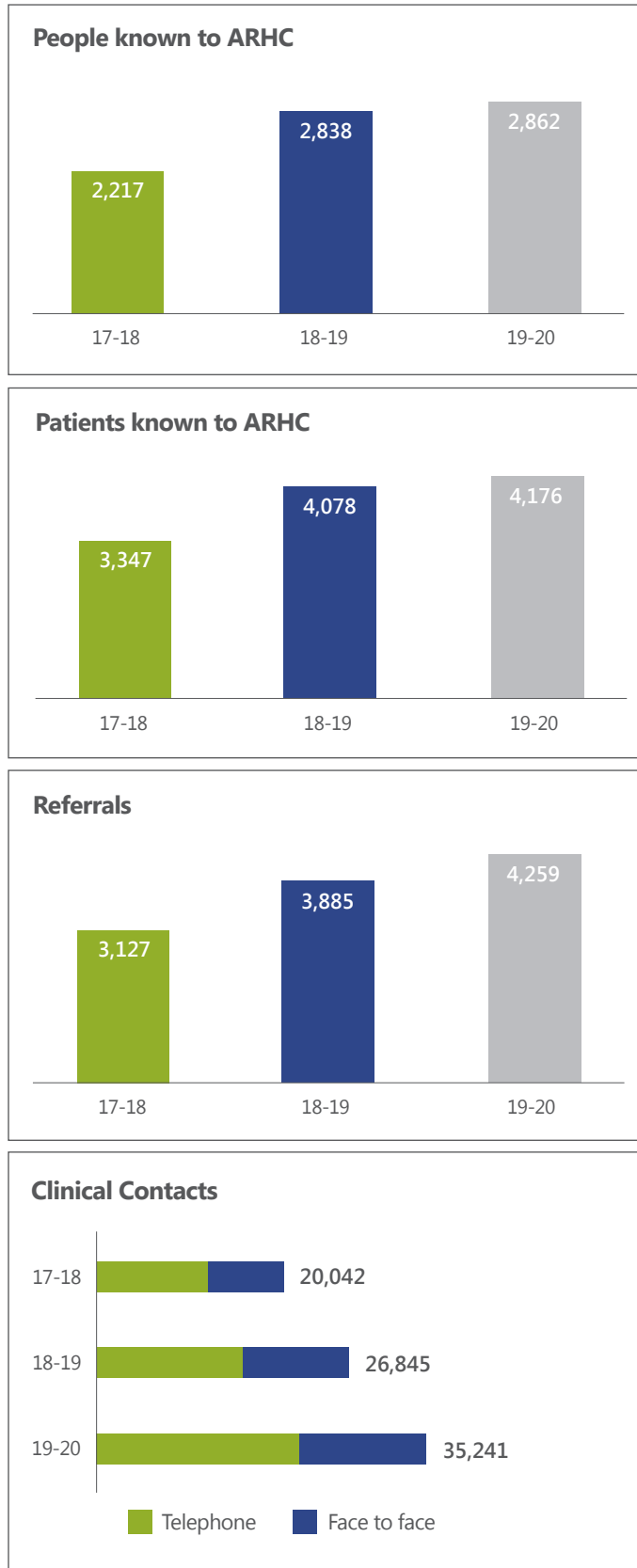
Grant income from the NHS was not conditional on achieving quality improvement and innovation goals through the Commissioning of Quality and Innovations framework (CQUIN), because the grant/contract is set by the CCG and does not include this element currently.

Part 3

Review of Quality Performance

Organisational clinical summaries:

In 2019 - 2020 we saw a steady increase in referrals, consistent with previous years but there was a noticeable increase in the number of clinical contacts we made both face-to-face and over the telephone.

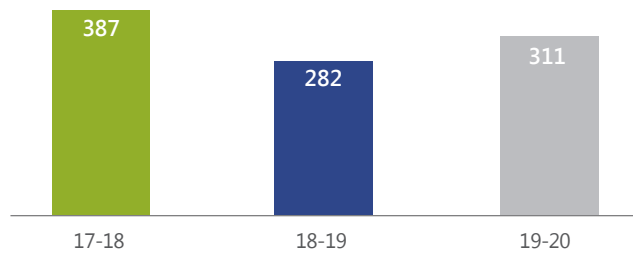


Clinical Service Areas

Inpatient Unit

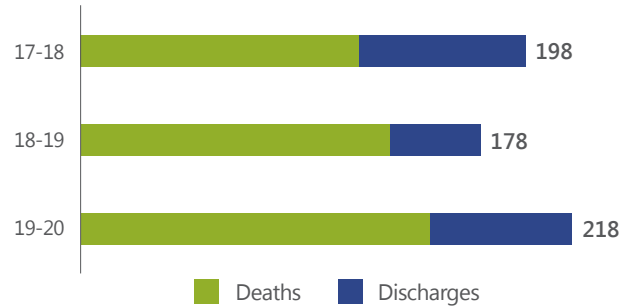
Referrals

Inpatient Unit - Specialist Beds



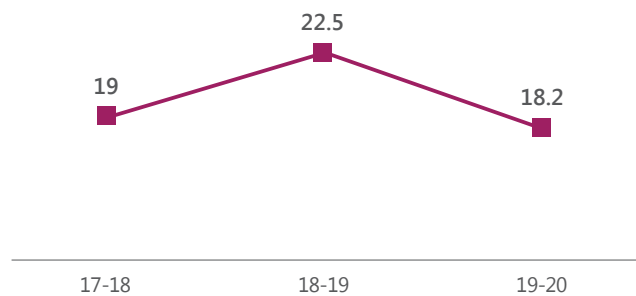
Discharges/Deaths

Inpatient Unit - Specialist Beds



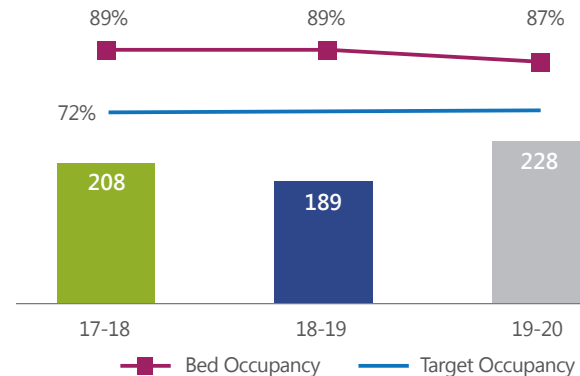
Average Length of Stays (days)

Inpatient Unit - Specialist Beds



Patients and Bed Occupancy

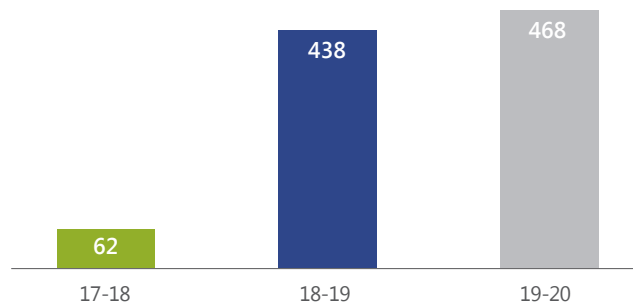
Inpatient Unit - Specialist Beds



Our Inpatient unit 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.

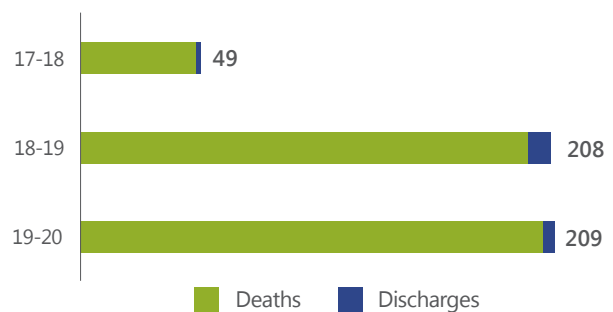
Referrals

Inpatient Unit - Nurse Led Beds



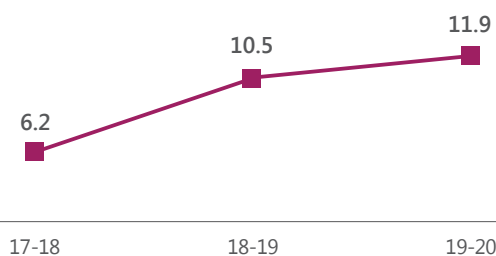
Discharges/Deaths

Inpatient Unit - Nurse Led Beds

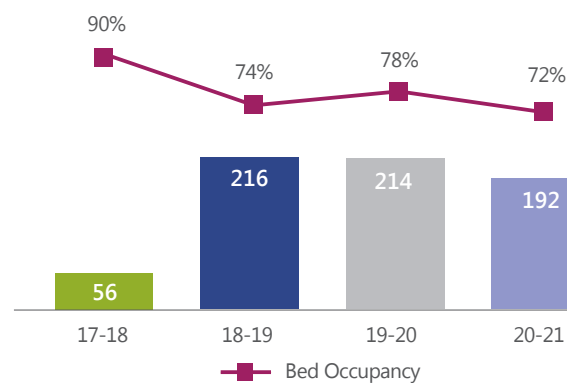


Average Length of Stays (days)

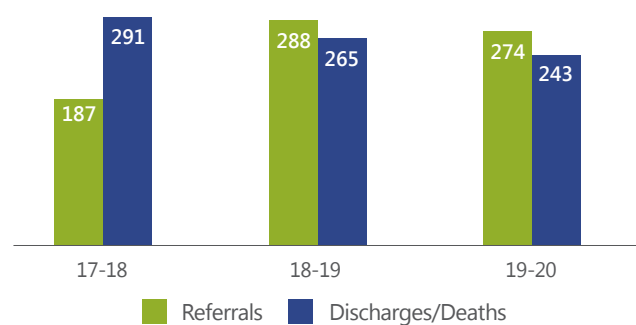
Inpatient Unit - Nurse Led Beds

**Patients and Bed Occupancy**

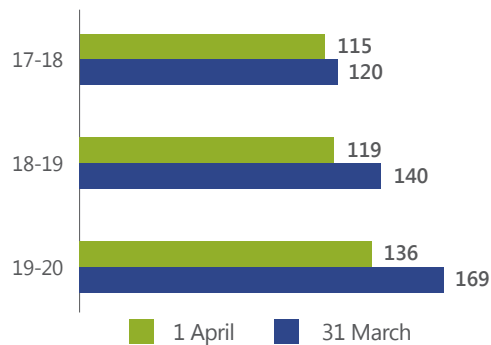
Inpatient Unit - Nurse Led Beds

**Day Therapy****Referrals and discharges**

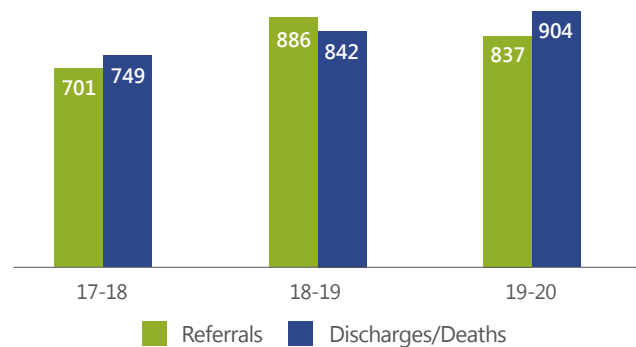
Day Therapy

**Patients on Caseload**

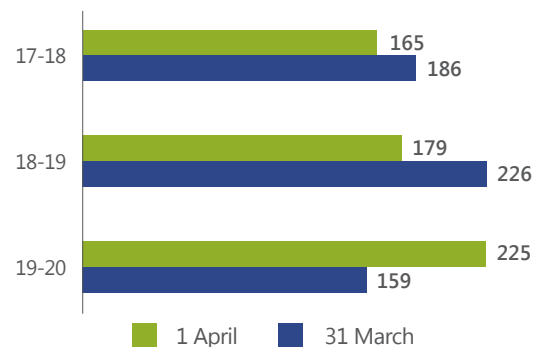
Day Therapy

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

Specialist Palliative Care Home

**Patients on Caseload**

Specialist Palliative Care Home

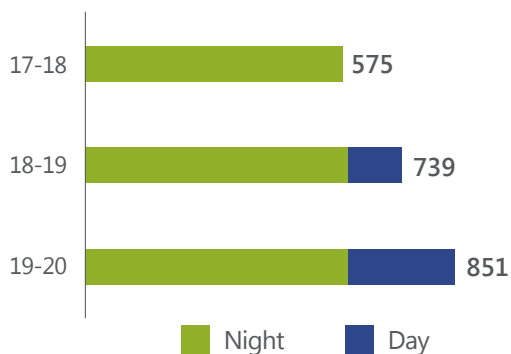


Hospice at Home

Our Fenland Hospice at Home project, funded by the Evelyn Trust, Baxter Foundation and Arthur Rank Hospice Charity began in April 2018 and was for 2 years. We also received funding for a small day time service to support Hospice at Home in Cambridge City. This has enabled us to increase the number of patients we cared for during the day as well as our night Hospice at Home service.

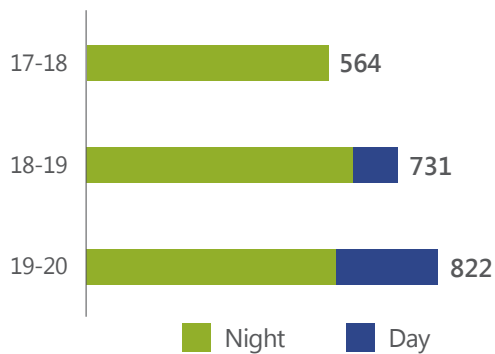
Referrals

Hospice at Home



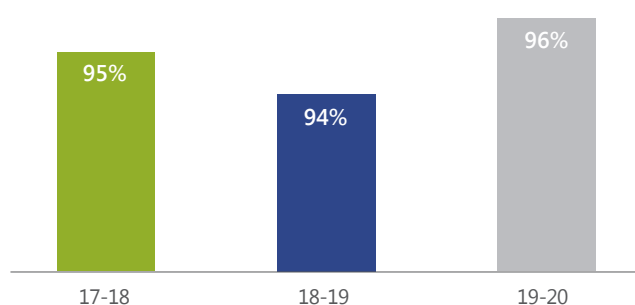
Discharges/Deaths

Hospice at Home



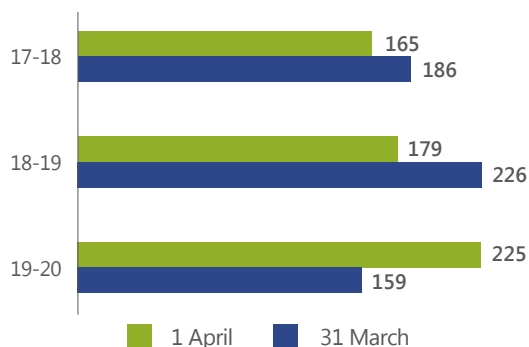
Preferred Place of Death (PPOD) Achieved

Hospice at Home (night)



Patients on Caseload

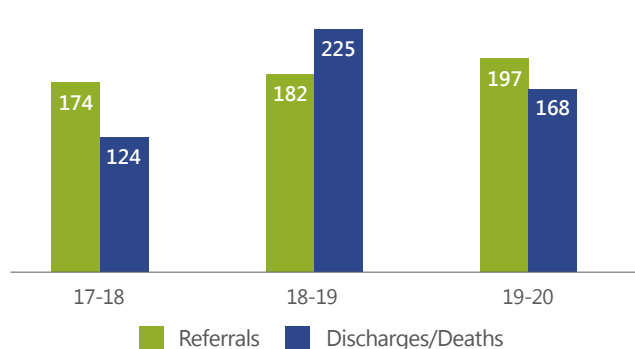
Hospice at Home



Lymphoedema Clinic

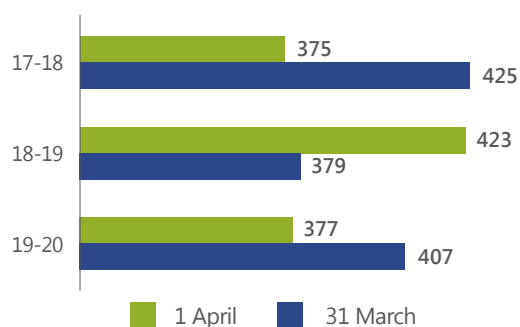
Referrals and discharges

Lymphoedema Clinic

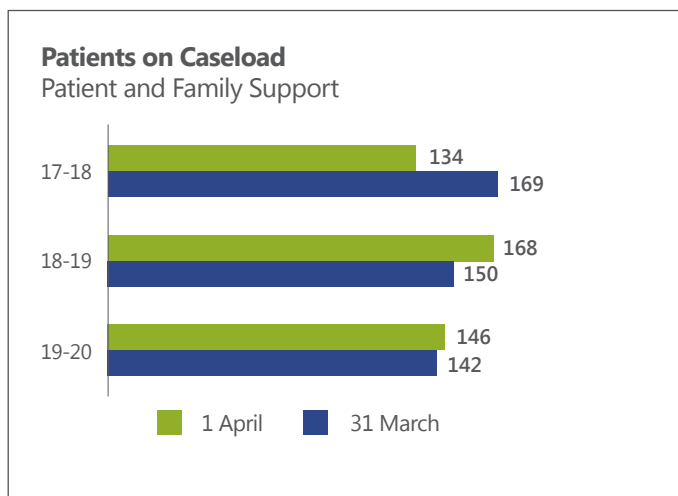
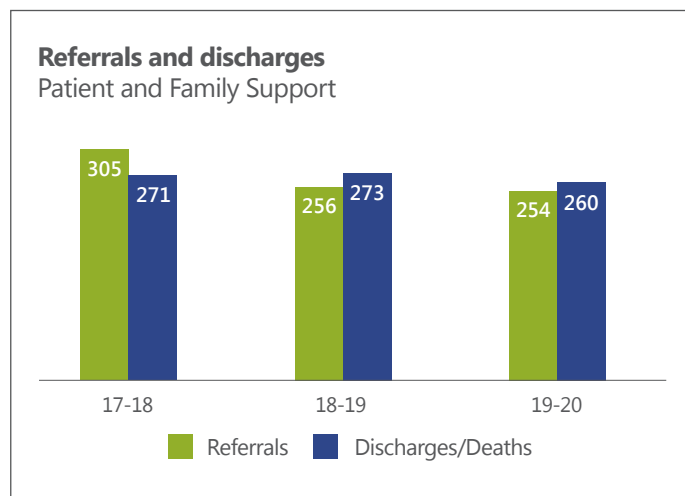


Patients on Caseload

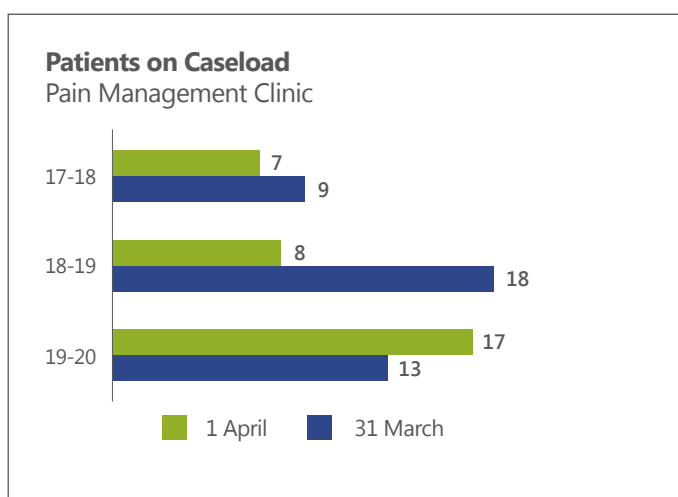
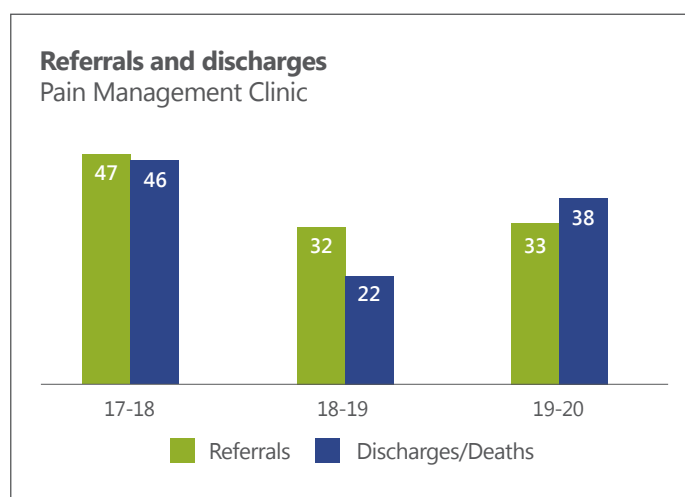
Lymphoedema Clinic



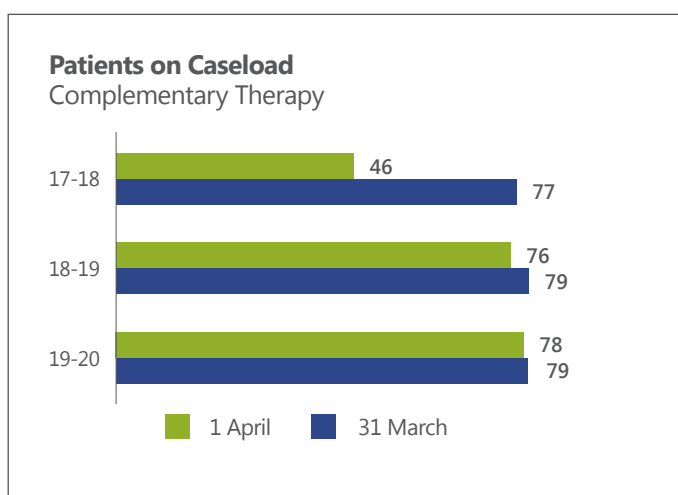
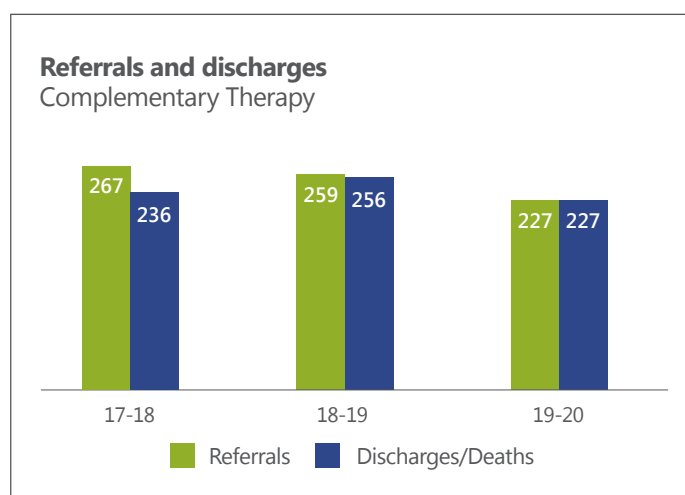
Patient and Family Support Team (PFST)



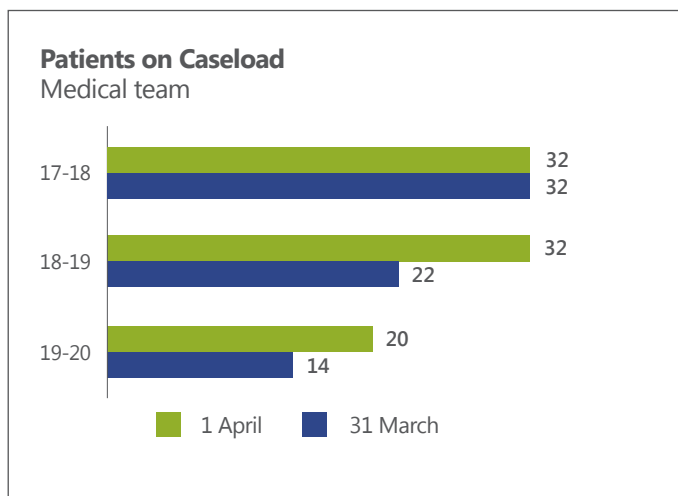
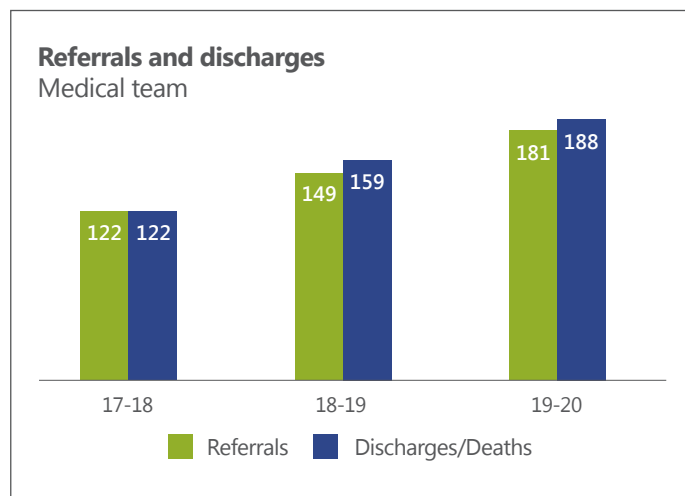
Pain Management Clinic



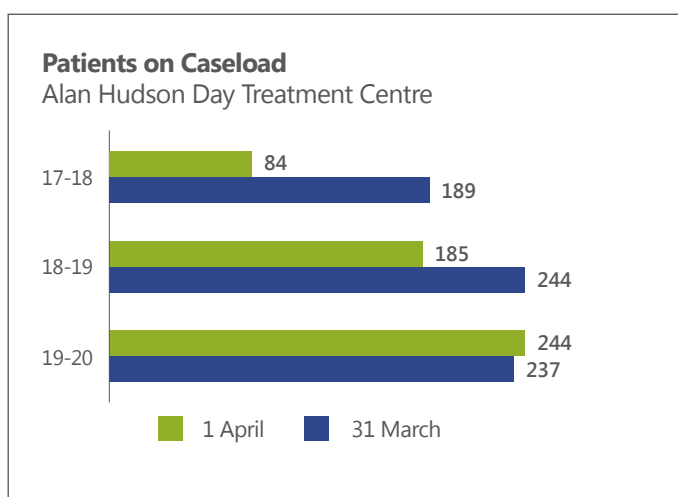
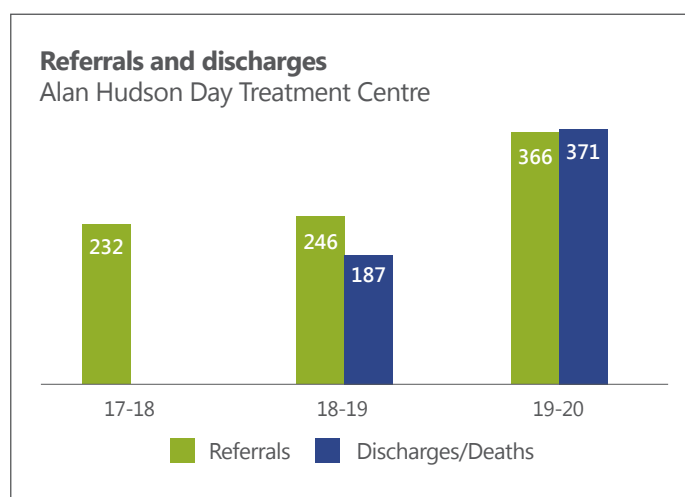
Complementary Therapy



Medical Team

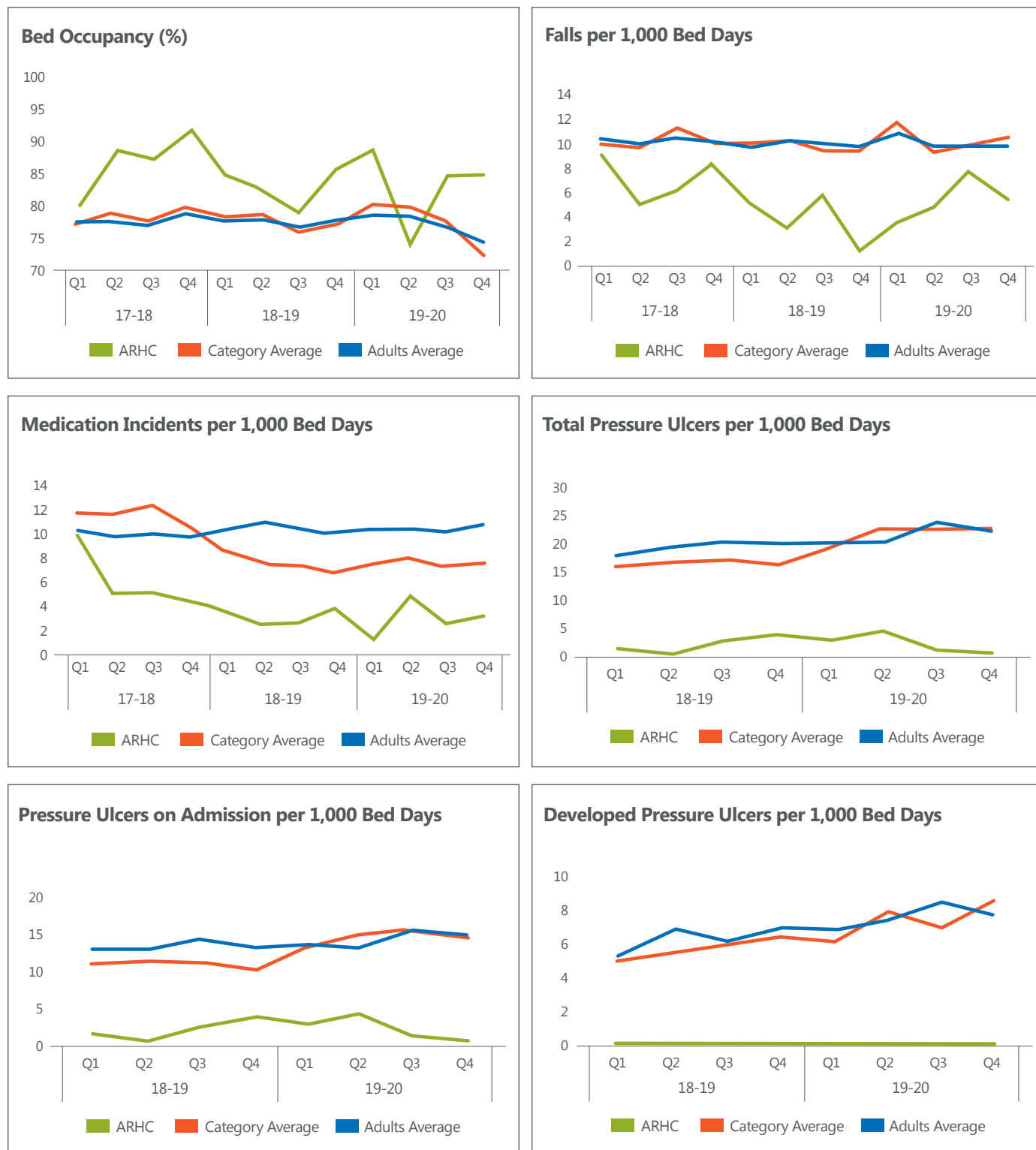


Alan Hudson Day Treatment Centre



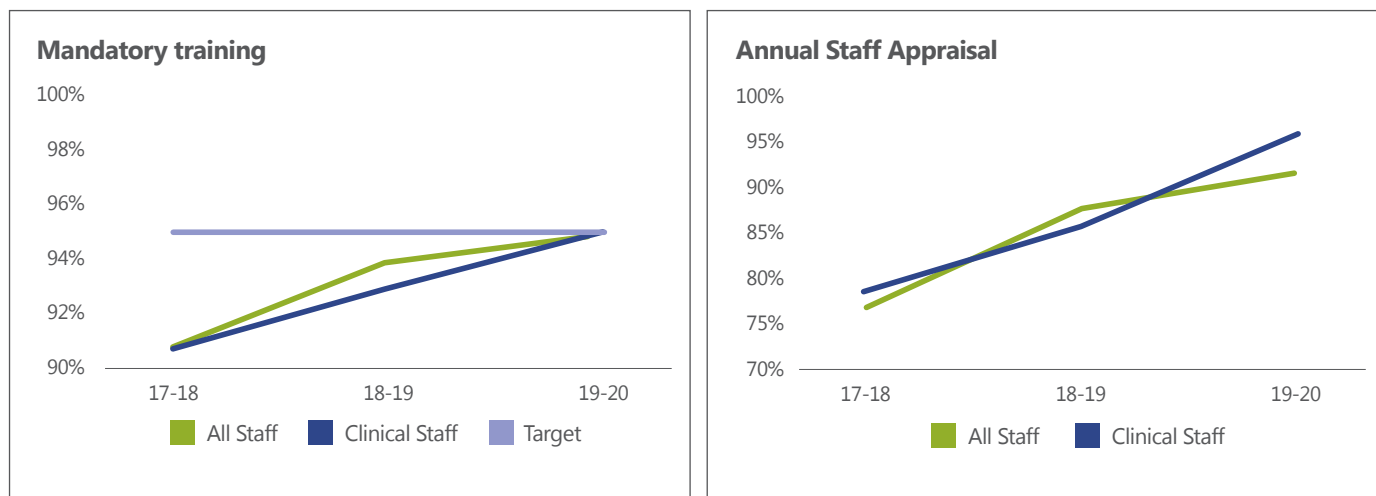
Hospice UK Benchmarking

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

Mandatory Training and Appraisal



All our staff are required to complete mandatory training. In 2019 - 2020 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). We continue to work hard to ensure our staff remain consistently up to date with their mandatory training and appraisals and we are seeing improvements year on year.

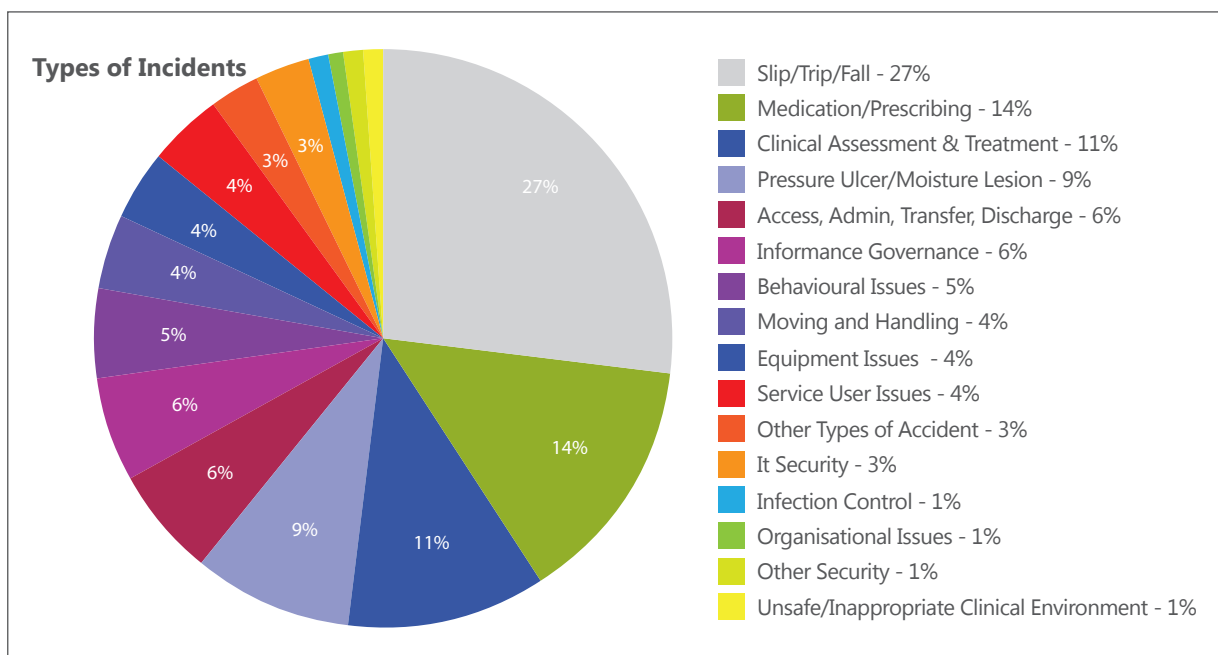
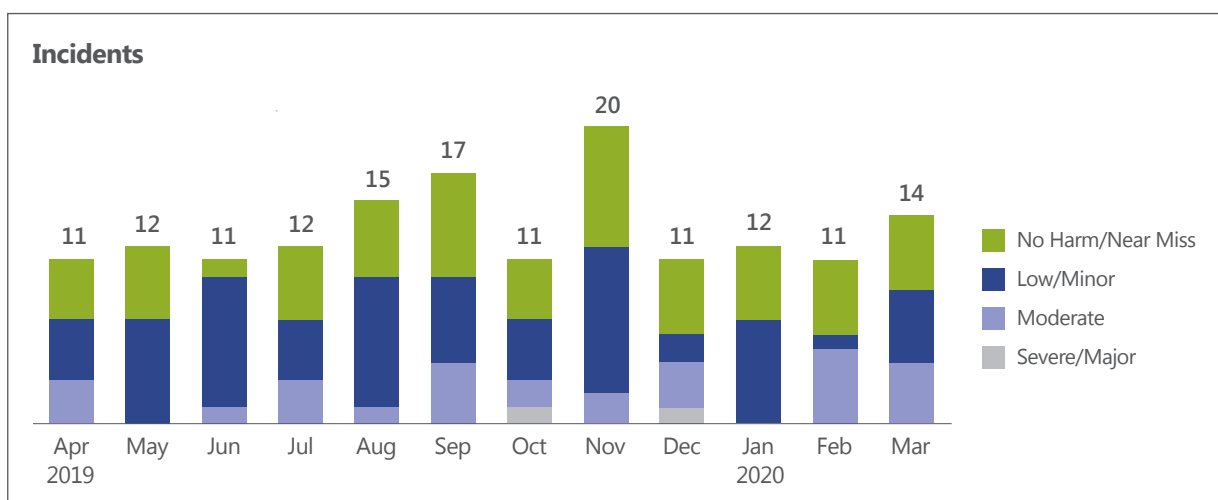
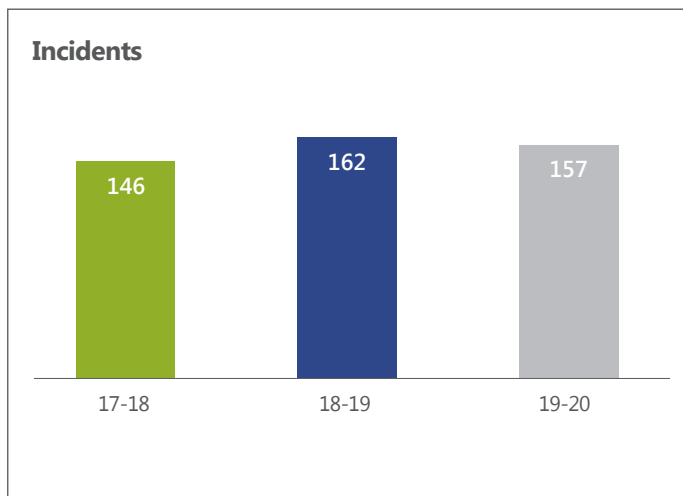
Quality Data

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 are our most reported incidents. 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.

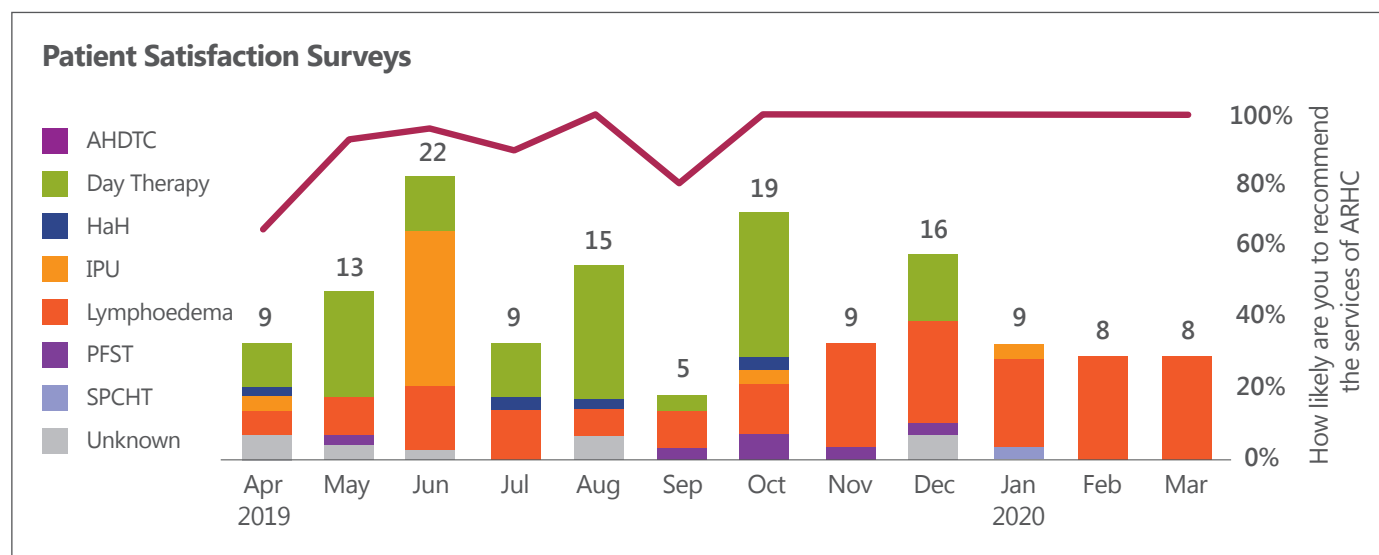


Serious Incidents (SI)

We had no serious incidents in 2019 - 2020.

Complaints, Feedback and Patient Experience

Patient Satisfaction:



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

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 use our findings to improve our service where appropriate. Responses are summarised in the table below.

You said, we did

'Day Therapy Zoom sessions are helpful but tiring. It would be good to have a break in between sessions.'

Day Therapy have amended the timetable for Zoom sessions to include breaks

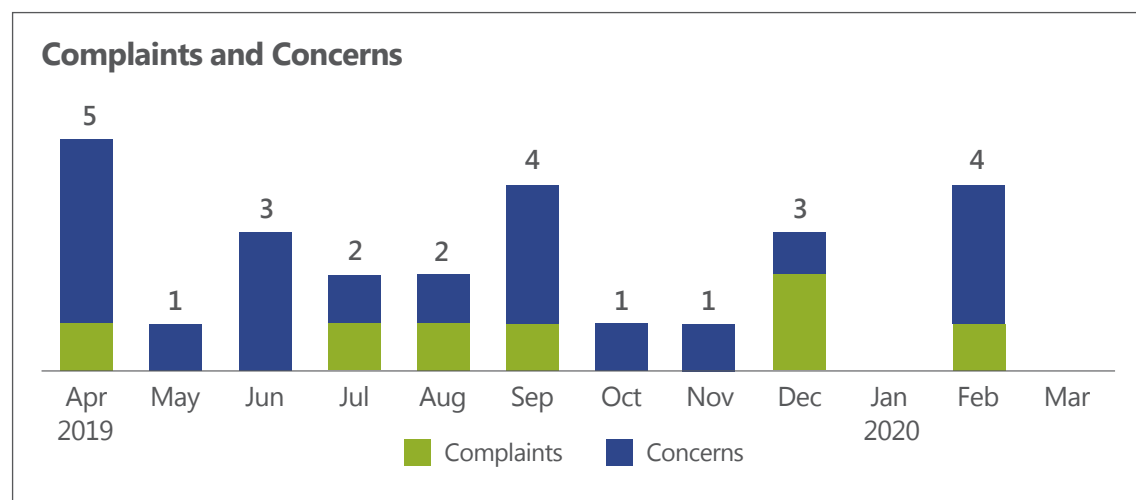
'Bereavement support groups are better when face to face (in person) as well as via Zoom (online).'

We have now re-introduced face to face bereavement support groups in the hospice following COVID-19 secure guidelines to ensure service users and staff are safe as well as keeping online sessions

'Relatives accessing patient's rooms on the InPatient Unit directly missed the opportunity to speak to staff at reception when arriving.'

COVID-19 secure measures have been implemented to make it safer for relatives to access the Inpatient Unit via main entrance and speak to staff when entering the premises.

Complaints and Concerns



We received six complaints and 19 concerns during this financial year 19-20.

A summary of the six complaints can be found below:

Date Received	Summary	Action(s)
19/04/19	A lymphoedema patient was dissatisfied with the treatment of their condition they had received.	The complaint was investigated with the member of staff concerned and apologies made. A letter with findings was sent to patient.
30/07/19	A sign outside one of our shops was deemed by member of the public to have insensitive mental health connotations.	The sign was removed immediately.
29/08/19	An expression of disappointment in bed availability at the time of her husband's last days of life.	Complaint investigated and, sadly, there were unavoidable delays due to capacity. A letter was sent to the complainant with the outcome of investigation on 26/09/2019.
09/09/19	A relative of a deceased patient was not happy that she was not contacted by IPU when her father died.	The complaint was investigated and not upheld.
18/12/19	The relative of a patient who was referred via their GP to Hospice at Home, but the referral was not processed as being urgent. By the time the referral was triaged the patient had died. The family were very upset that their relative had received no support from the Hospice.	A full investigation was carried out, a root cause analysis undertaken, an apology was given and an action plan completed.
12/02/20	A patient's relative complained about overnight care and feedback for District Nurse about objection to a cat litter tray and communication around this.	A telephone call was made to the complainant to discuss, and it was also discussed with the Hospice at Home team. Issue resolved.

Quality Account Feedback: Cambridgeshire and Peterborough CCG

Cambridgeshire and Peterborough CCG welcomes the achievements described in the Quality Accounts for 2019-2020 and 2020-2021.

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.