



Arthur Rank Hospice Charity



Our Year

Annual Review
2020 - 2021

making every moment count

Our vision

Our vision is to provide patients and their families with the highest quality end-of-life care by achieving excellence in everything we do and making every moment count

Our mission

We will achieve this through the delivery of excellent, innovative and compassionate specialist and community-based palliative care. We will support patients with a life-limiting diagnosis to improve their quality of life and fulfil their choices at the end of their lives

Our values



Flexible, individual and responsive focused specialist palliative care



Integrity, compassion and professionalism



Valuing and investing in our workforce



Equality of service



Prudence in the management of our resources

Our goals



Recognised for innovation and research



Flagship hospice known for the quality of our care



Proactive catalyst in developing effective partnerships



Holistic approach

Our objectives and priorities



Develop our services to meet the changing needs of our population



Develop the financial and operational resilience of the Charity



Develop our education and research capacity
Support and develop our staff and volunteers



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

Our firm foundations



Over 30 years' experience



500 volunteers supporting us in our work



Integrated in our local community

Welcome

Welcome to this Annual Review looking back on the achievements of Arthur Rank Hospice Charity during 2020/21. We are pleased to be able to share this packed, informative review having been unable to produce a review to cover 2019/20 due to the pandemic, which also resulted in our Quality Account being released late. (Previous Annual Reviews and our Quality Accounts can be found online in the About Us section of our website arhc.org.uk/about-us/)

Inevitably, a recurrent theme throughout this review is the pandemic, the impact this has had on our charity and the way that we have responded to it. I am incredibly proud of #TeamArthur for the way they have responded to the most challenging of times, always positively, focused on patients and their loved ones, with a great 'can do' and 'will do' attitude. They are a privilege and a joy to lead. In this report, you will read about how services have adapted and how we have worked with partners to develop new and expanded services.

As it has been such an exceptional year to report on, it is not possible to cover every aspect of our work over the past 12 months. You can find more information on our website which we have worked hard to keep up to date over this period.

Providing the range and quality of services on which we pride ourselves, requires that we have a strong infrastructure to support all our activity. From being an excellent employer that invests in our colleagues learning and development and safe working environment, to efficiently managing our finances, effectively raising the income needed to undertake all our activity, this all requires skilled and committed colleagues and we are grateful to them all. Equally, we need strong and effective governance and we appreciate the time and guidance provided by our knowledgeable and experienced trustee board.

We are your hospice; you are our community and we are so grateful for your continued generous support, in whatever form this takes. Future sustainability is essential and those who are able to commit to regular gifts or are in a position to provide substantial donations are key to our confidence on this. Sharing what we do with those who know and love us and those who do not yet know the breadth of our provision is very important. Please help us broaden our reach by sharing this report with anyone who you think would find it useful. Also, please let us know if there is anybody or any organisation that you think should be added to our distribution list.

Sharon Allen, OBE - Chief Executive (right) and **Kate Kirk** - Chair of Trustees (left)



Who are we and what do we do?

Arthur Rank Hospice Charity supports people in Cambridgeshire living with an advanced serious illness or other life-limiting condition and those who need end of life care.

Our 'Outstanding' services are provided free of charge to patients and their families.

Our aim is to support people to live and die well by providing the highest quality care, helping them to make every moment count.

During 2020/21 we cared for 3,996 patients at our Hospice in Cambridge, the Alan Hudson Day Treatment Centre in Wisbech and in patients' own homes throughout the county via the Arthur Rank Community Team. This care supports people to improve their quality of life and fulfil their end of life choices.

Alongside the care provided by our Inpatient Unit, Living Well services* and Hospice at Home teams, patients can access patient and family support; lymphoedema care; complementary therapy; medical and pain outpatient clinics; and advice from the clinical nurse specialists within the Specialist Palliative Care Home Team. Our programmes are practical, holistic and tailored to the individual patient, family member or carer and may also include rehabilitative support, physiotherapy, occupational therapy and psychological support.

It will cost £10.5 million in 2021/2022 to run our services, which are provided free of charge to patients and their loved ones. Contracted services from the NHS are budgeted at £6.98 million, meaning that £3.52 million needs to be raised through donations, fundraising activities and trading. We are extremely grateful to our local community for the continual dedication, commitment and generosity they show in supporting us to meet this target and we hope that this review demonstrates the way in which our funds have been used in the past year.

**This service was renamed from Day Therapy in April 2021. For consistency we have used the new name throughout this document.*



Caring for people across our community

As the pandemic gathered momentum, patients were reluctant to seek help and an increasing number of people expressed preferences to remain at home or felt uncomfortable to visit clinical environments. COVID-19 aside, whilst other clinical environments were seeing a decrease in referrals our Specialist Palliative Care Home Team had to adapt to working very differently. Nurses from our Inpatient unit (IPU) and Living Well service joined the team to support us as well as the existing community team physiotherapists, occupational therapists and doctors. Often, they might be the first point of contact for a patient being referred into our services. Each patient, their symptoms, and family and living situations are completely unique. Our care wraps around all of this and the individual person, not just their illness - there is never a one size fits all when it comes to our care.

Prior to the pandemic these initial assessments happened in person or over the phone. Patients and families find it really reassuring to meet someone in person and often feel more comfortable about asking questions than they do in a video consultation environment. An initial face to face assessment also means our colleagues can observe things about the home environment which we might be able to help with.

Even during the pandemic, we continued visiting as we recognised that some patients could only be assessed in person. Video consultations, through a secure system, were carried out in addition to home visits in a number of cases. We introduced a policy that all initial assessments would be conducted face to face and the follow ups would be based on clinical need and patient choice. We also changed team structure and working patterns to become more responsive; to use our medical team and nurse prescribers; to prescribe and administer medications to patients if needed; to train the whole team to complete vital advance care planning documents with patients to help them plan for their care and to do whatever was necessary to minimise the number of healthcare professionals visiting a patient.

Innovation and learning...

In order to help with this, the Specialist Palliative Care Home Team were quickly trained in new video technology linked to our SystmOne database (a NHS-wide system for patient records). In-house training was provided through video calls and guides were provided for colleagues to follow. The advantage of video over telephone technology is that, as well as hearing people and trying to judge a situation from their voice, the team were able to see them and assess them on a more holistic level, for example from their non-verbal signals too.

An additional advantage of employing this technology was the ability to reach more patients and families without increasing travel costs, making our services more accessible. It also enables us to provide as near to normal service as possible, in these difficult circumstances.

The patient's point of view...

Patients valued our input as the whole healthcare system changed during this time. Our services continued or were reshaped in such a way that we never stopped being there for our patients and their families. As a result, our contact with patients, on occasions, started earlier than it might have done previously, which has allowed for early intervention and brought significant benefits. These may include being able to help make a patient's symptoms more manageable or, for example, referring them or their family to another Arthur Rank Hospice service for further support.

"Louise (ARHC Clinical Nurse Specialist) you especially made sure Grandad was aware of everything and asked him the questions, which we wanted to ask him but knew he wouldn't answer honestly to us. You also gave us a lot of support as a family and the majority of us opened up to you more than anyone else. Nothing was too much and we felt so supported by you" April 2020.



861 referrals in 2020/21 (837 in 2019/20)

Hospice at Home service extended to day and night

October 2020 saw the announcement of our partnership with Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) and collaboration with Sue Ryder Thorpe Hall (based in Peterborough) to expand essential end of life care within people's own homes across our county.

Hospice at Home was launched by the Arthur Rank Hospice Charity in 2011 and has been a highly valued service by the community since. The team, trained and dedicated to caring for people towards the end of their lives, provide hands-on care and support in people's own homes or usual place of residence. Originally Hospice at Home provided overnight care, yet this development enabled these hours to be extended in order to provide much-needed support during the day too. Specialist palliative care nurses lead these teams and support people with more complex care needs.

For the patients and families of those who receive the Arthur Rank Hospice Charity's care, Hospice at Home services makes a very real difference to their ability to cope:

"We wouldn't have been able to care for dad at home without your help and kindness. We are feeling so fortunate to have been able to have had that time with him."

The expansion required large scale recruitment involving healthcare assistants, clinical nurse specialists, on-call nurses and administrator roles. Geographically, Fenland and East Cambridgeshire, Cambridge City and South, and Huntingdonshire are all served by Arthur Rank Hospice Charity, whilst Sue Ryder Thorpe Hall covered Peterborough.



1,223 referrals in 2020/21 (851 in 2019/20)

The number of Hospice at Home hours worked per week has grown by 225% during 2020/21

Palliative Care Hub preparation begins

The launch of this new service took place in April 2021, slightly after the period covered in this annual review. However, much work was being undertaken in preparation in advance of its introduction.

The Palliative Care Hub involves a vital phone service, available outside of normal working hours, to support patients with life-limiting illnesses. Commissioned by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) this is operated by Arthur Rank Hospice Charity in partnership with Herts Urgent Care (HUC).

Initially the phone line 111, option 3, was made available between 5.30pm and 9.30am Monday to Friday, with a 24-hour service on weekends. The future vision is to provide the service 24 hours a day, seven days a week in the new financial year. To view updates, please visit arhc.org.uk/supporting-you/care-services/palliative-care-hub/

The phone service, operated by a team of specialist palliative care nurses, provides expert advice and guidance regarding accessing care and appropriate services for adult patients living with a life-limiting illness in Cambridgeshire or Peterborough, as well as relatives, friends, carers, GPs and other healthcare professionals who are supporting someone needing specialist palliative support. It is available to all, regardless of whether support is already in place or not. This includes care and nursing homes when the patient has been identified as palliative. This could be due to a health condition or the frailty of a patient.

Palliative Care Clinical Nurse Specialists answer the calls providing advice and support on a case-by-case basis. The team aims to coordinate a wrap-around service and will act as a gateway to other services, signposting callers to other healthcare professionals where helpful and/or completing referrals to specialist services as needed.

Professor Stephen Barclay, Clinical Lead for End of Life Care for the Cambridgeshire and Peterborough CCG, explains what the service was designed to achieve:

"The aim of the Palliative Care Hub is to ensure that people facing life-limiting illness and, those who are at the end of life, are able to access the support they need, when they need it. The phone line seeks to help enhance quality of life, enable a more positive experience of care and support, reduce avoidable hospital admissions and give patients more choice in accessing their preferred place of care."



Care delivered in the Hospice's Inpatient Unit

Our expert Inpatient Unit team provide outstanding care to patients with complex needs whilst also supporting patients in our nurse-led beds. Care is holistic and individually tailored to patients and their families and loved ones.

In March 2020, just prior to the period covered in this document, the number of patients we were caring for dropped significantly. As seen in some of our other services, initially, patients were reluctant to be admitted to a healthcare environment. Yet, as the pandemic progressed, we witnessed a gradual increase in demand.

The current hospice was designed in 2014/15 and all departments across the organisation were involved. The consultative process around the design of the Inpatient Unit really came into its own during the pandemic. The unit was able to carry on and function, continuing to deliver care safely throughout. One of the developments was to zone off a part of the unit as we were caring for patients who had tested positive to COVID-19. The design of the unit with two wings, enabled this to be undertaken with relative ease. We were able to effectively isolate these patients and those caring for them. Specific nurses were allocated to this zone on each shift to ensure the safety of the other patients we were caring for. Infection prevention control required us to reduce our available beds to 19, from 21 for a short period (by not utilising all of the beds in the two four-bedded bays on the unit). Yet, later we were asked to open an extra ward within our Living Well lounge to support with pressures on other parts of the healthcare system. Once these were no longer required, we returned to our 21-bed capacity.

Following government guidance, we were required to restrict visiting to one visitor per patient per day. This was the single biggest change and challenge for us because we're usually so open, visitors can normally come and go without restriction. We were also unable to offer overnight accommodation for visitors. However, when a patient was approaching the end of life, we were able to relax the visitor rules due to exceptional circumstances.

Not being able to have contact with relatives because of the rules around infection prevention control was hard. Not being able to comfort people and having to be physically distant when having a conversation is not what our colleagues are used to. 'Comforting' people is such a big part of our care and that proved difficult for the team to get used to.

When restrictions were relaxed over summer, visitors were able to access relatives' rooms via the gardens and, for a time, we were able to open some of the communal spaces.

The community donated iPads and 10 Facebook portals were secured from NHS X for remote communications. This technology allowed patients to have face to face video contact with their families and friends, when they weren't able to be physically in the same room. This mode of contact is something that we have found works very well and we are pleased to now be able to offer it to patients in the future too.

Due to the lockdown and shielding we were required to stand down our in-patient unit volunteers. The volunteers were amazing, often moving into different roles and, as restrictions lifted, most have chosen to resume their roles, which is greatly appreciated by our team, our patients and their families.

"Dear Doctor Jenny and all staff, a huge thank you for all your love care and attention you gave my sister. She always looked so relaxed and comfortable in her lovely clean bed... and no pain. Everyone was so kind and in nursing her... and with so much compassion, which was a tremendous support to us." June 2020

"To all the doctors, nurses, care staff, cleaners and volunteers for all the care you've given me in my 2 week stay with you all despite my desperation to get home, I have enjoyed my stay here. Arthur Rank is a wonderful place and I would recommend it to anyone. Shall miss you all! Thank you for everything with love and best wishes" March 2021



229 patients were admitted to 1 of 12 specialist beds, average stay 16.4 days
192 patients were admitted to 1 of 9 Nurse Led beds, average stay 10.2 days

Alan Hudson Day Treatment Centre - 'Outstanding'

In April 2020 the care delivered by The Alan Hudson Day Treatment Centre was recognised as 'Outstanding' by the Care Quality Commission (CQC):

"We are thrilled and delighted that our Alan Hudson Day Treatment Centre has been recognised as outstanding! I am so proud of the team. The report recognises the amazing work they do and the high standards of care they all deliver. The service was inspected by CQC using their new hospice core service framework, with inspectors from the hospital's acute inspection team. The fact that we achieved an overall rating of 'Outstanding' is testament to the values and dedication of all our colleagues who work at the Centre, making every moment count." Sara Robins, Director of Clinical Services at Arthur Rank Hospice Charity.

Our specialist Day Treatment Centre is based at North Cambs Hospital and supports people in Wisbech and the Fens who are living with an advanced serious illness or a life-limiting condition. Services include: Living Well; treatment and clinical days (including blood transfusions, oncology and symptom management); complementary and diversional therapies; bereavement and support services; a Hospice at Home service giving support to patients and their families in their own homes; a specialist community care service ensuring integrated care; clinical advice and support to palliative patients on the adjacent Trafford Ward.

Comments from patients directly benefitting from the Centre's care included *"I couldn't wish for better treatment", "the people here are like family"* and that the professional approach to treatment was *"always delivered in a total caring, loving way"*. The relative of one patient explained to inspectors that the Day Centre had provided them a *"lifeline and the ability to leave their loved one in a safe place where staff knew them well. They told us the day centre staff had been amazing and that their loved one looked forward to coming to the centre and they had an opportunity to meet friends and socialise, they said it felt like they were leading a 'normal life'"*.

Many services needed to adapt in response to the pandemic and government guidelines. Living Well at the Centre, like that at the Hospice in Cambridge was closed, but the team continued to support these patients on the telephone or through video calls. Treatments continued as normal within enhanced infection control measures in place and colleagues delivered treatments in patients' own homes when needed. The Centre's specialist palliative care team also support end of life patients on the North Cambs Hospital's Trafford Ward.

Community based services are more in demand than ever. Between February and March, the number of referrals to the Alan Hudson Day Treatment Centre's Community Team doubled, as did the number of home visits by the Hospice at Home Fenland Day Service (part of the expansion shared on page 6). The number of home visits by the Community Team also saw an increase of 20%.

"There is simply not enough words to say how amazing you and your team are. This is so well deserved and I will always be grateful to you for your love care and support shown to me and more importantly my Dad" April 2020

"My complementary massages were really something to look forward to, as it was the only time I could fully relax. Due to COVID-19 I received regular 1-1 calls initially. Having an independent person to talk to without being judged really helped. I feel I was given a very caring, sympathetic and understanding service which as a result has helped me cope with my situation greatly" October 2020



31 patients were supported on Trafford Ward in 2020/21 (47 in 2019/20)

For the first time the team offered video calls and 60 took place

Through the expansion of Hospice at Home 20 new colleagues joined the team to support the people in Wisbech, the Fens and surrounding area

Living Well:

... a new name for weekly rehabilitative support programme!

In March 2021, we shared the news that we would be rebranding our supportive and rehabilitative eight-week programme to the Living Well service. The service, which is a charity funded service, previously known as Day Therapy, is provided from the Arthur Rank Hospice, in Cambridge in our Evelyn Living Well Lounge and the Alan Hudson Day Treatment Centre, in Wisbech.

Patients engage with the Charity's expert team, who spend time discovering what is important to each person, supporting them to shape and achieve goals that will make a real difference to their everyday life. Sessions can involve everything from managing breathlessness, anxiety or fatigue to complementary therapy, consideration of advance care planning to seated exercise groups, one-to-one symptom management to spiritual counselling, life celebration and creative activities to psychological support.

Sue Rossitter, Joint Team Lead, Living Well Service (Cambridge), explained the reasons behind the name change:

"Living Well" better encapsulates the many services available to our patients, as well as reflecting the support offered to families and carers through our Carer Support Group, introduced last year."

Offering a 'blended approach'

The Living Well team found that there has been increased social interaction online compared to how it used to be in the Living Well Lounge. Barriers that patients might have experienced such as positioning of chairs, the need to use hoists or being hard of hearing have been removed. It means everyone gets their chance to speak, be heard and make choices.

Many patients have embraced the option of virtual sessions and the plan is to offer a blended approach moving forwards, combining elements of Living Well as it used to be and providing virtual options where this has proved positive. Please help us broaden our reach by sharing this report with anyone who you think would find it useful. Also, please let us know if there is anybody or any organisation that you think should be added to our distribution list.

A small group of patients have struggled with engaging on virtual and video platforms, as some people don't have access to, do not have confidence in using the technology or feel uncomfortable with engaging on these platforms. We recognise choice is important and an eight-week telephone programme has been available to them whilst face to face sessions have been unable to resume.

"I really loved the Zoomed Day Therapy session... The staff are amazingly inventive in delivering a successful and varied programme and I was impressed by the patients, in their kindness in support of each other. All in all, an inspiring experience" August 2020



214 referrals were received (274 in 2019/20)

496 video calls took place to support our patients

Providing support for carers

A Virtual Carers Group was also launched, for the family and friends of those supported by the service and this again proved successful and well received by those attending.

Caring Communities

In March 2020 Caring Communities was launched after funding was secured to recruit a co-ordinator to work with a team of volunteers to support patients who had come to the end of their Living Well programmes but wanted to maintain a connection with the Charity. The purpose is to help prevent isolation and provide interaction through scheduled weekly visits. COVID-19 prevented the opportunity for face to face sessions, but the team quickly established a phone support programme.



1,094 calls were made during this period and volunteers and beneficiaries of the service have both reported significant benefits during these unprecedented times

Our medical team

This team works closely across all our services providing consultant and speciality registrar expertise in the care of patients, advising teams on care provision as well as running our Pain Management group.

Normally, a patient attending the Pain Management Group would be seen by a palliative care doctor, pain anaesthetist and psychologist in person in the Bradbury Wellness Centre at the Hospice.

Whilst we have continued some consultations in person when examinations were needed or when people did not have access to the necessary technology, a number of patients attended a video consultation and these have been welcomed.

The team continue to explore options for the future and are keen to ensure that the services respond to best meet the needs of its patients and their families.

The Hospice also works with medical students attending for a day placement as part of their apprentice programme. During the day, they shadow our doctors and our ward nurses to understand more about hospice care and how it differs from care provided in other clinical settings. Face to face teaching and placement were suspended in 2020. Teaching went on line and the medical team supported multiple teaching sessions. Visiting doctors returned in February 2021, it is anticipated these will return in their traditional form in 2021/22.

"Dr Gupta came today, wow what a lovely lady, she has helped us greatly so would you thank her so very, very much and all of you at Arthur Rank" February 2021



84 referrals were received for Medical outpatients and domiciliary

(181 in 2019/20). The data for the medical caseload is not directly comparable in 2020/21 to 2019/20. For more detail surrounding this please visit our 2020/21 Quality Account, which can be found on arhc.org.uk/about-us/governance/annual-documents-reports/

29 referrals were received for our Pain Management group (33 in 2019/20)

The importance of our therapists

Our Therapy Teams form part of the holistic support offered to patients and loved ones supported by our Inpatient Unit, Living Well services, outpatient clinics and Community Teams. Therapy services are fully funded by the Charity.

Occupational therapy and physiotherapy are enabling and empowering and, with self-management strategies, help build confidence and well-being.

Complementary therapy. This helps patients and carers relax and take time out from their challenges. It includes massage (including Indian Head Massage, Reiki, and Zero Balancing), reflexology and Bach Flower Remedies.

Physiotherapy gym. This is an air-conditioned space where patients can take part in individual or group exercise.

These therapies are typically offered throughout the week to patients and carers in a series of individually tailored sessions at our centres or in the home of the patient. Sadly, during COVID-19 this was not always feasible, however the team found other ways to provide support by phone or video call.

"It's been a real life-line to me and I'm being very well looked after" February 2021



175 referrals to our Complementary Therapists (excluding patients seen on the Inpatient Unit and as part of the Living Well Service) in 2020/21 (227 in 2019/20)

280 face to face contacts took place by our Complementary Therapists (outside of the Inpatient Unit and Living Well Service) in 2020/21 (642 in 2019/20)

The support we provide for Young People

In October 2020 East Anglia's Children's Hospice (EACH), Sue Ryder Thorpe Hall Hospice and Arthur Rank Hospice Charity announced the appointment of Transition Coordinator, Kristie Foreman. The National Lottery Community Fund provided funding for three years, building on a project on which the three hospices began collaborating in 2019.

During 2019, three collaborative events took place at each respective hospice. These welcomed young people and their families to Arthur Rank Hospice Charity and Sue Ryder Thorpe Hall Hospice for the first time, introducing them to the support available to them as they reach the age of 18.

The ongoing partnership project is designed to support young people with life limiting illness in their transition to adult hospice services before they reach 18, which is the upper age limit for EACH's services.

Kristie works across all three hospices, additionally liaising with schools, acute and community care providers across Cambridgeshire and Peterborough, to provide holistic management plans for young people and their families. As Transition Coordinator, she helps set up events, gives support and guidance, and provides a single point of contact for young people and their families.

Families who have been through this transition have told us what a hugely difficult time it can be. The project aims to ensure that they feel well prepared for the transition, are supported through this period (and beyond) and that they have someone that they can ask for help in navigating these changes to their care.

Families who may be of benefit from the service and wish to speak to Kristie Foreman are welcome to make contact through any one of the three hospices.



Kristie supported 18 young people and their families in Cambridgeshire and Peterborough who are known to EACH*

Kristie supported 9 young people on transition caseload for ARHC*

**This is in the period October 2020-July 2021*



Our highlights

Our community answered our SOS call

As the pandemic hit, the community rallied around and raised an incredible £89,693.86 (before Gift Aid, which adds a further £14,022.51) via our SOS (Support our Services Appeal). This is a tremendous amount and one which continued to grow after the end of this financial year. We are so grateful to all those who responded, thank you.

Hospice charities recognised as needing support by Government

Through Hospice UK, the Charity was able to secure £891k to support our work during the pandemic. Huge thanks to Hospice UK for ensuring hospices, and the work which we undertake to support our communities, is recognised at a national level.

'Help at Hand Community Info' app launched

A community information app was launched in March 2021 to help people access everything from exercise classes to wellbeing support groups, telephone helplines, mental health services and much more.

Arthur Rank Hospice Charity is the first hospice to adopt the 'Help at Hand Community Info' app, which functions like a digital directory offering social prescribing. It can be accessed via mobile phone, device or computer and provides a safe, quick and efficient way to signpost patients, family and friends to the community organisations and groups they need most. The interface is simple to use, with clickable links allowing users to quickly contact organisations by telephone or email, and links to web addresses which open to provide further details.

The mobile phone app is free and can be downloaded from the App Store on Apple or Play Store on Android devices. An online version can also be accessed via the Arthur Rank Hospice Charity website at arhc.org.uk/helpathand. The organisations, charities, groups and services listed on the app by the Charity have all come from existing relationships and partnerships established by Hospice colleagues who support patients across the breadth of its services.

The implementation of 'Help at Hand' is the outcome of a collaborative Community Mapping Project undertaken by John Lewis Partner (employee) Sally Milligan over 20 weeks, whilst on Golden Jubilee Trust Secondment from her usual role. The app had originally launched as an NHS patient app in 2020 by Andrew Kellard, Managing Director of brand design consultancy AKA. His vision has always been for the app to help ease the burden on healthcare providers, supporting patients' health and wellbeing through a new way of social prescribing.

Reflections from our Matron

2020 was the Year of the Nurse and Carly Love, Matron at Arthur Rank Hospice in Cambridge, looked at how the profession was working together to tackle the professional and personal challenges posed by COVID-19.

The year of the nurse and the midwife should be a time to celebrate our profession. The focus of this year has now transferred to COVID-19 and the role of the nurse has never been more prominent.

As a nurse, at no time have I ever felt more part of a professional family, a real community, with a huge sense of pride in my chosen career. Teamwork and dedication that comes so naturally to nurses is highlighted even more now.

I have been a nurse for 20 years. Never before in my professional career have I had to deal with so much uncertainty and anxiety and fear from colleagues than I have during this time. As nurses, we excel at looking after others; we need to make sure that we also look after ourselves and our colleagues wherever they are nursing. It is time to reach out as a profession and support our colleagues across the care and health system.

In Arthur Rank Hospice Charity, we have fantastic support structures that were in place prior to the pandemic, such as clinical supervision and Multi-Disciplinary Team (MDT) debriefing sessions which happen during our shifts. I know I am very fortunate to work in such a forward thinking and supportive environment; recent weeks have highlighted the importance of these support structures and how we access them.

As a result of the pandemic, the Year of the Nurse was extended into 2021 and you can visit our website arhc.org.uk/supporting-you/personal-stories/detail/sara-robins-director-of-clinical-services/ to read another article by Sara Robins, our Director of Clinical Care.

Praise for our people

The pandemic highlighted the importance of key workers and we have never been prouder of our team of colleagues and volunteers. Colleagues stepped forward to be redeployed to different areas, people took on extra shifts or volunteered to support in new ways. Our Human Resources team worked tirelessly to focus on the wellbeing of our colleagues, ensuring a safe working environment, all whilst recruiting 69 new colleagues (2020/21). Many of the roles created followed the expansions of our Hospice at Home, Community Team and the introduction of the Palliative Care Hub. Typically, we would recruit 49 people in a financial year.

We have introduced 20-minute care spaces and regular check-ins. We have seen an increase in attendance at some organisation-wide meetings, such as our Staff Forum after it was moved online. Online meetings are more accessible for colleagues who are not based at the Hospice in Cambridge.

The flexibility and willingness of our colleagues was mirrored by our volunteers. Where feasible, people kindly moved into alternative roles and many volunteers remained connected with the Charity via the excellent updates provided by the volunteer team.



51 volunteer newsletters to keep volunteers informed on changes and to stay connected

Meet Sharon Straughan

Here is just one example of how one of our volunteers adapted to continuing offering their support.

My name is Sharon Straughan, I live in Cambridge with my husband and three sons.

I have been volunteering at the Hospice for at least five years. I started in Mill Road and worked on the Tea Bar and came to Shelford Bottom when the new Hospice opened and work on the main reception as lunchtime cover on Wednesdays. Due to the lockdown we haven't been able to volunteer doing our usual roles but then an opportunity came along to help with testing visitors to the Hospice. I have enjoyed learning about the COVID-19 testing process and being part of a scheme that helped to move things forward so that people could visit the Hospice safely. Doing this role allowed me to meet lots of different people - those visiting, people who work in the hospice who I hadn't met before and other volunteers, in particular my testing partner Jackie, we hit it off immediately and have become firm friends. When we were not concentrating on carrying out a test you could hear us chattering away.

Doing things differently

In order to continue providing care, we had to rethink many of the activities which traditionally occurred in our services.

Across all teams (excluding the Inpatient Unit):

- Face to face contacts were 18,561, rising from 13,608 in 2019/20
- Telephone contacts were 28,622, raising from 21,633
- Video calls were introduced for the first time and this allowed us to make contact on 974 occasions

Relaunching our website

After much work behind the scenes, the Charity launched a new website on 1 July 2020. The new site provided a fresh look, better functionality for visitors and, importantly, compliance with accessibility guidelines. Our website 'arhc.org.uk' has proved to be crucial over the past 12 months as so many of the Charity's activities become more digital. We have tried hard to keep our website up to date with latest information about our services, our visiting guidelines and news of the developments that we have been involved with.



**50.7% of visitors to our website use their mobile phone
2 mins 16 secs is the average times spent on the site**

Sharing our expertise

Even during the most challenging year, our team were committed to sharing their knowledge and helping to do all they could to help people across the county access and deliver the best possible care, here are some examples:

- **April 2020:** Carly Love (Matron) and Keith Morrison (Chaplain) offered a support session and debrief to local Nursing Home staff in response to the impact of the pandemic, alongside providing telephone support for staff working within care homes.
- **April 2020:** Kay Hardwick (Head of Education) provided sessions to managers in care homes who were experiencing high levels of deaths within their homes to help support them through these challenging times.
- **April 2020:** Kay Hardwick (Head of Education) and Lorraine Petersen (Medical Director) delivered sessions to more than 80 GP's, The session was to roll out the ReSPECT (recommended summary plan for emergency care and treatment) document in the Clinical Commissioning Group (CCG) and was accelerated in response to the pandemic.
- **April 2020:** Kay Hardwick (Head of Education) developed a toolkit which directed other healthcare providers, including care homes and agencies, to helpful and trusted resources, information and organisations to assist during the rapidly changing situation.
- **May 2020:** Carly Love (Matron) delivered support to another local Nursing Home management team in response to the impact of the pandemic.
- **May 2020:** Kay Hardwick (Head of Education) and Lorraine Petersen (Medical Director) delivered training to more than 60 District Nurses and Allied healthcare professionals. Another session in the roll out of ReSPECT
- **October 2020:** Carly Love (Matron) shared information around Hospice Services with the Hostel and Homelessness workforce.
- **February 2021:** Working with Anglia Ruskin University (ARU), Kay Hardwick (Head of Education) delivered an accredited module which could either stand alone or form part of a Masters degree in Advanced Practice (Clinical) to registered professionals. Our module called 'Palliative and End of Life Care: Management of Symptoms in Advanced Disease' moved online from its original face to face format.
- **February 2021:** Lorraine Petersen (Medical Director) gave a talk this year at the Multiple Sclerosis Trust virtual conference on 'Advance care planning in multiple sclerosis'.
- **March 2021:** Carly Love (Matron) and Keith Morrison (the Chaplain) provided support to the management team of another local Nursing home in response to the impact of the pandemic.

"Thank very much for this valuable training, I only wish we received this training earlier in our start within the industry. We need this valuable training sooner, it can make or break a new recruit. You have made me understand in death there is peace and dignity not fear for both resident/patient and care giver." December 2020

"Thank you ever so much for the session. perhaps the subject won't be so scary anymore" December 2020

We also take great pride in training people in our Education and Conference centre.



**We held 9 Journal Clubs. These were attended by 218 staff
We held 30 training sessions, 20 of which were online sessions
480 people in total attended our sessions**

We are not perfect

We receive wonderful feedback regarding our care, our colleagues, our facilities in Cambridge and Wisbech, our fundraising, our shops, our education offering and the contribution we make to our community. We recognise that to continue to serve those needing our care effectively, we need to listen, reflect and respond regularly to feedback. Our funding, which is provided by a combination of contracts with our healthcare partners and heartfelt donations from our generous community, is dependent on the trust people have in our ability. We are here for our community and we are part of our community. We are reliant on the relationships we hold and we believe this is built on the confidence that people have in our ability to manage our money effectively and operate our services safely and sensitively.

We have a Hospice User Group, which meets regularly, usually in person but online during the pandemic. We invite feedback through our website 'arhc.org.uk' and we also encourage people who receive our quarterly newsletter to share their thoughts with us. So often we are told that we do an incredible job and that we are priceless but we are very mindful that we can learn every day. Having stood the test of time for the last four decades, we need to continue to evolve to continue to support our community for the next 40 years.

The information we learn from those who experience our care and the reflections they provide is vital. We require this perspective to help us to discover what we don't know, the things that we don't see or perhaps the habits that we have developed that we have not thought to revisit and adapt.

Examples of how we respond to feedback:

- **Hospice at Home** - we failed to response to a voice message left - we apologised and explained the reason why we were unable to return the call and have since ensured adequate administrative support.
- **Inpatient Unit** - a complaint was received around lack of communication with the relative of a patient, this has been fully reviewed and closed without requiring any further action.
- **Lymphoedema** - feedback was received regarding telephone manner, this has now been discussed and the matter resolved.
- **Hospice at Home** - we failed to response to previous feedback shared, we have reviewed our training and provided guidance on how to manage difficult conversations.

If you would like to share your experience of our care or talk to us about improvements that you think we could make, please contact us on **01223 675777**, or come along to one of our Hospice User Group sessions. More details can be found at arhc.org.uk/hug - we would love to hear from you.

Our Patient and Family Support Team

Our Patient and Family Support Team offer practical and emotional support to patients, relatives and friends, including psychological support, social support, spiritual care, counselling and bereavement support.

Our psychological support service provides psychological assessment and treatment for adults over the age of 18 who are living with an advanced serious illness or other life-limiting illness. This service is also offered to their closest family or friends. The team work with those being cared for by our Inpatient Unit, Community Team and Living Well service, and their family and loved ones. They usually offer six fortnightly sessions.

The Hospice's social worker provides social support and practical information to patients and families. Their support to patients and families being cared for on our Inpatient Unit or through our Community Team may include discharge planning, benefit advice, advice on financial and housing support, as well as emotional support at times of stress and change.

Spirituality can be seen to be the heart of who we are. Whilst some people put this into a religious framework, for many others it is less defined, although no less important. Our Chaplain and a team of volunteers are available to all patients, their relatives and loved ones - whether they are of faith or not - to help explore the 'difficult questions'. We will listen and help where we can.

There is a Chaplain on-call 24/7 for inpatients, and they and their visitors can also access our Sanctuary - a peaceful space at the Hospice for those with different faiths or no faith. We will also facilitate acts of worship or rites as required. We encourage people from all faith groups to visit our patients and their families, we view this as important in enabling our patients and their loved ones to still feel part of their community and to continue aspects of their lives which are comforting and familiar to them.

Although the Chaplain has been based primarily at the Hospice, the Chaplain and his volunteers can visit Arthur Rank Hospice patients in the community; something which was still possible during lock-down when required and if protocols allow. The team also embraced the virtual world, using video and telephone appointments when necessary.

The complex grief caused by the challenging situation

When the pandemic hit in March 2020 the patient and family support team had to temporarily pause many of their face to face services, rapidly moving support to phone or video calls. The personal touch can be lost through these methods of communication, so the team, which includes Clinical Psychologists, a social worker, chaplain and music therapist, providing a range of services including spiritual support and bereavement groups, remained keen to reintroduce in-person sessions when possible and where clinical need dictated.

A focus on Chaplaincy & spiritual support

Spirituality is very much tied in with who a person is and can be where they find, or look for, meaning to the 'big questions'. For some this becomes even more important as they approach the end of their life.

When restrictions were introduced for the first lock-down, it was vital that we continued to provide spiritual support to those who wanted or needed it. Whilst we had to pause our Chaplaincy volunteers visiting the Hospice for a while during the first lock-down, our chaplain, Keith continued to visit those on our Inpatient Unit needing support, throughout the pandemic. When in person visits were not feasible, we provided phone calls to maintain contact. Gladly, Chaplaincy volunteers were also able to restart their visits into the Hospice in August 2020. Keith also continued to visit those patients who were being supported by our Living Well service and Community Teams in their own home, as required. Demand increased over this time, partly because other support structures often stopped working. This averaged around two or three patients per week which was more than prior to the pandemic.

Bereavement Support Group - monthly

During the first wave of the pandemic and due to the government's initial lock-down measures, we were forced to immediately move these sessions to video calls via Zoom or one-to-one telephone calls.

The Group continued to support a group of 14 on Zoom until restrictions eased towards the end of the first lock-down when the team was able to reinstate the group session with eight members in the Hospice building (which is COVID 19 secure) welcoming any additional members on Zoom and rotating between those who wish to join.

Innovation and learning...

Keith and the team were pleasantly surprised by and grateful at how quickly the team were able to change their way of working and adapt to this completely new situation and set of circumstances.

More people than we anticipated chose to use Facetime and Zoom to keep in contact with us and this often gave them the confidence to keep in touch with their family members too. For some, the Hospice has assisted them in opening these new avenues of communication, making a real difference not only for now, but for the future too. We recognise this is an important piece of work and we are working hard to support our patients and their family in this area by enlisting volunteers to support to provide suitable guidance where possible.

The patient's point of view...

Initially there was some reluctance to using online video calling methods like Zoom and MS Teams. However, people quickly realised that this method of us supporting them was better than not at all, and many have been willing to try before then agreeing to join online groups and sessions.

It was recognised that the number of people being referred for psychological support initially dropped slightly during COVID-19, but then soon increased to previous levels. Regular contact with those who required bereavement support was maintained.

Challenges...

People hesitated and some were very uncertain of change and the new ways of working but we have seen colleagues and patients come round and even flourish in these new methods of providing care and support.

Keith still much prefers to do his work face to face where possible. It is not all about the words used in a conversation; sometimes body language can play a massive part in conversation. Where a patient is very ill, being there in person can be a great comfort to them and their family. Keith can be more sensitive to their needs if he is able to meet patients face to face and vice versa.

Something else that proved hard for patients and their families and something they often shared with us and wanted to talk through, is when they perceived that the pandemic has prevented them from receiving medical treatments they need, or has caused a delay. This can be difficult for both the individual and their family members, especially when the time they have left is so precious.

Our team has done their best to support patients and families where they can, not only through helping them access the care and support that they need, but also by providing a listening ear to their frustration, grief, sadness and anger, which has often been amplified because of the pandemic.

"I would like you to know how grateful I am for the support, wisdom and guidance you have offered me at this time." May 2020



223 referrals received (254 in 2019/20)

The difference our care makes

Tracy Hancock, Lymphoedema Clinical Specialist shares the difference her care makes to the quality of life for one of her patients. This incredible story was shared with our Trustees in December 2020:

Jane (not the patient's real name) is a 45-year-old woman referred to the lymphoedema clinic in June of 2020. Jane is married with 4 children, aged between three and 21 years and when Jane was referred her husband was helping Jane with her self-care. Due to the COVID-19 pandemic, the initial assessment was via video consultation in June. Jane reported bilateral swollen legs for many years, which had been exacerbated by a complicated pregnancy in 2015 resulting in an aortic thromboembolism. Jane had also gained significant weight and undergone multiple operations on her left knee. Jane was hoping to have bariatric surgery to address her weight issues. Jane had worked nights in a sedentary job where she found her diet difficult to control, yet she was now unable to work due to her reducing mobility. Jane's life was limited to laying on her sofa, unable to easily mobilise around her house or care for her family. Jane had reached the point where she couldn't manage her stairs to go up to bed or take a shower.

From this video consultation, it was decided that Jane's lymphoedema was so severe we would need to see her face to face and due to her reducing mobility and weight, two members of staff would be required to assist and an appointment was agreed for mid-July.

The initial appointment took place in very hot temperatures and it was decided that Jane would be assessed in our air-conditioned gym. On Jane's first visit we were unable to weigh her and it was later discovered that Jane's weight was approximately 39% higher than she believed.

On examination, it was found that Jane had severe lymphoedema secondary to the factors already described. With a BMI of 40 + we would usually follow the British Lymphology Society guidelines - that with a high BMI, Flat Knit Hosiery is applied, and we re-assess once BMI is 40 or below. However, due to the condition of Jane's legs including large skin folds, we would be unable to fit straight into compression hosiery or wraps. So we decided, the best approach to turn this around would be Intensive Bandaging. This would be a challenge due to the following factors:

- Obesity
- Reduced mobility ++ Jane required a wheelchair to transport her from car to clinic room. Jane could only stand for a matter of seconds without becoming very short of breath
- We needed to risk assess that Jane will be safe to mobilise in bandages

It was decided that again two members of staff would be required and we would need to bandage one leg at a time so Jane could mobilise safely. Bandaging was arranged for early September. The Community Occupational Therapist was also involved to support with seating, bathing, stairs and sleeping arrangements. Whilst waiting for bandaging, Jane's right leg started to leak lymph secondary to infection, so the District Nurses became involved. Over four weeks, we bandaged the right leg and once this leg was dry, we took over the care of this so both legs could be bandaged. After four weeks we were bandaging twice a week. Jane's weight reduced, as Jane's left leg volume reduced by six litres which was followed by a similar success on her right leg.

Jane was now able to enter the hospice from a car, where originally she had required a bariatric wheelchair. Jane was able to climb the stairs at home and this allowed her to access her bed and shower. Using a perching stool in the kitchen, she was also able to prepare food and be much more involved with family life.

A review took place in October 2020 and Jane was now able to drive. Jane walked independently up to the clinic. She was able to wear shoes, her hosiery was slipping as these had now become too big for her, and her leg volumes had reduced further. Jane's left leg has lost a total of eight litres and her right a further litre helping Jane to lose even more weight.

Jane was found to be motivated to lose weight and undertake exercise. Jane was becoming increasingly mobile and self-managing her condition which is the clinic's aim for all our patients.

We are delighted to confirm that since the time of writing Jane has continued to see significant improvements in her condition and has recently returned to work. Jane also shared that she is now driving. When she started her treatment she couldn't drive and was relying on her mum. She is now working 28 hours a week, so is financially supporting herself and subsequently giving back to the economy. Jane is also more mobile and active looking after her busy family with young children. Jane added she can still improve, but the care we have provided and support given in relation to her bandaging and ongoing compression hosiery has meant her life could turn around and restart again.



1,022 the number of appointments by the team

703 hosiery orders were placed

166 referrals were received (197 in 2019/20)



Our retail activities

The Retail Team encountered a year of stopping and starting. Yet they remained positive and quickly found new ways to work and utilise the wonderful skills of many of the Charity's volunteers.

2020/21 was expected to be a year of great excitement for this team as they planned the opening of a new Retail Hub in Sawston and continued to work hard to attract quality stock, Gift Aid sign ups and support from the community.

The Retail Hub opened on 12 October 2020 and traded for just a matter of days before it was required to close on 5 November 2020 due to the second lockdown. The team quickly set about reviewing all the stock that they were holding and moved more items on to online platforms, such as eBay and the Charity's own website arhc.org.uk.

Whilst it has been a frustrating year for our retail colleagues and volunteers, we applaud their determination and creativity and wish to thank them for using this time to plan effectively for the easing of lock down and the official opening of our Retail Hub.



47 volunteers joined us in our new Retail Hub

From the Hospice alone 1,263 Christmas Cards were sold during the periods where trading was permitted

We increased from one to two vans for deliveries, collections and stock rotation

The item which sold for the highest price was a pair of Edward Green men's dress shoes which were donated at our Mill Road shop and sold on eBay for £499.97

£1,253.60 was the greatest amount we received for a donated item which went to auction. As an extra bonus the item was Gift Aided too, helping to raise even greater funds for the Charity





Our conference centre

Our conference centre team experienced similar challenges. Conferences were halted, face to face training in many cases ceased and the team worked hard to keep clients up to speed with the changes. In tandem with these developments, the team also repurposed the space so that clinical colleagues who were required to remain on site could continue their work adhering to social distancing rules.

Although unable to trade, the conference centre used the time to forward plan and recognised that video conferencing would play an integral part in its future. Working with the fundraising team, the conference centre was able to secure £5,000 from Citrix to install a new audio-visual (AV) system which facilitates a hybrid approach.

The team is looking forward to welcoming customers back and raising vital income to help fund our care.

Our bistro

Our Bistro which is typically a hive of activity also found trade seriously affected as colleagues were required to work from home, volunteers were not able to undertake their usual roles and, of course, the government guidance required the facility to close to the community for a period of approximately six months and then a further three months due to the lockdowns.

The community rallied around when they could however and, once again, huge thanks to everyone who helps fund our care in this way and if you have not yet been able to return, we look forward to welcoming you.



1,708 pieces of cakes were purchased in the bistro

29,386 products were sold

24,487 transactions took place

The fun in our fundraising

"Thank you to you all for the outstanding care you provided for my father... Particular thank you to Dr Jenny and Dr Vicky, psychologist Sophie and therapist Marianna who all made me feel so supported. I'll make my next fundraising run for you! Everyone in the team does an amazing job. Thank you and best wishes" August 2020

As the quote above illustrates, many people appreciate the chance to commemorate a loved one, create positive memories as a lasting legacy or to show appreciation for the support they or a loved one have received.

The 5km Coat Hanger Run (Histon)

This is Wendy's story. Wendy Johnson's husband, John, was diagnosed with prostate cancer in April 2017. Two years later in 2019, John died at the Hospice. Wendy has chosen to share her story to help ease some anxiety other families may have who are facing a similar journey. Her longstanding passion for running and continued dedication to fundraising drove her to carry on with both these activities in John's memory during 2020.

Before the pandemic hit, there had been plans for a Memorial Day on 21 April 2020, which was Wendy and John's 30th wedding anniversary. Wendy had planned to fundraise for Arthur Rank Hospice Charity at Girton Golf Club with John's golfing friends. Due to COVID-19 restrictions that could not go ahead, so Wendy decided instead to organise a fundraiser including both John's golfing and running friends.

John's last day out had been at the Bedford Festival on 5 September the previous year (2019) and because the event was cancelled this year (2020) Wendy settled on that as the perfect date to hold a fundraising event in memory of John. All proceeds would be donated to Arthur Rank Hospice. The 5km Coat Hanger Run was born and #doitforjohn was launched!

The name comes from one of John's favourite 5km running routes which looks like a coat hanger. Wendy carefully planned a socially distanced event taking place in Histon. Along with plenty of cake, Wendy also sold t-shirts printed with #doingitforjohn. Both proved very popular and it was a wonderful, sunny day, perfect for the occasion. The staggered start in small groups, either running or walking, worked well. On the day Wendy also went out with Matthew, Wendy and John's son - who was on his bike - achieving her fastest ever time for this route.

With several friends also running their own 5km route and even one individual taking part in Canada, Wendy thinks roughly sixty people joined in. The day raised £2,237 for Arthur Rank Hospice Charity and Wendy plans to repeat this event again in September 2021.

Fond memories

Wendy still remembers the time spent at Arthur Rank Hospice with fondness:

"If I had to sum up the Hospice in one sentence it would be this: it's like a 5-star hotel, but for very ill people. We had time to ourselves, I had nothing to worry about and I know I would not have managed this first year without John as well as I have, if it wasn't for the care I received from the staff at Arthur Rank Hospice, as well as the care they gave John. Fondness may be a word people wouldn't associate with spending time in a hospice, but the last two weeks of my life with John were just perfect."

Fundraising is so important for our charity and our community. From the Charity's perspective, the funds raised help us to sustain our services, develop new programmes of care and respond quickly and effectively to external challenges. From a community perspective it raises knowledge of the work we do, it helps broaden people's understanding of our diverse range of services and, for so many, it provides a vital opportunity to celebrate the memory of someone loved. Together we can achieve so much.

Here are more reasons for celebration:

Largest tribute fund - the **Lisa Barnes memorial fund**.

We marked the 10-year anniversary of Robert Barnes’ support and his tremendous fundraising efforts which stand at £164,313 and continue to increase during this year.

Star Shine Walk - thanks to all those who supported our first virtual event, you raised an incredible £37,981.83. Collectively 280 participants took part and completed an astounding 5,800,000 steps, with every step helping to fund our crucial care.

Other virtual successes

- **Festive 5k** £21,521
- **Light up a Life** £63,150
- **Bridge the Gap** £17,630 (shared equally with Romsey Mill)

Step a Million - New for 2020 and launched in response to our inability to run our Accumulator Challenge, £29,780 was raised.

More than 8,000 numbers continued to be played each week through **Your Hospice Lottery**. In this year alone, £213,195 was raised, every penny of which helps us to deliver outstanding care and support.

Corporate support - even in a year where people were required to work from home, the fundraising continued. Huge thanks to all the businesses that supported our charity, helping to raise £130,433.

We celebrated the launch of the inaugural **payroll giving week** (8-14 February 2021).

Pledged today to secure care for tomorrow - future planning is an aspect of life that we talk about frequently throughout the Charity. We are aware of the precious nature of life and our own mortality. We appreciate that, for many, talking about death is difficult and never more so than when you are facing it. We hope that, in all aspects of our work, we empower people to take control of all that they can. We are touched that people have chosen to pledge a **gift in their will** during the past year and we are ever grateful for the heartfelt gifts we have received.



2,934 Christmas trees were registered for our Christmas Tree Recycling Scheme, an increase of 500 on the previous year
13,401 tickets sold in our Christmas raffle
30 legacy gifts were received in 2020/21 ranging from £50 to £275,074
86 memory tree leaves were purchased to remember a loved one



Every penny counts

We are a local charity and therefore all the money we raise is spent locally to fund the services needed by our patients and their families. The largest part of this spend was employing our highly skilled and compassionate colleagues. 66p of each pound is spent directly on care for our patients and their families. The remaining 34p helps us to develop our services to meet the emerging needs of our patients and their families and, importantly, raise the next pound through our important income generation activities.

Income £9.30m		Expenditure £8.98m	
How we raised each £1		How we spent each £1	
NHS contribution58p		Direct patient and family costs66p	
Fundraising, events and legacies24p		Fundraising, events and legacies6p	
Medical consultancy services13p		Management and running costs17p	
Retail, trading and lottery5p		Retail, trading and lottery5p	
		Depreciation6p	

Whether your donation is in the form of money, time or expertise, all donations are precious to us and we use them carefully and wisely.

Looking ahead

As we enter the fifth year of our five-year strategy 2017 - 2022 we continue to work through our objectives and priorities. These are:

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

To read more about the detail of these please visit our Quality Account, which can be accessed on our website arhc.org.uk/about-us/governance/ or please call our team on **01223 675777** to request a copy.

Alongside completing the final year of our 2017-2022 strategy we are looking forward to our new 2022 onward strategy. Consultation has been taking place with the community. It commenced in May 2021 and the work will culminate towards a plan which will be shared with Trustees in October 2022.

2022 will see the Charity celebrate its 40th anniversary. Celebrations will be taking place throughout the year to mark the positive development to Hospice care during the last four decades. The Charity is passionate about bringing people together and this milestone provides the perfect opportunity. We will be inviting the community to get involved through various events, fundraisers and activities and if you have your own ideas about how you may like us to celebrate this occasion, please contact us on **01223 675777** or email reception@arhc.org.uk.

All income generation is important to the sustainability of our services and whether you take part in our events, donate, purchase items in our shops, use our education suite or enjoy a cup of tea and piece of cake in our Bistro, you are helping to make a difference. One thread that we are keen to highlight relates to future gifts. We have been extremely fortunate to receive gifts which range from £50 to £275,074 and in this financial year, when combined, this equated to £423,366. We now offer a free will service through FareWill so if you would like to find out more, please contact us or visit arhc.org.uk/iwill.

We will be looking to expand our retail offering, sourcing new sites and growing our online presence.

We have learnt so much during the pandemic. As an organisation that has an appetite to always achieve by helping more people and developing services that meet the needs of our community, we are keen to continue some of the changes which have been beneficial to our community. These include:

- **A hybrid approach to all that we do.** This enables us to continue face to face activities where needed, but to blend these sensitively with virtual alternatives as required.
- **Supporting our colleagues to work at home.** Initially forced on our teams, we have found many benefits to offering this flexibility and we will be capitalising on these positive outcomes.
- **We need to support those who need help to move to digital platforms.** Whilst some people were initially reticent about the technology, a number of people we work with have overcome initial fears and now embrace these methods.

- **Increase our reach.** We are grateful that those who know of our work speak highly of us and the benefits of our care, yet we appreciate that the word Hospice continues to attract fear for some or is associated only with end of life. Whilst we remain unable to cure patients, research has proven that early palliative care can not only improve quality of life, it can also, on occasion, increase the length of time people can live well with their condition. Please help us to continue to communicate this message.
- **We are working hard to engage underrepresented groups at the Charity.** This is being undertaken in all aspects of our work, from fundraising to recruitment and from education to our clinical services. We have introduced a calendar of diverse celebrations to welcome a variety of cultures and religions and we are attending various groups as well as inviting guest speakers to talk to us. If you would like to put forward your suggestions, please do contact us on **01223 675777** or email reception@arhc.org.uk.
- **And finally we hope to reinstate our ‘Hospice open days’.** These traditionally took place over a two-hour period once each quarter. It provided a lovely opportunity for our Chief Executive and one of our directors to meet with people in our community and share updates on the work of the Charity and our current activities. The dates of these can be found at arhc.org.uk/supporting-you/hospice-open-days or please call **01223 675777**.

Our financial position

This has been a financially challenging year for the Charity. However, we are pleased to be in a position to report an increase in income on the previous year. Expenditure has been managed tightly and, through this prudent management and support, with funding we are pleased to report a net surplus of £319k (2020: £592k). This surplus has resulted in an increase in reserves to £9.9m (2020: £9.6m), with total free reserves that are freely available to spend on any of the Charity’s purposes increasing to £2.21m on 31 March 2021 (31 March 2020: £1.73m).

A significant contributor to our ability to report this surplus has been the funding received via Hospice UK from NHS England (NHSE). Without this funding we would have been reporting a considerably more pessimistic outcome for the year. NHSE awarded this funding to allow the Hospice to make available bed capacity and community support from April 2020 to July 2020. This was to provide support to people with complex needs in the context of the COVID-19 situation and to provide bed capacity and community support from November 2020 to March 2021 for the same purpose.

We are predicting difficult times over the next few years as we move to recover our generated income streams and this modest increase in our reserves will go some way towards strengthening our financial position to support the Charity’s services during this recovery phase.

Consolidated Statement of financial activities for the year ended 31 March 2021

	Unrestricted funds	Restricted funds	Total funds	Total funds
	2021	2021	2021	2020
Income from:	£	£	£	£
Donations and legacies	1,649,481	215,148	1,864,629	2,238,758
Charitable activities	952,967	5,675,558	6,628,525	4,826,878
Other trading activities	800,778	6,278	807,056	1,557,389
Investments	2,191	0	2,191	5,231
Total incoming	3,405,417	5,896,984	9,302,401	8,628,256
Expenditure on:				
Raising funds	(1,180,678)	(20,919)	(1,201,597)	(1,201,333)
Charitable activities	(1,539,660)	(6,242,297)	(7,781,957)	(6,834,548)
Total expenditure	(2,720,338)	(6,263,216)	(8,983,554)	(8,035,881)
Net income before transfers	685,079	(366,232)	318,847	592,375
Transfers between funds	(431,451)	431,451	0	0
Net income/(expenditure)	253,628	65,219	318,847	592,375
Reconciliation of funds:				
Total funds brought forward	8,978,349	622,119	9,600,468	9,008,093
Total funds carried forward	9,231,977	687,338	9,919,315	9,600,468

Consolidated Balance sheet as at 31 March 2021

	2021	2020
	£	£
Fixed assets		
Tangible assets	10,087,452	10,577,066
Current assets		
Stocks	15,384	13,156
Debtors	1,079,798	1,220,226
Cash at bank and in hand	2,831,600	1,905,293
Total	3,926,782	3,138,675
Creditors: amounts falling due with one year (814,919)	(675,273)	
Net current assets	3,111,863	2,463,402
Total assets less current liabilities	13,199,315	13,040,468
Creditors: amounts falling due after more than one year	(3,280,000)	(3,440,000)
Net assets	9,919,315	9,600,468
Charity funds		
Restricted funds	687,338	622,119
Unrestricted funds	9,231,977	8,978,349
Total Charity funds	9,919,315	9,600,468

Above is an extract from the Annual Report for the year ended 31 March 2021. Full details of the accounts are available on our website at arhc.org.uk/governance.asp

Get involved



Become a volunteer



Gift aid your donation



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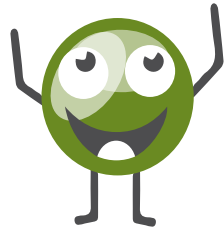


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Meet the team

Our Trustees

Our trustee board play an important role in our governance, we benefit from a wealth of expertise held by our trustees who generously donate their time to help us realise our ambitions.

- Kate Kirk (Chair)
- John Short (Deputy Chair)
- Alex Manning
- Antoinette Jackson (joined March 2021)
- Arnold Fertig
- Carolan Davidge (joined March 2021)
- Colin Sherwood (joined March 2021)
- Julia Curtis (joined March 2021)
- Lee Maughan
- Mark Kingstone
- Meghan Mathieson
- Mehrunisha Suleman (joined December 2020)
- Rosy Stamp
- Stephen Kay

Lady Chadwyck-Healey - President

“Everybody that I meet who has had contact with the Arthur Rank Hospice is full of praise for the support that they and their family have received. At this very sensitive and emotional time, every wish that a patient may have is catered for. For example on our Inpatient unit this may be a glass of whisky for a patient, a curry for the family to enjoy or simply time outside in their bed on their private patio; at our centre in Wisbech, the ability to receive expert and compassionate care close to where people live and for patients who wish to remain in their own homes, the confidence that they are not alone and that they and their loved ones are well supported. These are examples of the exceptional care given by the Charity, where considerate and thoughtful support helps give hope to live well with a progressive illness and to relieve the stress and sadness as a loved one approaches death.”

Lady Chadwyck-Healey has supported the Charity for many years and became our President in 2019.

Our Patrons

Growing awareness of our work across our county is crucial and our Patrons help us to extend our network by championing the work of our charity.

- The Rt Revd Stephen Conway, Bishop of Ely
- Sir Derek Jacobi CBE
- Baroness Cohen of Pimlico
- Lady Marshall
- Dr Nigel Williams MB, ChB, MRCP, DCH.
- Mrs Julie Spence OBE QPM
- Mrs Belinda Sutton DL

Our Senior Leadership Team

The Team is responsible for ensuring the Charity’s effectiveness and success. The team are responsible for the implementation and execution of the Charity’s current five year strategy. This involves providing clear direction and setting achievable yet stretching goals which help the Charity demonstrate its impact and, more importantly, meet the needs of the patients and families it supports, its healthcare partners, the Charity’s myriad of supporters and local community.

- Sharon Allen OBE, Chief Executive
- Donna Talbot, Director of Fundraising and Communications
- Gemma Manning, HR Director
- Jenny Tunbridge, Finance Director
- Lorraine Petersen, Medical Director
- Sara Robins, Director of Clinical Services



Thank you

for your support before and during the pandemic.

We would like to acknowledge those who have pledged a gift to us in their will. A legacy is the gift that keeps giving. Some of our largest projects have been possible as a result of the generosity of those who have included us in their will and, for this, we will be eternally grateful.

We would like to recognise the following foundations, trusts and grant makers:

The Hudson Foundation, Garfield Weston Foundation, Girton Town Charity, Wolfson Foundation, Friends of Wisbech Hospitals, Cambridgeshire Community Foundation, Albert Hunt Trust, Sir Jules Thorn Charitable Trust, City and University of Cambridge Masonic Charitable Trust, the Tregoning Trust, Atkin Foundation, Greenhall Foundation, Masonic Charitable Foundation, Betty Lawes Foundation, National Lottery Community Fund, James Knott Charitable Trust, Albert Van Den Bergh Charitable Trust, South Cambridgeshire District Council, Cambridgeshire Freemasons and Philip King Trust.

Sadly, it is not possible to list by name all the individuals, organisations and companies who so generously donate or offer their expertise or time in support of the Arthur Rank Hospice so, to all those unable to be listed here, we would like to express our gratitude. Our work continues because of you, we are part of the community and we are here for our community.

And finally if you have been inspired by the difference we continue to make and are able to help by making a donation or even setting up a regular gift, please visit arhc.org.uk/donate or contact us for more information on **01223 675777** or email **reception@arhc.org.uk**



Arthur Rank
Hospice

Address: **Cherry Hinton Road, Shelford Bottom, Cambridge CB22 3FB**

Registered charity number: **1133354** VAT number: **286 3076 80**

Main reception: **01223 675777** Fundraising team: **01223 675888**

Website: **arhc.org.uk**



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