Arthur Rank Hospice Charity

Quality Account

2021 - 2022

making every moment count

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice

Reading this report fills me with a great sense of pride and gratitude to all of our colleagues in #TeamArthur for what they have achieved during a further year of significant challenge. The impact of the Covid pandemic has continued and our team has risen to the challenge, ensuring that our services have remained available to those who need us. The pandemic has continued to impact our ability to raise funds in the variety of ways and we are aware of areas of unmet need in our service provision as a consequence.

Quality improvement is a key focus for everyone in our charity, each team presenting Quality Improvement Projects through our Quality Development Group, sharing learning and innovation.

Despite the difficult year, it is gratifying to see that the investment made in Arthur Rank Hospice Charity both by the Clinical Commissioning Group (CCG) and our community is evidenced by a significant increase in the numbers of people who have benefitted from our care. Of particular note is the establishment of the Palliative Care Hub.

All of the achievements that you will read about in this report are thanks to our team of colleagues, our paid workforce of skilled, knowledgeable and compassionate professionals, our dedicated and talented volunteers and our wise and experienced trustees. The combination of all of their abilities and commitment makes this organisation special and enables us to achieve everything presented to you in this report.

We are pleased to welcome four new Trustees to the Charity board as part of succession planning, as several longer-term Trustees will step down in the next year having completed their full terms of office. The Trustee board has appointed the next chair of Trustees, a warm welcome to Antoinette Jackson who succeeds Kate Kirk in 2022. We are hugely grateful to Kate for her leadership and stewardship during her tenure as Chair, particularly during the past two year. The board has sustained strong and effective governance of the Charity, including reviewing risk appetite and reporting and reviewing practice against the Charity Commission Governance checklist.

We are delighted to have retained our East of England Employers Gold Accreditation, following our staff survey. We continue to invest in the learning and development of our colleagues and are proud to be contributing to the future workforce through supporting two colleagues to pursue the Nurse Associate role. Supporting colleagues' wellbeing has been a high priority and we have a number of initiatives in place to do so. Despite all of this, as with most employers, we have experienced a significant increase in turnover of colleagues which has had a significant impact on our organisation.

It has been a great pleasure to welcome the High Sheriff of Cambridgeshire to present awards to volunteers, as well as receiving awards from the Mayor of Cambridge and the Mayor of Fenland recognising the significant contribution of our wonderful volunteers.

During the year we have engaged with our community to listen to what is important to them as we developed our new strategy. The strategic priorities are detailed within this report.

Arthur Rank Hospice Charity is a partner with many organisations, working together to ensure that people in the county receive high quality palliative and end of life care. We are active in many strategic fora including the Palliative and End Of Life Care Programme Board, through which we are playing a lead role in developing the new system strategy. We are contributing to the development of the Integrated Care System through a range of activity and engagement. For example, we participate in the recruitment of senior roles across the system, sitting on the Local People Board and the Professional and Clinical Leadership Assembly.

Whilst we are proud of the many achievements detailed in this report, we are never complacent. We don't get everything right all of the time and welcome feedback to help us continue to improve.

With thanks to everyone who has been a part of what we have been able to achieve together, I hope that you enjoy reading this account.

Sharon Allen OBE
Chief Executive, Arthur Rank Hospice

Statement from Chair of Trustee Board Antoinette Jackson

2021-22 continued to be a year of significant challenge as the continuing impact of the Covid Pandemic was felt throughout the organisation. The entire AHRC team have shown resilience and flexibility in navigating those challenges, keeping a clear focus on making every moment count for our service users.

We all hope that, when the time comes, we will be able to access the end of life care we need. The expansion of our Hospice at Home service and the introduction of the Palliative Care Hub have ensured that we are meeting the needs of more people across Cambridgeshire. However, we are noticing a rise in the number of people with complex requirements. But we also know there is still unmet need, and we rely on fundraising to deliver and enhance services that are not funded by the NHS. This means ensuring financial sustainability remains an ongoing challenge for us.

We have an able, talented CEO and senior leadership team leading the organisation. We also have a committed staff team and over 600 volunteers involved in the Charity, not just fundraising for us but also delivering core services. Our people will always be at the heart of what makes us special and each and every member of Team Arthur plays a vital role in helping us reach the quality of service we strive for.

This Quality Account outlines the priorities for our new 5 year strategy. We have been ambitious in setting those priorities and we recognise there is more we need to do to improve what we do and who we reach.

The strategy places a strong emphasis on partnership working. We have played an active role in supporting the emerging Integrated Care System and sit on the Palliative and End of Life Care Programme Board and other partnership bodies. A joined-up approach across the system is vital to tackling the health needs of our population and making best use of our collective resources. We can already see the contribution the Palliative Care Hub has made to reducing hospital admissions, and we are keen to contribute to the wider debate on the role the hospice charity can play in achieving better health outcomes and system efficiency.

I would like to pay tribute to Kate Kirk, my predecessor as Chair of the Trustee Board, who has led us ably to this point in the charity's development. As I take over as Chair, I am supported by a strong trustee team. And I take over with the assurance demonstrated in this report, that we have a charity that is focused on service quality and continuous improvement and that it continues to deliver on both.

Antoinette Jackson
Chair of Trustees

'To all the Hospice at Home team. Thank you doesn't even cover what we want to say. Your love,care and kindness meant so much to us and X. Knowing you were there help us everyday. X always perked up when you came. We will miss him so much but you helped make the time he spent at home better. It meant x could be his daughter not his nurse. Thank you. You truely are special.' **Hospice at Home**

'Every time I speak to someone at the hospice I am amazed - you are always able to offer me more support. I think you are all wonderful - if there is an award I can nominate you all for, then I would nominate you. Thank you for your help…all the staff…and I am so looking forward to coming in to see you. I think it's going to give me the pick up I need.'
Palliative Hub

'Thank you so much for your support both to myself and of course Mum. We both valued having your support in the initial astages of Mum's diagnosis, just knowing that you were in the background should we need help was so reassuring in the early days. In the last few weeks, you were particularly involved in supporting Mum's decision that she did not wish to pursue any active treatment for her (disease). Again, thank you for for visiting her at home in the latter stages of her illness and putting things in place to support her future care at home.' **SPCHT**

'I have only been with living well a short time. What you've done for me as a service in weeks has been awesome. I've never felt so cared for. What your service has done for me is amazing it's a shame I had to wait to be nearly brown bread to access such a service. I just wish I had had this care as a younger person - life would have been different. Thank you.' **Living Well Services**

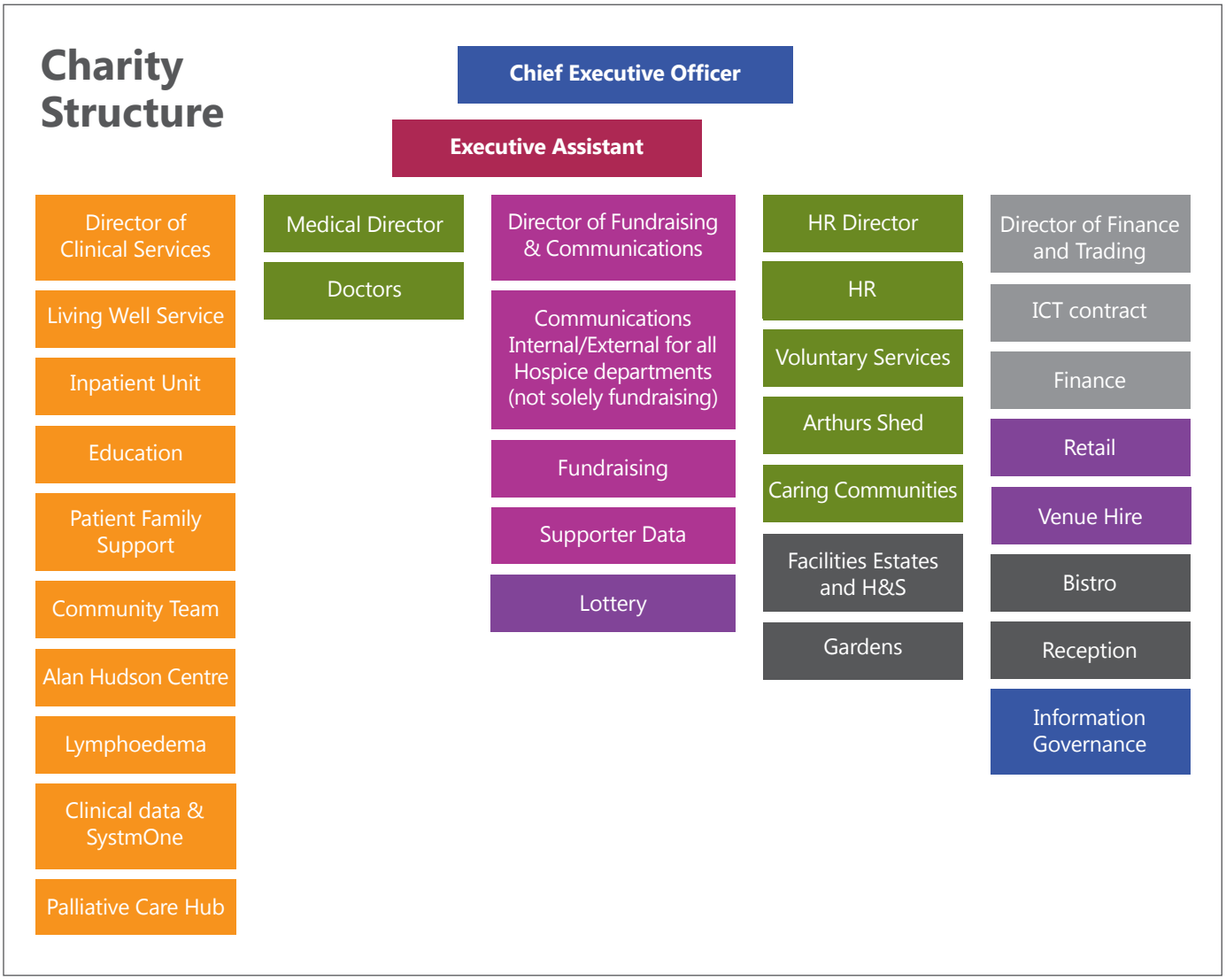
'The lymph clinic is fantastic I wish the whole place could get a king sized medal!' **Lymphoedema**

'Thank you for doing an excellent job and giving us the opportunity to attend this course and for providing the amazing teaching.' **Education**

Part 2

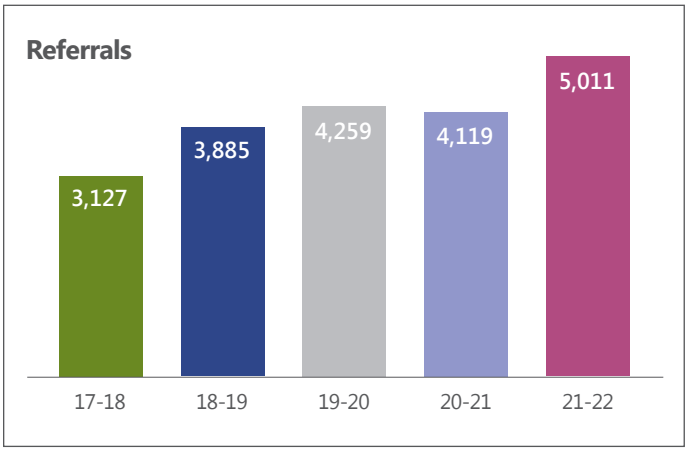
Priorities for improvement

In our previous annual Quality Account 2020-2021, we reflected on the tremendous challenges our Hospice Charity has faced during the COVID-19 pandemic. In the past year we continued to face these challenges with further lockdowns and restrictions impacting our community as well as our services. Despite this, the Charity has continued to provide outstanding care to those who need our services throughout Cambridgeshire. Having adapted our services to meet the changing needs of those accessing them during the pandemic, we have applied the learning from this to our service development and sustainability. As we continually look forward, we have produced our new five-year strategy covering the period from 2022 until 2027 and are focusing on further improving our Hospice services, making every moment count.



Looking back 2021 - 2022

We have continued to work closely with the Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG), which will soon become the Integrated Care System (ICS), to transform the care for patients with specialist palliative care needs and end of life care needs in partnership with Sue Ryder Thorpe Hall Hospice in Peterborough. As a system, we are now working to produce a palliative and end of life care strategy for Cambridgeshire and Peterborough. The following charts show referrals and clinical contacts across all services. Our year is the financial year from April to the following March.



All services have been affected by COVID-19, and patients who are clinically extremely vulnerable were advised to minimise contact with others outside their homes. This restricted attendance at some services yet the graphs above show that both referrals and clinical contacts have increased significantly during the past year. These figures reflect that we continued to respond to the demand for our services, when we continued face-to-face working whilst expanding the services we offered. We have seen a year-on-year increase in referrals prior to and during each year of the pandemic.

In addition to the increase in referrals, we have noticed an increase in complexity of the needs of patients and their families. We have been updating our referral criteria so we can direct our finite resources to those who need us. This work continues as we develop our services to meet the needs of those in the communities we support.

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

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

Priority 1

Develop our services to meet the changing population.

What we wanted to achieve

- To develop a Dementia Strategy in partnership with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

What we achieved:

Due to the pandemic, we have not been able to progress with this work, although we have connected with CPFT and carried this objective forward into our new strategy. CPFT are waiting on the National Dementia Strategy (first published in 2009) which is due to be published this year. We continue to support colleagues, domiciliary care agencies and care homes with teaching and education in relation to end of life care.

What we wanted to achieve:

- To improve and expand the facilities at our Alan Hudson Day Treatment Centre.

What we achieved:

We introduced a bereavement support volunteer to the Alan Hudson Day Treatment Centre and continue to explore other opportunities for further supportive volunteering roles such as gardeners for our beautiful, landscaped garden at the centre. We continue to work closely with the Queen Elizabeth

Hospital (QEH) in King's Lynn to ensure patients with palliative and end of life care needs in Wisbech and the surrounding area are appropriately supported.

What we wanted to achieve:

- To work with East Anglia's Children's Hospice (EACH) Milton, to develop a strong offer for young people transitioning from the care of children's hospices.

What we achieved:

Our Young Persons Transitions coordinator has been working with the transitioning lead at Sue Ryder Thorpe Hall Hospice to help promote the services that adult hospices can offer young people. Although, due to the pandemic, it has been difficult for families with very vulnerable young people to feel safe to venture out of the comfort of their homes, we have still provided transition services. We have helped to set up events at EACH and held an event in August 2021 at the Arthur Rank Hospice Charity (ARHC).
The miniature donkeys were very popular! We also ran a number of parent/carer drop in sessions at the Hospice in conjunction with Caring Together, another local registered charity.

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 sessions paused due to the pandemic, but we held some virtual sessions and, in doing so, gained valuable insights into improvements that could be made to our services. For example, by ensuring an adequate supply of iPads families could stay connected to their loved ones on our Inpatient Unit (IPU) if they were unable to visit due to shielding or restrictions. When we were able to meet face to face (with the help of two fabulous volunteers) we used the "Trajectory Touchpoint Technique" method of collating feedback with patients and relatives. This approach uses pictures to stimulate conversation and we gathered valuable feedback which enabled us to make improvements, such as, revising our welcome information pack on our IPU.

What we wanted to achieve:

- Explore new ways of working to increase the care we provide and accessibility of care by securing funding for two remaining uncommissioned beds on our IPU.

What we achieved:

- We have not yet been able to secure funding for our two remaining IPU beds, but continue to work with our system partners to explore how these beds could be best utilised. Some ideas include using them to train and support families in caring for patients so they can return home feeling confident, or utilising them as respite beds for young people transitioning from children's services to adult services. We have adapted and remodelled our Living Well Services at the Hospice in Cambridge and the Alan Hudson Day Treatment Centre in Wisbech so that patients have a choice to either attend virtually or in person.
- We continue to work with our system partners to develop a Palliative and End of Life Care Strategy for Cambridgeshire and Peterborough and have successfully expanded our Hospice at Home services and developed the Palliative Care Hub advice line service in partnership with HUC. The Palliative Care Hub links with the 111 service and has been successful in supporting patients, their carers and also professionals. The service won the HSJ Primary Care innovation of the year award in October 2021 and it became 24/7 in April 2022, just beyond the end of this reporting period.
- We have set up videos on our website to support patients with Lymphoedema. These are available at: https://www.arhc.org.uk/supporting-you/care-services/lymphoedema-service/ and we are working on further supportive videos for our Living Well 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 support in the community creating greater equity of service.

What we achieved:

We have recruited over 60 additional colleagues to support our Hospice at Home expansion and continue to employ more. We support patients across Cambridgeshire, including rural areas, so that patients who wish to die at home, when this is clinically appropriate and safe to do so, are able to and their loved ones are supported during this time.

What we wanted to achieve:

- To align our services with the Primary Care Networks (PCNs) as we evolve towards an Integrated Care System (ICS) and focus on communities that are harder to engage with.

What we achieved:

We have linked with the PCNs across Cambridgeshire to support with their Gold Standards Framework (GSF) multidisciplinary team meetings and continue to network and form supportive links. We have colleagues identified to work more closely with communities such as the gypsy and traveller community, people who are homeless and people from minority ethnic communities.

What we wanted to achieve:

- To explore how our Living Well Services (LWS) can provide rehabilitative palliative care to patients across Cambridgeshire.

What we achieved:

We welcomed more volunteers to help with our life celebration activities. We secured funding for technology to enable hybrid sessions allowing patients to join sessions remotely to see what is going on in the LWS lounge or attend in person. Remote access means higher attendance for patients who would otherwise miss out on sessions if they are unable to travel.

What we wanted to achieve:

- To connect with schools and colleges to raise awareness and engage with students within communities that might be seen as "hard to reach".

What we achieved:

- Due to the pandemic, we have not been able to progress with student placements, work experience and providing education sessions to schools and colleges as we planned. This work will be revisited in our new strategy, for 2022-2023.
- Our Widening Access Group meets every two months to focus on actions for improving connections and information to those communities who may know little about the charity and what services we can offer.

What we wanted to achieve:

- To explore how Arthur's Shed could be utilised to engage with community groups when lockdown restrictions eased.

What we achieved:

Sadly, mainly due to social distancing restrictions, we have been unable to resume activities in the Shed to pre-pandemic levels. We have plans to improve WiFi connectivity in the Shed and are looking now at how we can offer the space to community groups to increase usage now that restrictions have been removed.

What we wanted to achieve:

- To facilitate educational events with key speakers.

What we achieved:

Despite the pandemic and restrictions on face-to-face events, we have utilised our AV technology to host virtual events. For example, Dr Kathryn Mannix, Author, presented 'A Journey into Companionship at the End of Life' in October 2021. This welcomed 500 virtual attendees and saw the charity reach a worldwide audience.

Priority 3

Evaluate and continuously improve our governance structure.

What we wanted to achieve:

- To develop our Data Dashboard to evidence the quality and responsiveness of our services.

What we achieved:

Our Dashboard has evolved with clinical teams working on quality improvement projects. Our colleagues have gained a better understanding of how to monitor patient outcomes including the use of the OACC (Outcome Assessment and Complexity Collaborative) suite of measures.

They have benchmarked and monitored improvements as well as identified areas to focus on, such as the use of IPOS (integrated palliative care outcome scale) and obtaining direct feedback to improve services.

What we wanted to achieve:

- To ensure our clinical policies are reviewed in a timely manner and kept up to date.

What we achieved:

We now have a robust system for monitoring and updating our policies to ensure they are reviewed and updated in a timely manner.

What we wanted to achieve:

- To roll out SystmOne electronic patient record keeping on our IPU to reduce the need for paper records whilst also improving accessibility and record keeping standards.

What we achieved:

We introduced workstations on wheels and trained staff to log onto SystmOne and record contemporaneous accounts of the care that patients are receiving. We continue to develop care plans and other documentation to minimise paper usage, which can easily become damaged or misplaced.

What we wanted to achieve:

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

What we achieved:

We welcomed four new Trustees during 2021-22 following a rigorous recruitment process. Antoinette Jackson was appointed Chair in May 2022, just following this reporting period as our previous Chair Kate Kirk, reached the end of her final term. We are excited to welcome Antoinette to lead our Trustee board and extend our gratitude to Kate for her achievements during her tenure.

Priority 4

Develop our education and research capacity.

What we wanted to achieve

- To continue to deliver our Palliative and End of Life Care Module with Anglia Ruskin University (ARU) and deliver a wide programme of education both in house and online. To work closely with care homes to ensure they feel supported to develop their staff in providing excellent palliative and end of life care services.

What we achieved

- We continue to provide a BSc/Masters Module on Palliative and End of Life Care in collaboration with ARU.
- We continue to provide face to face and online teaching for care homes and domiciliary providers on palliative and end of life care across Cambridgeshire.

What we wanted to achieve

- To look at developing our research active hospice status and explore research opportunities.
  To continue to take lead roles in national forums.

What we achieved

Our research group has been actively involved in research studies such as Hospice at Home and Needs Rounds in Care Homes. Sara Robins, Director of Clinical Services, represents Adult Hospices for the East of England at the Palliative and End of Life Care Strategic Clinical Network as well as chairing the local executive clinical leads in hospice and palliative care (ECLiHP) forum.

What we wanted to achieve

- To recruit Nursing Associate training roles and develop our apprenticeship schemes and training and development pathways for colleagues.

What we achieved

We have successfully recruited two existing colleagues to our Nursing Associate Trainee roles and are supporting them through their training programme. We continue to explore opportunities for apprenticeship roles throughout the Charity, maximising our apprenticeship levy.

Priority 5

Develop the financial and operational resilience of the charity.

What we wanted to achieve:

- To meet our Key Performance Indicators (KPIs) for fundraising and income generation and continue to review all the platforms used across these areas.

What we achieved:

- Due to the pandemic, many traditional forms of fundraising and income generation have been curtailed, paused or reshaped. This uncertainty has made it difficult to form year-on-year comparisons through Key Performance Indicators (KPI's). However, the charity has continued to respond to these challenging times and ended the year in a strong financial position. Attention is now being placed on the recovery in 2022-23 and close monitoring across all income streams using return on investment (ROI) calculations and benchmarking where available.
- We have launched our new website and have since initiated an audit to access its effectiveness, accessibility and useability.

What we wanted to achieve:

- To explore more funding opportunities to develop our services, such as support for children and dementia care.

What we achieved:

We have submitted bids to enable expanding our pre and post bereavement support and psychology for children and families. We have been successful in the first round and await the final decision in July 2022. We are developing constructive links with Ormiston Families who have merged with Stars charity and will investigate opportunities for joint working and collaborative funding bids.

What we wanted to achieve:

- To be proactive in engaging with the newly formed ICS to provide innovative commissioned services

What we achieved:

We further expanded our Hospice at Home service and developed our palliative care advice line. As highlighted on page 7, this became 24/7 just following this reporting period in April 2022. We are actively involved in the C&PCCG Palliative and End of Life Care Board as well as the Local People Board and the Professional and Clinical Leadership Assembly.

What we wanted to achieve:

- To develop new retail outlets in Wisbech and Huntingdonshire.

What we achieved:

Due to the pandemic, our expansion plans have been delayed but we have developed our Retail Hub and online sales. We are actively exploring opportunities for retail space in the north of the county looking at the Wisbech and Huntingdonshire areas.

What we wanted to achieve:

- We will ensure we have robust plans for building and equipment maintenance and capital investment.

What we achieved:

- We have included some predicted costs in our budget for 2022-23 and are reviewing our 5/10 year plan to cover future planned maintenance work and some contingencies.
- We have reviewed our energy contracts and fixed at a lower rate until 2024, providing much needed savings for the charity.

Priority 6

Support and develop our colleagues and volunteers.

What we wanted to achieve:

- To receive feedback from our paid colleagues and volunteers about their experience of working and volunteering for the Charity, including asking their views about our response to the pandemic.

What we achieved:

- We carried out a volunteer survey and received 198 responses which was a good number considering the number of roles temporarily 'stood down' at the time.
- We completed our staff survey and maintained Gold Accreditation for being a "Best Employer".

What we wanted to achieve:

- A high level of engagement with our volunteers

What we achieved:

- Following feedback from volunteers we held three information sessions for volunteers.
- We held four successful "thank you" events.
- We have developed training sessions for volunteers and have made our "End of life across faiths" training session available to volunteers.

What we wanted to achieve:

- To ensure all colleagues receive annual appraisals.

What we achieved:

We have designed and introduced a new annual appraisal cycle to be aligned with our strategic aims and objectives.

What we wanted to achieve:

- To train more staff to be able to provide more Restorative and Resilience Supervision Sessions.

What we achieved:

Due to the pandemic, it has not been possible to roll out training to as many staff as we hoped, but we continue to put on sessions and encourage attendance. So far we have trained 30 staff to be able to undertake Restorative Supervision and are planning to hold Resilience based supervision.

What we wanted to achieve:

- We will evaluate our 20 Minute Care Space sessions with the goal to see >90% satisfaction.

What we achieved:

We received excellent feedback from those attending the online 20 minute care space sessions. Due to pressures on some clinical teams, we have not been able to sustain the 20 Minute Care Space sessions into 2022. However, we would like to increase the opportunities and provide more sessions when staffing levels permits this.

What we wanted to achieve:

- To review our study leave policy and align training and development with service training needs analysis, looking at strengthening link roles in clinical teams.

What we achieved:

- Reviewed and agreed our new Study Leave Policy, with devolved responsibility to managers to make decisions about access to learning and development within their teams.
- We have not been able to conclude the work on developing a service needs analysis due to pressures brought about by the pandemic. However, this is work that is ongoing and we would like to conclude this in 2022-2023.

What we wanted to achieve:

- To develop our workforce plan in line with our new strategy.

What we achieved:

Our new People Plan has been completed and the direction for developing our colleagues is set out in our 2022-27 strategy.

What we wanted to achieve:

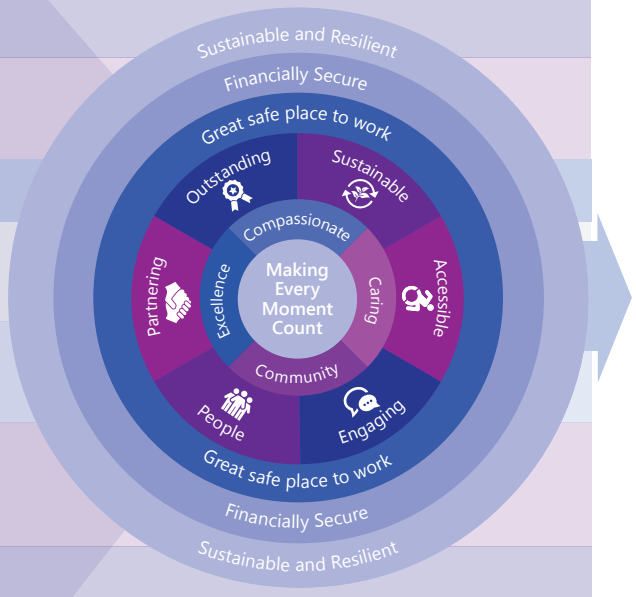
- Design and deliver internal Management Development Programme.

What we achieved:

Two cohorts of managers successfully graduated from the new, internally run, ARHC Management Development Programme.

Looking forward 2022 - 2023

Our challenges	The action we take	The outcomes we deliver	Impact
Population growth and demographics	Continual service improvement Accessing resources to address unmet need eg bereavement support for children and young people; support for reablement and for young adults Proactive in seeking feedback from patients and loved ones		Access to improved quality of life for those with palliative and end of life needs Emotional wellbeing support for people and their loved ones
Economic uncertainty and financial viability	Range of income generation activity Engage with our supporters and community Successful contract negotiations with our statutory partners		Future proofed hospice provision
Climate change	Develop net zero carbon approach throughout our activity		Future proofed hospice provision
Lack of diversity in our workforce and patient cohorts	Increase diversity of those accessing our services, working and volunteering for us and supporting us Greater diversity of fundraising initiatives Supporting people with any life limiting diagnosis		Increased health equality throughout Cambridgeshire
Societal taboos around talking about end of life	More conversations about life-limiting illness and end of life care Greater promotion and awareness of the range of our provision		Informed decisions by people needing palliative and end of life care
Digital capability and capacity	Maximise optimisation of digital capacity without adding to digital divide Assurance re Data Protection Joined up approach for those in contact with our charity whatever their first point of contact		Informed decisions by people needing palliative and end of life care
Workforce challenges	Invest in our workforce to attract, develop and retain Right people with the right skills at the right time Support and celebrate our volunteers Engage with the future workforce		Highly engaged and motivated team
Continual changes in healthcare structures	Take our place at the Integrated Care System 'table' Work collaboratively with relevant partners	Listening and engaging with patients, loved ones and community	Contribute to Cambridgeshire and Peterborough Integrated Care System impact and effectiveness



As we conclude this 2021-22 report our existing five-year strategy also ends. We have now launched our next five-year strategy (2022-2027) which was produced in consultation with our community. A copy of our strategy can be found on our website (https://www.arhc.org.uk/app/uploads/2022/03/AR_5yr-Strategy-Report_22-27_web.pdf).

Our vision is Making Every Moment Count: supporting people with a life-limiting illness, caring for people and their loved ones at end of life.

Underpinning this are our values:

Compassionate: we provide compassionate care and support for people and their loved ones and a compassionate workplace through compassionate leadership.

Caring: we care for everyone who needs our services, everyone who supports us, works for us and volunteers for us.

Community: we are part of our community, our community is part of us, our community is everyone in Cambridgeshire who needs us and we are proactive in tackling inequality.

Excellence: we provide specialist care and support through our skilled team drawing on their expertise.

Our new five-year strategy sets out strategic priorities that we have aligned to the Ambitions for Palliative Care and Hospice UK (HUK) Future Vision (footnote these).

1. **Outstanding** - Service focused (continual improvement of current provision).
2. **Sustainable** - Income generation strategies and successful contract negotiations with statutory funders and developing our environmental responsibilities for a net zero carbon approach.
3. **Accessible** - Increase diversity of those accessing out services.
4. **Engaging** - Greater promotion and awareness, using resources such as digital solutions and effective use of our data.
5. **People** - Investing in our workforce and supporting our volunteers.
6. **Partnering** - Working with our system partners as part of the Integrated Care System, sharing knowledge and expertise.

In 2022 - 2023 we want to focus on the following priorities:

Priority 1 - Outstanding

- Improve bereavement support across Cambridgeshire, with particular focus in Wisbech.
- Consider other roles to support our services such as the role of Death Doula, expanding our social worker role and supporting families with children, with a focus on psychological support for children.
- Continue with our Transitioning Young Adults work, ensuring a smooth transition from children's services to adult Hospice services for those with life limiting illnesses and setting up more social groups.
- Utilise our additional two beds on the Inpatient unit.
- Review our Living Well service to meet the needs of those with palliative care needs across Cambridgeshire, helping them to live well with their illness.
- Improve feedback from our patients and carers and other stakeholders so we learn and improve.
- Working towards becoming a "greener" hospice.

Priority 2 - Sustainable

- To focus on our income generation strategy increasing financial support from fundraising and trading.
- To reduce the use of plastics in our fundraising activities.

Priority 3 - Accessible

- To introduce a non-faith based summer remembrance event.
- To achieve our widening access group (WAG) action plan to reach all parts of our community.

Priority 4 - Engaging

- To work with schools in relation to fundraising and work experience.
- To offer support to business so that they are equipped to support their employees who may be end of life or have a loved one who is.
- To increase the use of technology to support patients, such as text messaging, virtual video consultations, automated telephone advice and support and to continue to improve our website.

Priority 5 - People

- To ensure our staff are supported, trained and developed to be the best they can be, attracting future colleagues to want to come to work for us and improving staff retention.
- To ensure our volunteers feel supported and develop champion roles.
- To explore new ways to connect with people and use digital systems to enhance efficiency.

Priority 6 - Partnering

- To continue to build partnerships with other organisations across the integrated care system (ICS) to ensure palliative and end of life care is seen as a priority.
- To continue to share best practice with others in our region and wider across the Hospice sector.

Mandatory statements

Review of service

During the period 1 April 2021 to 31 March 2022, Arthur Rank Hospice Charity provided a number of NHS services below. The Arthur Rank Hospice Charity has reviewed all the data available to them on the quality of care in these NHS services. The income generated by the NHS services reviewed on 1 April 2021 to 31 March 2022 represents 100 percent of the total income generated from the provision of NHS services by the Arthur Rank Hospice Charity. In addition to this, charitable income supports all clinical services and funds our Living Well Services, complementary therapies and our Young Persons Transitions service.

Services provided:

Arthur Rank Community Team (7-day service) which includes Hospice at Home night service and day service, Specialist Palliative Care specialist nursing advice and support.

Young Persons Transitioning Coordinator supporting young people transitioning from children's services to adult hospice services.

Chaplaincy

Living Well Services (LWS) - Arthur Rank Hospice, Cambridge.

Living Well Services 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

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

Local Audit and QI projects

Due to the pandemic and pressures this has added to the workload of clinical teams, some audits have been postponed and will be carried out in 2022-2023. The following is a list of the audits and authors completed in the previous financial year April 2021 to March 2022.

- Clinical Notes Audits
- Standards for completing Mandatory Assessments (LWS)
- Weekend admissions audit (medical)
- IV Antibiotics usage (medical
- Bleeding from head and neck tumours - who is at risk/(medical)
- Waiting list targets from referral to 1st assessment (Lymphoedema)
- Use of phenobarbitone at extreme agitation - can we predict when it might be needed? (IPU/medical)
- Monitoring of steroids as compared to national guidelines (medical)
- Review of referrals not accepted into the SPCHT caseload (medical)
- NLB admissions: review of pre -covid and pandemic data (medical)

Participation in clinical research

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

- "Needs Rounds" study - looking at testing the Australian model of hour long "needs rounds" between care homes and specialist palliative care nurse, for those who may be in their last year of life. (Chief Investigator, Liz Forbat, University of Sterling).

- Contribution of the Healthcare Assistant in out-of-hours Hospice care: Qualitative Case Studies. (Chief Investigator, Felicity Hasson, University of Ulster)

We have also supported the electronic distribution of a number of staff research surveys from external organisations:

- Prescribing methods and common practices within palliative care using pharmacological interventions for symptom control. An online survey study.
- End of Life Care in Parkinson's Disease: a Delphi study.
- The PALLUP Study- Equipping community services to meet the palliative care needs of older people with frailty approaching the end of life; a mixed methods study.
- Using Technologies to improve care for hospice community service users and their families during Covid 19.
- Improved planning of end-of-life treatment and care (THIS institute study).

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 Clinical Commissioning Group and does not include this element currently.

'I have just completed my last fortnightly session with X (Bereavement Support Volunteer). The support that the counsellors give to the bereaved, to help them gain strength needed to carry on with life without their loved ones beside them, to be able to share thoughts and feelings with someone other than family, who are also grieving, is invaluable.' **PFST**

'To all the team, we cannot thank you enough for looking after us both for the last 3 weeks. We have loved that you have all made everything "normal", we have loved the chats and the giggles with you all. It has meant the world to both of us and we are so grateful. Thank you for giving Mum a rest too and allowing her to stay and just be able to be a Mum for a while. The care you have ALL given and the extra mile you have gone to is incredible, but most of all thankyou from the bottom of our hearts for making X strong enough to come home, we didn't think it would be possible.' **IPU**

'Thank you so much for all your help today, you have made me feel so much more able to cope with this, to was such a relief to talk to someone who understands." **Lymphoedema**

'Without all your care and compassion we as a family would have struggled to cope but you were all there to listen and give us support when we needed it. Dad loved you all and the memories of his smile when you walked in his room (his castle) will be forever in my memories. From the day he came home from hospital to the day dad died you were all there for us all and we will cherish these special caring memories.' **Hospice at Home**

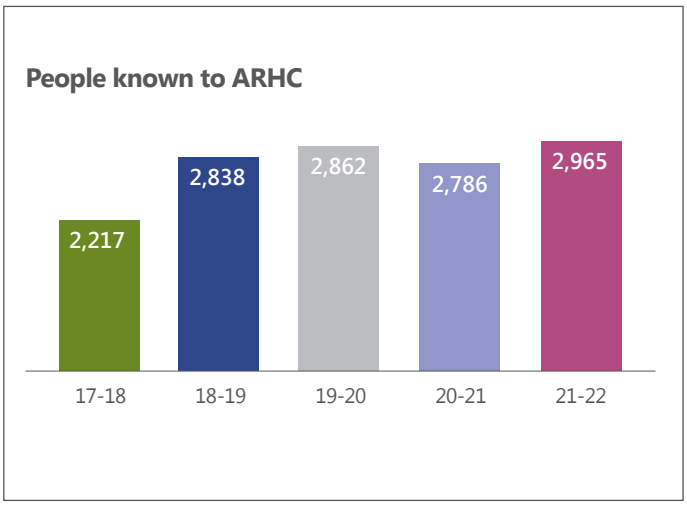
'Absolutely fantastic team who went above and beyond for our patient and her daughter. Made a very difficult situation a lot easier for not only us as a crew but also for the family and patient.' **Palliative Care** *(Ambulance Service feedback)*

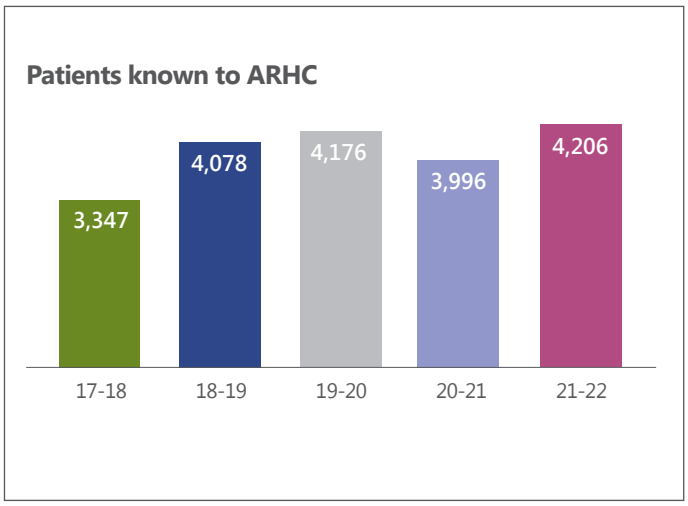
'Just wanted to pass on some lovely comments I was given from a relative of a person recently deceased at Arthur Rank regarding their experience of music therapy. He had been very unsure as to what it involved and was delighted to find that his mum got so much out of it.' **PFST**

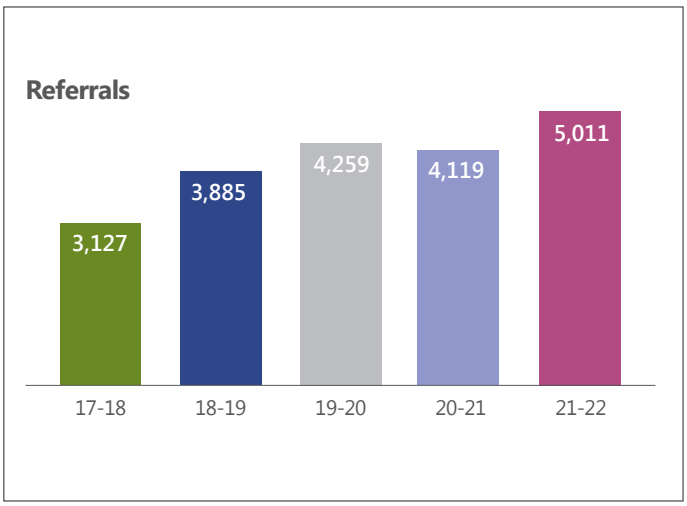
Part 3

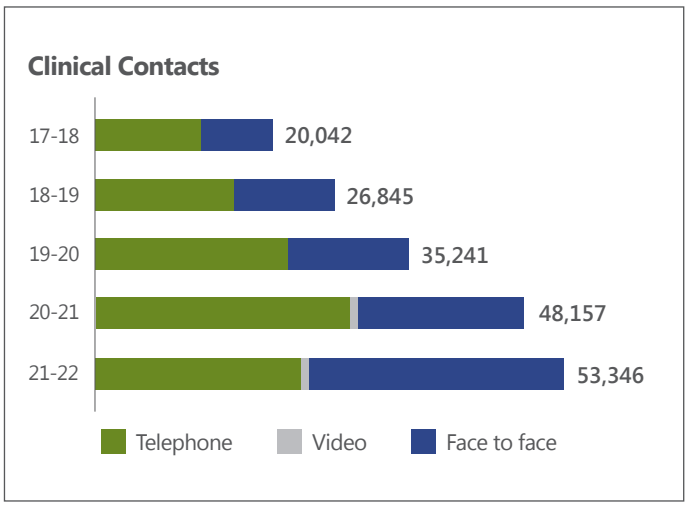
Review of Quality Performance

Organisational Clinical Summaries (year is April to following March):









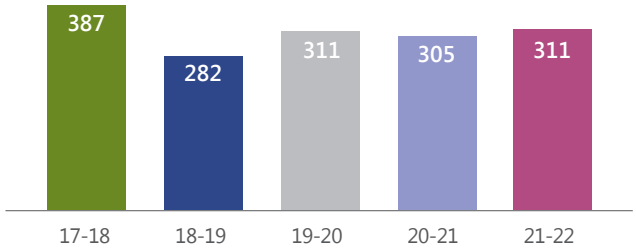
We continue to see year-on-year increases in the number of referrals to our services. During the global pandemic this has put considerable pressure on our colleagues as they managed with a significantly greater level of absence than usual.

We have seen an increase in the number of people being supported by the Charity; an increase of 6% from the previous year (this excludes those supported by our new Palliative Care Hub advice line, 111 option 3). The increasing complexity of our patients is demonstrated in the 10.8% increase in the number of clinical contacts completed. This highlights that, on average, our patients are receiving more support from us than in previous years.

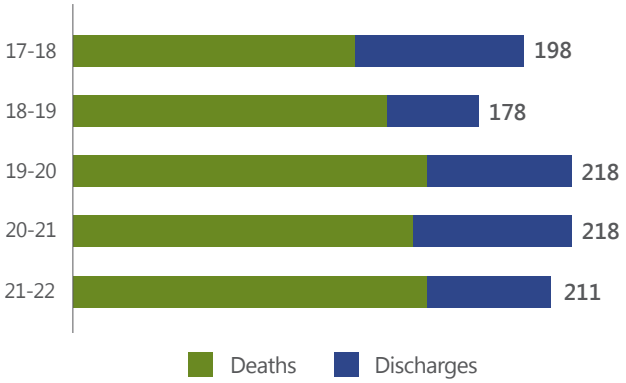
Clinical Service Areas

Inpatient Unit

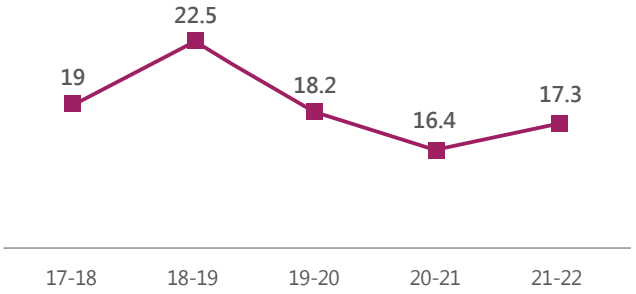
Referrals
Inpatient Unit - Specialist Beds



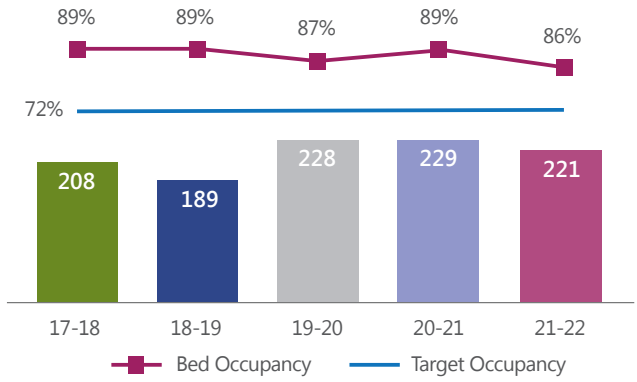
Discharges/Deaths
Inpatient Unit - Specialist Beds



Average Length of Stays (days)
Inpatient Unit - Specialist Beds

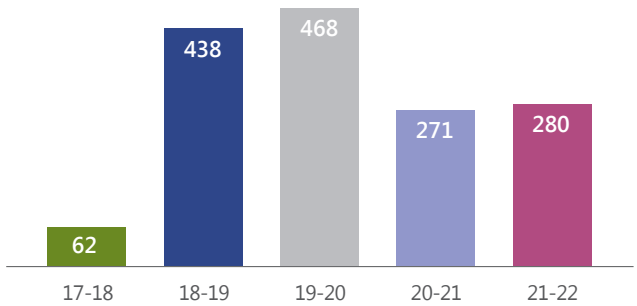


Patients and Bed Occupancy
Inpatient Unit - Specialist Beds

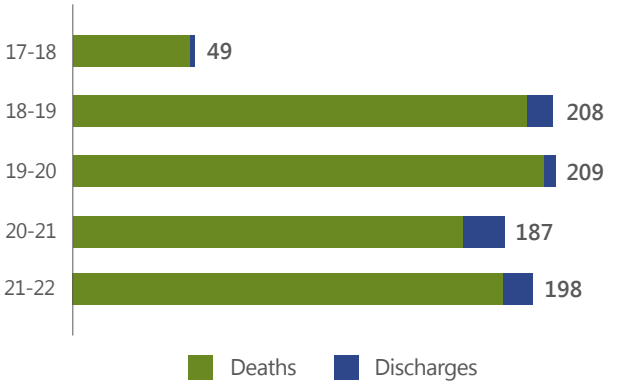


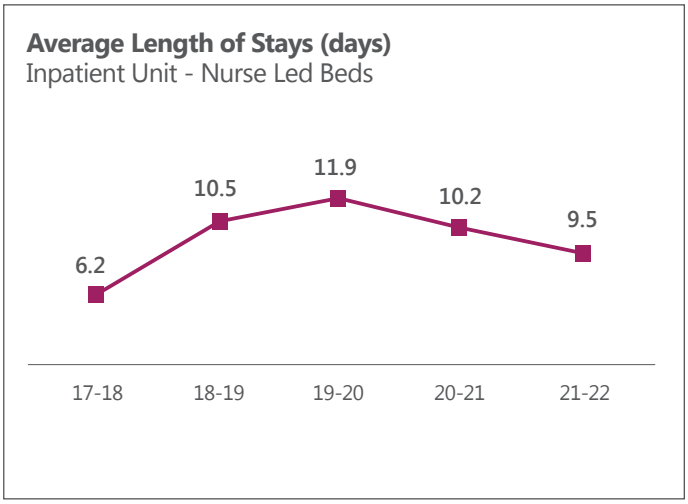
Our Inpatient Unit consists of 23 beds, 21 of which are commissioned. The two beds that have not been commissioned we seek to address in our new strategy. 12 of these are our "Specialist Beds", and the remaining nine are our "Nurse Led Beds" for end of life patients transferred from Addenbrooke's Hospital, Cambridge.

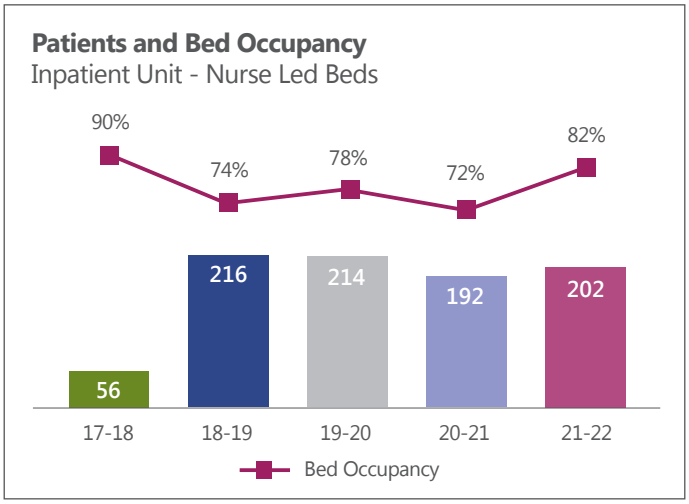
Referrals
Inpatient Unit - Nurse Led Beds



Discharges/Deaths
Inpatient Unit - Nurse Led Beds



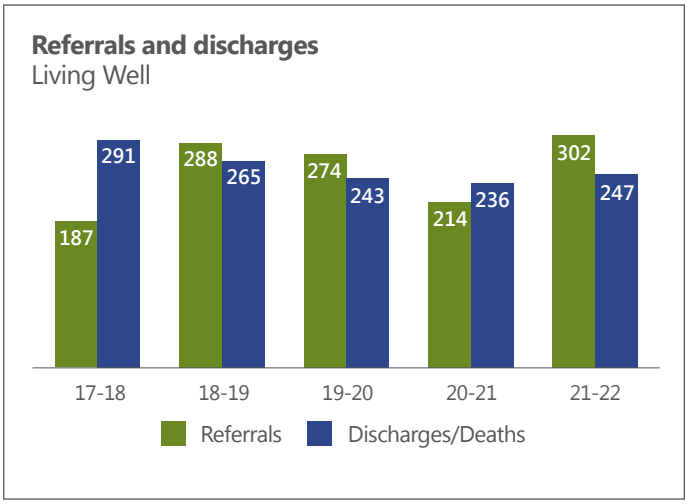


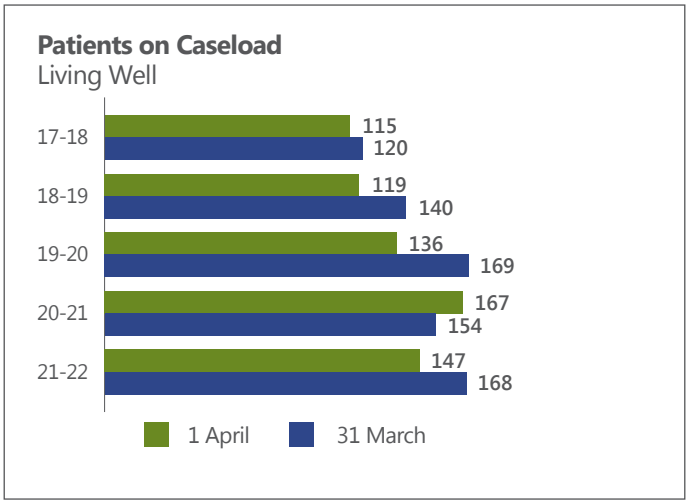


Despite a high level of colleague absence throughout the year (predominantly due to COVID-19 and most noticeably in March where beds had to be closed due to low staffing levels), we have maintained our usual occupancy figures. For our Nurse Led Beds, it increased by 10% from the previous year.

As highlighted above, we have noticed more complexity and dependency of patients, which has impacted on staffing and time needed to provide each patient with an appropriate level of care.

Living Well Service (formerly Day Therapy)

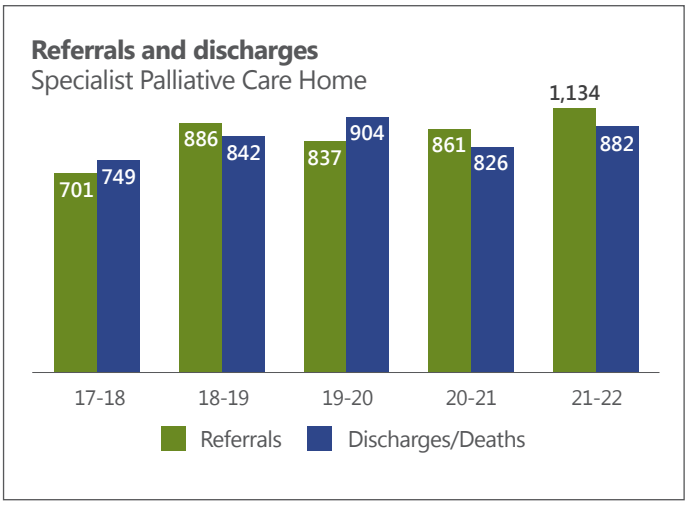


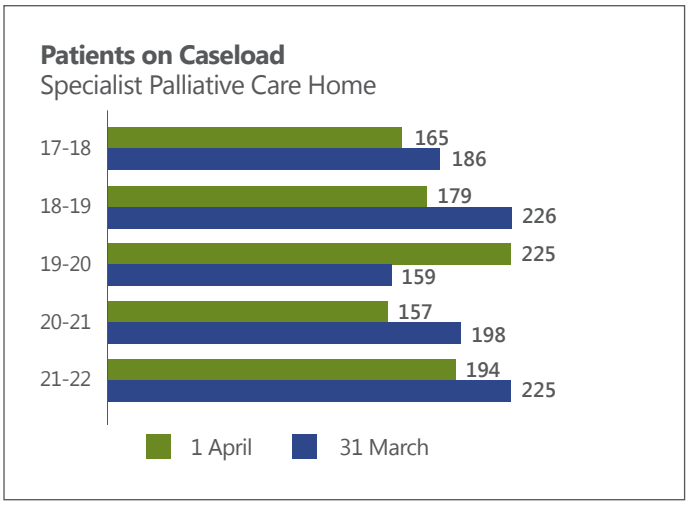


There has been a sharp increase in referrals, many being re-referrals back into the service (a patient is discharged at the end of their eight-week programme). There has also been heightened demand for our social group.

The team has increased the number of face-to-face patients being seen in groups from eight to ten and have introduced a revised timetable to offer a mixture of face-to-face and virtual sessions. We also introduced drop-in clinics, such as an exercise group on Wednesday mornings.

Specialist Palliative Care Home Team (SPCHT)

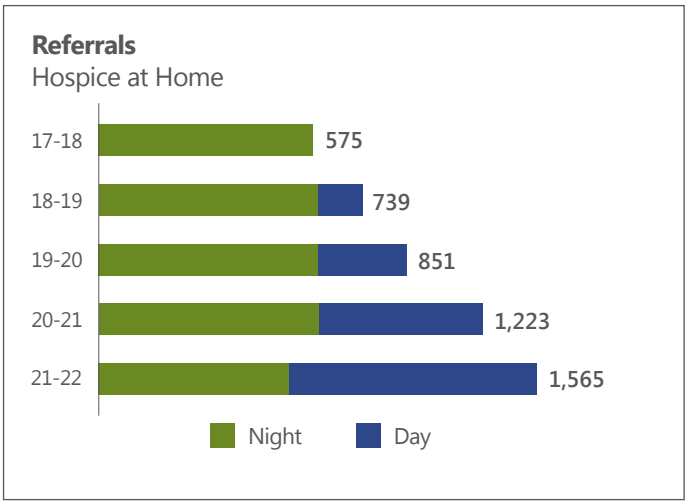


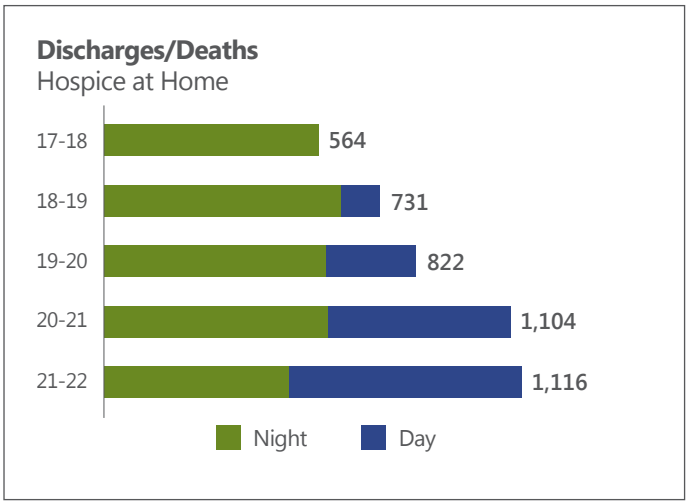


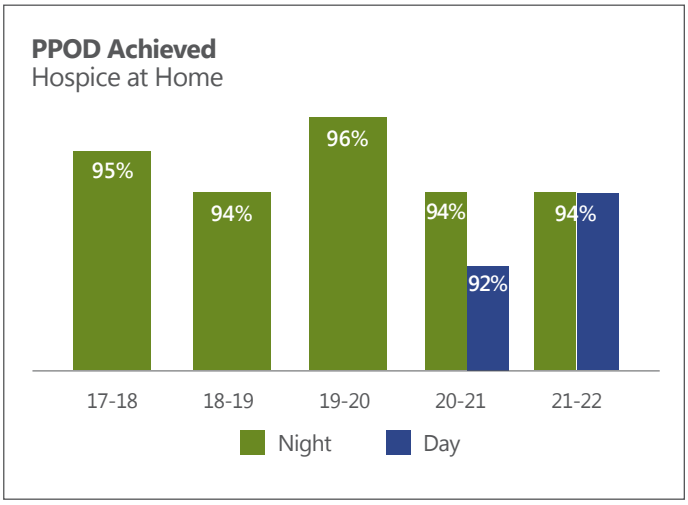
Alongside a 32% growth in referrals as the team now triage all referrals received for community support, the team are seeing more patients who are phased as 'deteriorating' (60% of triaged referrals and 53.5% of patients at Initial Assessment). Using the OACC Suite of Outcome Measures, if a patient's Phase of Illness is deteriorating, this means that their care plan is addressing anticipated needs but requires periodic review. This is because their overall functional status is declining and their experiences are gradually worsening and/or they experience a new but anticipated problem, and/or the family/carer experience gradual worsening distress that impacts on the patient's care.

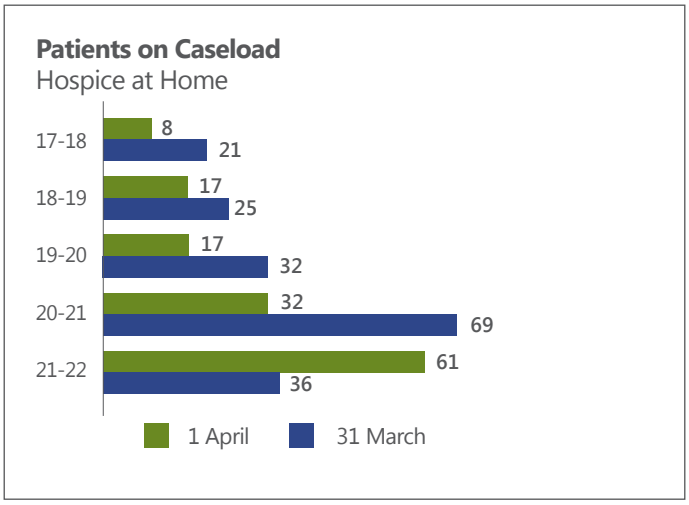
Alongside the above referrals, this year saw the launch of the Palliative Care Needs Round project in the community. This involves a Clinical Nurse Specialist attending a selection of Care/Nursing Homes to discuss patients and help to identify those requiring further specialist intervention. Our project lead supported 59 additional patients in the community.

Hospice at Home (HAH)





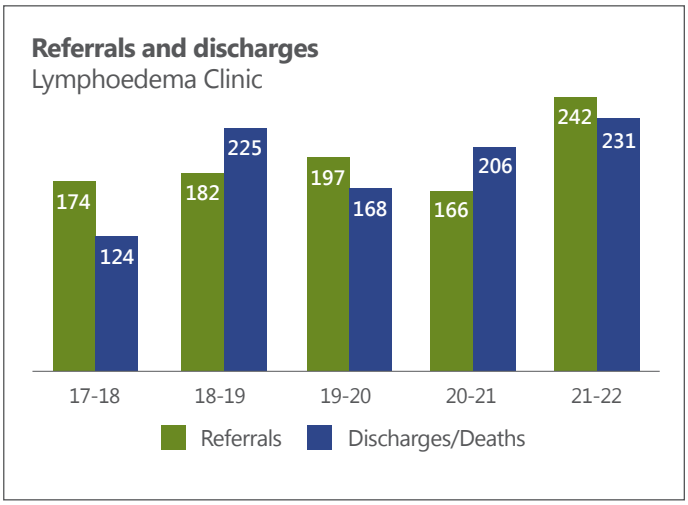


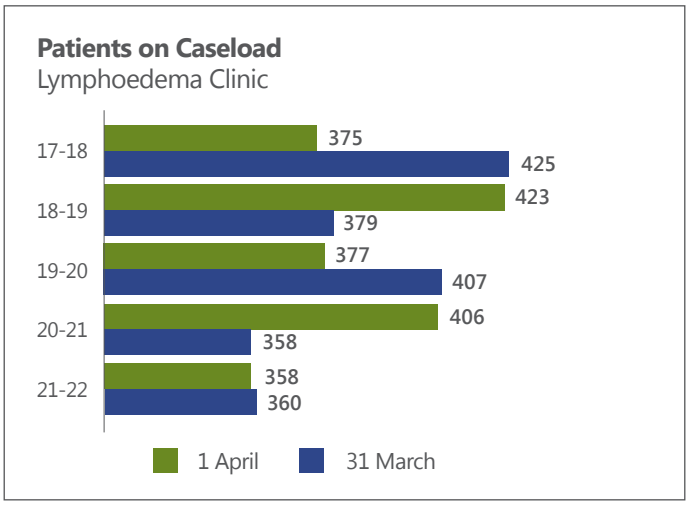


Referrals to our Hospice at Home night service remain steady, most being referred internally from other ARHC service areas. However, annual referrals to our day service have increased dramatically (75% increase) as the teams have expanded into new geographical areas and towards full staffing capacity. The demand has grown so significantly since the service was originally planned in 2019, that work has been needed to ensure that our services remain fit for purpose.

Following discussion with Continuing Healthcare (CHC), in 2022-23 we will be simplifying the referral process to Hospice at Home. This will result in a single point of referral instead of a Fast Track CHC form for day care, and our separate referral form for night care. This will allow all referrals to be processed via Fast Track CHC.

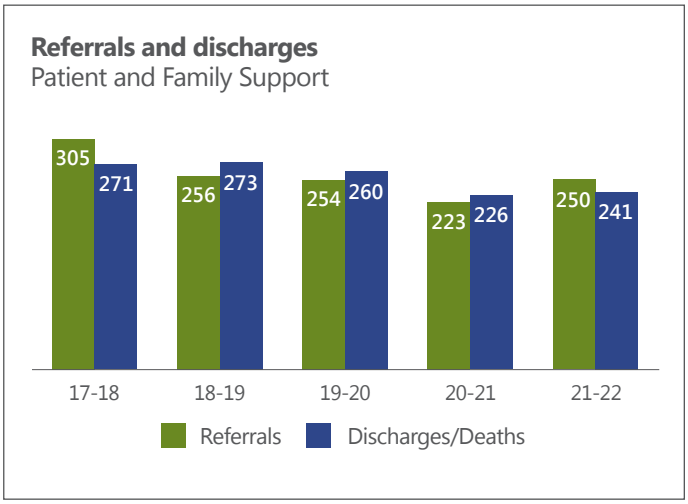
Lymphoedema Clinic

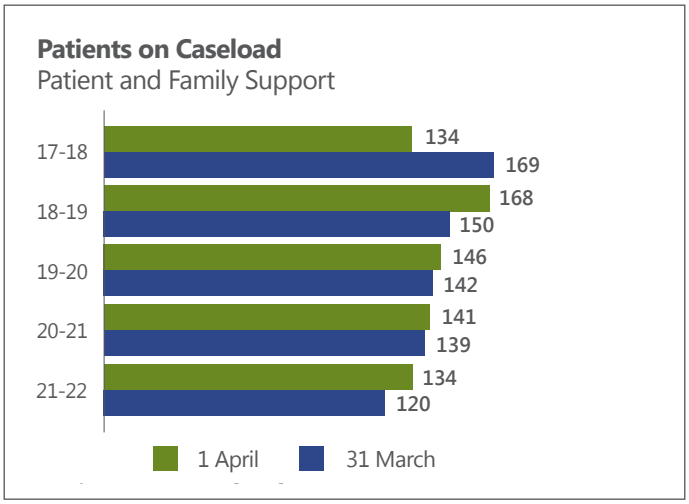




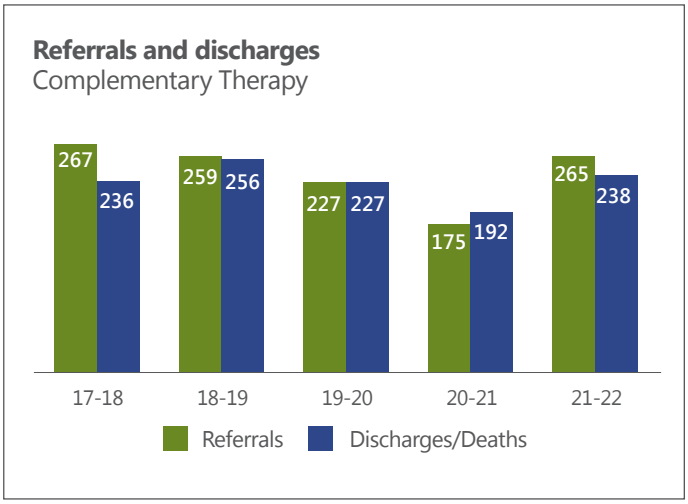
The team continue to deliver a combination of virtual and face-to-face consultations for patients with chronic, oncology, and palliative related lymphoedema.

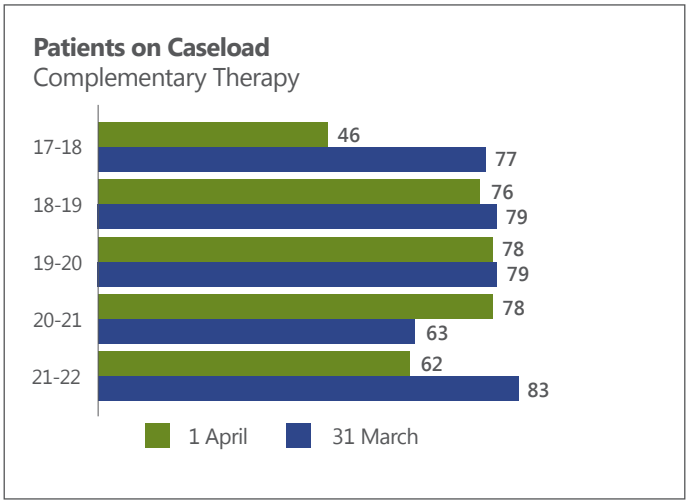
Patient and Family Support Team (PFST)





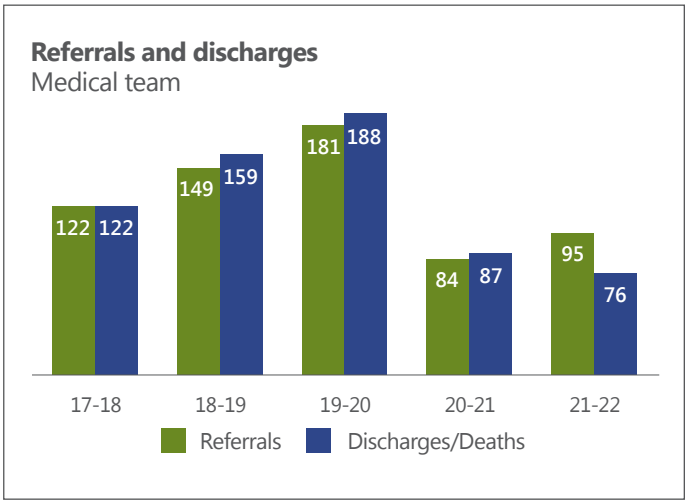
Complementary Therapy

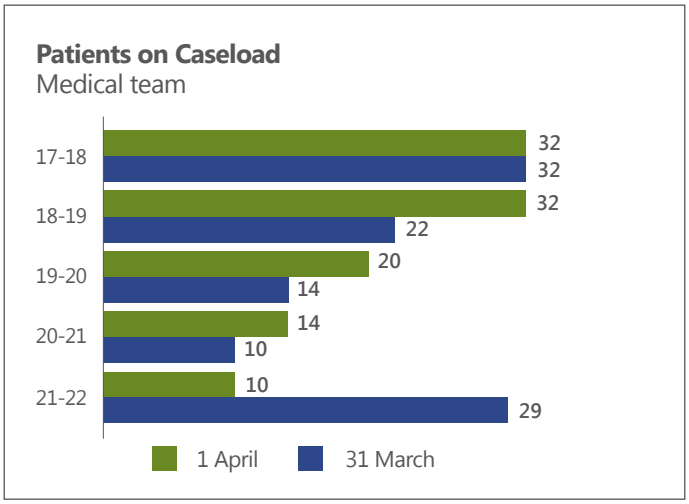




The team continue to see patients face-to-face in the hospice and in their own homes if required. They also send out aroma sticks to patients who may benefit from these.

Medical Team



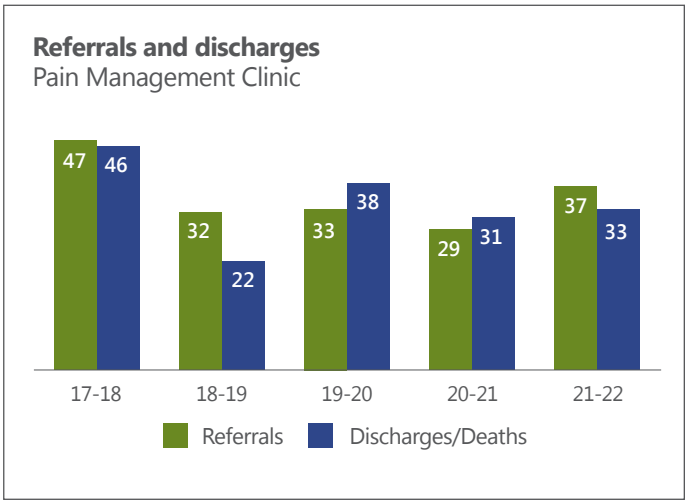


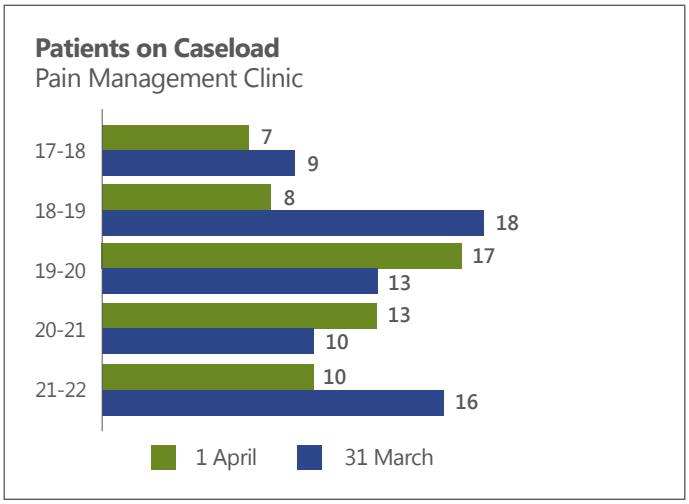
The senior medical team contains the smallest number of clinicians and sees the most complex group of community patients. These patients are mostly under the care of a specialist nurse in the SPCHT, but a small number will be solely under the care of a senior doctor. For this reason, the number on the caseload does not reflect the activity of the medical team.

The medical team conducted 472 appointments (262 face-to-face and 210 via telephone/video) and 305 calls on behalf of the SPCHT this year, which equates to 3% of SPCHT's annual telephone contacts.

In addition to these patient contacts, one or two senior doctors attended every weekly community team Multi-disciplinary Team (MDT) and IPU MDT. For the financial year 21-22, this equates to consultant-level input and attendance at roughly 200 MDT meetings. Alongside this, at least one senior doctor attended each patient planning meeting every Monday to Friday, working with the CUH consultants to ensure that senior medical advice is available to the internal and external teams 24/7, 365 days a year.

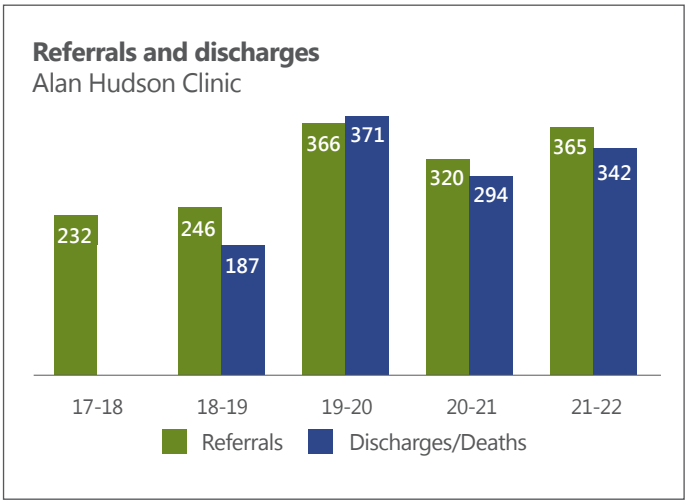
Pain Management Clinic

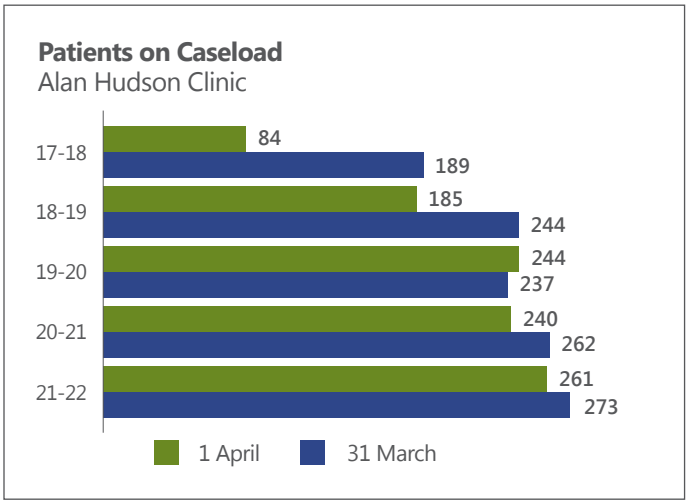




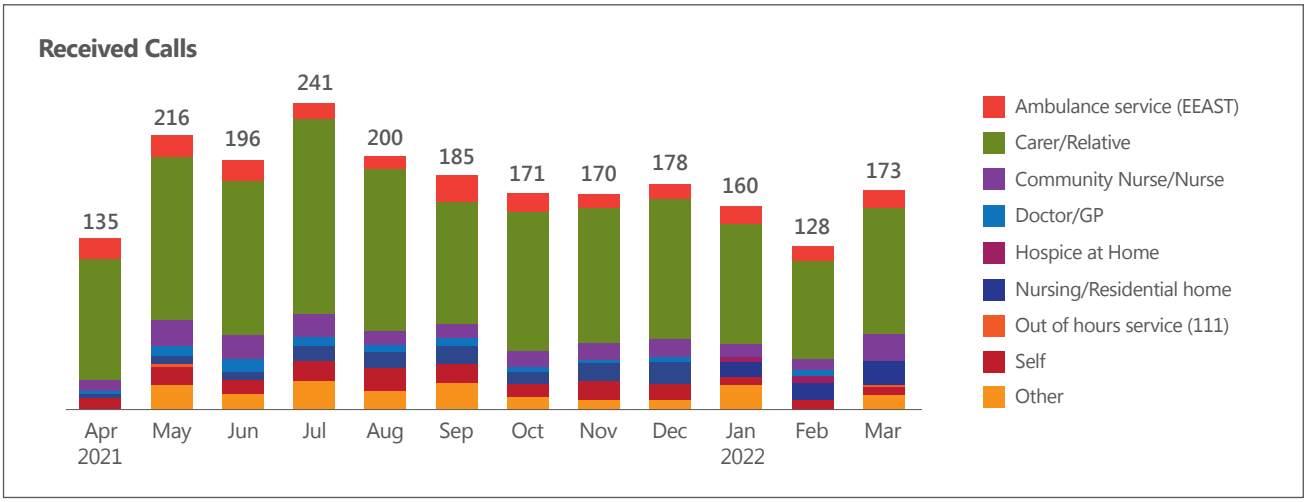
The Pain Management Clinic runs separately from the other work of the medical team and sees people experiencing complex pain. The team consists of a pain psychotherapist, anaesthetist, and palliative medicine consultant.

Alan Hudson Day Treatment Centre





This data for the Alan Hudson Day Treatment Centre is in relation to all its services: Specialist Community Palliative care, Treatments, Complementary Therapy, the Living Well Service, and Bereavement Support Group. Demand for specialist services in and around Wisbech continues to rise.

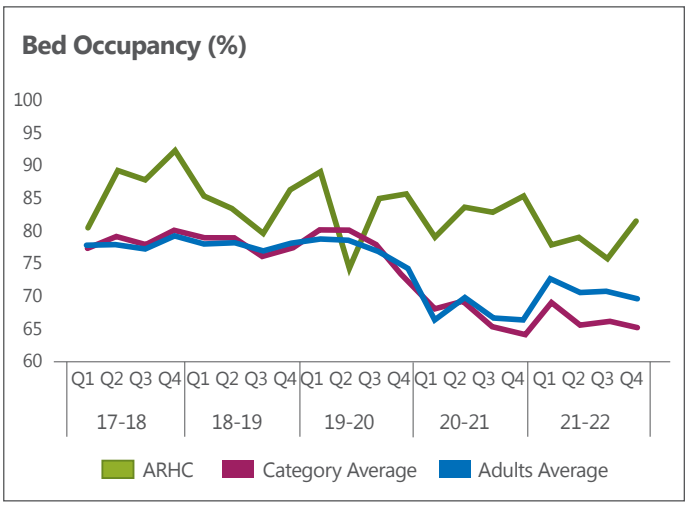


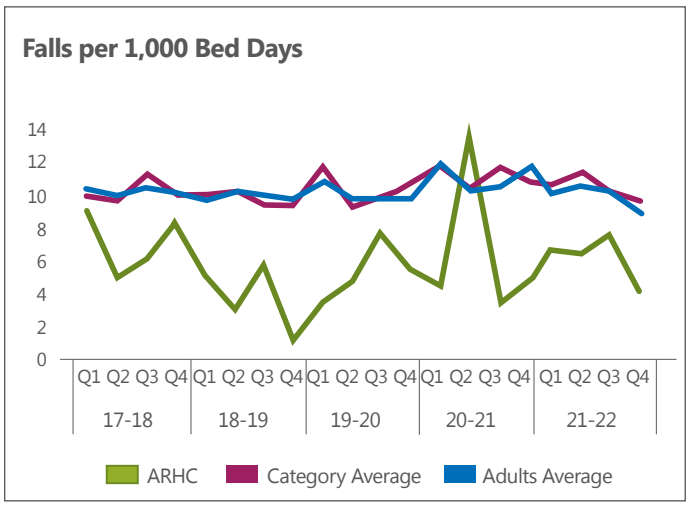
Palliative Care Hub (Advice Line, 111 option 3)

Alongside our usual services, this year saw the launch of our Palliative Care Hub advice line, commissioned by the CCG. In its first year alone, this service has supported 1,014 patients, taken 2,153 calls, and helped to avoid 200 hospital admissions.

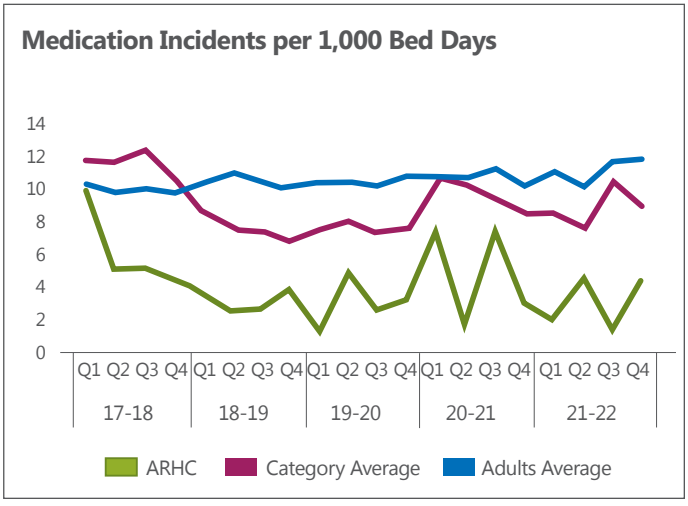
Hospice UK Benchmarking

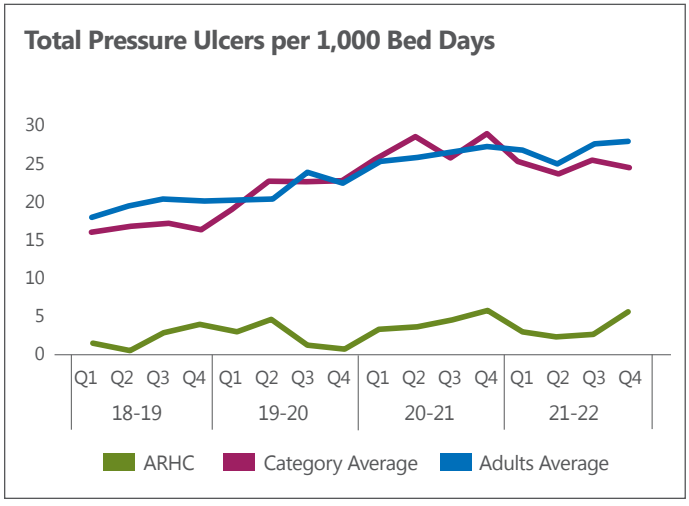
We continue to benchmark our patient safety data with Hospice UK and attend their safety webinars quarterly.

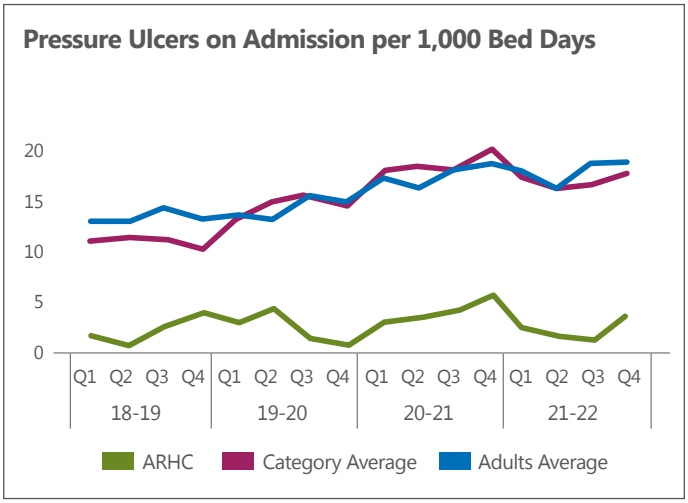


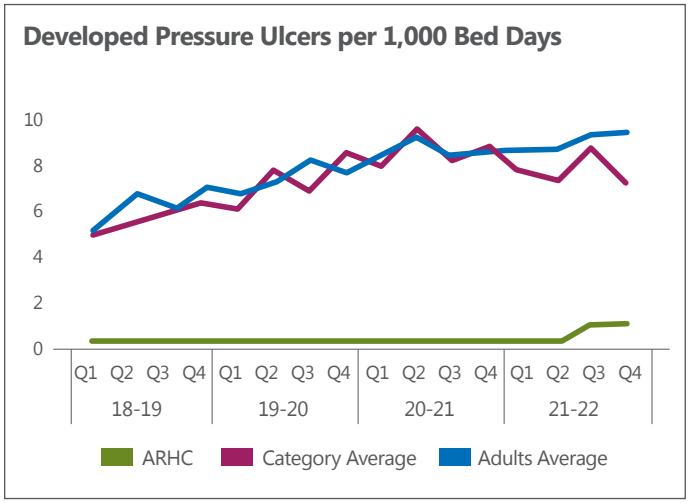


Our bed occupancy remains higher than the national average based on other hospices of our size (category 'large'). This is particularly of note since the start of the pandemic, as national occupancy figures lowered because many other hospices had to close beds due to COVID-19 restrictions, lack of staff availability, and patients not wanting to be admitted into a clinical environment with visitation restrictions. Our continued communication and collaboration with our community and other healthcare professionals, alongside our adaptation to service delivery, has resulted in maintaining services levels and patient interaction when others have needed to withdraw or reduce services.





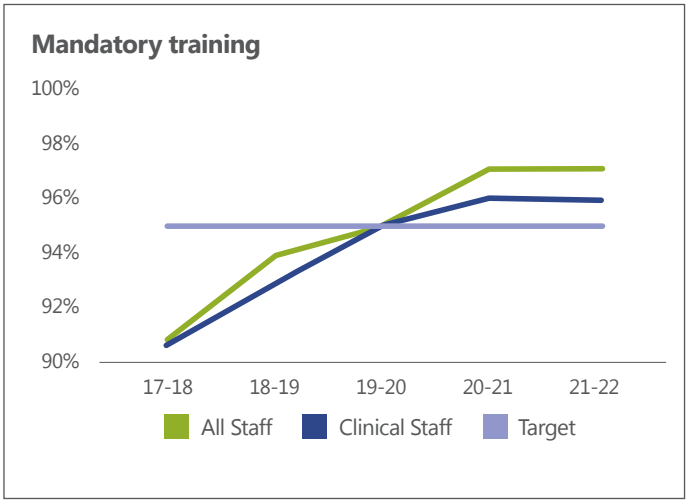


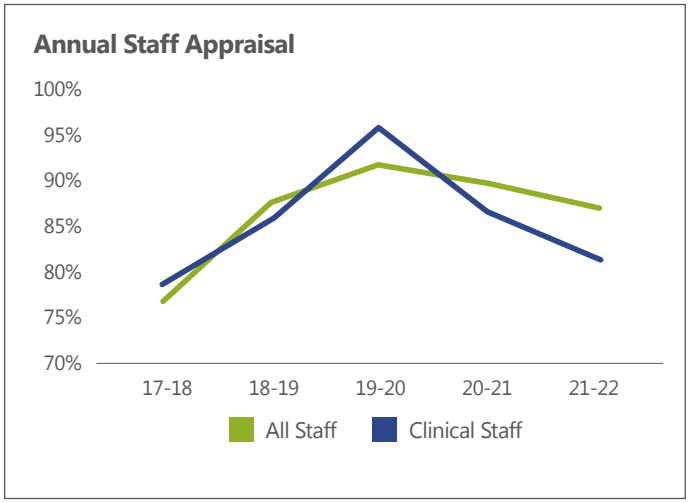


As with previous years, the number of falls, medication incidents, and pressure ulcers remain below the national average, demonstrating the great prevention strategies we have in place across the IPU. For example, we previously reviewed all our standard operational policies in relation to safe storage and administration of medications as well as installing a biometric key safe, which ensures staff always have access to keys for Controlled Drugs and other cupboards, reducing the need to find whoever is holding the keys.

We have, however, reported our first two incidents of developed pressure ulcers (in the last four years) during the final two quarters of this year. In both cases, these developed on the patient's spine, as the patients had requested limited repositioning as their conditions and mobility were deteriorating. One was a further deterioration of an ulcer identified on admission, and the other developed in an area surrounding an existing ulcer identified on admission. Their next of kin were notified and care plans adjusted, all appropriate pressure ulcer preventative measures were in place.

Mandatory Training and Appraisal

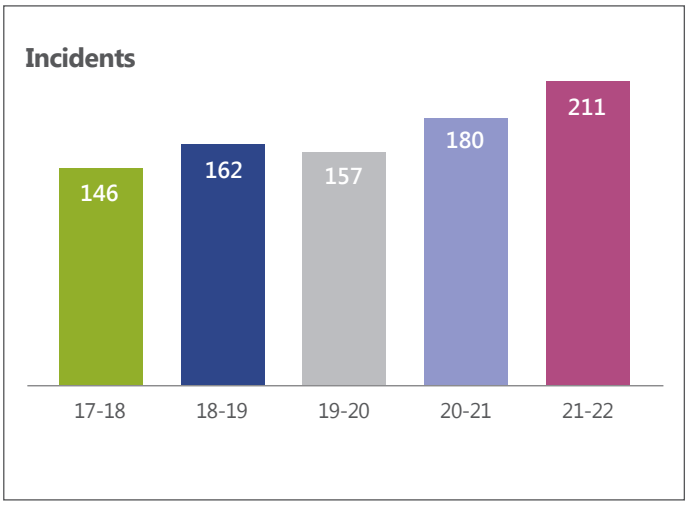


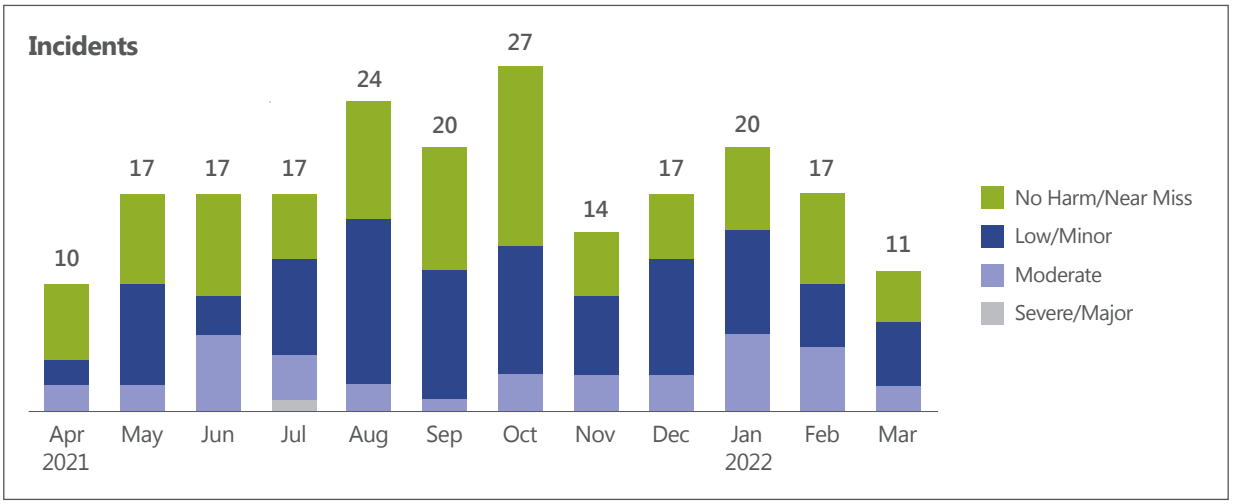


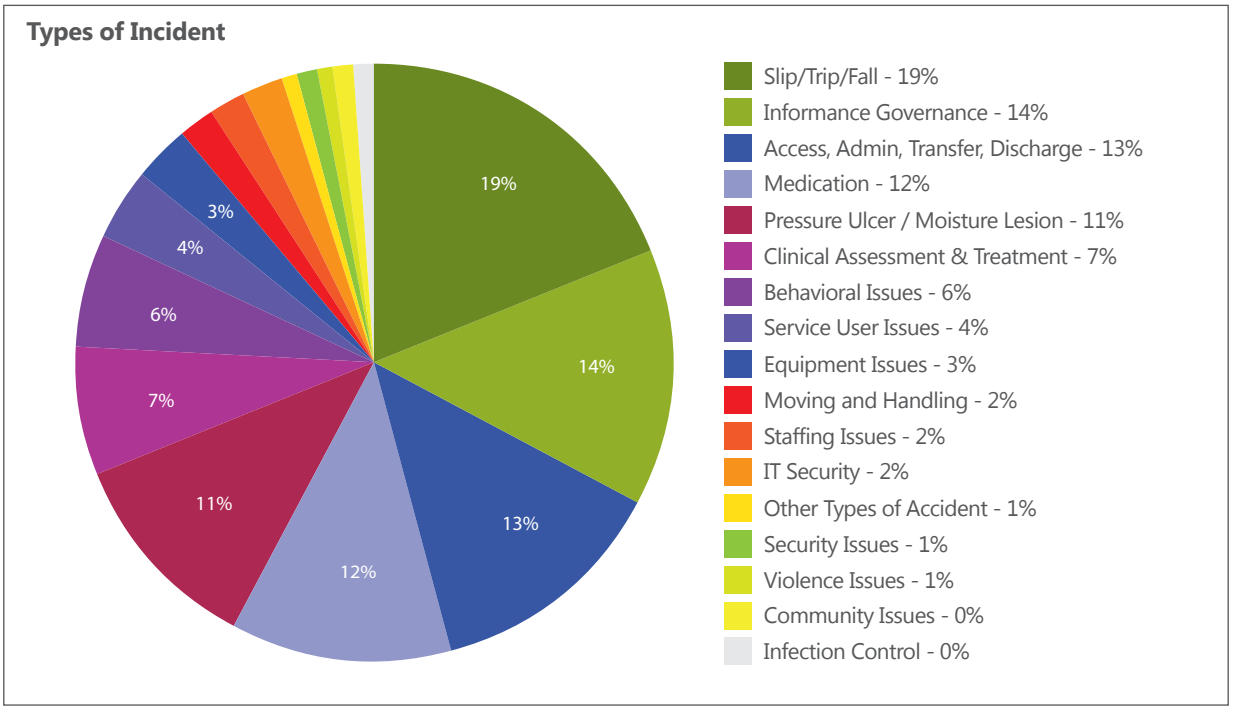
All colleagues are required to complete mandatory training. In 2021-2022 we have worked hard with staff and our education team to provide simple access to either online or face-to-face training, particularly due to the impact of the pandemic. Our overall average target is 95% completion, which was successfully met (96% for clinical staff, and 97% for all staff). Colleagues receiving appraisals is identified as a quality Key Performance Indicator (KPI). We have ended the year just below our target of 90%, which is what we expected due to introducing a new appraisal cycle, aligning individual objectives to our strategic priorities, in line with the annual operational plan timeline.

Quality Data

Incidents







Incidents

All colleagues and volunteers continue to be encouraged to report all incidents that may result in actual or potential harm to colleagues, patients, visitors, and volunteers.

There has been a 17% increase in the number of incidents reported from last year, but with a larger workforce and more patients, this is to be expected. This year has also seen better use of our incident reporting system, Sentinel, enabling us to better monitor our incidents and reduce the likelihood of any reoccurring.

Incidents with Actions

Serious Incidents (SI)

We had one reportable Serious Incident in February 2022 which related to a patient on our IPU being administered long-acting insulin without having a blood glucose check prior to this administration, which led to the patient becoming hypoglycaemic (a significant drop in blood glucose). Appropriate actions were taken immediately following the incident and an action plan formulated with all the learning points identified so that we can ensure a similar incident is avoided in the future. No harm came to the patient involved, but it was felt the incident should be investigated and reported as a serious incident.

Complaints, Feedback and Patient Experience

Complaints and Concerns

We received two complaints and seven concerns during the financial year 2021-2022. A summary of the two complaints can be found below:

Date Received	Summary	Action(s)
06/05/21	Call received from the distressed wife of a patient who died on IPU. The wife spoke to reception and asked to be taken off our mailing list (she had received our recent newsletter). On probing, the receptionist managed to find out the reason why the lady did not want contact with the Charity and concerns pertaining to her husband's death on IPU were explained.	Issues identified: • Staff failed to inform the wife that the patient was dying when she called at 23.00 - staff said "deteriorating" but the wife reported he had been "deteriorating" for days and assumed there was no need to come in. • Staff failed to telephone the wife first thing in the morning prior to going off duty • Staff failed to follow correct care after death processes. Letter sent to complainant with outcome of investigation on 21/05/21 and follow-up call made on 26/05/21. Complainant satisfied with outcome and learning taken.
13/05/21	Complaint received in relation to Hospice at Home alleging staff repositioned patient which hastened their death.	Discussed with medical team and coroner. No evidence that staff were in any way responsible for the patient's death. The patient was dying and was made comfortable. The patient was unable to tolerate sitting upright due to reduced consciousness. Complaint rejected

Quality Account Feedback: Healthwatch Cambridgeshire and Peterborough

Healthwatch Cambridgeshire and Peterborough recognises the valuable work of Arthur Rank Hospice Charity (ARHC) and is pleased to comment on the Quality Account for 2021/22.

It has been another difficult year for people and we would like to thank ARHC staff for the excellent care and support they have given people during this challenging time. We have received feedback from local people that ARHC teams have been able to provide support when other services seem to be disconnected and unable to respond.

Our Information Service has seen the value of the palliative hub in reaching people in need of help. The Widening Access Group is undertaking much needed work in reaching communities who do not usually use hospice services.
The quality of ARHC services is highly evident. Not least by having received only two complaints during the year. The hospice is transparent regarding these and clear about how the learning has resulted in improvements.

ARHC's partnership work with Sue Ryder and East Anglia Children's Hospice is to be commended. Healthwatch Cambridgeshire and Peterborough has seen a real improvement in partnership working across the hospice sector in recent years. The hospice's leadership in developing an effective Palliative and End of Life strategy for our area has been notable and significant.

The hospice's partnership approach in delivering the ReSPECT (Recommended Summary Plans for Emergency Care and Treatment) education programme further evidences ARHC's commitment to collaboration and provides our health and care providers with new knowledge and skills.

Healthwatch Cambridgeshire and Peterborough welcomes the hospice's new strategy, Making Every Moment Count, and are pleased to have contributed to the development of this.
We extend offers of support in any areas that may be helpful and wish the hospice every success for 2022/23.

Stakeholder Feedback: Cambridgeshire and Peterborough Integrated Care Board

Cambridgeshire and Peterborough Integrated Care Board has reviewed the Quality Account produced by Arthur Rank Hospice Charity for 2021/22.

It is noted that 2021/22 continued to be a difficult year with the unpredictability of the Covid-19 pandemic and the hospice continued to be responsive to the further waves and the extra demands that were put on them to support people at the end of their life.

The hospice should be commended for the achievements throughout the year, for example, the collaborative work with Primary Care networks supporting the multidisciplinary meetings in line with the Gold Standards Framework.

Throughout the year, services have been expanded and new services launched. There has been additional support for the Hospice at Home expansion so patients can be supported within their own communities and the Palliative Care Hub 111 Option 3 service in collaboration with system partners was launched and congratulations to the team and the other partners who won the HSJ award for Innovation in Primary Care.

It is encouraging to see that medicine related audits have been completed for the monitoring of steroids and I/V antibiotic use. Surveys have also been carried out on prescribing methods and common practices within palliative care using pharmacological intervention for symptom control.

Arthur Rank is doing very well increasing research capacity as a research active hospice, working with Collaborations for Leadership in Applied Health Research and Care (CLAHRC), now Applied Research Collaboration. They have contributed to hospice at home and needs rounds in care homes, as well as several surveys. They continuously look for research opportunities and are starting to develop links to the Clinical Research Network East of England which is to be commended.

It is evident that there has been ongoing work in relation to their incident reporting with an increase positive culture to reporting incidents achieved, this allows for the monitoring of incidents and more importantly local learning to prevent reoccurrence.

Arthur Rank has worked tirelessly in their systems and process to mitigate the risk of covid transmission within the hospice. At the time of writing this there has been no nosocomial covid transmission within the hospice which is to be commended and a reflection on the hard work of staff.

I would like to thank all the staff and volunteers at Arthur Rank Hospice for their continued efforts and high-quality care offered to patients during the second year of the Covid19 Pandemic. The emerging Integrated Care Board looks forward to working with Arthur Rank Hospice in the coming years and wishes the organisation every success in achieving its priority improvements. Overall Cambridgeshire and Peterborough Integrated Care Board agree the Arthur Rank Hospice Charity Quality Account is a true representation of quality during 2021/22.

Carol Anderson
Chief Nurse
Cambridgeshire and Peterborough
Integrated Care Board