Arthur Rank Hospice Charity

Quality Account

2024 - 2025

making every moment count

Part 1

Introduction: Sharon Allen, CEO, Arthur Rank Hospice

It's hard to believe that next year we will begin work on engaging with our community and partners to begin work on our next long-term strategy, yet here we are more than mid-way through our current strategy. Reading this report fills me with immense pride and gratitude to all my colleagues, #TeamArthur, for the skilled, compassionate care that they provide each day and night. This is evidenced through the data and analysis presented as well as the feedback from patients and their loved ones. I am also exceptionally grateful to all our fantastic volunteers who give so much and without whom we would not be able to do all that is evidenced to you throughout this report. This includes our knowledgeable and capable board of trustees and in particular, I thank our chair of trustees Antoinette Jackson, for her wisdom and guidance.

At the time of writing this introduction, our health system is experiencing significant turbulence with the closing down of NHS England and requirement for Integrated Care Board's (ICBs) to reduce their running costs by around 50%. Add to this Local Government Reform and we can truly say we are in a time of transformation. Whatever we think about these changes, it is important to remember that many people, lots of whom we consider colleagues throughout the system, are facing displacement and we offer our support to them. We are staying close to all the change and look forward to working with system partners in the new order once this is established.

Arthur Rank Hospice also continues to embrace change and throughout this report you will read about service remodelling to ensure we can reach more people and reduce health inequalities. I hope you enjoy learning about the increasing community engagement we are active in and the resultant changes in both our patient and staff demographics. We are also thinking about how we can respond to the significant population growth predicted for the area we cover.

Partnership working is integral to our approach and we are pleased to have further cemented our partnership with Sue Ryder Thorpe Hall hospice in Peterborough, described in the report. A new partnership is with Ganga Prem Hospice in India and we are proud to be engaged in this sharing of learning and development. We are also pleased to be proactive members of the Palliative and End of Life Care Programme Board, delivering the system all age strategy. Working alongside our partners in the voluntary sector through the Voluntary Sector Network brings great value in sharing knowledge, ideas and opportunities.

The reality of the financial pressures facing our charity is again clear throughout the report, where we have not been able to achieve our ambition, for example having to end the young persons transition project and still not being able to offer all of the capacity on our Inpatient Unit, because commissioning only covers 21 out of the available 23 beds and we have to be able to pay for sufficient staffing to safely care for patients. We are proud to have opened two additional charity shops in March and Ely and are actively looking to open shops in the rest of the county where we provide care. Lack of resource will not deter us and we will continue to be proactive and bold in seeking the resources required, from statutory partners and from our community, to ensure no-one in Cambridgeshire is left without the palliative and end of life care they need.

As well as financial resource, we need a skilled, compassionate and competent workforce and we are actively 'growing our own', you can read about our support for colleagues' development.

Whilst proud of what we have achieved, we are never complacent and continue to learn from participating in research as well as sharing our learning. We also learn from the small number of complaints received and take appropriate action based on this feedback.

Thank you to everyone who has contributed to the many achievements shared in this report and thank you to Gemma, Jodie, John, Lorraine and Sara for being brilliant colleagues to work alongside in our Senior Leadership Team.

Sharon Allen OBE
Chief Executive, Arthur Rank Hospice

Statement from Chair of Trustee Board Antoinette Jackson

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. We are very blessed to have skilled colleagues and volunteers who are passionate about what they do. They are ably led by our talented CEO Sharon Allen and our senior leadership team, who are all focused and committed to delivering compassionate care and the ambitions of our Five-year Strategy.

This quality report confirms that we are a charity that is committed to service quality and continuous improvement. We continue to evolve and innovate and deliver a wide range of services to patients and their loved ones. Not just supporting people at end of life but also when they are dealing with life limiting illnesses, providing care and psychological support. It is heartwarming to read the feedback from patients and their loved ones highlighting the difference we have made to them at such difficult times. It is also pleasing to see that we compare favourably against national benchmarks on range of care measures. We are not complacent about any of this and work hard to understand what we can do differently when we do not get it right.

The national debate on Assisted Dying has shone a spotlight on the precarious funding of the hospice sector. We are in a better place than many, but you will see that some of the ambitions we had at the start of the year were not achieved due to lack of funding to take them forward. We rely on fundraising to deliver and enhance services that are notfunded by the NHS, such as our Living Well service. Approximately 40% of our costs are met by income from fundraising so we can deliver these additional services, and the feedback section underlines what a difference they make to patients and their families. We are very grateful to everyone who supports us, in so many different ways, so that we can make every moment count in this way.

We are active partners in the Cambridgeshire and Peterborough Integrated Care System, recognising that a joined-up approach across the local health and care system is vital to tackling the health needs of our population and making best use of our collective resources. We also bring specialist skills that can benefit other partners. It is a turbulent time for the health sector as widescale changes are being introduced to local integrated care systems and NHS England. This is very unsettling and distressing for those affected. In this context it is especially important that we continue to advocate for effective palliative and end of life care. We need to ensure that a joined-up, system wide focus on this vital work does not get lost in all the turmoil.

I want to thank sincerely all our wonderful colleagues and volunteers, and our community who support us in so many ways. I also want to pay tribute to the very able trustees who sit on the Board of the charity. They bring the skills and enthusiasm to the charity and ensure we continue to focus on the future and what we need to do, to ensure Arthur Rank Hospice Charity continues to thrive.

Antoinette Jackson - Chair of Trustees

Part 2

Priorities for improvement

We are now halfway through our **5 year strategy** (2022 to 2027) and we continue to strive to meet our objectives:

Develop our services and broaden our reach

Education and Research

Supporting colleagues and volunteers

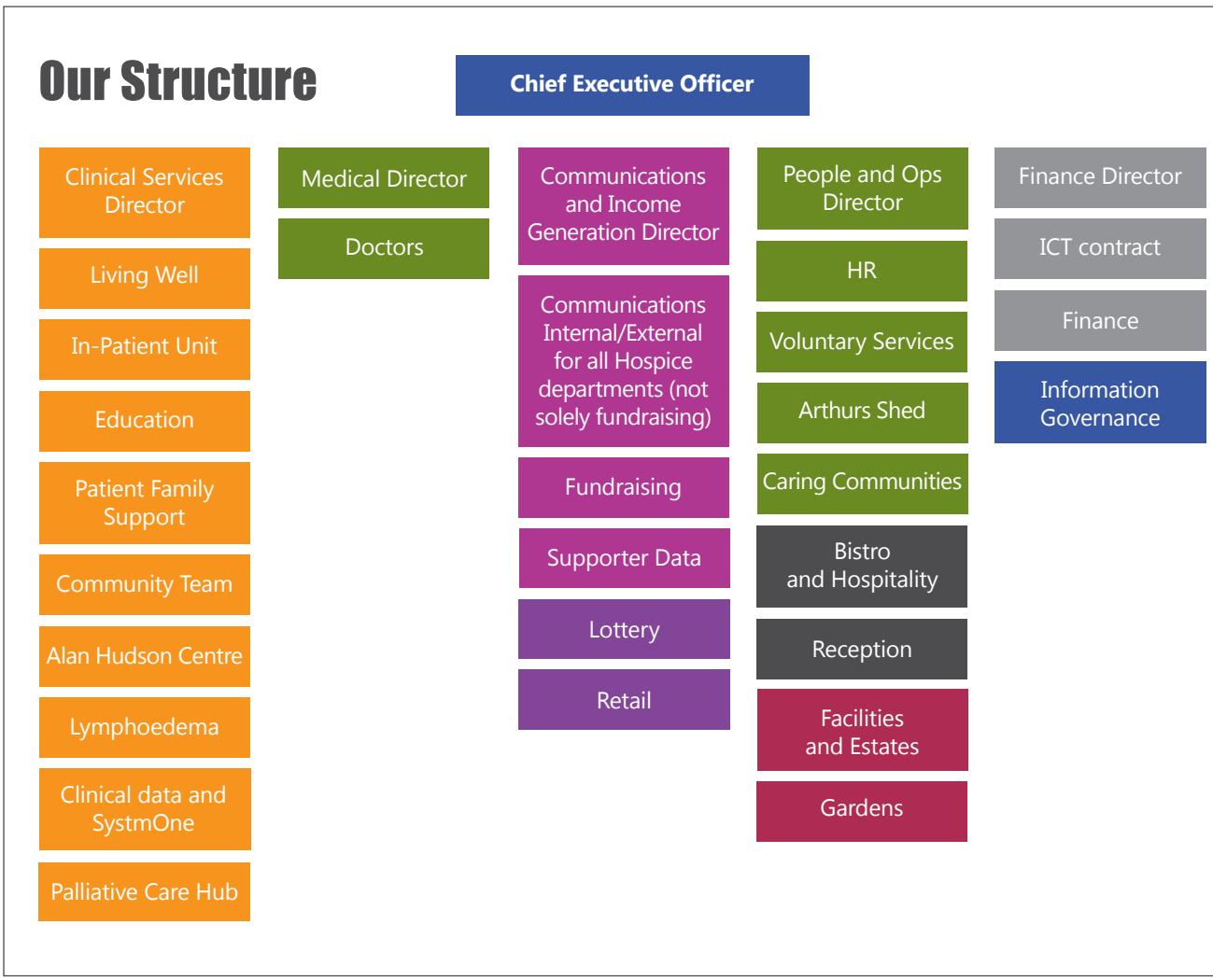
Financial Resilience

Effective Governance

(https://www.arhc.org.uk/app/uploads/2022/03/AR_5yr-Strategy-Report_22-27_web.pdf).

Throughout 2024 - 2025, our focus has been on six strategic priorities of **outstanding, sustainable, accessible, engaging, people and partnering** with the overall aim of **making every moment count** for those we support**.**

Our Structure



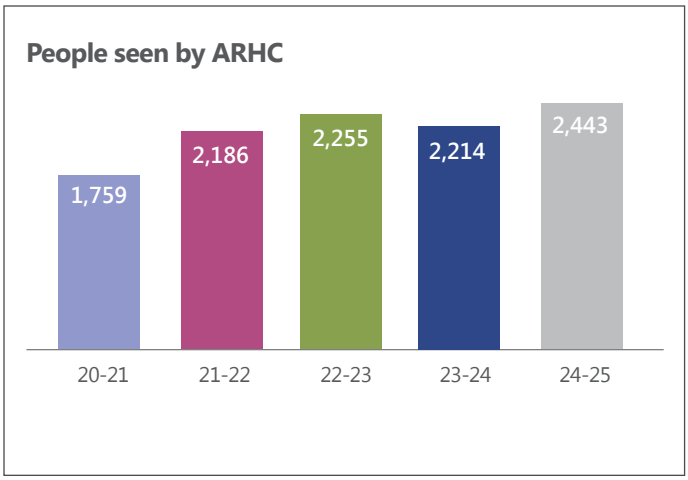
Looking back 2024 - 2025

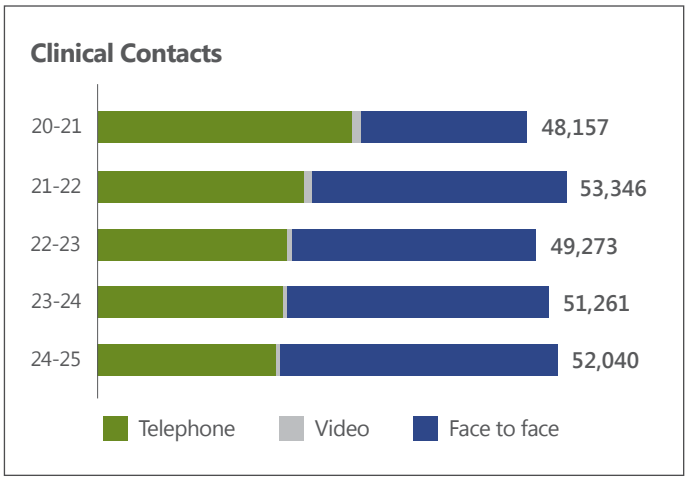
We have had another productive year developing our clinical services and our supportive services. We continue to deliver specialist palliative care services for our local population, mainly commissioned by the NHS via Cambridgeshire and Peterborough Integrated Care Board (CPICB).

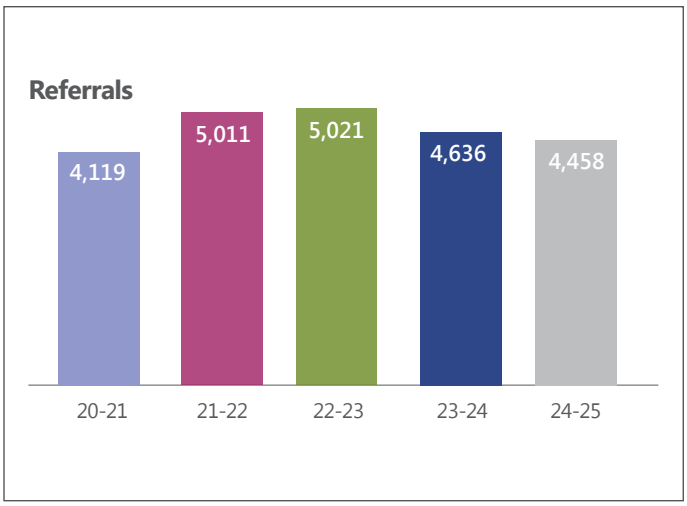
Our Hospice at Home (HaH) service, which we deliver in partnership with Sue Ryder Thorpe Hall Hospice in Peterborough is now able to reach more people following a remodelling of the service to maximise day care provision, so we can respond to patients at times of the day where there is greatest need.

The Palliative Care Hub advice line provides 24/7 access to our specialist palliative care nurses, and we are proud that this service has been recognised nationally as an example of good practice. [add reference to Marie Curie report]

We know that there will be increasing challenges ahead as our local population grows and ages. Changes in complexity of patient needs at the end of their life continues to drive our service improvements. Being able to connect with those who need our care and support in a timely manner is always a priority for us and we continue to promote our services to help people live well, plan well and die well, making every moment count.







There has been a reduction in the total number of referrals received due to the end of our HaH night service, with the last night of care provided on 15th May 2024. If we were to have received an equal number of referrals to our night service as in the previous year (2023-24), our total referrals would have increased by just over 400 to 4,766.

Despite this night service ending, we have still seen a 1% increase in total clinical contacts and a 10% increase in the total number of people seen by ARHC, demonstrating the increasing overall demand on our services. The shift away from clinical video contacts (introduced in 2020-21 as a result of COVID-19) continues, with only 86 clinical contacts taking place over video (compared to 974 in 2020-21). However, we continue to utilise video calls frequently in meetings, such as MDT meetings.

Priority 1 - Outstanding

What we wanted to achieve

- We will increase our bereavement support services across Cambridgeshire and we will update our online and printed resources and use of other technological applications to support psychological wellbeing.

What we achieved:

We have updated our online resources and bereavement support leaflet. We have appointed a Bereavement Lead who has worked hard in setting up new services such as UnderstandingGrief monthly sessions and Grief Kind Space on Fridays in our Bistro, in partnership with Sue Ryder. We are also working with Sue Ryder to see if we can provide a similar service from our Alan Hudson Centre in Wisbech. We have also been able to offer placements for counselling students, which has enabled us to offer more 1:1 psychological support to carers and those bereaved.

We have revised our group provision for carers, and now deliver Carers Space, a fortnightly peer support group, facilitated by two skilled and experienced volunteers from the bereavement support team. Due to demand we are in the process of establishing a second Carers Space. Positive feedback received from Carers has demonstrated a preference for the revised model.

What we wanted to achieve:

- We will improve support for unpaid carers across our Hospice services and will support our Local Authority social worker colleagues by upskilling them in having difficult conversations around end of life care and support.

What we achieved:

We were pleased to have welcomed our first Social Worker student on placement, providing support in our Living Well Service (LWS), supported by our competent and experienced Social Worker to help advice and provide guidance and support to patients and their carers. We now implement the Carers Support Needs Assessment Tool (CSNAT) across our LWS, Inpatient Unit (IPU) and Specialist Palliative Care Home Team (SPCHT) and are hoping to implement this in HaH.

We also carried out "Empowering Social Care Practitioners: Enhancing competencies in death, dying and bereavement care" training in collaboration with the local authority funded by Accelerating Reform Fund, to provide training to social workers on how to support people who have life limiting conditions and those approaching the end of their lives. The funding helped us to provide five sessions, teaching 141 people. Feedback has been overwhelmingly positive and we are planning on creating a digital version of the training which will be available on a commercial basis to other local authorities. Initial indications are that there will be high demand for this.

What we wanted to achieve:

- We will continue our efforts to secure funding for our "Think Family" project, focusing on support for families with children, by employing a family worker and child clinical psychologist.

What we achieved:

Unfortunately, we were unsuccessful in our funding bids and continue to seek appropriate funding. However, we have been fortunate to employ colleagues with experience in supporting the psychological needs of young people going through pre and post bereavement and have set up a pilot project working with our Music Therapist, to provide group sessions for young people. This has been positively evaluated and the group of young people wrote a song to reflect on their experiences. Although this was very private to them and not for sharing, we know that the impact has been positive and are looking to see how we can set up more of these sessions. We have a submitted a funding application to support delivery of the 'Sharing what it's like' workshops on a quarterly basis and hope to have the outcome in August 2025.

What we wanted to achieve:

- We will continue to build on the Transitioning programme for young people, involving them in decision making and service improvements.

What we achieved:

Unfortunately, we were unable to secure funding to continue to provide a Transitions Coordinator to support young people transitioning from Children's Hospice services to our Hospice. Nevertheless, we

continue to work with EACH Children's Hospice in Milton and will support with offering annual review meetings for teenagers and young adults aged 16 - 25 years as needed.

What we wanted to achieve:

- We want to secure commissioning for the two remaining beds on our IPU at the hospice in Cambridge so we can maximise the care we provide.

What we achieved:

We have not been able to secure additional funding to resource these two beds and are continuing to consider all options for funding these beds on our IPU.

What we wanted to achieve:

- We will review how we can broaden our reach into local communities, building on the work with neurological conditions, single organ failures and dementia care.

What we achieved:

Our LWS leads have presented to external communities e.g. at the Cambridge Cancer Help Centre, David Rayner building in Cambridge. We have also participated in the UPTURN Study, funded by the National Institute for Health and Care Research (NIHR), which held drop in sessions for high risk Bangladeshi and Black African and Caribbean communities where we provided information and support that we offer in our LWS and online.

We also wanted to produce a video explaining our service which will be uploaded onto our website but due to time constraints, this has yet to be achieved. We hope to do this in this financial year. We do continue to run "introduction to services" webinars for professionals throughout the year, which can be booked via our education team.

In addition to the support videos we have on our website, we are in the process of creating a telephone service whereby patients can call a number and listen to pre-recorded information at low cost over the phone, for those who may not be able to watch a video but can listen to support over the phone.

What we wanted to achieve:

- We will continue to develop education links with social care sector to ensure seamless provision for patients and loved ones and accessible, appropriate support to develop confidence and competence of social care workforce with PEOLC.

What we achieved:

Our Head of Education and Practice Development continues to engage with care homes and domiciliary care providers and deliver training on palliative and end of life care. We have now appointed a Practice Education Facilitator to support further training and practice development and support for student placements at the Hospice (due to start June 2025). Our education programme can be found on our website.

What we wanted to achieve:

- We will build on the use of the Trajectory Touchpoint Technique (TTT) and consider other methods for obtaining feedback from patients and their family/friends.

What we achieved:

We continue to hold TTT feedback sessions in our Living Well Services at the Hospice in Shelford Bottom and at our Alan Hudson Centre in Wisbech as well as on our IPU and we use our feedback to help support the evolvement of our services. We have also included a link to feedback on our visitor signing in iPad on the IPU.

We have also undertaken "Flapjack and Feedback" drop in sessions in our Bistro. We were delighted when Healthwatch accepted our invitation to visit the Hospice and undertake an "Enter and View" inspection which has enabled us to receive some helpful feedback and we have devised an action plan that we are now progressing. Healthwatch are also planning to visit the Alan Hudson Centre in this financial year.

What we wanted to achieve:

- We will continue to improve on our capacity in Hospice at Home to ensure more rapid response and capacity to care.

What we achieved:

Following a review of unmet need with Cambridgeshire and Peterborough ICB, we have now remodelled our service in partnership with ICB commissioners. We found that the need to support

patients at night reduced significantly since our day service has expanded and therefore we have moved all our resources into providing support from 07.00 to 22.00 daily. Those patients who are eligible for receiving Continuing Healthcare (CHC) at night will receive this from other service providers. This has allowed us to provide up to 120 hours of care a day across Cambridgeshire, reaching more patients who wish to die in their own homes but have a primary health need which requires additional care and support.

What we wanted to achieve:

- We will build on the number of Independent Prescribers in our specialist palliative care home team and Palliative Care Hub.

What we achieved:

Our ability to train more specialist nurses to become independent prescribers is dependant on us receiving funding. We have managed to secure some funding via Hospice UK links to education funding and the Charity has supported with the remaining funds needed to develop our Clinical Nurse Specialists. We aim to fund one person per year to undertake their independent prescribing training.

Our Consultant, Dr Lorraine Petersen, also participates in the ICB Medication Optimisation steering group, along with other representatives from the Hospice and is able to contribute to addressing issues across the system in relation to medication and prescribing practices.

We have trained one of our clinical nurse specialists in SPCHT to become an independent prescriber.

What we wanted to achieve:

- We will review community specialist nursing and specialist medical cover across Cambridgeshire with our system partners to ensure equality in service provision.

What we achieved:

We have reviewed the way our SPCHT responds to patients in Cambridge City, South Cambridgeshire and East Cambridgeshire who are referred to our service due to increasing number of referrals. We have now agreed a model for this year, taking into consideration the limitations of our resources.

We produced a report and submitted this report to the C&PICB in August 2024 highlighting the need for further service development and resources and ideas to address some of the issues. We have highlighted concerns in the inadequate provision of seven-day access to specialist palliative care nursing in Wisbech. Sadly, without appropriate funding we are unable to provide a seven-day Specialist Palliative Care response service in Wisbech.

We continue to support the delivery of the Ambitions for Palliative and End of Life Care across Cambridgeshire, working with partners such as Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), North West Anglia NHS Foundation Trust (NWAFT) and GP practices.

We actively participate in the C&PICB Palliative and End of Life Care Board meetings helping to deliver the Palliative and End of Life Care strategy.

Priority 2 - Sustainable

What we wanted to achieve:

- We want to secure grant and trust income and long-term funding to support all our services through charitable or contracted means (namely support for children through patient and family support, Young Persons Transition, Caring Communities).

What we achieved:

Although we have not been successful in getting funding to deliver all the projects we had hoped to this past financial year, we have utilised the skills and competencies of those we employ and our wonderful volunteers to help deliver services to children and young people such as the children's "Sharing what it's like" workshop which helped a group of children to meet and share their experiences whilst being supported with music therapy and psychological support. We are looking to expand our volunteer roles within the bereavement and psychology team to provide high quality psychological support to patients and family members.

We were delighted to secure further funding to support our Caring Communities service. Our Caring Communities service provides a volunteer who will visit or telephone weekly at a designated time, for up to eight weeks. Providing companionship for those who may be at risk of feeling isolated is so important.

Having someone to talk to can be incredibly helpful and we are grateful to our funders for enabling this valuable service to continue.

What we wanted to achieve:

- We want to build corporate partnerships and support and help increase awareness of hospice care within this group.

What we achieved:

We have reviewed the capacity of this team and created a new strategy to increase the number of partnerships and therefore income from this area. To deliver this we have employed a Corporate Partnerships Officer and Manager to help implement our strategy to generate income through corporate sponsorship and fundraising activities.

What we wanted to achieve:

- We want to increase opportunities for Gifts in Wills which maximise gift values and create tools and assets to support conversations.

What we achieved:

We have produced our "Ducks in a Row" and "Little Guide" which all teams, clinical and supportive, are now using to support conversations with patients and loved ones. We partnered with Hospice UK on the national legacy campaign which launched in February 2025. The advertising campaign was aired on national television and can still be viewed on YouTube. This campaign will continue into the next financial year and allow us to see the impact of this new activity.

What we wanted to achieve:

- We will continue to review our use of sustainable materials - reduction in use of plastic in all fundraising activities.

What we achieved:

Our events team work hard to ensure we are as sustainable as possible. For example, we now ask people to bring refillable water bottles and have refilling stations at all our events, rather than providing plastic water bottles. Our star shine night walk medals are made from wood not plastic. We no longer hire vans to undertake our Christmas Tree Recycling scheme. We have recycling stations at our Hospice and encourage visitors to recycle their waste when visiting the Hospice.

What we wanted to achieve:

- We want to develop a new supporter care and insights team within our Fundraising team.

What we achieved:

Head of Supporter Care and Insights was recruited in July 2024. We have also employed a Supporter Care Manager and have started to collect data to help us understand where we have opportunities to maximise relationships with those who can help support our fundraising objectives.

What we wanted to achieve:

- We want to increase the income from retail, online activities, venue hire and strengthen our brand identity and we will establish a new Charity shop in the town of March.

What we achieved:

We have opened shops in March and Ely and following assistance from an external consultant,

are now implementing the actions recommended from their review of our retail services. We have implemented a new stock rotation system and have developed Gift Aid training for retail colleagues to encourage uptake. We conducted a review of our Venue Hire operation which resulted in a move from the Fundraising team to the Education team so they have complete ownership of the Education centre. The set up of our new shops allowed us to strengthen our retail branding which will be carried across to future new shops and in refits of our current portfolio. More brand identity work will continue in the new financial year.

What we wanted to achieve:

- We will increase income generated by Hospitality, such as Afternoon Tea service.

What we achieved:

Afternoon tea is now available in our Bistro on Wednesdays from 2.30pm to 4.00pm (and must be booked in advance) and has had excellent feedback. We can also offer afternoon tea service on other days by request.

What we wanted to achieve

- We will increase commercial return from Bistro and venue hire bookings.

What we achieved

Following a review, we found that the profitability from venue hire is limited and that the venue hire is best left with our Education Team to manage to ensure that we maximise the education centre utilisation. We continue to honour existing external venue hire requests and are employing additional administrative support for the Education team to manage requests for the use of our meeting and conference facilities.

What we wanted to achieve

- We will replace the external cladding to the Hospice building in Cambridge.

What we achieved

Thanks to the Department of Health and Social Care (DHSC) capital grant for Hospices, we are now in a position to implement our plans to replace the external cladding. We have now chosen the materials and the company who will undertake the work once we have approval from South Cambridge District Council.

Priority 3 - Accessible

What we wanted to achieve

- We will develop a plan to broaden access to events to diverse groups.

What we achieved

We partnered with the Judge Business School who undertook a project with their students to explore how we can best understand the community we serve. Their presentation explored how we can build stronger links, raising the profile of what we deliver and understanding the barriers to connecting with diverse communities. They presented their findings to us in December 2024 which our Widening Access Group (WAG) committee are taking forward in their action plan and our fundraising teams.

What we wanted to achieve

- We will achieve our widening access group action plan and complete community engagement sessions across Cambridgeshire.

What we achieved

We discussed our priorities with our Trustees in October 2024 during an away day and these have been taken on by our WAG committee. We have had several engagements with the Khidmat Sisters and Chinese Community Centre and continue engaging with the Cambridge Mosque. We also attended Mid-Summer Fair, June 2024, in partnership with Cambridgeshire County Council and the Showman's Guild, which helped to increase awareness of our Hospice services with travelling communities.

We have also participated in a community engagement event for Bangladeshi Women at the

Arbury Community Centre on 12th September 2024 as part of the UPTURN Study with Cambridgeshire University Hospitals NHS Foundation Trust, who are leading the research study.

We have also started working in partnership with the Ganga Prem Hospice in India, inviting their colleagues to attend our Quality Development Group meetings so we can share learning and ideas. They have also benefitted from some compression hosiery we donated to their Hospice for their cancer patients.

Priority 4 - Engaging

What we wanted to achieve

- We continue to look to work with schools through fundraising, human resources and voluntary services, encouraging opportunities for work experience and volunteering.

What we achieved

Our community fundraising team continue to explore opportunities with local schools. We held successful Rudolf Runs throughout November and December 2024 with thousands of children engaged.

We supported the Cambridge Muslim Scout Group by hosting them in our Bistro, along with students from the Cambridge University Islamic Society who gathered in our Bistro to create banners for the Cambridge Half marathon.

What we wanted to achieve:

- We want to continue to develop our text messaging service, virtual consultations and videos online and introduce a telephony information service about self-care.

What we achieved:

In addition to offering text reminders for appointments across our services, we have been looking at other ways in which technology can support our patients and their loved ones. Our Communications team has worked with our LWS to test a new telephone advice line for patients in addition to the online videos. This will help those who may be visually impaired and therefore unable to watch our supportive videos online but who might wish to call up and listen to pre-recorded advice over the telephone. The scripts for this have been written and we are in the process of uploading the recordings with our telephone service provider.

What we wanted to achieve:

- We will develop an "introduction to clinical services" video to help promote our services and explain them in order to widen the public's perception of what we do and how we do it.

What we achieved:

We have not yet been able to produce a video but hope to complete this in 2025-2026.

Priority 5 - People

What we wanted to achieve:

- We will look after our people by ensuring our staff benefits, career pathways, training

and development opportunities and staff wellbeing support is implemented in line with our People Plan.

What we achieved:

We have worked hard on achieving the objects that were set out in our People Plan. Some of these achievements include achieving a Compassionate Employers assessment rating of Bronze, rolling our mediation training for some colleagues, launching our Freedom to Speak Up Guardian revised policy, supporting our trained Mental Health First Aiders across the Charity and reviewing our staff benefits programme. Lots of other projects continue into 2025.

What we wanted to achieve:

- We will foster an inclusive and compassionate culture in which we can all achieve our objectives.

What we achieved:

We have implemented learning from the ICB Cultural Intelligence Programme - Above Difference. We have provided additional training webinars for managers on recruitment accessibility "No more tick boxes" and have achieved level 2 Disability Confident accreditation.

What we wanted to achieve:

- We will explore new ways of working and delivering care.

What we achieved:

We have decided on a new HR system to help manage and support our colleagues. We have delivered our Management Development Programme to several colleagues who have line management responsibilities, promoting compassionate leadership.

What we wanted to achieve:

- We will grow our student and learner engagement and support apprenticeships and other development opportunities.

What we achieved:

We have had a colleague successfully complete their trainee Nursing Associate course and we continue to provide this development for our Healthcare Support workers. We are also supporting a Nursing Associate to complete their Nurse Training programme. We are collaborating with Cambridge Regional College to support their learners and are considering placement opportunities for those students who wish to further careers in care or supportive services such as retail.

We worked with Choices College to provide placement opportunities for work experience for young students with learning disabilities.

We provide clinical placements for students who are undertaking a nursing/paramedic/Allied Health Profession (AHP)/music therapy/social worker placement. We have now appointed a Practice Education Facilitator who will join us in summer 2025.

What we wanted to achieve:

- We will continue to grow our volunteer services.

What we achieved:

We have increased the number of Caring Communities and Touchpoint Trajectory Technique volunteers. We have reviewed, amended and implemented a new Information Governance (IG) matrix to ensure that all volunteers have the appropriate level of IG training. We have expanded the use of Arthurs Shed and increased attendance numbers. We have completed the 2024 Volunteer Survey, achieving a 10% increased response rate. The action plan has been finalised and shared.

What we wanted to achieve:

- We will design an education plan fit for the future workforce.

What we achieved:

We undertook a training needs analysis for clinical services to identify areas to focus on. Areas such as improving IT literacy and skills and applying research were key themes that we wish to focus on in 2025-2026.

Priority 6 - Partnering

What we wanted to achieve:

- We will ensure representation at the Palliative and End of Life Care Programme Boards and other relevant fora including the Integrated Care Partnership (ICP).

What we achieved:

We continue to attend the systemwide palliative and End of Life Care Board with other system partners, focused on delivering the Cambridgeshire and

Peterborough ICS' Palliative and End of Life Care Strategy 2022-2026.

What we wanted to achieve:

- We will continue links with our system partners by engaging in communities of practice and the Palliative and End of Life Care Strategic Clinical Network (PEOLCSCN).

What we achieved:

We continue to engage with other Hospices across the East of England and share learning through our Clinical Leaders Network and East of England Hospice CEO network.

'Mum always said that she would never be able to thank you enough for all you have done for her over so many years. A few weeks before she passed away she asked me to let you know how grateful she was and how very special you all were to her. From supporting her when Dad was ill and after he died to helping her cope with the various stages of her illness, you were always there for her. She so much appreciated being able to talk to you and knew that you would support her whatever her decision. You took away so many of the worries and stresses and did everything you could to make things as easy and comfortable for her as possible. She always looked forward to her visits to you and was so sad when she didn't feel able to make the journey anymore. She loved the crafts the chat and just being with you all. She really did think of you as family. Thank you all so much for everything.' **Alan Hudson Centre community team**

'I repeat my thanks to [Bereavement Support Volunteer]. She was an ideal choice to help me. Humane, empathic and patient, I found it possible to share my grief at my wife's death. Her questions and comments were finely judged to provoke me to express some of my deepest feelings. I am very grateful to ARHC for providing such a valuable opportunity to express deep felt emotions. ...Re ARHC staff team: I shall never forget the kindness of strangers who became such friends in extreme adversity.' **Patient and Family Support team**

'I thought I was dying [when my GP suggested coming to the Hospice]. I have learnt an awful lot. I was terrified of dying, and always had been but when I came here, it took the fear away. I would never have known that [if I hadn't have come].' **Living Well Services**

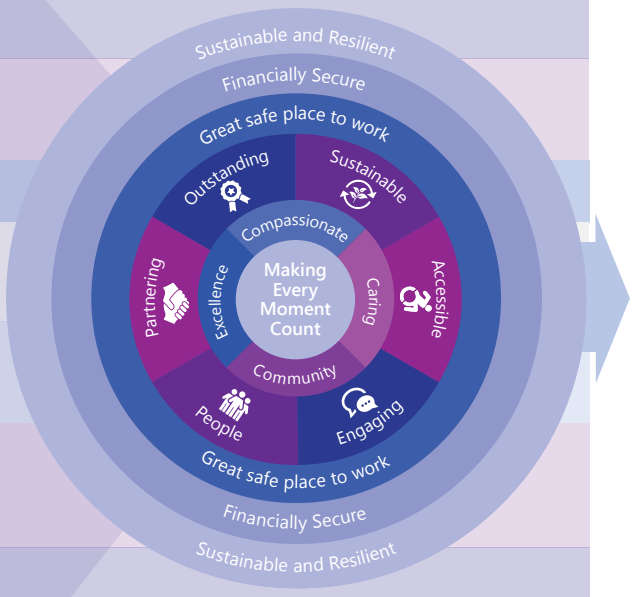
'Your visits to [patient] and me were wonderful. You actually got [patient] to talk and to almost accept where he was at - but he was a fighter and I think continued right to the end. It was a great help to me to feel supported and be given information. You do a really good job which must be difficult for you. My heartfelt thanks and my sons. Take care.' **Specialist Palliative Care Home Team**

'Thank you so much for all your care and kindness to mum during the last couple of months. We really appreciate it, and I know mum did too - as well as enjoying the chat and laughs too. Lady says thank you too for all the fuss and cuddles you gave her which she loved.' **Hospice at Home**

'To the Inpatient Unit Team. I am writing to thank you all for the care and support given to [patient], my wife, whilst she was staying at ARH for a week, before passing away serenely on [date]. I was fortunate to be with her at the end, and she was quite serene. The empathy, care, professionalism and kindness of you all, taken together with the beautiful ambience cannot be praised highly enough. My family is most grateful to you all.' **Inpatient Unit**

Looking forward 2025 - 2026

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



Our Vision is 'Making Every Moment Count', supporting people with a life-limiting illness, caring for people and their loved ones at the 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.

In 2024 - 2025 we want to focus on the following priorities:

Priority 1 - Outstanding

- We will continue to widen access to bereavement support, counselling and psychological services across our Hospice and Alan Hudson Centre. We will improve support for unpaid carers and social worker support across the Hospice and Alan Hudson Centre.
- We will improve support for patients who have children around pre and post bereavement support.
- We will plan for the use of the two remaining beds on our inpatient unit by revisiting the options appraisal and securing adequate funding.
- We will introduce an electronic prescribing module to the inpatient unit and a electronic prescription service for the Palliative Care Hub.
- We will review how we broaden our reach into local communities, building on the work with neurological conditions, single organ failures, frailty and dementia care.
- We will contribute to education in palliative and end of life care of wider health and social care sector.
- We will ensure that we review the range of diagnoses being supported and address any gaps.
- We will build upon the Trajectory Touchpoint Technique and consider other methods for obtaining patient and family feedback.
- We will improve our capacity in Hospice at Home to ensure more rapid response and capacity to care.
- We will build on the number of independent prescribers in our specialist palliative care services.
- We will increase access to the Palliative Care Hub advice line (111 option 4).
- We will review the community specialist nursing and medical cover across Cambridgeshire with system partners to ensure equity in service provision.
- We will implement Vantage software systems to report on CQC compliance, management of risks and incident reporting, management of complaints and management of policies
- We will develop a bathing service for patients attending our Living Well Service at the Hospice.

Priority 2 - Sustainable

- We will continue to seek funding to maintain our charity funded projects
- We will continue to build partnerships and support
- We will increase income through Gifts in Wills and donations
- We will use sustainable materials and reduce the use of plastic in all our fundraising activities
- We will develop a new Supporter Care and Insights team
- We will increase income generated from retail outlets and online sales
- We will strengthen our brand by refitting/ refreshing shops
- We will increase retail income and visibility of our retails offering across the county
- We will increase income generated by hospitality
- We will assess our carbon footprint and take actions to reduce this
- We will replace the wooden cladding on our Hospice building

Priority 3 - Accessible

- We will consider how we can broaden access to events and fundraising activities for all areas of our community
- We will implement our Widening Access Group plan and cultural schedule

Priority 4 - Engaging

- We will continue our work with schools through fundraising and HR and voluntary services
- We will use technology to engage i.e. through text messaging, virtual consultations and video messaging and telephone support about self care
- We will develop an "introduction to Hospice Services" video for patients/public, to widen the public's understanding of what we do and how we do it.

Priority 5 - People

- We will continue to implement our People Plan
- We will continue to champion an inclusive and compassionate culture in which we can all achieve our objectives
- We will continue to explore new ways of working and delivering care
- We will continue to build resilience in our services as we grow for the future
- We will continue to support our volunteers through improving mandatory training and induction processes for retail volunteers and managers
- We will introduce the bereavement support volunteer service at the Alan Hudson Centre
- We will develop the use of Arthur's Shed by external organisations to widen our reach
- We will continue to build our Caring Communities service
- We will listen and act on feedback from colleagues
- We will design an education plan fit for the workforce

Priority 6 - Partnering

- We will continue to provide representation at the Palliative and end of life care programme board and other relevant forums including the Integrated Care Partnership
- We will continue our links with our system partners
- We will continue to transition our IT architecture to be more cloud based
- We will improve our clinical digital capabilities to make the most use of SystmOne and other software/applications used by the NHS/ICS

'Thank you all for the wonderful care you gave my son [patient] in the last weeks of his life. As a parent, no-one can ever prepare you for the pain of losing your child, but the care, respect and love the staff showed to [patient] and myself made it that bit easier. You will be forever in my thoughts for the wonderful work you do and the wonderful people you are.' **Inpatient Unit**

'Thank you all for the help and kindness you gave to my husband and myself. You all made it possible for [patient] to die at home with us all. With your help [patient] passed away with love and dignity. Even at the end he still had his cheeky smile when you all walked into the room. The right care you organised, helped me so much that I could give him the care and love he deserved. Thank you all for the difficult and hard work you do I can never truly express my gratitude.' **Hospice at Home**

Bereavement support group - 'The opportunity to be with and talk and listen to other people who had been bereaved. At the start it wasn't easy to talk and express your most personal feelings with strangers but after a few sessions I built up trust and a bond with other members of the group.' **Patient and Family Support team**

'Our whole family would like to let you know how grateful we all are for your compassion, patience and expertise. My dad always looked forward to your visits, loved to make a joke of how much of a "joy" it had been to see you, and appreciated your help at this very difficult time.' **Specialist Palliative Care Home Team**

'I am one of your success stories. It's a small thing but being listened to about my lymphoedema, I am very grateful - I've had the chance to talk to you, someone knowledgeable. I'm very grateful - thankyou.' **Lymphoedema**

'I have just been speaking to [patient] and she was speaking very highly of you saying how helpful and knowledgeable you all are. She feels she would have been lost without. So wanted to let you know.' **Palliative Hub**

Mandatory statements

Review of service

During the period 1 April 2024 to 31 March 2025, 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 funded services. The income generated by the NHS services reviewed on 1 April 2024 to 31 March 2025 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 some of our other services, such as Living Well Services, Complementary therapies, and our Bereavement and Creative Therapies services.

Services provided:

The Arthur Rank Hospice Charity provides services 365 days a year, across Cambridgeshire:

Specialist Palliative Care Home Team community service

Hospice at Home

24/7 Specialist Palliative Hub advice telephone line (111 option 4)

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

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

Living Well Services and Treatment - Alan Hudson Centre located at North Cambs Hospital, Wisbech

Inpatient Unit (IPU) - Arthur Rank Hospice, Cambridge

Outpatient services -

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

National Audit

National Patient Safety Thermometer monthly audit. (These are no longer submitted nationally but we continue to record locally.) We have also been working on an audit database to capture the work teams are undertaking.

Local Audit and QI projects

Our quality improvement plans are reviewed at our Quality Development Group meetings. Examples of some of the audits and projects from this year are listed below.

- Deliver psychology level 2 training to clinical colleagues
- Implement the Carers Support needs Assessment Tool (CSNAT) in SPCHT as well as LWS
- Review and update the care planning template used in Hospice at Home
- Review the educational support groups in Living Well Service
- Implement the out of hours module on SystmOne for the Palliative Hub 111 option 4 advice service.
- Improve how we obtain feedback by providing more Trajectory Touchpoint Technique (TTT) feedback sessions on IPU and LWS.
- Review and publish the Education Programme for 2025-2026
- Roll out clinical competencies for all new clinical colleagues joining the Charity
- Benchmarking rehabilitative palliative care on IPU
- Developing a leaflet for explaining "Total Pain".
- Produce a video on moving and handling of dependent limbs (when undertaking personal care with patients).
- Improve patient flow on the IPU by reviewing discharge and admission processes

- Implement "Love to Move" programme for Living Well Service patients at the Alan Hudson Centre.
- Review of patient concordance with hosiery in Lymphoedema service.
- Improve access to bereavement services across the Charity
- Improve the bed occupancy of our Nurse Led Beds (NLBs)

Participation in clinical research

The charity aims to promote a research culture by engaging in local and national research initiatives and developing internal research and service evaluation projects, as well as implementing evidence-based care and best practice guidance.

The charity continues to support a variety of research studies. Examples include:

- **CHELsea II study**: This is a UK-wide multicentre cluster randomised controlled trial investigating the effectiveness of clinical hydration in the last days of life (NIHR-funded, led by Prof Andrew Davies, University of Surrey). ARHC is a research site and have recruited 16 patients from ARHC. Recruitment ended in Feb 2025.
- **Injectable Medicines Study**: This is a 2-stage qualitative mixed methods study which aims to understand the human and system factors involved in the safe, effective and timely use of injectable end-of-life symptom control medications for adults dying at home and to identify where and how systems for using injectable medications can be improved (Wellcome Trust funded, led by Dr. Ben Bowers, University of Cambridge). ARHC is a research site and we recruited 3 out of 15 participants to stage 1 interviews. The second stage is due to begin in Autumn 2025.
- **The Effects of Environmental Music Therapy on Nursing Staff in a Hospice Inpatient Unit; a Pilot Study**: This was a pilot study led by Dr. Helen Loth, our music therapist. It was a collaboration between Anglia Ruskin and ARHC, funded by The Music Therapy Charity and Anglia Ruskin Research funds. This has provided insight into the feasibility of conducting a large-scale project exploring this area.
- **Exploring the reasons underlying referral for specialist psychological support in hospice care:** This was a multicentre focus group study exploring why hospice healthcare professionals refer service users for specialist psychological support. This was led by Maria Valkovskaya (Trainee Clinical Psychologist at ARHC) as part of her doctorate research and was supervised by the London City University. ARHC was a research site for one of the focus groups in Feb 2024 and Maria completed her analysis in the subsequent financial year.

We have also presented posters at the Palliative Care Congress (March 2025), with abstracts published in the BMJ Supportive and Palliative Care:

- Hyams K, Ryan R. 57 A baseline evaluation of deprescribing practice on a hospice inpatient unit. BMJ Supportive & Palliative Care 2025;15: A29-A30
- Legard C, Petersen L. 46 Evaluation of advance care planning discussions in a community palliative care setting. BMJ Supportive & Palliative Care 2025;15: A25-A26

We are pleased that Sian Taylor (Specialist Palliative Care Nurse, Palliative Care Hub) was successful in competing for a NIHR ARC Research Fellowship in March 2025 which will provide her with research training and funded research time to design and conduct a service-user evaluation of the Palliative Care Hub. Sian started her fellowship in April 2025 under the supervision of Dr. Simon Etkind (University of Cambridge) and Dr Richella Ryan (ARHC).

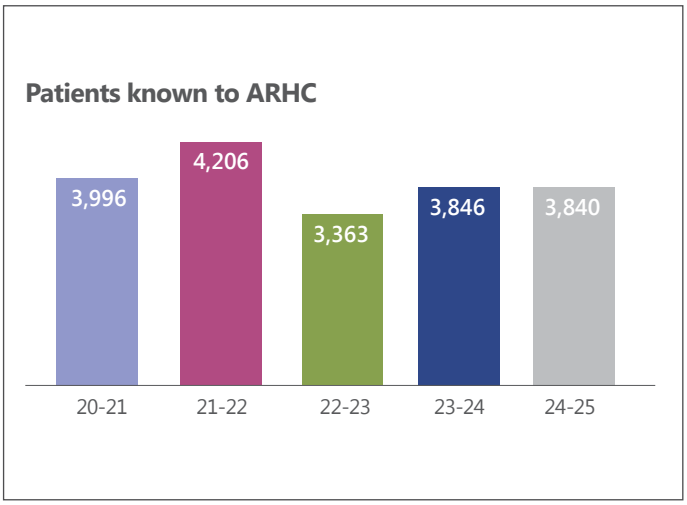
Use of Commissioning of Quality and Innovations (CQUIN) Payment Framework

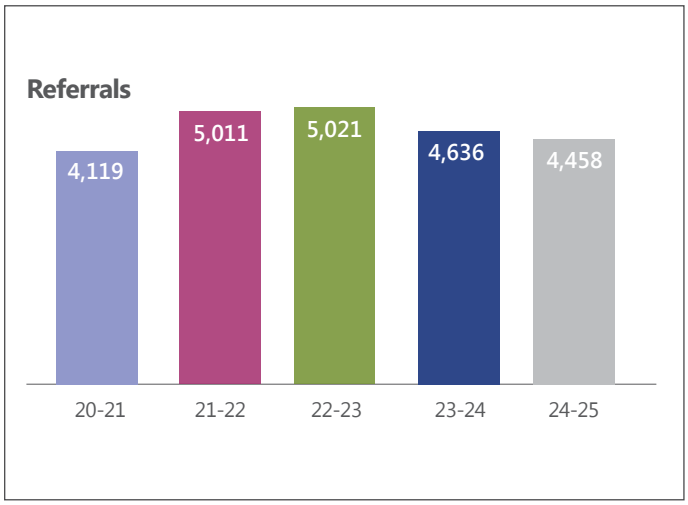
Grant income from the NHS was not conditional on achieving quality improvement and innovation goals through the Commissioning of Quality and Innovations framework (CQUIN), because the grant/ contract is set by the Clinical Commissioning Group and does not include this element currently.

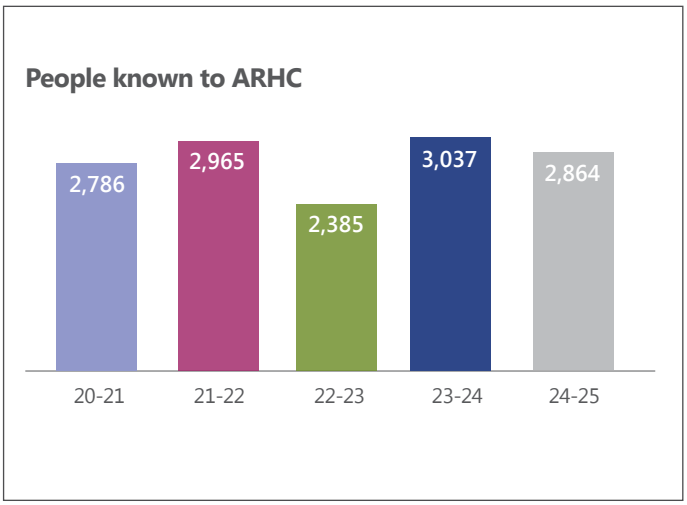
Part 3

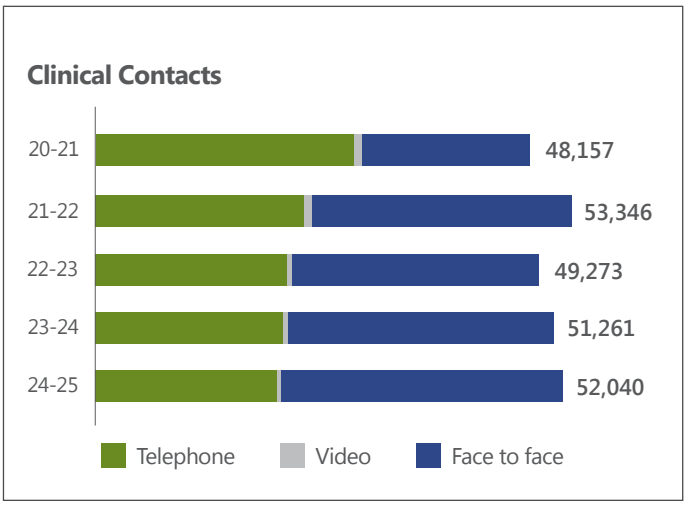
Review of Quality Performance

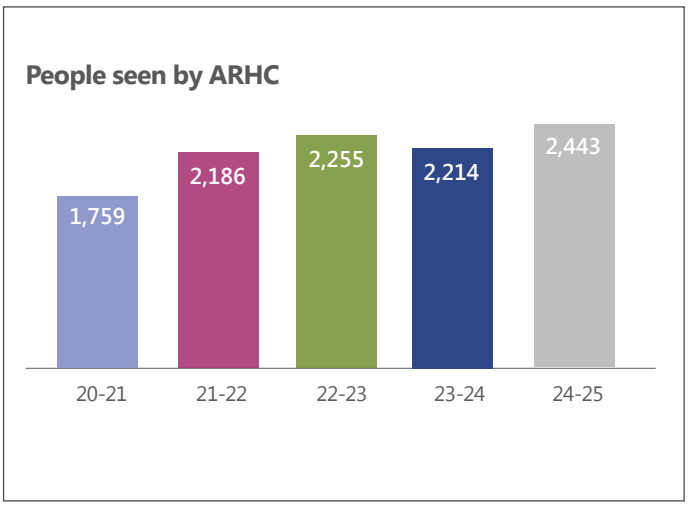
Organisational Clinical Summaries (years are financial, April to the following March), excluding those known to/contacts by our Palliative Care Hub advice line:









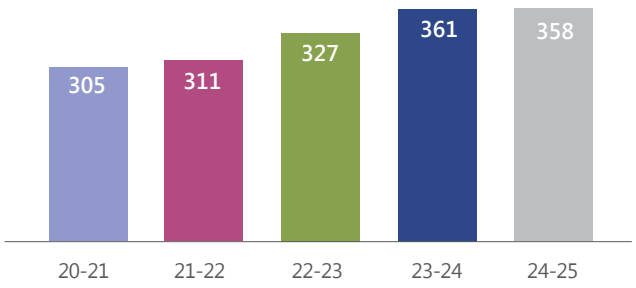


As mentioned previously, 2024-25 has seen a decrease in the total number of referrals received because of the ending of our HaH night service in May 2024. Alongside this, greater education surrounding the criteria for our services has continued from last year, which has resulted in fewer inappropriate referrals being received. Despite the end of the night service and a reduction in both the number of received referrals and people/patients known to ARHC, 2024-25 saw a slight increase of 1% in total clinical contacts and a 10% increase in the total number of people seen compared to 2023-24. These growths highlight the increasing complexity of our patients as there is a greater percentage of people known to us requiring a face-to-face intervention, alongside the overall increasing demand across all our services.

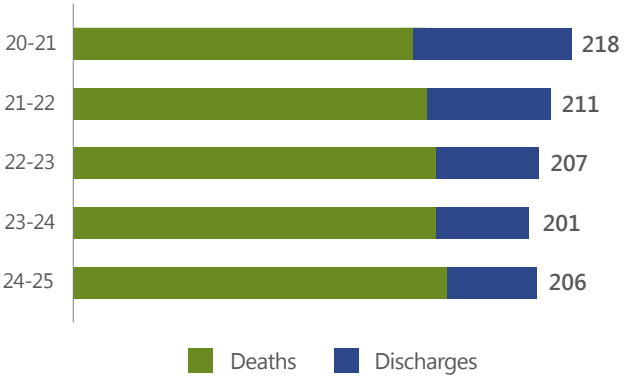
Clinical Service Areas

Inpatient Unit

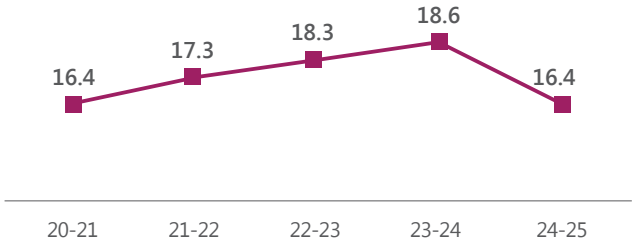
Referrals
Inpatient Unit - Specialist Beds



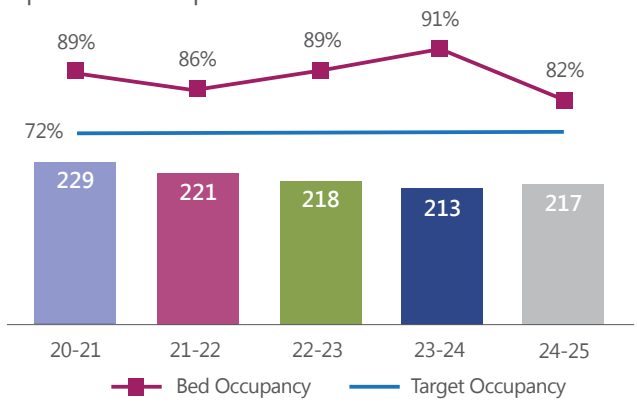
Discharges/Deaths
Inpatient Unit - Specialist Beds



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



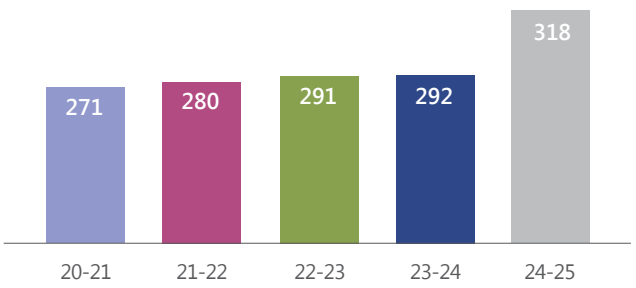
Patients and Bed Occupancy
Inpatient Unit - Specialist Beds



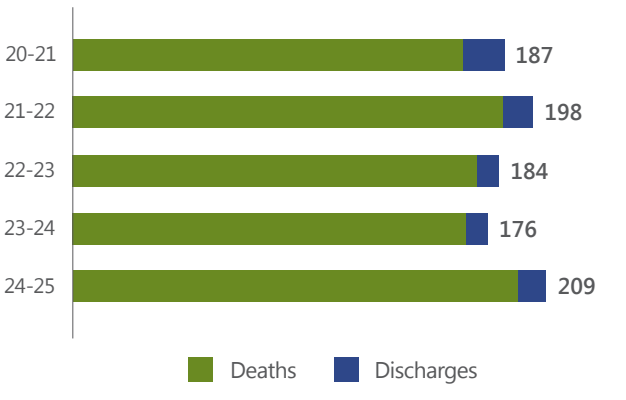
Our IPU consists of 23 beds, 21 of which are commissioned. 12 of these are our "Specialist Beds", and the remaining are our "Nurse Led Beds" for end-of-life patients transferred from Addenbrooke's Hospital, Cambridge. We aim to have an average of seven nurse led beds occupied each day.

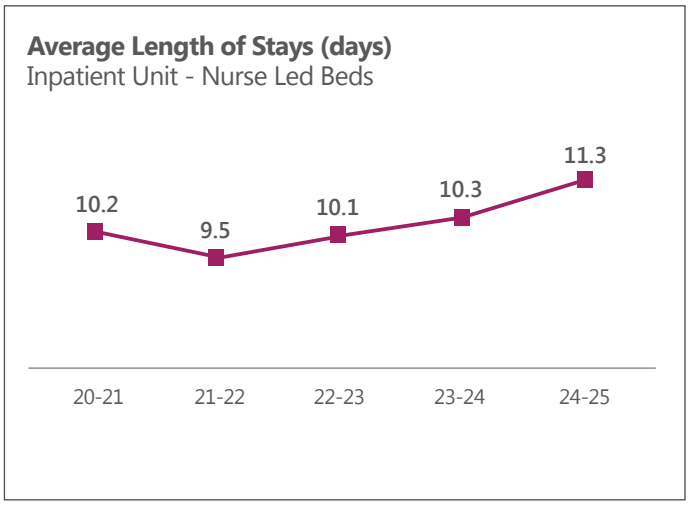
Our Specialist Beds continue to exceed our target occupancy of 72%, with the year ending with an average occupancy of 82%. Patients are admitted for a variety of reasons, not just for end-of-life care, as demonstrated in the fact that 19% of admissions were discharged back into the care of the community. There has been a decrease in the average length of stay compared to 2023-24, returning to the same average than in 2020-21.

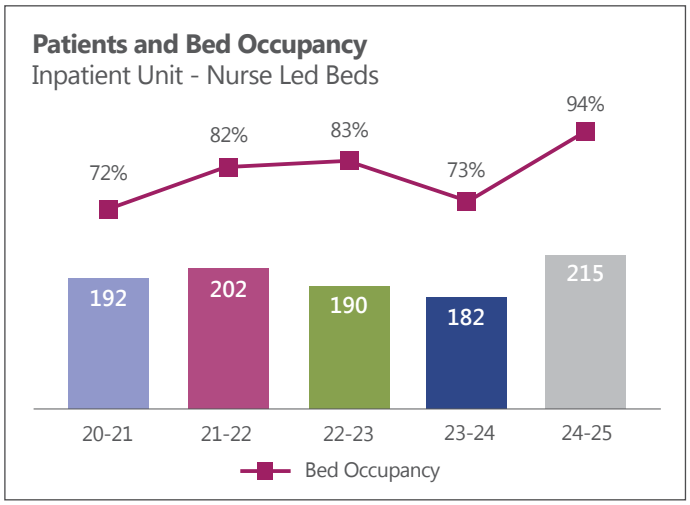
Referrals
Inpatient Unit - Nurse Led Beds



Discharges/Deaths
Inpatient Unit - Nurse Led Beds

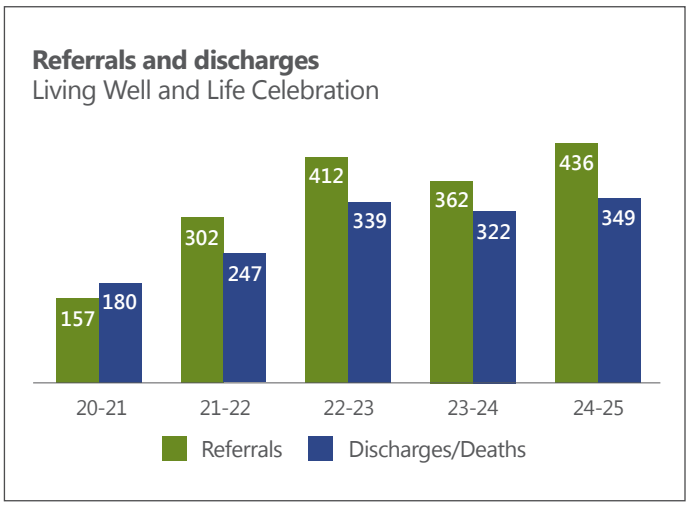


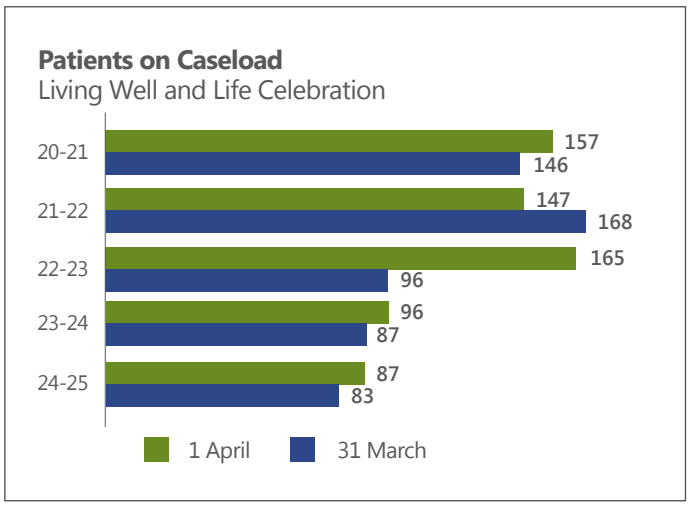


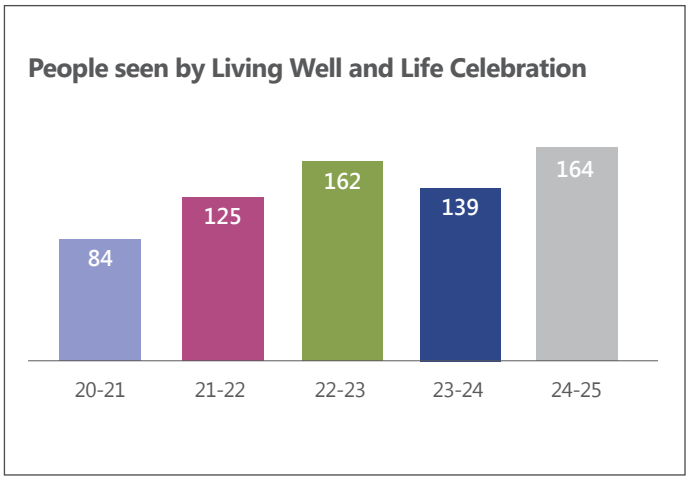


Our Nurse Led Beds ended the year with an average occupancy of 94%, a 21% increase from 2023-24. This sharp increase demonstrates the fantastic work completed this year alongside colleagues at Addenbrooke's to improve our referral process, ensuring that the correct patients are being identified and transferred at the appropriate time. 93% of admissions ended in death, also demonstrating that in most cases, the correct patients are being identified for this transfer for end-of-life care. The remaining 7% were discharged back into the care of the community.

Living Well Service and Life Celebration

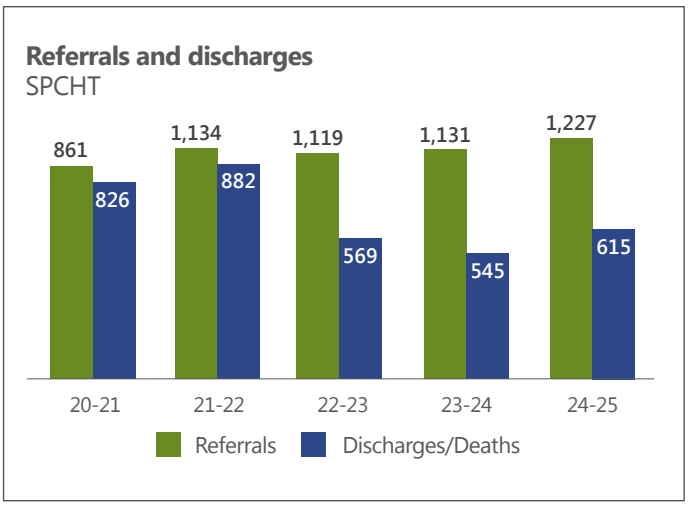


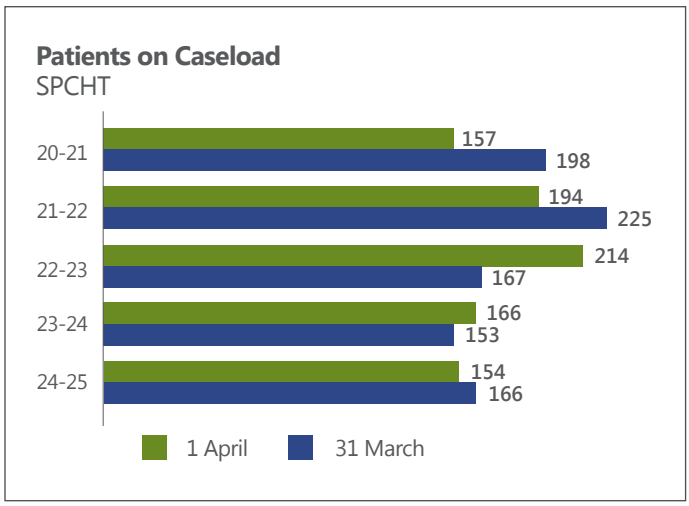


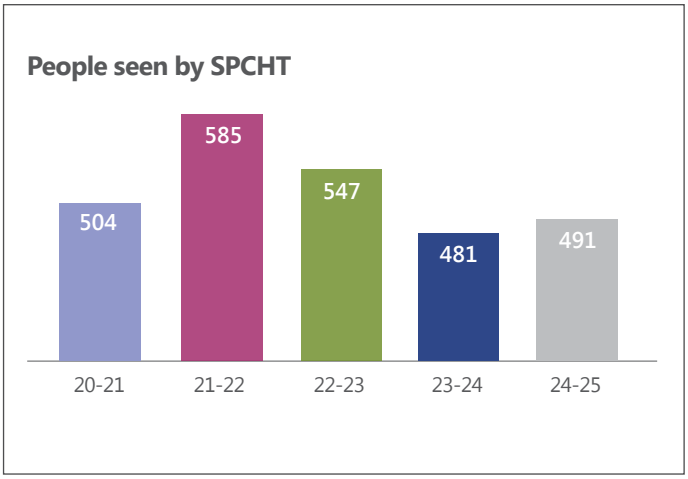


Despite there being a vacancy for our Life Celebrations and Activities coordinator for most of the year, referrals to the LWS and Life Celebration have increased from 2023-24 by 17%. Alongside this, there has been an 18% increase in the number of people seen across their wide range of services including Wellbeing groups, carer support, and 1:1 outpatient appointments.

Specialist Palliative Care Home Team (SPCHT)

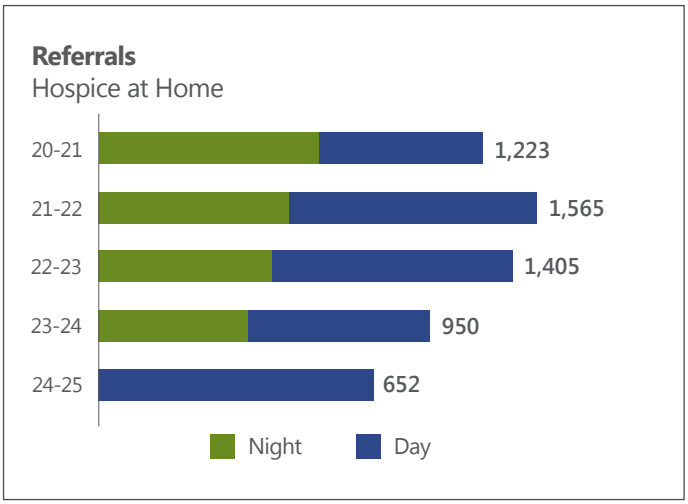


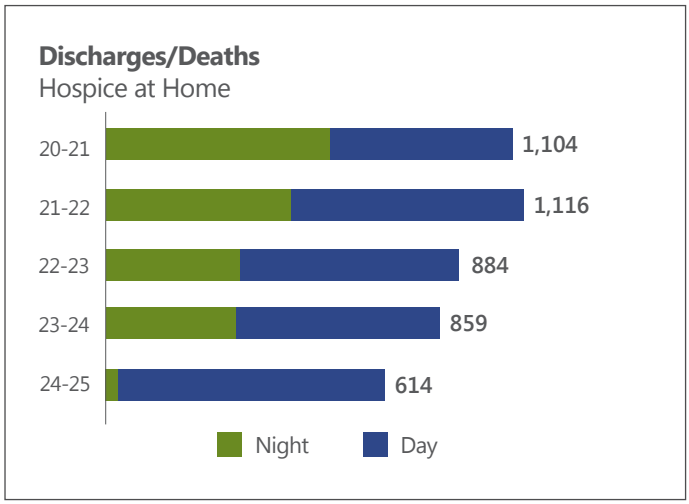




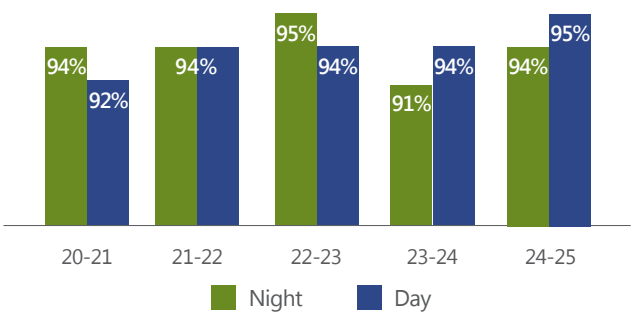
Demand for our SPCHT continues, with an 8% increase in total referrals compared to 2024-24. The large discrepancy between referrals and discharges demonstrates the high volume of referrals that the team receive, triage, and reject/refer on to other services. Most new referrals triaged and accepted by the team are phased as 'deteriorating' (63%). 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.

Hospice at Home (HAH)

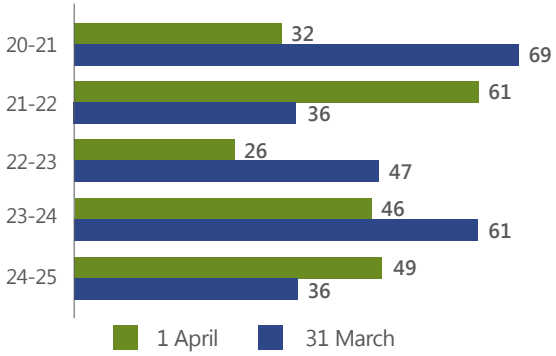




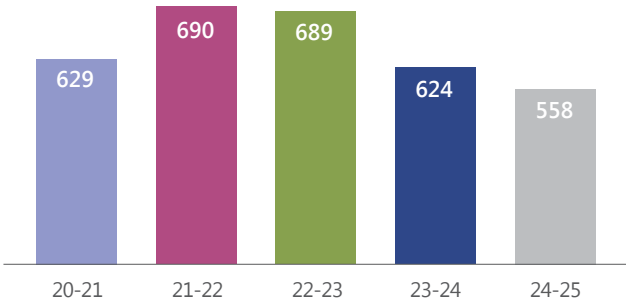
PPOD Achieved
Hospice at Home



Patients on Caseload
Hospice at Home



People seen by Hospice at Home



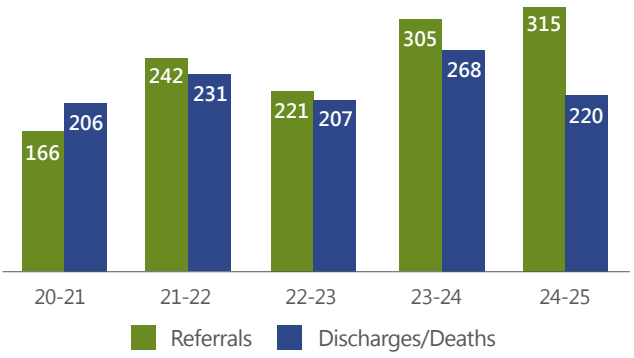
The total number of referrals to HaH reduced because of the end of the night service in May 2024, but the day service received a similar number of referrals to 2023-24.

Despite the ending of the night service, HaH still saw 558 people throughout the year, and saw a 10% increase (24,047) in the total number of face-to-face clinical contacts. This is because patients have more complex needs and need closer monitoring and interventions.

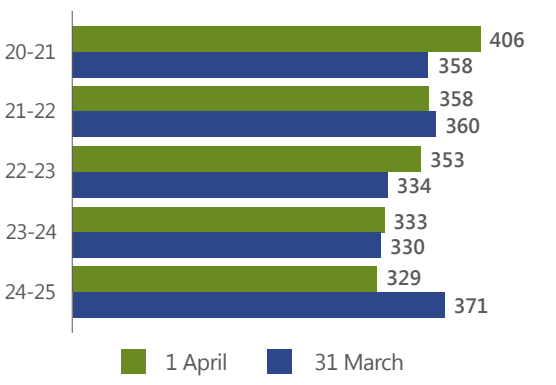
We continue to support patients to die in their Preferred Place of Death (PPOD) when it is safe to do so, with 94% of night patients achieving their PPOD for the year, and 95% for day.

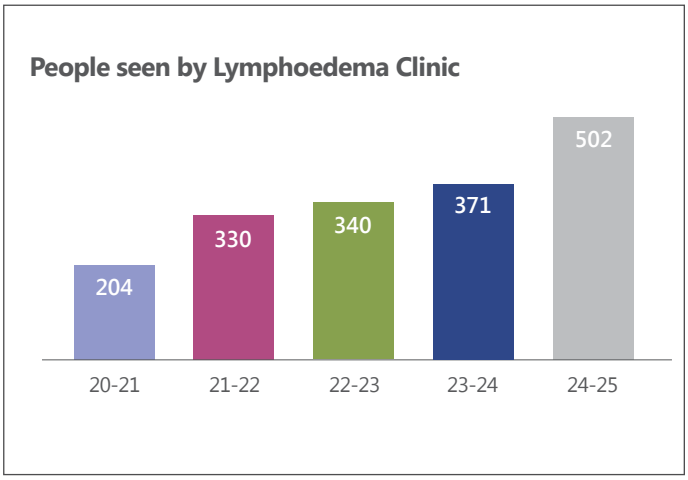
Lymphoedema Clinic

Referrals and discharges
Lymphoedema Clinic



Patients on Caseload
Lymphoedema Clinic

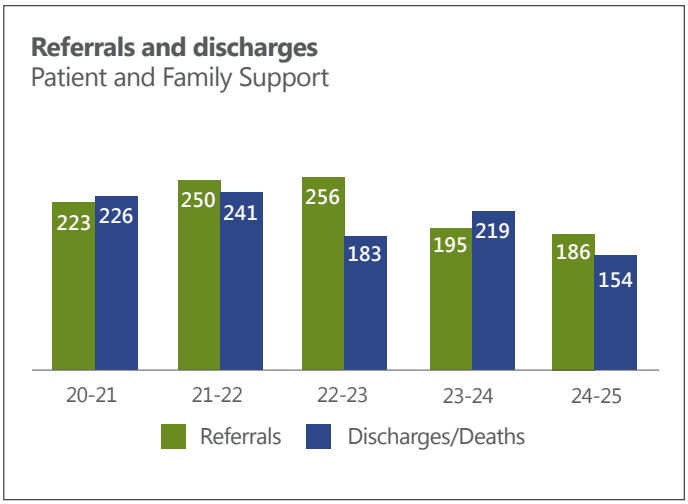


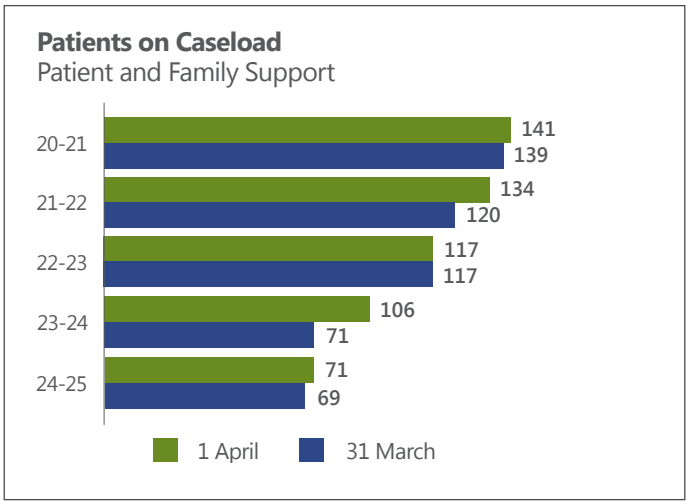


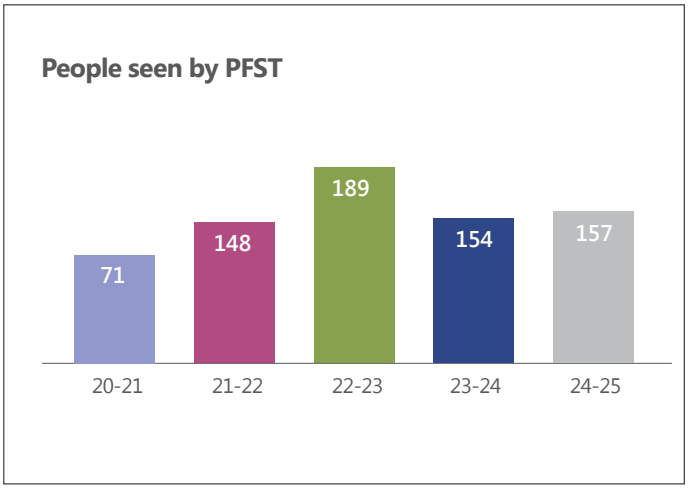
The lymphoedema team continue to assess patients with lymphoedema from all causes - primary/ secondary including oncology, palliative and chronic oedemas. The team also assesses and advises Lipoedema patients. Referral figures have increased slightly, whilst the caseload has increased quite significantly. Alongside the increased caseload size, many more people have been seen by the clinic compared to last year (35% more). The team are happy to deliver virtual and face-to-face consultations, yet many more contacts were delivered face-to-face this year than in the previous years following COVID-1.

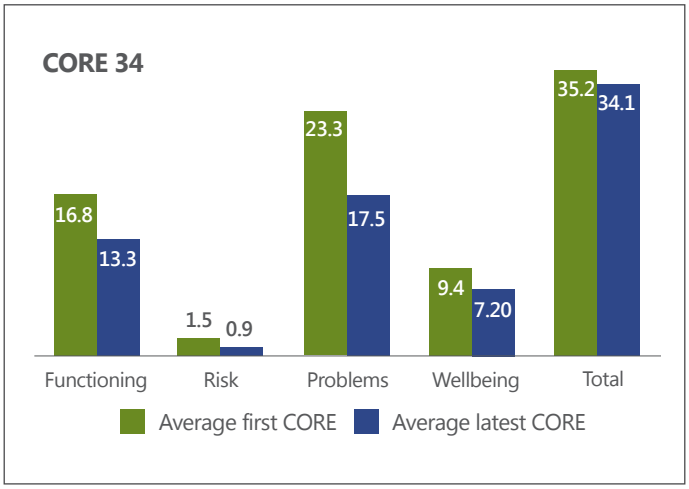
The team continue not to breach responsiveness timelines, and to work on a variety of Quality Improvement Projects including caseload reviews (for example looking at why some patients remain on the caseload for 2+ years, helping the team stabilise the caseload).

Patient and Family Support Team (PFST)





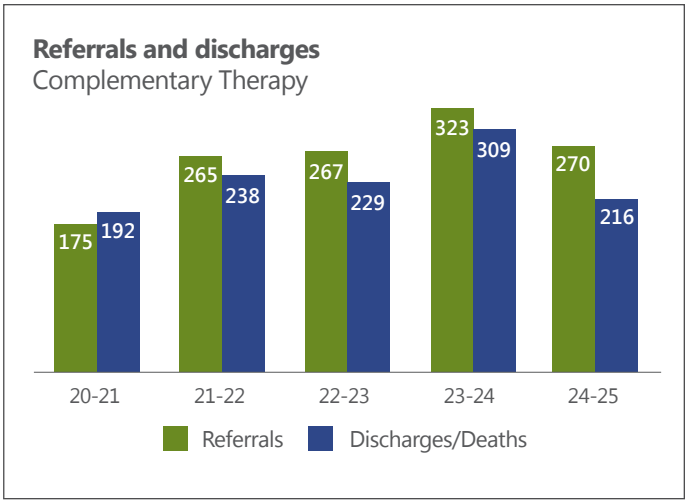


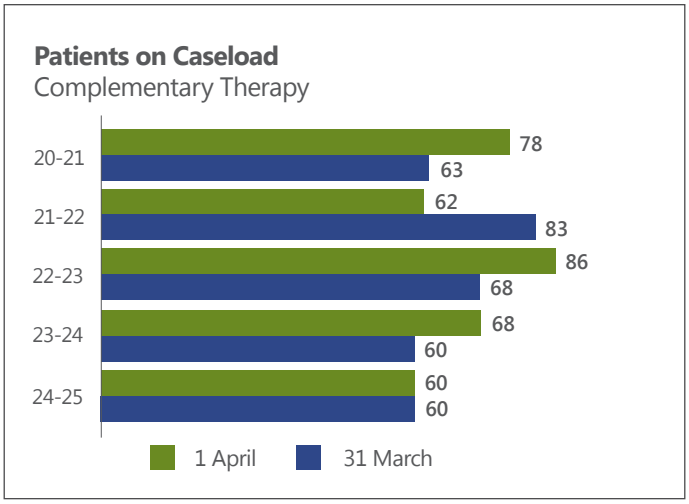


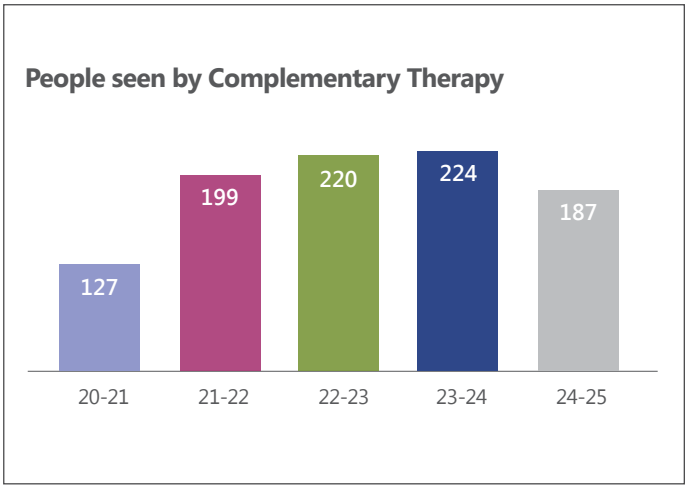
The team have continued to support patients, relatives, carers, and the bereaved, and have maintained the same number of people seen face-to-face than in 2023-24.

The impact of the team has been demonstrated in their use of Clinical Outcomes in Routine Evaluation (CORE) questionnaires. These questionnaires help assess and monitor patient outcomes numerically, focusing on areas of life such as functioning, risk, problems, and well-being. Average scores for both versions of the CORE demonstrate that interventions from the team have resulted in positive outcomes - an improvement for the patient.

Complementary Therapy







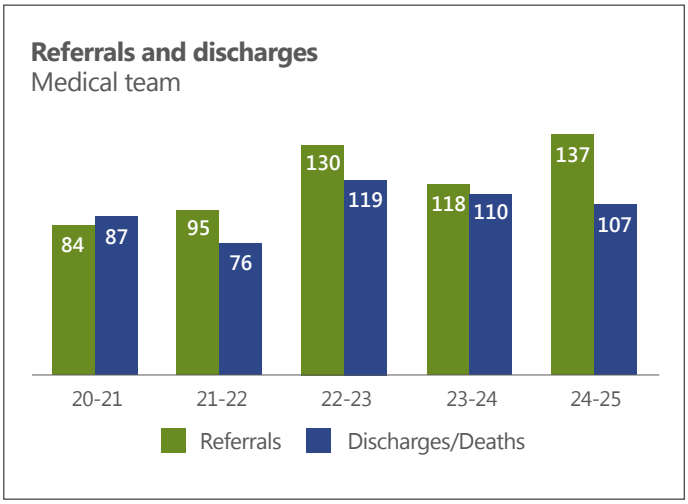
The team continue to see patients face-to-face in the hospice and in their own homes if required, as well as in the hospice for those attending our LWS and on our IPU. They also send out aroma sticks to patients who may benefit from these.

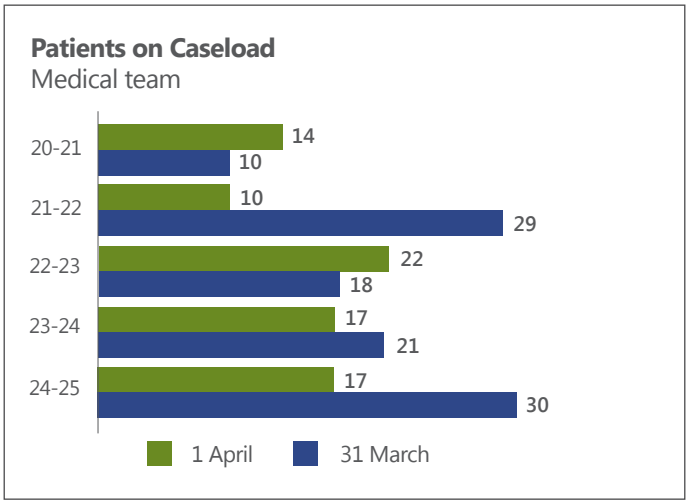
The above statistics don't include those patients seen as part of their Living Well programme attendance and/or their IPU admission.

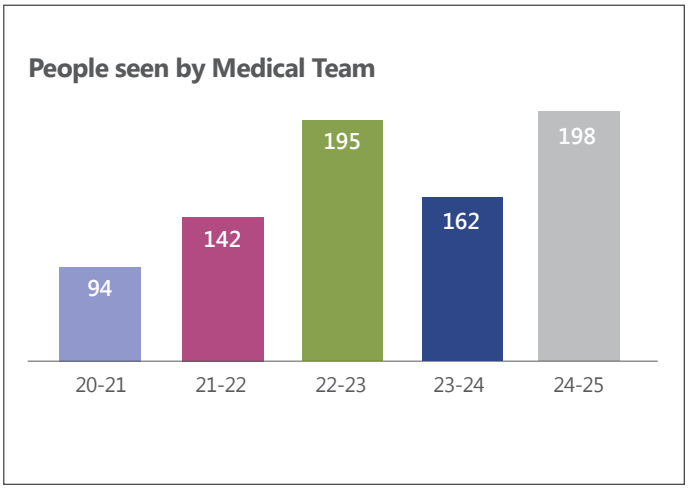
The team also support unpaid Carers and those are bereaved, working closely with our Patient and family support team.

Complementary therapies remain very popular and successful in supporting patients with their symptom management and quality of life.

Medical Team





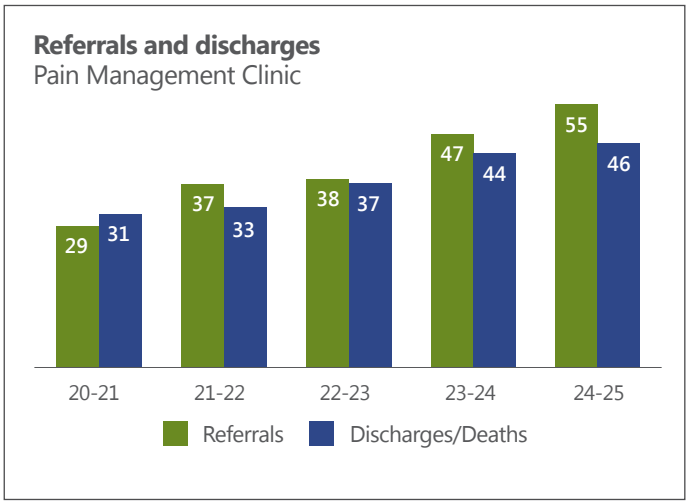


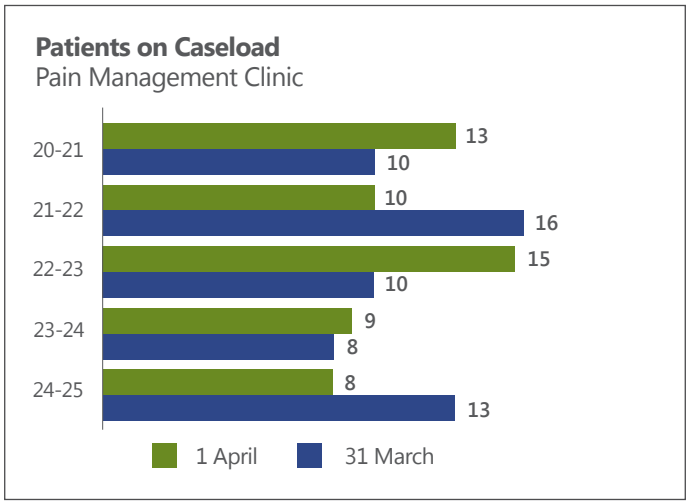
The community medical team consists of a consultant, and doctors in training who spend either six months or a year with the hospice. The consultant is generally involved in the care of patients who are experiencing more complex symptoms and problems.

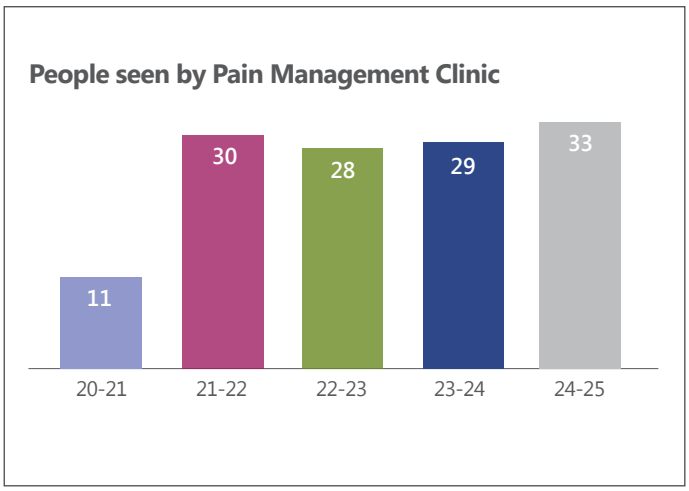
In 2024-25, the medical team completed 410 appointments, 20% more face-to-face contacts than in 2023-24. The increasing demand in the community is highlighted by the increase in number of patients on caseload, which has nearly doubled throughout the year.

These doctors offer advice to other colleagues and at least one consultant attends the weekly community team Multi-disciplinary Team (MDT) and IPU MDT. Each financial year, this equates to consultant-level input and attendance at roughly 200 MDT meetings. Alongside this, at least one consultant attends each patient planning meeting every Monday to Friday and works with the CUH palliative care consultants to ensure that senior medical advice is available to the internal and external teams 24/7, 365 days a year. The senior medical team also have other roles within and outside the hospice ensuring patient safety, service development, research, teaching, and training.

Pain Management Clinic

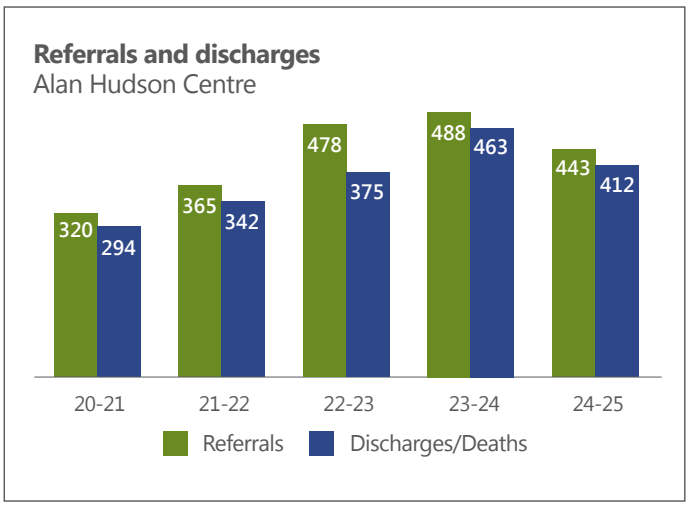


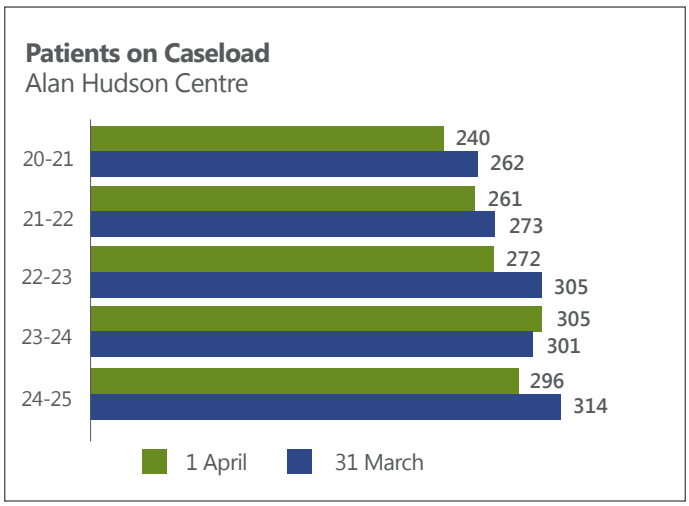


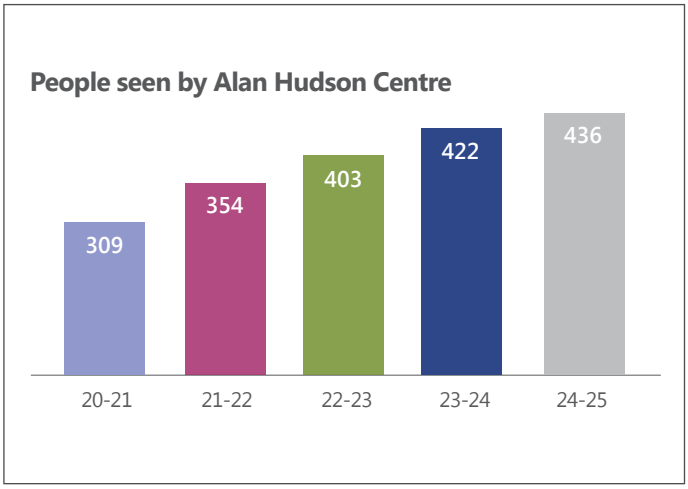


The Pain Management Clinic runs separately from the other work of the medical team and sees people experiencing complex pain. The team consists of a pain psychotherapist, anaesthetist, and palliative medicine consultant and runs two clinics a month.

Alan Hudson Centre

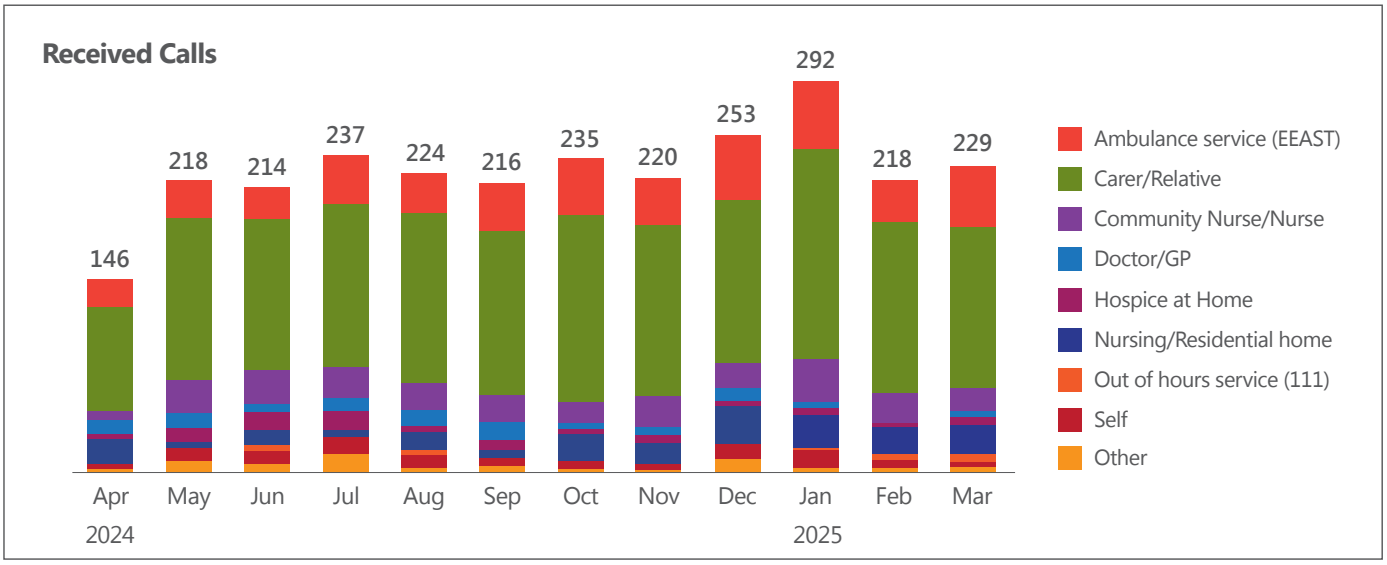






This data for the AHC is in relation to all its services: Specialist Community Palliative care, Treatments, Complementary Therapy, the Living Well Service, social group, carer support, and the Bereavement Support Group. Demand for both specialist services and treatments in and around Wisbech continues to rise, as demonstrated in the 7% increase in completed treatments this year, a 20% increase in the number of day care sessions attended, and a 3% increase in the total number of people seen.

Palliative Care Hub (Advice Line, 111 option 3)



Alongside our usual services, we continue to deliver care via our Palliative Care Hub advice line, commissioned by the ICB. Now in its fourth year, this service supported 1,609 people (an increase of 8% from 2023-24), took 2,702 calls (an increase of 14% from 2023-24), and helped to avoid 83 hospital admissions.

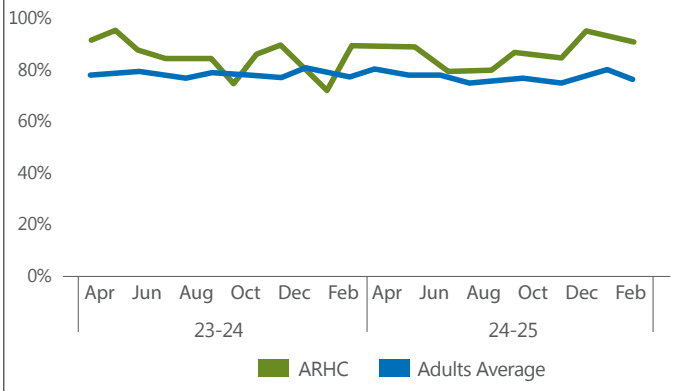
The highest proportion of our callers come from Peterborough (26%) and Cambridge (23%). The most common reasons for calling were for advice regarding general health deterioration (11%), general palliative care (11%) and medication advice (10%).

Hospice UK Benchmarking

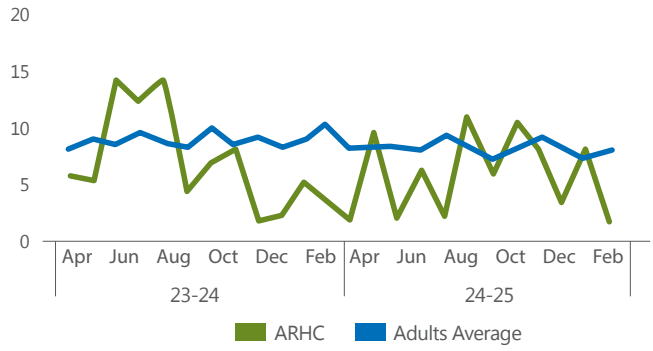
We continue to benchmark our patient safety data with other hospices via Hospice UK and attend their quarterly patient safety webinars. (Please note that categories have changed from previous years, so there is currently less data available for comparison as well as a change in data.)

Our bed occupancy (occupied bed days compared to available bed days) remains largely higher than the national average for hospices, showing good utilisation of our available beds.

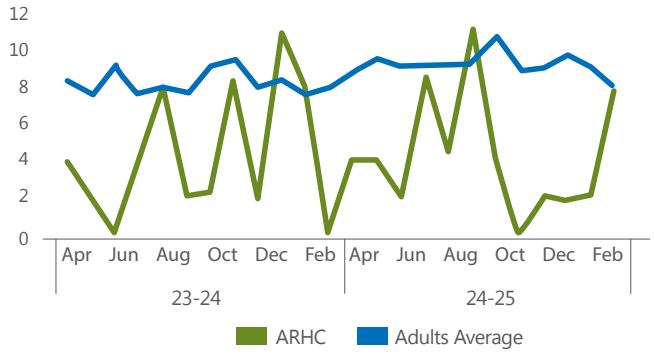
Bed Occupancy (%)



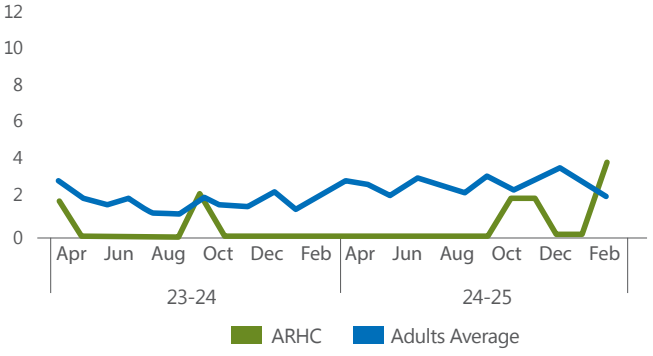
Falls per 1,000 Bed Days



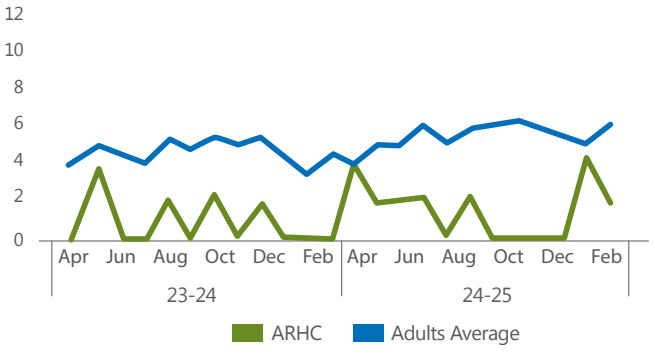
Category 2 Pressure Ulcers
(on admission) **per 1,000 Bed Days**



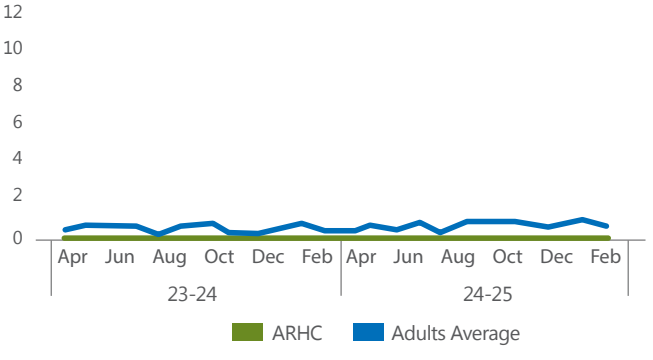
Category 3 Pressure Ulcers
(on admission) **per 1,000 Bed Days**



Category 2 Pressure Ulcers
(new developed) **per 1,000 Bed Days**



Category 3 Pressure Ulcers
(new developed) **per 1,000 Bed Days**

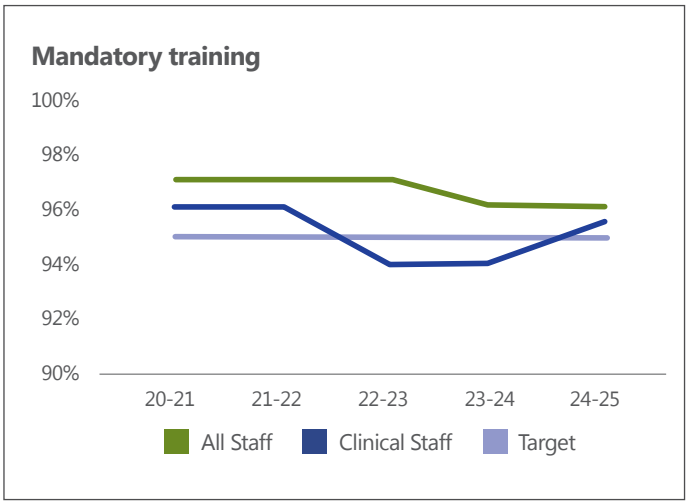


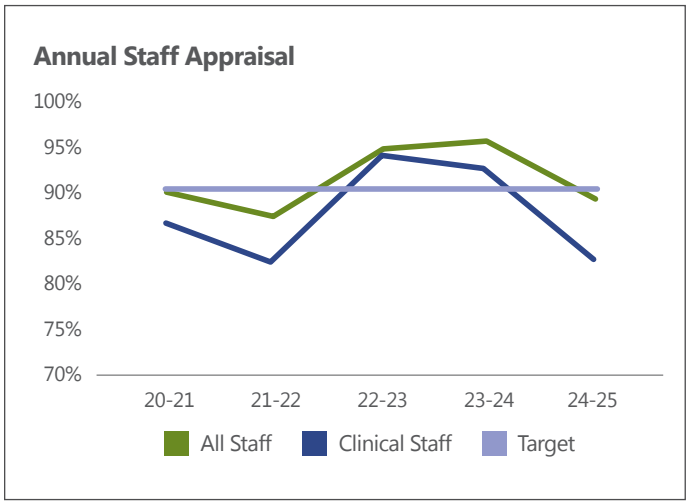
The number of falls (per 1,000 occupied bed days) is largely below the national average, but we have seen a few months where there were more falls on our IPU due to having a high proportion of patients who were high falls risk admitted.

As with previous years, the number of new pressure ulcers (those that developed whilst under our care) remains below the national average, demonstrating the effective prevention strategies we have in place across the IPU. Although we are also largely below the national average for the number of pressure ulcers on admission, these figures are considerably higher and reflect the increasing pressure that the wider healthcare system is under.

Alongside this benchmarking with other hospices, we also monitor any trends internally using NHS Statistical Process Control (SPC) charts. These allow us to understand variation and highlight when there are any causes for concern or improvement. The team on the Inpatient Unit continue to conduct regular drug audits and any learning from incidents is shared amongst the team.

Mandatory Training and Appraisal



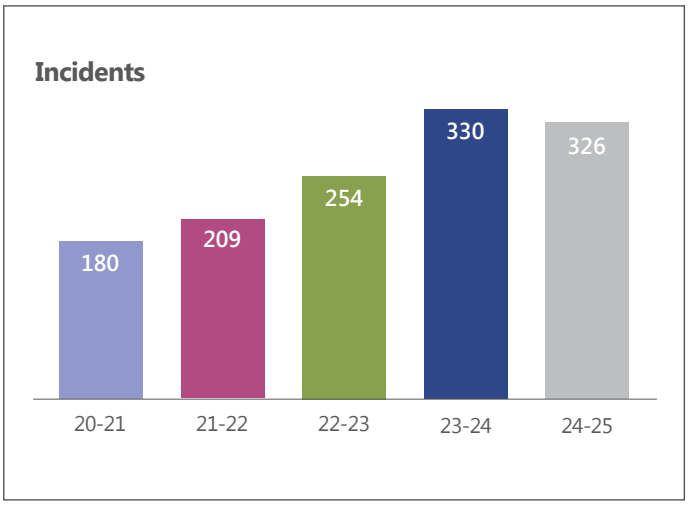


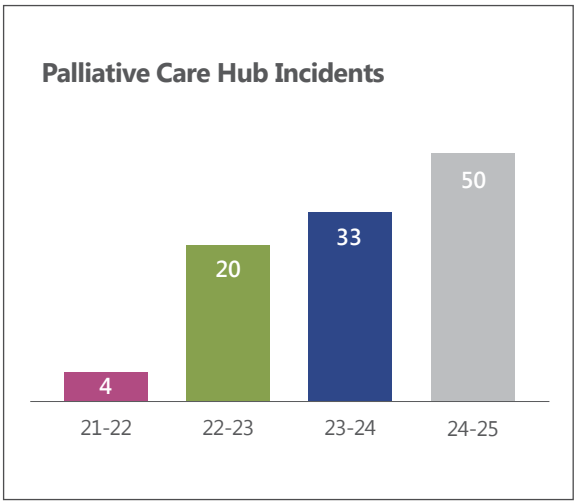
All colleagues are required to complete mandatory training, and we continue to work hard with staff and our education team to provide simple access to either online or face-to-face training. Our overall average target is 95% completion, which was successfully met for all staff (96%) and for clinical staff only (95%).

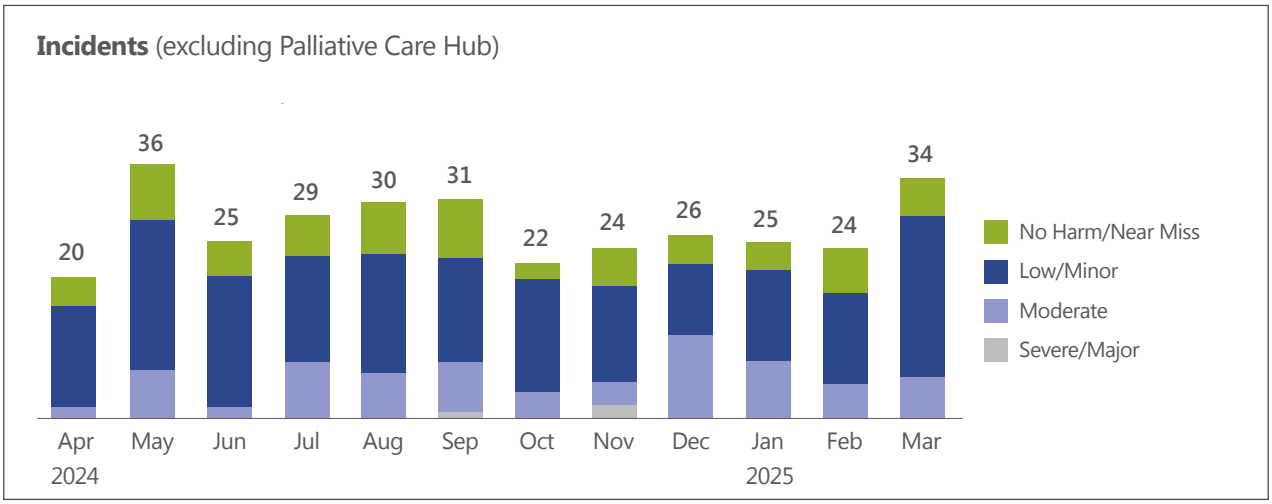
Colleagues receiving an annual appraisal is identified as a quality Key Performance Indicator (KPI). This year, we introduced a new appraisal process with a Performance Development Review (PDR), which are all completed April to June. We ended the year at 89% completion, below our target of 90% but hope this will improve when we publish the figures for recent PDRs in June 2025.

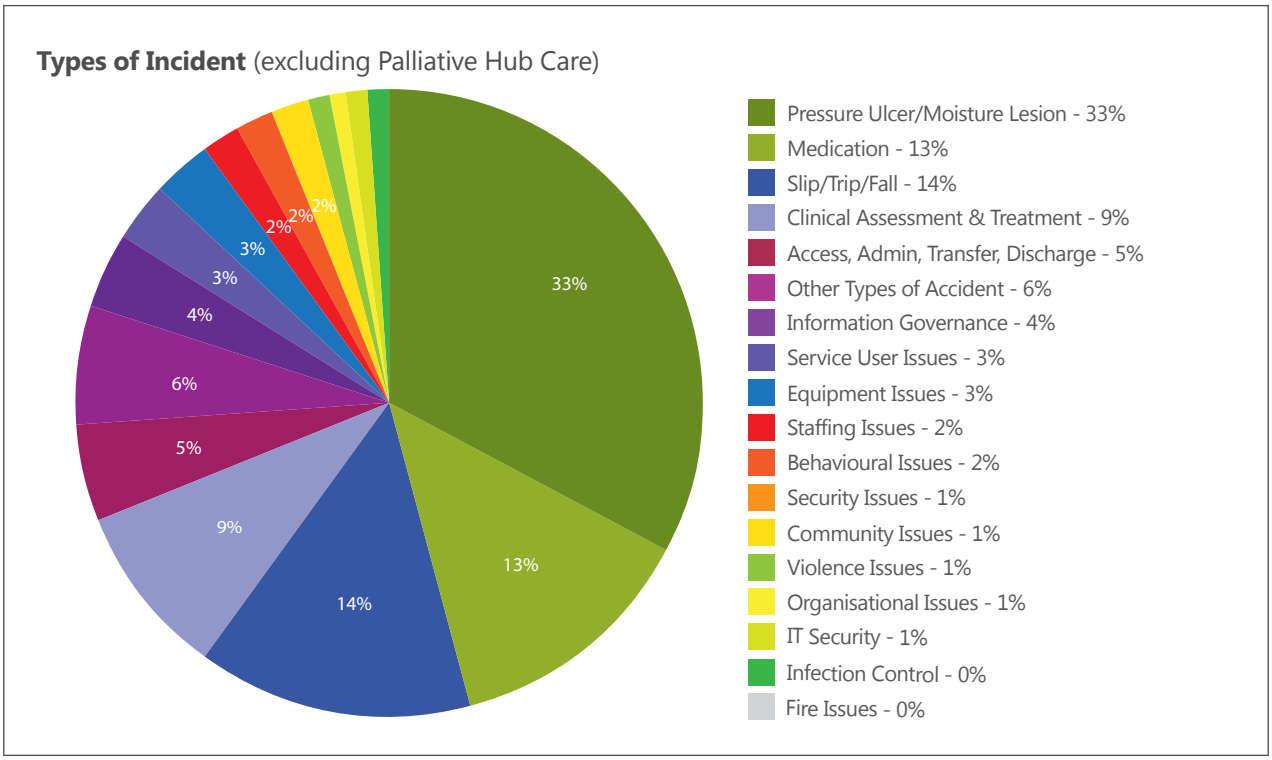
Quality Data

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 or volunteers. As our Hospice expands, so too does the number of reported incidents (an increase of 4% from 2023-24). We continue to learn from our incidents and investigate any preventable outcomes and themes as part of our ongoing PSIRF meetings.

Our most common types of incidents continue to be those relating to pressure ulcers/moisture lesions, medication, and slip/trip/falls. However, as highlighted in the above Hospice UK benchmarking, we appear to be seeing fewer of these incidents than other hospices. We are pleased to see that, as with last year, there has been a reduction in the number of Information Governance incidents (21 incidents, 8% in 2022-23, 13 incidents, 4% in 2023-24, and 12 incidents, 3% in 2024-25).

Incidents with Actions

Patient Safety Investigations and Serious Incidents

We are now implementing the NHS **Patient Safety Incident Response Framework (PSIRF)** which focuses on all patient safety incidents to identify key themes and learning.

We had no reportable incidents that resulted in severe harm in 2024-2025. However, we did undertake a patient safety investigation following the sudden collapse of a patient in HaH. which did identify some learning in relation to training for healthcare assistants and caring for people at risk of sudden death

We now undertake fortnightly PSIRF meetings to review all clinical incidents and identify any actions that require follow up and learning. We report these via our Clinical Governance Committee and our Quality Development Group via our Health and Safety and Infection prevention and control committee.

'I've seen [colleague] before. Whilst professionalism is a given with her, she mixes this up with making you feel as if you are her only patient. She clearly enjoys what she does and this creates an environment which tells you that you are in very good hands.' **Lymphoedema**

'I just wanted to let you know that I have been to see [patient] today. He is much better. But his daughter was telling me how kind, supportive and helpful you were when she called you the other day and I wanted to pass it on to you. She was so grateful to you.' **Palliative Hub**

'You have been absolutely wonderful throughout and I couldn't have done this without your input.'

'If we hadn't have had your input it would have been hell, and you made an awful situation more bearable.' **Alan Hudson Centre community team**

'Re music therapy: I found it quite liberating. I've never sung in public before and being in here without being judged has been fantastic. Making music or sound together in a room is good for the soul. I've really enjoyed the music; it lifts my mood.' **Patient and Family Support team**

'That was amazing. It's such a gift that you give to us, and it helps us support our family too.'

'Complimentary therapy very helpful, relaxed after treatments, very grateful it has helped me a lot, no improvements needed!' **Complementary therapy**

'Just a note to say a huge thank you to you and to all the team on the other end of 111 option 4. Them being a phone call away was such a help to us and to the District Nurses who came. Please say thank you for me.' **Palliative Hub**

Complaints, Feedback and Patient Experience

Complaints and Concerns

We received four complaints and 15 informal concerns during the financial year 2024-25.
A summary of the four complaints can be found below:

Date Received	Summary	Action(s)
26/04/24	Complainant raised that nurse said a patient's diagnosis had progressed further than the family were aware. Upon further questioning with the GP, the diagnosis had not progressed	Full investigation completed. Documented timeline reported back to complainant and addressing of findings dealt with
10/05/24	Patient dissatisfied with approach on a return appointment	Contents of patient's letter and staff involved fully investigated. Service lead spoke with complainant and assurance given that concerns would be addressed
25/07/24	Concerns about delays in the Hospice providing appropriate care to a patient	Medical Examiners Office liaised with family about a new end of life process. Family didn't want any further discussions or to formally complain, just to bring to our attention
02/12/24	Complaint about a DNAR being adhered to	Full investigation completed and letter sent outlining investigation and reasons why carers attempted CPR (suspected choking, followed 999 call handler's instructions, paramedics couldn't initially locate ReSPECT form. CPR ended when form found)

Quality Account Feedback: Healthwatch Cambridgeshire and Peterborough

Healthwatch Cambridgeshire and Peterborough welcomes the opportunity to comment on the Arthur Rank Hospice Charity Quality Account for 2024-2025. The report reflects a compassionate and responsive organisation that continues to prioritise the voices, experiences, and needs of people at the most vulnerable stages of their lives.

We are encouraged by the hospice's commitment to engaging patients, carers, and families as active partners in shaping care. The use of a range of feedback methods, including the Trajectory Touchpoint Technique, drop-in feedback sessions, and targeted community engagement events, demonstrates a genuine desire to listen, learn and improve. It is clear that the hospice values insight from lived experience and is embedding this across service development and quality assurance processes.

We particularly commend the hospice's efforts to:

- Create safe and supportive environments for people to share their stories and influence service improvements.
- Extend bereavement and psychological support in ways that reflect the realities and preferences of carers, families, and children.
- Engage with communities who may be underrepresented in hospice care, through local partnerships, cultural outreach, and inclusive events.
- Involve volunteers, students, and community groups in meaningful ways that strengthen relationships and understanding.

The focus on accessibility and inclusion is evident throughout the Quality Account. We support the continued work of the Widening Access Group and recognise the hospice's efforts to understand barriers that may prevent people from seeking support at the end of life, including social isolation, stigma, language, or digital exclusion. We also welcome the hospice's plans to enhance the use of telephone and video-based support tools, which can empower more people to access information and care on their own terms. While financial and workforce pressures continue to limit the ability to fully deliver some ambitions, the hospice is open about these challenges and continues to seek solutions with resilience and creativity.

As the local health and care system evolves, it is essential that services like Arthur Rank Hospice are supported to continue their person-centred, community-led approach. Patient engagement must remain central to how we design, deliver, and evaluate care.

We thank the hospice for its collaborative working with Healthwatch, including through Enter and View and shared learning. We look forward to continuing to support efforts to strengthen engagement.

Stakeholder Feedback: Cambridgeshire and Peterborough Integrated Care Board

Cambridgeshire and Peterborough Integrated Care Board (ICB) has reviewed the QualityAccount produced by Arthur Rank Hospice Charity for 2024-25.

This is an impressive report, with high levels of patient and family satisfaction. The account provides evidence and highlights the work undertaken by Arthur Rank towards their quality improvement priorities. The CEO statement shows compassion and provides positiveness inhow the Hospice endeavours to deliver good care despite financial challenges.

It is evident that the hospice is continuing to develop clinical services, of note Hospice at Home delivered in partnership with Sue Ryder (Thorpe Hall) Hospice is now reaching more people in Peterborough following the remodelling of the service. The Palliative Care Hub advice line provides 24/7 access to specialist palliative nurses. The line continues to expand with national recognition as an example of good practice.

The appointment of a Bereavement Lead, who has set up services and is working in partnership with Sue Ryder, has highlighted the importance of this support. A success is the delivery of the carers "Space" which is held fortnightly and facilitated by skilled volunteers.

The Education and Practice development team continue to engage care homes and domiciliary care providers, delivering training on palliative and end of life care, improving care for patients within these providers.

Even with the lack of funding to secure a Transitions Co-ordinator post to build a transitioning programme and support young people transitioning form children hospices to ARH, it is really positive to see the transitions work being considered and collaborative working with EACH to find a solution.

There is no specific mention of safeguarding assurance or data. For example, it would have been interesting to know whether there is evidence of safeguarding referral data increasing or decreasing following the cessation of the Hospice at Home night service. This would also have provided assurance that safeguarding policies are being followed, and safeguarding referrals are being made appropriately.

The charity aims to promote a research culture, taking part in studies, developing their own research and service evaluation projects, and implementing evidence-based care and best practice guidance. They actively participated in research studies including CHELsea II (end-of-life clinical hydration) and Injectable Medicines (injectable end-of-life symptom control and medications for adults dying at home), as well as a pilot study on the impact of music therapy on nursing staff and a focus group study on why hospice professionals refer service users for specialist psychological support.

Arthur Rank supported the National Institute for Health and Care Research (NIHR) funded UPTURN research study (led by Cambridge University Hospital) on respiratory disease, signposting to drop-in sessions for high-risk Bangladeshi, Black African and Caribbean communities. A Specialist Palliative Care Nurse was awarded an NIHR Applied Research Collaboration (ARC) Research Fellowship for 2025-26 which will provide her with research training and funded time to design and conduct a service-user evaluation of the Palliative Care Hub.

The hospice has highlighted their "Think Family" approach which is positive. It would be helpful to clarify whether this focuses on the whole family emotional and psychological needs or whether this specifically relates to the consideration of all family members and the safeguarding impact on each member.

The staff at Arthur Rank have continued to engage with partners and specifically with joint working to progress the implementation of the Patient Safety Incident Response Framework (PSIRF). The PSIRF policy and plan have been completed and approved. The ICB will continue to work with and support Arthur Rank through transition to PSIRF and beyond.

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. The Integrated Care Board looks forward to continuing 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 2024/25.

Carol Anderson
Chief Nurse
NHS Cambridgeshire & Peterborough Integrated Care Board

Response to feedback:

Arthur Rank Quality Account Statement 2024-25

The hospice wishes to thank Healthwatch Cambridgeshire & Peterborough and Cambridgeshire & Peterborough Integrated Care Board (CPICB) for their feedback.

In response to the ICB's feedback regarding safeguarding assurance and data, we would like to add the following:

In 2024-2025 we recorded 19 safeguarding concerns. All safeguarding concerns recorded are investigated but not all need to be reported to the Local Authority. Those concerns that meet the Safeguarding definitions and have been reviewed by the Safeguarding Lead and/or Head of Safeguarding are then passed onto the Local Authority Safeguarding Adults Team and reported to the CQC.

We participated in one Safeguarding Adults Review, which related to a patient who was receiving care from the Hospice at Home team in addition to other community healthcare services. Concerns identified that there were multi-agency failures and recommendations from this review were made to the Hospice. Learning included:

- Ensuring Hospice at Home colleagues know when to escalate concerns regarding complex patients.
- Ensuring the team are aware of external sources of support regarding social care advice.
- Ensuring colleagues understand processes relating to mental capacity and assessments.

The hospice has processes in place for ensuring patients and colleagues are protected from harm which are reviewed at regular intervals and our safeguarding supervision policy and reflective sessions, supported by the Senior Adult Safeguarding Training Lead from Cambridgeshire County Council, enables colleagues to participate in learning through group supervision sessions.

When colleagues raise a safeguarding concern, we report this on our incident reporting system (Vantage). These incident reports have oversight from the Safeguarding Lead, Sharon Allen, and Head of Safeguarding, Sara Robins. All safeguarding incidents are reported to our Clinical Governance Committee, the ICB, and Trustee Board and where applicable, the CQC (Regulation 13: Safeguarding service users from abuse and improper treatment) and where appropriate, the Charity Commission. The Trustee Board has appointed a Safeguarding Lead who receives quarterly reports from the CEO on the number of concerns raised and the level of training compliance within the charity. Annually, the CEO provides a summary Safeguarding Report for the full Trustee Board. There have been no reported Safeguarding concerns relating to the transfer of the hospice at home night service to other providers, and we continue to escalate to the Continuing Healthcare team any patient who we consider needs additional support at night.