



# Quality Account

2022 - 2023

# Part 1

## Introduction: Sharon Allen, CEO, Arthur Rank Hospice

**As with previous Quality Accounts, reading this account of the achievements of my colleagues throughout the charity during the past year, fills me with pride and gratitude. Pride due to the many achievements recorded, as well as the transparency and honesty demonstrated on those occasions where we have not got things as right as we always wish to. Gratitude because the year has presented a further set of challenging circumstances, notably with the significant recruitment and retention pressures experienced across all sectors to which we have not been immune and the cost of living difficulties experienced by many, perhaps more so in the charity sector. We are pleased that the beginning of the new financial year is evidencing a return to more normal levels of turnover and that recruitment is improving.**

Despite the challenges, #TeamArthur has continued to go the extra mile with 'nothing being too much trouble' being a consistent refrain from patients and loved ones. Whilst, as the report notes, the volume of referrals and clinical contacts has reduced slightly from the high of the prior year, the complexity of people's needs continues to increase. The skill, compassion and dedication of our teams in supporting people who need our care is evident throughout this report.

Whilst we are proud of what we have achieved with people throughout our community, we are never complacent and our Quality Development Group has had a busy year undertaking and sharing the learning from audits and quality improvement projects. We have shared the complaints received throughout the year and take each one seriously, wanting to understand what we can do better and seeking to provide a satisfactory outcome for the complainant.

We remain committed to addressing health inequalities and looking at how we can use the resources available to us to provide a more equitable service across Cambridgeshire as well as continuing to seek additional resource from a range of sources. Partnership working remains a key priority in this and other aspects and we are pleased to have progressed some significant partnering with our neighbouring hospice, Sue Ryder Thorpe Hall in Peterborough, through continuation of our Young Persons' Transitions service. Funded by The National Lottery's Community Fund, this service supports young people

and their families prepare for the move from children's to adult services.

We are also working with Sue Ryder Thorpe Hall on widening access to hospice provision and operate our Hospice at Home services as a joint service under the leadership of a jointly appointed Matron. We are also active in the relatively new Health Alliance, supporting voluntary and community sector engagement in the Integrated Care System (ICS) and working with the Integrated Care Board (ICB). We remain engaged in other elements of ICB governance, notably the Professional and Clinical Leadership Assembly and Local People Board.

It is positive to note the level of research activity that we have and continue to be part of. Our desire to learn what works and how this can best be applied to achieve our purpose of 'Making Every Moment Count' is undiminished.

The skilled and knowledgeable strategic guidance of our trustee board, under the leadership of chair, Antoinette Jackson, and vice chair Julia Curtis (who succeeded previous vice chair John Short when he stepped down after completing his term of office in December 2022), is pivotal to our charity remaining focused on our purpose and delivering on our strategy. We are grateful to our trustees for their time, wisdom and support. None of what you read about in this report is possible without the continued commitment, compassion and care of our dedicated workforce of paid colleagues and volunteers. We are continually grateful and appreciative for all that they give to ensure patients and their loved ones receive outstanding care at all times.

That gratitude extends to our community who, year on year, raise significant funds to supplement the contract we have with NHS bodies and fully fund several important services. This support is vital to ensure we can provide the full range of services detailed within this report.

I hope that you enjoy reading about what hospice care our charity has provided in the previous year and what we plan to do in the current year. As always, we welcome feedback or requests for further information.

**Sharon Allen OBE**  
**Chief Executive, Arthur Rank Hospice**

## Statement from Chair of Trustee Board Antoinette Jackson

**Our Five Year Strategy, agreed in 2021-22, is ambitious. We recognise there is more we need to do to improve the services we deliver and who we reach. This Quality Account outlines the progress we have made against the objectives in that strategy and how we are delivering compassionate and safe care for our service users. I am both proud and comforted by the assurance demonstrated in this report, that we have a charity that is focused on service quality and continuous improvement and that it continues to deliver on both.**

We have faced a number of challenges in 2022-23 in delivering on our priorities, particularly recruitment and retention and financial pressures.

Our people will always be at the heart of what makes us special and each and every member of #TeamArthur plays a vital role in helping us reach the quality of service we strive for. We undertook a major review of staff terms and conditions to ensure that we continue to attract the staff we need to run our services effectively. We are very blessed to have skilled staff and volunteers who are passionate about what they do and that they are ably led by our talented CEO and strategic leadership team. We need to ensure that we continue to be an employer of choice.

Financial sustainability remains an ongoing challenge and, in common with most organisations, the cost of living crisis has added to our cost pressures. We rely on fundraising to deliver and enhance services that are not funded by the NHS. Approximately 40% of our costs are met by income from fundraising and the financial climate makes it harder for charities like ourselves to continue to maximise our income. We are very grateful to everyone who supports us, in so many different ways.

Despite the challenges this report shows that we continue to evolve and innovate.

We are active partners in the Integrated Care System, recognising that a joined-up approach across the system is vital to tackling the health needs of our population and making best use of our collective resources. We can see the contribution the Palliative Care Hub has made to reducing hospital admissions, and are keen to contribute to the wider debate on the role the hospice charity can play in achieving better health outcomes and system efficiency.

As well as thanking our wonderful staff and volunteers I also want to pay tribute to the very able trustees who sit on the Board of the charity. They bring skills and enthusiasm to the charity and ensure we continue to focus on the future and what we need to ensure Arthur Rank Hospice Charity continues to thrive.

**Antoinette Jackson - Chair of Trustees**

*'Each and every one of your team that visited were simply amazing. Their care and respect for [the patient], listening to us all, supporting us as a family. Their compassion, knowledge and professionalism is outstanding and I cannot praise you enough. I was out of my depth, wanting to honour [the patient] wishes to stay at home for as long as possible, and providing the care she needed and supporting her children. Your team helped us all manage, and we were able to fulfil all she wanted. It was also excellent care. I couldn't have asked for more. You gave me the confidence and strength to carry on. Your team have such social and personal skills to see what is happening in a family and offer a range of support. They listen, look, observe and it really is appreciated to be treated so kindly and sensitively.'* **SPCHT**

**'My husband came home from Addenbrookes Hospital - he wasn't responding to treatment and we had promised him he would not die in hospital or in a hospice. We would get him home. Thanks to Hospice at Home, we could keep that promise. Our two sons and I were with him when he passed away. We are devastated to be without him. We will never stop being grateful to the Team there - the kindest, most respectful people I have ever come across. They could not do enough for us all.'** **HaH**

*'To all the brilliant and amazing staff at Arthur Rank Hospice. I just want to say a massive thank you for looking after my mum. The care that was given was exceptional and I thank you for that. Many thanks to Giselle, I just wanted to give you a special thank you for being with my mum in her last moments. It breaks my heart that I wasn't there, but it gives me some comfort knowing she wasn't alone.'* **IPU**

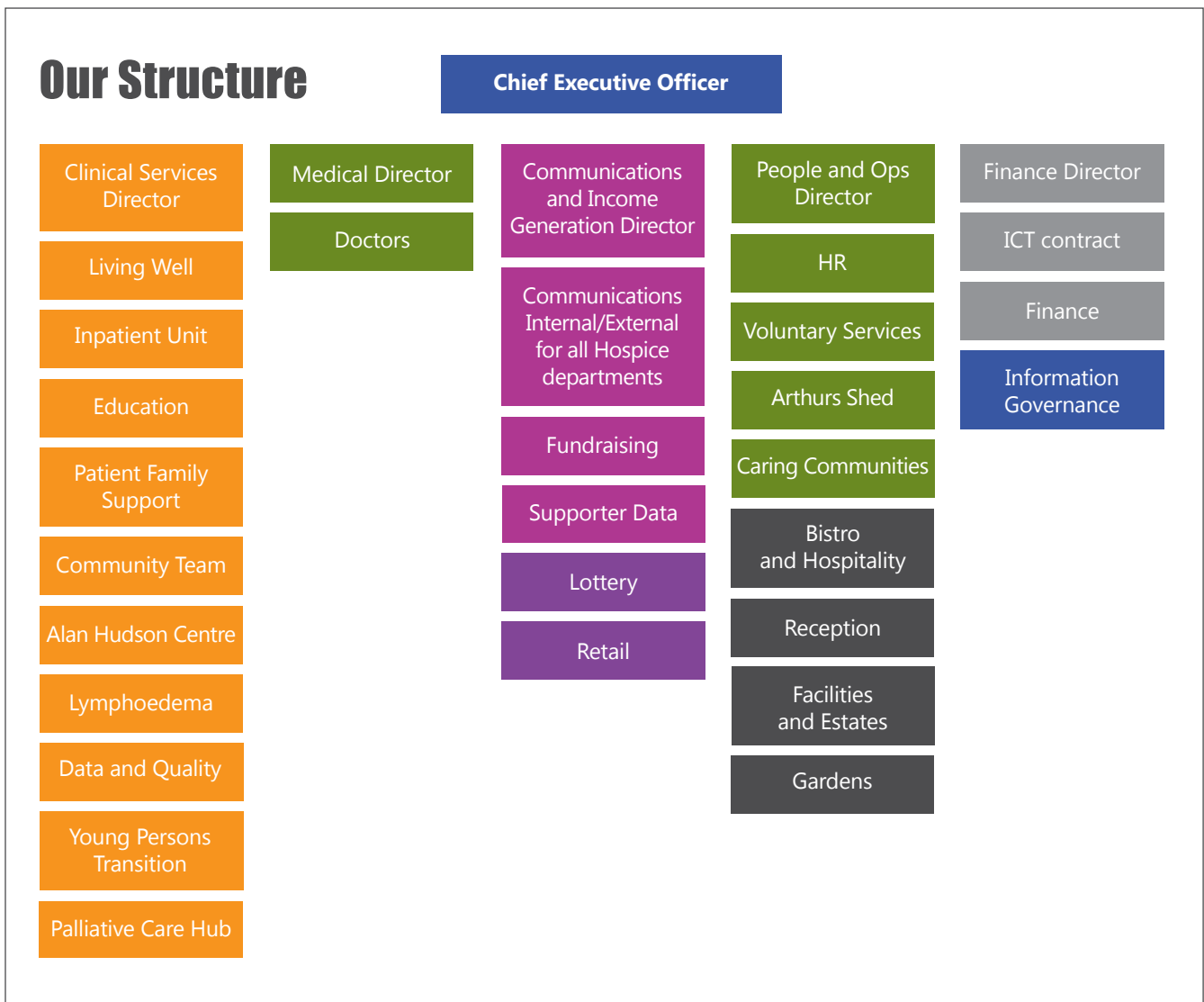
**'Thank you so much. A really clear, concise and comprehensively delivered course. Very detailed and well delivered with good visual aids and discussion.'** **Education**

*'Brilliant appointment. I feel cared for, informed, and helped hugely with my condition. Thank you very much.'* **Lymphoedema**

# Part 2

## Priorities for improvement

In our previous annual Quality Account 2021-2022, we launched our new Five Year Strategy (2022 – 2027) which was produced in consultation with our community. A copy of our strategy can be found on our website ([https://www.arhc.org.uk/app/uploads/2022/03/AR\\_5yr-Strategy-Report\\_22-27\\_web.pdf](https://www.arhc.org.uk/app/uploads/2022/03/AR_5yr-Strategy-Report_22-27_web.pdf))

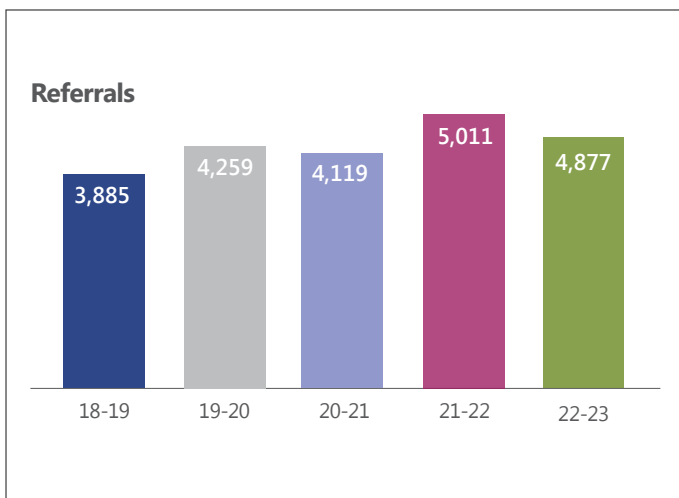
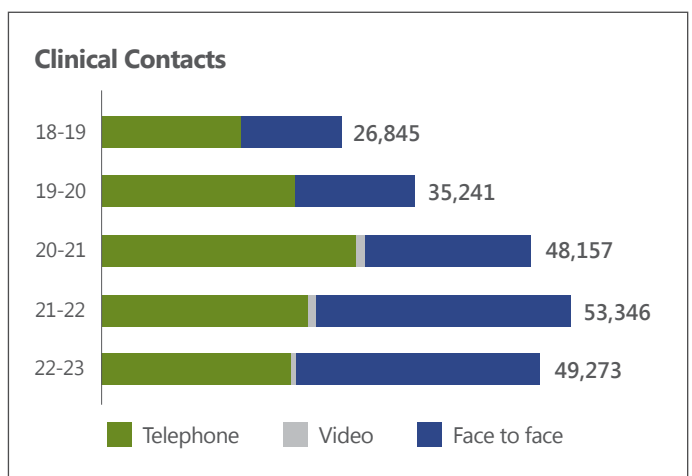
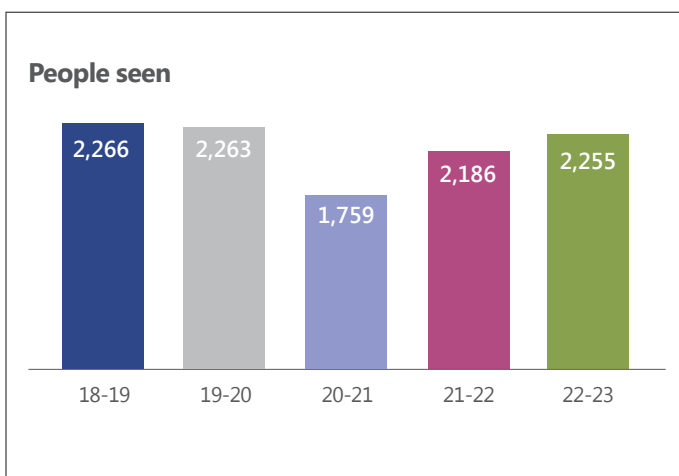


## Looking back 2022 - 2023

In July 2022 the Cambridgeshire and Peterborough Clinical Commissioning Group ceased to exist and the new Cambridgeshire and Peterborough Integrated Care Board (CPICB) came into effect which is part of the Integrated Care System (ICS). The CPICB has established the Palliative and End of Life Care (PEOLC) Programme Board which has produced a system wide Palliative and End of Life Care Strategy 2021 - 2025. We have continued to work closely with the system to transform care for patients with specialist palliative care needs and end of life

care needs, in partnership with Sue Ryder Thorpe Hall Hospice in Peterborough and East Anglia's Children's Hospice in Milton, Cambridge.

The following charts show referrals, clinical contacts, and patients seen across all our services for the last five financial years (April to the following March). The Palliative Care Hub advice line is excluded from the data below because it is not an Arthur Rank Hospice Charity service; we deliver this service on behalf of CPICB.



increasing complexity of patients being referred into our services as our interventions are lasting longer both in length of referral and duration of clinical contact.

Our Hospice at Home service has welcomed more colleagues and the team is now able to support more people across the whole of Cambridgeshire to die at home if this is their wish and it is safe for the patient to remain at home. This service works closely with Sue Ryder Thorpe Hall who support patients in Peterborough and, in the spirit of our increasing collaboration with Thorpe Hall, we have a joint Matron post across the whole service.

The Palliative Care Hub advice line provides advice and support to anyone registered with a GP in Cambridgeshire and Peterborough and who has a life limiting condition or who is in their last year of life. In April 2022 this service expanded to provide 24/7 cover.

Despite seeing a slight reduction in the number of referrals received, as people have a greater understanding of an appropriate referral and a smaller number of clinical contacts completed this year, we have similar numbers of people to those we were seeing prior to the pandemic. This indicates the

## Priority 1 - Outstanding

### What we wanted to achieve

- To improve bereavement support across Cambridgeshire, with particular focus on Wisbech.

### What we achieved:

We successfully recruited a Chaplaincy volunteer in Wisbech. We offer monthly bereavement support groups in Cambridge and Wisbech.

### What we wanted to achieve:

- Consider other roles to support our services such as the role of a Death Doula, expanding our social worker role and supporting families with children, with a focus on psychological support for children. Unfortunately, our bid for funding to introduce a family support worker role and children's psychologist was unsuccessful. We will continue to seek sources of funding to enable us to provide a bespoke pre and post bereavement support service for children and young people.

### What we achieved:

We are grateful to Cambridgeshire Adult Social Care Directorate who are investing in a second social work post to enable us to better support our community. We were unable to progress work in relation to the Death Doula as the role requires further consideration and funding.

### What we wanted to achieve:

- To continue with our Transitioning Young People work, ensuring a smooth transition from children's services to adult Hospice services for those with life limiting illnesses and setting up more social groups.

### What we achieved:

Following the resignation of our original Young Persons' Transitions Coordinator, during the year, we were delighted to quickly fill this role and our Young Persons' Transitions Coordinator continues to work with our system partners to focus on supporting young people and their families/carers. We have set up several events in order to engage families with young people with life limiting illnesses that would benefit from Hospice support when transitioning from children's

to adult services. In August 2022 we held a festival themed event, with face painting, dancing to a live band, a "selfie" station and even candyfloss making, bringing young people and their families together to experience some of the Hospice services such as Complementary Therapy, Living Well Service and our Inpatient Unit.



## Priority 2 - Sustainable

### What we wanted to achieve:

- To secure additional funding so we can support our vision for developing family bereavement support services and support for children who come into contact with our services, helping them to come to terms with, and prepare for the death of an adult family member.

### What we achieved:

Unfortunately, we were unsuccessful in our bids submitted within the year for additional funding to support this work. However, we will continue to explore other sources of funding to enable this ambition to be realised. We are strengthening our links with other voluntary sector providers of mental health support to young people. In the meantime our amazing team of colleagues in our Living Well service continue to support families in creating memories. Our Life celebrations and activities coordinators at the Alan Hudson Day Treatment Centre and the Arthur Rank Hospice Charity work hard to support families in making things like memory boxes and hand-casts.



### What we wanted to achieve:

- To focus on our income generation strategy increasing financial support from fundraising and trading and provide businesses and local people with more ways to help support our work.

### What we achieved:

Alongside the broad portfolio of fundraising activities, we placed focus on the area of legacies, corporate and grants and trusts. We have made our Future Gifts Officer (now Manager) full time, we initiated a development plan to help grow our grants and trusts income and we have appointed a new Corporate Partnerships Lead. We have organised events and activities that engage these groups to demonstrate the difference that pledged gifts and their donations make for people in their community. We have also welcomed several corporates for volunteering days, providing another way in which people can help and learn in addition to securing high value 'Corporate Charity of the Year' partnerships. We have invited funders to come and see the work we are doing in person, and this has been warmly welcomed by those who have accepted these invitations.

### What we wanted to achieve:

- To reduce the use of plastics in our fundraising activities.

### What we achieved:

We ceased using balloons. Our stocks of banners are being used up and recycled using environmentally friendly methods. Wooden Medals were introduced as a replacement to metal or plastic alternatives at Challenge events. Medals were removed completely from our Star Shine Night Walk event and technical t-shirts provided whilst we, again, ran down stocks of our merchandise with the intention to find more environmentally friendly solutions in future years. We have reduced our printed materials where able and moved to the use of an app for one of our fundraising initiatives, although technical problems outside of our control prevented us from utilising this in 2022-23. At all events, we provided access to water but encouraged people to bring their own refillable bottles. We were also asked to present on this topic at a Hospice UK webinar in January 2023.

### What we wanted to achieve:

- To increase income generated from retail outlets and online.

### What we achieved:

We continue to encourage support for our retail premises and welcome donors signing up to Gift Aid to maximise our income further. We hope to achieve

a conversion rate of 25% and we have seen good progress with several outlets regularly achieving this. Ambitious plans to expand our retail portfolio were somewhat thwarted during the year. It has been difficult to recruit retail colleagues reflecting a nationwide problem in this area. Disappointingly, this has led to reduced trading hours in some of our locations. We have also struggled to regain the volunteer numbers we benefited from prior to the pandemic, so work continues in this area. However, towards the end of 2022-23, we were able to secure an additional unit which will act as a clearance outlet to attract a broader customer base and help to ensure that we have both optimised the sales opportunities and continue to limit our non-recyclable goods.

### What we wanted to achieve:

- Working towards becoming a “greener” hospice.

### What we achieved:

We undertook a self-assessment of relevant elements of the Greener Practice Audit Tool: Water, Food and Drink, Energy Saving, Healthy Planet, Waste and Recycling and identified areas where we could make changes. We also set up our Green Group and the group have been focused on sustainability in the Charity. We have a “Go Green with Arthur” Padlet board containing lots of ideas, links to schemes and challenges and other information. We entered the Wildlife Trust for Beds, Cambs & Northants Wildlife Gardening at work awards and we won!! We have installed swift boxes at the Hospice building in Cambridge and we have successfully completed the gardens at the Alan Hudson Day Treatment Centre, which were subsequently officially opened by the Duchess of Gloucester during her visit in July 2022. We have also made available a selection of self-guided walks that people may wish to undertake if visiting the Hospice in Cambridge. We have also been delighted by the response to our printer recycling boxes that have been placed in our Hospice and our shops. These have attracted lots of attention and will also attract a small donation for the charity. As part of our ongoing commitment to reduce our impact on the environment and our assurance to our Meetings Industry Association (MIA) accreditation, the Venue Hire Team have pledged to Going Green and are encouraging visitors to join the campaign. Further details of our commitment can be viewed at [https://www.arhc.org.uk/app/uploads/2022/06/Going-Green-](https://www.arhc.org.uk/app/uploads/2022/06/Going-Green-Venue-Hire.pdf)

[Venue-Hire.pdf](#). We recently joined the Cambridge Sustainable Food Alliance Network and will be seeking ways to reduce our food waste and improve food sustainability for venue hire.

## Priority 3 - Accessible

### What we wanted to achieve:

- To introduce a non-faith based summer remembrance event.

### What we achieved:

On 13th August 2022 we held our first Sunflower Memories event. People were invited to dedicate a sunflower (made from recyclable materials) to a loved one and make a donation to the Charity to help fund the continuation of our care. The event welcomed people of various ages to come together to hear readings and share in fond memories together. This event is designed to provide a mid-year opportunity for those who may not have a faith and want to supplement the December Light Up a Life or feel more inclined to attend an event with no religious references.



### What we wanted to achieve:

- To achieve our Widening Access Group (WAG) action plan to reach all parts of our community.

### What we achieved:

We continue to focus on our action plan. Over the year we have reviewed our patient and workforce equality data; accessed funding to support people



with hearing loss through training and equipment; continued our schedule of recognising religious occasions; learnt how we can engage refugees as part of the workforce and played an active role in the Cambridgeshire and Peterborough system wide equality, diversity and inclusion group. We were delighted to welcome the first team from the Cambridge Central Mosque to take part in Chariots of Fire Relay race in March 2023 and we have also seen increased support from other groups previously unknown to the Charity. We are working closely with the Access surgery and the lead nurse for the gypsy and traveller community to ensure that homeless people and those from the gypsy and traveller community are aware of and know how to access our services. We are working closely with the Health Equalities Lead from Sue Ryder Thorpe Hall who is supporting our activity to widen access.

## Priority 4 - Engaging

### What we wanted to achieve

- To work with schools in relation to fundraising and work experience.

### What we achieved

We offered one work experience placement in June 2022. One of our colleagues brought their Year 9 daughter to work for an insight day, with great feedback. We delivered a talk to students at Perse School and we also hosted a NHS graduate management trainee for a 12 week programme with the Human Resources team. We have benefited from support from schools who have run challenges in support of our charity.

We held an "Arthur Bear Picnic" with local schools being involved. Our Reindeer Run in November 2022 engaged with nine schools, raising over £9k.

### What we wanted to achieve

- To offer support to businesses so that they are equipped to support their employees who may be end of life or have a loved one who is.

### What we achieved

We have been unable to further this due to a change in our Corporate Partnerships lead but we are keen to revisit this when feasible.

## What we wanted to achieve

- To increase the use of technology to support patients, such as text messaging, virtual video consultations, automated telephone advice and support and to continue to improve our website.

### What we achieved

Our Lymphoedema service piloted using text messaging reminders five days prior to appointments to see if this would help cut down non-attendance/missed appointments. Patients have fed back that they find this very helpful, and we now receive more notice when a patient is no longer able to attend their appointment. We are looking at rolling this out to other clinical services. We are also looking at how we can use text messaging to get feedback from our patients and their carers/families to help us improve. We have launched a series of videos on to our website, which are free and available to all, the most popular of which is our video on Advance Care Planning and has been viewed more than 250 times.

<https://www.arhc.org.uk/supporting-you/supportive-wellbeing-videos/>

During this reporting period, we were also working on a selection of Lymphoedema videos involving the team, which went live in May 2023.

The videos can be viewed following the link <https://www.arhc.org.uk/supporting-you/care-services/lymphoedema-service/>

## Priority 5 - People

### What we wanted to achieve:

- To ensure our staff are supported, trained and developed to be the best they can be, attracting future colleagues to want to come to work for us and improving staff retention.

### What we achieved:

We reviewed our appraisal process to ensure that each colleague has an annual appraisal alongside development plans and objectives linked to our strategic objectives. With thanks to investment from the system via the Local People Board, we have employed a Clinical Nurse Educator (a two year post) to help provide teaching and support to colleagues in the Hospice and also those working in the community in social care and health delivering palliative and end of life care.

**What we wanted to achieve:**

- To ensure our volunteers feel supported and develop champion roles.

**What we achieved:**

We surveyed our volunteers and have used their feedback to develop an action plan. We continue to support newer volunteers with more experienced volunteers. However, due to lack of capacity, we were not able to develop official champion roles.

**What we wanted to achieve:**

- To explore new ways to connect with people and use digital systems to enhance efficiency.

**What we achieved:**

We have introduced text messaging to some of our services and would like to roll this out more widely, in order to get some real time service evaluation and feedback. We continue to update our website content to make it relevant and applicable for our visitors. We continue to welcome suggestions and feedback from all those in our community. However, we still recognise the importance of more traditional methods and introduced new feedback postcards, which can be found in locations around the Hospice alongside donation postcards. These help us secure more feedback from people who may not use the website or digital platforms. We are working with our system partners on producing information so that more of our community knows what services the Charity can provide.

**Priority 6 - Partnering**

**What we wanted to achieve:**

- To continue to build partnerships with other organisations across the integrated care system (ICS) to ensure palliative and end of life care is seen as a priority.

**What we achieved:**

We work in partnership with other providers across Cambridgeshire and Peterborough to focus on improving palliative and end of life care. We have worked closely with the ICS on creating a strategy and are active participants in the Palliative and End of Life Care Board. We are active members of the Health Alliance and also represent the Health Alliance at the Local People Board and its sub-groups.

**What we wanted to achieve:**

- To continue to share best practice with others in our region and wider across the hospice sector.

**What we achieved:**

We participate in regional and national networks, such as the Hospice UK Executive Clinical Leads in Hospice Palliative Care (ECLiHP) and the East of England Palliative and End of Life Care Strategic Clinical Network, sharing ideas and driving improvements such as focus on anticipatory prescribing, ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and education.

*'Thank you for being a part of my nursing journey. I have been moved and humbled by this placement and I aspire to be the kind of nurses you all are at the centre. Thank you for your kindness and willingness to educate me - I've learnt so much. I'll carry a lot of the knowledge I've gained with me. It has been a pleasure to work alongside nurses that strive for only the best for their patients and family. I've seen the holistic care that is given and aspire to be that nurse who goes above and beyond for each individual in my care just like you lovely nurses! Thank you, Alison, for being a friendly face to greet me when I came in for work and for sharing knowledge with me also. Thank you all so much.'* **AHDTC**

*(re. the ACP video and how) 'perfect it was, easy to understand, in clear language and calmly delivered! It enabled him (patient's son) and his brother to watch together and comment about things they continue to need to sort.'* **PFST**

*'The Living Well Service has been brilliant - so helpful and informative.'*

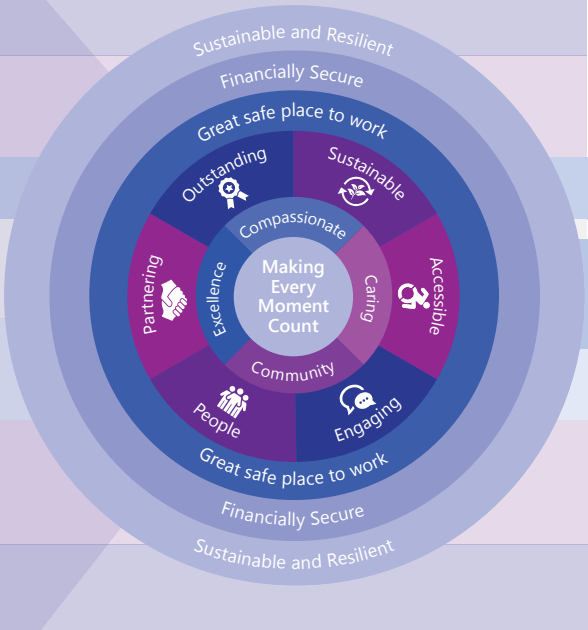
*'When they said go to a hospice I was filled with dread and hated the idea. But it's been bloody marvellous coming here!'* **LWS**

*'Thought it was good very relaxed and informative. Made to feel at ease which is great for someone who's insecure about appearance.'* **Lymphoedema**

*'Thank you so much for facilitating the group in such a safe and compassionate way. I am gaining so very much from both attending the group and the follow up notes and prompts. A massive thank you to you both and group members for the continued understanding support.'* **PFST**

*'The trainers were very enthusiastic delivering their lectures and were able to keep all the audience engaged.'* **Education**

# Looking forward 2023 - 2024

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

**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 2023 - 2024 we want to focus on the following priorities:**

## Priority 1 - Outstanding

- We will review our Patient and Family Support Team to build on the work in Wisbech, increasing our bereavement support volunteers and equitable access to services.
- We want to 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.

- We will continue developing links with schools and would like to introduce our "51 questions" to local school children, to help them to have conversations about death and dying and what is important to them and those around them.
- We want to build on our Young Persons Transitions work by securing funding for a substantive YPT coordinator. This will enable us to continue the valuable work we have managed to undertake since receiving funding from the National Lottery Community Fund.
- 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.
- We want to broaden our reach into local communities, building on the work with neurological conditions, single organ failure and dementia care.
- We want to continue to work with GPs and care homes in providing teaching and support in relation to palliative and end of life care, including the ReSPECT implementation.
- We want to review our Specialist Nursing Service in collaboration with other community partners providing specialist community services (such as North West Anglia Foundation Trust) and to build on the number of independent prescribers to provide a more responsive service.

## Priority 2 - Sustainable

- We want to secure grant and trust income and long-term funding to support all our services through charitable or contracted means.
- We want to build corporate partnerships and support and help increase awareness of hospice care within this group.
- We want to invite people to consider making gifts such as donations and encourage people to future plan, using our Free Will service by making a small donation to our charity or including our charity in their will.
- We want to reduce the use of plastics and look at other environmentally friendly solutions for our activities in order to reduce our carbon footprint.

- We want to increase the income from retail, online activities, venue hire and hospitality and strengthen our brand identity.

## Priority 3 - Accessible

- We want to develop non-faith remembrance events and consider this in decisions made relating to all charity-run activities.
- We want to continue with our Widening Access Group plan to reach more diverse groups.

## Priority 4 - Engaging

- We want to work with schools through fundraising, human resources and voluntary services, encouraging opportunities for work experience and volunteering.
- We want to build on our engagement with corporate enterprises so that they can support their colleagues who may experience loss and bereavement.
- We want to utilise technology to help us be more efficient and effective, such as text messaging services for appointment reminders and obtaining feedback and videos on our website.

## Priority 5 - People

- We want to provide opportunities for colleagues to develop in their role and explore ways in which we can attract staff and expand our retention strategy.
- We will survey our colleagues and volunteers to help us improve our workplace.
- We will carry through the actions in our 2023/2024 People Plan, aimed at looking after our people, improving belonging, growing for the future and being ready to work in new ways.

## Priority 6 - Partnering

- We will continue to work with our system partners across CPICS building on implementing work from the PEOLC Strategy and Ambitions Framework and other systems work e.g., workforce and leadership.
- We will continue our links with the East of England Strategic Clinical Network, learning and improving care.

## Mandatory statements

### Review of service

During the period 1 April 2022 to 31 March 2023, Arthur Rank Hospice Charity provided a number of NHS services below. The Arthur Rank Hospice Charity has reviewed all the data available to them on the quality of care in these NHS services. The income generated by the NHS services reviewed on 1 April 2022 to 31 March 2023 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 Young Persons Transitions service.

### Services provided:

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

**24/7 Specialist Palliative Care Hub advice line** (111 option 3 service).

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

### Chaplaincy

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

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

### Inpatient Unit

#### Outpatient services -

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

### National Audit

- 1 National Patient Safety Thermometer monthly audit. (These are no longer submitted nationally but we continue to record locally.)
- 2 National Audit of Care at the End of Life (NACEL).
- 3 FAMCARE 2022: bereaved relatives' satisfaction with specialist palliative care services: A service evaluation by the Association for Palliative Medicine of Great Britain and Ireland (with embedded local ARHC evaluation to allow benchmarking against national results).

### 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.

- Clinical Notes Audits
- Completion of ReSPECT forms on the IPU
- Introducing a new admission folder to allow collection of essential clinical and demographic admission data on the IPU
- Lymphoedema audit on referral to admission
- Lymphoedema audit on patients who have been on the caseload for over two years
- Lymphoedema audit to review patient outcomes and see if patients' limb volumes are reducing as a result of treatment plans
- Audit of discharge letters on the IPU (reaudit)
- Audit of VTE prophylaxis on the IPU (reaudit)
- Audit of steroid prescribing on the IPU (reaudit)
- LWS implementation of the Carer Support Needs Assessment Tool (CSNAT)
- Phenobarbital use on IPU (2019 service evaluation updated)
- Audit of avoided admissions to hospitals as a result of advice and interventions from the Palliative Care Hub
- SystemOne logins audit
- Response times for the Specialist Palliative Care Home Team (SPCHT)
- Real-time data: Waiting Lists in SystemOne

- Audit of bleeding in head and neck tumours
- Improving the use of iPOS by doctors during hospice admissions (in progress)
- Restructuring the IPU MDT: a quality improvement project to improve the effectiveness and efficiency of the MDT meeting (in progress)

## 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 work with the Collaboration for Leadership in Applied Health Research and Care East of England (CLAHRC). We are currently involved in the following studies:

- We concluded our participation as a research site in the "Needs Rounds" study - looking at testing the Australian model of hour-long "needs rounds" between care homes and specialist palliative care nurse, for those who may be in their last year of life (Chief Investigator: Liz Forbat, University of Sterling).
- We concluded our involvement as a participant identification site in a 3-phase study entitled 'Ensuring proactive efficient and effective out of hours palliative care provision: examining the role, contribution, and impact of the HCA' (Chief Investigator: Felicity Hasson, University of Ulster).
- We opened as a research site for the CHELsea II trial (a cluster randomised trial of clinically-assisted hydration in patients in the last days of life), which is led by Prof Andrew Davies at the University of Surrey. It is a NIHR portfolio study with multiple sites across the UK.
- We are working with partners in the University of Cambridge School of Palliative Medicine and the Eastern Academic Health Science Network on a piece of initial research focused on health inequalities in accessing PEOLC medication for patients.

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

- Equity of access to Hospice research study (University of Liverpool).
- Focus group on the Ambitions Framework (Open University).
- Marie Curie - Better End of Life Programme: out of hours survey (partnership with University of Hull, Wolfson Palliative Care Research Centre).

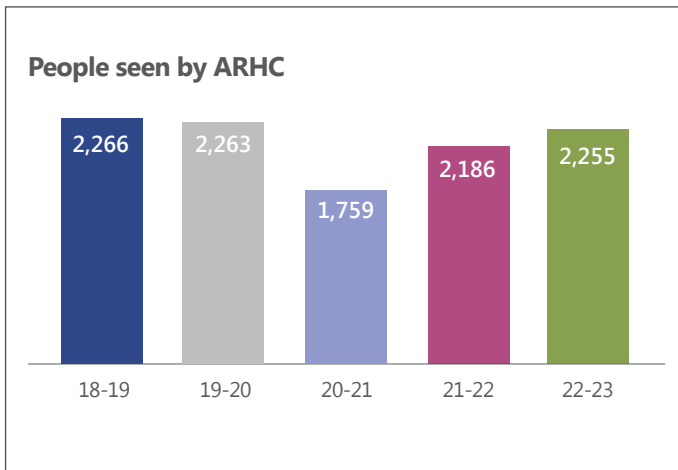
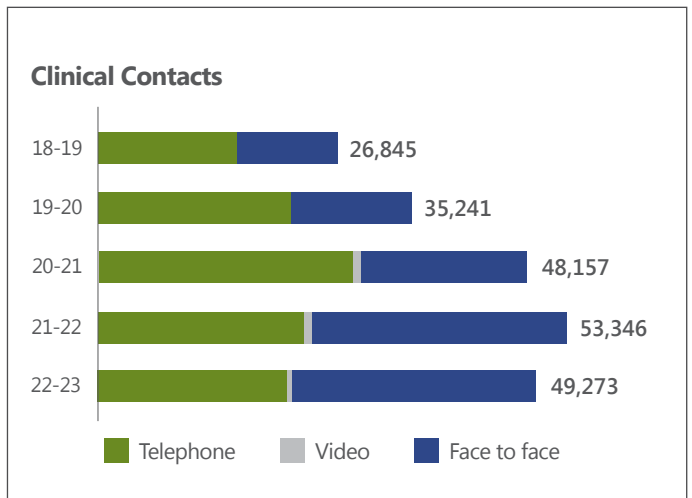
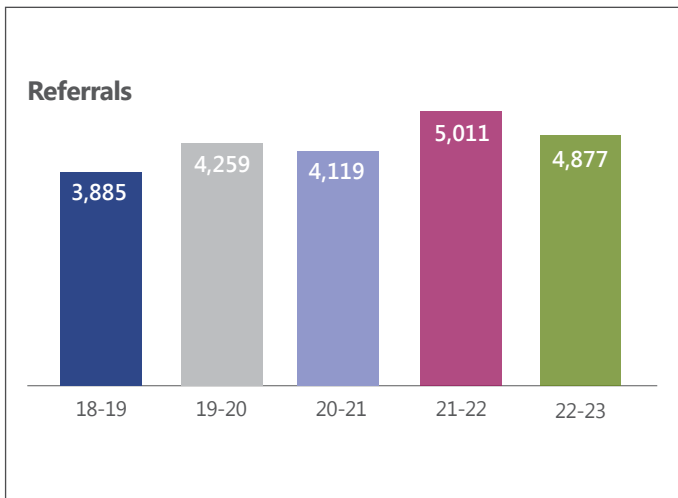
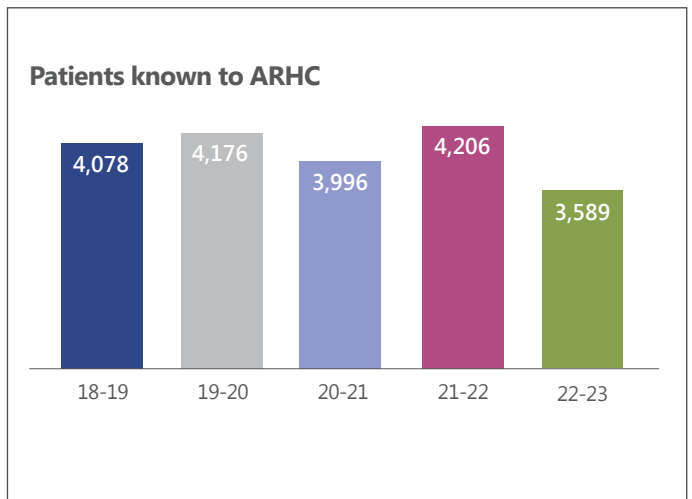
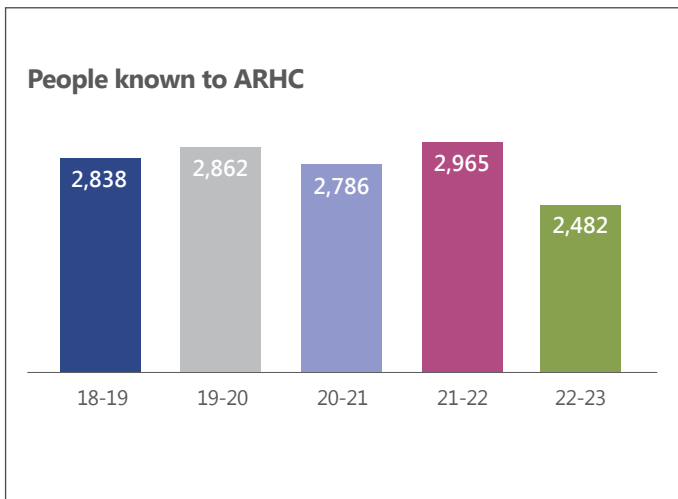
## Use of Commissioning of Quality and Innovations (CQUIN) Payment Framework

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 ICB and does not include this element currently.

# Part 3

## Review of Quality Performance

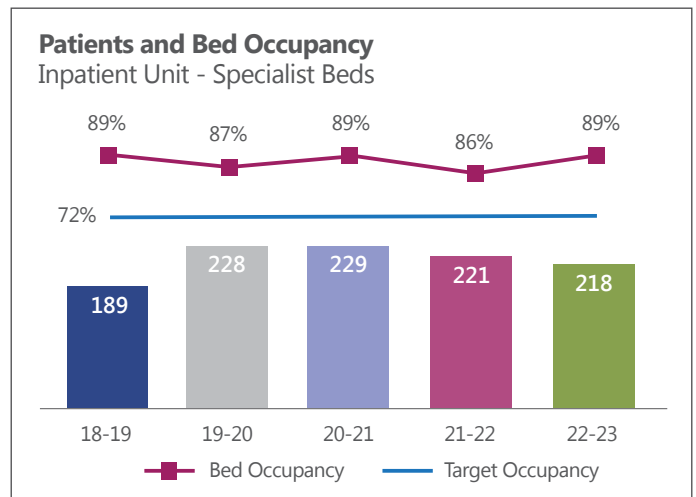
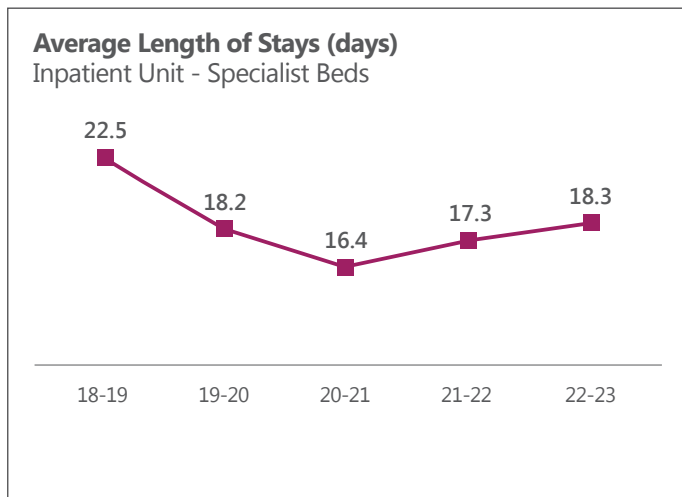
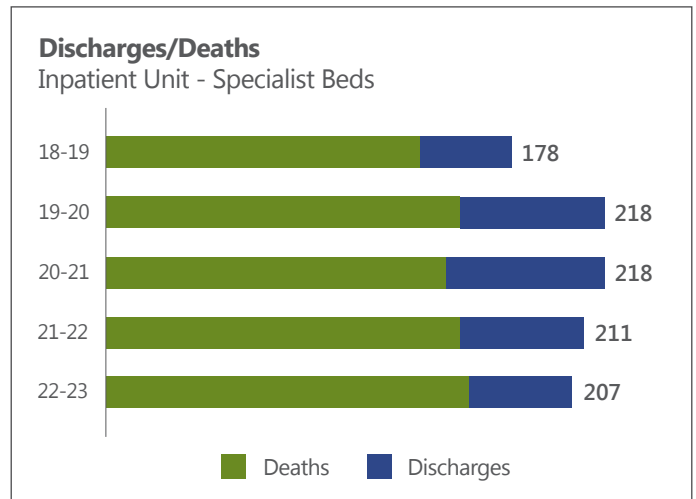
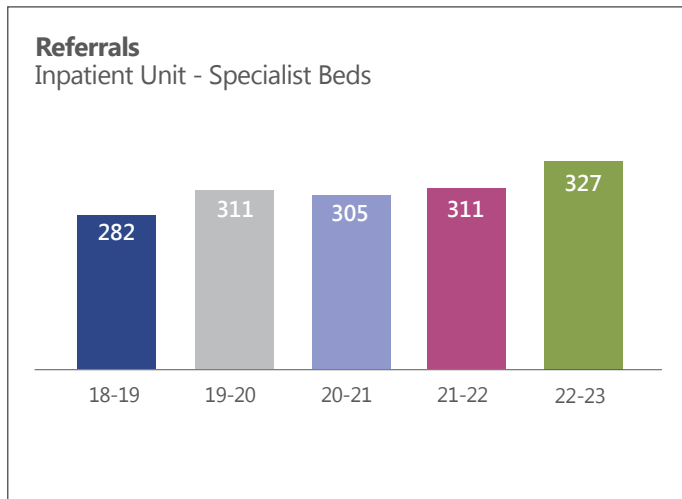
**Organisational Clinical Summaries (years are financial, April to the following March), excluding those known to/contacts by our Palliative Care Hub advice line:**



2022-23 has seen a decrease in the total number of referrals received and clinical contacts completed. The reduction of referrals is due to greater education surrounding the criteria for our services which has resulted in fewer inappropriate referrals being received than in previous years. This decrease in clinical contacts is mostly within our Hospice at Home service, who had 2,064 fewer face-to-face contacts than in 2021-22. Despite this, 514 more hours of care were delivered in these fewer Hospice at Home contacts, highlighting the increasing complexity of our patients. The number of people we have seen has increased by 3% from 2021-22 (returning to pre-pandemic levels), and on average our face-to-face contacts have lasted 4% longer.

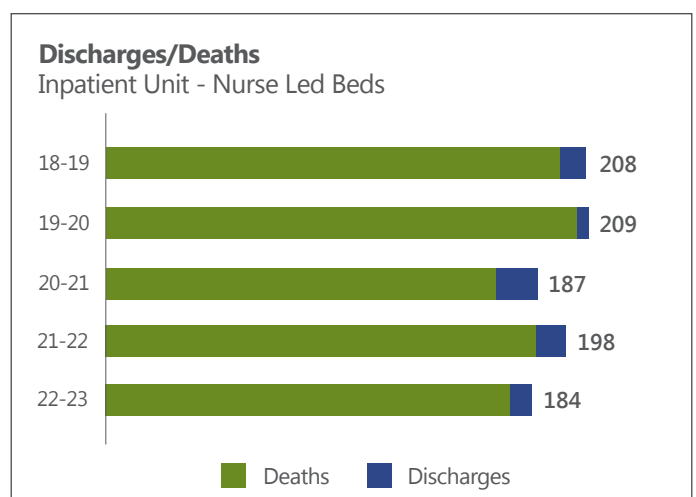
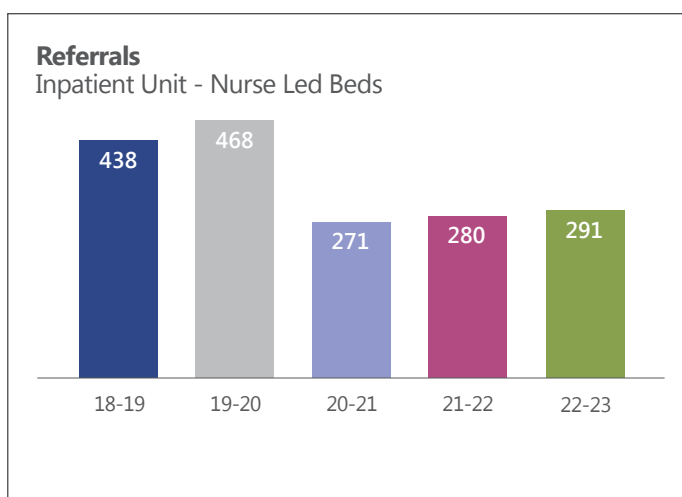
## Clinical Service Areas

### Inpatient Unit

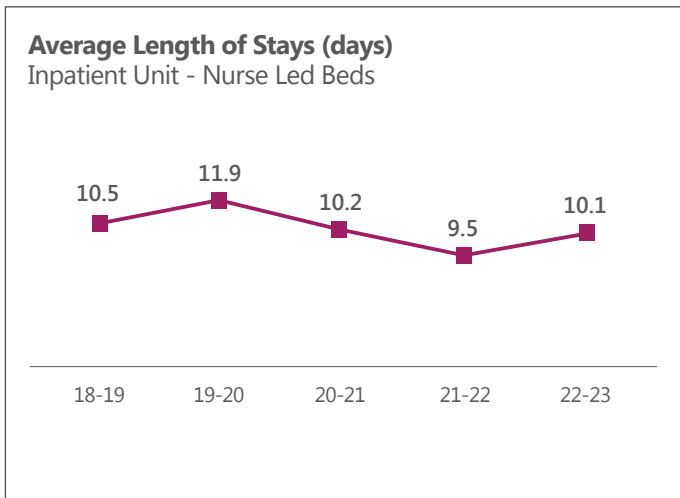


Our Inpatient Unit consists of 23 beds, 21 of which are commissioned. The two beds that have not been commissioned we seek to address in our new strategy. 12 of these are our "Specialist Beds", and the remaining nine are our "Nurse Led Beds" for end of life patients transferred from Addenbrooke's Hospital,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

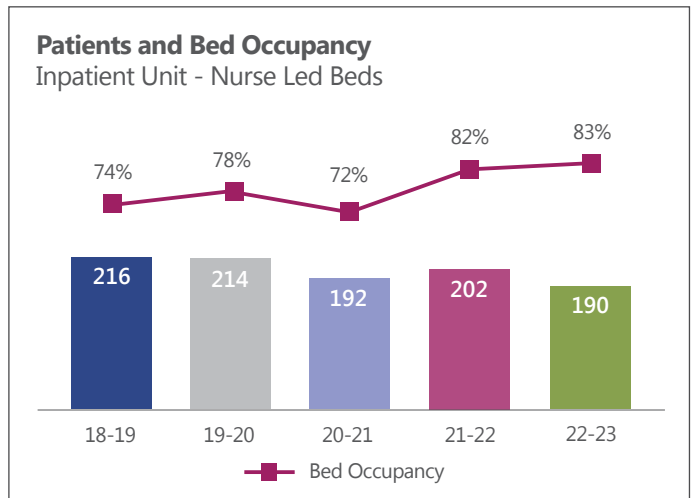
Our Specialist Beds continue to exceed our target occupancy of 72%, with the year ending with an average occupancy of 89%. Patients are admitted for a variety of reasons, not just for end of life care, as demonstrated in the fact that 24% of admissions were discharged back into the care of the community.





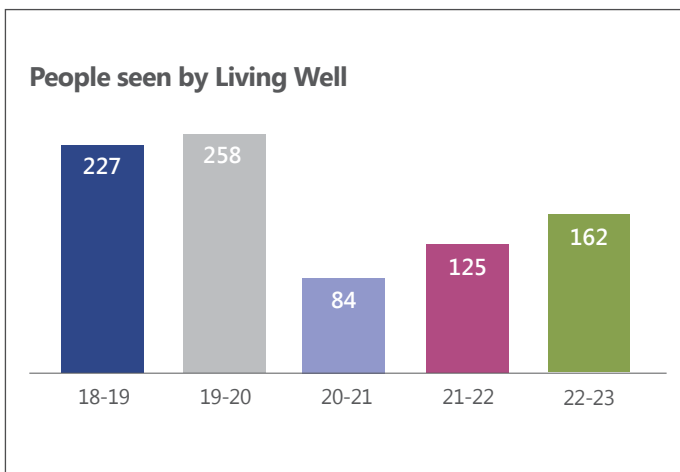
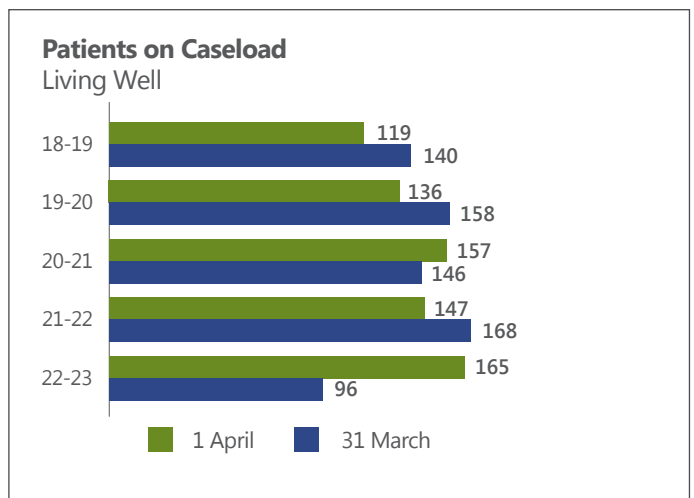
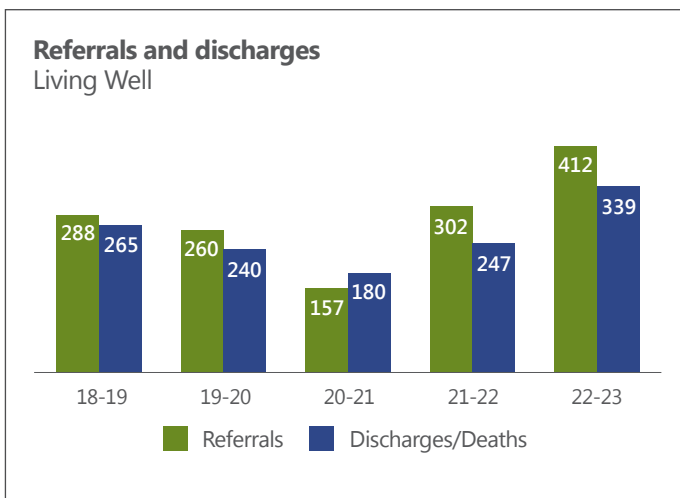


Our Nurse Led Beds ended the year with an average occupancy of 83%, 5% above our target. 95% of admissions ended in death, demonstrating that in the majority of cases, the correct patients are being



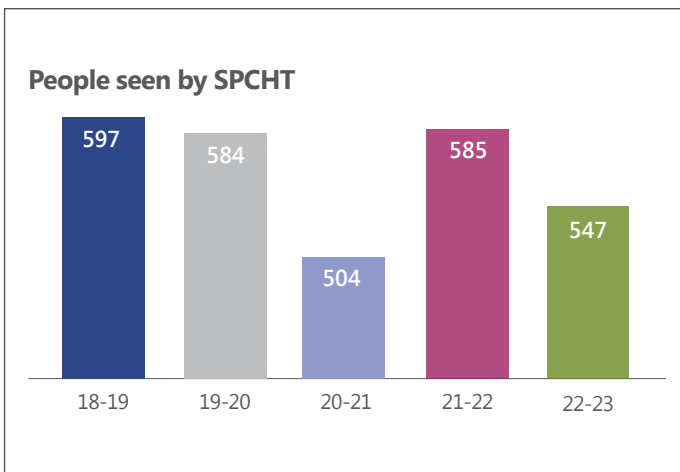
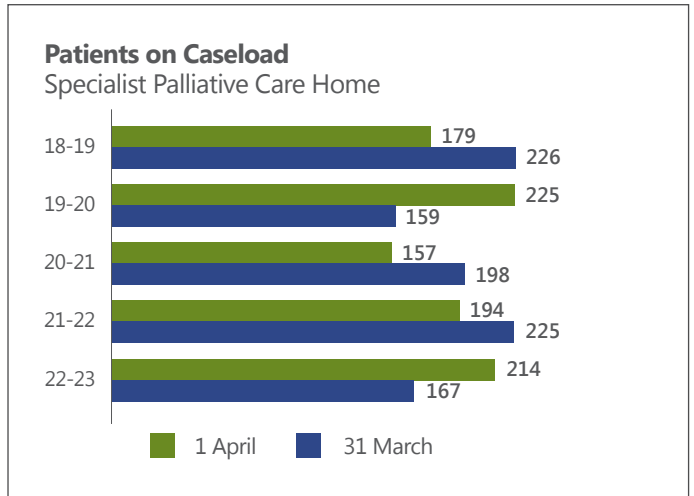
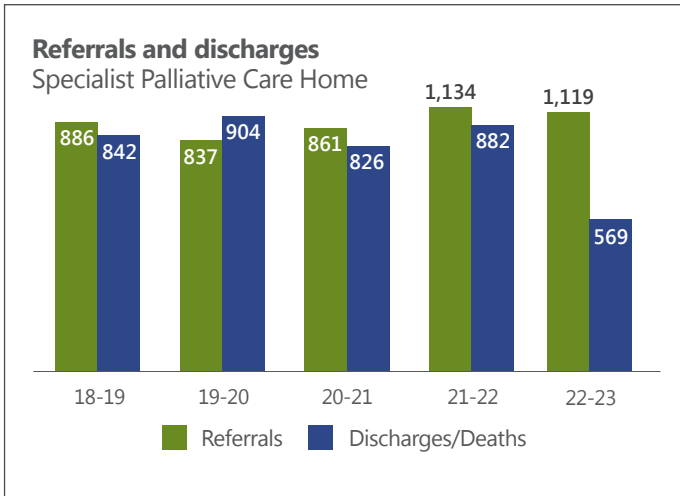
identified for this transfer for end of life care. 2% were discharged back into the care of the community, and 3% were transferred into one of our Specialist Beds.

## Living Well Service (formerly Day Therapy)



Referrals to the Living Well Service continue to increase, many being re-referrals back into the service (for example, a patient is discharged at the end of their eight-week Tuesday/Thursday programme but may return to another group). The service's changing model, now focused much more on hybrid programmes, can be seen in the difference between the number of people seen before and after the pandemic. Although we have not returned to pre-pandemic levels, we still support the same number of patients each year, but with more contacts taking place via video (which was not available before Spring 2020). The team introduced new services in 2022-23, such as outpatient appointments with either a Clinical Nurse Specialist, Registered Nurse, Complementary Therapist, Physiotherapist, or Occupational Therapist, and a Carer Support service, available for carers of patients known to any service.

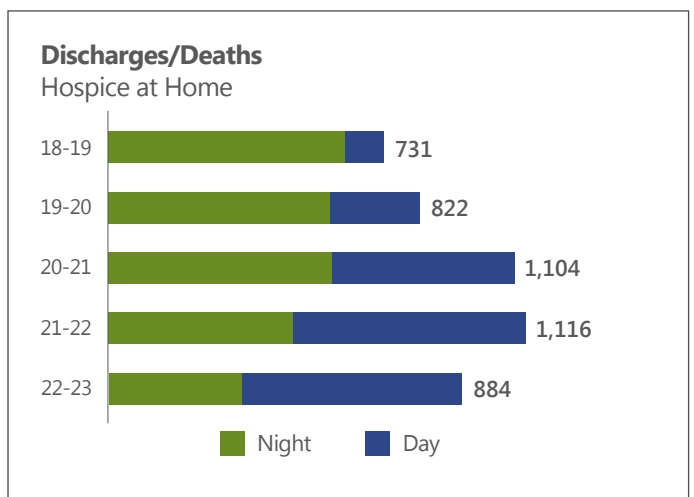
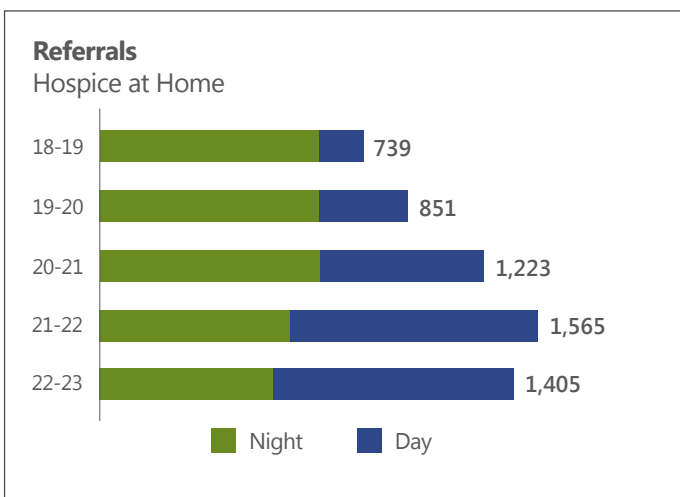
### Specialist Palliative Care Home Team (SPCHT)

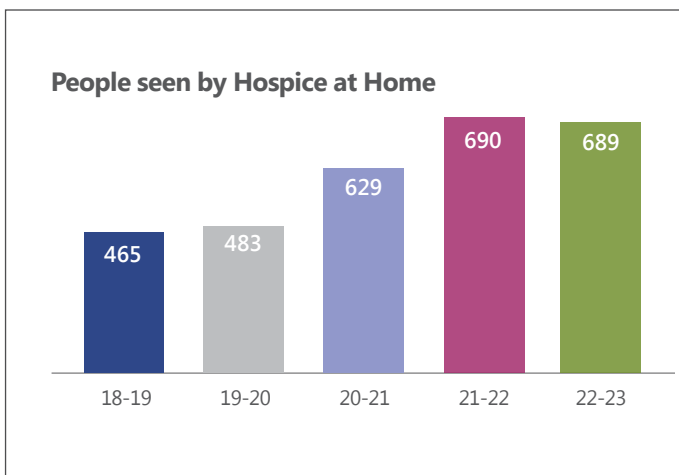
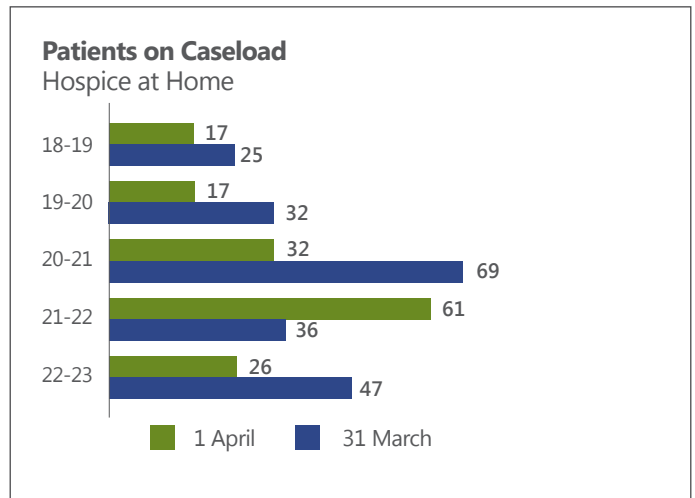
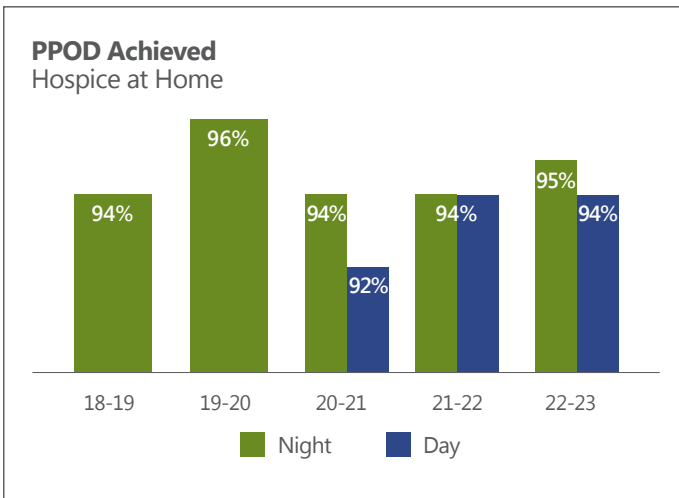


The previous year’s 32% growth in referrals has stabilised, as the team continue to triage all referrals received for community support. The reduction in discharges is because we are no longer counting new referrals that are deemed unsuitable or where the patient is not supported as a discharge from the service.

Most new referrals triaged by the team are phased as ‘deteriorating’ (59%). 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)





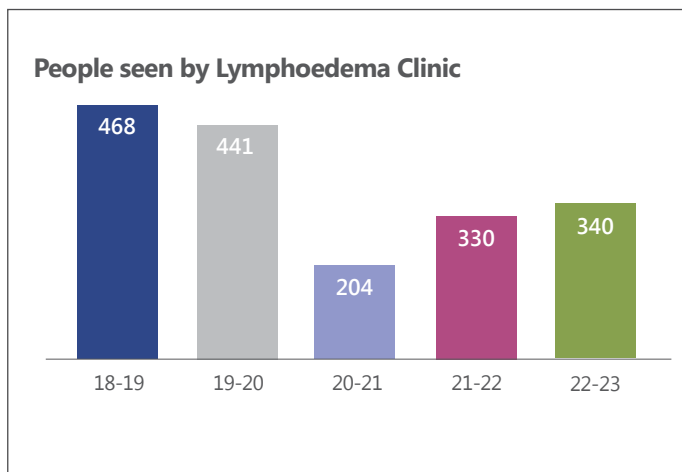
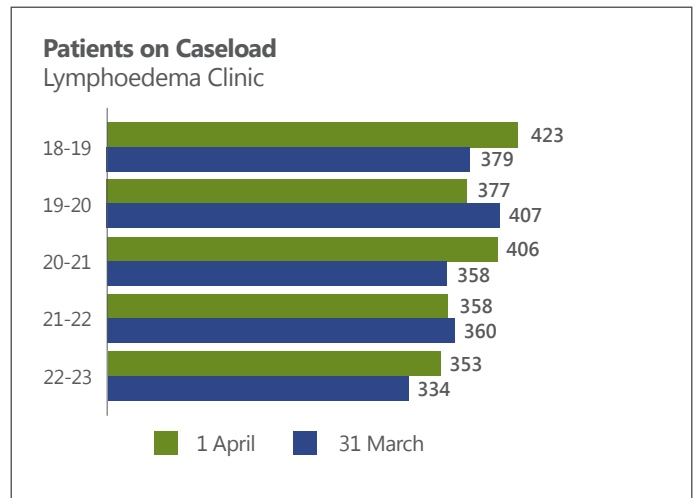
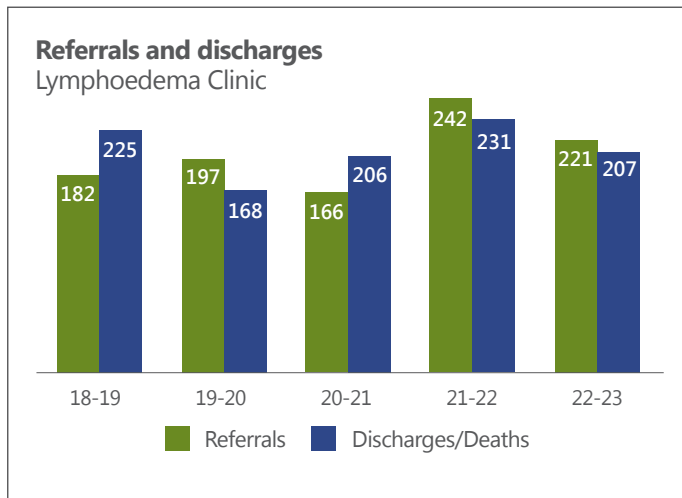
As highlighted earlier in this report, despite receiving fewer referrals this year and completing fewer clinical contacts, our Hospice at Home service continues to see the same number of people, and these face-to-face contacts are lasting longer (2% longer than in 2021-22).

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

As we have continued to struggle to recruit to full establishment and have seen high staff turnover amongst HCAs and Nurses (for varying reasons),

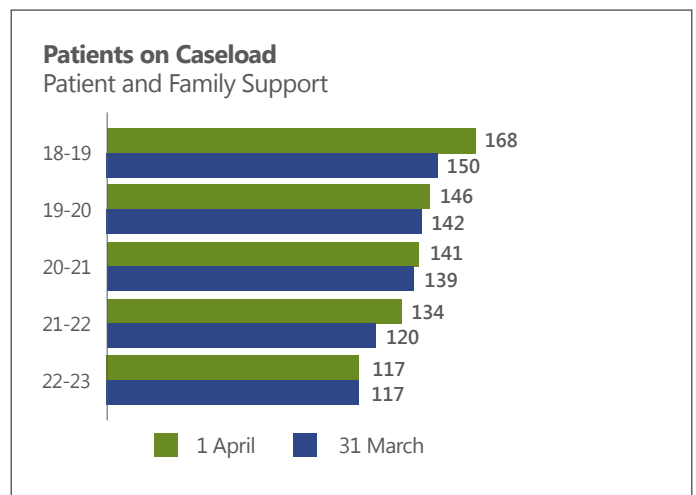
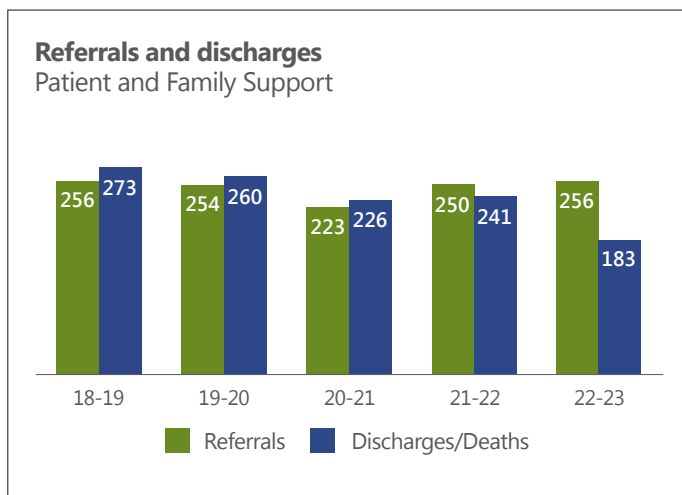
in January 2023, our Hospice at Home service started to work in partnership with Multi-Care Community Services Ltd (MCCS). MCCS had capacity to support us with delivery of care, and initially supported our service with a car round (each car is a double-up care round). The initial two-week pilot was a success, seeing fewer new referrals rejected due to no capacity and a significant improvement in our responsiveness. On average, we responded to new referrals 31-minutes faster and saw new patients 28.5 hours quicker than before the pilot. Our partnership with MCCS continues, with car rounds now supporting our teams across Fenland, Huntingdon, Cambridge, and Ely.

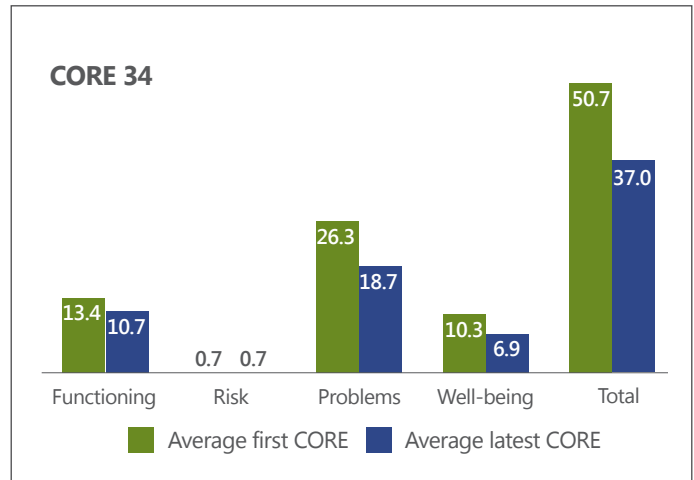
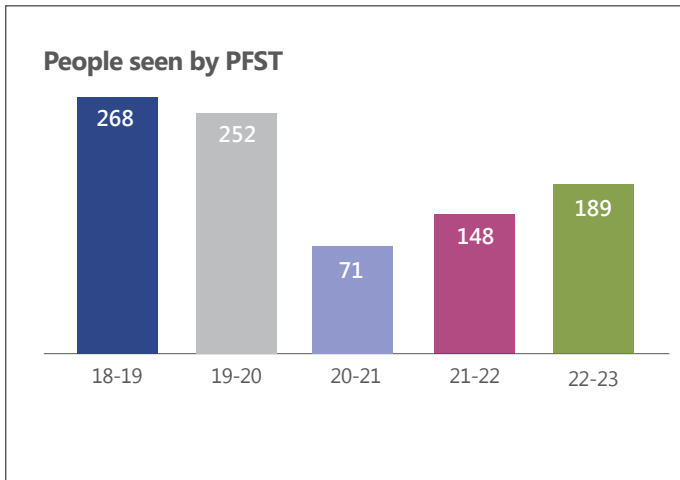
## Lymphoedema Clinic



The team continue to deliver a combination of virtual and face-to-face consultations for patients with chronic, oncology, and palliative related lymphoedema. As part of one of their Quality Improvement Projects, the team now complete regular caseload reviews, paying particular attention to those patients who have been known to them for over two years. This has resulted in some great patient reviews and has ensured that recorded caseload numbers are as accurate as possible throughout the year.

## Patient and Family Support Team (PFST)

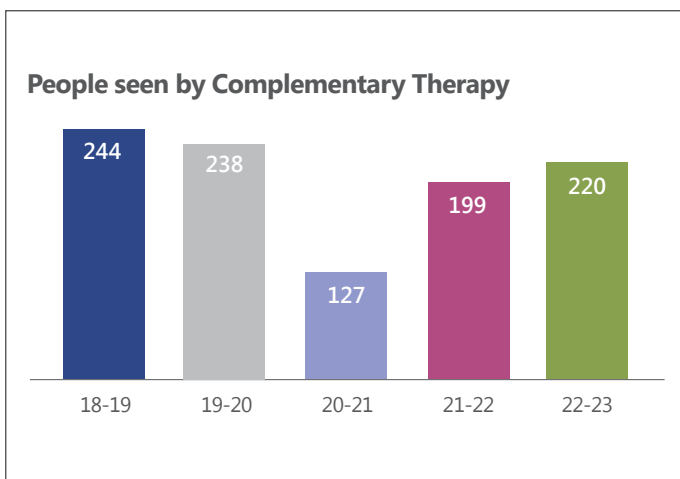
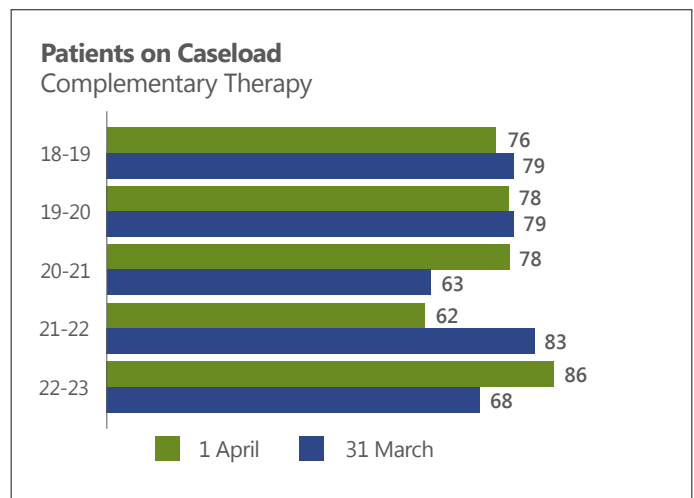
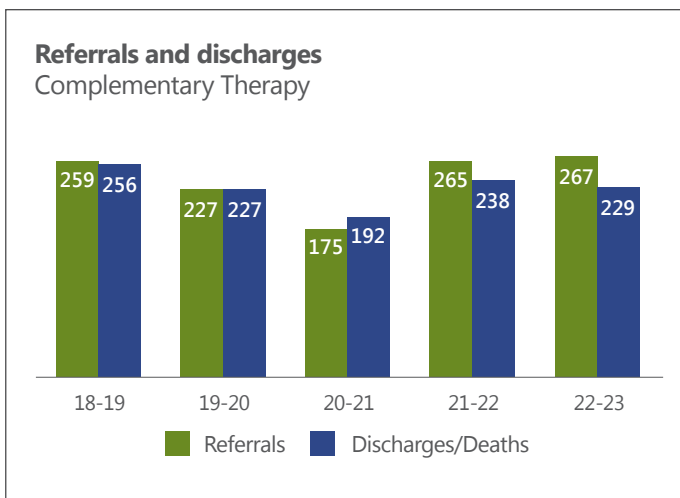




Despite a challenging year for the Patient and Family Support Team due to changing colleagues and ongoing vacancies, the team have continued to support patients, relatives, carers, and the bereaved, seeing 28% more people face to face than in 2021-22. The impact of the team has been demonstrated in their use of Clinical Outcomes in Routine Evaluation

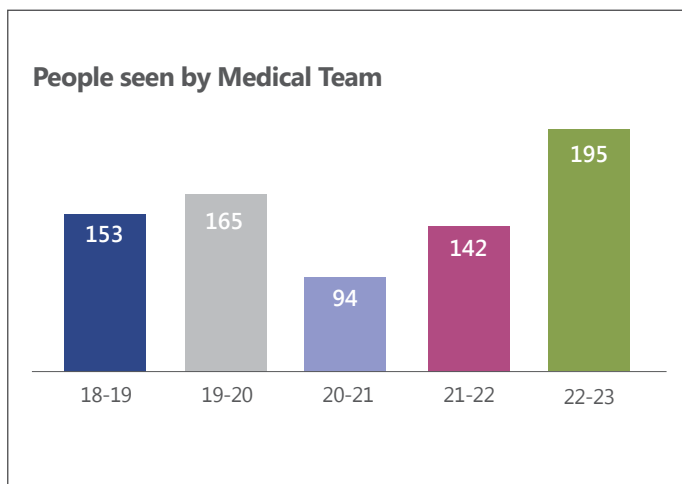
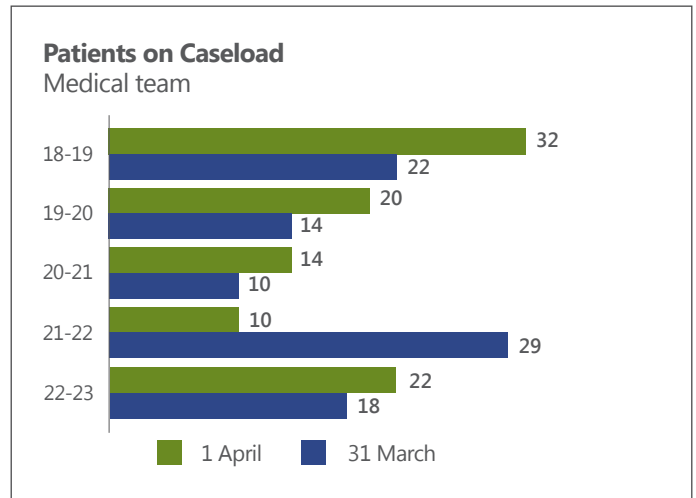
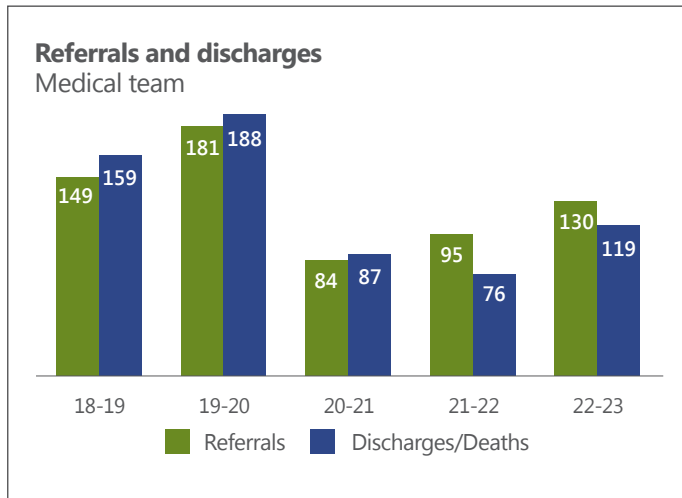
(CORE) questionnaires. These questionnaires help assess and monitor patient outcomes numerically, focusing on areas of life such as functioning, risk, problems, and well-being. Average scores for both versions of the CORE demonstrate that interventions from the team have resulted in positive outcomes - an improvement. A drop in the score indicates an improvement.

## 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 Living Well Service 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.

## Medical Team

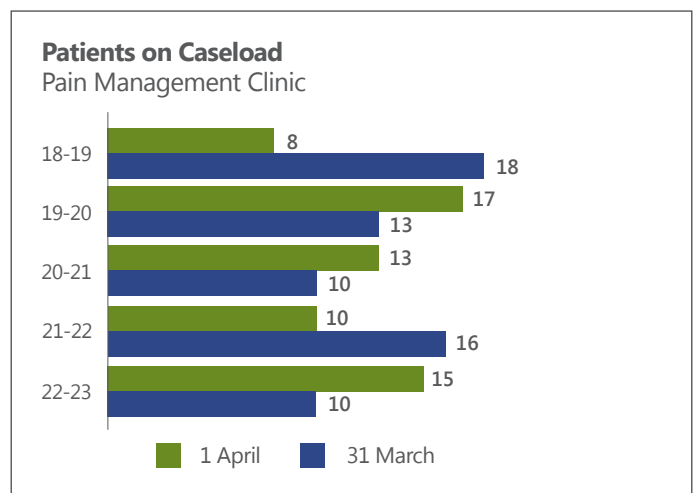
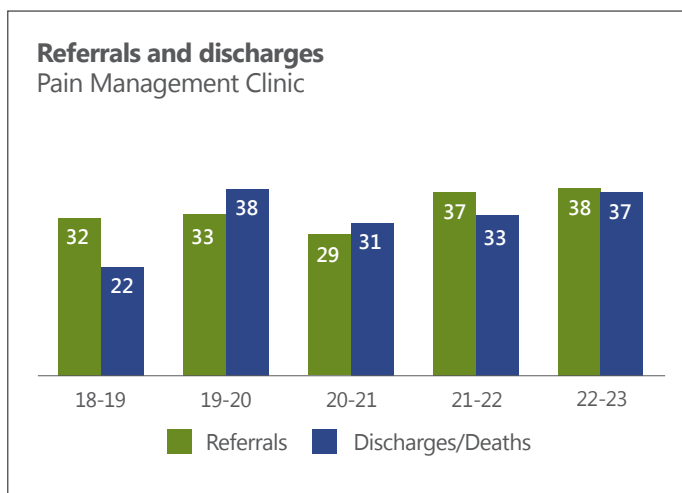


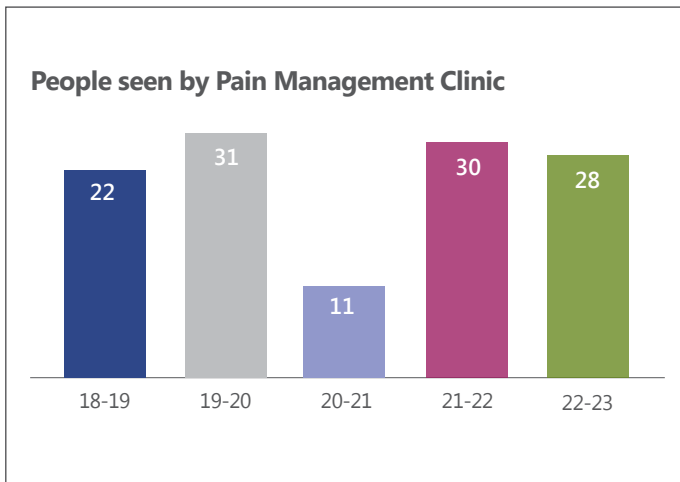
The community medical team consists of consultants, and doctors in training who spend either six months or a year with the hospice. The consultants are generally involved in the care of patients who are experiencing more complex symptoms and problems.

In 2022-23, the medical team conducted 534 appointments (367 face-to-face and 167 via telephone/video), an increase of 13% from 2021-22.

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 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.

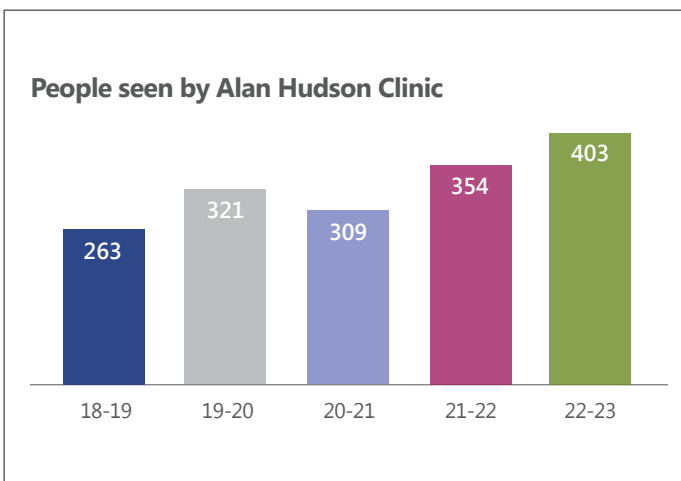
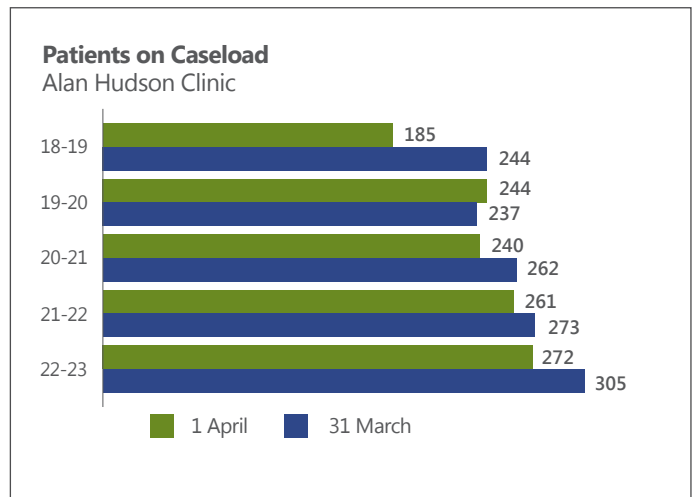
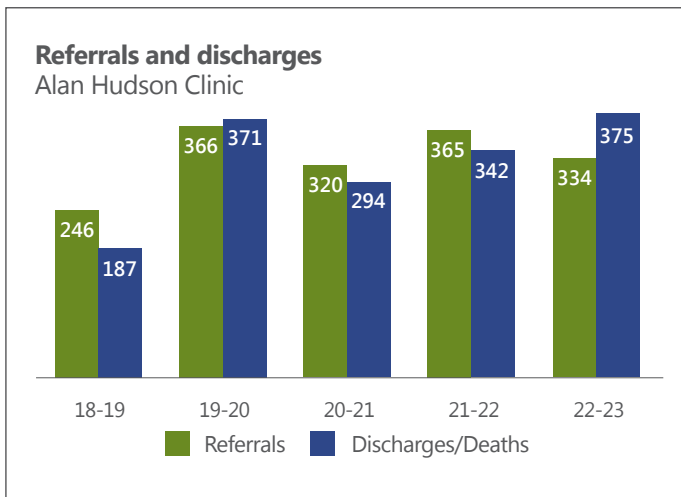
## Pain Management Clinic





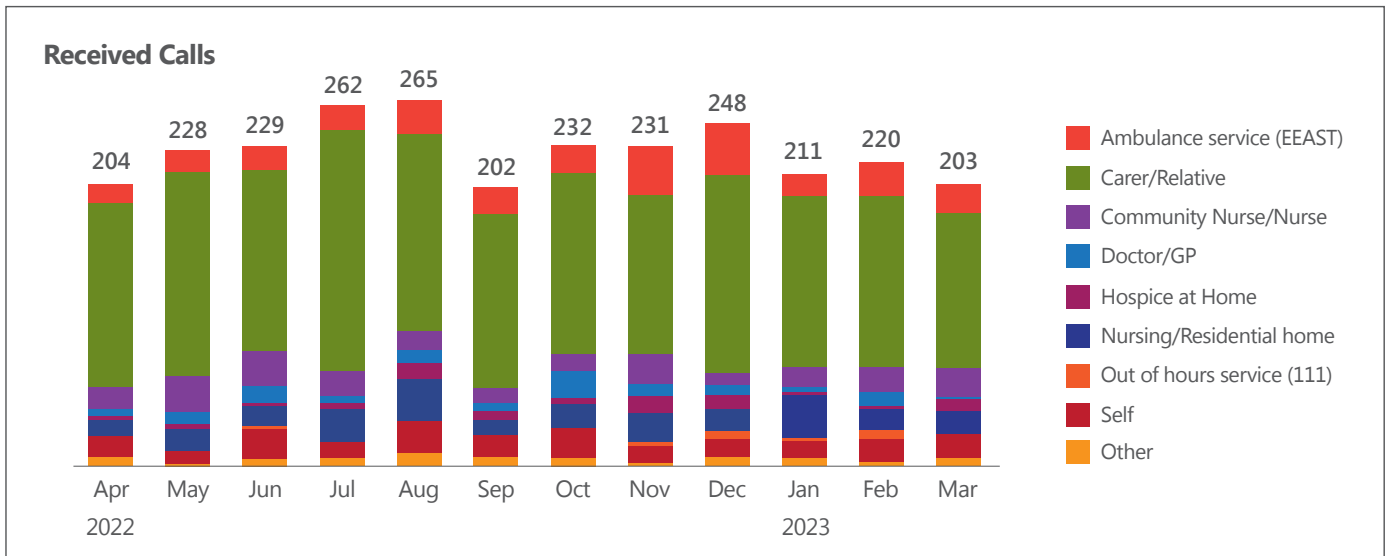
The Pain Management Clinic runs separately from the other work of the medical team and sees people experiencing complex pain. The team consists of a pain psychotherapist, anaesthetist, and palliative medicine consultant and runs two clinics a month.

## Alan Hudson Day Treatment Centre



This data for the AHDC is in relation to all its services: Specialist Community Palliative care, Treatments, Complementary Therapy, the Living Well Service, and the Bereavement Support Group. Demand for both specialist services and treatments in and around Wisbech continues to rise, as demonstrated in the 11% increase in completed treatments this year, alongside a 14% 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. In its second year, this service supported 1,690 patients (an increase of 67% from 2021-22), took 2,735 calls (an increase of 27% from 2021-22), and helped to avoid 176 hospital admissions.

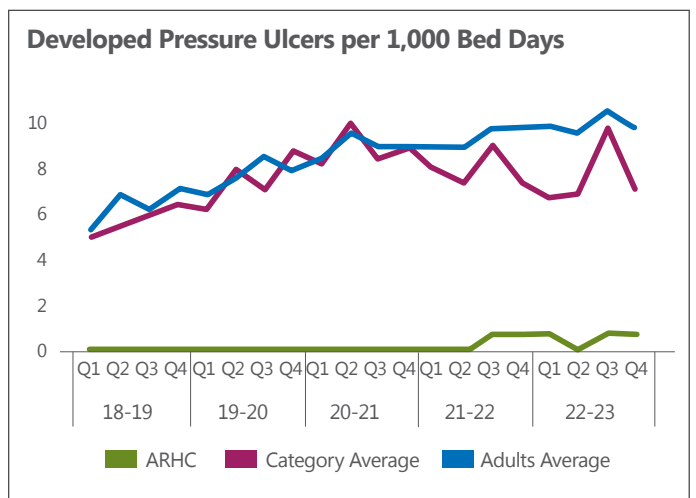
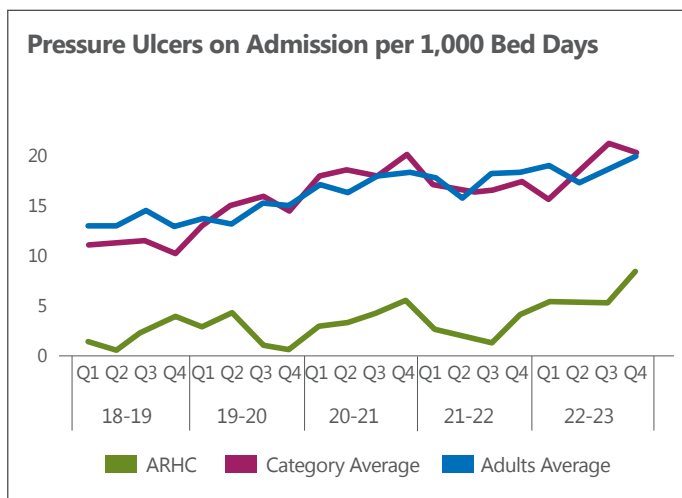
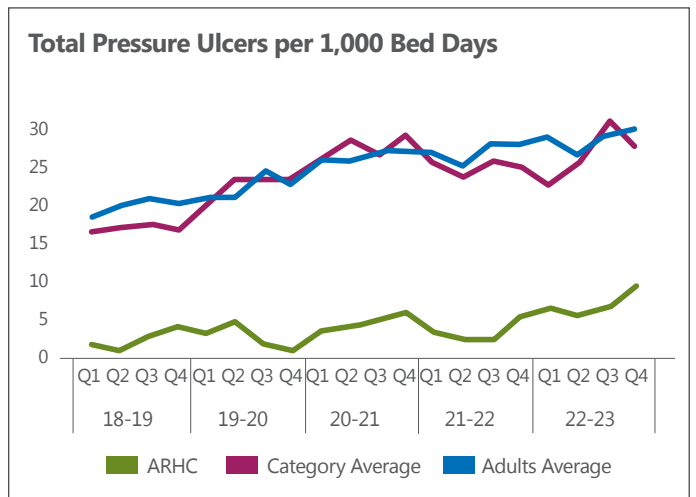
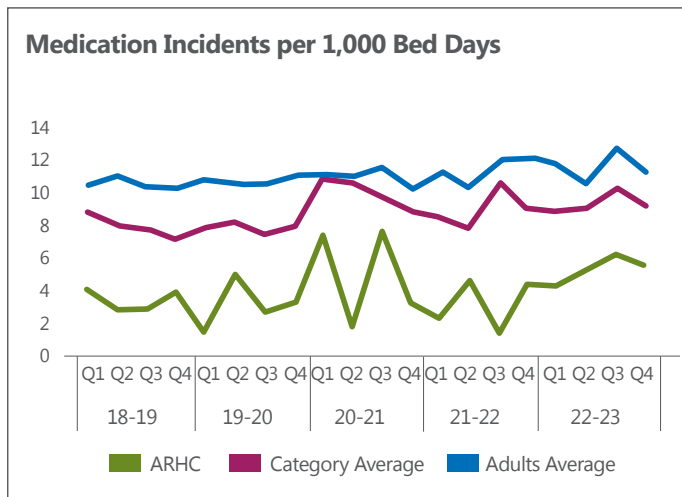
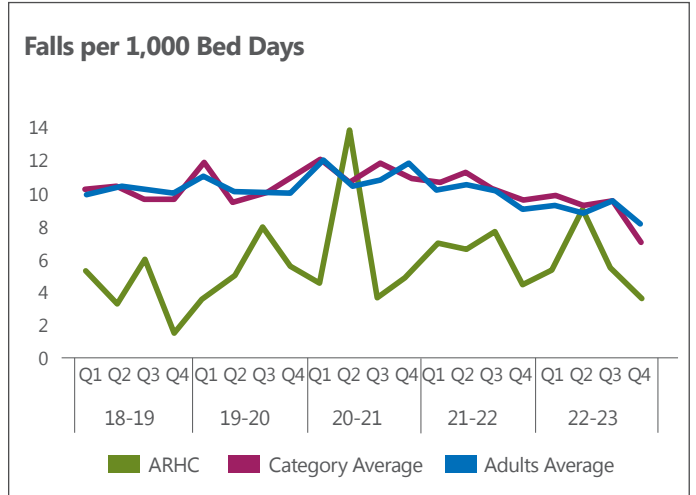
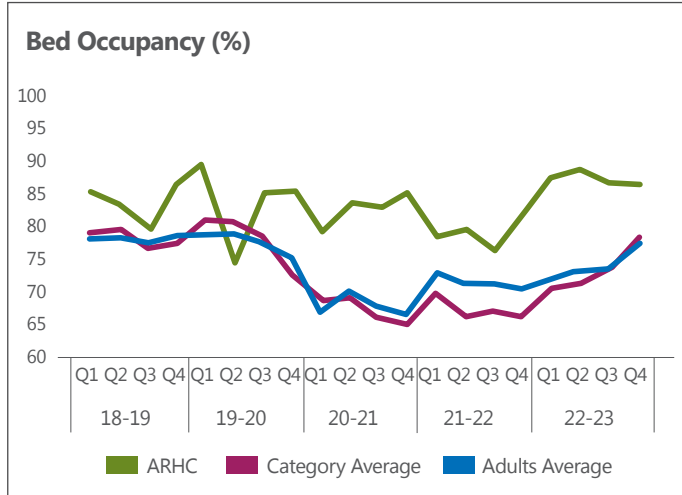
The highest proportion of our callers come from Peterborough (25%) and Cambridge (24%). The most common reason for calling continues to be for advice regarding pain (11%), symptom control (11%), general palliative care (10%), and death (10%).



# Hospice UK Benchmarking

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

Our bed occupancy remains higher than the national average based on other hospices also in the 'large' category.

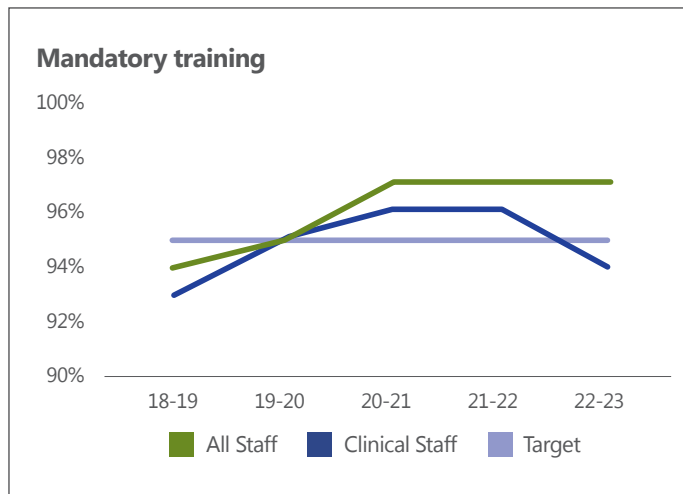


As with previous years, the number of falls, medication incidents, and pressure ulcers remains below the national average, demonstrating the effective prevention strategies we have in place across the IPU.

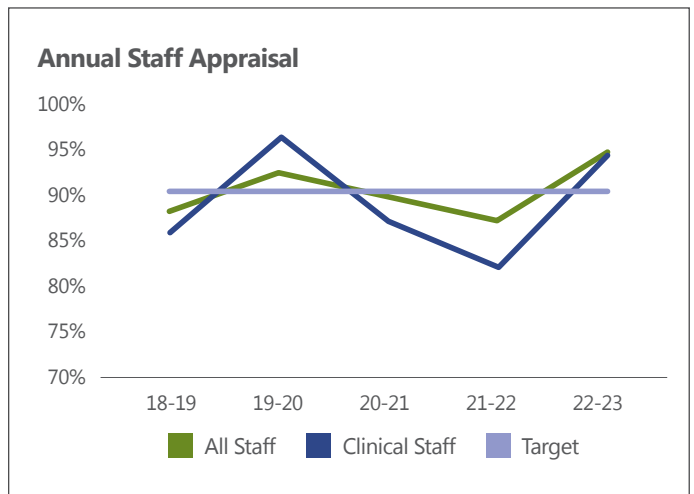
Alongside this benchmarking with other hospices, we also monitor any trends internally using NHS Statistical Process Control (SPC) charts. These allow us to understand variation and highlight when there are any causes for concern or improvement. These have identified that, despite remaining well below national averages, we have seen an internal increase in the number of pressure ulcer incidents recorded on the IPU, with March 2023 falling outside our normal variation.

However, this increase is in pressure ulcers developed outside our care, either in the community or hospitals, and not those acquired whilst under (our) hospice care. Interestingly, this trend in seeing more patients admitted with pressure ulcers has also been identified by other hospices, as system providers continue to tackle constant pressure and increasing patient complexity.

## Mandatory Training and Appraisal



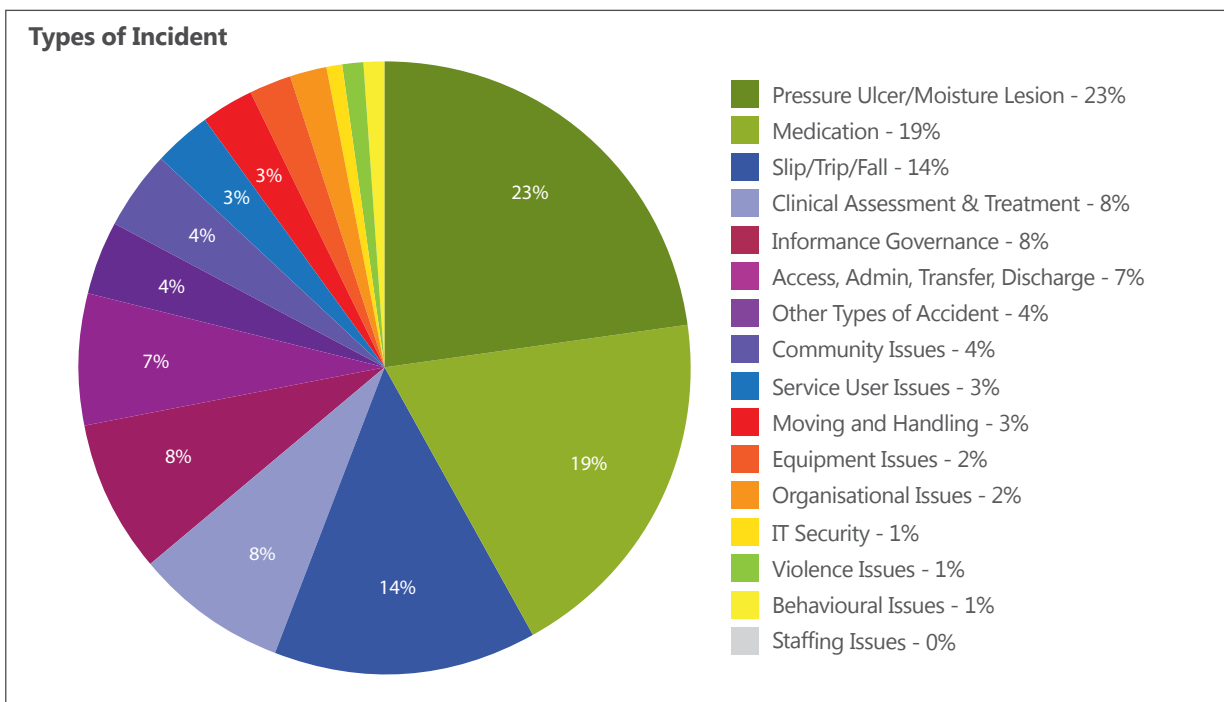
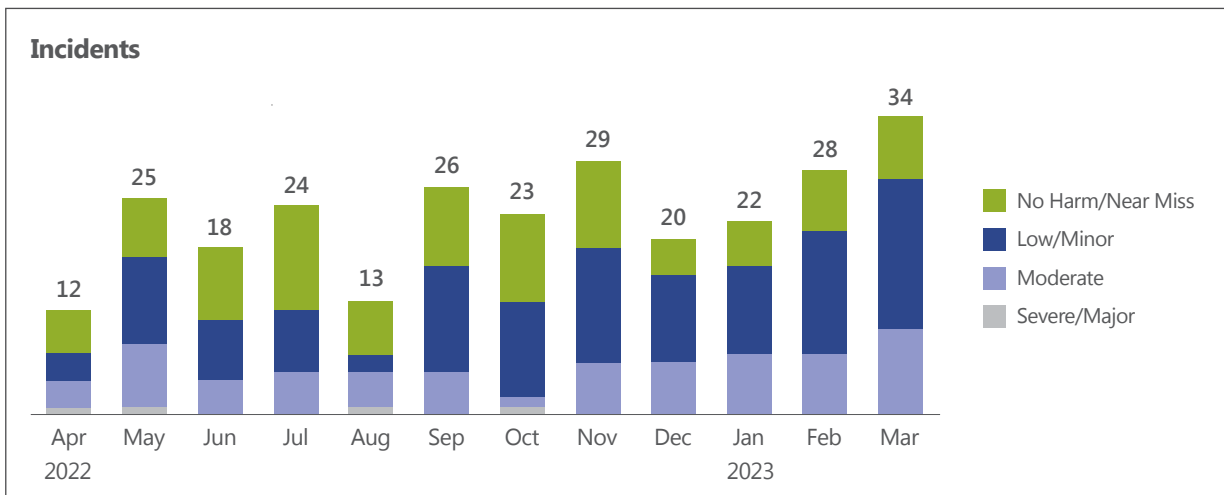
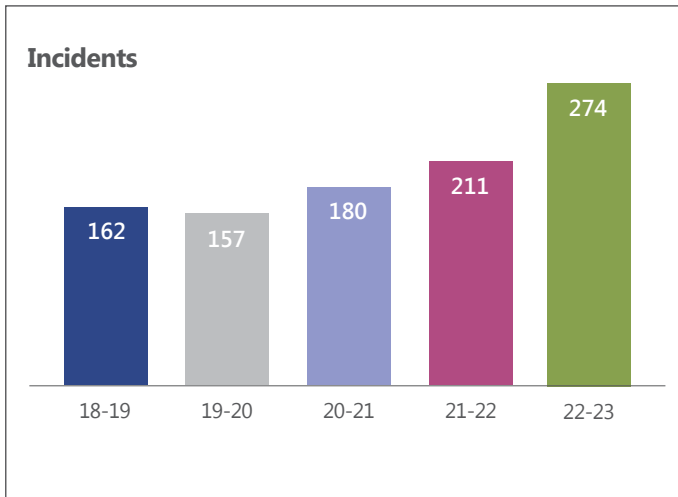
All colleagues are required to complete mandatory training, and we continue to work hard with staff and our education team to provide simple access to either online or face-to-face training. Our overall average target is 95% completion, which was successfully met for all staff, but we were just shy of meeting this target for clinical staff only (94%).



Colleagues receiving an annual appraisal is identified as a quality Key Performance Indicator (KPI). We have ended the year at 94% completion, above our target of 90%. This has improved from previous years, and is likely to continue to do so, as we have standardised our appraisal dates and aligned individual objectives to our strategic priorities.

## 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.

There has been a 30% increase in the number of incidents reported from 2021-22. However, we are confident that this is a direct result of having a larger workforce, more patients, and an organisational focus on the improved use of our incident reporting system, Sentinel. This focus on improved reporting and greater awareness is welcome progress ahead of the introduction of the new patient safety incident

response framework (PSIRF) as we continue to learn from our incidents and investigate any preventable outcomes.

Our most common types of incidents are 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 hospice's of our size. We are pleased to see that, compared to 2021-22 there has been a reduction in the number of Information Governance incidents (29 incidents, 14% in 2021-22, and 21 incidents, 8% in 2022-23).

## Incidents with Actions

### Serious Incidents (SI)

We had no reportable Serious Incidents between April 2022 and March 2023. In January 2023 we were made aware by a GP practice of an incident whereby an error occurred and a patient was marked on their electronic records as being deceased when

this was not the case. This was down to human error and the matter was promptly resolved. We continue to highlight incidents that involve our community partners and work with them to implement shared learning and improvements to patient safety.

*'I just wanted to send you a proper thank you as I couldn't find the words in the card I wrote before. Now that life is starting to settle down, I realise just how on the edge I was. I don't think I would have coped without your gentle guidance and support. I am still finding it all hard to come to terms with but I am getting stronger again I think. The fact that there was someone at the hospice who was there for me helped me feel that I mattered too. So many of the things you said to me stuck with me and helped me. Thank you for being so kind and supportive.'* **PFST**

***'To all our friends in the Hospice at Home Team, ... You are all wonderful with your help and support during [the patient]'s last days. Knowing that you were there for us made it all bearable. Thank you so much, with love.'*** **HaH**

***'Dear Arthur Rank Team, we can't thank you enough for the wonderful care you provided for [the patient]. Through what has been an incredibly difficult time, you provided support and were all so kind, always making time to chat and never feeling rushed. You all made a very scary thing for dad and us manageable. Thank you for everything you did for dad and continue to do for other families. We are so grateful.'*** **IPU**

*'Words can't really convey the gratitude felt by [the patient] for the time, love, care and attention you dedicated to my Mum. You are all such special people. I honestly do not know how you do it. You really did make her "end of life" the best it could possibly be. Thank you.'* **SPCHT**

## Complaints, Feedback and Patient Experience

### Complaints and Concerns

We received four formal complaints and 21 informal complaints/concerns during the financial year 2022-23. A summary of the four complaints can be found below:

Date Received	Summary	Action(s)
22/04/22	Complaint received regarding HAH patient around expectations as to what care involved.	Letter from Clinical Services Director sent to complainant with outcome of investigation into complaint.
25/07/22	Complainant raising awareness of the treatment of their partner who was unable to be admitted onto the IPU due to having a tracheostomy. This had not previously been highlighted as a concern whilst under the care of the community team.	Letter of acknowledgment sent on the day of receipt that also informed the complainant that a thorough investigation will be completed and responded to within 30 working days. A meeting with CEO and Clinical Services Director offered and accepted. Matter resolved with actions and learning taken forward.
08/12/22	We received a complaint, and the complainant shared a number of concerns including that the patient suffered excess pain, confusion, and that their dignity was not respected.	There is no evidence that the patient suffered in the manner the complainant outlined. The matter was dealt with sensitively due to a number of complexities, and the complainant was met with on numerous occasions.
12/02/23	LWS patient's partner dissatisfied at an email sent to the patient.	A number of contributing factors were identified: <b>1</b> Patient did not have discussion about the workshop at initial assessment and therefore did not know about the workshop. <b>2</b> No process in place to check consent prior to sending out emails (blanket yes/no for emails, insufficient given the sensitivity of the subject). <b>3</b> Timing of the discussion (at first assessment) felt inappropriate. Processes now updated.

## Quality Account Feedback: Healthwatch Cambridgeshire and Peterborough

**Healthwatch Cambridgeshire and Peterborough recognises the valuable work of Arthur Rank Hospice Charity (ARHC) and is pleased to comment on the Quality Account for 2022-23.**

The cost-of-living crisis presented new challenges for ARHC and its resolute and skilled staff during this period. Despite this, excellent care and support for all the people using its services continued unabated.

Feedback we received for this period remained positive, and ARHC teams personalised and responsive approach to the needs of individuals, families, friends, and the local community remains outstanding.

Healthwatch Cambridgeshire and Peterborough applauds ARHC's unwavering commitment to addressing health inequalities and for continuing to explore ways in which its expertise (and resources) can be made available across Cambridgeshire, to provide a more equitable service.

During the last year ARHC has been innovative in its approach to developing services supporting young people and their families, as they prepare for the move from children's to adult services. This commitment to partnership working across the hospice sector and the leadership role ARHC has taken in developing an effective Palliative and End of Life strategy for our area is impressive.

Its decision to extend The Palliative Care Hub advice line, which now provides 24/7 cover and offers advice and support to anyone registered with a GP in Cambridgeshire and Peterborough, who has a life limiting condition, or is in their last year of life, has a positively impacted the lives of many people - helping them feel valued, cared for and loved in the final stages of their lives.

We note the considerable progress made in developing services with neighbouring hospice, Sue Ryder Thorpe Hall in Peterborough and East Anglia's Children's Hospice in Milton, Cambridge, and Healthwatch Cambridgeshire, and we wish to commend ARHC on the time, effort and thought that has gone into developing this collaborative, joined up approach.

We wish the hospice continued success in meeting the financial challenges of providing its vital, much-needed, and high-quality services in the face of significant financial pressures, economic turbulence, and uncertainty.

We would be pleased to offer our continued support to ARHC in any areas that may help it advance and achieve its goals for 2023-24.

**Julian Stanley**  
**CEO**  
**July 2023**

## Stakeholder Feedback: Cambridgeshire and Peterborough Integrated Care Board

### Cambridgeshire and Peterborough Integrated Care Board (ICB) has reviewed the Quality Account produced by Arthur Rank Hospice Charity for 2022-23.

The quality of the report is excellent. They have been clear and transparent as to how they had achieved their priorities and reasons given for the work that remains outstanding.

Quality is at the heart of Arthur Ranks priorities, and they have built strong collaborative relationships with the ICB, as well as Regional and National networks. The priorities identified for next year (2023-24) cross a wide variety of challenging areas. For example, priority 1, it is positive that bereavement support has improved through the recruitment of new roles.

Arthur Rank are to be commended for achievements throughout the year. They have widened their support through non-faith events, increased Hospice at Home team to cover the whole of Cambridgeshire, expansion of Palliative Care Hub to 24/7 service, increased use of technology including SMS messages, with plans to increase this use further, improved sustainability for the environment and preparing for future work force through work experience. They have also been a very active member of the Palliative and End of Life Strategic Board and has been chaired the Board meetings in recent times.

The report stated there has been a decrease in the number of referrals and clinical contacts last year, however, the number is still higher than the past 3 years prior to this.

Following a recent serious incident, the ICB suggested that it would be beneficial for the hospice to complete a random audit of 10 patient pathways across the system. This would assess pathways alongside Arthur Rank policies, staff knowledge, training and patient experience exposing both gaps and areas of excellence. The Incident data indicates medication incidents appear to be the most common reported issue, the hospice is below the national average, and they have a higher level of reporting than other organisation which is laudable. The hospice also completes a wide range of clinical audits.

Arthur Rank has a positive and collaborative approach to research engagement, which is something that is great to see, and the Research and

Development Office always enjoys working with them on research support issues. Hopefully this is an area of potential growth, including as an area for potential engagement with patients and families, although of course end of life and palliative care situations require extra sensitivity in this regard.

Arthur Rank works with the Collaboration for Leadership in Applied Health Research and Care East of England (CLAHRC) and in 2022-23 projects included:

- participation as a research site in a study of 'needs rounds' of specialist palliative care nurses to care homes and an NIHR portfolio trial of clinically assisted hydration
- acting as a participant identification for a study into out of hours palliative care provision
- initial research scoping with the University of Cambridge School of Palliative Medicine and Eastern Academic Health Science Network (EAHSN) on health inequalities in accessing palliative and end of life care medication for patients

They also supported distribution of three different staff research surveys associated with external studies.

The biggest challenge for the hospice in the coming year is recruitment and retention as well as financial income. Forty percent (40%) of their income comes from charitable donations which is a risk especially in the current financial climate. It would also be beneficial to understand if there were any pathway gaps across the system specifically in the Wisbech geography.

I would like to thank all the staff and volunteers at Arthur Rank Hospice for their continued efforts and high-quality care offered to patients during the second year of the Covid19 Pandemic. The emerging Integrated Care Board looks forward to working with Arthur Rank Hospice in the coming years and wishes the organisation every success in achieving its priority improvements.

Overall Cambridgeshire and Peterborough Integrated Care Board agree the Arthur Rank Hospice Charity Quality Account is a true representation of quality during 2022-23.

**Carol Anderson**  
Chief Nurse  
Cambridgeshire & Peterborough CCG